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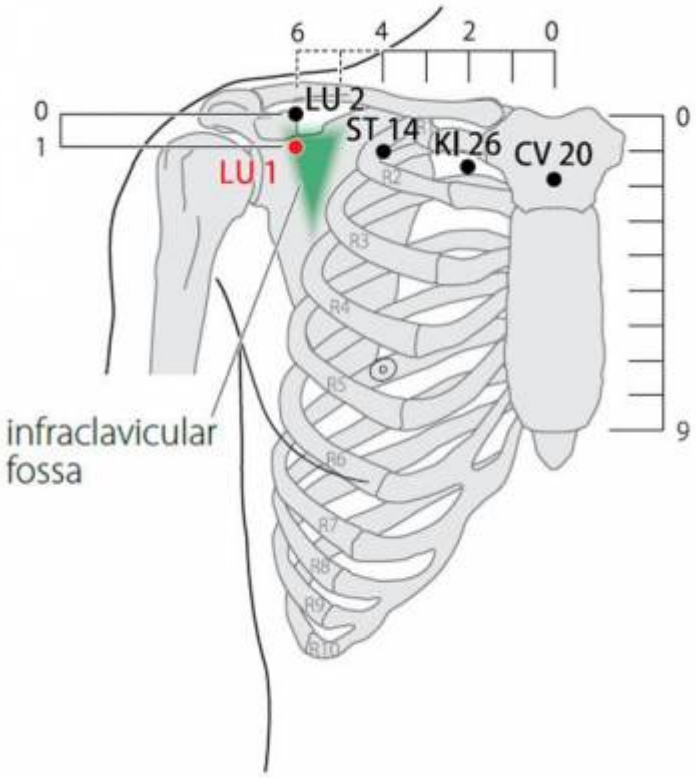
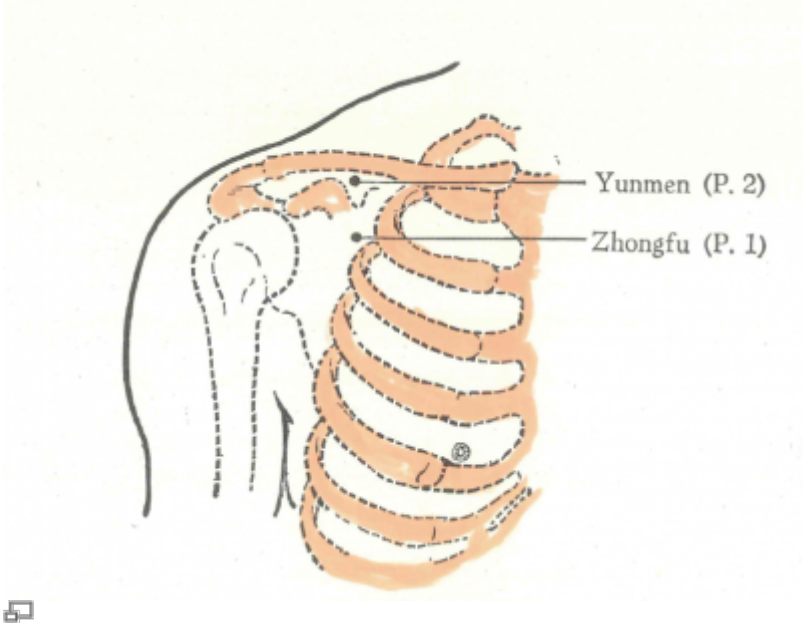
1P Zhongfu 中府［中府］

prononciation zhongfu.mp3

Articles connexes : - 14F - 2P - Méridien -



WHO 2009.



Académie de MTC 1977.

1. Dénomination

1.1. Traduction

中府 **zhōng fǔ**	Milieu des entrailles (Chamfrault 1954, Castro 1981) Atelier central (Soulié de Morant 1957, AGMA 2003) Palais central (Nguyen Van Nghi 1971, Laurent 2000, Maciocia 2005) Demeure centrale (Rubin 1977, Darras 1979) Regroupement du Qi du Foyer moyen (Pan 1993) Lieu de rencontre avec le Qi du Foyer moyen (Pan 1993) Palais du centre (¤Li Shi Zhen 2000 [1]) Résidence centrale (Deadman 2003) Trésorier du palais central (Despeux 2012)	Central Hall (Lu HC 1979) Central residence (O'Connor 1981) Middle palace (Worsley 1982) Central Mansion (Zhang Chengxing 1983) Middle mansion (Luying 1985, Tin Yau So 1985) Center of the prefecture (Stux 1987) Central Palace (Tai 1987) Central Treasury (Ellis 1989) Central Mansion (Li Ding 1992) Middle place (WHO 1993) Hall of Public Functions of the Centre (Despeux 2000)	En medio de las visceras (Sussmann 1974)

Traduction littérale

- Zhou Mei-sheng 1984 :
  1. *zhong* : middle; inside the chest; middle *jiao*; the functional activities and the vital energy of the spleen and stomach in middle *jiao*.
  2. *fu* : storehouse.
- Ellis 1989 :
  1. 中 *zhong*: central, center 府
  2. *fu* treasury, storehouse; mansion. (voir page discussion)
- Gaurier 1990 :

    1. *zhong* (Ricci 1266): Milieu ; au centre ; central ; l'empire du milieu : la Chine. Dans l'intervalle ; intermédiaire. intermédiaire ; médiateur ; arbitre ; entremetteur. L'intérieur ; le dedans ; intérieur ; interne. Le coeur humain (centre des affections) ; la vie intérieure (confucianisme). Moyen (entre les extrêmes) ; intermédiaire (dans une classification à trois degrés Le juste milieu ; la juste mesure ; juste ; droit ; équilibré. La juste doctrine ; juste ; orthodoxe. La moitié. Dans ; pendant ; a l'époque de. Atteindre le centre de la cible ; frapper juste ; atteindre le but. Atteindre ; réaliser son plan, réussir.
    2. *FU* (Ricci 1618) : Dépôt d'archives, d'objets précieux ; dépôt ou magasin d'état. Recueillir, amasser. Viscères ; réceptacle.
- Pan 1993 :
    1. *zhong*: milieu, moyen.
    2. *fu* : regroupement, lieu de rencontre
- WHO 1993 :
    1. *Zhong* : middle;
    2. *fu* : place.
- Guillaume 1995 :
    1. *zhong* 中 (Ricci 1266) : milieu, centre, dans l'intervalle, intermédiaire, médiateur, l'intérieur, le dedans, le juste milieu, la moitié. Ryjik : le central, l'impartial, la fermeté modérée, la suprême maîtrise au sein du chaos.
    2. *Fu* 府 (Ricci 1618) : dépôt d'archives, d'objets précieux, recueillir, palais, résidence.
- Laurent 2000:
    1. *zhong* : représentation d'une cible et de la flèche ; qui la traverse, d'où les sens de : précision, justesse et par extension : centre, puis la notion de milieu, centre, interne, dedans, ce qui est médian (entre les extrêmes) , (juste) milieu, (maîtrise), qui sous-entend : “ce qui s'oppose aux débordements”.
    2. *Fu* se compose de trois caractères :
        - *ren*, un homme debout,
        - *cun* une main qui tient, donne ou reçoit un cauris (coquillage servant de monnaie), puis par la suite un objet quelconque , par extension : prendre le pouls ; unité de mesure : le pouce (chinois) ; sème d'activité mesurée.
        - *Fu* (*ren* + *cun*) est l'élément phonétique et constitue l'intensif, il signifie : donner, livrer, remettre. *Yan*, variante ouverte de *mian*, habitation rupestre creusée dans le loess, puis sème des bâtiments ouverts ou publics.

1.2. Origine

- Mai jing (Deng 1993)
- Su Wen (sous le nom de Yingzhongshu, celui-ci devient le nom secondaire de Zhongfu dans le Jia Yi) (Deng 1993)
- Zhen Jiu Jia Yi Jing (Lu HC 1983)

1.3. Explication du nom

- Darras 1979 : Demeure centrale : Demeure est pris ici dans le sens de centre administratif, poste de commandement. Ceci désigne donc le point d'émergence du méridien en superficie, provenant, en profondeur, des Trois Réchauffeurs, et ayant un rôle important de commande de la circulation énergétique dans l'ensemble des méridiens selon la succession [des méridiens].
- Lu HC 1983 : : Why is this point called “central hall” or “middle hall”? A hall is a place where people gather together like an assembly. The lungs meridian is originated from the middle Jiao

and its energy gathers at this point which is why this point is called central hall or middle hall, and this point is called the Mu point for the same reason, because Mu means gathering together and Mu point is translated as the gathering point.

- Zhou Mei-sheng 1984 : The point is on the chest, it is the meeting place of the Lung Meridian and the Spleen Meridian. The vital energy stored in the chest is the compound of respiratory gas and the essence of water and grain. The formation of the essence depends on the functional activities and the vital energy of the spleen and stomach in middle jiao.
- Ellis 1989 : This point is the intersection-jiaohui point of the lung and spleen channels, and its name reflects the lung's relationship to the spleen and stomach as a “treasury” for center (i.e., spleen-stomach) qi. The Systematized Canon asserts that “central qi resides in the chest [i.e., the lung].” (中氣舍于胸中). This is traditionally explained as referring to the spleen's function of extracting the essence of digesta and sending it to the lung, where it is combined with celestial qi (air) to form channel qi, and to the fact that the lung channel originates in the stomach: two manifestations of earth (spleen) engendering metal (lung) in five-phase theory. LU-1 is also the alarm-mu point of the lung, alarm-mu points being places where the qi of the associated organ gathers. Lung qi collects at this point just as taxes are collected at the central treasury.
- Li Ding 1992 : “Zhong” (中）refers to the qi of the middle jiao. “Fu” (府）denotes the place where the qi of the meridian converges. This point is the place where the qi of both the Lung Meridian of Hand-Taiyin and the Spleen Meridian of Foot-Taiyin converges. The qi of the middle jiao goes upwards to the lung and gathers here to form the starting point of this meridian, hence the name Zhongfu (Central Mansion).
- Pan 1993 : Ici, *zhong* désigne le Foyer moyen d'où part le *Qi* du méridien du Poumon. *Zhongfu* est le point *Mu* du Poumon 3) point où le *Qi* est abondant, où il y a « regroupement du *Qi* du Foyer moyen ».
- WHO 1993 : Zhong refers to the Middle Jiao. The lung meridian originates from the Middle Jiao. The point is in the place where the Qi of the spleen and stomach in the Middle Jiao is gathered into the lung meridian.
- Lade 1994 : Le nom fait référence à la fonction de ce point comme centre administratif pour le Poumon; il peut indiquer un état pathologique de l'Organe ou agir sur un tel trouble. D'autre part, quand fu apparaît avec le radical de la chair, il correspond aux Organes Yang; quand il est combiné à zhong (central), il fait référence à l'origine interne de ce méridien dans l'Estomac, au niveau du Réchauffeur Moyen.
- Laurent 2000 :
    1. L'ensemble se traduit par dépôt d'archives, lieu où sont déposés, entreposés, amassés les titres, les donations puis, par extension : résidence, palais d'un grand personnage (littéralement : résidence d'un homme d'une certaine mesure (ou mesurable par sa grandeur)). Lorsque *fu* 府 est recatégorisé par *rou* 月 la clé de la chair ou des éléments organiques (K 130), il devient *fu* 腑 qui signifie viscère-*yang* (les *fu* sont des lieux de transit), terme complémentaire et opposé de *zang*, viscère *yin* (les *zang* thésaurisent).
    2. Commentaire : *zhong* est mis pour centre ou central, c'est à dire le foyer moyen. Ling Shu chap. X : “Le méridien du Poumon débute au foyer moyen… Il rappelle donc l'origine du méridien au *zhong jiao* (Estomac/Rate), et l'ascension des éléments subtils de *gu qi* 穀氣 énergie des aliments vers les Poumons pour se mélanger à l'énergie de l'air *kong qi* 空氣 afin de former *zong qi* 宗氣 énergie principale (ou essentielle ou première). *Fu* palais, contient la notion de donner, livrer…, c'est la fonction du Poumon distributeur des énergies corporelles et premier point de la circulation circadienne. Pris dans le sens de dépôt, lieu de rassemblement il rappelle également que l'énergie du Foyer Moyen monte au Poumon et s'y amasse. *Fu* contient également l'élément *cun* qui symbolise la prise des pouls et c'est sur ce méridien que s'effectue ce geste du diagnostic.

1.4. Noms secondaires

yingzhongshu (1)	膺中腧	Breast Center Shu (Ellis 1989), Jia Yi (Deng 1993)
feimu (2)	肺募	Lung Mu (Ellis 1989), Qian Jin Yao Fang (Guillaume 1995)
fuzhongshu (3)	府中腧	Treasury Center Shu (Ellis 1989), Zhen Jiu Da Quan (Guillaume 1995)
Ying Iu yingshu (4)	膺腧	Assentiment de la poitrine (Chamfrault 1954) Breast Shu (Ellis 1989), Su Wen (Guillaume 1995)

(1) Appelé "***Yingzhongshu***" dans Su Wen (utilisé comme autre nom de *Zhongfu* dans Jia Yi) (Deng 1993, Guillaume 1995 et Laurent 2000) : *ying* (Ricci 5816 : poitrine) *zhong* (Ricci 1266 : milieu) shu (Ricci 4462 : transporter) 膺中输（膺中輸) : point du milieu de la poitrine (Laurent 2000)
(2) *Feimu* : *fei* (Ricci 1555 : poumon); *mu* (Ricci 3561 : pt *mu*）肺募（肺募), point *Mu* du Poumon (Laurent 2000)
(3) *Fuzhongshu* : *fu* (Ricci 1618 : palais) *zhong* (Ricci 1266 : milieu) shu (Ricci 4462 : transporter) 府中输（府中輸), point central de la résidence (Laurent 2000)
(4) *Yingshu* : *ying* (Ricci 5816 : poitrine) *shu* (Ricci 4462 : transporter) 膺输（膺輸), point de la poitrine (Laurent 2000)

Articles relatifs à la dénomination

- Rochat de la Vallée E. Zhongfu, chungfu-tchong-fou. Méridiens. 1993;101:11-26. 48717.

  > Cette étude dégage la signification de l'expression Zhongfu, nom du premier point du Taiyin de main, méridien du poumon, dans les textes chinois classiques, médicaux et littéraires. Elle indique brièvement les corrélations principales avec les points avoisinants ainsi que les noms secondaires de P.1. Elle se termine par la présentation des symptômes et pathologies traditionnellement associés à P.1. , en tâchant de montrer la signification de l'ensemble des données et d'expliquer les grandes fonctions du point.

- Thuriere N. Zong Fu, Hexagramme 61, Centre¬-sincérité. Revue Française d'Acupuncture.2004.119:32. [135254].

  > L'étude de zhong, « le centre », à partir du Yi jing, aboutit à l'étude de l'hexogramme 61, zhong fu, « centre-sincérité ». A partir de là sont étudiés les caractères, leur étymologie et leur signification, puis la notion de « sincérité » en chinois et en français. Enfin l'hexogramme 61 est replacé dans la dynamique de la 1Oe aile.

1.5. Autres Romanisations et langues asiatiques

- tchong fou - Tchong-fou - (fra)
- chungfu - Ch'ung Fu (eng)
- Mitte der Eingeweide (ger)
- Trung phủ (viet)
- jung bu 중부 - Chungbu (cor)
- chū fu (jap)
- Aula media (lat)

1.6. Code alphanumérique

- 1P - PO1 (Poumon)
- LU 1 (Lung)

2. Localisation

2.1. Textes modernes

WHO 2009 : On the anterior thoracic region, at the same level as the first intercostal space, lateral to the infraclavicular fossa, 6 B-cun lateral to the anterior median line. *Note 1*: After locating LU2, LU1 is located 1 B-cun inferior to LU2. *Note 2*: ST14, KI26, CV20 and LU1 are located on the transverse line along the first intercostal space.

- Chamfrault 1954 : On peut localiser ce point, soit en partant du mamelon, soit en partant de la ligne médiane antérieure. *a) en partant du mamelon* : Horizontalement à deux distances vers la ligne axillaire, puis verticalement à quatre distances 8/100 au-dessus de lui. *b) En partant de la ligne médiane antérieure* : Du point Roa Kaé 20VC, en se dirigeant horizontalement vers le creux axillaire, on trouve successivement, à deux distances, le point Yo Tchong 26 reins, à deux distances de celui-ci le point Krou Fang 14E et encore à deux distances le point Tchong Fou qui est donc à six distances de la ligne médiane antérieure. *c) Sur la ligne verticale para-axillaire* : (à 2 distances en dehors de la ligne mamelonnaire) le point Iunn Menn 2 P. est à une distance 6/10° au-dessus de lui, et le point Tchao Yong 20 rate est à une distance 6/10° au-dessous de lui.
- Soulié de Morant 1957 : Trois travers de doigts au-dessus et médial de Iunn-menn (P 2). Relié par une branche directe à Tsri-menn th. (F 14). Trois doigts médial et sup. de Tsiènn-iu (Gi 15). Trois latéral de Kroufang (Est 14).
- Nguyen Van Nghi 1971 : A une distance 6/10 au-dessous de la clavicule en dehors et à côté de la 2° côte. […] Point important par où passe l'énergie du Réchauffeur supérieur. Celle-ci traverse le diaphragme, se répand dans la poitrine, va à l'aisselle, passe aux points Iunn Menn (2P), Tchong Fou (1P), puis pénètre dans le méridien Chéou Yang Ming (G.I.) aux points Tsienn Ting (17GI) et Fou Ti (18GI) ; de là, elle va à la langue et redescend vers le bas du corps par la voie du Tsou Yang Ming (E.).
- Newest Illustrations 1974 : In the lateral part of the 1st intercostal space, near the coracoid process.
- Li Su Huai 1976 : Have the patient place, his/her hands on their hips, a triangular depression will appear at the lower edge of the clavicle, at the center of that depression is point [1P].
- Académie de MTC 1977 : A la partie supéro-externe de la paroi antérieure du thorax, entre la première et la deuxième côte, à 6 *cun* de la ligne médiane du sternum.
- Roustan 1979 : Dans le premier espace intercostal, une distance sous l'extrémité externe de la clavicule.
- Beijing College of TCM 1980 : Below the acromial extremity of the clavicle, one *cun* directly below Yunmen (Lu. 2), 6 *cun* lateral to Ren Channel.
- O'Connor 1981 : Approximately 1 unit below the lateral end of the clavicle in the lateral part of the 1 st intercostal space.
- Lu HC 1983 :
  - *Location-1*: In the lateral part of the 1st intercostal space, near the coracoid process.
  - *Location-2*: In upper-lateral region of frontal thoracic wall, on lateral side of 1st intercostal space, 6 *cuns* away from mid-plane of sternum.
- Institut de MTC du Shandong 1984 : Au niveau du 1er espace intercostal, à 1 *cun* au-dessous du Pt. Yunmen.
- Ellis 1988 : In the first intercostal space below the acromial extremity of the clavicle, 1” below LU-2, 6“ lateral to the conception vessel.
- Li Ding 1992 : At the level with the 3rd rib above the nipple, 6 *cun* lateral to the Ren Meridian. When a person stands or sits with arms akimbo, one deltoid depression will appear at the lower

border of the lateral extremity of the clavicle. The centre of the depression is Yunmen [2P]. One *cun* directly below, at the level of the intercostal space is the point.
- Zhang Rui-Fu 1992 : il est situé sous la clavicule à six pouces de l'axe médian longitudinal du tronc, au niveau du premier espace intercostal.
- Deng 1993 : sur la partie supérieure externe de la paroi antérieure du thorax, à 1 *cun* au-dessous de *Yunmen* (P2), au niveau du premier espace intercostal, à 6 *cun* de la ligne médiane antérieure.
- Chen 1995 : In a supine or seated position, the point is located on the lateral superior part of the chest in the first intercostal space, 6 inches lateral to the midline of the sternum.
- Institut 2003 [2)] : Sur la partie supérieure externe de la paroi antérieure du thorax, à I cun au-dessous de Yunmen (P.2), au niveau du premier espace intercostal, à 6 *cun* de la ligne médiane antérieure.

2.2. Textes classiques

- Su Wen : located laterosuperior to the sternum at the lateral side of the first intercostal space, 6 cun lateral to the anterior and posterior mid-line (Wang Hongtu 1999).
- Da Cheng (Great Compendium) :
  - “three ribs above the breast, in the depression where the artery is felt”; i.e., 6.0 cun lateral to the anterior midline, at the point between the first and second intercostal spaces. (Zhang Rui-Fu 1985)
  - Six inches lateral from CV-20, three intercostal spaces above the nipple where a pulsating vessel can be felt. (Ellis 1988)
  - One inch and six fen below Cloud Gate [2P], above the breast in the third intercostal space, six body inches lateral from Florid Canopy (CV-20), in a depression where a pulsating vessel can be felt. (Ellis 1989)
- Jia Yi Jing :
  - A un pouce au-dessous de vân môn, yunmen P.2, dans un creux au-dessus du mamelon dans le 3èmè espace intercostal. Le doigt appliqué à ce niveau ressent des battements artériels. Demander au patient d'étendre fortement le cou en arrière pour localiser ce point (Dang-Vu Hung 1989).
  - 1 *cun* au-dessous de *Yunmen* (P.2), trois espaces intercostaux au-dessus du mamelon, là où l'on sent les battements de l'artère.” (Deng 1993)
  - Il se situe à un pouce en-dessous de Yunmen. en haut du sein, dans l'espace de la troisième côte, en plein dans le creux. On y sent, à la main, un battement artériel (dong mai IP Vo (2) ; on lève la tête pour le prendre. (Jia Yi Jing, III, 17 *in* Rochat de la Vallée 1993)
  - It is located one cun below Cloud Gate in a depression in the breast above the third rib where a pulsating vessel is palpable. Locate it with (the patient) lying supine. (Yang 2000)
  - “Il se situe à un pouce au-dessous du [point] yunmen (2 P) dans un creux [situé] trois espaces intercostaux au-dessus du mamelon 2, [là où] l'on sent battre une artère sous la main. On le localise en position couchée sur le dos.” (Milsky 2004).
- Qian Jin : Dans la dépression du deuxième espace intercostal au-dessus du mamelon.“ (Deng 1993)
- Sheng Hui : “A 1,6 *cun* au-dessous de *Yunmen* (P.2), trois espaces intercostaux au-dessus du mamelon, là où on sent les battements de l'artère.” (Deng 1993)

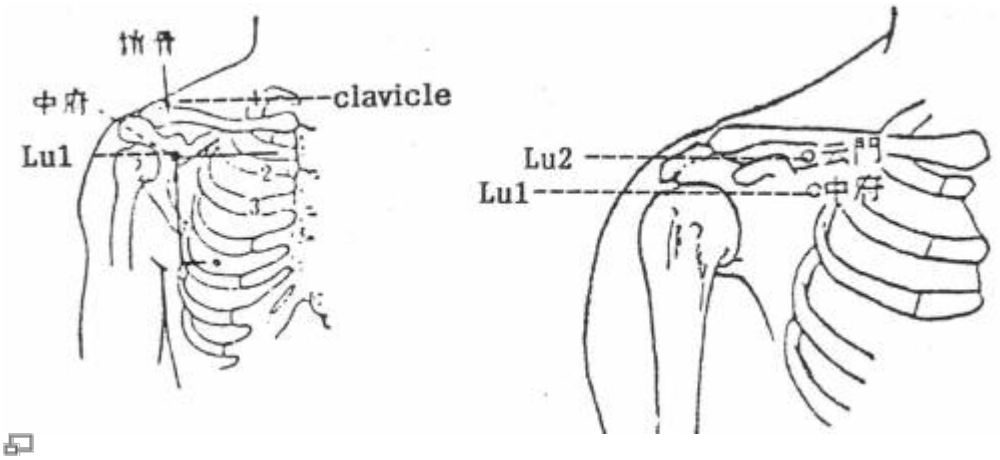
Remarque: *Yunmen* (P.2) est localisé dans la fosse sous-claviculaire. Ici, “1 *cun*” ou “1,6 *cun*” représente la hauteur de l'espace intercostal. Sur la partie supérieure de la poitrine, celui-ci est plus étroit et équivaut à 1 *cun*. Le mamelon se situe dans le quatrième espace intercostal, et “trois

espaces intercostaux au-dessus du mamelon” désigne en fait le premier espace intercostal. La localisation donnée par Qian Jin (le deuxième espace intercostal) n'est pas correcte. Aussi localise-t-on ce point d'après Jia Yi.(Deng 1993)

2.3. Rapports anatomiques

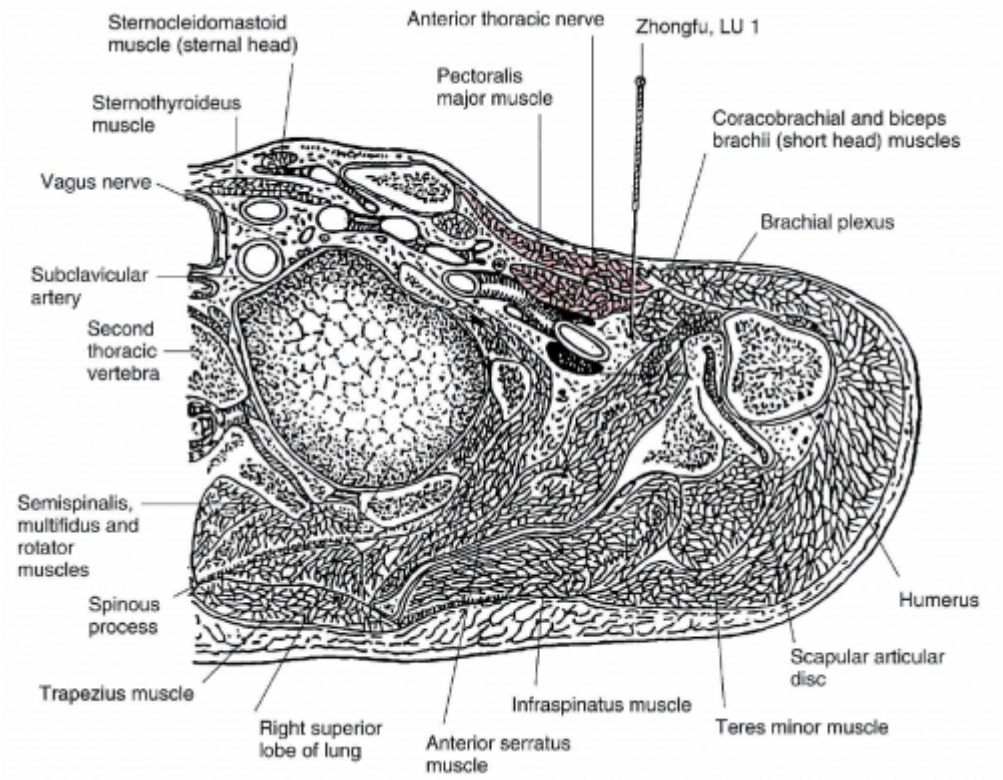
- Soulié de Morant 1972 : Épaule ant. haut. du pli. Médial de pointe inf. de saillie d'apophyse coracoïde. Angle de reb. sup. de 2e côte (ici ire sous clavicule), et de reb. sup. médial de tendon de Petit Pectoral) (inséré sur apophyse coracoïde). Dans un creux.
- Bossy 1976 : T2. — Rameau cutané latéral du 2' nerf intercostal.
- Roustan 1979 : En dehors : artère et veine axillaris, nerf supraclaviculares intermedi (branche médiane du nerf sus-claviculaire), nerf intercostalis.
- Beijing College of TCM 1980 : *Vasculature*: Superolaterally, the axillary artery and vein, the thoracoacromial artery and vein. *Innervation*: The intermediate supraclavicular nerve, the branches of the anterior thoracic nerve, and the lateral cutaneous branch of the 1st intercostal nerve.
- O'Connor 1981 : In the pectoralis major and minor muscles; in its deep position, in the internal and external intercostal muscles. On its superior, lateral side supplied by the axillary artery and vein, and by the thoracoacromial artery and vein. Supplied by an intermediate branch of the supraclavicular nerve, a branch of the anterior thoracic nerve, and the first intercostal nerve.
- Lu HC 1983 :
    - *Blood-vessels-veins*: Arteria and vena axillaris, arteria and vena thoracoaoromialis on the upper-lateral side.
    - *Nerves*: Middle branch of supraclavicular nerve; branch of nervi thoracalis anterior and the lateral cutaneous branch of 1st nervi intercostal's.
    - *Muscles*: muscululus pectoralis major and minor; in deep region on medial side, intercostales intenal-external
- Institut de MTC du Shandong 1984 : L'aiguille passe par la peau, le tissu sous-cutané, le grand pectoral et arrive dans le petit pectoral. Présence du nerf sus-claviculaire dans la couche superficielle ; présence de l'artère acromio-thoracique et du nerf thoracique antérieur dans la couche profonde. Dans la fosse axillaire au voisinage du point, existent les vaisseaux axillaires et le plexus brachial.
- Zhang Rui-Fu 1985 : *Blood vessels*: axillary artery and vein, thoracoacromial artery and vein, lateral thoracic artery and vein. *Nerves*: medial supraclavicular nerve, lateral cutaneous branches of the intercostal nerves.
- Tai 1987 : Greater & smaller pectoral muscles; Axillary artery & vein; Thoracoacromial artery & vein; Intermediate supraclavicular nerve; Branches of anterior thoracic nerve; Lateral cutaneous branch of intercostal nerve; Suprapleural membrane; Apex of lung.
- Ellis 1988 : Superolaterally, the axillary and vein, the thoracoacromial artery and vein. The intermediate supraclavicular nerve, the branches of the anterior nerve, and the lateral cutaneous branch of the 1st intercostal nerve.
- Lu Jianping 1990 : Muscles: in m. pectoralis major and minor; deeper, m. intercostoles prima interni and externi. Blood vessels: superolaterally, the axillary artery and vein, the thoracoacromial artery and vein. Nerves: the intermediate supraclavicular nerve, the branches of the anterior thoracic nerve, and the lateral cutaneous branch of the first intercostal nerve.
- Deng 1993 :
    - *Zone concernée* : Peau—tissu sous-cutané—grand pectoral—petit pectoral—cavité thoracique.
    - *Dans la couche superficielle*, on trouve le nerf sus-claviculaire intermédiaire, les branches cutanées externes du premier nerf intercostal et la veine céphalique.

    - *Dans la couche profonde*, on trouve l'artère et la veine thoraco-acrominales et les nerfs pectoraux interne et externe.
- Qiu Mao-liang 1993 : The m. pectoralis and m. pectoralis minor, m. intercostales interni and externi; superolaterally, the axillary artery and vein, the thoracoacromial artery and vein; the intermediate supraclavicular nerve, the branches of the anterior thoracic nerve, and the lateral cutaneous branch of the 1st intercostal nerve.
- Guillaume 1995 : Artère et veine axillaires, artère et veine acromio-thoraciques, artère et veine latéro-thoraciques, veine céphalique. Branche intermédiaire du nerf supra-claviculaire, nerf brachial cutané médial.
- Chen 1995 :
    - a. *Skin*: the branches from the supraclavicular nerve containing fibers from the fourth cervical nerve (C4) innervate the skin.
    - b. *Subcutaneous tissue*: includes the previously described skin nerve branches.
    - c. *Anterior margin of deltoid muscle*: the needle is inserted at the superior part of the anterior margin of the deltoid muscle. The branches from the axillary nerve containing fibers from the anterior branches of the fifth and sixth cervical nerves (C5, C6) innervate the muscle.
    - d. The needle is inserted medial to the cephalic vein, which joins the axillary vein.
    - e. *Pectoralis major muscle*: a flat fan-shaped muscle. The medial and lateral pectoral nerves containing fibers from the brachial plexus of the fifth cervical to the first thoracic nerves (C5-T1) innervate the muscle. The needle is inserted lateral to the pectoral nerve.
    - f. *Pectoralis minor muscle*: at the deeper layer of the pectoralis major muscle. The branches from the medial pectoral nerve from the brachial plexus of the fifth cervical to the first thoracic nerves (C5 -T1) innervate the muscle.
    - g. *Coracobrachialis and biceps brachii muscles*: the coracobrachialis muscle is located at the medial side of the short head of the biceps brachii muscle. The branches from the musculocutaneous nerve containing fibers from the fifth to seventh cervical nerves (C5 - C7) and fifth to sixth cervical nerves (C5, C6) innervate the coracobrachialis and biceps brachii muscles, respectively.

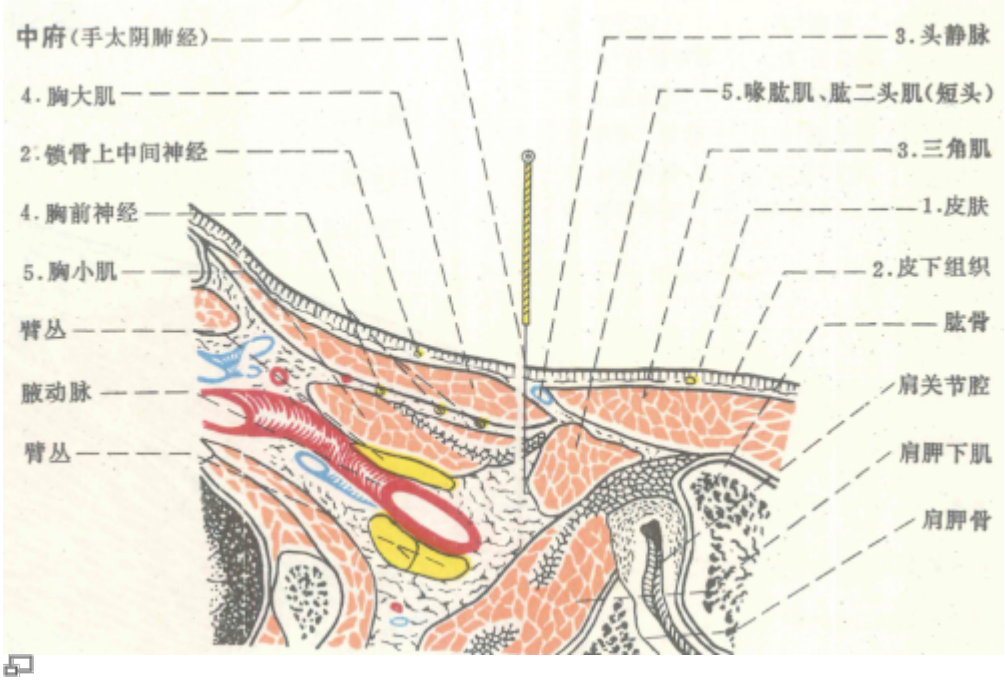


(Lu HC 1985)

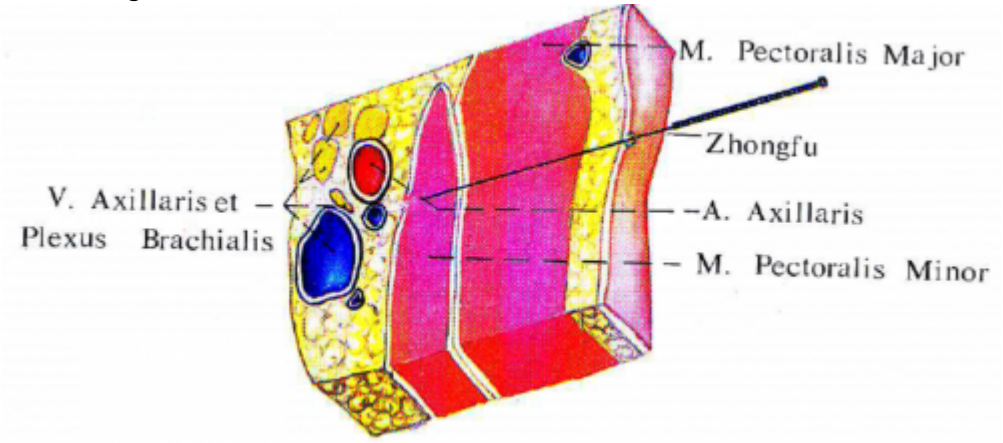
2.4. Coupes anatomiques



Chen 1995



Yan Zhenguo 1983




Institut de MTC du Shandong 1984

2.5. Rapports ponctuels

	2P	13E
	↑ ← **1P** → ↓	14E
	20Rte	15E
latéral	côté droit	médial

3. Classes et fonctions

3.1. Classe ponctuelle

Synthèse de la classe ponctuelle		
Point Mu (alarme, recruteur) du Poumon		
Point de jonction (réunion, croisement) des méridiens P et Rte		
Passage de l'énergie du Réchauffeur supérieur		
Point d'entrée du méridien	Point d'entrée (*jinshu*) du méridien	Laurent 2000

- Point *Mu* du Poumon; Point de réunion de *Zu* et *Shou Taiyin* (Chamfrault 1954).
- Point de passage de l'énergie du Réchauffeur supérieur (Nguyen Van Nghi 1971)
- A junction point of the Lung and Spleen Channels (Zhang Rui-Fu 1985)
- Alarm-mu point of the lung, alarm-mu points being places where the qi of the associated organ gathers. Lung qi collects at this point just as taxes are collected at the central treasury (Ellis 1989).
- Zhongfu (Lu.1) is the Front-mu point of the lung (Li Ding 1992)
- A la fois point ventral et point carrefour du méridien des poumons, il communique avec le méridien de la rate et ainsi le Qi de la rate et du système digestif s'y concentre (Zhang Rui-Fu 1992).
- C'est également le point où les *Qi* de la Rate, de l'Estomac et du Poumon se rencontrent; donc, pour les méridiens de la Rate et de l'Estomac, il est le « Lieu de rencontre avec le *Qi* du Foyer moyen » (Pan 1993).
- Il s'agit du point mu du Poumon, c'est le point de réunion (hui) des méridiens Shou tai yin et Zu tai yin (selon le commmentaire de Wang Bing du chapitre « Ci re lun » du Su wen) ; le Jia yi jing précise que c'est le point de réunion du méridien Shou tai yin, ce qui est une erreur. (Guillaume 1995)
- Point d'entrée (*jinshu*) du méridien, point réunion du *Taiyin* (P/Rt) (Laurent 2000).
- 幕穴 [mù xué] : Alarm point (Xie Zhu-Fan 2002)
- Zhongfu (L 1) is the crossing point of the Lung Meridian of Hand-taiyin and the Spleen Meridian of Foot-taiyin. (Yang Xinrong 2003)
- Point recruteur (mu 幕) du Poumon (Despeux 2012).

3.2. Classe thérapeutique

- Soulié de Morant 1957 :
  - Tonifier : 1) tonifie voies respiratoires, coeur, rate-pancréas, Temporal-Pariétal, bulbe, aut.

Perr., moelle épin. inf., 3 endocrines, foie. 2) disperse vessie.
    - Disperser : agit en sens contraire. Ici l'énergie venant du foie (Tsri-menn th. F 14) par une branche directe, entre dans le méridien des poumons.
- Nguyen Van Nghi 1971 : Disperse le Yang de la poitrine (Chaleur perverse)
- Lu HC 1983 : clear lungs; clear upper burning space or shangjiao (space) remove floating heat in upper burning.
- Zhang Rui-Fu 1985 : dissipating the upper liao of pathogenic heat, regulating lung qi.
- Tin Yau So 1985 : Needling at this point can take away all overheating in the chest.
- Tai 1987 : Regulates Lung energy flow; Expels heat from Upper Heater.
- Ellis 1988 : Clears and diffuses the upper burner and courses lung qi
- Cheung 1989 : regulates and tonifies lung chi. Central chi accumulates in lu-1. Lu-1 is the source locus of hand tai-yin lung; cross-meeting locus of hand and foot tai-yin. The chi of lung meridian collects in lu-1; therefore it is the mo-locus of lung.
- Geng Junying 1991 : Spreading Qi of the lung, soothing asthma, and stopping cough.
- Zhang Rui-Fu 1992 : Regulates Lung energy flow; Expels heat from Upper Heater.
    - En tonification : tonification du Qi des poumons, tonification Yin des poumons, tonification de la rate.
    - En dispersion : drainage du Qi des poumons, activation de la circulation du Qi et du sang au niveau thoracique.
    - En moxibustion : caléfactions des poumons et suppression du facteur pathogène, stimulation circulatoire par caléfaction des méridiens.
- Li Ding 1992 : Zhongfu (Lu.1) has the effect of eliminating heat and regulating qi circulation.
- Lade 1994 :
    - Régularise et tonifie le Poumon (surtout le Qi et le Yin), régularise le Réchauffeur Supérieur, et tonifie le Qi Ancestral. *Indications*: tuberculose pulmonaire, pneumonie, abcès du poumon, asthme ou bronchite avec toux et respiration bruyante, oedème dû au vide de Qi du Poumon, et dyspnée.
    - Fait diffuser le Qi du Poumon, et élargit et décontracte la poitrine: *Indications*: obstruction douloureuse de la gorge, plénitude et douleur de la poitrine, douleurs de la gorge, et douleurs de l'épaule, du cou et du dos.
    - Clarifie la Chaleur (surtout dans le Réchauffeur Supérieur). *Indications*: syndrome de consomption avec soif' du Réchauffeur Supérieur, fièvre avec symptômes pulmonaires, transpiration excessive, et toux sèche.
- Chen 1995 : Clears and disperses the Upper Jiao (Upper Warmer), and promotes Lung Qi.
- Guillaume 1995 : *Zhong fu* dissipe la chaleur du Réchauffeur supérieur. Régularise le *Qi* du Poumon.
- Lian 1999 : disperse le Qi du poumon et le fait baisser, calme la toux, soulage la dyspnée
- Laurent 2000 : Élimine les plénitudes du Poumon (fonction du point *Mu*).
- Hawawini 2001 : 1) En tant que point Mu (héraut) du Poumon, il tonifie son Energie, en association variable avec de nombreux points vus au Taiyuan 9P. 2) Associé à tous les autres Mu (héraut) des Zang (organes Yin) en harmonisation, il traite l'ensemble des troubles des sentiments (Qing). 3) Associé à Feishu 13V il réalise la puncture Beishu (assentiment)-Mu (héraut) du Poumon, qui traite tous les blocages de Qi, avec dyspnée (Chuan) et toux (Ke Sou), asthme (Xiao Chuan), sensation de gène et de distension du thorax, hémoptysie (Ke Xue) ; et renforce aussi l'Energie du Poumon en cas de Vide (Xu). *Textes anciens* : Ling Shu, chap. 20 l'indique dans l'Energie perturbée (Xie Qi) au Poumon, associé à Feishu 13V, Quepen 12E et Yunmen 2P.
- AGMA 2003 : Aide à la fonction d'abaissement des liquides du P. Point de la peau. Rafraîchit le TR sup. Diffuse les souffles.
- Deadman 2003 : Diffuse et fait descendre le qi du Poumon et soulage la toux et la respiration sifflante. Transforme les glaires, élimine la chaleur et régule la voie des eaux. Fait descendre le

qi de l'Estomac
- Maciocia 2005 : Il régularise le Qi du Poumon et calme la toux. Il stimule la descente du Qi du Poumon. Il disperse la plénitude de la poitrine et calme la douleur de la poitrine. [
- Sionneau 2012 : - détend la poitrine. régularise le Qi. clarifie la Chaleur. diffuse, libère le Qi du Poumon.

4. Techniques de stimulation

4.1. Techniques

Acupuncture	**Moxibustion**	**Source**
Puncturer 3/10° de distance de profondeur, garder l'aiguille pendant cinq respirations.	Moxas cinq fois.	Chamfrault 1954
3 à 5 « fen » de profondeur.	Cautérisations : 5 à 10.	Wu Wei-Ping 1959
3 (Zhu Lian) à 7 fen (Chen Dan'an)	5-20 mn, 3-7 zhuangs	Heroldova 1968
Slanting insertion: 5 fen — 1 tsun deep		Newest Illustrations 1974
Needle perpendicu1ary 0.2 à 0.3 in., or obliquely upward 1,0 in.	Moxa stick 3-5 min. 1□3 moxa cones	Li Su Huai 1976
Obliq. Vers le dehors du thorax, 0,5-0,7 pouce.		Académie de MTC 1977
Piqûre oblique vers l'extérieur à 0,5-1 distance;	Cautériser 3-5 fois, chauffer 5-10 minutes.	Roustan 1979
Puncture perpendicularly 0.3-0.5 inch towards the lateral aspect of the chest.	Moxibustion is applicable.	Beijing College of TCM 1980
Slanted insertion, pointed upward, 0.5-1 unit.		O'Connor 1981
perpendicular, from chest toward back. 3-5 fens	3-5 cones; 5-15 minutes	Lu HC 1983
Obliquement vers le côté postéro-externe du thorax 0.5 - 1.5 cun ou perpendiculairement 0.5 - 1 cun		Institut de MTC du Shandong 1984
3-5 fen, (1 tsun = 10 fen), straight	5-10 minutes.	Luying 1985
oblique insertion 0.3-0.5 cun	3 - 5 cones, or 5 - 10 minutes with moxa roll.	Zhang Rui-Fu 1985
Puncture obliquely 0.5-0.8 inch towards the lateral aspect of the chest.	Moxibustion is applicable	Cheng Xinnong 1987
0.3-0.5 ” perpendicular insertion.	Moxa: 3-5 cones; pole 5-15 min.	Ellis 1988
Puncture obliquely or subcutaneously 0.5- 0.8 cun towards the lateral aspect of the chest.	Moxibustion is applicable,	Lu Jianping 1990
0.3 cun pendant cinq respirations	5 moxas	Gaurier 1990 [3)]
Puncture obliquely and superior-laterally for about 1-15 cun	Moxibustion is applicable.	Geng Junying 1991
0.5-1 cun deep obliquely or horizontally towards the lateral aspect of the chest	Moxibustion is applicable	Li Ding 1992
oblique en dehors ; profondeur : 0,5-0,8 pouce		Zhang Rui-Fu 1992
Puncture obliquely or transversely 0.5-0.8 cun towards the lateral aspect of the chest.		Qiu Mao-liang 1993

Acupuncture	Moxibustion	Source
Puncturer obliquement vers le bord latéral du thorax, entre 0,5 et 1 distance de profondeur	Cautérisation avec 3 à 5 cônes de moxa, moxibustion pendant 5 à 10 minutes.	Guillaume 1995
Lateral superior oblique insertion 0.5-1.0 inch	3-5 cones; stick 5-10 minutes	Chen 1995
Piquer obliquement vers l'extérieur de 0,5 à 0,8 *cun*	3 à 5, chauffer 15 à 20 mn	Laurent 2000
Puncturing obliquely 0.5-1 cun exterior to the chest wall or performing	moxibustion with 3-5 moxa cones or 5-10 minutes with warming moxibustion.	Yang Xinrong 2003

4.2. Repères pratiques et Manipulation

- Zhu Lian & Chen Dan'nan : 1/ ifwe proceed two cuns laterally from the nipples and then upward between the third and the fourth rib (anatomically between the first and the second rib); 2/ if we proceed from the clavicle distally between the first and the second rib, 6 cuns laterally from the point [20VC] huagai. The second method is used with women. (Heroldova 1968)
- On trace une ligne à l'horizontale de la fourchette sternale : le point se trouve à 6 distances de la ligne médiane, et à une distance et demi sous cette ligne, dans le 2' espace intercostal (Bossy 1976)
- Mains sur la taille, au-dessous de la partie externe de la clavicule, apparaît une zone triangulaire, au centre de laquelle est placé le 2' Poumon. Un pouce au-dessous de ce point, au milieu du 2“ espace intercostal, se trouve le 1P. Il peut également être retrouvé en portant deux travers de doigt en dehors du mamelon (chez l'homme seulement) et en remontant de trois côtes. (Rubin 1977)
- Select loci according to complex diagnosis: Use purging method to smooth lung chi. Use tonifying method to tonify and benefit lung chi. For nearby regional lesions: Use purging method to open and smooth chest luo. Use purging and moxibustion to warm lung, dissipate evil, and warm open meridian luo.(Cheung 1989)
- *How-to-Locate-1*: With arms akimbo, a triangular depression will occur at the inferior edge of the lateral tip of clavicle (the tip of acromion) which is Lu2; Lu1 is 1 cun straight below Lu2, on a level with 1st a 2nd intercostal space. *How-to-Locate-2*: From the place 2 cuns (or 2 digital cuns) laterally from nipple in men, then touch three ribs upward which is the location of this point.Let the patient lie on back or sit up, & locate it 1 cun below lateral end of clavicle. (Lu HC 1983)

4.3. Sensation de puncture

- Sensation de gonflement qui diffuse vers les membres supérieurs (Roustan 1979).
- Sensation distension and soreness extending into the chest and upper ann (O'Connor 1981).
- Reaction down to the upper part of the chest. (Tin Yau So 1985)
- Ache and/or swelling (Tai 1987).
- local sensation of soreness and distension radiating to the chest and the upper limb (Geng Junying 1991).
- distension and soreness radiating to the chest and the upper extremities. (Chen 1995)
- Soreness and distention in the shoulder, radiating towards the neck and upper chest. (Li Ding 1992)

4.4. Sécurité

Point considéré comme points à risque

4.4.1. Généralités

- Old medical texts considered this point forbidden to moxa (Li Su Huai 1976)
- To avoid injuring the lung, never puncturedeeply towards the medial aspect. (Cheng Xinnong 1987)
- Puncturing perpendicularly and too deeply affects function of the Lungs (Tai 1987).
- Tangential and lateral, ca. 1 cm. Oblique direction to avoid injury of the pleura (pneumothorax). Some acupuncture points are called “dangerous” points owing to their anatomical location, because dangerous injuries can be caused by careless needling, e. g., pneumothorax. No manual stimulation should be carried out at dangerous points (Stux 1987).
- Il s'agit d'un point très dangereux, à éviter de façon systématique (ne se pique que par des élèves de 3ème année) (Borsarello 1987).
- Deep or perpendicular insertion towards the medial aspect of the chest is contraindicated in order to prevent the occurrence of pneumothorax. (Li Ding 1992)
- respecter la profondeur et le sens d'inclinaison de l'aiguille pour préserver le poumon. (Zhang Rui-Fu 1992).
- To avoid injuring the lung, never puncture deeply towards the medial aspect (Qiu Mao-liang 1993).
- « Le point mu du Poumon ne doit pas être blessé ; si on le blesse, le sujet présente une obstruction nasale avec anosmie et transpiration profuse… » (Sheng Ji in Guillaume 1995)
- Do not insert too deeply and it is forbidden to puncture obliquely toward the interior aspect of the chest in order to protect the lung.(Yang Xinrong 2003)
- Il s'agit d'un point très dangereux, à éviter de façon systématique (ne se pique que par des élèves expérimentés) (Borsarello 2005).
- pas d'insertion profonde, ni vers l'intérieur (Sionneau 1012)

4.4.2. Etudes cliniques

- S Schmalz-Ott S. M Monti M. P Vollenweider P. Mise en place d'un cathéter veineux central chez l'adulte. Rev Med Suisse, 2008.Volume 4. 2343-8001

  > La pose d’un cathéter veineux central est un geste fréquent dans un service de médecine interne. En suivant la formation des médecins-assistants, nous nous sommes aperçus que certaines questions, doutes ou craintes concernant cette procédure nous sont régulièrement adressées : «Est-ce qu’un cathéter sous-clavier peut être posé avec une thrombocytopénie modérée ?» ; «Quel site de ponction présente le moins de risques pour le patient ?» ; «Après combien de jours un cathéter doit-il être changé ?». Cet article se propose de répondre à ces questions et à d’autres, en partant d’une mini-revue de la littérature actuelle. [N.B. l'apex pulmonaire monte plus haut à gauche, ce qui est susceptible d'augmenter le risque de pneumothorax lors de la puncture du 1P gauche]

5. Indications

Classes d'usage	-	point secondaire

5.1. Littérature moderne

- Chamfrault 1954 : *Troubles généraux* : Fièvre dans les affections pulmonaires avec vomissements. Après avoir attrapé froid, le malade présente de la plénitude dans la poitrine, de l'oppression, de la perte de l'appétit. Adénopathies. *S.N.* : Insomnie. *O.R.L.* : Rhinorrhée de liquide clair. Angine avec impossibilité d'avaler. *Appareil respiratoire* : Oppression, toux, plénitude dans la poitrine, accompagnée de hoquet. Affection des poumons Inn avec : toux, sensation que l'énergie remonte vers la partie supérieure du corps, empêchant de se coucher. *Appareil digestif* : Perte de l'appétit, vomissements, sensation de plénitude abdominale (tous ces symptômes sont secondaires à des troubles pulmonaires) *Membres* : Douleur à l'épaule et au dos. Enflure des quatre membres. *Autres régions* : Figure enflée par suite de Fong dans les poumons. *Dermatologie* : Peau douloureuse. Sueurs nocturnes.
- Soulié de Morant 1957 : *1) Effets directs* : Héraut des poumons (voies resp.) (Troubles avec froid ou dépression). — Douloureux dans les troubles de face post. de poumons. — Se réveille vers 3 h m. (les poumons n'étant pas nourris par l'énergie venant du foie insuffisant). — Spasmes des muscles du son, bégaye. Toux, glaires épaisses ou liquides. Amygdalite. — Poitrine pleine, douloureuse, poumons contractés. Sans respiration, ne peut dormir. — Asthme. Emphysème. Tuberculose pulmonaire. Peste pulmonaire. Yeux : rouges, douloureux. Paupières enflées. Conjonctivite. Coeur : troubles. — Fièvre récurrente. Crises de vomissements par excès de vésicule biliaire (boissons et aliments ne descendant pas), abdomen gonflé. *2) Effets contraires* : Vessie, irritation; ou urine à odeur fétide. Excès d'acide urique, ton. Ganglions. — Tumeurs (adénite suppurée ?). *3) Parties du corps* : Cheveux ; peau du crâne (scalp) : tout trouble, opp. Joues rouges, chaudes. Capillaires congestionnés. Couperose, opp. Figure enflée, peau douloureuse, opp. Poignet, dos de main enflés. — Membre inf. et sup. enflés, opp.
- Wu Wei-Ping 1959 : Dyspnée, bronchite, amygdalite, fièvres tropicales, affections pulmonaires, affections du coeur, oedème de la face et des membres, myalgie de la poitrine.
- Zhu Lian & Chen Dan'nan : Asthma, bronchitis, tonsillitis, recurrent fever, lung diseases, heart diseases, edema of face and

limbs, pain of the thoracic muscles, Nasal polyp. (Heroldova 1968)

- Nguyen Van Nghi 1971 : Toux, dyspnée, asthme, douleurs thoraciques et scapulaires.
- Duron 1973 : Affections pulmonaires. Asthme. Ne peut pas cracher. Sensibilité de la peau. OEdème généralisé. Inflammation des ganglions. Douleur à l'épaule.
- Newest Illustrations 1974 : Bronchitis; pneumonia; asthma; pulmonary tuberculosis.
- Li Su Huai 1976 : Cough, asthma, pain in the chest, shoulder/back pain, pneumonia, pulmonary tuberculosis.
- Bossy 1976 : Toux, dyspnée, douleur thoracique. Insomnie du milieu de la nuit. Amygdalite. Signes généraux digestifs et cutanés secondaires aux affections pulmonaires, sueurs nocturnes. Algies dorsales et scapulaires.
- Académie de MTC 1977 : Toux, dyspnée, point de côté, algie scapulo-dorsale, tuberculose pulmonaire, etc.
- Niboyet 1977 : Toux avec expectoration, glaires épaisses, bronchite, asthme, emphysème. Yeux rouges, douloureux et paupières enflées ; conjonctivite. Couperose (joues rouges avec capillaires dilatés) Capsulite de l'épaule. Douleur du poignet avec dos de la main enflés.
- Rubin 1977 : Toux ; asthme ; poitrine douloureuse. Emphysème ; dyspnée. Douleurs des épaules. Douleurs dorsales. Amygdalite. Ecoulement nasal.
- Shui-Wae 1977 : Coughing 咳嗽, Asthmatic breathing 氣喘, Pain in chest 胸痛, Pulmonary emphysema 肺氣腫
- Roustan 1979 : Bronchite, pneumonie, suffocation intermittente, tuberculose pulmonaire. *Autres indications* : Quintes de toux, hémoptysie, inflammation de la gorge, nez bouché, hyper-

sudation.
- Lo Chi Kwon 1979 : Asthma, Bronchitis, special treatment for Pulmonary diseases.
- Xie Zhu-Fan 1980 : Cough, asthma, pain in the chest, shoulder and back.
- Beijing College of TCM 1980 : Cough, asthma, pain in the chest, shoulder and back, fullness in the chest.
- O'Connor 1981 : *Indications* : Bronchitis, pneumonia, asthma, pulmonary tuberculosis. *Traditional indications* : Coughing and wheezing, coughing blood and pus; throat blockage, congested nose; excessive sweating, tumors and nodular growths on the neck.
- Lu HC 1983 : Chronic endocarditis(internal carditis). Excessive milk secretion after childbirth. Neuralgia of throacalis longus. Paralysis of musculus serratus anterior (hand drop, unable to”raise arms). Pulmonary tuberculosis.
- Lebarbier 1983 : affections broncho-pulmonaires aiguës et chroniques. Toux avec crachats muco-purulents, suffocation, dyspnée, asthme, rhinorrhée de liquide clair, fièvre pulmonaire, plénitude thoracique. Également dans les névralgies intercostales, douleurs de l'épaule. Permet de récupérer une abduction perturbée du bras. Enfin, il est à employer en cas de figure enflée à la suite d'un état congestif pulmonaire (Fong).
- Institut de MTC du Shandong 1984 : Toux, asthme, oppression respiratoire, point de côté, algie scapulo- dorsalgie .
- Daniaud 1984 : Troubles respiratoires (asthme état congestifs) - Tr. météorologiques.
- Luying 1985 : *Indications* : Cough with dyspnea; purulent phlegm; bronchitis with blood; pain in chest; feeling of oppression and fullness in lungs; pain in the space between shoulder and scapula; edema; sweating; sore-throat; bronchiectasis; pneumonia; intermittent fever with cough; pleurisy; anorexia; tonsillitis; rhinorrhea; feeling the “Chi” (energy of life) dashing up from abdomen; asthma; goiter. *Usage clinique* : Asthma; fullness of chest; bronchitis; pneumonia; pulmonary tuberculosis.
- Tin Yau So 1985: A feeling of hotness in the chest during the flu; panting with a sensation of a full chest; coughing and cannot lie down; tonsillitis; swelling on the face and arms; pain on the shoulder and back; pleurisy; pneumonia; asthma; tuberculosis; tumor on skin; swelling of the four limbs.
- Zhang Rui-Fu 1985 : asthmatic cough, pharyngitis, shoulder and back pain.
- Cheng Xinnong 1987 : Cough, asthma, pain in tric chest, shoulder and back, fullness of the chest.
- Stux 1987 : As the alarm point of the lung this point is painful or tender on pressure in respiratory disorders. It is often used in disorders of the respiratory organs, such as bronchial asthma, bronchitis, bronchiectasis, and their symptoms, such as cough, dyspnea and thorax pain. Local point needling is performed here for pain in the shoulder girdle and pain on the lateral side of the thorax.
- Tai 1987 : Swelling of upper limbs; Pain in chest, shoulder & back; Fullness in chest; Coughing; Dyspnoea; Shortness of breath; Perspiration.
- Ellis 1988 : Cough; asthma; pain in the chest, shoulder and back; fullness in the chest. Supplementary Indications: Coughing or vomiting of pus and blood; pulmonary distention and fullness; sweating; facial swelling; abdominal distention; somnolence; throat bi; fever and vomiting; difficult ingestion; diminished qi with inability to lie flat; aversion to cold; generalized heat vexation; pain in the skin and bone; running piglet; nasal congestion; turbid snivel; goiters and tumors of the neck
- Cheung 1989 :
    - *Valeur diagnostic* : When diseases of lung develop, tenderness and abnormal responses often appears in this mo-locus.
    - *Indications* : Loss of smooth dispersion and precipitation of lung with abnormal chi function: caused by Cold evil attacking lung, phlegm turbidity blocking lung, surging phlegm heat in lung, evil heat damaging lung.

    - *Chi deficiency*: protracted illness with chi deficiency, excessive exertional damage, chronic cough damaging lung chi.
    - *Local lesions*: all types of chest pain. Toux; dyspnée; asthme; douleur de la poitrine et de l'épaule; coronaropathie; bi-numbness of chest.
- Lu Jianping 1990 : Cough, asthma, fullness of the lung, pain in the chest and back, sore throat.
- Geng Junying 1991 : Pain in the chest, cough, asthma and fullness sensation of the chest.
- Li Ding 1992 : Pain in the upper chest, cough and asthma.
- Zhang Rui-Fu 1992 : bronchite, pneumopathie, tuberculose pulmonaire, asthme, angine de poitrine, infarctus du myocarde. toux, dyspnée, douleurs au niveau de la poitrine et des épaules, dorsalgie, ballonnements abdominaux, oedème facial.
- Qiu Mao-Liang 1993 : Cough, asthmatic breathing, distension and fullness in the lung, pain in the chest, shoulder and back.
- Chen 1995 : Bronchitis, pneumonia, asthma, tuberculosis, tonsillitis.
- Guillaume 1995 : Toux, dyspnée, toux avec expectoration glairo-sanguinolente, douleur thoracique, plénitude thoracique-man avec éructation, *Bi* de la gorge, douleur de l'épaule et du dos, bronchite, asthme, pneumonie, tuberculose pulmonaire.
- Yang Xinrong 2003 : Cough, dyspnea, spitting of pus and blood, pectoralgia, thoracic fullness with dysphagia, laryngitis, sore shoulder and backache.
- Deadman 2003 : Toux, expectoration de glaires troubles, expectoration de sang et de pus, dyspnée, respiration sifflante, asthme, plénitude de la poitrine, douleur de la poitrine, respiration avec les épaules haussées, oppression dans la poitrine et difficulté à respirer, baisse du qi avec impossibilité de rester allongé. Chaleur dans la poitrine, crainte du froid, fièvre et frissons, transpirations. Obstruction douloureuse de la gorge, congestion nasale, enflure du visage. Ingestion difficile, vomissements, vomissements dus à une chaleur de la Vésicule Biliaire, haut-le-coeur, distension abdominale. Douleur de la peau, qi du porcelet qui court avec douleur lombaire, goitre, douleur dans le haut du dos et de l'épaule.
- Maciocia 2005 : Toux, respiration sifflante, essoufflement, expectoration de sang, expectoration de glaires, sensation d'oppression dans la poitrine, plénitude et douleur de la poitrine, douleur de l'épaule, douleur du haut du dos.
- Sionneau 2012 : toux; asthme; douleur ou sensation d'oppression ou de plénitude de la poitrine; douleur de l'épaule ou du haut du dos; crachats sanguinolents et purulents; douteur de la gorge; distension abdominale.

5.2. Littérature ancienne

- Su wen :
    - Selon Nei King (Ch. 22) : « Si on appuie du doigt sur les points Tchong Fou, Iunn Menn (2 P.) et Fei Iu (13 V.), le malade sent que l'énergie remonte, et si on appuie plus fort, il se sent soulagé. C'est donc la preuve que c'est la perturbation de la circulation de l'énergie qui tend à dégénérer en folie. » *Commentaires* : Par conséquent, s'il y a perturbation de l'énergie avec ventre ballonné de borborygmes, poitrine oppressée avec respiration difficile, il faut puncturer ces trois points. (Nguyen Van Nghi 1971)
    - Chapitre « Points des eaux et des chaleurs » : “ Sur le thorax, 8 points « Shu-Chaleur » (soit 4 points unilatéraux) sont destinés à traiter la chaleur perverse siégeant dans cette partie du corps : Dazhu (11V); Fengmen (12V); Zhongfu (1P); Quepen (12E)” (Nguyen Van Nghi 1988).
    - “*Zhong fu* élimine la chaleur interne du thorax”. (Guillaume 1995)
- Mai jing : « Pouls fin, fièvre et vomissements ».(Guillaume 1995)
- Jia yi jing : « Le système Poumon est pressé (*ji*), douleur intra-thoracique, crainte du froid, plénitude du thorax, vomissements bilieux fréquents, chaleur intra-thoracique, dyspnée, reflux

de *Qi*, le *Qi* se poursuit (halètement ?), crachats troubles, impossibilité de se reposer, vent du dos et de l'épaule, transpiration, gonflement du visage et du ventre, accumulation des aliments à hauteur du diaphragme avec anorexie, *Bi* de la gorge, respiration par les épaules et gonflement du Poumon (suffocation-tirage ?), douleur de la peau et des os, froid et chaleur (frissons) avec plénitude du thorax et sensation d'inquiétude ».(Guillaume 1995)

- Qian jin yao fang :
    - Bronchite; Chaud et Froid; Chaud et Froid dans les poumons; Douleurs osseuses, musculaires, épidermiques; Douleurs thoraciques; Douleurs thoraciques et toux violente; Dysphagie; Dyspnée; Dyspnée avec impossibilité de s'allonger; Engorgement et obstruction thoraciques; Engorgement thoracique; Expectorations abondantes; Froid au niveau du diaphragme; Gonflement de la face et de l'abdomen; Inflammation de la gorge, angine; Insomnie; Insuffisance de souffle; Pneumopathie aiguë; Perte d'urine; Pyémie; Régurgitation; Sudation; Toux avec glaires; Toux, inversion et remontée du souffle; Vomissements. (Despeux 1987)
    - « *Ben tun*-amas du Rein (syndrome du petit cochon qui monte et descend dans l'abdomen-coliques spasmodiques), douleur abdominale qui irradie vers les lombes, toux avec reflux du Qi vers le haut, souffle court, sensation de plénitude avec inappétence », « Toux avec douleur thoracique ».(Guillaume 1995)
- Wai tai mi yao : « Chaleur de la Vésicule biliaire, vomissement et reflux », « Gonflement abdominal ».(Guillaume 1995)
- Tong ren : « Toux avec rejet de glaires troubles et rhinorrhée, douleur de l'épaule et du dos, transpiration de type Vent ». (Guillaume 1995)
- Bian que xin shu : « Froid des Poumons, plénitude du diaphragme, reflux acides fréquents, reflux du *Qi* vers le haut, sensation de satiété dés le début du repas, fatigue et absence de force, sensation de sucer un glaçon dans la bouche, cela se dénomme *Leng lao* ou maladie de *Gao huang* ».(Guillaume 1995)
- Pu ji fang : « Froid et chaleur du Poumon, toux avec inappétence ».(Guillaume 1995)
- Bai zheng fu : « Plénitude du thorax, dysphagie ».(Guillaume 1995)
- Zhen jiu ju ying : « Il s'agit du point *mu* du Poumon, du point hui de *Shou tai yin*. Selon Tong ren, puncturer à 0,3 distance, laisser l'aiguille le temps de 5 expirations, appliquer 5 cônes de moxa. Indications : ballonnement abdominal, enflure des quatre membres, inappétence, dyspnée avec plénitude du thorax, douleur scapulodorsale, vomissement, toux avec reflux de *Qi* vers le haut, système pulmonaire pressé-*fei xi ji*, froid et chaleur du Poumon, sensation de peur dans la poitrine, chaleur de la Vésicule biliaire avec vomissement et reflux, toux avec sialorrhée et écoulement nasal purulent, transpiration de type vent, douleur de la peau avec enflure du visage, souffle court avec impossibilité de s'allonger, Coup de Froid-*shang han*, chaleur du thorax, maladie épidémique qui se transmet par les cadavres-*fei shi dun zou*, tuméfaction goitreuse-*ying liu* ».(Guillaume 1995)
- Yi xue ru men : « *Bi* de la gorge, plénitude du thorax avec sensation d'obstruction et douleur, enflure du visage, vomissement, toux avec expectoration, écoulement nasal purulent, douleur de l'épaule et du dos, ballonnement abdominal, inappétence ». « Il ne faut pas faire de moxa sur ce point ».(Guillaume 1995)
- Xun jing : « Chez les femmes : tension mammaire ».(Guillaume 1995)
- Da cheng :
    - Ballonnement abdominal ; oedème des 4 membres ; anorexie, hypopnée ; oppression thoracique ; dorso-scapulalgie ; nausées et vomissements; toux. Contracture du système énergético-pulmonaire. Atteinte des poumons par le Froid-Chaleur avec gêne thoracique. Glaires-chaleur avec nausées et vomissements, toux et expectoration salivaire. Sudation d'étiologie « Vent » avec algie cutanée et oedème de la face. Apnée et impossibilité de s'allonger ; Shanghan (maladie évolutives du Froid) avec sensation de chaleur dans le thorax ; adénite. (Nguyen Van Nghi 1985).

    - Ballonnement, gonflement des quatre membres, anorexie, suffocation, oppression thoracique, douleur du dos et de l'épaule, nausée, dyspnée, quintes de toux, fièvre et frilosité d'origine pulmonaire, rhinorrhée, transpiration à l'exposition au vent, enflure, enflure du visage, douleur cutanée, impossibilité de s'allonger, *fei shi xun gui* (une sorte de maladie *xu lao* comme la tuberculose). (Gaurier 1990)
    - « Ballonnement abdominal, gonflement des quatre membres, inappétence, dyspnée avec plénitude du thorax, douleur de l'épaule et du dos, vomissement, toux avec reflux du *Q*i vers le haut, système pulmonaire pressé (spasmes du Poumon)-*fei xi ji*, froid et chaleur du Poumon, douleur thoracique avec impossibilité de respirer profondément, chaleur de la Vésicule biliaire avec vomissement, toux avec crachat et écoulement nasal trouble, transpiration de type vent, douleur de la peau avec enflure du visage, souffle court avec impossibilité de s'allonger, Coup de Froid-*shang han* avec chaleur intra-thoracique, syndrome *fei shi dun zou*, tuméfaction goitreuse-*ying liu* ».(Guillaume 1995)
- Lei jing tu yi : « Spasmes du Poumon-*fei ji*, plénitude du thorax, dyspnée-*chuan ni*, éructations fréquentes, difficulté à avaler (ou inappétence), froid du Poumon et de la Vésicule biliaire, toux de type chaleur avec vomissement de sang et de pus, vent du Poumon, enflure du visage, transpiration, respiration par les épaules (tirage), douleur dorsale, écoulement nasal trouble, *Bi* de la gorge, insuffisance de *Qi* (souffle court) avec impossibilité de s'allonger, maladie contagieuse épidémique, tuméfaction goitreuse-*ying liu*. Ce point a pour rôle essentiel de disperser la chaleur intra-thoracique, ses indications ressemblent à celles de *Da zhui*-14VG, *Que pen*-12E, *Feng fu*-16VG ».(Guillaume 1995)
- Ishimpo 19 : Toux ; douleur thoracique ; crainte du froid ; expectoration fréquente de salive ; transpiration de l'épaule et du dos ; enflure de la face et de l'abdomen ; douleur de la gorge ; enflure de l'épaule ; gonflement ; douleur de la peau et des os.(Guillaume 1995)
- Ji cheng : « Froid et chaleur du Poumon et de la Vésicule biliaire, toux et vomissements de pus et de sang ».(Guillaume 1995)

5.3. Associations

Bronchite chronique	**1P** + 13V + 6P	Roustan 1979, Lu Jianping 1990, Shanghai zhen jiu xue (Guillaume 1995)
Bronchite asthmatiforme	**1P** + Dingchuan + 6MC + 17VC	Roustan 1979, Shanghai zhen jiu xue (Guillaume 1995)
Tuberculose pulmonaire	**1P** + 13V + Feirexue	Roustan 1979, Shanghai zhen jiu xue (Guillaume 1995)
	1P + 13V + Feirexue + JieHexue	Shanghai zhen jiu xue (O'Connor 1981)
cough caused by pulmonary tuberculosis;	**1P** + 3Rn + 9P + 36E + 13V	Geng Jianying 1991
Fullness of chest	**1P** + 45V	Luying 1985
	1P + 44V	Bai Zheng Fu (O'Connor 1981)
Chest pain	**1P** + 9C	Lu HC 1983, Luying 1985, Lu Jianping 1990, Li Ding 1992, Zhen Jiu Zi Sheng Jing (O'Connor 1981)
Douleur de la poitrine	**1P** + 2P + 13V + 14F + 1Rte +47V + 7MC	Formules valant mille ducats [Qian jin yao fang](Deadman 2003)
fullness, distension and pain of the chest	**1P** + 6MC + 16E	Geng Jianying 1991
Pneumonia	**1P** + 14VG	Lu HC 1983, Luying 1985

Sore throat and fever	**1P** + 35VB	Luying 1985
Sore throat	**1P** + 11P	Lu Jianping 1990
cough and asthma	**1P** + 13V + 7P	Geng Junying 1991
Asthma (treating)	**1P** + 6MC + 17VC + 22VC	Li Ding 1992
Asthma (relieving)	**1P** + 13V + 6P	Li Ding 1992
syndrome superficiel avec vent froid et toux	**1P** + 12V	Zhang Rui-Fu 1992
syndrome superficiel avec vent chaud et toux	**1P** + 12V + 5P en disp.	Zhang Rui-Fu 1992
toux avec mucosités	**1P** + 12VC + 22VC + 40E en disp.	Zhang Rui-Fu 1992
Pharyngite et laryngite	**1P** + 4GI + 11P en disp.	Zhang Rui-Fu 1992
oedème du visage	**1P** + 40E en disp. + 9Rte en ton.	Zhang Rui-Fu 1992
OEdème du visage et de l'abdomen	**1P** + 5MC + 4GI	Formules valant mille ducats [Qian jin yao fang] (Deadman 2003)
Bi de la gorge, sensation de plénitude et d'obstruction du thorax, froid et chaleur	**1P** + 35VB	Zi sheng jing (Guillaume 1995)
Dyspnée avec reflux	**1P** + 42V +Xietang	Zi sheng jing (Guillaume 1995)
Algie thoracique	**1P** + 9C	Zi sheng jing (Roustan 1979)
Hoquet	**1P** + 49V	Bai zheng fu (Roustan 1979)
Ballonnement abdominal avec hypopnée et troubles de déglutition		Nguyen Van Nghi 1984
Plénitude thoracique avec éructations		Zhen jiu ju ying (Guillaume 1995)
Thoracic fullness with upper esophageal blockage,		Ode of a Hundred Patterns [Bai Zheng Fu] (Ellis 1988)
Plénitude de la poitrine avec constriction de l'oesophage		Les cent symptômes [Bai Zheng Fu] Deadman 2003
toux et dyspnée avec sensation d'encombrement bronchique	**1P** + 49V en disp.	Zhang Rui-Fu 1992
Plénitude abdominale, essoufflement avec bruit rauque	**1P** + 17VC + 8VC en Moxas	Formules valant mille ducats [Qian jin yao fang] (Deadman 2003)
Constriction de l'cesophage avec ingestion difficile et vomissements	**1P** + 16VC	Formules valant mille ducats [Qian jin yao fang] (Deadman 2003)
Ingestion difficile	**1P** + 60V + 20E + 10P + 20Rte	Prolonger la vie [Zi Sheng Jing] (Deadman 2003)
Enuresie	**1P** + 22E + 7C	Lu HC 1983, Formules valant mille ducats [Qian jin yao fang](Deadman 2003)
Galactophorite, abcès du sein	**1P** + 17VC + 1IG + 1F	Nguyen Van Nghi 1984
costal chondritis.	**1P** + 15E + 25Rn + 18VC	Geng Jianying 1991

5.4. Revues des indications

- Cheung 1989 : Zhong Fu 1P in Cheung CS. Acupuncture. Classical Organisation, Interpretation of Prescriptions. Harmonious Sunshine Cultural Center ; San Francisco. 1989:pages 18-26.

[27555].

> Description classique du point Zhongfu avec trois descriptions particulières : tonification et dispersion des aiguilles en fonction de l'effet recherché, indications déclinées en différenciation des syndromes et présentation de cas.

- Gaurier 1990 : Zhong Fu 1P in Gaurier T. Matiere Medicale D'acupuncture (I). Encre, Paris. 1990;:443P. pages 9-12 [81389].
- Rochat de la Vallee E. Zhongfu, Chungfu-Tchong-Fou. Méridiens. 1993;101:11-26. [48717].

> Cette étude dégage la signification de l'expression Zhongfu, nom du premier point du Taiyin de main, méridien du poumon, dans les textes chinois classiques, médicaux et littéraires. Elle indique brièvement les corrélations principales avec les points avoisinants ainsi que les noms secondaires de P.1. Elle se termine par la présentation des symptômes et pathologies traditionnellement associés à P.1. , en tâchant de montrer la signification de l'ensemble des données et d'expliquer les grandes fonctions du point.

- Lu 1996 : Zhong Fu 1P in Lu Jingda. Les Points d'acuponcture. Leurs Fonctions, Indications et Applications Cliniques. Editions You Feng, Editeur, 75006 Paris. 1996 [22051].
- Castera P. Zhongfu (PO1) Des textes classiques aux applications pratiques. In Actes du XIII ème Congres d'acupuncture, AFERA, Nimes. 2000;1:37-46. [72289].

> Résumé : L'auteur essaye de démontrer la nécessité de l'étude des textes médicaux anciens, et plus particulièrement du Jiayijing, pour une compréhension fine et précise de l'action de chaque point d'acupuncture. Il justifie son avis à partir de l'étude de Zhongfu premier point du méridien shoutaiyin.

- Li Shi Zhen . Dévelopement clinique du point Zhong Fu (1 P). Acupuncture Traditionnelle Chinoise. 2000;2:110.[79185].

> Traduction du Développement Clinique des Points d'Acupuncture Usuels.

- Ross 2000 : P.1. Zhongfu in Ross J. Associations de Points: la cle du succes en Acupuncture. Satas, Bruxelles. 2000;:526P. [72248].

> Deux particularités : associations de points en fonction des syndromes et comparaison avec d'autres points.

- Strom 2008 : P.1. Zhongfu in Strom H. Analogies entre les points d'acupuncturee et l'empire chinois traditionnel. Editions You Feng. 2008.388 P. [150898].
- Cury G. Le point du jour zhongfu (1 P) Revue Française d'Acupuncture. 2015;46. [191046].

> Zhongfu (1 P) est un point de shou taiyin. Il a pour fonction de rendre florissant le qi bloqué dans la poitrine. Ce point se retrouve chez des patients au visage figé, avec des troubles pulmonaires et gastriques.

6. Etudes cliniques et expérimentales

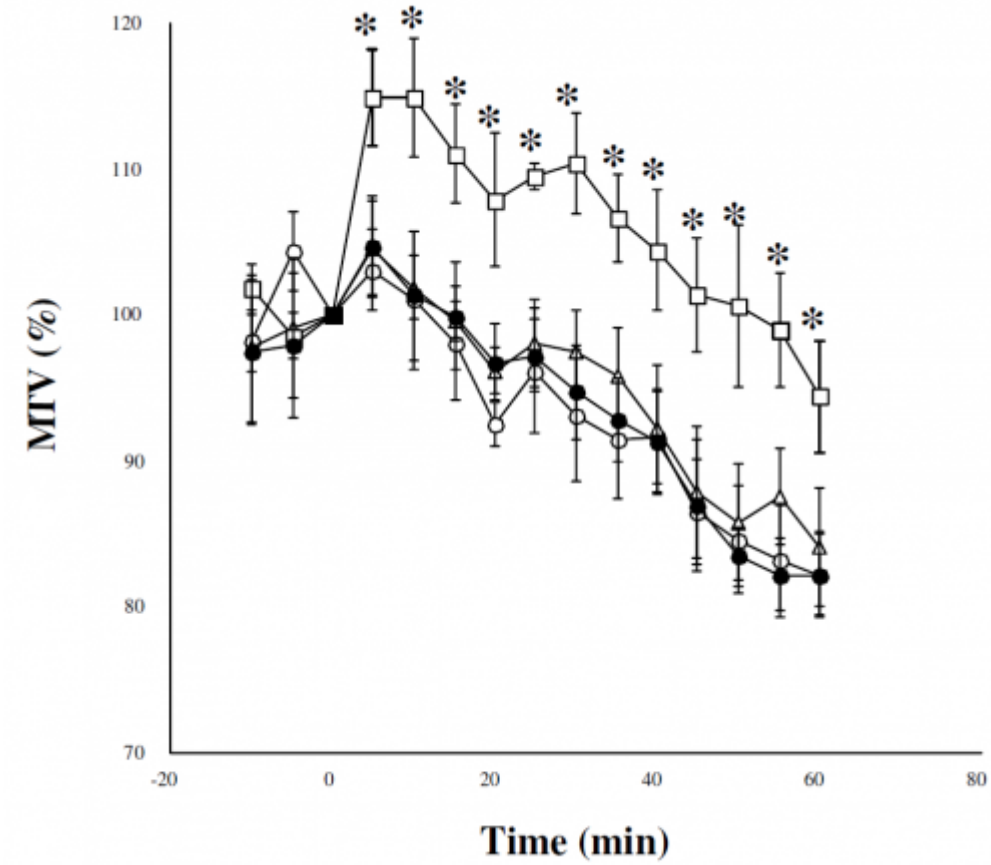
- Li Shi Zhen Dévelopement clinique du point Zhong Fu (1 P). Acupuncture Traditionnelle Chinoise. 2000;2:110.[79185]. :

> […]*Valeur diagnostic* : Quand le Poumon-organe est malade, ce point est douloureux à la pression ou manifeste des réactions anormales. *Perturbations de la diffusion et de la descente du Qi du Poumon (mécanisme du qi qiji [气机]* : 1) agression du Poumon par le froid pathogène; 2) obstruction du Poumon par la mucosité; 3) obstruction du Poumon par la mucosité-chaleur; 4) blessure du Poumon par chaleur pathogène.[…]Très souvent utilisé dans les maladies du Poumon et également les affections du thorax : toux, dyspnée, asthme, douleur thoracique, douleur du quadrant supéro-externe du thorax ou du sein, douleur de l'épaule et de l'omoplate, angine de poitrine, infarctus du myocarde, obstruction thoracique.

6.1. Etudes avec 1 à 4 points

6.1.1. Clearance mucociliaire

- Tai S, Wang J, Sun F, Xutian S, Wang T, King M. Effect of needle puncture and electro-acupuncture on mucociliary clearance in anesthetized quails. BMC Complement Altern Med. 2006;6(1):4. [141137]



The effect of needle puncture (NP) and electro-acupuncture (EA) on mucociliary transport velocity (MTV) in anesthetized quails. Values are expressed as percentages of the respective pre-application values for five animals. Each point and vertical bar represent the mean value and S.E. The electro-stimulator delivers square wave pulse of 0.3 ms pulse width, with constant current output in 2 mA. The frequency is set in 100 Hz. EA stimulation is set for 60 minutes, starting 15 minutes after MTV measurement. ○: Control, Δ: NP to Zhongfu and Tiantu, □: EA to Zhongfu and Tiantu (EA1), ●: EA to Liangmen (EA2). *: $P < 0.05$, statistically significant difference from the control value (ANOVA).

> Background: Acupuncture therapy for obstructive respiratory diseases has been effectively used in clinical practice and the acupuncture points or acupoints of **Zhongfu** [1P] and Tiantu [22VC] are commonlyused acupoints to treat patients with the diseases. Since the impaired mucociliary clearance is among the most important features of airway inflammation in most obstructive respiratory diseases, the effect of needle puncture and electro-acupuncture at the specific acupoints on tracheal mucociliary clearance was investigated in anesthetized quails. Methods: Mucociliary transport velocity on tracheal mucosa was measured through observing the optimal pathway, and fucose and protein contents in tracheal lavages were determined with biochemical methods. In the therapeutic group, needle puncture or electro-acupuncture stimulation to the acupoints was applied without or with constant current output in 2 mA and at frequency of 100 Hz for 60 minutes. In the sham group, electro-acupuncture stimulation to Liangmen

[21E] was applied. Results: Our present experiments demonstrated that the electro-acupuncture stimulation to Zhongfu and Tiantu significantly increased tracheal mucociliary transport velocity and decreased the content of protein in the tracheal lavage, compared with the control group. Moreover, either needle puncture or electro-acupuncture stimulation to Zhongfu and Tiantu significantly reverted the human neutrophil elastase-induced decrease in tracheal mucociliary transport velocity and human neutrophil elastase -induced increase in the contents of fucose and protein in the tracheal lavage, compared with the control group. Conclusion: These results suggest that either needle puncture or electro-acupuncture stimulation to the effective acupoints significantly improves both airway mucociliary clearance and the airway surface liquid and that the improvements maybe ascribed to both the special function of the points and the substantial stimulation of electricity.Traduction automatique

6.1.2. Synergie Shu-Mo

- Kong Su-Ping, Shan Qiu-Hua, Dong An-Mei. [Synergetic and antagonistic effects of shu-points and mu-points of the lung on pulmonary functions]. Chinese Acupuncture and Moxibustion 2004;24(12):840. [136887]. Présentation dans : Goret O, Phan-Chofrut F, Nguyen J. action synergique des points Shu-Mu. Acupuncture & Moxibustion. 2006;5(1):66. [144194].

ABSTRACT Objective To investigate synergetic and antagonistic effects of shu-points and mu-points. Methods Effects of acupuncture at the 3 acupoint groups, Feishu (BL 13), Zhongfu (LU 1), Feishu (BL 13) plus Zhongfu (LU 1) on the pulmonary functjon were respectively investigated in 30 cases of chronic bronchitis and bronchial asthma. Results Improvement of the pulmonary function in the Feishu (BL 13) plus Zhongfu (LU 1) group was the most obvious, and in the Feishu (BL 13) group was the next, and the pulmonary functjon in the Zhongfu (LU 1) group did not change before and after treatment. Conclusion Feishu (BL 13) combined with Zhongfu (LU 1) has synergetic effect on the pulmonary function.

6.1.3. Anesthésie par acupuncture (chirurgie à coeur ouvert)

- Zhou J, Chi H, Cheng TO, Chen TY, Wu YY, Zhou WX, Shen WD, Yuan L. Acupuncture Anesthesia for Open Heart Surgery in Contemporary China. Int J Cardiol.2011.11.[156384]

BACKGROUND: Although the use of acupuncture anesthesia for open heart surgery, which was introduced in China four decades ago, has declined in recent years, there is a renewed interest in it in contemporary China due to the escalating medical costs associated with open heart surgery. This study was aimed to determine whether a combined acupuncture-medicine anesthesia (CAMA) strategy reduces early postoperative morbidity and medical costs in patients undergoing open heart operation under cardiopulmonary bypass. METHODS: From July 2006 to October 2010, CAMA was applied in 100 patients undergoing open heart surgery in comparison with another 100 patients under the conventional general anesthesia (GA). For all the CAMA patients, an abdominal breathing training program was practiced for the 3 consecutive days prior to operation. About 15 to 20min prior to surgical incision, acupuncture needles were inserted into the bilateral points **ZhongFu [1P], LieQue [7P], and XiMen [4MC]**. During operation, patients were kept on spontaneous breathing. Endotracheal intubation was not employed but only prepared as a standby. The narcotic drugs, fentanyl and midazolam, were intravenously injected but in very low doses as compared to GA. Open heart procedures were performed routinely in both groups. RESULTS: Compared with the GA patients, the CAMA patients had a less usage of narcotic drugs ($p<0.001$), less postoperative pulmonary infection ($p<0.05$), shorter stay in intensive care unit ($p<0.05$), and a lower medical cost ($P<0.05$). CONCLUSIONS: A combined acupuncture-medicine anesthesia strategy reduces the postoperative morbidity and medical costs in patients undergoing open heart surgery under cardiopulmonary bypass.

6.1.4. Infections pathogènes

- Moses L, Wang BX. [Study on Cupping for Diagnosis and Treatment of Early External Pathogenic Invasion]. Chinese Acupuncture and Moxibustion.2005.25(9):636-8. [123910]

  The authors have discovered that cupping around the area of Zhongfu (LU 1) can diagnose, prevent and treat early external invasion of pathogen. This finding is supported by a preliminary study of 50 cases. Cured within 3 days was 78.0%o, significantly improved 18.0%, total effective rate was 96.0%. Application of cupping around the area of Zhongfu (LU 1) seems to be able to diagnose, prevent and treat early stage of external pathogenic invasion. This modality has significant clinical value, and further research is warranted.

6.2. Etudes avec plus de 4 points

6.2.1. Anesthésie chirurgicale

- Tang W, Wang J, Fu GQ, Yuan L [Effect of Dexmedetomidine and Midazolam on **Respiration and Circulation Functions** in Patients Undergoing open Heart Surgery under **Acupuncture-Assisted General Anesthesia**]. Acupuncture Research.2014.39(3):216-21. [174695].

  OBJECTIVE: To evaluate the effect of Dexmedetomidine and Midazolam on respiratory and circulation in patients experiencing open heart surgery under acupuncture-assisted general anesthesia. METHODS: Sixty patients undergoing open heart surgery (cardiac valve replacement surgery and aortic valve replacement surgery) were randomly and equally divided into Dexmedetomidine (D) and Midazolam (M) groups. Electroacupuncture (EA) was applied to bilateral Yunmen (LU 2), **Zhongfu** (LU1), Lieque (LU7) and Neiguan (PC6). For patients of group D, Dexmedetomidine (i.v., loading dose: 1 microg/kg, and succedent dose: 0.2-1 microg x kg(-1) x h(-1)) was given. For patients of group M, Midazolam (i.v., loading dose: 0.05 mg/kg, succedent dose: 0.01-0.03 mg x kg(-1) x h(-1)) was given. Arterial oxygen pressure (PaO2), arterial carbondioxide tension (PaCO2), O2 saturation (SPO2), mean arterial pressure (MAP), heart rate (HR), anesthetic effect, time of spontaneous breathing recovery, and time of resuscitation were recorded before operation (T0), immediately after skin incision (T1), immediately after sternotomy (T2), before suspension of cardiopulmonary bypass (CPB, T3), immediately after cardiac re-beating (T4), immediately after CPB cessation (T5), and at the end of surgery (T6). RESULTS: Before operation, no significant differences were found between the group D and M in the levels of PaO2, PaCO2 and SPO2 ($P > 0.05$). The PaO2 and SPO2 levels after skin incision, sternotomy, before suspension of CPB and at the end of surgery were significantly lower in group M than in group D ($P < 0.05$), while the le- vels of PaCO2 after skin incision, sternotomy, before suspension of CPB and at the end of surgery, and HR after skin incision, sternotomy, before suspension of CPB, after heart re-beating,after CPB cessation and at the end of surgery in group M were considerably higher than those in group D ($P < 0.05$). In addition, the time of spontaneous breathing recovery of group M was significantly later than that of group D ($P < 0.05$). No significant differences were found between the two groups in MAP levels at the 6 time-points during surgery, in the PaO2, PaCO2 and SPO2 levels at the time-points of post-cardiac re-beating, and after CPB cessation ($P > 0.05$). It suggested that the respiration and circulation states in group D were more smoothly than those in group M. There was no significant difference between the two groups in the time of resuscitation ($P > 0.05$). CONCLUSION: Dexmedetomidine is superior to Midazolam in analgesia, and improving respiration and circulation functions for open heart surgery patients under acupuncture-assisted general anesthesia.

- Chi H, Zhou WX, Wu YY, Chen TY, Ge W, Yuan L, Shen WD, Zhou J. [Electroacupuncture Intervention Combined with General Anesthesia for 80 Cases of **Heart Valve Replacement Surgery** under Cardiopulmonary Bypass]. Acupuncture Research.2014.39(1):1-6. [171971]

  OBJECTIVE: To determine whether electroacupuncture (EA) intervention combined with general anesthesia (GA) strategy can reduce early post-operative morbidity and medical costs in patients undergoing heart valve replacement operation under cardiopulmonary bypass. METHODS: A total of 160 heart valve replacement surgery patients undergoing cardiopulmonary bypass were randomly divided into GA and EA

+ GA groups (n = 80 in each group). Patients of the GA group were given with intravenous injection of Fentanyl, Midazolam, Vecuronium Bromide, etc. and routine tracheal intubation. EA (3-4 Hz, 2.0-2.2 mA) was applied to bilateral **Zhongfu** (LU 1), Chize (LU 5) and Ximen (PC 4) beginning about 20 mm before the surgery in the EA + GA group. Endotracheal intubation was not employed but only prepared as a standby for patients of the EA + GA group. The dosage of narcotic drugs, duration of surgery, duration of aertic blockage, rate of cardiac re-beating, volumes of post-operative blood transfusion, discharge volume, cases of post-operative pulmonary infection, vocal cord injury, and the time of first bed-off, first eating and duration in intensive care unit (IOU) residence. etc. were recorded. RESULTS: The successful rates of heart valve replacement surgery were similar in both GA and EA + GA groups. Compared with the GA group, the dosages of Fentanyl, Midazolam and Vecuronium of the EA + GA group were significantly lower ($P < 0.05$, $P < 0.01$), the numbers of patients needing blood-transfusion, antibiotics treatment, and suffering from pulmonary infection were fewer, the time of first bed-off and duration of hospitalizetion and IOU residence were considerably shorter ($P < 0.05$, $P < 0.01$) and the total medical cost was obviously lower ($P < 0.05$) in the EA + GA group. CONCLUSION: EA combined with general anesthesia strategy for heart valve replacement surgery without endotracheal intubation is safe and can reduce post-operative morbidity and medical costs in patients undergoing heart valve replacement surgery under cardiopulmonary bypass.

6.2.2. Hémiplégie spasmodique post-AVC

- Sun R, Tian L, Fang X, Du X, Zhu B, Song Z, Xu X, Qin X. [Clinical study of **post-stroke upper limb spasmodic hemiplegia** treated with jingou diaoyu needling technique and Bobath therapy]. Chinese Acupuncture and Moxibustion.2017.37(4):372-376. [165972]

  OBJECTIVE: To compare the difference in the clinical efficacy on post-stroke upper limb spasmodic hemiplegia between the combined therapy of jingou diaoyu needling technique and Bobath technology and simple Bobath technology. METHODS: Sixty patients were randomized into an observation group and a control group, 30 cases in each one. The usual medication of neurological internal medicine was used in the two groups. In the control group, Bobath facilitation technology was applied to the rehabilitation training. In the observation group, on the basis of the treatment as the control group, jingou diaoyu needling technique was used to stimulate **Zhongfu** (LU 1), Tianfu (LU 3), Chize (LU 5), Quchi (LI 11), Jianshi (PC 5) and Daling (PC 7). The treatment was given once a day; 5 treatments made one session and totally 4-week treatment was required in the two groups. The modified Ashworth scale, the modified Fugle-Meyer assessment (FMA) and the Barthel index (BI) were adopted to evaluate the muscular tension, the upper limb motor function and the activities of daily living (ADL) before and after treatment in the two groups. The clinical efficacy was compared between the two groups. RESULTS: Compared with those before treatment, the modified Ashworth scale, Fugl-Meyer score and BI score were all improved after treatment in the two groups (all $P<0.01$). The results in the observation group were better than those in the control group (all $P<0.01$). The total clinical effective rate was 93.3% (28/30) in the observation group and was 80.0% (24/30) in the control group. The efficacy in the observation group was better than that in the control group ($P<0.05$). CONCLUSIONS: The jingou diaoyu needling technique combined with Bobath therapy achieve the superior efficacy on post-stroke upper limb spasmodic hemiplegia as compared with the simple application Bobath therapy. This combined treatment effectively relieve spasmodic state and improve the upper limb motor function and the activities of daily living.

6.2.3. Asthme

- Zhang J, Shao S, Ren Z, Wang P, Hua J, Qin X, Wang Q, Shao S.[Comparison between “five needles therapy” and conventional acupuncture for individual symptoms and signs of **asthma of latent cold phlegm-fluid** in the lung]. Chinese Acupuncture and Moxibustion.2018.38(1):7-11. [70168].

  OBJECTIVE: To observe the effect difference between acupuncture of “five needles therapy” and conventional acupuncture for asthma of latent cold phlegm-fluid in the lung. METHODS: Two hundred and ten cases were randomly assigned into an observation group and a control group, 105 cases in each one.

Finally 7 cases were dropped out in the observation group; 6 cases in the control group. Feishu (BL 13), Dazhui (GV 14), Fengmen (BL 12) were used in the observation group; conventional acupuncture was used in the control group, and the main acupoints were Feishu (BL 13), **Zhongfu** (LU 1), Tiantu (CV 22), Danzhong (CV 17), Kongzui (LU 6), Dingchuan (EX-B 1), Fenglong (ST 40), Fengmen (BL 12), Taiyuan (LU 9). The needles were retained for 30 min each time, once a day for continuous 12 days. The scores of the individual symptoms and signs were observed before treatment and on the 3rd, 6th, 9th, 12th days, including pant, cough, cough up phlegm, fullness and oppression in the chest and diaphragm, wheezing rale and shortness of breath. The clinical effects were compared between the two groups. RESULTS: The scores of six individual symptoms and signs on the 3rd, 6th, 9th, and 12th days in the two groups were lower than those before treatment (all P<0.05), except the score of wheezing rale in the control group on the 3rd day (P>0.05). The scores of pant, wheezing rale, cough on the 3rd, 6th, 9th, and 12th days in the observation group were lower than those in the control group (all P<0.05), except the score of wheezing rale score on the 3rd day (P>0.05). There were no significant difference between the two groups about the scores of cough up phlegm, fullness and oppression in the chest and diaphragm and shortness of breath on the 3rd, 6th, 9th, and 12th days (all P>0.05), except the score of fullness and oppression in the chest and diaphragm in the observation group was lower than that in the control group on the 12th day (P<0.05). 46 cases were clinical cured, 39 cases were markedly effective, 10 cases were effective and 3 cases were ineffective in the observation group with the total effective rate of 96.9%. 23 cases were clinical cured, 43 cases were markedly effective, 24 cases were effective and 9 cases were ineffective in the control group with the total effective rate of 90.9%. The difference was statistical (P<0.05). CONCLUSION: “Five needles therapy” has significant therapeutic effect for asthma of latent cold phlegm-fluid in the lung, which is better than conventional acupuncture.

- Chen WH, Xin K, Cai CA, Hao F, Cao Y. [Observation on Therapeutic Effect of Acupoint Application of Chinese Medicine on **Bronchial Asthma**]. Chinese Acupuncture and Moxibustion.2009.29(4):272-4. [154758].

  OBJECTIVE: To compare therapeutic effects of acupoint application of Chinese medicine and routine acupuncture on bronchial asthma. METHODS: One hundred cases were randomly divided into an observation group and a control group, 50 cases in each group. The observation group was treated with application of Chinese medicine at Dazhui (GV 14), Feishu (BL 13), Gaohuang (BL 43), Danzhong (CV 17), Qihai (CV 6) in the dog days; and the control group was treated with acupuncture at **Zhongfu** (LU 1), Tiantu (CV 22), Danzhong (CV 17), Dingchuan (EX-B 1), Fenglong (ST 40). The long-term therapeutic effects were observed.RESULTS: The total effective rate was 94.0% in the observation group and 76.0% in the control group with a significant difference between the two groups (P < 0.05).CONCLUSION: The therapeutic effect of acupoint application of Chinese medicine in the dog days on bronchial asthma is significantly superior to that of routine acupuncture.

- Suzuki Masao, Namura Kenji, Egawa Masate, Yano Tadashi. [Effect of Acupuncture Treatment in Patients with **Bronchial Asthma**]. Journal of the Japan Society of Acupuncture and Moxibustion.2006.56(4):627.[145108].

  Abstract[Aim] Acupuncture has traditionally been used in Japan in the treatment of bronchial asthma and is being increasingly applied. However, although there are many published studies on acupuncture and asthma, few meet the scientific criteria necessary to prove the effectiveness of acupuncture. Therefore, this study presents the clinical results of acupuncture treatment for adult bronchial asthma.[Design] Single-subject research design (N-of-1 method).[Setting] Department of Internal Medicine, Acupuncture and Moxibustion Center, Meiji University of Oriental Medicine, Japan.[Participants] Six patients of both genders (mean age, 49.0 years old) with moderate-to-severe persistent bronchial asthma.[Intervention] Six patients received 10 sessions of acupuncture treatment (once per week) for 10 weeks. The basic combination of meridian points for the treatment of the patients were LU 1 (**Zhongfu**), LU 5 (Chize), LU 9 (Taiyan), CV4 (Guanyuan), CV 12 (Zhongwan), BL 13 (Feishu), BL20 (Pishu) and BL23 (Shenshu). [Measurements] Primary outcome was the symptom of asthma at the end of the 10 treatment sessions . Secondary outcomes were the Dyspnea Visual Analogue Scale (DVAS), respiratory function, Peak Expiratory Flow Rate (PEFR), blood, the use of asthma drugs. The effect of the intervention on eosinophils in blood was assessed.[Main results] Late effects of asthma patients showed significantly better results compared with the base line on outcome measures after the 10 weeks . In this study, symptoms of asthma and dyspnea VAS in patients with asthma were significantly improved by acupuncture.[Conclusion] This study indicated that acupuncture was effective in asthma symptoms and respiratory functions.

- Lu Jian et al. [Observation on the Therapeutical Effect of Thread-Embedding in Acu-Embedding Points For Treating Chronic Cough and Asthma]. Chinese Acupuncture and Moxibustion.1991.11(1):1-2. [62560]

  2125 cases of chronic cough and asthmatic disorders, such as chronic bronchitis, asthma were treated with thread-embedding in acupoints. The following points were prescribed : 1) Feishu (U.B. 13) and Tanzhong (Ren 17), 2). Dingchuan (Extra), Tiantu (Ren 22) and thoracic region of head acupuncture ; and 3). Xinshu (U.B. 15), **Zhongfu** (Lu 1); and Xuanji (Ren 21). One group was embedded in each treatment, once was given in every 3 or 8 weeks. The result : cured rate and the marked effect rate all together were 49% and the total effective rate was 99,5%.

6.2.4. Infections pulmonaires

- Lou BD, Yang LB, Zhang W, Li JX, Li XP, Li W, Yang SQ, Huang XH, Liu XP, Cao Y, Pan J. [Impacts on Repeated **Common Cold** for the Adults with Different Constitutions Treated by Acupoint Application in the Dog Days and the Three Nine-Day Periods after the Winter Solstice]. Chinese Acupuncture and Moxibustion.2012.32(11):966-70. [162121]

  OBJECTIVE: To observe the impacts on repeated common cold for the adults with different constitutions treated by acupoint application in the dog days (the three periods of the hottest days) and the three nine-day periods after the winter solstice (the three periods of the coldest days). METHODS: One hundred and fifty-two cases of repeated common cold were divided into four zones according to the body constitution. Each zone was sub-divided into a group of the dog days + the three nine-day periods of the coldest days (group A), and a simple group of the dog periods (group B). In both groups, Dazhui (GV 14), Feishu (BL 13), Tiantu (CV 22), Danzhong (CV 17), **Zhongfu** (LU 1) and Shenshu (BL 23) were selected. In group A, the acupoint application was given on the 1st or 2nd day of the first, second and third periods of the hottest days in 2010, as well as the 1st or 2nd day of the first, second and third periods of the coldest days in 2010 separately. In group B, the acupoint application was only given on the 1st or 2nd day of the first, second and third periods of the hottest days in 2010. The follow-up visit was conducted before the acupoint application in the three periods of the coldest days in 2010 and before the acupoint application in the three periods of the hottest days in 2011. Additionally, the frequency of disease attack and the symptom score in sickness were taken as the observation indices for the efficacy assessment in both groups. RESULTS: (1) In both groups, the attack frequency was reduced obviously in half a year after the three periods of the hottest days for the patients of qi deficiency constitution, yang deficiency constitution and qi stagnation constitution and the clinical symptom score were reduced apparently (all $P<0.01$), which were superior to those for the patients of phlegm damp constitution ($P<0.01$, $P<0.05$). For the patients of phlegm damp constitution, only the clinical symptom score was reduced ($P<0.01$). (2) In group A, the improvements were received in the attack frequency and the clinical symptom score in half a year after the three periods of the coldest days for the patients of those four constitutions as compared with those before treatment (all $P<0.01$). In group B, the attack frequency and the clinical symptom score were all back to the level as those before treatment. (3) In group A, in half a year after the three periods of the coldest days, the efficacy for reducing the attack frequency and the improvements in the clinical symptoms were better than those in group B (all $P<0.01$). CONCLUSION: The acupoint application in the dog days and the three nine-day periods after the winter solstice reduces the attack frequency and relieves the clinical symptoms of common cold for the adults of individual constitutions to different extents. The efficacy can be further improved in the treatment with the acupoint application in the three nine-day periods after the winter solstice half a year after the acupoint application in the dog days.

- Li Wu, Zhang Wei, Yang Shu-Quan. [Clinical Effects of **External Herb Application** in the Treatment of **Chronic Bronchitis** during the Periods of Sanfu and Sanjiu]. Journal of Clinical Acupuncture and Moxibustion.2011.27(12):19. [174546]

  Objective: To observe clinical effects of external herb application in the treatment of chronic bronchitis during the periods of Sanfu and Sanjiu. Methods :244 cases were divided into Sanfu group (n = 128, treated during Sanfu period), Sanjiu group (n = 54, treated during Sanjiu period) and Fujiu group (n= 62, treated during sanfu and sanjiu periods), The three groups were all used the same adupoints Feishu

(BL-13), Shenshu (BL-23), Dazhui (DU-14), Tiantu (RN-22), Danzhong (RN-17), **Zhongfu** (LU -i). Results:Alter the treatment, comparing the three groups of short -term curative effects,the difference was statistically significant (P <0. 05). After the treatment, comparing the decrease in frequency of acute onset during one year of the three groups, the difference was statistically significant (P < 0. 05) , and comparing the decrease in frequency of acute onset of the Fujiu group and the Sanfu and Sanjiu group, the difference was statistically significant (P <0.05).Conclusion: The short -term and long -term effects of Sanfu herb external application and Sanjiu are both curative, and by combining the two into Fujiu the curative effect can be better improved.

- Konishi Miki, Suzuki Masao, Takeda Taro, Fukuda Fumihiko, Ishizaki Naoto. [A Case of **Pneumonia**; Cough and Accompanying Body Pain by the Cough were Effectively Treated with Acupuncture]. Journal of the Japan Society of Acupuncture and Moxibustion.2010.60(1):84. [166522]

  Pneumonia is one of major causes of cough, which sometimes resists medication and remarkably deteriorates QOL of the patient. We report a case of pneumonia in a person suffering from severe cough and pain in the general body accompanied by cough for which conventional medication did not work but was improved by acupuncture treatment. A 47-year-old woman was diagnosed by her physician with pneumonia on August 2, 200 X. Although antibiotics were administered, her symptoms were not improved. She visited Meiji University of Integrative Medicine Hospital and was hospitalized on the same day. Despite strict medication with antibiotics, antitussive agent and expectorant during hospitalization, her severe cough and body pain remained unchanged. Acupuncture treatment was then started on August 7. The basic meridian points used were LU 1 (**Zhongfu**), LU 5 (Chize), BL 13 (Feishu), LU 7 (Leique), LI 4 (Hegu), GB 20 (Fengchi), GB 14 (Danzhui), ST 12 (Quepen), ST 11 (Qishe), and CV22 (Tiantu). The acupuncture needles were retained for ten minutes at these points in each session. After ten acupuncture treatments for over seven days, the VAS for body pain accompanied by cough showed a remarkable improvement. Also, significant relief in cough was observed every time immediately after treatment. We suggested that acupuncture treatment might be useful for cough and/or pain in the body accompanied by cough in a patient with pneumonia.

6.2.5. Bronchopneumopathie chronique obstructive

- Yang SQ, Zhang W, Li JX, Lou BD, Li XP, Li W, Huang XH, Liu XP, Yang LB, Shi WY, Cao Y. [Observation of the Therapeutic Effect on **COPD of Cold Phlegm blocking the Lung Type** at Stable Stage treated with Acupoint Sticking Therapy in Different Season]. Chinese Acupuncture and Moxibustion.2012.32(2):117-22. [169220]

  OBJECTIVE: To systematically observe the clinical effect on chronic obstructive pulmonary disease (COPD) at the stable stage, differentiated as cold phlegm blocking the lung type, treated with acupoint sticking therapy during the dog days and the three nine-day periods after the winter solstice so as to propose the latest clinical idea and theoretic evidence for the treatment of COPD. METHODS: One hundred and fifty cases of COPD at stable stage, which were in accordance with the inclusive standard were randomly divided into three groups, named group A (treatment in dog days and the three nine-day periods after the winter solstice), group B (treatment in dog days) and group C (treatment in the three nine-day periods after the winter solstice), 50 cases in each group. The ingredients (Semen Brassicae, Euphoribia Kansui, Asarum, Rhizome Corydalis, Cinnamon, ginger juice) and doses of herbal medicine plaster were same in each group. The herbal plaster was applied to Feishu (BL 13), Shenshu (BL 23), Dazhui (GV 14), Tiantu (CV 22), Danzhong (CV 17) and **Zhongfu** (LU 1). In group B, the treatment was given once on the 1st day of each dog-day period, totally 3 treatments were included. In group C, the treatment was given once on the 1st day of each nine-day periods after the winter solstice, totally, 3 treatments were involved. In group A, the treatment was given once on the 1st day of each dog-day period and each nine-day periods after the winter solstice separately, totally 6 treatments were required. The therapeutic effect was evaluated in 4 aspects, named comprehensive clinical efficacy, survival quality (the scores for symptoms, activity limitation and influence on daily life), the attach frequency and pulmonary function. RESULTS: The total effective rate was 88.0% (46/50) in group A, which was superior to 76.0% (38/50) in group B and 70.0% (35/50) in group C separately (P < 0.01, P < 0.001). The results of the attack frequency, clinical symptom score and pulmonary function indices after treatment were all improved apparently as compared with those

before treatment in each group (all P < 0.01). All the above indices in group A were improved much apparently as compared with the other two groups (P < 0.01, P < 0.001). Except for the level of forced vital capacity (FVC), the results of clinical symptom score and the other pulmonary function indices in group B were all improved significantly as compared with group C (P < 0.05, P < 0.001). CONCLUSION: Acupoint sticking therapy during different season of the year achieves a superior clinical efficacy for the patients with COPD at stable stage. This therapy can reduce the attack frequency and improve the survival quality and pulmonary function for the patients. It is concluded that the efficacy of the treatment in dog days and the three nine-day periods after the winter solstice is superior to simple dog-day treatment and the treatment in the three nine-day periods after the winter solstice, and the efficacy of dog days treatment is better than that in the three nine-day periods after the winter solstice.

6.2.6. Tuberculose

- Yang B, Lu YG, Qin Y, Pan DG. [Influence of Moxibustion Apparatus as Adjuvant Treatment for **Pulmonary Tuberculosis** and Patient's Immune Function]. Chinese Acupuncture and Moxibustion.2013.33(4):299-302.[162589]

  OBJECTIVE: To verify efficacy of moxibustion apparatus on pulmonary tuberculosis (PT) and explore adjuvant treatment method for PT. METHODS: One hundred cases of PT were randomly divided into a moxibustion group and a routine treatment group, 50 cases in each one. The regular antituberculous therapy (2HRZE/4HRE) was applied in both groups. In addition, the moxibustion apparatus was used at Bailao (EX-HN 15), Feishu (BL 13), Gaohuang (BL 43), Qihai (CV 6), **Zhongfu** (LU 1), Danzhong (CV 17), Guanyuan (CV 4), Zusanli (ST 36) and so on in the moxibustion group. The change of lesion area in chest radiography, degradation rate of bacte rium in the sputum, T-lymphocyte subsets and natural kill (NK) cells were observed before and after treatment in two groups. RESULTS: After the treatment for 3 months, there were 45 cases (90.0%) in the moxibustion group with more than 45% of focal absorption in chest radiography, which was obviously higher than 72.0% (36/50) in the routine treatment group (P < 0.01). The degradation rate of bacterium in the sputum in the moxibustion group was higher than that in the routine treatment group [82.0% (41/50) vs 60.0% (30/50), P < 0.01]. The CD3+, CD4+/CD8+ ratio of T-lymphocyte subsets and NK cells in the moxibustion group were significantly higher than those in the routine treatment group (P < 0.05, P < 0.01). CONCLUSION: On the basis of regular antituberculous therapy, moxibustion apparatus could significantly improve clinical effect, promote focal absorption and boost immunity, which is considered as an adjuvant treatment for PT.

6.2.7. Articulation de l'épaule

- Li YH, Li M, Li Q, Guo Y, Liao XH, Wang SQ, Luo XJ. [Treatment of scapulohumeral periarthritis by Fuyang-pot warming combined with electroacupuncture stimulation]. Acupuncture Research.2019.44(8):610-4.[201075]

OBJECTIVE: To observe the clinical therapeutic effect of Fuyang-pot warming combined with electroacupuncture (EA) in the treatment of scapulohumeral periarthritis (SPA). METHODS: A total of 90 cases of SPA patients were randomized into EA, Fuyang-pot warming and EA plus Fuyang-pot warming (combination) groups (n=30 per group). Fuyang-pot warming including pressing, mild moxibustion, scraping-pushing, cupping, tapping, etc. was applied to Fengchi (GB20), Dazhui (GV14), Jianjing (GB21), Jianyu (LI15), Zhongfu (LU1), Ashi-point, etc., and EA (2 Hz /100 Hz,1-1.5 mA) was appled to GB20, GV14, GB21, LI15, Binao (LI14), Tiaokou (ST38), Chengshan (BL57), Ashi-point, etc. The treatment was performed for 30 min every time, once every other day for 2 weeks. The visual analogue scale (VAS, 0-10 points) was used to assess the pain severity. The Constant-Murley shoulder assessment scale (100 points in total, including 15 points in pain severity and 20 points in daily living activities, 40 points in joint motion range, and 25 points in myodynamia) was used to assess the functional state of the shoulder. The rating scale of the American Shoulder and Elbow Surgeons (ASES, 4 grades) was used to evaluate the ability of daily living activities. RESULTS: Following the treatment, intra-group comparison showed that the VAS score was significantly reduced in the three groups in comparison with their own pre-treatment (P<0.01). The total scores of Constant-Murley scale, and scores of activities of daily living and active motion range, myodynamia, and ASES

shoulder-joint function were all considerably increased in the three groups in comparison with their own pre-treatment (all P<0.01). The therapeutic effect of EA plus Fuyang-pot warming was significantly superior to that of simple EA and simple Fuyang-pot warming in reducing VAS score and increasing total score of Constant-Murley scale and scores of activities of daily living, active motion range, myodynamia as well as ASES shoulder joint function (P<0.01). Of the 30, 29 and 30 cases in the combination, EA and Fuyang-pot warming groups, 9, 2 and 4 were basically cured, 14, 8 and 12 experienced marked improvement, 4, 12 and 9 were improved, and 3, 7 and 5 failed in the treatment, with the cured plus effective rates being 76.67%, 34.48% and 53.33%, respectively. The cure plus effective rate was apparently higher in the combined treatment group than in the simple EA and simple Fuyang-pot warming groups (P<0.01), but had no significant difference between the simple EA and simple Fuyang-pot warming groups (P>0.05). CONCLUSION: Fuyang-pot warming combined with EA is effective in relieving pain, and enhancing the daily life quality in scapulohumeral periarthritis patients.

- Guan Zhunhui. [Observations sur 60 cas d'omarthrose traités par Aiguille Chaude]. Chinese Acupuncture and Moxibustion.1983.3(4):13. [14248]

  60 cases of omarthritis were treated reespectively by heat needle and electro-acupuncture, with which the effects were compared, the results showed that the effective rate in the heat needle group was 83.3% and 3.3% failed, but the effective rate in the electro-acupuncture group was 66.7% and 8.3% failed. The effect of the heat needle group is proved to be higher than that of the electro-acupuncture group (p<0.05). The heat needle aparatus Model G24 is applied, with the temperature of the needle body 40-45°C, and the current intensity 0.4-0.6A. Points to be selected: Jianyu [15GI], **Zhongfu** [lP], Tianfu [3P], Chize [5P], Taiyuan [9P] and Hegu [4GI].

Notes

[1)] voir 5.4. Revues des indications ci dessous
[2)] Institut d'acupuncture et moxibustion. localisation officielle des points d'acupuncture, Beijing: Editions en langues étrangères. 2003. [115605]
[3)] il s'agit vraisemblablement d'une citation du Zhen jiu Jia Yi Jing