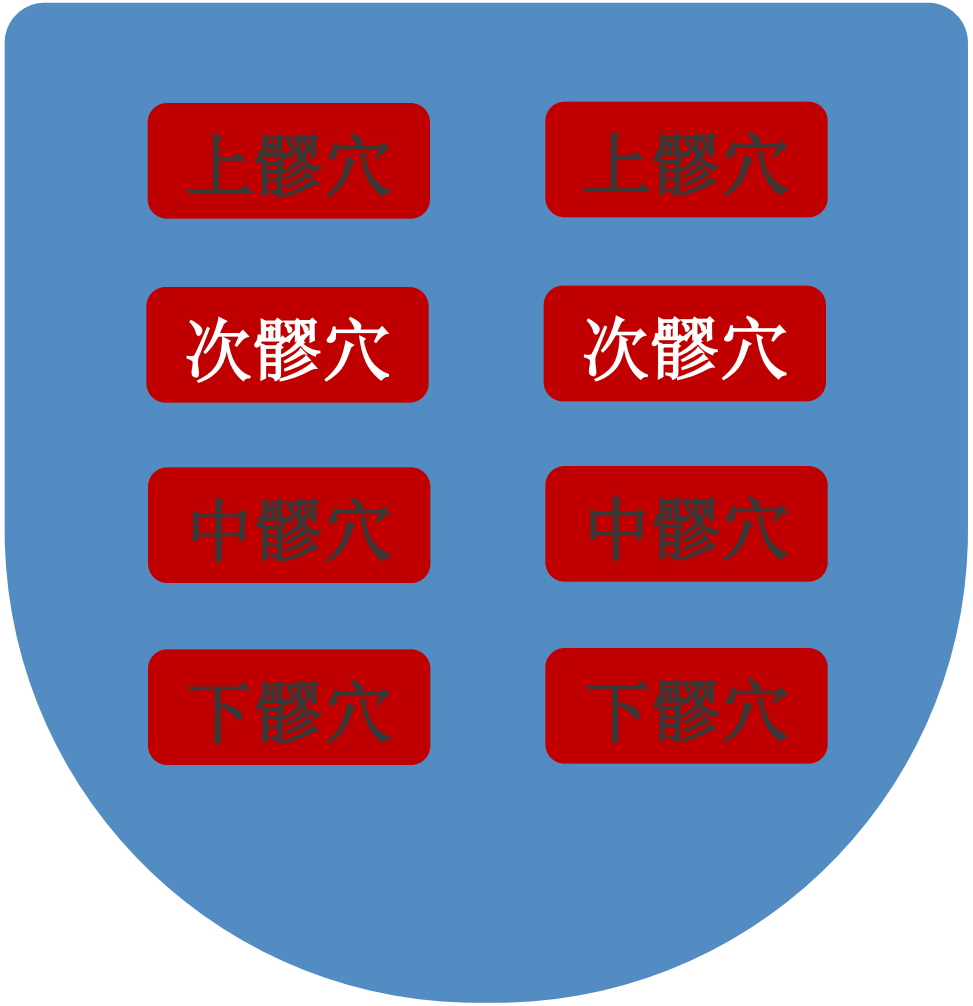
首都医科大学附属北京中医医院
针灸科教学查房

2019-11-17

八髎穴



骶骨

八髎穴定位、测量与取穴方法研究

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中图分类号:R 224.2 文献标志码:A

经络与腧穴

八髎穴(骶后孔)定位、测量与取穴方法研究*

周惠芬[1] 丁曙晴[1] 丁义江[1] 王玲玲[2] 王 静[1] 李 敏[1] 曹建葆[1] 杨 旭[3]✉
(1.南京市中医院肛肠科盆底中心,江苏南京 210001;2.南京中医药大学针药结合实验室;3.南京市中西医结合医院肛肠科)

[摘 要] 目的:探寻八髎穴定位、测量与取穴方法在现代研究中存在的问题。方法:以"八髎""上髎""次髎""中髎""下髎""骶后孔""骶孔""骶骨"为关键词,检索 1957 年至 2012 年中国知网文献库,并进行分析。结果:既往研究中存在着文献数量较少、测量对象不统一、指标名称太繁杂、测量起止点不一致、指标权重不明确、测量结果有偏差、与临床结合欠缺、定位方法多样化等问题。结论:八髎穴定位明确,但取法多样而模糊,在测量和研究时对活体的研究意义更大,性别、体质量、身高、分娩等因素也要考虑。有必要找寻到一种准确简便的定位方法。

[关键词] 穴,八髎;取穴,方法;骶后孔;测量定位

Study on the measurement and locating of *Baliao* points (eight sacral foramina)

ZHOU Hui-fen[1], *DING Shu-qing*[1], *DING Yi-jiang*[1], *WANG Ling-ling*[2], *WANG Jing*[1], *LI Min*[1], *CAO Jian-bao*[1], *YANG Xu*[3]✉(1. Pelvic Cavity Center, Department of Anorectal, Nanjing City Hospital of TCM, Nanjing 210001, Jiangsu Province, China; 2. Laboratory of Integration of Acupuncture and Materia Medica, Nanjing University of CM; 3. Department of Anorectal, Nanjing Integrated Chinese and Western Medicine Hospital)

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

KEY WORDS Point Baliao (eight sacral foramina); point locating; method; posterior sacral foramina; locating measurement

骶后孔在骶骨的背面,骶骨由 5 个骶椎融合而成,各自的椎上、下切迹形成了 4 对骶前孔和 4 对骶后孔。骶后孔分布于骶正中嵴的两侧,基本上呈对称分布。4 对骶后孔向前与骶前孔相通,并借骶前孔通达盆腔,向内与骶管相通。骶神经在骶管内下降过程中分出骶前、骶后神经,分别经 4 对骶前、后孔穿出。骶神经与躯体神经、内脏神经的传入、传出纤维在脑和脊髓有着广泛的联系。

八髎穴与骶后孔有着密切的关系,近代学者认为八髎穴就位于骶后孔中。近年来,麻醉、解剖等各专业学者对八髎穴或骶后孔的研究逐渐增多,八髎穴在针灸临床的应用也越来越广泛,目前已涉及到泌尿科、妇科、肛肠科、骨科的诸多病种,如便秘、二便失禁、尿潴留、子宫脱垂、直肠前突、腰椎间盘突出症等。笔者采用针灸的方法治疗各种盆底疾病时八髎穴是必不可少的穴位,具有举足轻重的作用,单用也可获得很满意的疗效,因此也做了一些关于八髎穴定位的研究。但是临床定位八髎穴有一定的困难,查阅历年文献,也不能找到行之有效而又简便准确的定位方法。因而笔者回顾了国内 1957 至 2012 年关于骶后孔测量的研究,总结这些研究中存在的问题,旨在寻求一种更佳的测量和定位八髎穴的方法,用于指导后续研究。因种族差异,恐国外研究结果不具有参考和指导意义,故本文未涉及国外

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八髎穴定位、测量与取穴方法研究

应用CT三维重建对八髎穴取穴方法研究

·研究报告·

应用CT三维重建对八髎穴取穴方法研究

周惠芬[1]，沈广澍[2]，杨旭[3]，高玲[2]，丁曙晴[1]

（[1]南京中医药大学第三附属医院全国中医肛肠中心，南京 210001；[2]南京中医药大学第三附属医院医学影像科，南京 210001；[3]南京中医药大学附属南京市中西医结合医院肛肠科，南京 210001）

摘要：目的：通过测量横距、纵距与髂距、骶距和髂骶距，计算相应的回归方程，总结出临床实用的取穴方法，即“个体化骨性标志方程法”。方法：对290例行盆腔CT检查（包含盆腔）患者资料进行三维重建，分别测量髂距、骶距、髂骶距、横距、纵距，并对横距、纵距与髂距、骶距和髂骶距分别进行直线相关与回归分析。结果：男性髂骶距>女性，髂距、髂距/髂骶距比值<女性；男女横距无统计学差异，上-次髎纵距有统计学差异（$P<0.05$）；上髎横距、次髎横距与髂距呈直线相关关系，回归方程分别为$y=2.384+0.182x$，$y=2.198+0.136x$，下髎横距与髂骶距呈直线相关关系，回归方程为$y=2.239+0.068x$，所有平均纵距与髂骶距呈直线相关关系，回归方程分别为$y=0.373+0.105x$，$y=0.765+0.067x$，$y=0.796+0.042x$；髂后上棘连线多位于上髎水平线上（男性73.13%，女性60.78%），或位于上-次髎水平线上（男性10.45%，女性29.41%），极少数位于次髎水平线上（男性1.49%，女性5.88%），髂骶距中点多位于中髎水平线上（男性67.16%，女性90.20%），或位于次-中髎水平线（男性31.34%，女性5.88%），极少数位于中-下髎水平线（男性1.49%，女性3.92%）。结论：“个体化骨性标志方程法”既能起到类似骨度分寸的个体化作用，又能在大数据的支撑下通过方程计算，达到精准取穴的目的。

关键词：八髎；CT三维重建；取穴方法；回归方程

基金资助：南京中医药大学第三附属医院项目（No.YJ201404），江苏省中医药局项目（No.LZ13104）

Study on the location of Baliao acupoint by using CT 3D reconstruction: Individual bone marker equation method

ZHOU Hui-fen[1], SHEN Guang-shu[2], YANG Xu[3], GAO Ling[2], DING Shu-qing[1]

([1]National Anus-intestinal Center of Chinese Medicine, The Third Affiliated Hospital of Nanjing University of TCM, Nanjing 210001, China; [2]Medical Imaging Department, The Third Affiliated Hospital of Nanjing University of TCM, Nanjing 210001, China; [3]Anorectal Department, Nanjing Integrated Traditional Chinese and Western Medicine Hospital, Nanjing 210001, China)

Abstract: Objective: To calculate the corresponding regression equation by measuring the transverse and longitudinal distance, the distance of the iliac and the sacral, the iliac and sacral distance, and summarize the clinical practice of location of acupoint "individual bone marker equation method". Methods: 290 cases with pelvic CT examination (including pelvic) patients were collected for 3D reconstruction including iliac distance, sacral distance, iliac and sacral distance, transverse and longitudinal distance, the linear correlation and regression analysis were used to analyze the transverse and longitudinal distance, the distance of the iliac and the sacral, the iliac and sacral distance respectively. Results: Male was more than female in the iliac and sacral distance, and the iliac, sacral/iliac and sacral ratio were less than female; male and female had no significant difference on the transverse distance, vertical distance of Shangliao (BL31) and Ciliao (BL32) had significant difference; transverse distance of Shangliao (BL31) and Ciliao (BL32), with iliac showed a linear correlation, regression equations were $y=2.384+0.182x$, $y=2.198+0.136x$, transverse distance of Xialiao (BL34) and iliac and sacral distance showed a linear correlation, the regression equation was $y=2.239+0.068x$, the average longitudinal distance and all iliac and sacral distance showed a linear correlation, and regression equations were $y=0.373+0.105x$, $y=0.765+0.067x$, $y=0.796+0.042x$; posterior superior iliac spine line was located at Shangliao (BL31) horizontal line (73.13% male, 60.78% female), or at Shangliao (BL31) and Ciliao (BL32) horizontal line (10.45% male, 29.41% female), very few was located at Ciliao (BL32) horizontal line (1.49% male, 5.88% female), midpoint of the iliac

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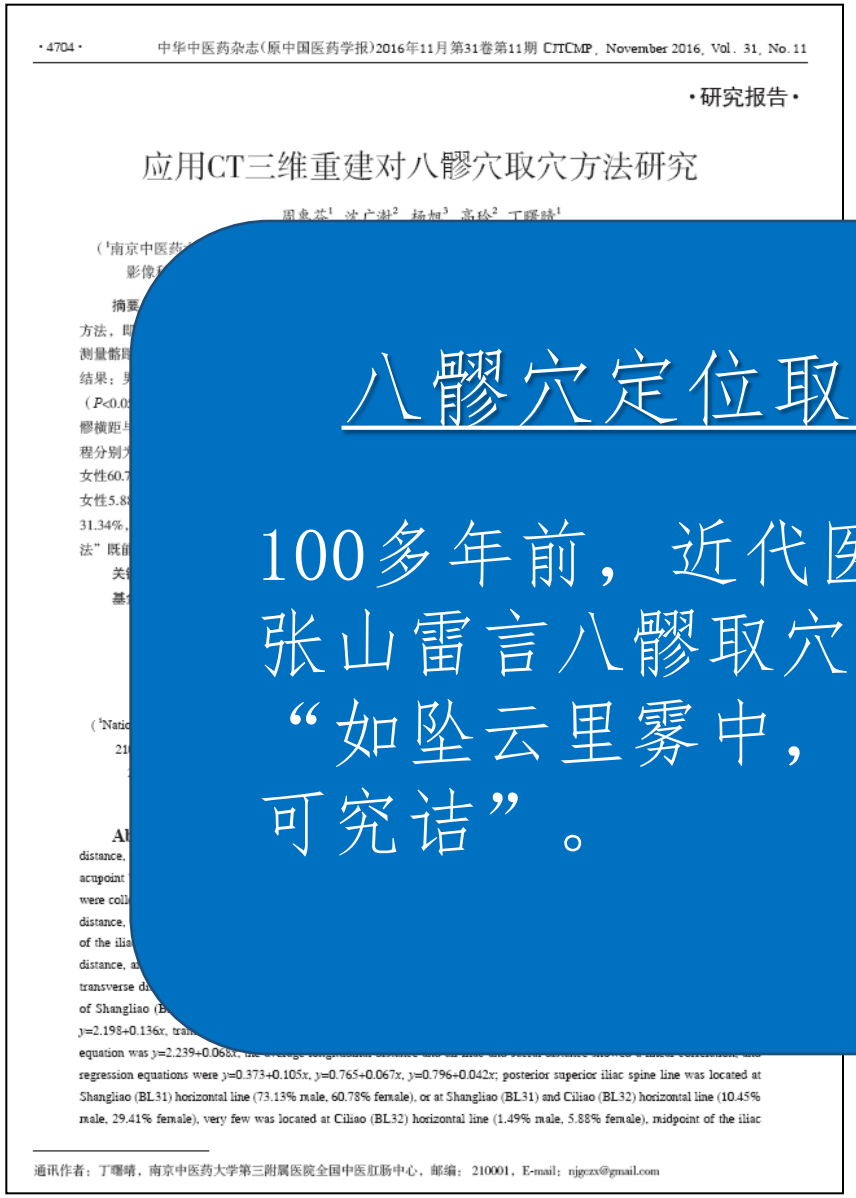
八髎穴定位、测量与取穴方法研究


·4704· 中华中医药杂志(原中国医药学报)2016年11月第31卷第11期 CJTCMP, November 2016, Vol. 31, No. 11

·研究报告·

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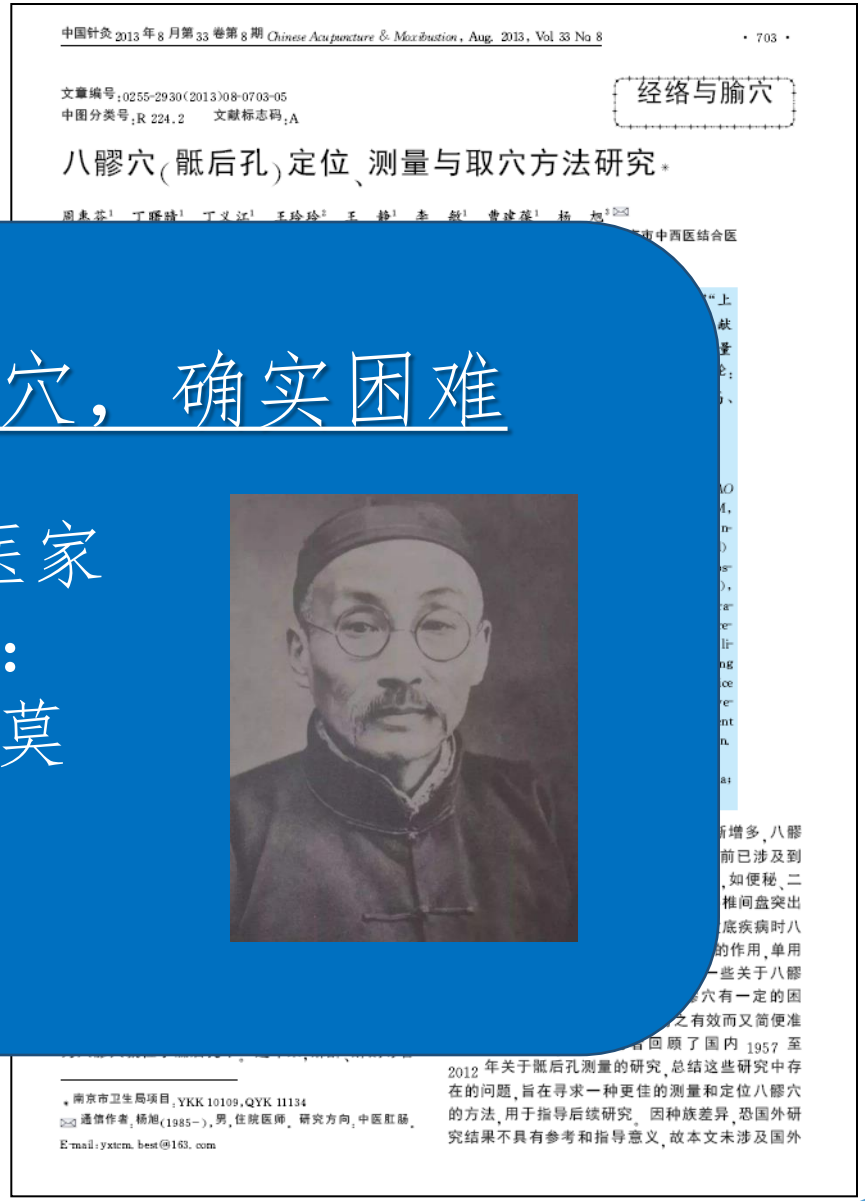
通讯作者：丁曙晴，南京中医药大学第三附属医院全国中医肛肠中心，邮编：210001，E-mail：njgyzx@gmail.com


中国针灸 2013 年 8 月第 33 卷第 8 期 Chinese Acupuncture & Moxibustion, Aug. 2013, Vol. 33 No. 8 · 703 ·

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八髎穴定位取穴，确实困难

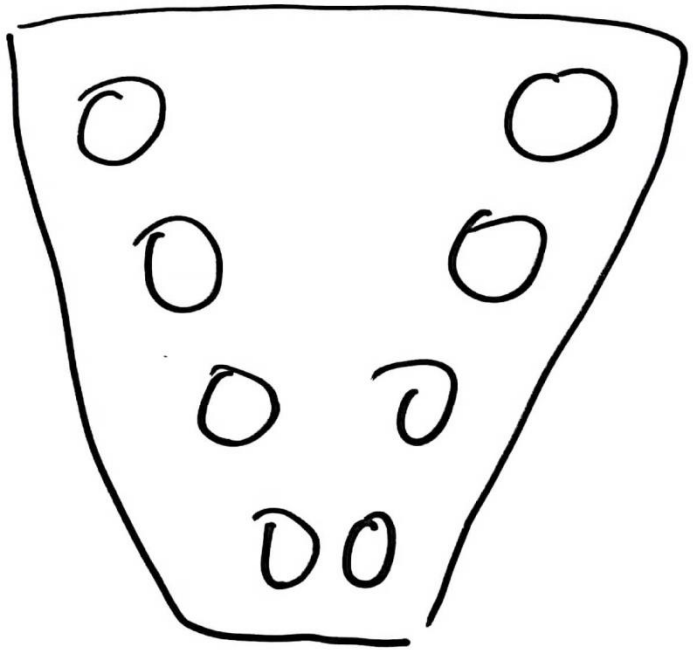
100多年前，近代医家张山雷言八髎取穴：“如坠云里雾中，莫可究诘”。

课堂小测试

请画出

骶骨和4对骶后孔位置关系的示意图

课堂小测试



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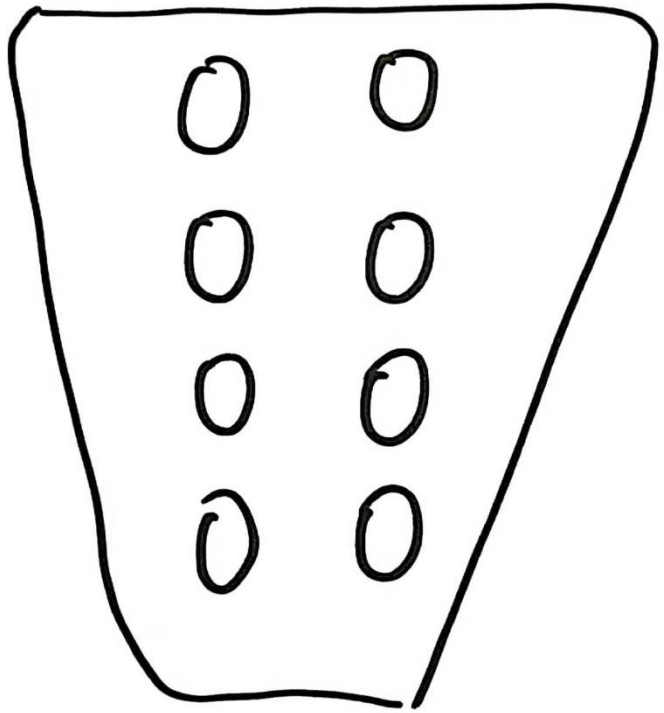

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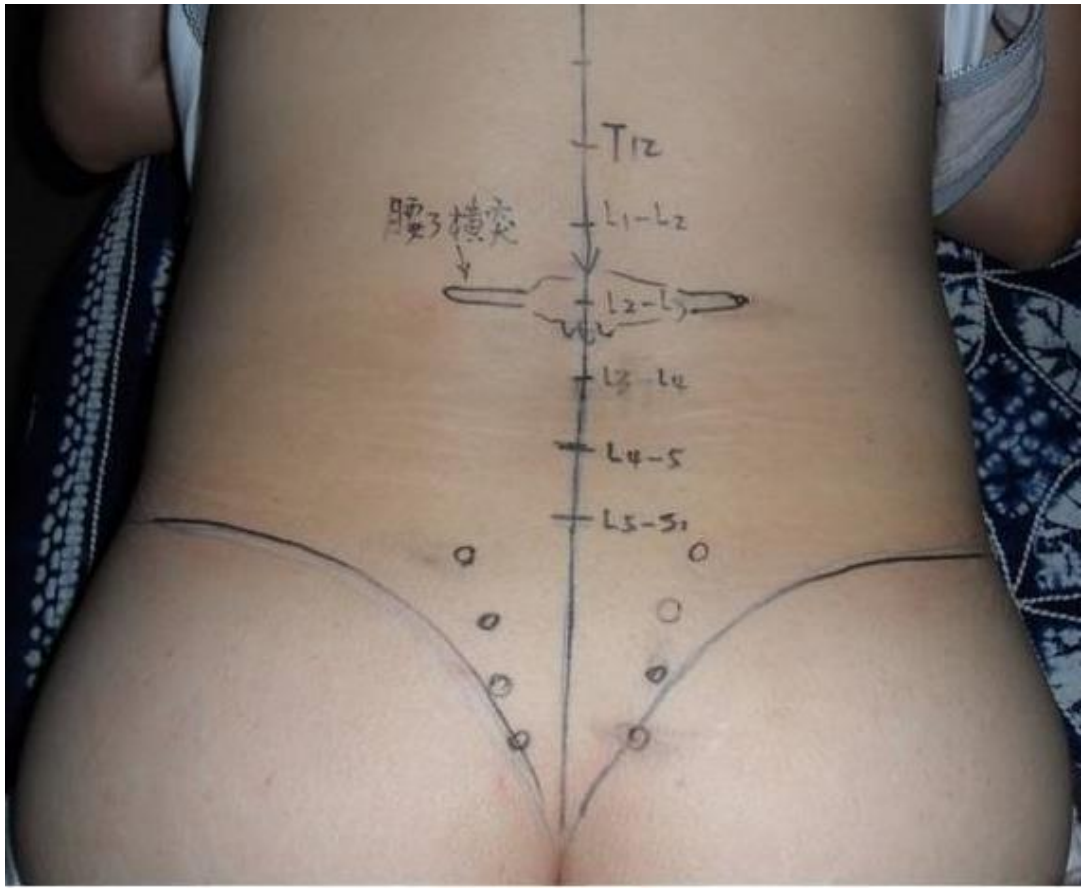
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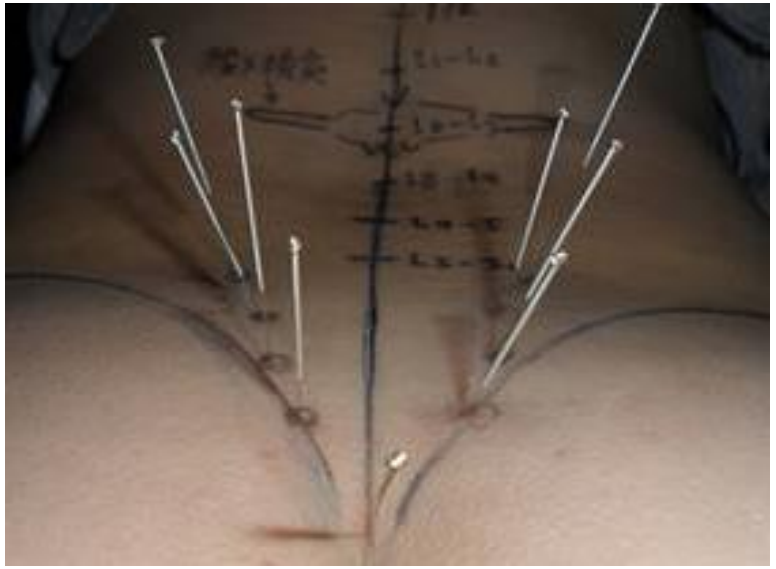
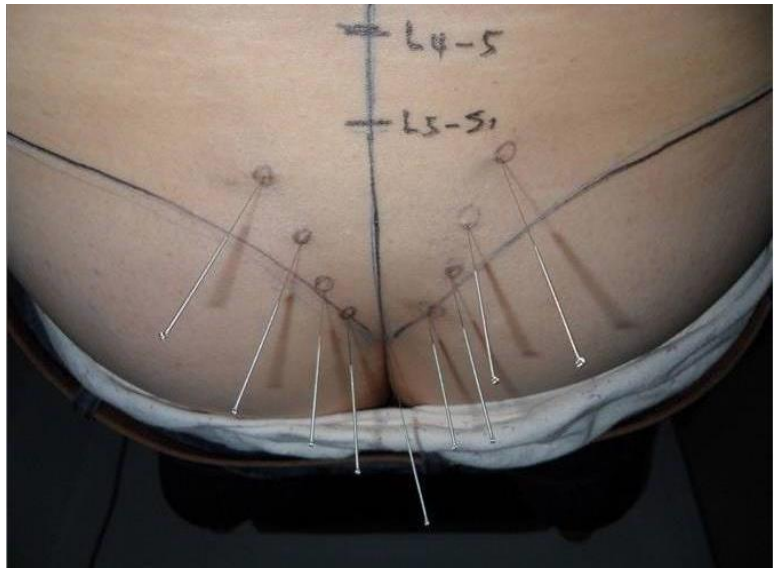
L5-S1

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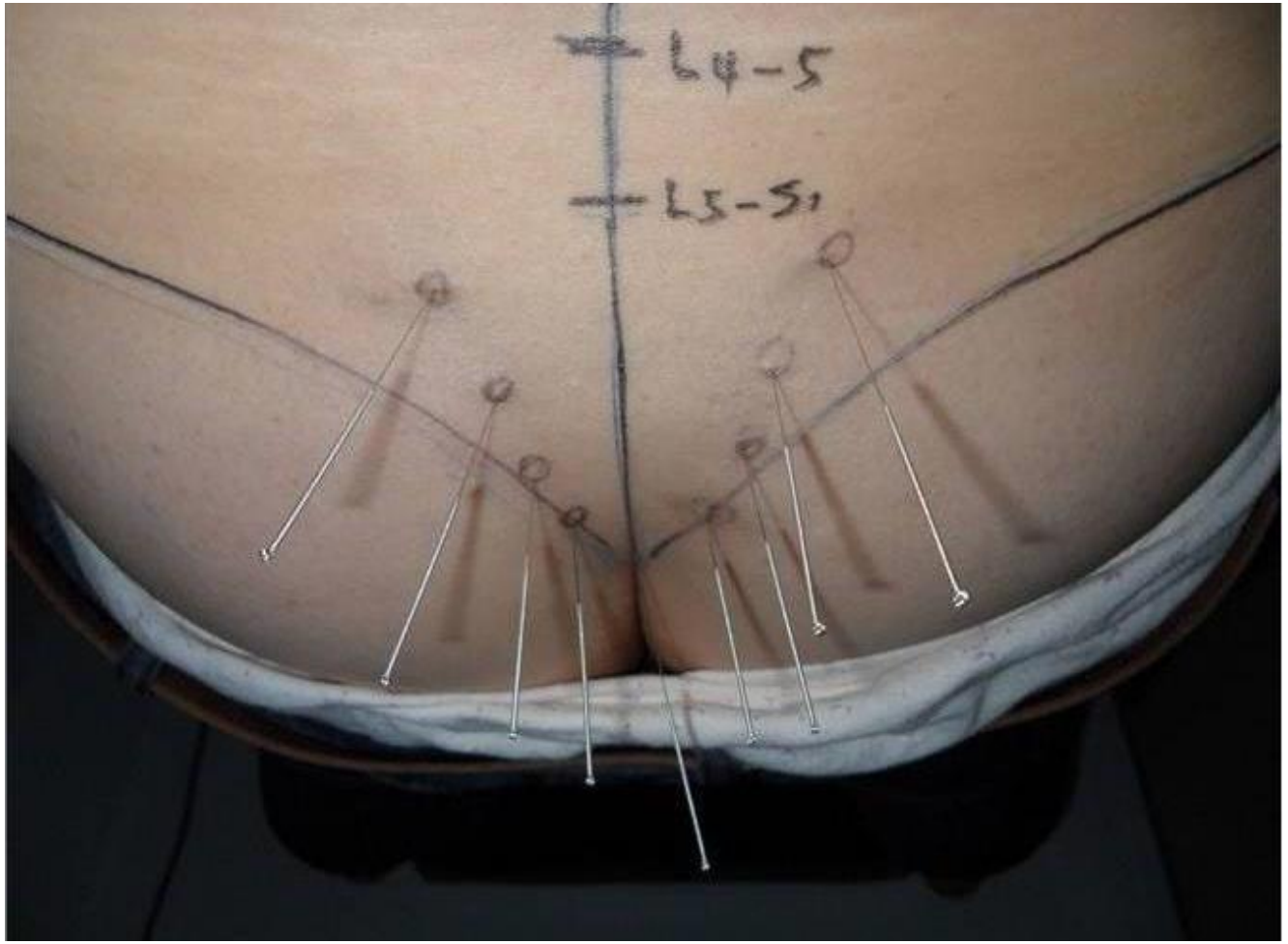
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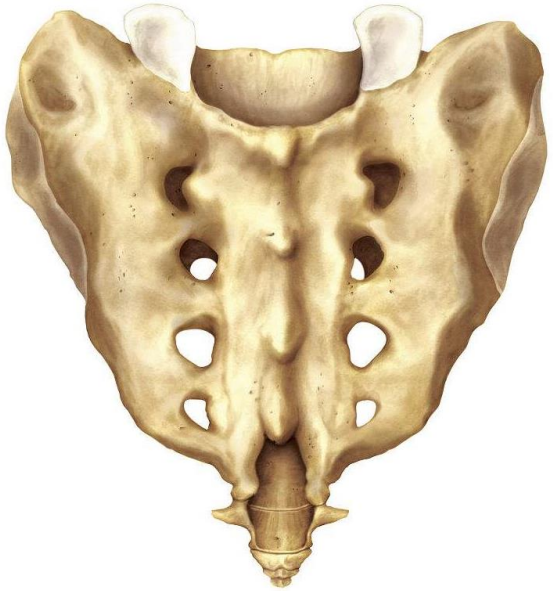

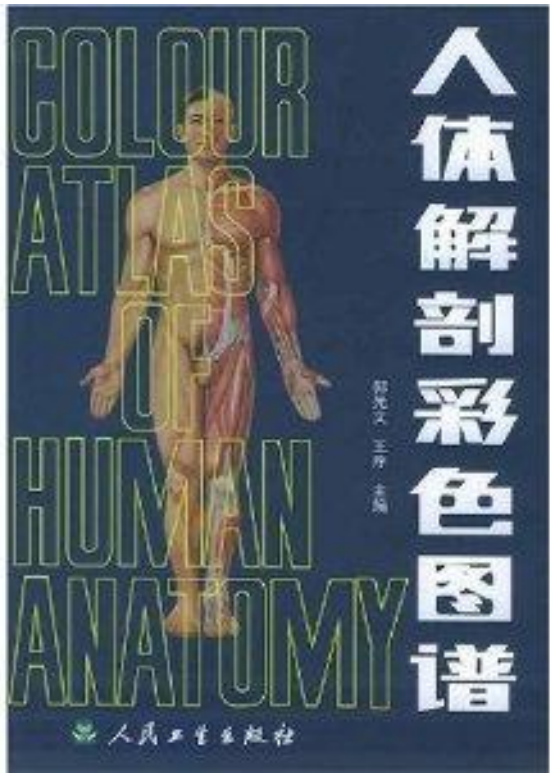
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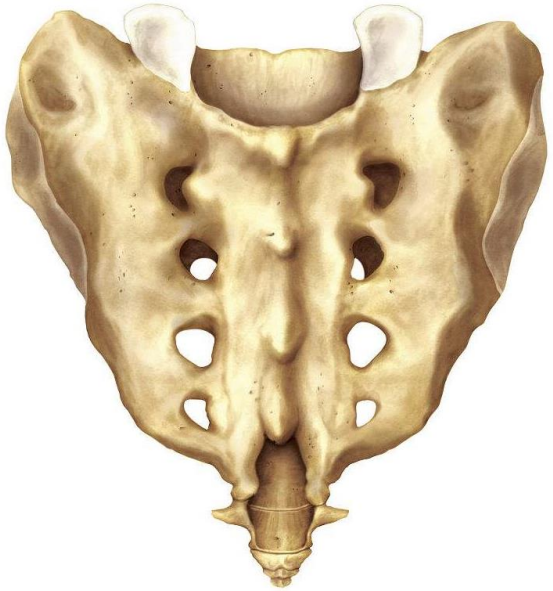
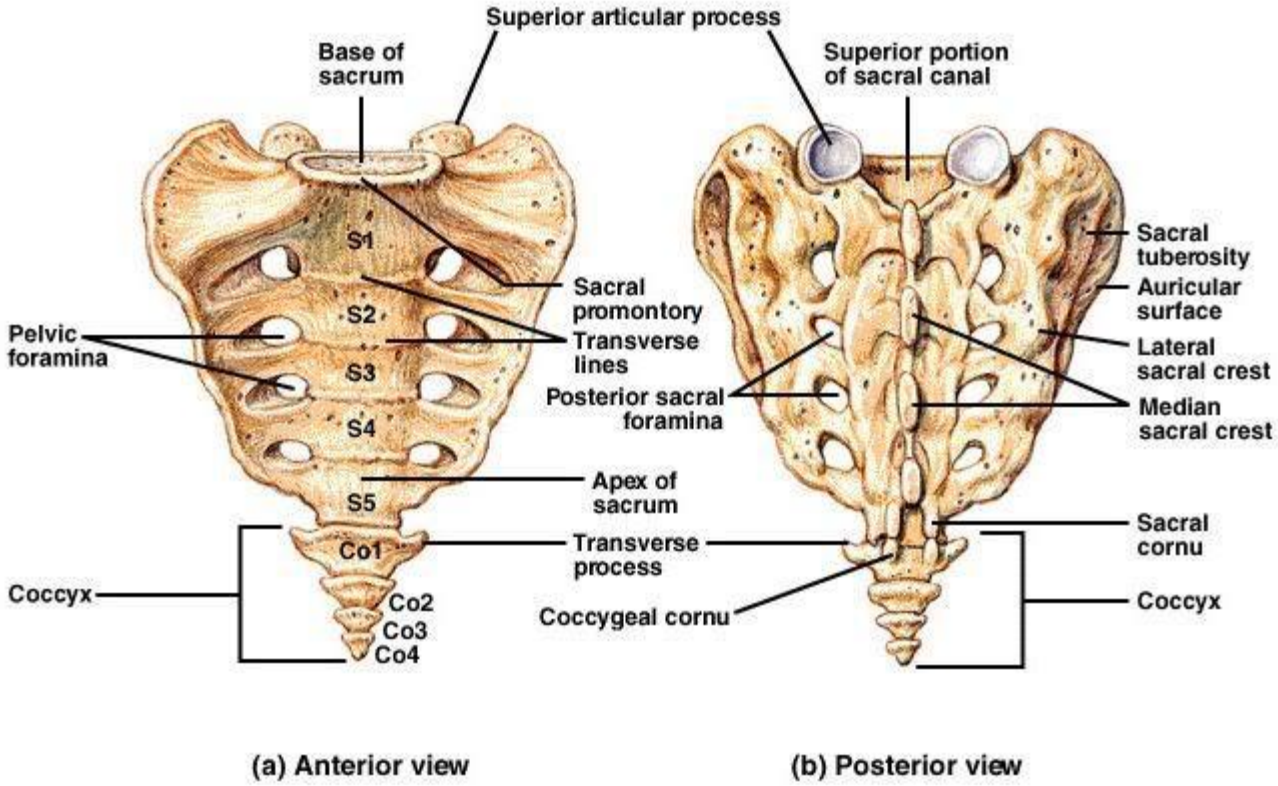


Sacrum and Coccyx



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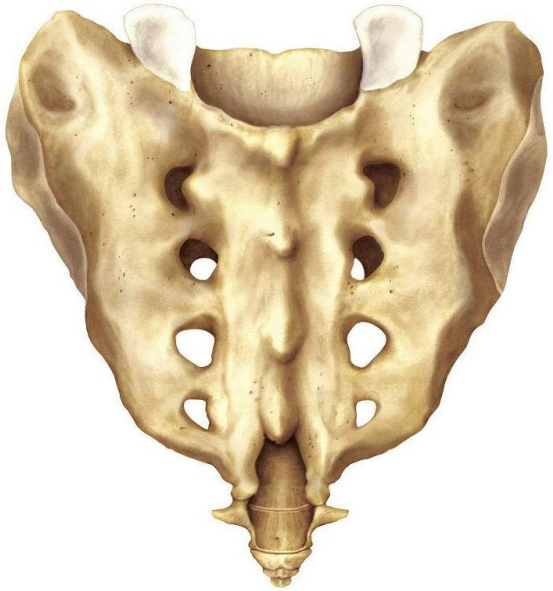

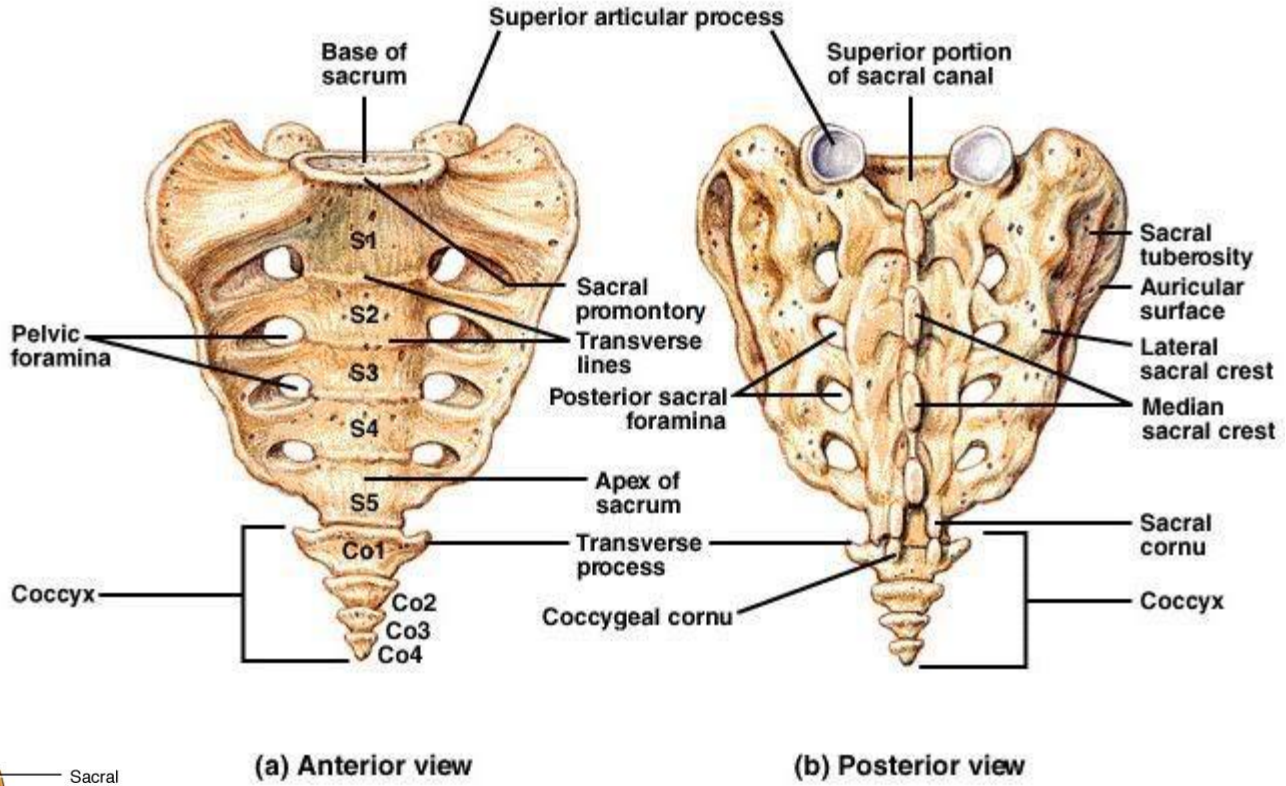

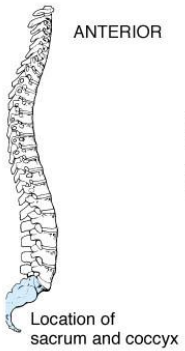

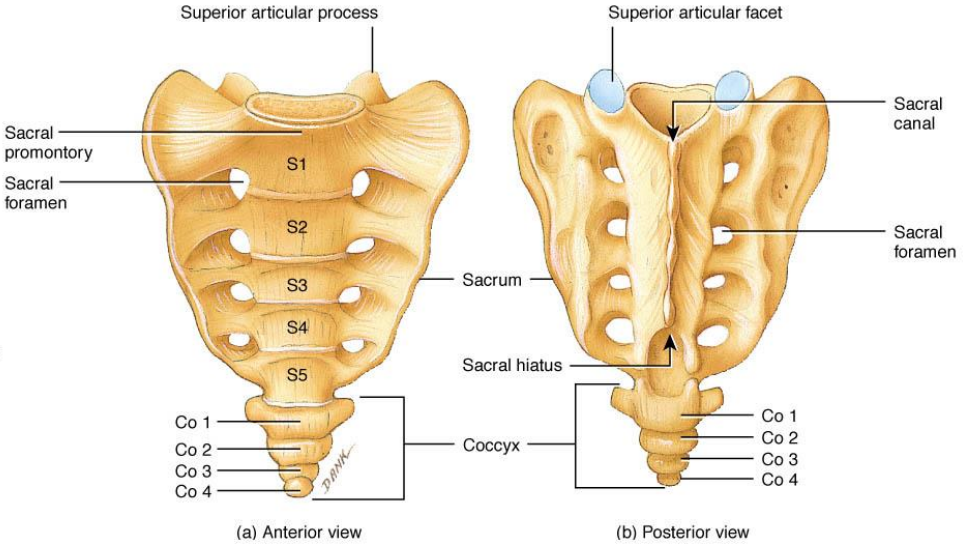

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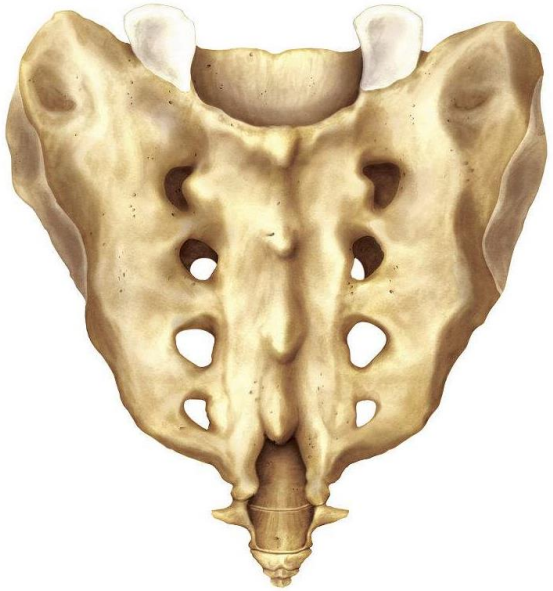

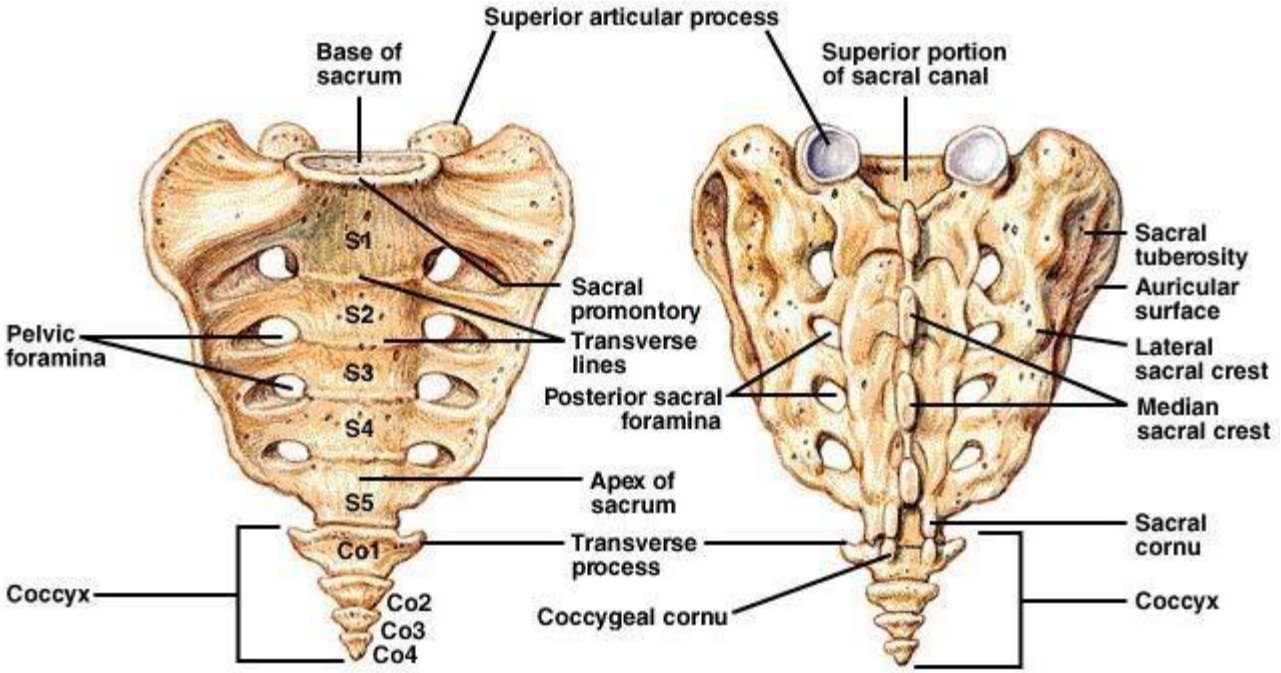

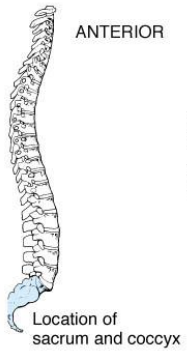

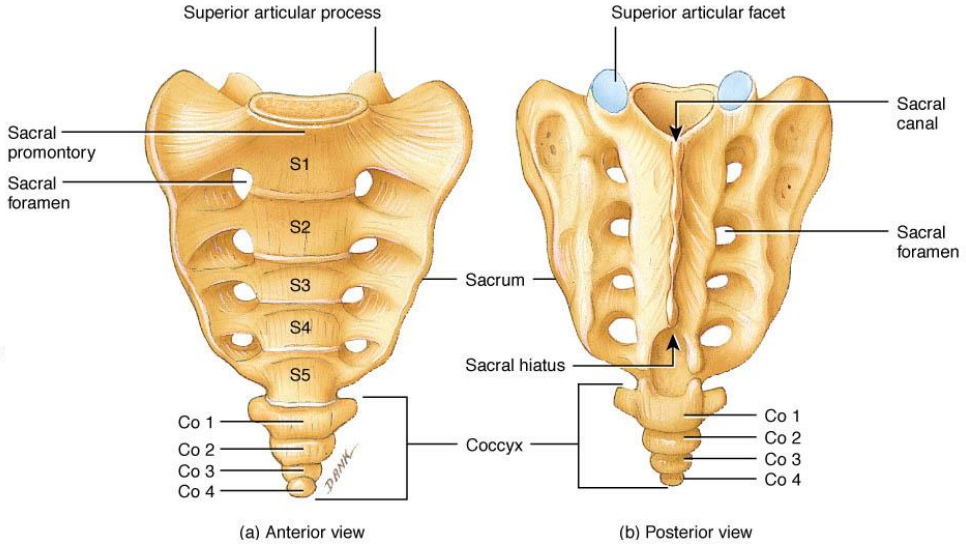

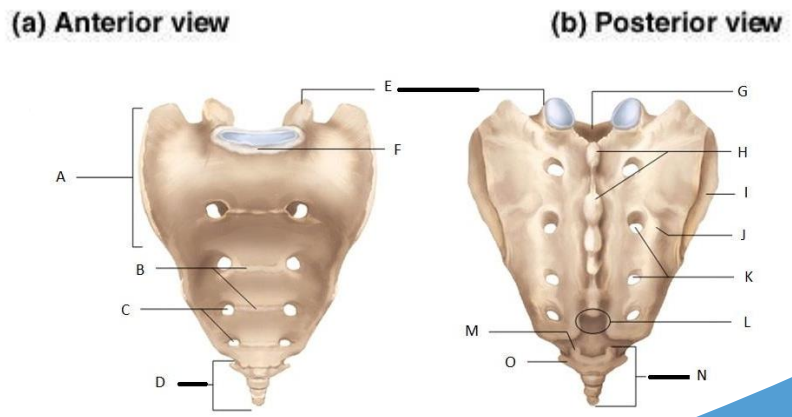

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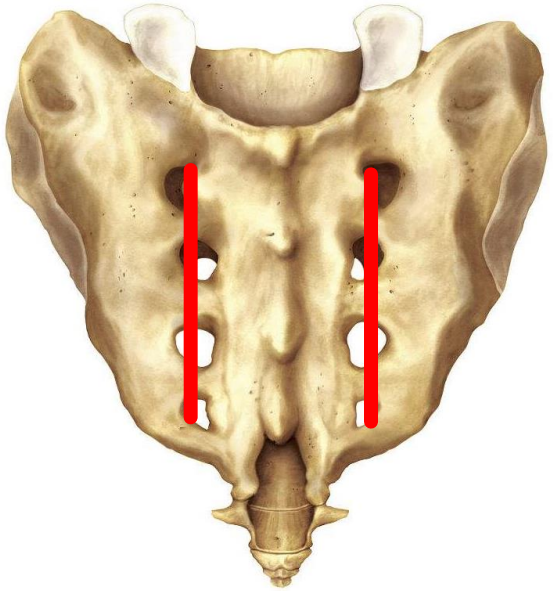
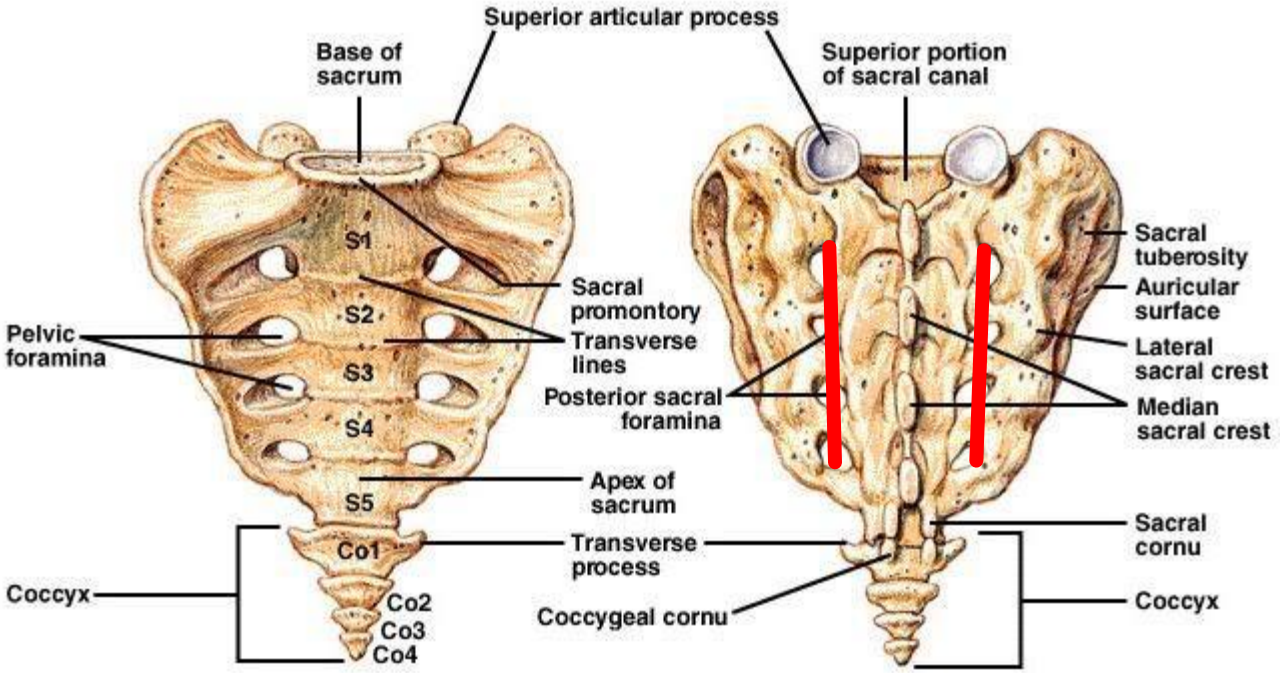
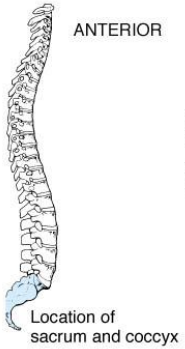
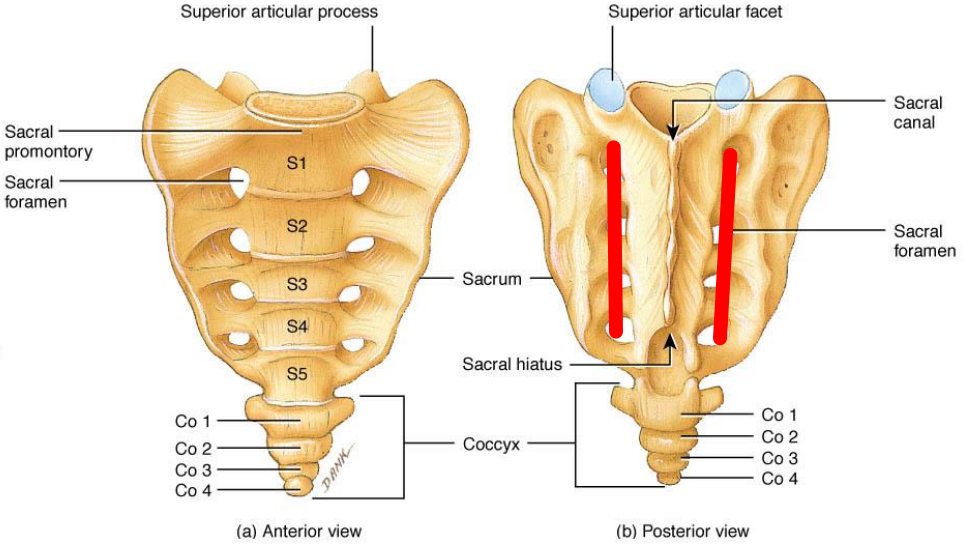
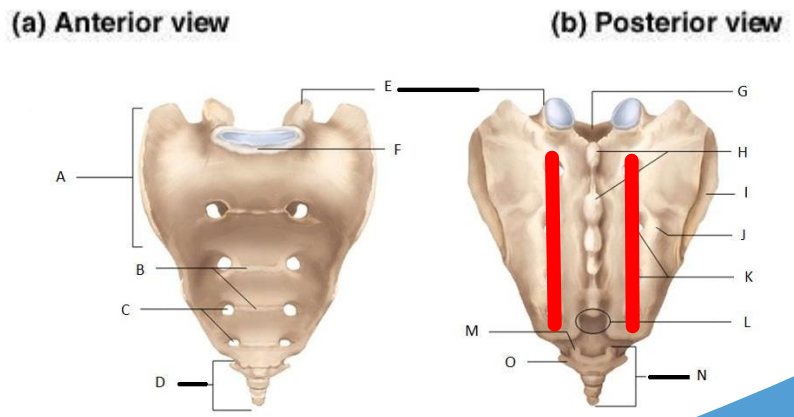
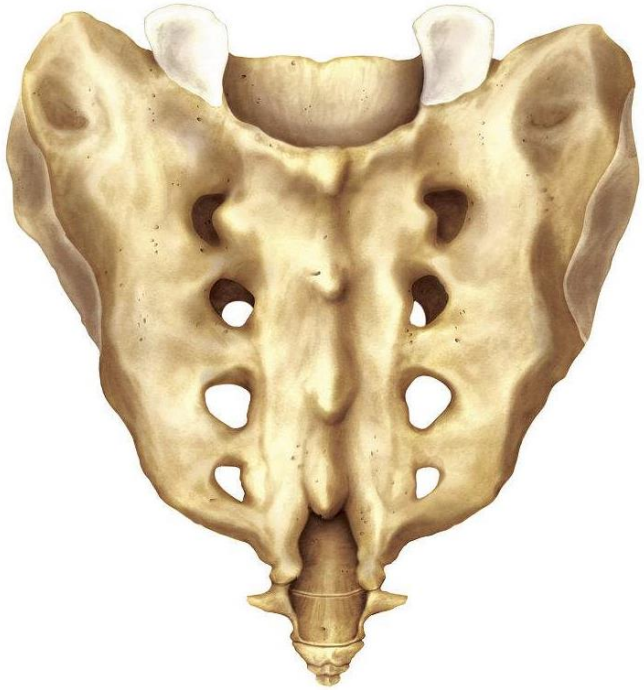


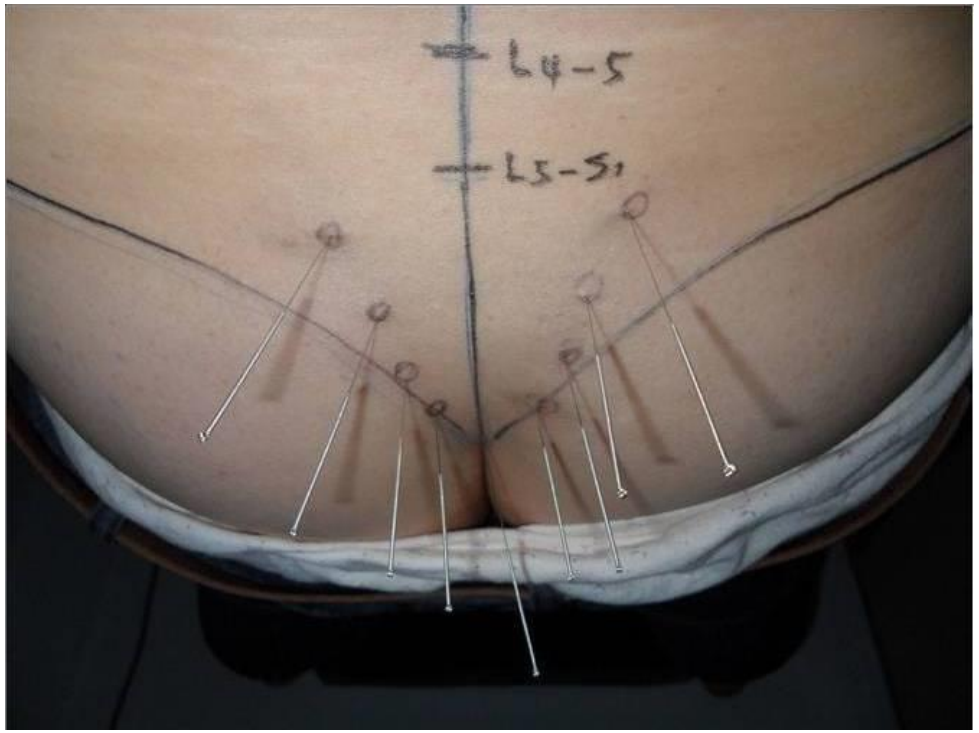






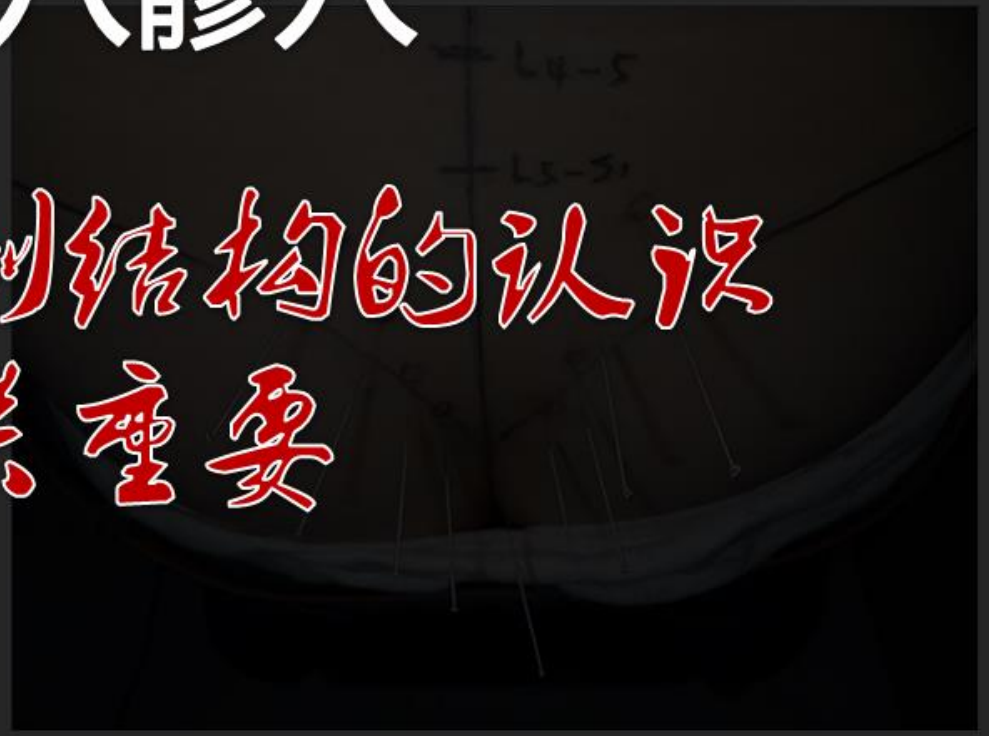


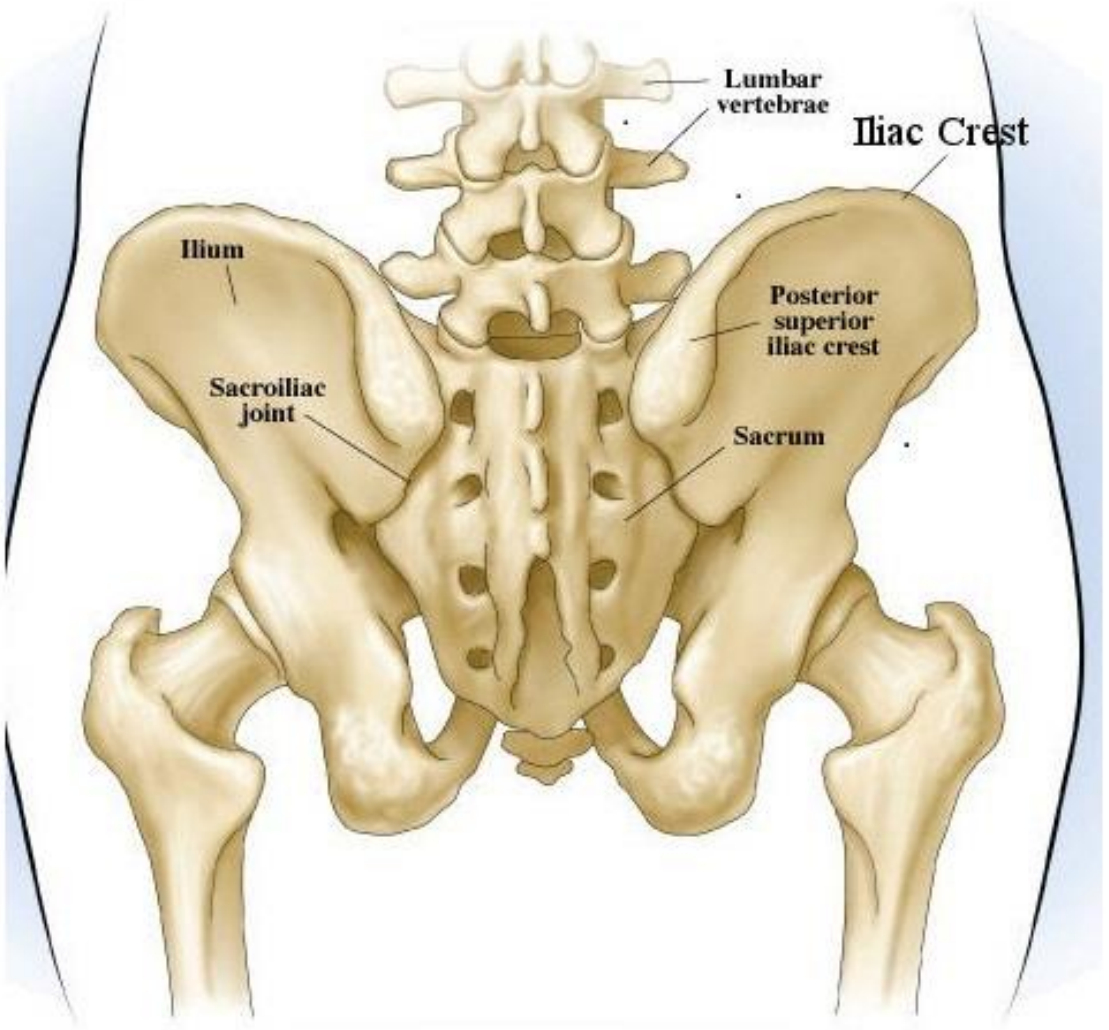


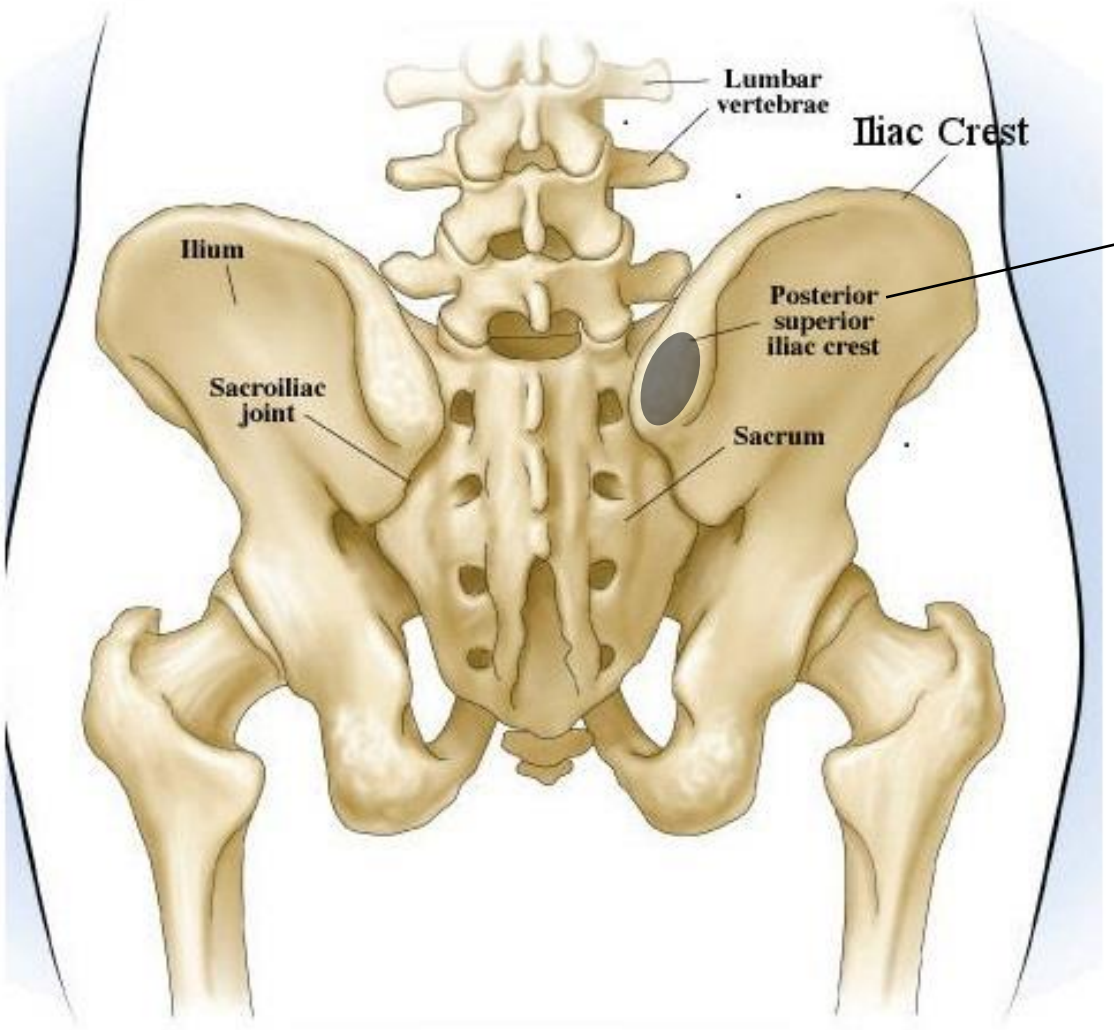

L4-5
L5-S1

针刺八髎穴

对骶骨解剖结构的认识至关重要

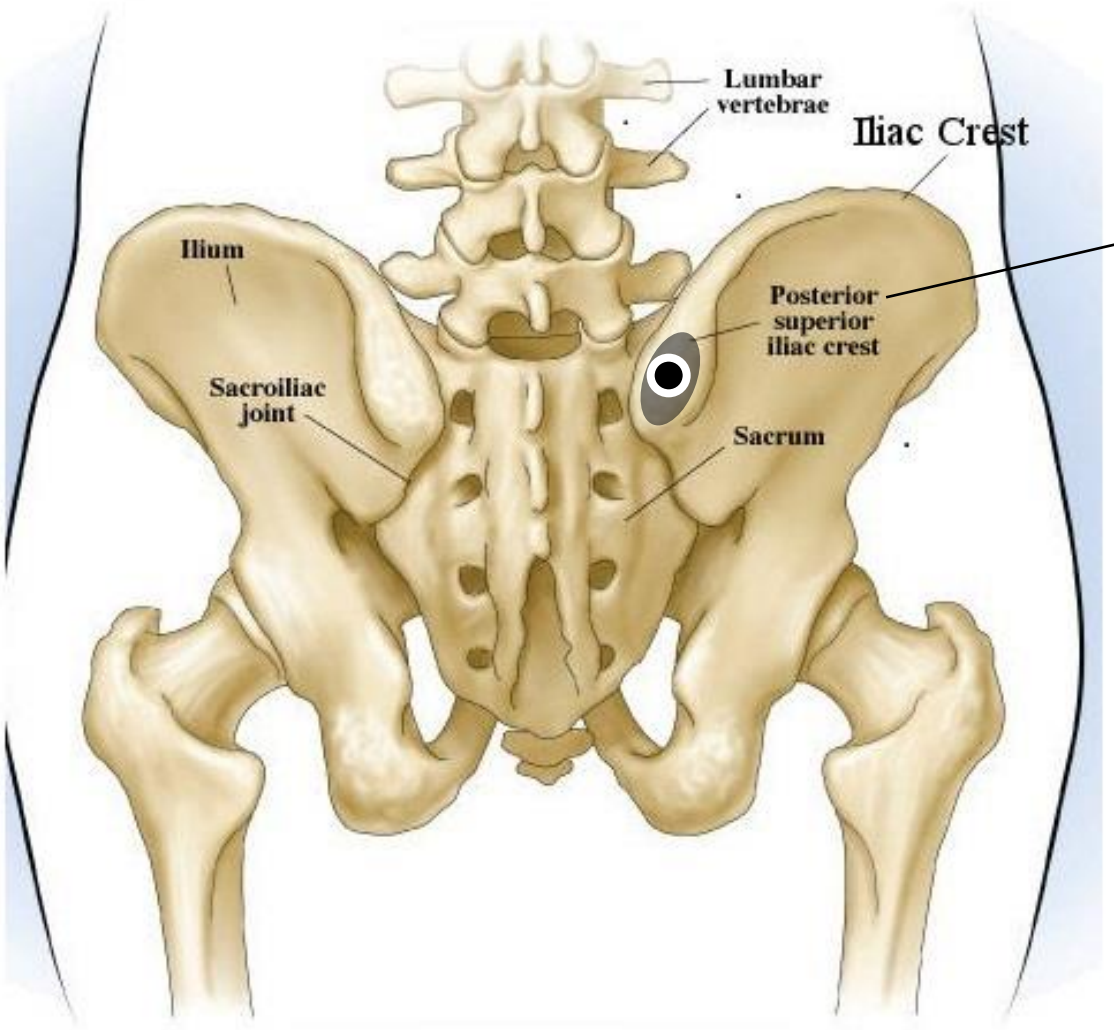



Lumbar vertebrae
Iliac Crest
Ilium
Posterior superior iliac crest
Sacroiliac joint
Sacrum



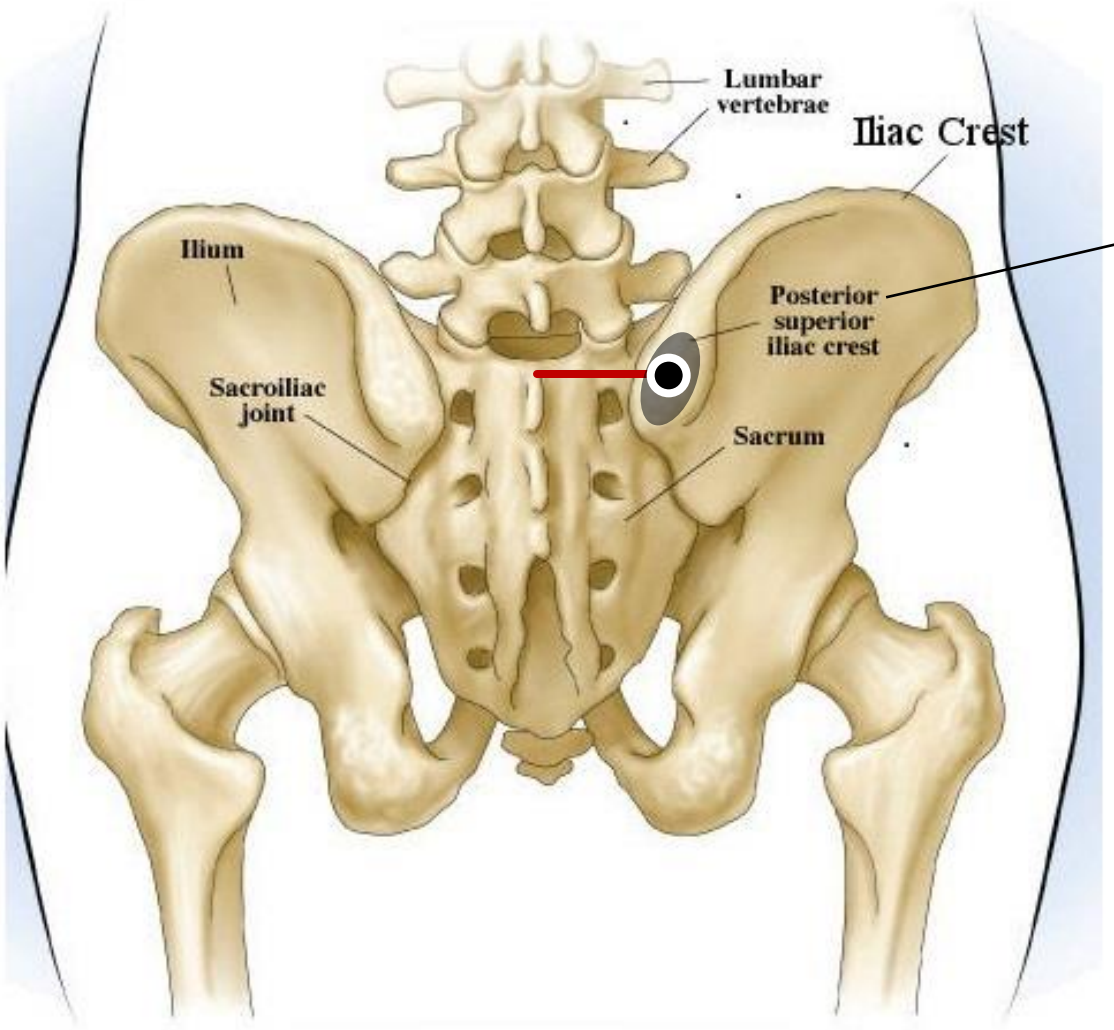
Posterior superior iliac crest

髂后上棘



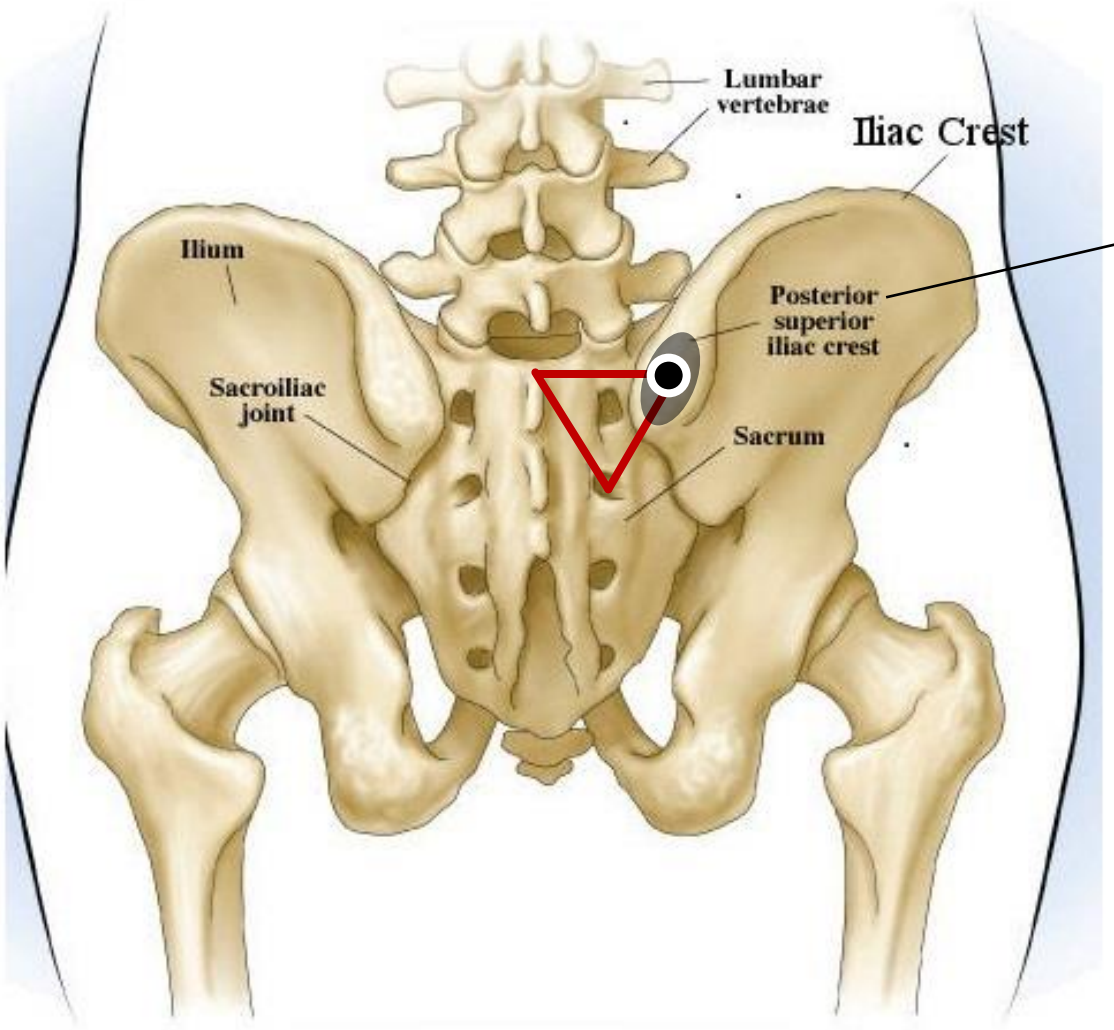
Posterior superior iliac crest

髂后上棘



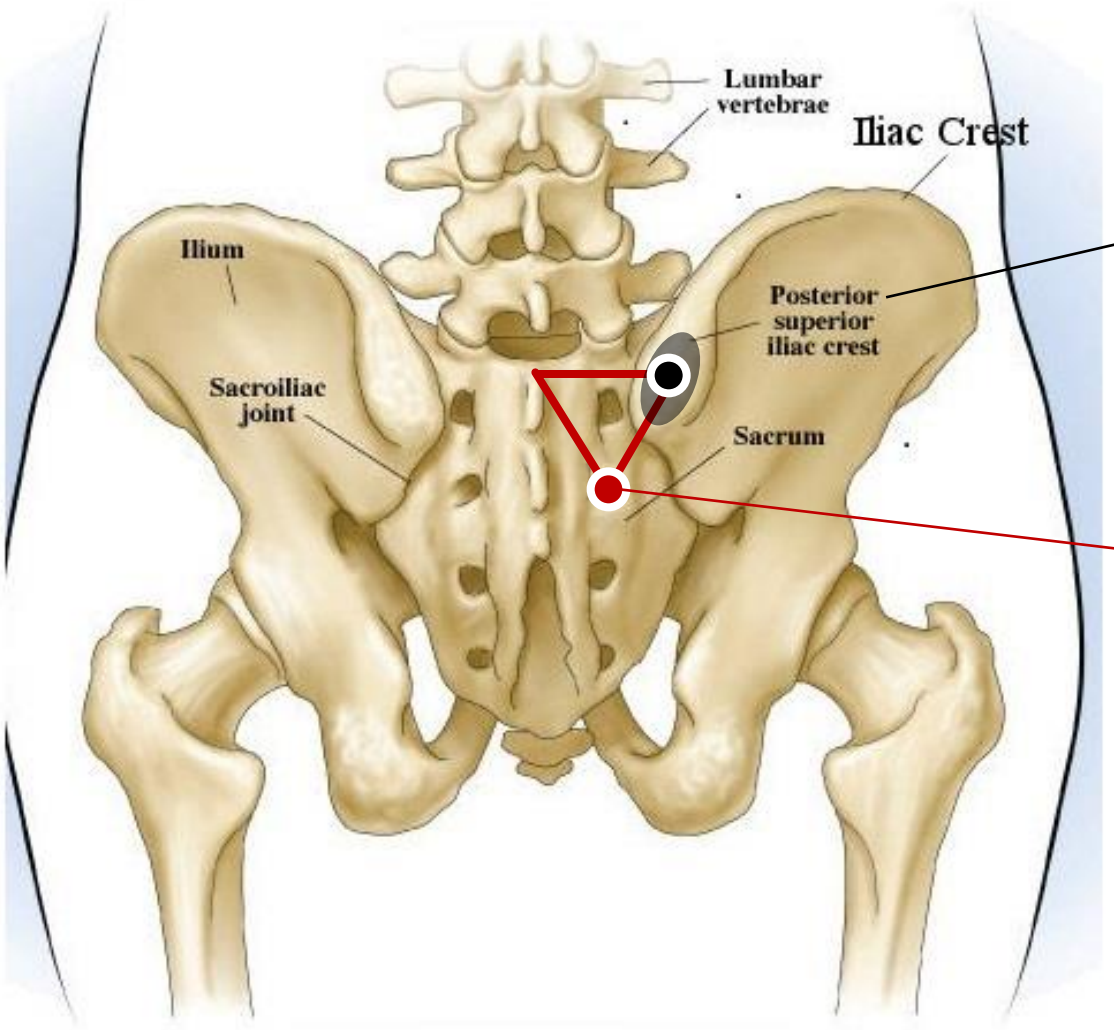
Posterior superior iliac crest

髂后上棘



Posterior superior iliac crest

髂后上棘

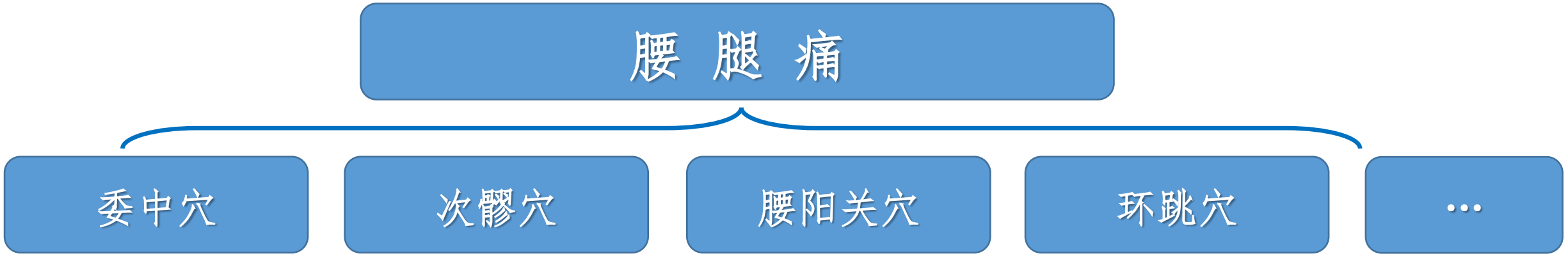


Posterior superior iliac crest
髂后上棘

次髎穴


隐私


隐私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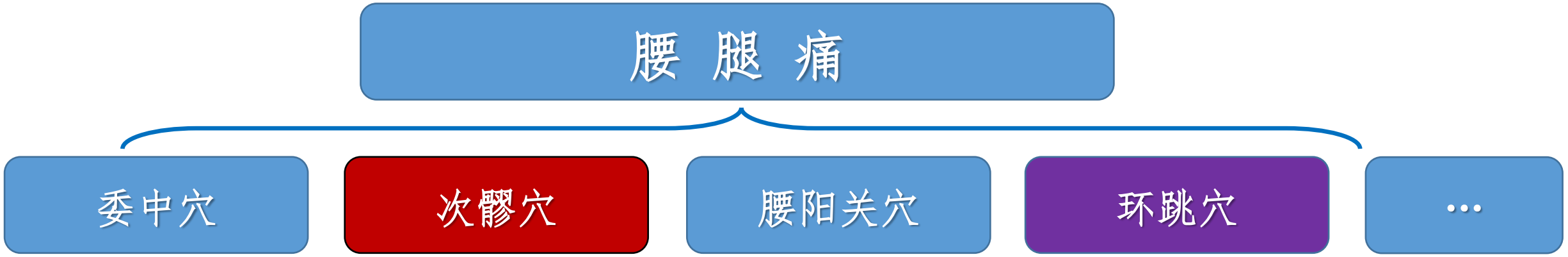
委中穴
次髎穴
腰阳关穴
环跳穴
…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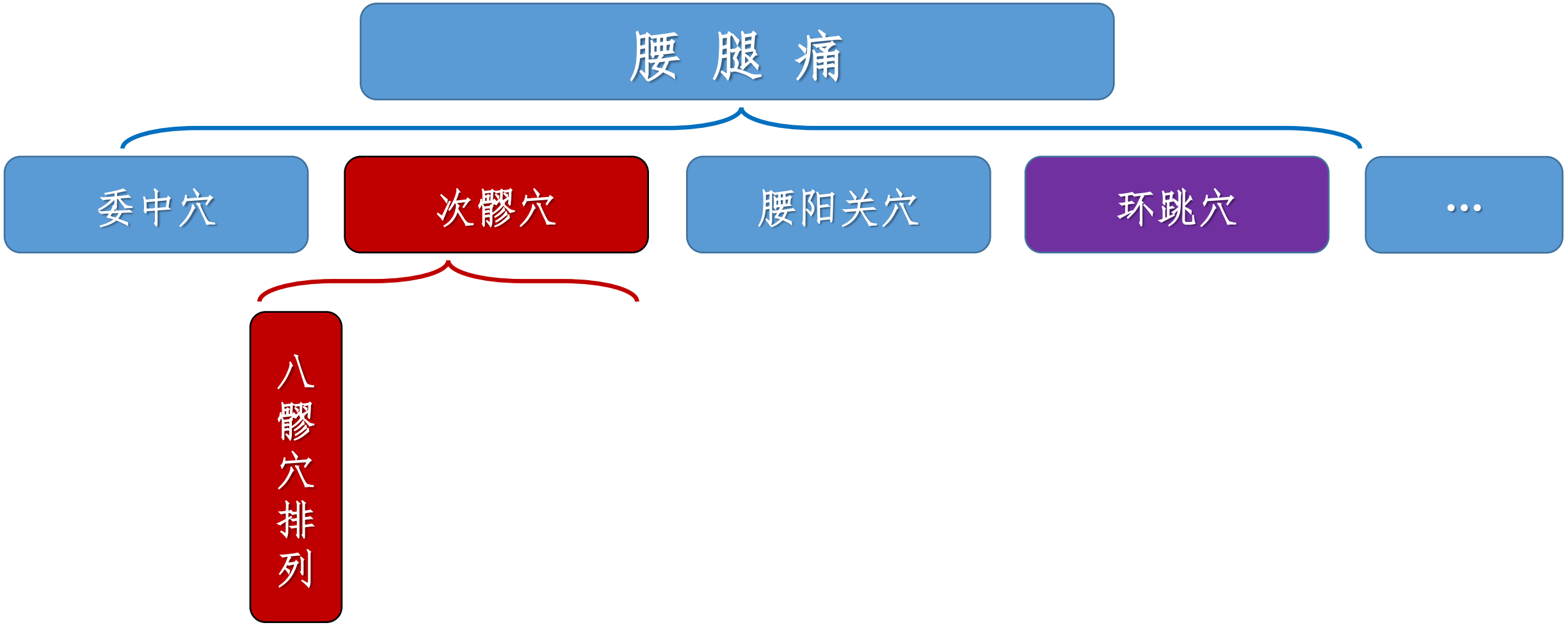
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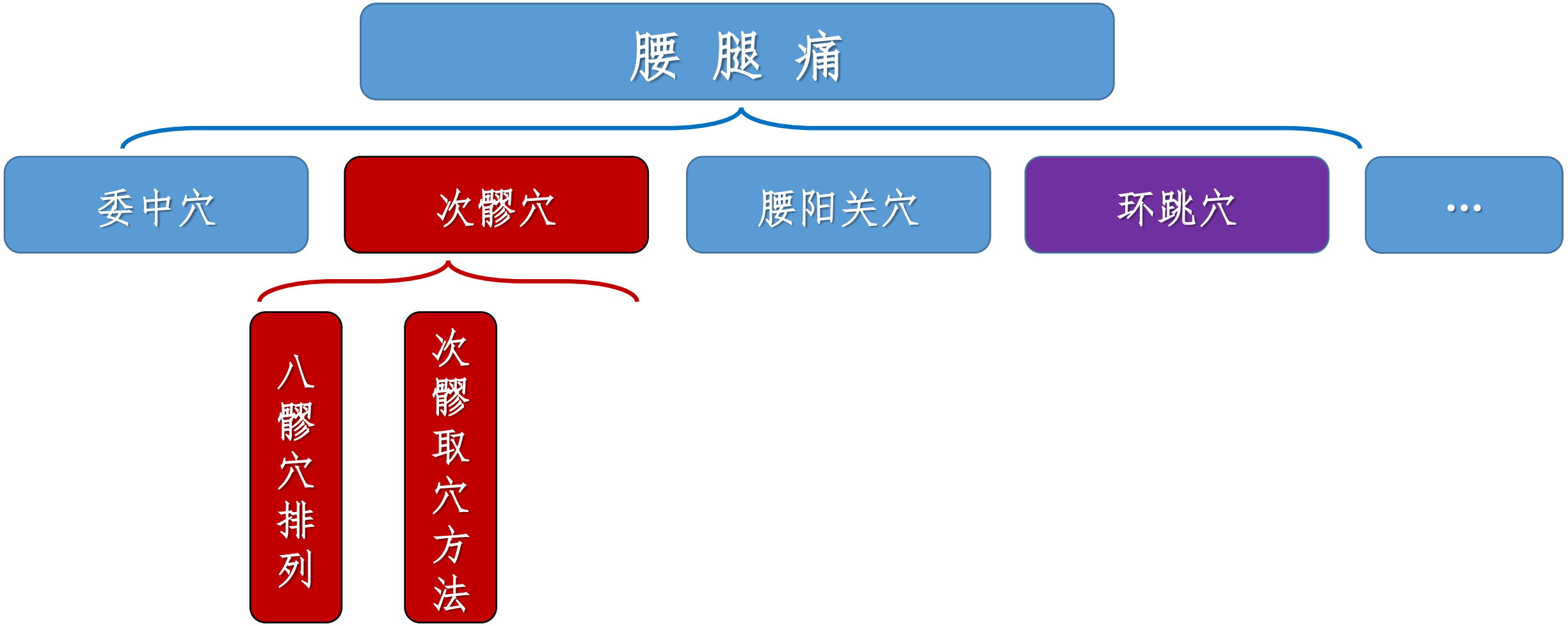
八髎穴排列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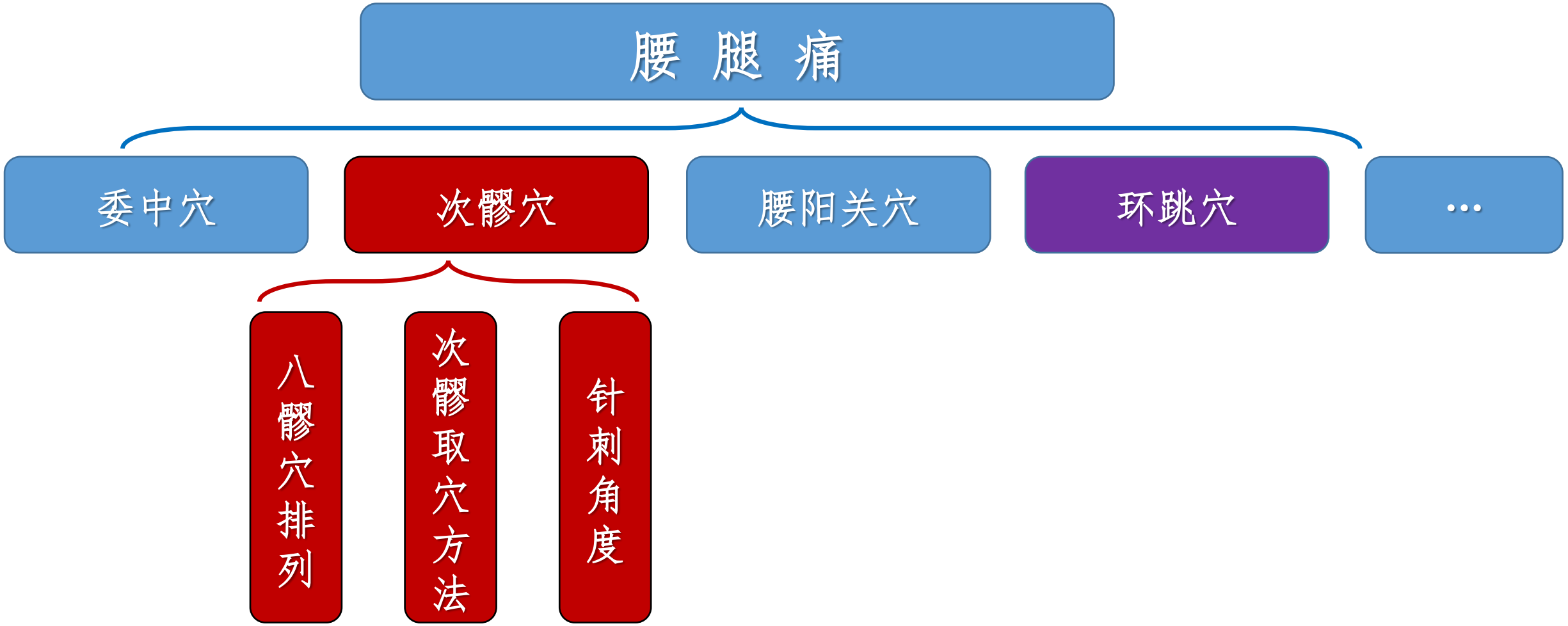
八髎穴排列
次髎取穴方法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环跳穴
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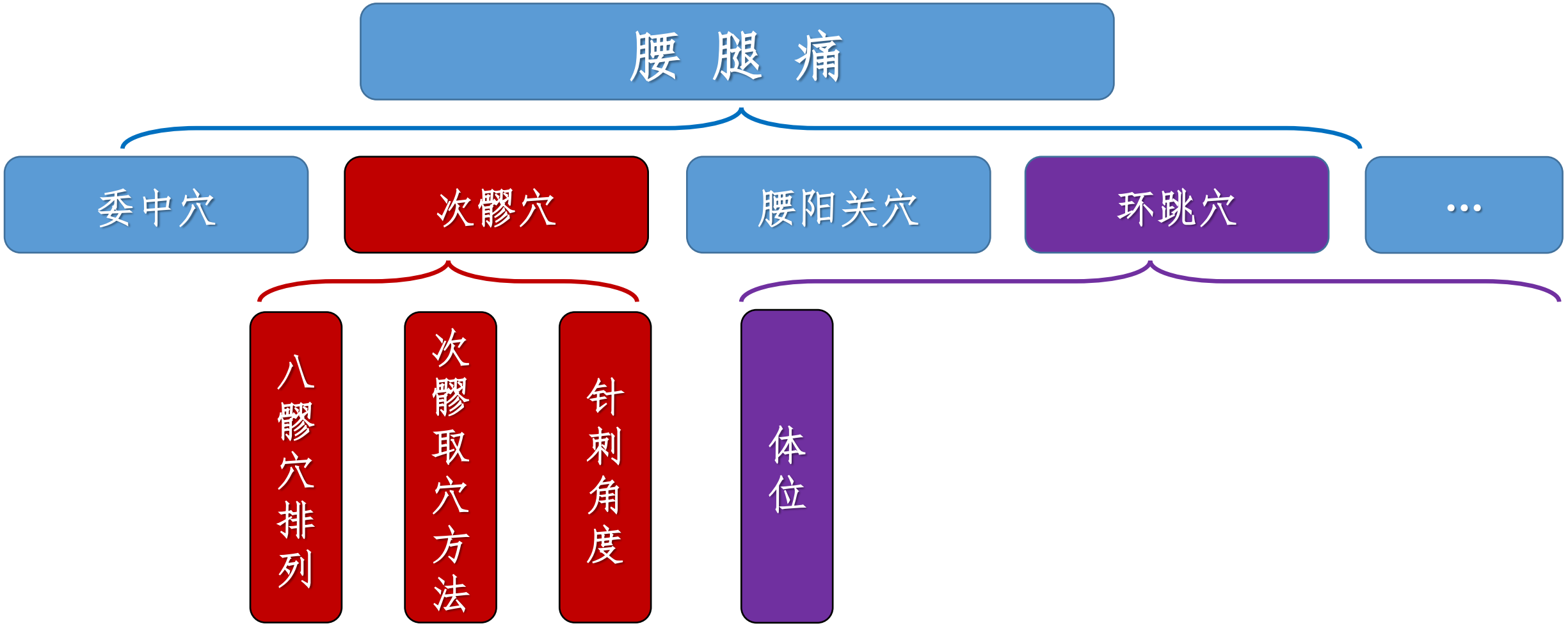
八髎穴排列
次髎取穴方法
针刺角度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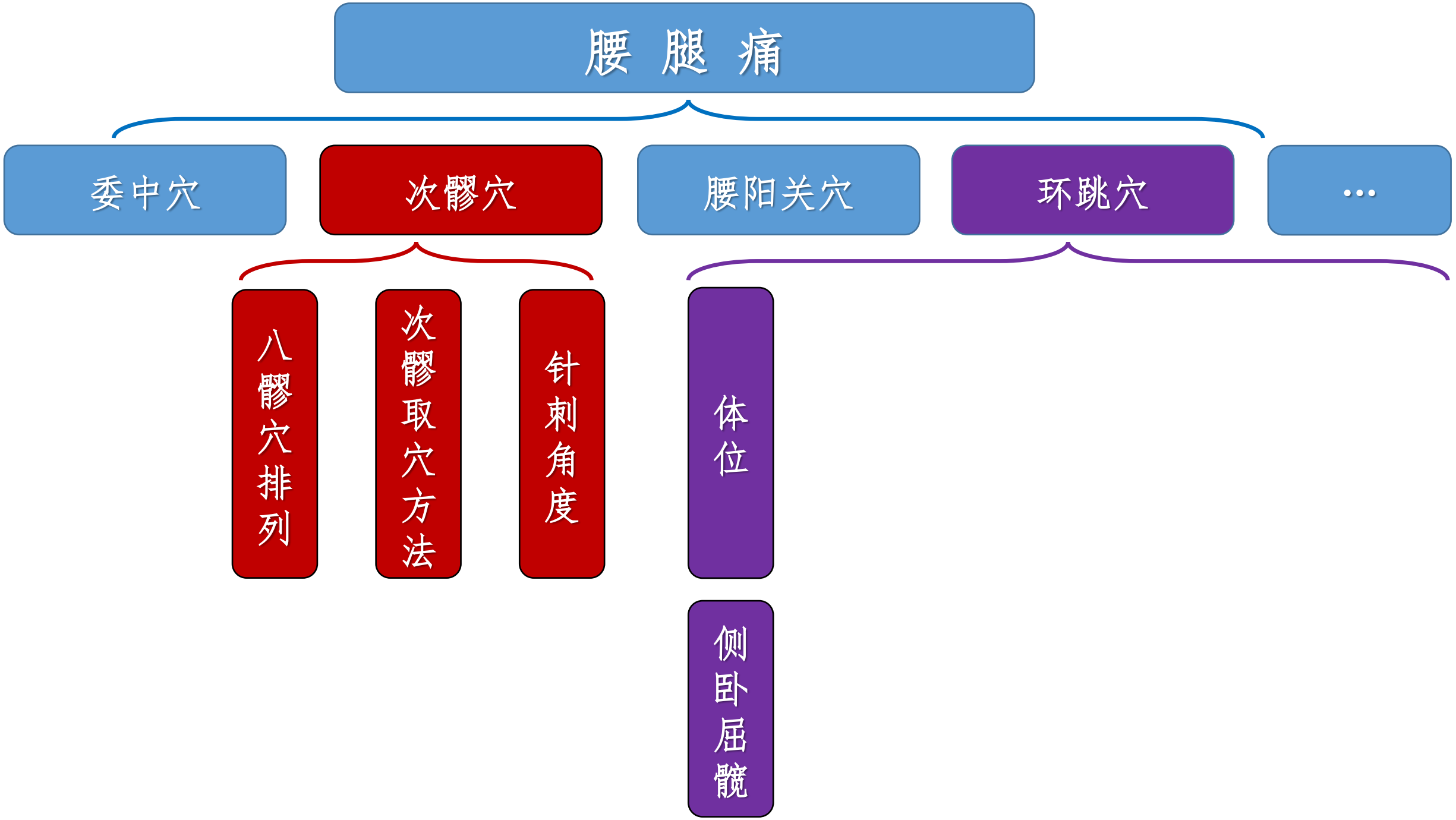
次髎取穴方法
针刺角度
体位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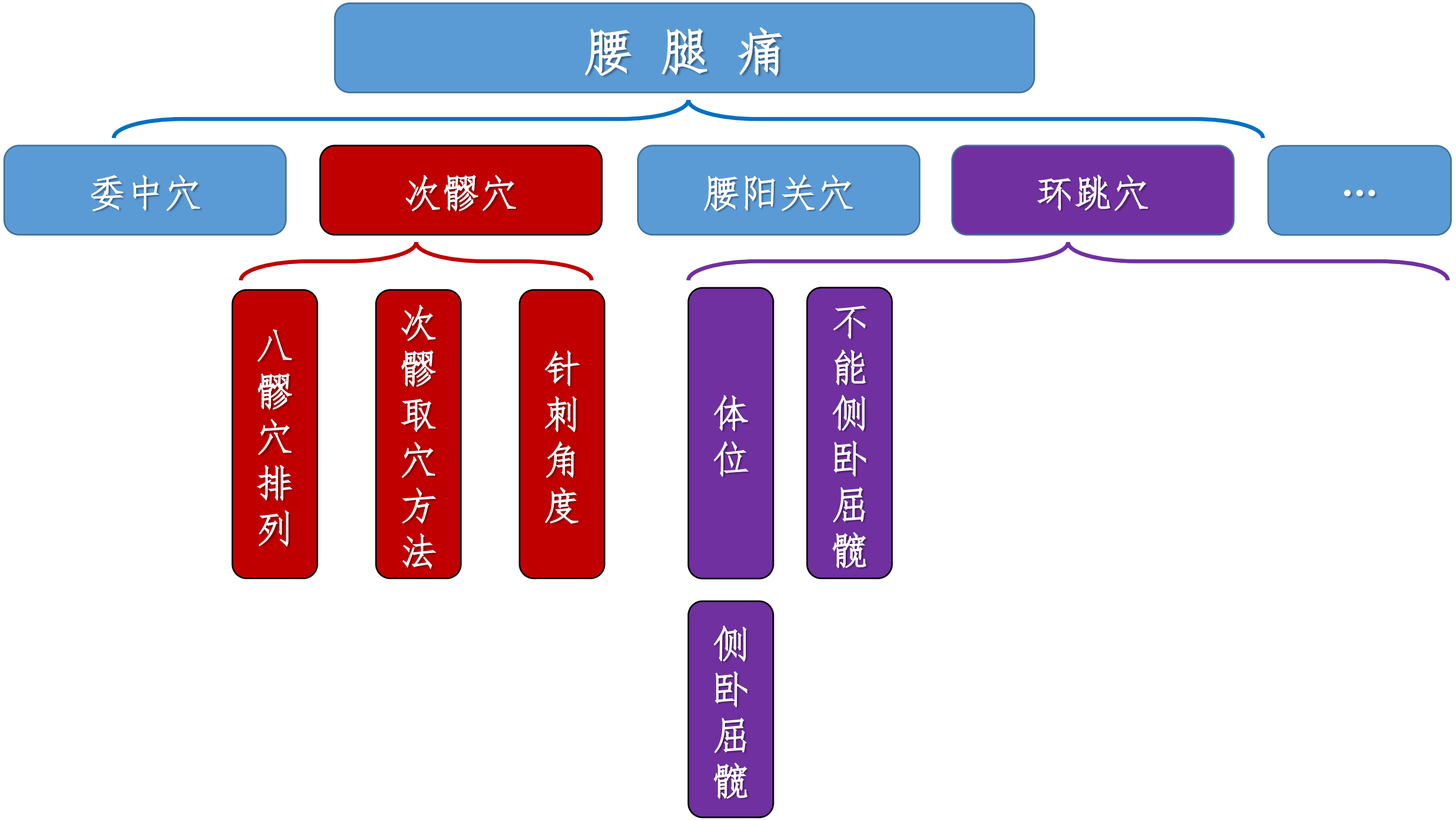
次髎取穴方法
针刺角度
体位
侧卧屈髋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次髎取穴方法
针刺角度
体位
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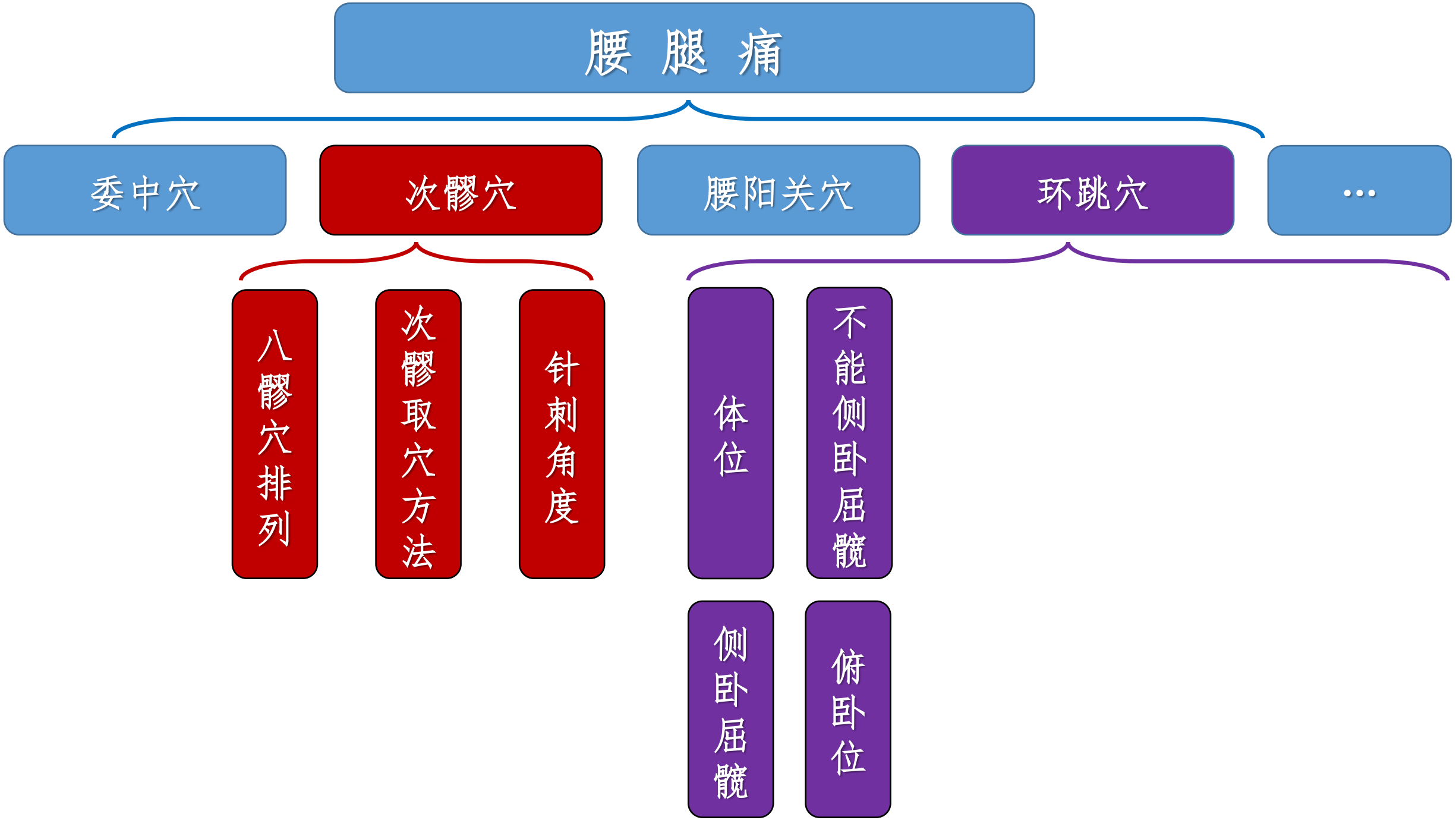
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体位
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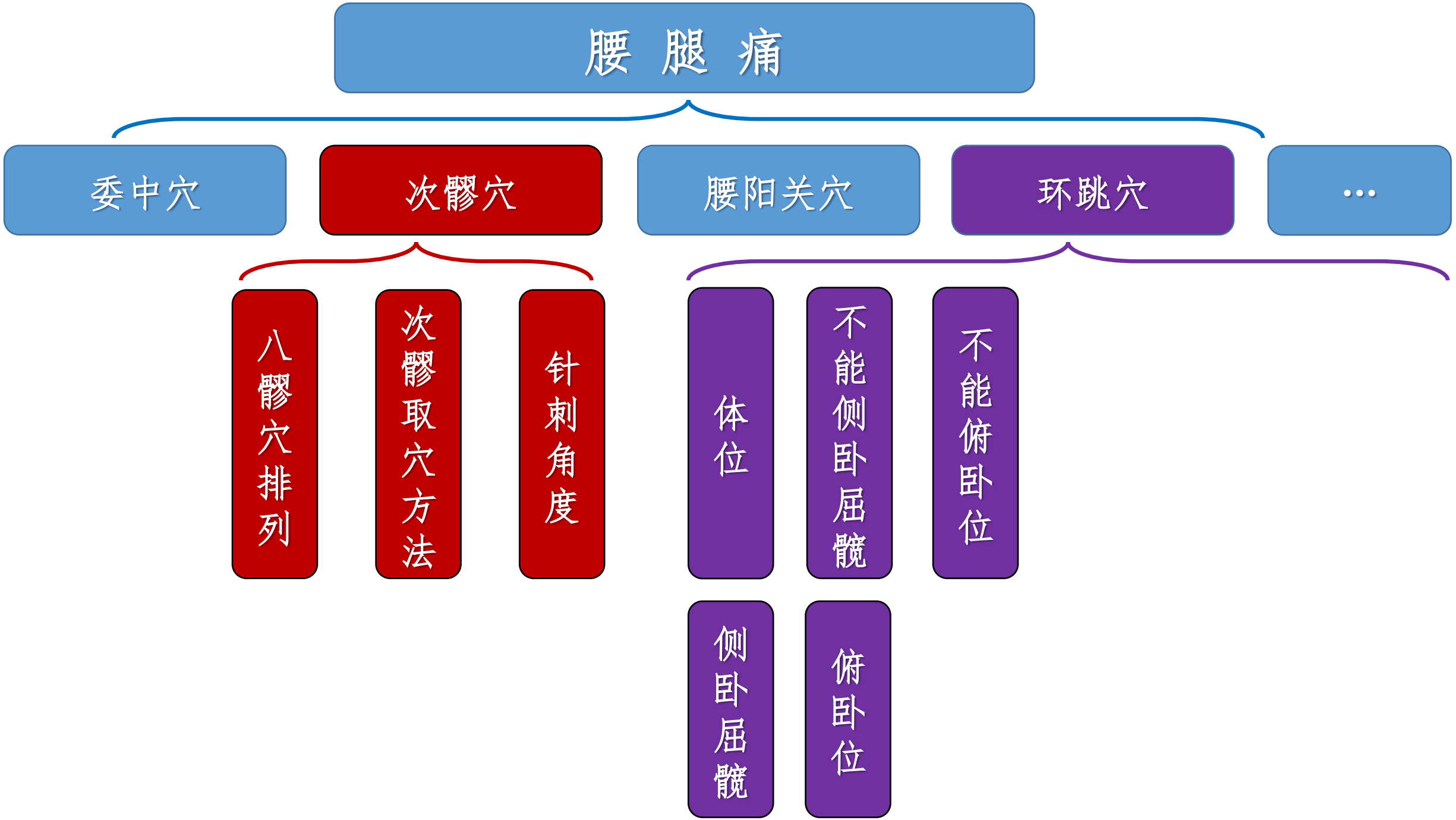
侧卧屈髋
俯卧位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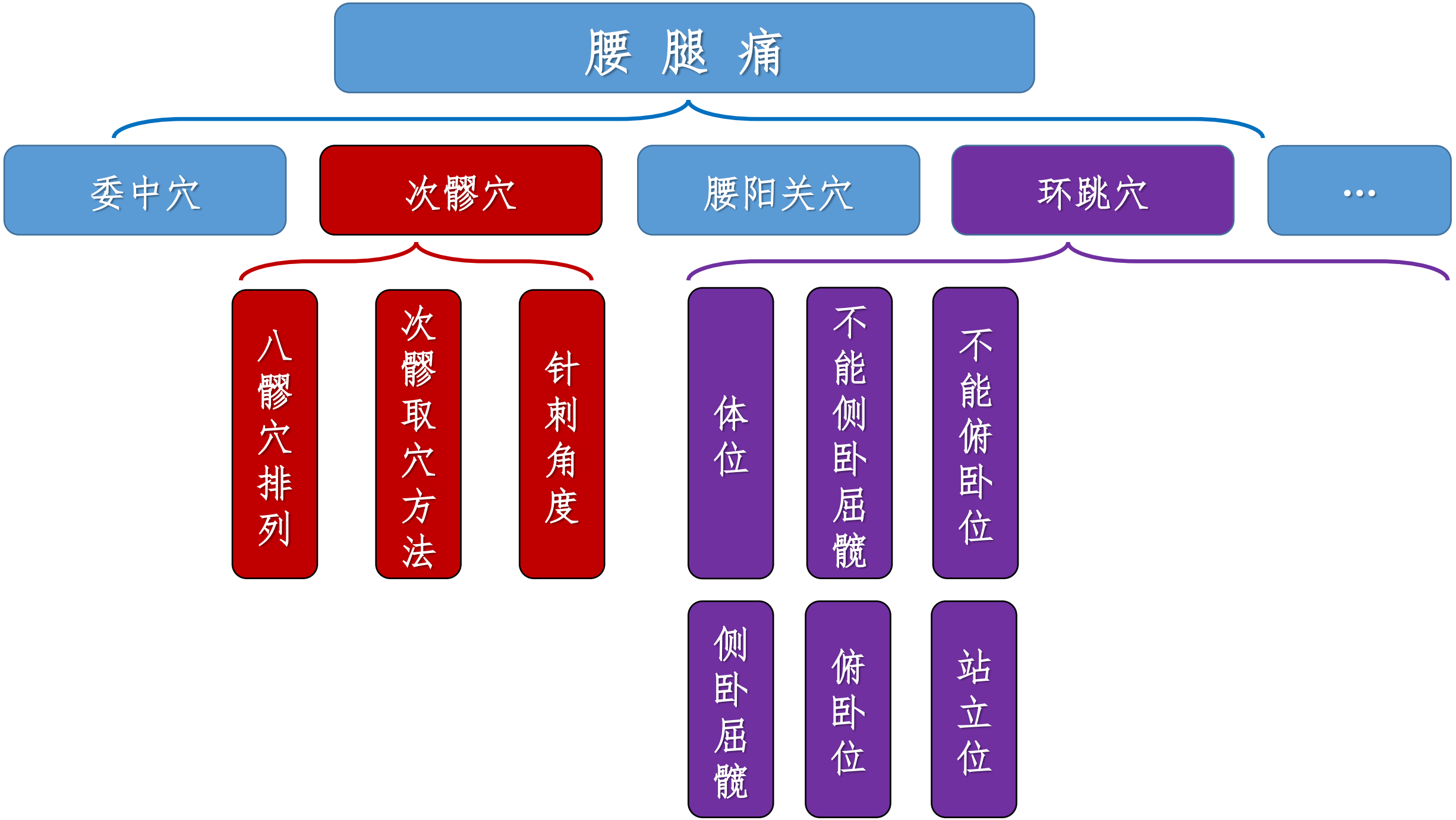
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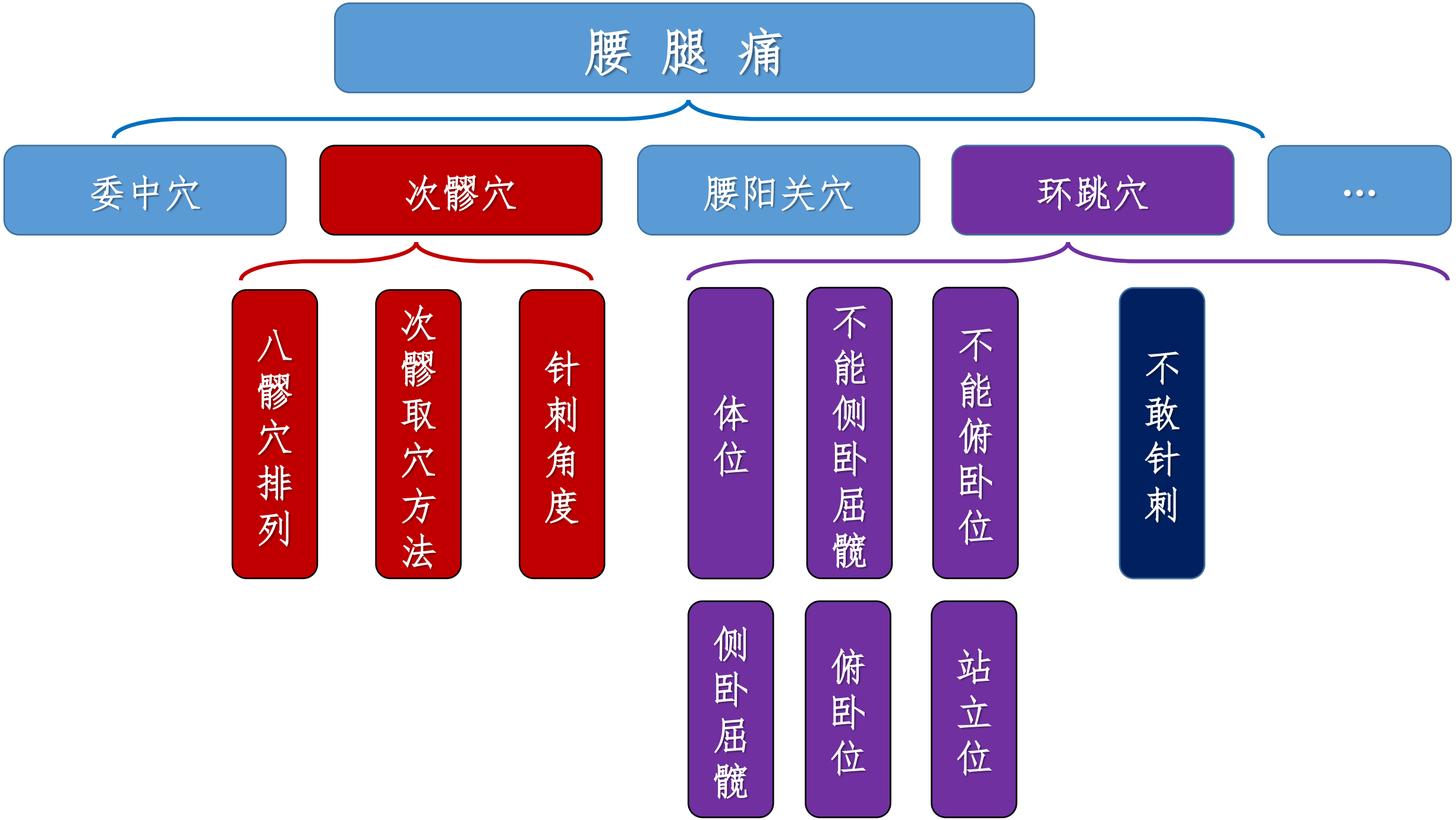
俯卧位
站立位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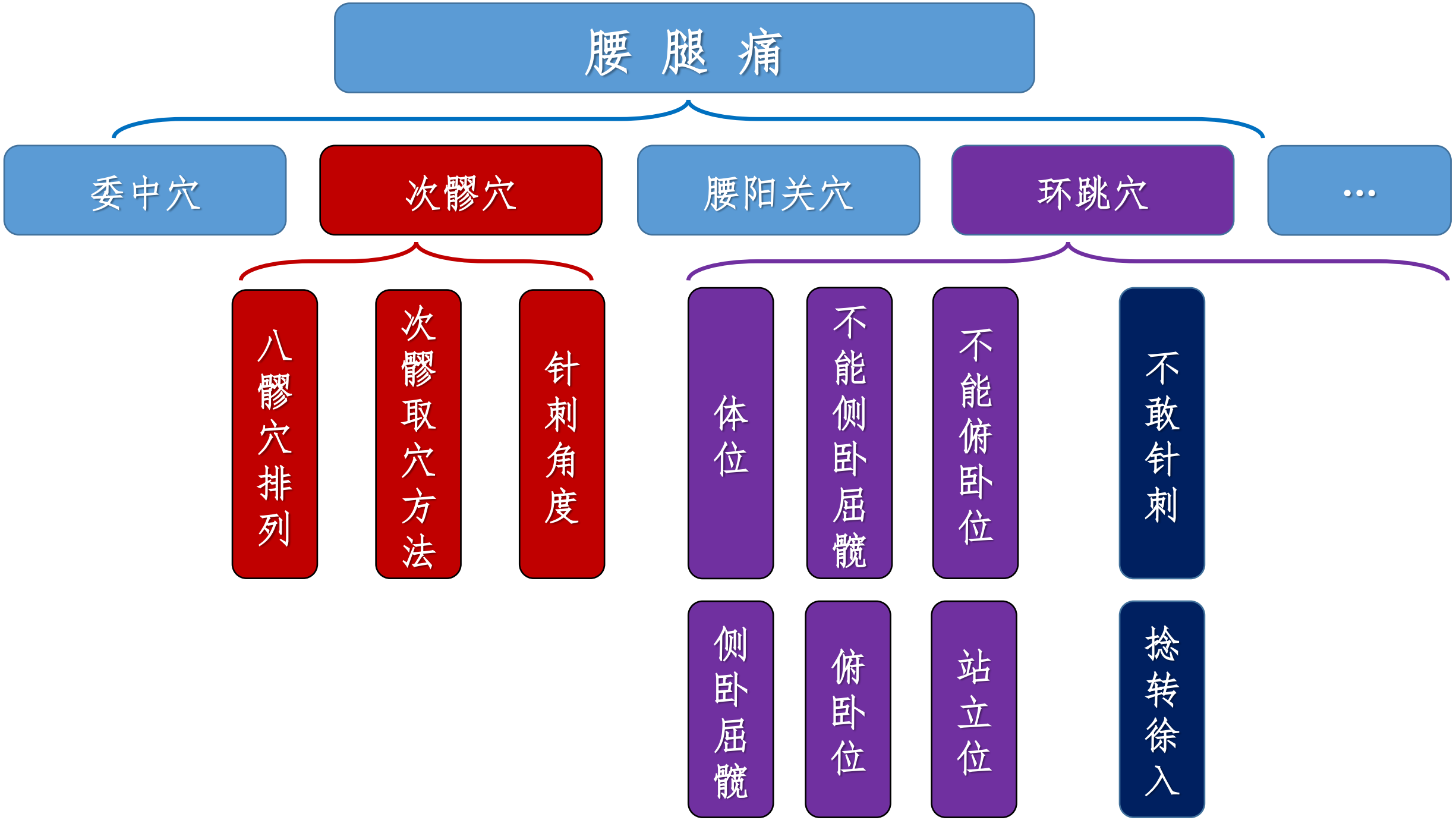
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不能俯卧位
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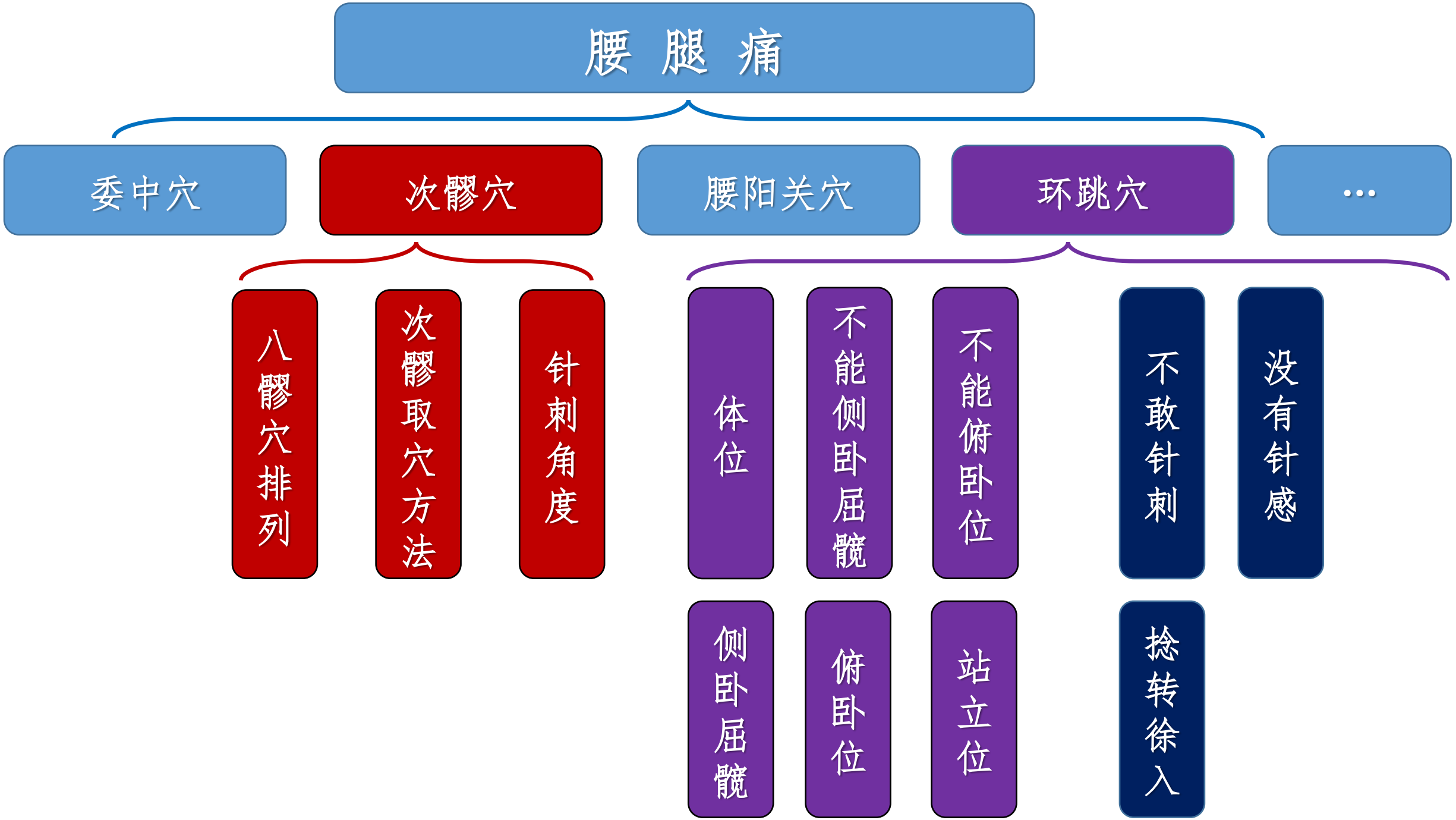
侧卧屈髋
俯卧位
站立位
捻转徐入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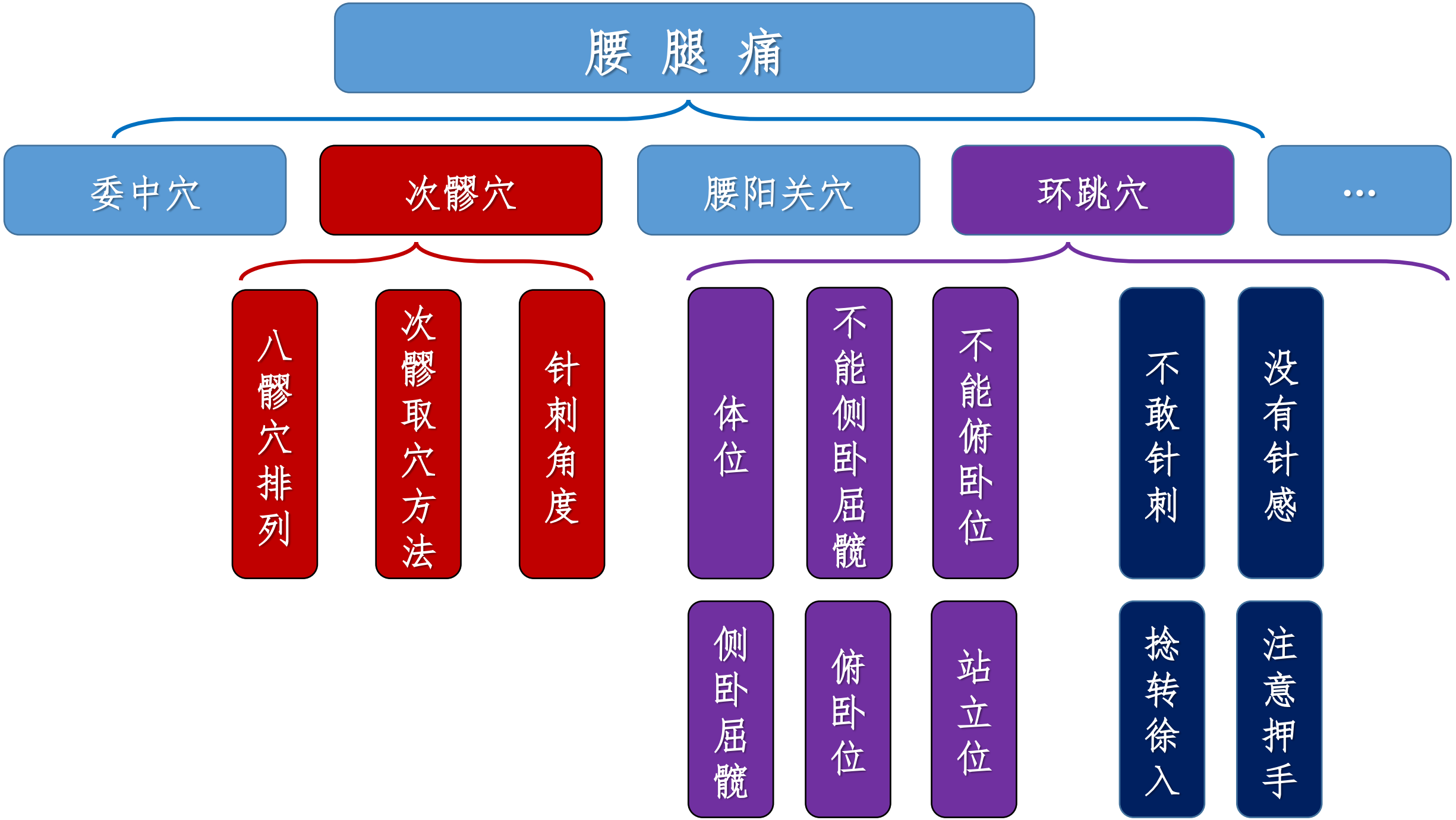
次髎取穴方法
针刺角度
体位
不能侧卧屈髋
不能俯卧位
不敢针刺
没有针感
侧卧屈髋
俯卧位
站立位
捻转徐入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没有针感
侧卧屈髋
俯卧位
站立位
捻转徐入
注意押手

腰 腿 痛

- 委中穴
- 次髎穴
  - 八髎穴排列
  - 次髎取穴方法
  - 针刺角度
- 腰阳关穴
- 环跳穴
  - 体位
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    - 侧卧屈髋
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    - 俯卧位
    - 俯卧位
  - 不能俯卧位
    - 站立位
    - 站立位
  - 不敢针刺
    - 捻转徐入
    - 捻转徐入
  - 没有针感
    - 注意押手
    - 注意押手
  - 如果你我老去
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腰 腿 痛

- 委中穴
- 次髎穴
  - 八髎穴排列
  - 次髎取穴方法
  - 针刺角度
- 腰阳关穴
- 环跳穴
  - 体位
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  - 不能俯卧位
    - 捻转徐入
    - 简便取穴
  - 不敢针刺
  - 没有针感
  - 如果你我老去
- …

学习资源和教学查房后思考题

次髎穴的针刺角度和深度是？

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八髎穴定位、测量与取穴方法研究

应用CT三维重建对八髎穴取穴方法研究

·研究报告·

应用CT三维重建对八髎穴取穴方法研究

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摘要：目的：通过测量横距、纵距与髂距、骶距和髂骶距，计算相应的回归方程，总结出临床实用的取穴方法，即“个体化骨性标志方程法”。方法：对290例行盆腔CT检查（包含盆腔）患者资料进行三维重建，分别测量髂距、骶距、髂骶距、横距、纵距，并对横距、纵距与髂距、骶距和髂骶距分别进行直线相关与回归分析。结果：男性髂骶距>女性，髂距、髂距/髂骶距比值<女性；男女横距无统计学差异，上-次髎纵距有统计学差异（$P<0.05$）；上髎横距、次髎横距与髂距呈直线相关关系，回归方程分别为$y=2.384+0.182x$，$y=2.198+0.136x$，下髎横距与髂骶距呈直线相关关系，回归方程为$y=2.239+0.068x$，所有平均纵距与髂骶距呈直线相关关系，回归方程分别为$y=0.373+0.105x$，$y=0.765+0.067x$，$y=0.796+0.042x$；髂后上棘连线多位于上髎水平线上（男性73.13%，女性60.78%），或位于上-次髎水平线上（男性10.45%，女性29.41%），极少数位于次髎水平线上（男性1.49%，女性5.88%），髂骶距中点多位于中髎水平线上（男性67.16%，女性90.20%），或位于次-中髎水平线（男性31.34%，女性5.88%），极少数位于中-下髎水平线（男性1.49%，女性3.92%）。结论：“个体化骨性标志方程法”既能起到类似骨度分寸的个体化作用，又能在大数据的支撑下通过方程计算，达到精准取穴的目的。

关键词：八髎；CT三维重建；取穴方法；回归方程

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Study on the location of Baliao acupoint by using CT 3D reconstruction: Individual bone marker equation method

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Abstract: Objective: To calculate the corresponding regression equation by measuring the transverse and longitudinal distance, the distance of the iliac and the sacral, the iliac and sacral distance, and summarize the clinical practice of location of acupoint “individual bone marker equation method”. Methods: 290 cases with pelvic CT examination (including pelvic) patients were collected for 3D reconstruction including iliac distance, sacral distance, iliac and sacral distance, transverse and longitudinal distance, the linear correlation and regression analysis were used to analyze the transverse and longitudinal distance, the distance of the iliac and the sacral, the iliac and sacral distance respectively. Results: Male was more than female in the iliac and sacral distance, and the iliac, sacral/iliac and sacral ratio were less than female; male and female had no significant difference on the transverse distance, vertical distance of Shangliao (BL31) and Ciliao (BL32) had significant difference; transverse distance of Shangliao (BL31) and Ciliao (BL32), with iliac showed a linear correlation, regression equations were $y=2.384+0.182x$, $y=2.198+0.136x$, transverse distance of Xialiao (BL34) and iliac and sacral distance showed a linear correlation, the regression equation was $y=2.239+0.068x$, the average longitudinal distance and all iliac and sacral distance showed a linear correlation, and regression equations were $y=0.373+0.105x$, $y=0.765+0.067x$, $y=0.796+0.042x$; posterior superior iliac spine line was located at Shangliao (BL31) horizontal line (73.13% male, 60.78% female), or at Shangliao (BL31) and Ciliao (BL32) horizontal line (10.45% male, 29.41% female), very few was located at Ciliao (BL32) horizontal line (1.49% male, 5.88% female), midpoint of the iliac

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经络与腧穴

八髎穴(骶后孔)定位、测量与取穴方法研究*

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[摘 要] 目的：探寻八髎穴定位、测量与取穴方法在现代研究中存在的问题。方法：以“八髎”“上髎”“次髎”“中髎”“下髎”“骶后孔”“骶孔”“骶骨”为关键词，检索 1957 年至 2012 年中国知网文献库，并进行分析。结果：既往研究中存在着文献数量较少、测量对象不统一、指标名称太繁杂、测量起止点不一致、指标权重不明确、测量结果有偏差、与临床结合欠缺、定位方法多样化等问题。结论：八髎穴定位明确，但取法多样而模糊，在测量和研究时对活体的研究意义更大，性别、体质量、身高、分娩等因素也要考虑。有必要找寻到一种准确简便的定位方法。

[关键词] 穴，八髎；取穴，方法；骶后孔；测量定位

Study on the measurement and locating of *Baliao* points (eight sacral foramina)

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

KEY WORDS Point Baliao (eight sacral foramina); point locating; method; posterior sacral foramina; locating measurement

骶后孔在骶骨的背面，骶骨由 5 个骶椎融合而成，各自的椎上、下切迹形成了 4 对骶前孔和 4 对骶后孔。骶后孔分布于骶正中嵴的两侧，基本上呈对称分布。4 对骶后孔向前与骶前孔相通，并借骶前孔通达盆腔，向内与骶管相通。骶神经在骶管内下降过程中分出骶前、骶后神经，分别经 4 对骶前、后孔穿出。骶神经与躯体神经、内脏神经的传入、传出纤维在脑和脊髓有着广泛的联系。

八髎穴与骶后孔有着密切的关系，近代学者认为八髎穴就位于骶后孔中。近年来，麻醉、解剖等各专业学者对八髎穴或骶后孔的研究逐渐增多，八髎穴在针灸临床的应用也越来越广泛，目前已涉及到泌尿科、妇科、肛肠科、骨科的诸多病种，如便秘、二便失禁、尿潴留、子宫脱垂、直肠前突、腰椎间盘突出症等。笔者采用针灸的方法治疗各种盆底疾病时八髎穴是必不可少的穴位，具有举足轻重的作用，单用也可获得很满意的疗效，因此也做了一些关于八髎穴定位的研究。但是临床定位八髎穴有一定的困难，查阅历年文献，也不能找到行之有效而又简便准确的定位方法。因而笔者回顾了国内 1957 至 2012 年关于骶后孔测量的研究，总结这些研究中存在的问题，旨在寻求一种更佳的测量和定位八髎穴的方法，用于指导后续研究。因种族差异，恐国外研究结果不具有参考和指导意义，故本文未涉及国外

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