

bibliographie

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PSC propagated
sensation along channels



sensation propagée le
long des méridiens

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1- gera: 5848/di/tt

A COMPLETE TEXTBOOK OF AURICULAR ACUPUNCTURE. LU HC. **academy of oriental heritage,vancouver.** 1975;:310P (eng).

Compilation et traduction de textes chinois sur l'auriculothérapie : 1) Localisation des points. 2) Théorie des fonctions organiques en médecine chinoise. 3) Relations oreille-méridiens : trajet auriculaire des méridiens, PSC induit au niveau auriculaire, action méridienne du point auriculaire, projection des méridiens au niveau auriculaire. 4) Examen et diagnostic auriculaire. 5) Indications thérapeutiques et traitement des affections courantes. 6) Anesthésie par acupuncture auriculaire. 7) Anesthésie par injection au niveau de la racine de l'oreille. 8) Formules thérapeutiques de diverses sources (Pékin, Nanking et Canton) dans diverses affections.

2- gera: 18069/di/ra

LA CRANIOPUNCTURE DANS LES PARALYSIES PERIPHERIQUES COMPRESSIVES : ANALYSE D'UNE OBSERVATION DE PARALYSIE RADIO-CUBITALE. NGUYEN VAN NGHI ET AL. **mensuel du medecin acupuncteur.** 1975;25:175-9 (fra).

Traitement d'un cas de paralysie radio-cubitale principalement par craniopuncture. Suivi de l'évolution par testing musculaire. A partir de la 4ème séance on observe une amélioration objective constante, précoce et stable après chaque séance. Aux séances 5, 6, 7 et 8 l'amélioration est immédiate sous aiguille. Observation de paresthésies au niveau de la main lors de la puncture des zones du crâne.

3- gera: 5870/di/ra

EXPERIENCES PRINCEPS DE L'AURICULOPUNCTURE. (2) EXPERIENCES PRELIMINAIRES SUR L'AURICULOPUNCTURE DE L'HOPITAL POPULAIRE DE SHANGHAI. NGUYEN VAN NGHI. **mensuel du medecin acupuncteur.** 1977;46:207-22 (fra).

1) Localisation de 34 points sur le pavillon et techniques de puncture. 2) Résultats sur 1205 observations. 3) Etude sur les maladies aiguës (amygdalite et pneumonie). 4) PSC à partir des points auriculaires et points sensibles associés des méridiens. 5) Fréquence d'apparition des points douloureux à l'oreille. 6) Localisation des points douloureux pour une affection donnée. 7) Technique des aiguilles à demeure et analyse de 68 observations. 8) Etude de la tension du LCR avant et après puncture.

4- gera: 5869/di/ra

EXPERIENCES PRINCEPS DE L'AURICULOPUNCTURE (1). NGUYEN VAN NGHI ET AL. **mensuel du medecin acupuncteur.** 1977;45:167-76 (fra).

Traduction du livre "Auriculothérapie" publié à Shanghai en 1959. Etude clinique et première exploration du mécanisme de l'auriculopuncture : définition de la technique et analyse des résultats de 1661 cas, étude clinique sur des affections aiguës (appendicite, amygdalite, bronchite), étude expérimentale chez l'animal (badigeonnage de piment, injection de produits, fracture), relation entre King Lo et point auriculaire (PSC), effets de l'auriculopuncture sur la sécrétion et le péristaltisme gastrique. Explication de l'auriculothérapie à partir des théories traditionnelles ou de la physiologie de Pavlov. Indications de la méthode, comparaison de la puncture

5- gera: 4201/nd/ra

[UN CAS DE PSC AVEC REACTION MYOELECTRIQUE DANS LA REGION PRE-AURICULAIRE]. X. xin yi yao xue zazhi. 1977;5:14 (chi).

Etude entreprise chez un patient avec surdité de perception. Quand le PSC atteint la région pré-auriculaire le patient perçoit un bruit et présente une contraction involontaire des muscles pré-auriculaires simultanément. L'EMG est utilisé pour étudier de façon objective les variations et l'arrivée du PSC.

6- gera: 4237/di/cg

[LE PHENOMENE DE L'ARRIVEE DU PSC AU NIVEAU DE LA REGION ATTEINTE, RAPPORT D'UN CAS DE TROUBLE FONCTIONNELS DE L'ARTICULATION *]. 262 HOSPITAL OF PLA. **advances in acupuncture and**

acupuncture anaesthesia,beijing. 1980;:270 (eng).

7- gera: 4217/di/cg

[ANALYSE STATISTIQUE DE LA RECHERCHE DU PSC CHEZ 1000 SUJETS]. 309 HOSPITAL OF PLA ET AL. **advances in acupuncture and acupuncture anaesthesia,beijing.** 1980;:258 (eng).

Etude chez 1000 sujets en utilisant une stimulation électrique par électrode plate aux points Jing ou Yuan. Le taux de prévalence de PSC est de, 18,3 % dont 1,3 % de PSC marqués. Il n'y a pas de différence en fonction du sexe, chez les sujets sains ou malades.

8- gera: 4267/di/cg

[OBSERVATIONS SUR LE PSC]. ACADEMY OF TCM. **advances in acupuncture and acupuncture anaesthesia,beijing.** 1980;:21 (eng).

9- gera: 20066/di/cg

A PRELIMINARY OBSERVATION ON THE PHENOMENA OF MERIDIANS OF CORONARY HEART DISEASE. BINGRAN Z ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1980;:274 (eng).

10- gera: 4261/di/cg

[SUR LE PSC BASE SUR L'ANALGESIE PAR ACUPUNCTURE]. CHANG CHUN INSTITUTE OF TCM. **advances in acupuncture and acupuncture anaesthesia,beijing.** 1980;:292 (eng).

11- gera: 4256/di/cg

[ANALYSE CLINIQUE DE 95 CAS DE TROUBLES SENSORIELS A DISTRIBUTION MERIDIENNE]. CHEN KEQIN. **advances in acupuncture and acupuncture anaesthesia,beijing.** 1980;:287 (eng).

12- gera: 4225/di/cg

[OBSERVATIONS CLINIQUES SUR LE BLOCAGE DU PSC PAR PRESSION MECANIQUE]. CHENG LIANHU ET AL. **advances in acupuncture and acupuncture anaesthesia,beijing.** 1980;:268 (eng).

13- gera: 4260/di/cg

[ETUDE SUR LA RELATION ENTRE LE PSC ET L'EFFICACITE DE L'ANALGESIE PAR ACUPUNCTURE]. COOPERATIVE GROUP IN RESEARCH OF PSC. **advances in acupuncture and acupuncture anaesthesia,beijing.** 1980;:291 (eng).

14- gera: 4263/di/cg

[ETUDE PRELIMINAIRE SUR LA RELATION ENTRE PSC ET EFFICACITE DE L'ANALGESIE PAR ACUPUNCTURE]. COOPERATIVE GROUP OF ACUPUNCTURE *. **advances in acupuncture and acupuncture anaesthesia,beijing.** 1980;:293 (eng).

15- gera: 4221/di/cg

[ETUDE SUR LE PSC DES 14 MERIDIENS]. COOPERATIVE GROUP OF ILLUSTRATED CHART *. **advances in acupuncture and acupuncture anaesthesia,beijing.** 1980;:263 (eng).

16- gera: 4218/di/cg

[FREQUENCE DU PSC DANS LA POPULATION ET SES PROPRIETES DE BASE]. COOPERATIVE GROUP OF INVESTIGATION *. **advances in acupuncture and acupuncture anaesthesia,beijing.** 1980;:258 (eng).

Etude du taux de prévalence du PSC dans une population de 63228 personnes étudiées dans 29 centres chinois de 1972 à 1978. 12 à 24% de cas de PSC positif, le taux et en faite très

variable en fonction des centres 5,6% à (Henan) à 45,2% (Guangdong).

17- gera: 4251/di/cg
[RELATIONS ENTRE L'EFFET DE L'ACUPUNCTURE ET LE PSC]. DU HU ET AL. advances in acupuncture and acupuncture anaesthesia,beijing. 1980;:283 (eng).

18- gera: 4247/di/cg
[OBSERVATIONS PRELIMINAIRES SUR LE PSC CHEZ 102 CAS DE PARAPLEGIE TRAUMATIQUE]. FU ZHAOMING ET AL. advances in acupuncture and acupuncture anaesthesia,beijing. 1980;:279 (eng).

19- gera: 4223/di/cg
[PSC INDUIT PAR LA STIMULATION DES POINTS AURICULAIRES]. GUANGXI COLLEGE OF TCM. advances in acupuncture and acupuncture anaesthesia,beijing. 1980;:265 (eng).

20- gera: 20061/di/cg
OBSERVATIONS ON THE EFFECT OF NEEDLING NEIGUAN WITH PROPAGATED SENSATION REACHING THE AFFECTED ARCA. HEXL Z ET AL. second national symposium on acupuncture and moxibustion,beijing. 1980;:270 (eng).

21- gera: 20060/di/cg
OBSERVATION OF PSM ON THE CARDIAC PUMP FUNCTION IN THE CHILDREN WITH HEART TROUBLE DURING THEIR RECOVERY FROM THE OPERATION UNDER*. HUILHE G ET AL. second national symposium on acupuncture and moxibustion,beijing. 1980;:269 (eng).

22- gera: 4244/di/cg
[SOMMEIL INDUIT PAR PSC, RAPPORT D'UN CAS]. HUNAN COLLEGE OF TCM. advances in acupuncture and acupuncture anaesthesia,beijing. 1980;:277 (eng).

23- gera: 4246/di/cg
[OBSERVATIONS EEG SUR DES SUJETS AVEC PSC MARQUE]. INSTITUTE OF MEDICINE AND PHARMACOLOGY *. advances in acupuncture and acupuncture anaesthesia,beijing. 1980;:278 (eng).

24- gera: 4224/di/cg
[ETUDE SUR LE PHENOMENE DE BLOCAGE DES ACTIVITES MERIDIENNES]. INSTITUTE OF MEDICINE AND PHARMACOLOGY *. advances in acupuncture and acupuncture anaesthesia,beijing. 1980;:266 (eng).

25- gera: 4238/di/cg
[RECHERCHE SUR LES MERIDIENS PAR EMG]. INSTITUTE OF MEDICINE AND PHARMACOLOGY *. advances in acupuncture and acupuncture anaesthesia,beijing. 1980;:271 (eng).

26- gera: 4252/di/cg
[RECHERCHE PRELIMINAIRE SUR LA DISTRIBUTION DES ZONES HYPOALGIQUES LE LONG DES MERIDIENS CHEZ LES SUJETS AVEC PSC MARQUE]. INSTITUTE OF MEDICINE AND PHARMACOLOGY *. advances in acupuncture and acupuncture anaesthesia,beijing. 1980;:285 (eng).

27- gera: 4219/di/cg
[ETUDE DU PSC CHEZ 203 MOZAMBICANS]. LI BONING. advances in acupuncture and acupuncture anaesthesia,beijing. 1980;:261 (eng).

Etude chez 203 patients mozambicains au Tete Hospital. 3 cas avec PSC marqué (1,5%). Taux de prévalence général de (81,8%), pas de différence selon le sexe ou l'age. Vitesse entre 3,3 et 6,6 cm/s, largeur de la zone de propagation entre 1,5 et 3 cm.

28- gera: 20064/di/cg
THE CHANGE OF IMPEDANCE CARDIOGRAM BEFORE AND AFTER PROPAGATED SENSATION ALONG THE PERICARDIUM MERIDIAN. LINGLING S ET AL. second national symposium on acupuncture and moxibustion,beijing. 1980;:273 (eng).

29- gera: 20065/di/cg
THE INFLUENCE OF "QI REACHING TO THE AFFECTED AREA" ON THE FUNCTIONAL STATE OF CARDIOVASCULAR SYSTEM. LINNHU C ET AL. second national symposium on acupuncture and moxibustion,beijing. 1980;:273 (eng).

30- gera: 4257/di/cg
[ANALGESIE ET PARESTHESIE PROPAGEES LE LONG DES MERIDIENS, RAPPORT DE 80 CAS]. LIU CHENGZHONG. advances in acupuncture and acupuncture anaesthesia,beijing. 1980;:289 (eng).

31- gera: 4259/di/cg
[RELATION ENTRE LE PSC ET LES MALADIES OBSERVATIONS CLINIQUES SUR 418 CAS]. LIU CHENGZHONG. advances in acupuncture and acupuncture anaesthesia,beijing. 1980;:290 (eng).

32- gera: 4262/di/cg
[OBSERVATIONS CLINIQUES SUR LA CORRELATION ENTRE PSC ET ANALGESIE PAR ACUPUNCTURE]. MA RUILIN ET AL. advances in acupuncture and acupuncture anaesthesia,beijing. 1980;:293 (eng).

33- gera: 4248/di/cg
[RECHERCHE SUR LE PSC CHEZ DES PATIENTS AVEC SEQUELLES DE POLIOMYELITE ET SES MODIFICATIONS APRES OPERATION]. SHENG LINGLING ET AL. advances in acupuncture and acupuncture anaesthesia,beijing. 1980;:280 (eng).

34- gera: 6913/di/cg
[ETUDE PRELIMINAIRE SUR LES RELATIONS ENTRE LE RESULTAT DE L'ANESTHESIE PAR ACUPUNCTURE, LE PSC, LA CLASSIFICATION TRADITIONNELLE*]. SONG KAIYUAN ET AL. advances in acupuncture and acupuncture anaesthesia,beijing. 1980;:210:215 (eng).
 1) L'anesthésie par acupuncture est supérieure chez les patients avec psc au point jing. 2) Il y a une relation avec le seuil de tolérance de la douleur. 3) Le résultat est meilleur chez les sujets où l'élévation de la température est inférieure à 1°. 4) Le résultat est le meilleur en cas de vide de yang et le plus faible en cas de vide de yin.

35- gera: 4239/di/cg
[LE PHENOMENE GUSTATIF DU MERIDIEN DE LA RATE]. SUN FULI ET AL. advances in acupuncture and acupuncture anaesthesia,beijing. 1980;: (eng).

36- gera: 4243/di/cg
[PHENOMENE DU PSC INDUIT PAR LIMITATION DE L'ACTIVITE SPONTANEE CONSCIENTE]. WANG BUXIONG ET AL. advances in acupuncture and acupuncture anaesthesia,beijing. 1980;:276 (eng).

37- gera: 9473/di/cg
[ETUDE DES EFFETS DE LA PUNCTURE DU 6MC AVEC

BLOCAGE PAR PRESSION SUR L'ECG]. XIAO YONG JIANG. *advances in acupuncture and acupuncture anaesthesia,beijing*. 1980;:269 (eng).

38- gera: 4254/di/cg
[PRESENCE D'UNE BANDE HYPOALGIQUE LE LONG DU PSC, RAPPORT DE 6 CAS]. XIAO YONGJIAN ET AL. *advances in acupuncture and acupuncture anaesthesia,beijing*. 1980;:286 (eng).

39- gera: 4268/di/cg
[LE PHENOMENE DU PSC ET LE CORTEX CEREBRAL]. XUE CHONGCHENG. *advances in acupuncture and acupuncture anaesthesia,beijing*. 1980;:22 (eng).

40- gera: 20067/di/cg
THE EFFECT OF ACUPUNCTURE ON THE ABNORMALITY OF CENTRAL CARDIO-VASCULAR FUNCTION AND THE ANALYSIS OF PATHWAYS. YIPING Z ET AL. *second national symposium on acupuncture and moxibustion,beijing*. 1980;:521 (eng).

41- gera: 20063/di/cg
EFFECT OF LOCAL REFRIGERATION ON ECG CHANGES OF ELECTROACUPUNCTURE IN NEIGUAN ACUPOINT. YONGJIAN X ET AL. *second national symposium on acupuncture and moxibustion,beijing*. 1980;:272 (eng).

42- gera: 4241/di/cg
[ETUDE SUR LE PSC LATENT. 2) RECHERCHE SUR LE PSC LATENT DES 12 MERIDIENS]. YU SHUZHANG ET AL. *advances in acupuncture and acupuncture anaesthesia,beijing*. 1980;:274 (eng).

43- gera: 4222/di/cg
[OBSERVATION SUR LE PHENOMENE DES POINTS SHU DU PSC]. ZAO SHUMIN ET AL. *advances in acupuncture and acupuncture anaesthesia,beijing*. 1980;:265 (eng).

44- gera: 4245/di/cg
[OBSERVATION SUR LE DEVELOPPEMENT DU SOMMEIL DURANT LE PSC, RAPPORT D'UN CAS]. ZHANG DENGBU ET AL. *advances in acupuncture and acupuncture anaesthesia,beijing*. 1980;:277 (eng).

45- gera: 4242/di/cg
[ETUDE PRELIMINAIRE SUR L'EXCITATION DU PSC]. ZHANG JIN ET AL. *advances in acupuncture and acupuncture anaesthesia,beijing*. 1980;:275-6 (eng).

46- gera: 4258/di/cg
[ETUDE PRELIMINAIRE SUR LE PSC GAGNANT LA REGION ATTEINTE]. ZHANG JIN ET AL. *advances in acupuncture and acupuncture anaesthesia,beijing*. 1980;:289 (eng).

47- gera: 4250/di/cg
[EMG DURANT LE PSC]. ZHANG YIMIN ET AL. *advances in acupuncture and acupuncture anaesthesia,beijing*. 1980;:282 (eng).

48- gera: 4220/di/cg
[RECHERCHE PRELIMINAIRE SUR LES REGLES GENERALES DU PSC, ANALYSE DE 2107 CAS]. ZHANJIN ET AL. *advances in acupuncture and acupuncture anaesthesia,beijing*. 1980;:261 (eng).
 Etude chez 2107 sujets, 788 sujets sains et 1311 patients dont 100 sourds-muets. Stimulation électrique avec l'aiguille

Dizen. Description d'un PSC latent. Le taux de prévalence du PSC est supérieur chez les sujets malades (61,2%) par rapport aux sujets sains (40,5%). Chez les patients, le taux de prévalence atteint 80% si on considère les méridiens correspondants à la maladie.

49- gera: 4236/di/cg
[BLOCAGE DU PSC SUIVI DE CONTRACTIONS MUSCULAIRES ET DECHARGES ELECTRIQUES]. ZHU ZONGXIANG ET AL. *advances in acupuncture and acupuncture anaesthesia,beijing*. 1980;:269 (eng).

50- gera: 4240/di/cg
[ETUDES SUR LE PSC LATENT : 1) LA DECOUVERTE DU PSC LATENT ET ETUDE PRELIMINAIRE SUR SES PROPRIETES CUTANEEES ELECTRIQUES]. ZHU ZONGXIANG ET AL. *advances in acupuncture and acupuncture anaesthesia,beijing*. 1980;:273 (eng).

51- gera: 12151/di/cg
CLINICAL OBSERVATION OF ACUPUNCTURE TREATMENT IN ACUTE PERFORATION OF PEPTIC ULCER. ZHUANG DING ET AL. *advances in acupuncture and acupuncture anaesthesia,beijing*. 1980;:61 (eng).
 36E ou point sensible adjacent. 12VC, 21E, 25E. 6MC en cas de nausées ou vomissements sévères. Puncture bilatérale. Après obtention du Deqi, stimulation manuelle forte pour obtenir une irradiation de la sensation, puis électroacupuncture une heure. Répéter la séance toutes les 4 heures. Pas d'antalgiques, ni d'antibiotiques, aspiration gastrique, perfusion. Après 1 à 2 séances : cédation de la douleur, abdomen souple et reprise du péristaltisme : ceci indique l'obturation de la perforation et la possibilité d'administrer des plantes chinoises en toute sécurité. 63% sont traités avec succès sans intervention. Les meilleurs résultats sont obtenus avec irradiation

52- gera: 4253/di/cg
[VARIATIONS DU SEUIL DE LA DOULEUR ET DE LA SENSIBILITE TACTILE LE LONG DU PSC]. ZONGXIANG ET AL. *advances in acupuncture and acupuncture anaesthesia,beijing*. 1980;:286 (eng).

53- gera: 810/di/ra
[ETUDE SUR LE ROLE DE LA SUGGESTION DANS LA FORMATION DU PSC]. GROUPE DE RECHERCHE DE FUJIAN. *chinese acupuncture and moxibustion*. 1981;1(1):22 (chi*).

Le PSC peut-il être induit par suggestion ? 40 malades avec un PSC marqué et 30 malades externes jamais traités par acupuncture ont été étudiés. Les résultats montrent que le PSC ne peut être provoqué par une forte suggestion chez les patients qui n'ont jamais reçu d'acupuncture. Même chez les malades avec un PSC marqué, il peut rarement être induit par suggestion. Il est évident que le PSC est un phénomène basé sur un processus physiologique et que la suggestion n'a pas un grand rôle dans sa genèse.

54- gera: 8401/di/ra
[ETAT ACTUEL ET PROBLEMES DE LA RECHERCHE SUR LE PSC]. HU XIANGLONG. *acupuncture research*. 1981;6(3):161 (chi*).

Revue générale sur le PSC. Discussion sur les différents points de vue sur le mécanisme de formation et la physiologie du PSC.

55- gera: 4271/di/ra
[ETUDES SUR LA SENSATION PROPAGEE LE LONG DES MERIDIENS]. JI ZHONGPU. *journal of traditional chinese medicine*. 1981;1(1):3 (eng).

56- gera: 5581/di/ra
[DIFFERENCES ENTRE SENSATION D'ACUPUNCTURE ET INFLUX NERVEUX]. TZOU HAI LEE. *acupuncture research quarterly*. 1981;18:59-60 (eng).

1) La vitesse de l'influx nerveux (4 000 à 7 000 cm/s) est supérieure à la sensation propagée par acupuncture (15 à 48 cm/s jusqu'à 27 à 100 cm/s en cas d'hypersensibilité). 2) La sensation d'acupuncture est perçue par le sujet alors que l'influx nerveux ne peut être mis en évidence que par des méthodes instrumentales. 3) Le trajet des méridiens ne correspond pas au trajet des nerfs même s'il y a superposition sur quelques segments. 4) La puncture d'un tronc nerveux se traduit cliniquement par une sensation de courant électrique alors que le De Qi correspond à une sensation d'engourdissement ou de distension.

57- gera: 602/di/ra

[OBSERVATIONS CLINIQUES SUR LE TRAITEMENT DE L'ASTHME INFANTILE PAR LE PSC INDUIT PAR LA RELAXATION]. WANG BUXIONG ET AL. *shanghai journal of traditional chinese medicine*. 1981;9:29 (chi).

58- gera: 806/di/ra

[PROGRES RECENTS DANS LA RECHERCHE SUR LE PSC]. WEI RUSHU. *journal of new chinese medicine*. 1981;13(12):33 (chi).

59- gera: 805/di/ra

[PRINCIPAUX PROGRES DANS L'ETUDE DU PSC]. WU SIHONG. *shanghai journal of traditional chinese medicine*. 1981;9:33 (chi).

60- gera: 801/di/ra

[SENSATION CORTICALE ET SENSATION MERIDIENNE]. XUE CHONGCHENG. *chinese acupuncture and moxibustion*. 1981;1(2):21 (chi*).

Sensation corticale et sensation méridienne sont analysées chez 15 malades avec des lésions du lobe pariétal ou thalamo-corticales. Les troubles de la sensation corticale et méridienne se retrouvent dans les mêmes zones de l'organisme et sont proportionnelles en degré. La sensation corticale apparaît plus précocement que la sensation méridienne et est perçue dans les zones 3, 1, 2.

61- gera: 803/di/ra

[MEMBRES FANTOMES ET MERIDIENS FANTOMES CHEZ LES AMPUTES ACQUIS ET CONGENITAUX INDUITS PAR ACUPUNCTURE]. XUE CHONGCHENG. *mtc et acupuncture*. 1981;4(4):6-12 (eng).

Membres fantômes et méridiens fantômes ont été étudiés chez 35 patients amputés (amputation congénitale ou acquise). Tous ont développé une sensation fantôme sous acupuncture y compris ceux chez qui les autres méthodes avaient échouées. Le membre fantôme induit par acupuncture est plus net, plus complet et proche de la taille du membre opposé. L'acupuncture est idéale pour l'investigation et le traitement des douleurs fantômes. La découverte d'un méridien fantôme qui est une expression fonctionnelle du cortex cérébral et avec une signification phylogénique va dans le sens d'une théorie génétique du schéma corporel.

62- gera: 4273/di/ra

[ETUDES SUR LE PHENOMENE DU PSC LATENT. 2) RECHERCHES SUR LES LIGNES DE LPSC]. YU SHUZHANG ET AL. *american journal of chinese medicine*. 1981;9(4):291-7 (eng).

Le PSC latent des 12 méridiens est étudié sur 200 patients. 68,5 % ont un LPSC. Aucune différence majeure n'est notée au niveau des 12 méridiens principaux. La largeur du LPSC est d'environ 0,5 cm. Le LPSC apparaît comme un prolongement du PSC.

63- gera: 4272/di/ra

[ETUDE SUR LE PHENOMENE DU PSC LATENT. 1) LA DECOUVERTE DU PSC LATENT ET ETUDE PRELIMINAIRE SUR LA CONDUCTIBILITE ELECTRIQUE*]. ZHU ZONGXIANG ET AL. *american journal of chinese medicine*. 1981;9(3):216-24 (eng).

Par la combinaison d'un stimuli électrique et d'un stimuli mécanique nous avons mis en évidence une nouvelle ligne de

sensation qui coïncide avec le trajet classique des méridiens. La stimulation électrique est appliquée au niveau des points Jing du Gros Intestin (Shangyan) ou de l'Estomac (Lidui). A l'aide d'un martelet en caoutchouc, de petites frappes sont appliquées sur la peau le long de lignes perpendiculaires aux méridiens et passant par les points d'acupuncture. Au niveau du point une sensation spécifique. Une ligne imaginaire coïncidant parfaitement au trajet des méridiens de l'estomac et du gros intestin peut être obtenue. Cette ligne est appelée PSC latent car en dehors de toute stimulation mécanique elle n'apparaît pas. L'étude de la résistivité cutanée au niveau de la ligne de PSC latent montre une plus grande conductibilité par rapport aux zones environnantes. Ceci montre que non seulement les points d'acupuncture mais également le trajet entier du PSC

64- gera: 813/di/ra

[RECHERCHES SUR LE PSC LATENT CHEZ DES SUJETS NORMAUX]. BAO JINGBO ET AL. *chinese acupuncture and moxibustion*. 1982;2(3):23 (chi*).

Recherche sur le PSC du méridien GI droit chez 100 sujets sains, étudiants en gymnastique, Wushu (art martial), football et basket-ball. 94 % des sujets ont un PSC latent. Ceci montre que le PSC est un phénomène

65- gera: 9482/di/ra

[MODIFICATIONS FONCTIONNELLES CARDIAQUES AVANT ET APRES PSC LE LONG DU MERIDIEN DU MAITRE DU COEUR]. CHENG LINGLING ET AL. *acupuncture research*. 1982;7(3):235 (chi*).

Etude chez 51 enfants sains. Dans le groupe sans PSC, seule la fréquence cardiaque est modifiée alors que dans le groupe avec PSC, l'ensemble des paramètres subit des modifications significatives.

66- gera: 2092/di/ra

[INVESTIGATIONS SUR 130 CAS D'AMYGDALECTOMIE SOUS ANESTHESIE PAR ACUPUNCTURE]. FENG XUCHUN ET AL. *chinese acupuncture and moxibustion*. 1982;2(6): (chi*).

130 cas d'amygdalectomie ont été réalisés dans notre hôpital sous anesthésie par acupuncture avec des résultats satisfaisants. Le taux d'efficacité a été de 79 %. Points : amygdale (1 cm sous l'angle de la mâchoire) et Hegu (4GI). Le premier point est stimulé par un courant électrique de 1000 hertz et la deuxième de 2,5 à 20 hertz. Les résultats montrent que l'effet de l'acupuncture dépend de l'âge, des conditions émotionnelles, et des techniques opératoires. L'effet est meilleur quand on obtient un PSC vers le champ opératoire.

67- gera: 2014/di/ra

[ETUDE SUR LES RELATIONS ENTRE POINTS ET MERIDIENS D'ACUPUNCTURE ET L'OUÏE]. HUKU ET AL. *chinese acupuncture and moxibustion*. 1982;2(2):24 (chi*).

Cette étude est basée sur des observations cliniques et l'expérimentation animale. Chez 13 malades est trouvé un PSC gagnant l'oreille. Chez un malade avec des bourdonnements, l'arrivée du PSC au niveau de l'oreille est marquée par leur disparition. L'expérimentation animale montre que des potentiels évoqués peuvent être enregistrés au niveau du cortex auditif après stimulation électro-acupunctureale du points des méridiens de rate, du foie, de la vessie, du TR, des reins, de l'estomac... etc. La convergence des influx afférents des points des méridiens et des sensations auditives sur le même neurone au niveau du colliculus inférieur est démontrée. Les effets de l'électroacupuncture sur les potentiels évoqués au niveau de l'aire auditive corticale sont évidents.

68- gera: 646/di/ra

[ANALYSE DE 80 CAS DE SCIATIQUE TRAITES PAR ACUPUNCTURE]. KAO HONGHAO. *revue de mtc du yunnan*. 1982;3(2):32 (chi).

20VG et 7V. Séance de 30 mn un jour sur deux, 2 séries de 10 séances. 50 cas de guérison (62,5%). Rapport de 2 cas avec induction du PSC : un cas à trajet vessie et un cas à trajet VB. (Traduction Française disponible).

69- gera: 811/di/ra

[ETUDE DU PSC, CHEZ 203 MOZAMBICAINS]. LI BAINING. **chinese acupuncture and moxibustion.** 1982;2(1):10 (chi*).
Les résultats montrent 3 cas (1,5 %) de PSC marqué, 61 cas de PSC net (30 %), 102 cas (50 %) de PSC faible et 37 cas (18,2 %) sans réponse. Cela montre que le PSC n'est pas un phénomène individuel, présent uniquement dans certaines régions ou dans certains pays, mais également dans d'autres races.

70- gera: 926/di/ra

[DISCUSSION PRELIMINAIRE SUR LES TECHNIQUES MANIPULATOIRES]. MA RUILIN. **chinese acupuncture and moxibustion.** 1982;2(5):23 (chi*).

Les techniques manipulatoires sont essentielles pour l'efficacité thérapeutique. Tonification et dispersion sont étroitement liées au "Deqi" (arrivée de l'énergie) et au "Qizhi Bingsuo" (arrivée de la sensation acupuncturale à

71- gera: 9606/di/ra

[EFFETS DU PSC INDUIT PAR ACUPUNCTURE SUR LES FONCTIONS CARDIAQUES DE PATIENTS AVEC ANGOR]. MENG JINGBI ET AL. **acupuncture research.** 1982;7(3):229 (chi*).

L'acupuncture améliore les fonctions cardiaques mais il n'y a pas de différence entre les patients sans PSC, les patients avec un PSC jusqu'au coude, ou les patients avec un PSC jusqu'à la région précordiale.

72- gera: 804/di/ra

[SUR CERTAINS DOMAINES DANS LA RECHERCHE SUR LE PSC CONSIDERES COMME NE POUVANT ETRE EXPLIQUES PAR LA THEORIE CENTRALE]. XUE CHONGCHENG. **chinese acupuncture and moxibustion.** 1982;2(4):31 (chi*).

Le PSC est une fonction du cortex cérébral. L'hypothèse de l'auteur est bâtie sur six points : 1) Existence dans le cortex de deux centres méridiens, un pour l'envoi des influx (MI) et un autre pour la perception de la sensation (MII). 2) Présence des voies de propagation dans MI. 3) Perception du PSC et de la simple sensation puncturale à deux niveaux différents. 4) Signification phylogénique du PSC. 5) Projection bilatérale du PSC. 6) Phénomène

73- gera: 1849/di/ra

[102 CAS DE SPASME FACIAL TRAITES PAR LA METHODE DE CONDUCTION DE L'ENERGIE]. YU SHUZHANG ET AL. **chinese acupuncture and moxibustion.** 1982;2(4):17 (chi*).

102 cas de spasmes de la face sont traités par sensation propagée le long des méridiens conduite au niveau de la zone atteinte. Une analyse de l'étiologie, des formes cliniques du principe thérapeutique et des résultats est réalisée, 82,8 % de résultat positif à court terme et 76,3 % à long terme. En comparaison l'utilisation d'autres techniques (43 cas) montre respectivement 23,2 % et 18,8 %. (traduction GERA disponible).

74- gera: 945/di/ra

[MON EXPERIENCE DANS LA CONDUCTION DE L'ENERGIE VERS LA REGION ATTEINTE EN ACUPUNCTURE]. ZHANG REN. **journal of new chinese medicine.** 1982;14(10):28 (chi).

Traduction GERA disponible.

75- gera: 4457/di/ra

[DESCRIPTION GENERALE DE LA SPECIFICITE RELATIVE DES POINTS SHU]. ZHANG XIAOPING. **chinese acupuncture and moxibustion.** 1982;2(5):44 (chi*).

A partir d'un grand nombre de publications, la spécificité relative des points Shu est analysée d'un point de vue de la régulation acupuncturale et de l'analgésie par acupuncture. 3 points particuliers sont analysés : 1) Fonction du PSC. 2) Fonction du système nerveux. 3) Fonction des liquides organiques.

76- gera: 4276/di/ra

[OBSERVATIONS PRELIMINAIRES SUR "L'EXCITATION" DU PSC]. ZHANGJIU ET AL. **chinese acupuncture and moxibustion.** 1982;2(5):29 (chi*).

Le PSC latent peut être transformé ("excitation") en PSC patent en utilisant une électrode filiforme à pointe mousse et des relais de stimulation. L'étude porte sur 31 cas de malades souffrant de surdité. Dans 91,8 % des cas on met en évidence un PSC le long du TR gagnant l'oreille constituant l'arrivée de l'énergie au niveau de la

77- gera: 812/di/ra

[RECHERCHES SUR LE PSC PAR MOXIBUSTION]. ZHOU MEISHENG. **chinese acupuncture and moxibustion.** 1982;2(3):20 (chi*).

Analyse des effets de la moxibustion sur le PSC dans 856 cas étudiés depuis 20 ans. 754 hommes et 102 femmes, tous ces patients sont coopérants. La méthode est le bâton de moxa tenu à la main ; 85 % perçoivent le PSC. De tous les éléments qui influent sur le PSC le plus important est la nature de la maladie. Plus sévère est la maladie, plus haute est la fréquence d'apparition du PSC.

78- gera: 8439/di/ra

[SON DE PERCUSSION SPECIFIQUE LE LONG DE LA LIGNE DE PSC LATENT DU GROS INTESTIN]. ZHU XONGXIANG ET AL. **acupuncture research.** 1982;7(4):209 (chi*).

A la percussion d'un point de la ligne de PSC latent, un son de percussion spécifique peut être enregistré au niveau d'un autre point de cette ligne. A coté de la mise en évidence de ce son spécifique la moindre impédance de la ligne de PSC est confirmée.

79- gera: 8438/di/ra

[ETUDE SUR LES LIGNES DE BASSES IMPEDANCE DU PSC LATENT AVANT ET APRES AMPUTATION]. ZHU ZONGXIANG ET AL. **acupuncture research.** 1982;7(3):238 (chi*).

Etude sur 5 patients devant subir une amputation pour cancer. Les lignes de basse impédance du PSC latent persistent après l'amputation.

80- gera: 4305/di/ra

[RECHERCHE SUR LES SIGNES OBJECTIFS DES MERIDIENS PAR THERMOGRAPHIE]. HE GUANGXIN ET AL. **chinese acupuncture and moxibustion.** 1983;3(5):23 (chi*).

Le PSC est étudié chez 16 sujets, chez 10 d'entre eux l'application de l'électro-acupuncture permet d'observer une bande hypothermique correspondant au trajet de la VB. Dans 8 cas la correspondance est complète. Dans 2 cas le trajet est parallèle et non en correspondance globale.

81- gera: 4298/di/ra

[PROGRES DANS LA RECHERCHE SUR LES PHENOMENES MERIDIENS CES TROIS DERNIERES ANNEES]. HU XIANGLONG. **chinese acupuncture and moxibustion.** 1983;3(4):50 (chi*).

La recherche a atteint une nouvelle étape dans la détermination des lois des phénomènes méridiens (CP, channel-phenomena) et dans l'utilisation de ces lois pour élever l'efficacité de l'acupuncture.

82- gera: 4290/di/ra

[RECHERCHES SUR LE TRAJET SUPERFICIEL DES MERIDIENS]. JIAO SHUNFA. **chinese acupuncture and moxibustion.** 1983;3(1):27 (chi*).

Les trajets des méridiens tels qu'ils sont communément admis ont été établis par Wang Weiji de la dynastie Song. Dans cette systématisation les points ont été classés selon leur action thérapeutique sur les maladies des méridiens, aussi le trajet de certains méridiens présente des déflexions. Sur la base de l'étude du trajet du PSC, l'auteur pense que le trajet réel des méridiens est une ligne longitudinale sans aucune déflexion.

83- gera: 10924/di/ra

[MODIFICATION DE LA CORTISOLEMIE APRES PUNCTURE DU POINT 36E PAR INSERTION RAPIDE ET RETRAIT LENT]. LI WENXIAN ET AL. **chinese acupuncture and moxibustion.** 1983;5(1):21 (chi*).

Dosage du cortisol chez 26 patients (21 normaux et 5 avec

ulcère gastro-duodéal). 30 minutes après poncture, élévation de la cortisolémie dans 73,1 % des cas. Les résultats suggèrent une relation entre l'intensité de la sensation propagée et l'élévation du cortisol.

84- gera: 4307/di/ra

[DISCUSSION SUR LES CONDITIONS D'APPARITION DU PSC]. LIN WENZHU ET AL. *shanghai journal of acupuncture and moxibustion*. 1983;4:1 (chi).

85- gera: 4498/di/ra

[POINTS ET MERIDIENS N'EXISTENT PAS (résumé)]. MANN F. *acupuncture and electrotherapeutics research*. 1983;8(3-4):329 (eng).

Le point de Mc Burney de l'appendicite a une position définie. En fait, il peut être 10 cm plus haut ou plus bas, sur la gauche ou la droite, il peut occuper un centimètre de diamètre ou occuper l'ensemble de l'abdomen. Il en est de même pour le point d'acupuncture. Les études minutieuses d'impédance cutanée ne montrent pas de modification au niveau des points classiques. Il y a tellement de points d'acupuncture dans les livres modernes qu'il n'y a pas de zone cutanée sans point d'acupuncture. En cas de maladie cardiaque des douleurs peuvent apparaître au niveau du bras. Mais elles n'apparaissent pas de façon plus fréquente au niveau du méridien du coeur. En cas de poncture du périoste il est fréquent d'avoir une sensation irradiée mais cette sensation se dirige

86- gera: 4289/di/ra

[LE TROISIEME SYSTEME : LE SYSTEME DES MERIDIENS ET COLLATERALES]. MENG ZHAOWEI. *chinese acupuncture and moxibustion*. 1983;3(1):25 (chi*).

Sur la base du PSC, l'auteur pense qu'il existe quatre systèmes régulateurs dans l'organisme. Le premier est le système nerveux somatique avec une vitesse de conduction de 100 m/s. Le deuxième est le système nerveux végétatif avec une vitesse de conduction de 1 m/s. Le quatrième est le système endocrinien avec une vitesse de conduction dont l'unité peut être la minute. L'auteur pense que le troisième système est un nouveau champ de

87- gera: 19303/di/ra

[RECHERCHE RECENTE SUR LA THEORIE DES MERIDIENS]. MENG ZHAOWEI. *chinese acupuncture and moxibustion*. 1983;5:20 (chi*).

A côté de l'acupuncture traditionnelle il y a la craniopuncture, la manopuncture, auriculopuncture, oculopuncture, la nasopuncture... L'unification de ces systèmes passe par le PSC. Toutes ces zones ont une fonction holographique de régulation et leurs voies peuvent être le système APUD.

88- gera: 6610/di/ra

[L'INJECTION AU NIVEAU DES POINTS GACHETTE ET D'ACUPUNCTURE DANS LE TRAITEMENT DES DOULEURS DES MEMBRES FANTOMES (résumé)]. PONTINEN P.J. *acupuncture and electrotherapeutics research*. 1983;8(1):67-8 (eng).

Le blocage des points gâchettes qui donnent le Deqi ou susceptibles d'induire le PSC au niveau du membre fantôme donne de bons résultats à long terme. On peut mettre en évidence au niveau musculaire des zones sensibles où la pression digitale induit les PSC. La spécificité de ces zones est remarquable. Il existe au niveau du muscle pectoral une zone gâchette pour chacun des doigts. Le traitement comporte la poncture simple ou l'injection de 0,5 à 1 ml de Licodaine à 0,5 %. 3 à 5 points à chaque séance. 5 à 10 séances à une semaine

89- gera: 8444/di/ra

LA SENSATION PROPAGEE LE LONG DES CANAUX. TAILLANDIER J. *bulletin de l'association de recherche et d'etude des medecines de l'asie*. 1983;3:30-4 (fra).

90- gera: 4311/di/ra

[PROGRES DANS LA RECHERCHE DES PHENOMENES MERIDIENS A L'ETRANGER]. WANG BENSAN. *chinese*

acupuncture and moxibustion. 1983;3(6):45 (chi*).

Un des axes important de la recherche est la mise en évidence de la nature des méridiens avec : 1) Etude des phénomènes méridiens à la surface du corps 2) Recherche sur des images de méridiens et points.

91- gera: 4310/di/ra

[OBSERVATIONS EXPERIMENTALES DE 39 CAS DE DERIVATION DU PSC VERS LE DAI MAI PAR BLOCAGE]. WANG PINSHAN. *chinese acupuncture and moxibustion*. 1983;3(6):24 (chi*).

Etude chez 39 sujets avec PSC marqué. Une pression est exercée au niveau du membre correspondant pour modifier le trajet du PSC. Pendant ce temps on stimule le Dai Mai par pression du doigt ou acupuncture ; on observe une dérivation du PSC du méridien vers le Dai Mai chez 95 % des sujets ; on met ainsi en évidence une relation entre les méridiens et le Dai Mai.

92- gera: 8799/di/ra

[PRELIMINARY OBSERVATION ON THE ADRENERGIC NERVE TERMINALS UNDER THE LOW IMPEDANCE LINE ALONG MERIDIAN OF RAT]. WEN SHEN ET AL. *acupuncture research*. 1983;8(4):298 (chi*).

93- gera: 4286/di/ra

[APPARITION SPONTANEE DE LA SENSATION MERIDIENNE CHEZ DES PATIENTS EPILEPTIQUES AVEC LESIONS INTRACRANIENNE]. XUE CHONG CHENG. *chinese medical journal*. 1983;96(1):33 (eng).

Le PSC peut apparaître spontanément avec des lésions cérébrales. Le PSC se manifeste alors comme une épilepsie, comme le montre le tableau clinique et l'effet de la dolentine. L'auteur a appelé cette forme clinique "épilepsie sensitive méridienne".

94- gera: 8777/di/ra

[STUDY ON THE CHANNELS PASSING SANYINJIAO AND THE QUANTITATIVE DETERMINATION OF NEEDLING SENSATION DURING ACUPUNCTURE.] YEN ZHIGIANG ET AL. *acupuncture research*. 1983;8(3):235 (chi*).

95- gera: 4309/di/ra

[RELATION ENTRE LE PSC INDUIT AU NIVEAU DE POINTS AURICULAIRES ET AU NIVEAU SOMATIQUE]. ZHEN NAIMING ET AL. *chinese acupuncture and moxibustion*. 1983;3(6):23 (chi*).

Etude chez 505 sujets. Le PSC peut être induit à partir de point auriculaire, mais la fréquence du PSC auriculaire est inférieure à celle du PSC somatique. Il existe des relations entre ces deux PSC. La conduction centrifuge de la sensation à partir de l'oreille ouvre une nouvelle voie de recherche sur les relations cérébrales.

96- gera: 8427/di/cg

[PHENOMENE DE LA SENSATION REFEREE AU NIVEAU DES NEURONES THALAMIQUES]. AIKAWA S ET AL. *second national symposium on acupuncture and moxibustion, beijing*. 1984;:32 (eng).

97- gera: 8677/di/ra

[DONNEES MORPHOLOGIQUES CONCERNANT LES POINTS D'ACUPUNCTURE ET LES MERIDIENS]. BOSSY J. *acupuncture and electrotherapeutics research*. 1984;9(2):79-106 (eng).

Depuis 3 siècles les recherches n'ont mis en évidence aucun support morphologique périphérique aux méridiens. Leur trajet apparait comme une sensation référée et la persistance du PSC après amputation et sa disparition après section médullaire implique une participation névrauxiale. Les structures nerveuses sont nécessaires à l'action de l'acupuncture. Il n'y a pas un seul type de point d'acupuncture, mais de nombreux.

98- gera: 21606/di/cg

RELATION BETWEEN THE EXTENT OF DISTINCTNESS

OF PROPAGATED SENSATION ALONG MERIDIANS AND THERAPEUTIC EFFECT OF ACUPUNCTURE ON *. CAI ZONGMIN ET AL. **second national symposium on acupuncture and moxibustion and acupuncture anesthesia.** 1984;:275 (eng).

99- gera: 8821/di/cg
EXPERIMENTAL STUDIES ON THE DETECTION OF ACOUSTIC EMISSION SIGNALS (AES) FOR PROPAGATED SENSATION ALONG MERIDIANS (PSM). CHEN MOXUN ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:303 (eng).

100- gera: 8800/di/cg
AN EXPERIMENTAL OBSERVATION ON THE VISUAL VARIATION PHENOMENA OF PROPAGATED SENSATION ALONG MERIDIANS. CHEN NAIMING ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:277 (eng).

101- gera: 8823/di/cg
EXPERIMENTAL OBSERVATIONS ON THE PHENOMENON OF PROPAGATED SENSATION ALONG MERIDIAN OF BODY AND EAR MERIDIANS. CHEN NAIMING ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:307 (eng).

102- gera: 8782/di/cg
CLINICAL OBSERVATIONS OF THE PROPAGATED SENSATION ALONG MERIDIANS EXCITED BY ACUPUNCTURE MANIPULATIONS. CHENG LIANHU ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:259 (eng).

103- gera: 8790/di/cg
CLINICAL OBSERVATIONS ON THE RELATIONS BETWEEN THE PROPAGATED SENSATION ALONG MERIDIANS AND THE THERAPEUTIC EFFECT. CHENG LIANHU ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:267 (eng).

104- gera: 4322/di/ra
[OBSERVATIONS SUR LE PSC RETROGRADE]. FUKIEN INSTITUTE OF TCM. **fujian journal of traditional chinese medicine.** 1984;15(103):50 (chi).

105- gera: 13905/di/ra
[ETUDE BIOCHIMIQUE ET IMMUNOLOGIQUE SUR L'ASTHME DE L'ENFANT TRAITÉ PAR PSC INDUIT PAR QI GONG]. GONG BING. **shanghai journal of tcm.** 1984;12:2 (chi).

106- gera: 8480/di/ra
[OBSERVATION ET ANALYSE DU PHENOMENE DU PSC CHEZ LES AMPUTES]. HE GUANGXIN. **acupuncture research.** 1984;9(2):157 (chi*).

107- gera: 8828/di/cg
OBSERVATION AND ANALYSIS ON THE PHENOMENA OF PROPAGATED SENSATION ALONG MERIDIANS (PSM) IN 52 AMPUTEES. HE GUANGXIN. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:314 (eng).

108- gera: 19544/di/ra
[OBSERVATION AND ANALYSIS ON PHENOMENA OF PROPAGATED SENSATION ALONG CHANNEL (PSC) IN AMPUTATEE]. HE GUANGXIN. **acupuncture research.** 1984;9(2):157 (chi*).

109- gera: 8812/di/cg
RESEARCH ON THE OBJECTIVE EVIDENCE OF MERIDIANS, DISPLAY ON THE PHENOMENA OF MERIDIANS WITH THERMOGRAPH. HE GUANGXIN ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:295 (eng).

110- gera: 8785/di/cg
RESEARCHES ON THE PROPAGATED SENSATION ALONG MERIDIANS EXCITED BY QIGONG. HE QINGNIAN ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:262 (eng).

111- gera: 8795/di/cg
APPLICATIONS AND ANALGESIS ON THE RESISTANCE PATTERNS OF SEGMENTS OF MERIDIANS AND COLLATERALS. HOU XIANG. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:280 (eng).

112- gera: 8817/di/cg
AN EXPLORATION ON THE NATURE OF MERIDIANS DETERMINATION OF THE MECHANICAL VIBRATION ON THE SURFACE OF THE HUMAN BODY. HU RONGDU ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:300 (eng).

113- gera: 8481/di/ra
RECENT ADVANCES IN PSC RESEARCH. HU XIANGLONG. **acupuncture research.** 1984;9(4):259-91 (eng).
Revue générale sur la recherche sur le PSC. Prévalence du PSC. Caractéristiques, variation du seuil douloureux, PSC latent, relation entre PSC et effet thérapeutique, Excitation du PSC, relations entre PSC et système nerveux. Etude d'index objectifs, hypothèse sur le mécanisme.

114- gera: 19545/di/ra
[RECENT ADVANCES IN PSC RESEARCH]. HU XIANGLONG. **acupuncture research.** 1984;9(4):259 (chi*).

115- gera: 8824/di/cg
COMPARISON OF THE COURSE OF PROPAGATED SENSATION ALONG MERIDIANS WITH THE TOPOLOGY OF BODY REPRESENTATION IN SOMATIC AFFERENT *. HU XIANGLONG ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:310 (eng).

116- gera: 8829/di/cg
STUDIES ON THE ROLE OF HINT IN THE FORMATION OF THE PROPAGATED SENSATION ALONG MERIDIANS. HU XIANGLONG ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:315 (eng).

117- gera: 8833/di/cg
EXPERIMENTAL ANALYSIS OF THE MECHANISM UNDERLYING THE PHENOMENON OF BLOCKING OF ACTIVITIES OF MERIDIANS. HU XIANGLONG ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:318 (eng).

118- gera: 8831/di/cg
OBSERVATIONS ON THE PHENOMENA OF MERIDIANS AFTER ENCEPHALOPATHY AND CEREBRAL INJURIES. JIAO SHUNFA. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:316 (eng).

119- gera: 8426/di/cg
[RECHERCHE SUR LE PSC AU JAPON]. KITADE T ET AL.

second national symposium on acupuncture and moxibustion,beijing. 1984;:19 (eng).

120- gera: 8827/di/cg
A PRIMARY ANALYSIS OF PROPAGATED HALLUCINATION ALONG MERIDIANS IN 55 AMPUTEES. LI BONING ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:313 (eng).

121- gera: 8766/di/cg
INVESTIGATIONS ON THE INDUCING FACTORS OF THE VISIBLE PHENOMENA OF MERIDIANS AND COLLATERALS. LI DINGZHONG. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:249 (eng).

122- gera: 8791/di/cg
PRIMARY APPROACH ON THE RELATIONS BETWEEN THE PROPAGATED SENSATION ALONG MERIDIANS (PSM) AND DISEASES. LI YONGGUANG ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:268 (eng).
 Etude des relations entre PSC et pathologie. 1) Sur 2861 sujets on observe un taux de prévalence du PSC de 63,2%. Dans 739 cas avec affection viscérales, le taux de prévalence au niveau du méridien correspondant est de 71,8% contre 28,2% au niveau des autres méridiens. 2) Etude du phénomène de l'arrivée du Qi au niveau de la région atteinte qui varie entre 5 à 17% en fonction du méridien étudié.

123- gera: 8478/di/ra
[AFFECTION SENSITIVE PROPAGEE LE LONG DES MERIDIENS, RAPPORT CLINIQUE DE 80 CAS]. LIU CHENG ZHONG. **chinese journal of integrated traditional and western medicine.** 1984;4(12):711 (chi*).
 L'affection est caractérisée par des sensations paroxystiques (paresthésies) progressant le long d'une zone particulière du corps humain. La crise débute au niveau d'un point fixe et se propage sur une largeur de 10 à 40 mm. Le trajet correspond à un méridien. Chaque crise dure 3 à 5 minutes laissant une zone hypoesthésique le long du méridien. Depuis 1959, 224 cas ont été rapportés en Chine. Le tableau clinique correspond à celui de la "maladie se développant automatiquement dans les méridiens" décrit dans la littérature ancienne, et peut être

124- gera: 8788/di/cg
CLINICAL MANIFESTATION OF NEEDLING REACTION OF ACUPUNCTURE. LIU GUANJUN. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:265 (eng).

125- gera: 5668/di/ra
[RECHERCHE SUR LA CONDUCTION DU QI VERS LA REGION ATTEINTE INDUITE PAR L'AIGUILLE AUDIOELECTRIQUE]. LIU RONGPING. **chinese acupuncture and moxibustion.** 1984;4(4):25 (chi*).
 La stimulation est appliquée au point Jing, si la sensation ne se propage pas sur l'ensemble du méridien ou n'atteint pas la zone malade, on utilise des relais. On étudie les modifications à l'ECG et au pulsogramme.

126- gera: 8768/di/cg
LONG TERM AND PERIODIC OBSERVATION ON PROPAGATED SENSATION ALONG MERIDIANS (PSM). LIU WEIZHOU ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:251 (eng).

127- gera: 8798/di/cg
DETERMINATION OF THE LOW IMPEDANCE NATURE OF THE LINE OF LATENT PROPAGATED SENSATION ALONG THE MERIDIAN OF LARGE INTESTINE BY 3*. L LIU YIMING ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:283 (eng).

128- gera: 8769/di/cg
COMPARATIVE STUDIES ON THE CORRESPONDENCE BETWEEN THE DOMINANT AND RECESSIVE PROPAGATED SENSATIONS ALONG MERIDIANS (PSM). LU CHANGYA. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:252 (eng).

129- gera: 6678/di/ra
[DISCUSSION PRELIMINAIRE SUR L'ANALGESIE ACUPUNCTURALE DE LA ZONE CUTANEE MERIDIENNE]. LUO QINGDAO ET AL. **shanghai journal of acupuncture and moxibustion.** 1984;4:35 (chi).

130- gera: 8781/di/cg
CLINICAL RESEARCH ON THE PROPAGATED SENSATION ALONG MERIDIANS (PSM) CONTROLLED BY EXCITATION. MA RUILIN ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:258 (eng).

131- gera: 8822/di/cg
PROBES INTO SOME OF THE REGULARITIES OF AURICULAR GENERATION OF PROPAGATED SENSATIONAL LINES OF MERIDIANS. MENG ZHAOWEI ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:306 (eng).

132- gera: 5635/di/ra
[EXPERIENCE SUR LE PHENOMENE DE L'ARRIVEE DE L'ENERGIE AU NIVEAU DE LA REGION ATTEINTE]. RESEARCH GROUP OF ACUPUNCTURE ANAEST *. **fujian journal of traditional chinese medicine.** 1984;15(1):44 (chi).

133- gera: 9508/di/ra
[EFFETS DE L'ARRIVEE DE L'ENERGIE AU NIVEAU DE LA REGION ATTEINTE PAR PUNCTURE DU 6MC SUR LES MALADIES CARDIO-VASCULAIRES]. SHANG REN ET AL. **journal of traditional chinese medicine.** 1984;4(4):269-72 (eng).

La notion "d'arrivée de l'énergie au niveau de la région atteinte" (AQSD - arrival of Qi at the site of disease) a été élaborée par Dou Hanqing (1196-1280) à partir du Wei Sheng Baojian de Luo Tianyi (1271-1368). AQSD est supposé renforcer l'action de la puncture. Etude au niveau de 6MC : puncture perpendiculaire jusqu'au Deqi, puis la pointe de l'aiguille est orientée vers l'épaule pour provoquer l'AQSD jusqu'au thorax. La manipulation Cang Guitan Xue est appliquée, enfoncement-retrait associé à rotation de l'aiguille (100 cycles/mn) pendant 2 minutes. La procédure est répétée à la 10ème et 15ème minutes de la séance. 1 séance par jour, 2 séries de 10 séances espacées de 2 à 3 jours. On observe 2 types d'AQSD : 1) sensation propagée vers l'aire précordiale ou le thorax à trajet méridien ou non, 2) lourdeur, tremblement musculaire, palpitation, sudation ... au niveau de la région précordiale, soit au cours de la première séance (AQSD immédiat) soit au cours des autres séances (AQSD retardé). L'étude chez des patients avec maladies cardio-vasculaires montre : 1) une amélioration immédiate de la symptomatologie fonctionnelle significativement plus importante chez les patients ressentant l'AQSD, que chez les patients ne le ressentant pas, 2) par contre à court terme on n'observe pas de différence significative entre les deux groupes, 3) on n'observe pas de différence significative sur l'ECG ou la lipémie (effet immédiat ou à court terme).

134- gera: 6973/di/el
[CONDUCTION DE LA SENSATION D'ACUPUNCTURE ET EFFETS DE L'ANALGESIE PAR ACUPUNCTURE]. SHANG SHUXUN ET AL. **in acupuncture research,institute of medical information,beijing.** 1984;1-25:25 (eng).

Il existe une relation entre le résultat de l'analgésie par acupuncture (pneumectomie) et la conduction de la sensation d'acupuncture évaluée en préopératoire : le résultat est

supérieur dans le groupe avec conduction (puncture du 6MC et conduction jusqu'au niveau de la région axillaire) que dans le groupe sans conduction (la sensation n'irradie pas au-delà du coude).

135- gera: 8403/di/ra
[RECHERCHE SUR LA NATURE DES MERIDIENS BASEE SUR LE PSC]. SHENG LINGLING ET AL. **shanghai journal of acupuncture and moxibustion**. 1984;3:32 (chi).

136- gera: 8819/di/cg
RESEARCH ON THE PROPAGATION OF SOUND INFORMATION ALONG MERIDIANS (PSIM) IN PARAPLEGIC PATIENTS. SUN PINGSHENG ET AL. **second national symposium on acupuncture and moxibustion,beijing**. 1984;:301 (eng).

137- gera: 8818/di/cg
PROPAGATION OF SOUND INFORMATION ALONG MERIDIANS (PSIM) DISCOVERY OF PSIM BY ACOUSTIC EMISSION TECHNIQUE. WANG PINSHAN ET AL. **second national symposium on acupuncture and moxibustion,beijing**. 1984;:300 (eng).

138- gera: 8826/di/cg
EXCITATION OF THE PROPAGATED SENSATION ALONG MERIDIANS BY CONDUCTING CHEMICALS INTO THE SKIN ALONG MERIDIANS. WANG TONG ET AL. **second national symposium on acupuncture and moxibustion,beijing**. 1984;:312 (eng).

139- gera: 8783/di/cg
COMPARAISON OF TWO METHODS EMPLOYING IN THE EXCITATION OF PROPAGATED SENSATION ALONG MERIDIANS. WU BAOHUA ET AL. **second national symposium on acupuncture and moxibustion,beijing**. 1984;:260 (eng).

140- gera: 8787/di/cg
SPECIAL SLEEP PHENOMENON INDUCED BY PROPAGATED SENSATION ALONG MERIDIANS REACHING THE HEAD. WU BAOHUA ET AL. **second national symposium on acupuncture and moxibustion,beijing**. 1984;:264 (eng).

141- gera: 8825/di/cg
INVESTIGATION ON THE CORTICAL SOMATOSENSORY EVOKED POTENTIALS DURING THE ADVANCE OF THE PROPAGATED SENSATION ALONG MERIDIANS. WU BAOHUA ET AL. **second national symposium on acupuncture and moxibustion,beijing**. 1984;:311 (eng).

142- gera: 8797/di/cg
EXPERIMENTAL LOCALIZATION AND THE LOW IMPEDANCE NATURE OF THE LINE OF LATENT PROPAGATED SENSATION ALONG MERIDIAN OF THE STOMACH.* XIE JUNGUO ET AL. **second national symposium on acupuncture and moxibustion,beijing**. 1984;:283 (eng).

143- gera: 8808/di/cg
ELECTROMYOGRAM ANALYSIS OF DOMINANT PROPAGATED SENSATIONS ALONG MERIDIANS IN NORMAL SUBJECTS. XING JIANGHUAI ET AL. **second national symposium on acupuncture and moxibustion,beijing**. 1984;:290 (eng).

144- gera: 8820/di/cg
DETECTION AND ANALYSIS OF ACOUSTIC EMISSION SIGNALS (AES) PROPAGATED ALONG STOMACH

MERIDIAN IN SHEEP. XU GUANSUN ET AL. second national symposium on acupuncture and moxibustion,beijing. 1984;:302 (eng).

145- gera: 8807/di/cg
AN OBSERVATION OF MUSCULAR ELECTRICITY OF "PROPAGATED SENSATION ALONG THE MERIDIANS". YAN JIE ET AL. **second national symposium on acupuncture and moxibustion,beijing**. 1984;:289 (eng).

146- gera: 8806/di/cg
PRELIMINARY OBSERVATIONS ON THE LOCAL IMPEDANCE RHEOGRAM ON THE COURSE OF PROPAGATED SENSATION ALONG MERIDIANS. YAN ZHENQUAN ET AL. **second national symposium on acupuncture and moxibustion,beijing**. 1984;:287 (eng).

147- gera: 8423/di/cg
[ETUDE SUR L'EFFET INVERSE DU PSC]. YANG BAOTANG ET AL. **second national symposium on acupuncture and moxibustion,beijing**. 1984;: (eng).
L'auteur rapporte une serie d'observation ou l'induction du PSC et l'arrivée de l'énergie au niveau de la région atteinte n'entraîne pas un soulagement mais au contraire une aggravation de la symptomatologie (exacerbation de la douleur opératoire, cardialgies, nausées). Cette aggravation cesse avec l'arrêt de la stimulation.

148- gera: 8784/di/cg
RESEARCHES ON THE PROPAGATED SENSATION ALONG MERIDIAN EXCITED BY LOW FREQUENCY VIBRATION. YANG BAOTANG ET AL. **second national symposium on acupuncture and moxibustion,beijing**. 1984;:261 (eng).

149- gera: 8793/di/cg
THE STUDY ON THE POOR-EFFECT OF PROPAGATED SENSATION ALONG MERIDIANS. YANG BAOTANG ET AL. **second national symposium on acupuncture and moxibustion,beijing**. 1984;:279 (eng).

150- gera: 18542/di/cg
A PRELIMINARY OBSERVATION ON THE RELATION BETWEEN PROPAGATED SENSATION ALONG MERIDIANS AND THE THERAPEUTIC EFFECT OF ACUPUNCTURE ON MYOPIA OF YOUNGSTERS. YANG BIYING ET AL. **second national symposium on acupuncture and moxibustion,beijing**. 1984;:277 (eng).
3F, 4GI, 37VB et 5 TR. Une séance tous les 2 jours, 2 périodes de traitement de 15 jours. Induction de PSC avec irradiation à l'oeil. 85,32 % d'amélioration. Guérison dans 23,85 % des cas.

151- gera: 8792/di/cg
A PRIMARY DISCUSSION ON THE "EFFECTIVE AFTER THE ARRIVAL OF QI". YU QIONGHUI. **second national symposium on acupuncture and moxibustion,beijing**. 1984;:268 (eng).

152- gera: 8780/di/cg
RESEARCHES ON THE EXCITING TRANSFORMATION OF PROPAGATED SENSATIONS ALONG MERIDIANS. YU SHUZHANG ET AL. **second national symposium on acupuncture and moxibustion,beijing**. 1984;:257 (eng).

153- gera: 8796/di/cg
THE MEASUREMENT OF LATENT PSM LINES ALONG THE MERIDIAN OF HAND SHAOYANG SANJIAO AND THE DETERMINATION OF ITS CUTANEOUS ELECTRIC *. YU SHUZHANG ET AL. **second national symposium on acupuncture and moxibustion,beijing**. 1984;:282 (eng).

154- gera: 6960/di/cg

[RELATION ENTRE LE PSC ET L'ANESTHESIE PAR ACUPUNCTURE]. YUAN CUNXIN ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;298:278 (eng).

Etude chez 120 patients divisés en deux groupes. Un groupe (75 cas) où est utilisée la classification du PSC de 1972 (net, faible et absent) et un autre groupe (45 cas) où est utilisée la classification de 1975 : (+++) : PSC jusqu'au champ opératoire (+) PSC n'atteignant pas le champ opératoire et (-) : PSC absent). Quelle que soit la classification utilisée on observe une relation entre le degré de PSC et le résultat de l'analgésie : plus le degré du PSC est élevé, meilleure est l'analgésie.

155- gera: 8830/di/cg

OBSERVATION ON PROPAGATED SENSATION ALONG MERIDIANS (PSM) PHENOMENA OF 250 CASES UNDER STRONG SUGGESTION. YUAN CUNXIN ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;316 (eng).

156- gera: 8773/di/cg

APPROACH ON CONTROLLING THE PROPERTIES AND PROPAGATED DIRECTIONS OF NEEDLING SENSATION. ZHANG JIN. **second national symposium on acupuncture and moxibustion,beijing.** 1984;255 (eng).

157- gera: 8767/di/cg

ON THE CHARACTERISTICS OF PROPAGATED SENSATION ALONG MERIDIANS (PSM). ZHANG JIN ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;250 (eng).

La distribution du PSC est universelle. Le phénomène peut s'observer quelque soit le sexe, profession, l'âge ou la nationalité. L'auteur a le premier décrit en 1976 le phénomène du PSC latent qui a un taux de prévalence de 96,3% dans la population. Il existe une relation entre PSC et efficacité thérapeutique. Le trajet du PSC est

158- gera: 8772/di/cg

PRIMARY RESEARCHES ON CONTROLLING PSM. ZHANG JIN ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;255 (eng).

159- gera: 8789/di/cg

ON THE COURSES OF PSM AND "QI REACHING TO THE AFFECTED AREA". ZHANG JIN ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;266 (eng).

160- gera: 8770/di/cg

DETERMINATION OF THE PHENOMENA OF PROPAGATED SENSATIONS ALONG MERIDIANS ON THE BODIES OF GUINEANS. ZHANG RUXIN. **second national symposium on acupuncture and moxibustion,beijing.** 1984;253 (eng).

Etude réalisé au Central Hospital de la région de Labay en Guinée, chez des patients noirs présentant une pathologie articulaire ou génitale. Sur 125 patients on observe 38 cas (30,9%) de PSC positif et 123 cas avec PSC latent. Ceci montre la réalité du PSC chez toutes les races. Le taux de prévalence semble plus important qu'en Chine, comme l'a déjà montré une étude précédente de Li Boning au Mozambique. Ceci peut être en relation avec la température des régions tropicales. L'efficacité de l'acupuncture est supérieur chez les patients

161- gera: 5636/di/ra

[LES PHENOMENES MERIDIENS DURANT L'ACUPUNCTURE]. ZHANG SHAOZEN. **journal of new chinese medicine.** 1984;16(2):38 (chi).

162- gera: 8794/di/cg

STUDY OF SKIN IMPEDANCE ALONG THE COURSE OF MERIDIANS. ZHANG SHIYI ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;280 (eng).

163- gera: 5827/di/cg

[RELATIONS ENTRE L'EFFET ET LA TECHNIQUE DE MOXIBUSTION. INTRODUCTION A UN APPAREILLAGE SIMPLE DE MOXIBUSTION]. ZHOU MEISHENG. **second national symposium on acupuncture and moxibustion,beijing.** 1984;159 (eng).

1) L'acupuncture est plus développée que la moxibustion du fait des douleurs provoquées par la moxibustion directe. Mais la moxibustion dans divers domaines apparaît supérieure. 2) Il existe de nombreuses méthodes, chacune à ses avantages et ses inconvénients. 3) L'effet de la moxibustion dépend du matériau utilisé, du mode d'action et de la quantité de stimulation. 4) Comme pour l'acupuncture, l'effet de la moxibustion dépend de la sensation propagée qui apparaît spontanément dans 85 % des cas avec une moxibustion d'une intensité appropriée. 5) Introduction d'un appareillage simple.

164- gera: 8484/di/ra

[LIGNE MERIDIENNE EXPERIMENTALE DE L'ESTOMAC ET SA CARACTERISTIQUE DE MOINDRE IMPEDANCE]. ZHU ZONG XIANG ET AL. **acupuncture and electrotherapeutics research.** 1984;9(3):157-64 (eng).

Une stimulation électrique du 45E associée à une frappe de la surface cutanée le long de lignes perpendiculaires au trajet méridien permet de provoquer une ligne de PSC latent (LPSC). Cette ligne est retrouvée chez 98% des 51 sujets étudiés, et coïncide avec le trajet classique du méridien de l'estomac. L'impédance cutanée au niveau de cette ligne est moindre qu'au niveau des zones adjacentes.

165- gera: 8801/di/cg

STUDY ON THE LOW IMPEDANCE CHARACTERISTICS OF THE LINE LATENT PROPAGATED SENSATION ALONG MERIDIAN BEFORE AFTER AMPUTATION. ZHU ZONGXIANG ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;284 (eng).

166- gera: 8802/di/cg

THE OBSERVATION OF LOW IMPEDANCE LINE ALONG MERIDIAN OF RAT. ZHU ZONGXIANG ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;285 (eng).

167- gera: 8816/di/cg

STUDY ON THE SPECIFIC PERCUSSION SOUND OF THE LINE OF LATENT PROPAGATED SENSATION ALONG MERIDIANS. ZHU ZONGXIANG ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;299 (eng).

168- gera: 8473/di/ra

[LIGNE MERIDIENNE EXPERIMENTALE DE L'ESTOMAC ET SA BASSE INDEPENDANCE]. ZHU ZONXIANG ET AL. **british journal of acupuncture.** 1984;7(2):29 (eng).

Mise en évidence d'un PSC latent par stimulation du 45E et percussion le long du trajet chez 51 patients. La ligne ainsi mise en évidence a une basse impédance par rapport aux zones environnantes.

169- gera: 8832/di/cg

THE INFLUENCE OF THE INTRAVERTEBRAL ANESTHESIA ON PROPAGATED SENSATION ALONG MERIDIANS (PSM). ZHUANG DING ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;317 (eng).

170- gera: 8488/di/ra

[LA THEORIE DES MERIDIENS]. EDITORIAL OFFICE. **chinese acupuncture and moxibustion.** 1985;5(1):34 (chi*).

La théorie des méridiens s'est développée en 3 étapes, la première avant le Nei Jing (2000 BC), la deuxième du Nei Jing à la libération et la troisième après la libération. La troisième étape correspond à une reconnaissance du caractère idiopathique et à une étude du PSC. Discussion sur les éléments objectifs de l'existence, de la forme et des fonctions des méridiens.

171- gera: 8493/di/ra

[COMPARAISON ENTRE LE TRAJET DU PSC ET LA TOPOLOGIE DE LA REPRESENTATION SOMATIQUE AU NIVEAU DU SYSTEME SOMATOSENSORIEL]. HU XIANGLONG ET AL. *acupuncture research*. 1985;10(1):62 (chi*).

172- gera: 8498/di/ra

[ANALYSE PRELIMINAIRE DU MECANISME DE BLOCAGE DES MERIDIENS]. HU XIANGLONG ET AL. *journal of traditional chinese medicine*. 1985;26(11):49 (chi).

173- gera: 26733/di/ra

AKUPUNKTURFORSCHUNG IN CHINA. KITZINGER E. *deutsche zeitschrift für akupunktur*. 1985;28(4):75-79 (deu*). [Recherche acupuncturale en Chine]. Rapport sur les recherches concernant le Deqi et le PCS (sensation de

174- gera: 80409/di/ra

AKUPUNKTURFORSCHUNG IN CHINA. KITZINGER E. *deutsche zeitschrift für akupunktur*. 1985;28(4):75-9 (deu). [Recherche acupuncturale en chine]. Rapport sur les recherches concernant le de Qi et le PSC.

175- gera: 8490/di/ra

[LIGNES LUMINEUSES LE LONG DES MERIDIENS A LA SURFACE DU CORPS HUMAIN, EFFETS ELECTRO-LUMINESCENT]. LIM XIANZHE ET AL. *chinese acupuncture and moxibustion*. 1985;5(2):20 (chi*). Selon le principe de la photo Kirlian, nous avons mis en évidence des lignes lumineuses le long des méridiens. Etude chez 16 sujets, sur 1476 photos, nous avons obtenu 283 images de LLAC (light line along channels). On peut obtenir des images identiques au niveau d'une même région chez des personnes différentes ou chez une même personne à des moments différents. les LLAC sont superposables aux méridiens.

176- gera: 8509/di/ra

[OBSERVATIONS CLINIQUE ET A LONG TERME SUR LE PSC]. LIU WEIZHOU ET AL. *acupuncture research*. 1985;10(3): (chi*).

177- gera: 8499/di/ra

[OBSERVATION SUR LE PSC, INDUIT PAR L'UTILISATION APPROPRIEE DE L'ACUPUNCTURE]. WU BAOHUA ET AL. *fujian journal of traditional chinese medicine*. 1985;16(5):46 (chi).

178- gera: 8500/di/ra

[LOCALISATION DE LA LIGNE DE PSC LATENT DU MERIDIEN DU POUMON]. YANG BAOTANG ET AL. *acupuncture research*. 1985;10(11):70 (chi*).

179- gera: 8511/di/ra

[OBSERVATION SUR LE PSC CHEZ 250 SUJETS AVEC SUGGESTION FORTE]. YUAN CUNXIN ET AL. *acupuncture research*. 1985;10(3):221-25 (chi*).

180- gera: 8491/di/ra

[RECHERCHE SUR LES RELATIONS ENTRE LE PSC ET LES NERFS SENSITIFS PERIPHERIQUES]. ZHU YUANGEN ET AL. *chinese acupuncture and moxibustion*. 1985;5(2):23 (chi*).

Etude chez des patients avec PSC, enregistrement par micro-électrode, sous anesthésie, des décharges des nerfs afférents de l'avant-bras. Des décharges sont observées à l'induction du PSC et au grattage léger de la zone observée. Mais aucune activité n'est observée au passage de la sensation. Nous pensons que le mécanisme du PSC implique des mécanismes centraux.

181- gera: 8501/di/ra

[REGENERATION DU PHENOMENE MERIDIEN RAPPORT PRELIMINAIRE]. ZHU ZONGXIANG ET AL. *acupuncture research*. 1985;10(1):74 (chi*).

182- gera: 30309/di/ra

[EAR POINTS AROUSING PROPAGATED SENSATION FOR STOPPING SMOKING IN SENEGAL]. CAI ZONGMIN. *fujian journal of traditional chinese medicine*. 1986;17(6):22-4 (chi).

Analysé dans Jiang Aiping (gera[45246]. Cai selected auriculo-points shenmen, Heart, Lung, and Kidney for abstaining from smoking in 106 cases. Firstly, 0,5-1.0 cun filiform needles were used for acupuncture and manipulated for 10-15 min, making the needling sensation propagated to the chest and distal parts of the body. After withdrawal of the needle, auricular needle- embedding or auricular-plaster therapy was applied. Seven days constituted one therapeutic course. The effective rate was 99.06%, and the withdrawal rate was 47.17% when followed up after 3 months6.

183- gera: 17896/di/el

STUDIES OF RELATION BETWEEN PROPAGATED SENSATION ALONG CHANNELS AND EFFECTIVENESS OF CLINICAL ACUPUNCTURE ANALGESIA. COOPERATIVE GROUP IN RESEARCH OF PSC *. in *research on acupuncture, moxibustion and acupuncture anesthesia, beijing*. 1986;:745-753 (eng).

184- gera: 17895/di/el

PRELIMINARY OBSERVATIONS ON PROPAGATED SENSATION ALONG CHANNELS (PSC) IN 102 CASES OF SPINAL CORD TRANSECTION. FU ZHAOMING ET AL. in *research on acupuncture, moxibustion and acupuncture anesthesia, beijing*. 1986;:740-744 (eng).

185- gera: 20391/di/ra

BIOCHEMICAL AND IMMUNOLOGICAL STUDIES ON TREATMENT OF ASTHMATIC CHILDREN BY MEANS OF PROPAGATED SENSATION ALONG CHANNELS ELICITED BY MEDITATION. GONG BIN ET AL. *journal of traditional chinese medicine*. 1986;6(4):257-62 (eng).

186- gera: 20399/di/ra

PRELIMINARY ANALYSIS OF THE MECANISM UNDERLYING THE PHENOMENON OF CHANNEL BLOCKING. HU XIANGLONG ET AL. *journal of traditional chinese medicine*. 1986;6(4):289-96 (eng).

187- gera: 32140/di/ra

[REGULATIVE EFFECTS OF THE STOMACH ON PROPAGATED SENSATION ALONG CHANNELS FROM ZU SANLI WITH ACUPUNCTURE]. JI QINGSHAN ET AL. *journal of tcm and chinese materia medica of jilin*. 1986;1:32 (chi).

188- gera: 17898/di/el

ALGOESTHESIA AND PARESTHESIA PROPAGATED ALONG THE CHANNELS (REPORT OF 80 CASES). LIU CHENGZHONG. in *research on acupuncture, moxibustion and acupuncture anesthesia, beijing*. 1986;:772-79 (eng).

189- gera: 23378/di/ra

[RELATIONSHIP BETWEEN PHENOMENON OF

PROPAGATED SENSATION ALONG CHANNELS AND DISEASE. CLINICAL OBSERVATIONS OF 418 CASES]. LIU CHENGZHONG. *chinese journal of integrated traditional and western medicine*. 1986;6(8):474 (chi*).

1) L'étude de 418 cas de PSC montre une relation avec une pathologie corticale diffuse ou encore avec des lésions focales somatoviscérales chroniques. Dans 101 cas on observe des antécédents de traumatisme crânien, et dans 109 cas des antécédents d'encéphalite ou de diverses atteintes du SNC. 2) Le côté du PSC coïncide avec le côté de la lésion dans 96,9 % des cas. L'apparition d'un PSC mono-méridien est en relation avec une pathologie située sur le méridien, alors qu'un PSC pluri-méridien est en relation avec des lésions du SNC. Les PSC des 3 Yin de la main sont en relation avec les affections du thorax, des 3 yang de la main avec les

190- gera: 22479/di/ra

[OBSERVATION OF RELATIVE SPECIFICITY BETWEEN THE STIMULATED AURICULAR-POINT AND PROPAGATED SENSATION ALONG CHANNEL (PSC)]. LIU WEIZHOU ET AL. *acupuncture research*. 1986;11(2):158-61 (chi*).

191- gera: 32099/di/ra

[CHANNELS AND COLLATERALS REACTION TO POINT INJECTION ATP WITH-3 CASES REPORT]. LIU XIUQIN. *journal of shandong college of traditional chinese medicine*. 1986;10(3):7 (chi).

192- gera: 17885/di/el

AN OBSERVATION ON PHENOMENON OF PROPAGATED SENSATION ALONG THE CHANNELS. PLA HOSPITAL N°262 *. *in research on acupuncture,moxibustion and acupuncture anesthesia,beijing*. 1986;:638-652 (eng).

1) Taux de prévalence du PSC. 2) Caractéristiques cliniques et propriétés. 3) Comparaison entre le trajet du PSC et du trajet classique des méridiens. 4) Modifications provoquées par le PSC. 5) Phénomène de l'arrivée du Qi au niveau de la région atteinte. 6) Modification fonctionnelles viscérales lors du PSC. 7) Relations avec l'effet

193- gera: 17886/di/el

STUDIES OF PHENOMENON OF BLOCKING ACTIVITIES OF CHANNELS AND COLLATERALS. RESEARCH GROUP OF ACUPUNCTURE *. *in research on acupuncture,moxibustion and acupuncture anesthesia,beijing*. 1986;:653-667 (eng).

194- gera: 17889/di/el

PROPAGATED SENSATION ALONG CHANNELS (PSC) INDUCED BY STIMULATION OF EAR POINTS. RESEARCH GROUP OF ACUPUNCTURE *. *in research on acupuncture,moxibustion and acupuncture anesthesia,beijing*. 1986;:692-702 (eng).

195- gera: 17894/di/el

PRELIMINARY INVESTIGATION OF PHENOMENON SENSORY CONDUCTION ALONG THE CHANNELS IN PATIENTS WITH POLIOMYELITIC SEQUELAE. SHENG LINGLING ET AL. *in research on acupuncture,moxibustion and acupuncture anesthesia,beijing*. 1986;:736-739 (eng).

196- gera: 31800/di/ra

[THE FACTORS OF FORMATION AND ANALYSIS OF THE LAW OF CHANGES IN BACKGROUND SOUND WAVE OF SOUND INFORMATION TESTING ALONG THE*]. SUN PINGSHENG ET AL. *liaoning journal of tcm*. 1986;10(2):33 (chi).

197- gera: 17890/di/el

PHENOMENON OF PROPAGATED SENSATION ALONG THE CHANNELS INDUCED BY LIMITATION OF SPONTANEOUS CONSCIOUS ACTIVITY (ENTERING

QUIESCENT*. WANG BUXIONG ET AL. *in research on acupuncture,moxibustion and acupuncture anesthesia,beijing*. 1986;:703-710 (eng).

198- gera: 22478/di/ra

[INVESTIGATION ON THE CORTICAL SOMATOSENSORY EVOKED POTENTIALS DURING THE ADVANCE OF THE PROPAGATED SENSATION ALONG CHANNELS]. WU BAOHUA ET AL. *acupuncture research*. 1986;11(2):151-7 (chi*).

199- gera: 17888/di/el

STUDY OF OBJECTIVE PARAMETERS IN PHENOMENON OF PROPAGATED SENSATION ALONG CHANNELS. WU SIHONG ET AL. *in research on acupuncture,moxibustion and acupuncture anesthesia,beijing*. 1986;:684-691 (eng).

200- gera: 17887/di/el

THE PHENOMENON OF PROPAGATED SENSATION ALONG CHANNELS (PSC) AND THE CEREBRAL CORTEX. XUE CHONGCHENG. *in research on acupuncture,moxibustion and acupuncture anesthesia,beijing*. 1986;:668-683 (eng).

201- gera: 19547/di/ra

ACUPUNCTURE INDUCED PHANTOM LIMB AND MERIDIAN PHENOMENON IN ACQUIRED AND CONGENITAL AMPUTEES : A SUGGESTION OF THE USE OF ACUPUNCTURE AS A METHOD FOR INVESTIGATION OF PHANTOM LIMB]. XUE CHONGCHENG. *chinese medical journal*. 1986;99(3):247-52 (eng).

Phantom limbs and phantom meridians were experienced by 25 acupuncture acquired and congenital amputees including those who failed by other methods. The phantom limbs elicited by acupuncture were complete, alive, bright, and nearly in the size of the actual limbs the patients should really possess. Acupuncture is a good method for researching phantoms and treating phantoms and stump pains. The discovery of the phantom meridian favorably supports the genetic theory of body schema. Phantom meridians are thought to be a functional phenomenon of the cerebral cortex and formed phylogenetically. Therefore, a meridian center in the brain is

202- gera: 13323/di/ra

[OBSERVATION ON THERAPEUTIC EFFECT OF EXCITING THE PROPAGATED SENSATION ALONG MERIDIANS IN 100 CASES OF HYPOMETROPIA IN YOUNGSTERS]. YANG BIYING ET AL. *chinese acupuncture and moxibustion*. 1986;6(1):14 (chi*).

Points : 37VB + 5TR, 3F + 5TR, 3F + 4IG, groupes utilisés alternativement, manipulation intermédiaire avec petit degré de rotation pour induire le PSC. L'induction du PSC et la conduction de l'énergie vers la zone atteinte améliore de façon significative les résultats par rapport au groupe sans PSC.

203- gera: 17893/di/el

STUDIES OF PHENOMENON OF LATENT PROPAGATED SENSATION ALONG THE CHANNELS : II. INVESTIGATION OF THE LINES OF LSPC IN THE 12 MAIN *. YU SHUZHANG ET AL. *in research on acupuncture,moxibustion and acupuncture anesthesia,beijing*. 1986;:729-735 (eng).

204- gera: 17891/di/el

PRELIMINARY STUDY OF EXCITATION OF PROPAGATED SENSATION ALONG CHANNELS. ZHANG JIN ET AL. *in research on acupuncture,moxibustion and acupuncture anesthesia,beijing*. 1986;:711-720 (eng).

205- gera: 16584/di/ra

[A PRELIMINARY REPORT ON THE LOW IMPEDANCE NATURE OF EPIDERMIS OF THE LINE OF LATENT PROPAGATING SENSATION ALONG THE CHANNEL.].

ZHU ZONGXIANG ET AL. **acupuncture research**. 1986;11(1):66 (chi*).

206- gera: 17892/di/el
STUDIES OF PHENOMENON OF LATENT PROPAGATED ALONG THE CHANNELS : I. THE DISCOVERY OF A LATENT PSC AND PRELIMINARY STUDY OF ITS SKIN.* ZHU ZONGXIANG ET AL. in **research on acupuncture,moxibustion and acupuncture anesthesia,beijing**. 1986;:721-728 (eng).

207- gera: 21109/di/cg
THE LPSC PHENOMENA EXPRESSED BY SKIN RESPIRATION CO EMISSION ALONG THE LUNG CHANNEL. AJANDOK EORRY. in **compilation of the abstracts of acupuncture and moxibustion papers, beijing**. 1987;:137 (eng).

208- gera: 30953/di/ra
[THE RELATIONSHIP BETWEEN MARKEDNESS OF PROPOGATED MERIDIANAL SENSATION IN SENEGAL PATIENTS AND CURATIVE EFFECTS OF ACUPUNCTURE IN*. CAI ZONGMIN. **shanghai journal of acupuncture and moxibustion**. 1987;2:1 (chi).

209- gera: 24806/di/cg
ON THE DIFFERENT CIRCULATING DIRECTIONS OF THE CHANNELS. CAO YIMING. **selections from article abstracts on acupuncture and moxibustion, beijing**. 1987;:4 (eng).

Les différents sens de circulation des méridiens rapportés dans la littérature doivent être déterminés par les études actuelles sur les sensations propagées le long des méridiens.

210- gera: 25068/di/cg
PROPAGATION OF SENSATION ALONG THE CHANNEL DURING NEAR-IRREDIANT MESSAGE IRRADIATION. CHAO SHUMIN ET AL. **selections from article abstracts on acupuncture and moxibustion, beijing**. 1987;:364 (eng).

211- gera: 25071/di/cg
A STUDY OF THE PHENOMENA ABOUT THE PROPAGATION OF SENSATION ALONG THE CHANNEL IN SUBTOTAL GASTRECTOMY UNDER ACUPUNCTURE ANESTHESIA. CHEN DAOXHI ET AL. **selections from article abstracts on acupuncture and moxibustion, beijing**. 1987;:367 (eng).

212- gera: 25067/di/cg
REGULAR PATTERN OF THE TRANSMISSION OF MOXIBUSTION FEELING ALONG THE CHANNELS. CHEN KEQIN ET AL. **selections from article abstracts on acupuncture and moxibustion, beijing**. 1987;:363 (eng).

213- gera: 20999/di/cg
A STUDY ON THE ROLE OF QI REACHING THE AFFECTED AREA IN "PROMOTING BLOOD CIRCULATION TO REMOVE BLOOD STASIS". CHENG LIANHU ET AL. in **compilation of the abstracts of acupuncture and moxibustion papers , beijing**. 1987;:75 (eng).

214- gera: 21117/di/cg
PROPAGATED SENSATION ALONG MERIDIANS WITH CUTANEOUS VISIBLE PHENOMENA (PSM-VP). COSTA SILVA FJM. in **compilation of the abstracts of acupuncture and moxibustion papers, beijing**. 1987;:144 (eng).

215- gera: 25113/di/cg
THE ESSENCE OF CHANNEL A SPECTRAL QUANTUM SYSTEM OF THE EMBRYO SURFACE TRANSMISSION.

CUI HUIMIN. **selections from article abstracts on acupuncture and moxibustion, beijing**. 1987;:419 (eng).

216- gera: 27577/di/cg
STUDY ON THE DETECTION OF ACOUSTIC EMISSION SIGNALS (AES) FOR PROPAGATED ALONG MERIDIANS IN SHEEP. DIAO RENJIE ET AL. **international conference on veterinary acupuncture, beijing**. 1987;:22. (eng).

217- gera: 21112/di/cg
EXPERIMENTAL STUDY OF THE MECHANISM OF THE PROPAGATED SENSATION ALONG THE CHANNELS. GAO HUIHE ET AL. in **compilation of the abstracts of acupuncture and moxibustion papers, beijing**. 1987;:140 (eng).

218- gera: 25097/di/cg
CHANGES OF EDR SYSTEM DURING PSC INDUCED BY ENTERING QUIET STATE. GAO HUIHE ET AL. **selections from article abstracts on acupuncture and moxibustion, beijing**. 1987;:401 (eng).

219- gera: 25089/di/cg
THE EFFECT OF PMS (PROPAGATED SENSATION ALONG MERIDIANS ELICITED BY ENTERING QUIET STATE) ON THE IMMUNOLOGICAL FUNCTIONS OF *. GONG BIN ET AL. **selections from article abstracts on acupuncture and moxibustion, beijing**. 1987;:391 (eng).

220- gera: 25090/di/cg
BIOCHEMICAL AND IMMUNOLOGICAL STUDIES ON TREATMENT OF ASTHMATIC CHILDREN BY MEANS OF PROPAGATED SENSATION ALONG MERIDIANS ELICITED BY ENTERING QUIET STATE. GONG BIN ET AL. **selections from article abstracts on acupuncture and moxibustion, beijing**. 1987;:392 (eng).

221- gera: 20377/di/ra
[CLINICAL APPLICATION OF RECESSIVE PROPAGATED SENSATION LINE ALONG THE MERIDIANS IN TREATMENT OF DEVIATED MOUTH]. HAO JINKAI ET AL. **chinese acupuncture and moxibustion**. 1987;7(1):23 (chi*).

With the use of the recessive propagated sensation line along the meridians, not the points are selected objectively in clinics' but also the therapeutic effects are enhanced. The positive rate for the recessive probated sensation line in treating the deviated mouth in this group is £18. 99%. The author used the points from the recessive propagated sensation line of the Hand and Foot Yangming Meridians below the elbow and knee. 75 cases were cured after treatment. Before admission, the curative rate for those who have not received acupuncture on the faces is 83.33%, and that for those with the course of diseases in three months and completed the treatment

222- gera: 22414/di/ra
[CLINICAL APPLICATION OF THE LINES OF LATENT PROPAGATING SENSATION AND LOW IMPEDANCE ALONG CHANNEL ON THE TREATMENT OF EMPHYSEMA]. HAO JINKAI ET AL. **acupuncture research**. 1987;12(1):86-7 (chi*).

223- gera: 25054/di/cg
STUDY ON THE CLINICAL APPLICATION OF THE LINES ON LATENT PROPAGATED SENSATION AND LOW IMPEDANCE ALONG CHANNEL IN THE TREATMENT OF *. HAO JINKAI ET AL. **selections from article abstracts on acupuncture and moxibustion, beijing**. 1987;:347 (eng).

224- gera: 24539/di/ra
[A CASE WITH OBVIOUS MERIDIAN PHENOMENON (III)]. HIDEAKI JINNO ET AL. **journal of the japan society of**

acupuncture. 1987;37(3):164-7 (jap*).

The direction of echo sensation of each acupoint was examined on the patients who showed obvious meridian phenomenon. The heart meridian and large intestine meridian were chosen. Echo sensation propagating both directions, i.e. afferently and efferently, was seen most often, then afferently only and efferent only followed. The direction of echo sensation did not necessarily coincide with that of meridian stream.

225- gera: 30965/di/ra

[RELATIONSHIP BETWEEN PROPAGATED MERIDIANAL SENSATION OF MOXIBUSTION AND CHANGE OF CIRCULATORY IMMUNE COMPLEX CONTENT]. HU GUOSHENG ET AL. *shanghai journal of acupuncture and moxibustion.* 1987;3:1 (chi).

226- gera: 21305/di/cg

A HYPOTHESIS ON THE MECHANISM UNDERLYING THE FORMATION OF PSC. HU XIANGLONG ET AL. in *compilation of the abstracts of acupuncture and moxibustion papers, beijing.* 1987;:257 (eng).

227- gera: 25075/di/cg

FURTHER INVESTIGATION ON THE MECHANISM UNDERLYING THE PHENOMENON OF CHANNEL BLOCKING. HU XIANGLONG ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;:372 (eng).

228- gera: 25078/di/cg

OBSERVATION ON THE VELOCITY OF PROPAGATED SENSATION ALONG CHANNELS (PSC). HU XIANGLONG ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;:376 (eng).

229- gera: 25107/di/cg

A HYPOTHESIS OF THE MECHANISM UNDERLYING THE FORMATION OF PSE- INTEGRATION OF "PERIPHERY" AND CNS UNDER THE DOMINATION OF *. HU XIANGLONG ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;:412 (eng).

230- gera: 25074/di/cg

EXPERIMENTAL OBSERVATION ON CONTROLABLE AND BLOCKING NATURES. JI QINGSHAN ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;:370 (eng).

231- gera: 25093/di/cg

OBSERVATION ON THE REGULATION OF THE STOMACH BY TRANSMISSION OF SENSATION ALONG THE CHANNELS AFTER NEEDLING THE POINTS ZUSANLI. JI QINGSHAN ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;:396 (eng).

232- gera: 25100/di/cg

SENSATION CONDUCTION OF THE BRAIN. JIAO SHUNFA. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;:404 (eng).

233- gera: 23976/di/ra

[AN OBSERVATION OF THE PHENOMENON OF PROPAGATED SENSATION ON THE PATHOGENIC SITES]. KOUZOU NEMOTO ET AL. *journal of the japan society of acupuncture.* 1987;37(1):11-8 (jap*).

We have investigated that a relation between the phenomenon of propagated sensation and meridian on the anamnesis and non-anamnesis subjects. The source point, "Taisho" of the liver meridian was stimulated by an

acupuncture needle with the electronic currents. No relations were found between the phenomenon of propagated sensation and meridian, and their mutual similarity. However, the most subjects, who have been either recorded anamnesis or present status, significantly prompt appeared any reactions than normal subjects. Also, the any responses by stimulations were found that subjects who has present status, showed higher percentage than past one at the pathogenic region. These results suggested that the phenomenon of propagated sensation and meridian

234- gera: 20175/di/ra

[CLINICAL RESEARCH OF "QI REACHING TO THE AFFECTED AREA" OF THE PROPAGATED SENSATION ALONG CHANNELS]. LEITING L ET AL. *chinese acupuncture and moxibustion.* 1987;7(4):36-9 (chi*).

235- gera: 25104/di/cg

PROPAGATED SENSATION-EFFECT OF DIRECTIONAL SPREAD OF IMPULSE TO THE CENTERS OF CHANNELS. LI BOMING. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;:409 (eng).

236- gera: 25142/di/cg

THE INVESTIGATION ON THE INNER PROPAGATED SENSATION LINE OF THE CHANNEL QI FLOWING AND REACHING TO THE AFFECTED AREA. LI DINGZHONG ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;:455 (eng).

237- gera: 25091/di/cg

PRELIMINARY OBSERVATION ON THE PHENOMENON OF EXCITING PSC AND QIRA. LI ERQIANG ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;:394 (eng).

238- gera: 25102/di/cg

OBSERVATION ON THE PHENOMENA OF THE PROPAGATED SENSATION ALONG CHANNELS OF TRAUMATIC PARAPLEGIA CASES. LI HUANBIN. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;:406 (eng).

239- gera: 25069/di/cg

OBSERVATION AND APPROACH ON THE PROPAGATED SENSATION ALONG CHANNELS (PSC) BEFORE AND AFTER RESECTION OF THE NODE. LI HUANBIN ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;:365 (eng).

240- gera: 25073/di/cg

CHANGE IN THE PHENOMENA OF PROPAGATED SENSATION ALONG CHANNELS INDUCED BY QI-KONG KEEPING-STILI METHOD. LI HUANBIN ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;:369 (eng).

241- gera: 25085/di/cg

THE INFLUENCE OF SOUND-ELECTRIC ON ECG, DI-ZHEN EXCITING PROPAGATION AND QI REACHING TO AFFECTED AREA. LI YONGGUANG ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;:385 (eng).

242- gera: 25086/di/cg

OBSERVATION ON SPHYGMOBOLOGRAM INFLUENCED BY SOUNDELECTRIC DI-ZHEN EXCITING PROPAGATED SENSATION AND QI REACHING TO AFFECTED AREA. LI YONGGUANG ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;:387 (eng).

243- gera: 24864/di/cg

THE OBSERVATION OF THE CLINICAL EFFECTS OF PT FENGCHI ON THE TREATMENT OF OPTIC ATROPHY (BASED ON THE THEORY OF SENSATION REACHING TO THE AFFECTED AREAS). LI ZHIMING ET AL. **selections from article abstracts on acupuncture and moxibustion, beijing.** 1987;:71-3 (eng).

Etude des effets cliniques du point fengchi (20VB) sur 124 cas d'atrophie du nerf optique dont 89 bilatéraux. Depuis 1982, les différentes études comparatives semblent démontrer une efficacité meilleure du point 20VB et ceci grâce à la prise de température cutanée au niveau du 1VB avant et après la puncture et recherche de la sensation acupuncturale. Technique de tonification. Recherche d'une irradiation du Deqi au niveau de l'oeil. Il y a une relation étroite entre longueur de l'irradiation du Deqi et efficacité thérapeutique. Irradiation à l'oeil : efficacité dans 84%. Irradiation au Vertex : 61%. Simple sensation locale : 42%. Dans les cas avec irradiation

244- gera: 30327/di/ra

[A TALK OF MUTAFION PHENOMENON IN PROPAGATION OF OVERSTEPPING CHANNEL]. LIN FANG. **fujian journal of traditional chinese medicine.** 1987;18(1):58-9 (chi).

245- gera: 25108/di/cg

PROPAGATED SENSATION ALONG CHANNELS (PSE) DOES NOT DEPEND ON ANY FIXED TISSUE IN HUMAN BODY. LIN XUNGU ET AL. **selections from article abstracts on acupuncture and moxibustion, beijing.** 1987;:413 (eng).

246- gera: 25082/di/cg

CLINICAL RESEARCH ON THE PHENOMENON OF PROPAGATED SENSATION ALONG CHANNELS AND "QI REACHING TO AFFECTED AREA". LIU RUITING ET AL. **selections from article abstracts on acupuncture and moxibustion, beijing.** 1987;:382 (eng).

247- gera: 22083/di/cg

OBSERVATION WITH LIQUID CRYSTAL ON THE RESPONSES OF "SHAO SHAN HUO" AND "TOU TIAN LIANG" WITH RESPECT TO THE CHANNEL SENSATION. LIU SHAOAN. **in selections from article abstracts on acupuncture and moxibustion, beijing.** 1987;:227 (eng).

248- gera: 24951/di/cg

OBSERVATION WITH LIQUID CRYSTAL ON THE RESPONSES OF "SHAO SHAN HUO" AND "TOU TIAN LIANG" WITH RESPECT TO THE CHANNEL SENSATION. LIU SHAOAN. **selections from article abstracts on acupuncture and moxibustion, beijing.** 1987;:227 (eng).

249- gera: 22122/di/cg

OBSERVATION ON THE CORRELATION PHENOMENON OF THE AURICULAR POINTS. LIU WEIZHOU ET AL. **in selections from article abstracts on acupuncture and moxibustion, beijing.** 1987;:271 (eng).

250- gera: 21115/di/cg

A PRELIMINARY REPORT ON THE RELATIONSHIP BETWEEN THE PROPAGATED MUSCULAR CONTRACTION AND PROPAGATED SENSATION ALONG THE MERIDIAN*. RI SIN DO. **in compilation of the abstracts of acupuncture and moxibustion papers, beijing.** 1987;:143 (eng).

251- gera: 21116/di/cg

ELECTROMYOGRAPHICAL STUDY ON THE RESPONSE OF THE MUSCLES ALONG THE LARGE INTESTINE MERIDIAN TO THE HAPOOK ACUPUNCTURE. RI SIN DO.

in compilation of the abstracts of acupuncture and moxibustion papers, beijing. 1987;:143 (eng).

252- gera: 24376/di/ra

CHANGES OF THERAPEUTIC EFFICACY AND RHEOPNEUMOGRAPHY IN BRONCHIAL ASTHMA WHILE QI REACHING THE AFFECTED PART DURING ACUPUNCTURE. SHENG LINGLING ET AL. **international conference on tcm and pharmacology,shanghai.** 1987;:751-2 (eng).

Dans cette étude portant sur 44 patients asthmatiques, l'amélioration clinique et paraclinique est liée essentiellement, selon l'auteur, à la sensation d'arrivée du Qi ressentie par le malade aux points d'acupuncture et le long des Méridiens concernés (surtout le Méridien du Poumon), les points employés étant : le 9P et le 5P,

253- gera: 30957/di/ra

[INFLUENCE OF THE PHENOMENON "QI REACHING THE DISEASED ARER" UPON ACUPUNCTURE EFFECT IN TREATMENT OF BRONCHIAL ASTHMA]. SHENG LINGLING ET AL. **shanghai journal of acupuncture and moxibustion.** 1987;2:9 (chi).

254- gera: 21120/di/cg

STUDY OF CONDUCTIVITY VELOCITY IN TYPE SC SENSATION NERVOUS FIBRES. SUN BAI LI MARTIN ET AL. **in compilation of the abstracts of acupuncture and moxibustion papers, beijing.** 1987;:147. (eng).

255- gera: 24303/di/ra

DR ZHENG HUAIXIAN'S EXPERIENTIAL POINTS IN TRAUMATOLOGY. SUN HEFU. **international conference on tcm and pharmacology,shanghai.** 1987;:574-5 (eng).

Zheng Huaxian est un traumatologue réputé. Il a identifié un ensemble de points que l'on a dénommé "points d'expérience en traumatologi" (10 à la tête, 17 au membre supérieur, 9 au tronc, 19 au membre inférieur). Ces points sont situés entre des groupes musculaires et à la jonction musculo-tendineuse. Une étude sur 116 cas montre leur efficacité et la stabilité de leur localisation. Le PSC peut être induit à partir de ces points, indiquant une connection avec le système des méridiens. Une étude électromyographique et pléthysmographique suggèrent un meilleur effet musculaire des points d'expérience par rapport aux points classiques.

256- gera: 25049/di/cg

THE EXPERIMENTAL STUDY ON CONDUCTION OF QUANTITATIVE ACOUSTIC FREQUENCY SIGNALS ALONG THE LARGE INTESTIN CHANNEL OF HAND YANGMING. SUN KEFENG ET AL. **selections from article abstracts on acupuncture and moxibustion, beijing.** 1987;:341 (eng).

257- gera: 21118/di/cg

THE STUDY ON CONDUCTION OF ACOUSTIC INFORMATION ALONG MERIDIANS. SUN PINGSHENG ET AL. **in compilation of the abstracts of acupuncture and moxibustion papers, beijing.** 1987;:145 (eng).

258- gera: 22373/di/cg

THE STUDY ON CONDUCTION OF ACOUSTIC INFORMATION ALONG MERIDIANS. SUN PINGSHENG ET AL. **in selections from article abstracts on acupuncture and moxibustion, beijing.** 1987;:334 (eng).

259- gera: 22374/di/cg

ANALYSIS ON THE FORMING FACTORS AND THE CHANGING REGULATIONS OF THE BACKGROUND SOUND IN MEASURING THE SOUND INFORMATION ALONG THE*. SUN PINGSHENG ET AL. **in selections from article abstracts on acupuncture and moxibustion, beijing.** 1987;:337 (eng).

- 260- gera: 22375/di/cg
THE SPECTRUM ANALYSIS ON THE PROPAGATION OF SOUND INFORMATION ALONG MERIDIANS. SUN PINGSHENG ET AL. in *selections from article abstracts on acupuncture and moxibustion, beijing*. 1987;:337 (eng).
- 261- gera: 25044/di/cg
THE STUDY ON CONDUCTION OF ACOUSTIC INFORMATION ALONG MERIDIANS. SUN PINGSHENG ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing*. 1987;:334 (eng).
- 262- gera: 25045/di/cg
ANALYSIS ON THE FORMING FACTORS AND THE CHANGING REGULATIONS OF THE BACKGROUND SOUND IN MEASURING THE SOUND INFORMATION ALONG THE *. SUN PINGSHENG ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing*. 1987;:336 (eng).
- 263- gera: 25046/di/cg
THE SPECTRUM ANALYSIS ON THE PROPAGATION OF SOUND INFORMATION ALONG MERIDIANS. SUN PINGSHENG ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing*. 1987;:337 (eng).
- 264- gera: 25048/di/cg
CONTRAST OBSERVATION BETWEEN SOUND INFORMATION ALONG MERIDIANS AND MUSCULAR ELECTRICITY. SUN PINGSHENG ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing*. 1987;:340 (eng).
- 265- gera: 32027/di/ra
[RESEARCH ON THE SOUND INFORMATION PROPAGATING ALONG THE MERIDIANS]. SUN PINGSHENG ET AL. *liaoning journal of tcm*. 1987;11(12):33 (chi).
- 266- gera: 22748/di/ra
SOUNDS TRAVEL ALONG SHEEP MERIDIANS. TIQUIA R. *newsletter of the australian veterinary acupuncture association*. 1987;3(2):23. (eng).
- 267- gera: 20145/di/ra
[A STUDY OF TRANSMISSION OF THE IMPULSES BETWEEN PERIPHERAL NERVES. RESEARCH ON MECHANISM OF PROPAGATED SENSATION ALONG THE *]. TONG W ET AL. *acupuncture research*. 1987;12(3):219-21 (chi).
- 268- gera: 25038/di/cg
RECENT ADVANCE RESEARCHES ON CHANNELS AND COLLATERALS IN CHINA. WANG BENXIAN. *selections from article abstracts on acupuncture and moxibustion, beijing*. 1987;:327 (eng).
- 269- gera: 31003/di/ra
[THE IMPLICATION OF SUGGESTION ON PHENOMENA OF PROPAGATED MERIDIANAL SENSATION]. WANG BOXIONG ET AL. *shanghai journal of acupuncture and moxibustion*. 1987;1:36 (chi).
- 270- gera: 25087/di/cg
PROPAGATED MERIDIANAL SENSATION (PMS) INDUCED BY ENTERING QUIET FOR TREATMENT OF ASTHMA IN CHILDREN. WANG BUXIONG ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing*. 1987;:388 (eng).
- 271- gera: 25051/di/cg
THE EXPERIMENTAL OBSERVATION ON SOUND INFORMATION OF PROPAGATED SENSATIONS ALONG CHANNELS (PSC). WANG PINSHAN ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing*. 1987;:344 (eng).
- 272- gera: 21111/di/cg
PROPAGATED MERIDIANAL SENSATION (PMS) INDUCED BY ENTERING QUIET STATE FOR TREATMENT OF ASTHMA IN CHILDREN : CLINICAL AND*. WANG PUXIONG ET AL. in *compilation of the abstracts of acupuncture and moxibustion papers, beijing*. 1987;:138 (eng).
- 273- gera: 25080/di/cg
OBSERVATION OF INFLUENCE ON PHYSIOLOGY FUNCTION IN THE HUMAN BODY BY EXCITATION OF PROPAGATED SENSATION ALONG CHANNELS. WANG TAILAI ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing*. 1987;:379 (eng).
- 274- gera: 22413/di/ra
[MORPHOLOGICAL STUDY ON THE LOW IMPEDANCE LINE ALONG CHANNEL]. WANG ZHONGTAO. *acupuncture research*. 1987;12(1):82-5 (chi*).
- 275- gera: 20317/di/ra
[EXPERIMENTAL STUDY ON RELATIONSHIP BETWEEN THE "ARRIVAL OF QI" FROM NEEDLING AND ELECTROGASTROGRAM]. WENG TAILAI ET AL. *chinese acupuncture and moxibustion*. 1987;7(3):37 (chi*).
- L'étude porte sur 17 patients atteints d'affection gastrique. On utilise le 36E. La sensation d'arrivée du "de qi" provoque de façon évidente une élévation de l'amplitude des ondes lentes de l'électrogastrogramme. Cette amplitude est très nette pendant l'acupuncture et différente par rapport à avant et après la séance. La fréquence demeure inchangée. Quand l'intensité et l'irradiation du fait du de qi sont ressenties de façon différente, il se produit des réactions différentes sur les ondes lentes à l'E.G.G. Voir traduction anglaise ref gera [82987].
- 276- gera: 25052/di/cg
PRELIMINARY STUDY ON PLOTTING OF THE CHANNEL COURSE WITH SKIN IMPEDANCE AS INDEX. WU BAOHUA ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing*. 1987;:345 (eng).
- 277- gera: 25106/di/cg
OBSERVATION ON THE SPECTRAL CHARACTERISTICS OF ECG FROM CORTICAL SOMATOSENSORY AREA DURING THE ADVANCE OF THE PROPAGATED SENSATION*. WU BAOHUA ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing*. 1987;:411 (eng).
- 278- gera: 22877/di/ra
SENSACION PROPAGADA A LO LARGO DE LOS CANALES DE ACUPUNTURA. X. *natura medicatrix*. 1987;16:21-4 (esp).
- 279- gera: 25070/di/cg
AN OBSERVATION ON THE PHENOMENON OF THE PROPAGATED SENSATION ALONG THE CHANNELS. XIAO XONGJIAN. *selections from article abstracts on acupuncture and moxibustion, beijing*. 1987;:366 (eng).

- 280- gera: 25101/di/cg
A STUDY OF THE CAUSE OF PAIN ALONG CHANNELS.
 XIAO YONGJIAN. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;;405 (eng).
- 281- gera: 25092/di/cg
A STUDY ON THE CAUSE OF PAIN ALONG CHANNELS.
 XIAO YONJIAN. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;;395 (eng).
- 282- gera: 25076/di/cg
STUDIES ON THE MECHANISM UNDERLYING THE BLOCKING OF THE PROPAGATED SENSATION ALONG CHANNELS BY LOCAL COOLING. XU BAOHUA ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;;373 (eng).
- 283- gera: 25077/di/cg
ANALYSIS OF THE POWER SPECTRUM OF MUSCULOELECTRIC SIGNALS OF "PROPAGATED SENSATION ALONG CHANNELS" (PSC). YAN JIE ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;;374 (eng).
- 284- gera: 25084/di/cg
OBSERVATION OF THERAPEUTIC EFFECTS OF 85 CASES OF HYPERTENSION TREATED BY ACUPUNCTURE THROUGH INDUCING PSC. YAN JIE ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;;384 (eng).
 Utilisation de 2 groupes de points en alternance : 1) 6Rte et 36E, 2) 6MC et 3F. Une séance par jour, série de 10 séances, 2 séries. Le résultat est fonction de l'obention du PSC.
- 285- gera: 52911/di/ra
[OBSERVATION ON THE EFFECT OF RADIATING SENSATIONS OF THE CHANNELS EVOKED BY ACUPUNCTURE IN 85 CASES OF HYPERTENSION]. YAN JIE ET AL. *hubei journal of traditional chinese medicine.* 1987;3:41. (chi).
- 286- gera: 25103/di/cg
AN INVESTIGATION ON PSC PASSING OVER INCISION WOUND AND MOUTH CLEFT. OF TRAUMATIC PARAPLEGIA CASES. YANG QIULI ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;;407 (eng).
- 287- gera: 20415/di/ra
THE EFFECTS OF MANIFEST AND LATENT PROPAGATED SENSATION ALONG THE CHANNEL ON THE ACUPUNCTURE REGULATION OF CARDIAC FUNCTION. YOU ZHENGQUAN ET AL. *journal of traditional chinese medicine.* 1987;7(3):195-8 (eng).
- 288- gera: 25083/di/cg
INFLUENCE OF PERCEPTIBLE AND LATENT PROPAGATED SENSATION ALONG CHANNELS ON THE EFFECTIVENCES OF ACUPUNCTURE. YOU ZHENGQUAN ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;;383 (eng).
- 289- gera: 25094/di/cg
INFLUENCE OF MECHANICAL PRESSURE ON THE EFFECT OF ACUPUNCTURE IN SUBJECTS WITH AND WITHOUT PSC. YOU ZHENGQUAN ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;;397 (eng).
- 290- gera: 25066/di/cg
OBSERVATION ON THE SUCCESSFUL RATE OF "QI REACHING THE AFFECTED AREA" BY THE PROVOCATION OF PRESSING. YU SHUZHANG ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;;362 (eng).
- 291- gera: 25099/di/cg
A STUDY ON THE MECHANISM OF PROPAGATED SENSATION ALONG MERIDIANS INDUCED BY BREATHING TECHNIQUE. YUAN CUNXIN ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;;403 (eng).
- 292- gera: 25109/di/cg
OMITTED HISTOPHYSIOLOGY OF THE MERIDIAN LINES. ZHANG BAOZHEU. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;;415 (eng).
- 293- gera: 25110/di/cg
HISTOPHYSIOLOGY OF THE MERIDIAN LINES. ZHANG BAOZHEU. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;;415 (eng).
- 294- gera: 20998/di/cg
CLINICAL RESEARCH ON EXCITING PROPAGATED SENSATION AND QI REACHING TO AFFECTED AREA. ZHANG JIN ET AL. *in compilation of the abstracts of acupuncture and moxibustion papers , beijing.* 1987;;73 (eng).
- 295- gera: 25072/di/cg
STUDIES ON EXCITATION OF PROPAGATED SENSATION ALONG MERIDIANS. ZHANG JIN ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;;368 (eng).
- 296- gera: 25079/di/cg
CLINICAL RESEARCH ON EXCITING PROPAGATED SENSATION AND QI REACHING TO AFFECTED AREA. ZHANG JIN ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;;377 (eng).
- 297- gera: 30233/di/ra
[SENSATION CONDUCTION ALONG THE PATHWAY OF CHANNEL AND AUTONOMIC MICROCIRCULATION]. ZHAO PINGPING. *beijing journal of traditional chinese medicine.* 1987;(6):53-57 (chi).
- 298- gera: 25047/di/cg
STUDY ON THE RELATIONS BETWEEN THE PRODUCTION OF THE SOUND INFORMATION ALONG MERIDIAN AND THE EXCITING PRESSURES. ZHAO YUZHUO ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;;339 (eng).
- 299- gera: 25050/di/cg
TRANSFER OF SOUND SIGNALS ALONG ACUPUNCTURE MERIDIANS AN EXPERIMENTAL STUDY. ZHU FENGSHAN ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;;343 (eng).
- 300- gera: 24894/di/cg
ANALYSIS OF THE CURATIVE EFFECTS OF ACU-INJECTION TREATMENT FOR 50 CASES OF ENDOCRINE EXOPHTHALMOS. ZHU HUIBAO. *selections from article abstracts on acupuncture and moxibustion, beijing.* 1987;;142-3 (eng).
 En médecine occidentale, l'exophtalmie dans les

hyperthyroïdies est liée à une maladie auto-immune. En MTC l'exophtalmie est due à une accumulation de glaires au niveau des yeux avec atteinte par le vent et le feu qui résultent de la stagnation du Qi du Foie. Dans cette étude, 50 patients avec exophtalmie ont été traités par injection d'un mélange de hyaluronidase et d'hydrocortisone au point Shang Tian Zhu situé sur le méridien principal de la vessie à 0,5 distance au-dessus du 10V, 1 fois par jour pendant 10 jours. Ce point est classiquement connu comme lieu d'accumulation du vent et du Qi, sa fonction est de drainer les orifices, disperser les nodules afin d'améliorer la circulation dans le méridien. 21 autres patients ont constitué le groupe contrôle recevant le même mélange mais en intramusculaire. Résultats : amélioration significative de l'exophtalmie ($p < 0,01$ par rapport au groupe témoin). Les effets de l'acu-injection sont d'autant meilleurs que le patient ressent une sensation irradiant en direction de l'oeil. Par ailleurs les signes fonctionnels (larmoiement, douleur, photosensibilité) cèdent rapidement (1 à 3 séances) tandis que l'exophtalmie proprement dite ne cède

301- gera: 20318/di/ra

[PRELIMINARY STUDY ON THE LINE OF LATENT PROPAGATED SENSATION ALONG MERIDIAN AND THE LINE OF LOW IMPEDANCE ALONG MERIDIAN]. ZHU ZONGXIANG ET AL. *chinese acupuncture and moxibustion*. 1987;7(3):40 (chi*).

Etude préliminaire sur le PSC latent et la ligne de moindre impédance le long des méridiens. Leur topographie coïncide avec les trajets classiques des méridiens, et peut être vérifiée par de nombreux index biophysiques. Quand la peau est séparée des systèmes nerveux et circulatoire, le phénomène persiste. Les mêmes phénomènes sont observés chez l'animal.

302- gera: 25112/di/cg

STUDY ON THE LOW IMPEDANCE NATURE OF THE MERIDIAN LINE ON THE EPIDERMIS AND STRATUM CORNEUM AND ITS MORPHOLOGICAL BASIS. ZHU ZONGXIANG ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing*. 1987;:418 (eng).

303- gera: 27571/di/cg

MORPHOLOGICAL CHARACTERISTICS OF THE LOW IMPEDANCE LINE ALONG MERIDIAN OF RAT. ZHU ZONGXIANG ET AL. *international conference on veterinary acupuncture, beijing*. 1987;:15. (eng).

304- gera: 27572/di/cg

THE OBSERVATION OF LOW IMPEDANCE LINE ALONG CHANNEL OF RAT. ZHU ZONGXIANG ET AL. *international conference on veterinary acupuncture, beijing*. 1987;:16. (eng).

305- gera: 27576/di/cg

OBSERVATION OF THE LOW IMPEDANCE LINES ALONG CHANNELS OF RABBIT BEFORE AND AFTER ANAESTHESIA AND BLEEDING. ZHU ZONGXIANG ET AL. *international conference on veterinary acupuncture, beijing*. 1987;:21. (eng).

306- gera: 25088/di/cg

STUDY ON THE PHENOMENON OF PROPAGATED SENSATION OF MERIDIAN-"QI REACHING THE DISEASED SITE". ZHUANG DING ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing*. 1987;:390 (eng).

307- gera: 25098/di/cg

THE OBSERVATION ON INDUCING CONDITION OF PROPAGATED SENSATION ALONG CHANNELS (PSC) INDUCED QBY STATIC PRACTICE. ZHUANG DING ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing*. 1987;:402 (eng).

308- gera: 25105/di/cg

OBSERVATION ON PHENOMENON OF RADIAL NEEDLING SENSATION AND PROPAGATED HALLUCINATION ALONG THE CHANNELS IN AMPUTEES. ZHUANG DING ET AL. *selections from article abstracts on acupuncture and moxibustion, beijing*. 1987;:410 (eng).

309- gera: 53359/di/ra

[THE PATTERN OF PSC INDUCED BY MOXIBUSTION]. CHEN REQIN ET AL. *shaanxi traditional chinese medicine*. 1988;9(5):218-22 (chi).

310- gera: 25579/di/tt

MERIDIAN QIGONG. TRANSMITTING QI ALONG THE MERIDIAN. LI DING. *foreign languages press,beijing*. 1988;:260P (eng).

311- gera: 83018/di/ra

[THE OBSERVATIONS OF THE PHENOMENON OF PROPAGATED SENSATION ON THE PATHOGENIC SITES (END REPORT). REGIONAL EFFECTIVE DIFFERENCE BETWEEN "GOUKOKU" AND "TAISHO" STIMULATIONS]. SHOICHI SAWATSUGAWA ET AL. *journal of the japan society of acupuncture*. 1988;38(3):306-13 (jap*).

In our previous paper, we reported that the rate of responses to the electric stimulation through an acupuncture applied to the source point "TAISHO" increased in anamnestic and, in particular, status pathogenic sites. In the present paper, we conducted a similar investigation using the source point "GOUKOKU" to study relations between anamnestic or status sites, Meridians, and algescic thresholds. It was found : (1) Among subjects with anamnestic and status pathogenic sites, those subjects with a nasal disorder, such as rhinitis and empyema, showed a significantly higher rate or responses in the nasal area. (2) There was no right-left lateral difference in the response rate. The exception is when stimulation was applied on facial sites, a higher response rate was observed on the controlateral side, thus suggesting a route pattern similar to the Meridian-stream pattern recorded in classical documents. (3) Although there were individual variations, an increase in the algescic threshold was generally observed in all body areas, and not in a specific area ; therefore, no relationship was found between the Meridian and the phenomenon

312- gera: 23346/di/ra

[THE STUDY ON CONDUCTION OF ACOUSTIC INFORMATION ALONG MERIDIANS]. SUN PINGSHENG. *acupuncture research*. 1988;13(2):138-42 (chi*).

L'information acoustique produite par pression du point a la propriété d'être conduite le long des méridiens. Nous avons conduit une série d'expérience sur le phénomène de 1985 à 1986. Nous avons analysé les facteurs de formation du fond sonore, le spectre de fréquence, la différenciation de l'information acoustique du son de contraction musculaire et la diffusion le long des méridiens. Il apparait que le fond sonore est constitué essentiellement du bruit respiratoire et du bruit de contraction musculaire. Les borborygmes ont peu d'influence. Le bruit de fond est variable selon la région mais comparativement stable. Aussi il est utilisé comme ligne de base pour la détection de l'information acoustique le long des méridiens. 3 niveaux de pression ont été utilisés pour produire le signal acoustique à partir des points (0,5, 1 et 1,5 kg). Une pression de 0,5 kg donne une plus

313- gera: 22805/di/ra

[ANALYSIS OF FREQUENCY SPECTRUM FOR ACOUSTIC MESSAGE IN PROPAGATION ALONG MERIDIANS]. SUN PINGSHENG ET AL. *chinese acupuncture and moxibustion*. 1988;8(3):34-6 (chi*).

Etude de la propagation d'un signal acoustique le long du méridien GI et enregistré aux 4GI, 11GI et 14GI.

314- gera: 24500/di/ra

[THE RESEARCH ON THE PROPAGATION OF

ACOUSTICAL INFORMATION ALONG MERIDIANS]. SUN PINGSHENG ET AL. **chinese acupuncture and moxibustion.** 1988;8(5):33 (chi*).

In this research work, 205 cases were experimentally investigated. It has been found that the propagation of acoustical information along meridians is objectively existing, i. e., at the same time there appear propagation along meridians, an acoustical information with particular frequency is present and radialized along the large intestine meridian. It is considered that this acoustical information has remarkable propagating property along meridians and its orbit basically coincides with the running course of traditional meridians. The propagation is slow and liable to be repeated. The substance propagating this information is neither blood vessel nor nerve, revealing

315- gera: 23126/di/ra

[A CASE REPORT OF PAIN ALONG MERIDIAN CAUSED FROM CUPPING METHOD]. XIAO YONGJIAN. **journal of shandong college of traditional chinese medicine.** 1988;12(1):23 (chi*).

Après mise en place d'une ventouse sur la taille, le patient décrit une douleur le long du shaoyang du pied et de

316- gera: 21578/di/ra

THE CORTICAL AND MERIDIAN SENSATIONS. A SUGGESTION ON THE USE OF ACUPUNCTURE TO EXAMINE PARIETAL LOBE FUNCTION. XUE CHONGCHENG. **journal of tcm.** 1988;8(1):9-14 (eng).

317- gera: 23602/di/ra

[AN INVESTIGATION ON PSC PASSING OVER INCISION WOUND AND MOUTH CLEFT]. YANG QIULI ET AL. **chinese acupuncture and moxibustion.** 1988;8(4):41-3 (chi*).

Une des caractéristiques du PSC : sensation propagée le long des méridiens et la cessation de cette propagation causée par différent moyens de compression, congélation ou injection de liquide le long du méridien. Les explications en sont discutés depuis des années. L'école de la théorie "centrale" suggère que cette sensation résulte de l'interaction de stimule au sein du SNC et l'école "périphérique" croit en l'existence de structures tissulaires en périphérie, surface de l'organisme et dans lesquels coulerait un fluide, qui produirait cette sensation dégagée. Un argument significatif serait que le PSC passe au delà des brèches naturelles sauth ou une incision récente. 24 cas ont été étudiés dont 19 succès bien que la bouche a été ouverte ou les berges d'une plaie

318- gera: 22831/di/ra

THE LOW IMPEDANCE NATURE OF MERIDIAN LINES BEFORE AND AFTER AMPUTATION. ZHU ZONG XIANG ET AL. **british journal of acupuncture.** 1988;11(1):25-7 (eng).

Etude du PSC latent et des lignes de moindre impédance avant et après amputation chez 18 sujets avec tumeurs osseuses. 1) Avant amputation il y a concordance entre ligne de PSC latent et ligne de moindre impédance dans 94,2 %. 2) Après amputation, la ligne de moindre impédance coïncide avec les lignes de PSC latent, et de moindre impédance initiales dans 97,2 %. Il n'y a pas de différence significative avant et après opération. Ceci suggère une base matérielle périphérique des méridiens.

319- gera: 25756/di/ra

[PRELIMINARY REPORT ON APPROACHE OF THE NATURE OF MERIDIAN SOUND]. ZHU ZONGXIANG. **acupuncture research.** 1988;13(3):260-6 (chi*).

By successive dissection from the body surface to the deep muscular layer of the amputated limbs, it was found that the origin of meridian-sound produced by tapping at the meridian line was related not to the cutaneous and subcutaneous layers, but to the muscular layer. Histologically, a special connective tissue body in the muscular layer was found to be related to the meridian-sound.

320- gera: 23609/di/ra

QUANTITATIVE OBSERVATION ON THE MAST CELL

DISTRIBUTION UNDER THE LOW IMPEDANCE LINE ALONG THE MERIDIAN OF THE RAT. ZHU ZONGXIANG ET AL. **acupuncture research.** 1988;13:71-72 (eng).

321- gera: 50713/di/ra

[AN OBSERVATION ON THE PHENOMENON OF PROPAGATED SENSATION ALONG CHANNELS AND ITS RELATION TO THE THERAPEUTIC EFFECT OF ACUPUNCTURE IN THE PATIENTS OF WHITE RACE]. CAI ZONGMIN ET AL. **chinese acupuncture and moxibustion.** 1989;9(6):31-4 (chi*).

An observation on the phenomenon of propagated sensation along channels (PSC) was made on 110 patients of white race. It fills in a gap in the field. The results showed that the incidence and characters of PSC, as well as the relation between the extent of distantness of PSC and therapeutic effect of acupuncture in the patients of white race were almost the same as that of the yellow and black races. It indicates that PSC is universally existed in the vast number of the people, without significant difference between the races and geographical conditions. Therefore, it is of vital importance to study it thoroughly for the further elucidation of the essence of channels and

322- gera: 29785/di/cg

RELATIONSHIP BETWEEN LUNG SYSTEM AND LUNG MERIDIAN VIEWED FROM THE PROPAGATED SENSATION OF EAR ACUPOINTS. CHEN NAIMING ET AL. **international symposium on diagnosis and treatment with auricular points, beijing.** 1989;:178-9 (eng).

323- gera: 80557/di/ra

CLINICAL APPLICATION OF LATENT PROPAGATED SENSATION LINE ALONG THE MERIDIANS IN THE TREATMENT OF BELL'S Palsy. HAO JINKAI ET AL. **chinese journal of acupuncture and moxibustion.** 1989;2(1):11-6 (eng).

With the use of the latent propagated sensation line along the meridians the therapeutic effects are enhanced. The positive rate for the latent propagated sensation line in treating Bell's Palsy in this group is 98.36%. The author used the points from the latent propagated sensation line of the Hand and Foot Yangming meridians below the elbow and knee. 75 cases were cured after treatment. The curative rate for those who have not received acupuncture on the faces before admission, is 83.33%, while those whose disease duration is three months and

324- gera: 50323/di/ra

[SOME PROBLEMS ON THE RESEARCHES OF CHANNELS AND COLLATERALS AT PRESENT IN CHINA (1)]. HU XIANGLONG ET AL. **yunnan journal of traditional chinese medicine.** 1989;10(1):10-6 (chi).

325- gera: 50329/di/ra

[SOME PROBLEMS ON THE RESEARCHES OF CHANNELS AND COLLATERALS AT PRESENT IN CHINA (2)]. HU XIANGLONG ET AL. **yunnan journal of traditional chinese medicine.** 1989;10(2):6-23 (chi).

326- gera: 29790/di/cg

EXPLORATION ON THE REGULARITY OF THE PROPAGATED SENSATION ALONG THE CHANNELS EVOKED BY AURICULAR ACUPOINTS STIMULATION. JIN BOHUA ET AL. **international symposium on diagnosis and treatment with auricular points, beijing.** 1989;:183-4 (eng).

327- gera: 29789/di/cg

CLINICAL OBSERVATION ON 52 CASES OF EAR ACUPOINTS PROPAGATED SENSATION ALONG CHANNELS AND COLLATERALS. LI XIJUN. **international symposium on diagnosis and treatment with auricular points, beijing.** 1989;:182-3 (eng).

- 328- gera: 80196/di/ra
SENSACIONES PROPAGADAS A LO LARGO DE LOS MERIDIANOS. NGUYEN J. *medicina holistica*. 1989;15:5-13 (esp).
- 329- gera: 26658/di/ra
[INVESTIGATION ON THE PROPAGATED SENSATION OF PEOPLE LIVED IN FLUORIDE AND ARSEN POLLUTED AREA]. PANG YINGAO ET AL. *shanghai journal of acupuncture and moxibustion*. 1989;8(2):11-12 (chi).
- 330- gera: 50645/di/ra
[INVESTIGATION ON THE PROPAGATED SENSATION OF PEOPLE LIVED IN FLUORIDE AND ARSEN POLLUTED AREA]. PANG YINGAO ET AL. *shanghai journal of acupuncture and moxibustion*. 1989;8(2):11-2 (chi).
- 331- gera: 108610/di/ra
[INVESTIGATION ON THE PROPAGATED SENSATION OF PEOPLE LIVED IN FLUORIDE AND ARSEN POLLUTED AREA]. PANG YINGAO, ET AL. *shanghai journal of acupuncture and moxibustion*. 1989;8(2):11 (chi).
- 332- gera: 80704/di/ra
AN OBSERVATION ON THE TREATMENT OF 34 CASES OF VASCULAR HEADACHE WITH HEAD-ACUPUNCTURE THERAPY. SHENG LINGLING ET AL. *journal of traditional chinese medicine*. 1989;9(1):25-7 (eng).
 Traitement de 39 cas de céphalées vasculaires par craniopuncture (2/3 inférieur de la zone sensitive et Anshen bilatéralement). Séance de 15 minutes avec manipulation toutes les 5 minutes. Efficacité clinique dans 85,3 %. Il y a une corrélation entre l'importance de la sensation propagée et l'effet clinique. Modification des index du
- 333- gera: 80734/di/ra
EFFECT OF NEEDLING SENSATION REACHING THE SITE OF DISEASE ON THE RESULTS OF ACUPUNCTURE TREATMENT OF BRONCHIAL ASTHMA. SHENG LINGLING ET AL. *journal of traditional chinese medicine*. 1989;9(2):140-43 (eng).
- 334- gera: 80177/di/ra
[OBSERVATION ON PHENOMENON OF CONDUCTION ALONG MERIDIANS IN NIGERIA]. XIAO YONGJIAN. *journal of shandong tcm college*. 1989;13(5):41-2 (chi).
- 335- gera: 34094/di/re
[A HYPOTHESIS ON MESSAGE TRANSMIT AMONG THE CELL AND ESSENCE OF CHANNELS]. XIU HUONG ET AL. *journal of beijing college of tcm*. 1989;12(1):11 (chi).
- 336- gera: 80299/di/ra
[INVESTIGATION OF THE BIOPHYSICAL FEATURES OF STRONG LUMINESCENCE PHENOMENA IN THE 14 CHANNEL OF HUMAN BODY]. YAN ZHIQIANG ET AL. *acupuncture research*. 1989;14(3):393-94 (chi*).
- 337- gera: 27768/di/ra
A SIMPLE NEW NON-INVASIVE METHOD OF ANALYZING PROPAGATION OF ELECTRICAL EXCITATION IN NERVE FIBERS ALONG NERVE PATHWAYS FROM PERIPHERY TO CEREBRAL CORTEX BY ARTIFICIALLY INDUCED ACUTE (abstract)*. YOSHIKI OMURA. *acupuncture and electrotherapeutics research*. 1989;14(3/4):285. (eng).
- 338- gera: 35372/di/ra
[OBSERVATIONS ON PROPAGATED SENSATION ALONG CHANNELS PASSING UP TO UPPER AND LOWER LIPS].
- YOU XIAOLONG. *jiangsu journal of traditional chinese medicine*. 1989;10(6):18-9 (chi).
- 339- gera: 80063/di/el
[STUDY ON THE EFFECT OF ACUPUNCTURE AND MOXIBUSTION FOR VERSION OF FETUS AMONG FOREIGN MASSES]. ZHANG FENGYUN. *chinese acupuncture and moxibustion*. 1989;9(3):45-6 (chi*).
- In this article, version of fetus with acupuncture and moxibustion is introduced. The method is as follows: lying supine acupuncture with electric apparatus performed at bilateral Zhiyin (B 67) and Zasanli (St 36) and moxibustion provided simultaneously at Zhiyin (B 67) and the intensity depends upon patients' tolerance. Needles are retained for twenty minutes. Once of the treatment is offered daily and seven times (Constitute a course. As the result, among 87 cases, 66 were breech position, 51 succeeded in the version, 15 failed: and 21 were transverse position, 18 succeeded and 3 failed. Those who had hot sensation propagated along meridians could obtain better result of the version and multigravida tended to have higher succes in the version.
- 340- gera: 82095/di/cg
AN OBSERVATION ON PROPAGATED SENSATION ALONG MERIDIAN (PSM) AND ACUPUNCTURE THERAPEUTIC EFFECT IN 2729 CASES OF DIFFERENT RACES. CAI ZONGMIN. *2eme congres mondial d'acupuncture et moxibustion, paris*. 1990;:58. (eng).
- 341- gera: 82098/di/cg
CLINICAL STUDY OF ACUPUNCTURE THREE STEPS, FOUR METHODS ELICITATION OF PROPAGATED SENSATION METHOD. CHENG LIANHU. *2eme congres mondial d'acupuncture et moxibustion, paris*. 1990;:60. (eng).
- 342- gera: 82055/di/cg
PROGRESS OF THE RESEARCH ON CHANNELS. DENG LIANGYUE. *2eme congres mondial d'acupuncture et moxibustion, paris*. 1990;:32. (eng).
- 343- gera: 83386/di/re
ACUPUNCTURE AND NEUROPHYSIOLOGY. DING-ZONG WU. *clin neurol neurosurg*. 1990;92(1):13-25 (eng).
 The goal of this paper is to give a survey of the research into the attempts over the last decennium to describe and explain the effects of acupuncture treatments in terms of (neuro)-physiological phenomena and morphological observations. Topics covered include: propagated sensations along channels, possible mechanisms of acupuncture analgesia, neurotransmitters; effect of acupuncture on circulatory, digestive and urinary systems, and its effect on epilepsy. A survey of available data indicates that acupuncture is very effective in a "wild" variety of clinical conditions. Review of research indicates that acupuncture primarily modulates the release of particular neurotransmitters in the brain which have their influences on a large number of nuclei involved in various
- 344- gera: 82057/di/cg
STUDIES ON THE CHARACTERISTICS OF THE LOW SKIN IMPEDANCE POINTS AND MERIDIANS BY MICROCOMPUTER. HU XIANGLONG ET AL. *2eme congres mondial d'acupuncture et moxibustion, paris*. 1990;:33. (eng).
- 345- gera: 83065/di/ra
[THE MERIDIAN PHENOMENON BY THERMOGRAPHIC RESEARCH (PART 1)]. KOUZOU NEMOTO ET AL. *journal of the japan society of acupuncture*. 1990;40(2):206-12 (jap*).
- We have conducted a comparative study on the tip of the tongue temperature change when acupuncture stimulus was applied to Shinmon using thermography of healthy and hemiplegia to gain an objective understanding of the so-called

Meridian Phenomena. The result of the study revealed that the tip of the tongue temperature, when acupuncture stimulus to Shinmon was applied, rose compared to the non-treated in the case of healthy, and the hemiplegia showed a different response against the healthy. We have earlier reported that there was a unique abdominal region skin temperature change phenomena when tsubo stimulant was applied to the upper limb. Since this was a phenomena which could not be seen with a non-tsubu stimulant, we concluded that this suggests the existence of a Meridian Phenomenon. Our current report enhances the credibility of our previous report and suggest that the function of the central nervous system acts as an underlying factor.

346- gera: 60891/di/ra

[LOCATION RESEARCH OF 100 CASES OF SKIN DISEASE APPEARED ALONG THE KIDNEY CHANNELS]. LI DINGZONG ET AL. *chinese acupuncture and moxibustion*. 1990;10(3):31-2 (chi*).

347- gera: 81524/di/ra

140 CASES OF SCIATICA TREATED BY ACUPUNCTURE. LI FENGBO. *chinese journal of acupuncture and moxibustion*. 1990;3(1):39-40 (eng).

54V. Patient en décubitus ventral. Utilisation d'une aiguille de 4 cun de long. Insertion perpendiculaire sur 3 à 4 cun avec mouvements de rotation. La sensation de puncture s'irradie à la zone douloureuse. Séance de 30mn. Une séance / jour sur 6 à 10 jours, puis une séance tous les 2 jours jusqu'à guérison. Guérison : 63,6%. Amélioration marquée : 12,8%. Les meilleurs résultats sont obtenus avec une irradiation de la sensation au pied.

348- gera: 60892/di/ra

[EXPERIMENTAL RESEARCH ON LOWER RESISTANCE OF ANTI-ELECTRICAL CHARACTER PASSING LINE OF CHANNELS]. LI ZHICHAO ET AL. *chinese acupuncture and moxibustion*. 1990;10(3):33-4 (chi*).

349- gera: 82181/di/cg

THE EFFECT OF EPIDURAL BLOCKAGE ON TRANSMISSION OF NEEDLING SENSATION. LIANG YANQI ET AL. *2eme congrès mondial d'acupuncture et moxibustion, paris*. 1990;:115. (eng).

350- gera: 82094/di/cg

BIOPHYSICAL MODEL OF PROPAGATED SENSATION ALONG MERIDIAN. LIN XIANZHE ET AL. *2eme congrès mondial d'acupuncture et moxibustion, paris*. 1990;:58. (eng).

351- gera: 81659/di/ra

[OBJECTIVE DISPLAY ON PHENOMENA OF PROPAGATED SENSATION ALONG CHANNELS (PSC)]. LIU RUITING ET AL. *acupuncture research*. 1990;15(3):239-44 (chi*).

This paper reports on the results observed in the changes of the infrared thermal image of upper extremity induced by needle at Hegu (LI-4), Daling (PC-7) and Neiguan (PC-6) points. The results indicated that 10 out of 23 cases, when feeling the phenomena of propagated sensation (PSC) along the Dachang channels as induced by needling Hegu (Large Intestine) points, displayed the higher and middle temperature bands of the upper extremities as distributed along the "Dachang" (Large Intestine) channels. Those effects did not appear in the patients who did not feel PSC along the Dachang channels. The results provide an objective basis for the phenomena of channels and suggest that the phenomenon of PSC is an objective fact of the human body.

352- gera: 81660/di/ra

[OBJECTIVE OBSERVATION ON PHENOMENA OF SENSATION ALONG CHANNELS (PSC) AND QI REACHING THE AFFECTS AREA (QIRA)]. LIU RUITING ET AL. *acupuncture research*. 1990;15(3):245-49 (chi*).

Thirty-three patients and nine volunteers were observed. Eighteen out of 33 patients felt PSC and Qi reaching to the face induced by needle points. The QiRA rate was 80% in patients with diseases of the face. During acupuncture of Hegu (LI-4) points, most of the patients felt PSC reaching to their faces as well as sensing heat there too. The infrared thermal image demonstrated that the temperature of the skin of the face increased and the hyperthermal areas coincided basically with the pathway of "Yangming" channels. Those effects were measurably greater than the effects in those study subjects who didn't feel PSC or sense Qi reaching to the face during needling. The difference between the two groups was statistically significant. The temperature increase induced by needle points was not the result of natural fluctuation. The results above indicate that the PSC and QiRA can be

353- gera: 82097/di/cg

STUDY ON PROPAGATED SENSATION ALONG THE MERIDIANS OF UYGUR CENTENARIANS IN AKSU OF XINJIANG. LIU YI ET AL. *2eme congrès mondial d'acupuncture et moxibustion, paris*. 1990;:59. (eng).

354- gera: 62888/di/ra

[OBSERVATION OF CARDIAC INDEX IN PATIENTS WITH CHD TREATED ACCORDING TO THE PHENOMENON OF TRANSMISSION REACTION IN THE CHANNELS]. LU MINGXIN ET AL. *liaoning journal of traditional chinese medicine*. 1990;14(12):8-10 (chi).

355- gera: 62021/di/ra

[UNDERSTANDING OF THE MERIDIAN PHENOMENA BASED ON ACUPOINT CONTRAST EXAMINATION]. PEI LANG. *liaoning journal of traditional chinese medicine*. 1990;14(8):33-8 (chi).

356- gera: 82331/di/cg

CLINICAL AND EXPERIMENTAL OBSERVATION OF BLOOD STREAM OF VERTEBRAL AND CERVICAL ARTERIES AFFECTED BY PROPAGATED SENSATION. QIE ZENGWANG. *2eme congrès mondial d'acupuncture et moxibustion, paris*. 1990;:220. (eng).

357- gera: 82096/di/cg

DE QI, PROPAGATION OF SENSATION ALONG MERIDIANS (PSM) AND RESPONSES TO ACUPUNCTURE THERAPY. RIZZO S. *2eme congrès mondial d'acupuncture et moxibustion, paris*. 1990;:59. (eng).

358- gera: 80127/di/ra

LEIBDYNAMIK DES QI UND IHRE NEUROPHYSIOLOGISCHE INTERPRETATION IN DER THEORIE VON VOLKMAR GLASER. SCHMINCKE B ET AL. *deutsche zeitschrift fur akupunktur*. 1990;33(1):13-5 (deu*).

359- gera: 63069/di/ra

[INVESTIGATION ON THE TEST FOR THE SUPERFICIAL COURSE OF LARGE INTESTINE MERIDIAN AND ITS RESPONSE WITH THE INTERNAL ORGAN BY MEANS OF QUANTITATIVE LOW-FREQUENCY SOUND]. SUN PINGSHENG ET AL. *chinese acupuncture and moxibustion*. 1990;10(6):25-30 (chi*).

360- gera: 82062/di/cg

RESEARCH ON THE SURVEY OF THE COURSE OF LARGE INTESTINE MERIDIAN ALONG THE BODY SURFACE AND THE VISCERAL EFFECTS WITH QUANTITATIVE LOW FREQUENCY SOUND AS CRITERIA. SUN PINGSHENG ET AL. *2eme congrès mondial d'acupuncture et moxibustion, paris*. 1990;:35. (eng).

361- gera: 82058/di/cg

MERIDIAN PHENOMENA OBSERVATION BY THERMOGRAPHY. TANZAWA S ET AL. **2eme congres mondial d'acupuncture et moxibustion, paris.** 1990;:33. (eng).

362- gera: 61995/di/ra
[OBSERVATION ON 220 CASES OF PROPAGATED ALONG MERIDIANS INDUCED BY APPLICATION OF MAGNETIC PLATE]. WANG DONG. **shanghai journal of acupuncture and moxibustion.** 1990;1:8-11 (chi).

363- gera: 60198/di/ra
[THE PHENOMENON OF PROPAGATED SENSATION ALONG STOMACH YANGMING MERIDIAN]. WANG QICAI. **jiangsu journal of traditional chinese medicine.** 1990;11(1):24-5 (chi).

364- gera: 82370/di/cg
CLINICAL REPORT ON ACUPUNCTURE TREATMENT OF 81 CASES OF SUPPURANT OTITIS MEDIA BY P.S.M. FROM DISTANT POINTS. WANG Y. **2eme congres mondial d'acupuncture et moxibustion, paris.** 1990;:244. (eng).
 81 cas d'otite moyenne purulente uni ou bilatérale sont traités par acupuncture aux points 12VB, 5TR, 4GI, 60V, 41VB, 36E. La sensation d'acupuncture observée doit être une sensation de chaleur dans l'oreille. La stimulation des aiguilles est de 2 à 5 mn. Une décharge de pus est souvent observée au bout de 20 mn. La durée d'une séance est de 1 heure, et la fréquence est de 1 séance tous les deux jours. Une cure de 7 séances permet la guérison. Une deuxième cure vient à bout des cas plus difficiles. Cependant l'efficacité de l'acupuncture est

365- gera: 63066/di/ra
[THE CLINICAL REPORT ON ACUPUNCTURE TREATMENT OF 81 CASES OF SUPPURANT OTITIS MEDIA BY PROPAGATED MERIDIANAL FAR AWAY POINTS]. WANG YU. **chinese acupuncture and moxibustion.** 1990;10(6):18. (chi*).
 This clinic has successfully treated 81 cases of suppurant otitis media by means of propogated meridional a far away points in past three years. The points selected are Wangu, Waiguan, Hegu, Kunlun, Foot-lingqi and Zusanli, using the points of the affected side or those of two sides when both sides are affected, reinforcing method.

366- gera: 83273/di/ra
THE CLINICAL REPORT ON ACUPUNCTURE TREATMENT OF 81 CASES OF SUPPURANT OTITIS MEDIA BY PROPAGATED MERIDIANAL FAR AWAY POINTS. WANG YU. **chinese journal of acupuncture and moxibustion.** 1990;3(3):187-8 (eng).

367- gera: 81246/di/ra
[STUDIES ON THE PHENOMENON OF LATENT PROPAGATED SENSATION ALONG CHANNEL (LPSC) BY COMBINING APPLIED KNOCKS, MEASUREMENT OF RESISTANCE AND RECORD ELECTRIC CURRENT]. WENG TAILAI ET AL. **acupuncture research.** 1990;15(1):77-82 (chi*).

368- gera: 82060/di/cg
INVESTIGATION ON CHANNEL TRACK WITH ELECTRORETINOGRAM AS A RESPONSIVE INDICATION OF ACUPUNCTURE. WU BAOHUA ET AL. **2eme congres mondial d'acupuncture et moxibustion, paris.** 1990;:34. (eng).

369- gera: 82061/di/cg
THE INFLUENCE OF PRESSING THE MERIDIAN COURSE ON ELECTRORETINOGRAM DURING ACUPUNCTURE. WU BAOHUA ET AL. **2eme congres mondial d'acupuncture et moxibustion, paris.** 1990;:34. (eng).

370- gera: 61036/di/ra
[A STUDY OF THE CAUSE OF PAIN ALONG CHANNEL]. XIAO YONGJIAN. **journal of shandong college of traditional chinese medicine.** 1990;14(1):2-4 (chi*).

371- gera: 60279/di/ra
[THE RELATION BETWEEN SENSATION TRANSMISSION ALONG CHANNEL AND ACUPUNCTURE ANAESTHESIA OF ABDOMINAL OPERATION]. XIE KANGXI ET AL. **fujian journal of traditional chinese medicine.** 1990;21(4):28-30 (chi).

372- gera: 60037/di/ra
[A STUDY ON LUMINOUS SPECIFICITY OF MERIDIAN LINES AND THE LAW OF THEIR CHANGES WITH SYNDROME AND ACUPUNCTURE THERAPEUTIC*]. YAN ZHIQIANG ET AL. **journal of traditional chinese medicine.** 1990;31(1):51-2 (chi).

373- gera: 60853/di/ra
[CLINICAL OBSERVATION OF 50 CASES OF CHANNEL SENSATION GIVEN BY QI GONG]. YANG JIANXIA ET AL. **chinese acupuncture and moxibustion.** 1990;10(1):28. (chi*).

374- gera: 82093/di/cg
PRELIMINARY OBSERVATION ON THE RELATION BETWEEN NEEDLING SENSATION, PROPAGATED SENSATION ALONG MERIDIAN (PSM) AND ACUPUNCTURE EFFECT. YOU ZHENQUAN ET AL. **2eme congres mondial d'acupuncture et moxibustion, paris.** 1990;:58. (eng).

375- gera: 60280/di/ra
[INFLUENCE OF MECHANICAL OPPRESSION ON ACUPUNCTURE EFFECT OF SENSATION TRANSMISSION ALONG CHANNEL]. YOU ZHENSHUAN ET AL. **fujian journal of traditional chinese medicine.** 1990;21(4):31. (chi).

376- gera: 81283/di/ra
ACUPUNCTURE TREATMENT FOR SPRAINS OF THE ANKLE JOINT IN 354 CASES. ZHANG FUJUN ET AL. **journal of tcm.** 1990;10(3):207-08 (eng).
 Bafeng des 3° et 4° phalanges en cas d'atteinte externe, des 2° et 3° phalanges en cas d'atteinte de la malléole interne. Puncture en sous-cutanée sur 2 à 3 cun le long de l'espace interphalangien. Stimulation manuelle en fonction de la tolérance du patient durant 2 à 3 minutes, la sensation de puncture s'irradie à la zone douloureuse. Séance de 20-30 minutes et stimulation intermittente toutes les 6 minutes. Demander au patient durant la séance de mobiliser continuellement la cheville dans la plus grande amplitude. Une séance par jour. 75 guérisons en 2 séances, 194 en 3 séances, 51 en 4, 21 en 5 et 13 en 6-10.

377- gera: 63285/di/ra
[PAIN SENSATION TRANSMISSION OF SCAPULOHUMERAL PERIARTHRITIS]. ZHANG MINGGUI. **fujian journal of traditional chinese medicine.** 1990;21(6):11-3 (chi).

378- gera: 61070/di/ra
[STUDY ON PHENOMENON OF CHANNELS AND COLLATERALS OF CORPSES]. ZHAO YUMIN ET AL. **journal of beijing college of traditional chinese medicine.** 1990;2:35-7 (chi*).

379- gera: 82056/di/cg
BIOPHYSICAL VERIFICATION OF THE ACUPUNCTURE MERIDIAN SYSTEM IN MANKIND AND ANIMALS. ZHU

ZONGXIANG. **2eme congres mondial d'acupuncture et moxibustion, paris.** 1990;:32. (eng).

380- gera: 81621/di/ra

INFLUENCE ON ELECTRICAL ACTIVITY OF BETA RHYTHM OF BEAM BY RETAINING THE NEEDLES AND EXCITING PSC. ZHUANG DING ET AL. **acupuncture research.** 1990;15(4):324-31 (eng).

381- gera: 35792/di/ra

[A CASE WITH DISTINCT PROPAGATED SENSATION ALONG THE MERIDIAN (PSM) IV. THE VARIATION OF PSM ACCORDING TO STIMULATION METHODS, THE PROPAGATING SPEED OF PSM, AND THE BLOCKING EFFECT OF MECHANICAL*]. HIDEAKI JINNO ET AL. **journal of the japan society of acupuncture.** 1991;41(3):353-7 (jap*).

Various acupuncture stimulations were given to a 60 year-old housewife with a distinct meridian phenomenon to observe subsequent PSM. Clear PSM was induced either by finger pressure, press needle or low frequency press needle stimulation of Guanchong (terminal point). Scarless moxibustion applied to a source point induced clearer PSM than that to a terminal point. Comparing the propagating speeds of the PSM induced by press needle stimulations of the terminal points of the twelve meridians, those of liver, kidney and spleen were the fastest (about 70 cm/sec) and those of heart and large intestine were the slowest (1 cm/sec). The propagation of PSM was blocked by 50 ~60 mmHg of manchette pressure or by 400 g/cm local pressure using a pressure meter.

382- gera: 84614/di/ra

[A CASE WITH DISTINCT PROPAGATED SENSATION ALONG THE MERIDIAN (PSM) IV. THE VARIATION OF PSM ACCORDING TO STIMULATION METHODS, THE PROPAGATING SPEED OF PSM AND THE BLOCKING EFFECT OF MECHANICAL*]. HIDEAKI JINNO ET AL. **journal of the japan society of acupuncture.** 1991;41(3):353-7 (jap*).

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383- gera: 82988/di/ra

CLINICAL STUDIES OF THE SENSORY CONDUCTION "QI REACHING TO THE AFFECTED AREA". OBSERVATION ON THE IMMEDIATE THERAPEUTIC EFFECT OF THE CARDIOVASCULAR FUNCTION OF THE PATIENTS WITH CORONARY DISEASE*. LIU RUITING ET AL. **chinese journal of acupuncture and moxibustion.** 1991;4(1):68-77 (eng).

The purpose of this paper was to explore further the relationship between the phenomenon of "Qi reaching to the affected area" and the therapeutic effect of acupuncture. 38 cases of the coronary heart disease (CHD) were subjected to the determination of the cardiovascular function and hemodynamics with the noninvasive impedance cardiography method. Among the 16 indices to be determined, the value of the 12 items (stroke volume, cardiac output, cardiac index, etc.) compared with the healthy subjects, showing the significant difference statistically. Acupuncture was applied to both Ximen in patients. During observation, these indices were recorded in the same way before acupuncture retain for 20 min and 5 min after withdrawing needles. After exciting PSC by acupuncture, 6 out of 12 indices were markedly improved in the group with

'Qi reaching to the affected area' ($P < 0.05$), but no improvement in the other groups. The results showed that the phenomenon of 'Qi reaching to the affected area' is

384- gera: 62522/di/ra

[OBSERVATION ON BLOOD FLOW CAPACITY OF VERTEBRA AND CERVICAL ARTERY AFFECTED BY PROPAGATED SENSATION WITH ACUPUNCTURE EXCITATION]. QIE ZENG WANG ET AL. **chinese journal of integrated traditional and western medicine.** 1991;11(1):31-3 (chi*).

The researchers made some improvement of the measure method of head total blood flow capacity. Excitation of propagated sensation were induced in 55 cases of cervical vertebra disease [acupoints: LI10, BL11, GV12, SI3], and 66 cases of cerebral ischemia disease caused by insufficiency of the vertebral artery blood supply [acupoints: LI4, LI11, LI16, SJ15] by acupuncture. The results showed that obvious effect ($P < 0.05-0.01$) was found in the group in which a propagated sensation reached the affected area, some effect in the propagated sensation group, and little effect in the local sensation group. The results indicate that the method of acupuncture excitation of propagated sensation could relieve vascular and muscle spasm and ease the degree of vascular tension and obstruction. It could increase the blood flow capacity of the cervical and vertebral arteries significantly, so that it could play the role of promoting blood circulation to remove blood stasis, and improving tissue nutrition and autonomic nerve function. This study showed further that to let acupuncture excited propagated sensation reach the affected area was an important method of promoting a positive clinical effect.

385- gera: 83489/di/ra

A COMPARATIVE STUDY OF DIFFERENT METHODS IN THE BODY SURFACE LOCALIZATION OF THE MERIDIANS. SHEN DEKAI ET AL. **chinese journal of acupuncture and moxibustion.** 1991;4(2):147-55 (eng).

In this paper, the dominant propagated sensation along meridian line (PSML), classical meridian line (CML), latent propagated sensation along meridian line (LPSML), and low impedance line (LIL) of the pericardium meridian were determined by four methods on the body surface for 182 times in 46 subjects, and they were compared with one another in detail. The meridians are highly coincident. So the four methods are all reliable in the research on the nature of meridian in the future. The three lines of LPSML of the pericardium meridian have been discovered. Lines II and III are localized symmetrically inside and outside 0.8 ± 0.1 cm of line I. Only line I show low impedance in nature. Not only PSML show variations, but also LPSML and LIL show variations too.

386- gera: 29282/di/ra

[THERMOGRAPHIC RESEARCH OF THE MERIDIAN PHENOMENON (PART 2). X. **journal of the japan society of acupuncture.** 1991;41(1):123. (jap).

387- gera: 63958/di/ra

[INQUIRY ON THE ORGANIC FACTORS WHICH CAN STRENGTHEN THE EFFECT OF ACUPUNCTURE AND MOXIBUSTION]. XIE HAORAN. **chinese acupuncture and moxibustion.** 1991;11(5):40 (chi*).

The author investigated the relationship between the age, inheriting and emotional factors, and the effect of acupuncture and moxibustion with the occurring rate of the propagation of needling sensation along meridians (PNSM) taken as the criterion. The author maintained that the above 3 factors can exert influence on the occurring rate of PNSM, and influence the therapeutical effect of acupuncture and moxibustion, therefore, in order to heighten the effect of acupuncture therapy, it is essential to day attention on the factors.

388- gera: 64200/di/ra

[THE RELATIONSHIP BETWEEN THE ANALGESIC EFFECT OF ACUPUNCTURE AND THE REMARKABLENESS OF THE PROPAGATION OF NEEDLING SENSATION ALONG MERIDIANS (PNSM) IN

AFRICAN PATIENTS]. YANG MEILIANG. chinese acupuncture and moxibustion. 1991;11(2):29 (chi*).

When working in Middle Africa, the author treated 412 patients of pain who were divided into 3 groups, namely, the group of prescribing points along the meridians, that of prescribing points from same-name meridians, and that of wrist-ankle-acupuncture. To treat the first and the second groups, the emphasis was laid on directing the Qi by performing certain needling manipulation so that the patient might obtain certain sensation propagating to the focus of the disease, and in the wrist-ankle-acupuncture group, no more manipulation was performed when the sensation of softness appeared after the insertion of the needle. All the 3 groups were once daily or for every second day, and the needles were retained 10 minutes. The author found that the occurring rate of PNSM in the first group was the best, while PNSM of I and II degree did not appear in the wrist-ankle-acupuncture group, and the analgesic effect was also superior in the first and the second groups. The result reveals that there is certainly close connection between the therapeutical effect and the arrival of Qi to the focus of the disease.

389- gera: 64240/di/ra

[RESEARCH ON THE MECHANISM OF THE FORMATION OF THE PROPAGATED NEEDLING SENSATION ALONG MERIDIANS (PNSM)]. YUAN CUNXIN ET AL. chinese acupuncture and moxibustion. 1991;11(4):40 (chi*).

The authors induced the PNSM in large intestine, pericardium, stomach and gallbladder meridians on the right side of 35 adults who are well trained with Qigong exercise, and it was found that the occurrence rate of PNSM during the period when they got into the meditation status was higher than that before the meditation and after the meditation is released. The routes of RNSM found in the tests were basically identical with the classical description of the running courses of the meridians. The authors also made the experiment, to produce the blockage for the propagation along the meridians by mechanical pressure and the propagation in each meridian was blocked due to the pressure, but the force of the pressure needed in the meridians was various. The authors maintained that the formation of PNSM is related to the functional status of the cerebral cortex, therefore is the

390- gera: 63953/di/ra

[INQUIRY OF THE STRUCTURE AND FUNCTIONS OF QI-JIE]. ZAO LIRU. chinese acupuncture and moxibustion. 1991;11(5):24 (chi*).

The author studied the structure and functions of Qi-Jie and other problems such as the relationship between Qi- Jie and the propagation of needling sensation along meridians, that between Qi-Jie and the skin electric conductivity of acupoints, that between Qi-Jie and indications of acupoints.

391- gera: 63952/di/ra

[ANALYSIS OF CLINICAL CURATIVE EFFECT AND OBJECTIVE MANIFESTATION OF 137 CASES OF SCAPULOHUMERAL PERIARTHRITIS TREATED WITH SENSATION PROPAGATION ALONG THE CHANNELS AND QI TO THE DISEASED SITE]. ZHANG RUXIN ET AL. chinese acupuncture and moxibustion. 1991;11(5):21 (chi*).

The author treated 137 cases of scapulohumeral periartthritis with acupuncture. The needles were applied at Hegu (L.I. 4) point of the affected side and bilateral Tiaokou (St 38) points, making the sensation propagate along the channels and Qi get to the diseased site. The results were : 23 cases were recovery, 71 cases markedly effective, 28 cases improved and 15 cases had no effect. The above results also demonstrated that there was some relationship between the Qi to the diseased site and the curative effect. In some cases of the Qi to the diseased site, the author observed the changes of the volume of superficial blood flow and of the skin temperature in the affected part after needling the Hegu (L.I. 4) points. It showed that the above two indices might be regarded as the

392- gera: 83107/di/ra

MERIDIAN TRANSMISSION. RECENT ADVANCES IN RESEARCH. ZHOU JIAN ET AL. british journal of acupuncture. 1991;14(2):17. (eng).

393- gera: 64205/di/ra

[OBSERVATION ON THE TIME OF EXCITATION OF PROPAGATION OF NEEDLING SENSATION ALONG MERIDIANS]. ZHU CHONGBIN ET AL. chinese acupuncture and moxibustion. 1991;11(2):43 (chi*).

The authors selected 39 sensitive of fairly sensitive cases to observe the factors that can influence the exciting time for the propagation of needling sensation along meridians (PNSM) 5 means were employed, namely acupuncture, moxibustion, acupressure and impulsive electricity current (intense and mild), to produce the stimulation at Hegu (L.I. 4), Quchi (L.I. 11), Zusanli (St 36) and Jiexi (St 41). The result found that : 1) Among the 5 means, the exciting time by moxibustion is the longest, and that by acupuncture is the shortest ($P<0.01$) ; 2) When the frequency of the impulsive current is not changed, in certain extent of the intensity, the more intense the stimulation is the shorter the exciting time is ($P<0.01$) ; on the other hand when the intensity is not changed, the lower frequency has shorter exciting time and the higher frequency has the longer time ($P<0.01$) ; 3) the exciting time by the peripheral points on the limbs is shorter than that by the proximal points on the limbs ($P<0.01$).

394- gera: 36456/di/ra

COMPUTERIZED PLOTTING OF LOW SKIN IMPEDANCE POINTS. HU XIANGLONG ET AL. journal of traditional chinese medicine. 1992;12(4):277-82 (eng).

The distribution of low skin impedance points (LSIP) was studied on 68 subjects with a computer system designed for the measurement of skin impedance. The results demonstrated that LSIPs were basically distributed along the 14 channels, the overwhelming majority located right on or within 5 mm bilateral to their courses. LSIPs were found in the area between every two channels only in a few cases. Moreover, there was no marked natural fluctuation of skin impedance in the human body and the distribution of LSIPs was considerably stable, which could be plotted on any day in the experiment. It is clear that such particular distribution of LSIPs along channels was really a biological phenomenon, not an experimental error. However, the distribution of low skin impedance was not an uninterrupted solid line but a series of LSIPs basically along the channel course. The method used in this work was accurate, reliable and repeatable which has upgraded the measurement of LSIPs to a new level.

395- gera: 36543/di/cg

THE PROPAGATING SENSATION ALONG THE ACUPUNCTURE CHANNELS AND A CONTROL THIS PHENOMENON WITH MILLIMETER WAVE IRRADIATION. KHRAMOV RNET AL. wfas international symposium on the trend of research in acupuncture, roma. 1992;:115 (eng).

396- gera: 36010/di/ra

ESSENTIALS OF MANIPULATIONS FOR THE PROPAGATION, MAINTENANCE AND ATTENUATION OF NEEDLE SENSATION. OUYANG QUN. international journal of clinical acupuncture. 1992;3(3):282-3 (eng).

397- gera: 43498/di/ra

[RESEARCHES ON THE CORRELATION OF NEUROPEPTIDES WITH PROPAGATED SENSATION ALONG THE MERIDIANS AND VISIBLE MERIDIAN PHENOMENA]. PAN CHAOCHONG ET AL. chinese acupuncture and moxibustion. 1992;12(3):35 (chi*).

In this paper, we have studied on the relation of neuropeptides (SP, VIP, NPY) with propagated sensation along the meridians and visible meridian phenomena by immunohistochemical techniques. The results are as follows : (1) The above 3 kinds of peptidergic nerves and their terminal branches were seen to pass through the various tissues at different depths of the meridian line (from skin to periosteum), most of these nerves are the slow conductive C fibers, which are as string ed stringed beads around the blood vessels. (2) After electroacupuncture, the contents of these neuropeptides in the dorsal horn of the spinal cord were found higher in

acupuncture side than in non-acupuncture side ($P < 0.01$). The results suggest that the peptidergic nerves around the blood vessels in the various tissues along the meridian line may be likely the morphological foundation of the visible meridian phenomena, the neuropeptides participated

398- gera: 43292/di/ra

[EFFECT OF FEELING ALONG THE CHANNELS ON BILIARY SYSTEM]. WANG RUI. *journal of shandong college of traditional chinese medicine*. 1992;16(4):51 (chi*).

Needling on yanglincun point in patients with cholecystitis or cholelithiasis, movement of biliary system were observed under ultrasound before and after feeling along the channels. The results show that obvious feeling accompany a high rate of cystic gall contraction. The results are in keeping with the theory of "Miraculous Pivot".

399- gera: 37081/di/ra

THE APPLICATION OF ELECTROGASTROGRAM TO TRADITIONAL CHINESE MEDICINE. WENG TAILAI ET AL. *world journal of acupuncture moxibustion*. 1992;2(4):31-3 (eng).

In this paper Electrogastrogram (EGG) was recorded in 40 normal subjects and 100 patients suffered from gastroduodenal diseases. In 40 normal subjects, the average of amplitude and frequency of EGG were 150-180 pV and 3 cycles/min respectively before eating, but after eating the amplitude was about 236.2 pV and the frequency was about 3.21 cycles/min. EGG diagnosis of 100 patients with gastralgia was conformed to the gastroscopie diagnosis, with the rate 84%. The relations between effects of acupuncture and Qigong, the PSC and the differentiation of syndromes of TCM and EGG were explored.

400- gera: 42941/di/ra

[THE BASIS ON WHICH MY CONCEPTION OF MERIDIAN AND NERVE IS FORMED]. XUE CHONGCHENG. *chinese acupuncture and moxibustion*. 1992;12(4):17 (chi*).

The author holds that the "term" of meridian and vessel (jinmai) in "internal classic" refers to two aspects: "Jing" (the meridian) is the nerves while "Mai" (the vessel) the blood vessels and the propagating sensation along meridians is the functional manifestation of the parietal lobe.

401- gera: 57178/di/ra

[PRELIMINARY OBSERVATION ON THE RELATION AMONG NEEDLING SENSATION, PROPAGATED SENSATION ALONG MERIDIAN (PSM), AND ACUPUNCTURE EFFECT WHEN PUNCTURING NEIGUAN]. YOU ZHENQUAN ET AL. *acupuncture research*. 1992;17(1):75 (chi*).

This paper reports 300 coronary heart disease patients with different needling sensations, mainly with distension, when acupuncture Neiguan by identical acupuncture doctor with same manipulation. The higher rate of PSM appearance and better acupuncture effect were observed, in patients with compound sensation, such as sourness- distension and distension numbness. All of the patients who felt pain did not appear PSM and the acupuncture effect was poor. The appearance rate of PSM and acupuncture effect of other kind needling sensations were between the two. The results showed the kind of needling sensations while acupuncture had close relation with the

402- gera: 57177/di/ra

[PRELIMINARY OBSERVATION ON IMAGING OF FACIAL SPECIAL TEMPERATURE ALONG MERIDIANS]. ZHANG DONG ET AL. *acupuncture research*. 1992;17(1):71 (chi*).

403- gera: 39495/di/ra

[A PRELIMINARY INVESTIGATION ON THE RELATIONSHIP BETWEEN SENSATIONAL PROPAGATION THROUGH CHANNELS AND LOCATION OF THE POINTS AROUND THE EYES]. ZHONG JISHANG. *jiangsu journal of traditional chinese medicine*. 1992;13(3):22 (chi).

404- gera: 35588/di/ra

[STUDY ON THE MORPHOLOGICAL BASIS OF PHYSIOLOGICAL AND BIOPHYSICAL CHARACTERISTICS OF ACUPUNCTURE MERIDIAN]. ZHU ZONGXIANG PD. *akupunktur theorie und praxis*. 1992;1:67-8 (deu*).

[The morphological basis of the low impedance nature of the meridian line].

405- gera: 9078/di/cg

DEH-QI AND MERIDIAN PHENOMENON OF PROPAGATED SENSATIONS ALONG THE MERIDIANS (P.S.M). CHANG YH. *third world conference on acupuncture*. 1993;:412. (eng).

406- gera: 9087/di/cg

A CLINICAL STUDY OF THE PSM ON STROKE PATIENTS. KANG SK ET AL. *third world conference on acupuncture*. 1993;:413. (eng).

407- gera: 6067/di/cg

RELATIONS BETWEEN INDIVIDUAL EXCITATION PROPERTIES AND GENETIC FACTORS : CHRONAXIE AND HLA TYPING. KOJIMA T ET AL. *third world conference on acupuncture*. 1993;:276. (eng).

408- gera: 46186/di/ra

[OBSERVATION ON THE RELATION BETWEEN PROPAGATED SENSATION ALONG MERIDIANS AND THE THERAPEUTIC EFFECT OF ACUPUNCTURE ON MYOPIA OF YOUNGSTERS]. LI B ET AL. *acupuncture research*. 1993;18(2):154-8 (chi*).

Nine hundred and ninety two eyes suffering from various degrees of myopia in 536 youngsters were treated with acupuncture. A method of exciting propagated sensation along meridians (PSM) and making it travel toward the affected region was employed in treatment. Bilateral Hegu (LI4) and Taichong (LR3); and bilateral Waiguan (ST5) and Guangming (GB37) were punctured on alternate days. The results showed that after 1-3 periods of treatment, the vision of 868 eyes (87.5%) were improved in various extent. Among them, the vision completely recovered in 131 eyes (13.31%), and the diopter decreased-0.75 to -1.00 D. S. in 13 eyes after acupuncture treatment. The therapeutic effect of acupuncture seemed to be considerably satisfactory and stable in two years following up. The extent of distinctness of PSM raised markedly with the increase of times of acupuncture. There was a close relation between the extent of distinctness of PSM and effectiveness of acupuncture. The more striking the centripetal PSM, the better was therapeutic effect of acupuncture. The excellent effect was always achieved when PSM arrived at the affected eye. Since PSM arrived at a large number of eyes in the subjects in younger year and so the

409- gera: 7545/di/cg

CHART OF PSC AND THE MECHANISM OF PSC IN CLINICAL NEUROPSYCHOLOGY. LIU C. *the third world conference on acupuncture*. 1993;:318. (eng).

410- gera: 9457/di/cg

ON THE INFLUENCE OF PUNCTURING YINSHI ACUPOINT OF RABBITS ON THE QUANTITY OF IONS OF K⁺, NA⁺, CA⁺⁺ IN THE MUSCLES AROUND FUTU ACUPOINT. LIU WC ET AL. *third world conference on acupuncture*. 1993;:431. (eng).

411- gera: 9185/di/cg

THE RATIONALES FOR INVOLVEMENT OF BRAIN MECHANISMS IN PRODUCTION OF PROPAGATED SENSATION ALONG THE MERIDIAN. SATOH T. *third world conference on acupuncture*. 1993;:416. (eng).

412- gera: 47494/di/ra

[THE SOURCE OF REINFORCING AND REDUCING

ALONG AND AGAINST THE DIRECTION OF CHANNELS RESPECTIVELY]. WANG JIANMIN. *journal of beijing college of traditional chinese medicine*. 1993;16(6):8 (chi).

413- gera: 46948/di/ra

[PROTRUSION OF LUMBAR INTERVERTEBRAL DISCS TREATED BY ACUPUNCTURE]. WANG JINLIANG. *chinese acupuncture and moxibustion*. 1993;13(3):19 (chi*).

100 cases of protrusion of lumbar intervertebral discs were treated mainly with acupuncture. According to the author's experience, bilateral lumbar intervertebral protrusion points were selected. They were located 3 cun lateral to the spinous processes. Perpendicularly puncturing 2,5 - 3 cun, the therapeutic effect would be better if needling sensation was propagated along the lower limbs to reach toes or heels. It was shown that 82 cases were cured, 11 markedly effective, 7 improved, making the total effective rate being 100%.

414- gera: 7563/di/cg

FURTHER OBSERVATION ON THE DISTRIBUTION OF ISIPs ALONG MERIDIANS OVER THE MERIDIANS OVER THE MEDICAL SIDE OF FOREARM AND THE BACK. WU B ET AL. *the third world conference on acupuncture*. 1993;:320. (eng).

415- gera: 46192/di/ra

[OBSERVATION ON THE FUNCTIONAL CHARACTERISTICS OF CORTICAL SOMATOSENSORY AREA DURING THE ADVANCE OF THE PROPAGATED SENSATION ALONG MERIDIANS]. WU B ET AL. *acupuncture research*. 1993;18(2):123-7 (chi*).

It is still not clear what role is played by cortical somatosensory system during the advance of propagated sensation along meridians (PSM). In this paper the short-latent somatosensory evoked potential (SLSEP) was taken as an indication to observe the characteristics of functional activity in cortical somatosensory area I (SI) during the advance of PSM. The observation was preformed on 10 subjects with marked PSM, which were clear and kept stable. Sixteen subjects without SPM were taken as control. Electrical stimulation was delivered to the acupoint Jiaxi (GB43) or Hegu (LI4). The SLSEP were recorded simultaneously from 3 scalp points corresponding to the representative areas of foot, arm and face contralateral to the stimulated side. The results are shown as follows. When Jiaxi was stimulated, the amplitudes of SLSEP component C2 (P45-N55) from above three scalp points in subjects without PSC were 0.85 ± 0.17 , 0.51 ± 0.11 and 0.31 ± 0.07 microv respectively. The amplitude was largest in the foot representative area, but attenuated successively in arm and face areas and a stair-shaped distribution was thus formed. During stimulating the acupoint Hegu (LI4) the amplitude of SLSEP component C2 (P25-N55) from the representative area of arm in subjects without PSM was larger than that from the representative areas of foot and face, and a distribution with high-medium and low-bilateral character was shaped.

416- gera: 9615/di/cg

ANCIENT CHINESE ACUPUNCTURE TECHNIQUE "SHAO SAN FUO". X. *third world conference on acupuncture*. 1993;:443. (eng).

417- gera: 9149/di/cg

STUDIES ON MERIDIAN PHENOMENON AND PHENOMENON OF PROPAGATED SENSATION ALONG THE MERIDIANS. XIANGLONG H. *third world conference on acupuncture*. 1993;:414. (eng).

418- gera: 6063/di/cg

DISPLAYING OF MERIDIAN COURSES UNDER NATURAL CONDITIONS. XIANGLONG H ET AL. *third world conference on acupuncture*. 1993;:275. (eng).

419- gera: 7554/di/cg

EVIDENCE FOR THE APPEARANCE OF PERIPHERAL ACTIVATION DURING ADVANCE OF PSM. XIANGLONG H ET AL. *the third world conference on acupuncture*. 1993;:319. (eng).

420- gera: 46185/di/ra

[OBSERVATION ON THE PHENOMENON OF PROPAGATED SENSATION ALONG MERIDIANS IN YOUNGSTERS]. YANG B ET AL. *acupuncture research*. 1993;18(2):159-62 (chi*).

That the opinion on the relation between the propagated sensation along meridians (PSM) and the age of the subjects was divergent in the results reported by some authors. In the last 10 years, we have performed a systematic investigation on PSM on a group of 536 youngsters. The main characteristics of PSM in youngsters were just the same as that of adults. However, the incidence of PSM in youngsters, particularly the degree of distinctness of PSM, was by far higher than that of adults. The results were stable and could be repeated in the experiments performed in different years. It showed that there was surely a close relation between the degree of distinctness of PSM and the age of subjects. This fact can not be appropriately explained at present. However, it provides an important clue to clarify the factors which influence the appearance of PSM, and in turn to promote the improvement of the therapeutic effect of acupuncture and elucidation of the mechanism underlying the formation

421- gera: 7654/di/cg

ON THE BIOLOGICAL ORIGIN OF THE CHANNEL SYSTEM OF CHINESE MEDICINE. YAN-MING L. *the third world conference on acupuncture*. 1993;:328. (eng).

422- gera: 49659/di/ra

[ACUPUNCTURE IN THE TREATMENT OF CHOREA MINOR. ANALYSIS OF 30 CASES]. HU YIN-HU ET AL. *chinese acupuncture and moxibustion*. 1994;14(2):11 (chi*).

Dazhui (GV14), Fengfu (GV16), Baihui (GV20) and Renzhong (GV26) points were selected as main points and additional points were added according to the symptoms as adjunct points. After needling sensation was obtained the manipulation of lifting, thrusting and twirling, was applied to make the sensation radiated to the surrounding areas or remote regions. The needles were retained for 10-15 min. or simply withdrawn immediately, while those punctured in the adjunct points retained for an hour with 1-2 manipulations. The treatment was performed everyday. If the patients were not cured after 10 times of treatments, acupuncture was resumed after days. Of the patients treated, 29 cases were cured after 6-36 sessions of treatments, and 1 case was improved with a total effective rate of

423- gera: 48889/di/re

CHARACTERISTICS OF ACUPUNCTURE MERIDIANS AND ACUPOINTS IN ANIMALS. YU C ET AL. *revue scientifique et technique*. 1994;13(3):927-33 (eng).

In recent years, an increasing number of studies has been conducted on the biophysical characteristics of the meridians and acupoints in humans and animals. The authors aim to further illustrate the objective existence and superficial locations of the meridians in various species of animals. Twelve sheep, ten goats, thirteen pigs, eleven cats eight rabbits and seven donkeys were used to measure low impedance lines (LILs) and high percussion sound lines (HPSLs) on the skin surface of the animals, along the vertical planes of the dorsal line, using electrical impulses and high percussion sound. The results of these studies are given.

424- gera: 56095/di/ra

NEEDLING JIEXI ON BASIS OF MIDNIGHT-NOON CYCLE OF QI AND BLOOD IN TREATING 94 CASES OF TIC DOULOUREUX. ZHANG XI. *international journal of clinical acupuncture*. 1994;5(3):367-9 (eng).

425- gera: 27796/di/ra

ELECTRIC ACUPUNCTURE TREATMENT OF PERIPHERAL NERVE INJURY. HAO JUN ET AL. *journal of traditional chinese medicine*. 1995;15(2):114-7 (eng).

54 cases of peripheral nerve injury were treated by electric acupuncture and compared with 54 control cases treated with supportive medication. The changes after treatment were observed chiefly by electromyography while sensory and motor improvement were also recorded as auxiliary indicators. The therapeutic results in the acupuncture group were 5 cases cured, 26 markedly effective, 19 improved, and 4 cases failed, a total effective rate of 92.6% in contrast to the 55.6% for the controls. Analysis of the therapeutic results showed that 1) those in the acupuncture group were significantly better than in the control group; 2) nerve injuries should be treated as early as possible; 3) the radial nerve and the common peroneal nerve recovered faster than others; 4) cases not surgically explored recovered faster than those that were, and 5) patients with prompt propagation of the needling

426- gera: 85162/di/ra

TREATMENT OF SCAPULOHUMERAL PERIARTHRITIS WITH WARM NEEDLING AND ACUPOINT INJECTION. LI GANG ET AL. *world journal of acupuncture-moxibustion*. 1995;5(4):49-51 (eng).

The warm needling and acupoint injection of medicine are combined to treat scapulohumeral periartthritis with marked analgesic effect because they have the efficacies of reinforcing deficiency and supporting the healthy energy, and eliminating the pathogens and dredging the meridians and collaterals. The quick and fair therapeutical effect will be obtained when the needling sensation is propagated to the focus of disease.

427- gera: 70387/di/ra

RESEARCH ON MECHANISM OF PROPAGATED SENSATION ALONG MERIDIANS (PSM). ABSTRACT. LIN XIAN-ZHE. *acupuncture and electro-therapeutics research*. 1995;20(3-4):299 (eng).

428- gera: 84690/di/ra

[HYPOTHESIS OF PROPAGATED SENSATION ALONG MERIDIANS ON THE BASIS OF NERVE NET OF SPINAL CORD AND BRAIN STEM]. WENZHU L ET AL. *shanghai journal of acupuncture and moxibustion*. 1995;14(6):277 (chi).

429- gera: 56188/di/ra

EFFECT OF ARRIVAL OF QI TO THE DISEASED SITE ON ACUPOINT TEMPERATURE IN PERICARDIUM CHANNEL. YANG CHENG-ZHEN ET AL. *international journal of clinical acupuncture*. 1995;6(3):239-44 (eng).

430- gera: 72119/di/ra

EXPOSICAO DOS TRAJETOS DOS CANAIS DE ENERGIA SOBRE A SUPERFICIE CORPORAL COM TERMOGRAFIA. HU XIANGLONG ET AL. *revista paulista de acupuntura*. 1996;2(1):7-2 (por*).

DISPLAYING OF THE MERIDIAN COURSES OVER HUMAN BODY SURFACE WITH THERMAL IMAGING SYSTEM. Through a series of control observations, the results further demonstrate that IRRTM is really an inherent biological phenomenon. Under the proper conditions, the meridian courses described by the ancients of China can be displayed by the technique of infrared image formation. It is of significance to the investigation of meridian.

431- gera: 85884/di/ra

[ACTIVATING PROPAGATED SENSATION ALONG THE CHANNELS AND ELEVATING THERAPEUTIC EFFECTS OF ACUPUNCTURE]. REN DAFU. *chinese acupuncture and moxibustion*. 1996;16(6):43 (chi).

432- gera: 86978/di/re

NEUROBIOLOGICAL MECHANISMS OF THE MERIDIAN AND THE PROPAGATION OF NEEDLE FEELING ALONG THE MERIDIAN PATHWAY. XIE Y ET AL. *science in china*

(séries c). 1996;39(1):99-112 (eng).

The present experiments attempt to find the meridian phenomenon and how the needle feeling propagates along the given meridian channels. The neurobiological mechanisms of the meridian were studied with neuroelectrical recording from the motor neurons and CB-HRP retrograde histochemistry technique in both rats and cats. The results demonstrated that most, but not all, of alpha motor neurons supplying a muscle group of a given meridian were selectively activated by afferent inputs originating not only from homonymous or heterogeneous, but synergistic muscle, but also from the skin nerve overlying the muscle group of the homonymous meridian. However, the afferent inputs from the heterogeneous meridian have very weak or no effect. On the other hand, the labeled motor neurons supplying a given meridian muscles from a discrete longitudinal column with a definite bound in the lateral ventral horn. There are oriented dendro-dendrites projections between the labeled motor neurons. The characteristics of both selective responses of the motor neurons to afferent inputs and their neuro-anatomical arrangements in spinal cord offer neurobiological evidence for the meridian phenomenon.

433- gera: 75640/di/ra

[EXPERIMENTAL STUDY ON THE SOUND DETERMINATION OF GALLBLADDER CHANNEL SURFACE PATHWAY]. JIN HONGSHU ET AL. *liaoning journal of tcm*. 1997;24(11):516 (chi).

434- gera: 67210/di/ra

[THE RELATIONSHIPS BETWEEN THE PROPAGATED SENSATION ALONG CHANNELS AND THE CARDIOVASCULAR AND CEREBROVASCULAR DISEASES]. DONG CHUNBO ET AL. *acupuncture research*. 1998;23(2):95 (chi*).

Propagated Sensation along Channels (PSC) is the intermediate link between the classical clinical neurology and advanced clinical neurology. PSC is a kind of higher sensory pathology reflex occurred in diffuse dysfunction of the brain and local focus of the body, and may be one of cortical sensorial dissociation syndrome. There are some regulations in the field of PSC diagnosis and PSC therapy. 68 patients with positive PSC were studied on clinical neuropsychology. Results were showed as follows: There are different positive rate of PSC in various diseases, it is higher in the patients with both cardiovascular and cerebrovascular diseases than in those with single disease. Hypertension may increase the positive rates of PSC in the former. There are two kinds of moving of PSC, the mono-channel moves, the PSC is only evoked in one of the belt-like districts in isolated state, and the pan-channel moves, the PSC are evoked in more than three districts in abreast state. The direction of PSC firstly tends to the

435- gera: 67266/di/ra

[APPROACH TO CORTICAL BACKGROUND CONDITION OF PRODUCTION OF PHENOMENA OF PROPAGATED SENSATION ALONG CHANNELS_ EFFECTS OF STATIC PRACTICE ON EVENTS-RELATED POTENTIAL P300]. KONG JIAN ET AL. *chinese acupuncture and moxibustion*. 1998;18(1):41 (chi).

436- gera: 58643/di/ra

[MECHANISM OF NETWORKS IN SPINAL CORD AND BRAIN STEM OF THE PROPAGATED SENSATION ALONG CHANNELS]. LIN WENZHU ET AL. *shanghai journal of acupuncture and moxibustion*. 1998;17(4):37 (chi*).

The segmental distribution and projected region of primary efferent fibers of acupoints of the Stomach Channel in Substantia Gelatinosa of spinal cord and lower brain stem were examined by CB_HRP technique in rabbits. The results suggest that there could be a chain of neural networks corresponding to the Stomach Channel in Substantia Gelatinosa of spinal cord and brain stem. Mathematical models of nearest neighbour coupling and multiple coupling chains of neural networks in spinal cord and brain stem were input to computer in computer language. The results indicate

that impulse transmission possessing the basic characteristics of propagated sensation along the meridian might be generated in the nearest neighbour coupled system and the multiple coupled system and this kind of impulse transmission be generated much more easily in the nearest neighbour coupled system than in the multiple coupled system on the same terms. Propagated field potentials in spinal cord were recorded at level T12 and C7 in 28 out of 30 rabbits (93.33%), when Strychnine (2 mg/1 cc/a rabbit) was injected into the acupoints of Du channel at level T11 and L1 on condition that the segmental field potentials in spinal cord were evoked by stimulation at point Jiexi in the rabbits. Propagated waves are mainly P2 and N3. It was found that the PSC could be evoked after injecting Strychnine into the acupoints of Du channel on human beings.

437- gera: 57963/di/ra

DO MECHANOSENSITIVE (STRETCH-ACTIVATED) ION CHANNELS PLAY A ROLE IN MEDIATING THE RESPONSE TO ACUPUNCTURE NEEDLING?. SHENG-XING MA.

american journal of acupuncture. 1998;26(1):63-68 (eng).

The definitive anatomic structure of meridians and the therapeutic mechanisms of acupuncture, including the needling sensation and transduction of needling stimulation signals are undetermined. In patch-clamp experiments, applying pressure to cells by suction causes stretch-activated ion (SA) channels to open. Suction or poking are often used to generate cellular tension in order to activate SA channels. These techniques are very similar to the puncturing and manipulation methods used in acupuncture to produce the needle response. Both involve mechano-stimulation and produce tension-dependent responses. SA channels are widely present in humans, animals, and plants and participate in essential functions in biological systems. These characteristics are similar to the known biophysical phenomena of meridians induced by mechanical stimulation on the body surface. Based on these similarities, I hypothesise that the needling sensation and transduction of needling stimulation signals during acupuncture are mediated by activation of SA channels, and that acupuncture meridians may be mechanosensitive pathways which are consistent with easily activated and/or high density SA channels in

438- gera: 72260/di/ra

PHANTOM LIMB PAIN RESPONDS TO DISTANT SKIN MAGNETS: SUPPORT FOR THE FUNCTIONAL EXISTENCE OF ACUPUNCTURE MERIDIANS. TOYSA T.

acupuncture in medicine. 1998;16(2):106-110 (eng).

Phantom leg pain in 10 patients was treated with skin magnets to the ipsilateral superior ends, on the thorax, of the leg Yin-meridians (KI.27, LR.14 and SP.2 1). The majority of patients reported relief of phantom pain while skin magnets were in situ, but in general this benefit was lost soon after stopping treatment. In two cases the method appeared more effective than morphine, and in a few patients it seemed to have some prophylactic benefit.

439- gera: 57847/di/ra

EFFECTS OF DIFFERENT MANIPULATIONS OF ACUPUNCTURE ON ELECTRICAL ACTIVITY OF STOMACH IN HUMANS. XING WENTANG.

journal of traditional chinese medicine. 1998;18(1):39-42 (eng).

The author observed effects of 4 different acupuncture manipulations (lifting-thrusting, twisting-twirling, uniform reinforcing-reducing, and needling with sensation propagating along channels) on electrical activity of the stomach, using amplitude and frequency of human electrogastrogram (EGG) as the indexes. The experiment proved that both the twisting-twirling and the uniform reinforcing-reducing methods inhibited electrical activity of the stomach to reduce the frequency of EGG ($P < 0.05$), and at the same time the uniform reinforcing-reducing method decreased the amplitude ($P < 0.001$); while both the lifting-thrusting method and the manipulation for needling sensation propagating along channels excited electrical activity of the stomach to raise the amplitude of EGG ($P < 0.01$), and the lifting-thrusting method increased the frequency ($P < 0.001$). Accordingly, the lifting-thrusting method or the manipulation for needling sensation propagating along channels is suitable for chronic superficial gastritis, chronic

atrophic gastritis, carcinoma of stomach with lower frequency and amplitude of EGG; whereas the uniform reinforcing-reducing or twisting-twirling method is good for patients with gastric and duodenal

440- gera: 73310/di/ra

ACUPUNTURA COMBINADA CON EJERCICIO PARA TRATAR EL ESPOLON DE CALCANELO. ZHANG LIEN JI ET AL.

ener qi. 1998;3:60-5 (esp).

Traducción española de: Chinese Acupuncture and Moxibustion, 1997; 12: 731. Réf gera: [69083]. De los 56 casos tratados con esta terapia, 44 se curaron, 7 obtuvieron una eficacia notable, 4 mejoría y 1 no obtuvo resultados, siendo la media de eficacia del 98,21%. En comparación con el grupo simple de acupuntura, el de tratamiento obtuvo, en lo que a las curaciones se refiere, una ventaja con claro significado estadístico ($P < 0.001$). Por tanto, el método de acupuntura combinado con ejercicio en el tratamiento de espolon de calcaneo es francamente bueno, estando relacionado con tres factores: la selección de los puntos según el diagnóstico de los meridianos lejanos, la sensación de propagación de aguja por el ejercicio y la sensación de calor por las agujas

441- gera: 67287/di/ra

[CLINICAL EXPERIMENTAL STUDY ON ACTION OF DREDGING THE CHANNEL OF SOUND-INPUTTED CHANNELS]. ZHENG LIYAN ET AL.

chinese acupuncture and moxibustion. 1998;18(10):593 (chi).

442- gera: 75381/di/ra

[APPROACH TO PLAGUE EPIDEMIC HAVING SOMETHING TO WITH ORIGIN OF MOXIBUSTION AND ACUPUNCTURE ALONG WITH CHANNELS AND COLLATERALS]. FU YOUFENG.

henan traditional chinese medicine. 1999;19(4):6 (chi*).

It was proved by the history of development of TCM that epidemic disease generally had something to do with the subsequent birth of a theory. It was frequent repetition of similar syndromes that eventually brought about breaking through in people's knowledge of the disease. The author holds that the discovery of channels and collateral's might refer to the starting and ending point of channels; that is, the connective line between the point on the body bitten by epidemic flea and lymphadenectasis. It was plague epidemic prevailing in the ecological environment of the ancient times that promoted the springing up of effective moxibustion and acupuncture treatment.

443- gera: 73037/di/ra

THE SUBSTRATE AND PROPERTIES OF MERIDIANS : A REVIEW OF MODERN RESEARCH. HAIFENG WEI ET AL.

acupuncture in medicine. 1999;17(2):134-39 (eng).

Meridians are regarded as the base upon which traditional acupuncture theory is built but, although much research time has been spent on their investigation, no coherent scientific theory has emerged to explain their structure or mode of action. There have been several hypotheses that offer sufficient evidence for a partial explanation for certain meridians. This paper suggests that there is indeed no single answer, but that the various hypotheses should be combined, accepting that different explanations are likely for different meridians or parts of the body. The most useful tool for investigation seems to be the phenomenon of propagated sensation along meridians. Experiments indicate that physical transmission occurs most generally through the interstitial space, specifically along the neurovascular bundles, rather than through vascular channels. The mechanism of meridian activity is likely to be via neuro-transmitters, found particularly along meridian lines, and by ionic movement. This review of research literature, much of which has emanated from China, concludes that there is a real structural basis for the meridians, but that this structure is the orderly arrangement of normal tissues along the line of

444- gera: 76511/di/ra

[CLINICAL OBSERVATION ON MILLIMETER WAVE MERIDIAN TRANSMISSION TREATING CANCEROUS

PAIN]. LIN JIANJUN ET AL. fujian journal of tcm. 1999;30(5):1 (chi).

445- gera: 77035/di/ra

ON THE MERIDIAN ESSENCE FROM THE EVOLUTION STANDPOINT: THE CHANNEL TRANSMISSION MIGHT BE AN ATAVISM. LIU YANMING. *acupuncture research.* 1999;24(2):156 (eng).

The most ideas about the meridian essence and phenomena might be partially right and the key to deep out study should have helped to bring about a complete understanding about the meridian system that could comprehend the classical and modern knowledge. Now what we should do was, more importantly, the choose the proper standpoint besides excluding the bias. General speaking, judging the meridian essence by evolutionism was not only a scientific research and also the shortcut to get the understanding. After widely investigating the possible prototypes of meridian system in animal evolution history, author found that the longitudinal cord nervous system had the similar characteristics with the meridian system. This idea could be call the historical trace or atavism theory about the meridian essence. Nearly all the related studying results were in favor of the theory and it could reasonably comprehend the various meridian ideas. Author believed that the study on meridian essence from the

446- gera: 71748/di/ra

DIAGNOSIS AND TREATMENT BY COMBINNG BI-DIGITAL O-RING TEST AND INDUCING A PETECHIAE RASH ALONG THE MERIDIAN SYSTEM. ABSTRACT. LU DP ET AL. *acupuncture and electro-therapeutics research.* 1999;24(3-4):239 (eng).

447- gera: 73446/di/ra

[DETECTION OF COURSE OF THE PERICARDIUM CHANNEL ON HUMAN BODY SURFACE BY LOCATION METHOD OF BLOCKAGE OF NEEDLING EFFECTS WITH PRESSING]. YOU ZHENQUAN ET AL. *chinese acupuncture and moxibustion.* 1999;19(5):281 (chi*).

Cardiac function and electrocardiogram were used as indexes, the influences of mechanical pression of points of the pericardium channel, non-points of the pericardium channel and bilateral control points of the point pressed on the effects of acupuncture of Neiguan (PC 6) point were observed, for detection of course of the pericardium channel on body surface. Results indicated that when the points of the channel were pressed the various indexes had a little change after acupuncture of Neiguan point, i. e., the effect of acupuncture obviously reduced; when the bilateral control points were pressed the effects of acupuncture on Neiguan point did not have significantly change. There were very significant differences between the both. It is proved that there is a functional course on the flexion side of the upper limb, which conforms to the pericardium channel and is closely related to regulation

448- gera: 74659/di/ra

[CLINIC OBSERVATION OF MERIDIAL PROPAGATION INDUCED BY NEEDLING TIANZONG]. ZHANG JIANBIN ET AL. *shanghai journal of acupuncture and moxibustion.* 1999;18(1):31 (chi).

449- gera: 79175/di/ra

[TREATMENT OF 42 CASES OF CHRONIC COLITIS WITH ACUPUNCTURE AND MOXIBUSTION]. HUANG GUIXING ET AL. *acupuncture research.* 2000;25(2):146 (chi*).

Since 1992, the authors have treated 42 cases of chronic colitis with acupuncture and moxibustion. Method: acupuncture was used where the points were under knees, such as Zusanli, and the feeling was conducted upward. Moxibustion combined with acupuncture was used where the points were in waist, sacrum and abdomen, such as Guanyan and Dachangshu. One time a day, ten times as one course of treatment. After three continuous courses, the result was as follows: clinically cured: 28 cases (66.67%); markedly effective: 9 cases (21.43%); effective: 5

450- gera: 109911/di/cg

LA SENSATION PROPAGEE : NOUVELLE FRONTIERE POUR L' AURICULOTHERAPIE.. LA FERLA D, ROMOLI M. *iiieme symposium international d ' auriculotherapie et d ' auriculomedicine.* 2000;:129 (fra*).

According to Chinese traditional acupuncture the efficacy of treatment is closely related to the acupuncture sensation ("deqi" or "propagated sensation along channel" PSC). Even auricular stimulation is able to produce PSC. In 2 groups of patients with musculoskeletal disorders we got a percentage of the phenomenon in 22% and 23.8%. We reported on a dermatomeric chart the topography of PSC and studied the qualitative characters of the sensation felt by the patient taking inspiration from Vincent's article.

451- gera: 77947/di/ra

[STUDY ON THE DISTRIBUTION OF SKIN MICROVESSELS IN THE LOW IMPEDANCE LINE ALONG MERIDIAN OF MINI PIG]. MU XIANG ET AL. *chinese journal of basic medicine in tcm.* 2000;6(3):10 (chi*).

Objective: study on the distribution of skin microangium in the low Impedance Line along Meridian LILM, in order to provide morphological foundation for the essence of meridian. Methods, Based on the identification of the LILM from mini-pig, a piece of tissue connected with tendon, muscle or body membrane, was cut off randomly by 10 mm long and 3 mm wide. Meanwhile, another piece its same size was also cut off as the control. Then, these tissue sections were stained with H.E and observed for amounting. Results (1) the microangium in mini-pig skin mainly distributed on stratum Papilla, stratum hypo-papilla and subcutaneous tissue. This microangium in stratum hypo-papilla normally formal nets, but not distributed evenly. These dense microangium nets were called "microangium groups" in this paper. (2) According to the observation of 32842 times of 139 pairs of difference between the LILM microangium group and the control one ($P < 0.01$). It showed that the plenty of microangium group on LILM of mini-pig were universal. (3) According to the observation of 15199 times of 98 pairs of vertical tissue piece on vertical microangium groups, there was a very significant difference between the experimental group and that control one ($P < 0.01$). It showed that the plenty of vertically microangium groups on LILM of mini-pig were universal. (4) According to the observation of 2580 times of 43 pairs of vertical tissue piece on those microangium linked with different microangium groups There was a very significant difference between the experimental group and that control one ($P < 0.01$). Conclusion: The microangium on LILM of mini-pig were relatively plenty. They normally extended along LILM. Because of it, the convincing morphological foundation was provided for our hypothesis about the view-point of "the essence of meridian being the ordered microangium

452- gera: 79641/di/ra

[LABORATORIAL OBSERVATION ON DISTRIBUTION SPECIFICITY OF CAM ALONG THE MERIDIANS OF THE MICE]. PAN XINGFANG ET AL. *tianjin journal of tcm.* 2000;17(4):34 (chi).

453- gera: 75972/di/ra

[NEW CLINICAL APPLICATION OF FUTU (LI 18)]. SUN GUO-SHENG. *shanghai journal of tcm.* 2000;34(1):35 (chi*).

In nimctiromg Futu (LI18) to treat pain in the shoulder and back, pain in the upper arm with motor impairment and sore throat, the key to obtain the therapeutic effect relied upon the transmission of the needling sensation to the diseased areas. Moreover, apart from the routine needling techniques, whether the needling sensation can be directly transmitted to the diseased areas depended upon the direction of the needle tip, coordination from the patient and the digital sensation of the practitioners.

454- gera: 92083/di/ra

[OBSERVATION ON THE PARTIAL PRESSURE OF OXYGEN IN DEEP TISSUE ALONG THE MERIDIAN COURSE AND THE EFFECT OF ACUPUNCTURE ON IT]. XIE YUAN-JUN ET AL. *chinese journal of traditional*

medical science and technology. 2000;7(6):353 (chi*).

In order to probe into the mechanism of meridian phenomenon and the corresponding substantial basis in "Periphery", a specially designed instrument with 3 channels for measuring the partial pressure of oxygen was used to measure the PO₂ in deep tissue along meridian course. 180 times observation was performed on 60 volunteers. Five tested points along large Intestine Meridian were selected for observation, namely Binao (U 14), Quchi (LI 11) Xialian (LI 8) and mid - point of the connecting line from Binao (LI 14) to Quchi (LI 11), Quchi (LI 11) to shousanli (LI 10) respectively. At the mm time, the spots locating on the both sides of above 5 tested points were taken as controls. In the same way, 3 levels & long pericardium Meridian were tested, 2 acupoints, namely Ximen (PC4) Jianshi (PC 5), and the non acupoint on the raid - point of the connecting line from Quze (PC 3) to Ximen (PC 4). Every flute points on the same level were measured in each experiment. The results revealed that the PO₂ of the tested points along the meridian course before acupuncture are higher than that of the controls, during acupuncturing Hegu (L14) or Neiguan (PC 6) the PO₂ along the corresponding meridian course decreased rapidly in the first minute and then keep stable in a period of 30 minutes. In contrast, the change of PO₂ of the controls were slight. The difference of the variation of PO₂ between the tested points ad controls were all significant (P < 0. 05) in the above two groups, after withdrawing the needle, the PO₂ of every spots increased gradually, but the PO₂ along the meridian and that of controls showed no marked difference. 'I'he results suggest that the PO₂ along the meridian course was higher than that of controls, showing a character of following the meridian course. Acupuncture probably enhance the oxygen conscription of the tissue cells along the meridian course and result in the sharply decrease of the PO₂, in other word, increasing the coefficient of oxygen utilisation. The above results confirm that there maybe a certain substantial. process advancing along the meridian course during acupuncture and provide some significant facts for further elucidation of the essence of meridian and the mechanism underlying the realisation of the acupuncture effect.

455- gera: 93672/di/ra

[CLINICAL OBSERVATION OF THE TRANSMISSION OF NEEDLING SENSATION INDUCED BY PRICKING THE ZUSANLI POINT]. XU PING. **henan traditional chinese medicine.** 2000;20(6):55 (chi).

456- gera: 88192/di/ra

[THE INFLUENCE OF MECHANICAL PRESSING ON PARTIAL PRESSURE OF OXYGEN IN THREE POINTS ALONG THE LARGE INTESTINE MERIDIAN DURING ACUPUNCTURE]. XU XIAOYANG ET AL. **acupuncture research.** 2000;25(4):276 (chi*).

Some reports showed that pressing the meridian-travelling course could decrease the effect of acupuncture in subjects with or without propagated sensation along meridians (PSM). Can pressing the meridian-travelling course affect the variation of oxygen partial pressure (PO₂) in deep tissues along the meridian during acupuncture? To solve this problem, thirty healthy volunteers without PSM were subjected into this observation. Three points of the Large Intestine Meridian were selected, and a medial and a lateral point 2-cm from each measured point were taken as the control sites. One hundred and twenty times of observation were performed, the results showed: (1) the measured points decreased during puncturing Hegu (LI 4), While the PO₂ in the points of the meridian decreased more remarkably than that in control sites; (2) when the pressure was applied to the meridian-travelling course, the variation rate of PO₂ in the points along the meridian decreased obviously (P < 0. 05), but there were no any marked changes in the control sites; (3) the difference of the variation rate of PO₂ between the pressed point and non-pressed point was significant when the pressure was applied to the meridian-travelling course. If the pressure was applied to the control sites beside the meridian course, the above mentioned results were not found. The results support the suggestion that there may be a certain substantial advancing process along the meridian course during acupuncture. It is

thus possible that when blocking this process by mechanical pressure, the effect of acupuncture stimulation will be poor.

457- gera: 79251/di/ra

[COMPARISON OF PHENOMAN OF HIGHTHERMAL LINES CHANNELS INDUCED BY DIFFERENT ACUPUNCTURE MOXIBUSTION METHODS]. ZHANG DONG ET AL. **chinese acupuncture and moxibustion.** 2000;20(6):349 (chi).

458- gera: 77288/di/ra

[ACUPUNCTURE INDUCED BELT CHANNEL REACTION URTICARIA]. ZHANG SHUI SHENG. **shanghai journal of acupuncture and moxibustion.** 2000;19(3):35 (chi).

459- gera: 90018/di/ra

[CLINICAL OBSERVATION ON TRIPLE THERAPEUTIC EFFECTS OF ACUPOINT-INJECTION FOR ANALGESIA]. HOU XIANG. **chinese acupuncture and moxibustion.** 2001;21(2):117 (chi*).

Purpose: To study on traditional acupuncture and moxibustion methods. Methods: Acupoint-injection of hyaluronidase was used for treatment of chronic pain. Results: The needling sensation propagating phenomenon and good analgesic effect were observed. The triple effects of acupoint-injection: Transient effect was produced from several minutes to several hours after inserting the needle. The chronic effect was the pain reaction in the injected region and more long-term analgesic effect from several hours to one day after the treatment. The after- effect was the effect of continuous improvement in the interval of treatment and after ceasing of treatment. Conclusion: Acupoint-injection of hyaluronidase has triple effects on chronic pain.

460- gera: 95303/di/ra

[SYMPATHETIC NERVOUS SENSITIVE LINES AND MERIDIAN ESSENCE]. LIU LIYUAN ET AL. **chinese acupuncture and moxibustion.** 2001;21(5):285 (chi*).

Meridians in The Yellow Emperor's Internal Classic include vascular meridians and nonvascular meridians. The latter is a conductive course of acupuncture signs along meridian lines on the skin. In the present paper, it is described from following five aspects: Pathway of transmitting acupuncture signs exist definitely on the skin and the essence of the pathway is sympathetic nervous sensitive lines; Transmitting of acupuncture signs or propagated sensation along meridian occurs on the skin; Release and blokage of sympathetic neurotransmitters in the meridian lines on the skin after acupuncture are correlated with meridian conduction; Acupoint-injection of microquantitative a-receptor excitant can imitate acupuncture effect; Meridians are rich in sympathetic neurotransmitters; There are specific cells of catecholamines in the skin. At the last, it should be indicated that blood vessels are the most typical pathway of sympathetic nerve and sensitive pathway of neurotransmitters in the body. Therefore, sympathetic nerve sensitive pathway is the common core of the two kinds of meridians.

461- gera: 94918/di/ra

[INFLUENCE OF DIFFERENT MODELS AND TIME OF STIMULATION TO PROPAGATED SENSATION ALONG MERIDIANS]. YANG GUANG AT AL. **journal of fujian college of tcm.** 2001;11(2):28 (chi*).

90 adults were divided into three groups: manipulation stimulation group (A), electroacupuncture stimulation group (B), keeping acupuncture group (C). Point GB37 (GUANGMING) was punctured, and then the exact part and route of needling sensation along the Gall bladder channel of foot-SHAOYANG 5, 10, 15, 20, 25, 30 minutes after acupuncture were recorded respectively. The results showed that the effects of propagated sensation in A group were the best, B group the second and C group the third. There were significant difference among the groups (P<0. 05). The effects of propagated sensation were increased along with the lasting of stimulation time (P<0. 01). It indicates that the effects of propagated sensation could be improved by the way of manipulation stimulation and

462- gera: 91564/di/ra

[DISPLAY OF HIGH-THERMAL LINE ALONG MERIDIAN ON BODY SURFACE OF EXPERIMENTAL CHOLECYSTITIS RABBITS]. ZHANG DONG ET AL. *shanghai journal of acupuncture and moxibustion*. 2001;20(1):42 (chi*).

Objective: To investigate the reaction of skin temperature after internal organ disease, and the mechanism of formation of high-thermal line along meridian. Methods 10 rabbits were used in this experiment, and the acute cholecystitis model were established, then within one month, the skin temperature was measured continuously with the infrared thermography after the rabbits' hair were removed. Results 1-2 days after making model, the longitudinal high thermal lines on two sides of trunk were observed in 6 out of 10 rabbits, and the longest high thermal line may ran through the whole trunk, the temperature was higher 0. 9°C-2. 5°C than that in surrounding area, which lasted for 30 days or so. Conclusions: The gallbladder disease-induced longitudinal high thermal lines on the two sides of trunk basically coincided with classical gallbladder meridian course, and the internal organ disease could be one of the mechanisms of formation of longitudinal high thermal line along meridian.

463- gera: 93567/di/ra

[SECONDARY EXCITATION IN NERVE-MUSCLE STUDY ON MECHANISMS OF PROPAGATED SENSATION ALONG MERIDIANS (I)]. ZHU BING. *chinese acupuncture and moxibustion*. 2001;21(4):217 (chi).

464- gera: 95134/di/ra

[SECONDARY EXCITATION IN NERVE-MUSCLE-STUDY ON MECHANISMS OF PROPAGATED SENSATION ALONG MERIDIANS (1)]. ZHU BING ET AL. *chinese acupuncture and moxibustion*. 2001;21(4):217 (chi*).

465- gera: 95304/di/ra

[TEMPORAL SUMMATION OF SECONDARY EXCITATION IN NERVE-MUSCLE-STUDY ON MECHANISM OF PROPAGATED SENSATION ALONG MERIDIAN (II)]. ZHU BING ET AL. *chinese acupuncture and moxibustion*. 2001;21(5):291 (chi*).

Purpose To investigate the secondary excitation of electrical activity of the muscle on the contiguous nerve. Methods Experiments were performed on isolated and in situ nerve-muscle preparation of rats. Results Action potential of muscle is capable of producing excitation of the nerve adjacent to the muscle and inducing transmission of excitation from the muscle to the nerve. When electrical current of stimulation inducing nerve- muscle response was lowered to the threshold intensity, continuous two or more impulses given in an interval of 10 - 1000ms could produce secondary excitation of temporal summation. Conclusion The temporal summation effect of secondary excitation can explain the phenomenon of sensation slow propagating along meridians in TCM.

466- gera: 122656/di/ra

[SUBJECTIVE EVIDENCES AND PROPAGATED SENSATION TRANSMISSION (PROOF OF THE POWER AND AROUSAL OF CHI)]. CHEN EACHOU. *clinical acupuncture and oriental medicine*. 2002;3(3):138 (eng).

467- gera: 102998/di/ra

[STUDY ON MECHANISMS OF THE PROPAGATED SENSATION ALONG MERIDIANS]. JIA JUN, ZHAO YAN, WANG HUIHENG, ET AL. *chinese acupuncture and moxibustion*. 2002;22(6):391 (chi*).

Purpose : To approach to long distance information transmission between peripheral sensory nerve endings and properties of this information transmission. Methods : The effects of antidromic electrical stimulation of the spinal nerves on the discharges of the remote mechanoreceptive units in rats were observed by isolating filaments of the dorsal cutaneous branches. Results : The recorded units were mainly Ag- and C- neurons units. The receptive field of the units mainly located within the scope of 0. 5-2. 0 cm around the

middle line of the back. The discharge frequency of mechanoreceptive units increased significantly during 91-120 seconds after the stimulation. Similar increasing responses of the discharge were observed when T9 was stimulated to record T12 units, and when T12 was stimulated to record T9 and vice versa. In addition, in the cases of the dissection and the non-dissection of T10 and T, I from the spinal cord, no significant differences were found between the two groups in terms of the property or the discharge increase. Conclusion : There exists the long distance information transmission between peripheral nerve endings, characterized by a slow conductive velocity, relatively stable transmission routes, and bi- directional transmission independent of central modulation. The long distance transmission forms possibly the physiological basis of the propagated sensation along meridians.

468- gera: 108152/di/ra

[THE MORPHOLOGICAL STRUCTURE OF THE SKIN ALONG THE MERIDIAN AND THE TRANSMITTING MECHANISM OF ARRECTOR PILI MUSCLE-SYMPATHETIC AXON REFLEX]. LIU LIYUAN, PAN JUAN, ZHANG HUI, ET AL. *acupuncture research*. 2002;27(4):262 (chi*).

In this paper we studied the morphological structure and transmission mechanism of meridian (sympathetic sensitive lines along skin). (1) The sympathetic substance-lines (SSL) were displayed in 6 Wistar rats by macro autoradiography after intraperitoneal injection of tracer 125 I-tyrosine ; (2) The adrenergic nerve endings innervating arrector pili musclelines were observed in 10 Wistar rats by fluorescent microscopy; (3) Following shearing the rat's hair as 12 - 16 rings from the head to the tail, punctured "Zusanli" (ST 36) or the lower part of the back for 5 min, followed by intradermal injection of phenylephrine (20 - 60 uL , 0. 125 mg/mL) or posterior pituitary hormone (20 - 40 uL , 0. 375 U/mL) along SSL, the arrector pili line changes were observed;) After sectioning a skin strip with subcutaneous tissues (7 cm long an 2 - 2. 5 cm width) covering the SAS line along the back of the rat and with only the layers of dermis and epidermis of the neck-end connecting with the neck skin and recovered it original position, 30 min later, acupuncture of the skin strip was conducted for 5 min, or intradermal injection of phenylephrine was carried out in the tail end of the strip, then the production of the arrector pili line was observed. Results: (1) After intraperitoneal injection of tracer 121 I-tyrosine , continuous SSL appeared from the head to the foot, being symmetric on the bilateral sides, and connected each other to form loops at the head and the foot. When the upper back skin where the SSL passed was severed, the effect of acupuncture analgesia produced by stimulating ST-36 was blocked significantly. (2) Under fluorescent microscopy the SSL were found to come from the adrenergic nerve endings innervating the arrector pili muscle. The acupuncture effect was blocked by depleting the hair follicles at the meridian line, indicating that the hair follicles and its arrector pili muscles along the SSL are the morphological structure of the meridian and serve as the dynamic target organs for long distance transmission of messages. (3) In rats (n = 10) treated with acupuncture stimulation, a pilomotor line (about 2 cm width) could be seen along the back 5 min after acupuncture of ST-36 , 4 - 15 min after injection of phenylephrine and 5-30 min after injection of posterior pituitary hormone, which was identical with SSL.(4) In the skin strips (9 rats), a pilomotor line also appeared along the longitudinal axis 2 - 5 min after acupuncture, and 3 - 13 min after injection of the above-mentioned medicines, indicating that the production of the pilomotor line is not dependent upon the central nervous system. After severing the skin to break the SSL, the pilomotor line did not cross the incision. When the incision only was limited to the dermis layer, the pilomotor line did not be influenced. If a shallow incision was treated with 2 % procaine (20 uL) , the pilomotor line was also blocked, showing that the pilomotor line is mediated by neural axon reflex in the reticular dermis/hypodermis layer. The propagation of acupuncture signals along the skin depends on the arrectores pilorum. and the innervation of sympathetic nerves.

469- gera: 107887/di/ra

[ACTIVATION OF GENOMES WITH PROPAGATED SENSATION ALONG MERIDIANS]. LU LIUSHA. *chinese*

acupuncture and moxibustion. 2002;22(10):707 (chi*).

Propagated- sensation along meridian, (PSM) is of illness-taxis, and the sensitive extents are correlated with disease severes, which show do. meridians are at fluid of liquid crystal phase, but PSM has functions -hich are involved in specific genomes in body calls, although body cells content necessary complete genomes for life activity, only special genomes are activated to complete physiological functions of organs and tissues. This characteristic of PSM provides a good method for discriminating acting target Points Of TCM treatment at gene level, and a shortcut for detection of functions of human genomes.

470- gera: 107019/di/ra

[STUDY ON QI-PASSAGE OF MERIDIANS AND COLLATERALS]. XIE HAORAN. **chinese acupuncture and moxibustion.** 2002;22(9):599 (chi*).

Purpose : To test and verify Qi-passage of meridians and collaterals, and clarify essence of meridians and collaterals. Methods : Substance structures, functions and characteristics of Qi-passage of meridians and collaterals were studied by many experiments based on classical literature. Results : In Qi-passage of meridians and collaterals there are many kinds of substance, macroscopic form, channel fines, space structures of external frame; and it also has interstitial functions of Wei -Qi moving, propagated sensation along meridians, changes of blood vessels, and lymph and immunity, and it is of interstitial characteristics of low electric resistance and good conduction, bi-directional motion, removing obstruction. and Qi-passage communication with each other. Conclusion : Qi and blood passage of Wei, Qi, Ying, Blood is meridians and collaterals in broad sense, and Wei and Qi passage of propagated sensation along channels is meridians and collaterals in narrow sense, and essence

471- gera: 112829/di/ra

[THE TOPOGRAPHICAL FEATURE OF CORTICAL SOMATOSENSORY EVOKED POTENTIAL DURING BLOCKING OF THE PROPAGATED SENSATION ALONG MERIDIANS]. XU JINSEN ET AL. **china journal of tcm and pharmacy.** 2002;17(11):657 (chi*).

472- gera: 108154/di/ra

[OBSERVATION ON THE CONFLUENCE PHENOMENON OF THE PROPAGATED SENSATION ALONG DU MERIDIAN AND REN MERIDIAN AT THE FACE]. YANG GUANGYIN, HU XIANGLONG, CHEN LIN, ET AL. **acupuncture research.** 2002;27(4):274 (chi*).

Objective : To observe the convergence course of the propagated sensation along the Du Meridian and Ren Meridian. Methods : Twelve volunteer subjects with marked propagated sensation along the meridian (PSM) were observed. Among them, PSM traveling from Du Meridian to Ren Meridian was observed in nine cases by acupuncture stimulation of Yintang (EX-HN 3) for 15 min in seven cases, and one non-acupoint on Du Meridian course in 2 cases. The travelling process of PSM from Ren Meridian to Du Meridian was observed following acupuncture stimulation of Guangming (GB 37) and Jiaxi (GB 43) in 2 cases or Yintang (EX-HN 3) and Danzhong (Ren 17) in one case. Results : In all the cases, after acupuncture stimulation, the evoked travelling course of PSM from Ren Meridian to Du meridian or from Du Meridian to Ren meridian passed around the lips in all the subjects, no PSM passed through the medial side of the mouth or the tongue body. Conclusion : The travelling process of PSM from Ren Meridian to Du Meridian or from Du Meridian to Ren Meridian on the face passes around the lips,

473- gera: 108163/di/ra

[MULTIPLE NEUROPEPTIDES PARTICIPATE IN THE PERIPHERAL INFORMATION TRANSMISSION ACROSS DERMATOMES]. ZHAO YAN, SUN QIXIN, ZHANG SHIHONG, ET AL. **acupuncture research.** 2002;27(4):298 (chi*).

Objective : To study the neuropeptides involved in the peripheral information transmission across dermatomes and the relevant mechanisms. Methods : Wistar rats are used in this study. Stimulate one nerve innervating a acupoint of

"Pangguang Meridian of Foot-Taiyang" antidromically and record the discharge of the other nerve innervating the neighboring acupoint next to or several segments away from the stimulated nerve. Using the model of the information transmission across dermatomes, the discharges from the acupoint are observed -by treatment respectively with capcaisin (destroying the peptidergic nerves), substance P (SP), calcitonin gene related peptide (CGRP), neuropeptide A (NKA) and NK-1 receptor antagonist and H1 receptor antagonist. Results : This study proves for the first time that imitating acupoint stimulation may induce information transmission across dermatomes along the route of meridian. The characteristics of the information transmission across dermatomes is accord with regularities of propagation of sensation along meridians (PSM), that may contribute to the phenomenon of PSM in clinic. The information transmitted across dermatomes decreased significantly after treatment with capcaisin to destroy the peptidergic nerves. SP, CGRP and NKA facilitated the information transmission across dermatomes and the intensity and duration of the effect are SP> CGRP>NKA. NK-1 receptor antagonist (WIN 51,708) and H1 receptor antagonist (benzhydramine) decrease the information transmitted across dermatomes. These results suggest that SP, CGRP, NKA, histamine, etc. may contribute to the information transmission across dermatomes via combining with their receptors. The activation of sympathetic nerve may enhance the information transmission. Conclusion : Multiple types of neuropeptides and their receptors are involved in PSM.

474- gera: 150135/co/ra

GENERATING-SENSATION AND PROPAGATING-MYOELECTRICAL RESPONSES ALONG THE MERIDIAN. ZHU B, RONG P, BEN H, LI Y, XU W, GAO X. **sci china c life sci.** 2002;45(1):105-12 (eng).

The meridian phenomena are closely associated with the neuro-muscular function. Our experiments show that meridian phenomenon, acupoint stimulation-induced generating-sensations along meridians (GSM), does exist in some volunteers, and the subjects can describe the characteristics of the feelings and the route of GSM. Simultaneously, GSM is often accompanied with progressive myoelectric activity along the meridian which is able to be recorded objectively. Brachial plexus anesthesia and regional neuro-muscular block may arrest these responses while the neuro-muscular blocking agent may stop neuromuscular transmission at the motor end-plate rather than check GSM. The facts reveal that GSM probably depends on muscular activity and is involved in the secondary neuro-muscular excitation propagating along the longitudinal axis of muscles. These findings suggest that the myoelectric activities constitute the foundation of secondarily generating-sensation propagating along the

475- gera: 115820/di/ra

[THE TOPOGRAPHICAL FEATURE OF CORTICAL SOMATOSENSORY EVOKED POTENTIAL DURING BLOCKING OF THE PROPAGATED SENSATION ALONG MERIDIANS]. XU JINSEN ET AL. **china journal of tcm and pharmacy.** 2003;17(11):657 (chi*).

The topographical technique of brain evoked potential was used to investigate the changes of the functional activities in primary cortical somatosensory area(SI) during Blocking of the propagated sensation along meridian (PSM) by the mechanical pressure. Eleven volunteers with marked PSM were taken under observation. The results showed that the responses simultaneously appeared in both the foot and face representation of SI during advance of PSM without blocking. However, the response in the face representation disappeared and it was confined to foot representation of SI when the PSM was blocked by mechanical pressure. The results provide experimental evidence for the supposition that "activation on sequence in periphery" is the decisive factor for the formation of

476- gera: 125639/di/ra

[INFLUENCE FACTORS ON PHENOMENON OF PROPAGATED SENSATION ALONG MERIDIANS IN YOUNGSTERS]. YANG GUANG-YIN, XU WEI, ZHANG DONG-MEI, ET AL. **journal of fujian college of tcm.**

2003;13(5):41 (chi*).

477- gera: 130940/di/ra

[CLINICAL STUDY ON THE PROPAGATED SENSATION ALONG THE MERIDIAN CAUSED BY DIFFERENT NEEDLE-INSERTING TECHNIQUES]. CHEN SHANG-JIE, CHEN WEN, SHUAI JI-YAN, ET AL. **chinese acupuncture and moxibustion**. 2004;24(4):255 (chi*).

Objective To observe the propagated sensation along the meridian (PSM) caused by different needleinserting techniques. Methods Single blind method was adopted for self-control of bilateral Fengchi (GB 20) with matched-pair design, and then the bilateral Fengchi (GB 20) in 40 patients were randomly divided into treatment group and control group. The treatment group were treated with slowly inserting technique and the control group with quickly inserting technique. After that, PSM were observed. Results The markedly effective, effective and ineffective rates of PSM are 20.0%, 57.5% and 22.5% in the treatment group, and 5.0%, 30.0% and 65.0% in the control group, respectively. Conclusion The slowly inserting technique is superior to the quickly inserting technique

478- gera: 134260/di/ra

[SURVEY OF MERIDIAN STUDIES AND EVIDENCES OF EXISTENCE OF MERIDIANS]. LI DING-ZHONG, FU SONGTAO, LI XIU-ZHANG. **chinese acupuncture and moxibustion**. 2004;24(11):773 (chi*).

Adopt various methods to detect visible meridian phenomena and specific laws of propagated sensation along meridians and to verify objective existence of meridians. Existence of meridians have congenital factors, and genes determine expressions of meridians and laws of meridian traveling courses. Modern studies have proved that meridians have the characteristics of dominant diffusion of sound wave, light, electric sign, heat, magnet sign, body liquid and chemical ions and so on along meridians. The pathway of meridian-qi (energy and informational current) exists in the form of meridian circles. By meridians, the central nerve system is linked with peripheral tissues, the substance system of the organism is linked with the energy and informational system, so as to produce the functions of regulating physiological balance and curing diseases.

479- gera: 128281/di/ra

[STUDY ON THE PILOMOTOR LINE AND MECHANISM OF SYMPATHETIC AXON REFLEX FOR THE PROPAGATION OF ACUPUNCTURE SIGNALS]. LIU LI-YUAN, PANG JUAN ZHANG HUI. **chinese journal of basic medicine in tcm**. 2004;10(2):50 (chi*).

On the basis of previous study that the most of adrenergic nerve endings in dermis were plexuses in arrector pili (AP) muscles along the sympathetic adrenergic substance (SAS) line, we researched the propagating mechanism of acupuncture signals along skin. The rat's hairs were sheared as 12-16 rings from head to tail. The pilomotor was observed when acupuncture or injection of drugs at an acupoint or low back. Also the influence of cutting skin and de-innervation of nerves on the pilomotor was studied. After acupuncture a pilomotor line could be seen from low back to cheek. Injection of phenylephrine or posterior pituitary hormones along the SAS line also caused pilomotor line. When skin strips were made by severing along the SAS line along the back of the rat, injection of phenylephrine or acupuncture at one end caused a pilomotor line through the skin strip to the other end. When skin was severed to break the SAS line, the pilomotor line did not cross the incision. When the incision only was limited in dermis, the pilomotor line did not be influenced. When the shallow incision was pretreated with injection of procaine, the pilomotor line was blocked too. As a conclusion, the propagation of acupuncture signals along skin depends on the contraction of AP muscles and was intermediated by sympathetic axon reflex through reticular dermis/hypodermis.

480- gera: 136320/di/ra

HYDRODYNAMIC ANALYSIS OF WAVEFORMS INDUCED BY VIBRATIONAL STIMULI AT MERIDIAN AND NON-MERIDIAN POINTS. MYEONG SOO LEE, YONG-CHIN KIM,

SUN-ROCK MOON, BYUNG-CHUL SHIN AND DONG-MYONG JEONG. **american journal of chinese medicine**. 2004;32(6):977 (eng).

Meridian theory is an important part of traditional Chinese medicine (TCM). Although acupuncture has been accepted in many countries, the nature of the meridian theory and the principles of acupuncture are still unclear in the modern scientific view. The purpose of this study was to determine the differences in wave propagation of mechanical vibrations (optimal stimulator frequency of 40 Hz) through the pericardium meridian [EH-4 (Chieh-Men) and EH-5 (Chien-Shih)] and adjacent control regions in 20 subjects using hydrodynamic analysis. The mean transfer speed was significantly lower in the meridian (4 m/s) than in the adjacent control region (8.5 m/s, $P < 0.001$). There were also significant differences between the meridian and control points in the attenuation rate ($P < 0.001$) and peak amplitude ($P < 0.001$). In conclusion, these results imply that the substance of the meridian

481- gera: 131872/di/ra

[CLINICAL STUDY ON MECHANISMS OF BLOCKING THE URINARY BLADDER MERIDIAN OF FOOT-TAIYANG]. RUAN CHUAN-LIANG, ZHANG YONG-SHU, HUANG CONG-YANG, ET AL. **chinese acupuncture and moxibustion**. 2004;24(8):559 (chi*).

Objective To test and verify the peripheral blocking action of the Urinary Bladder Meridian and to provide experimental basis for expounding the mechanism of meridian phenomenon and essence of meridians. Methods Fifty-nine cases were treated by acupuncture at Kunlun (BL 60), at the same time, Chengfu (BL 36) was pressed in 20 cases of them, Shenshu (BL 23) was pressed in 20 cases and Geshu (BL 17) was pressed in 19 cases, and pressing the points at 1 cm lateral to Chengfu (BL 36), Shenshu (BL 23) and Geshu (BL 17) were used as control points respectively. Changes of velocity of blood flow in vertebral artery were investigated by TCD before and after pressing and after removing the pressing. Results Pressing acupoints at the same time of acupuncture could significantly block the acupuncture effect, but pressing the control points could not block the acupuncture effect ($P < 0.01$). Conclusion Pressing acupoints at different segments of the Urinary Bladder Meridian can block the effect of acupuncture, indicating that a certain essential moving process along channel possibly occurs in the periphery of the meridian.

482- gera: 130905/di/ra

[STUDY ON THE TRANS-SEGMENTAL INTEGRATION OF THE SPINAL CORD ON AFFERENT INFORMATION FROM ACUPOINT STIMULATION AND CARDIAC FOCUS IN THE RABBIT]. YAN PING, ZHU ZHONG-CHUN GUO HUI-YING, ET AL. **acupuncture research**. 2004;29(1):21 (chi*).

Objective: To explore methods for establishing pathological model of "Qi arriving at the affected area" of traditional Chinese medicine, and to try to provide a clue for further studying about the essence of meridians. Methods: Thirty male rabbits anesthetized with 20% urethane (1 g/kg) were randomly divided into experimental group ($n = 15$) and control group ($n = 15$). Silver-ball electrodes were placed separately below the spinous processes of C7, T3, L4 and L6 for recording the spinal evoked potential (SEP) after electrical stimulation of the exposed heart for 15 sec (for inducing pathological changes, the artificial focus) and subsequent electroacupuncture (EA) stimulation of bilateral "Zusanli" (ST 36). The reference electrode was placed beneath the subcutaneous tissue. Ten minutes later, Nitrate Strychnine (2 mL, an inhibitor of glycine) was injected into the subcutaneous tissues for enhancing the excitability of spinal cord. The treatments of control group were the same to those of experimental group except stimulation of the heart. Results: In treatment group, before cardiac stimulation, SEP could be recorded only from L4 and L6; following cardiac stimulation, SEP could also be recorded from T3 and C7 (fewer cases). After administration of Nitrate Strychnine, SEP could be recorded from C7 in every animal. Along with the appearance of SEP from C7, the post-stimulation electrocardiogram was also improved. In control group, following acupuncture stimulation of ST-36, SEP was recorded from L4 and L6; after subcutaneous injection of Nitrate Strychnine, SEP could also

be recorded from T3. Conclusion: The conducting SEP under background of subcutaneous administration of Strychnine may be employed as a model of "Qi arriving

483- gera: 135832/di/ra

[SURVEY ON RESEARCHES ABOUT THE MECHANISM OF ELECTROACUPUNCTURE IN PROMOTING REPAIR OF THE INJURED SPINAL CORD]. CHEN YA-YUN, ZENG YUAN-SHAN, CHEN YU-LING. **acupuncture research.** 2005;30(2):120 (chi*).

The present paper reviews development of researches on the correlation between mast cells (MCs) and meridian- acupoints from 1) distribution and morphological characters of MCs, 2) effects of acupuncture on the degranulation, rejuvenation, number, and mediator release of MCs, 3) the relationship between the propagation of the stimulation-induced sensation along the meridian (PSISM) and MCs: a) cas-cade reactions of cytokines of MCs and their biological effects, b) release of mediators of MCs and PSISM. Meridian-collateral system and MCs have a close correlation in both the function and structure. MCs in the connective tissues are called as "the migration brain" and vary in functions. Whereas the regulative effect of acupuncture may involve the complicated system of the organism including multiple factors and multiple links. The involvement of MCs-related humoral factor in the regulative efficacy of acupuncture probably possesses remarkable species variation or individual difference, and variation in different functional states. The underlying mechanism of MCs involving acupuncture effect and

484- gera: 136817/di/ra

[OBSERVATION ON TOPOGRAPHICAL MAPPING OF EVOKED POTENTIAL IN CORTICAL SOMATOSENSORY AREA I DURING IMITATING SENSATION CONDUCTION ALONG MERIDIAN]. HU XIANGLONG ET AL. **china journal of tcm and pharmacy.** 2005;20(1):32 (chi*).

Objective: The topographical mapping technique of brain evoked potential was used to observe the changes of the functional activities in the cortical somatosensory area I (S I) during imitating the sensation conduction along the Meridian (SCM). The formation mechanism of sensation conduction was discussed here. Method: 26 healthy adult volunteers were chosen as observe object. Cerebral electric signal processing system was used to record topographical mapping of evoked potential in S I outside the skull. Soft paintbrush was used to slightly brush the Gall Bladder Meridian (GBM) to imitate the sensation conduction. Result: Evoking responses appeared in both foot and face representation areas in S I of 11 healthy volunteers without conduction sensation during imitation of sensation conduction along the GBM (SCGBM), which coincided with the distribution of responses evoked in S I during sensation conduction along Meridian. 15 healthy volunteers were offered imitation of SCGBM as well as brushing through the upper arm additionally, while, the results showed that the evoking responses appeared in the foot, the upper arm and the face representation area of S I. So, it formed a high potential response belt that was similar to the course occurred during the imitation of SCM. Conclusion: The external stimulation along the meridian course can change the distribution of evoking responses in S I during stimulating point. The results provide experimental evidence for the supposition that "activation in sequence in periphery" is the decisive factor for the formation of SCM.

485- gera: 135831/di/ra

[REVIEW STUDY ON THE CORRELATION BETWEEN MERIDIAN ACUPOINTS AND MAST CELLS]. ZHANG DI, DING GUANG-HONG, SHEN XUE-YONG, ET AL. **acupuncture research.** 2005;30(2):115 (chi*).

The present paper reviews development of researches on the correlation between mast cells (MCs) and meridian- acupoints from 1) distribution and morphological characters of MCs, 2) effects of acupuncture on the degranulation, rejuvenation, number, and mediator release of MCs, 3) the relationship between the propagation of the stimulation-induced sensation along the meridian (PSISM) and MCs: a) cas-cade reactions of cytokines of MCs and their biological effects, b) release of mediators of MCs and PSISM. Meridian-collateral system and MCs have a close correlation in both the function and

structure. MCs in the connective tissues are called as "the migration brain" and vary in functions. Whereas the regulative effect of acupuncture may involve the complicated system of the organism including multiple factors and multiple links. The involvement of MCs-related humoral factor in the regulative efficacy of acupuncture probably possesses remarkable species variation or individual difference, and variation in different functional states. The underlying mechanism of MCs involving acupuncture effect and

486- gera: 143620/di/ra

[CLINICAL OBSERVATION ON MOXIBUSTION AND ACUPUNCTURE AT ZUSANLI (ST 36) FOR TREATMENT OF REFRACTORY FACIAL PARALYSIS]]. HE XW, WANG BY, HUANG JH, ZHOU SL, HUANG XB, WU JH. **chinese acupuncture and moxibustion.** 2006;26(11):775-7. (chi).

OBJECTIVE: To observe clinical therapeutic effect of moxibustion and acupuncture at Zusanli (ST 36) on refractory facial paralysis. METHODS: Sixty cases were randomly divided into a test group and a control group, 30 cases in each group. The control group were treated with acupuncture at Hegu (LI 4), Taichong (LR 3), Touwei (ST 8), etc., and the test group with acupuncture at the same points as those in the control group plus moxibustion and acupuncture at Zusanli (ST 36) with a warm-heat sense transmitting into the depth of the point along the needle body for the patient. RESULTS: The total effective rate of 93.3% in the test group was significantly better than 76.7 in the control group (P < 0.05); in the test group, the total effective rate for the patients with needling sensation propagating along the channel was 100%, which was significantly superior to 80.00% in the patients with no needling sensation propagating along the channel (P < 0.05). CONCLUSION: Moxibustion and acupuncture at Zusanli (ST 36) activating sensation propagating along channel as main way has a better therapeutic effect on

487- gera: 144669/ra/di

MICROWAVE PROPAGATION ON ACUPUNCTURE CHANNELS. KREVSKY MA, ZININAEES, KOSHURINOV Y, OVECHKIN AM, TKACHENKO YA, HAN W, LEE SM, YOON G. **acupuncture and electro therapeutics research.** 2006;31(1/2):1 (eng).

Quantitative studies on functional state of acupuncture points and meridians have been done mostly by electrical measurement that requires the contact of the electrode on skin and is subject to pressure, humidity, etc. In this study, a new modality of using microwave was investigated. Microwave energy in the frequency range of 250 - 550MHz was irradiated on an acupuncture point. Transmitted microwave energy along the meridian was measured at the next acupuncture point of the same meridian. Diabetic and cancer patients were compared with healthy persons. Normal group consisted of 50 healthy persons. Diabetic group included 50 diabetic patients. Breast cancer group had also 50 patients. All 12 meridians on both right and left hands and feet were measured. For the diabetic group, the microwave energy propagation in this frequency range was 1.417 dB lower along Lung channel and 1.601 dB higher along Spleen channel compared with the normal group regardless of sex and diabetic types. For cancer patients, the propagation was 1.620 dB lower along Liver channel and 1.245 dB higher

488- gera: 144257/di/ra

YAOTONG DANS LES LOMBALGIES AIGUËS : AVANT LA 72E HEURE ET EN CHERCHANT LE POINT DOULOUREUX. PHAN-CHOFFRUT F, GORET O, NGUYEN J. **acupuncture & moxibustion.** 2006;5(4):357-58 (fra).

35 patients avec lombalgie aiguë sont traités par les 2 points distaux yaotong 1 et 2 (figure 1) localisés cliniquement par la recherche du point douloureux maximal. Les patients sont répartis en 3 groupes selon l'ancienneté de la lombalgie : de 1 à 3 jours (groupe A), de 4 à 6 jours (groupe B) et de 7 à 10 jours (groupe C). Les meilleurs résultats sont obtenus dans le groupe A (9 guérisons sur 12 cas), puis dans le groupe B (4 sur 13) et le groupe C (0 sur 10). Commentaires : L'étude confirme les données précédentes qui établissaient une relation entre l'utilisation du point distal unique et l'ancienneté de la lombalgie [9-11] : l'utilisation du point distal unique perd de son intérêt après la 72e heure. L'élément nouveau rapporté

ici est l'importance accordée à la recherche du point douloureux pour la localisation du yaotong. L'auteur propose une palpation partant du pli dorsal du poignet et progressant le long du tendon commun extenseurs des doigts (A). Avec cette technique, l'auteur situe ce point à environ 1 cun du pli dorsal du poignet, alors que classiquement, il est décrit à chacun, ou à mi-distance du pli postérieur du poignet et de la ligne joignant les articulations métacarpo-phalangiennes [12]. Une autre technique de localisation possible est la technique inverse qui part de la ligne des articulations métacarpo-phalangiennes et qui progresse le long des espaces inter métacarpiens (B). Si la lombalgie prédomine d'un côté, le point le plus douloureux est retrouvé sur la main homolatérale. Il apparaît également une relation entre la localisation de la lombalgie et le point yaotong douloureux : en cas d'atteinte médiane, le point douloureux le plus souvent retrouvé est le yaotong radial (yaotong 1), et en cas d'atteinte latérale ou à irradiation fessière, le yaotong ulnaire (yaotong 2). Une précédente étude avait mis en évidence une relation de même nature entre le 3IG (houxi) et une localisation latérale, le 26VG (renzhong) et une localisation médiane et yaotong et une localisation latérale à irradiation fessière [13]. Pour l'auteur l'intérêt de la localisation du point douloureux maximal est que cela permet très aisément l'obtention de la sensation irradiée vers le haut : la sensation peut-être irradiée jusqu'au pli du poignet, au coude, à l'épaule, à la région dorsale ou encore aux lombes (correspondant à l'arrivée du qi dans la zone atteinte). Il y a une relation étroite entre l'obtention de cette sensation et le soulagement (décrit comme «immédiat»). Le caractère directionnel ascendant apparaît plus important que la distance de propagation. Cette sensation est obtenue plus facilement dans les lombalgies aiguës récentes (à 3 jours) que dans les lombalgies plus anciennes. La notion de point douloureux ulnaire ou radial en fonction de la localisation de la douleur est également observée plus fréquemment dans les lombalgies récentes. Ceci expliquerait les meilleurs résultats dans les lombalgies les plus récentes. L'insertion préconisée au yaotong est perpendiculaire et non pas oblique à 45° comme classiquement décrite [12]. L'insertion oblique (figure 3) entraîne une irradiation descendante vers les doigts et la paume avec une efficacité notablement moindre. Classiquement on utilise la technique de dispersion

489- gera: 146091/di/ra

[CLINICAL APPLICATION OF ACUPOINT HEAT-SENSITIZATION]. CHEN RI-TIN KANG MING-FEI. *chinese acupuncture and moxibustion*. 2007;27(3):199 (chi).

Objective To expound rules of acupoint heat-sensitization and its clinical application. Methods Ana-lyze and probe rules of acupoint heat-sensitization and its clinical application from the acupoint heat-sensitization phe-nomenon. Results (1) In the human being there are two functional states, sensitization state and rest state. When the human body has disease, acupoints on the body surface may be sensitized with various types of sensitization, and acupoint heat-sensitization is a type of acupoint sensitization. The sensitized acupoints show acupoint-specific "small stimulation inducing large response" for external relative stimulation. (2) Optimum stimulation for the heat-sensitized acupoint is moxibustion-heat, also it is the optimum point for moxibustion therapy, with a therapeutic effect far better than acupuncture and moxibustion at acupoints of routine rest state: (3) Heat-sensitized acupoints "under moxibustion-heat stimulation very easily invigorates moxibustion sensation propagation along channels, greatly increasing clinical therapeutic effect. Conclusion Advancing the concept of acupoint heat-sensitization perfects and develops the theory of acupuncture and moxibustion, "Only reaches the

490- gera: 146456/di/ra

[OBSERVATION ON THE THERAPEUTIC EFFECT OF WARMING NEEDLE MOXIBUSTION ON PROLAPSE OF LUMBAR INTERVERTEBRAL DISC] HE XW, HUANG JH, ZENG LY. *chinese acupuncture and moxibustion*. 2007;27(4):264-6 (chi).

OBJECTIVE: To observe the therapeutic effect of warming needle moxibustion on prolapse of lumbar intervertebral disc. METHODS: Seventy-eight cases were randomly divided into a test group and a control group, 39 cases in each group. The

control group were treated with acupuncture at Shenshu (BL 23), Mingmen (GV 4), Yaoyangguan (GV 3) and Weizhong (BL, 40), etc., and the test group with acupuncture at the same acupoints as in the control group plus warming needle moxibustion at Mingmen (GV 4), Yaoyangguan (GV 3) and Weizhong (BL 40). RESULTS: The total effective rate of 94.9% in the test group was significantly better than 71.8% in the control group ($P < 0.01$). The incidence rate of needling sensation propagating along the channel (84.6%) in the test group was significantly higher than 56.4% in the control group ($P < 0.01$). CONCLUSION: The warming needle moxibustion stimulating the needling sensation propagating along the channel has a better therapeutic

491- gera: 146548/di/ra

[OBSERVATION ON THE THERAPEUTIC EFFECT OF WARMING NEEDLE MOXIBUSTION ON PROLAPSE OF LUMBAR INTERVERTEBRAL DISC] HE XW, HUANG JH, ZENG LY. *chinese acupuncture and moxibustion*. 2007;27(4):264-6 (chi).

OBJECTIVE: To observe the therapeutic effect of warming needle moxibustion on prolapse of lumbar intervertebral disc. METHODS: Seventy-eight cases were randomly divided into a test group and a control group, 39 cases in each group. The control group were treated with acupuncture at Shenshu (BL 23), Mingmen (GV 4), Yaoyangguan (GV 3) and Weizhong (BL, 40), etc., and the test group with acupuncture at the same acupoints as in the control group plus warming needle moxibustion at Mingmen (GV 4), Yaoyangguan (GV 3) and Weizhong (BL 40). RESULTS: The total effective rate of 94.9% in the test group was significantly better than 71.8% in the control group ($P < 0.01$). The incidence rate of needling sensation propagating along the channel (84.6%) in the test group was significantly higher than 56.4% in the control group ($P < 0.01$). CONCLUSION: The warming needle moxibustion stimulating the needling sensation propagating along the channel has a better therapeutic effect on

492- gera: 147166/di/ra

DIFFERENCES IN OPTICAL TRANSPORT PROPERTIES BETWEEN HUMAN MERIDIAN AND NON-MERIDIAN YANG HONG; SHU-SEN XIE; SONG-HAO LIU; HUI LI; ZHOU-YI GUO. the american journal of chinese medicine. 2007;35(5):743 (eng).

This study is to present a new scheme for the detection of human meridian system non-invasively. The optical transport properties along the pericardium meridian and a non-meridian path about 1 cm away from the meridian were measured non-invasively on 20 healthy people in vivo. 633 nm, 658 nm and 785 nm red lasers were used for irradiation, and the diffuse light emittances at different points on meridian and non-meridian directions were collected respectively and compared. Our study suggested that the light propagation characteristics along both the meridian and non-meridian directions conformed to the Beer's exponential attenuation law. Statistical analysis of the results suggested that the optical properties of human meridian differ from those of the surrounding tissue ($p < 0.05$), and the light attenuation is less when propagating along the pericardium meridian than along the non-meridian direction. These findings not only confirmed the objective existence of acupuncture meridians, but also

493- gera: 148110/di/ra

[KEY POINT OF MOXIBUSTION, ARRIVAL OF QI PRODUCES CURATIVE EFFECT] CHEN RX, KANG MF. *chinese acupuncture and moxibustion*. 2008;28(1):44 (chi).

OBJECTIVE: To expound a new viewpoint about the clinical main points of moxibustion. METHODS: Starting from study on the heat-sensitivity phenomenon of points, establish a new therapy based on the rule of heat-sensitivity of points and approach whether moxibustion can trigger the sensation propagated along the channel like acupuncture and moxibustion and whether need invigorating the sensation propagated along the channel to increase clinical effect with clinical therapeutic effects of moxibustion used as the test criterion. RESULTS: Moxibustion, just like acupuncture, can high-effectively invigorate the sensation propagated along the channel; moxibustion must trigger the moxibustion sensation propagated along the channel, can the curative effect be

494- gera: 149701/di/ra

COMPARISON BETWEEN WESTERN TRIGGER POINT OF ACUPUNCTURE AND TRADITIONAL ACUPOINTS PENG ZENG-FU. **chinese acupuncture and moxibustion.**

2008;28(5):349 (chi).

trigger point theory as the soul of western acupuncture is very similar to acupoint theory of traditional acupuncture and moxibustion science. After comparison, it is found that over 92% of trigger points (235/255) is corresponding to acupoints in anatomy, and the local pain treated by 79.5% acupoints are similar to corresponding myofascial trigger point. Both of them can induce similar linear propagation of needling responses, with complete form or basically complete uniform of 76%, and a part uniform of 14% next, both of them can treat symptoms of internal organs such as diarrhea, constipation, dysmenorrhea, etc. Therefore, they are very similar in anatomic location, clinical indications, and the linear propagation, of needling response induced by acupuncture, etc.

495- gera: 150182/di/ra

[CONTRIBUTIONS OF PROFESSOR XUE CHONG-CHENG IN ACUPUNCTURE AND NEUROPSYCHIATRY] YANG QL, LIU WT, XU R. **chinese acupuncture and moxibustion.**

2008;28(7):535 (chi).

Professor Xue Chong-cheng devotes himself in clinical and

research of integrative works of TCM, acupuncture, neuropsychiatry, neurosurgery and medicopsychology for more than 70 years. He firstly confirmed acupoints are identical with nerve and motor points, found propagating meridian sensation on phantom limbs of acquired and congenital amputees. The sensation can pass over fresh incision wound and it exists and disappears with the cortical sensation. He proposed a central theory that meridians model is present in the brain. He suggested examination of general afferent system, cortical sensation and deep pain of syringomyelia with acupuncture as they are absent in routine methods but still present during needling. He firstly reported meridian type of sensory epilepsy and it was recognized by the Epilepsy Center of the USA. He treated psychosis with electroacupuncture convulsive therapy, the dosage of current used was less than 4% of the conventional method. The Journal of Psychiatry of USA recognized it is a dramatic progress for more than 40 years. He compiled first integrative medical questionnaire for assessment of pain. According to TCM theories and modern method of standardization he established inventories and national norms of personality and constitution for the corresponding examinations. They fulfill the gap of China. He firstly proposed the model of TCM is temporo-spatio-socio-psycho-biological. Now he is nearly ninety years old but is still struggling on the first line.

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