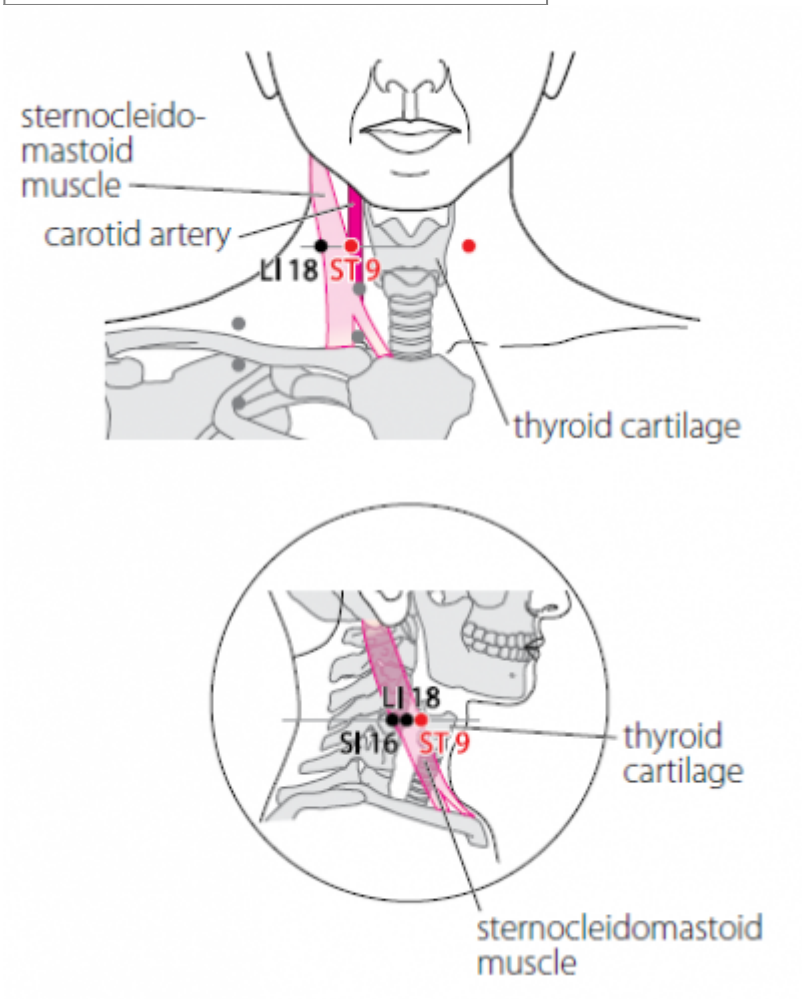
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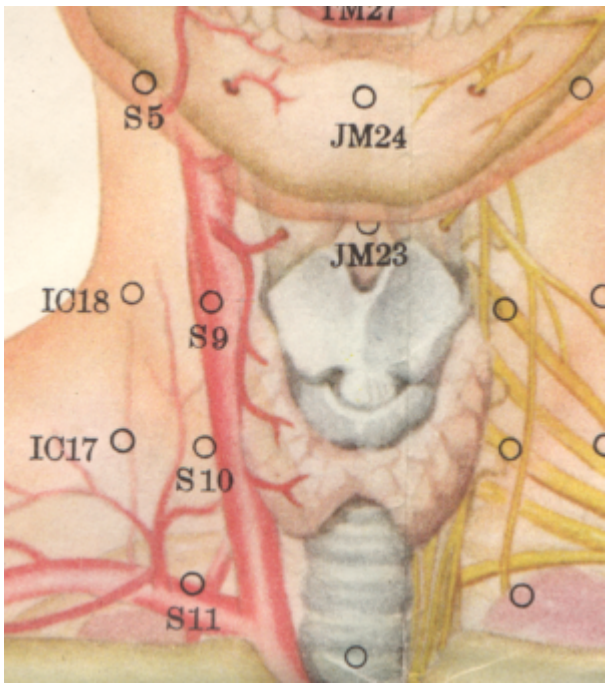
9E Renying 人迎

prononciation renying.mp3

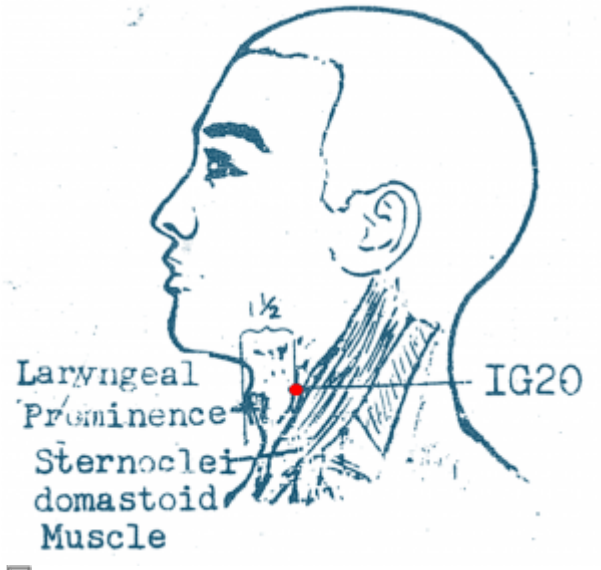
articles connexes: - 8E - 10E - Méridien -



WHO 2009.



Collection Gera



Renying 人迎 (Li Su Huai 1976)

1. Dénomination

1.1. Traduction

人迎 **rén yíng**	Accueil humain (Nguyen Van Nghi 1971) L'être humain reçoit (le *Qi*) (Pan 1993) Accueil de l'homme (Lade 1994)

- 人 ren, homme, être humain
- 迎 ying, accueillir

- Zhou Mei-sheng 1984 : *ren* human body; life; *ying* welcome; receive;
- *Ren* (Ricci 2426) 人: homme, être humain, personne (Guillaume 1995,Laurent 2000).
- *Ying* (Ricci 5822) 迎: aller à la rencontre de, accueillir, recevoir, rencontrer (Guillaume 1995), Cf. 20GI *Yingxiang* (Laurent 2000).
- Laurent 2000 : Littéralement l'expression signifie battements de l'homme, en chinois médical la traduction est carotides.

1.2. Origine

- Ling shu, chapitre « Ben shu » (Guillaume 1995).

1.3. Explication du nom

- Zhou Mei-sheng 1984 : *Renying* The arteries on two sides of the laryngeal prominence are called Renying, it receives pneuma from the sky and the ground, and from the internal organs as well, and then nourishes the body with this pneuma.
- Pan 1993 : *Renying* est l'un des points importants où l'on prend le pouls pour poser un diagnostic en médecine chinoise. La combinaison du *Qi* du Ciel et du *Qi* de la Terre s'appelle « être humain ». Le point *Renying* se trouve sur le cou, dans une position élevée; il reçoit le *Qi* du

Ciel. C'est un point du méridien *Zuyangming* Estomac. L'Estomac reçoit les céréales, qui sont des dons de la Terre; il relève de l'élément Terre. Donc, *Renying* reçoit aussi le *Qi* de la Terre. De plus, des deux côtés de la « pomme d'Adam », le méridien *Zuyangming* reçoit le *Qi* des cinq *Zang* et des six *Fu* pour nourrir l'être humain. *Renying* est un point qui reçoit le *Qi* du Ciel, de la Terre ainsi que des cinq *Zang* et six *Fu* d'où cette appellation de « L'être humain reçoit (le *Qi*) ».
- Lade 1994 : le nom fait référence à la position du point sur le méridien de l'Estomac, là où le *Qi* du méridien descend du cou vers la zone moyenne du corps entre la partie inférieure du cou et la poitrine. De plus, les anciens philosophes chinois mettaient en relation cette zone du corps avec l'Homme dans la triade Ciel, Homme, Terre.

1.4. Noms secondaires

Tiānwǔhuì	天五会［天五會］	Cinq réunions célestes (Laurent 2000)	Jia yi jing (Guillaume 1995)
Wǔhuì	五会［五會］	Cinq réunions (Laurent 2000)	Tong ren (Guillaume)

Tiānwǔhuì : *Tian* (Ricci 4938) 天: firmament, ciel. *Wu* (Ricci 5559) 五: cinq. *Hui* (Ricci 2254)会［會]: se réunir, s'assembler, rencontrer (Guillaume 1995).

1.5. Autres Romanisations et langues asiatiques

- Jenn ing (fra)
- Jen Ying (eng)
- Nhân nghênh (viet)
- jin gei (cor)
- in yeong (jap)

1.6. Code alphanumérique

- 9E, ES9 (Estomac)
- ST 9 (Stomach)

2. Localisation

2.1. Textes modernes

- Nguyen Van Nghi 1971 : Sur le cou, sur le bord antérieur du sterno-cléidomastoïdien, sur la carotide externe, à une distance 1/2 du point Lienn Tsiuann (23VC).
- Li Su Huai 1976 : On the anterior edge of the sternocleidomastoid muscle, level with the laryngeal prominence, or approx. 1.5 in. lateral from it, on the side of the carotid artery. Bilateral
- Roustan 1979 : à 1,5 distance en dehors de la pomme d'Adam, en avant de la carotide primitive.
- Deng 1993 : sur le cou, à l'extérieur de la pomme d'Adam, et sur le bord antérieur du muscle sterno-cléido-mastoïdien, là où l'on sent les battements de l'artère carotide primitive.
- Pan 1993 : *Renying* se trouve sur le cou au niveau de la « pomme d'Adam », à 1,5 distance en dehors de celle-ci, en avant de la carotide primitive, à l'endroit où l'on sent les pulsations de cette artère; c'est pourquoi il emprunte le nom de cette dernière.

- Lade 1994 : A l'horizontale de la proéminence laryngée, au bord antérieur du muscle sternocléidomastoïdien, là où on peut sentir le pouls de l'artère carotide primitive.
- Guillaume 1995 : En dehors de la pomme d'Adam, au bord antérieur du muscle sterno-cléido-mastoïdien où l'on sent battre l'artère carotide primitive.
- Laurent 2000 : Sur le cou, en dehors de la pomme d'Adam, en arrière de l'artère carotide primitive, sur le bord antérieur du sternocléïdo-mastoïdien.
- WHO 2009 : In the anterior region of the neck, at the same level as the superior border of the thyroid cartilage, anterior to the sternocleidomastoid muscle, over the common carotid artery. Note 1: The sternocleidomastoid muscle is more distinct when the head is turned to the opposite side against resistance. Note 2: ST9 is located at the same level as LI18, SI16 and the superior border of the thyroid cartilage. ST9 is located anterior to the sternocleidomastoid muscle, and SI16, posterior to the sternocleidomastoid muscle and LI18, between the anterior and posterior borders of the sternocleidomastoid muscle.

Items de localisation

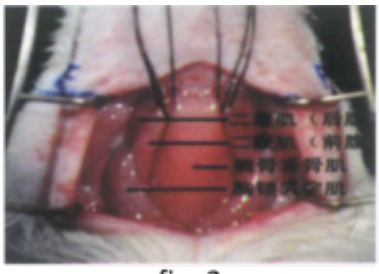
- Pomme d'Adam
- Bord antérieur du muscle sterno-cléido-mastoïdien
- Artère carotide primitive
- *Lianquan* - 23VC

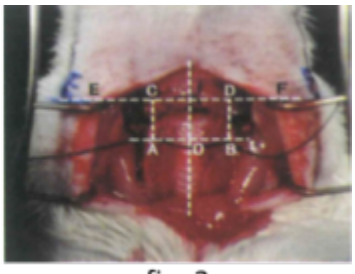
Localisation chez le rat

- Fu Jing-Jing, Wang Yong, Wang Shu. [Rat Point Renying (ST 9) Location Standard and the Hypotensive Effect of Acupuncture]. Shanghai Journal of Acupuncture and Moxibustion. 2015;34 (4):283. [187265].

  > Objective To establish a surface location method and acupuncture manipulation standard by dissecting the local structure of rat point Renying (ST9) and make a validation through the hypotensive effect of acupuncture. Method A Wistar rat was sacrificed and fixed by cryogenic freezing. According the anatomical characteristics of human point Renying, cervical point Renying region was dissected layer by layer, and the common carotid artery, the internal carotid artery and the external carotid artery were bluntly separated. Location and measurement were made using vernier calipers and digital photographs were taken. Body surface location and acupuncture point depth were statistically analyzed to establish acupuncture manipulation standards. Point Renying and a non-acupoint were separately acupunctured to treat rat spontaneous hypertension. The changing tendency of blood pressure was statistically analyzed after four weeks. Result According to the 95% reference value range, the surface location ofrat point Renying was determined to be 8 ± 0.3 mm below a line connecting bilateral mandibular angles and 5.5 ± 0.4 mm lateral to the anterior midline, one on each side. Acupuncture manipulation standards were perpendicular insertion 5.5 ± 0.4 mm and cautious lifting and thrusting to avoid injuring the artery. Acupuncture at point Renying had a marked hypotensive effect as compared with a non-acupoint (P<0. 05). Conclusion The surface location of rat point Renying is reliable and can be applied to animal experimental study.


fig. 1


fig. 2


fig. 3

Localisation du 9E chez le rat par anatomie comparée et validation par son action

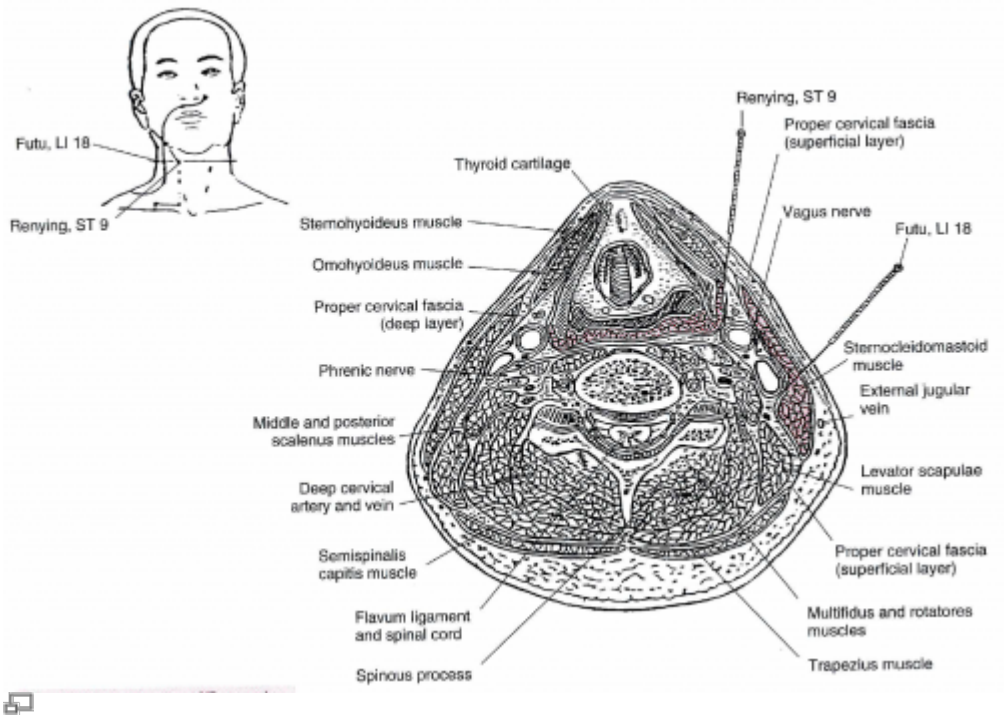
hypotensive. fig.1 plan superficiel, fig.2 plan musculaire, fig.3 plan vasculaire; Bifurcation des carotides internes et externes (A et B); Renying 9E (C et D) (Fu 2015)

2.2. Textes classiques

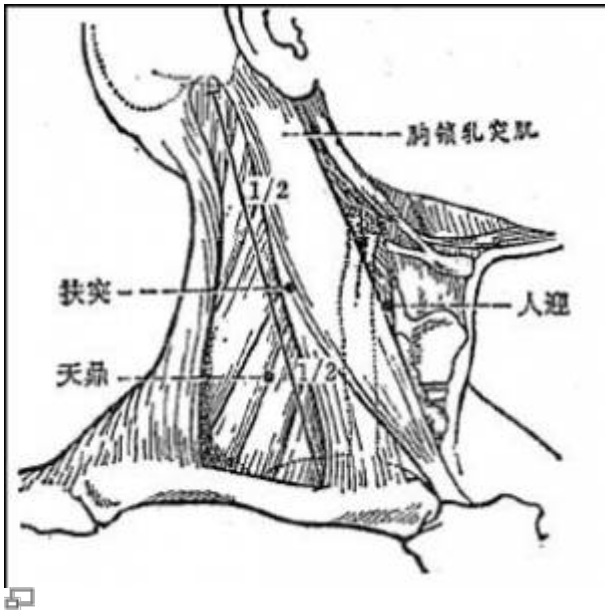
- Ling Shu : En avant du muscle sterno-cléido-mastoïdien (Deng 1993).
- Jia Yi Jing : Sur l'artère carotide primitive, là où l'on sent les battements de l'artère, au niveau du sommet de la pomme d'Adam (Deng 1993).
- Sur l'artère carotide primitive, là où l'on sent les battements de l'artère, à 1,5 *cun* du sommet de la pomme d'Adam.
- Deng 1993 : Ce point se situe près de la pomme d'Adam et à l'endroit où l'on sent les battements de l'artère carotide primitive. Selon Jia Yi et Tong Ren, sa localisation est assez claire, c'est-à-dire au niveau du sommet de la pomme d'Adam, sur le bord antérieur du muscle sterno-cléido-mastoïdien, à l'endroit où l'on sent les battements de l'artère carotide primitive.

2.3. Rapports et coupes anatomiques

- Roustan 1979 : bifurcation des artères carotis externa et interna, veine jugularis interna, nerf transversus colli (cervical transverse), nerf vagus, ramus colli (rameau cervical du nerf facial); en profondeur : tronc de pars sympathica cervicalis, rami descendens hypoglossi.
- Deng 1993 : Peau—tissu sous-cutané et muscle peaucier du cou—couche superficielle de l'aponévrose cervicale propre et bord antérieur du muscle sterno-cléido-mastoïdien—couche profonde de l'aponévrose cervicale propre et bord postérieur du muscle omo-hyoïdien—muscle constricteur du pharynx. Dans la couche superficielle, on trouve le nerf transverse du cou et les branches cervicales du nerf facial. Dans la couche profonde, on trouve les branches ou tributaires de l'artère et de la veine thyroïdiennes supérieures, et les branches de l'hypoglosse.
- Guillaume 1995 : Artère carotide commune, artère et veine thyroïdiennes supérieures. Branche cervicale transverse, branche cervicale du nerf facial, anse cervicale, nerf vague.



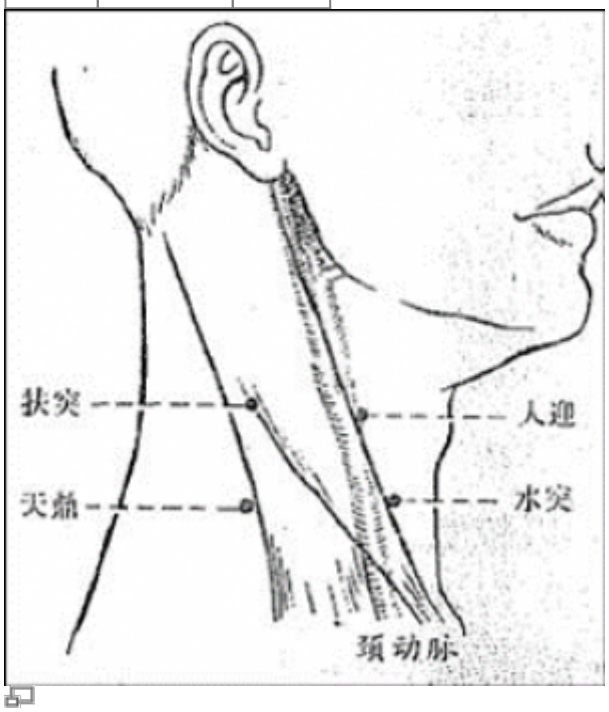
18GI-9E (Deng 1993)



人迎 Renying 9E à la hauteur de 扶突 Futu 18GI sur le bord postérieur du sterno-cléio-mastoïdien

2.4. Rapports ponctuels

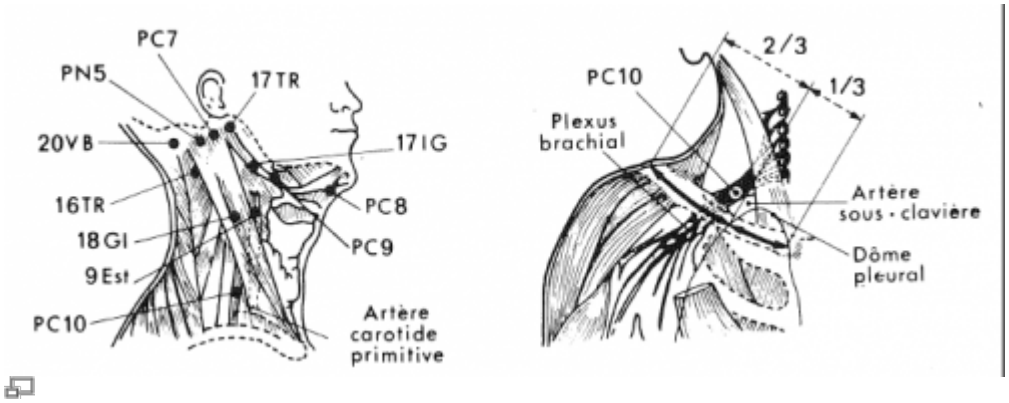
	17IG	
18GI	↑ ← **9E** → ↓	23VC
	10E	
latéral	côté droit	médial



Quatre points de chaque côté du m. sterno-cléido-mastoïdien. En haut : en avant 9E, en arrière 18GI; en bas : en avant 10E, en arrière 17GI



Gera 2000



Roustan 1979.

3. Classes et fonctions

3.1. Classe ponctuelle

- Nguyen Van Nghi 1971 : Point de « Fenêtre du Ciel », à puncturer chaque fois que les symptômes indiquent que l'énergie du corps ne peut monter vers le haut (fortes douleurs à la tête, sensation de plénitude à la poitrine avec difficultés pour respirer). Ce point sert à examiner l'état du *Yang*, le Tchrong Yang (42E)pour examiner l'état du Inn (Nei King).
- Réunion de *Zuyangming* et *Zushaoyang* (Roustan 1979, Guillaume 1995).
- Laurent 2000 : Point “mer du *qi*” (avec *dazhui* 14DM et *yamen* 15DM) en relation avec *tanzhong* (milieu du thorax*/xinzhu*). 3° point *he* (*jingbie* E/Rt), Point fenêtre du ciel.

3.2. Classe thérapeutique

- Roustan 1979 : équilibre le sang et l'énergie, traite la gorge.
- Guillaume 1995 : *Ren ying* régularise la circulation du Souffle et du Sang, favorise les fonctions de la gorge.
- Laurent 2000 : Équilibre sang et énergie, traite la gorge et les difficultés pour parler, régularise la tension (hypo et hyper), soigne les goitres.

4. Techniques de stimulation

Acupuncture	Moxibustion	Source
Puncture interdite	Moxas interdits	Yi xue ru men (Guillaume 1995)
Needle perpendiculary or slightly downward 0.3-0.5 in.		Li Su Huai 1976
Cautérisation interdite	Roustan 1979	
Selon Tong ren, il ne faut pas puncturer, selon Ming tang, puncturer à 0,4 distance de profondeur		Zhen jiu ju ying (Guillaume 1995)
Puncture perpendiculaire entre 0,3 et 0,5 distance de profondeur en évitant les artères	Moxibustion interdite	Guillaume 1995
Piquer perpendiculairement de 0,3 à 0,8 *cun*, en dehors de la carotide qui est maintenue par l'index de la main libre	Moxibustion interdite	Laurent 2000

Sensation de puncture
Roustan 1979 : sensation douloureuse ou de gonflement local qui diffuse parfois vers l'épaule.

Sécurité

- Nguyen Van Nghi 1971 : La puncture doit être légère : « *Il y a danger de mort si l'on pique profondément* » (Nei King).
- Roustan 1979 : éviter de piquer profondément (danger de mort dit Su Wen...!).
- Lade 1994 : ATTENTION : il faut éviter de piquer l'artère. La moxibustion est contre-indiquée.
- Zhen jiu ju ying : Selon Su wen, la puncture trop profonde peut tuer (Guillaume 1995).
- Jia yi jing : « Il est interdit de faire des moxas sur *Ren ying*, la puncture se fait à 4 *fen* de profondeur, une puncture trop profonde peut tuer » (Guillaume 1995).

5. Indications

Classe d'usage	-	point secondaire

5.1. Littérature moderne

- Nguyen Van Nghi 1971 : Point à puncturer dans les cas de : hypertension, dyspnée amygdalite, aphonie.
- Li Su Huai 1976 : Chronic and acute laryngitis, tonsillitis, swelling of the neck, fullness in the chest.
- Roustan 1979 : hypertension artérielle, hypotension, suffocation intermittente, gonflement du cou, difficulté pour parler. Gonflement de la gorge, toux, folie agitée.
- Lade 1994 :
  - Fait diffuser le *Qi* du Poumon, régularise le *Qi*. Indications : asthme, hyper- ou hypotension artérielle, dyspnée, vomissements, diarrhée et vomissements, et céphalées.
  - Humecte la gorge. Indications : constriction de l'œsophage avec impossibilité d'avaler, troubles de la parole, douleurs de la gorge, gonflement du larynx, et obstruction douloureuse de la gorge.
  - Ramollit les masses dures. Indications : goitre et scrofule.
- Guillaume 1995 : Œdème et douleur de la gorge, dyspnée, affection goitreuse, adénites tuberculeuses-*leili*, dysphagie ; goitre, hypertension artérielle, hypotension artérielle,

amygdalites, asthme bronchique.

5.2. Littérature ancienne

- Ling shu : Chapitre « Maladies diverses » : « Dans la douleur du menton, piquer le méridien *Zuyangming* là où il fait un coude et correspond à *Jia che*- 6E et le faire saigner, cela peut arrêter immédiatement la douleur ; si elle ne cède pas, il faut masser *Ren ying*- 9E, cela peut stopper la douleur ». Chapitre « Maladies du froid et de la chaleur » : « Céphalée par reflux de Yang, plénitude thoracique avec difficulté à respirer ; puncturer *Ren ying*-9E ».Chapitre « Perturbations du souffle de défense » : « Distension thoracique, plénitude épigastrique, dyspnée ; puncturer *Ren ying*- 9E ». Chapitre « Déséquilibre du souffle de défense » : « Dans l'accumulation-*Ji* du haut, il faut disperser *Ren ying*- 9E, *Tian tu*- 22VC et le milieu de la gorge » (selon les commentaires, il s'agit du point Lian quan-23VC) (Guillaume 1995).
- Jia yi jing : « Reflux du *Yang* avec diarrhée cholériforme » (Guillaume 1995).
- Qian jin yao fang : « Toutes les variétés d'adénites » (Guillaume 1995).
- Ishimpo : Dérangement violent et soudain (choléra) perturbation des fonctions des intestins céphalées ; tension thoracique ; halètement avec respiration bruyante et sifflante (Guillaume 1995).
- Tong ren : « Blocage du *Qi* au niveau du cou avec enflure, difficulté à avaler » (Guillaume 1995).
- Zi sheng jing : « Enflure douloureuse de la gorge » (Guillaume 1995).
- Zhen jiu ju ying : vomissement par reflux, diarrhée cholériforme, plénitude intra-thoracique, dyspnée avec suffocation, enflure douloureuse et infection de la gorge, adénites tuberculeuses *lei li* » (Guillaume 1995).
- Da cheng : Reprend intégralement la citation de Zhen jiu ju ying (Guillaume 1995).
- Lei jing tu yi : « Vomissement par reflux, diarrhée cholériforme, plénitude du thorax avec dyspnée, reflux de *Qi* qui bloque vers le haut avec plénitude et gonflement, impossibilité de s'alimenter » (Guillaume 1995).

5.3. Associations

Indication	Association	Source
Bourdonnements d'oreille avec lombalgie	Commencer par traiter **9E**, puis 21TR puis 36E	Tian xing bi que (Guillaume 1995)
Gonflement du cou (d'origine thyroïdienne)	**9E** + 4GI + 36E + Zeqian + 3Rn + 6MC + 6Rte	Shanghai zhen jiu xue (Roustan 1979)
Hypertension artérielle	**9E** + 11GI + 36E	Shanghai zhen jiu xue (Roustan 1979)
Hypotension	**9E**+ 26VG + 3F + 6MC + 25VG	Shanghai zhen jiu xue (Roustan 1979)
Diarrhée cholériforme, céphalée, douleur thoracique, dyspnée avec respiration sifflante	**9E** + 6MC + 1TR + 6Rte + 36E	Ji cheng (Guillaume 1995).

5.4. Revues des indications

- Smyth D. The Clinical Application of Renying ST 9. Journal of Chinese Medicine. 1992;39:17-8. [84438].
- Zhong Jishang. Clinical Application of Acupoint Renying (ST 9). Journal of Traditional Chinese Medicine. 1993;13(3):205-6 . [45617]. Voir traduction espagnole [15293].

- Wang Ying et al. [Review of Researches on Renying (ST 9)]. Shanghai Journal of Acupuncture and Moxibustion. 1996;15(2):36. [85784].
- Gu Yuehua. The Clinical Application of Renying . Journal of Chinese Medicine. 1996;52:18. [104002]
- Gu Yuehua. Clinical Observation of Renying (ST 9). World Journal of Acupuncture-Moxibustion. 1997;7(2):7-12. [55854].
- Tian Dequan et al. [Application and Study of Renying Point (ST 9) in Ancient and Modern Times]. Chinese Acupuncture and Moxibustion. 1997;17(5):305. [56762].
- Wei Lushang et al. Improving the Complexion by Needling Renying ST 9. Journal of Chinese Medicine. 1997;54:18-9. [67337].
- Fu Yanping. [On the Clinical Applications of Acupoint Renying]. Shaanxi Journal of TCM. 2002;23(10):926. [108107].
- Chi Yu-Hua, Ge Bao-He. Clinical Study on the Application of Renying Point. Journal of Clinical Acupuncture and Moxibustion. 2007;23(10):29. [147595].

  > Renying point is, located on the neck, lateral to the Adam's apple, on the anterior border of m. stemocleidmastoideus and at the pulsating point of the common carotid artery. But Renying point is needled slowly and perpendicularly, avoiding the common carotid artery. Cares should be taken to avoid deep insertion, or lateral insertion, or strong manipulations. Therefore, angle and depth are especially important in the process of needle insertion. Correct angle and depth are helpful in producing desired therapeutic effects and preventing needling accidents.

- Xia Qiu-Fang. [The Textual Research and the Progress of Clinical Modern Research on Renying Point]. Journal of Clinical Acupuncture and Moxibustion. 2010;26(6):80. [172609].

  > This article emphasize the name , the paraphrase , the dissection position and clinical thetapeutic of Renying point by literature research through pioneer source, ancients definitions of the points, alternate name, ancients method for locating and therapeutic effect of Renying point. It summarizes the modem standardization location, manipulating methods and the modern anatomy structure of Renying point. The medical negligeric 卜of Renying point prompt the method, the needled depth and elaborate progress of Renying point in modem clinical

6. Etudes cliniques et expérimentales

6.1. Troubles du rythme

- Zhou Yumin. [Observation on the Therapeutical Effect of 30 Cases of Cardiac-Neurosis Treated with Acupuncture at Renying]. Chinese Acupuncture and Moxibustion. 1992;12(2):30. [39753].

  > All the 30 cases had ST-T abnormality in E.C.G. The author used to insert n° 28 filiform needles into bilateral Renying (St 9) as deep as 3 to 4 centimetres with the needle tip reaching the anterior aspect of the transverse process of cervical vertebrae, then, the patient might have the numb and distending sensation in the neck. The needles were retained for 10 to 15 minutes during which the needles would be twisted for twice or 3 times, but no lifting-trusting manipulation could be done. The treatment was once daily and 10 sessions constituted one treating course. The improvement of symptoms and ST-T of the patients was observed and it was found that the effect of this method is superior to those with medication of propanolol ($P<0.05$). The patients were followed up one month after the treatment had been finished and the long-term effect of the method was also fairly satisfactory.

- Zhou Yumin et al. [Needling Renying in Differentiating the St-T Changes of Cardiac Neurosis and Coronary Heart Disease]. Chinese Acupuncture and Moxibustion. 1991;11(3):35. [64221].

  > To observe the ECG ST-T changes in 91 cases of cardiac neurosis and 50 cases of coronary heart disease

following acupuncture on Renying (St 9), We found different result. During the process of needling of Renying (St 9), it could reverse the ST-T changes to normal in cardiac neurosis, while in coronary heart disease the ST-T changes reversed abnormal. This suggests that acupuncture on Renying (St 9) point between these two conditions has the differential diagnostic significance.

6.2. Hypertension

- Feng SS, Sun CJ, Guo YP, Shi XM. [Effect of acupuncture at Renying (ST 9) on blood pressure in patients with ischemic stroke complicated with essential hypertension]. Chinese Acupuncture and Moxibustion. 2019;39(11):1160-3. [122037].
- Guo Y, Lu J, Liang JR, Zhao RL, Xu J, Zhang W, K Park, Zhu SP, Chen H, Ma LX. Effect of acupuncture at Renying (ST 9) on gene expression profile of hypothalamus in spontaneously hypertensive rats Journal of TCM. 2018;38(2):227. [202226].
- Gao Jianyun, Zhao Jingsheng, Dong Huang. [Treatment of Hypertension by Acupuncture with Reinforcing-Reducing Maneuver Based on Renying and Cunkou Diagnosis]. Chinese Acupuncture and Moxibustion. 2001;21(12):707. [98555].
- Wei Yan, Sun Zhong Ren, Kou Ji You, et al. Clinical Observation of 120 Cases with Hypertension Treated with Acupuncture at Renying Point. Journal of Clinical Acupuncture and Moxibustion. 2006;22(2):4. [150506].
- Shen Peng-Fei, Bian Jin-Ling, Meng Zhi-Hong. [Observations on the Efficacy of Acupuncture at Point Renying (ST 9) by a Twirling Reinforcement Method in Treating Hypertensive Urgencies in Primary Hypertension Patients]. Shanghai Journal of Acupuncture and Moxibustion. 2010;29(2):71. [179552].

  Objective To investigate the efficacy of acupuncture at point Renying (ST 9) by different manipulations in treating patients with hypertensive urgencies. Methods Sixty patients with hypertensive urgencies were randomly allocated to an observation group (acupuncture at point Renying (ST 9) by a twirling reinforcement method) and a control group (acupuncture at point Renying (ST 9) without a needling method). Blood pressures were compared before treatment and at 3-360 min after. Results The hypotensive effect was quick and stable and lasted Iong in the observation group compared with the control group. Conclusion Acupuncture at point Renying (ST 9) by a twirling reinforcement method can produce a better effect on hypertensive urgencies in primary hypertension patients.

- Wei Y. [Clinical Observation of 120 Cases with Hypertension Treated with Acupuncture at Renying Point]. Journal of Clinical Acupuncture and Moxibustion. 2006;22(2):4. [182899].
- Song Wen-Ting , Wang Shu , Fan Xiao-Nong , et al. [Overview of Research on Antihypertensive Effect of Renying (ST 9)]. Journal of Clinical Acupuncture and Moxibustion. 2014;30(6):76. [172653].

  Renying (ST 9) has been applied in the treatment of cardiovascular, cerebrovascular, endocririe system and neurological diseases by practitioners. This article investigates and verifies the related literatures that focus on treating hypertension with Renying (ST 9) - based acupuncture therapy in clinical research and explore its antihypertensive mechanism, thus proves its favorable effect in the treatment of hypertension.

- Wei Yan, Kou Ji-You, Chen Jun. [Study on Vaso - Active Substance in Serum of Essential Hypertensive by the Treatment of Acupuncturing Renying Point]. Journal of Clinical Acupuncture and Moxibustion. 2010;26(2):12. [172531]

  Objective: To study the curative effect and mechanism of Renying point to treat essential hypertension (EH). Methods: 120 EH patients were divided into Renying group (40), traditional acupuncture group (40) and Capoten Tablets group (40) randomly. Detected blood pressure ,evaluated the curative effect of symptoms and detected endothelin (ET) ,nitric oxide (NO) , ET/NO in serum before and after the treatment. Results: The effective rate of Renying group was 86. 84%, traditional acupuncture group was 66. 67%, western medicine group was 64. 10% ,they had obvious difference with Ridit statistics, and acupuncturing

Renying can increase the content of ET□NOS.ET/NO in serum, and it had obvious difference before and after the treatment (P <0.01). It had obvious difference compared with the control group (P <0. 01). Conclusion: Acupuncturing Renying has positive effect in treating EH. it can adjust the function of endothelial cell of vessels ,which provide theoretical basis for treating EH with Renying.

- Yin C, Du YZ. [Observation of Anti-Hypertensive Effect on Primary Hypertension Treated with Acupuncture at Renying (ST 9) Mainly]. Chinese Acupuncture and Moxibustion. 2012;32(9):776-8. [162093].

  OBJECTIVE: To observe the immediate effect and the long-term effect on blood pressure (BP) in acupuncture for hypertension. METHODS: Seventy cases of primary hypertension were acupunctured at Renying (ST 9), Hegu (LI 4), Taichong (LR 3), Quchi (LI 11) and Zusanli (ST 36) at 2:00-4:00 pm. BP was recorded before treatment and 5 min, 15 min and 30 min after acupuncture separately every day. The treatment was given for 5 days each week and stopped for 2 days. Totally, 3-month treatment was required. BP was compared at each time point with that before treatment separately on the same day, and made the comparison of it before the treatment every 15 days with that before acupuncture on the 1st day. RESULTS: On the same day, the systolic pressure at each time point after acupuncture was decreased as compared with that before acupuncture, indicating the statistically significant difference (all P < 0.05). The diastolic pressures at each time point on the 1st, 15th, 30th and 60th days of acupuncture were decreased as compared with that before acupuncture, indicating the statistically significant difference (all P < 0.05). In the 3-month treatment, the systolic pressure and diastolic pressure before treatment every 15 days were decreased as compared with that before the treatment on the 1st day (all P < 0.05). CONCLUSION: Acupuncture can decrease the immediate BP and maintain the anti-hypertensive effect for primary hypertension so as to achieve the long-term stable anti-hypertensive effect.

- Zhao R, Fu Lx. [Immediate Effect on Blood Pressure of Acupuncture at Renying (ST 9) in 53 Cases of Hypertension Patient]. Chinese Acupuncture and Moxibustion. 2011;31(5):466. [161858].

6.3. Hoquet

- Song Jiangyou. [Hiccup Treated by Finger Pressure on Renying Point : A Study of 23 Cases]. Journal of New Chinese Medicine. 1987;19(8):35. [32528].
- Hu Zhihui. [42 Cases of Obstinate Hiccup Treated by Needling Renying]. Shanghai Journal of Acupuncture and Moxibustion. 1997;16(5):21. [66611].
- Qin Heshen , Li Zhigui, Cai Xihua. [Clinical Observation of Hiccup Treated with Electroacupuncture at “Renying ST 9 , Futu LI 18” Points.]. Journal of Clinical Acupuncture and Moxibustion. 2003;19(1):44. [111422].
- Gao Wei, Qiao Xi-Qin. [122 Patients with Singultus Treated with Acupuncture at Renying (St 9)]. Journal of Clinical Acupuncture and Moxibustion. 2003;19(8):63. [119288].

6.4. Dysautonomie

- Zheng L, Ai Y, Zhu H, Meng P, Wang L, Su X. [Clinical Observation of Dysautonomia Treated with Transcutaneous Electrical Stimulation at Renying (ST 9) Combined with Stellate Ganglion Block]. Chinese Acupuncture and Moxibustion. 2015;35(6):557-60. [184456].

  OBJECTIVE: To compare the clinical efficacy difference in dysautonomia between transcutaneous electrical stimulation at Renying(ST 9) combined with stellate ganglion block(SGB) and simple SGB. METHODS: Sixty patients in accord with the diagnostic criteria of dysautonomia were randomly divided into two groups,30 cases in each group. In the observation group,transcutaneous electrical stimulation at Renying(ST 9) combined with SGB were adopted; in the control group,simple SGB was applied. In the two groups, treatment was used three times a week,and nine treatments were considered as one course. There was an interval of one week between courses,and two courses were treated. Total seven weeks were required.

Scores were evaluated according to subjective symptoms before treatment,one month and three months after treatment in the two groups. RESULTS: The scores of subjective symptoms were not statistically different before treatment in the two groups(P>0. 05). The scores of subjective symptoms one month and three months after treatment were all lower than those before treatment(all P< 0. 01), and subjective symptoms scores in the observation group were lower than those in the control group(both P<0. 01). CONCLUSION: Transcutaneous electrical stimulation at Renying(ST 9) combined with SGB could obviously enhance the clinical effects for dysantonomia, and the control and improvement for clinical symptoms are apparently superior to simple SGB.

6.5. Accidents vasculaires cérébraux

- Wu Yixin et al. [Observations sur 197 cas de Maladies Vasculaires Cérébrales traités par le Point Renying (9E)]. Chinese Acupuncture and Moxibustion. 1982;2(2):9. [1621].

  En 3 ans, l'auteur a traité 197 cas de maladies vasculaires cérébrales par la puncture bilatérale du point Renying comme traitement principal associé à la prise de médicament. Taux d'efficacité 96,4 %. La profondeur de la puncture varie avec le diamètre cervical : 2 à 2,5 cm pour un diamètre de 29 à 34 cm, 2,5 à 4 cm pour un diamètre de 35 à 42 cm. L'aiguille est roulée pendant 1 à 2 minutes, 10 séances constituent un traitement.

- Wu Baofa. Deep Puncture of Renying Point in the Treatment of Cerebrovascular Disease with Sequalae. A Report Of 89 Cases. Journal Of Traditional Chinese Medicine. 1991;11(3):177-80. [83606]. Voir la traduction espagnole [35604].
- Ma Yunsheng. [Observation on Therapeutic Effects of 100 Cases of Apoplectic Sequelae Treated by Acupuncture Mainly at Renying (ST 9)]. Chinese Acupuncture and Moxibustion. 1999;19(12):721. [73383].

6.6. Syndrome épaule-main épaule douloureuse post-AVC

- Teng Xiu-Ying, Wang Yang. [Clinical Study of Acupuncture at Point Renying (St9) as Main Treatment for Shoulder-Hand Syndrome after Cerebral Infarction]. Shanghai Journal of Acupuncture and Moxibustion. 2012;31(8):562. [175616].

  Objective To investigate the clinical efficacy of acupuncture at point Renying (ST9) as main treatment, on the basis of routine medication and rehabilitation, for post-stroke shoulder-hand syndrome. Method Sixty patients meeting both diagnostic criteria of cerebral stroke and shoulder-hand syndrome were randomly allocated to two groups, 30 cases each. The Western drug group was treated by improving circulation, protecting brain cells and using neurotrophic drugs and the acupuncture-medicine group, with acupuncture in addition to what given to the Western drug group. The therapeutic effect was evaluated using the CSS, the FMA and the VAS in both groups. Result There were statistically significant pre-/post-treatment differences in the CSS, FMA and VAS scores in both groups (P < 0.05). There were statistically significant post-treatment differences in all the scores between acupuncture- medicine and Western drug groups (P<0.0l). Conclusion The CSS, FMA and VAS scores increased in both groups after treatment, but they increased significantly more in the acupuncture-medicine group than in the Western drug group

6.7. Dysphagie post-AVC

- Ze Jin, Jing Chen and Yu-Lin Wang. Clinical Study on Puncturing Renying (ST 9) to Treat Poststroke Dysphagia. Journal of Acupuncture and Tuina Science. 2010;8(4):246-248. [154408].

  Objective: To observe the clinical efficacy of puncturing Renying (ST 9) in the treatment of poststroke dysphagia. Methods: Sixty cases of poststroke dysphagia were randomized into two groups, a control group

in which 30 cases were given rehabilitation training, and a treatment group in which 30 cases were treated by puncturing Renying (ST 9) and rehabilitation training, with a course of four weeks. Results: The total effective rate for dysphagia was higher in the treatment group than in the control group (P<0.05). Conclusion: Puncturing Renying (ST 9) is quite effective for poststroke dysphagia.

6.8. Vertiges

- Peng Qing. [Therapeutic Observation of Acupoint Injection at Renying (ST 9) for Cervical Vertigo]. Shanghai Journal of Acupuncture and Moxibustion. 2014;33(10):924. [184822].

  Objective To observe the clinical efficacy of acupoint injection at Renying (ST9) in treating cervical vertigo. Method Sixty-two patients were randomized into a treatment group and a control group. The treatment group was intervened by acupoint injection at Renying, while the control group was by regular acupuncture treatment. The clinical efficacy was evaluated after a treatment course. Result The total effective rate was 93.7% in the treatment group versus 80.0% in the control group, and the difference was statistically significant (P<0.05); the symptom and function scores were significantly changed after intervention in both groups (P<0.05). Conclusion Acupoint injection at Renying is signiflcantly effective in treating cervical vertigo.

6.9. Nodule des cordes vocales

- Pi Jian. [Observation on the Curative Effect of 50 Cases of Singer with Thickening of Vocal Fold Treated by Acupuncture on Renying (ST 9) and Shuitu (ST 10)]. Chinese Acupuncture and Moxibustion. 1987;7(3):17. [20310]. Voir traduction Anglaise complète [81498].

  This article considers that Renying and Shuitu are two good points to treat dysphonia caused by vocal cord thickening. Throught observation on 50 singers, the effective rate reached 100%, and 28% were cured. Treatment should be done every day. 7 days made one course and needles should be retained for 15-30 minutes. Stimulation should be weak, approximatively tenth to half times weaker than to other points.

6.10. Paralysie faciale

- Yang SB, Mei ZG, Cai SJ, Sun CH, Chen JH, Chen L, Zhou C. [Treatment of Peripheral Facial Paralysis with Acupuncture at Renying (ST 9) Mainly Cooperated with Stellate Ganglion Block: A Randomized Controlled Trial]. Chinese Acupuncture and Moxibustion. 2012;32(1):21-5. [162350].

  OBJECTIVE: To explore the better therapy for peripheral facial paralysis. METHODS: One hundred and twenty patients were randomized into three groups: a common acupuncture group: acupuncture at Yangbai (GB 14), Sibai (ST 2) and Yingxiang (LI 20) as main acupoints, a ST 9 group: acupuncture at Renying (ST 9) as main and a ST 9 plus SGB group: acupuncture at Renying (ST 9) as main cooperated with stellate ganglion block (SGB). Once daily, 7 treatments made one session. After three sessions of treatment, the latency period and amplitude of evoked potential in ENoG, R1 value and R2 value of blink reflex were compared before and after the treatment in different groups separately. The total therapeutic effect was evaluated after treatment. RESULTS: All the treatments shortened the latency period of ENoG, and elevated the amplitude evoked potential significantly. After treatment, the latency period in ST 9 plus SGB group was reduced significantly as compared with common acupuncture group (P < 0.05). The amplitude of evoked potential in ST 9 group was increased significantly as compared with the other two groups (both P < 0.05). After treatment, in each group, R1 and R2 values were shortened significantly. The difference values of R1 and R2 in ST 9 group and ST 9 plus SGB group were all significantly higher as compared with common acupuncture group (both P < 0.05). Additionally, the difference value of R1 in ST 9 plus SGB group was higher significantly than that in ST 9 group (P < 0.05). The clinical cured and remarkably effective rate

was 87.5% (35/40) in ST9 plus SGB group, which was higher than 77.5% (31/40) in ST 9 group, and 65.0% (26/40) in common acupuncture group (P < 0.05). CONCLUSION: As compared with common acupuncture group, ST 9 group and ST 9 plus SGB group achieve the much superior efficacy on peripheral facial paralysis. The treatment with ST 9 acupuncture and SGB can better repair the early reflex induced by the injury of facial nerve.

6.11. Névralgie faciale

- Cheng Zhengyun et al. [Traitement de 22 cas de Névralgie Trigéminale par puncture du point Renying (9E)]. Shaanxi Journal of TCM. 1985;1:25-33. [13689].
- Lu Xiaotao et al. Treatment of Trigeminal Neuralgia with Acupuncture at Renying Point - A Report Of 7 Cases. Journal of TCM. 1997;17(2):122-3. [56889].

6.12. Arthrose cervicale

- Wang Y, Ma C, Li L, Zhang T, Gui X, Chen H. [Effects on cervical spondylosis of vertebral artery type and the concentrations of plasma NPY and UII in the patients treated with the modified acupuncture at unilateral/bilateral Renying (ST 9)]. Chinese Acupuncture and Moxibustion. 2018;38(5):4733-7. [167818].
- Gui XH, Ma CY, Tang L, Wan WJ, Wang YF, Xu F, Zhao SY. [Efficacy of Modified Acupuncture Method at Renying (ST 9) for Patients with Cervical Spondylosis of Vertebral Artery Type and Its Impact on Velocity of Cervical Blood Flow]. Acupuncture Research. 2017;42(2):163-7. [52869].

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