

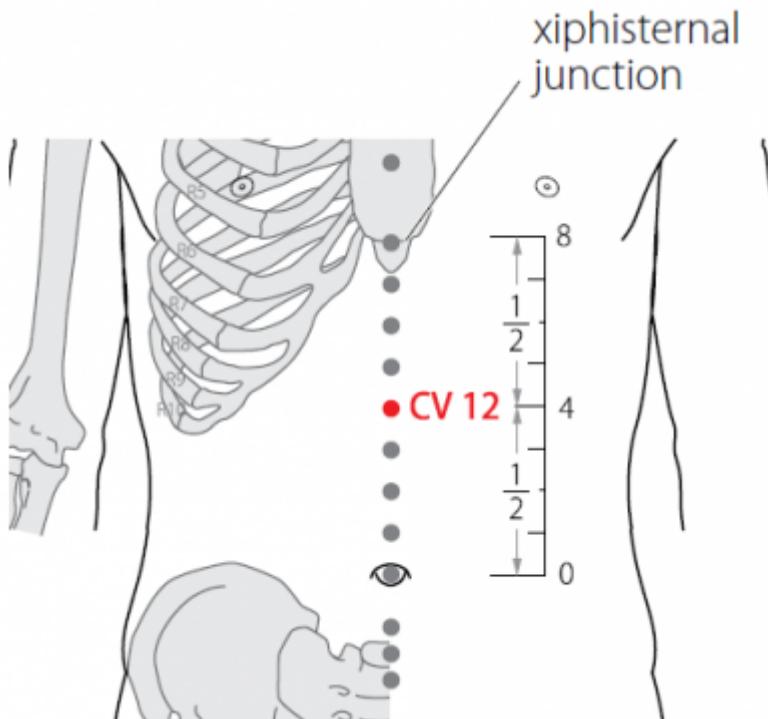
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12VC Zhongwan 中脘 (中腕)

pronunciation  [zhongwan.mp3](#)

articles connexes: - 11VC - 13VC - [Méridien](#) -



 WHO 2009

1. Dénomination

1.1. Traduction

中脘 Zhōng wǎn	Partie moyenne de l'estomac (Pan 1993) Cavité centrale de l'estomac (Lade 1994) Milieu de l'estomac (Laurent 2000)	Milieu de l'estomac (Nguyen Van Nghi 1971) Central venter (Ellis 1989)
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- *Zhong* (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 (Guillaume 1995) ; cf 1P, *zhongfu* (Laurent 2000).
- *Wan* : estomac (Guillaume 1995) ; cf *xiawan*, 10E (Laurent 2000).

1.2. Origine

- Mai Jing (Deng 1993, Guillaume 1995)

1.3. Explication du nom

- Ellis 1989 : While the character *wan* is a certain reference to the venter, *zhong* can refer either to the point's location at the center of the venter, or to its location halfway between the navel

and the xiphoid process.

This point is also called *tai cang*, Supreme Granary, in reference to a line from the Spiritual Axis that reads, "The stomach is the Supreme Granary." *The Classic of Difficult Issues* [Nan jing] also refers to CV-12 by this name: "The bowels meet at the Supreme Granary."

- Pan 1993 : Son nom indique clairement sa localisation.
- Lade 1994 : le nom fait référence à l'influence de ce point sur la partie centrale de l'estomac et à ses propriétés d'harmonisation du Réchauffeur Moyen.
- Laurent 2000 : Cette fois, le point se situe sur la partie médiane de l'Estomac. Le Nan jing à la 31^e difficulté précise : "le réchauffeur médian, lui, est au niveau de l'Estomac (*zai wei zhong wan*), ni au-dessus, ni en-dessous ; il régit la macération de SHUI/GU (eau et grains)".

1.4. Noms secondaires

			Origine
<i>Dacang</i> , 大仓(倉)	Grand magasin (Guillaume 1995)		Zhen jiu da quan
<i>Shangji</i> , 上纪(紀)	Mettre en ordre le haut (Guillaume 1995) Tri supérieur (Laurent 2000)	Upper Regulator (Ellis 1989)	Selon le Su wen, chapitre « Qi xue lun », commentaires de Wang Bing, le Lei jing tu yi précise que c'est le nom secondaire de <i>Zhong wan</i> , alors que le Zhen jiu da quan dit que c'est celui de <i>Shang wan</i> -13VC (Guillaume 1995)
<i>Taicang</i> , 太仓(倉)	Suprême magasin (Guillaume 1995) Estomac (Laurent 2000)	Supreme Granary (Ellis 1989)	Zhen jiu xue ci dian
<i>Weimu</i> , 胃募	Faire appel à l'estomac (Guillaume 1995) <i>Mu</i> de l'estomac (Laurent 2000)	Stomach Mu (Ellis 1989)	Zhong guo zhen jiu xue tu jie ci dian
<i>Weiwan</i> , 胃腕	Estomac (Guillaume 1995, Laurent 2000)	Venter (Ellis 1989)	Zhen jiu xue ci dian
<i>Zhongguan</i> , 中管	Noeud du milieu (Guillaume 1995) Centre de l'estomac (Laurent 2000)	Central Duct (Ellis 1989)	Mai jing

1.5. Translittérations

- Tchang Koann (Roustan 1979)
- Chung-Wan (Wade-Giles)
- Chung-kuan
- Tchong-oann
- Chukan (Jap.)
- Trung quan (Viet.)

1.6. Code alphanumérique

- Co12 (Conception)
- CV12 (Conception Vessel)

- JM12 (Jen Mai)
- 12VC (Vaisseau Conception)
- XIV12

2. Localisation

2.1. Textes modernes

- Nguyen Van Nghi 1971 : A quatre distances au-dessus du nombril, exactement à mi-distance de l'ombilic et de l'apophyse xiphoïde.
 - Roustan 1979 : Sur la ligne médiane abdominale, 4 distances au-dessus de l'ombilic.
 - Ellis 1989 : Directly above Interior Strengthening (CV-11), four inches above the navel, midway between the navel and the bone that covers the heart. (Golden Mirror)
 - Deng 1993 : Sur l'épigastre et sur la ligne médiane antérieure, à 4 *cun* au-dessus du nombril.
 - X 1993 : This point is over the middle of the stomach.
 - Chen 1995 : In a supine position, the point is located on the mid abdominal line at the midpoint between the xiphisternal joint and the umbilicus.
 - Guillaume 1995, Laurent 2000 : Sur la ligne abdominale médiane, à 4 distances au-dessus de l'ombilic.
 - WHO 2009 : On the upper abdomen, 4 B-cun superior to the centre of the umbilicus, on the anterior median line.
- Note:* CV12 is located at the midpoint of the line connecting the xiphisternal junction and the centre of umbilicus.
- Xu Lei, Yang Hong-Xing, Zhang Yue. [Assembly analysis on the locations and topographies of shangwan (CV13) , zhongwan (CV12) and xiawan (CV10) acupoints]. Journal of Clinical Acupuncture and Moxibustion. 2012;28(9):4. [175189].

Shangwan (CV13), Zhongwan (CV12) and Xiawan (CV10) are three important adupoints on the Conception Channel, however, the traditional records of their locations are not unified. Through searching and comparing the ancient and modern literatures recording the surface locations of the three acupoints and consulting modern topography about anatomical structures of them, we figure out the distinct anatomical structures of these points on different anatomy levels and their corresponding Zang - fu organs inside body, which aims to provide reference to the clinical application and acupuncture security of the three acupoints

2.2. Textes classiques

1. Deng 1993 :
 - Mai Jing : "A 4 *cun* ou à 3 *cun* au-dessous de l'appendice xiphoïde."
 - Jia Yi Jing : "A 1 *cun* au-dessous de Shangwan 13VC (R.M.13), entre l'appendice xiphoïde et le nombril."
 - Qian Jin : "A 4 *cun* au-dessous de l'appendice xiphoïde, à quatre travers de doigt du nombril."

Remarque: La longueur de l'appendice xiphoïde diffère selon la taille d'un individu, et peut atteindre 1 *cun*. Mai Jing se fonde sur cette mesure pour situer ce point à 4 *cun* ou à 3 *cun* au-dessous de l'appendice xiphoïde. Dans Qian Jin, quatre travers de doigt représentent 3 ou 4 *cun*. Jia Yi localise le

point à 1 *cun* au-dessous de *Shangwan* 13VC (R.M.13), ce qui correspond à 4 *cun* au-dessus du milieu du nombril. Toutes ces définitions sont plus ou moins semblables. Ce point se trouve sur l'épigastre, sur la ligne médiane antérieure, à 4 *cun* au-dessus du milieu du nombril.

2.3. Rapports et coupes anatomiques

- Roustan 1979 : Artère et veine epigastrica superior, branche antérieure de ramus cutaneus anterior de nerf intercostalis 7.
- Deng 1993 : Peau—tissu sous-cutané—ligne blanche de l'abdomen—aponévrose transverse de l'abdomen—tissu adipeux extrapéritonéal—péritoine pariétal.
Dans la couche superficielle, on trouve les branches cutanées antérieures de la branche antérieure du huitième nerf thoracique et les tributaires de la veine épigastrique superficielle. Dans la couche profonde, on trouve les ramifications de la branche antérieure du huitième nerf thoracique.
- Chen 1995 : a). *Skin*: the medial cutaneous branches containing fibers from the anterior divisions of the eighth intercostal nerve innervate the skin. b). *Subcutaneous tissue*: includes the previously described skin nerve branches, and the superficial thoracoepigastric artery and vein. The superficial thoracoepigastric vein drains into the axillary vein. c). *Linea alba* and *rectus abdominis* muscle: the linea alba, which extends from the xiphoid process to the pubic symphysis, is in the middle line of the abdomen. The rectus abdominis muscles are encircled by the rectus sheath. The branches from the intercostal nerve containing fibers from the seventh to twelfth thoracic nerves (T7-T12) innervate the rectus abdominis muscle.
- Guillaume 1995 : Artère et veine épigastriques supérieures. Rameaux cutanés antérieurs du septième ou du huitième nerf intercostal.
- Hao ZZ, Chuo ZH, Gao T. [Anatomic observation of the qi-getting layer of point zhongwan with deep insertion of an elongated needle]. Shanghai Journal of Acupuncture and Moxibustion. 2004;23(11):35. [135401].

Objective To anatomically observe the qi -getting layer of point Zhongwan with deep insertion of an elongated needle. Methods In 25 patients with deep insertion of an elongated needle into point Zhongwan, local spiral CT scan was performed after getting qi to obtain an abdominal cross-section CT image of the elongated needle route and the needle tip position for analysis and study of anatomic structure. Results In 25 patients with the tip of an elongated needle in the abdominal cavity, it was situated at the side of gastric lesser curvature in 3 cases, at the right border of superior mesenteric vein in 5 cases, at the left border of inferior mesenteric vein in 1 cases, at the head of pancreas in 2 cases. at the place connecting the pancreatic head and body in 5 cases, at the anterior border of inferior vena cava in 2 cases, at the left border of inferior vena cava in 3 cases, at the anterior border of inferior vena cava in 2 cases, at the anterior border of abdominal aorta in 1 cases and at the right border of abdominal aorta in 3 cases. The distance between the tip of a needle and the anterior border of vertebral body was 10-60 mm with an average of 33. 10±17. 29 mm. The needle tip was within 25 mm left or right to the midline of vertebral body. Conclusion The qi-getting layer of point Zhongwan with deep insertion of an elongated needle is closely related to solar plexus and celiac ganglia.

- burner, and foot yang ming stomach channels, and the conception vessel; alarm-mu point of the stomach; one of the nine needles for returning yang; meeting-hui point of the bowels.
- Guillaume 1995 : Il s'agit du point *mu* de l'Estomac, d'un point de réunion des méridiens *Shoutaiyang*, *Shaoyang*, *Zuyangming*, *Renmai*. Selon le Nan jing, c'est le point *hui* des Entrailles.
 - Laurent 2000 : Point *Mu* de l'Estomac. Point *Hui* des *Fu* (viscères yang). Point de croisement avec le *Sanjiao* et l'Intestin Grêle. Point de traitement du Foyer Moyen selon le *Neijing*.

3.2. Classe thérapeutique

- Roustan 1979 : Traite l'estomac, élimine l'humidité (Roustan 1979).
- Regulates the function of the Stomach to strengthen the function of the Spleen, and warms the Middle *Jiao* (Middle Warmer) to remove Dampness (Chen 1995).
- *Zhongwan* harmonise l'Estomac, abaisse le reflux, tonifie la Rate, favorise l'élimination de l'humidité. Selon le *Tai yi shen zhen*, *Zhongwan* tonifie la Rate et l'Estomac, harmonise le milieu-zhong, élimine l'humidité, renforce le *Qi*, fait monter le *Yang* (Guillaume 1995).
- Fait monter le pur et descendre l'impur, réchauffe et fait circuler l'énergie de l'Estomac et des Intestins, traite l'énergie, élimine l'humidité, disperse l'accumulation de nourritures (*shi ji*), abaisse l'énergie de *Yangming* (Laurent 2000).

4. Techniques de stimulation

Acupuncture	Moxibustion	Source
Piqûre perpendiculaire à 1-2 distances, ou oblique (en direction de la région atteinte)	Chauffer 10 minutes ou cautériser 3 à 7 fois	Roustan 1979
Perpendicular or oblique insertion 0.3-0.5 inch	5-9 cones; stick 5-10 minutes	Chen 1995
Piqûre perpendiculaire de 1 à 1,5 <i>cun</i>	Moxas : 3 à 5 ; chauffer 15 à 25 mn	Laurent 2000

Sensation de puncture

- Sensation de douleur épigastrique, ou contraction de l'estomac. (Roustan 1979)
- fullness and heaviness at the epigastric region or contracting sensation in the stomach. (Chen 1995)

Sécurité

- Roustan 1979 : En profondeur se trouvent l'estomac, la rate... il ne faut donc pas piquer trop profond!
- Chen 1995 : Don't insert the needle deeply, as it may puncture through the rectus sheath, the adipose tissue and the peritoneum to the abdominal cavity and into the stomach. If the needle is lifted, thrust and twirled, the gastric contents may enter the abdominal cavity, causing peritonitis. If the direction of the needle is upwards, deep insertion may penetrate into the liver, causing massive bleeding.
- Guillaume 1995 : *Wai tai mi yao* interdit les moxas chez la femme enceinte. *Sheng hui fang* précise que « s'il y a une douleur sourde au niveau de *Zhong wan*, il s'agit d'un "abcès"-*ju* de l'Estomac; s'il existe une légère boursoufflure de la chair à cet endroit, il yo un ulcère-*yong* de l'Estomac. »
- Chuai Zhenhua, Wang Zichen. [Study on safe factors of deep needling at *zhongwan* point with elongated needle]. Chinese Acupuncture and Moxibustion. 2002;22(8):535. [105230].

Purpose: To probe into measures of safe Manipulation for deep needling at *Zhongwan* (CV 12) with elongated needle. Methods: In 25 cases who received deep needling at *Zhongwan* point with elongated needle, local spiral CT scanning was made after needle insertion to attain a CT image of abdominal transverse section for the pathway of elongated needle, which was used to recognize the needled organs. Results: In the 25 cases and times of acupuncture scanning, the cumulative cases and times of the needled organs recognized were 14 in the body of stomach 12 in transverse colon, 11 in small intestine, 9 in the head of pancreas, 4 in left renal vein, 4 in left lobe of liver, 3 in Spleenic vein and 1 in duodenum. Conclusion: When twirling the needle at a small amplitude, slow insertion of the needle and no-retention of the needle are followed and at the same time, the patient makes even and shallow breathing and at almost fasting state, deep needling at *Zhongwan* (CV 12) with an elongated needle is safe.

5. Indications

Classe d'usage	★★	point majeur
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5.1. Littérature moderne

- Roustan 1979 : Gastrite, ulcère gastrique, ptose gastrique, douleurs gastriques, vomissements, gonflement abdominal, diarrhée, constipation, hypertension artérielle, dyspepsie, neurasthénie, maladies mentales. Autres indications : Pyrosis, douleurs coliques, folie agitée.
- Lade 1994 :
 - Régularise, fortifie et tonifie la Rate (surtout le *Qi* et le *Yang*), régularise l'Estomac (surtout le *Qi* et le *Yin*) et le Réchauffeur Moyen, tonifie le *Qi* Nourricier, réduit les stagnations digestives, régularise le *Qi* et le Sang, réchauffe le Froid, transforme l'Humidité, la Chaleur-Humidité et les Glaïres, assèche le Froid-Humidité, et calme le fœtus. Indications : syndrome de consommation avec soif du Réchauffeur Moyen accompagné d'émaciation, troubles dysentériques dus au Froid-Humidité, syndrome atrophique dû à la Chaleur-Humidité, trouble nutritionnel des enfants, agitation du fœtus, tuberculose pulmonaire avec perte d'appétit, neurasthénie, fatigue après l'accouchement, jaunisse, gastrite aiguë ou chronique, ulcères gastriques et duodénaux, mauvaise digestion, céphalée par mauvaise digestion, perte d'appétit, gastralgie, douleur épigastrique, douleur et distension de l'abdomen, borborygmes, diarrhée, constipation, et selles avec aliments non digérés.
 - Fait descendre le *Qi* Rebelle, clarifie le Feu et la Chaleur de l'Estomac. Indications : nausées de la grossesse, vomissements, régurgitations acides, éblouissements et vertiges, hoquets, sensation de brûlure dans l'œsophage et la gorge, et douleur de la poitrine et de l'estomac.
 - Élève le *Qi* Médian. Indications : prolapsus de l'estomac ou des autres organes de la partie haute de l'abdomen.
- Chen 1995 : Stomach pain, abdominal distention, diarrhea, nausea, vomiting, gastrophtosis, indigestion, syncope, convulsions, hysteria, schizophrenia, heat stroke, cerebrovascular disease, hypertension, bronchial asthma.
- Guillaume 1995 : Douleur de l'Estomac, ballonnement abdominal, nausées, vomissements, pyrosis, borborygmes, diarrhée, dysenterie, ictere, indigestion, syndrome de fatigue par vide-xu /ao avec hémoptysie, dyspnée, constipation ; gastrite aiguë ou chronique, ulcéractions digestives, ptose gastrique, occlusion intestinale, indigestion, dépression nerveuse.

5.2. Littérature ancienne

Guillaume 1995 :

- Su wen : Chapitre « Commentaires sur les vacuités et les plénitudes » : « Dans la réplétion soudaine du ventre que le massage ne peut vaincre, on prend le point de liaison du *Tai yang* de bras qui est collecteur (*mu*) de l'Estomac, *Zhongwan*- 12VC et le Yu du Rein (*Shenyu*- 23V). » Chapitre « Des fosses du *Qi* » : « Quand il y a un tiraillement douloureux entre le Cœur et le dos, on le traite aux points *Tiantu*- 22VC, *Zhongshu*- 7VG et *Shangji* (*Zhongwan*- 12VC), qui est le collecteur de l'Estomac. Egalement, au point *Xiaji* qui est le *Guanyuan*- 4VC. »
- Jia yi jing : « Ballonnement de l'Estomac, plénitude abdominale, douleur épigastrique, présence d'une mauvaise odeur dans le nez qui gêne l'alimentation, difficulté de défécation », « Douleur au niveau du Coeur avec obstruction, difficulté de flexion-extension du tronc, *Xin span* qui fait irruption au niveau de l'Estomac avec coma, accumulation de *Qi-qi ji* consécutive à un excès de tristesse et de soucis », « Ballonnement abdominal avec absence de perméabilité, froid du milieu et blessure par les aliments, absence de transformation des aliments », « Présence de chaleur dans le Petit Intestin, urines foncées et jaunes », « Polydipsie et douleur sous les flancs qui sont fermes ».
- Qian jin yao fang : « Asthénie par vide-xu *lao* », « Vomissement et reflux, vomissement de sang, satiété et hypersialorrhée alors que le sujet mange peu, les cent maladies », « Douleur du Coeur avec plénitude, inquiétude et nouure du *Qi* », « Folie-dian *kuang* avec convulsions de type *vent-feng xian* et protrusion de la langue, attaque directe par le vicié-zhong e », « Ballonnement abdominal avec absence de perméabilité, *Zhu* (caractère qui désigne des maladies de peau, un écoulement, une épidémie, des parasites), selles dures, amas et accumulation-*ji ju* de *Qi* consécutifs à des soucis, douleur abdominale intense avec abcédation qui s'en va et revient, monte et descend ».
- Wai tai mi yao : « *Qi* de *Ben tun* (amas du Rein-coliques spasmodiques), consécutif à un travail intellectuel, qui s'accumule dans l'abdomen et provoque un ballonnement avec plénitude brutale et douleur du Cœur. »
- Ishimpo : Distension et congestion avec adynamie intestinale ; convulsions ; élargissement du Cœur ; diarrhée soudaine et intense (choléra) ; pertes de matière à son insu ; douleur thoracique basse et intercostale ; indigestion ; chaleur de la tête ; épistaxis ; coloration jaune de la sclérotique ; frissons de froid ; éructations ; irritabilité et dépression ; congestion et distension abdominale ; douleur du Cœur ; hernie ; impossibilité de reconnaître les gens ; douleur mobile des intestins ; ralentissement du péristaltisme intestinal ; urines de couleur jaune rouge .
- Sheng hui fang : « Maladies fébriles-wen nue, *Jie nue*, *Shang han* épidémique », « Inquiétude et nervosité-xin men consécutives à une accumulation de nourriture qui prend la forme d'une tasse renversée, nouure du *Qi* due au froid-leng *jie* ».
- Tong ren : « Excès de boisson, ballonnement abdominal, dyspnée. »
- Bian que xin shu : « *Qi jue*, *Jue cadavérique-shi jue* », « Convulsions-jing *feng* lentes ou rapides, perte de connaissance due à une hémorragie dans le post-partum », « Chez la femme, spasmes de type vent avec perte de connaissance (ou vertiges) ».
- Zi sheng jing : « Tuméfaction due au froid-han *pi*, nouure du *Qi-jie qi* », « Inappétence, ballonnement épigastrique, faciès jaunâtre ».
- Yu long fu : « Associé à *Wan gu*- 4IG, il traite le vide de Rate avec ictere. Associé à *Shang wan*-13VC, il traite les neuf types de douleur du Coeur (épigastre).»
- Bai zheng fu : « *Zhong wan*- 12VC traite les stagnations et les diarrhées glaireuses. »
- Ling guang Fu : « Associé à *Xia wan*- 11VC, il traite la fermeté de la paroi abdominale (tension de la paroi abdominale).»
- Jie jing : « *Zhong wan*-12VC traite les stagnations d'aliments-shi ye. »
- Zhen jiu ju ying : « Selon Tong ren, puncturer à 0,8 distance, laisser l'aiguille le temps de 7 expirations, disperser pendant 5 inspirations et la retirer rapidement, appliquer de 7 x 7 à 200

5.4. Revues des indications

- Wei Lu-Shang et al. The clinical application of zhongwan ren-12. Journal of Chinese Medicine. 1998;57:26-9. [67236].

6. Etudes cliniques et expérimentales

6.1. Urticaire

- Lin Hong et al. [60 cases of urticaria treated chiefly by acupuncture of point zhongwan]. Fujian Journal of Traditional Chinese Medicine. 1990;21(4):. [60281] (chi).
- Yang Meiliang. [Treatment of urticaria by moxibustion of zhongwan (CV12) and jianyu (LI15) acupoints]. Journal of Traditional Chinese Medicine. 1991;32(10):22. [64388] (chi).

6.2. Diabète

- Chang SL et al. An insulin-dependent hypoglycaemia induced by electroacupuncture at the zhongwan (cv12) acupoint in diabetic rats. Diabetologia. 1999;42(2):250-5. [59088].

Acupuncture at the Zhongwan acupoint has been widely used in traditional Chinese medicine to relieve symptoms of diabetes mellitus. Our study investigated the effect on plasma glucose of electroacupuncture applied at the Zhongwan acupoint in rat diabetic models. Plasma concentrations of insulin, glucagon and betaendorphin were also determined using radioimmunoassay. A decrease in plasma glucose was observed in rats after electroacupuncture (15 Hz, 10 mA) for 30 min at the Zhongwan acupoint. This was observed in normal rats and rat models with Type II (noninsulindependent) diabetes mellitus. No significant effect on plasma glucose was observed in rat models with Type I (insulindependent) diabetes mellitus: neither the streptozotocin (STZ)induced diabetic rats nor the genetic (BB/W) rats. Further, the hypoglycaemic action of electroacupuncture stimulation disappeared in rats with insulinresistance induced by an injection of human longacting insulin repeated daily to cause the loss of tolbutamideinduced hypoglycaemia. An insulinrelated action can thus be hypothesised. This hypothesis is supported by an increase in plasma insulinlike immunoreactivity after electroacupuncture stimulation in normal rats. Participation of glucagon was ruled out because there was no change in plasma glucagonlike immunoreactivity resulting from electroacupuncture stimulation. In addition to an increase in plasma betaendorphinlike immunoreactivity, the plasma glucose lowering action of electroacupuncture stimulation at Zhongwan acupoint was abolished by naloxone in a sufficient dose to block opioid receptors. Thus we suggest that electroacupuncture stimulation at the Zhongwan acupoint induces secretion of endogenous betaendorphin which reduces plasma glucose concentration in an insulindependent manner.

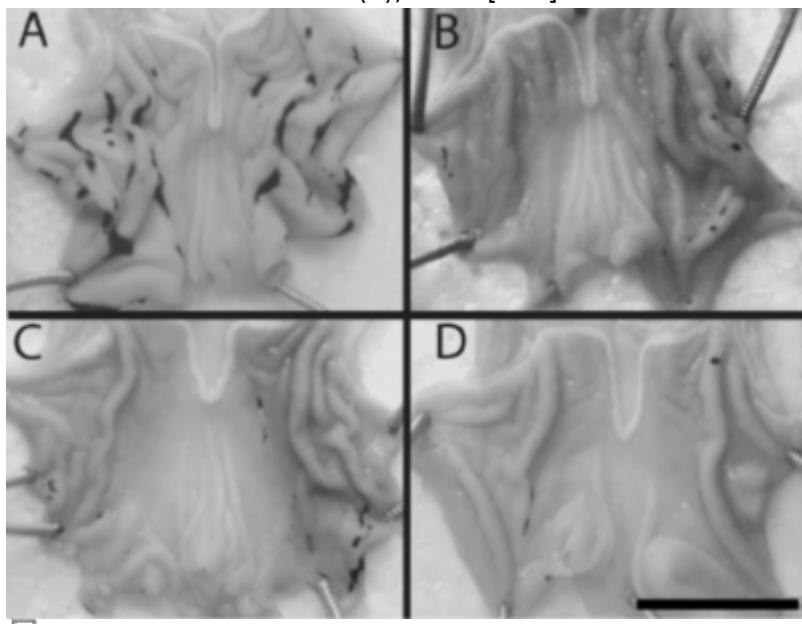
- Lin JG, Chen WC, Hsieh CL, Tsai CC, Cheng YW, Cheng JT, Chang SL. Multiple sources of endogenous opioid peptide involved in the hypoglycemic response to 15 hz electroacupuncture at the zhongwan aupoint in rats. Neurosci Lett. 2004;366(1):39-42. [135679].

A decrease in plasma glucose levels was observed in rats which received electroacupuncture (EA) stimulation at the Zhongwan acupoint. In the present study, the role of the adrenal gland in this hypoglycemic response to EA at high frequency (15 Hz) was investigated on adrenalectomized (ADX) normal rats. There was a sharper decrease in plasma glucose by EA stimulation in the fasting ADX group than in the fasting sham-operated group. Naloxone blocked this hypoglycemic response to EA stimulation in rats which received ADX. Stimulation of EA failed to elicit an increase in plasma beta-endorphin and insulin levels in ADX rats. Similar results were observed in sham and ADX mice. EA stimulation of ADX mice can reduce plasma glucose levels. Furthermore, naloxone abolished the hypoglycemic response to EA stimulation in mice. Such a hypoglycemic response to EA stimulation was also observed in micro-opioid receptor knockout mice (MOR-KOM). Mediation by another opioid peptide should also be considered in

future experiments. We conclude that multiple sources of endogenous opioid peptide participated in the lowering of plasma glucose in rats induced by EA stimulation at higher frequency (15 Hz) at the Zhongwan acupoint. Increase in beta-endorphin levels from the adrenal gland enhances the secretion of insulin, thereby reducing plasma glucose levels, and is partially involved in this EA stimulation.

6.3. Gastrite expérimentale

- Freire A et al. Effect of Moxibustion at Acupoints Ren-12 (Zhongwan), St-25 (Tianshu), and St-36 (Zuzanli) in the Prevention of Gastric Lesions Induced by Indomethacin in Wistar Rats. *Digestive Diseases and Sciences*. 50(1); 2005.[001]

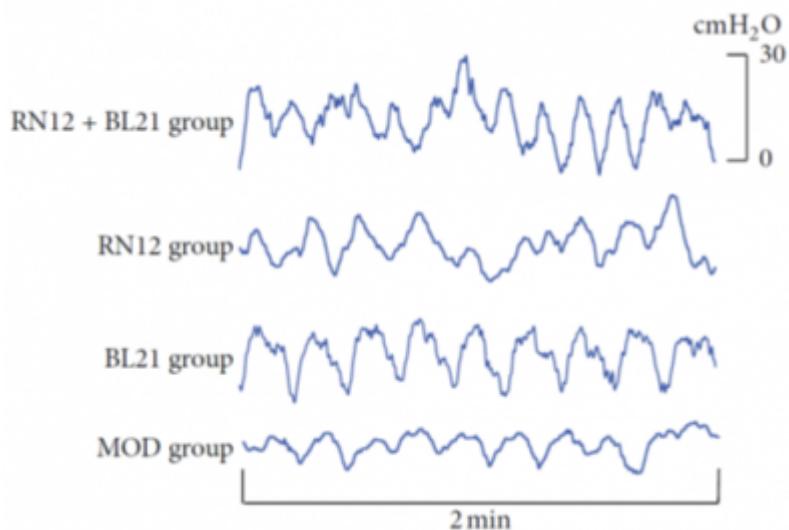


Effets préventifs de la moxibustion des points 12VC, 25E et 36E sur les lésions gastriques AINS-induites du rat. A) AINS; B) Application d'eau; C) Placebo; D) Moxa (Freire 2005).

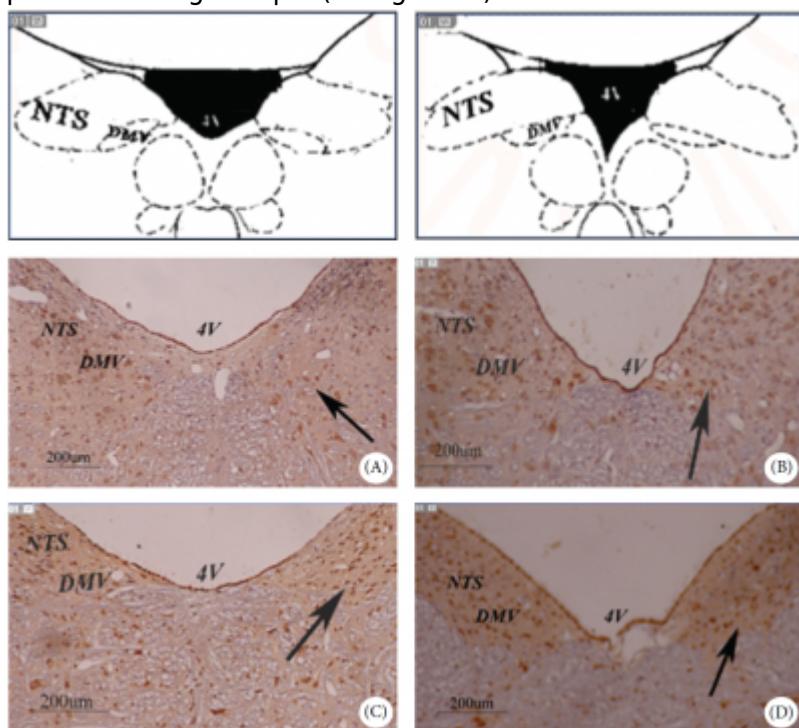
This study was aimed at assessing the physical characteristics underlying the action of moxibustion at acupoints Ren-12 (Zhongwan), St-25 (Tianshu), and St-36 (Zuzanli) in preventing acute injuries of the gastric mucous membrane induced by indomethacin in Wistar rats. Induction of gastric lesions, by means of intragastric administration of indomethacin (100 mg/kg), in adult male Wistar rats was followed by treatment with moxibustion using Artemisia vulgaris dried leaves at 60 or 45°C, heating with Artemisia vulgaris charcoal at 50°C, heating with a regular tobacco cigar at 50°C, and heating with a regular water pad at 50°C. The effects of the different heating protocols over the gastric lesions were then compared. In addition, another group of animals was pretreated with capsaicin (100 mg/kg, s.c.), in order to lesion C fibers and, 15 days later, subjected to indomethacin administration and moxibustion treatment.

Moxibustion was significantly more efficient at 60°C than at 45°C in preventing gastric lesions triggered by indomethacin. Moxibustion applied in acupoints provided a significant reduction of the lesion area, which was two times less than that of animals stimulated in a nonacupoint (sham group). Comparing the therapeutic effects provided by different forms of heating over the gastric lesions, the burning of dry leaves of Artemisia vulgaris was significantly more efficient in preventing gastric lesions than moxibustion made with Artemisia charcoal or tobacco (cigar) or by heating the animal with a water pad. Desensitization of the afferent sensory C fibers by capsaicin significantly diminished the ability of moxibustion to block the lesions in the gastric mucous membrane. Moxibustion can efficiently prevent indomethacin-induced gastric lesions in rats and this effect is dependent on the temperature, the material used for moxibustion, the use of acupuncture points, and the integrity of C fibers.

- Wang H, Shen GM, Liu WJ, Huang S, Zhang MT. The Neural Mechanism by which the Dorsal Vagal Complex Mediates the Regulation of the Gastric Motility by Weishu (Rn12) and Zhongwan (BL21) Stimulation. *Evid Based Complement Alternat Med*. 2013. [166796].



Effets de l'électroacupuncture EA au 12VC et 21V sur la pression intragastrique (Wang 2013).



Immunoréactivité de c-fos sur le complexe vagal dorsal (noyau moteur dorsal du Vague DMV + noyau du tractus solitaire NTS). En haut localisation anatomique. En bas : A) Groupe modèle; B) EA au 12VC; C) EA au 21V; D) EA 12VC et 21V

A large number of studies have been conducted to explore the mechanism of Back-Shu and Front-Mu points. While several lines of evidence addressed the acupuncture information of Shu acupoints and Mu acupoints gathering in the spinal cord, whether the convergence is extended to the high centre still remains unclear. The study selected gastric Mu points (RN12) and gastric Shu points (BL21) regulating gastric motility and its central neural mechanisms as the breakthrough point, using the technique of immunochemistry, nuclei lesion, electrophysiology, and nerve transection. Here, we report that gastric motility regulation of gastric Shu and Mu acupoints and their synergistic effect and the signals induced by electroacupuncture (EA) stimulation of acupoints RN12 and RN12 gather in the dorsal vagal complex (DVC), increasing the levels of gastrointestinal hormones in the DVC to regulate gastric motility through the vagus. In sum, our data demonstrate an important role of DVC and vagus in the regulation of gastric motility by EA at gastric Shu and Mu points.

6.4. Intestin

- Fukuyama Junji Miller et al. Effect of Moxibustion in the Acupoints B-27 (Xiaocangshu), VC-4 (Guanyuan), B-21 (Weishu) and VC-12 (Zhongwan) in Xiaochang (Intestino Delgado [Intestin grêle]). Revista Paulista de Acupuntura. 1998;4(2):68-4. [72729].

The objective of this work is to study the effect of the moxibustion in the acupoints Shu-Mo corresponding to Wei (stomach) and to Xiaochang (smallintestine) in gastrointestinal motility. Material - 68 female EPM-I/Wistar rats were used, weight ranging from 195 to 230 grams; pasty substance made of powdered coal (28.57%), powdered Arabic gum (28.57%), and filtered water (42.85%), and moxa in stick. Methods - The animals were kept on a 24 hour fast, randomly distributed in 4 groups of 17 female rats each, submitted to the administration of 1.5 ml of the pasty substance of coal, with previous superficial anesthesia of sulfuric ether, and submitted to the following procedures. Control Group (I): The female rats were returned to the cage. MOXA GROUP (II): The female rats were kept under anesthesia with sulfurethane, the acupoints B-21 (Weishu), B-27 (Xiaochangshu), VC-4 (Guanyuan) and VC-12 (Zhongwan) were located and the moxibustion technique was performed for 5 minutes under narcosis. At the end of moxibustion the female rats were returned to the cage. Sham Group (III): non-acupoints were located (bilateral anterior axillary area) and the moxibustion technique was performed for 5 minutes, under narcosis. Ether Group (IV): The female rats were kept under anesthesia with sulfuric ether for 5 minutes. At the end of the scheduled time, they were returned to the cage. All animals in the 4 groups were sacrificed with sulfuric ether in the twentieth minute of the experiment. Surgical removal of the small intestine and clamping of the distal portion reached by the coal were performed, and the progression distance of coal since the pylorus and the total length of the small intestine were measured. Results - Kruskal-Wallis points variance analysis and the multi comparison test showed that groups Control and Moxa did not present much difference, and had an absolute progression of coal that was significantly longer than Sham and Ether groups. As to the length of the small intestine, no significant value among the groups was found. Vanance analysis of Kruskal-Wallis points showed as regards the percent ratio (coal progression/length of small intestine), that the Control and Moxa groups did not vary significantly and that they exhibited a significantly higher percent than the values observed in the Sham and Ether Groups.

6.5. Céphalées frontales

- Lin Bing. Treatment of Frontal Headache with Acupuncture on Zhongwan. Report of 110 cases. Journal of Traditional Chinese Medicine. 1991;11(1):7-8. [29151].

6.6. Alcoolisme

- Liu Nai-Yuan. Needling zhongwan to treat alcohol intoxication. International Journal of Clinical Acupuncture. 1999;10(4):403-04. (eng). [71776].

From 1993 to 1997 the authors had punctured Zhongwan (RN 12) as the main point supplemented with other points in treating 78 cases of alcoholic poisoning. The effect was encouraging: after 3 hours of treatment 72 persons woke up without complications of headache, dizziness, and weariness. Its effective rate in relieving alcoholism was 92.3%.

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