

PREGNANCY ORIGINAL NOTES FOR 1986 SEMINAR

NORMAL MAINTENANCE & TREATMENT OF PROBLEMS

(See Julian Scott reprint from Vol. 1 – “Journal of Chinese Medicine”)

1 - CONDITIONS OF NORMAL PREGNANCY:

Adequate circulation and production of qi and blood (as with normal menstruation).

Changes occurring in a woman's body during pregnancy:

- increase in blood
- increase in heat
- increase in dampness
- increase in liver energy
- decrease in kidney energy

If the woman was not pregnant and these changes were present, one would expect different health problems to manifest:

Increase in heat

- hot S and S
- possibly hot blood
- skin problems
- Shen disturbances
- bleeding tendencies
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Increase in dampness

- Spleen transformation and transportation functions impaired, thus symptoms below:
- weight gain
- fluid retention/oedema
- digestive upsets
- feelings of lethargy, vagueness
- tendencies to discharges, excess mucous.
- tendencies to weakness of blood vessels – piles and other varicosities
- vaginal discharges of damp nature
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Increase in dampness and heat

- vaginal discharges of damp, heat nature
- cystitis
- diarrhoea, gall attacks etc. (depending on individual's pre-disposing factors)
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Increase in liver energy

- digestive disturbances/ allergies (allied to decrease in Ki/Liv yin)
- headaches/migraines
- cranky/irritable/restless – cramps in legs and feet
- vision disturbances
- sleeping/ Shen problems
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Decrease in kidney energy (especially Ki yin)

- energy problems
- backache
- bone/especially teeth problems
- yin xu S and S
- fluid problems – allied with liver energy differences, maybe high blood pressure, leading to pre-eclampsia and toxemia of pregnancy.

- 2 - MAINTENANCE OF NORMAL PREGNANCY:

Acupuncturists often feel it is inadvisable to treat women whilst pregnant, but I feel that carefully applied, this form of therapy can be of great benefit to those who have problems during this time. Acupuncture is also useful as a general 'pick me up' and as a preventative measure, against possible late pregnancy or birth complications.

3 - POINTS FORBIDDEN DURING PREGNANCY:

(From original course notes from Dr. van Buren)

At any time – Co 4, Sp 6, 1, Bl 60, 67, GB 21
(Points below are cumulative)

1st month – Sp 2, St 1, Cv 2, GB 2
2nd month – GB 3
3rd month – Pc 4, TH 8
4th month – Pc 6, TH 10, GB 9
5th month – St 4, Sp 4, 8, 9
6th month – Lu 7, Si 10, St 2, 45 any TH point
7th month – Lu 2
8th month – Co 2, 10
9th month – Ki 1, 2, 7, St 36

4 - SAFETY CONSIDERATIONS OF GENERAL MANAGEMENT:

The normal state of pregnancy involves changes in the woman which if occurring at other times are likely to cause health problems. These normal changes are :

- increase in blood
- dampness
- heat
- liver energy
- decrease in kidney energy.

Any treatments which alter the above conditions may cause problems, either obvious, or subtle, to the mother or child. I would suggest that points and techniques which cool the blood, remove heat and dampness, sedate liver energy, or greatly alter the kidney energy or blood levels would be inadvisable, unless the woman is suffering from an obvious pathological change in one of these directions. An example would be of acute damp heat in the liver luo meridian (i.e. acute vaginal infection) – my suggestion would be for the woman to seek medical attention, rather than you as practitioner, sedating the damp heat from the liver meridian, due to considerations to the child and the pregnant condition.

Other areas to avoid are: the obviously pregnant belly, and the sacrum. Strong techniques on lower sacral points are given as part of labour hastening treatments, thus great changes in that area would be inadvisable.

Points which I avoid also are the command points, especially yuan points, which may tap the woman's source qi.

These proscriptions leave plenty of acupuncture points left, predominantly on the body, especially the back. Points I have used and would recommend using are:

- Bl 13 – increase lung capacity
- Bl 14 – help calm the Shen
- Bl 43 – general tonification
- Bl 17 – increase blood and qi, diaphragm point
- Bl 46 – ‘happy point of pregnancy’, supposed to increase oxygenation of blood (especially useful) (from Dr. van Buren).
- Bl 18 – help tonify liver energy (wood/regrowth/birth)
- Bl 47 – calm the woman’s liverishness and general emotional state; also may be useful in morning sickness treatments
- Bl 20 – tonify spleen and digestive system
- Bl 23 – (with caution) tonify kidney qi
- GV 4 – increase yang and tonification point
- Bl 24 – “Sea of qi” point – tonification
- Ki 25 – help tonify yin, especially of kidneys
- Liv 14 – assist the free-flowing of liver qi. Useful in tonifying liver energy, in relation to birth, and growth of foetus.
- Ki 6 – tonify kidney yin
- Co II – (tonify or even method) especially with GB34; assist in calming mother, allowing relaxation, especially if tendon and ligament problems.
- Liv 13 – (if pregnancy not too advanced) especially with CV12 to improve digestive functions

My suggestion in treatment is to see the woman at three and six months gestation to treat only the child – using tonification of Ki9 bilaterally only. At the six month stage, the woman will probably feel a great deal of movement whilst the needles are in place. The reason given for the treatment is to improve the health and future of the child by negating some of the stored perverse qi in the extra meridians, and to raise its constitutional energy.

5 - PRE-LABOUR TREATMENTS:

Three weeks before due date, tonify St 36, GB 34, Ki 8 and Bl 62 bilaterally to prepare the uterus and pelvis for delivery. Repeat weekly until birth.

(HB addition 2007) See my work in “What Dads Can Do” pub 2005, and accompanying DVD – “Birthing and What Dads Can Do”

PROBLEMS OF PREGNANCY:

1 - MORNING SICKNESS:

Feelings of nausea, maybe leading to vomiting, often in the morning, but possibly on and off all day, regardless of state of general, or digestive activity.

Consider in a non-pregnant state, this symptom is indicative of the normal movement of stomach qi (downwards) being impeded, leading to a rising of stomach qi. Factors usually influencing this condition are:

1. Stomach and spleen qi xu, with or without,
2. Invasion of – cold and/or damp,
3. Liver qi invading the stomach-spleen, and
4. Dietary factors such as too much or too rich, or spoiled food retained in stomach.

Western explanations for the condition involve the normal changes which are occurring within the first three months.

Symptoms – nausea, vomiting, maybe immediately after eating, exceptionally choosy about food, vomiting bitter fluids or blood with food.

Aetiology –

1. **St qi xu** – underlying the discontinuation of menstrual flow after pregnancy, leading to a relative excess of qi of Chong Mai. Excess qi ascends to invade the stomach through meridian point St 30. Thus stomach qi fails to descend, thus nausea and vomiting.
2. **Sp xu** – failure of transformation and transportation, thus production of phlegm damp inside.

Or retention of phlegm fluid in middle jiao – underlying the cessation of menstruating leading to qi of Chon Mai rising to the stomach, carrying phlegm-damp with it.

Differentiation -

1. **St qi xu** – distention and fullness of epigastric and abdominal regions, nausea, vomiting of clear fluid or food. Lassitude and desire to sleep. Tongue pale and white fur. Pulse weak, maybe slippery.
2. **Phlegm** – vomiting of sputum and sticky mucous, oppression in chest, palpitations, shortness of breath, poor appetite, tastelessness in mouth. Tongue sticky white fur, slippery pulse.

Treatment Principles –

1. *Tonify stomach and calm middle jiao.* Regulate qi and make qi descend. St 36- CV12, 13 (crossing point of St and Ren Mai), Sp4, Pc6.
2. *Tonify spleen and resolve phlegm.* Pacify stomach and make qi descend. Sp9 and St40, St 36, CV12 to pacify and descend St qi.

Felix Mann gives 3 categories –

1. **Sp & St qi xu/phlegm** – vomiting phlegm, heart troubled, dizzy head, limbs tired and lethargic, likes sour food, dislikes normal food. Pulse slippery and weak or slow, tongue – light furred white. BI 20, 21, Cv 12, Liv 13, Pc6. Secondary – Liv 2, Sp4, St36.
2. **Liver qi depressed and congealed** (qi not circulating) – Chest and ribs swollen and full, head and eyes dizzy, maybe cold manifestations, likes sour food and is choosy, can't eat, body no strength, mouth may be dry and maybe

constipated. Pulse deep, weak and slippery, tongue furred white. BI 18, Liv 13, BI 20, 21. Secondary- Liv 2, St 43, Pc 6, St 36.

3. **Liver rebels, stomach hot** – nausea and vomiting. Heart (Shen?) troubled, anxious, annoyed, likes cold and dislikes food. Vomitus sour, head painful, dislikes heat, constipation, concentrated urine, pulse wiry, slippery, fast and tongue showing heat signs.. BI 18, 19, 21, St 36, Pc6, Liv 3, St 44, GB 34.

ESSENTIALS OF CHINESE ACUPUNCTURE.

Morning sickness. (P. 379).

General vomiting (P. 353)

General weakness of St qi, and a reaction to the development of foetus, nausea and vomiting about one month after pregnancy.

Vomiting after food intake, or at sight/smell of food.

Fullness in chest, dizziness, blurring vision, lassitude.

St 36, Pc 6, Cv 13, ear Liv, St, Shenmen, sympathetic nerve.

Dr Yu Ming Chuang gives similar discourse above, but treats moxa Cv 12, TH 4, needle Pc 3, St 36, to harmonize qi flow in middle jiao.

Jeremy Ross in *Journal of Chinese Medicine* P13, No. 12

Cv 12, Sp 4, Pc 6 are principle points used.

1. Fire in Liver and Stomach – in pregnancy, blood in uterus no longer descends, and may go 'turbid' and join with fire in stomach and liver rebelling upwards. Pain in flanks, depression, oppression in chest, belching and sighing in discomfort. Secondary needle Liv 3, St 44.
2. Phlegm and Damp Obstructs Stomach – Qi of stomach doesn't descend, causing stomach upset, feeling of chest fullness and obstruction in stomach, food seems tasteless. White greasy tongue fur. Maybe palpitations and breath shortness. St 40 also.

My personal additions – Cv 24, Ki 21 as 'bandaids' to nausea. May be helpful to show patient location of Cv 24 to be pressed as an antidote for nausea.

I have found often morning sickness is part of an overall pattern of deficiency, usually of kidney and spleen yang xu with possible blood xu secondarily. Treatment as outline under miscarriage may remove nausea symptoms.

If patient is of this type, moxa at home on points as Cv 12, Pc 6 and Gv 4 occasionally may be of benefit. (This problem is likely to right itself after 12-14 weeks gestation, and appear between treatments, thus giving her something to do to assist, if nothing else is good for patient relations). Relevant Chinaherbs may be more useful than continual acupuncture.

2 - MISCARRIAGE (THREATENED, NOT INEVITABLE)

From Journal of Chinese Medicine No. 12, P. 13

Threatened, or habitual (more than 3) miscarriage –

1. Qi and blood xu – dizziness, palpitation and lassitude, easily tired, hypersomnia, pulse fine and weak, tongue pale. CV 6, St 36, Ht 7
2. K1 qi xu – lumbar soreness, weak limbs, dizziness, poor sleep, frequent urination (deficient fire of Ming Men)). Bi 23, 28, Gv 4, Cv 4, St 36.
3. Blood Heat – light red discharge, dizziness, irritable, dry mouth and stool, thirst, yellow urine, maybe skin symptoms. Pulse fine and rapid and slippery,

tongue hot, manifestations. Bl 15, 18, 20 to resolve damp in lower heater Sp 9, Cv 3 (if under 12 weeks pregnant).

Bob Flaws in "Path of Pregnancy" mentions 6 types of 'Motion of foetus' –

1. Qi Xu Motion of Foetus – Characterized by frequent vaginal bleeding at an early stage of pregnancy, of a light yellow water. May have a feeling of falling or motion in lower abdomen, sore loins and abdominal swelling, white complexion, low spirits, heaviness in head and anorexia.
Pulse weak, tongue bright red, thin white coat.
Tonify qi to secure foetus.
2. Blood Xu Motion of Foetus – Characterized by sore loins and abdominal swelling, falling feeling of lower abdomen, feeling of motion of the foetus (downwards?) vaginal bleeding, withered yellow complexion, dizziness and palpitations.
Pulse fine and weak.
Tonify blood to secure foetus.
3. Kidney Xu Motion of Foetus – Characterized by abdominal swelling and lumbago, vaginal bleeding, weak legs, tinnitus, dizziness, polyuria, history of previous miscarriage.
Tonify kidneys to secure foetus.
4. Hot Blood Motion of Foetus – Menstrual flow during pregnancy of bright red blood. Patient has red face and lips, hot sensations and dry mouth and throat. Yellow, scant urine, constipation. Rapid pulse and red tongue, dry yellow fur.
Clear heat and nourish the blood.
5. Liver Qi Congestion Motion of Foetus – Motion of foetus with abdominal pain and/or vaginal bleeding, chest congestion, pain in ribs, belching, anorexia or vomiting of bitter or sour. Wiry pulse and thick greasy tongue fur.
Calm the liver, disperse live qi congestion and regulate the qi to secure the foetus.
6. Traumatic Injury or Accident – Characterized by vaginal bleeding or motion of foetus after external injury, or from extreme fatigue. Pulse weak.
Regulate the qi and nourish the blood to secure the foetus.

DISCUSSION – Threatened miscarriage is treated primarily by Western medicine by bed rest, and if possible, not worrying. Some doctors are beginning to suggest supplements like folic acid as a preventative and therapeutic measure.

In practice, I have found threatened miscarriage a very easy problem to correct, if treatment is prompt. Initial symptoms include, cramping of the uterus, lower back ache, tiredness and loss of a brownish/light red discharge. As the pain intensifies and the discharge becomes more coloured and persistent, the chances of saving the pregnancy decline. My suggestion is to treat the patient at home, as complete rest is advisable, due to the usually deficient nature of the condition.

Major points are Gv 20 and Ki 9.

Additional treatment depends on the differentiation of the individual's condition. Most cases I have treated have been classically Ki and Sp yang xu with underlying qi and blood xu.

Typical treatment regime includes – moxa on GV 3 and 4, B1 23, CV 4 and 6. If I feel external cold is a factor, light cupping on upper and/or lower back areas may be

used, navel cupping, with moxa cones on salt at the navel following. The above points are then heated. Acupuncture points tonified at the same time are usually a selection from –

- Bl 13, 43 – to tonify qi
- Bl 14, 18, 47 – calm the anxious mother-to-be
- Bl 17, 46 – to build blood – Bl 17 possibly moxa and needle
- Bl 18 - to tonify liver functions of regrowth, birth, renewal
- Bl 20 – to tonify spleen and thus digestive function
- Bl 23 – to tonify kidneys
- Bl 52 – to work on the more emotional, fearful aspect of threatened miscarriage
- Bl 24 – ‘sea of qi’ of lower heater

A selection of abdominal and limb points follow depending on symptoms.

Liver 14 – to harmonize the liver function, and again work on the more esoteric ideas of liver/wood element being the beginnings of life/instilling life force/spirit to the foetus.

Liver 13 and Cv 12 – to aid digestive function

GB 25 and Ki 25 – to tonify kidney qi

Ki 6 – to build kidney yin

Co II, GB 34 to aid abdominal and general relaxation

Obviously cases involving hot blood need such blood cooling points such as Bl 17, Co II, Sp 10, Bl 11, 40.

Practitioner discretion must be used in deciding to treat a threatened miscarriage, or allow nature to go its course. In deciding whether to act, previous history and present observations are vital. Ideally a woman presents before conception, for tonification, thus eliminating most of the possibility of problems during pregnancy.

If a history of miscarriage by incompetent cervix is the case, possibly a suture has already been inserted to hold the cervix shut. In either case, the probable outcome of the treatment is positive, as long as complete rest and much treatment – both of herbal and acupuncture methods is followed. Oral ingestion of folic acid supplements is essential, at least at 2 or 3 x recommended dosage throughout the day until all possibility of miscarriage is passed.

3 - PREMATURE LABOUR

I tend to see this as an extension of the above. Many women with tendencies to this problem manage either with or without hormonal therapy, to stay pregnant till the end of the 6th month, then go into premature labour. As with threatened miscarriage, very early acupuncture intervention will probably halt the process. Treat as for miscarriage, major points Gv 20 and especially Ki 9. Folic acid supplements, relevant Chinese herbs.

4 - ABDOMINAL PAIN DURING PREGNANCY

(Perhaps also painful Braxton-Hicks contractions?)

Bob Flaws in ‘Path of Pregnancy’ states there are 3 categories –

1. Cold attacking the womb – cold pain in the lower abdomen as if being fanned, a sensation of swelling inside the womb, fear of cold, esp. in the back, occasional fever, wiry slow pulse.
Expel the cold and tonify yang
2. Qi congestion – swelling and pain in the chest and abdomen, esp in the ribs on both sides, after several months of pregnancy. Depression and nervousness, belching, intestinal rumbling and anorexia. Wiry pulse, thin greasy tongue fur.
Regulate qi, promote smooth flow of qi and disperse stuck qi.
3. Qi and blood xu – pain that drags on, relieved by heavy massage, withered yellow complexion, possible oedema, fatigue, dizziness, spots in front of eyes, dry skin, palpitations, dyspnea, thirst, but no desire to drink, fine weak choppy pulse.
Tonify qi and blood.

DISCUSSION – it is normal to experience painless uterine contractions throughout pregnancy. Women tend to be more aware of these after the first pregnancy. Contractions that are painful, or a generalized lower uterine aching, relieved by warmth, with a cool/cold to touch belly, should be treated as invasion of cold, probably with underlying blood xu. Chinese herbs may be more useful than acupuncture alone. Ki 9 tonified usually instantly relieves bothersome, frequent uterine cramping during pregnancy.

5 - BACKACHE

If the woman commenced pregnancy with kidney qi weakness, she is most likely to develop this symptom, often well before structural physical reasons for this. General kidney and local tonification should ease the condition. Sudden unexplained onset at any stage of the pregnancy may be a sign of early labour/threatened miscarriage, and a prudent practitioner may treat it as such in addition to specific back therapy.

6 - RETENTION OF URINE (may be beginnings of pre-eclampsia)

Bob Flaws cites 4 categories-

1. Qi xu – retention of urine, or scant, frequent urination. Swelling and muscular contraction in the umbilical regions with pain, pallor, fatigue, heavy head dizziness, dyspnea, too tired to talk. Weak pulse.
Tonify qi and yang. Moxa Gv 20 and SP 9.
2. Ki xu – difficult, but frequent urination followed by retention, swelling and fullness in lower abdomen, inability to lie down, dark complexion, oedema of all limbs, sore limbs, weak legs, watery stools. Deep, weak pulse, white fur on tongue.
Warm kidneys, transform the qi and promote flow of urine.
3. Damp Heat Invading the Bladder – scant stream of coloured, maybe red urine followed by retention. Nervousness, red complexion, internal heat symptoms, heavy head, dizziness, bitter taste in mouth. Constipation, fast pulse and heat manifestations on tongue with greasy coating.
Cool heat and remove dampness.
4. Qi Congestion – usually in the 7th or 8th month of pregnancy. Retention of urine with pain and swelling in lower abdomen, depression, inability to lie down, normal appetite. Deep, wiry pulse, swollen tongue.

Regulate qi and promote urine flow.

7 - CYSTITIS DURING PREGNANCY (may also lean towards later pre-eclampsia)

Bob Flaws cites 3 different categories –

1. Full Heat – shows up during first several months of pregnancy. Reddish-yellow, frequent, scant urination. Maybe dribbling urine with pricking pain, slightly red face, depression and nervousness, bitter taste, constipation, dry mouth, hot, dry, deterioration of tongue and gums. Rapid full pulse.
Clear the heat.
2. Deficiency Heat – yellow, difficult, painful, frequent urination; heavy sensations and dizziness, malar flush in afternoon, dyspnea, depression, insomnia or troubled sleep, difficult bowel movements, fine rapid pulse. Red tongue with thin yellow dry fur.
Tonify blood and yin. Maybe clear heat first.
3. Qi Deficiency – again develops during initial pregnancy. Polyuria, with slight incontinence, pain after urination, swelling across loins. Clear white (turbid, damp) urine. Slow, weak pulse.
Tonify qi.

8 - EDEMA DURING PREGNANCY

Bob Flaws categorizes 3 types – Spleen and Kidney Xu and Qi stagnation, which are fairly straightforward –

1. Sp Xu – 4 limbs oedema, face and eyes. Withered yellow face, anorexia, watery stools, undigested food. Hollow pulse and pale tongue, thin moist fur.
Tonify spleen and promote flow of water (person probably has morning sickness and great lethargy).
2. Ki Xu – same initial symptoms, with darker complexion, cold signs and symptoms, abdominal distension, sore lumbar area, dyspnea, palpitations, weak legs. Slow pulse, tongue as above.
Tonify yang and kidneys and promote flow of water (person possibly threatened miscarriage, lack of energy also).
3. Qi Stagnation – symptoms appear after first 3 or 4 months. Oedema spreads from feet to legs to abdomen. It is more pronounced as day progresses. No skin colour change. Maybe mental depression, chest congestion, pain in ribs, anorexia. Deep, wiry pulse, tongue thick and greasy fur (maybe considered pre-eclampsic condition).
Regulate qi flow.

DISCUSSION – I feel the latter case may be one of more liver involvement than is given credit. In such cases, I would suggest symptoms come on with a change in weather in later pregnancy – either heat and humidity together or separately, coupled with primary frustration or secondary, due to liver qi involvement. Irritability and shortness of temper, beginnings of higher blood pressure, and of symptoms of liver and kidney yin deficiency. I would suggest treatment involving heavy liver yang sedation and transforming damp. Liv 2, Sp 9, BI 18, 19, 20 coupled with general calming points, Pc 7, Shen Men, BI 14, 47 Co II, GB 34. Followed by yin tonification, Ki 6, 25, Liv 14.

9 - PRE-ECLAMPSIA

A condition typified by sudden, excessive weight gain, hypertension and proteinuria. Blood is not filtered properly by the kidneys, due to excessive speed and pressure of circulation. Protein that should be used by the body is forced through and spilled into

the urine. Oedema and compensation mechanisms in the body may, due to protein loss, become so severe as to cause both swelling of the brain and retina, thus extreme headaches and visual disturbances.

Pitting edema may present half-way up the shins, and over the sternal area. This condition can cause placental insufficiency and foetal growth retardation – due to hypertension. Also higher risk of premature placental separation.

10 – ECLAMPSIA

Felix Mann –

Heart and liver meridians depressed and hot – Sudden collapse, cramp and muscle spasms, unconsciousness.

Gv 26, 20, 16. Bl 10. Secondary St 36, GB 34, Pc 6 or Ki 2, Pc 7, GB 21, 34, Si 14, St 36.

Journal of Chinese Medicine Vol P.14 – oedema of feet and legs is an early warning of convulsions. Due to kidney xu and dampness.

Bob Flaws –

1. **Blood Xu** – withered, yellow complexion, dizziness of head and eyes, palpitations, dyspnea, light oedema of ace, eyes, legs, sudden collapse, twitching of extremities, sound of sputum in throat. Pulse fine, rapid.
Disperse wind and nourish blood
2. **Hot Liver** – dizziness and spots in front of eyes, red complexion, fever, depression and nervousness, sudden collapse, twitching of all limbs, red lips. Wiry, rapid, full pulse, crimson tongue, yellow, brown coating-
Expel wind, clear heat, sedate liver, nourish blood.
(Treatment, if rendered at this point is of first-aid/life-saving nature till medical intervention. Maternal mortality rate 10 – 15%.)
3. **Invasion of Wind Cold** – usually develops after first 3-4 months of pregnancy. Pain in limbs with occasional oedema and puffiness of face and eyes, dislike and fear of wind and cold. Headaches and dizziness, sudden vomiting during attack with fever, red, itchy sores on skin. Collapse, twitching of extremities and opisthotonos and superficial pulse. Light tongue body, white, moist fur.
Expel wind, disperse cold, nourish blood, and relieve spasms.

11 – HEARTBURN

This deserves a mention as a common side effect of hormonal changes on the woman's body. The contents of the stomach are supposedly more acid during pregnancy, and the oesophageal sphincter is more relaxed. With increased pressure on stomach and diaphragm by expanding uterus, and relocated internal organs, acid reflux symptoms occur.

From a classical TCM viewpoint, symptoms are of a hot, maybe shih nature, although this is possibly a local phenomena only. The situation may be aggravated by liver qi stagnation and irritability, leading to "liver insulting earth". The condition may appear after certain combinations of food types, hurried eating, large meals, excessive exercise, or around later evening, when the stomach energy is weakest.

Relief may be gained by observing and following life-style changes for the remainder of pregnancy, and/or needling points which either sedate stomach and/or liver fire, or tonify the stomach's descending function.

12 - FETAL DEATH

Bob Flaws gives 3 categories –

1. Simultaneous qi and blood xu – fatigue, emaciation, pallor, palpitations, dyspnea, cold pain in abdomen and/or halitosis, cessation of foetal movement, vaginal discharge of light red, watery blood. Pulse hollow, big, retarded.
2. Qi stagnation – cessation of foetal movement, mouth feels greasy and tastes bitter, halitosis, chest congestion, abdominal distention. Sighing, a dark, grey complexion, discharge of sticky, greasy yellowish water or red fluid from vagina. Pulse wiry, tongue- greenish tongue.
3. Blood stagnation – cessation of foetal activity, vaginal discharge of purplish-black blood, halitosis. Deep retarded pulse. Mother's pulse, with death of foetus, theoretically loses the slippery feel.

TREATMENT TO EXPEL – TONIFY Lu 7, THEN SEDATE SP 6 – Medical intervention often is slow in cases of missed abortion/foetal death and induction of labour may be delayed by doctors who may let nature take its course. Normal induction with acupuncture in this case may have the effect of initiating labour.

13 - MALPOSITION OF FOETUS

Considered if foetus is in other than head down position. Possibly also other than occipit-anterior position. Chinese sources quote a 91% success rate-treatment at or before 34 – 36 week stage.

Moxa on BI 67 bilaterally for 30 mins. Daily or twice daily treatment up to 10 x.

AETIOLOGY (from Nanjing Seminar)

Constitutional deficiency of kidneys, excessive sexual activity or excessive childbirths may injure the kidneys, leading to deficiency of jing and blood. Nourishment of the foetus is injured, due to deficiency of kidney, leading to malposition.

14 - INDUCTION OF LABOUR

(Shanghai text P. 677) Treatment is directed toward activating the blood and qi to strengthen and move the uterus.

BI 31, 32, Co 4, Sp 6. Moderate stimulation with continuous needle manipulation for 15- 30 minutes. Uterus and endocrine ear points.

DISCUSSION – I have found the combination of Co 4, Sp 6, GB 21 and BI 31-32-33, after strong sacral massage, and massage down the lower GV points assists in the ripening of the cervix. Women who have had several consecutive daily treatments normally go into labour, with easier, more effective contractions than previous births. Needling of BI 67 and BI 60 may also be of use.

15 - DIFFICULT LABOUR

(Nanjing Seminar) Is called difficult if after 24 hours of labour, birth is not imminent. May be the result of abnormality of uterine contractions, imbalance between size of foetal head and pelvis, or malposition. Only first instance is treated.

AETIOLOGY AND PATHOLOGY

1. Weak body constitutionally with deficient zhong qi.
2. Expectant mother exerts herself too early in labour leading to consumption of qi and blood
3. Amniotic fluid flows out too early – leads to dryness of blood.
4. Fear and nervous tension before delivery – leads to stagnation of qi and blood
5. Excessively relaxed life during pregnancy – leads to stagnation of qi and blood
6. Exposure to pathogenic cold during delivery – leads to accumulation of cold and thus stagnation of qi and blood.

Basically shih and xu categories:

- a. **Qi and blood xu** – mild intermittent abdominal pain during delivery, with/without mild bearing down sensations, prolonged labour, pallor, lassitude, palpitation, breath shortness, pulse deep, fine, weak, tongue light red body, thin, white fur.
Tonify qi and blood to induce labour St 36, Sp 6 (to tonify qi)
Ki 7 even method to tonify kidney and strengthen force of delivery
BI 67 sedate and retain (empirical point for induction).
Moxa Cv 4 and 6 if lassitude.
Needle Pc 6, Ki 3 shortness of breath and palpitations.
- b. **Stagnant qi and blood** (usually from (4) above).
Severe pain in back and abdomen. Scanty loss of dark red blood, prolonged labour, dark blue complexion, nervousness, distention and stiffness of epigastrium, nausea and vomiting, pulse deep, wiry tongue dark red.
Promote smooth circulation of qi and blood.
BI 67 as above
Liv 3 for severe abdominal pain
Pc 6, GB 21 – chest and hypochondrium distention and fullness (even method).

Felix Mann says the problem is due to a liking for leisure, excessive sleeping and resting – qi and blood stagnate.

Co 4, Sp 6, GB 21, BI 67

Secondary points – Co 14, St 30, Sp 15, GV 2, BI 23, 33

Shanghai text either Co 4, St 36 or Sp 6, Co 4. After obtaining qi, stimulate each strongly for a minute.

Alternatively Co 4, Sp 6, Liv 3, BI 60, 67 strong stimulation

Sp 12, Liv 4, St 30, Co 4, Sp 6, GB 21.

Bob Flaws in Path of Pregnancy suggests induction labour by Co 4, Sp6, GB 21 BI 67 or Co 4 Sp 6, Gv 1, Sp 9.

Hastening of first stage, either slow to dilate, or has slowed down – Co 4, Sp 6, Liv 3, BI 31.

Atony of uterus – tonify St 30, GB 34, Cv 3, then sedate Sp 6.

Drink essence of chicken and ginseng to restore flagging energy.

Painful labour (!) Sp 6, Co 4, BI 60, Liv 3, Co 4.

16 - RETENTION OF PLACENTA

Bob Flaws –

1. Physical Exhaustion (Qi Xu) – fatigue, pallor, fear of cold, (maybe yang collapse if extreme, including uncontrollable shaking and unconsciousness), dyspnea, abdominal swelling which pressure relieves. Pulse hollow and weak.
Tonify Qi and nourish blood.
2. Invasion of perverse cold during labour – dark blue complexion, cold pain in lower abdomen, desire to vomit with the pain, scanty or suppression of lochia, pleasant taste in mouth, deep, wiry retarded pulse.
Expel cold and promote Qi flow.
GB 21, Bl60, Co 4, Sp 6 (all sedated)
Cv 3, 4, 6 and/or Bl 67 may be added.

Additional formula – coupling of Chong Mai R Sp 4, L Pc 6 or

Bl 60, TH 5, GB 21, St 18, 31, Sp 8, 9, Cv 3, 4 and 6.

Chinese herbs Persica and Rhubarb may also promote post-partum discharge.

17 - POST-PARTUM HAEMORRHAGE

Bob Flaws – Spleen, qi or blood xu.

These aetiologies should have been corrected well before labour.

Moxa on Sp 1 and Liv 1 is classically given.

First aid – tonify Sp 9, St 36, TH 6 and retain needles 30 minutes, remove and moxa St 36. If blood loss followed by chills, moxa Cv 4, 6, 8.

My suggestion is that this problem usually occurs with placental retention and may need to be treated by at least heavy massage of the Chong Mai couple.

POST PARTUM CARE

Nei Jing says “A new mother has a decrease in internal liquids, and a deficiency of blood. Her will is weak, and she is disturbed mentally. She may speak nonsense, and insanely, and to cure this, the blood must be supplemented”.

Although not all mothers suffer to this extent, problems to some degree or other post-partum can be attributed to blood and yin xu, thus blood tonification is of major importance after birth.

1 - EXCESSIVE OR CONTINUAL DISCHARGE

Bob Flaws –

1. Qi xu – dripping of lochia beyond normal duration. Is light and thin, fatigue, palpitation, dyspnea, sore loins, abdominal distention, falling sensations in lower abdomen and anorexia
Tonify Qi and warm Yang
2. Hot Blood – continuous discharge of bright red colour and offensive odour, occasional abd. swelling, red face, dry symptoms, weak, fast pulse. Hot tongue manifestations.
Disperse heat, Nourish Yin
3. Blood Stagnation – discharge of black-purple colour, or mixed with blood clots, shi abdominal pain, lumps in lower abdomen chest congestion and

pain, anorexia, periodic fever, delirium, constipation, black stools, dark grey complexion. Deep wiry pulse.
Move Blood Congestion
Basic treatment of all – sedate Cv 3, 4, 6, and 7.

2 - ABDOMINAL PAIN POST-PARTUM

Women tend to experience uterine contractions of varying intensity after birth, as the uterus returns to a non-pregnant condition, factors which may give rise to painful and disruptive contractions, esp. during breast-feeding are due to:

1. Invasion of cold during labour and birth
2. Blood xu, possibly after haemorrhage
3. General qi and blood xu
4. Blood stagnation.

All these categories can be differentially diagnosed and treated accordingly. The types may overlap.

3 - POST-NATAL SPASMS (*Felix Mann*)

1. Blood xu after birth and wind evil ascends and invades body, muscle spasms and pain, unable to stretch, no sweating, pulse floating and slow, tongue slightly white. Pc 3, TH 5 secondary Co 4, Co 11.
2. Blood xu after birth – unable to use muscles, spasms and pain, sweating, pulse empty, tongue pale, Pc3, St 36, Secondary Cv 6.

4 - PAIN IN LOWER ABDOMEN AFTER BIRTH (*Felix Mann*)

1. Dead blood not expelled – slight pain in lower abdomen, pulse rough, St 25, Cv 4, Secondary Sp 4, 10.
2. Water stored in lower body – lower abdomen hard and painful. Dysuria with slight urinary incontinence, abdomen swollen and painful, urination rough and incontinent, deep pulse. Cv 3, St 28, Sp 9, Ki 7.
3. Dead blood – low abdominal pain, hard resists pressure, polyuria, tongue dark purple.

5 - DIFFICULT BOWEL MOVEMENTS POST-PARTUM

Bob Flaws specifies 2 categories – Blood xu and accumulation of excess heat (maybe from yin xu from blood xu). Again the type can be differentiated by symptoms.

6 - POST-PARTUM URINE INCONTINENCE

Bob Flaws specifies 3 categories –

1. Qi xu
2. Kidney xu
3. External injury to bladder (during labour)

7 - SUPPRESSION OF URINE POST-PARTUM

Bob Flaws specifies 3 categories –

1. Qi xu
2. Kidney xu
3. Qi stagnation

8 - SUPPRESSION OF LOCHIA

Bob Flaws –

1. Blood xu – scant light discharge that stops suddenly. Empty and swollen sensations in lower abdomen, better with massage. Dizziness, fatigue, tinnitus, dyspnea, palpitations, fine weak pulse.
Tonify Qi and Blood
2. Qi Congestion – scant discharge. Abdominal swelling and pain affecting lumbar and rib region. Wiry pulse.
Regulate Qi and disperse congestion
3. Blood Stagnation – scant or cessation of discharge. Pain in lower abdomen of shi nature – maybe lumps. Deep, retarded pulse, purplish tinge to tongue
Disperse blood stagnation

Dr Yu Ming Chung – retention of altered blood/no lochia

1. Chill Intrusion Just Before Delivery – qi and blood pool inside the body and organs affected by delivery and blood loss, leading to retention.
2. If stagnant – hardness and pain in lower abdomen gradually becomes full and tight below the heart, followed by stupor, lockjaw, and coma. Full purple complexion, purplish tinge to tongue.
Cv 4, 3, Sp 6. Moxa Cv 4 after needling. If lockjaw St 3, GV 25
3. If xu – face wilting yellow or white. Dizziness, vertigo, palpitations, dazzling of vision, lower abdomen soft and painless, empty pulse.
Moxa Cv 3, 4, 6, St 36

9 - POST- PARTUM INSOMNIA

Women with blood xu condition may produce plenty of milk, but may experience insomnia and night sweats along with other blood and yin xu symptoms. Usage of herbal blood tonics, plus acupuncture to tonify blood and yin and calm the Shen should be used.

10 - HAIR LOSS POST-PARTUM

Occasionally after several months of breast-feeding, gradual and constant hair loss is noticed. Hair may be quite thin before the new mother notices. Classically this is an area of poor nourishment of the kidneys, and a blood deficiency symptom. The problem responds very well to general and blood tonification. It is unlikely, though possible, that this is the only symptom. Warn the mother that treatment will increase the likelihood of return of fertility and menstruation, so she can take steps to avoid further pregnancy in her weakened state.

Stopping lactation is theoretically desirable, to conserve her energies, but may not be practical. Use of blood and qi tonics, especially Chinese herbs along with acupuncture and general lifestyle changes will produce good results.

11 - INSUFFICIENT LACTATION

“Essentials of Chinese Medicine” lists 3 aetiologies –

1. poor health and deficient qi and blood.
2. post partum haemorrhage.
3. mental depression affecting the liver.

Shanghai text P. 677 states mild production occurs by the action of Chong and Ren Mai, and is dependent on the state of qi and blood in the body. If after delivery, lactation is suppressed or insufficient, usually qi and blood xu, or emotional depression leading to the liver constricting the vessels and preventing milk flow.

Move and regulate Qi and blood

Cv 17 needle transverse insertion towards each breast. St 18 transverse, toward breast, so needle sensation extends upwards. Moderate/strong stimulation add BI 20, St 36 for qi and blood xu and BI 18 for liver involvement. Moxa 10-20 minutes Cv 17, St 18 (also Si1).

PHYSIOLOGY OF LACTATION:

Traditional Chinese Medicine (TCM) shows us that Chong Mo, one of the 8 Extra Meridians is responsible for the production of blood, and along with Ren Mo, the process of menstruation in women. In a non-pregnant state, the normal flow of Chong Mo is considered to be downwards (i.e. menstruation); during the post-natal state upwards (i.e. lactation).

Ren and Chong Mai, as all extra meridians, work efficiently only if all other organ and meridian systems are function adequately. The process of menstruation and lactation occur normally if the individual has adequate qi and blood production and circulation. This infers that an individual who is successfully breastfeeding has been, and is now in a reasonable state of health.

Considering the physiology of qi, blood and body fluid production falls beyond the scope of this article, I would refer those who wish a concise explanation on this topic to articles entitled “The Origin of Qi and Blood” and “The Functions of the Zangfu”, Part I & II appearing in the Journal of Chinese Medicine, published in England.

Factors directly influencing milk production, separate to those influencing qi, blood and body fluid production, are those relating to liver energy. The same publication, Volume 14, has a very good article on liver physiology and pathology.

The liver meridian sends internal branches through the breast area. The liver organ’s main role is that of governing free flowing and unrestrained movement within the body. The liver is affected directly by deficiencies of blood causing malnourishment of menses, muscles and tendons, the Shen, and all aspects, indirectly of the individual. The liver is the organ which is likely to become upset, or secondarily affected in any condition of stagnation in the body. It is also likely to become involved in any situation of blood or yin insufficiency, or in any condition involving emotional disturbance.

LACTATION WOES:

The major area of concern to be addressed by this article is one of insufficiency of milk supply. There are two major reasons for this condition in TCM:

1. Lack of blood and/or qi
2. Constrained liver qi

It must be realised that both of these factors may be present in the person presenting for treatment, and neither condition may be seen as either totally one problem or the other, but as a merging of degrees of both.

1. **Lack of Blood** – this condition may have
 - a. preceded pregnancy;
 - b. become apparent during pregnancy;
 - c. occurred as the result of the birth process;
 - d. occurred as a lack of adjustment to new parenting role.

Discussion

- a. The patient may have possibly experienced difficulty conceiving or maintaining the pregnancy. She may have had health problems during pregnancy and menstrual disorders prior to the child's conception. She may not be a suitable person to breastfeed, as her body may not be sufficiently nourishing itself, let alone nourish another. It must always be considered that weaning, although not what the patient wishes to do, may be in both mother and child's best long term interests.
- b. The patient may have possibly become blood or qi deficient during pregnancy because of relative neglect of her body's needs – either dietary or rest orientated, thus she may now be in a position where rest and dietary counselling is required, along with a few treatments aimed at tonifying blood and qi production and circulation.
- c. The patient may have experience haemorrhaging at birth. If the blood lost was not replaced, the Chong Mo and the total body would be under a double load trying to manufacture the lost and required blood, plus establish and maintain a regular supply of milk for the infant.
- d. Perhaps an aspect of all the above is present in the person in this category. She may have less than adequate support in the home, or be under extra domestic or financial stress, leading to lack of rest, or inability to nourish herself fully. She may also have suffered heavy or prolonged bleeding after birth, perhaps also giving rise to a condition similar to that of (c).

The patient presenting with qi/blood deficiency is likely to exhibit usual qi/blood deficiency symptoms, and especially in this case, be producing insufficient milk, in quality or quantity or both. She is likely to have been counselled by Nursing Mothers or Maternal and Child Welfare and is likely to have been feeding more regularly (perhaps every 2-3 hours) in order to boost supply. This obviously would lead to a lack of rest situation, perhaps with the added stresses induced by worry and self-doubt, and heightened by a wakeful, hungry infant, probably vocal and maybe presenting with colic.

The ease of treatment of such a patient depends on the degree of qi/blood deficiency and the amount of support she has at home.

2. Liver Qi Constrained:

The patient may be suffering from this condition as a secondary step from the above, or as a reaction to other domestic situations. In a breast-feeding context, she may have had adequate supply and suddenly or gradually, in response to tension especially, either the let-down response has stopped, or become difficult to achieve. This situation is likely to be acute, as in the classical case, normal supply is being maintained, but the milk is not being released, leading to local engorgement, and possibly mastitis. This patient will therefore in a classic case present with full,

engorged breasts. It is more likely that conditions 1 and 2 are present in varying forms together, so the mother's major concern is lack of let-down response sometimes – or perhaps the let-down occurs after many minutes, involving frustration for her child and herself.

This condition, whilst probably environmental in origin is easier to treat than that of lack of qi and/or blood, as recognition of the factors involved may be the only treatment required in the case of constrained liver qi.

TREATMENT:

Practically, I feel in both cases the mother could do with a break from her infant, as she is likely to be at best concerned, and at worst, totally obsessed with the problem. The child is probably hungry and vocal, and the situation is therefore not conducive to a pleasant treatment for anyone. I feel that the first step is to calm her down – preferably with some back massage, as she is attending to at least one other person's constant demands and could use some attention herself. She is carrying at least one child constantly and probably has an amount of back, shoulder and neck tension which is likely to be impeding local circulation of the qi and blood. I have found the technique of light scraping and cupping to be very useful here, in conjunction with massage.

Local back points, especially GB 21 – to open the chest, and to work on any residual tension may be used in conjunction with points either to calm the Shen (e.g. BL14, 15, perhaps BL 18 or 47) or to build blood and qi (BL 17, 18, 20, 23) or to release the constrained liver qi (related to calming the Shen, plus BL 18, 19 and maybe GV 9). Moxa may be indicated, and tonification or sedation techniques employed as the condition warrants.

Points quoted specifically for insufficiency of supply I have found most useful are CV 17 and Si 1, both moxaed. The person with lack of qi and blood would need general tonification, and counselling, in addition to this specific treatment. The patient presenting more with constrained liver qi would probably need the stimulation of these points and advice on relaxation and stress release.

SUGGESTIONS: (HB addition 2007) see book and DVD as mentioned)

Personally, I have found the occasional apparent lack of let-down response to be immediately remedied by my thinking of relaxing my shoulders. The second step is to massage, or press GB 21. The third step is to massage the trapezius muscles either by my spare hand (one is holding baby in position) or by my husband.

I would suggest the acupuncturist could make a moxa stick available to the patient with instructions as to the location of CV 17 and Si 1, so she can give herself boosts at home, between treatments – as she is unlikely to require only one treatment, and organising her life and a new baby will be a further stress with the many treatments in a short time period she may require.

From personal experience I have found the addition of small, frequent amounts of Vitamin B, Magnesium, and protein, and lots of water every 'feed' time, especially through the night, plus fluids, as been of benefit in maintaining supply. Zinc in liquid form is essential for all aspects of early life (see HB article on www.heatherbruce.com.au) .

- Heather (Alderslade back then) Bruce

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LYMPHATIC DRAINAGE AND HIATUS HERNIA SYNDROME

Two massage/soft tissue techniques used as an adjunct to acupuncture treatment.

LYMPHATIC DRAINAGE

A technique used to drain congestion both physical and non-physical from the upper body.

AREAS CONSIDERED:

Upper Body head and facial congestion; some forms of headache; sinus; ears blocked; puffiness in face; glandular swellings; sore throats; infected teeth/gums.

Chest Region chest and lung congestions; mucous problems, bronchitis, emphysema, asthma; glandular swellings; breast soreness and lumpiness; mastitis.

Digestive Region general digestive discomfort; pain and feelings of congestions; general sluggishness; constipation.

Lower Body Oedema; ascites; infections and swellings; pelvic congestions; gynaecological problems; discharges; tendency to bowel problems of any description; appendix problems; wanting to lose weight; lack of libido; prostatic congestion; cardiac oedema.

It can be seen by glancing over the list of indications that many health problems can be assisted by the encouragement of movement of body fluids. It would be expected that a person experience lymphatic massage would walk out of the clinic feeling lighter and more alive.

Generally speaking, lymphatic drainage will be used when the patient has a mucous condition- remember the term "mucous" when used in TCM context covers more than just the secretions of the respiratory system.

For the 'mucous' to be within the body, the spleen's transformation and transportation functions must be impaired. The presence of the mucous can be either on an acute or chronic basis.

Obviously the underlying cause of the mucous must be eliminated. Generally this will involve warming and tonifying the spleen yang and spleen qi.

The spleen is said to control the lymphatic system, thus we look beyond the commonly-held concepts of mucous and note congested lymphatics can respond to both physical and energetic treatment directed at the spleen.

Most patients attend acupuncture clinics after being unwell for some time; hence as practitioners we see not only energy disturbances, but actual physical problems, especially physical congestion. Due to the physical nature of this congestion, I feel that practically, more benefit is gained by working physically with the body, than expecting timid needle technique, and at best 3 treatments weekly to magically shift often quite stubborn energetic and physical problems.

Besides administering lymphatic drainage (see instructions below), general treatment aimed at correcting the underlying problem is essential. Advice regarding lifestyle and diet is applicable.

Foods and activities which tax the spleen yang especially are to be avoided during a course of treatment involving lymphatic drainage.

Herbal remedies such as red clover tea, and various herbal tinctures and ointments are also applicable.

CONTRAINDICATIONS:

1 - Generally, if *great pain or discomfort* is experienced during the massage, either continuing very lightly or ceasing altogether is indicated.

2 - Perhaps a *condition of acute infections*, although light lymphatic drainage should assist in clearing the condition.

3 - Possibly *lymphatic cancer* (it is illegal for natural therapists to be treating a person with cancer anyway).

4 - Lower lymphatic drainage *during periods or immediately before the period* begins is not recommended as there may be a possibility of heavier bleeding, perhaps of haemorrhage.

5 - Lower lymphatic drainage during pregnancy for similar reasons as above, unless the person has pelvic problems, perhaps with lower body circulation or with infections and discharges and the **massage is performed lightly and very carefully**.

UPPER LYMPHATIC:

Moving onto the actual lymphatic massage I find it useful to always work a little on the person's back first – perhaps some solid massage over acupuncture points that run about 1 ½” out from the spine, down the length of the back. Wherever a problem manifests, I have found it useful to attend to the approximate area along the spine that services the area of concern. Follow the instructions on the printed handout. I find it more important to ‘tune into the person’ and work with the instructions as a outline only. The general idea is to clear the main drainage channel under the left rib (perhaps sending the wastes to the spleen for processing), then clearing the chest/clavicle area, and if necessary clearing the head and neck region. The degree to which you work is entirely dependent on the individual's problems.

STEP I - Clear main drainage channel – left side only. Centre of body, under ribs to the sides (x3) may have sensation of moving paste of similar under the fingers.

STEP II - Follow under clavicle both sides at once and down the sternum broad sweep of the fingers, linking this to the main lymph duct.

STEP III - Drain sinuses and behind, and around mastoid process down throat to top of clavicle, then front of ear, then behind, then in front of ear again.

STEP IV - Run fingers down from chin to sternal notch x 2.

STEP V - Clear main body again and down left hand side again.

STEPS VI TO XI are necessary only if patient has severe chest congestion.

STEP VI - Block T9, bilaterally x2 – Rolwing in reverse. The skin underneath gradually gives way.

STEP VII - Roll T9 on left hand side only, moving flexed left leg at same time, x 2.

STEP VIII - Diaphragm – usually the most painful costal margin. Very firm pressure under the ribs and hip over the false rib – most movement during expiration.

STEP IX - Drain from ziphoid to navel on exhalation, with other hand on chest as a contact

STEP X - 2 minutes of exercise – running on the spot

STEP XI – Rectus abdomalis – medically RHS first x 2.

Repeat VII and IX

Repeat in 7 days – only the anterior aspects need doing.

LOWER DRAINAGE:

The basic idea here is also to move. I feel it important to do some form of heavy massage on the lumbar/sacral are, in an outward direction prior to this massage. This preliminary work seems to hasten the progress of material in the front of the body. The principle of lower pelvic drainage is to move the lymph material from above the pubic bone and out towards the sides of the gips at waist level, then to employ light and firm effleurage to the medial above knee region sweeping the hands up over the femoral artery/inguinal region to again the hip/waist area. The speed and depth of your movements is entirely dependent on the person's condition, and comfort.

PROSTATIC DRAINAGE:

Differs slightly from the lower pelvic drainage in that it is a slow actual drainage of the prostate area. The drainage technique involves the therapist to start about one inch from the midline of the body just above the pubic bone and slanting fingers 45 degrees into the midline, so the fingers reach the midline and about one inch below 'skin' level. A slow dragging outward is then employed. The process is repeated several times on both sides, and then the usual pelvic drainage is employed. If the person has a problem in this area, the technique is painful but usually offers relief.

HIATUS HERNIA SYNDROME:

Perhaps 80% of patients presenting at a clinic may benefit from this technique. As with the former techniques its usage is aimed at speeding up recovery rate and enabling the patient to feel actually physically different (hopefully better) on leaving the acupuncturist. Some patients may present with an actual hiatus hernia.

Most will have some of the following symptoms:

awaken tired,

throat problems – “plumstone throat” or sensation of something stuck there,

feel oppression in chest- unable to take a full breath,

dull frontal headaches,

inability to think clearly,

general feeling of discomfort in the epigastric region, maybe with burning and indigestion.

If hernia is actually present, there may be actual pain in the epigastric region, with regurgitation of food, perhaps involuntarily, esp. when horizontal. Sensation of burning in epigastrium, extending into throat and perhaps mouth. Treatment of the patient depends on the severity of the symptoms, and that of the underlying causes. If the hernia is present, and the patient is in pain, it is unlikely that you will be able to perform the adjustment – after a few acupuncture treatments the area should be sufficiently pacified to permit physical intervention. Ingestion of slippery elm powder, and food and fluids which will nourish the condition are advisable.

REASONS FOR THE PRESENCE OF THE SYNDROME:

From a TCM viewpoint there are 2 major causes of the hiatus hernia syndrome.

They may co-exist.

Spleen qi xu – the spleen’s function of holding is impaired. The spleen controls muscle tone, especially within the abdomen. Over a period of time, the weakened middle heater, upon a trigger occurrence, will allow the stomach usually to inhabit a higher area of the abdomen, causing upper heater disharmony (inability to take deep breaths etc.).

Stomach yin xu – the burning sensations up the oesophagus typify this condition.

Once the area is weakened, such events as bellyflops, fetal kicking, punches in abdomen or eating large meals when upset, or before lying down, can give rise to the stomachs slightly upwards disposition.

Acupuncture treatment varies in accordance with the accompanying signs and symptoms (and hence etiology).

Stomach fire is quenched with points such as B1 20, 21, St 44, CV14. The reasons behind the stomach fire need investigating- dietary, emotional (liver invading Sp/St) etc.

Points which may be of use –

B17 – diaphragm shu point

Pc6 – works on upper and middle heaters

Liv14 – local point and harmonizes liver

Liv13 – shu of Sp and influential point of tsang local point

CV14 – local point

Extra point 1 cun below St 36.

If spleen qi is a problem, relevant treatment should be directed to strengthen and perhaps warm the spleen.

Over a period of time, if not corrected, the middle heater's function of providing nourishment to the body will be impaired, thus allowing the person to become blood and qi deficient.

SUGGESTED ROUTINE:

Work on back – massage, possible chiropractic adjustment. B17, and any other back points, perform adjustment, then Liv14, Cv14, maybe Pc6, other points depending on individual.

Advise patient to drink a glass of warm water on arising, and thudding from toes to heels about 12 times for 2 weeks.

ROLE OF THE EIGHT EXTRA MERIDIANS

I feel that a complete understanding of the anatomy, physiology and pathology of this system is vital to an acupuncturist's assessment and management of any gynaecological problem.

A full study of this topic is outside the scope of the present work, but a brief review is outlined below.

Giovanni Maciocia (taught also by Dr VB) in his two articles in Vol. 2 & 3 of the Journal of Chinese Medicine states that the function of these meridians as a group are –

to absorb excess energy at the level of the trunk and back, similar to the luo meridians in the limbs
a reservoir of energy, releasing in times of physical/mental shock
circulate wei qi over the central body
regulate charges in life cycle – Ren and Chong Mai
circulate jing qi to all parts of the body and the 5 ancestral organs
brain and spinal cord
hepato-biliary system
bone marrow
uterus
blood system

Chong, Ren and Du Mai originate in the kidneys, travel through the uterus (or prostate) to Cv1, then follow different pathways up the body.

DU- up the spine

REN – travels up the centre of the abdomen, thorax, and throat

CHONG – sends one branch to the sacral/lumbar area to Gv 4 – another from Cv 1 to St 30 and Ki 11, then up abdominal kidney points to Ki 21.

According to Dr Van Nghi, Chong Mai distributes jing all over the surface of the body. After irrigating the skin, it travels to the ting points to join the main meridians and

when it arrives at –

- (1) **Ki 6** it begins Yin Qiao Mai
- (2) **Ki 9** it begins Yin Wei Mai
- (3) **Bl 62** it begins Yang Qiao Mai
- (4) **Bl 63** it begins Yang Wei Mai
- (5) **Gb 26** it begins Dai Mai

DU MAI – The sea of yang, influencing all yang qi in the body.

REN MAI – The sea of yin, influencing all yin qi in the body.
This meridian nourishes the uterus and reproductive organs.

CHONG MAI – The sea of blood. It is called the highway/de-obstructor or regulator of qi. It is generally used for the removal of stagnant qi and/or blood. It links with the kidneys (source of constitutional energy) and the stomach (source of acquired energy).

With Ren Mai, Chong Mai regulates the 7 & 8 year cycles (Western equivalent-hormonal system) (refer to Chapter 1 of Su Wen).

DAI MAI – links all leg meridians, Ren, Chong, and Du Mai and the lumbar areas, plus the liver/GB complex.

YIN QIAO MAI – for moving stagnant qi/blood/yin especially in middle-aged women with gynaecological problems (Giovanni Maciocia).

Wollerton and McLean state this meridian (couple) is indicated in cases of sexual weakness, lack of sexual pleasure, difficult childbirth, toxic pregnancy and post-partum pains and bleeding.

Thus, I feel that working on the sacral/pelvic area with massage techniques designed to unblock energy and its physical manifestations, all gynaecological problems can be helped. Freeing up energy flow in the eight extras, which act as lakes and reservoirs for the main meridian system, by extension, removes stagnation and blockage from the total system.

ROLE OF ENERGETIC & PHYSICAL OBSTRUCTIONS, SCARS & ADHESIONS.

Since the advent of more authoritative texts from China, much has been made in the West of Channel and Collateral theory. One area I feel that is practically ignored by people following this theory is the role of accidental and deliberate (surgical) blockage of these pathways and the consequences of such events. One of the liver qi's roles is that of maintaining the free-flowing movement of qi, and by extension all other energetic and physical substances in the body. Obviously, if the liver's sphere of influence is directly blocked by an internal energy disturbance, this role will be impeded. Such energy disturbances include:

Lack of qi and blood circulation and production, dependent on the other organ's system's functioning.

Constraint of liver qi directly due to emotional factors (inherent liver qi/blood deficiency may predispose the person to such a problem giving a primary and a secondary aspect to this.) Similarly, the blockage of the liver qi's free-flowing function may be due to more outside influences.

Constraint of liver qi due to actual sexual/physical frustration due to inappropriate or inadequate sexual release (think of pathways of the different liver meridians).

Actual physical blockages from trauma to the pelvic/spinal/abdominal area.

Energy blockages set up by years of holding oneself in certain positions, due to life-style or occupational factors (including the wearing of fashionable high-heels, tight corsets, etc.) or from shutting down the area and its associated 'naughty' feelings.

Formation of adhesions within the between the pelvic structures due to any of the mentioned factors.

All of the above may set up gross physical manifestations which require surgical intervention, leading to actual blockages due to the scar formation, post-operatively on the skin, and internally.

Due to the length of time the patient has been aware of the problems in the pelvic area and the probably seemingly hopeless nature of her condition which has lead her to an alternative practitioner as a last resort, such problems may be quite stubborn, as they represent a body condition, not a disease as such. I feel that the usage of 'pure' acupuncture techniques only, to be of little value, in the quick resolution of pelvic blockage. Perhaps if the patient had consulted an acupuncturist at the beginning of the stuck qi manifestations, needle technique and the astute selection of points would have been sufficient. I doubt our collective abilities to perform at present as master acupuncturists, cum magicians, thus suggest a multi-faceted approach to treatment.

Stuck qi usually leads to stuck blood.

'Stuck blood' as a term can cover any number of physical blockages which in normal functioning would not exist. Fibroids (according to Dr van Buren stuck blood encapsulated in membranes) and endometriosis (according to Dr Van Buren a spleen blockage caused by earth/metal imbalance, along with excess fire of the kidneys) come instantly to mind.

Manifestations of phlegm-damp, the consequences of infections, the formation of cysts, adhesions and general scarring in the tubal and adjacent areas may be considered as a mixture of stuck qi/blood and phlegm-damp.

The process of ridding the body of these blockages, plus the externally acquired gross surgical scarring is outlined below.

HEATHER'S SUGGESTED TREATMENT REGIME

Generally, all patients presenting with any gynaecological problem should receive extensive massage work, in addition to needing moxa, if applicable, herbal remedies and life-style advice.

1 - A brief back massage, concentration on neck tension and on invigorating the back shu points, is performed. *If required, cups are placed on the upper back to alleviate local tension, chest congestion, or upper spinal problems.*

2 - Heavy sacral massage, concentrating on the area around B1 31-34, spreading outwards to the hips and buttocks and along the lower GV points is employed. In the first treatment the woman may be able to manage only a light version of this, but with subsequent treatments, deeper tissue massage can be accomplished.

3 - Cups off the upper back, and relevant needles placed in that area.

4 - Cups on lower back/buttocks/hip area.

5 - Cups off lower back and relevant needles and moxa applied. The patient then rolls over, and the front of the body receives a workout.

6 - Cupping of navel - or may have been done first, if needed (see below).

7 - Relevant needles to assist the massage techniques and to assist patient relaxation.

8 - Hiatus hernia adjustment and upper lymphatic drainage if needed.

9 - Pelvic drainage techniques, at whatever depth is comfortable to the patient. If very tense abdomen, use acupuncture points, and then finish the treatment with abdominal massage.

10 - Relevant acupuncture points and moxa. The usage of herbs, red clover tea, castor oil packs, herbal tinctures with flower essences to work on the more emotional/spiritual issues, vitamin and mineral supplements. Prescription of homeopathic remedies, specific pelvic exercise regime, dietary and lifestyle changes and counselling may all be explained and prescribed during the time it takes to deliver all of the above therapy.

SPECIFIC TECHNIQUES

A – REMOVAL OF COLD - CUPPING THE NAVEL – A technique demonstrated by Dr John Shen in Sydney in 1982. (No doubt an ‘old wife’s tale’, hence not needed in texts for ‘everyone’ knows what to do, before you need to engage a therapist

1 - Lightly oil the navel area, to avoid friction and dragging.

2 - A penny (or 50c coin) is placed in a tissue and over the navel (to stop leakage of essential energy).

3 - Tissue is ignited and large cup placed over the area. This cup is left in situation until the drawing feelings ease, or diminish considerably. The purpose of the exercise is to remove cold from the system.

Often the patient may experience drawing sensations from the lumbar area inwards, from the feet upwards, and from the surroundings abdominal areas toward the navel. If only extremely local sensations are experienced, and the patient has little cold symptoms, the treatment is discontinued.

4 - Depending on the severity of cold symptoms filling the navel with salt after the removal of the cup and burning 4-6 moxa cones on the salt may be necessary.

B - “BRIDGING” SCAR TISSUE - If a scar and its immediate area feel in any way different from the surrounding tissue, this method is strongly recommended. The scar area feels different because it has modified qi and blood circulation, which in turn, particularly if on a meridian, will cause changes in the flow of that meridian causing repercussions above and below the scar. Rather than placing needles at each end of the scar, I tend to adopt a heavy handed approach, depending on the patient’s sensibilities and ability to handle such treatment initially. I place needles about 1/3 – ½ inch apart all along the scar’s periphery. Once the needles are removed (after maybe 10-15 minutes with occasional stimulation) I try to squeeze blood out from the needle-holes on the theory that where blood flow, qi follows. Light adhesion breaking is then advisable around the area. Counsel the patient on the use of comfrey ointment on and around the scar massaged in for 5 minutes, twice daily to continue the energy and physical healing of the scar (regardless of its age).

Dr. van Buren recommends the usage of **St 30** bilaterally once a month for an unspecified length of time, after any abdominal or thyroid operation. As St 30 is a major point on Chong Mai, the de-obstructing meridian, I use it whilst the scar needles are inserted, and any other points I feel will help in the moving of qi through the area. This may include points immediately above and below the scar's traverse of a meridian/s.

SP10 – as a major point also of Chong Mai, de-obstructs blood

SP4 – as the MP of Chong Mai, and Luo of spleen – useful also in the draining of lymphatic area.

St25 & Cv7 together are supposed to assist in breaking internal abdominal adhesions.

Zhigong and CV3 to work on the uterus.

TH5 as a special uterus point (Dr. van Buren).

Lu7 as MP of Ren and CP of Yin Qiao Mai – to effect changes in stagnancy of qi and blood in abdomen.

Ki 12,13 local points and stimulate ovaries.

St 40 to resolve phlegm and dampness.

Co 11, GB 34 to relax abdominal and muscular tension.

GB 26, 27, 28, 41 to work on unblocking of Dai Mai.

GV 1 to deobstruct and relax spinal and lower abdominal areas.

A selection of relevant ear points may also be used – possibly ovary, pituitary, thyroid, endocrine, internal secretion, muscle relaxant, pelvis, Shen Men.

The scar tissue may benefit from light moxa and/or dermal hammering before or after the bridging, or alternatively between specific scar bridging treatments, to aid the softening of adhesive and scar tissue and for encouraging energy flow.

DISCUSSION:

All of the above may appear to be time consuming, which it is. I feel that the patient presenting with these problems, requires such an approach as besides the reasons above, the symptoms and resultant past treatment have probably given the patient little sense of liking the pelvic area.

Touching the pelvic area may usually only occur during sexual contact, which, as stated elsewhere, may be now a source of low grade trauma, due to other factors. The object of the treatment regime as outlined above is to clear out all blockages. Chiropractic treatment may be advisable concurrently.

During treatment, whilst needles are inserted, asking the patient to practice light abdominal breathing, and perhaps clearing out and energizing the area, may greatly assist the therapy. Continuance of the breathing and visualisation, perhaps in bed before sleep will aid in unblocking and tonifying between treatments.

THE PULSE IN PREGNANCY & PAEDIATRICS

(From a book of Sun Siao Miao)

In pregnancy, the basic usage of the pulse is to discriminate empty, full, cold and hot conditions. The body's qi and blood are very important, but in females, the yong and blood are more important than in males. Therefore, the physiology and pathological changes of blood in females should be understood.

There are a certain important clinical considerations. For instance, when the yong and blood are abundant, a woman conceives easily, but when the yang energy is excessive and the yong and blood are deficient, conception becomes difficult. This is because when the yin-blood is deficient it cannot nourish the jing and when the yang-energy is excessive the jing can be damaged.

1. THE PULSE DURING PREGNANCY

Because the blood can nourish the jing to form the foetus, when a woman has become pregnant, it can be detected at the pulse of shoa yin – at the ts'un pulse on the left hand. The beats come and go smoothly and become almost slippery. The pulses at the ch'ih and kuan positions also seems smooth and slippery. This indicates pregnancy.

These pulses occur because the ts'un position belongs to the heart, which controls the blood vessels while the ch'ih position belongs to the kidney which store the jing and in order to form the foetus, the jing and the blood must balance.

After three months the pulse at the ch'ih position becomes more slippery and rapid, but if slightly more pressure is applied it becomes soft and scattered. At this stage the foetus is beginning to be formed but has not yet become strong.

After five months the foetus gradually becomes stronger. The pulse at the ch'ih position remains slippery and rapid but it does not become soft and scattered when slightly more pressure is applied.

Because the male and female foetus are different there are corresponding differences on the pulse and at the abdomen.

When there is a male foetus, the left ch'ih pulse is more slippery and rapid and the abdomen is swollen like the base of a wok.

Where there is a female foetus, the right ch'ih pulse is more slippery and rapid and the abdomen is swollen like a bamboo wheel barrow.

This idea is ancient. It is not always correct but is often a helpful indication.

Just before delivery the pulse changes slightly from normal. IT is therefore called “outside the meridian pulse”.

During labor, when the bag of waters (sheep’s water) breaks, delivery will soon begin. If there is no sheep’s water, the labor pains are false and there is no need to alarm.

After child delivery there is emptiness of blood.

If the pulse is retarded and slippery, it indicates that the energy and blood have not been severely damaged.

If the pulse is full, big, stringy and firm or if wind diseases appear, spasms, etc., it indicates that true energy is beginning to become empty and perverse energy is excessive. These are symptoms of disharmony.

2. PAEDIATRICS

When diagnosing infants one finger can be used to check all three positions.

Infantile pulses are more rapid than adult pulses. The normal pulse rate for infants between the ages of three and five is seven beats to a respiration. If there are eight or nine beats to a respiration, it indicates heat. If there are four to five beats in a respiration, it indicates cold.

Infantile pulses are not as complex as adult pulses. It is enough to check for strong, weak, retarded and quick pulses.

- A strong pulse indicates fullness
- A weak pulse indicates emptiness.
- A retarded pulse is normal
- A quick pulse indicates perverse energy.

This explains the principle of pediatric pulse diagnosis.

Besides being made by pulse palpation, diagnosis can also be made by observation.

Observing The Complexion

- A green-white complexion indicates yin perverse energy.
- A yellow-red complexion indicates yang heat.
- A green complexion indicates wind – liver perverse energy with empty cold spleen and stomach. There are symptoms of pain in the heart and abdomen, fright and convulsions.
- A red complexion indicates fire, phlegm heat and acute convulsions or cold, knotting-constipation or alternating hot and cold.

- A black complexion indicates dampness, yin-cold convulsions and pain.
- A yellow complexion indicates accumulation and stagnation, congestion of blood swellings and diseases of fullness in the spleen.
- A fresh red colouring in both cheeks which appears intermittently, indicates overflow of yang due to empty yin. This should be differentiated from the full heat.

Observing The Index Finger

There are three gates on the index finger – the wind gate, qi gate and life gate.

The main method of diagnosis at the index finger is to look at the colour of the vein.

- A ching coloured vein indicates heat.
- A red coloured vein indicates cold.
- A green coloured vein indicates wind.
- A white coloured vein indicates indigestion.
- A black coloured vein indicates attacks by perverse evil.
- A yellow coloured vein indicates diseases of the stomach and spleen.
- A vein appearing in the area of the wind gate indicates a mild disease.
- A vein appearing in the qi gate indicates a stronger disease.
- A vein appearing in the area of the life gate indicates a severe disease.

These veins usually appear during infantile diseases of the stomach and intestines, when digestion is diminished and the blood and qi become weak.

LISTING OF SYNDROMES UNDER ENERGETIC ETIOLOGIES
(Bob Flaws, PATH OF PREGNANCY)

Qi Deficiency

Miscarriage pain
 Gestational anuria
 Retention of placenta
 Haemorrhaging in labour
 Excessive lochia
 Galactorrhea
 Post partum incontinence
 Post partum anuria

Blood deficiency

Miscarriage
 Eclampsia
 Haemorrhaging
 Suppression of lochia
 Sudden post partum syncope
 Post partum abdominal pain
 Post partum fever
 Post partum constipation

Qi and Blood Deficiency

Gestational abdominal
 Cystitis
 Foetal death
 Difficult labour
 Agalactia

Qi Stagnation

Gestational abdominal pain
 Gestational anuria
 Oedema
 Depression
 Foetal death
 Suppression of lochia
 Post partum anuria

Blood Stagnation

Foetal Death
 Suppression of lochia
 Excessive lochia
 Post partum syncope
 Post partum abdominal pain
 Post partum fever

Qi & Blood Stagnation

Difficult Labour
 Agalactia

Liver Qi congestion

Morning sickness
 Miscarriage
 Eclampsia
 Chest congestion or pain

Kidney Deficiency

Miscarriage
 Gestational anuria
 Oedema
 Post partum incontinence
 Post partum anuria

Spleen Deficiency

Edema
 Haemorrhaging in labour

Hot Blood

Miscarriage
 Depression
 Excessive lochia
 Galactorrhea

DR SIAO SYDNEY INFERTILITY 1995

MORNING SICKNESS

Common in early stages (Ren Chen E Zhu) = can't eat.

If just nausea and can still eat, is not bad enough to be this. If not very severe and can still eat, is a normal reaction to pregnancy.

To diagnose morning sickness, use a urine dipstick and test for ketones.

WM reason for sickness; higher levels of iron in blood.

If very severe cases, vomiting is so severe that blood and even faeces occurs, as the stomach qi is reversed.

MAIN SYNDROME is liver – stomach disharmony

Also Sp/St xu
Phelgm damp
Yin qi xu

These are all complications of
Liver/Spleen disharmony

PATHOLOGY

S&S – After conception, no more menses. The flow, or discharge of blood accumulates inside the uterus to supply the needs of the fetus.

Uterus has an opening and closing function.

Now there is no discharge and there is an accumulation of qi and blood, as the lower outlet has been closed.

There is now a tendency of blood and qi to go up, mainly via the Chong Mai. Like the liver qi, it easily rises.

Problem for the body:

- it wants to be pregnant
- the blood is accumulating and can't escape
- the qi and blood rise up the Cong, and if they go to the upper heater, severe problem as both the heartland lungs are very yang in function (If rebellious qi goes up to the upper jiao, could be dangerous)

Answer – the Spleen and Stomach stop the qi from going further.

In early pregnancy, the qi of the fetus is very vigorous. Even if the Sp/St are normal, they will not be strong enough to cope with the TAI QI (fetal qi).

It should ascend, because if it descends, a miscarriage will result. If there is a strong reaction, the fetus will be OK. (ie. morning sickness is OK for the strong fetus to handle)

DR SIAO INFERTILITY SEMINAR 1995

(Jane Lyttleton)

MISCARRIAGE

Included here are two categories.

TAI DONG BUAN (Restless fetus)

Low abdominal and lumbar pain, small amount vag bleeding

TAI LOU (Vaginal bleeding)

LOW PROGESTERONE

No S&S but tendency to miscarry

HIDDEN MISCARRIAGE

Hard to detect, as happens soon after conception.

Best idea is to keep BBT records religiously.

If there is a high phase 16 mark, possibility of pregnancy.

If more than 18 days, pregnancy is confirmed.

If high phase after day 18 and menorrhagia, is a hidden pregnancy.

ETIOLOGY

***1. POOR DEVELOPMENT OF FETUS**

Congenital problem; poor quality sperm or abnormal chromosome problem.
Must exclude this condition.

***2. INJURED FETUS**

If prolonged bleeding, fetus may have been damaged.

***3. GENERAL DEFICIENCY**

Best idea to detect pregnancy early and begin preventative treatment.

Three major S&S:

*1 – BLEEDING – although occasionally normal for 2-3 months

*2 – ABDOMINAL SENSATIONS, pain, bearing down, distention

*3 – LOW BLOOD PRESSURE

BLEEDING IS THE MOST IMPORTANT SYMPTOM.

TREATMENT

***1. GENERAL DIFFERENTIATION** as per textbooks.

***2. NOURISHMENT OF PREGNANCY** as general prevention

***3. OWN CLINICAL EXPERIENCE**

DIFFERENTIATION OF SYMDROMES

***1. REGULAR MENSTRUATION**

Before this, must exclude – is this regular menstruation during pregnancy?

If it is, there will be less blood loss and it will be for only 2-3 months.
This situation will not affect the baby.

***2 PATHOLOGICAL CHANGE IN CERVIX**

May be polyps. Small amount of bleeding, inflammation on cervix.
Not a miscarriage problem.

***3 HYDATID FORM MOLE**

No fetus. Need WM diagnosis.

***4 ECTOPIC PREGNANCY**

Is life threatening. Urgent hospital attention.
Should experience severe abdominal pain and bleeding.

KIDNEY XU

Must pay attention to two points.

HIGH PHASE OF BBT – here mainly kidney yang xu. Once conception has occurred, kidney yang must remain high, otherwise uterus will not be warm enough for the baby. If the high phase is not high enough, or is unsteady, kidney yang is deficient and where possible, should check progesterone. If low, Ki yang is low and must support it.

USUAL KIDNEY XU – low back pain, frequent urination.

QI XU

SINKING OF QI – check BBT and general body S&S.

On examination, the uterus may be lowered with a loose cervix (it should be closed).

Abdominal distention, bearing down sensations, lassitude.

Must raise the qi and yang.

HEAT IN BLOOD

This infers yin xu. Check BBT.

Bleeding bright red. Dry constipation. Yellow urine, dry mouth, restless, high phase too high (more than 37°C).

To treat, remove the heat and nourish the yin.

(Stop bleeding, prevent miscarriage)

BLOOD STASIS

Seldom mentioned in classics, but often seen clinically.

S&S – dark coloured blood with clots, low abdominal pain, purple spots on tongue.

This may very well be dead fetus.

PROTECT FETUS/ 12 MM THEORY

THIS THEORY WAS PUT FORWARD BY DR XU ZHI CAI (*BOOK IS LOST!*)

Fire element is not TH,
Heart protects the whole pregnancy.

First month of pregnancy, Liver dominates (taken to be from Day 1 of last period)

Second month – gall bladder

Third month – fire ie. Heart

Fourth month –

Fifth month – Spleen/Stomach

Sixth month – Good appetite

Seventh month – Metal, fetus close to maturity

Eighth month –

Ninth and tenth month – fetus matures very quickly.

VERY IMPORTANT TO REGULATE STOMACH AND SPLEEN, AND IF NECESSARY, SPEND THE ENTIRE PREGNANCY IN BED.

Raised cortisol predicts spontaneous abortion

Source: Proceedings of the National Academy of Sciences 2006; Early online publication

Prospectively assessing the link between cortisol levels in early pregnancy and subsequent miscarriage.

High urinary levels of the stress hormone cortisol are a marker for early pregnancy loss, US researchers have found.

Maternal stress is commonly cited as a risk factor for spontaneous abortion but there is little physiological evidence for this association. Furthermore, most studies have focused on "clinical" pregnancy, despite most miscarriages occurring within 3 weeks of conception.

In the present study, Pablo Nepomnaschy and co-workers examined the association between miscarriage and maternal urinary cortisol levels in the first 3 weeks after conception.

Of 22 observed pregnancies, nine were carried to term and 13 were lost. The risk of spontaneous abortion was significantly linked to cortisol levels, Nepomnaschy et al report.

Pregnancies exposed to increased cortisol, where the 3-week cortisol level was higher than the woman's overall cortisol baseline level, were 2.7 times more likely to be lost than those exposed to normal cortisol levels.

"Whereas 90 percent of the increased cortisol pregnancies resulted in spontaneous abortion, only 33 percent of the normal cortisol pregnancies were lost," the authors reveal.

They conclude that pregnancy "may be particularly sensitive to maternal stress during the placentation period" and call for further studies to replicate their results and explore the physiological pathways that might mediate the association.

Posted: 21 February 2006

Your reproductive cycle

At the time of our birth, like every other characteristic that makes us who we are, our reproductive cycle is also imprinted genetically, when menstruation will start when it will end, our cycle length, how many eggs we are issued with and so forth.

A woman's menstrual cycle begins usually between the age of 11 and 15, and continues month after month, only ceasing with pregnancy or menopause.

Each cycle is measured from the first day of one menstrual period to the first day of the next, cycle length is easily determined, however ovulation, and the optimum time for conception, or fertile days is often difficult to pinpoint. Far too many pregnancies have occurred while taking the contraceptive pill, or during menstruation, with no medical explanation available.

Ovulation can occur at anytime within the first phase (follicular phase) of a woman's cycle, which can be as long as 21 days. Once ovulation has occurred the second phase, (luteal phase) begins which also can last between 7 and 21 days coming to end at the onset of menstruation, and so the cycle starts again.

There is no standard 28 day cycle, with ovulation occurring on day 14, every woman's cycle is unique to her body and should be recognised as such.

It remains unknown why some women have 21 day cycles and some have 35. It is also unknown why menstruation length varies from 3 to 10 days in different women. Why some women release two ovum each month, increasing the possibility of conceiving twins. Whatever a woman's cycle, it is always related to the hormone levels within the body. To recognise your own body's reproductive pattern is a great advantage, whether trying to conceive or not.

A follicle released on day 14 is healthy and has the greatest chance of producing a healthy baby, a prolonged follicular phase may result in ovulation between days 18 and 21 which increases the risk of a defective geriatric egg being released, if fertilised there is a greater risk of miscarriage or birth defects and in some cases infertility is the result.

A Luteal phase that is too short say below 10 days, is also a cause of infertility, the progesterone levels are not high enough, which decreases the chance of the endometrium being ready for the fertilised egg.

“If you find that you tend to ovulate on or before cycle day 10 or after cycle day 18 and you are concerned about the possible problems you may encounter as a result of this, I strongly recommend seeking the advice of your Doctor or Gynecologist first, and I would suggest some complimentary medicine such as Ayurveda, Homeopathy, Naturopathy, Iridology, Reflexology, Acupuncture,

Acupressure or Chinese Herbs.

The reproductive hormones

Estrogen, progesterone, GSH(gonadotrophic stimulating hormone), LH(lutenising hormone), FSH(follicle stimulating hormone) and HCG(human chorionic gonadotrophin) are all essential to reproduction and the proper functioning of the reproductive system.

At the onset of puberty the hypothalamus (an area of the brain) starts to secrete GSH which in turn causes the pituitary gland to secrete FSH

FSH is produced by the pituitary gland, which causes stimulation of the follicles in the ovaries, several follicles begin to ripen in preparation to release a mature ova. Cells within the follicles cause estrogen levels to rise and when estrogen levels in the blood reach a certain level the pituitary gland begins the production of LH.

LH is produced by the pituitary gland, and causes the most mature follicle to burst and release its ova (ovulation). The cells of the follicle reduce the amount of estrogen produced and begin making progesterone.

Estrogen is the name of a group of hormones estradiol (the most predominant in pre-menopausal women), estrone and estriol, I will refer to them as estrogen, it is produced primarily by the ovaries and small amounts by the adrenal gland, its levels are important for the production of LH, without sufficient estrogen ovulation would not occur (anovulation). It also builds up the lining of the endometrium, among other important functions.

The ruptured follicle is now termed the corpus luteum, it continues to produce progesterone and small amounts of estrogen, If the ova is fertilised it also secretes HCG. If the ova is not fertilised HCG is NOT produced and the level of progesterone decreases, menstruation will follow, and a new cycle will begin.

HCG ensures that the ovaries continue to produce higher levels of progesterone which is essential for maintaining pregnancy.

Progesterone is produced by the ovaries, and is the most important hormone regarding pregnancy, it is responsible for preparing the endometrium for the fertilised egg to be received (implanting), and form the placenta, which will also produce progesterone.

Sufficient levels are required to ensure the lining of the uterus is not shed (spontaneous abortion, miscarriage). It is also necessary in ever increasing amounts throughout the gestation period to maintain the pregnancy.

Hormonal imbalances

The body is designed to produce estrogen and progesterone, in a very precise balance, so that optimum fertility and reproduction can take place. Unfortunately due to lifestyle, our environment, and synthetic chemicals the natural balance is often disrupted, causing a myriad of potential health risks.

Estrogen dominance / low progesterone

Estrogen dominance is a condition that a high percentage of women suffer from, it often goes undiagnosed, it is caused by, not only higher than normal levels of estrogen but also insufficient progesterone levels, resulting in a dangerous imbalance in the body.

Estrogen is supposed to be the dominant hormone in the follicular phase of a woman's cycle followed by progesterone being dominant in the luteal phase, and throughout pregnancy, however when progesterone fails to reach normal levels in the second half of the woman's cycle, the high estrogen is not balanced out.

Estrogen dominance can cause the following conditions: abnormal thyroid function, accelerated ageing, agitation, allergies (asthma, rashes and sinusitis), anxiety, auto-immune disorders (lupus, thyroiditis), bloating, blurred vision, breast tenderness, cervical dysplasia, endometriosis, cold hands and feet, copper retention, decreased libido, depression, dry eyes, extra short follicular or luteal phases, fatigue, fibrocystic breasts, food cravings, gallbladder disease, hair thinning, headaches, hypoglycemia, increased risk of breast cancer, increased blood clotting, increased risk of stroke, infertility, irregular periods, increased facial hair, irritability, insomnia, loss of zinc, memory loss, miscarriage, mood swings, osteoporosis, premature menstruation, pre-menopausal bone density loss, PMS, reduced oxygen in cells, reduced vascular tone and circulation, salt retention, sluggish metabolism, uterine cancer, uterine cramping, uterine fibroids, water retention, weight gain (especially the hips thighs and abdomen).

By using natural remedies to stimulate the ovaries, adrenal and pituitary glands, and adopting a healthy lifestyle you can restore the natural balance of reproductive hormones; a lot of these problems may be overcome, improving fertility. (see dietary recommendations for hormonal health) Natural progesterone creams are also available, that have shown a great degree of success, beware of synthetic estrogen and progestin. (see artificial estrogen and progesterone)

Low estrogen and gland disorders

Low estrogen levels or dysfunctional ovaries, adrenal or pituitary glands can be the cause of infertility in some women. The pituitary gland produces FSH so that the ova can ripen within the follicle, it is the estrogen levels in the blood that

trigger the release of LH which in turn causes ovulation, the disruption of hormones in the beginning phase of a woman's cycle is one possible cause of infertility, by way of anovulatory cycles, extremely long follicular phase or long luteal phase.

Anovular cycles are where ovulation does not occur, being from low estrogen, or an inability to produce FSH or LH. Follicular phase length beyond the normal range is also a cause of infertility in some women, follicle size is important for the conception of a healthy baby, free from abnormalities, and to reduce the risk of miscarriage. The optimum size follicle is 25mm with ovulation occurring on day 14 (of a 28 day cycle) or mid cycle, increasing the chance of producing a healthy baby by 90%.

In a 28 day cycle if ovulation occurs on, or before day 10 the follicle will be premature, and ovulation occurring on or after day 20, the follicle will be post-mature or geriatric, If the follicle is less than 16mm it will not survive long enough to be fertilised. Premature or post-mature eggs if fertilised run a greater risk of producing offspring with abnormalities, and birth defects, the risks of miscarriage and potential still birth are also increased.

Long follicular phase length greater than 16 days have also been associated with changes within the corpus luteum, and the production of progesterone. Luteal phase length is also an important factor to take into account, the endometrium needs sufficient time to prepare for implantation, luteal phases shorter than 10 days are the cause of fertilised eggs being shed with the uterine lining. Infertility is often the result.

By using natural remedies to stimulate the ovaries, adrenal and pituitary glands, and adopting a healthy lifestyle you can restore the natural balance of reproductive hormones, a lot of these problem may be overcome, improving fertility.

Artificial estrogen and progesterone (birth control pills, HRT, PMS medications)

There are many forms of synthetic hormones, all potentially hazardous to your health, these are synthetic estrogen products as found in HRT, in the combined birth control pill, and in the polluted environment termed xeno-estrogens.

Synthetic progesterone products are known as progestins (often called progesterone in error) are commercially produced to make birth control pills or injections and are used in the treatment of PMS and HRT. Although these progestins in some ways mimic the effects of progesterone in the body often they are the cause of grave hormonal disturbances, with serious side-effects.

Some artificial progesterone preparations are being used to prevent miscarriage in the early stages of pregnancy, several reports suggest that exposure to these progestins are associated with genital deformities in male and female babies, and an increased risk of birth defects, there is no adequate evidence to support the use of these drugs for this purpose.

The use of the birth control pills increases the risk of heart disease, high blood pressure, breast and cervical cancer, often producing unfavourable side effects such as nausea, weight gain, headaches, and depression.

Xeno-estrogens are substances found in the environment, that have the ability to attach to our estrogen receptors and have an estrogen mimicking effect, often producing stronger effects than the estrogen we produce naturally, they are toxic substances, they are harder to eliminate and have prolonged effects.

More than 100 adverse effects have been found to be the result of the most commonly prescribed estrogen and progesterone preparations. Xeno-estrogens and chemicals that inhibit natural progesterone, cause estrogen dominance, and hormone imbalance are present in most commercially grown meat, chicken and other animal products (from the use of synthetic hormones to accelerate growth), and processed meat products including animal bi-products such as dairy, eggs, and especially high quantities are stored in animal fat.

Synthetic hormones are also found in most prescription estrogen and progesterone medication (birth control pills, progestins, HRT treatment, PMS treatment). Petrochemical compounds such as plastics, creams, soap, medicines, microchips, perfume, shampoo, hairspray, room deodorisers and new carpet also contain xeno-estrogens.

Another contributory factor is stress, a diet high in processed foods, and commercially grown fruit and vegetables (containing herbicides and pesticide residues). Some of the diseases and conditions that can arise from hormonal imbalance resulting from an over exposure to Xeno-estrogens are : Amenorrhea, anovulation, infertility, various cancers including melanoma, heart attack and stroke as well as all of the side effects of estrogen dominance (see estrogen dominance).

Hormonal health

To restore the natural hormonal balance within the body it is necessary to make several lifestyle and dietary changes. If you are suffering from estrogen dominance, irregular cycles, anovular cycles, amenorrhea, unexplained infertility, or have extra long or short follicular or luteal phases. It is necessary to balance your reproductive hormones, by stimulating the sex glands, increasing the nutritional content of the food you ingest, introduce exercise and relaxation, and by avoiding synthetic hormones.

Stimulation of the sex glands, eliminating toxins from the body, and increasing circulation, can be done with the use of herbs, and vitamin and mineral rich fruit and vegetables; a detailed food list is included in the members section, to help you understand how diet affects your hormonal health, preconception and during pregnancy.

It is advisable to avoid all drugs caffeine, alcohol, nicotine, and to reduce your intake of highly processed foods, saturated fats, salt, refined carbohydrates, deep fried and pre packaged food, refined sugar, and dairy products.

Gender difference in benefits of twinning in pre-industrial humans: boys did not pay

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Summary

1. We studied how differences in the cost of producing male and female offspring in humans affected the productivity of twin vs. singleton deliveries in two ecologically different areas of pre-industrial (1752–1850) Finland. Given the higher energy requirements of male infants, we predicted sons to suffer more from increased litter size and food scarcity than daughters.

2. We found that the number of offspring surviving to adulthood from a twin delivery differed between the archipelago and mainland areas of rural Finland. On the mainland areas, where crop failures and subsequent famines were common throughout the centuries, twin deliveries were much less successful than in the south-west archipelago, where food conditions were traditionally more stable and survival was ensured by fishing.

3. Productivity of twin deliveries was modified by the gender composition of the twins; female–female twin births were generally most successful and male–male births least successful.

4. On the mainland, giving birth to twins of any gender composition never increased the mothers' reproductive success beyond giving birth to either a male or female singleton, whereas in the archipelago mothers could increase their reproductive output by producing twins. This was because in the archipelago female–female twin deliveries contributed on average more than one adult offspring to the breeding population, whereas a singleton delivery of either gender produced only about 0.7 adults.

5. Our results show that increases in litter size and variability of food conditions increased male mortality. High female twin survival in the archipelago led to higher fitness of twinning mothers in relation to mothers with only singletons. Twinning has traditionally been significantly more common in the archipelago as compared to the mainland, but contrary to the prediction, there were no apparent differences in the frequency of male–male and female–female twins being born.

Key-words: food conditions, litter size, mortality, reproductive success, sex ratio.

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Introduction

In sexually size-dimorphic mammals, males are normally larger than females. This size dimorphism is usually present at birth and becomes more marked while offspring are dependent on parental care. In such species, male offspring require more resources than females to sustain the faster growth rates needed to

attain the larger body size (reviewed in Clutton-Brock 1991). Therefore, costs of rearing a male are often higher than costs of rearing a female. In addition, male offspring are more sensitive to adverse maternal and/or environmental conditions than females, particularly during the early stages of development (reviewed in Clutton-Brock, Albon & Guinness 1985; Stinson 1985).

Life-history theory predicts a trade-off between quality and quantity of offspring (Roff 1992; Stearns 1992). Given the differential survival of male and female offspring in sexually dimorphic species, resource availability may alter the fitness benefits of producing litters of different size and sex ratio. In this type of

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Abstract

1. We studied how differences in the cost of producing male and female offspring in humans affected the productivity of twin vs. singleton deliveries in two ecologically different areas of pre-industrial (1752-1850) Finland. Given the higher energy requirements of male infants, we predicted sons to suffer more from increased litter size and food scarcity than daughters.

2. We found that the number of offspring surviving to adulthood from a twin delivery differed between the archipelago and mainland areas of rural Finland. On the mainland areas, where crop failures and subsequent famines were common throughout the centuries, twin deliveries were much less successful than in the south-west archipelago, where food conditions were traditionally more stable and survival was ensured by fishing.

3. Productivity of twin deliveries was modified by the gender composition of the twins; female-female twin births were generally most successful and male-male births least successful.

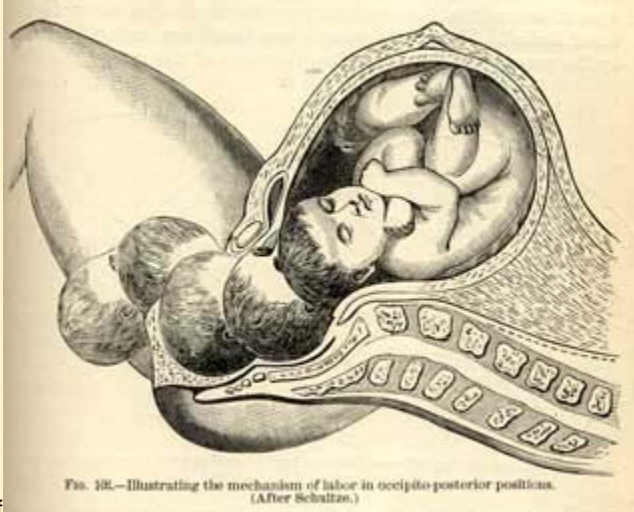
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The Dreaded Persistent Occiput Posterior “SIT UP AND TAKE NOTICE”

Laboring women, midwives, nurses and doulas all have reasons to hate the dreaded persistent OP position of the fetal head.

When a baby descends into the pelvis with the face up, a woman will typically start to complain of lower back pain and uncomfortable contractions days or weeks before her due date, and become increasingly frustrated, impatient, and sleep-deprived. Time goes by, the pain continues, and there is no sign that true labor has begun, no cervical change or fetal descent. Then, when labor does finally get going and the woman mentions that her contractions are strongest in her back, optimism for a fast, straightforward labor and birth begins to fade, and, as the day or night wears on with more pain, little progress, and, finally maternal exhaustion and pleas to do something, the reality of the situation becomes unavoidable. On vaginal exam, the baby's head seems jammed into the front of the pelvis, with plenty



of room at the back. There tends to be a lot of caput (swelling of the baby's scalp) and molding. It is frequently not possible to get a good assessment of position by feeling for sutures and fontanels. (In one study, only 31% of digital assessments were accurate in the first stage of labor, and only 65% in the second stage. Further, the exam was more likely to be wrong if the position was posterior (Souka et al).) (Illustration from Lusk, 1894).

The incidence of persistent occiput posterior babies at delivery is about 5.5% overall – 7.2% in nulliparas and 4.0% in multiparas (Ponkey et al). One study using ultrasound to determine the position at the beginning of labor found that only one-third of persistent posteriors begin labor as posteriors and fail to rotate; the other two-thirds develop through a malrotation during labor from an initially occipitoanterior position (Gardberg et al). Another ultrasound study, however, found that rotation of the fetal head is highly unlikely when labor begins with the head in the anterior position, and that persistent posterior position developed through failure to rotate from an initial posterior or transverse position (Souka et al).

With a persistent posterior, both first and second stages are prolonged (Ponkey et al). However, longer second stages do not in themselves cause worse maternal or neonatal outcomes; in one study, as long as the fetus was stable, the second stage could continue without harm to mother or baby (Kuo et al). The likelihood of cesarean section or instrumental delivery (forceps or vacuum extractor) is greater when there is a persistent posterior position; in fact, the 5.5% of persistent posteriors account for 12% of all cesarean deliveries performed for dystocia (Fitzpatrick et al). Persistent posterior positions are associated with an increased incidence of premature rupture of the membranes, oxytocin induction and augmentation, epidural analgesia, chorioamnionitis, , episiotomies, severe perineal lacerations, vaginal lacerations, excessive blood loss, and postpartum infection (Pearl et al, Ponkey et al). Worse, there is a sevenfold increase in the incidence of anal sphincter injury, that is, third- or fourth-degree perineal lacerations (Fitzpatrick et al). Babies delivered from the posterior position were more likely to have Erb's Palsy and facial nerve palsy than those delivered from the anterior position (Pearl et al).

What factors are associated with the likelihood of a persistent posterior position? Previous cesarean birth, nulliparity, prolonged pregnancy, higher maternal BMI (body mass index), shorter maternal stature, and large babies are factors mentioned in the obstetric literature. However, midwife Jean Sutton and childbirth educator Pauline Scott in their book, *Understanding and Teaching Optimal Fetal Positioning*, suggest that

our modern lifestyle, particularly our propensity to sit and relax on soft, semi-reclining furniture such as sofas and easy chairs as we watch television, and to ride in "bucket" car seats, rather than sitting upright on straight-backed chairs, may contribute to posterior babies. They also note that household and labor, for example, scrubbing floors on hands and knees (come on, when is the last time you did that?), and ladylike posture and good deportment used to promote proper alignment of the fetus in the pelvis during the last few months of pregnancy.

Sutton and Scott state that "if a woman (primigravida) regularly uses upright and forward leaning postures, particularly during the last 6 weeks of her pregnancy (the last 2-3 weeks for a multigravida), her baby is given an excellent chance of positioning itself into the OA position. This is because when the pelvis tilts forwards, it allows more space for the broad biparietal diameter of the fetal head to enter the pelvic brim (p. 25)." The authors suggest postures where the woman's knees are lower than her hips. For sleeping, they advocate an exaggerated side-lying position, with pillows behind her back and the upper leg forward so that the knee touches the mattress; "this ensures that her abdomen is forwards, creating a 'hammock' for her baby." In addition to these postures, Sutton and Scott recommend forward-leaning positions (hands and knees), swimming, yoga, and alternative medicine (acupuncture, acupressure, and homeopathics) to encourage the baby to enter the pelvic in the correct alignment.

During the second stage of labor, Sutton and Scott strongly recommend positions that allow the woman to throw her pelvis forward, lifting the sacrum and coccyx out of the way as the fetal head enters the birth canal. Michel Odent refers to this pelvic thrusting as the "fetal ejection reflex," an involuntary and intuitive motion that women will perform spontaneously if their position and pushing efforts are not directed and if they are not anesthetized. In a squatting position, a woman must have her feet flat on the ground, have her spine straight, and be supported in order to perform this motion. On hands and knees, with her weight balanced between her hips and her hands clutching something higher than her waist, the woman can easily perform this forward thrust. On a birthing stool, the woman can arch her back and flex her pelvis. Needless to say, a woman flat on her back, sitting in bed, or semi-reclining is incapable of achieving the optimal position, and the baby is much more likely to become stuck in the birth canal.

Sutton and Scott advise against the prevalent practice of telling the woman in second stage to round her back, put her chin on her chest, lift her knees and hold them while holding her breath and pushing. This position, they state, is physiologically unsound, increasing the curve of Carus and the need for voluntary bearing down. (Picture the baby attempting to negotiate a curved rather than a straight tube.)

If, as so often happens, a woman is anesthetized with an epidural and cannot move into the optimal positions, there are alternatives to try. Exaggerated side-lying positions as described above can encourage the baby to rotate; try first one side for five or six contractions, then change to the other side. Many midwives believe that it is the changing, rather than the position, that impels the baby to move. Another position that works occasionally when nothing else does is what my colleague Polly Malby calls the "stranded beetle;" flat on the back with legs hyper-flexed and held by support persons. This position is usually my last shot for women with epidurals, and it has worked many times when I was near despair.

In the Gentle Birth Midwifery Archives, <http://www.gentlebirth.org/archives/index.html>, a midwife describes a "Pubic Lift Technique" that she learned at an ACNM educational session. "This is a technique used by the speaker-as well as other midwives, to increase the pelvic diameter to facilitate delivery esp. in OP presentations- Presenter said that using technique can help rotate the OP to OA or may just allow delivery in OP position. ... The technique (used in 2nd stage) done during a vaginal exam-with mom in dorsal position - during ctx - place examining fingers under pubic bone- pads up, avoiding the urethral meatus, apply firm traction upwards on pubic bone while mom bears down. Technique may be repeated with ctx until successful in turning or bring head down and under pubic bone. The technique is suggested for use when other more generally used techniques such as position changes etc. have been tried but have not been successful." The Gentle Birth website has other suggestions for dealing with a malpositioned baby; they are listed at <http://www.gentlebirth.org/archives/position.html>.

I have received many email requests for help from women who underwent cesarean section for a persistent posterior and stalled labor with their first baby; many of them have asked their obstetricians what they can do to prevent this from happening again, and the response is that there is nothing they can do. Sutton and Scott give them hope and effective tools to work with. Both Understanding and Teaching Optimal Foetal Positioning and Pauline Scott's new book, Sit Up and Take Notice! are available from the ICAN website, <http://www.ican-online.org/about/shop.htm>. Optimal Fetal Positioning is also available from the

MidwiferyToday website, <http://www.midwiferytoday.com/books/>. In Canada, it is available at the Parentbooks website, http://www.parentbooks.ca/childbirth_education.html. Every pregnant woman who wants her baby to enter labor in the optimal position would do well to obtain a copy of this book, and every midwife, labor nurse, and doula needs a reference copy.

To read an article by a woman who put Sutton and Scott's techniques into practice for her second birth after a cesarean section with the first, see the "Victorious Birth after Cesarean" website, <http://www.victoriousbirth.com/ofp.htm>. This article originally appeared in Midwifery Today Magazine.

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ACUPONCTURE en GYNAECOLOGIE et Obstetrique

B. Auteroche – R. Navailh

Translated by Jenny Allison, NZ

Sections translated:

- 1. Pregnancy – physiology and pathology**
- 2. Labor and postpartum – physiology and pathology**
- 3. Mastology and miscellaneous conditions (musculoskeletal, UTI, threatened abortion)**

ACUPUNCTURE EN GYNECOLOGIE ET OBSTETRIQUE

B. Auteroche/R. Navailh

Maloine, Paris, 1986

CHAPTER 1 – PREGNANCY

Monitoring of pregnancy has three aims:

- to maximize good development of the pregnancy;
- to minimize risk factors capable of affecting mother or fetus; and
- to diagnose and treat pathology.

Wellbeing of the pregnant woman rests on clinical, biological and technical monitoring. It is not the responsibility of an acupuncturist alone.

The rigors of this monitoring requires constant communication between specialist and acupuncturist. Agreement on this principle is indispensable.

The woman who wishes an acupuncturist at her labor must be followed during her pregnancy. Her first prenatal consultation is completed by a traditional examination to which referral can be made in response to particular or pathological situations.

PHYSIOPATHOLOGY

According to the Chinese saying, “viability of fetus is assured by the Blood of the mother”.

Thus fetal development depends upon the state of the mothers organs: of Liv, Kid and Sp;

Liv is responsible for smooth Blood flow;
Kid is source of prenatal and stores acquired Jing (essence);
Sp produces and controls Blood

| Source of disharmony | Etiology | Pathology |
|----------------------|---|--|
| Kid. | <ul style="list-style-type: none"> • Constitutional (prenatal jing); • Multiparity; • Sexual excesses; • Chronic illness; • Teen or elderly pregnancy; • Repeated abortions; • Blood loss; • Fatigue/overwork; • Internal damage due to emotions; • Poor acquired jing (Sp); • Emotional excitement; • Significant loss of Liv Blood; | <ul style="list-style-type: none"> • Insomnia; • Psychic problems (Ht & Kid Yin xu); • Constipation; • Kid Yang xu; • Urinary tract infection (UTI); • Urinary retention; • Abdominal pain (weak Kid Yang); • Blood loss; • Threatened abortion; • Edema; • Eclampsia; • Insomnia; |

| Source of disharmony | Etiology | Pathology |
|---------------------------------|---|---|
| | <ul style="list-style-type: none"> • Illness of long duration which has exhausted Liv Blood; • Insufficient production of Blood by Sp/Sp; • Significant exhaustion of kid yin; • Attack on Liv by perverse Cold or perverse Heat or Fire; • Alcoholism; • Smoking; • Overwork. | <ul style="list-style-type: none"> • Psychic problems (Liv Qi stagnation); • Morning sickness (Liv Qi overacts on St/Sp); • Abdominal pain (Liv Qi stagnation); • Blood loss (assoc with B1 heat); • Eclampsia (Liv Yin xu, external attack of Wind and Cold; Liv produces Wind). |
| St Sp not regulating | <ul style="list-style-type: none"> • Overeating; • Excessive fatigue; • Overwork, esp. mental ; • Excessive Damp; • Long term illness; • Significant vomiting; • Abuse of cooling medication (antibiotics). | <ul style="list-style-type: none"> • Insomnia; • Psychic problems (St in disharmony); • Morning sickness (Heat in St, or St/Sp xu glary mucus (tan yin)); • Constipation heat in colon due to St Yin xu; • Threatened abortion (Sp xu) • Edema (stagnation of Damp due to Sp xu). |
| Chong/Ren Mai | <ul style="list-style-type: none"> • Weakness of Qi and Blood; • Febrile disease; • Fatigue due to overwork; • Trauma (sexual physical); • Kid xu; • Blood heat. | <ul style="list-style-type: none"> • Blood losses; • Threatened abortion. |
| Blood Xu | <ul style="list-style-type: none"> • Excessive Blood loss; • Premature RM; • St/Sp empty; • Excess of emotion exhausting yin and Blood; • Weakening of Chong & Ren; • Overwork. | <ul style="list-style-type: none"> • Insomnia/psychic problems; • Constipation; • Abdominal pain; • Blood loss; • Threatened abortion; • Eclampsia. |
| Blood Stag | <ul style="list-style-type: none"> • Poor Liv function; • Weakness of Qi; • Loss of Blood - any origin; • Overwork. | <ul style="list-style-type: none"> • Postmaturity. |
| Blood Heat | <ul style="list-style-type: none"> • External pathogenic factors; • Congested Liv producing Fire; • Overwork. | <ul style="list-style-type: none"> • B1 loss |
| Qi Qi xu unable to retain Blood | <ul style="list-style-type: none"> • Premature RM; • Food abuse; • Kid xu; • Postmaturity; | <ul style="list-style-type: none"> • U.T.I.; • Blood loss; • Threatened abortion. |

| Source of disharmony | Etiology | Pathology |
|----------------------------|--|--|
| | <ul style="list-style-type: none"> • Long term illness; • Overwork. | |
| Qi stagnation | <ul style="list-style-type: none"> • Repressed/stagnant emotions; • Irregular eating habits; • External pathogenic factors; • Contrusions or wounds after exertion; • Overwork. | <ul style="list-style-type: none"> • Constipation; • Threatened abortion. |
| Qi & Blood weak and empty | | <ul style="list-style-type: none"> • Urinary retention; • Blood loss; • Postmaturity; • Incorrect presentation of fetus; • Premature RM. |
| Stagnation of Qi and Blood | | <ul style="list-style-type: none"> • Postmaturity; • Incorrect fetal presentation; • Fetus remains high. |
| Fetus | <ul style="list-style-type: none"> • Febrile illness; • Trauma; • Poor nutrition; • Toxic medication; • Qi & Blood xu of mother; • Qi & Blood stagnation of | <ul style="list-style-type: none"> • Morning sickness (Qi of fetus contravects – goes upwards); • Blood loss; • Threatened abortion (fetus overacting and descending); • Death of fetus; • Incorrect fetal position; • Fetus remains high. |

Harmony of pregnancy depends upon a fragile, complex and unstable state resulting in the association of three balances:

- Maternal Qi & B1;
- Fetal Qi & B1;
- Mother and fetus.

Disharmonies of pregnancy have been presented in schematic form in above table.

PULSE & PREGNANCY

Certain pulses are classically associated with pregnancy. Some indicate a good prognosis, others imply miscarriage or fetal distress.

- **Slippery pulse (Hua)** – its circulation is fluid, sliding under the finger like the beads of an abacus. Under the fingers it gives a sensation of gentleness. Pregnant women frequently have this pulse. It is the sign of harmony and abundance of B1 & Q1 signifying a very good prognosis. It also allows us to determine baby's sex.

Boy if the rolling ball sensation is pointed (sharp); and
 Girl if the sensation is rounded.

- **Drum-skin pulse (Ge)** is wiry and tense, which is also hollow in the middle as if one were leaning on the skin of a drum. Such a pulse in the pregnant woman indicates threatened miscarriage or premature labor.
- **Choppy pulse (Se)** the flow feels difficult like a razor blade lightly scraping on bamboo (or fingernail down a blackboard). In a pregnant women this indicates fetal distress.
- **Dispersed (loose) pulse (San)** a superficial large pulse without boundaries. On palpation, at the surface, this pulse without boundaries. On palpation, at the surface, this pulse is very big but forceless. It disappears on pressure. 'It is like poplar flowers, it leaves no trace.' In a pregnant woman this indicates spontaneous miscarriage.

BASIS CONCEPTS

Before giving acupuncture treatment to a pregnant woman, two important concepts needs to be kept in mind.

1. respect for the balance of energy and Blood; and
2. the idea of forbidden points.

Respect for Balance of Energy & Blood

'The rule of acupuncture says not to damage that which is xu and not to argument that which is shi. In order to prolong the affection.'

(Here there was some obscure classical reference from Su Wen, Chapter 47 which we were unable to translate so it made sense.)

This phrase from Su Wen gives us the major rule for all acupuncture treatment, and indicates that during pregnancy balance is paramount. If one recalls that 'in the woman there is relatively more energy and less Qi than in the man'.

Therefore, separate tonification of Qi or dispersal of Blood alone, or even worse, using these two techniques together will upset the unstable balance of Qi and Blood.

Thus weak stimulation (tonification of Co 4 Hegu) and/or strong stimulation (dispersal of Sp 6 Sanyinjiao) is forbidden. One gives an excess of Qi and the other weakens Blood.

FORBIDDEN POINTS

Opinions vary as to the number and names of the points which are dangerous to needle in pregnancy. The 'maximalist' theory is that from The Essentials of Chinese Acupuncture which says 'It is contraindicated to needle the lower abdomen and lumbo-sacral points in a woman less than three months pregnant. Beyond three months it is, in addition contraindicated to needle the upper abdominal points and also those which give strong sensation such as Co 4 (Hegu), Sp 6 (Sanyinjiao), Bl 60 (Kunlun) and Bl 67 (Zhiyin). However, this rule must be tempered. In fact, some points situated in these areas, as well those mentioned above, may be indicated in problems in pregnancy.

For example, in threatened miscarriage, use the abdominal point Cv 5 (Shimen); St 30 (Qichong) and Sp 12 (Chongwen) for energy which is going upward.

As for points giving a strong sensation, use Sp 6 – during pregnancy when the fetus is too active. In the same way, in the classics, certain points which are normally considered forbidden are used in affections associated with pregnancy. For example;

- for vomiting use - Cv 11 (Jinali), Cv 12 (Zhongwan), St 36 (Zusanli);
- for eclampsia use – Gb 21 (Jianjing);
- for icterus of mother use – Co 4 (Hegu), Gv 9 (Zhizang), Bl 20 (Pishu), Bl 22 (Sanjiaoshu), Gb 21 (Jianjing);
- for pruritis use – Bl 23 (Shenshu), Sp 6 (Sanyinjiao).

Manipulation of needles appears to be important since it is written classically that Hegu must not be needled in pregnancy, but specially must not be tonified.

Sanyinjiao must not be needled in pregnancy, but especially must never be dispersed.

Yet one can find in the Zhen Jiu Da Cheng (1601) ‘energy which attacks Ht during pregnancy; this sensation is due to the fetus rising up too much and the woman falling into a faint. Needle Jujue Cv 14, consciousness will be restored immediately. Next tonify Co 4 and disperse Sp 6 and the fetus will descend again.’

What procedure should one take then? This question is all the more important since using one of the dangerous points in association with another point may bring about miscarriage. Thus, the combination of Liv 3 (Taichong) and Sp 6 (Sanyinjiao) will provoke miscarriage. Is this because Liv 3 is considered the Co 4 of the foot? The uncertainty which results from these ambiguities necessitates restraint as to the choice of points.

COURSE OF ACTION

The basic model having been determined and the therapeutic principle decided, it is necessary to:

1. Try and replace contraindicated points by others whose therapeutic action is similar, but which are not dangerous;
2. Try, as much as possible, to avoid the use of points in combination which;
 - (a) will induce or threaten miscarriage; eg. Co 4 & Sp 6; Cv 3 & Bl 67; Liv 3 & Sp 6; Bl 60 & Sp 6
 - (b) which are indicated in retention of placenta; ie. that would cause the placenta to separate eg. Kid 6 & Th 5; Gb 21 & Cv 3; Cv 3 & Sp 6 with Pc 6 & Bl 60 (4 together)
3. Avoid, unless clinical situation and therapeutic principle dictate it, the dispersal of Blood and tonification of Qi.
4. Remember that Chinese medicine prefers ‘harmonising beyond all other treatment methods’ ie. not tonification, not dispersal.

PATHOLOGY IN PREGNANCY

Psychic problems

Pregnancy often requires a change in behaviour. Generally this change is well tolerated, but sometimes, various minor problems occur which make the pregnancy uncomfortable and which are frequently accompanied by insomnia.

We can distinguish three successive stages in the course of a pregnancy.

1. The first trimester relates to a period of anguish because of the disappearance of the period and ambivalence about the pregnancy. The woman may somatise this anguish with neuro-vegetative symptoms, such as vomiting.
2. The second trimester corresponds to a period of calm with little tendency to pathology.
3. In the third trimester, anguish may recur as the thought of labor approaches with fear of the unknown – which has as much to do with labor as with fear of the child.

Sleeping difficulties are often the first sign. If neglected, the progression of the problem leads to other complications; ie. pretoxaemic states, threatened premature labor, distocic labor.

Normally there are four basis types:

1. B1 xu
2. Ht and Kid not meeting
3. Liv Fire rising
4. St disharmony

1. Blood Xu

Symptoms: the major system is difficulty in getting to sleep and disturbed sleep.

Associated symptoms: forgetfulness, anxiety, palpitations, fatigue, loss of appetite, no taste in mouth, pale sallow complexion, pulse fine and empty.

Treatment: Therapeutic principle: tonify Blood, calm Ht and Spirit

Points: Ht 7 (Shenmen) Pc 6 (Neiguan)
Sp 6 (Sanyinjiao) BI 20 (Pishu) BI 15 (Xinshu)

Analysis: Ht 7 is source point of arm Shaoyin meridian;
Sp 6 is meeting point of three leg yin meridian;
Pc 6 is luo (connecting) point of arm Jueyin.
These three points calm Ht and Spirit.
B 20 is back shu point, tonifying Ht & Sp,
BI 15 is Ht back shu point

Method: tonification

Note: other points could have been used eg; Ht 9 (Shaochong), BI 17 (Geshu), BI 43 (Gaohuang) and Pc 5 (Jianshi).

2. Ht and Kid not meeting

Symptoms: main one is ill at ease, irritable and mental discomfort provoking insomnia

Associated symptoms: forgetfulness, palpitations, night sweats, acouphenes, lower back pain, red tongue, pulse deep, rapid and fine.

Treatment principle: Harmonise Ht & Kid

Points: Ht 7 (Shenmen) Pc 6 (Neiguan) Sp 6 (Sanyinjiao)
Additional: Bl 15 (Xinshu) B1 23 (Shenshu) Kid 3 (Taixi)

Analysis: Bl 15 is Ht shu point,
Bl 23 is Kid shu point,
Kid 3 is yuan point of foot shaoyin.
These points may restore the physiological balance between Ht & Kid.

Method: neither tonify nor disperse ie. harmonise. Other points which could have been chosen:

Pc 5 (Jianshi) Kid 1 (Yongquan),
Kid 4 (Dazhong) Kid 5 (Shuiquan) Kid 6 (Zhaohai)

3. Liv Fire Rising

Symptoms: main one is insomnia

Associated symptoms: excessive dreaming, irritability, moroseness, dissatisfied, headache, acouphenes, bitter taste in mouth, pain in ribs and sides of body, lower back pain, red tongue, pulse wiry, fine and rapid.

Treatment principle: soothe Liv and calm Fire

Points: Ht 7 (Shenmen) Pc 6 (Neiguan) Sp 6 (Sanyinjiao)
Additional: Bl 18 (Ganshu) B1 19 (Danshu) Bl 12 (Fengmen)

Analysis: Bl 18, 19 & 12 can calm Liv and soothe Yang

Note: in general, the appearance is of yang shi but in fact the problem is yin xu, so one also has to nourish yin to calm yang;

Tonify: Kid 12 (Dahe) Kid 5 (Shuiquan) Bl 17 (Geshu)
Disperse: Gv 20 (Baihui) Liv 2 (Xingjian) Liv 13 (Taichong)

4. St disharmony

Symptoms: main – insomnia, accompanied by epigastric fullness

Associated symptoms: belching, abdominal fullness, often bulimia, greasy tongue coat, pulse large and slippery.

Treatment principle: Harmonise St in order to calm spirit

Points: Ht 7 (Shenmen) Pc 6 (Neiguan)
 Bl 21 (Weishu) St 36 (Zusanli)

Analysis: Ht 7 & Pc 6 calm the spirit,
 Pc 6 also has a complimentary action on St 36 for abdominal fullness
 Bl 21 is the back shu point of St.

Method: Tonify Ht 7 & Pc 6, harmonise Bl 21 & St 36

Note:

1. Don't forget combined use of St 45 (Lidui), Sp 1 (Yinbai) and Ht 7 (Shenmen) for insomnia with frequent nightmares.
2. Hypersomnia, is a physiological condition during pregnancy often seen at its most frequent at the beginning and end of gestation. Indeed, the physiological balance of the woman who 'usually has more Qi and less Blood than a man' is disturbed by pregnancy. The cessation of menstruation brings with it in the first month a relative Qi xu. Gradually a new balance ensues; but from the seventh month, the yin reaches its peak. The yang gradually diminishes and there may be a new disharmony.

MORNING SICKNESS

Chinese medicine calls this state 'ren shen e zu' because of the disgust and blockage caused by the nausea and vomiting which becomes an obstacle to nourishment.

Pathogenesis – Hyperpmesis is explained by two mechanisms:

1. After conception the 'door of the uterus closes'. Qi of the organ is blocked in the interior. This forces the Qi of the fetus to contravert upwards. This tends to weaken the Qi of the stomach, which can then not follow its normal descending course. In the situation where the St Qi is naturally empty, there will be accumulation of glary mucus (phlegm) (tan yin).
2. After conception Blood accumulates to nourish the fetus. The Blood contained in Liv is used. This brings about an emptiness of yin and an excess of yang in that organ. The Ministerial fire burns in the interior of the body, becomes Heat and attacks the St. This is the transverse attack of Liv Qi.

Clinical & Therapeutic Concerns

Following the classics, the nosological grouping of symptoms can be seen in two ways – one is based on grouping of signs according to emptiness, the other is grouped according to the basic theory of disharmony of the Internal Organs.

The first approach is based on emptiness/fullness

Symptoms:

1. **Full type** – nausea, distaste of food, acid vomiting of half digested food, sensations of oppression in the chest and balls in the epigastrium, abdominal distention with a feeling of fullness, diffuse pain, vertigo, depressed spirit and wiry pulse.

When its associated with Liv Fire overacting on St, there also may be thirst with desire to drink,

anxiety and agitation, gastric troubles, dry stools, red or purple tongue with a thin yellow coat and a slippery, hasty pulse.

2. **Empty type** – food has no taste, vomiting interspersed with clear liquid, poor appetite or thoracic feelings of oppression after eating, dizziness, puffy face, physical weakness, weakness of limbs, pasty stools, palpitations, thin white tongue coat and empty pulse.

Therapeutic Principles

Full: clear Heat, resolve Damp (qing re li shi), more Liv energy to dissolve congestion (shu gan jie yu), circulate Qi and harmonise St (xing qi he wei).

Empty: Warm and strength Sp & St (wei jian pi wei)

Main points:

1. Pc 6 (Neiguan) St 36 (Zusanli) Liv 3 (Taichong)
Extra 10 (Jinjin – left; Yuye – right) with tongue flexed upwards, these points are on both sides of sublingual veins.
2. Pc 6 (Neiguan) Cv 12 (Zhongwan) St 36 (Zusanli)
Additional points:
For Damp Heat add St 40 (Fenglong) Sp 9 (Yinlingquan)
For Liv Qi congestion add Bl 17 (Geshu) Bl 18 (Ganshu)
For St Heat add St 44 (Neiting) Pc 5 (Jianshi)
For St & Sp empty add Bl 20 (Pishe) Cv 4 (Guanyuan)

Method

Full: Harmonise (ping bu ping xie)

Empty: Warm with moxa

When using points of Group 1, needle Pc 6 first on right and Liv on left.
Next time reverse.

Alternate these two groups of points and add additional points as necessary.

*The second approach is based on the theory of disharmony of the Internal Organs.

1. **Congestion of Liv** (gan yu).

When Liv Qi is congested it overacts on St which loses its descending function.

Symptoms: belching and deep sighing, vomiting of clear or acid liquid, oppression and sensation of balls in chest and epigastrium, sore and painful hypochondrium, depressed spirit, feeling of distention in the head and dizziness, thin white or yellow tongue coat, pulse wiry and slippery or wiry and hasty.

Treatment principle: More Liv energy (shu gan tiao qi)

Points: Pc 6 (Neiguan) Cv 17 (Tanzhong)
Liv 3 (Taichong) St 36 (Zusanli)

Analysis: in morning sickness Liv and St Qi contravect. St loses its capacity to descend energy which brings about a blockage of Qi in chest and epigastrium.

Cv 17 regulates and circulates Qi

Pc 6 is indicated in problems of chest and St

Liv 3 calms Liver and descends the contravection
St 36 harmonises St and descends contravection (brings energy down).

Method: Pc 6, Liv 3 – 1 cun deep
Cv 17 – 1 cun pointed downwards
St 36 – 2 cun deep

For all these points, use dispersal with twirl/thrust method.

2. **St Heat (wei re)**

If St Fire is in excess because of constitutional internal Heat, then if Qi of fetus contravects upwards, there is a concentration of Heat above. St then loses its descending function.

Symptoms: vomiting of acid or bitter liquid, dry mouth and lips, thirst, gastric upsets, constipation, anxiety and agitation, restless sleep or insomnia, red tongue with yellow coat, slippery, hasty pulse.

Therapeutic Principles: Clear and disperse St Heat (qing xie wei re)

Points: Pc 6 (Neiguan) St 44 (Neiting) Gb 34 (Yanglingquan)

Analysis: St 44 – ying point of St meridian used to clear and disperse St Heat,
Pc 6 – allows expansion of chest and descends contravection
Gb 34 has ability to clear and disperse Fire of Liv and GB

When Fire of Liv and Gb is cleared, Qi no longer contravects upwards and vomiting stops.

Method: St 44 – 5 fen, Pc 6 – 1 cun, GB 34 – 2 cun
Use dispersal technique, twist/turn.

3. **Glary Mucus (Phlegm)**

When constitutionally the St and Sp are empty and weak, or if there is already glary mucus.

In pregnancy the Blood accumulates and Qi contravects upwards. Glary mucus goes up with Qi.

Symptoms: vomiting of saliva and glary, significant salivation, feeling of fullness in chest, lack of appetite, vertigo, palpitations, body feels heavy, tongue pale with white coat and slippery pulse.

Therapeutic principle: Strengthen Sp and harmonise St (jian pi he wei), eliminate Damp, resolve phlegm (qu shi huo tan)

Points: Cv 12 (Zhongwan) St 36 (Zusanli) St 40 (Fenglong)

Analysis:

Cv 12 is St Mu point, (Mu points relate to internal organs).
St 36 the point of St meridian, consolidates Sp, harmonises St and brings
down contravection
St 40 allows resolution of phlegm and descends contravection.

Method: Cv 12 – 2 to 3 cun, remove needle when sensation has reached as far as pelvis.
St 36 – 2 cun deep.
The above points – use harmonizing technique (ping bu, ping xie)

St 40 – 2 cun deep, disperse with turn/twist method.

ECLAMPSIA

The eclamptic condition consists of a dramatic loss of consciousness, convulsions, opisthotonos (backward arching of body), significant salivation, tetany, rigidity, spasm. There may be only one attack or they may be intermittent. TCM is concerned with Wind rising in the interior. The attack is preceded by a variety of symptoms which are indicative of pre-eclampsia.

Headache, dizziness, general weakness, oedema of lower limbs, shortness of breath, nausea, vomiting and frequent urination. (epigastric pain is a cardinal symptom). These may appear towards beginning of third trimester which allows us to begin preventive treatment.

Etiopathology

During pregnancy the fetus needs Jing Qi from Liv and Kids to ensure its growth. Thus if yin of those two organs is heavily drawn on and weakened, yin becomes xu and yang becomes shi. The tendons and vessels (jin mai) are no longer adequately nourished and limbs go into spasm with convulsions and loss of consciousness.

Three Basis Etiologies:

1. Wind Cold attack
2. Liv Heat produces Wind
3. Wind from Blood xu disturbs the interior

1. Attack by Wind & Cold

Etiology: As the yin and yang are xu, an external attack by Wind and Cold may happen more easily. If the perverse energy reaches Taiyin meridian, it weakens the yin, the Blood and body fluids even more.

Symptoms: painful limbs, fever, fear of cold, whole body pain, headache with oppression in chest, pale tongue with wet white coat, pulse floating, slippery and tense. Attack arrives with loss of consciousness, spasm of limbs and opisthotonos.

Therapeutic Principles: Nourish Blood, eliminate Wind, disperse Cold (yang xue, qu feng, san han)

Points: Gb 20 (Pishu) St 36 (Zusanli) Gv 26 (Renzhong)
Gv 14 (Dazhui) Sp 3 (Sanyinjiao) Pc 6 (Neiguan)

Analysis: Gb 20 disperses wind towards surface,
Gv 14 is meeting point of all yang, able to circulate yang Qi and eliminate perverse wind towards surface,
Sp 6, St 36 strengthened St and Sp which are source of transformation of essence and
Gv 26, Pc 6 waken consciousness, open the orifices and calm wind

B1

Method: Harmonise Gv 14 and Gb 20
Tonify Sp 6 and St 36 (twist and turn)
Disperse Gv 26 and Th 5

Note: in using this technique one should take account of the physical state of the woman.

2. Liv Heat produces Wind

Etiology: This is a combination of an already established accumulation of Heat in the organism and weakness of yin and Blood due to the pregnancy. The Heat worsens and xu of yin and Blood, while Liv Fire disturbs the interior.

Symptoms: dizziness, blurred vision, red eyes, agitation and irritability, red face and lips, red tongue with yellow coat, wiry, hasty pulse. The attack will be characterized by its suddenness and its violence.

Therapeutic Principles: Clear Liv, disperse Heat, nourish Blood, calm Wind

Points: St 36 (Zusanli) Sp 6 (Sanyinjiao) Gb 34 (Yanglingquan)
Liv 3 (Taichong) Gv 26 (Renzhong) Pc 6 (Neiguan)

Analysis: Liv 3 clears and disperses Liv Heat, calms Liv and wind
Gb 34 is hui (special point that nourishes tendons and vessels and thus relaxes spasms
Other points have already been analysed.

Method: Disperse Gv 26 and Liv 3
Harmonise Pc 6 and Gb 34
Tonify St 36 and Sp 6 twist/turn

3. Blood xu wind agitates in interior

Etiology: if Blood is constitutionally xu, pregnancy will aggravate this condition. Yin cannot control yang and the latter rises, causing agitation and producing wind.

Symptoms: dizziness, palpitations, shortness of breath, oedema of face and lower limbs, pale tongue with little coat, pulse thready, slippery, possibly empty. When attack comes there is loss of consciousness and convulsions.

Treatment Principles: nourish B1, calm wind

Points: Bl 23 (Shenshu) Kid 3 (Taixi) Sp 10 (Xuehai)
St 36 (Zusanli) Gv 26 (Renzhong) Extra 1 (Yintang)
Extra 6 (Sishencong)

Analysis: Bl 23 and Kid 3 reinforce and tonify Kid Qi, tonify Kid water in order to treat root of problem.
Sp 10 and St 36 nourish B1; (when Kid water is flourishing, yang restricts itself to below and does not rise up).
Gv 26, Yintang and Sishencong clear brain and open orifices.

Method: Tonify Bl 23, Kid 3, Sp 10, St 36 using pull push, turn twist
Harmonise Gv 26, Yintang and Sishencong
These three models are comparable to the clinical symptomology of toxemia.

ECLAMPTIC ATTACK

Therapeutic Principle: nourish Kid, calm Liv, abate Wind

Points:

| | | |
|------------------|-------------------|-------------------|
| Gv 20 (Baihui) | Gv 26 (Renzhong) | Gb 20 (Fengchi) |
| Liv 3 (Taichong) | Sp 6 (Sanyinjiao) | Extra 1 (Yintang) |
| Pc 6 (Neiguan) | Liv 2 (Xingjian) | Kid 3 (Taixi) |

Analysis and Method:

Harmonise Gv 20, Gv 26 and Yintang to waken spirit and relax the tetany

Disperse Pc 6, Liv 2, Liv 3, Gb 20 to calm Liv and abate Wind

Tonify Kid 3, Sp 6 to nourish Kid yin

EAR THERAPY

Ear points: Liv, Kid, Subcortex and Uterus
Retain needles for 20 minutes

To get fetus down

B1 67 (Zhiyin) moxa

Add B1 60 (Kunlun) Gb 21 (Jianjing) and Duyin (sole of foot)

ACUPUNCTURE EN GYNECOLOGIE ET OBSTETRIQUE

B. Auteroche/R. Navailh

CHAPTER 11 – LABOUR

Physiopathology

The womb, which during pregnancy has been 'passive' becomes 'active'.

- the yang chases away the excess yin
- the qi pushes the blood
- the door of the uterus opens

This progressive activity expresses itself at the level of all the elements of the womb, with each one activating the other. Together, they produce

- the onset of contractions;
- passive dilation of the cervix;
- rupture of the waters; and
- expulsion of the fetus.

If the Qi is correct and if the blood is circulating well, labour is described as harmonious.

The harmony of the five emotions and of the Zang-fu contribute to the equilibrium of the Qi and blood, and promotes the correct progression of labour.

Pathology of labour is dominated by disharmony of Qi and Blood. There are two basic syndromes:

- weakness and xu of Qi and Blood;
- stagnation of Qi and Blood, which may progress to Blood stasis.

There are three main etiologies:

- kidney Qi xu (in the case of xu);
- Liver Qi stagnation and congestion (in the case of stagnation)
- St/Sp disturbance (in both cases)

Observation of the pregnancy and the preparation for the labour, both have as an essential aim the diagnosis and treatment of the causes of disharmony beforehand. This is to prevent disturbances at the time of labour.

Disharmony of Qi and Blood may express themselves at different levels;

- Uterine contractions.

Empty or xu – weak irregular contractions, far apart. Labour is prolonged. If there is Kidney Qi weakness, there will also be lumbar pain and stiffness.

Stagnation – strong, painful irregular contractions, close together. Labour will stagnate. If the Liver is involved, there will be intense radiating lumbo-sacral pain.

- Cervix

Basically the disharmony here is dependent on Liver. Passive dilation may be retarded by Liv Qi congestion, which puts the cervix into spasm (cervical dystocia).

- Membranes

Membranes play a complex role;

In a harmonious labour the rupture of membranes represents a loss of blood and augments the Qi in relation to Blood and favours the dynamics of the womb. The needling of points which concentrate the yang and Qi towards the pelvis sustains and reinforces the Qi in relation to this dynamic.

In the course of a disharmonious labour, due to stagnation of Qi and Blood, an ARM may be able to make the Qi and Blood circulate.

Premature rupture of membranes at the beginning or before onset of labour, involves excessive dispersion of Qi and Blood, and will cause a state of emptiness in Qi and Blood.

- Fetus

Stagnation of Qi and Blood may inhibit normal descent. The presenting part remains high.

The fetus nourished by its mothers blood in the course of the pregnancy, now becomes to all intents and purposes an autonomous entity, subject to the same physiopathologic disorders as its mother (excesses in emotions, disharmony in Qi and Blood etc).

DIAGNOSTIC ELEMENTS

OBSTETRIC FACTORS

Indication for acupuncture during labour depends on clinical and technological assessment of mother and child.

Examination of contractions

- subjectively by the intensity of pain
- objectively by palpation of abdomen and tocography

State of membranes and waters (liquor)

- intact or broken
- liquor clear or meconium stained

Cervix

- vaginal examination will indicate its maturity, state of dilation and its stretchiness under effects of uterine contraction.

Fetus

- its presentation and position, auscultation and/or external cardiography of fetal heart rate and rhythm (refer Bishop's score).

Other examinations may complete the diagnosis:

- ultrasound if there are doubts about presentation and size
- amnioscopy which gives exact location of placenta, presence of vernix, colour of liquor gives indication of fetal distress.

TRADITIONAL FACTORS

Examination is made according to Four Methods and Eight Principles

Four Methods

In fact, conditions don't always lend themselves to a profound examination, especially if there is the first contact with the future mother. Without going through a complete traditional diagnosis, one should however, remember two important concepts in labour.

- **Asking:** Questioning the woman and those accompanying her on her condition in the preceding days. This may allow us to differentiate between an empty condition or one of stagnation of Qi and Blood. Ask about – diet, sleep, general state of health, and previous gynecological and obstetric history. For example, in xu check multiparity, history of miscarriage, lack of food in last 12 hours and premature rupture of membranes.

In stagnation check primiparity, history of PMT, emotional excesses, disturbed sleep, waking at 3am, cramps etc.

- **Palpation**
- **Pulse:** in an acute situation such as labour, one gives preference to the clinical symptoms when they are not in accordance with the pulse.
- **Palpation of acupuncture points** – pain on pressure guides or confirms the diagnosis.

SPONTANEOUS LABOUR

The use of acupuncture rests on the concept of the balance of Blood and Qi, and depends on the collaboration of the obstetrician and the acupuncturist.

The analysis of both the obstetric and traditional facts results in a therapeutic principle which determines the choice of points.

The permanent presence of the acupuncturist is indispensable so that s/he may intervene at any moment according to the progress of labour. In practice however, s/he will often be called during the course of the labour and will thus have to adapt to the situation.

HARMONIOUS LABOUR

There is no disturbance in equilibrium of Qi and Blood; labour progresses normally; there are no anomalies in the perception of pain or in psychological state of the labouring woman.

Here, therapeutic abstention is the rule. One just watches the progress. At any time the intervention of the acupuncturist may be envisaged in order for:

1. **Relaxation;** labour represents an exceptional experience which requires emotional equilibrium on the part of the woman; A primipara can experience anxiety at the beginning of labour and from the new sensations from the contractions.

In the multipara, memory of previous painful labour(s) may result in understandable anxiety. These problems which affect the onset of labour will not necessarily change its course and the obstetric examination remains normal;

The traditional examination cannot pigeon-hole them in terms of energy, Blood or Zang-fu. However, this nervous tension demands to be relieved. Relaxing the spirit and the body will allow labour to progress in the best possible conditions.

Points for calming action which may be used:

Anmian – extra points 1 and 2
Yintang – extra
Shaohai Ht 3
Tongli Ht 5
Tiantu Cv 22
Shenmen Ht 7
Shaochong Ht 9
May add: Taichong Liv 3
 Qiuxu Gb 40 (irritability)
 Feishu Bl 13 (emotionality)

Acupuncture is not the only possibility. One can also ask for the participation of the partner, teaching him to massage the Anmian points. This will lower the barrier which too often isolates the woman from her surroundings.

It is important to act on these minor psychic disturbances, otherwise they may result in disturbance of the superior nervous equilibrium, with agitation and increase in perception of pain, eg. dystocic labour.

2. **To direct the labour, either to reduce the duration to give pain relief during contractions.**

Therapeutic principles which can be applied in pathological cases, may equally apply for normal cases. For example, the acupuncturist may propose to intervene when there is an artificial rupture of membranes which is frequently the only intervention practiced in the course of a harmonious labour. At the RM the use of points which concentrate the yang & Qi towards the pelvis will cause the following effect:

- Augment the intensity and frequency of contractions, facilitate the fetal descent, accelerate dilation and shorten the duration of labour. Several points may be chosen:
 Shenshu Bl 23
 Guanyuanshu Bl 26
 Zhishi Bl 52
 Bailiao (Bl 31, 32, 33, 34)
 Ashi points

In addition there are various techniques of stimulation – acupuncture, electro-stimulation, injection therapy and reflexotherapy (pressure).

According to the obstetric abstracts reported by Jiao Guorui (1980) it seems that BI 32 is the effective point, not only to promote dilation, but also to prevent the appearance of radiating lumbo-sacral pain.

From a practical point of view BI 32 may be needed in a woman who is having regular contractions every five minutes, lasting 30 seconds with a supple effaced cx four cm dilated (Bishop >9)

Technique – immediately after RM, place woman in left lateral (diagram), needle BI 32 from 1.5 to 3 cun deep, avoiding any obstacles. Manipulate needle at every contraction and retain for 20 minutes.

LABOUR WITH DISHARMONY OF QI AND BLOOD

Prodromal symptoms

Warning signs of labour becoming dystocic are either due to the psychoemotional aspects of the labour with irritability, agitation and depression, and an abnormal perception ? (disempowering) of the pain of the contractions, radiating lumbo-sacral pain. Or it may be in the dynamics of the labour with changes in the rhythm and intensity of contraction and the consistency of cx.

The traditional examination may help to diagnose the two main pathologies of dystocia eg. Qi and Blood xu with a slowing of labour, depression, contractions spaced out and less intense, pale tongue and weak pulse.

Stagnation of Qi and Blood with irritability, agitation, contractions perceived as more and more painful, lumbo-sacral pain, red tongue wiry pulse.

These two categories, although incomplete, bring us to the same therapeutic approach as that described under dystocia. Treatment should be envisaged well before the course of the labour becomes obstructed.

Suggested points for labour progressing to dystocia

| | | |
|----------------|---|------------|
| Taichong Liv 3 | } | |
| Qimen, Liv 14 | } | 20 minutes |
| Guanyuan Cv 4 | } | |
| Fengchi Gb 20 | } | |

DYSTOCIC LABOUR

Dystocic labour in TCM is called
Zhichan (stopped labour)
Nanchan (difficult labour)

The basic models most frequently seen are:

Qi and Blood empty (Qi xua xu ruo);
stagnation of Qi and stasis of Blood (Qi Zhi xue ue)

Qi and Blood empty (Qi xua xu ruo);

Etiology: weak physical constitution, overwork, sickness during pregnancy, multiparity, premature RM which means that Qi and Blood are dispersed in great quantity. The travail of labour has begun too early and too intensely leading to an exhaustion of Qi.

Symptoms: lessened intensity and frequency of contractions, lower back pain, long labour, low shen, no desire to speak, lassitude, shortness of breath, palpitations, pale face, flaccid limbs, tongue body pale, pulse superficial, big and empty or fine, weak and even disordered (irregular?)

Treatment: Principle tonify energy and Blood

Points: Hegu Co 4
Sanyinjiao Sp 6
Zhiyin BI 67

Analysis: Co 4 is source point of arm yangming and commands the Qi;
Sp 6 is meeting point of three meridians of leg and commands the blood;
BI 67 – jing point of foot taiyang hastens labour.

Together these three points tonify Qi and Blood.

Method: Co 4 - 5 fen deep, Sp 6 - 2 cun deep. Tonify using ti cha nian zhuan (thrust slowly and with force and withdraw quickly and lightly. Twirl slower, with slight rotation when tonifying).

If Kid xu – tonify jing essence

Points: Shenshu BI 23
Mingmen Gv 4
Guanyuan Cv 4 needle and moxa

If St/Sp xu – tonify acquired jing

Points: Zusanli St 36
Zhongwan Cv 12 needle and moxa

Additional point:

Duyin (extra meridian point in middle of plantar flexion crease of second phalanx of big toe).
Needle rapidly and moxa

Auricular therapy

Shenmen, uterus and sympathetic

Note: in practice, this type of dystocia due to Qi and Blood xu is often encountered during the active phase of dilation (after 4 cm). This dystocia is common in the multipara whose uterus is too slack, and in the primipara whose labour has been too long.

The stagnation of labour is an expression: of Kid Qi xu and weakness of acquired jing (Sp). When RM add point which concentrates the yang and Qi towards the pelvis – Ciliao BI 32.

DURING EXPULSION OF FETUS

Emptiness will result due to the efforts of labour which have drawn too much on the mother's

reserves. Fatigue and exhaustion can be compensated by treating Kid and St/Sp.

Jiao Guorui Reports:

1. In a study of 20 cases with hypokinesia of contractions stimulation of Hegu Co 4, for 15 minutes shortened labour; it increased the duration, intensity and frequency of contractions with easier dilation and descent of the presenting part.
2. In a study of 110 cases – the combination of local points, Zhibian (Bl 54) with distal points Hegu (Co 4) and Sanyinjiao (Sp 6) gave better results than using either local points alone, distal points alone or distal points which are painful to pressure eg. Xuehai (Sp 10) and Gb 39). More likely Jinggu (Liv 8)

STAGNATION OF ENERGY AND BLOOD

Etiology: Emotional problems; patient frightened and stuck by labour, seen especially in over anxious and over tense primips. External temperature too cold during labour causes Qi and Blood stagnation.

Symptoms: uterine hypertonicity or hyperkinesias
Very painful contractions with intense radiating lumbo-sacral pain
Cx firm or thick, oedematous in spasm
Fetus doesn't descend
Face dark or purplish
Chest oppression, nausea and belching
Depression or agitation
Tongue dark red, thin greasy coat sometimes dark blotches
Pulse deep and choppy or deep and wiry, or deep and tight

Treatment Principle: Regulate Qi (Liv) more blood and remove stagnation.

Points: Hegu Co 4 Sanyinjiao Sp 6 Taichong Liv 3
Qichong St 30 Zhiyin Bl 67

Analysis: Tonify Col 4 and disperse Sp 6

This regulates Qi and removes Blood stagnation (Tiao Qi san yu). This helps to descend the fetus.

Liv 3 is yuan point of leg jueyin. This invigorates and circulates the Blood, removing stagnation. St 30 of leg yangming meridian regulates Qi of Chong mai and removes blood stagnation (Xu Zhi Ying Xue)

These five points act together to regulate Qi, invigorate Blood and remove stagnation which promotes the labour.

Technique: Co 4 tonify, swirl thrust
Sp 6 disperse, swirl thrust
Liv 3 – 5 fen deep disperse, swirl thrust
St 30 insert needle 1 cun
Bl 67 needle quickly then moxa

Additional points:

Points which descend:

Kunlun Bl 60 Jianjing Gb 21

Extra point duyin (under 2nd toe) indicated when poor or high presentation

dystocia due to Sp emptiness.

These represent academic cases. In practice we are confronted with more complex situations involving several zang-fu together.

ANALYSIS OF PAIN

The main symptom which disturbs labour is pain.

Women now have a choice of asking for pain relief. For the doctor, this consists of choosing the best method for mother and child, taking into account the progress of the labour and the area of pain.

ANTERIOR PAIN

Harmonious (eutocic) labour

Seat of pain is pelvic or abdominal, which increases with the progression of labour. It is more easily tolerated if there is no resistance to dilation. It is also subject to wide individual variations in relation to the perceptual state of the mother.

Treatment principles

If pain is bearable, we only need to maintain the harmony of Qi and Blood. In order to do this, keep an eye on good mental equilibrium and promote dilation (cf harmonious labour above).

If it's decided that some pain relief is necessary we need to address analgesic techniques of
Electro-stimulation and point injection

Electro-stimulation local points are:

| | |
|---------------|--------------|
| Qugu Cv 22 | Qihai Cv 6 |
| Tianshu St 25 | Guilai St 29 |
| Qichong St 30 | Daimai Gb 26 |
| Wushu Gb 27 | Weidao Gb 28 |
| Juliao Gb 29 | Fushe Sp 13 |
| Fujie Sp 14 | |

Distal points are: Zusanli St 36 Hegu Co 4
Sanyinjiao Sp 6

Ear points Zicong sympathetic and ear shemen

Technique: first needle distal points and obtain Qi

Electro-stimulation – start this at the beginning of labour, eg. towards 3-4 cm dilation and if possible before the membranes have ruptured. The period of induction is about 20 minutes, eg. between contractions. The intensity of stimulation should be increased progressively and then maintained at a constant level. Frequency is low on distal points (1-3 Hz) and higher on local points (above 5 Hz)

Commentary – unfortunately this technique is often seen as another intervention. It can cause:

- a. disagreeable sensation from stimulation

- b. disturbance due to the wires linking electrodes.

Therefore, during labour preparation, the possibility of using electro-stimulation should be explained in order to demystify it.

POINT INJECTION

According to Jiao Guorui the indications for point injection are to relieve labour pain and shorten the duration.

Points: Hegu Co 4 }
 Sanyinjiao Sp 6 } bilaterally
Inject 0.5% novocaine
 0.1% procaine in a solution of serum or physiological saline using a 5ml syringe

Technique: *(use only when resuscitation available)*

First do subcutaneous test with procaine. If negative, swab and rapidly insert needle, waiting for Qi sensation on point. The inject 2 – 2.5ml in Co 4 and 5ml into Sp 6

During injection, a Qi sensation of pain and distention will intensify, especially in Co 4.

The best time to administer this treatment is when dilation is approaching 4cm and contractions are becoming more painful Jiao Guorui reports on 50 cases in which after injection the woman calms down and goes to sleep. Duration of labour is shortened and contractions become more regular.

This method can be employed regardless of age, parity or type of labour. IT does not increase the changes of postpartum haemorrhage (pph).

It can also be used to calm a patient before surgical intervention.

DYSTOCIC LABOUR

When anterior pain is intensified, the above technique may be used.

Posterior pain – this tends to leave the most painful memory of labour. The pain tends to radiate from the lumbo-sacral area, this is the classic 'back labour'.

It may appear as an isolated symptom, especially at the beginning of labour or in posterior presentations. It is often a sign of beginning dystocia;

Dystocia due to emptiness of Qi and Blood will tend to give lumbar pain which is permanent and only slightly increased by contractions;

Dystocia due to stagnation of Qi and Blood tends to display lumbo-sacral pain which worsens during contractions.

Treatment principles:

1. Harmonise Qi and Blood to treat dystocia (see above)
2. Relieve posterior pain;
 Ciliao BI 32 – needle both perpendicularly or point injection using 10ml syringe or

electro-stimulation

Biliao (Bl 31, 32, 33, 34) thread one 13cm needle longitudinally at one finger breadth from centre of spine at an angle of 15 degrees. The needle is directed downwards and inwards for 10-12cm until a sensation of tightening and fullness is experienced. Tape needle with a plaster. Woman may be reclined on her back.

If electro-stimulation is used, there will be a sensation of fullness and distention in the anal region. Ashi points – ear points – lumbar, uterus, shenmen.

LUMBAR REFLEXOLOGY

If acupuncturist is not available, there are points that can be used according to lumbar reflexology which is easy to learn and gives good results in certain situations.

Quite a number of obstetric services have been using these points now for several years.

Points: Zhishi Bl 52 Guanyuanshu Bl 26
Cilao Bl 32 Ashi points

Choose one or two points. Sit woman on edge of bed and give intradermal injection of 2 cc of saline with 0.1% xylocaine in order to obtain a papule the size of the thumbnail. Woman then may lie down.

CHINESE CLINICAL EXPERIENCE

In a study of 200 cases at Nanjing maternity hospital, 1984, the choice of points was determined by site of pain.

Ciliao Bl 32 – the main point for lumbo-sacral pain
Fujie Sp 14 – for anterior pain (direct needle towards Qichong St 30)

Use electro stimulation using G 6805 machine with continuous current (3-5 volts)

Frequency 4000/per min for Bl 32; and
 1500-3000 per min for Sp 14

Indications: primips @ 3-4cm dilation; and
 multiples @ 2 cm dilation.

Results: Pain relief: total pain relief 85 cases
 Definite lessening of pain 107 cases
 No result 8 cases

Contractions: increased uterine contractions – 38 cases
There was no lessening of contractions noted in the other cases.

2. Lumbar pain: Bilateral needling of
 Zhishi Bl 52 Shangliao Bl 32
 Ciliao Bl 32 Taichong Liv 3

Extra meridian point 2 finger widths out from Qihai Cv 6 (needle depth 5-6 fen)

On all points use even method (neither tonify or reduce)

Duration 15-20 minutes. Effect is instantaneous

Results: re acupuncture given at onset of pain: 48 cases immediate disappearance of pain.

Method: The acupuncture was given only to women who were trusting and cooperative. The process was explained to them beforehand.

Technique: Main points:

| | |
|-----------------|---------------|
| Sanyinjiao Sp 6 | Hegu Co 4 |
| Cilao B1 32 | Zusanli St 36 |

Additional points:

| | |
|---------------|--------------|
| Qugu Cv 2 | Qihai Cv 6 |
| Tianshu St 35 | Guilai St 29 |

Session lasts 20 minutes using the main points and one or two additional points, using reducing methods.

Results:

1. Re pain – in most cases pain was low abdominal and lumbar
Lower abdominal pain - disappearance of pain 25 cases
Improvement 15 cases
Lumbar pain - disappearance of pain 27 cases
Improvement 13 cases
2. Re: contractions: strength of contractions increased.
3. Re: duration of labour, the average time between 1cm and full dilation was 3 hours 10 minutes.
4. Re mother and fetus – no effect on B/P, no secondary effect on the mother (in the group there were 3 cases of toxæmia and 2 cases of cardiac anomalies)

No effect on fetus or fetal membranes.

Second group: Acupuncture was given to 70 women for pain relief.

51 cases had severe lower abdominal pain
11 cases had lumbar pain
6 cases had both
2 cases had lumbar stiffness and abdominal distension

Treatment: Cases were divided into two according to site of pain:

1. abdominal pain: Bilateral needling of
Daimai Gb 26 Wushu Gb 27
Juliao Gb 29 Fushe Sp 13
Taichong Liv 3

If pain is severe and situated above pubis needle either the point which is 1.5 finger width out from Guanyuan Cv 4 or Wailing St 26. Needle depth 1 tsun, average stimulation 20 minutes. Effectiveness was immediate.

In relation to a control group of 100 cases, the treated group showed a lessening of duration of labour. No adverse effects were noted on either mother or fetus. The authors cite the possibility of a humoral mechanism to explain the action of the acupuncture.

PAINLESS LABOUR - according to Jiao Guorui

1. 40 primips were treated at the onset of labour. They were having regular contractions, and were 1cm dilated. These women had not had labour preparation and only came for treatment on admission to hospital.

24 cases improvement

With some women the distinction was difficult to make between abdominal pain and abdominal distension.

Postpartum there was less fatigue.

DELIVERY

Acupuncture has its place during the actual birth, both shortening its duration or preventing or dealing with a retained placenta.

Shortening duration of this stage according to Jiao Guorui, Control group of 65 women – 22 primips and 432 multips.

47 women (72.33%) had a normal pregnancy and labour

18 women (22.67%) had an abnormal pregnancy and/or labour

Treated group of 52 women- 18 primips and 34 multips,

28 women (53.5%) had a normal pregnancy and labour

24 women (46.5%) had an abnormal pregnancy and/or labour

Method: Hegu Co 4

Technique: Needle bilaterally at the expulsion of baby, give strong stimulation and retain needles. Measure blood loss.

Conclusion: This study showed the effectiveness of Co 4 on duration of the actual delivery of placenta and blood loss.

Results: Co 4 accelerated delivery of the placenta in relation to the control group

Control group took 10 minutes 48 seconds;

Treated group took 5 minutes 43 seconds.

Time less than, or equal to 5 minutes

Control group – 21.5% of cases

Treated group – 63.4% of cases

Volume of blood loss – 80ml

Control group – 33.23% of cases

Treated group – 45.7% of cases

Conclusion: There was no retention of placenta. Jiao Guorui considers there are no contraindications to this treatment and that this method is preferable to the use of oxytocics.

RETENTION OF PLACENTA

Etiopathology

If there is marked fatigue in labour. Yuan Qi is empty and weak. This is often associated with lower spirits (Shen). The placenta is retained.

Weakened yuan qi leaves the woman vulnerable to attack of Wind and Cold; Cold congeals the

blood vessels and creates obstruction during labour. Cold predisposes to stagnation of Blood in the placenta which leads to its retention.

Symptoms:

- Yaun qi empty and weak, mental and physical weakness, associated with signs of qi xu, vertigo, blurred vision, palpitations, shortness of breath, pulse empty, tongue pale.
- Wind Cold:
 - (a) Cold congealed in blood vessels: dull pain in lower pelvis, diminished pale blood loss, body weak, tongue coat white and greasy, pulse wiry and tense (Jin)
 - (b) Blood stagnation in placenta: piercing pain in lower pelvis, physical vigour, little blood loss, wiry choppy (se) pulse.

Treatment: for Qi xu – warm and tonify Yuan Qi
for cold congealed vessels – warm cold
circulate qi, vitalize blood
for blood stagnation: vitalise blood, circulate qi, dissolve stagnation.

Treatment:

1. Qi xu – main points
Guanyuan Cv 4 Sanyinjiao Sp 6
Hegu Co 4
Add Shanzhong Cv 17 Qihai Cv 6
For attack of Wind Cold add
Zusanli St 36 Xuehai Sp 10
Baliao (BL 31-34)
Use dispersal method
2. Can use warm needles (Cv 17 Cv 6)

Second method:

As qi is the origin of everything, priority in all cases is to tonify Qi in xu conditions, warm Qi in Cold conditions and circulate Qi in cases of stagnation.

Qi Xu Zhongji Cv 3 Guanyuan Cv 4
 Qihai Cv 6 Shanzhong Cv 17
Yang Xu: Duyin extra meridian point (sole of foot)
 Kunlun Bl 60 Guanyuan Cv 4
Blood stagnation:
 Jianjing Gb 21 Zhongji Cv 3
 Hegu Co 4 Sanyinjiao Sp 6
 Duyin extra point (sole)

Analysis:

GB 21 is a forbidden point in pregnancy because it descends the energy. Needling this point can thus bring the placenta down. Do not needle deeply for fear of penetrating the lung. To needle, pinch the muscle up.

Bl 60 transforms the energy, descends and circulates Blood
Cv 3 is near extra meridian point Zigong. Tonification helps Qi of uterus.
Extra point Duyin along with Col 4 and Sp 6 is an important point for retention of placenta.
Cv 4 and Cv 6 circulate Qi.

Note: Don't forget Qimen Liv 14 for penetration of cold after delivery.

HELPING DELIVERY ACCORDING TO JIAO GUORUI

Report of 32 cases, consisting of 27 primips and 5 multips. Although acupuncture techniques were explained, fear of acupuncture and doubt of its effectiveness persisted. After acupuncture and moxa, all the women were more relaxed and in a state of semi-sleep between contractions; some even went to sleep.

Conditions of treatment

1. Acupuncture-moxa was administered in a quiet room, temperature between 22 to 27°C to prevent adverse effects of cold or heat.
2. Practitioners should be kind and attentive, checking that the woman has eaten and slept sufficiently. The woman's collaboration must be obtained by explaining the technique and not making any sudden movements.

Methods: Use of ear and body acupuncture, moxa and some pressure.

Indications:

1. At beginning of labour: if the woman feels pain very early in labour, use some pressure in a continuous technique. If she is tense or tired, use a press needle taped into St 36. Retain for 1-3 hours. This will not restrict movement. Can add Biguan, St 31.
2. Over the period of dilation, some pressure on Chengshan Blood 57 may eliminate lumbar or sacral pain.
Needling Sp 6 and Co 4 will hasten delivery
Needling or thumb pressure of Qugu Cv 2 will relieve pain in the upper pubic region.
3. At expulsion of fetus, needling of extra point Longgu (1 tsun below Cv 2 in middle of pubic symphysis) and Weidao Gb 28 prevents the sensation of distention with pressure on perineum.
4. From beginning of pain use ear acupuncture on upper part of anterior helix, adding moxa with constant heat.
Moxa on Cv 2, Col 4 and Weidao Gb 28
During delivery needle Cv 6 which will accelerate delivery and prevent haemorrhage.
5. For nausea and vomiting, needle Neiguan Pc 6
6. Usually needles are not retained, but when there is pain they can be left for 15-30 minutes - with 12 thrusts every 5 minutes.
7. Women should be continually checked. Pay attention to complaints, change in mood or expression. Check B/P and pulse every hour. Make a note of any variations in contractions or heart rate. Do a PV to assess stage of dilation.

Results: These were divided into three groups:

1. Painless labour: 11 cases. Needle and moxa for three hours of the labour. Women were relaxed and at ease.
2. Labour with light pain – 17 cases. Needle and moxa over three hours of the labour suppressed lumbar and abdominal pain. Women were calm and cooperative but with each contraction there was light abdominal pain.
3. Painful labour – 4 cases. The pain disappeared but re-appeared with shaking, anxiety and lack of cooperation.

One case was due to admission to hospital with severe pain after commencement of labour. Another woman refused food and had not slept enough in the two days prior to admission.

INDUCTION OF LABOUR

Labour is induced when the health of the mother or baby is compromised by the continuation of the pregnancy. In practice there are two main indications: (apart from death of fetus 2 postmaturity)

1. Premature RM

Physiopathology

1. **Premature RM.** This corresponds to an excessive loss of Qi and Blood, leading to Qi and Blood xu. Labour does not commence.
2. **Postmaturity.** This represents stasis of Blood. The blood cannot move and circulate so pregnancy continues.

Two etiologies are possible:

1. Qi xu

Qi doesn't have the strength to circulate the Blood.

When Blood Cold, a further attack by Cold causes a state of stasis in circulation.

Important factors to consider.

- Time available – this depends on the obstetrician's assessment of the state of mother and child.
- Local conditions – the maturity of cx and presentation of fetus. (Bishop score above 8 is considered favourable).

If onset of labour must begin immediately, whether local conditions are favourable or not, one must 'activate B1 and promote Qi'

Tonify Co 4

Disperse Sp 6

Electrical stimulation may be used. Also acupuncture must often be associated with Western techniques that will reinforce it.

If delay is possible and local conditions are not favourable, strategy should be in two parts:

1. Promote maturation of cx to increase the Bishops score.

Main points: Zhigou Th 6 which regulates uterus (moves qi)
 Guanyuan Cv 4 'opens the uterus'

Additional points: for premature RM use treatment principle of 'strengthen Blood and tonify Qi'

Main points Sanyinjiao Sp 6 Xuehai Sp 10
 Geshu Bl 17 Qichong St 30
 Hegu Co 4 Qihai Cv 6
 Zusanli St 36

Postmaturity – if there is Qi xu – tonify Qi points:

Pishu Bl 20 Weishu Bl 21
Zusanli St 36 Zhonglushu Bl 29

Shenshu BI 23

Qihai Cv 6

For Cold Blood – warm and regulate Chong Mai and Ren Mai points:

Gongsun Sp 4

Leique Lu 7

Taixi Kid 3

Shuiquan Kid 5

Qixue Kid 13

Siman Kid 14

Taichong Liv 3

Xuehai Sp 10

Method: select one or two of the additional points.

After obtaining Qi use tonification or even method. Use one or two sessions of 20 minutes duration. After a delay of 1 to several hours, two situations may arise.

1. Change in state of cx and onset of labour
In this case follow strategy for spontaneous delivery.
2. Change in cx without stage of strategy.
Bring on contractions by altering balance of Blood and Qi ie. tonify Qi and disperse Blood

Points: Co 4 Sp 6

To be used with points that have a descending action and which also instigate labour:

Zhiyin BI 67

Kunlun BI 60

Zhongji Cv 3

Method: Tonify Co 4 Disperse Sp 6 Tonify BI 67, BI 60 and Cv 3 followed by moxa

CHINESE STUDIES ON INDUCED LABOUR

Jiao Guorui reports on four series of induced labour

1. 55 cases – the major indications were postmaturity and premature RM

Points:

Main

Co 4

Sp 6

Additional

Th 6

BI 32

(B1 32 is difficult to use so should be used as a last resort)

Method: Session of 10-15 mins – usually one session is enough, but sometimes 2 or 3 are needed.

Effectiveness – after needling – 70.8% effective

38.1% of labours finished between 12-24 hours

32.7% of labours finished between 24-48 hours

One labour finished five minutes after acupuncture

Causes of failure: lack of confidence in acupuncture, little or no needle sensation (no qi) or acupuncturist did not consolidate the first session which caused appearance of some uterine contractions but which did not progress.

Factors in success: pre-existing uterine contractions, mature and during labour (I have found that acupuncture to induce labour after RM is not effective on the full moon. JD)

Tolerance – no adverse effect on mother or child, no effect or any associated pathology (1 case had rheumatic heart disease and 1 case had high B/P. Neither were worsened by acupuncture).

2. 14 cases. Indications to promote onset of labour after failure of Western drugs (PGs?)

Points: Main Co 4 Sp 6 Liv 3
Additional BI 67 Duyin extra point

Method: Obtain Qi then swirl/thrust for one minute, leave need for 5 minutes
Five moxa cones on Zhiyin B1 67

Effects: If needling of Sp 6 increases uterine contractions, this is a sign of success. If contractions do not appear, wait for 2-3 hours, then repeat treatment. Can be repeated 2-3 times.

Results when labour was initiated.

1 case – 3 mins. after treatment
7 cases – 2 hours after treatment
5 cases between 2hrs-3hrs. 40 min. after treatment
1 case – 8 hours after treatment

One session only sufficed for all cases except one which needed two treatments.

3. 8 cases, indications mature or postmature but with absence of contractions.

Points: Main Co 4 leave needles
Sp 6 strong manipulation
Additional Zusanli St 36 Quchi Co 11
Neiting St 44 Guanyuan Cv 4

Results: 6 successes with normal uterine contractions with onset of labour from 5 mins. to 24 hours.

2 cases – impossible to treat due to women's lack of confidence in acupuncture

4. 40 cases. Points Co 4 Sp 6
Strong manipulation of continuous 12 thrusts for 5 mins.

Effects: promoted uterine contractions and increased fetal movements. Number of sessions – usually only one but if a second session was needed, Sp 6 was replaced by St 36, given once a day.

Results: 24 successes after one session
8 successes after 2 sessions
5 successes after 3 sessions; and
3 failures

In all cases, examination showed that acupuncture had no adverse effects on mother or child.

POSTPARTUM

Loss of energy and blood during labour weakens the Zang-fu and exhausts the vessels Chong Mai and Ren Mai, making the postpartum period one of fragility. Gradually the deficiency corrects itself and the original balance is restored.

Internal or external causes which affect Zang-fu and the vessels accentuated the imbalance of Qi and Blood and promote a state of physiological emptiness.

Results of this can cause postpartum pathology and weakening which may induce or aggravate an underlying pathology which can extend well beyond the postpartum period; this is often seen in clinic by the woman's expression, and remarks ie. 'since delivery....'

Pathology following delivery

Uterine involution:

Jiao Guirui reports the possibility of enhancing uterine involution by using moxa on Shenque Cv 8.

Out of 126 cases, 108 (85.71%) achieved uterine involution without medication;

18 (14.29%) required injection of ergot or oxytocin (What was the justification for medication?)

AFTER PAINS

TCM etiology of the causes of after pains are various, but they can be grouped into 4 types.

1. Result of negligence during labour – the woman has been affected by Wind Cold (? Retained products).
2. Emptiness of Blood due to excessive haemorrhage
3. Stagnation and accumulation of lochia
4. Accumulation of food stagnation

1 & 2 are Xu type 3 & 4 are Shi type

In clinic, Xu type symptoms are abdominal pain relieved by pressure and warmth, pale, sallow or livid complexion, cold limbs and body, tongue coat thin and white, pulse deep and retarded.

Shi type has abdominal pain worse with pressure, palpable masses, intermittent fever.

In case of food retention there may be nauseous belching and regurgitation, constipation, oliguria, tongue deep red with yellow coat, pulse wiry (xian) hastened (shuo) and with excess in guan position.

Treatment: Principle: – xu type – regulate Qi & Blood, disperse Cold
– Shi type – circulate Qi, dissolve Blood stasis and eliminate Blood stagnation

Points: Main

| | |
|-----------------|---------------|
| Guanyuan Cv 4 | Qihai Cv 6 |
| Sanyinjiao Sp 6 | Shenshu BI 23 |

Moxa in cases of Xu and disperse in cases of Shi

Additional points: according to the case –

| | |
|----------------|---------------|
| Zhongwan Cv 12 | Tianshu St 25 |
| Guilai St 29 | Zusanli St 36 |

Second method – main points:

| | |
|---------------|------------|
| Guanyuan Cv 4 | Qihai Cv 6 |
|---------------|------------|

Additional points:

| | | |
|----------|-----------------|---------------|
| Shi type | Zhongwan Cv 12 | Zusanli St 36 |
| | Shenshu BI 23 | |
| Xu type | Sanyinjiao Sp 6 | Tianshu St 25 |
| | Guilai St 29 | Zusanli St 36 |

Analysis:

Xu type - moxa on Cv 4 and Cv 6 gathers Qi, regulating Chong Mai and Ren Mai
- Cv 12 harmonises Qi of Middle heater
- St 36 regulates and tonifies Qi and B1
- Bl 23 tonifies Kid Qi and promotes circulation of Chong Mai

Shi type - dispersing Cv 4 and Cv 6 and Sp 6 allows Qi to circulate, dispersing stasis
- dispersing St 25, St 29 and St 36 descends qi, removes stagnation and regulates St and intestines.

Notes: Dr Zhang Zhumei announces that out of 66 cases, there had been 85% success;
Cv 3 and Cv 4 are well known and specific points for after pains.
Jiao Guorui reports three studies on after pains.

1. Acupuncture only:

Clinical signs and symptoms – frequent illness, violent pain with profuse sweat, insomnia and loss of appetite in the first 3-4 days postpartum. Classical treatment using analgesics provided only partial or temporary relief and had secondary effects. Acupuncture gave good results.

Treatment: points divided in 4 groups:

| | |
|--------------|----------------------------|
| First groups | – Cv 3 and Sp 6 |
| Second group | – Cv 4 and St 36 |
| Third group | - Cv 3 and St 36 |
| Fourth group | - only one of these points |

Technique: disperse **Cv 6 and Sp 6**

If pain is severe, leave needle in place 1-2 hours. During session, to stop pain during uterine contraction, swirl needle to increase its effect.

Ask woman to pass urine before needling Cv 3 and Cv 4.

Results:

- (a) 5 cases with immediate cessation of pain;
21 cases of improvement;
4 cases of return of pain
2 cases – no result.

Cause of returning pain: needle retained for too short a time and woman not wanting needle left in.

- (b) No secondary effect after acupuncture. Woman relaxed and slept during treatment. Appetite returned and uterus involuted.

Report of 125 cases:

- (a) Acupuncture and Point Injection – 33 cases

Point – Sanyinjiao – Sp 6

Technique: Needle and seek Qi. Angle needle upwards, fix head of needle into skin with plaster. Leave needle from 30 minutes to 24 hours.

Point Injection: first needle point, swirl to obtain Qi, then remove needle and insert syringe into this

point. Check that there is no reflux of blood, inject 2-3 ml of 0.25% novocaine this point in the same direction and same depth.

Result: of 125 cases –

90 (72%) had disappearance of pain during session, of 33 point injections –
26 (78.78%) were cured with one treatment

Series of 40 cases using subcutaneous needles.

Points: Sanyinjiao Sp 6 Yaoyangguan Gv 3 and
Shangxian extra meridian point between lumbar 5 and Sacral 1 (Shiqihuixia)

Method: Needle ahshi points. Out of 40 cases:

28 had pain on Sp 6
25 had pain on Gv 3
32 had pain on Shangxian
1 had pain on two points

Technique: insert needle 2-3mm horizontally under skin along its entire length. Lightly pull on skin at point of needle until proximal part of needle is perpendicular to skin. This way, point of needle and reinsert it to its entire length. Test by massage with palm of hand. If this is not painful, then needle is subcutaneous. Fix needle with plaster.

Results: 23 cases – disappearance of pain
11 cases – improvement of pain
6 cases – failure = 85% success without relapse.

Two cases had two sessions, the remainder had only one. Duration of session depended upon severity of symptoms. Shortest session – 5 minutes; longest – 24 hours.

LOCHIA

- Lochia can present two types of pathology

Lochia metry – retention of lochia in uterus. From western point of view this is due to antiflexion of uterus.

- Lochia rrigia where lochia is very abundant (Metorrhagia)

Lochia metry etiology –exhaustion of Zang-fu after labour.

Shi type – if Zang-fu affected by Wind and Cold, the Qi stagnates and Blood coagulates and won't circulate.

Xu type – if there has been excessive blood loss, the remainder is not enough to flow to the exterior (Blood xu)

Stasis of Blood – sensation of fullness in pelvis, stabbing pain worsened by pressure, purple tongue.

Blood Xu – sallow complexion, dizziness, palpitation, insomnia, pale tongue, fine weak pulse.

Treatment:

| | | | |
|-----------|--------------------|----------------------------------|--------------------|
| Shi type: | Main points: | Guanyuan Cv 4 Sanyinjiao Sp 6 | Zhongji Cv 3 |
| | Additional points: | Dachangshu BI 25 Ququan Liv 8 | Ciliao BI 32 |
| Xu type: | Main points: | Guanyuan Cv 4 Zusanli St 36 | Zhongji Cv 3 |
| | Additional points: | Shenshu BI 23 Sanyinjiao Sp 6 | Xiaochengshu BI 27 |

Lochia rrigia etiology: after labour the vessels are empty and accumulated heat does not disappear, leading to profuse lochia. Vessels of Chong and Ren Mai do not retain the new Blood, and the flow is interrupted.

Symptoms of emptiness of Blood: profuse flow of pale yellow lochia, soft painless abdomen, sallow and pale face, palpitations, dizziness, blurred vision, mental weakness.
(sallow = Blood xu, pale = Qi xu)

Treatment: Moxa Guanyuan Cv 4 Qihai Cv 6
 Guilai St 29 Yinbai Sp 1
 Sanyinjiao Sp 6

Additional points: Shenshu BI 23 Ganshu BI 18
 Yinlingquan Sp 9

POSTPARTUM HAEMORRHAGE (PPH)

PPH in TCM terms is “chan hou xue geng”;
pp metorrhagia = ‘chan huo elou’
pp weakness = ‘chan xue yun’

Etiology: Emptiness of Qi and B1 : weakening of vessels (Jing Mai) during labour with exhaustion of Chong and Ren Mai. There is an incapacity to retain the Qi and Blood which flows downwards, leading to severe emptiness of Qi and B1.

Blood congestion: following trauma of uterus during labour the Blood is congested and blocked (clots = yu xue).

Symptoms:

Xu – excessive blood loss, sallow face, shortness of breathe, spontaneous sweating, cold limbs, dizziness and palpitations, fine and weak pulse.

Blood congestion: xue yu blood clots, pain in lower abdomen, worse with pressure, pulse wiry and choppy (xian and se)

Treatment:

Xu type, tonify qi and seal off the escape (bu qi gu tuo)
Blood congestion: circulate qi and vitalize Blood (xing qi huo xue)

Method: Xu type – tonification using moxa
Congestion type – using dispersing method

Points: Main two groups

| | | |
|-----------------|-----------------|------------------|
| 1 st | Sanyinjiao Sp 6 | Yinbai Sp 1 |
| | Baihui Gv 20 | Dadun Liv 1 |
| 2 nd | Sanyinjiao Sp 6 | Guanyuan Cv 4 |
| | Zhongji Cv 3 | Zhigou Th 6 |
| | Zusanli St 36 | Yaoyangguan Gv 3 |
| | Fengfu Gv 16 | Shenhsu Bl 23 |

Additional points:

Empty: Weidao Gb 28 Zigong extra point (3 tsun out from Cv 3)
Congestion: Xuehai Sp 10

Average stimulation – with 1-2 sessions per day.

Moxa Cv 8 – one session of 30 minutes

Medication can be injected into points St 36, Sp 6, Co 4 using 1-2 units of oxytocin or .1 or .2ml of methergin. In addition to 1-2ml of 5% procaine.

Technique: inject .5 to 1ml of fluid, alternating points, using one point per session.

NB: * moxa gives good results for loss of blood due to after pain (retained products)
* moxa on Cv 8 promotes uterine contractions and gives a good haemostatic result

HAEMORRHOIDS

Etiology: TCM recognizes two etiologies.

1. Damp heat in large intestine basically of alimentary origin.
2. Xu of middle heater Qi manifesting as prolapse.

Treatment: (according to Jen Jiu Xue of Chengdu)

Main Points: Chengshan Bl 57 Geshu Bl 17

Additional Points:

| | | |
|-----------|---------------|-----------------|
| Damp Heat | Shangqiu Sp 5 | Changqiang Gv 1 |
| | Chengfu Bl 35 | Xuanzhong Gb 39 |
| Xu | Pishu Bl 20 | Baihui Gv 20 |
| | Yinbai Sp 1 | |

PSYCHOLOGICAL POSTPARTUM PROBLEMS

Minor postpartum troubles can be due to the pregnancy and birth –either coming to terms with being a mother or the third day postpartum blues. Both can be related in TCM to an internal problem of the seven emotions or to an over-excitement of the spirit or to progressive fatigue following labour. In fact, the deficient and weak body and state of Qi/ Blood xu can have a disturbing influence on the normal function of the Zang – the Ht, Liv, Sp, Kid..... For example, in Ht Blood xu the spirit is not being nourished. This is manifested by palpitations and insomnia.

In cases of anxiety and worry affecting the Sp, there will be loss of appetite, mental weakness,

shortness of breathe and palpitations.

If Liv loses its patency there will be a sensation of oppression in the thorax and hypochondria, insomnia due to fear, dizziness, phosphenes (luminous images due to mechanical excitement of retina).

If Kid Qi is weakened there will be dizziness, acouphenes (probably sound distortions) and insomnia.

Minor psychic problems such as these can be classed according to one of the three following differentiations:

1. Ht & Sp xu:

Symptoms – dull complexion, lowered spirits, shortness of breathe, no desire to talk, palpitations, forgetfulness, agitated dream-filled sleep, easily frightened, lack of appetite and lack of taste in mouth, pasty stools, pale swollen tongue with teeth marks on border, pulse deep, fine and forceless.

Treatment: tonify Sp, promote Ht function, gather Qi and tonify Blood.

Points: Shenmen Ht 7 Xinshu Bl 15
Pishu B1 20 Qihai Cv 6
Sanyinjiao Sp 6

Analysis: Ht 7 is yuan point of Ht and will calm Ht and spirit
Bl 25 and B1 20 tonify and promote Ht and Sp function
Cv 6 regulates and harmonises St and Sp, promotes meeting of Ht and Kid and thus can calm the spirit and Ht.

Method: tonification of all points.

For Cv 6 leave needles for about 10 minutes but make sure that a sensation of warmth spreads out into lower abdomen.

(Dr Zhang Ming Jiu, of Nanjing Neuropsychiatric Institute gives the following points for 'dysphoria' (lowered spirits).

Shenmen Ht 7 Dazhong Kid 4
Head-Linqi Gb 15 (Jenny's notes)

2. Weakness of Kid & Liv:

Symptoms – insomnia, vertigo, acouphenes, slumping of lumbar spine, thin tongue coat and fine wiry pulse.

Treatment: gather and tonify Liv and Kid, promote Ht function, calm spirit.

Points: Shenmen Ht 7 Neiguan Pc 6
Ganshu Bl 18 Shenshu Bl 23
Taixi Kid 3 Mingmen Gv 4
Sanyinjiao Sp 6

Analysis: Ht 7 and Pc 6 calm Ht and spirit
Bl 18, Bl 23, regulate and reinforces Kid yang,
Kid 3 promotes Kid water
Sp 6 treat Qi of three leg meridians, nourishes and tonifies Kid and Liv

All points are tonified. Lower leg meridians can be moxaed after needling.

Jenny's points: Yintang – extra point between eyes and
Houding Gv 19 or Gv 20 (Dr Zhang)
Benshen Gb 13 strong mental effect

STAGNATION OF LIVER QI ; Fire rising.

Symptoms: insomnia, anxiety, agitation, dizziness, headache with a feeling of fullness, acouphenes, phosphenes, impatience, easily angered, mouth and throat dry, hypochondrial fullness, lack of appetite, nausea, belching, red tongue, wiry rapid pulse.

Treatment Principle: calm, relax and regulate Liv Qi, harmonise St, clear head.

Points: Neiguan Pc 6 Shenmen Ht 7
Fengchi Gb 20 Zusanli St 36
Taichong Liv 3

Analysis: Ht 7 and Pc 6 calm Ht and Shen
Gb 20 is crossing point between leg shoayang and yangwei
Liv 3 = main pt of Liv meridian (Jenny – don't use Liv 3 if woman is too xu)
Gb 30 and Liv 3 calm Liv yang rising and clear head
St 36 harmonises St and clears Heat

Method: all points are dispersed.

MAJOR POSTPARTUM TROUBLES

The confused restless puerperal state is similar to basic TCM term 'zang zao'.

Etiology – Blood xu allows for agitation of internal fire which then disturbs the Shen.

Symptoms: sad and depressed for no apparent reason , or she may laugh and cry in an abnormal manner. She may be irascible burping and vomiting and a feeling of thoracic oppression. The body may be seized with trembling and there may be loss of consciousness.

Treatment points:

| | | |
|------------|-----------------|----------------|
| Main | Renzhong Gv 26 | Daling Pc 7 |
| | Shenmen Ht 7 | Xinshu BI 15 |
| | Yongquan K 1 | Baihui Gv 20 |
| Additional | Jianshi PC 5 | Houxi Si 3 |
| | Fenglong St 40 | Taichong Liv 3 |
| | Shaoshang Lu 11 | Hegu Co 4 |

Use points according to the symptoms:

Pc 7, Ht 7, Gv 26, Si 3, St 40 all calm spirit, clear heart and calm liver fire to bring down Qi.
BI 15, Ht 7, Pc 7 calm the spirit,
Gv 26, Gv 20, Kid 1 clear consciousness
Pc 7, Kid 1, Gv 20 for rigidity and somnolence
Liv 3, Co 4, Lu 11 for catatonia and trembling
Pc 7, Lu 11 for altering laughter and tears
(Jenny: head point indicated here – Dr Zhang)

Postpartum Urinary Incontinence

Acupuncture and moxa according Jiao Guorui's series of seven cases,

| | |
|------------------|-------------------|
| Senshu BI 23 | Panguangshu BI 28 |
| Guanyuan Cv 4 | Qihai Cv 6 |
| Zhongji Cv 3 | Zusanli St 36 |
| Yinlingquan Sp 9 | Sanyinjiao Sp 6 |

First needle BI 23 or BI 28 withdrawing needle after obtaining Qi. Then alternate the points, needling one or two abdominal points, and one distal point. Moxa two of the abdominal points for 5-10 minutes. Two sessions daily. Satisfactory results were obtained after one to five treatments.

Postpartum Urinary Retention

Acupuncture and moxa according Jiao Guorui.

1. Six cases – acupuncture gave good results.

Points: Guanyuan Cv 4 Zusanli St 36

Technique - average stimulation, retain needle 10-20 minutes.

Effective from withdrawal of needle to six minutes after the session.

2. Five cases

Points: Shuidao St 28 Zhibian BI 54

Sanyinjiao Sp 6

Technique – choose a point which is painful to pressure. The needle sensation should spread:

For St 28 as far as perineal region;

For BI 54 forwards as far as lower abdomen;

For Sp 6 upwards as far as knee or internal aspect of thigh

Session 10 minutes with strong needle stimulation 3 xs during one session.

After session – redden skin with dermal needle for 5-10 minutes.

Usually one session of acupuncture and 2-3 moxa sessions daily.

Results:

3 cases micturition after one acupuncture/moxa session.

2 cases success after 2 acupuncture and 4 moxa sessions.

3. Nine cases

Points: Baihui Gv 20 Zhongji Cv 3

Extra point Weibao 2 cun below Weidao BI 28

Technique – bringing fire to the mountain. Insert needle from 2.5 cun until a cramping sensation (Tichou) is felt or a desire to urinate (Weibao)

Zhigou Th 6

Shuiquan Kid 5 *

Panguangshu BI 28

Qihai Cv 6

Zusanli St 36

Sanyinjiao Sp 6 - moxa Sp 6 after needling

*Kid 5 is Kid meeting point

Method: session of 3-5 minutes, 2-3 xs daily, allowing 3-4 hours between sessions.

Results: 8 cases – micturition after 1-3 sessions

1 case cured after 8 sessions

PREVENTION OF SUBSEQUENT PATHOLOGY

After a labour resulting in an extreme emptiness of Qi and Blood, acupuncture may prevent the appearance of subsequent pathology: gynecological, menstrual problems, uterine ptosis, obstetric problems in a future pregnancy; or other such as rheumatological or neurological conditions.

From a practical point of view it seems best to evaluate the emptiness of the Blood and Qi after labour, then to propose a treatment to alleviate this emptiness.

Acupuncture sessions may begin 2-3 days after the labour (first three days after labour is purgation, so a woman should not be treated except for signs of stagnation – then only for those signs. Then can follow 30 days of tonification).

Therapeutic principle is adapted according to etiology;

Kid emptiness Bl xu, Qi xu weakness of Chong and Ren Mai

Additional points: Bl 43 Gaohuangshu strengthens St and Sp, tonifies Lu xu, raises and nourishes Kid Yang and calms Shen of Ht. This point is considered by the Chinese as having a beneficial effect on overall health equal at least to St 36.

Other points:

Zusanli St 36 Zhongwan Cv 12 Guanyuan Cv 4
Qihai Cv 6 Mingmen Gv 4 Yaoyangguan Gv 3

Technique: use acupuncture and moxabustion; alternate the points (2 or 3 at each session)

ACUPUNCTURE EN GYNECOLOGIE ET OBSTETRIQUE

B. Auteroche/R. Navailh

MASTOLOGY pg 151

In mastology, the basic treatment principle is that the nipple is related to the LIVER, while the breast belongs to the STOMACH.

Thus all pathologies such as cracks, fissures etc. should be treated on the liver meridian, while the pathologies of the breast are treated on the stomach meridian.

1. Poor Lactation

This is often linked to the following factors:

Constitutional weakness, Malnutrition, emotional disorders or disturbances

Etiopathology

There are two basic models:

- (i) Qi and Blood xu
- (ii) Stagnation of Qi and accumulation of Blood

(i) Qi & Blood xu

Qi and Blood xu causes are constitutional weakness, poor nutrition, excessive blood loss during delivery giving rise to exhaustion of Blood.

Qi and Blood become empty, Yin fluid dries up and the productive source of milk is impaired.

(ii) Stagnation of Qi, accumulation of Blood

After delivery if the emotions are not well regulated, spirits depressed or maybe anger or sadness wounds the liver, Qi and Blood circulate poorly, the Jin Mai are obstructed and milk production is hindered.

TREATMENT

- (i) Qi and Blood xu: little or no milk, breasts neither swollen nor painful, pale sallow face, physical and mental weakness, palpitations and shortness of breath, dizziness, lumbar pain, weakness of lower limbs, small amount of lochia, poor appetite, diarrhea. Tongue – pale, thin coat. Pulse – fine and empty.

Treatment principle: Tonify and nourish Qi and Blood

| | |
|-------------------|-----------------|
| Si 1 (Shaoze) | St 18 (Rugen) |
| Cv 17 (Shanzhong) | St 36 (Zusanli) |
| Bl 18 (Ganshu) | B1 17 (Geshu) |

Cv 17 is mother of Qi and rules the entire body. As Qi commands Blood, Cv 17 allows one to tonify Qi in order to produce Blood. Cv 17 affects pituitary.

St 18 is located on the breast where Qi and Blood are abundant so the productive source becomes efficient. St 18 also relates to Yang Ming of foot which has a lot of Qi and Blood.

Si 1 is the Jing point of Si. Because of the connection of Ht/Si, using this point will regulate and nourish Ht Qi in order to produce Ht Blood which, without doubt allows for an increase in milk production.

Bl 18 Liver conserves Blood. Blood is source of milk, thus Bl 18 is used to tonify Blood.

Bl 17 is reunion point of Blood – regulates Blood, expands the chest, harmonises St/Sp.

St 36 strengthens St/Sp which are basis of acquired Qi and source of Blood.

These points together tonify Qi and Blood to produce milk.

Stagnation of Qi, Accumulation of Blood

S&S – milk doesn't arrive after the birth, or during the lactation period the secretion of milk diminishes or stops. In all cases the breasts are hard, full, painful, engorged, emotionally depressed, agitated, irritable, oppression and fullness of chest and hypochondrium, epigastric fullness, food taken with difficulty and in small quantities, constipation, fever in severe cases. Tongue white or yellow thick greasy coat, pulse wiry knotted.

Treatment principle: relax the liver and the congestion, invigorate the B1, circulate the Qi in Luo vessels.

| | |
|-------------------|----------------|
| Cv 17 (Shanzhong) | Si 1 (Shaoze) |
| St 18 (Rugen) | Pc 6 (Neiguan) |
| Liv 3 (Taichong) | |

Analysis:

For Cv 17, Si 1, St 18 – see above.

Pc 6 relaxes the chest, relieves congestion, moves stagnation and circulates Qi.

Liv 3 relaxes Liv and regulates Blood

These five points together regulate Qi and invigorate Blood allowing the milk to flow.

Additional points:

| | | | |
|--|-----------------|-------------------|------------------|
| To gather Qi: | Cv 4 (Guanyuan) | Cv 6 (Qihai) | Cv 12 (Zhongwan) |
| For excessive blood loss: | St 36 (Zusanli) | Bl 20 (Pishu) | |
| For stagnation of Qi due to emotionally uptight: | Co 4 (Hegu) | Liv 2 (Xingjian) | |
| For Blood stasis: | Co 11 (Quchi) | Sp 6 (Sanyinjiao) | |

Points sometimes used to reduce breast inflammation

| | |
|------------------|--------------------|
| Sp 18 (Tianxi) | St 15 (Wuyi) |
| Gb 21 (Jianjing) | St 16 (Yingchuang) |
| Liv 14 (Qimen) | |

Jiao Guo Rui mentions several treatments:

| | | | |
|-----|------------------|-------------------|---------------|
| (a) | Si 1 (Shaoze) | Cv 17 (Shanzhong) | Ht 1 (Jiquan) |
| | St 18 (Rugen) | St 36 (Zusanli) | Co 4 (Hegu) |
| | Alternate: Day 1 | Si 1 | Cv 17 |
| | | Day 2 | Ht 1 St 18 |

- (b) BI 17 (Geshu) BI 20 (Pishu) Col 11 (Quchi)
 Cv 17 (Shanzhong) Plus Sp 10 (Xuehai) St 18 (Rugen)
 Tonify: BI 17, BI 20, St 36
 Disperse: Co 11, Sp 10
 Harmonise: Cv 17, St 18

- (c) Harmonise Si 1 and Cv 17
 Extra point Rugen on anterior end of auxiliary crease, 5 fen before Ht 1 on tendon or large pectoral.
 These three points should cause a feeling of engorgement and swelling in the thorax.
 Daily sessions of 20 minutes. 82% success in two sessions.

MASTITIS

Western medicine recognizes three conditions:

- simple lymphatic inflammation – red area on the gland with streaks towards the armpit;
- inflammation of the milk ducts; and
- abscess

Chinese medicine classifies three categories according to the etiology and time of appearance.

External mastitis:

This occurs during the period of lactation after the delivery. Classical authors considered that when the child went to sleep after having suckled, the cold of her nostrils penetrated the breast and mixed with the heat of the milk.

Internal mastitis:

This occurs during pregnancy. It was considered that during the weeks of pregnancy, the Qi of the fetus being in excess releases the accumulated heat. Healing of the scar after the suppurative stage is very difficult in these cases.

Mastitis without lactation:

An inflammation which can happen to men or women during their youth or old age.

Etiopathology

1. External causes
 If the breasts are dirty or if the nipple is hurt by sucking, perverse wind can penetrate into the breast and mix with the milk.
2. Internal causes
 Worry, over-thinking, anger, irritation cause stagnation of Liver Qi;
 Excess of rich food (sweet and fat) causes heat which obstructs the Stomach;
3. Constitutional excess of Yang
 Excess heat in Stomach and Liver
4. Heat of fetus causing overheating in pregnancy and delivery.

S&S - The affected breast is red, swollen, hot and painful. These are the most important symptoms. A hard mass of palpable. Other signs – malaise, fever, shivering, bone aches, headache, nausea, agitation, thirst, difficult milk flow. In serious cases there is an increase in the palpable mass with swollen glands in the armpits. Tongue coat yellow and greasy; pulse wiry, slippery, rapid.

Treatment: cool and disperse Liv and St heat in order to relax the milk vessels.

Points: Gb 21 (Jianjing) Liv 14 (Qimen) St 36 (Zusanli)
Cv 17 (Shanzhong) Si 1 (Shaoze)

Analysis: As breasts relate to St and nipples to Liv, the points used are mainly on these channels.

GB 21 is the crossing point of Foot Shaoyang, Hand Shaoyang and Yang Wei. It relaxes Liv and Gb and cools St and disperses accumulation and thus stops pain and swelling. A very effective point for breast inflammation.

Liv 14 (1 cun deep) Mu point of Liv – disperses and cools perverse St heat.

Cv 17 and Si 1 regulates Qi and relax the Luo promoting milk flow.

Needle Cv 17 down, then towards the affected side. Si 1 – bleed.
St 36 – needle 2 cun deep.

Other points:

| | | |
|---------------|---------------------|------------------|
| St 18 (Rugen) | Gb 41 (Foot Lingqi) | Bl 41 (Fufen) |
| Bl 42 (Pohu) | Bl 43 (Gaohuangshu) | B; 44 (Shentang) |
| Bl 45 (Yixi) | Bl 51 (Huangmen) | |

Jiao Guo Rui study

Bilaterally between thoracic vertebra T4 – T7 the pores form 7-10 millet sized holes. Needle these on the side opposite the affected side, using dispersal technique.

- (a) 13 cases had total cure
2 cases cured in one session;
8 cases cured in two sessions;
3 cases cured in three sessions.

Results are best if there is no suppuration.

- (b) 102 cases
76 cases cured shortest in 48 hours
longest – six days

S&S – swollen, painful (worse with pressure) breasts, fever, fear of cold, malaise, headache, no appetite, bitter taste, axillae lymph glands swollen, temperature 38/39 – 40.2C

Points:

| | | |
|------------------|-------------------|-----------------|
| Gb 21 (Jianjing) | Cv 17 (Shanzhong) | St 36 (Zusanli) |
| Co 11 (Quchi) | Daily session | |

102 cases : 97 cures
5 required surgical removal of abscess
number of sessions: 1-10 (average 3)

St 32 (Futu)

MUSCULAR SKELETAL PROBLEMS p 177

It's not possible to include a complete diagnostic and therapeutic approach within the limits of this work. However, the main manifestations during pregnancy are:

1. Osteoarticular and ligament pathology;
2. Carpal tunnel syndrome (compression of median nerve);
3. Cramp

1. Osteoarthritis

This is common in pregnant women consisting of sacro-iliac, lumbar and sciatic pain, resulting from ligament stretching and changes in static posture.

Main points are chosen according to etiology of the meridian pathway:

| | |
|-------------------|----------------------|
| Bl 57 (Chengshan) | Bl 40 (Weizhong) |
| Gb 30 (Huantiao) | Bl 23 (Shenshu) etc. |

Ear acupuncture:

Use sciatic/lumbar points etc.

2. Carpal tunnel syndrome

Appears at the end of pregnancy as a result of excessive fluid retention in the area.

Symptoms: permanent pain in hand, particularly in the fingers, with spasms at night. Sometimes accompanied by oedema with numbness. There is generally a spontaneous resolution after delivery.

Treatment:

Principle – activate Blood, regulate Qi in meridians

Th 5 (Waiguan) Pc 7 (Dailing)

After each session do 'pi fu zhen' (?) around the wrist

3. Cramps of lower limbs

Points: according to clinical syndrome – colon, liver, spleen etc.

Choose secondary points according to area of cramp.

- Calf muscle:
 - Posterior – foot taiyang meridian – Bl 58 (Feiyang)
 - Medial – foot Shaoyin – extra meridian point half way between K 9 (Zhubin) and Kid 10 (Yingu)

- Toes – in extension – use foot Shaoyang meridian
If in short extensor muscle – Gb 40 (Qiuxu)
If in long extensor muscle – Gb 34 (Yanglingquan)
If in flexion in plantar flexor muscle, K1 (Yongquan)
- Leg – if beyond long extensor of toes (peronien muscle) this responds to use of a point which is located 1 cun below Gb 34. The sensation travels along the Gb meridian
- Thigh – posterior femoral biceps – foot taiyang meridian
extra meridian point halfway between BI 17 (Yinmen) and BI 40 (Weizhong)
Medial abductors – foot jueyin meridian – Liv 10 (Zuwuli); Liv 11 (Yinlian)
Anterior straight muscle – foot Yangming meridian

Classical combinations:

- BI 38 Fuxi + BI 57 Changshan
- BI 39 Weiyang + Gb 34 Yanglingquan +
BI 57 Chungshan + Liv 3 Taichong
- BI 55 Heyang + BI 57 Changshan +
Gb 34 Yanglingquan + BI 56 Chengjin +
BI 61 Pushen + liv 6 Zhongdu
- BI 61 Pushen + B 57 Changshen +
BI 40 Weizhong
- BI 63 Jinmen + Gb 40 Qiuxu
- BI 37 Yinmen

CONSTIPATION IN PREGNANCY

The most common basic forms are:

1. Stagnation of Qi
2. Blood xu
3. Kid yang empty
4. Heat in intestine

1. Stagnation of Qi constipation:

Symptoms: unproductive efforts to defecate, poor appetite, flank pain, bitter taste in mouth, irritability, tongue coat thin and greasy, wiry pulse.

Treatment Principle: return Qi to normal circulation in order to move stagnation

Points: Cv 12 (Zhongwan) St 36 (Zusanli)
Liv 2 (Xingjian) Th 6 (Zhigou)
St 44 (Neiting)

Analysis: Cv 12 reunion point of fu, harmonised Middle Heater and stops reflux
St 36 tonifies St and Sp, moves stagnation, harmonises Qi and Blood, promotes intestinal function
Liv 2 drains Liv Fire and extinguishes Liv Wind, refreshes Lower Heater
Th 6 promotes circulation of Qi of intestine
St 44 promotes circulation of Qi of yang ming fu

Method: Cv 12 + St 36 - tonify
Liv 2 – harmonise
Th 6 + St 44 – disperse

2. Blood xu constipation

Symptoms: white sallow complexion with dry skin, pale lips, palpitations, disturbed vision, pale tongue, pulse thready.

Treatment Principle: nourish Blood to moisten intestines

Points: BI 17 (Geshu) BI 20 (Pishu)
Sp 6 (Sanyinjiao) (caution?)
St 36 (Zusanli) Th 6 (Zhigou)

Analysis: BI 20 – spleen shu point
BI 17 – meeting point of Blood
Sp 6 – meeting point of three leg yin meridians combined with St 36 – they increase and nourish the Blood.

Method: BI 20, BI 17, Sp 6, St 36 – tonify
Th 6 – disperse

3. Kid yang empty constipation

Symptoms – sensitive to cold, clear polyurea, cold body, pinched face, tongue pale, pulse deep and retarded.

Treatment Principle: warm Kid yang to promote evacuation

Points: BI 23 (Shenshu) & Sp 15 (Daheng) – needle with caution
Gv 4 (Mingmen) Kid 6 (Zhaohai)
St 36 (Zusanli) Cv 12 (Zhongwan)

Analysis: BI 23, Gv 4, Kid 6 – warm and tonify Kid yang
Cv 12, St 36 – warm and tonify Middle Heater in order to disperse cold due to Kid yang xu
Sp 15 regulates large intestine and normalizes circulation of intestinal Qi

Method: Tonify all points
Moxa possible on BI 23, Gv 4, Cv 12 & St 36.

4. Constipation due to Heat in intestines

Generally due to yin xu of stomach following morning sickness at beginning of pregnancy.

Symptoms: dry stool, vertigo, burping, vomiting, thirst, oligurea, anxiety and agitation. Tongue red with dry yellow coat, pulse fast and slippery.

Treatment Principle: clear heat, moisten intestines

Points: Co 11 (Quchi) Pc 3 (Quze)
Kid 6 (Zhaohai) Sp 6 (Sanyinjiao) (caution)
Th 6 (Zhigou) Pc 8 (Laogong)

Analysis: Co 11 circulates intestinal Qi, harmonises Qi and Blood, clears perverse fire.
Pc 3 descends reflux, cools and moves Blood
Sp 6 tonifies St and Sp and harmonises Qi and Blood
Kid 6 cools and promotes Lower Heater function
Pc 8 harmonises and regulates Qi and Blood, nourishes St yin.

Method: Co 11, Pc 3, Th 6 – disperse to cool heat
Kid 6, Sp 6 – tonify to moisten intestine
Pc 8 – harmonise

HAEMORRHOIDS – same treatment as postpartum.

URINARY TRACT INFECTION (UTI)

Inflammation and/or infection, either chronic or acute is quite common in pregnancy.

Symptoms are frequency, urgency, dysuria, sensation of fullness in bladder or pain in Kid area, fever and/or chills. 70% of cases correspond to WM ‘cystitis’. TCM classifies this under ‘lin’ disease, the main symptoms of which are : dysurea, ‘strangurea’, ‘pollakiuria’, urgency, frequency, oligurea.

This can be divided into two types : full and empty.

1. Empty type

This includes the basic model of qi empty and heat empty – which corresponds to xu of righteous energy or yin.

A. Qi xu – also called ‘bladder cold and empty’ represents xu of functional activity of Kid which is translated by the saying ‘Kid Qi xu unable to retain’.

Symptoms: main symptoms of lin associated with clear or pale yellow urine, lumbar ache, inability to voluntarily control urine, pale tongue, normal coat, pulse slow and forceless.

Treatment Principle: tonify and raise qi in order to fight lin

Points: BI 23 (Shenshu) strengthens Kid yang
BI 25 (Dachangshu) assures passage of bladder qi
BI 52 (Zhishi) tonifies Kid and gathers Jing (essence)
Gv 4 (Mingmen) strengthens Kid yang and regulates Qi
Kid 3 (Taixi) tonifies Lower Heater, regulates Chong and Ren Mai
Kid 4 (Dazhong) regulates Qi, harmonises B1, tonifies Kid meridian

Method: tonification, with moxa on back points.

Notes:

1. Points of Ren Mai (Cv 1, 2, 3, 4 and 6) have here an important indication for lin disease. However, they should be used with caution because of the contraindication of these points during pregnancy.

The same is true of Kid points (Kid 11, 12, 13 and 15)

2. Other points could have been chosen – Kid 8 Jiaoxin, Gv 2 Yaoshu, Gv 3 Yaoyangguan.

B. Empty Heat - Here, we are dealing with a relative excess of heat due to yin xu

Symptoms: besides the main urinary symptoms of lin there is yellow urine, thin body, malar flush, evening fever, agitation with anxiety, insomnia, dry throat with thirst, dizziness, tongue red without coat or with a dry yellow coat, pulse rapid, empty.

Treatment Principle: nourish yin to cool heat.

Points: Gv 13 (Taodao) Gv 14 (Dazhui) Ht 6 (Yinxi)
It is important to use these three points together in empty Heat
Kid 2 (Rangu) nourishes Kid yin, cools, empty Heat
Kid 5 (Shuiquan) regulates Qi and Blood, regulates Chong and Ren Mai
Sp 6 (Sanyinjiao) regulates Qi and Blood
Bl 17 (Geshu) regulates Blood
Bl 13 (Feishu) cools empty Heat and harmonises Blood

Method: Gv 13, Gv 14 & Ht 6 – disperse
Kid 2, Kid 5, Sp 6 – tonify
Bl 17, Bl 13 – harmonise

Notes:

1. Kid 2, Kid 5, Sp 6, Bl 13, Bl 17 are often sufficient.
2. Gv 13, Gv 14, Ht 6 are used in different cases with consumptive disease.

2. Full type – Stagnation of Heat

Basic model corresponds to a UTI and in excess of perverse energy (xie) (as opposed to righteous energy).

Symptoms: main UTI symptoms plus yellow, turbid, reddish urine sometimes mixed with blood, dysuria with difficult emission at times, red face, mouth dry and bitter tasting, thirst, agitation, malaise, insomnia, constipation, yellow leucorrhoea, red tongue with thick dry coat, slippery, rapid forceful pulse.

Treatment: cooled heat to get rid of lin

Points: Bl 28 (Pangquangshu) cools and regulates Lower Heater
Bl 54 (Zhibian) cools and regulates Lower Heater
Bl 40 (Weizhong) disperses toxins in Blood
Kid 6 (Zhaohai) cools and regulates Lower Heater
Sp 9 (Yinlingquan) (?) promotes circulation 3 heaters
Liv 8 (Ququan) clears Heat, relaxes bladder
Sp 6 (Sanyinjiao) meeting point of three leg yin

Method: Needle all points with dispersing technique except
Sp 6 which must be tonified; and
Bl 40 which must be bled
Bl 54 must be needled towards Bl 28 (upwards)

Notes:

1. Other points could be chosen eg:

Sp 10 (Xuehai) Liv 2 (Xingjian)
Kid 2 (Rangu) Lu 5 (Chize)
Co 11 (Quchi)

2. Complications:

(a) If heat stagnates in Liv meridian, the following symptoms may appear or worsen: blurred vision, dizziness, tinnitus, dry throat, bitter mouth, irritability and agitation.

Cool liver and extinguish heat

Liv 2 (Xingjian) disperses Liv Fire, regulates Lower Heater

Liv 4 (Zhongfeng) clears heat accumulated in Liv meridian

Add: Sp 12 (Chongmen) and Liv 1 (Dadun)

(b) If heat stagnates in heart meridian, Heart Fire will disturb the small intestine.

Symptoms: red face, dry mouth, thirst, desire for cold drinks, anxiety, agitation, disturbed sleep insomnia, burning sensation in urethra before urinating, red tongue with yellow coat, pulse fast and forceful.

Treatment: cool heart, disperse heat

Points: Gv 14 (Dazhui) clears heat, regulates Qi

Bl 27 (Xiaochangshu) promotes Blood function, regulates Lower Heater, promotes circulation in Si meridian

Kid 6 (Zhaohai) cools and promotes Lower Heater function, cools heart, calms spirit

Pc 8 (Laogong) cools Ht fire, calms spirit

Si 2 (Qiangou) or Si 3 (Houxi) in association with Bl 40 Weizhong

(c) If abdomen is swollen and painful, with pain radiating to lumbar area, use:

Liv 3 (Taichong) Sp 3 (Taibai)

(d) if blood in urine use

Si 5 (Yanggu) Ht 8 (Shaofu)

Sp 9 (Yinlingquan) Sp 10 (Xuehai)

RETENTION OF URINE IN PREGNANCY

In TCM, urinary retention is only recognised in 7th or 8th month. It is characterized by difficulty in excreting urine, accompanied in most cases by swelling of lower abdomen, agitation and insomnia.

TCM calls this retention “bladder returning” ie. Bladder contravecting or ‘zhuan bao’.

Etiology: classically, there is an empty and full form of urinary retention.

Empty form: this includes 2 basic models:

1. Qi and Blood empty and weak
2. Kid xu

1. Qi and Blood empty and weak

When the body is constitutionally weak or has been weakened by illness, Qi and Blood are weakened. This corresponds to an inability to Middle Heater Qi to maintain its function of nourishing the uterus. The latter can thus compromise the bladder.

2. Kid xu

When Kid yang is weakened it can't maintain its function of helping and sustaining Sp in producing Qi and Blood and thus correct Middle Heater Qi in promoting urinary excretion.

FULL TYPE:

This is due to perverse damp heat which stagnates in Bladder and causes problems.

In WM the empty type corresponds to urinary retention due to mechanical obstruction.

The full type corresponds to urinary problems due to inflammation or infections.

EMPTY TYPE:

1. Qi and Blood empty and weak

Symptoms: Frequency with difficulty in expelling small amounts of urine, lower abdomen tense with continuous dull pain.

Associated symptoms: face sallow, pale, shortness of breathe, pain on sitting or stretching, palpitations, blurred vision, vertigo, lethargy and low shen (spirit), lack of appetite, tongue pale with thin coat, pulse slippery and forceless.

Treatment Principle: gather Qi, promote Blood, and tonify Zhong qi

Points: Gv 20 (Baihui) raises yang and gathers Qi
St 36 (Zusanli) tonifies and strengthens spleen, regulates Qi and Blod, sustains the righteous Qi and nourishes Yuan Qi
Cv 12 (Zhongwan) regulates Qi, consolidates Sp and moves Damp
Kid 5 (Shuiquan) regulates Qi and Blood; regulates Chong and Ren Mai, unblocks Lower Heater
Sp 7 (Lougu) tonifies the centre, strengthens Sp, regulates Zhong qi

Method: tonification

3. Kid Xu

Symptoms: frequent, short urination in small quantities, lower abdomen swollen and painful, but relieved by urination.

Other symptoms: dark face, shortness of breath, lack of strength, vertigo, sensitivity to cold, ache and lack of strength in lower back and thighs, uncomfortable in stretched-out position, loose stools, oedema of face, eyes and limbs, tongue pale with white coat, pulse deep and slippery.

Treatment Principle: tonify and warm Kid yang to circulate water and remove Damp.

Points: Bl 23 (Shenshu) strengthens Kid yang, tonifies lower back and Kid, removes water-damp
Bl 52 (Zhishi) tonifies Kid, gathers Jing, promotes urination, expels Damp
Kid 7 (Fuliu) nourishes Kid, strengthens lower back to promote flow in Lower Heater (Kid 7 hyperventilation in labour)
Kid 8 (Jiaoxin) tonifies Kid Qi and enriches uterus
Gv 4 (Mingmen) nourishes Yang, tonifies Kid, consolidates Jing

Method: tonification. Use moxa on back points.

Notes:

1. BI 26 (Guanyuanshu) strengthens lower back and Kid
2. Don't forget that Kid 1 (Yongquan) regulates and promotes flow of urine. This point is indicated for dysuria which is caused by pressure from fetus.

SHI TYPE

Damp Heat

Symptoms: initially, frequent and painful urination which is scanty and yellow, subsequent – retention of urine.

Associated symptoms: painful and swollen lower abdomen, inability to sit or lie down, complexion mildly yellow, heavy head, vertigo, stool dry or loose to point of diarrhea, tongue red with white or yellow greasy coat, pulse slippery.

If Damp is more significant there is a sensation of chest oppression and lumps in epigastrium.

Treatment: clear Heat, remove Damp

Points: a variety of points may be chosen

BI 28 (Pangguangshu) cools and regulates Lower Heater

BI 39 (Weiyang) is the point of Three Heaters

or BI 38 (Fuxi) animates Blood to stop pain, opens Lower Heater
BI 53 (Baohuan) disperses Heat and Damp

or BI 54 (Zhibian) strengthens Sp, dissolves Damp, regulates Qi

Liver points to dissipate Heat, choose between

Liv 3, Liv 3, Liv 5, Liv 8, Liv 9

Kidney points to calm uterus and promote bladder function

Kid 3 or Kid 6

Sp 9 (Yinlingquan) to promote circulation in Three Heaters and remove Damp.

Notes:

Do not use all these points together. Choose according to the clinical symptoms.

As usual, some very effective points have been missed out because of their location on the lower abdomen, eg. Sp 12 which clears Damp Heat and is indicated in urinary retention, lin syndrome and in sensations of thoracic oppression in pregnancy.

ABDOMINAL PAIN

(Does not include such minor problems as overeating, indigestion, nor conditions such as ectopic pregnancy)

ABDOMINAL PAIN includes four basis syndromes:

1. Deficiency cold

2. Blood xu
3. Water-Damp
4. Stagnation of Qi

1. Deficiency Cold

When the original Yang is xu, pregnancy exacerbates this weakness. If there is an attack of perverse Cold there will be stasis of Qi and Blood. This will manifest as abdominal pain.

Symptoms: Cold, painful belly, sensitivity to cold* Other signs of yang xu: pallor, poor appetite, cold body, loose stools, pale tongue with thin white coat, pulse slow and weak

Treatment: Warm Yang, disperse Cold

Points: St 36 (Zusanli) St 25 (Tianshu) Sp 10 (Xuehai)

2. Blood xu

When Blood becomes xu in pregnancy, this leads to stasis of Qi with abdominal pain.

Symptoms: continuous mild pain which improves with pressure, pale sallow face, dizziness, palpitations, dry mouth, tongue pale with thin coat, pulse thready and empty.

Treatment: Nourish the Blood and circulate Qi and Blood

Points: Sp 10 (Xuehai) BI 17 (Geshu) BI 43 (Gaoshuangshu)
Gb 27 (Wushu) BI 53 (Baohuang)*

* Caution with BI 53 as it circulates Qi of intestines, unblocks water channels and invigorates spine and lumbar area

3. Water Damp

Accumulation of water Damp in interior causes state of Blood xu

Symptoms: Oedema of face, eyes and legs, diarrhea

Treatment: refer Oedema

4. Stagnation of Qi

When Liv loses its patency (shu xie) stagnations of Qi follows accompanied by abdominal pain.

Symptoms: pain in sides, sensation of fullness in thorax and abdomen, burping and acid regurgitation, irritability, tongue coat thin and white, pulse slippery and wiry.

Treatment: Drain Liv and remove stagnation

Points: Liv 2 (Xingjian) or Liv 3 (Taichong)
Pc 6 (Neiguan) Cv 4 (Guanyuan)
Liv 13 (Zhangmen) Liv 6 (Zhongdu)

Points: BI 23 (Shenshu) tonifies Kid yang
BI 24 (Qibaishu) raises yang, tonifies Qi, benefits Kid and conserves Jing.
BI 52 (Zhishi) tonifies Kid, conserves Jing
Gv 4 (Mingmen) reinforces Yuan Qi, tonifies Kid, conserves Jing
Kid 10 (Yingu) tonifies and benefits Kid Qi

May add:

St 36 (Zusanli) and BI 20 (Pishu) both tonify Qi.

If there is also Blood xu

Treatment: tonify Qi, benefit Blood

Points: To tonify Qi BI 20 St 36 BI 23
To benefit Blood Sp 10 B1 17 Sp 4 (Gongsun)

3. Blood Xu

Symptoms: scant light coloured blood, loss, dark yellow face, dizziness, palpitations, insomnia, hot palms, dry stools, tongue pale with thin yellow or no coat, pulse rapid, thready, slippery.

Treatment: Tonify Blood, benefit Yin

Points: B1 17 (Geshu) Sp 10 (Xuehai) Sp 6 (Sanyinjiao)
B1 43 (Gaohuangshu)

If there is also Kid xu there will be lumbar pain and a feeling of abdominal fullness.

Treatment: Benefit Blood, nourish Kid Yin

Points: B 17 BI 43 Sp 6
Kid 2 (Rangu) nourishes Kid yin, regulates lower heater
Kid 5 (Shuiquan) regulates Chong and Ren Mai and lower heater

4. Loss of Control of Chong and Ren Mai

Pool life style or overwork damage Chong and Ren Mai which are then unable to retain the Blood.

As the Qi of the fetus is not sustained, the result is threatened abortion.

Symptoms: general weakness, lumbar pain, weak thighs, feeling of harassment, weakened shen, tongue pale with normal coat, pulse deep, slippery and weak.

Treatment: tonify Kid to sustain Chong Mai, stop bleeding and calm restless fetus.

Points: To harmonise Chong Mai:
BI 23 (Shenshu) BI 52 (Zhishi)
Kid 5 (Shuiquan) Kid 14 (Siman)
To regulate Chong and Ren Mai:
Kid 3 (Taixi) Kid 5 (Shuiquan)
Kid 13 (Qixue)

Note:

Weakness of Qi and Blood, Kid xu and Heat in Blood can also be causes of loss of control of Ren and Chong Mai which then cannot hold the Blood to nourish the fetus.

THREATENED ABORTION

In TCM abortion is named either 'fetus falling' (Dao tai) or 'little labour (xiao chang)

Threatened abortion (abnormal fetal movements) represents a worsening of "abdominal pain" and "blood loss during pregnancy".

Classically it includes five basic syndromes:

1. Qi xu
2. Blood xu
3. Sp xu
4. Kid xu
5. Stagnation of Qi

Main symptom is "abnormal fetal movements" with a dragging sensation. There may also be abdominal pain radiating to back and blood loss.

In TCM, treatment of threatened abortion in clinic is usually with Chinese medicine.

However, there are some examples of acupuncture treatment

- From the Ming dynasty, for example:
Li Yan in Ye Xue Ru Men (1575)

Points:

1. Cv 5 (Shimen) Liv 3 (Taichong) Kid 8 (Jiaoxin)
2. Kid 6 (Zhaohai) Cv 3 (Zhongji)
Sp 6 (Sanyinjiao)
Extra (abdominal) meridian point – Zigong (palace of infants)

The classics thus show that it is possible to treat threatened abortion with acupuncture; Also that the so-called forbidden points may be used in these cases.

Note: "fetal movements" in the first trimester may be interpreted as sensations of feeling ill at ease in upper or lower abdomen, nausea, burping.

INDUCED ABORTION

Brutally disrupting the balance of Qi and Blood may provoke an abortion. This demonstrates the importance of respecting those points which are contraindicated in pregnancy.

According to the Zhen Jiu Xue of TCM Institute of Shanghai, 1974, the main points are:

- Co 4 (Hegu) – tonify
- Sp 6 (Sanyinjiao) – disperse
- Secondary point
B1 67 (Zhiyin)

Treatment: two 20 minute sessions a day for 2-3 days.

DEATH OF FETUS IN UTERO

In TCM retention of dead fetus is described as 'tai si bu xai'.

Causes of fetal death:

1. Maternal Qi and Blood xu
2. Maternal perverse Wind, Cold, Heat damaging fetus
3. Infectious disease
4. Trauma
5. Cord compression etc.

Etiology of retention of dead fetus:

1. Weak maternal Qi and Blood – The uterus does not have the energy to expel the fetus.
2. Stagnation of Blood – When the Qi circulates and the Blood is correct, the dead fetus is expelled.

Clinical: It is necessary to ensure that the fetus is definitely dead via determination of fetal sounds and movements.

1. Maternal Qi and Blood xu

Symptoms: poor shen, weakness, loss of appetite, sensation of cold, yellow pale face, bad breath, reduced fundal height, maybe loss of blood stained liquor, tongue pale with thin coat, pulse choppy and weak (in chi position)

Treatment: consolidate the primordial Yang, tonify Qi, benefit blood to descend fetus.

Points: Sp 6 (Sanyinjiao) Co 4 (Hegu)
St 30 (Qichong) Liv 3 (Taichong)

2. Blood Stagnation

Symptoms: bluish face and lips, bad breath, abdominal and lumbar pain, discharge of dark blood, tongue purple, and dark especially in sublingual veins, pulse deep and choppy (chi position).

Treatment: circulate Blood

Points: Sp 6 (Sanyinjiao) Cv 4 (Guanyuan) Gb 26 (Daimai)
Gb 41 (Linqi) Bl 37 (Yinmen) Sp 10 (Xuehai)

Note: If there is also stagnation of Qi:

Symptoms: sensation of fullness in chest and epigastrium, burping, stomach distended and tender.

Treatment: regulate and circulate Qi to remove stagnation and descend fetus.

Points: St 39 (Guilai) Co 4 (Hegu) Gb 20 (Fengshi)
Liv 3 (Taichong) Liv 14 (Qimen)

FETAL MALPOSITION

TCM considers that there may be two causes:

1. Qi and Blood xu: in this case fetal Qi is xu and the Yang aspect of fetal energy is underactive.
2. Stagnation of Qi and Blood: when Qi stagnates, Blood does not circulate properly and fetus changes position continuously.

Treatment Principle: regulate Qi of foot taiyang and foot shaoyin

Point: B1 67 (Zhiyin) moxa to regulate Kid Qi so fetus will assume correct position

Analysis: zhiyin is Jing point of Bladder meridian, connected with Kid meridian. Kid Qi nourishes fetus.

Method: moxa with stick 20 minutes to one hour daily. If moxa leaves a blister the result will be better.

Notes:

- Advise knee chest position for 30 seconds am and pm
- B1 67 is also indicated when presenting part is high at term. In this case, B1 67 is used with points that descend:
 B1 60 (Kunlun) Gb 21 (Jianjing) Extra-meridian point – duyin on sole of foot
- Ziggy Wang (Nanjing) says: in persistent breech add :
 Gb 34 (Yanglingquan) & Gb 40 (Qiuxu) - could be useful when there is stagnation of Liv Qi