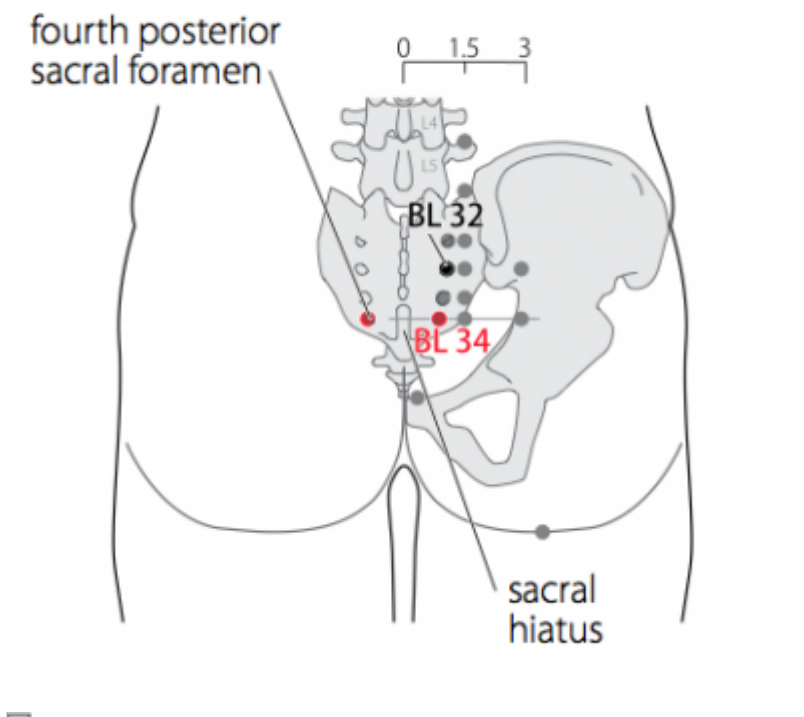
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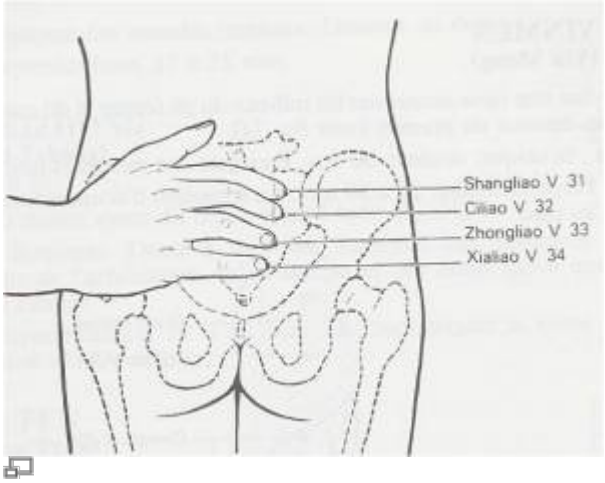
34V Xialiao 下髎

prononciation 34v_xialiao_下髎.mp3

articles connexes: - baliao- 33V - 35V - Méridien *Zutaiyang* -



WHO 2009



Beijing 1980

1. Dénomination

1.1. Traduction

下髎 ***Xiàliáo***	Trou inférieur de l'os (Pan 1993) Trou inférieur (Lade 1994) Trou sacré inférieur (Laurent 2000)

- Zhou Mei-sheng 1984 : *xia* lower *Liao*bone crevice; deep hole adjacent to bone.
- *Xia* : en bas (Pan 1993); Ricci 1837) le bas, le dessous, inférieur, en bas (Guillaume 1995) ; inférieur, en bas, au-dessous… Cf. 8GI *xialian* (Laurent 2000).
- *Liao* : trou dans un os (Pan 1993); caractère inusité qui signifie « os » (Guillaume 1995) ; creux osseux… Cf. 12GI *zhouliao* (Laurent 2000).

1.2. Origine

- Jia yi jing. (Guillaume 1995).

1.3. Explication du nom

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

1.4. Noms secondaires

1.5. Translittérations

1.6. Code alphanumérique

- VE34, 34V, 34VE (Vessie)
- BL34, B34, Bladder 34 (Bladder)
- UB34 (Urinary bladder)

2. Localisation

2.1. Textes modernes

- Roustan 1979 : dans le quatrième trou sacré.
- Deng 1993 : Sur le sacrum, en-dessous de *Zhongliao* (V33), juste au niveau du quatrième trou sacré.
- Pan 1993 : *Xialiao* est situé dans le quatrième trou sacré.
- Lu HC 1985 : Location-1 : On the 4th posterior sacral foramen. Location-2 : On the inferior-medial side of B33, 6 *fens* away from the posterior median line. How-to-locate-1 : see B31. How-to-locate-2 : see B31.
- Guillaume 1995 : Dans le quatrième trou sacré postérieur.
- Laurent 2000 : sur le sacrum, en dessous de *zhongliao*, dans le 4° trou sacré.
- WHO 2009: In the sacral region, in the fourth posterior sacral foramen. *Note:* The fourth posterior sacral foramen is located in the second depression, moving downward from BL32, at

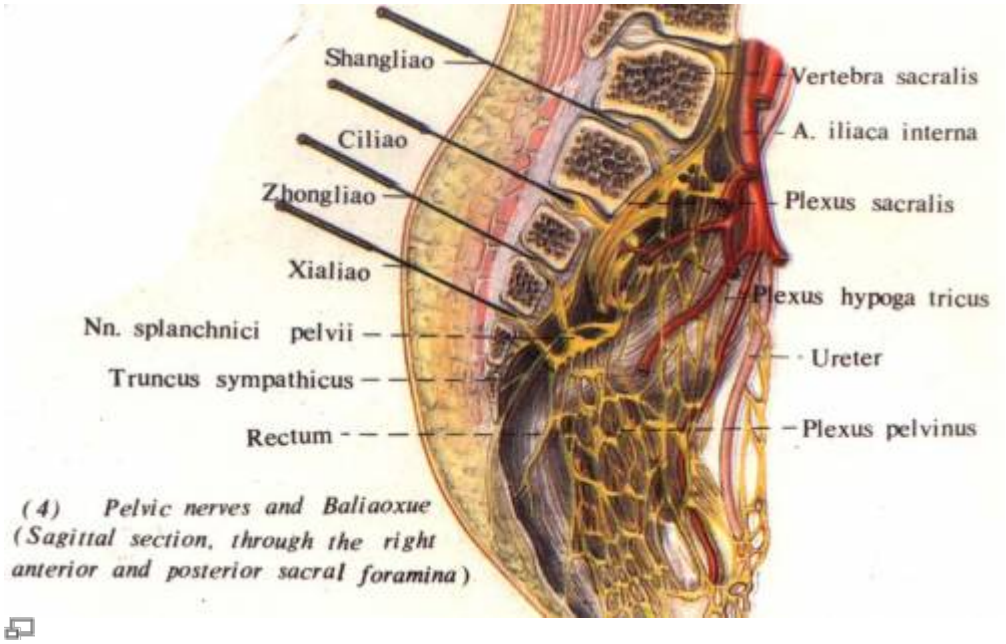
the same level as the sacral hiatus.

2.2. Textes classiques

- Jia Yi : Dans le dépression qui se forme à l'extérieur de la colonne vertébrale et dans le quatrième trou (Deng 1993).
- Xun Jing : A 0,5 *cun* à l'extérieur de la vingtième vertèbre (Deng 1993).
- Feng Yuan : Au-dessous de la vingt-et-unième vertèbre et dans la quatrième dépression à côté de la colonne vertébrale (Deng 1993).
- Ji Cheng : A 1,2 *cun* au-dessous de *Zhongliao* (V33) (Deng 1993).
- Deng 1993 : ce point est localisé au niveau du quatrième trou sacré. Xun Jing le situe à 0,5 *cun* à l'extérieur du bord inférieur de la vingtième vertèbre, mais alors il ne se trouve pas dans le quatrième trou sacré. Les définitions données par Ji Cheng et Xun Jing rejoignent celles de Jia Yi. On situe ce point actuellement sur le sacrum, à l'intérieur et au-dessous de *Zhongliao* (V33), juste au niveau du quatrième trou sacré.

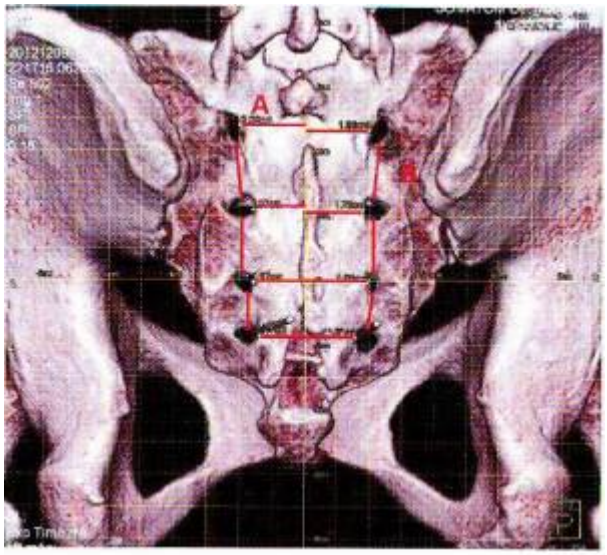
2.3. Rapports et coupes anatomiques

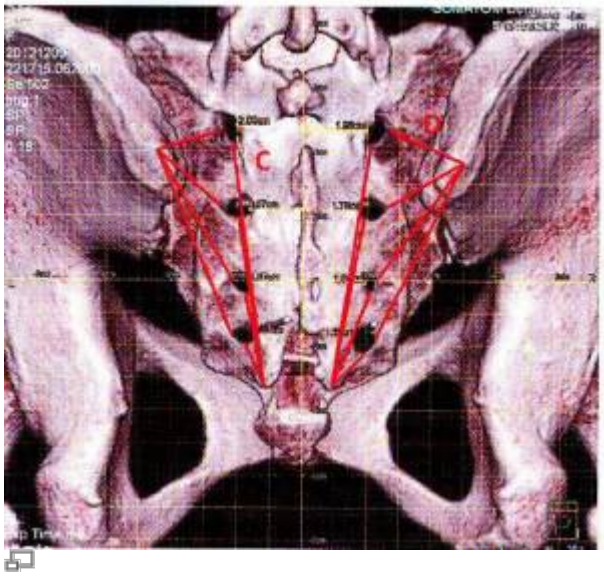
- Roustan 1979 : 4ème nerf sacral, avec artère et veines accompagnatrices.
- Deng 1993 : Peau—tissu sous-cutané—muscle grand fessier—muscle érecteur épineux. Dans la couche superficielle, on trouve le nerf moyen de la fesse. Dans la couche profonde, on trouve les branches ou tributaires des artères et des veines fessières supérieures et inférieures, les branches postérieures du nerf fessier inférieur, du quatrième nerf sacré, de l'artère et de la veine sacrées externes.
- Guillaume 1995 : Artères et veines fessières inférieures. Branche dorsale de S3.



Institut de MTC du Shandong 1984

Discussion des méthodes de localisation..





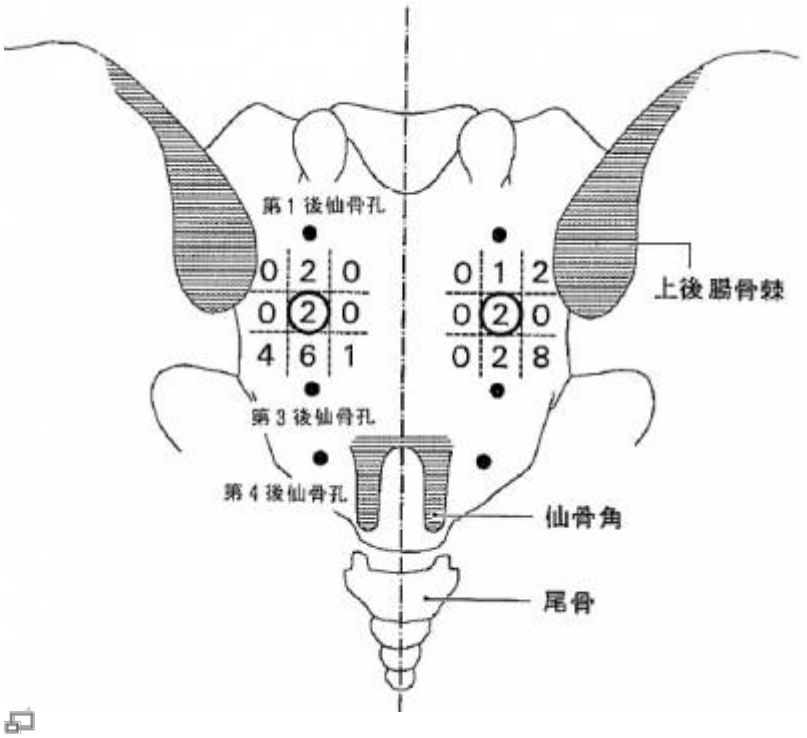
Zhou 2013

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

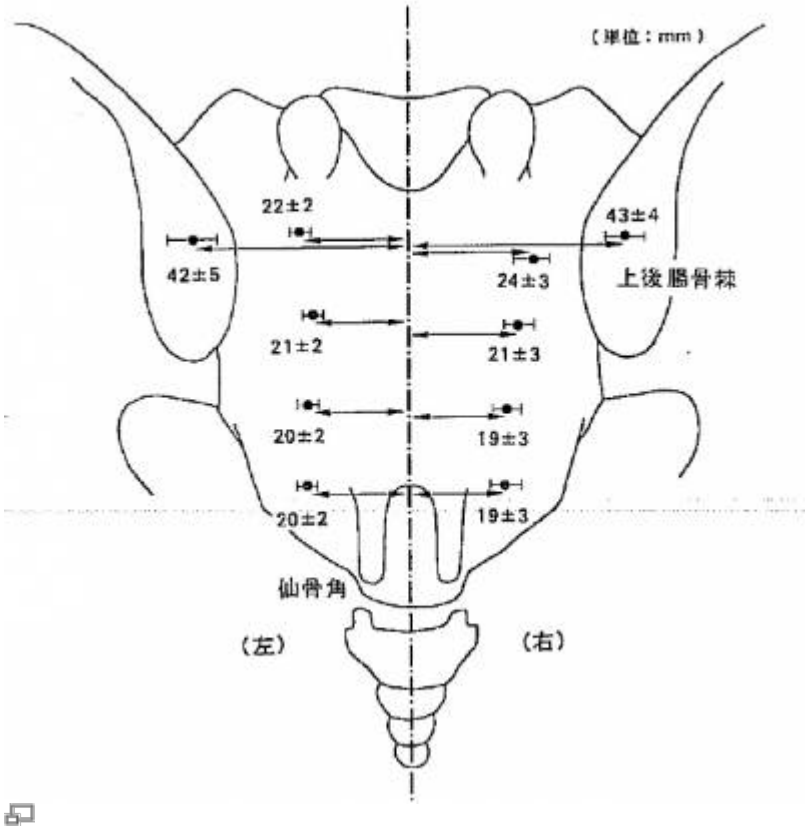
OBJECTIVE: To seek the problems of position, measuring and locating methods of Baliao points (posterior sacral foramina) in modern researches. METHODS: Using Baliao (eight sacral foramina), Shangliao(BL 31), Ciliao(BL 32), Zhongliao(BL 33), Xialiao(BL 34), Dihoukong (posterior sacral foramina), Dikong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

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

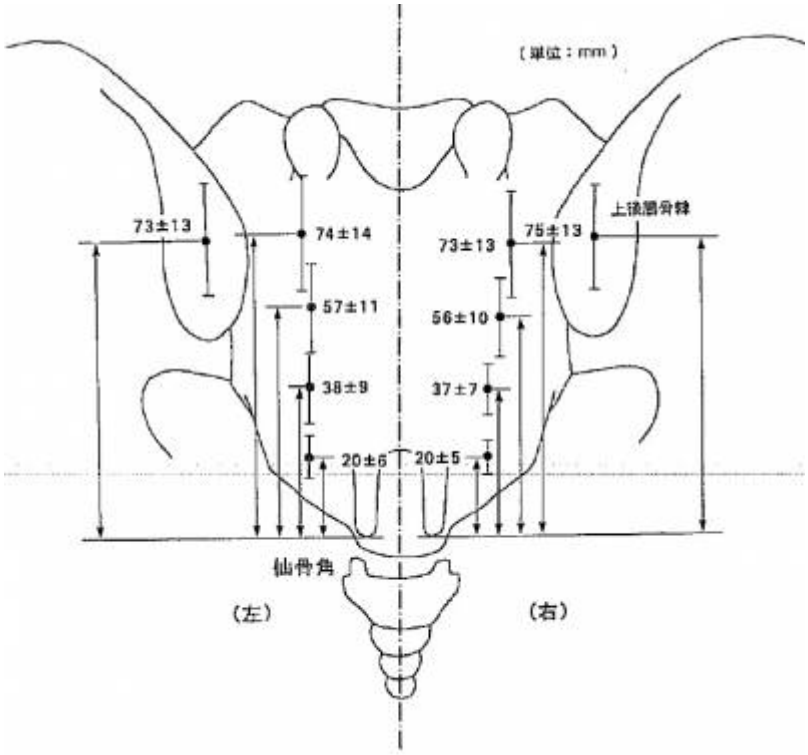
The positional relation between the dorsal sacral foramina and a needle inserted in the point “T, ze-Liao” according to the method of Takenouchi-Hamazoe, and the proJection positions of the respective foramina to the body surface were anatomically and bilaterally examined using fifteen cadavers. The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



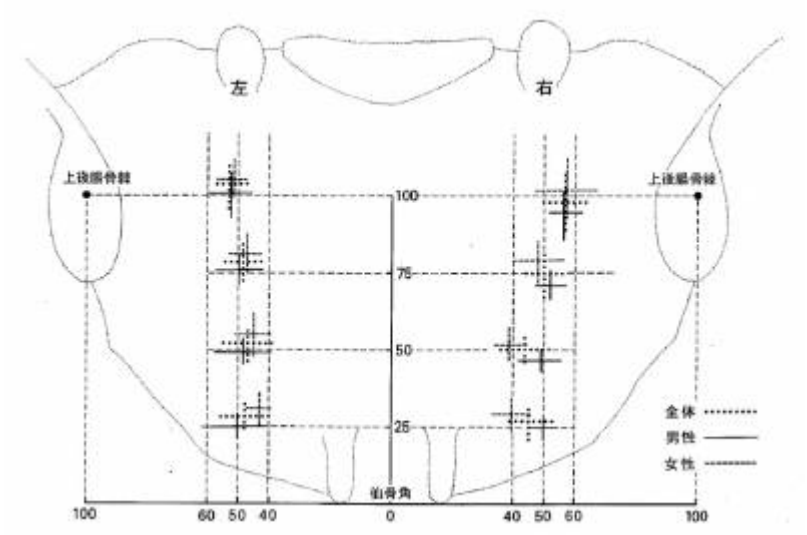
Masanori 1989



Masanori 1989



Masanori 1989

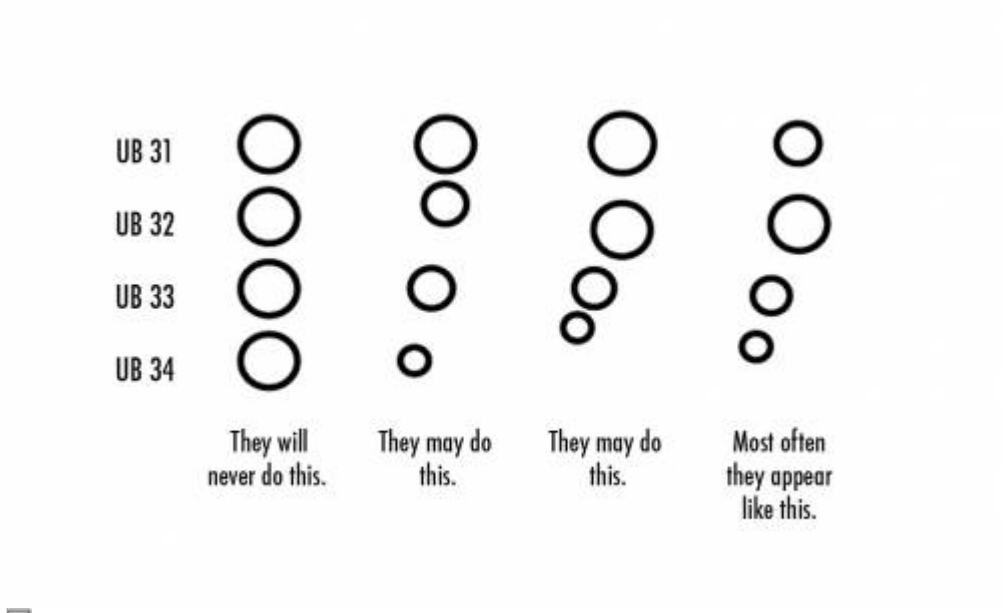


Masanori 1989

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

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

2.4. Rapports ponctuels



TCM Picture Book 2015

3. Classes et fonctions

3.1. Classe ponctuelle

- Guillaume 1995 : Selon les commentaires de Wang Bing du Su wen, il résulte d'une nouure de *Zutaiyin*, *Jueyin* et *Shaoyang*. Selon le Tong ren, il résulte d'une nouure de *Zutaiyang* et de *Jueyin*.
- Laurent 2000 : point de croisement avec le *Zushaoyang*.

3.2. Classe thérapeutique

- Roustan 1979 : traite le réchauffeur inférieur, tonifie les lombes.
- Pan 1993 : le traitement par ces quatre points, *Shangliao* (31V), *Ciliao* (32V), *Zhongliao* (33V) et *Xialiao* (34V), a à peu près le même effet thérapeutique : régulariser le Foyer inférieur, fortifier les lombes et les genoux, débloquer la stagnation du *Qi* et *Xue* dans les *Jing Luo*.
- Bai zheng fu : « *Xialiao* élimine l'humidité-chaleur et l'humidité-froid » (Guillaume 1995).
- Guillaume 1995 : *Xiaoliao* régularise les menstruations, calme les douleurs, régularise les deux fonctions d'élimination.
- Laurent 2000 : renforce les lombes et les genoux, tonifie les Reins, fait circuler les urines et les fèces, disperse chaleur/humidité.

4. Techniques de stimulation

Acupuncture	**Moxibustion**	**Source**
Selon Tong ren, puncturer à 0,2 distance, laisser l'aiguille le temps de 10 expirations	Appliquer 3 cônes de moxa	Zhen jiu ju ying (Guillaume 1995)

Acupuncture	Moxibustion	Source
Puncture perpendiculaire entre 1 et 1,5 distance de profondeur	Cautérisation avec 3 à 7 cônes de moxa, moxibustion pendant 5 à 15 minutes	Guillaume 1995
Piqûre perpendiculaire à 1-2 distances	Cautériser 3-7 fois, chauffer 5-20 minutes	Roustan 1979
Piqûre perpendiculaire de 1 à 1,5 *cun*	Moxas : 7; chauffer 15 à 20 mn	Laurent 2000

Sensation de puncture

- Roustan 1979 : sensation locale de gonflement.

Sécurité

Discussion sur la technique de puncture

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

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

5. Indications

Classe d'usage	-	point secondaire

5.1. Littérature moderne

- Roustan 1979 : affections du sacrum, douleurs sciatiques, leucorrhée, affections du petit bassin, troubles des règles, orchite, paralysie des membres inférieurs, séquelles de poliomyélite.
- Lade 1994 :
  - Régularisent le Réchauffeur Inférieur et les menstruations, transforment la Chaleur-Humidité (surtout du Réchauffeur Inférieur), stabilisent l'Essence, vivifient le Sang, et favorisent la miction. Indications : stérilité, impuissance, règles irrégulières, dysménorrhée, inflammation ou douleur de l'ovaire, leucorrhée, spermatorrhée, orchite, rétention d'urine, miction difficile par infection, irritation de la peau dans la région génitale, inflammation utéro-vaginale, péritonite, diarrhée et constipation.
  - Fortifie les lombes. Indications : engourdissement des lombes et du pied, paralysie des membres inférieurs, douleur et raideur des lombes et du sacrum, et sciatique.
  - Fait remonter le *Qi*. Indications : fissures anales, hémorroïdes, et prolapsus utéro-vaginal.
  - Active le travail. Indications : travail difficile ou retardé lors de l'accouchement.

- Guillaume 1995 : Douleur lombo-sacrée, dysurie, constipation, hématurie, douleur du bas-ventre, borborygmes avec diarrhée glaireuse, irrégularités menstruelles, pertes blanches et rouges, douleur et prurit génital ; salpyngite, ovarite, endométrite, orchite, les différentes affections génitales de l'homme et de la femme.

5.2. Littérature ancienne

- Jia yi jing : « Lombalgie, douleur du bas-ventre », « Borborygmes avec diarrhée », « Pertes blanches abondantes, pertes rouges, prurit génital » (Guillaume 1995).
- Wai tai mi yao : « Lombalgie irradiant vers l'hypogastre », « Prurit génital de la femme avec douleur qui irradie vers le bas-ventre et les lombes avec difficulté à se pencher ou à se redresser » (Guillaume 1995).
- Ishimpo : Lombalgie, incapacité de se tourner sur le côté ; douleur du rectum. Prurit et douleur génitale ; borborygmes ; relâchement intestinal avec écoulement (Guillaume 1995).
- Tong ren : « Présence de sang dans les selles, blessure interne par le froid et l'humidité » (Guillaume 1995).
- Zhen jiu ju ying : difficulté de miction et de défécation, borborygmes avec diarrhée liquide, blessure interne par le froid et l'humidité, présence de sang dans les selles, lombalgie avec difficulté de rotation et qui irradie jusqu'aux testicules, leucorrhées purulentes, douleur génitale qui irradie vers le Petit Intestin » (Guillaume 1995).
- Yi xue ru men : « Lombalgie, pertes blanches abondantes, métrorragie, douleur et prurit génital irradiant vers le bas-ventre avec difficulté à se pencher ou à se redresser, difficulté de défécation et de miction, borborygmes, ballonnement abdominal avec tendance à la diarrhée » (Guillaume 1995).
- Da cheng : « Difficulté de miction et de défécation, borborygmes avec diarrhée liquide, blessure interne par le froid et l'humidité, présence de sang dans les selles, lombalgie avec difficulté de rotation et qui irradie jusqu'aux testicules, leucorrhées purulentes, douleur génitale qui irradie vers le bas-ventre » (Guillaume 1995).
- Lei jing tu yi : « Borborygmes, diarrhée, difficulté de miction et de défécation, hémorragie basse avec lombalgie, douleur du bas-ventre, syndrome Lin et pertes troubles chez la femme » (Guillaume 1995).

5.3. Associations

Indication	Association	Source
Leucorrhées purulentes et prurigineuses	**34V** + 33V + 3F + *Du yin* (1)	Ji cheng (Guillaume 1995)
Dysménorrhée, leucorrhées abondantes, inflammation pelvienne	**34V** + 23V + 28V + 4VC + 3VC + 6Rte	Zhen jiu xue jian bian (Guillaume 1995)

1. PC à la base de la face plantaire du deuxième orteil selon Sheng hui fang

5.4. Revues des indications

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

  > Moxibustion belongs to the pure Yang in nature and has the double functions of warrn dredging and supplementatiori. Pushing manipulation can dredge Meridians and promote the circulation of Qi and

invigorate the blood. Combination of them at Baliao point as a clinical treatrnent for gynecological diseases has a significant effect. The article discusses the theory of Baliao point for treating gynecological diseases by rneans of moxibustion and pushing nianipulation in order to provide some ideas for the clinical treatment of similar diseases.

- Wang Ling. An Exploration of Eight-Liao Points. . Journal of Traditional Chinese Medicine. 1995;15(3):195-7 . [54643]. Traduction italienne [57766]
- Cai HH, Wang LL. [Deep Acupuncture at Baliao Points (Eight Sacral Foramina) by Professor Wang Ling-Ling and its Clinical Application]. Chinese Acupuncture and Moxibustion. 2014;34(3):285-8. [172098].

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

6. Etudes cliniques et expérimentales

6.1. Baliao

6.1.1. Constipation

- Zou YY, Ding SQ, Zhou HF, Ye JJ, Xu XZ, Hu GY, Zhang JB. [Development of Researches on the Underlying Mechanism of Acupuncture Stimulation of Baliao-points for Improving Outlet Obstruction Constipation]. Zhen Ci Yan Jiu. 2015;40(5):427-30. [182047].

  Outlet obstruction constipation (OOC) is a common clinical problem affecting many people's daily life quality nowadays. Acupuncture therapy is effective in easing OOC to reduce patients' sufferings by stimulation of Baliao-points i. e., bilateral Shangliao (BL 31), Ciliao (BL 32), Zhongliao (BL 33) and Xialiao (BL 34), which has been confirmed repeatedly in clinical practice. In the present paper, the authors reviewed development of studies on the underlying mechanisms of acupuncture stimulation of Baliao-points for OOC from: 1) lowering the sensitivity of intraganglionic laminar nerve endings (rIGLEs) to rectal mechanical distension during defecation, 2) raising the level of circulating cholecystokinin (CCK) to improve the sensory threshold of the rectum, 3) lowering the excitability of γ-motor neurons in the spinal anterior horns controlling the slow contraction of the rectal sphincter muscle, 4) inhibiting the excitability of sympathetic output from the spinal lateral horns, 5) easing the tonic contraction of the pelvic muscles to reduce the release of 5-hydroxy tryptamine (5-HT), histamine, and other related chemical mediators due to local ischemia. Moreover, further study on the mechanism of acupuncture stimulation of Baliao-points underlying improving OOC may help up find more specific and effective therapeutic targets and provide more reliable experimental foundation and theoretical basis.

6.1.2. Aménorrhées

- Xu Li, Wang Wei. [Treatment of 38 Cases with Primary Amenorrhea by Acupoints Baliao]. Journal of Tianjin University of TCM. 2003;22(3):47. [118809].

6.1.3. Thrombocytopénie

- Xu Meixun. [25 cas de Thrombocytopenie traites par Moxibustion du 3VG et des Baliao]. Journal of New Chinese Medicine. 1983;15(1):34. [1504].

6.1.4. Rétention urinaire du paraplégique

- Zhou LY, Li J, Li CM, Yu ZG, Zhang WL, Zheng M, Meng QG, Wang FY, Sheng ZG. [Observation on Therapeutic Effect of Electroacupuncture at Points Baliao and Huiyang (BL 35) on Retention of Urine Induced by Spinal Cord Injury]. Chinese Acupuncture and Moxibustion. 2006;26(4):237-9. [125822].

  > OBJECTIVE: To explore a more effective therapy for retention of urine induced by spinal cord injury. METHODS: Eighty-four cases were randomly divided into a treatment group of 46 cases and a control group of 38 cases. The treatment group were treated with electroacupuncture at Baliao and Huiyang (BL 35), and the control group with electroacupuncture at acupoints routinely selected. RESULTS: The total effective rate and the cured rate were 82.6% and 43.5% in the treatment group and 63.2% and 23.7% in the control group respectively, with a very significant difference between the two groups (P < 0. 01). CONCLUSION: Electroacupuncture at Baliao and Huiyang (BL 35) has obvious therapeutic effect on retention of urine induced by spinal cord injury.

6.1.5. Lombalgie

- Gu Xudeng, Zhuan Jianming, Yao Yunmei. Electro-Acupuncture sur les Baliao dans le traitement de douleur lombaire : etude clinique sur 64 cas. Journal of Clinical Acupuncture and Moxibustion. 2005;21(4):47. [150659].
- Lu QW, Wang MY, Li QB, Wan YW, Shi DW, Liu ZX, Luo J, Luo CG. [Professor Luo Cai-Gui's Experience of Using Acupoint “Baliao” for Treatment of Low Back Pain]. Chinese Acupuncture and Moxibustion. 2014;34(12):1225-7. [183094].

  > Professor LUO Cai-gui's experience of acupuncture at acupoint “Baliao” with twisting manipulation for treatment of low back pain is introduced. This method has significant efficacy on improving low back pain and numbness of lower extremities, which is characterized with short-time manipulation, quick de-qi and long effective time. The acupuncture methods, manipulations, precautions, etc. are elaborated in details. A typical case is added.

6.1.6. Sciatalgie

- Guézenec X. Traitement des lombosciatalgies par les points Baliao. Acupuncture & Moxibustion. 2005;4(2):126-127. [140241].

6.1.7. Rétention urinaire

- Xudong G. Clinical Report on Treatment of Postoperative Urinary Retention with Acupuncture at

“Four Liao” and Sanyinjiao Acupoints. American Journal of Acupuncture. 1994;22(4):349-51. [57242].

> This study reports on twelve patients with postoperative urinary retention treated with acupuncture Utilizing acupoints Ciliao (BL-32) and Zhongliao (BL-33), bilaterally, combined with acupoint Sanyinjiao (SP-6). Treatment was effective and successful in the 12 patients (100%). The treatment methods are safe, easily mastered, effective and without side effects.

6.1.8. Dysfonction érectile

- Lun Xin et al. Clinical Study on Punturing Eight- Liao Points (BL31-34) with Stuck Needle Method in Treating Functional Impotence. Word Journal of Acupuncture-Moxibustion. 2000;10(1):25. [72217].
- Yang Lieyi. [Medicine Injection of Ba Liao Point Treating 59 Cases of Sexual Impotence]. Shandong Journal of TCM. 1995;14(11):504. [88331].

6.2. Etudes spécifiques concernant 34V Xialiao

- Cury G. Le point du jour : Xialiao (34V) Revue Francaise d'Acupuncture. 2010;144:62-68. [161395]. Xialiao est un des quatres points liao qui permet l'evacuation des pervers localises dans le petit bassin.

6.2.1. Lombalgie et douleur du petit bassin

- Zhang YF, Chen LP. [Treatment of 40 Cases of Female Lumbago and Pain of the Lower Abdomen by Contralateral Acupuncture at Xialiao (BL 34)]. Chinese Acupuncture and Moxibustion. 2012;32(12):1085-6. [162027].

6.2.2. Syndrome du releveur de l'anus

- Min Li, Zhang Hui, Xiong Guo-hua, Chen Bo, Ying Guang-yao. [Observation on the Efficacy of Point Injection at Xialiao Point (BL 34) for Levator Ani Syndrome]. Shanghai Journal of Acupuncture and Moxibustion. 2016;35(10): 1115-11. [191446]. Objective To observe the clinical efficacy of point injection at Xialiao point (BL 34) for levator ani syndrome. Methods A hundred levator ani syndrome patients were randomly allocated to a treatment group and a control group, 50 cases each. The treatment group received point injection at Xialiao point (BL 34) and the control group was intervened by biofeedback therapy. The Visual Analogue Scale (VAS), component scores of the MOS 36-item Short-From Health Survey (SF-36), anal resting and squeeze pressures were recorded in the two groups before and after the treatment. The therapeutic effects and therapy costs were compared between the two groups.Results The VAS, component scores of SF-36, anal resting and squeeze pressures were significantly changed after intervention in the two groups ($P<0.05$). After treatment, the VAS, a part of the SF-36 score [physiological function (PF), body pain (BP), vitality (VT) and social function (SF) scores], anal resting and squeeze pressures in the treatment group were significantly different from that in the control group ($P<0.05$). The total efficacy rate was 88.0% in the treatment group versus 80.0% in the control group, and the difference was statistically significant ($P<0.05$). The therapy costs in the treatment group were (327.31±13.42) RMB and (408.45±21.56) RMB in the control

group, and the difference was statistically significant (P<0.01).Conclusions Point injection at Xialiao point (BL 34) is an effective method for levator ani syndrome.

7. Références

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