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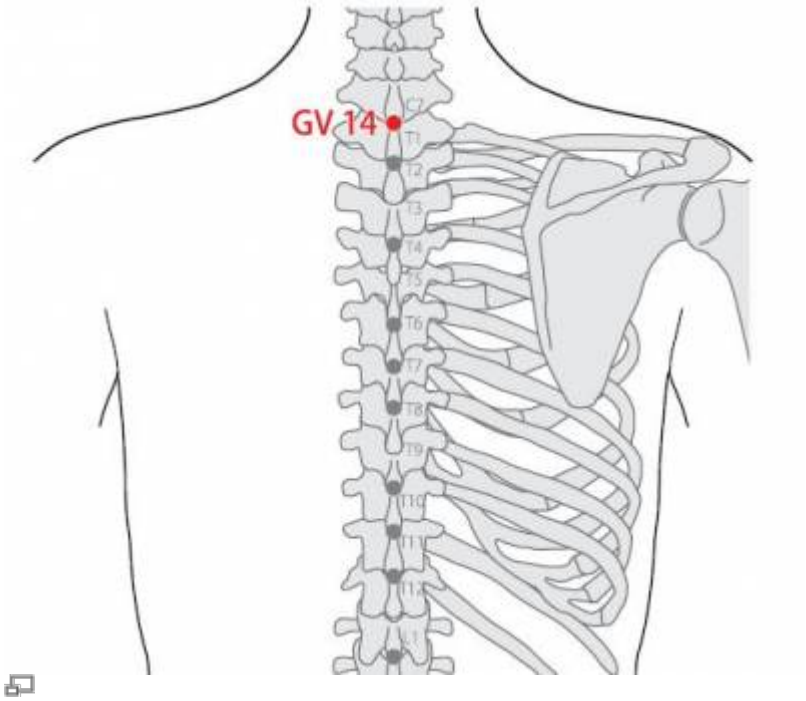
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14VG Dazhui 大椎（大椎）

prononciation dazhui.mp3

articles connexes: - 13VG - 15VG - Méridien -



WHO 2009

1. Dénomination

1.1. Traduction

大椎 ***dà zhuī***	Grande massue [vertèbre]) (Nguyen Van Nghi 1971) Grande vertèbre (Pan 1993, Lade 1994, Laurent 2000)	Great Hammer (Ellis 1989) Big Vertebra (Li Ding 1992)

- Zhou Mei-sheng 1984 : *da* big. *zhui* vertebra.
- Ellis 1989 : *da*: great, big, large. *zhui*: hammer, mallet; vertebra
- Li Ding 1992 : “*Da*” (A.) means tall and big. “*Zhui*” (lit) refers to the 7th cervical vertebra.
- Pan 1993 : *Da* : grand ; *zhui* : vertèbre.
- Guillaume 1995 : *Da* 大 (Ricci 4621) : grand, gros, important, adulte, aîné. *Zhui*, 椎 (Ricci 1239) : maillet, marteau, gourdin, massue, battoir ; frapper, assommer, marteler.
- Laurent 2000 : *da* grand, gros, adulte… Cf. 5E *Daying*. *Zhui* (K 172), représentation d'un oiseau à queue courte. La recatégorisation par la clé du bois *mu* (K 75) se rapporte à un objet en bois dont la forme rappelle celle d'un oiseau à courte queue, sens étendu : maillet, marteau…

1.2. Origine

- Su wen, chapitre « Qi fu lun ». (Guillaume 1995)

1.3. Explication du nom

- Zhou Mei-sheng 1984 : *Dazhui* This point is below the seventh cervical vertebra, that is the biggest of all the vertebras in the spinal column.
- Ellis 1989 : The Chinese call the vertebrae “spine hammers” by virtue of their similarity in shape to the carpenter's tool. The most prominent one, the seventh cervical, was traditionally called the “great hammer.” GV-14 takes its name from its position just below this vertebra.
- Li Ding 1992 : This point is located below the large prominence of the spinous process of C7, anatomically, called the vertebra prominence. Hence the name *Dazhui* (Big Vertebra).
- Pan 1993 : Le point *Dazhui* se trouve entre C7 et D1. L'apophyse épineuse de la septième vertèbre cervicale est plus longue que celle des autres vertèbres cervicales, d'où ce nom.
- Lade 1994 : le nom fait référence à la localisation de ce point au-dessous de la septième vertèbre.
- Laurent 2000 : En anatomie chinoise le terme s'utilise pour désigner une vertèbre, en raison de la ressemblance entre un maillet et une vertèbre. L'expression *Da zhui* désigne la 7° cervicale qui est la vertèbre la plus saillante du haut du dos lorsqu'on fléchit la tête en avant.

1.4. Noms secondaires

dazhui	大?	Tong Ren (Guillaume 1995)
bailao	百勞	Hundred Taxations (Ellis 1989) Zhen jiu da quan (Guillaume 19895) cent fatigues (Laurent 2000)
shangzhu		Xun Jing (Guillaume 1995)

Do not mistake the alternate name Hundred Taxations for (M-HN-30), a non-channel point with the same name (Ellis 1989). Guillaume 1995 :

- Da zhui (selon Tong ren)
  Da 大 (Ricci 4621).
  Zhui 餧 (Ricci 1239): front proéminent, vertèbre du cou.
- Bai lao (selon Zhen jiu do (Ivan)
  Bai 百 (Ricci 3758) : cent, centaine.
  Lao 勞 (Ricci 2961) : travail pénible, peine, labeur, fatigue ; déranger ; consomption.
- Shang zhu (selon Xun jing)
  Shang (Ricci 4268) : haut, supérieur, en haut, au-dessus de, sur ; monter, s'élever, monter sur, gravir ; souverain, empereur, roi, prince, chef.
  Zhu (Ricci 1129) : navette de tisserand.

Chang Danan (in Husson 1973) : désigné comme nom secondaire de *Dazhui* 14VG
Chonggu correspond au point 13B de Soulié de Morant 1957 également appelé C6 Parathyroïdes Emplacement : dans une fossette au-dessus de *DAZHUI* (323). Situation anatomique : entre les apophyses épineuses des vertèbres cervicales VI et VII, dans la region du trapèze irriguée par une branche ascendante de l'artère transverse du cou, oil se distribue la branche postérieure du nerf cervical. Traitement : piquer 4/10“ de profondeur, moxa 5 b. 15 minutes. Indications : malaria, grippe, spasmes de la nuque, tuberculose pulmonaire.

1.5. Romanisations

- Ta-Chuei (EFEO et autres)
- Pac-lao (Wade-Giles et autres)

1.6. Autres langues asiatiques

- Dai chuy (viet)
- dae chu (cor)
- Daitsui (jap)

1.7. Code alphanumérique

- VG14 (Vaisseau Gouverneur)
- DM14-14DM (Dumai)
- GV.14-GV14 (Governor Vessel)

2. Localisation

2.1. Textes modernes

- Nguyen Van Nghi 1971 : Dans un creux au-dessous de l'apophyse épineuse de la 7° vertèbre cervicale (au-dessus de la 1” dorsale).
- Roustan 1979, Pan 1993 : Entre les apophyses épineuses de la 7° vertèbre cervicale et de la 1ère dorsale
- Deng 1993: Sur la ligne médiane postérieure, dans la dépression située au-dessous de la septième vertèbre cervicale.
- Chen 1995 : In a prone or seated position and bending the head forward, the point is located on the midline of the back in the inferior fossa of the seventh cervical vertebra, between the spinous processes of the seventh cervical and first thoracic vertebrae.
- Guillaume 1995, Laurent 2000: Au-dessous de l'apophyse épineuse de la septième vertèbre cervicale.
- WHO 2009: In the posterior region of the neck, in the depression inferior to the spinous process of the seventh cervical vertebra (C7), ont he posterior median line. *Note 1*: When the head is in a neutral position while the subject is seated, the most prominent site on the posterior aspect of the neck is the spinous process of the seventh cervical vertebra (C7). Forward flexion of the neck may facilitate palpation of the C7 spinous process. *Note 2*: Slight rotation of C7 can be palpated by rotating the head with the neck slightly flexed.

2.2. Textes classiques

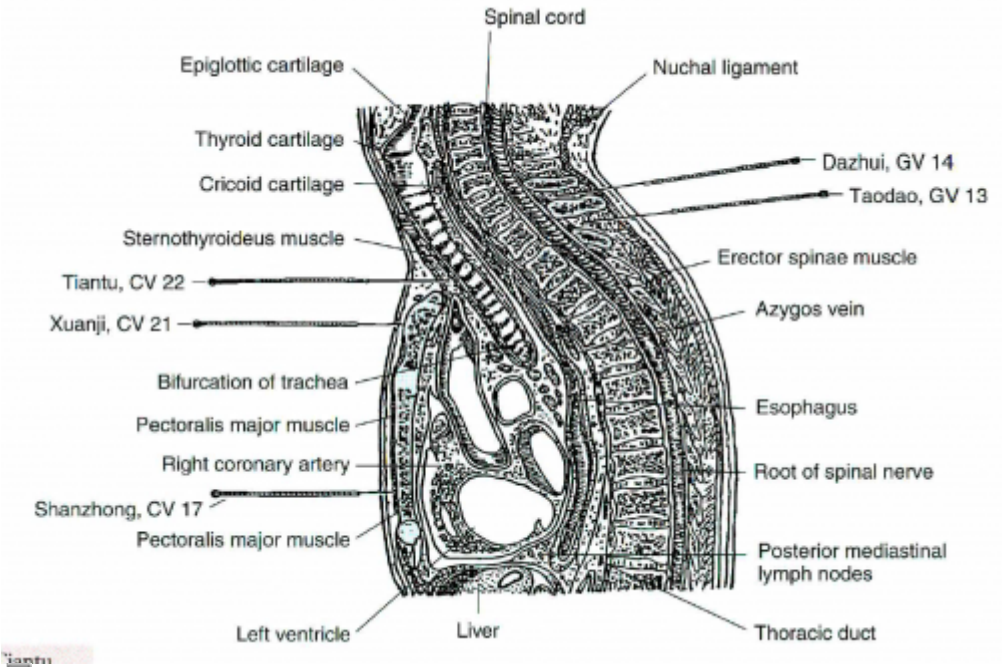
- Yi Zong Jin Jian (Golden Mirror) : “Below the first vertebra”.(Ellis 1989)
- Deng 1993:

1. Dans la dépression de la première vertèbre. (Jia Yi)
2. Dans la dépression située au-dessus de la première vertèbre. (Qian Jin)
3. Dans la dépression située au-dessous de la première vertèbre, sur la nuque. (Sheng Hui)
4. Remarque: Jia Yi donne en général des indications relativement précises sur l'emplacement des points de ce méridien, telles que “au-dessus” ou “au-dessous” de la vertèbre, mais ce n'est pas

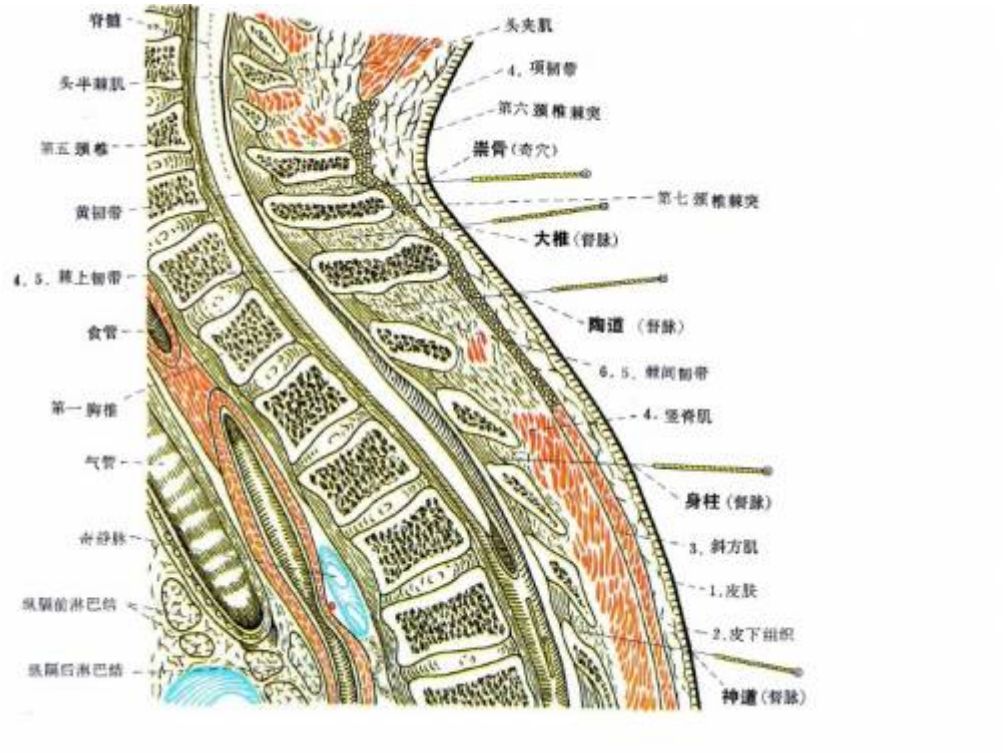
le cas pour *Dazhui* (D.M.14), et peut-être certains mots ont-ils été effacés. La description donnée dans Qian Jin est simple et claire, et acceptée par les diverses écoles de médecine. La “première vertèbre” que mentionne Sheng Hui doit être considérée comme l'apophyse épineuse la plus saillante sur la nuque, c'est-à-dire celle de la septième vertèbre cervicale, et non de la première vertèbre dorsale. “*Dazhui*” (la grosse vertèbre) est ainsi nommé puisqu'il s'agit de l'apophyse épineuse la plus saillante, celle de la septième vertèbre cervicale. Actuellement, on situe le point sur la ligne médiane postérieure, dans la dépression située au-dessous de l'apophyse épineuse de la septième vertèbre cervicale.

2.3. Rapports et coupes anatomiques

- Roustan 1979 : Rami dorsales du 8° nerf cervicalis.
- Deng 1993 : La structure des couches dans lesquelles l'aiguille devra être enfoncée est la même que celle de *Jizhong* (6VG). Dans la couche superficielle, on trouve les branches internes des branches postérieures du huitième nerf cervical et le plexus veineux sous-cutané situé entre chaque apophyse épineuse. Dans la couche profonde, on trouve le plexus veineux vertébral externe (postérieur) situé entre chaque apophyse épineuse, et les ramifications des branches postérieures du huitième nerf cervical.
- Chen 1995 : *a. Skin*: the cutaneous branches containing fibers from the posterior division of the eighth cervical nerve (C8) innervate the skin. *b. Subcutaneous tissue*: includes the previously described skin nerve branches. *c. Tendon of trapezius muscle*: the branches containing fibers from the spinal accessory nerve (CN XI) and the ventral primary division containing fibers from the third and fourth cervical nerves (C3, C4) innervate the muscle. *d. Supraspinal ligament*: the medial branches containing fibers from the dorsal rami of the eighth cervical nerve (C8) innervate the ligament. *e. Interspinal ligament*: between the spinous process of the seventh cervical and first thoracic vertebrae. The medial branches containing fibers from the dorsal rami of the eighth cervical nerve (C8) innervate the ligament. *f. Ligamentum flavum*: between the seventh cervical and first thoracic vertebral arches. If the needle is inserted deeply, it will puncture through the ligamentum flavum into the spinal canal.
- Guillaume 1995 : Artères et veines cervicales superficielles et transverses. Branches dorsales de C8.



17VC-21VC-22VC-13VG-14VG - Deng 1993



Coupe sagittale au 14VG (Yan Zhenguo 2002 p.130)

2.4. Rapports ponctuels

3. Classes et fonctions

3.1. Classe ponctuelle

- Nguyen Van Nghi 1971 : Point qui reçoit l'énergie de tous les vaisseaux secondaires venant des trois méridiens *Yang*. Par conséquent, c'est un point important pour disperser l'énergie *Yang*, lorsqu'il y a conflit entre le Inn et le Yang. Indications : maux de tête, raideur de la colonne cervicale, paludisme, frissons et fièvre, tuberculose, hémiplégie, troubles mentaux. Ces symptômes sont toujours accompagnés d'asthénie, de manque d'énergie, parfois avec vomissements et sensation que l'énergie remonte à la partie supérieure du corps Lé Dông y ajoute : épistaxis. Coqueluche et asthme.
- Roustan 1979 : Réunion des trois *Zu Yang*, des trois *Shou Yang* et du *Du Mai*.
- Pan 1993 : point de rencontre du Vaisseau gouverneur avec le *Zu Yangming* Estomac.
- Guillaume 1995 : Selon le Lei jing tu yi, *Da zhui* est un point *hui* des os ; il est possible de faire des moxas sur ce point en cas de maladies des os. En fait il s'agit de *Da zhu*- 11V. Il s'agit d'un point de réunion des méridiens *Du mai* et des *Trois Yang*.
- Deadman 2003 : Point de la mer du *QI* (Les points associés de la mer du *QI* sont 9E, 17VC et 15VG)

3.2. Classe thérapeutique

- Roustan 1979 : Stimule le *Yang*, calme le *Shen* (énergie mentale-esprit).
- Chen 1995 : Regulates the flow of *Qi*, nourishes Blood, reduces fever and relieves mental stress.
- Guillaume 1995 : *Da zhui* dissipe le vent, disperse le froid, libère le *Biao*, perméabilise le *Yang*,

régularise le *Qi*, abaisse le reflux, calme et tranquillise le *Shen*. Selon le Tai yi shen zhen, *Da zhui* disperse les *Qi* pervers et libère le *Biao*, est utile au *Qi* et fait monter le *Yang*, harmonise le *Ying* et le *Wei*, chasse le vent et élimine l'humidité.

- Liu Anran 1999 : 1) Expelling Wind, Clearing Away Heat, and Dispersing the Lung to Relieve Exterior Syndrome 2) Dispersing the Lung, Eliminating the Cold, and Activating Yang to Relieve Asthma 3) Restoring Consciousness, Tranquilizing the Mind, and Calming Down the Endopathic Wind to Relieve Epilepsy 4) Removing Obstruction in the Du Channel to Relieve Spasm, and Dispersing *Yang* to Eliminate Pathogenic Factors 5) Warming the Channels, Restoring *Yang*, and Replenishing *Qi* to Consolidate Superficial Resistance.
- Laurent 2000 : Soulage la superficie, calme l'asthme, élimine la chaleur, apaise le *Shen*, traite les attaques de *feng shi bing* (vent/froid/humidité), stimule le *yang*, soutient le correct (*zheng*), disperse le pervers (*xie*).
- Wu Shu - Ping, Lin Zhi-Wei. Therapeutic studies of the curity of dazhui points (dú14). Journal of Clinical Acupuncture and Moxibustion. 2007;23(12):46. 148504
- Huang Nanbin. [Discussion on dazhui (du14) and fengchi (gb20) in treating all the wind-syndromes]. Chinese Acupuncture and Moxibustion. 1994;14(5):47. (chi). [53941]

  > On the basis of common features of endogenous and exogenous wind syndromes, the pertaining meridians of Dazhui and Fengchi and the treatment of typical cases, it is held that Dazhui and Fengchi can be taken as the primary points in treating all the syndrom of wind, both endogenous and exogenous. By means of needling manipulations they may play a bi-directional regulating role in subduing the wind. Combination of other points can be made according to the condition of disease to cause needling sentation to be conducted to the diseased focus so as to raise and quicken the effectiveness.

4. Techniques de stimulation

Acupuncture	**Moxibustion**	**Source**
Piquer obliquement vers le haut, à 1-1,5 distance	Cautériser 3-7 fois, chauffer 5-15 minutes	Roustan 1979
Puncture perpendiculaire entre 0,5 et 1 distance de profondeur.	Cautérisation avec 3 à 7 cônes de moxa, moxibustion pendant 5 à 15 minutes.	Guillaume 1995
Slightly oblique superior insertion 0.5-1.0 inch	3-7 cones; stick 5-15 minutes	Chen 1995
Piqûre oblique vers le haut de 0,5 à 1 *cun*	Moxas : 3 à 5 ; chauffer 10 à 20 mn	Laurent 2000

Sensation de puncture

- Sensation de gonflement qui diffuse vers les épaules (Roustan 1979).
- local distension and soreness, and radiating inferiorly or bilaterally to the shoulder. (Chen 1995)

Saignées et ventouses

- Jue Bao An, Liu Peng. [Clinical application of pricking and cupping on dazhui (du 14)]. Shaanxi Journal of TCM. 2002;23(11). (chi). [108467]

Stimulations fortes au 14VG

- Cao Wen-Zhong, Zhang Zhi-Guo. Three heavy manipulations therapy at dazhui (gv 14) for difficult diseases. World Journal of Acupuncture-Moxibustion. 2013;23(1):65. (eng). [167161]

  > With introduction of three heavy manipulations therapy at Dazhui（GV 14) for unclear enunciation case of acute cerebral infarction, acute attack case of chronic asthmatic bronchitis, amyotrophic lateral sclerosis

case of motor neuron disease, ankylosing spondylitis case and chronic fatigue syndrome case, it is confirmed that D台zhui□大椎GV 14) combined with three heavy manipulations therapy of blood-letting acupuncture, cupping and moxibustion has efficacy for external and endogenous wind, promoting and tonifying yangqi, strengthening the body timely, removing wind and dampness, and relieving the pain and spasm in the clinical practice.

Sécurité

- Ne pas piquer trop profond! Si le sujet ressent une décharge électrique, il faut ôter immédiatement l'aiguille (Roustan 1979).
- Don't insert the needle deeply, as it may puncture the spinal cord. When the needle is inserted through the ligamentum flavum, resistance may suddenly cease. Stop inserting the needle, or it may puncture the spinal cord. If the needle punctures the spinal cord, a strong electrical sensation will be felt and panic may be shown. Extract the needle immediately. No lifting, thrusting and twirling are permitted. (Chen 1995)
- Li YD, Yang SD, Li JN, Li L. [Study on needling depth of dazhui (gv 14), jianzhongshu (si 15), xuanshu (gv 5) and mingmen (gv 4) with ct]. Chinese Acupuncture and Moxibustion. 2005;25(12):863-4.(chi). [124895].

  OBJECTIVE: To provide reference for the safe needling depth of Dazhui (GV 14), Jianzhongshu (SI 15), Xuanshu (GV 5) and Mingmen (GV 4) in clinical acupuncture and moxibustion treatment. METHODS: Thirty-two adult volunteers were divided into 3 groups, thin person group, moderate person group and fat person group according to Luo's indexes, and computer-aided tomography was used to measure the needling depth of Dazhui (GV 14), Jianzhongshu (SI 15), Xuanshu (GV 5) and Mingmen (GV 4). RESULTS: The safe depths of perpendicular needling were different for persons of different somatotypes, for example the needling depth for Dazhui (GV 14) was (32.86 +/- 3.96) mm for the thin person group, (37.76 +/- 4.91) mm for the moderate person group, and (47.93 +/- 5.30) mm for the fat person group.

- He Qi-Zhi, Hao Ji-Sheng, Zhang Fang, et al. [Clinical study on safe depth for needling dazhui (gv 14)]. Chinese Acupuncture and Moxibustion. 2004;24(10):723. (chi). [134244]

5. Indications

Classe d'usage	★★	point majeur

5.1. Littérature moderne

figure en caractère gras les indications appuyées par des études cliniques expérimentales, répertoriées dans le paragraphe 6

- Roustan 1979 : Fièvre, insolation, schizophrénie, épilepsie, bronchite, suffocation intermittente, hépatite, affections hématologiques, eczéma, douleurs scapulaires. Autres Indications : Fièvres intermittentes, toux, algies costales, affections de la gorge.
- Lade 1994 :
  - Calme l'Esprit et clarifie le Cerveau. Indications : manie, mélancolie, céphalées, hystérie, difficulté à respirer à fond et à parler.
  - Tonifie le *Qi* Protecteur, réduit la fièvre, facilite la circulation du *Qi*, régularise le *Qi*, disperse le Vent et le Vent-Chaleur, clarifie le Feu, la Chaleur et la Chaleur de l'Été, restaure les collapsus du *Yin*, et décontracte les tendons. Indications : toutes les maladies fébriles, malaria, syndrome de “vapeur des os”, convulsions hyperthermiques, épilepsie, syndrome atrophique dû à la Chaleur du Poumon, coma de forme occluse, emphysème, hépatite, urticaire et eczéma par Vent-Chaleur, syndrome d'obstruction douloureuse de type Vent prédominant avec fièvre, insolation, tétanie musculaire, hémiplégie,

hypertension, rhume par Vent-Chaleur, sensation de plénitude dans la poitrine, fièvre récurrente, fièvre et frissons, coqueluche, raideur rachidienne, et raideur et douleur du cou.

- Guillaume 1995 : **Maladies de la chaleur**, grippe, accès pernicieux- nue ji, toux, asthme, chaleur des os-*gu zheng*, sueurs nocturnes, **raideur douloureuse du cou** et de la tête, **épilepsie-*xian zheng*** ; attaque par la canicule-*zhong shu*, **asthme** bronchique, tuberculose pulmonaire, schizophrénie, dépression nerveuse, urticaire, **leucopénie**.
- Sun Liuhe. The clinical application of *Dazhui* acupuncture. Selections from article abstracts on acupuncture and moxibustion, Beijing. 1987;251. (eng). [24972]

5.2. Littérature ancienne

- Su wen: Chapitre « Des creux osseux » : « En règle générale, pour les froid-chaud, on fait d'abord à *Da zhui*-14VG de la nuque autant de moxas que le patient compte d'années d'âge, puis un nombre égal sur l'extrémité du coccyx. » (Guillaume 1995)
- Jia yi jing: « Blessure par le froid-*shang han* avec excès de chaleur et vomissements fréquents. » « Hypertonie avec raideur de la colonne vertébrale, crainte du vent avec frissons intermittents, *Bi* de la gorge, plénitude de *Qi*-*da qi man*, dyspnée, gêne intrathoracique ; chaleur du *Qi*, raideur du cou, frissons et fièvre. » (Guillaume 1995)
- Qian jin yao fang: « Épilepsie-*Yang xian* », « Souffle court avec impossibilité de parler ». « En cas d'accès de maladie pernicieuse-*nue* qui ne guérit pas, faire 100 cônes de moxa dans la période qui précède sa survenue jusqu'à son déclenchement. En cas de maladie fébrile-*wen bing* avec inquiétude et fièvre-*fan re*, et de *Qi* pervers saisonniers, faire 100 cônes de moxa, puncturer à 0,3 distance de profondeur en dispersion. *Da zhui*-14VG traite le souffle court avec difficulté à s'exprimer, faire des moxas dont le nombre est fonction de l'âge. Dans les tuméfactions goitreuses- *ying qi*, faire 100 cônes de moxa sur *Da zhui*-14VG et 30 cônes de part et d'autre à 1,5 distance en dehors et légèrement au dessous de *Da zhui*. » (Guillaume 1995)
- Qian jin yi fang: « Les différents types de chaleur et maladies fébriles-*wen bing* saisonnières. » (Guillaume 1995)
- Ishimpo: Blessure par le froid ; chaleur intense ; nervosité ; nausée et vomissement. (Guillaume 1995)
- Sheng hui fang: « Les Cinq Fatigues-*wu lao*, les Sept Endommagements avec manque de force », « Les maladies pernicieuses chroniques-*jiu nue* ». (Guillaume 1995)
- Zi sheng jing: « Folie-*dian* avec convulsions-*chi zong*, chaleur du corps, éblouissements, raideur de la nuque, sommeil agité. » (Guillaume 1995)
- Yu long Fu: « *Da zhui*-14VG traite les cent fatigues-*Bai lao* et arrête les transpirations dues au vide. » (Guillaume 1995)
- Shennong jing: « *Da zhui*-14VG traite les convulsions-*jing feng* aiguës ou chroniques du nourrisson. Dou Taishi, traite le froid-vide en faisant des moxas sur ce point. » (Guillaume 1995)
- Jie jing: « *Da zhui*-14VG élimine la chaleur qui n'atteint pas les épaules. » (Guillaume 1995)
- Zhen pu ju ying: « Selon Tong ren, puncturer à 0,5 distance, laisser l'aiguille le temps de 3 expirations, disperser pendant 5 inspirations. Appliquer un nombre de cônes de moxa en fonction de l'âge. Indications : distension des Poumons avec plénitude des flancs, vomissement avec reflux de *Qi* vers le haut, les Cinq Surmenages et les Sept Blessures, absence de force, maladies pernicieuses Wen nue et *Jie nue*, présence de *Qi* au niveau du dos et de l'épaule avec contracture, raideur de la nuque avec impossibilité de regarder en arrière, fatigue de type vent-*feng lao* avec indigestion, chaleur des os-*gu re*, sécheresse des dents. Zhongjing dit que lorsque le *Tai yang* et le *Shao yang* sont affectés en même temps avec raideur de la nuque ou vertige, sensation intermittente de nouure au niveau du thorax, présence d'une sensation de masse-*fu* ferme sous le Coeur, il faut puncturer *Da zhui*-14VG. » (Guillaume 1995)

- Yi xue ru men: « Les Cinq Surmenages et les Sept Blessures, les maladies pernicieuses *Wen nue* et *Jie nue*, contracture-opisthotonos, sensation de gêne scapulaire et dorsale, raideur de la nuque avec impossibilité de regarder en arrière, Blessure par le froid-*shang han* avec excès de chaleur, tendance à vomir, fatigue de type vent-*feng lao*, aérophagie. » (Guillaume 1995)
- Da cheng: Reprend intégralement les indications du Zhen jiu ju ying. (Guillaume 1995)
- Xun jing: « Les divers types de vide et d'endommagement, chaleur des os-*gu zheng* avec transpiration nocturne », « Accès de fièvre et de frissons avec toux, les divers types de raideur de la colonne cervico-dorsale, contracture de l'épaule, arthralgie des cent articulations, crachats de sang avec perte de force ». (Guillaume 1995)
- Lei jing tu yi: « Cinq Fatigues et Sept Blessures avec manque de force, surmenage de type vent *feng lao*, stagnation de *Qi* des aliments, maladies pernicieuses chroniques-*jie nue*, distension des Poumons, plénitude des flancs, vomissements avec reflux de *Qi* vers le haut, contracture du dos et de l'épaule, raideur du cou et de la nuque avec impossibilité de regarder en arrière. » « Selon certains, *Da zhui*-14 VG peut éliminer la chaleur interne du thorax et les divers types de Souffles chauds-*re qi*. Quand on traite les accès de froid et de chaleur il faut d'abord commencer par *Da zhui*-14VG, puis *Chang qiang*-1VG, le nombre de moxas est en fonction de l'âge. » « Selon certains, *Da zhui*-14VG traite les douleurs du corps avec accès de frissons et de fièvre, les douleurs en rapport avec le *Qi* du vent-*feng qi tong*. » « Selon certains, *Da zhui*-14VG traite les épistaxis qui ne cessent pas, il faut faire de 20 à 30 cônes de moxa et la guérison est définitive.» « Selon certains, *Da zhui*-14VG traite les cent maladies. » (Guillaume 1995)
- Tai yi shen zhen: « Tous les syndromes du *Biao* dus à la présence de Qi pervers qui proviennent des Six Débordements-*liu yin*, *Da zhui* peut les dégager et les libérer. » (Guillaume 1995)

5.3. Associations

Indication	Association	Source
Grippe	**14VG** + 20VB + 4GI	Roustan 1979, Guillaume 1995
Bronchite	**14VG** + Wai Ding Chùan (PN 95) + 40E	Roustan 1979, Guillaume 1995
Leucopénie	**14VG** + 11GI + 36E + 20V + 6Rte	Roustan 1979, Guillaume 1995
Schizophrénie	**14VG** + 13VG + 12 VG.	Roustan 1979, Guillaume 1995
Accès pernicieux-*nue ji*	**14VG** + 2VG **14VG** + 5MC + 18E	Zi sheng jing Da cheng (Guillaume 1995)
Transpiration nocturne	**14VG** + 3IG + 6C + 4VC	Zhong hua zhen jiu xue (Guillaume 1995)
Inflammation des veines	**14VG** + 12VG + 21VB + 4VG + points périlocaux	Xin zhen jiu xue (Guillaume 1995)
Chaleur de type vent avec grippe	**14VG** + 20VB + 5TR +4GI + 9C	Zhong guo zhen jiu xue gai yao (Guillaume 1995)
Asthme-*xiao chuan*	**14VG** + 12V + 13V + 17VC (faire des moxas de la taille de grains de blé sur ces points)	Si ban jiao cai zhen jiu xue (Guillaume 1995)

5.4. Revues des indications

- Hao Shu-Jiang et al. Clinical applications of dazhui. International Journal of Clinical Acupuncture. 1996;7(3):313-8. 56344

  > Dazhui (DU 14), a major point of the Yang Channel, is in overall charge of Qi and Blood and also has an exceedingly good effect in eliminating pathogenic factors. This paper, taking into account the point's special efficiency, selects suitable corresponding adjunct points to modify its effect in treating cervical

spondylosis, angioneurotic headache, periarthritis of shoulder, vegetative nerve function disturbance, and heatstroke. Results have been remarkable and reliable. Clinical practice has shown that Dazhui exerts such double regulative functions as supplementing Qi and restoring Yang, clearing and activating the channels and collaterals, removing blood stasis and renewing flow, relieving pain and inflammation, clearing heat and relaxing spasm, and inducing resuscitation and activating mental activity. Properly applied in Cold-Heat, Deficiency-Excess, and Exterior-Interior, Dazhui provides striking results.

- Sun Liuhe. The clinical application of dazhui acupuncture. Selections from article abstracts on acupuncture and moxibustion, Beijing. 1987;:251. (eng). [24972]
- Liu Anran. Clinical application of moxibustion over point dazhui. Journal of TCM. 1999;19(4):283-6. 72888

6. Etudes cliniques et expérimentales

6.1. Actions ponctuelles et méridiennes

6.1.1. Pression partielle O2 au niveau des points

- Meng Xuang-Wen, Li Chao-Qun, Guo Yi. [effect of cupping at dazhui (gv14) on the partial pressure of oxygen of left feishu (bl13) and its adjacent non-acupoint in healthy adults]. Shanghai Journal of Acupuncture and Moxibustion. 2012;31(4):274. 175529

  Objective To observe the effect of cupping therapy on the partial pressure of oxygen in the local tissues of acupoint, and to explore the mechanism of its effect on energy metabolism. Method The self-made complex transducer of oxygen partial pressure and intelligent four-channel oxygen partial pressure detector were adopted for successive and dynamic monitoring, to observe the effect of cupping at Dazhui (GV14) on the partial pressure of oxygen of left Feishu (BL13) and its adjacent non-acupoint in healthy human subjects. Result The oxygen partial pressure of the left Feishu at the time points from 5 mmn to 20 mmn after cupping were different from that at the initial 5 mill and the 5 mmn of cupping; the oxygen partial pressure of the adjacent non-acupoint had no significant differences at various time points (P>0.05). During the initial 5 mm and the 5 mmn of cupping, the oxygen partial pressure of the left Feishu was significantly different from that of the adjacent non-acupoint (P<0.05). Conclusion After 5-minute cupping at Dazhui, the oxygen partial pressure in the tissues of left Feishu decreased with time, and slightly increased 20 mmn after removal of the cup. Cupping at Dazhui may cause increased oxygen consumption and accelerated energy metabolism at the left Feishu. While the oxygen partial pressure at the adjacent non-acupoint did not show significant change with time. It is possible that the oxygen content of the left Feishu is higher than that of the adjacent non-acupoint. It showed significant energy metabolism at the Left Feishu after cupping.

6.1.2. Température cutanée au niveau des points

- Li Chao-Qun, Meng Xiang-Wen, Guo Yi. [Scarfskin temperature changes of urinary bladder meridian before and after cupping dazhui (gv14) for healthy adulls]. Journal of Clinical Acupuncture and Moxibustion. 2011;27(5):18. 174441

  Objective : Based on pre - experiment we've done to monitor the scarfskin temperature changes of acupoints on the governor meridian, we found out cupping the Dazhui (GV14) could improve the .scarfskin temperature of them. Methods: For the purpose of searching for the rules of effects of cupping for further study, we ve observed the effect of scarfskin temperature changes on adupoints of the bladder meridian of the health before and after cupping Dazhui (CV 14) in this experiment, and continued to explore the mechanism that cupping has an effect on energy metabolism from temperature angle. Results: All the data are analyzed by statistical method of ANOVA of Repeated Measure. Left fei shu :P = 0. 004 <0. 01; Right fei

shu : P = 0. 000 <0. 01; Left gan shu:P: 0. 003 <0.01 ;Right gan shu:P =0.000 <0.01 ;Left shen shu:P =0.029 <0.01 ;Bight shen shu: P = 0. 000 <0. 01, all of which have statistically significance differences as time changes. Conclusion: Left and Right Feishu, Left and Right gan shu, Left and Right shen shu: (superior, middle, and inferior six acupoints on the bladder meridian) all show the common rule that there is a rise of scarfskin temperature. The best signfficance of time points is 5mmn when cupping, and then they tend to be stable. The results indicate cupping Dazhui acupoint can raise the scarfskin temperature of. acupoints on the bladder meridian, which has a better effect on energy metabolism.

6.2. Douleurs

- Wu Jiashu. Observacion de la accion analgesica de la puncion del punto de acupuntura dazhui (dm14). Medicina Energetica. 2006;30:35. Traduction espagnole de 80673. 146013
- Chen Shi-Yuan et al. blood-letting at dazhui in the treatment of toothache. International Journal of Clinical Acupuncture. 1996;7(1):69-70. 56263

  From 1990-92, a therapy by blood-letting at Dazhui in the treatment of 23 cases of toothache due to a variety of causes yielded satisfactory results. The therapy, easy in operation and reliable in effect, is reported as follows.

6.3. Acné

- Sun Hong. Tratamiento del acné mediante el metodo combinado de ventosa en shenque (ren 8) y sangria en dazhui (du 14). Ener Qi. 1998;4:53-4. (esp). [72202]

  Traduction espagnole de: Chinese Acupuncture and Moxibustion, 1998; 18(4): 226.

- An Hua et al. Treatment of facial acne with bloodletting followed by cupping at dazhui. International Journal of Clinical Acupuncture. 1996;7(2):243-4. (eng). [56326]
- Ma Chaoyang. [Treating 105 cases of acne by needling acupoint dazhui with cupping]. Hubei Journal of TCM. 1994;16(6):36. (chi). [85307]
- Ding Liangneng. 50 cases of acne treated by puncturing acupoint dazhui in combination with cupping. Journal of Traditional Chinese Medicine. 1985;5(2):128. 1010

6.4. Diabète

- Wang Hai et al. [Effect of moxibustion of dazhui (gv 14) and shenque (cv 8) on function of is and of pancreas in patients of diabetes]. Chinese Acupuncture and Moxibustion. 1999;19(5):305. (chi). [73452]

6.5. Leucopénie

- Ai Min et al. [43 patients with leukopenia treated with acu-moxibustion on dazhui]. Journal of Clinical Acupuncture and Moxibustion. 2001;17(4):46. (chi). [94974]

6.6. Réaction transfusionnelle

- Lu Jian. [Treatment of transfusion reaction by moxa moxibustion on dazhui (du 14) point: a report of 60 cases]. New Journal of TCM. 2000;32(11):24. 93264

6.7. Fièvre et syndrome grippal

- Tan Qiao-Xiu, Zheng Shi-Qiang, Pan Xing-Fang, Shang Xiu-Kui, Wang Chao. [scraping therapy of embody acupoint ,meridians and cutaneous regions combined with blood - letting puncturing and cupping at dazhui(du14)for exogenous fever]. Journal of Clinical Acupuncture and Moxibustion. 2013;29(5):13. (chi). [175308]

  Exogenous fever mainly because of exogenous pathogenic factors invades the organism, and the yang - qi cannot disperse. Scraping therapy can open striae , circulate meridians and collaterals ,then treat exoge nous fever effectively. Scraping therapy of embody adupoint, meridians and cutaneous regions combined with blood - letting puncturing and cupping at Dazhui (DU14) for exogenous fever has an obviously clinical efficacy.

- Xiao Lei, Jiaing Ge-Li, Zhao Jian-Guo, Wang Li-Xin. Comprehensive Evaluation on acupuncture treatment of clinical symptoms and signs with dazhui (gv14) in Common Cold patients with High Fever. World Journal of Acupuncture Moxibustion. 2007;2007:1. 146115

  Objective To probe into the effective acupuncture treatment for high fever and other clinical relevant symptoms in common cold. Methods Based on randoming and multi-central clinical trial principle, the included 276 cases were randomized into experimental group (138 cases) and control group (138 cases) in statistics. Electric acupuncture on Dàzhui (te GV14) was applied in experimental group and the injection with antondine was in control, group. The immediate antipyretic and clinical therapeutic effects were observed in 24 h. Results The body temperatures at different times in experimental group were all lower than those in control group after treatment (P<0.01). The scores of relevant symptoms in 3— 24 h after treatment were lower than those in control group (P<0.05). The response time (1.42±1.79) h in experimental group was shorter than that (3.44±5.10) h in control group (P<0.05). The response times for chills, soreness of limbs, headach and sweating in experimental group were shorter than those in control group (P<0.01) . The recovery times for chills and headache in experimental group were shorter than those in control group (P<0.05). The systematic therapeutic effects were different significantly between two groups in 24 h (P<0.05). Conclusion Acupuncture on Dàzhui (tek GV14) had achieved definite effects on treatment for high fever in common cold. It released remarkably chills, soreness of limbs, headache and sweating and improved the systematic therapeutic effects on common cold.

- Xiao Lei , Jiang , Mao Jian-Guo , Wang Li In, , Xing Jun , Li Fien-Jimig, Yang Zheng-Jia. [Clinical observation on effects of acupuncture at dazhui (gv 14) for abating fever of common cold]. Chinese Acupuncture and Moxibustion. 2007;27(3):169. 146082

  Objective To explore the therapeutic effect of acupuncture at Dazhui (GV 14) for abating fever of common cold. Methods Two hundred and sixty one cases were randomly assigned to a treatment group of 133 cases and a control group of 128 cases. The treatment group were treated with electroacupuncture at Dazhui (CV 14) and the control group with antondine injection. The transient effect of abating fever within 21 h was observed. Results After treatment, the body temperature at all observation lime points in the treatment group were lower than those m the control group (P<0. 01): The effect -appearing time (1. 1211 79) h in the treatment group was shorter than that in the control group (3.441-5. 10) h (P<0. 01). The cured rate and the abating fever rate were 27. 8% and 75: 9% in the treatment group; and 10.9% and 55. 5% in the control group, with significant differences between the two groups, the treatment group being better than the control group (P<0. 01). The abating fever rate for the wind-heat type common cold was 75. 3% in the treatment group and 50. 0% in the control group, with significant difference between the two groups, the treatment group being better than the control group (P<0. 01). Conclusion The method of acupuncture at Dazhui (GV 14) has a definite therapeutic effect on high fever of common cold, and for wind-heat type common cold, Dazhui (GV 14) first may be chosen to abate high fever and the treatment should be taken as early as possible.

- Huang Nanbin. [Discussion on Dazhui (du14) and Fengchi (gb20) in treating all the wind-syndromes]. Chinese Acupuncture and Moxibustion. 1994;14(5):47. (chi). [53941]

  On the basis of common features of endogenous and exogenous wind syndromes, the pertaining meridians of Dazhui and Fengchi and the treatment of typical cases, it is held that Dazhui and Fengchi can be taken

as the primary points in treating all the syndrom of wind, both endogenous and exogenous. By means of needling manipulations they may play a bi-directional regulating role in subduing the wind. Combination of other points can be made according to the condition of disease to cause needling sentation to be conducted to the diseased focus so as to raise and quicken the effectiveness.

- Wang Quan-Ren et al. Acupuncture and cupping at dazhui in the treatment of influenza: an observation of 185 cases. International Journal of Clinical Acupuncture. 1998;9(4):393-5. 68206

  Since 1987, the authors who are from the Department of Acupuncture and Moxibustion have treated 185 cases of influenza by a combining acupuncture, moxibustion, and cupping which resulted in satisfactory effects. This paper is a clinical observation.

- Yan Shaomin et al. [The treatment of mild moxibustion with moxa sticks at dazhui on the syndromes of physical appearance of cold and fearing cold (abstract)]. acupuncture research. 1992;17(4):313. (chi). [44898]
- Li Pengtao et al. [Study on function of abatement of fever treated by acupuncture on dazhui point]. Chinese Acupuncture and Moxibustion. 1990;10(4):29-31. 60910

  The author reports 73 cases with high fever treated by acupuncture on Dazhui point, 73 cases were divided into two groups, the first group : Deep puncture group, 36 cases; the second group : superficial puncture group, 37 cases. The study result indicated that the deep puncture group on function of abatment of fever and play role in regulating blood circulation and blood vessel dilatation was superior than that superficial puncture group.

- Yan Shao-Min et al. Treatment of cold intolerance by mild moxibustion on dazhui. International Journal of Clinical Acupuncture. 1995;6(2):203-5. 44898 Traitement de l'intolérance au froid par moxibustion douce du 14VG. Séance de 30mn, 1 à 3 séances maximum. 562 cas traités. Efficacité dans 92,56% des cas.

6.8. Fièvre hémorragique expérimentale

- Dong Chaoyang et al. [Observation on the effect of t-cells, b-lymphocytes and igc in spleen of ehfv infected mice after moxibustion on dazhui acupoint. abstract]. Acupuncture Research. 1998;22(3):171. (chi). [68706]

  By performing moxibustion on the acupoint of Dazhui in epidemic hemorrhagic fever (EHFV) eontamined mice, we observed all markedly improvement in quantities of spleen B lymphocyte and titer of humoral special antibody Ig G ($P<0.01$, $P<0.05$), it showed moxibustion on Dazhui acupoint could regulate the cellular and humoral immunity in infected organism.

6.9. Herpes

- Li Huailin. 34 cases of herpes zoster treated by moxibustion at dazhui (du 14). journal of traditional chinese medicine. 1992;12(1):71. 35580

  Moxibustion douce 30 minutes pour les personnes âgées. 9 cônes de moxa pour les sujets robustes. Eviter les phlyctènes.

6.10. Céphalées

- Li Yiqing. Treatment of histamine headache with acupuncture on dazhui (du 14). Journal of

Traditional Chinese Medicine. 1991;11(4):256-7. 83451

6.11. Epilepsie

- Xu Benren et al. [Traitement de l'épilepsie cryptogéneétique par acupuncture au point Dazhui (14VG)]. Chinese Acupuncture and Moxibustion. 1982;2(2):4. (chi). [1644]

6.12. Accidents vasculaires cérébraux et insuffisance vertébrobasilaire

- Cheng CY, Lin JG, Tang NY, Kao ST, Hsieh CL. Electroacupuncture-like stimulation at the baihui (gv20) and dazhui (gv14) acupoints protects rats against subacute-phase cerebral ischemia-reperfusion.. plos one. 2014;9(3):. (eng). [170083]

  OBJECTIVES: The purpose of this study was to evaluate the effects of electroacupuncture-like stimulation at the Baihui (GV20) and Dazhui (GV14) acupoints (EA at acupoints) during the subacute phase of cerebral ischemia-reperfusion (I/R) injury and to establish the neuroprotective mechanisms involved in the modulation of the S100B-mediated signaling pathway. METHODS: The experimental rats were subjected to middle cerebral artery occlusion (MCAo) for 15 min followed by 1 d or 7 d of reperfusion. EA at acupoints was applied 1 d postreperfusion then once daily for 6 consecutive days. RESULTS: We observed that 15 min of MCAo caused delayed infarct expansion 7 d after reperfusion. EA at acupoints significantly reduced the cerebral infarct and neurological deficit scores. EA at acupoints also downregulated the expression of the glial fibrillary acidic protein (GFAP), S100B, nuclear factor-κB (NF-κB; p50), and tumor necrosis factor-α (TNF-α), and reduced the level of inducible nitric oxide synthase (iNOS) and apoptosis in the ischemic cortical penumbra 7 d after reperfusion. Western blot analysis showed that EA at acupoints significantly downregulated the cytosolic expression of phospho-p38 MAP kinase (p-p38 MAP kinase), tumor necrosis factor receptor type 1-associated death domain (TRADD), Fas-associated death domain (FADD), cleaved caspase-8, and cleaved caspase-3 in the ischemic cortical penumbra 7 d after reperfusion. EA at acupoints significantly reduced the numbers of GFAP/S100B and S100B/nitrotyrosine double-labeled cells. CONCLUSION: Our study results indicate that EA at acupoints initiated 1 d postreperfusion effectively downregulates astrocytic S100B expression to provide neuroprotection against delayed infarct expansion by modulating p38 MAP kinase-mediated NF-κB expression. These effects subsequently reduce oxidative/nitrative stress and inhibit the TNF-α/TRADD/FADD/cleaved caspase-8/cleaved caspase-3 apoptotic pathway in the ischemic cortical penumbra 7 d after reperfusion.

- Cheng CY, Lin JG, Su SY, Tang NY, Kao ST, Hsieh CL. Electroacupuncture-like stimulation at baihui and dazhui acupoints exerts neuroprotective effects through activation of the brain-derived neurotrophic factor-mediated mek1/2/erk1/2/p90rsk/bad.... BMC Complement Altern Med. 2014. (eng). [170991]

  BACKGROUND: This study was designed to evaluate the effects of electroacupuncture-like stimulation at Baihui (GV20) and Dazhui (GV14) acupoints (EA at acupoints) following mild cerebral ischemia-reperfusion (I/R) injury. Furthermore, we investigated whether brain-derived neurotrophic factor (BDNF)-mediated activation of extracellular signal-regulated kinase (ERK)1/2 signaling pathway is involved in the neuroprotection induced by EA at acupoints. METHODS: Rats were subjected to middle cerebral artery occlusion (MCAo) for 15 min followed by reperfusion for 3 d. EA at acupoints was applied 1 d postreperfusion then once daily for 2 consecutive days.RESULTS: Following the application of EA at acupoints, initiated 1 d postreperfusion, we observed significant reductions in the cerebral infarct area, neurological deficit scores, active caspase-3 protein expression, and apoptosis in the ischemic cortex after 3 d of reperfusion. We also observed markedly upregulated BDNF, phospho-Raf-1 (pRaf-1), phospho-MEK1/2 (pMEK1/2), phospho-ERK1/2 (pERK1/2), phospho-90 kDa ribosomal S6 kinase (pp90RSK), and phospho-Bad (pBad) expression, and restored neuronal nuclear antigen (NeuN) expression. Pretreatment with the MEK1/2 inhibitor U0126 abrogated the effects of EA at acupoints on cerebral infarct size, neurological deficits, active caspase-3 protein, and apoptosis in the ischemic cortex after 3 d of reperfusion. Pretreatment with U0126 also abrogated the effects of EA at acupoints on pMEK1/2, pERK1/2, pp90RSK, pBad, and NeuN expression, but did not influence BDNF and pRaf-1 expression.CONCLUSION: Overall, our study results indicated that EA at acupoints, initiated 1 d postreperfusion, upregulates BDNF

expression to provide BDNF-mediated neuroprotection against caspase-3-dependent neuronal apoptosis through activation of the Raf-1/MEK1/2/ERK1/2/p90RSK/Bad signaling cascade after 3 d of reperfusion in mild MCAo.

- Guangbo J. [Pricking blood plus cupping at Dazhui (GV14) for treating forty-seven cases of vertebrobasilar ischemia]. Chinese Acupuncture and Moxibustion. 1995;15(3):11. (chi). [7048]

  47 cases of vertebrobasilar ischemia were treated with pricking blood plus cupping at Dazhui (GV14). 16 cases were cured, 12 markedly effective, 10 were improved and 9 remained unchanged. The total effective rate was 80.8 percent. The mechanism of this method is explained in the way that pricking blood plus cupping activate the circulation of blood, disperse the stasis, relax muscles and tendons, activate the collaterals and regulate Yin and Yang so the goal of eliminating the pathogens and reinforcing the antipathogenic force is achieved.

- Zhifang C. The observation of Dazhui point to cure incomplete blood-supply of arteria bassilaris by TCDSG. Third World Conference on Acupuncture. 1993;498. (eng). [10139]
- Kong Li – Hong, Mao Juan – Juan. [An elementary introduction about effect of dazhui on cerebral ischemia]. Journal of Clinical Acupuncture and Moxibustion. 2006;22(7):59. 141807

  Cerebral injury has been one of the three diseases which harm seriously people' s health, especially cerebral ischemia. Once the damage of nerve fiber winch is caused by ischemia can' t renew, it will create critical consequence. 'There is pretty undoubtedly effect of acupuncture on cerebral ischemia, and the acupoints are varied. But the report of DaZhui is rarely seen. Therefore, the author wants to explore the effect of DaZhui on cerebral ischemia from ancient document record, modem experiment research and clinical application, suggesting that will supply theoretical basis for clinical practice.

- Guangbo J. [Pricking blood plus cupping at dazhui (gv14) for treating forty-seven cases of vertebrobasilar ischemia]. Chinese Acupuncture and Moxibustion. 1995;15(3):11. (chi). [7048]

  47 cases of vertebrobasilar ischemia were treated with pricking blood plus cupping at Dazhui (GV14). 16 cases were cured, 12 markedly effective, 10 were improved and 9 remained unchanged. The total effective rate was 80.8 percent. The mechanism of this method is explained in the way that pricking blood plus cupping activate the circulation of blood, disperse the stasis, relax muscles and tendons, activate the collaterals and regulate Yin and Yang so the goal of eliminating the pathogens and reinforcing the antipathogenic force is achieved.

- Yu Peng et al. tcdsg observation on the treatment of basilar artery insufficiency by acupuncture at dazhui. International Journal of Clinical Acupuncture. 1994;5(2):145-50. (eng). [56046]
- Yan Hong-da, Yang Nan, Zhao Ming-hua, Zheng Li-qun. [Therapeutic Observation of Thunder-fire Moxibustion at Dazhui (GV14) and Shenshu (BL23) plus Cognitive Training for Mild Cognitive Impairment Due to Ischemic Cerebral Stroke]. Shanghai Journal of Acupuncture and Moxibustion. 2016;35(12):1410-141. [191641]. Objective To observe the clinical efficacy of thunder-fire moxibustion at Dazhui (GV14) and Shenshu (BL23) in treating mild cognitive impairment (MCI) due to ischemic cerebral stroke. Method Sixty patients with MCI due to ischemic cerebral stroke were randomized into a treatment group and a control group, 30 cases each. The control group was intervened by joint treatment plus cognitive training, while the treatment group was by thunder-fire moxibustion in addition to that given to the control group. The two groups were evaluated by the Montreal Cognitive Assessment (MoCA), Mini-Mental State Examination (MMSE) and Wechsler Memory Scale (WMS), the major symptoms were observed, and the clinical efficacies were compared between the two groups. The two groups were both treated for 8 weeks. Result The total effective rate was 80.0%in the treatment group, versus 70.0% in the control group, and the difference was statistically significant($P<0.05$). Conclusion The selected acupoints can improve the cognition and activities of daily living (ADL) in MCI patients;thunder-fire moxibustion at Dazhui and Shenshu plus cognitive training can produce a better clinical efficacy than dry cognitive training. Therefore, we can combine thunder-fire moxibustion with modern rehabilitation to enhance the therapeutic efficacy in

preventing and treating MCI.

6.13. Démence vasculaire expérimentale

- Zhu CX, Zhang J, Cheng WP, et al. [The influence of needling baihui and dazhui on gsh-px and cat in a rat model of Vascular Dementia]. Shanghai Journal of Acupuncture and Moxibustion. 2004;23(3):40. (chi). [131138]

  Purpose To investigate the influence of needling Baihui and Dazhui on learning, memory, glutathion peroxidase (GSH-PX) and catalase (CAT) in a rat model of vascular dementia (VD). Methods Thirty-six Western rats were randomly divided into sham operation, model, acupuncture and Western medicine groups, 9 rats each group. A rat VD model was made by vessel occlusion and treated for 30 days. Rat's learning ability and memory were tested with a rat running box and intracerebral activity of GSH-PX and CAT was determined. Results Needling points Baihui and Dazhui markedly decreased the number and time of electric shock to a VD rat in a running box experiment and increased the activity of GSH-PX and CAT. Conclusion Needling points Baihui and Dazhui can improve learning ability and memory, and free radical metabolism in VD rats.

- Cheng Wei-Ping, Ma Li, Harada Shunei, et al. [Effect of acupuncture of “baihui” and “dazhui” on the activity of cerebral gsh-px and neuronal apoptosis in vascular dementia rats]. Acupuncture Research. 2004;29(1):10. (chi). [130902]

  Objective:To observe the effect of acupuncture of “Baihui”(GV 20) and“Dazhui”(GV 14) on the activity of glutathione peroxidase (GSH-PX) and the neuronal apoptosis in hippocampal region in vascular dementia rats. Methods: Thirty-six Wistar aging rats were randomly and evenly divided into sham-operation, model, acupuncture and medication groups. Vascular dementia model was established by occlusion of the bilateral common carotid arteries and reperfusion. In acupuncture group, “Baihui” (GV 20) and “Dazhui” (GV 14) were punctured with filiform needles and stimulated for 5 min by twirling the needles swiftly. In medication group, the rats were fed with Piracetum liquid (40 mg/mL, 6 mL/kg) via gastric tube. The treatment of two groups was conducted once daily, continuously for 30 days. GSH-PX activity of the hippocampus was determined with TdT-mediated dUTP-biotin nick-end labeling technique and apoptosis was detected with TUNEL method. Rats' behavior reaction was tested with active avoidance method (shuttle-box). Results: The foot-shock times and duration of model group were significantly more and longer than those of sham-operation group ($P < 0.001$) , while in comparison with model group, these two indexes of acupuncture and medication groups were significantly lower (P<O. 01) . No significant differences were found between acupuncture and medication groups in these two indexes, suggesting that both acupuncture and medication can improve the memory of VD rats. In comparison with sham-operation group, GSH-PX activity decreased significantly ($P < 0.001$) ; whereas compared with model group, GSH-PX activity of both acupuncture and medication groups increased considerably ($P < 0.01$) , and the effect of acupuncture group was significantly superior to that of medication group ($P < 0.05$) . Results of HE staining indicated that in model group, there were a large number of apoptotic neurons in CAI area of the hippocampus, while the situation was apparently better in acupuncture and medication groups. Conclusion : Acupuncture of “Baihui” and “Dazhui” can apparently ameliorate the learning and memory ability of VD rats, raise GSH-PX activity and reduce neuronal injury of the hippocampal region.

6.14. Stress expérimental

- Li Xiaohong. [The effect of neurotrophic factor in chronic irritability rats with moxibustion at dazhui point]. Acta Chinese Medicine and Pharmacology. 2002;30(6):38. (chi). [111080]

  To observe BDNF of moxibustion on stress -Method : 18 male Sprague - Dawley rats were randomly divided into control group, model group and Moxibustion group. All rats except the control group singly housed and exposed chronically 21 days to a variety of mild unpredictable stressors, and the rats of Moxibustion group accepted Moxibustion treatment at the same time. Use immunocytochemistry method and computer to quantitatively analyse and With method of histochemistry and immuno - histochemistry, we observe the

structure of hippocampal neurons and measure the BDNF infected neurons. Results : Compared with control group, the number of hipoccampal neurons decreased with bell structure destroyed. Immuno - histochemistry results showed that the number of infected neurons of model animals was much less don that of normal animals. Moxibustion“ da zhui” can improve behavioural disorder. And that moxibustion can protect the hippocampal neurons and increase the number of BDNF neurons in hippocampus in the depressed animals. Conclusion : Moxibustion“ da zhui '' can increase the number of BDNF neuron in hippocampus and protect the hippocampus neurons.

6.15. Rhinite

- Cao W, Qiao P, Pang W, Liu M, Li A. [Triple-strong stimulation therapy at dazhui (gv 14) in prevention and treatment of children allergic rhinitis: a randomized controlled trial]. Chinese Acupuncture and Moxibustion. 2015;35(1):38-42. (chi). [182965]

  OBJECTIVE: To evaluate the short-term efficacy and long-term preventive effect on recurrence in prevention and treatment of children allergic rhinitis treated with the multiple therapy at Dazhui (GV 14) as the main acupoint and acupoint plaster therapy. METHODS: One hundred and twenty cases of children allergic rhinitis were randomized into a triple-strong stimulation therapy group and an acupoint plaster therapy group, 60 cases in each one. In the triple-strong stimulation therapy group, Dazhui (GV 14) was the main acupoint, combined with one of Feishu (BL 13), Zhiyang (GV 9) and Shenshu (BL 23) accordingly. The heavy needling technique was adopted with the three-edged needle, followed by heavy cupping and heavy moxibustion. The treatment was given once every 3 days, continuously for 10 times. In the acupoint plaster therapy group, the acupoints selected were same as the triple-strong stimulation therapy group. The self-prepared Chinese herbal plaster was used, 4 h to 8 h each one time, once every 3 days, continuously for 10 times. The changes in the symptom and physical sign scores were observed before treatment, after treatment and in 6 months follow-up visit after treatment in the two groups. The clinical efficacy was compared between the two groups. RESULTS: After treatment and in 6 months follow-up visit after treatment, the symptom scores, physical sign scores and symptom scores of each item were different signi ficantly as compared with those before treatment in the triple-strong stimulation therapy group ($P<0.01$, $P<0.05$), and the results in the triple-strong stimulation therapy group were better than those in the acupoint plaster therapy group (all $P<0.01$). In 6 months follow-up visit, the total effective rate was 94.6% (53/56) in the triple-strong stimulation therapy group and was 25.9% (15/58) in the acupoint plaster therapy group, indicating the significant difference ($P<0.001$). CONCLUSION: The triple-strong stimulation therapy at Dazhui (GV 14) achieves the superior effect on the prevention and treatment of children allergic rhinitis as compared with the acupoint plas ter therapy and has good long-term effect of the prevention from recurrence.

- Cao WZ, Pang WR, Xuan ZD. [Allergic rhinitis treated with acupuncture and the triple-strong stimulation therapy at dazhui (gv 14): a randomized controlled trial]. Chinese Acupuncture and Moxibustion. 2014;34(2):110-4. (chi). [171607]

  OBJECTIVE: To evaluate the impacts on the short-term efficacy and the long-term prevention of recurrence of allergic rhinitis treated with the triple-strong stimulation at Dazhui (GV 14) so as to provide the convenient and long-term effective therapy of acupuncture and moxibustion for allergic rhinitis.METHODS: One hundred and twenty cases of allergic rhinitis were randomized into an acupuncture group, an acupuncture + medication group and a triple-strong stimulation group, 40 cases in each one. In the acupuncture group, acupuncture was applied at Dazhui (GV 14), Fengchi (GB 20), Baihui (GV 20), Yintang (GV 29) and the others, stimulating with reinforcing manipulation for the deficiency and reducing manipulation for the excess, once every day. In the acupuncture + medication group, on the basis of acupuncture therapy, claritin (loratadine tablets) was supplemented for oral administration, 10 mg, once every two days, continuously for 30 days. In the triple-strong stimulation group, on the basis of acupuncture therapy, the strong needling, strong cupping and strong moxibustion were applied at Dazhui (GV 14). This combined therapy was given once every day in the first 3 days and once every two days afterwards. The 10 day treatment made one session, at the interval of 3 days between the sessions and totally 3 sessions were required in the three groups. Separately, before treatment, after treatment and in 6 months after treatment, the changes of symptom and physical sign score and value of single item symptom including nasal itching, nasal blockage, sneezing and rhinorrhea were observed in the patients of

the three groups. And the long-term clinical efficacy was compared among the three groups. RESULTS: The symptom and physical sign score and the value of single item symptom were all reduced in the three groups after treatment and in 6 months after treatment (P < 0.001).

- Di Stanislao C et al. Relazione fra rinopatie e dai zu (14vg). Rivista Italiana di Agopuntura. 1990;67:39-42. (ita). [83363]

  Gli AA sottolineano l'importanza di una corretta respirazione nasale per prevenire forme patologiche profonde a livello respiratorio. Inoltre sottolineano l'importanza del punto Dai-Zhui (l4VG) nella patologia nasale congestizia con turbe meccaniche associate. Il lavoro presenta anche una osservazione clinica esemplificativa.

6.16. Epistaxis

- Liu XL, Luo Y. [one hundred and eighteen cases of simple epistaxis in plateau area treated by blood-letting puncture and cupping at dazhui (gv 14)]. Chinese Acupuncture and Moxibustion. 2011;31(3):235. 161923

6.17. Insuffisance respiratoire aigüe

- Zhu Guangyou et al. Effect of electroacupuncture at “Dazhui” on myocardial contractility in dogs with acute respiratory failure. selections from article abstracts on acupuncture and moxibustion, Beijing. 1987;585. (eng). [25265]

6.18. Asthme

- Ding Yidan et al. [Recherches sur le traitement de l'asthme par puncture des 13V, 12V et 14VG]. Chinese Acupuncture and Moxibustion. 1983;3(5):7. 13833

  Through the observation of the lung function (including FEV, FVC and PFR) in 45 cases of chronic asthmatic bronchitis and complicated pulmonary emphysema, the author found that acupuncture at Feishu, Dazhui and Fengrnen points had a good effect on relieving asthma. After treatment, the lung function can be prominently promoted (P<0.001)• It was found that acupuncture with warming moxibustion coves more effective than acupuncture with cupping method. Retain the needle for 20 minutes after arrival of Qi. E,,en movement is manipulated by lifting, thrusting and rotating the needle.
  [L'association à la moxibustion donne de meilleurs résultats qu'avec les ventouses, laisser en place les aiguilles après l'arrivée du Qi. Les fonctions respiratoires sont améliorées de façon significative (p < 0,001)].

- Lewis GBH et al. Acupuncture at Points Yangchi and Waiguan Compared with the Established Points Feishu and Dazhui in the Therapy of Asthma. American Journal of Acupuncture. 1993;21(3):241-5. [57190].

  In this study two acupoints not traditionally prescribed for asthma, Yangchi (SJ 4), and Waiguan (SJ 5) were compared to the classically prescribed points Feishu (Bl 13) and Dazhui (GV 14). Respiratory parameters and acute ventilatory responses to acupuncture in 20 chronic asthmatic patients were assessed including respiratory frequency, tidal volume, peak inspiratory flow rate, etc. The results suggest that the Sanjiao points should be considered when choosing points for treating asthma. The author proposes possible explanations for the results from both the perspectives of traditional Chinese theory and Western physiology.

- Chen Weihua et al. [Simultaneous observation on the effect of treatment for asthma by acupuncture at dazhui point. abstract]. Acupuncture Research. 1998;22(3):199. (chi). [68736]

52 cases of patients with asthma were treated by acupuncture at Dazhui point, the result showed 53. 84 % of them got obvious effect, total effect rate was 94. 23 % . It also showed there were some relation among the effect of calm asthma by Dazhui, the severity of asthma and treat period.

- Zhang W, Chen MR, Xiong J. [Effects of different quantity of moxibustion at “dazhui” (gv 14) on cellular immunity in asthma rats]. acupuncture research. 2012;37(3):202-5, 2. 164719

  OBJECTIVE: To observe the effects of different quantity of moxibustion of “Dazhui” (GV 14)on the levels of serum interleukin-4 (IL-4), interferon-gamma (IFN-gamma), and immunoglobulin E (IgE) in asthma rats, so as to reveal its mechanisms underlying immune regulation.METHODS: Sixty male SD rats were randomly divided into control, model, moxibustion-15 min (M-15 min), M-30 min, M-60 min, and M-120 min groups (10 rats/group). Asthma model was established by intraperitoneal injection of sensitized-suspension (containing egg albumin, aluminium hydroxide, and deactivated Bacillus pertussis) and ovalbumin-aerosol inhalation. Moxibustion was applied to “Dazhui” (GV 14) for 15, 30, 60 and 120 min, respectively. Serum IL-4, IFN-gamma and IgE contents were assayed by ELISA (enzyme-linked immunosorbent assay). RESULTS: Compared with the control group, serum IL-4, IFN-gamma and IgE levels were increased significantly (P<0.01), and serum IFN-gamma/IL-4 level was down-regulated obviously (P<0.01)in the model group. After the moxibustion treatment, the levels of serum IL-4 and IgE in the M-15 min, M-30 min, M-60 min, and M-120 min groups were reduced significantly compared with the model group (P<0.01, P<0.05). The ratios of IFN-gamma/IL-4 in the M-15 min, M-30 min, M-60 min, and M-120 min groups were significantly higher than that in the model group (P<0.05, P<0.01). Comparison among the M-15 min, M-30 min, M-60 min, and M-120 min groups showed that the therapeutic effects of the M-30 min group were evidently superior to those of the M-15 min group, and those of the M-60 min group were significantly superior to those of the M-30 min group in lowering serum IL-4 and IgE contents and up-regulating IFN-gamma/IL-4 (P<0.05, P<0.01). No significant differences were found between the M-60 min and M-120 min groups in down-regulating IL-4 and IgE levels, and in raising IFN-gamma/IL-4 level, as well as among the M-15min, M-30 min, M-60 min and M-120 min groups in elevating serum IFN-gamma levels (P>0.05). CONCLUSION: Moxibustion can restrain the secretion of IL-4, relieve the inflammatory reaction of IgE, and enhance the ratio of IFN-gamma/IL-4 in asthma rats, which presents an increase tendency of the curative effect along with the extension of the treatment time from 15 min to 60 min. Excessively long time (>60 min)of treatment is not necessary.

6.19. Pneumoconiose

- Chen jJuqiang et al. Influence of moxibustion at point dazhui (gv-14) on the pulmonary function and immunity index in pneumoconiosis. 2eme congres mondial d'acupuncture et moxibustion, paris. 1990;98. (eng). [82154]

6.20. Arthrite expérimentale

- Li H, Li XH, Zhang LF. [influence of electroacupuncture of “dazhui” (gv 14) “mingmen” (gv 4) and non-acupoint on the inflammation and immune reactions in adjuvant arthritis rats]. Acupuncture Research. 2009;34(4):225-9. 141678

  OBJECTIVE: To observe the effect of electroacupuncture (EA) on the levels of lymphocyte proliferation rate, spleen and serum interleukin-2 (IL-2), serum tumor necrosis factor-alpha (TNF-alpha), so as to analyze its immuno-regulative function in adjuvant arthritis (AA) rats.METHODS: A total of 40 Wistar rats were randomized into normal control, model, Dazhui (GV 14), Mingmen (GV 4) and non-acupoint groups. Adjuvant arthritis model was established by subcutaneous injection of Freund's complete adjuvant into the paw. EA was applied to “Dazhui” (GV 14), “Mingmen” (GV 4) and non-acupoint (mid-tail) for 20 min, once every other day, 8 times altogether. Paw volume (swelling degree of the voix pedis) was detected; T and B lymphocyte transformation rates (LTR), and IL-2 activity of the spleen tissue were assayed with MTT chromatometry, and serum IL-2 and TNF-alpha contents were determined by radioimmunoassay.RESULTS: Compared to normal group, the paw volume and serum TNF-alpha content of model group increased significantly (P < 0:01, P < 0.05), and T- and B-lymphocyte proliferation rates and spleen IL-2 activity in

model group decreased considerably (P < 0.01). In comparison with model group, paw volumes of GV 14, GV 4, and non-acupoint groups and serum TNF-alpha content of GV 14 group lowered significantly (P < 0.01, P < 0.05); while T- and B-lymphocyte proliferation rates, spleen IL-2 activity in GV 14, GV 4, and non-acupoint groups, as well as serum IL-2 content in GV 14 and GV 4 groups increased remarkably (P < 0.01). Paw volumes of both GV 14 and GV 4 groups were significantly lower than that of non-acupoint group (P < 0.05); T- and B-lymphocyte proliferation rates and IL-2 activity of GV 4 group were significantly higher than those of non-acupoint group (P < 0.05). No significant differences were found between GV 14 and GV 4 groups in paw volume, T- and B-lymphocyte proliferation rates, spleen IL-2 activity, serum IL-2 and TNF-alpha contents, and between GV 14 and non-acupoint groups in T- and B-lymphocyte proliferation rates, as well as among GV 14, GV 4 and non-acupoint groups in serum IL-2 and TNF-alpha contents (P > 0.05).CONCLUSION: Electroacupuncture of GV 14 and GV 4 induced immunoregulation on lymphocyte, IL-2 and TNF-alpha may contribute to its anti-inflammation effect in AA rats.

- Li Hui, Li Xiao-Hong, Zhang Lu-Fen, et al. Influence of electroacupuncture of “dazhui” (gv 14) and “mingmen” (gv 4) on stress-related factors in adjuvant arthritis rats. Acupuncture Research. 2006;31(1):8. 143665

  Objective: To study the effect of electroacupuncture (EA) of “Dazhui” (GV 14) and “Mingmen” (GV 4) on hypothalamic corticotrophin releasing hormone (CRH) , plasma adrenocorticotropic hormone (ACTH) , serum cortisol (Cort) and tumor necrosis factor (TNF)-a contents in adjuvant arthritis rats. Methods: Thirty-six male Wistar rats were evenly randomized into normal control, model, EA-GV14 and EA-GV4 groups. Arthritis model was established by subcutaneous injection of Freund's complete adjuvant (FCA, 0.1 mL) into the right hind-paw. EA (15 Hz, continuous pulses, 1 mA) was applied to “Dazhui”(GV 14) and “Mingmen” (GV 4) for 20 min, once every other day and continuously for 8 times. After the rats were killed, hypothalamic tissue and blood sample were taken for detecting hypothalamic CRH, plasma ACTH, serum Cort and TNF-a contents with radioimmunoassay. Results: Compared with normal control group, the swelling rate of the right hindpaw 24 h after injection of FCA and 16 days after EA increased significantly (P< 0.01); while in comparison with model group, the swelling rates of EA-GV14 and EA-GV4 groups were markedly lower (P<0.01). Compared with normal control group, hypothalamic CRH, plasma ACTH, serum Cort and TNF-a contents of model group increased significantly (P< 0.05); while in comparison with model group, hypothalamic CRH serum Cort and TNF-a contents in EA-GV14 group, and serum Cort level in EA-GV4 group decreased significantly (P<0.05). No significant differences were found between EA-GV14 and EA-GV4 groups (P >0.05) in these 4 indexes. Conclusion: EA has a marked anti-inflammatory effect in adjuvant arthritis rats and can relieve arthritis stress induced increase of hypothalamic CRH, plasma ACTH, serum Cort and TNF-a levels.

6.21. Arthrose cervicale

- Li Xiang-Hui, Li Dong-Jian. [Therapeutic effect of centro-square needling dazhui (gv 14) on cervical spondylosis]. Chinese Acupuncture and Moxibustion. 2004;24(7):455. (chi). [131841]

  Objective To search for the best therapy for cervical spondylosis. Methods Seven hundred and eighty cases of cervical spondylosis were randomly divided into centro-square needling Dazhui (GV 14)group (treatment group), needling cervical Jiaji point group (control group 1) and traction-massage group (control group 2), 260 cases in each group. The therapeutic effects after 2 courses and one year after the end of treatment were observed. Results The therapeutic effect in the treatment group was stable and better than that in the control groups (P<0. 005). Conclusion Centro-square needling Dazhu (GV 14) has the best therapeutic effect for cervical spondylosis, and the therapeutic effect of acupuncture is better than that in the traction-massage therapy.

- Shao M, Liu TY. [Clinical observations on the treatment of 93 cervical spondylopathy by dazhui blood-letting puncturing and cupping]. Shanghai Journal of Acupuncture and Moxibustion. 2003;22(8):20. (chi). [119028]
- Gao Jiazhi et al. [Clinical observation on 120 cases of cervical spondylopathy treated by multi-direction needling at dazhui (gv 14)]. Chinese Acupuncture and Moxibustion. 1998;18(11):671. 67249

- Li Gui-Rong et al. Blood letting from dazhui in treating cervical spondylosis. International Journal of Clinical Acupuncture. 1996;7(1):91-3. 56271

  Bloodletting from Dazhui in treating 1% cases of cervical spondylotic disease were compared clinically with a traction method used in 64 such cases. The result is a proposal for a new therapy for cervical spondylopathy.

- Jiang Zhenya et al. [Clinical observation on treatment of cervical spondylosis with poking dazhui bazhen points]. Chinese Acupuncture and Moxibustion. 2001;21(2):94.90011

  Purpose: To observe the therapeutic effect of poking Dazhui Bazhen points on cervical spondylosis. Methods: Poking Dazhui Bazhen points was used for treatment of cervical spondylosis of nerve root type and the therapeutic effect was compared with that of routine acupuncture method. Results: The effective rate was 93. 3 % in the treatment group and 90. 0 % in the control group, with no significant difference (P > 0. 05), but there was a significant difference between the two groups in the cured rate (P < 0. 05). Conclusion Poking Dazhui Bazhen points has a better therapeutic effect than that of routine acupuncture for cervical spondylosis of nerve root type.

6.22. Névralgie occipitale

- Huang Nanbin. Acupuncture treatment of occipital neuralgia with dazhui and fengchi acupoints. World Journal of Acupuncture-Moxibustion. 2002;12(3):29. 109104

  Objective : To explore therapeutic method for occipital neuralgia - Methods : A total of 90 occipital neuralgia patients were randomly divided into treatment group (n = 60 cases) and control group (n = 30). In treatment group, Dazhui (GV 14) was punctured and stimulated with reinforcing method, and Fengchi (GB 20) punctured and stimulated with reducing needling method. In control group, the tender point was punctured and stimulated with reducing needling method. The acupuncture needles were retained for 30 min and the treatment was conducted once daily, with 10 times being a therapeutic course. Results : After one session of treatment, the markedly effective rates of treatment and control groups were 98% and 57% respectively. Comparison between two groups showed a considerable difference in the therapeutic effect (P< 0. 05). Conclusion : Acupuncture of Dazhui (GV 14) and Fengchi (GB 20) are effective in the treatment of occipital neuralgia.

6.23. Immunologie expérimentale

- Uema D, Orlandi D, Freitas RR, Rodgerio T, Yamamura Y, Tabosa AF. Effect of Electroacupuncture on du-14 (dazhui), du-2 (yaoshu), and liv-13 (zhangmen) on the survival of wistar rats' dorsal skin flaps. J Burn Care Res. 2008;29(2):353-7. 150224

  The survival of skin flaps has great interest in many areas of Medicine. In practice, one of the most important complications in the use of skin flaps is the tissue ischemia, which frequently results in widespread necrosis and failure of the proposed treatments. The objective of this study was to evaluate the possible benefits of eletroacupuncture stimulation of the points DU-14 (Dazhui), DU-2 (Yaoshu), and Liv-13 (Zhangmen) over the skin flap survival of Wistar rats after 8 days of treatment. Forty male Wistar rats were allocated into four groups with 10 animals each. They were submitted to a surgical procedure in which a dorsal skin flap measuring 10 x 4 cm was elevated and then sutured back with a plastic barrier between the flap and the donor site. During the following 8 days, one group received electro stimulation in two “nonaccupoints” whereas the other one had the accupoints DU-14 (Dazhui), DU-2 (Yaoshu), and Liv-13 (Zhangmen) stimulated. After this period, the rats were killed and flaps were appraised qualitative and quantitatively. Data were evaluated with analysis of variance and to establish significance Fisher's PLSD test was used when analysis of variance showed P < .05. It was observed that electroacupuncture group presented a skin flap survival index remarkably larger than the others. It has also shown a better evolution during the 8 days PO, confirmed by the lowest rate of necrosis and absent area. In this experimental model,

eletroacupuncture was an efficient method to preserve vitality and decrease dorsal skin flap necrosis on Wistar rats.

- Zhu Wenlian, Liu rRowan. [Effects of moxa-cone moxibustion at dazhui acupoint on the phagocytic function of macrophages in hypoimmune mice]. Journal of Beijing University of TCM. 2005;28(1):89. (chi). [138304]

  Objective To investigate the regulating effect of moxa-cone moxibustion on the phagocytic function of macrophages, in order to provide experimental data for the study of other moxibustion methods. Method 130 Mice were divided into the normal control group, moxibustion group, hypoimmune-model group, and hypoimmune-plus-moxibustion group. Flow cytometry and smear examination were adopted to observe phagocytosis of macrophages in these groups . Results Moxa-cone moxibustion of Dazhui acupoint had no big influence on phagocytosis of macrophages in the normal mice whereas it exerted marked enhancing effect on phagocytosis of macrophages in the hypoimmune mice. Conclusion Moxa-cone moxibustion possesses homeostatic effect.

- Luo MF, He JN, Guo Y, Li CH, Zhang JL. [Effect of electroacupuncture and moxibustion of “dazhui” (gv14) on the number and distribution of degranulated mast cells in gv14 region]. Acupuncture Research. 2007;32(5):327. 148031

  OBJECTIVE: To compare the effects of electroacupuncture (EA) and moxibustion on the degranulated mast cell number and distribution in “Dazhui” (GV14) region of rats. METHODS: Fifteen Wistar rats were randomly divided into normal control, EA and moxibustion groups, with 5 cases in each group. “Dazhui” (GV14) was stimulated by EA (3/10 Hz, 2-4 V, 20 mm) or moxibustion (2 cones, 20 mm), thereafter, the tissues of GV14 region were sampled, quickly frozen, sectioned (20 microm) and stained with toluidine blue separately for observing the degranulated state of mast cells under microscope. RESULTS: The mast cells (MCs) distributed widely in GV14 region from the dermis, subcutaneous tissue to muscle layer. Compared with control group, MCs of moxibustion group were significantly fewer in the number ($P<0.05$), and those degranulated MCs in both EA and moxibustion groups were evidently more in the number ($P<0.01$), and the number and percentage of the degranulated MCs in moxibustion group were significantly more than those of EA group ($P<0.05$), suggesting that EA and moxibustion could promote the release of granules of mast cells in the stimulated acupoint region, and the effect of moxibustion is stronger. CONCLUSION: Both EA and moxibustion can promote the degranulation of MCs, and the effect of moxibustion is markedly stronger in potentiating the release of granules from MCs in GV14 in rats.

- Sun Lanying. [Effect of moxibustion at Dazhui (du 14) on transplanted tumor in mouse]. Fujian Journal of Traditional Chinese Medicine. 1988;19(3):34. (chi). [33309]

- Pei Jian et al. Effect of moxibustion of dazhui (gv14) on cellular immune function in tumor-bearing mice. World Journal of Acupuncture-Moxibustion. 1997;7(2):42-6. 55862

  To study the immune regulating function and antitumor mechanism of moxibustion, we observed antitumor biological effect and the regulating function of cell immunity, IL – 2 production level by moxibustion of Dazhui (GV 14) point, using the mice which were transplanted with S 180 sarcoma as a tumor model. The results showed that moxibustion had inhibitory effect on the growth of S'180 solid sarcoma in mice, the inhibitory rate of tumor growth was 42.21 % , the average tumor weight in moxibustion group was evidently lower than that in control group. The study also showed that moxibustion could enhance NK cell activity, increase the positive rate of Th cell of T lymphocyte subsets and ratio of Th/Ts; strengthen IL – 2 production level. It is concluded that moxibustion can inhibite early growth of transplanted tumor cells in new hosts, because moxibustion can improve or regulate immune insufficiency or immune derangement of tumor-bearing mice.

6.24. Endorphines et neurotransmetteurs

- Zhai Daodong et al. [Comparison of regulation effect on beta-end by moxibustion on guanyuan point (ren4), zhongwan point (ren12) and dazhui point (du14) respectively]. Shanghai Journal of Acupuncture and Moxibustion. 1997;16(1):33. (chi). [56698]

7. Références

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