

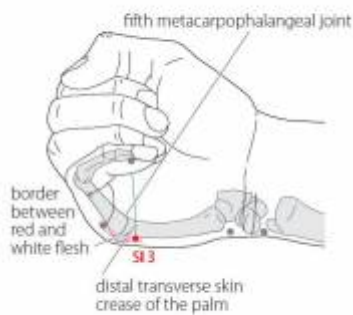
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3IG Houxi 后溪 [後溪]

prononciation [houxi.mp3](#)

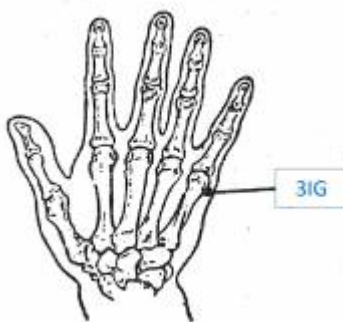
Articles connexes : - 2IG - 4IG - [Méridien](#)



WHO 2009.



Institut de MTC de Shanghai
1974.



Li Su Huai 1976.

1. Dénomination

1.1. Traduction

后溪 hòu xī	Vallon postérieur (Soulié de Morant 1934, Chamfrault 1954, Nguyen Van Nghi 1971) Ruisselet d'en arrière (Pan 1993) Courant postérieur (Lade 1994) Vallée postérieure (Laurent 2000)	Rear valley (Zhou Mei-sheng 1984) Back stream (Luying 1985, Tin Yau So 1985) Back Ravine (Ellis 1989)
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- Zhou Mei-sheng 1984 : *hou* rear ; *xi* valley.
- *Hou* (後 Ricci 1768) (Guillaume 1995) : arrière, derrière, postérieur, ultérieur, après, descendants, ensuite.
- *Xi* (谿 Ricci 1831) (Guillaume 1995) : torrent, rivière encaissée.

1.2. Origine

- Ling shu (Deng 1993)
- La dénomination de ce point apparaît dans le Ling shu, chapitre « Ben shu » (Guillaume 1995).

1.3. Explication du nom

- Zhou Mei-sheng 1984 : *Houxi* : The rear valley.
- Ellis 1989 : SI-3 is called Back Ravine in reference to its location in a narrow depression proximal to the metacarpophalangeal joint. The character 谿 *xi* refers not only to the depression in which the point is located, but also to the quality of the *qi* at this point. SI-3 is the stream-shu point of this channel, and the *qi* at stream-shu points is said to flow rapidly like a stream flowing through a ravine.
- WHO 1993 : *Hou* : back; *xi* : brook. This point lies in the brook-like depression at the back of the 5th metacarpophalangeal joint.
- Pan 1993 : le point *houxi* se trouve en arrière de la cinquième articulation métacarpo-phalangienne, du côté cubital de la main, à l'extrémité du pli transversal de la paume, pli qui se voit quand on ferme le poing. Il est dans un « ruisselet » (le pli) en arrière de l'articulation métacarpo-phalangienne, d'où son nom.
- Lade 1994 : Le nom [courant postérieur] fait référence à la nature intense et à la vivacité de la circulation du *Qi* du méridien à cet endroit, qui évoque un courant, et à sa position à l'arrière de l'articulation métacarpo-phalangienne. Postérieur peut aussi évoquer l'action de ce point sur le Vaisseau Gouverneur.
- Laurent 2000 : *Hou* : marche *chi* 彳 / entravée *sui* 夂 par un fil *yao* 幺. *Zhi* (A) représentait le personnage (non figuré sur les graphies suivantes) qui se tenait derrière un prisonnier dont les membres inférieurs étaient entravés, d'où les extensions de sens vers : arrière, derrière, en arrière ; postérieur, ultérieur, subséquent ; descendants ; ensuite . * *Xi* : vallée, torrent au fond d'une vallée... Cf. 5GI *Yangxi* (Laurent 2000).

1.4. Noms secondaires

1.5. Translittérations

- Chiao ki, Reou-tsri (fra)
- Hou hsi, Hou ch'i, Hou-chi (eng)

- Hâu khé (viet)
- Gokei (jap)
- hugye (cor)
- hou xi, hou-xi (Pinyin)

1.6. Code alphanumérique

3IG, IG3 (Intestin Grêle)

SI3 (Small Intestin)

2. Localisation

2.1. Textes modernes

- Nguyen Van Nghi 1971 : Sur le bord dorsal externe de la main, en arrière de l'articulation métacarpo-phalangienne, dans un creux.
- Académie de MTC 1977 : Il est situé à un travers de doigt au-dessus de l'articulation métacarpo-phalangienne de l'auriculaire.
- Roustan 1979 : Sur le bord cubital de la main; lorsque le poing est serré, le point se trouve à l'extrémité interne du pli de flexion, en arrière de l'articulation métacarpo-phalangienne de l'auriculaire.
- Deng 1993 : Localisation de base : Sur le bord cubital de la main, à la "jonction de la peau rouge et de la peau blanche", à l'extrémité du pli palmaire distal et en arrière de l'articulation métacarpo-phalangienne de l'auriculaire, quand le poing est fermé.
- Pan 1993 : en arrière de la cinquième articulation métacarpo-phalangienne, du côté cubital de la main, à l'extrémité du pli transversal de la paume - pli qui se voit quand on ferme le poing.
- Guillaume 1995 : Au bord médial de la main, en arrière de l'articulation métacarpo-phalangienne de l'auriculaire, quand on ferme le poing, à l'extrémité médiale de la ligne de cœur.
- Laurent 2000 : Au bord cubital de la main, au-dessus de l'articulation métacarpo-phalangienne de l'auriculaire, à l'extrémité de la "ligne de cœur" lorsque l'on ferme la main, à la jonction des peaux dorsale et palmaire. Par rapport au point précédent, *Houx* est situé de l'autre côté de l'articulation métacarpo-phalangienne de l'auriculaire.
- WHO 2009: On the dorsum of the hand, in the depression proximal to the ulnar side of the fifth metacarpophalangeal joint, at the border between the red and white flesh. *Note:* When the hand is slightly flexed, the point is located at the ulnar end of the distal transverse skin crease of the palm, at the border between the red and white flesh.



The border between the red and white flesh : the junction of the palmar and dorsal skin where there is a change in the

texture and colour (WHO 2009).

Items de localisation

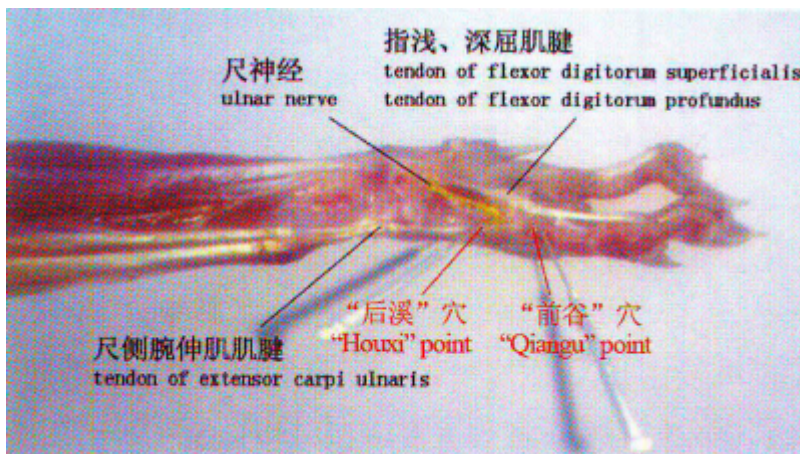
1. Bord cubital de la main.
2. en arrière (partie proximale) de l'articulation métacarpo-phalangienne de l'auriculaire.
3. "jonction de la peau blanche et de la peau rouge".
4. à l'extrémité du pli palmaire distal (ligne de cœur) quand le poing est fermé.

2.2. Textes classiques

- Lingshu (Deng 1993) : Sur le bord externe (cubital) de la paume et en arrière de l'articulation métacarpophalangienne de l'auriculaire.
- Jia Yi Jing
 - (Dang-Vu Hung 1989) : Situé dans un creux, en arrière de l'articulation carpo-métacarpienne du 5ème doigt.
 - (Deng 1993) : Dans la dépression située en arrière de l'articulation métacarpo-phalangienne de l'auriculaire et sur le bord externe.
 - (Yang Shou-Zhong 2000) : It is located on the outside of the small finger in a depression proximal to the base joint of the phalanx.
 - (Milsky 2004) : Il se situe sur le bord externe du petit doigt de la main, dans un creux en arrière de l'articulation métacarpo-phalangienne.
- Sheng Hui Fang (Deng 1993) : Dans la dépression située au-dessous de l'os pyramidal, sur le bord externe de la paume.
- Yi Xue Ru Men (Deng 1993) : Sur le bord externe de l'auriculaire, à l'extrémité du pli qui marque l'articulation métacarpo-phalangienne de l'auriculaire, lorsque le poing est fermé.
- **Remarque** (Deng 1993) : La plupart des anciens ouvrages de médecine s'accordent sur la localisation de ce point. Il se trouve dans la dépression située en arrière de l'articulation métacarpo-phalangienne de l'auriculaire. Ru Men le décrit comme suit : "à l'extrémité du pli de l'articulation métacarpo-phalangienne de l'auriculaire", c'est-à-dire à l'extrémité cubitale du pli palmaire distal. Sheng Hui le confond avec *Wangu* (4IG). On le situe actuellement à l'extrémité cubitale du pli palmaire distal et en arrière de l'articulation métacarpo-phalangienne de l'auriculaire, à la "jonction de la peau rouge et de la peau blanche".

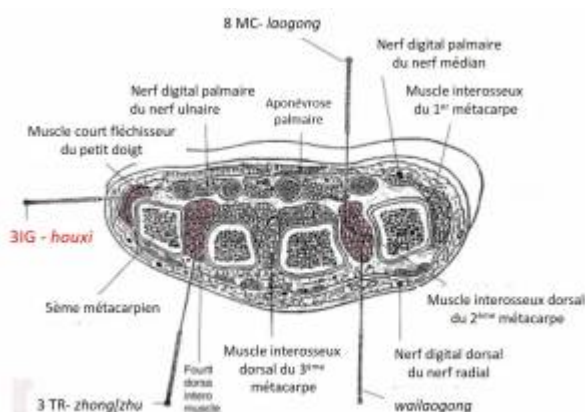
2.3. Rapports et coupes anatomiques

- Roustan 1979 : Artère, veine et nerf metacarpeae dorsalis.
- Deng 1993 : Peau—tissu sous-cutané—muscle abducteur de l'auriculaire—muscle court fléchisseur de l'auriculaire. Dans la couche superficielle, on trouve les branches dorsales du nerf cubital de la main, les branches palmaires du nerf cubital et la veine sous-cutanée superficielle. Dans la couche profonde, on trouve l'artère et la veine palmaires cubitales propres, et le nerf palmaire digital propre de l'auriculaire.
- Guillaume 1995 : Artère et veine digitales dorsales. Nerf digital dorsal.
- Lu Y, Zhang ZT, Luo YF, Tang ZS, Xu Z. [Anatomic Structure of "Shaoze" (SI 1), "Qianggu" (SI 2), "Houxi" (SI 3), "Yanggu" (SI 5) and Xiaohai" (SI 8) Regions of Hand-Taiyang Meridian in the Rabbit's Forelimb]. *Acupuncture Research*. 2013;38(6):473-7.[164572].

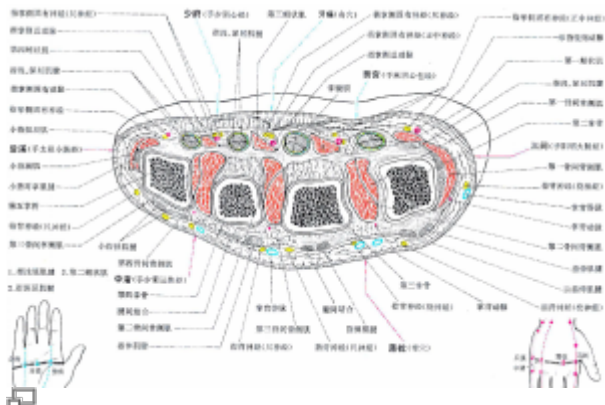


Qianggu 2IG et Houxi 3IG. Lu 2013

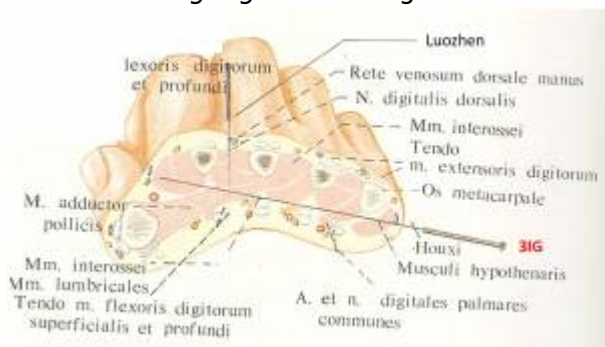
OBJECTIVE: To observe the anatomic structure of the Five Shu-acupoints: “Shaoze” (SI 1) ,”Qianggu” (SI 2), “Houxi” (SI 3),”Yanggu” (SI 5) and “Xiaohai” (SI 8) regions of the Taiyang Meridian in the rabbit's forelimb. METHODS: Thirty rabbits (half male and half female) were used in the present study. The Five Shu-acupoints regions were located first based on the atlas of rabbits, stimulated by needling and confirmed later by using an electronic acupoint detector. Under anesthesia, the rabbit was perfused with warm normal saline via the common carotid artery and the internal jugular vein, followed by arterial perfusion of dental base acrylic resin powder(30 g), dibutylphthalate(6 mL), red coloring agent liquid for denture acrylic and acetoacetate (2 mL), respectively; and venous perfusion of 30% gelatin (filtered) and black ink (filtered) and formaldehyde (8%). After fixing in 8% formaldehyde for 10 days, the rabbit's forelimb containing the aforementioned Five Shu-acupoints were carefully dissected layer by layer, followed by observing the local anatomic structure under microscope. RESULTS: The superficial layers of these acupoint regions mainly contained the basilic vein and its branches, and the superficial branch of the ulnar nerve. The deep layers chiefly comprised of the ulnar artery, the ulnar vein and their branches, and the ulnar nerve. CONCLUSION: In “Shaoze”(SI 1) , “Qianggu” (SI 2), “Houxi” (SI 3), “Yanggu” (SI 5) and “Xiaohai” (SI 8) acupoint regions, the ulnar artery, basilic vein, ulnar vein and their branches, the ulnar nerve and its superficial branches are found, which constitute the morphological basis of the five acupoints of the Hand-Taiyang Meridian for treating some related clinical disorders



Coupe transversale passant par 8MC 8C 3IG 3TR et Wailaogong. Chen 1995.



Coupe transversale passant par 8MC 8C 3IG 3TR et *Wailaogong*. Yan Zhenguo 2002.



Coupe transversale passant par *luozhen*, 3ig, 4gi. Chen Jing 1984.

2.4. Rapports ponctuels

3. Classes et fonctions

3.1. Classe ponctuelle

- Nguyen Van Nghi 1971 : -Point lu du méridien, correspondant à l'élément Bois. Point de tonification du méridien. Point d'ouverture du méridien curieux Tou Mo (V.G.). « Quand l'énergie de Taé Yang (I.G.) est vide, il faut tonifier au niveau de l'auriculaire, en laissant longtemps les aiguilles. Puncturer aussi le Chiao Ki. » (So Ouenn.)

3.1.1. Point shu du méridien

- Point *Shu* (transport) du méridien *Shoutaiyang* Intestin grêle (Nguyen Van Nghi 1971, Roustan 1979, Pan 1993, Guillaume 1995, Laurent 2000).
- Correspond à l'élément Bois (Nguyen Van Nghi 1971, Pan 1993, Guillaume 1995, Laurent 2000).
- Point de tonification (Mère du Feu) (Nguyen Van Nghi 1971, Laurent 2000).
- Nanjing
 - Unschuld 1986:

[On the conduit associated with] the small intestine, the *shao-che* 少澤 [hole] is the well; the *ch'ien-ku* 前谷 [hole] is the brook; the *hou-hsi* 後難 [hole] is the rapids; the *yang-ku* 陽谷 [hole] is the stream; the *shao-hai* 少海 [hole] is the confluence; and the *wan-ku* 腕骨 [hole] is the origin.

• Jia Yi Jing

◦ Dang-Vu Hung 1989 :

Point de nature bois. [...] Point de déversement énergétique *taiyang* de la main, pour cette raison est un point *du, shu*.

◦ Yang Shou-Zhong 2000 :

Back Ravine (*Hou Xi*, SI 3) is associated with wood. [...]It is the point where the hand *tai yang* vessel pours forth, and is, therefore, the rapids point.

◦ Milsky 2004:

Le [point] *houxi* (3IG), c'est le bois. [...]. Là se déverse le méridien *taiyang* de main, c'est le [point] *shu*. [...] Ce que l'on appelle les 59 punctures [sont] : sur les côtés interne et externe des deux mains, il y en a trois de chaque [côté], soit douze [points] en tout. Aux intervalles des cinq doigts, il y en a un à chaque [intervalle], soit huit points en tout ; il en est de même aux pieds (c'est-à-dire *houxi* (3IG), *zhongzhu* (3TR), *sanjian* (3GI), *shaofu* (8C)). [Au-dessus du front], à un pouce à l'intérieur des cheveux, il y en a trois de chaque [côté], soit six [points] en tout. Plus loin, à trois pouces à l'intérieur des cheveux, il y en a cinq de [chaque] côté, soit dix [points] en tout. En avant et en arrière de l'oreille, au-dessous de la bouche, il y en a un à chaque endroit qui, avec celui du milieu de la nuque, en fait six en tout. Il y en a un au vertex, un au [point] *xinhui* (22DM), un à chaque bord des cheveux, un au point *lianquan* (23DM), deux au point *fengchi* (20VB) et deux aux [points] *tianzhu* (10V). [À l'origine du Zhenjiu jiayi jing ces points manquants ont été rajoutés dans cette édition d'après le Lingshu]. [...]

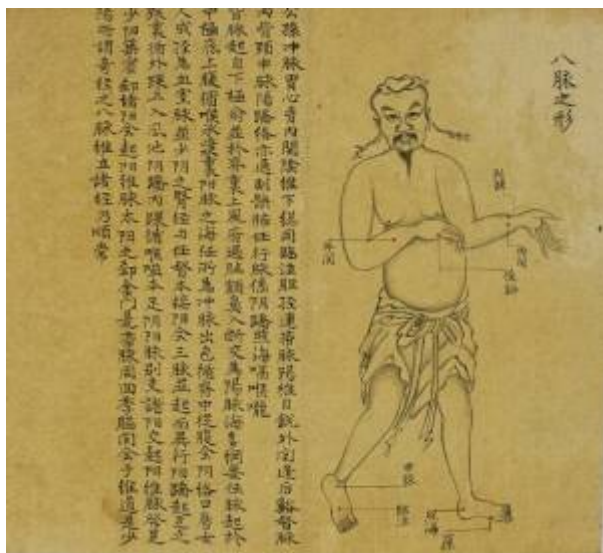
• Bei ji qian jin yao fang

◦ Despeux 1987 :

L'énergie de l'intestin grêle part du point *shao-ze* (1IG), point puits du méridien *taiyang* de la main. elle se développe au point *qian-gu* (2IG) (point *rong*), se concentre au point *hou-xi* (3IG) (point *shu*), passe au point *wan-gu* (4IG) (point *yuan*), circule au point *yang-gu* (5IG) (point *jing*) et pénètre au point *xiao-hai* (8IG) (point *he*). Points de concentration (*zhu*) des méridiens des six réceptacles : 65V, 3IG, 41VB, 3GI, 43E, 3TR.

3.1.2. Point clé du Dumai

- Point clé *Bamai Jiaohui* du Vaisseau merveilleux *Dumai* (Vaisseau gouverneur) (Nguyen Van Nghi 1971, Roustan 1979, Pan 1993, Guillaume 1995, Laurent 2000).



The chart shows the eight Meeting Points (huixue) of the Eight Extraordinary Channels, i.e. lieque (Break in the Sequence), neiguan (Inner Pass), waiguan (Outer Pass), houxi (Back Stream), shenmai (Extending Vessel), linqi (Close to Tears), zhaohai (Shining Sea) and gongsun (Grandparent and Grandchild).
Ink drawing, Lingmen chuanshou tongren zhixue (The Lofty Portal Teaching Text of Acupoints on the Bronze Man. By: Unknown. Published: MS of Qing period (1644-1911).
Source : Wellcome Images)



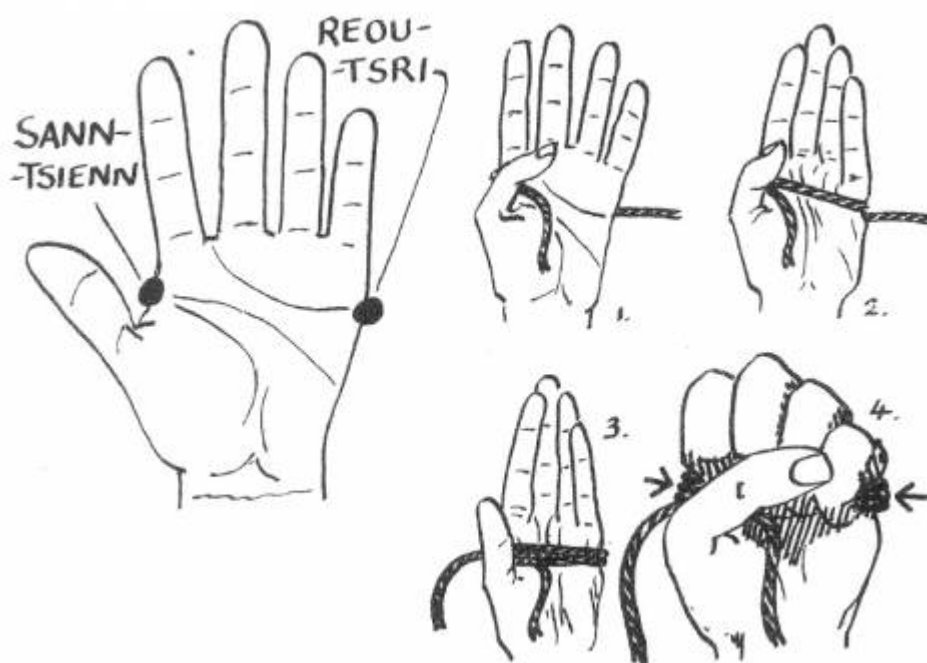
 Zhen jiu da cheng. houxi point clé du damai

3.2. Classe thérapeutique

- Zhenjiu Jiayi Jing (Milsky 2004) : Si le souffle [perturbé] se situe à la tête on traite les [points] *tianzhu* (10V) et *dazhu* (11V) ; s'il n'y a pas d'effet on traite [les points] *ying* et *shu* du *taiyang* de pied (C'est à dire respectivement les points *tonggu* (66V) et *shugu* (65V). Le Lingshu écrit : « Les [points] *ying* et *shu* du *taiyang* de main » c'est-à-dire respectivement les points *qiangu* (2IG) et *houxi* (3IG)). [le Lingshu écrit : de main].
- Tai yi shen zhen (Guillaume 1995) : *Houxi* élimine l'ictère, dissipe l'humidité, élimine le froid et la chaleur, expulse le vent, calme les spasmes.
- Roustan 1979 : Traite les tendons, fait communiquer le *Dumai*, rafraîchit l'esprit (*Shen*).
- Guillaume 1995 : *Houxi* purifie et élimine l'humidité-chaleur, libère le *Biao*, relâche les tendons et assouplit les articulations.
- Laurent 2000 : Stimule le *Taiyang*, élimine les *Xie* (pervers) vers l'extérieur, communique avec le *Dumai*, traite le haut du dos, se couple avec *Shenmai* 62V, traite l'épilepsie avec les "points des revenants" et le *Dazhui* 14VG pendant la crise ; couplé au *Fengshi* 20VB en dehors de la crise.

4. Techniques de stimulation

Acupuncture	Moxibustion	Source
0,2 pouce de profondeur et on laisse l'aiguille pendant deux expirations	Un cône de moxa	Jia Yi Jing (Dang-Vu Hung 1989, Yang Shou Zhong 2000, Milsky 2004)
Selon Tong ren, puncturer à 0,1 distance, laisser l'aiguille le temps de 2 expirations	Appliquer 1 cône de moxa	Zhen jiu ju ying (Guillaume 1995)
Piqûre perpendiculaire à 0,5-1 distance. Pour traiter les spasmes, crispations, engourdissements des doigts, diriger l'aiguille vers Hegu 4GI à 1,5-2 distances	Chauffer 5-15 minutes, cautériser 1-3 fois	Roustan 1979
Puncture perpendiculaire entre 0,5 et 1 distance de profondeur	Cautérisation avec 3 à 5 cônes de moxa, moxibustion pendant 5 à 10 minutes	Guillaume 1995
Piqûre perpendiculaire de 0,5 à 1 <i>cun</i>	Moxas : 3 ; chauffer 15 mn	Laurent 2000



Technique pour le traitement de l'épistaxis (3GI + 3IG). Pressure applied by the method illustrated above: a handkerchief or a piece of string or cord is wound tightly round the hand as shown. The fist is then clenched. The act of clenching brings strong pressure on the two points Reou-Tsri and Sann-Tsienn. Bleeding may be expected to stop within a minute (Lawson-Wood 1975).

Sensation de puncture

- Roustan 1979 : sensation de gonflement qui peut diffuser à la paume.

Sécurité

5. Indications

Classe d'usage ★★ point essentiel

5.1. Littérature moderne

- Nguyen Van Nghi 1971 : Point à puncturer principalement dans les cas de : céphalées du sommet, raideur de la nuque, douleurs dans l'ensemble des doigts, surdité et mutité, épistaxis, yeux rouges (Trung Y Hoc).
- Académie de MTC 1977 : Torticolis, bourdonnements d'oreille, sueur nocturne, épilepsie, malaria.
- Roustan 1979 : Fièvre intermittente, épilepsie, schizophrénie, hystérie, algies intercostales, torticolis, surdi-mutité, lombalgies. Yeux rouges, leucome cornéen, folie calme ou agitée.
- Lade 1994 :
 - Libère l'Extérieur, stimule la transpiration, disperse le Vent et le Vent-Chaleur, clarifie le Feu, la Chaleur et la Chaleur de l'Été, et draine les facteurs pathogènes du Cœur. Indications : maladies fébriles sans transpiration, malaria, gale, rhume banal avec fièvre et rougeur des yeux, fièvre récurrente, éblouissements et vertiges, sécheresse de la bouche, conjonctivite, et épistaxis.
 - Régularise le Vaisseau Gouverneur, décontracte les tendons, est bénéfique pour les articulations, et soulage la douleur. Indications : obstruction douloureuse avec douleurs généralisées, tétanie musculaire, céphalées occipitales et pariétales, raideur et douleur du cou ou de la partie haute du dos, coup du lapin, douleur ou raideur rachidienne, et contracture et secousses musculaires du bras, du coude et des doigts.
 - Calme l'Esprit, clarifie le Cerveau, transforme les Glaires du Cœur, et disperse les Glaires-Vent. Indications : syndrome de collapsus par Chaleur Plénitude, convulsions, hystérie, manie, épilepsie, mélancolie, insomnie, sommeil perturbé par les rêves avec transpirations nocturnes, et surdi-mutité.
 - Effet local : troubles moteurs et douleur de la main et des doigts.
- Guillaume 1995 : Céphalée, raideur de la nuque, transpiration subite, accès de fièvre-*nue ji*, surdité, taie cornéenne, épistaxis, *Bi* de la gorge, odontalgie, ictère, contracture douloureuse du bras et du coude ; convulsions-*dian xian*, dépressions nerveuses, névralgies intercostales.

5.2. Littérature ancienne

- Jia yi jing
 - Guillaume 1995 : Accès de fièvre et de frissons, douleur de l'épaule qui atteint l'avant-bras, impossibilité de tourner la tête en arrière, inquiétude-fan man, chaleur du corps, crainte du froid, yeux rouges et douloureux, ulcération des canthus, ptérygions, douleur brutale, rhinorrhée, épistaxis, surdité, lourdeur et douleur du bras, contracture du coude, dermite infectieuse, douleur thoracique qui irradie vers l'avant-bras, pleurs et peur, raideur de la nuque, sensation de froid au corps. Accès de fièvre et de frissons avec enflure du cou et de la joue, Accès de folie-*dian kuang*, accès pernicieux-*jie nue*,

bourdonnement d'oreille.

◦ Yang Shou-Zhong 2000:

Cold Damage & Febrile Disease For shivering with cold, chills and fever, pain in the shoulders, upper arms, elbows, and forearms, spinning and ache of the head with inability to look back, vexation and fullness, generalized fever with aversion to cold, red, painful eyes; ulceration of the canthi, nebular screen generated (in the eye), acute pain, runny snivel nosebleeding, loss of hearing acuity, heavy, painful arms, hypertonicity of the elbows, scarred scabies, fullness of the chest sending a dragging (discomfort) to the upper arms, tearing with susceptibility to fright, stiffness of the neck, and generalized cold, Back Ravine (*Hou Xi*, SI 3) is the ruling point. (In our source edition, "spinning and ache" is omitted and has been added here in accordance with the *Wai Tai*; and "inside" replaces "fullness." The syndrome ends with "inability to turn over the head", which, because it is redundant, has been deleted in accordance with the *Wai Tai*. For cold and heat with swelling in the neck and the submandibular region, Back Ravine (*Hou Xi*, SI 3) is the ruling point. For cold and heat with swelling in the neck and the submandibular region, Back Ravine (*Hou Xi*, SI 3) is the ruling point. For mania with tugging (at the limbs) and frequent attack of madness, Back Ravine (*Hou Xi*, SI 3) is the ruling point. For ringing in the ear, Hundred Convergence (*Bai Hui*, GV 20), Mandibular Movement (*Han Yan*, GB 4), Skull Rest (*Lu Xi*, TH 19), Celestial Window (*Tian Chuang*, SI 16), Great Mound (*Da Ling*, Per 7), Veering Passageway (*Pian Li*, LI 6), Front Valley (*Qian Gu*, SI 2), and Back Ravine (*Hou Xi*, SI 3) are the ruling points.

◦ Milsky 2004:

Les tremblements dus au froid avec frissons et fièvre, douleurs aux épaules, bras, coude et avant-bras, impossibilité de tourner la tête, anxiété et oppression, corps fébrile avec crainte du froid, yeux rouges et douloureux, les coins des yeux purulents, taies oculaires (*yimo*) qui apparaissent, soudaineté des douleurs, rhinorrhée et épistaxis, surdité, lourdeurs et douleurs des avant-bras, contracture du coude, croûte galeuse, sensation de plénitude à la poitrine avec des tiraillements aux bras, larmoiments avec effroi, raideur de la nuque et du cou et le corps froid relèvent du [point] *houxi* (3IG). Les frissons et la fièvre avec gonflement du cou et de la région sous-maxillaire relèvent du [point] *houxi* (3IG). [...] Dans les malaras (*jienu*), on choisit [parmi les points] dont elles relèvent : *wangu* (12VB) et *fengchi* (20VB), *dazhu* (11V), *xinshu* (15V), *shangliao* (31V), *yixi* (45V), *yindu* (19Rn), *taiyuan* (9P), *sanjian* (3GI), *hegu* (4GI), *yangchi* (4TR), *shaoze* (1IG), *qiangou* (2IG), *houxi* (3IG), *wangu* (4IG), *yangfu* (5IG), *xiaxi* (43VB), *zhiyin* (67V), *tonggu* (66V) et *jingu* (64V). [...] Les frissons et la fièvre avec gonflement du cou et de la région sous-maxillaire relèvent du [point] *houxi* (3IG). [...] Les maladies fébriles sans transpiration entraînant [des accès] alternants de folie furieuse (*kuang*) et d'épilepsie (*dianji*) relèvent du [point] *qiangou* (2IG). La folie furieuse entraînant des accès répétitifs d'épilepsie relève du [point] *houxi* (3IG). [...] Les acouphènes (le texte suivant jusqu'à la fin du chapitre ne provient pas du *Neijing*) relèvent du [point] *baihui* (20DM) et de tous les [points suivants] *hanyan* (4VB), *luxi* (19TR), *tianchuang* (16IG), *daling* (7MC), *pianli* (6GI), *qiangou* (2IG) et *houxi* (3IG).

- Qian jin yao fang (Guillaume 1995) : Céphalée, Maladie de la chaleur avec absence de transpiration.
- Ishimpo (Guillaume 1995) : Malaria ; sensation de frissons et de fièvre ; bourdonnements d'oreille ; frissons de froid ; douleur de l'omoplate, du bras et de l'avant-bras ; vertige ; céphalée ; nervosité et dépression ; infection de la paupière.
- Sheng hui fang (Guillaume 1995) : Pesanteur du bras, du coude et du poignet avec difficulté de flexion-extension, douleur des cinq doigts avec difficulté de préhension.
- Tong ren (Guillaume 1995) : Contracture douloureuse du bras et du coude.
- Ru men shi gin (Guillaume 1995) : Contracture de la main.
- Yu long jing (Guillaume 1995) : Œdème du corps, attaque directe par le vent-*zhongfeng* avec paralysie, lourdeur des lombes et des pieds, Plénitude du thorax avec ballonnement abdominal, transpiration subite, difficulté à s'allonger, Les cinq convulsions et les cinq dysuries-*wu xian wu lin*.
- Shennong jing (Guillaume 1995) : Raideur de la nuque avec impossibilité de tourner la tête en arrière, froid de la Rate (confusion entre *Pi* et *Bi* ?) et douleur du coude, faire 7 moxas.

- Yu long Fu (Guillaume 1995) : *Houxi* traite spécifiquement les maladies pernicieuses épidémiques-*shi yi jie nue*.
- Lan jiang Fu (Guillaume 1995) : *Houxi* traite spécifiquement la maladie du méridien *Du mai*, la folie-*dian kuang*.
- Tong xuan fu (Guillaume 1995) : *Houxi* traite les douleurs du vertex.
- Zhen jiu da quan (Guillaume 1995) : Contracture des mains et des pieds, Tremblement des mains et des pieds, Raideur douloureuse de la nuque, Enflure, rougeur et douleur de la région parotidienne, Sensation d'obstruction de la gorge, Vent des deux oies (parotidite bilatérale), Vent d'une oie (parotidite unilatérale), Céphalée uni- ou bilatérale, vent de la tête avec douleur des régions temporales, Douleur de la queue des sourcils, Pesanteur et douleur de la tête et des yeux, Céphalée après absorption d'alcool et vomissements incoercibles, Yeux rouges, enflés et douloureux, larmolement incessant au vent, Tétanos-*po shangfeng*.
- Zhen jiu ju ying - Bai zheng fu (Guillaume 1995) : *Houxi*-3IG traite les ictères et supprime la jaunisse.
- Zhen jiu ju ying (Guillaume 1995) : accès pernicious-*nue han re*, yeux rouges avec ptérygions, épistaxis, surdité, plénitude thoracique, raideur de la nuque et impossibilité de regarder en arrière, folie *dian*, contracture douloureuse du bras et du coude, dermatites croûteuses-*jia jie*.
- Yi xue ru men (Guillaume 1995) : Dyspnée, chaleur du corps, crainte du froid, plénitude du thorax, folie-*dian*. Le reste des indications est identique à celles de *Qianggu*-2IG.
- Da Cheng
 - Nguyen Van Nghi 1985 :
Fièvre et frilosité par intermittence, conjonctivite, épistaxis, surdité, ballonnement abdominal. Raideur cervicale, folie, contracture du coude. Dermatose.
 - Guillaume 1995 : Reprend intégralement la citation du Zhen jiu ju ying.
- Xun jing (Guillaume 1995) : Urines foncées et dysurie.
- Lei jing tu yi (Guillaume 1995) : Froid et chaleur dans les maladies pernicious-*jie nue*, ptérygions, épistaxis, surdité, plénitude du thorax, raideur de la nuque, épilepsie-*dian xian*, contracture et douleur du bras et du coude, douleur des cinq doigts. Selon certains, lorsque surviennent à midi des vomissements des aliments ingérés le matin, le soir des vomissements des aliments ingérés à midi, il faut appliquer à droite et à gauche 9 cônes de moxa.
- Wai ke da cheng (Guillaume 1995): Furoncles noirs.
- Tai yi shen zhen (Guillaume 1995) : Maladie pernicious-*nue ji*, crainte du froid et fièvre, sensation de plénitude thoracique, surdité, raideur de la nuque, folie-*dian* et accès de démence-*kuang*, contracture des tendons du coude, douleur des cinq doigts.

5.3. Associations

Indication	Association	Source
Affections de la nuque	1IG + 2IG + 3IG + 5IG + 12VB + 60V + 8IG + 2V	Bei ji qian jin yao fang (Despeux 1987)
Affections de l'œil	2TR + 2IG + 3IG + 4IG + 24VG + 20VG + 10V + 20VB + 16TR + 15V	Bei ji qian jin yao fang (Despeux 1987)
Affections du nez	18VB + 20VB + 12V + 45V + 3IG	Bei ji qian jin yao fang (Despeux 1987)
Affections de l'oreille	2IG + 3IG	Bei ji qian jin yao fang (Despeux 1987)
Affections de l'avant-bras et du coude	2IG + 3IG + 5GI	Bei ji qian jin yao fang (Despeux 1987)

Indication	Association	Source
Affections dues à la chaleur	8P + 4TR + 4GI + 6TR + 2IG + 44E + 3IG + 4IG + 5IG + 45E + 42E + 41E	Bei ji qian jin yao fang (Despeux 1987)
Fièvre quarte	12VB + 20VB + 11V + 15V + 31V + 45V + 19Rn + 9P + 3GI + 4GI + 4TR + 1IG + 2IG + 3IG + 4IG + 5IG + 43VB + 67V + 66V + 64V are all the ruling points.	Jia Yi Jing (Yang Shou-Zhong 2000)
	The so-called fifty-nine needling (points) include a point on either side of the three fingers in each hand, totalling twelve in all; " a point between each of the five fingers, eight in all; the same number in the feet. These are Back Ravine (<i>Hou Xi</i> , SI 3), Central Islet (<i>Zhong Zhu</i> , TH 3), Third Space (<i>San Jian</i> , LI 3), and Lesser Mansion (<i>Shao Fu</i> , Ht 8). Counting these points bilaterally, there are eight in all.	Jia Yi Jing (Yang Shou-Zhong 2000)
Plusieurs maladies fébriles	59 piqures : 11P + 9MC + 9C + 1IG + 1TR + 1GI + 3IG + 3TR + 3GI + 8C + 65V + 41VB + 43E + 3Rt + 5V + 6V + 7V + 15VB + 16VB + 17VB + 18VB + 19VB + 2VB + 12VB + 24VC + 15VG + 20VG + 24VG + 16VG + 20VB + 10V	Jia Yi Jing (Milsky 2004)
Malaria	12VB + 20VB + 11V + 15V + 31V + 45V + 19Rn + 9P + 3GI + 4GI + 4TR + 1IG + 2IG + 3IG + 4IG + 5IG + 43VB + 67V + 66V + 64V	Jia Yi Jing (Milsky 2004)
Fièvres intermittentes	7P + 3IG + 1IG + 2IG	Bei ji qian jin yao fang (Despeux 1987)
<i>Xie qi</i> à la tête	10V + 11V. Si pas d'effet : + 66V + 65V (Lingshu : + 2IG + 3IG)	Jia Yi Jing (Milsky 2004)
Ictère	3IG + 8MC	Bai Zheng Fu (Roustan 1979, Guillaume 1995)
Douleurs du thorax et de la nuque	3IG + 7P	Qian jin shi yi xue (Guillaume 1995), Da quan (Guillaume 1995)
Paresthésies et douleur des doigts	3IG + 3GI + <i>Ba xie</i>	Zhong guo zhen jiu xue gai yao (Guillaume 1995)
Douleur de la cuisse	3IG + 30VB	Bai Zheng Fu (Roustan 1979, Guillaume 1995)
Entorse lombaire	3IG + 37V (ex 51) + points douloureux locaux + points <i>Hua Tuo Jia Ji</i> correspondants	Roustan 1979
Maladie fébrile	3IG + 14VG + 11GI	Zhen Jiu Da Cheng (Roustan 1979)
Fièvre intermittente	3IG + 14VG + 5MC	Roustan 1979, Shanghai zhen jiu xue (Guillaume 1995)
Transpirations nocturnes profuses	3IG + 6C	Bai zheng fu (Guillaume 1995)
Cinq convulsions- <i>wu xian</i>	3IG + 1VG + 7C	Da cheng-Sheng yu ge (Guillaume 1995)
Accès pernicieux consécutif à des glaires- <i>Tan nue</i>	3IG + 4GI	Da cheng (Guillaume 1995)

Indication	Association	Source
Goitres et excroissances	7MC + 6TR + 5IG + 3IG	Bei ji qian jin yao fang (Despeux 1987)

Citations :

- Bai Zheng Fu (Lin Shi Shan 2010A) :
 - 50. Hou Xi (3IG) et Huan Tiao (30VB) puncturés atténuent instantanément les douleurs de la cuisse et de la jambe.
 - 67. Pour traiter la jaunisse, regarder du côté de Hou Xi (3IG) et de Lao Gong (8MC).
 - 74. Yin Xi (6C) et Hou Xi (3IG) traitent les transpirations nocturnes fréquentes.

5.4. Revues des indications

- Lu Huixin. [Discussion on Clinical Combined use of Houxi Point]. Journal of Traditional Chinese Medicine. 1986;27(4):44-50. [30603].
- Yang Xiujian et al. Miraculous Application of Point Houxi in Clinical Practice. Journal of TCM. 1997;17(2):154-5. [56895]. Traduction italienne Yang Xiujian et al. Domande e riposte-applicazione prodigiosa del punto houxi nella pratica clinica. Rivista Italiana di Medicina Tradizionale Cinese. 1998;72(2):86-7. [72916].
- Li Xiang-Chang, Wang Li. [Natures of Acupoint Houxi (Si 3) and its Clinical Application]. Shanghai Journal of TCM. 2004;38(5):44. [128925].

This paper summarizes the clinical application of acupoint Houxi (SI 3) and classifies its natures as activating collateral and stopping pain, quieting spirit and awaking brain, dispersing wind and clearing heat, extinguishing wind and relieving convulsion. Moreover, four cases of acute lumbar sprain, hysteria, urticaria and facial spasm were introduced.

6. Etudes cliniques et expérimentales

6.1. Reflux gastro-oesophagien

- Li Xiangchang, Wang Li. [Clinical Use of the Acupuncture Point/ Foramen Si3/It3 “The Posterior Stream” (Rivulus Posterior, Houxi)]. Chinesische Medizin. 2004;19(4):162. [137534].

The authors describe their experience in the treatment of gastroesophageal reflux. They base their approach on the one hand on the four therapeutic methods cooling, moistening, clearing and sinking, and on the other hand on an analysis of the activities of the functional system (orbes, zangfu) affected. They also distinguish between different patterns of symptoms, describe the individual symptoms, give the principles underlying the treatment to be administered and provide prescriptions which they recommend for use in the particular cases. Gastroesophageal reflux begins generally with energetic excess (repletio, shi) and heat (color, re); later the repletio transforms into energetic deficiency (depletio, xu), although within the depletio you may also find repletio. The authors apply the method of cooling in the event of a blockage of heat (color, re), usually occurring either in the liver and stomach functional systems (oo. hepaticus et stomachi, gan wei) or in the gall bladder functional system (o. felleus, dan) and which affects and restricts the upper half of the body. In the case of the former, the authors primarily cool the stomach functional system (o. stoma-chi), but they also clear the liver functional system (o. hepaticus), dissolve blockages and drain heat (color, re). In the event of heat (color, re) in the gall bladder functional system (o. felleus, dan) the central zangfu have to be harmonized, phlegm (pituita, tan) has to be transformed and heat (color, re) to be cooled. To do this, a variety of prescriptions are recommended depending on the symptoms observed. Moistening is used as a method of treatment when there is depletio of the Yin fluids

and a consequent lack of moisture. Depending on the precise pattern of symptoms, the yin should be strengthened, the stomach functional system (o. stomachi, wei) should be nourished, the qi regulated and the counterflow should be downborn. The clearing of passageways refers first of all to the six bowel systems (oo. aulici, fu), and also to the network channels (reticulares, luomai). Accordingly, depending on the pattern of symptoms, therapeutic activity should focus on moving the qi, dissolving blockages and transforming phlegm (pituita, tan), or it will be necessary to quicken the xue (huoxue), transform stases and to clear the network channels (reticulares, lu). It may also be necessary to strengthen the yin, to nourish the xue, to break up conglomerations of xue and to dissolve stases or to clear the chest and to free up the network channels (reticulares). The method of sinking is used in the treatment of rising heteropathic stomach qi (qi stomachi, weiqi). Here it is necessary first of all to harmonize the stomach functional system (o. stomachi, wei) and to lower the counterflow. Depending on the form of the illness, it is also necessary to transform phlegm (pituita, tan) and to lower the qi, or to regulate the qi and to warm the stomach functional system (o. stomachi, wei). Although gastroesophageal reflux clearly identifies the stomach functional system (o. stomachi) as the location of the illness, there is also a close involvement of the lung, liver and spleen functional systems (oo. pulmonalis, hepaticus et lienalis, fei gan pi). For this reason, the authors place a lot of emphasis on the regulation and harmonization of these functional systems as part of the therapy. They describe possible disorders of these functional systems, draw up recommended therapy strategies and name suitable remedies. In the treatment of an illness that has already existed for some time, the authors recommend that one should consider the possibility of disorders caused by phlegm (pituita, tan) and stases: for example, phlegm-heat (color pituitae, tanre), dampness-heat (color humidus, shire) in the chest area and the diaphragm, qi blockages occurring together with phlegm (pituita, tan) or damage to the yin with blockage of the xue. Here, too, in each case, the authors recommend a suitable prescription or remedy. Finally, they mention remedies that are particularly indicated for certain symptoms, and they give tips for a healthy way of life that should be followed by patients suffering from gastroesophageal reflux.

6.2. Démence post-trauma cranien

- Zhang An-Ren, Pan Zhi-Wei, Luo Fei, et al. Effect of Acupuncture Houxi (SI 3) and Shenmen (HT 7) in Treating Cerebral Traumatic Dementia. Chinese Journal of Integrated Traditional and Western Medicine (english edition). 1996;2(4):262. [103862].

Sixty-two cerebral traumatic patients were randomly divided into two groups: acupuncture group (32 cases) and physiotherapy group (30 cases). The changes of mini-mental status examination (MMSE) scores and auditory evoked potential P300 were observed before and after treatment. Results: the markedly effective rate and the total effective rate of the acupuncture group were 46.9% and 81.3% respectively, which were significantly higher than that of 10.0% and 30.0% of the physiotherapy group ($P < 0.01$). It was found that after treatment the above-mentioned indexes in the acupuncture group changed significantly ($P < 0.05 - 0.001$), while in the physiotherapy group they were not ($P > 0.05$). The therapeutic effect in acupuncture group was better than that in physiotherapy group ($P < 0.001$). The results confirmed that the cognitive function of cerebral traumatic dementia patients was enhanced effectively after acupuncture Houxi (S13) and Shenmen (HT7).

6.3. Torticollis

- Zhao Mizhi. Treatment of 89 Cases of Stiffneck by Acupuncture on Waiguan (SJ5) and Houxi (SI3) (Abstract). WFAS International Symposium on the Trend of Research in Acupuncture, Roma. 1992:207.[36665].
- Huang Zhi-Yong. Needling Xuanzhong [39VB] and Houxi [3IG] in Treating Spasm of Neck Muscles : An Observation of 50 Cases. International Journal of Clinical Acupuncture. 1995;6(2):227-8. [56184].

6.4. Lombalgies aigues

- Chen Zuolin. The effect of acupuncture in 300 cases of acute lumbar pain. *Journal of TCM*. 1984. 4(2):93-5. [14386].

Our clinical practica has shown three acupuncture points to be effective in the treatment of lumbar sprain. These are the Houxi (SI 3) point on the Small Intestine Channel of Hand-Taiyang, Renzhong (DU 26) and the experimental lumbago point (located on the back of the hand on either side of muscili extensor digitorum communis and about 2 cm below the wrist back striae, two points on each hand). The effect of stimulating different acupuncture points on pain at different sites varies. Best results may be obtained by acupuncture of the Houxi point in disorders of the Foot-Taiyang Channel, Renzhong point when the Du Channel is affected, and the lumbago point for disorders of the Foot-Taiyang Channel when the Foot-Shaoyang Channel is also involved.

- Chen Xinyuan. Puncture Houxi Point to Treat Acute Lumbar Sprain. *Acupuncture Research*. 1989;14(1-2):272-273. [27122].
- Xiong Guangtian. 150 Cases of Lumbar and Thoracic Sprain Treated by Needling Unilateral Houxi (Si3) Point. *Chinese Journal of Acupuncture and Moxibustion*. 1990;3(3):177-8. [83268].

3IG homolatéral. Insertion rapide sur 3 à 5 cun jusqu'au Deqi. Puis stimulation forte en rotation et enfouissement-retrait. Demander au patient de mobiliser le rachis lombaire avec une amplitude progressivement croissante. Aiguille en place 5 à 20mn, rarement plus de 30mn, l'aiguille est manipulée 2 à 3 fois durant cette période. Retirer l'aiguille et ajouter 40V et 60V. Saignée et ventouse en cas de douleur lombaire localisée importante. 48 guérisons en 1 séance, 52 en 2, 39 en 3, 8 en 4, 1 en 6, 2 en 7.

- Meng Hong et al. [Observation on Therapeutic Effects of Acute Lumbar Sprain Treated by Hegu Through Houxi plus Ashi Points]. *Acupuncture Research*. 1998;23(4):290. [68666].

The authors use needling Hegu (LI 4) through to Houxi (SI 3) and the Ashi points to treat acute lumbar sprain. When needling Ashi point, it applies three methods which are "Trigger puncture", "Hegu-needling" and resistance needling method. It achieved satisfactory curative effect and the total effective rate is 100%. Hegu (LI 4) and Houxi (SI 3) are both related to Du Channel and Gall-land of Taiyang of foot. So needling these points can dredge vital energy and blood of stagnation in the local area.

- Fan Yu-Shan. Treating Acute Lumbar Sprain by Needling Houxi : Report of 28 Cases. *International Journal of Clinical Acupuncture*. 1999;10(4):439-40. [71787].

Since 1993, a number of acute lumbar sprain cases were satisfactorily treated by simply needling the point Houxi (SI 3).

- Tang Jian et al. [36 Patients with Acute Lumbar Sprain Treated with Acupuncturing on Houxi Point]. *Journal of Clinical Acupuncture and Moxibustion*. 2001;17(11):16. [99100].
- Zhang Shenghu. [Acute Lumbar Sprain treated with Acupuncture on Houxi]. *Journal of Clinical Acupuncture and Moxibustion*. 2002;18(1):36. [101159].
- Wu Yao-Chi , Wang Cong-Miao , Zhang Bi-Meng , et al. Treatment of acute lumbar sprain with single acupoint: a RCT. *Journal of Acupuncture and Tuina Science*. 2004;2(4):56. (eng). [132730]

Objective: To assess the clinical efficacy of single acupoint in the treatment of acute lumbar sprain. Methods: According to the same diagnostic standard, the randomized controlled trial was conducted in several clinical centers. All 320 subjects were digitally randomized into observation group in which Houxi (SI 3) was needled and control group in which Yaotongdian (Ex-UE 7) was needled. The pain severity was scored respectively by the doctors and patients. Results: After 2course treatment, the short-term effective rates were 89.4% and 82.5% in observation group and control group, and the long-term effective rates were 95.6% and 93.5% respectively. Ridit analysis showed a difference in the short-term effects ($P < 0.05$) and no difference in the long-term effects ($P > 0.05$). Conclusion: Single acupoint is quite effective for acute lumbar sprain, with better effects of Houxi (SI 3) than Yaotongdian (Ex-UE 7). **Commentaires** : Goret O, Phan-Chofrut F, Nguyen J. 3ig (houxi) est superieur a yaotong dans les lombalgies aiguës. *Acupuncture & Moxibustion*. 2006. 5(1):65. [144193].

- Wu Yao-Chi, Zhang Jun-Feng, Li Shi-Sheng. [Clinical therapeutic effect of electroacupuncture on acute lumbar sprain and infrared thermography research]. Shanghai Journal of Acupuncture and Moxibustion. 2010;29(11):716. (chi). [179719]; Traduction dans Wu Yao-Chi , Jun-Feng Zhang, Shi-Sheng Li, Jing-Hui Zhou And Sheng-Hong Zhang. Clinical effect and infrared thermogram on electroacupuncture for acute lumbar sprain. Journal of Acupuncture and Tuina Science. 2010. 8(6):380-383. [154443].

Objective To investigate the clinical therapeutic effect of electroacupuncture on acute Lumbar sprain and observe infrared lumbar thermographic changes after treatment. **Methods** Two hundred and ninety-five patients with acute lumbar sprain were allocated, using a random number table, to an electroacupuncture group of 147 cases and a medication group of 148 cases. The electroacupuncture group was treated with point Houxi and the medication group, with meloxicam tablets. The two groups received infrared lumbar thermography before and after treatment. **Results** The cure rate and the total efficacy rate were 71.4% and 93.9%, respectively, in the electroacupuncture group and 42.6% and 87.2%, respectively, in the medication group. There were statistically significant differences in both between the two groups ($P < 0.01$). The pre-/post-treatment infrared thermographic temperature difference was 2.52°C in the electroacupuncture group and 0.80°C in the medication group. There was a significant difference between the two ($P < 0.01$). **Conclusion** Both electroacupuncture and medication have a marked therapeutic effect on acute lumbar sprain. But the overall therapeutic effect was better in the electroacupuncture group than in the medication group. The post-treatment infrared thermographic temperature-raising effect was more marked on the electroacupuncture group than in the medication group.

- Cao Y, Wang Y. [Acute lumbar sprain treated with massage combined with acupuncture at different distal acupoints: a randomized controlled trial]. Chinese Acupuncture and Moxibustion. 2015. 35(5):453. [183693].

OBJECTIVE: To observe treatment efficacy of acupuncture at different distal acupoints for acute lumbar sprain after massage. **METHODS:** One hundred and fifty patients with acute lumbar sprain were randomly divided into a Yaotongdian (Extra) group, a Houxi (SI 3) group, a Weizhong (BL 40) group, a Chengshan (BL 57) group and a Shuigou (GV 26) group, total 5 groups, 30 cases in each one. After the same massage treatment and based on groups divided, different distal acupoints above-mentioned were selected to be acupunctured. Visual analogue scale (VAS) scores, lumbar activity and treatment efficacy of patients in 5 groups were evaluated. **RESULTS:** With acupuncture at distal acupoints after massage, VAS scores of patients in 5 groups were decreased compared with those after massage treatment (all $P < 0.05$); lumbar activity was all obviously improved (all $P < 0.01$); and cured and markedly effective rates were all increased in comparison with those after massage (all $P < 0.01$). But among 5 groups the differences of VAS scores, lumbar activity and cured and markedly effective rates were not statistically significant (all $P > 0.05$). **CONCLUSION:** Based on massage treatment, acupuncture at distal acupoints could further improve the treatment efficacy for acute lumbar sprain, but there is no obvious effective difference among every distal acupoint. As long as choosing acupoints with lower pain threshold and stimulating enough, good efficacy could be acquired for acute lumbar sprain.

- Wang Ying, Sun Yi-jun, Wu Yao-chi, et al. Electroacupuncture at Houxi (SI 3) for acute lumbar sprain: a meta-analysis of randomized controlled trials. Journal of Acupuncture and Tuina Science. 2015;13(5):332. [187140].

^Objective|To assess the efficacy and safety of electroacupuncture (EA) at Houxi (SI 3) in treating acute lumbar sprain. |

Methods	Randomized controlled trials (RCTs) involving EA at Houxi (SI 3) for acute lumbar sprain were retrieved from PubMed (1966-2014), EMBASE (1980-2014), Cochrane Library (Issue 1, 2014), CQVIP Database (1989-2014), Wanfang Digital Journal (1998-2014), the Chinese Biological Medical Literature Database (CBM, 1978-2014), and China National Knowledge Internet (CNKI, 1979-2014). The collection of data also adopted hand-search of the relevant journals from the Library of Shanghai Jiao Tong University. All of the data were first evaluated and extracted by two reviewers independently with a specially designed form. Then, the available data were analyzed by the Cochrane Collaboration's RevMan 5.2.0 software.
Results	A total of 6 trials involving 1 288 patients were eligible. Meta-analysis showed that the total effectiveness rate in the EA group was significantly different when compared with Nimesulide [RR=1.33; 95% CI (1.19 to 1.49)] and Mobic [RR=1.08; 95% CI (1.03 to 1.14)], but similar to that of acupuncture at Yaotongdian (Ex-UE 7) [RR=71.09; 95% CI (1.00 to 1.19)] and Diclofenac Sodium [RR=1.08; (95% CI 0.96 to 1.21)]. The recovery rate in the EA group was significantly different when compared with Mobic [RR=1.67; (95% CI 1.45 to 1.92)] and Nimesulid [RR=1.37; (95% CI 1.15 to 1.62)], but similar to that of acupuncture at Yaotongdian (RR=1.35; 95% CI 0.99 to 1.84) and Diclofenac Sodium (RR=1.19; 95% CI 0.88 to 1.61).
Conclusion	Up to the search date, there are few high quality RCTs to evaluate the clinical efficacy of EA at Houxi (SI 3) for acute lumbar sprain, especially studies in English. Yet EA at Houxi (SI 3) still appeared to be an efficacious method for acute lumbar sprain, despite several inherent defects of the included studies. Further large scale trials are required to define the role of EA at Houxi (SI 3) in the treatment of this disease.

6.5. Hernie discale lombaire

- Lu lian-xiang. [Observations on the Therapeutic Effect of Acupuncture at Points Yanglingquan (34VB) and Houxi (SI 3) plus Medicine on Lumbar Intervertebral Disc Herniation]. Shanghai Journal of Acupuncture and Moxibustion. 2015;34 (5):449. [118735187351].

Objective To investigate the clinical efficacy of acupuncture at points Yanglingquan (34VB) and Houxi (SI 3) plus Medicine in treating lumbar intervertebral disc herniation. Methods Sixty patients with lumbar intervertebral disc herniation meeting the inclusion criteria were randomly allocated to treatment and control groups, 30 cases each. Both groups of patients took a bed rest, wore a waist belt and did moderate functional exercises. The control group received medication and the treatment group, acupuncture at points Yanglingquan (34VB) and Houxi (SI 3) in addition. The VAS score and the ODI score were recorded before and after treatment. The therapeutic effects were compared between the two groups. Results The total efficacy rate was 96.7% in the treatment group and 70.0% in the control group; there was a statistically significant difference between the two groups ($P < 0.05$). There were statistically significant pre-/post-treatment differences in the VAS score and the ODI score in the two groups ($P < 0.01$). There were statistically significant post-treatment differences in the VAS score and the ODI score between the treatment and control groups ($P < 0.01, P < 0.05$). Conclusions Acupuncture at points Yanglingquan (34VB) and Houxi (SI 3) plus Medicine is an effective way to treat lumbar intervertebral disc herniation. It can relieve pain and reduce dysfunction

6.6. Entorse de la cheville

- Zhang He-Ping. Treating Sprain of Ankle with Three Needle Acupuncture around Houxi. International Journal of Clinical Acupuncture. 1994;5(2):225-8. [56064].

6.7. Potentiels évoqués

- Abad-Alegria F, Melendo Ja, Prieto M, Martinez T. Somatosensory evoked potential elicited by acupoint's stimulus. *Clinical EEG*. 1995. 26:219-24. [135994].

Based on the observation that repeated acu-point stimulation elicits evoked potentials whose latency varies as a result of the stimulus intensity we assessed the evoked potential elicited by ;stimulus of three acupoints (Hegu, Shenmen and Houxi), comparing the results to the potentials produced by median nerve stimulus and nonacupunctural point. Fourteen healthy individuals were studied, and no modifications related to the amount of stimuli were found in the N1-P1 amplitude of the potentials. The Ni latency of the Hegu and Shenmen point potentials increased with the amount of stimuli, until it reached a plateau at around 400 stimuli. It did not vary for Houxi and the nonacupunctural point. We conclude that the somesthetic afference from acupunctural points must involve control circuits that are quantitatively different for each point.

6.8. Electromyographie des muscles faciaux

- Chen T, Cai DJ, Zhou QZ, Wang XL, Yang HQ, Yang LC, Liu XG. [Impacts of acupuncture at Hegu (LI 4) on facial EMG in rhesus monkeys under the physiological state]. *Chinese Acupuncture and Moxibustion*. 2013. 33(3):241-6. [162609].

OBJECTIVE: To observe the specificity relationship between acupuncture at “Hegu” (LI 4) and the facial muscular movement in rhesus monkeys under the physiological state by using neuromuscular electrical measurement technique. **METHODS:** Eighteen rhesus monkeys were randomized into a Hegu group, a Houxi group and a Waiguan group, 6 monkeys in each one. Under the physiological state, EMG was detected on the frontal muscle, zygomatic muscle and orbicular muscle before and after acupuncture at different acupoints. The impacts of acupuncture on the facial EMG were studied and compared among different acupoints. **RESULTS:** With acupuncture at “Hegu” (LI 4), the latency was reduced ($P < 0.01$) and the peak value and area were increased ($P < 0.05$, $P < 0.01$) in the frontal EMG; the area and the peak value were increased ($P < 0.01$, $P < 0.05$) and latency was reduced ($P < 0.05$) in the zygomatic EMG; the frequency was increased ($P < 0.01$) and the latency was reduced ($P < 0.05$) in the orbicular EMG. Before and after acupuncture at “Hegu” (LI 4), the change rates of EMG frequency, peak value, area and latency on the frontal, zygomatic and orbicular muscles were higher than those at “Houxi” (SI 3) and “Waiguan” (TE 5) ($P < 0.05$, $P < 0.01$) separately. **CONCLUSION:** The relative specificity presents between Hegu (LI 4) and facial muscular movement.

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