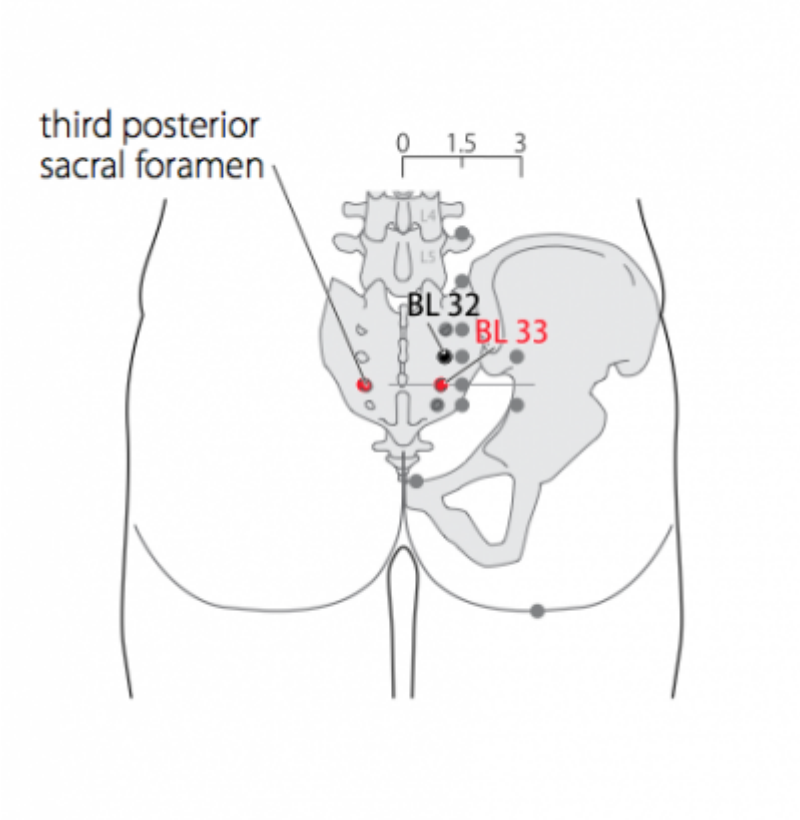
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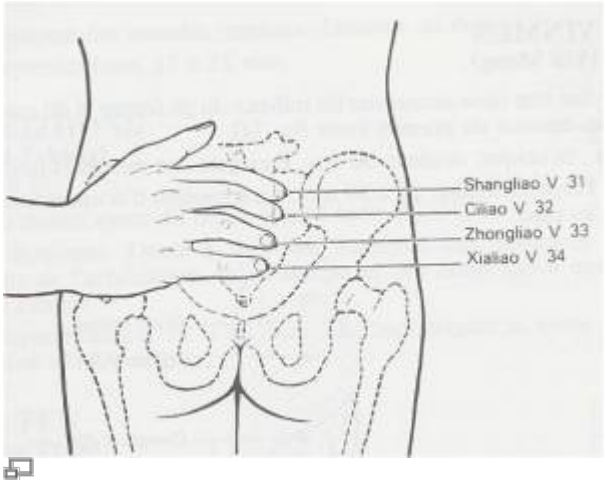
33V Zhongliao 中髎

prononciation 中髎.mp3

articles connexes: - baliao - 32V - 34V - Méridien Zutaiyang



WHO 2009.



Beijing 1980

1. Dénomination

1.1. Traduction

中髎 ***Zhōngliáo***	Trou du milieu (Nguyen Van Nghi 1971) Trou du milieu de l'os (Pan 1993) Trou moyen (Lade 1994) \\Troisième trou sacré (Laurent 2000)

- Zhou Mei-sheng 1984 : *zhong* middle *Liao*bone crevice; deep hole adjacent to bone.
- *Zhong* : milieu, (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) ; milieu, centre, interne... Cf. 1P *zhongfu* (Laurent 2000).
- *Liao* : trou dans un os, caractère inusité qui signifie « os » (Guillaume 1995) ; creux osseux... Cf. 12GI *zhouliao* (Laurent 2000).

1.2. Origine

- Jia yi jing (Guillaume 1995).

1.3. Explication du nom

- Zhou Mei-sheng 1984 : *Shangliao* There are eight points of *Liao* in the holes of the sacrum, four right and four left. According to their order of position, they are respectively named *Shangliao* (31V the uppermost *Liao*), *Ciliao* (32V second or second to the uppermost Liao), *Zhongliao* (33V the middle *Liao*) and *Xialiao* (34V; the lower *Liao*).
- Lade 1994 : le nom fait référence à un groupe de points bilatéraux localisés dans les trous sacrés : V-31 (trou supérieur), V-32 (deuxième trou), V-33 (trou moyen) et V-34 (trou inférieur). On les étudie de manière groupée car ils ont des fonctions semblables.

1.4. Noms secondaires

Zhōngkōng 中空 (1)	Da cheng (Guillaume 1995)

1. *Zhong* (Ricci 1266) / *Kong* (Ricci 2892) : vide, creux, vain, inutilement ; Creux central (Laurent 2000).

1.5. Translittérations

1.6. Code alphanumérique

- VE33, 33V, 33VE (Vessie)
- BL33, B33, Bladder 33 (Bladder)
- UB 33 (Urinary bladder)

2. Localisation

2.1. Textes modernes

- Nguyen Van Nghi 1971 : Dans le 4éme trou sacré.
- Roustan 1979 : dans le troisième trou sacré.
- Lu HC 1985 : Location-1 : On the 3rd posterior sacral foramen. Location-2 : On the inferior-medial side of B32, 7 *fens* away from posterior median line. How-to-locate-1 : see B31. How-to-locate-2 : see B31.

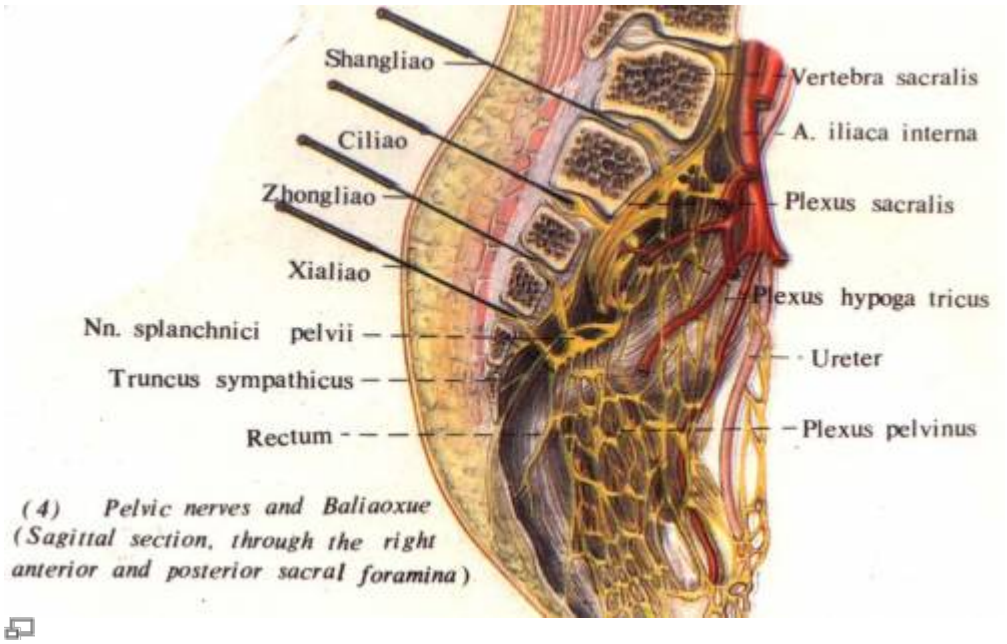
- Deng 1993 : Sur le sacrum, en-dessous de *Ciliao* (V32), juste au niveau du troisième trou sacré.
- Pan 1993 : *Zhongliao* est situé dans le troisième trou sacré.
- Guillaume 1995 : Dans le troisième trou sacré postérieur.
- Laurent 2000 : sur le sacrum, en dessous de *ciliao*, dans le 3° trou sacré.
- WHO 2009: In the sacral region, in the third posterior sacral foramen. *Note:* The third posterior sacral foramen is located in the first depression, moving downward from BL32.

2.2. Textes classiques

- Jia Yi : Dans la dépression qui se forme à l'extérieur de la colonne vertébrale et dans le troisième trou (Deng 1993).
- Xun Jing : A 0,5 *cun* à l'extérieur de la dix-neuvième vertèbre (Deng 1993).
- Feng Yuan : Au-dessous de la vingtième vertèbre et dans la troisième dépression à côté de la colonne vertébrale (Deng 1993).
- Ji Cheng : Au-dessous de *Ciliao* (V32) et à l'extérieur de *Zhonglushu* (V29) (Deng 1993).
- Deng 1993 : Xun Jing localise ce point à 0,5 *cun* à l'extérieur du bord inférieur de la dix-neuvième vertèbre, mais alors il ne peut pas se trouver dans le troisième trou sacré. Les définitions données dans Ji Cheng et Xun. Jing rejoignent celle de Jia Yi. On situe ce point actuellement sur le sacrum, au-dessous de *Ciliao* (V32), juste au niveau du troisième trou sacré.

2.3. Rapports et coupes anatomiques

- Deng 1993 : Peau—tissu sous-cutané—muscle grand fessier—muscle érecteur épineux. Dans la couche superficielle, on trouve le nerf moyen de la fesse. Dans la couche profonde, on trouve les branches postérieures du troisième nerf sacré, de l'artère et de la veine sacrées externes.
- Guillaume 1995 : Artères et veines sacrées latérales. Branche dorsale de S2.

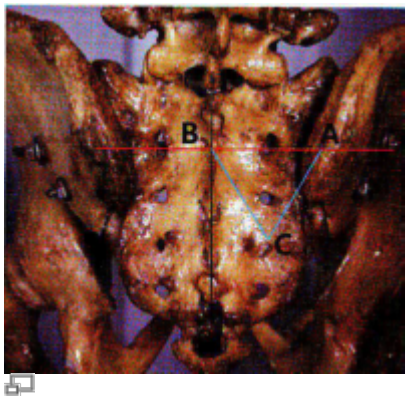


Institut de MTC du Shandong 1984

2.4. Etudes sur les localisations

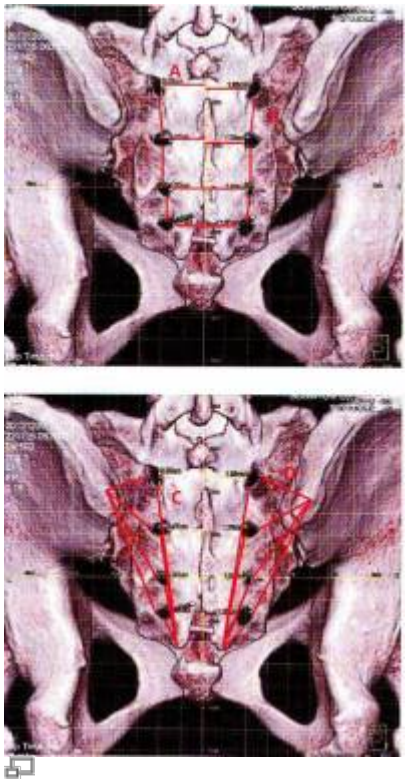
- Li W, Liu ZS. [Preliminary Study on Acupoint Location, Needle Entry Point and Acupuncture Manipulation of Zhongliao (BL 33) Point]. Chinese Acupuncture and Moxibustion.

2013;33(11):1050-1. [162356].



- Zhou HF, Ding SQ, Ding YJ, Wang LI, Wang J, LI M, Cao JB, Yang X. [Study on the measurement and locating of baliao points (eight sacral foramina)]. Chinese Acupuncture and Moxibustion. 2013;33(8):703-7. (chi). [162462]

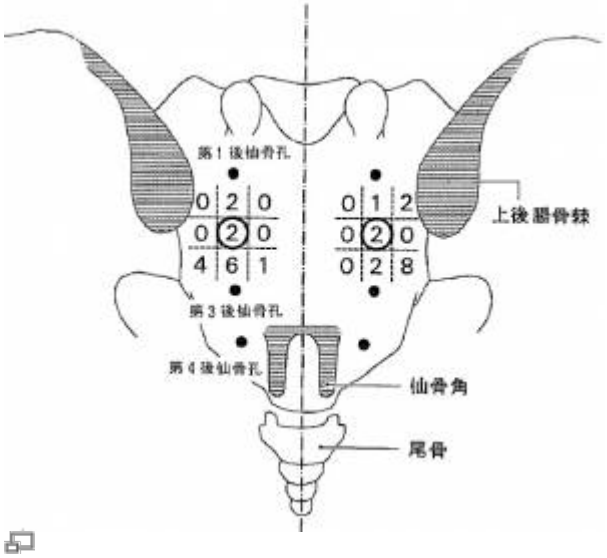
  OBJECTIVE: To seek the problems of position, measuring and locating methods of Baliao points (posterior sacral foramina) in modern researches. METHODS: Using Baliao (eight sacral foramina), Shangliao(BL 31), Ciliao(BL 32), Zhongliao(BL 33), Xialiao(BL 34), Dihoukong (posterior sacral foramina), Dikong (sacral foramina) and Digu(sacrum) as the key words, literature in the database of the CNKI from 1957 to 2012 were re trieved and analyzed. RESULTS: Problems were found in the past researches including limited numbers of relative literature, disunity of the measurement targets, complicated terms of indices, disunity of the starting and ending point of measurement, unclear weight of indices, deviation of results, lacking of combination with clinical practice and variety of locating methods. CONCLUSION: Position of Baliao points (eight sacral foramina) are clear. However, the locating methods are blurred and vary a lot. Study on living body has more significance for measurement and researches. Factors of gender, body weight, height and childbearing should also be taken into consideration. Therefore, it is necessary to find a more accurate and easier way of locating.



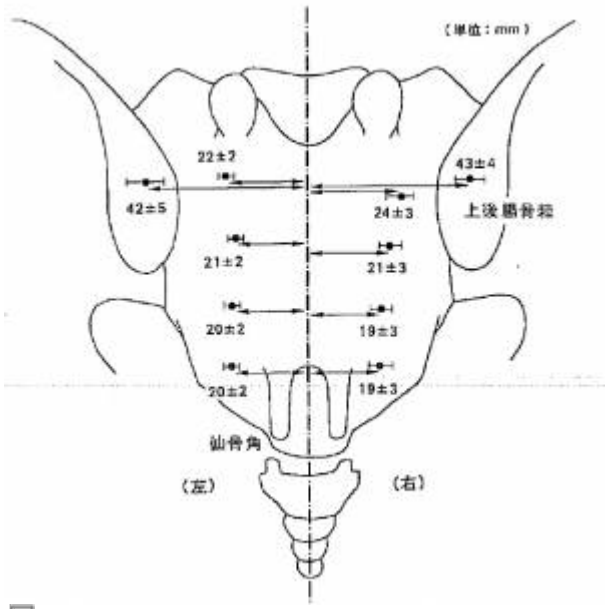
Zhou 2013

- Masanori Kaneda et al. [Anatomical consideration of the acupuncture to the dorsal sacral foramina]. Journal of the Japan Society of Acupuncture. 1989;39(2):203-11. (jap). [83025]

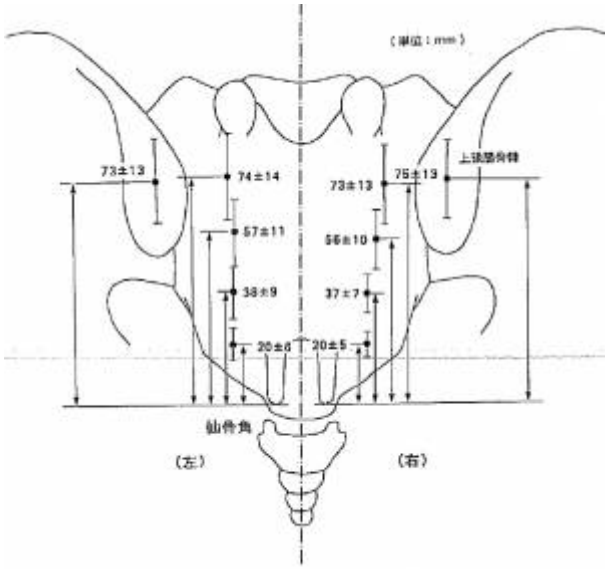
The positional relation between the dorsal sacral foramina and a needle inserted in the point “T, ze-Liao” according to the method of Takenouchi-Hamazoe, and the proJection positions of the respective foramina to the body surface were anatomically and bilaterally examined using fifteen cadavers. The results were as follows. (1) The needles inserted in the point “T, ze-Liao” missed the second dorsal sacral foramen caudally or latero-caudally in many cases. (2) In the mediolateral direction, the first to fourth dorsal sacral foramina were located in the middle zone between the dorsal median line and the posterior superior iliac spine. (3) In the rostro-caudal direction, the first dorsal sacral foramen were approximately located at the same level as that of the posterior superior iliac spine. The second to fourth foramina corresponded to three points which divided the rostro-caudal distance between the posterior superior iliac spine and the sacral cornua equally into four.



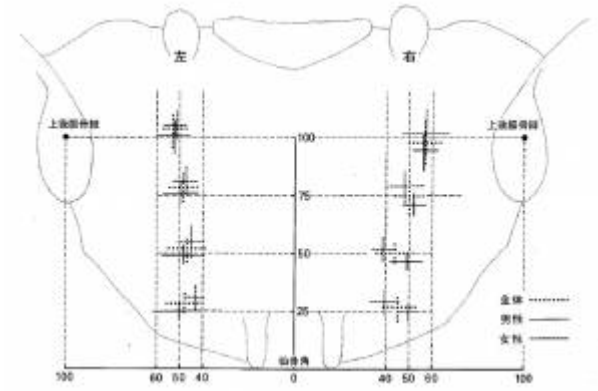
Masanori 1989



Masanori 1989



Masanori 1989

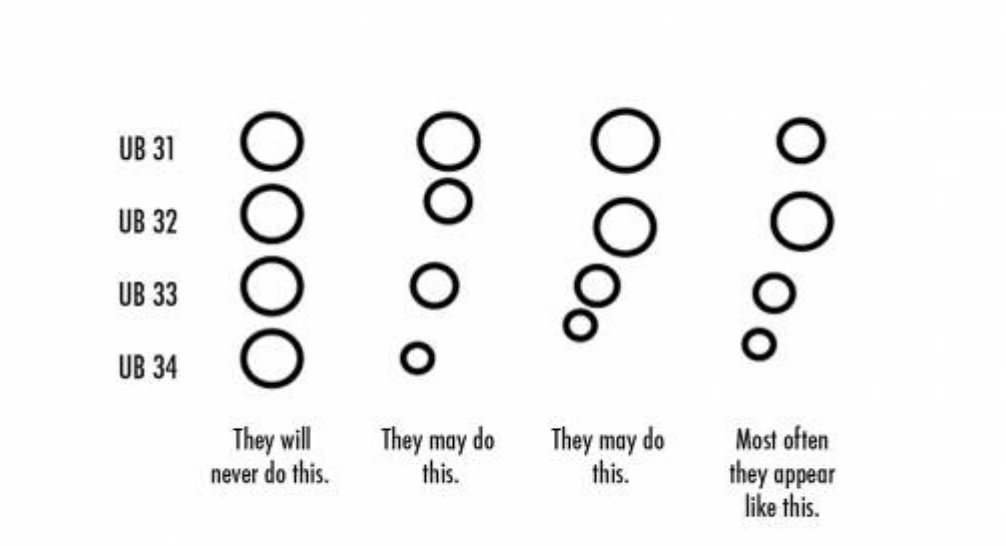


Masanori 1989

- Tian J, Song H, Xiao Y. [Exploration of anatomical location of Baliao points of adult female]. Zhongguo Zhen Jiu. 2016;36(4):384-6. [186707].

  Fifteen morphologically and structurally complete sacrum specimens of normotrophic adult females were choosen. Distances between posterior sacral foramina and median sacral crest,and between the cores of adjacent posterior sacral foramina were measured. Then statistical analysis was done so as to provide objective anatomical evidence for the surface localization of Baliao points. The average distance between Shangliao (BL 31) and median sacral crest was (2.08 ± 0.19) cm; and the average distance between Ciliao (BL 32) and median sacral crest was (1.75 ± 0.12) cm; Zhongliao (BL 33), (1.59 ± 0.15) cm; Xialiao (BL 34), (1.56 ± 0.15) cm. And the distance of S_1-S_2 was (2.36 ± 0.31) cm averagely; S_2-S_3, (1.98 ± 0.23) cm; S_3-S_4, (1.71 ± 0.18) cm. It is considered that to locate Baliao points, Ciliao (BL 32) needs to be ascertained firstly.

2.5. Rapports ponctuels



TCM Picture Book 2015

3. Classes et fonctions

3.1. Classe ponctuelle

- Nguyen Van Nghi 1971 : Voir Chang Liou (31V) et Tseu Liou (32V).
- Roustan 1979 : réunion de *Zujueyin* et *Zushaoyin*.
- Guillaume 1995 : le Wai tai mi yao dit qu'il s'agit d'un point nœud-*jie* de *Jueyin*. Le Tong ren dit qu'il s'agit d'un point nœud-*jie* de *Jueyin* et *Shaoyang*. Le Zhen jiu ju ying parle de réunion-*hui* consécutive au nœud-*jie* de *Zuejueyin* et de *Shaoyang*.
- Laurent 2000 : point de croisement avec *Zujueyin* et *Zushaoyang*.

3.2. Classe thérapeutique

- Pan 1993 : le traitement par ces quatre points, *Shangliao* (31V), *Ciliao* (32V), *Zhongliao* (33V) et *Xialiao* (34V), a à peu près le même effet thérapeutique : régulariser le Foyer inférieur, fortifier les lombes et les genoux, débloquer la stagnation du *Qi* et *Xue* dans les *Jing Luo*.
- Guillaume 1995 : *Zhongliao* perméabilise les méridiens, vivifie le Sang, disperse le froid, calme les douleurs.
- Laurent 2000 : renforce les lombes et les genoux, tonifie les Reins, disperse chaleur/humidité, élimine vent/humidité, favorise la miction, régularise les règles, vivifie le sang, augmente les contractions pendant l'accouchement.

4. Techniques de stimulation

Acupuncture	**Moxibustion**	**Source**
Selon Tong ren, puncturer à 0,2 distance, laisser l'aiguille le temps de 10 expirations	Appliquer 3 cônes de moxa	Zhen jiu ju ying (Guillaume 1995)
Puncture perpendiculaire entre 1 et 1,5 distance de profondeur	Cautérisation avec 3 à 7 cônes de moxa, moxibustion pendant 5 à 15 minutes	Guillaume 1995

Acupuncture	Moxibustion	Source
Piqûre perpendiculaire à 1-2 distances	Cautériser 3-7 fois, chauffer 5-20 minutes	Roustan 1979
Piqûre perpendiculaire de 1 à 1,5 *cun*	Moxas : 1 à 3 ; chauffer 10 à 15 mn	Laurent 2000

Sensation de puncture

- Roustan 1979 : sensation locale de gonflement.

Sécurité

Discussion sur la technique de puncture

- Cai HH, Wang LL. [Deep Acupuncture at Baliao Points (Eight Sacral Foramina) by Professor Wang Ling-Ling and its Clinical Application]. Chinese Acupuncture and Moxibustion. 2014;34(3):285-8. [182067].

  > With deep acupuncture at Baliao points (eight sacral foramina) as the core, Professor WANG Ling-ling has treated diseases of urinary, digestive and reproductive systems with superior therapeutic effect. The key for efficacy of Baliao points is deep acupuncture. Only deeply insert into acupoints with long needles and directly stimulate at sacral nerves, could Baliao points play a superior role in treatment effect. Searching acupoints is the basis of deep acupuncture, and superficial anatomy should be combined to summarize the methods of searching Baliao points. The premise of deep acupuncture is needling manipulation. The angles of needles must be adjusted according to morphological features of posterior sacral foramina, or it is hard to practice deep acupuncture into Baliao points. The description of location and manipulation on Baliao points in ancient and modern literature was vague, which restricts clinical application of Baliao points. A lot of research on location, manipulation and clinical application of Baliao points has performed by Professor WANG Ling-ling, and its manipulation and clinical cases are introduced to make a positive effect on its application and popularization.

5. Indications

Classe d'usage	**-**	point secondaire

5.1. Littérature moderne

- Nguyen Van Nghi 1971 : Voir Chang Liou (31V) et Tseu Liou (32V).
- Lade 1994 :
  - Régularisent le Réchauffeur Inférieur et les menstruations, transforment la Chaleur-Humidité (surtout du Réchauffeur Inférieur), stabilisent l'Essence, vivifient le Sang, et favorisent la miction. Indications : stérilité, impuissance, règles irrégulières, dysménorrhée, inflammation ou douleur de l'ovaire, leucorrhée, spermatorrhée, orchite, rétention d'urine, miction difficile par infection, irritation de la peau dans la région génitale, inflammation utéro-vaginale, péritonite, diarrhée et constipation.
  - Fortifie les lombes. Indications : engourdissement des lombes et du pied, paralysie des membres inférieurs, douleur et raideur des lombes et du sacrum, et sciatique.
  - Fait remonter le *Qi*. Indications : fissures anales, hémorroïdes, et prolapsus utéro-vaginal.
  - Active le travail. Indications : travail difficile ou retardé lors de l'accouchement.
- Guillaume 1995 : Irrégularités menstruelles, leucorrhées rouges, lombalgie, égouttement urinaire, diarrhée liquide, constipation ; salpyngite, ovarite, endométrite, orchite, les différentes affections génitales de l'homme et de la femme.

5.2. Littérature ancienne

- Jia yi jing : « Ballonnement du Petit Intestin », « Lombalgie », « Difficulté de défécation, diarrhée après les repas, froid lombo-coccygien », « Syndrome d'obstruction-*long* », « Métrorragie et pertes blanches, stagnation ou obstruction du *Qi*, oligo-ménorrhée » (Guillaume 1995).
- Ishimpo : Lombalgie ; constipation ; aliments non digérés dans les selles ; plénitude abdominale ; leucorrhées abondantes ; rétention urinaire ; menstruations retardées et diminuées (Guillaume 1995).
- Tong ren : « Les Cinq Fatigues, les Sept Blessures et les Six Extrêmes-*liu ji*». « Ballonnement abdominal avec diarrhée glaireuse, dysurie avec égouttement urinaire ; stérilité féminine, leucorrhées, irrégularités menstruelles » (Guillaume 1995).
- Zhen jiu ju ying : difficulté de miction et de défécation, ballonnement abdominal avec diarrhée glaireuse, Cinq Fatigues-Sept Blessures-Six Extrêmes-*wu lao qi shang liu j*i, difficulté de défécation, dysurie, diarrhée avec présence d'aliments dans les selles, pertes blanches, irrégularités menstruelles » (Guillaume 1995).
- Yi xue ru men : « Les Cinq Fatigues, les Sept Blessures, les Six Extrêmes, lombalgie, métrorragie avec parfois leucorrhée, blocage du *Qi-qi long*, oligoménorrhée, difficulté de miction et de défécation, ballonnement abdominal et diarrhée avec présence d'aliments mal digérés dans les selles » (Guillaume 1995).
- Da cheng : « Difficulté de miction et de défécation, ballonnement abdominal avec diarrhée glaireuse, Cinq Fatigues-Sept Blessures-Six Extrêmes, difficulté de défécation, dysurie, diarrhée avec présence d'aliments dans les selles, stérilité féminine, pertes blanches, irrégularités menstruelles » (Guillaume 1995).
- Xun jing : « Débilité, oligoménorrhée, leucorrhées blanches ou rouges » (Guillaume 1995).
- Lei jing tu yi : « Les Cinq Fatigues et les Sept Blessures, difficulté de défécation et de miction, ballonnement abdominal, diarrhée avec présence d'aliments dans les selles, stérilité féminine avec pertes blanches, irrégularités menstruelles » (Guillaume 1995).

5.3. Associations

Indication	Association	Source
Difficulté de défécation	**33V** + 5VC + 57V + 3F + 12VC + 4Rn + 3Rn + 56V	Qian jin (Guillaume 1995)
Irrégularités menstruelles	**33V** + 23V + 28V + 4VC + 3VC + 6Rte	Zhen jiu xue jian bian (Guillaume 1995)

5.4. Revues des indications

- Shi Xiao-Lan, Yu Shu-Guang, Zhang Cheng-Shun. [Exploring Theoretical Basis of TCM on Combination of Moxibustion with Pushing Manipulation at Baliao Point in the Treatment of Gynecological Diseases]. Journal of Clinical Acupuncture and Moxibustion. 2014;30(30):38. [173610].

  > Moxibustion belongs to the pure Yang in nature and has the double functions of warrn dredging and supplementatiori. Pushing manipulation can dredge Meridians and promote the circulation of Qi and invigorate the blood. Combination of them at Baliao point as a clinical treatrnent for gynecological diseases has a significant effect. The article discusses the theory of Baliao point for treating gynecological diseases by rneans of moxibustion and pushing nianipulation in order to provide some ideas for the clinical treatment of similar diseases.

- Wang Ling. An Exploration of Eight-Liao Points. . Journal of Traditional Chinese Medicine.

1995;15(3):195-7 . [54643]. Traduction italienne [57766]

- Cai HH, Wang LL. [Deep Acupuncture at Baliao Points (Eight Sacral Foramina) by Professor Wang Ling-Ling and its Clinical Application]. Chinese Acupuncture and Moxibustion. 2014;34(3):285-8. [172098].

  With deep acupuncture at Baliao points (eight sacral foramina) as the core, Professor WANG Ling-ling has treated diseases of urinary, digestive and reproductive systems with superior therapeutic effect. The key for efficacy of Baliao points is deep acupuncture. Only deeply insert into acupoints with long needles and directly stimulate at sacral nerves, could Baliao points play a superior role in treatment effect. Searching acupoints is the basis of deep acupuncture, and superficial anatomy should be combined to summarize the methods of searching Baliao points. The premise of deep acupuncture is needling manipulation. The angles of needles must be adjusted according to morphological features of posterior sacral foramina, or it is hard to practice deep acupuncture into Baliao points. The description of location and manipulation on Baliao points in ancient and modern literature was vague, which restricts clinical application of Baliao points. A lot of research on location, manipulation and clinical application of Baliao points has performed by Professor WANG Ling-ling, and its manipulation and clinical cases are introduced to make a positive effect on its application and popularization.

6. Etudes cliniques et expérimentales

6.1. Hypertrophie de la prostate

- Yu Xiang Hua, Gao Wei Bin, Chen Li Na. Therapeutic Effect of Urinary Rentnetion due to Hyperplasis of Prostate Gland by Combining Electric Acupuncture to Ciliao and Zhongliao with Ultrashort Wave Therapy. Journal of Clinical Acupuncture and Moxibustion. 2008;24(9):24. [150886].
- Ding Yu-Long, Yu Jin-Na, Liu Zhi-Shun. [Electroacupuncture at Zhongliao Point in the Treatment of Benign Prostatic Hyperplasia and its Specificities of Acupoint]. Journal of Clinical Acupuncture and Moxibustion. 2011;27(7):1. [174473].

  Objective: To discuss the specificities of acupoint at Zhongliao points for benign prostatic hyperplasia and observe the feasibility of the research approach. Methods :40 patients of BPH were randomly divided into two groups, experimental group (acupuncture group) had 20 patients in electronic acupuncture at Zhongliao (BL33), and control group (non - acupoints group) had 20 patients in electronic acupuncture at 2 inches side opening. Observe the change of International Prostatic Symptom Score(I - PSS) and QOL after 4 weeks therapy. We also observe the tolerance, security and compliance during the needling process. Results: Compared with the changes before arid after treatments, I - PSS and QOL of acupuncture group had a statistically significant difference (P <0. 01), and non - acupoints group s I - PSS had a statistically no significant difference (P> 0. 05) whi1e not changed remarkably (P <0. 01) about QOL. After 4 weeks therapy, there was a statistically significant difference compard with the acupuncture group (P <0. 01). The VAS average score of experimental group was 2. 523 8 ± 1. 013 96 compared with the control group of 2. 114 7 ± 1. 425 73, so the treatment was well accepted by patients. No complications occurred except subcutaneous hematoma in 2 patients and both of their hematomas disappeared after 2-3 days. According to the course of treatment, 40 patients who applied the acupuncture were involved in the result analysis without any drop, and the compliance was good. Conclusion: Electronicacupuncture at Zhongliao (BL33) can improve the patients'syrnptom and the life quality of the patients significantly, and the trial demonstrated the acupuncture at Zhongliao point has a specific effect on benign prostatic hyperplasia, so electroacupuncture approach is feasible.

6.2. Vessie neurologique

- Niu S, Zhao J, Li J. [Electroacupuncture on Zhongliao (BL 33) for 36 cases of neurogenic bladder

of acontractile detrusor after spinal cord injury]. Zhongguo Zhen Jiu. 2015;35(9):905-6. [181974].

6.3. Incontinence urinaire

- Chen Yuan-Xiao, Ma Rui-Jie. [Clinical Observation of Electroacupuncture at Huiyang (BL35) and Zhongliao (BL33) plus Scalp Acupuncture for Female Stress Urinary Incontinence]. Shanghai Journal of Acupuncture and Moxibustion. 2015;34 (12):1159. [187521].

  Objective To observe the clinical efficacy of electroacupuncture at Huiyang (BL35) and Zhongliao (BL33) plus scalp acupuncture in treating female stress urinary incontinence (SUT), for providing clinical evidence in the treatment of SUI. Method Ninety eligible female SUI patients were randomized into an observation group and a control group. The observation group was intervened by electroacupuncture at Huiyang and Zhongliao plus scalp acupuncture, while the control group was asked to practice contracting anus. The urine leakage degree, residual urine volume in bladder and clinical efficacy were compared. Result After treatment, there was a significant difference in comparing urine leakage degree between the two groups (P<0. 05); there was a significant between-group difference in comparing the residual urine volume (PeO. 05); the cured and markedly-effective rate was 62. 2% in the observation group versus 35. 6% in the control group, and the difference was statistically significant (PeO. 05). Conclusion Electroacupuncture at Huiyang and Zhongliao plus scalp acupuncture can produce a more significant clinical efficacy compared with rehabilitation training in treating female SUT.

6.4. Vessie hyperactive

- Yang L, Wang Y, Mo Q, Liu Z. A comparative study of electroacupuncture at Zhongliao (BL33) and other acupoints for overactive bladder symptoms. Front Med. 2017. [191703].

  Electroacupuncture (EA) at Zhongliao (BL33) can improve the symptoms of overactive bladder (OAB), such as urinary frequency, urgency, and incontinence. However, its performance compared with other acupoints remains unclear. This study investigated the effects of EA at BL33 with deep needling on rats with OAB by detecting urodynamics in eight groups: no intervention group, D-BL33 group (deep needling at BL33), S-BL33 group (shallow needling at BL33), non-acupoint group (needling at the non-acupoint next to BL33), Weizhong (BL40) group, Sanyinjiao (SP6) group, Tongtian (BL7) group, and Hegu (LI4) group. Results revealed that EA at BL33 with deep needling, BL40, and SP6 prolonged the intercontraction interval (ICI) of rats with OAB (P = 0.001, P = 0.005, P = 0.046, respectively, post-treatment vs. Post-modeling). Furthermore, the change in ICI from post-modeling in the D-BL33 group was significantly greater than those of the no intervention and other EA groups (all P < 0.01). Significantly shortened vesical micturition time (VMT) and elevated maximum detrusor pressure (MDP) were also observed in the D-BL33 group (P = 0.017 and P = 0.024, respectively, post-treatment vs. Post-modeling). However, no statistically significant differences in the changes of VMT and MDP from post-modeling were observed between D-BL33 and the other EA groups. In conclusion, EA at BL33 with deep needling may inhibit acetic-acid-induced OAB more effectively.

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