A Retrospective Case Series for an Acupuncture Audience

This paper investigates the use of indirect moxa on the sacrum to alleviate commonly experienced late pregnancy back pain and allied discomforts, leading onto an easier natural birthing outcome and optimal maternal and baby health.

Abstract

Lower back pain in pregnancy is often the cause of considerable life disruption during the pregnancy. Orthodox medicine marginalises back pain in pregnancy; as whilst it is often debilitating, it is not life threatening. My contention is that if the reasons for the back pain were understood, it may be seen as more of a warning. Being seen as less of a maternal comfort issue may not just alter maternal wellbeing but also the outcome of the pregnancy and the quality of the baby made - as neither can be assumed.

As I will show they are not due to chance. Back pain when viewed through the Asian model (usually seen as Chinese medical model) is a common symptom of Kidney complex (inherent constitutional) deficiency (weakness). Following Chinese medical theory, where maternal Kidney Qi is said to supply the developing baby with all of its life force, the direct impact of enhancing this maternal Kidney Qi is baby's enhanced growth and constitution through its enriched Jing reserves.

Discussed here are the easy steps for anyone to supplement the mother's Kidney Qi, and hence improve pregnancy outcomes, by remedying the deficiency warning sign of her lower backache. Using indirect moxa on her sacrum is also an easy, safe and effective way to alter the baby's positioning; thus ensuring a better birth outcome. The intended recipient of this information is the prospective dad, with a nightly 'hands on' intervention he can make the difference by improving the likelihood of a peaceful sleep for his baby's mother; creating a great foundation for the comfortable growth of his baby and the birth of their family.

Keywords: moxa, back pain, lower back pain, sacrum, pregnancy, malposition, pubic symphysis pain, pelvic girdle pain, sciatica, Kidney Qi, better birth outcome.

Case Histories

The appreciation of the content of this paper will be greatly enhanced by first reading a number of the case histories of the women who were involved in this study. Reading these stories provides the human face and enhances the impact of the following study.

These all vary in age and 'story', but essentially – regardless of all other factors - the use of the moxa immediately allowed the pregnant woman to be comfortable enough to have the usual acupuncture session. As she had experienced such a shift she then had the tools to take home to get someone there to help her through the rest of the pregnancy.

As the first case here, A is the one of the youngest of this group, and as such, she could be expected to be in the best condition. *If I were seeing her now, a year on **(2013),** I would have her use a lot more transdermal magnesium which probably would have resolved all issues - including her anxiety and sleeplessness, as well as all structural pain and instability.*

This case shows the simplicity of a holistic approach. As a closed system, in acupuncture it is easy to affect all aspects of the body. (Source?) Regardless of what else is the problem, the body seems to take on board the assistance and go from there. After strengthening the Kidney Qi and Yang, all manner of other apparently minor problems – that themselves are signaling a body in trouble - then resolve. (Flaws, 2005) This means less likely end of pregnancy and birthing problems as the Qi is sufficient to do what comes naturally.

1) – A 22 yo 1st baby exceptional back /PS pain 34 weeks. No aches in her body at all till 20 weeks. At this point her husband went with the army overseas and she fretted greatly. All current problems started then. I gave her a Magnesium drink before I started working with her. She looked completely distressed and worn out with pain. She had been seeing a physio weekly for 14 weeks. It was not helping – he had suggested attending in an aqua class, where she can move around with no pressure on leg and do stretches.

Her R leg goes numb (fell on the ankle whilst working as a stripper). Back and leg hurt unless lying down – but that hurts too. Also wakens her at night and it totally disrupts her sleep and life. Most painful when she first gets up from any position, then it is OK after walking about for 200 metres, then after another 200 she is in severe pain again.

I asked her where baby was lying – she thought on the right (head down). Before the acupuncture treatment, I took her outside and moxaed her sacrum. Baby woke up and started moving about, then did a flip completely altering its lie within her. She got up off the chair and could not believe that that had just happened – it did not hurt to move – there no pain anywhere.

We went inside, she sat astride the chair, and I needled in deeply (3 inches) the three locations of GB 30, plus Bl 60 and GB 34. I showed her husband how to massage her sacrum – and we continued to do this whilst the needles in. Liv 2 sedated.

I encouraged her to get up to move around - she couldn't believe she still had no pain – she got up straight off the chair – she did not feel crippled from being in the straddling position. She was also amazed that it did not feel as though her pelvis would break apart when she put her weight back on it, as this was how she has been feeling. I reinserted GB 34, gave her more water to drink, and another Magnesium drink. She then lay on her left side (previously was unable to do this and had only been lying on her right – which would have continued to have baby in the non optimal OP lie), so she could watch many inspirational birthing clips with her husband.

I massaged her GB 29 areas and showed husband how deep to work and what to do. We went outside again as she now mentioned another preexisting problem - pubic symphysis pain – it had been overshadowed by her back, and now that was gone, she could concentrate on this. I used moxa directly on the point where the central midline and the pubic bone merge - CV 2 - and instantly all her PS pain gone. I again showed him again what to do and emailed him the instructions.

Next morning, I rang her to check on the emerging wisdom tooth I had also worked on, as her doctor had suggested antibiotics. She had slept all night – there was no pain rolling in her bed, or getting up – and she was not in pain with the tooth, or the headache from the tooth. Feet were no longer hot (Kidney Yin and Jing deficient symptom, which she had had 'forever') and she feels 'amazing'.

Three weeks later, I rang her to check out what was happening. Her previously debilitating backache was diminished. She still could not sleep before 1 am and had hot feet still. (Indicators that she is not handling the inner strain of being pregnant well). The public symphysis pain was negligible. Her main issue now (the teeth are resolved) was the instability of her hip. Her husband used the moxa at least three times weekly. More sessions would have assisted her achieve her natural goals.

Her daughter (10 ½ lb) was born after an ***easy, natural – no drugs*** - 6 hour labour. Mum ecstatic as her back held out due to husband using the moxa and massage that really helped her stay out of most of her previous pain, when pregnant and also in the birth.

2) – S 23 yo 2nd Induction/pain relief

40 weeks. Baby's rump is sitting under her right rib and his head is hovering in the left inguinal area – no doubt what was causing all the pain in her back. I took her outside, sat her astride the chair, moxaed the sacrum, including the points Bl 23, GV 4 and 3, and then got her to walk about – to loosen up her pelvis, so baby could move around. Her back felt relieved instantly – the leg was still sore. She sat down again, and many deep GB 30 needles and all the Bl sacral points were inserted and occasionally stimulated. When she arose to go inside, she was rather stunned as there was no pain – either in her back or her groin. She left very relieved and happy – there was NO PAIN AT ALL - she felt very light and free. She rang the next morning to cancel her follow up appointment, as she had birthed.

She had gone home; had her sisters do more massage they had learnt whilst with me; she had drunk the castor oil and orange juice, gone to the hospital at 4.30 am, 5 cms dilated, and was pushing baby out 2 hours later. She only used the gas. She was attended in hospital by her two massaged-up sisters. She birthed her 10 lb 10 oz baby with just a little tear. I asked her which was easier - the lighter or heavier baby – no contest – this last one. ***She said that 15 minutes before he was born she wondered if there was something wrong with her, as it was a lovely experience*** and she was not traumatised at all, unlike the smaller first baby.

3) - MVK 38 yo 1st Potential Miscarriage/bad back

16 weeks. Is 120 kg. Has been bleeding very heavily for three weeks - losing so much blood so she was at hospital emergency the day before. There is no uterine pain, but severe, constant excruciating back pain. She has restless legs (Magnesium deficiency – I gave her some immediately and she was instructed to take several times daily at home till this and her constipation - again a Magnesium deficient symptom) eased. She has very hot feet at night and has had this 'forever'. (Ki Yin deficiency) She is very stressed as she is the sole supporter of her entire family, also sending money home to South Africa and she will be finishing off work soon – how to fund life then? Depressed, she is usually on antidepressants, is constantly overworked and not eating properly. All this can be seen as magnesium depletion.

We started with sacral moxa to settle her and also to supplement the very deficient Spleen Yang, so she can keep holding the pregnancy. With no pain, not even any aching, she felt lighter on arising. The rest of the treatment proceeded. She came the next day. After seeing me, she had fallen down the entire flight of the escalator at the shopping centre, and now had unique vertically striped acute lacerations all down her legs. The uterine bleeding had STOPPED. The fall did not start it up again. She was in a lot more back pain due to the fall, but was calmer as the pregnancy and baby were more settled.

She continued to come every few days, then weekly and then just occasionally. There was no more bleeding; the pregnancy became uneventful, although her back worsened with the fall and the increase in weight and her worries of financial security. Her husband refused to use the moxa, as it smelt. Every time she arrived, the moxa use outside to begin the treatment to stop the pain, so she was then able to lie on the couch to have the needles. Due to her weight and apparent age, she easily capitulated into a having ***C section***.

4) S 22yo 1st baby GD and severe back aching

35 weeks. Although she had had much exposure to me as an adolescent with great success, she was now a nursing student and refused to have acupuncture. She had just come in to see me, as her mother was very worried about her gestational diabetes. She looked pale and bloated. This was an unintended pregnancy with the standard bad diet, plus lots of alcohol. No conscious conception preparation.

She was eating a cereal and fruit and sugar based diet. She was eating little protein and having large breaks between meals where she was working as a nurse, not concentrating on growing a baby as her life priority. In clinic I have found a complex B supplement many times a day (water soluble so has to be taken often as it is otherwise excreted), with Magnesium drinks (several a day) and Zinc (to assist in the assimilation of all foods) to work as a background nutritional aid for all – not just in pregnancy. Magnesium as it calms all nerve and muscle spasms, and irritability on all levels. (Sircus, 2007).

When a woman is magnesium depleted, there is severe pain, sleeplessness and general distress, plus an increased likelihood of pre eclampsia for her, and cerebral palsy for the baby (Seelig, 1980). Magnesium deficiency is a major contributor to insulin resistance and gestational diabetes (Sircus, 2007, Dean, 2005).

She needed all of these supplements, but mostly to stop eating all the foods that converted to simple sugars. Starting with increasing the *fat* – for baby's brain, nervous system and her and baby's hormones, *protein* – as baby is grown from this – and *heaps of veggies* – she would eat NONE when she first came in as her diet was terrible as she did not like eating.

Much discussion about what a pregnancy needs (she as a student nurse and was going by her pathology focused fledgling medical knowledge). Eventually she consented to have me take her outside to moxa her sacrum, as she had such a problem that she was in pain all the time, and, was at best uncomfortable, and at worst, on pain killers as she tried to get through her days and nights working.

After the moxa on her sacrum she was so amazed as NOTHING HURT!! On this basis that she allowed me to then insert needles (had previously thought it unsafe in pregnancy!) to enhance her depleted and imbalanced state. She continued to come in, her GD readings went down in response to eating for life and her painful back was now just a memory. She experienced a ***difficult vaginal birth*** as she refused my advice to have fetal positional direction (baby was OP) as her midwife said 'all was well'.

5) - C 34 yo Second child Excruciating back pain

28 weeks. Stays in bed all day as without her toddler on site. It is too painful to be upright and tend to anyone else's needs. She has had these babies close together without consideration of how she was to cope. First pregnancy she could rest, as the terrible back pain was like this then also. She has always been an 'ill person'. Also suffered from severe pubic symphysis pain the first pregnancy from 36 weeks, and this has started already and is currently as bad as it got at the end of the first pregnancy. No relief from the physio and the doctor had no other ideas, except to wait the pregnancy out.

Moxa on sacrum allowed her immediately to be in a lot less pain, so she could then lie down for the needles. She was shocked that something that simple – and something her husband could do at home – had made that much difference. Her PS pain was better but much more relieved after the needles. We then moved back outside to use moxa on the pubic bone directly, after another round of sacral moxa. She walked down the stairs a new woman. I sent her home with Magnesium and Vit C – a little often to rebuild the collagen tissue, and to allow her system to heal itself (McArdle, 1999).

She continued coming in several times a week as she had to get to a point where just the moxa at home (and heaps of Magnesium and Vit C) allowed her to be able to cope with

the drive hours away to her parents' house to see her toddler. As the pregnancy progressed, her pain levels reduced as she had constant extra nutrients and the moxa nightly so she could sleep. She elected to have the pregnancy ended early so she could have her toddler back at home with her, and had a ***normal vaginal birth***. Post baby she needed more sessions and these were harder to get to – with husband working long hours and no family to help. He was too busy after baby to use the moxa on her to help.

6) – K 33yo 2nd baby PS pain and back ache

27 weeks. Thought she could do pregnancy fine without me this time – she had needed considerable help after her molar pregnancy and years on IVF. Her hair falling out brought her in; her diet was in a mess – and she suspected gestational diabetes. She was in great pain and not able to sleep which brought her back to see me. Using moxa on her sacrum she experienced instant relief – she could then walk with no pain to get back inside to the treatment couch. We spent considerable time talking around the food issues and what to eat to grow healthy mums and babies. Her husband did moxa her back, nightly as necessary, which cut down the number of times she needed to see me. ***Normal vaginal birth.***

7) – Amelia C 35 yo 3rd baby sacro-iliac joints too painful to walk

33 weeks. Intended a home birth, but her back was so unstable, she was not sure what to do with herself. No ankle swelling currently, but this usually comes in late pregnancy. Her mother had moved in to help her with other two toddlers. It was too painful to lie down. Started with moxa on her sacrum, so at least she was then able to have her regular treatment. Moxa also at the end – and again – immediate and total relief.

Her mother was taught to do this, as her husband was an international pilot and only home sometimes. Her back became so much better that her mum was able to find herself her own house at the end of the pregnancy and ***Amelia's homebirth went beautifully*** (husband only there to catch, as labour too quick and easy for the midwife to get there). Moxa was used daily to ensure her back stability and comfort.

8) – S 23 yo 2nd pain/anxiety/

22 weeks. First baby died after emergency C section at 32 weeks, due to pre eclampsia, (massive magnesium depletion - Seelig, 1980). Likely terrible electrolyte imbalance as she only ever drank Diet Coke – no water, nothing else. (Source) Serious pain in her body all through that pregnancy and it is being repeated in this one. (Source) In this pregnancy she still had nothing to drink except Diet Coke. This case exemplifies why I cannot just research what the moxa does in these cases. She is very young - pain and weak backs are not the province of the elderly. She received a large lecture from me on the role of diet and the water needed and lots of fish oil (to stop early labour) (Source)

and Magnesium and B vitamins. Moxa on her sacrum was a minor part of this rescue, although it gave me credibility as it instantly relieved her pain and her distress. She felt vastly calmer and more relaxed.

From here – she had treatment weekly until she had no pain felt (**28 weeks**). She was instructed to take heaps of Magnesium and Vit B and water and protein and fat. She was pain free – did not believe it possible. No one at home would do the moxa as it smelt!!

37 weeks – no pain in her body, but feels vastly better with the moxa – relaxed, lighter. She had gotten past the **32 week** stage that upset her so much last time – and baby kept growing bigger. She still had no bone/body pain, which was no doubt from the coca cola led potassium /electrolyte catastrophe with past pregnancy – (and resultant lack of Magnesium).

She was happily pregnant, and easily talked into an ***elective C section*** (baby might split the scar according to the doctor who decided that baby was 'too big'), she was eating better than she ever had, and the placental improvement from the moxa and needles meant he was a good size (9 lb).

9) – L 2nd 41 yo Healthy preg/anxiety/back ache

38 weeks. Was having ongoing acupuncture support post getting pregnant with her first baby. Moxa is the only way to calm her anxiety down so she can sleep at night. She has absolutely no back ache whilst doing this – previously she suffered all through her life prior to the pregnancies from constant back ache. Using moxa every night – she can sleep and there is no pain at all. ***Normal vaginal birth.***

10) – V 37 yo 4th pelvic girdle pain

32 weeks, in pregnancy lots of pelvic girdle instability, resulting in shooting pains down legs – mainly the left. Stopped breastfeeding early last time thinking that would fix the pain, but this seemed to make it worse. Now pregnant again and it is crippling her. Moxaed sacrum. She couldn't believe it - no longer feels as though she will break in half when she stands up. She used ice in hospital to help with pain after all the babies. I assured her not to ever use ice again. Continued with moxa at home and did not need further treatment as the moxa nightly was enough to hold symptoms at bay. ***Normal vaginal birth.***

11) – V 38yo 1st baby Back pain/insomnia

29 weeks Can hardly move with left handed round ligament strain. Has a tilted pelvis that does not sit straight. Feels like it is pinching the nerve. Can't sleep well as too

uncomfortable - where to put herself so there is no pain? Moxa on sacrum – and the ease of movement and her smile said it all - nothing hurt when she rose to get up. Moxa was continued at home as that way she did not need to come to see me again.

*(**2018** – I would suggest anyone does the Arvigo® work that I am now trained to do – and ensure all are drinking so much more water as the blood supply to the ligaments is sketchy at best and so few women are drinking sufficient water - or using anything like enough magnesium. Further note – the now almost enforced vaccination in pregnancy is depleting any likelihood of appropriate minerals leading to very different pregnancy outcomes that were possible even 10 years before).*

12) – L 40 yo 2nd Back ache/anxiety/ Insomnia

16 weeks. Did not want to get pregnant. First one was induced on 11th day – only 6lb 8oz. Dreadful birth and doesn't want to do it ever again. Has a constant dull back ache. Can only sleep for 20 minutes at a time. Very bad anxiety, no leg cramps. Moxa sacrum. Magnesium supplementation gradually allowed her to calm down and sleep and accept her pregnancy and be comfortable. After moxa was used, she felt instant calm and relief all through her body. Back felt fantastic. Extra work done as treatment for anger release, and improving her Yin so she could nourish herself and her pregnancy. She surprised herself with a ***normal, uneventful vaginal birth***.

13) – M 35yo 1st Health improvement/back

28 weeks Still using 'speed'. 'Did her back in' over the weekend. I cupped her navel and used moxa on ginger on salt as it was so cold, then took her outside and used sacral indirect moxa. Instantly improved - everything better .. . she was crippled before that - and wondered how she could go with the rest of the pregnancy . . Only came in for the one session . ..

14) – L 27 yo 2nd Health correction for VBAC/GB

32 weeks High glucose. Put on 27 kg last pregnancy. Lower back/sciatica left starting up again. Moxa sacrum. Instant relief. Can walk unimpeded now. . was fine as long as husband did this every night so she could sleep.
40 weeks – Doctor trying to talk her out of a ***VBAC***. Although she was induced, she had ***a natural birth***.

15) – MC 31yo 2nd back ache/ health preservation

22 weeks – always exhausted as working fulltime whilst husband studying (didn't intend to be pregnant so soon – has an 18 month old also). She has always had severe aching in back, making it extremely difficult to pick up and be with her toddler, when she is home from work. The pain stops sleeping and makes the whole experience of being pregnant a huge drag on her energy and her life.

I took her outside to show her how simple relief could be. Moxaed her sacrum. She got up off the chair - nothing left to complain about!! She always has a freezing belly so I cupped it yet again, and used moxa on ginger/salt. Her husband came in for a session and I repeated this process with him, and he was instantly better. He then understood just how good it could make her back feel instantly, so could then do it for her anytime she asked. She could sleep so much better, was now in no pain, and life was easier at home and at work.

31 weeks – Is almost in heaven after moxa – is not just heat but feels so relieved all through her body. Total relaxation and comforting. ***Normal vaginal birth***, once she had seen me to alter OP position – even though midwife said was perfect – the OP positional change had her in labour in ten minutes and easily birthing (she delayed that part of the session until her husband could manage this at home – she had driven 90 minutes to see me alone). ***Natural easy birth 8 lb 5oz.***

16) – M 36yo 4th Backache and not coping

40 weeks The coccyx feels as though it is inflamed, and when the moxa happens, it feels better. Is more than just the heat – it feels as though it is pervading all through the whole body and is so comforting. ***Ecstatic home gentle water birth*** 9 lb.

The cases above are typical of a normal affluent Australian clinic. The woman below comes from my closed sect community in New Zealand, where it is normal to have at least ten children by the age of 40, and often far more, and till the late 40s. The state of the children's health and their mothers' bodies is covered in another article (Improving Jing in multiparous women and what it means for obstetric care anywhere).

I assume this is Patient P. You use her story further on, after Table 4 under the heading "Beyond Pain- improving maternal health". I don't think it is necessary here, especially as she doesn't appear to be included in the original table/study. ??

Gestational back pain – incidence and orthodox medicine.

This section looks at research findings, which indicate the widespread occurrence of back pain in women during pregnancy. I have not updated these. ***Current as of 2012.*** *I have chosen (2018) to not redo the citations. I am disgusted at the lack of scientific rigour in the now almost religious zeal that all are told they must vaccinate – when pregnant - even when there are NO safety studies, and no apparent indications that this practice is even needed let alone being safe (which is not) for the growing fetus or the gestating mother.*

The situation will not have changed, as nutritional deficiencies, the role of the adjuvants now forced into pregnant women's bodies, and the ignorance of the structural blockages must women have leading into birthing are all part of the reasons the back pain is almost epidemic (as is now placental failure after hyperemesis).

While the severity of the symptoms and the extent of other forms of discomfort are personal to each woman; the reality remains that many women suffer from moderate to excruciating pain in the lower back, pelvis, legs and associated areas during a 'normal' pregnancy. The extent of the suffering is detailed below.

Different sources give differing rates of the prevalence of back pain in pregnancy. The consensus is that it is a significant and an ongoing women's issue. Pennick and Young, (2007) found over 2/3 of all pregnant women suffered from lower back ache with at least 20% having concurrent substantial pelvic pain. Greenwood and Stainton (2001) found that back pain in pregnancy affects at least half of all pregnant women.

The Association of Chartered Physiotherapists in Women's Health state in their online publication that lumbar pelvic pain is common in pregnancy with a prevalence ranging from 50-70%, with 14-22% of all pregnant women having serious PGP (pelvic girdle pain), 5 – 8% having severe pain and disability'. Mogren and Pohjanen, (2005) conclude that the majority of pregnant women report LBPP (lower back pain in pregnancy). They further discovered that parity, LBPP during a previous pregnancy, body mass index, a history of hypermobility, and amenorrhea are factors influencing the risk of developing LBPP.

Back and pelvic pain are common in pregnancy and tend to increase as pregnancy advances (Pennick & Young, 2007). They found that it interferes with ordinary daily activities such as carrying, cleaning, sitting and walking, prevents women from going to work and disturbs sleep. They state that in a prospective study of 200 Swedish women, Kristiansson (1996) found that 76% reported back pain at some point in their pregnancy. A review article by MacEvilly (1996) states that more than one third of pregnant women find back pain a severe problem.

Pennick and Young (2007) suggest that the increased incidence of back pain in pregnancy arises from several causes including altered posture with the increased lumbar lordosis (exaggerated curvature of the lower spine) necessary to balance the increasing anterior weight of the womb, ligamentous laxity (loosening of the ligaments in the pelvic

area) caused by relaxin, a polypeptide hormone produced by the corpus luteum, and fluid retention within connective tissue (MacEvilly 1996). The problem is usually worse at night and causes insomnia, especially in the last trimester.

Bachman (1995) considered pain to be a personal experience for each individual. Factors such as cultural and social circumstances, counter-stimuli, fear and anxiety, personality, fatigue, expectations, distraction from pain and especially maternal age, with younger women being more likely to complain, can affect how a person perceives and copes with pain (Bachman, 1995; Bevis, 1993),

Pennick and Young (2007) reported that in a survey of pregnant women in the USA, 68.5% (95% confidence interval 65% to 71%) of the respondents reported having low-back pain during their current pregnancy, but only 32% of them had reported their back pain to their prenatal care providers. The inevitability of the problem (Ayanniyi, Sanya, Ogunlade & Oni-Orisan, 2006) is considered to be one of the major reasons for this stoicism. This is possibly due to women just bearing up as there are almost no answers found in any literature.

Pennick and Young, (2007) in their Cochrane review found no studies dealing specifically with prevention of back or pelvic pain. They included eight studies (1305 participants) that examined the effects of adding various pregnancy-specific exercises, physiotherapy, acupuncture and pillows to usual prenatal care. They found that both acupuncture and stabilising exercises relieved pelvic pain more than 'usual prenatal care'. They also found acupuncture gave more relief from evening pain than exercises. For women with both pelvic and back pain, in one study, acupuncture was more effective than physiotherapy in reducing the intensity of their pain; stretching exercises resulted in more total pain relief (60%) than usual care (11%); and 60% of those who received acupuncture reported less intense pain, compared to 14% of those receiving usual prenatal care. Women who received usual prenatal care reported more use of analgesics, physical modalities and sacroiliac belts.

Brynhildsen et al (1998) spoke of the likelihood of women with severe low back pain during pregnancy having an extremely high risk for experiencing a new episode of severe low back pain during another pregnancy and also whilst not pregnant. Greenwood and Stainton (2007) ask 'perhaps women who are pregnant might expect *back pain/ discomfort in pregnancy, but should they* accept it?

They quote Bensoussan (1994):'Despite the wide use and growing acceptance of complementary therapies, no literature could be located that mentioned the safety and/or benefits of any of the therapies as an acceptable method of treating back pain/discomfort in pregnancy. Most of the information on pain management with these therapies is related to use in labour and birth. Alternate practices offer choice, insight, and a different perception of how to treat ailments with the potential to connect mind, body and spirit, which is a goal of many alternate therapies. This ultimately reflects a client-centred approach to treatment rather than a disease-centred approach. This personal care and assessment is another reason women are turning to these therapies for relief'.

2017 addition - *Using the naprapathic and the Central American midwifery models I have recently discovered that by staying within the physical realm, it is very easy to remedy differently the cause and thus the outcome of the back pain. Look to the Maya/Arvigo® work, and the Mercier work that is now part of The Gentling Way.*

Uterine positioning and the tension of the ligaments as the baby grows, especially when the uterus was not optimally positioned prior to conception is of major importance. The past sacral incidents that restrict optimal flow of nerve, blood lymph and Qi/vital life force to the fetus, the placenta, and before this, the uterus and thus the entire body, all start showing their restrictions as the pregnancy grows. Using the Arvigo® work, very effortlessly I have added in a dimension that has allowed instant and permanent relief in the already remarkable results the simple magnesium, moxa and a massage regime below can give in anyone's clinic.

Perhaps it is time to ask a different question.
Why is there pain, and why in the back?

Paradigm shift

The acupuncture model may provide a remarkable insight for those using the standard medical approach and confronted with potentially 'high risk' pregnancies. The Kidney complex and the Blood models explain the mechanisms by which the symptoms play out (Flaws, 2005). It may alleviate underlying vague issues as they emerge or, preferably, avoid them through attention to micro and macro nutrients. Currently, often only watchful monitoring is prevalent in orthodox medicine. Remarkable differences to the mother's perception of her pregnancy and the health outcomes of both herself and her child may be achieved. Presently women with back ache such that she has to stop work, or hand her children over to others to mother, have little hope but to wait out the pregnancy, hoping that she can resume normal life once the extra pressure is off her body.

I have discovered by giving mum's Jing, Qi and Yang a boost with the regular use of indirect moxa, all aspects governed by these – including the back pain – are relieved. Changing the awareness of the orthodox medical system (as it marginalizes body warning signs – in this case maternal back pain) may mean a new focus in pregnancy towards the quality of the maternal experience, and that of the baby; thus the ability for all to become the best that they can be.

Acupuncture's contribution

In Chinese medicine, pain in general is seen as the result of a loss of adequate circulation of Qi and Blood (Flaws, 2005), and can be easily remedied by improving the quantity, quality and circulation of both. Rather than seeing the presence of pain as only a local structural phenomenon, back pain may be viewed in Chinese medicine as one of many symptoms warning of a worsening state of inner depletion.

Lower back pain is seen as the most common sign that the Kidney Qi/ Yang /Yin and/or Jing is weakened (Maciocia, 2005, Flaws, 2005). Whether pregnant or not, at times of lessened sleep, more work or stress load, or with general ageing, other manifestations of Kidney complex weakness are likely (Maciocia, 2005). Kidney Qi forms the foundation for the pregnancy (Flaws, 1993, 2005); and also for circulation to the lower back (Noll & Wilms, 2010). If there has been a past accident or local trauma, it is reasonable to expect that the lower back pain may be aggravated with the greater load of pregnancy. (Flaws, 2005).

Gestational back pain, whilst common and often debilitating, is not mentioned as a major problem in either of the two major Chinese medicinal texts (Flaws 2005, Maciocia 2011). Flaws (2005) explains *postnatal* back ache as mainly due to Kidney Qi vacuity depletion. His fourth cause of *postnatal* back pain is 'constitutional or long term bodily yang vacuity'. Massive maternal discomfort in pregnancy and leading up to birth is ignored. Maciocia (2011) mentions lower back dull deficient pain in passing when speaking to joint pain postnatally.

Literature search

The first obstetric acupuncture article I located, published in English, (Scott, 1979), mentions back pain as the most common problem in pregnancy, however there seems a paucity of information written since. Back pain is noted in an acupressure text (Yelland, 2005), yet not specifically in such tomes as Maciocia's *Gynaecology and Obstetrics* (2011), or Flaws*, Chinese Medical Obstetrics* (2005).

Kidneys and their Qi are seen as the root of Pre and Post Natal Essence and the root of the original Qi (Macocia, 2011). Baby is made from mum's Kidney reserves. Macocia states (2005) that the main Kidney function is that of storing Essence and governing birth, growth and reproduction. 'The Essence nourishes the embryo and the fetus during pregnancy and is also dependent on nourishment derived from the mother's Kidneys'. The most common symptom for an indication of Kidney pathology is back ache (Maciocia, 2005). He further (2011) quotes *The Complete Works of Jing Xue* (1624), in saying 'the Kidneys also control the back'.

But Maciocia (2011) only mentions back pain in pregnancy as a prognosticator in miscarriage – suggesting that should the back pain (and associated abdominal pain) be relieved, the miscarriage is averted. From his writings, we could equally observe the mechanism of this - Kidney Qi/Yang /Yin and /or Jing failing; and the body warning of this through the aching back.

Maciocia (2005) introduces Dr John Shen's work on the crucial times in a person's life – and the formative time spent within mother in utero. In Dr Shen's model, the first third of life long influence on a person occurs prior to their birth. Maciocia (2000:1) states the formation of a person's Kidney essence as originating from the parental stores, and being set at this time through heredity. He further states the role of the Kidney QI in influencing

all pertaining to the reproductive system through their control of the Extraordinary vessels, the Governing (Du Mai) being one of these.

Noll and Wilms (2010) quote the Nan Jing Ch 39 on the gate of life – 'where the uterus is suspended in the woman. Its Qi is identical to the kidneys.' They further add 'The Kidney fire from the Ming Men originates in the area between the two kidneys and is closely related to the Yuan (original Qi) and the Dong Qi (moving Qi). The Ming Men is therefore not only the residence of the water and fire, but also the root of Yuan Qi.

Flaws (1993, 2005) states that Blood and essence have a common source - the Kidney. Inferred also here is the strength of the maternal Kidney, as it is the source of her Qi and Blood that is making the baby. 'For the fetus to grow, it must receive essence from the kidneys as well as Qi and Blood engendered by the five viscera but set downwards by the heart.' In other words, as well as being well physically, Mum must feel safe and secure and calm and peaceful – a dance between her Blood and Yin nourishing her heart and her uterus's inhabitant.

In his obstetric work (2011) Maciocia writes that 'miscarriage is essentially a weakness of the Ren and Chong Mai', leading to the Kidneys not nourishing the fetus, and the fetus potentially failing. Noll and Wilms (2010) state 'vacuity of Kidneys and insecure Ren and Chong Mai causes insufficient nourishment of the fetus.'

As an indicator of the state of maternal Kidney Qi, I would suggest the back pain in pregnancy may be so severe and constant as shown in the case histories, as the maternal Kidney Qi is sufficient to hold the pregnancy, but not strong enough that she can continue in her normal life whilst carrying and growing her baby. Noll and Wilms (2010) in speaking of miscarriage state that back pain as being a symptom of the Kidney Yang and Qi deficiency – often seen in older mothers and as a result of the disharmony of the Ren and Chong (being ultimately unsupported by the Kidney).

As the fetus grows, Yin essence, Blood, and fluids and humours may be insufficient for the mother since what there is of these tends to be focused on the fetus (Flaws, 2005). West (2008) states that deficient Kidney Qi is found in those women having either a weakened constitution themselves, or by having many children in quick succession, and /or through working long hours without rest. These factors can be mitigated through the use of acupuncture and Chinese medicine. MORE? ??Flaws??

Those writing of acupuncture from a past medical model, Roemer (1999) and West (2008), while including maternal back ache as a pregnancy symptom, tend to completely ignore Chinese medicine, citing only the usual biomedical reasons for maternal back and pelvic girdle pain. Betts (2006) takes this debate slightly forwards and does mention using moxa (although not in the way outlined below) to assist at-home comfort.

Searching for 'pregnancy back pain', 'back pain', 'sciatica', 'pelvic girdle pain' and 'pubic symphysis pain' online in PubMed, Mantis, the BJA and through the copies of the Am J A, and many texts and articles collected over the past 35 years brought up little on

the subject.

Searching the same sources online for the use of moxa in any research, 'moxa', and 'moxibustion' I found that the most use of moxa reported was the use of the point Bl 67 for turning a breech baby. The use of moxa over an area, or in pregnancy, or in any case of back pain is not to be found in any of the literature which focuses upon actual acumoxa points being needled.

NOTE: Researchers indicate that the mother's Kidney and Qi are essential for the wellbeing of both mother and the developing fetus. They also recognise the relationship between back pain and Kidney deficiency, but do not seem to draw the conclusion that this deficiency may be causally contributing to the lower back pain experienced by many women in pregnancy and thus can be ameliorated by acupuncture and other treatments.

Acupuncture and Pregnancy

Abundant periods, and the state of pregnancy are possible when the woman has sufficient Qi and Blood and Jing to spare (Flaws, 2005). A weakening of these vital substances present with warnings such as lower back ache (Flaws, 2005, Betts 2006, Maciocia, 2011). Whilst women typically do not come in for resolution of just this back pain, depending upon the duration and severity of it, there may be a number of co-morbidities that could lead to 'high risk' medical classification as the pregnancy progresses if left untreated. Deficient Kidney Qi, Yang, Yin and Jing are not welcome in a pregnancy and the warning of maternal back aching could be better heeded.

Recent publications on obstetrics and acupuncture lean heavily on a few common TCM points, medicalised theories and problems rather than health and wellness support (Maciocia, 2011, Flaws 2005, West 2008, Betts 2006). Normal pregnancy physiological variations, and the restoration of optimal vitality using energy concepts made possible with individualised and holistic care, are totally missing in these publications, which all concentrate on symptomatic back pain relief, not enhancing the general strength of the constitutional Kidney energy.

Yang restoration

In acupuncture theory, cold consumes the Yang (Tureanu & Tureanu, 1999). Cold weakens the Kidney Qi, as a source of energy (Roemer, 1999). Yang Qi is seen as being unnecessarily exhausted through exposure to cold, (Betts, 2006), cold causing stagnation of its flow (Roemer, 1999). The heat of moxibustion can warm, supplement Yang Qi and treat the vacuity (Spleen and Kidney Yang) Qi desertion (Xiaorong, Jing & Shouxiang 2012). When moxibustion is performed, it has the effect of warming and freeing the channels (Xiaorong et al, 2012).

External invasion of cold and damp affect the Gate of Vitality (centre of Kidney Qi expression) leading to many problems of Qi and Blood stagnation, one of which is back pain (West 2006). Any past exposure to cold through previous 'icing' of injuries, the ingestion of cold food and drink, (Maciocia, 2005) exposure to drafts or walking on cold floors with no footwear results in the cold energy 'splinters' interrupting and wasting Yang Qi (Tureanu & Tureanu, 1999). Moxa can dispel cold pathogens and return Yang Qi (Xiaorong et al, 2012).

Yang Deficiency in pregnancy may present in many ways, but symptoms are more severe when the concurrent Yin/Jing Deficiency is greater than the Yang deficiency (Maciocia, 2005). Over the past decade in Brisbane, 'best practice' in obstetric hospitals has been to demand newly birthed women and those with bruising, or any soft tissue discomforts post birth use condoms of ice, ice packs in peripads and for any breast engorgement, frozen waterlogged nappies as a first response when in pain.

This route to ongoing maternal pathology is not noted in any printed literature. Further, the general population now seem to believe using ice on all wounds benefits the body. This is against all Asian proscriptions on the use of cold on/in a woman's body, when she is at her most vulnerable post birth (Flaws 1999, 2005). In the words of Elisabeth de la Rochet (2012, Melbourne, private conversation), when asked for sources in the classics, she answered puzzled - 'they (the general public) would not have been so stupid'. Her assumption being that common sense from cultures that knew what caused illness – thus the need to avoid cold exposure.

Cold consumes Yang. Many of my pregnant patients are full of latent cold - stored within. Often from their first hospitalization having created a massive store of cold lodged. Were I to ignore it, I would be pretending Asian cultural wisdoms and the medicine based on millennia of direct observation, and health enhancement were irrelevant. By ignoring the cause of the back pain, and thus many of the other problems pregnant women present with (see Table 2) we may be jeopardising their pregnancy outcomes. Their Kidney Qi and Yang and Yin deficiency comes now iatrogenically.

Over the past 35 years, following the late Dr John Shen's recommendations of this simple folk /home remedy (Sydney seminar, 1981), I have used navel cupping as it removes cold safely and effectively. In clinic I have discovered that anyone with a cool belly, or poor circulation (and who may, or may not feel the cold) have a profound healing using this simple, effective home remedy. Removing the cold sets the scene for ease of birthing and good maternal and baby health outcomes. (Strong Ki and Spleen Yang Qi functions). Need source for Spleen also

I note that cupping a pregnant women's belly or sacrum is proscribed by the UK Register (SOURCE THIS). I have been safely and effectively cupping the cold from the navel from pregnant women for over a decade. In all cases, this in combination with the use of moxa on salt within a tissue on the navel over ginger has strengthened the Spleen and Kidney Yang resulting in a better pregnancy, birth and health outcome, as measured against the condition of the woman on arriving for treatment.

In the group of patients studied, should my subject be found to have lodged cold, I usually remove first (simple hand on belly method of exploration). Due to their incredible back pain, and inability often to even lie down, I would use the indirect sacral moxa to allow us to get to this next step. It also emphasized by starting with this simple remedy just how much relief is now available to her easily at home. Then I attended to the trapped inner cold, by way of navel cupping to remove it link to footage?).

Any woman who presents with what Chinese medicine sees as Yang deficiency is likely to be struggling with her metabolism. Iodine uptake may not have been monitored, and its inclusion may assist both her body function and the baby's brain and body growth (Black, 2001, Brownstein, 2009). Investigating mum's metabolism via her BBT (Basal Body Temperature) may confirm a tendency to hypothyroid function (Brownstein, 2008). This may well have been on board prior to conception, and may be the result of prior invasions of cold therapeutically, given the culture of using ice to assist all trauma, and /or the prevalence of the halides that are shutting down iodine absorption thus maternal thyroid function (Bromide Dominance Theory).

Using Chinese medicine, rather than biomedical markers, we may interpret each individual story very differently. By setting the orthodox medical conditions and labels to one side and exploring her personal history, emotional, sexual, structural, and her 'inner libraries' (Bruce, 2010) as accessed through meridian palpation, tongue and temperature observations, and their impact on her, we can make suggestions and treatment plans to return her to good health and secure for the baby a sound constitution. (838)

Studied group

In this work, I aimed at the best outcome for baby, based on my intimate knowledge of Chinese medicine and maternity. I reasoned that improving maternal Kidney Qi, thus mum's comfort and ability to sleep to regenerate, would surely improve baby's Jing inheritance. Back ache, signaling maternal Kidney deficiency as it does (Flaws 2005, Betts 2006, Noll and Wilms 2010, Maciocia, 2011), may alert the aware practitioner to the focus that may be needed for a pregnancy wellness enhancement support programme.

This is a retrospective study. I looked at all the pregnant cases I could find in my past five years of past files, dividing them into major groups. The current batch is comprised of those whose primary issue was reported as being back pain, or whose pain in the back was impacting their ability to sleep, or that may possibly compromise their ability to labour. I failed to see any woman who did not report some benefit from treatment.

To show the pregnant woman what they could achieve with little effort at home with her partner, I used the moxa before any other therapeutic interventions, demonstrating just how simply a pain free life could be achieved. As part of the process, (setting her up to win) each woman was given a glass of liquid magnesium (magnesium's role is discussed below). From past practical experience I knew that smokeless moxa was not as clinically effective, and thus only used real moxa, outside for ventilation.

Moxa

Moxa is a herbal intervention that strengthens the entire body. Its effects on the body are cumulative (Wilcox, 2005). The effects of moxibustion are more than warming, but in supplementing any state of weakness The Lingshu (Magic Pivot), Chapter 73 states, "When yin and yang are both vacuous, fire is naturally appropriate for this [condition]" (Wilcox, 2005).

A moxa stick can be taken home and used easily, safely and repeatedly (Xiaorong et al, 2012). Moxa was chosen as it does not present a research sham quandary. Should anyone wish to take on more controlled research where replication is needed, any form of heat source could be used, with a moxa stick – whether the 'real' punk or smokeless, or even a cigar - burning independently behind her back giving the allusion of real moxa being used. Here I am being authentic as there is no harm, we can only benefit the growing fetus and the likelihood of a healthier pregnancy outcome. I am only reporting intentional and effective therapeutic intervention.

Moxa also plays a part in disease prevention (Noll and Wilms 2010). Moxa supplements the Kidneys, strengthens the body, and prevents and relieves lower back pain due to Kidney vacuity (Wilcox, 2005). By improving circulation, pain is relieved (Flaws, 2005).

Moxa penetrates to the channel level, promoting Qi and Blood movement, removing stasis, warming cold, elevating yang and drying cold damp (Wilcox, 2005, Abbate, 2006, Xiaorong, Jing & Shouxiang 2012). Whilst it is heating, 'tonification with moxa provides gentle reinforcement to the patient's deficiency condition' (Abbate, 2002).

Moxibustion is useful for all types of back pain (Willcox, 2005). In my clinic, the use of indirect moxa seems to enhance maternal Kidney Qi, instantly alleviating lower back pain. Pregnant women experiencing it generally report instant relaxation and a sense of lightness of being.

Kidney Qi originates in the adrenal/renal area and is influenced by the points GV 4 and CV 4 (Maciocia, 2005). Continuous dull aching better with rest is seen as a Kidney deficiency symptom; severe pain aggravated by cold and damp alleviated by the application of heat is partially due to the invasion of cold and damp in the channels (Maciocia, 2005) I have found that using moxa promotes ongoing improvement in maternal functioning, thereby supporting the function of the Kidney complex of perfect reproduction (Flaws, 2005, Maciocia, 2011).

Moxibustion improves circulation and stimulates the metabolism (Noll, Wilms 2010). In clinic I have found, that unlike Noll and Wilms (2010,) who state that it is a long therapy, taking 10 – 20 minutes daily, I have found that no more than 3 minutes work on the lower sacrum (Governor Vessel) sufficient to further calm, relax and provide pain relief to almost all pregnant patients. After use, the moxa stick is easily extinguished when wrapped (smothered) in aluminium foil, to be used again.

Table 1 shows the demographics of this study, the most upsetting symptom foremost.

TABLE 1 – Common Identifiers

Name	Age	parity	Preg	Condition
A	22	34	1st	Exceptional back /PS pain
S	23	40	2nd	Acute back and leg pain and induction
M	38	16	1st	Much bleeding/potential Misc/v bad back
S	22	35	1st	Severe back pain/Gestational Diabetes
C	34	28	2nd	Excruciating back pain
K	33	27	2nd	PS pain and back ache
A	35	33	3rd	Sacro iliac joints too painful to walk/back pain
S	23	37	2nd	Back/body pain/anxiety/(previous dead baby 32 wks) **VBAC**
L	41	38	2nd	Anxiety/back ache
V	37	32	4th	Acute pelvic girdle pain and back ache
V	38	29	1st	Back pain/insomnia
L	40	16	2nd	Back ache/anxiety/ Insomnia
M	35	28	1st	Acute back/speed addict - needs to detox
L	27	32	2nd	Gestational Diabetes, back pain, wants **VBAC**
M	36	40	4th	Backache/not coping
J	35	26	2nd	Intermittent sciatica and severe anxiety **VBAC**

KEY - (Parity – number of weeks pregnant
VBAC – Wishing to attempt a vaginal birth after previous C section)

In addition to the use of moxa, there are three additional imperatives for this work: (Foundation and maternal position)
1) - Maternal nutritional foundation - hydration and nutrition
2) - Maternal magnesium loading
3) - Maternal positioning whilst treatment is given

1) - Maternal nutritional foundation

In Chinese medicine, health is restored when balance is returned (Maciocia, 2005). Maternal weakness can be explained through a combination of imbalances and deficiencies that may well be partially relieved through simple lifestyle considerations and dietary additions. Often in clinic, I find that pregnant women are not drinking enough water, and are not eating primarily for healthy baby development. I have added a level of complexity in this research by ensuring the changes expected in my work of the nutritional loading of women seeking assistance.

Baby is made from what mum ingests and how well her body works (West, 2001). Baby is strongly influenced through the emotional and biochemical changes felt whilst being made within mum (Dr J.H.F. Shen as mentioned in Maciocia, 2005). The site www.beginbeforebirth.org has set out what most mothers, and Dr Michel Odent have discovered http://www.wombecology.com/ and Dr Sarah J Buckley writes so eloquently of http://www.sarahbuckley.com/ If mum is happy and content, not much can 'go wrong'.

In my clinic, all patients are inspired through viewing happy birthing footage to see what is innately there for them, and are educated as to the role of more nutrient dense foods,

and the need to supplement at least Vitamins B and C, with Magnesium, and Zinc to allow better gut assimilation (Bloemraad-De Boer, 2007). In addition to a diet rich in protein, fat and vegetables (Maciocia, 2005), Vitamin C in small frequent quantities is recommended for good collagen repair and structural regeneration (McArdle, 1999).

2) - Magnesium loading

It appears that most of us are deficient in magnesium through modern lifestyle and farming changes, (Altura, BM 1994, www.mgwaters.com). The consumption of magnesium has been falling in all first world countries to half what it was a century ago, and far less than the RDA in recent decades. Durlach (2004) and King (2005) find that chronic primary magnesium deficiency is frequent, with about 20% of the population consuming less than two-thirds of the RDA for magnesium. There is much question as to even if the RDA is sufficient www.mgwaters.com.

Magnesium is essential for over 325 enzymatic activities in the body (Dean, 2007). It forms the matrix through which well pregnancy unfolds (Seelig, 1980). Magnesium is essential for all ATP reactions in the body, making it synonymous with concepts of Qi (Sircus, 2007). Magnesium is essential for muscle and nervous function (Sircus, 2007), for resolving all spasms, cramps, restless legs, irritability and depressive tendencies as well as keeping cardiac and adrenal systems working optimally (Dean, 2007, Durlach 2004). It is crucial to prevent pre-eclampsia, cerebral palsy, gestational diabetes, maternal depression and insomnia (Sircus, 2007). Magnesium deficiency is associated with pre-eclampsia, and pre-term delivery (Chien et al. 1996).

All markers of magnesium deficiency fit exactly into all Liver Qi Stuck and Blood Stuck characteristics (Bruce, 2010 - unpublished). Magnesium is a vital ingredient in all aspects of life and is needed more for easy pregnancy, birthing and lactation (Seelig, 1980, Dean, 2007). Most in pregnancy 'know' to take extra calcium. Yet few seem to know that magnesium is needed for calcium absorption and that there is a dance between the two– the more calcium – the less magnesium is absorbed. Vit D needs to be present and biologically available (no statins present) for magnesium (and fat soluble vitamins) to be utilized. (SOURCE??) This alone may be the cause of many maternal and obstetric potentially high-risk situations - preeclampsia and birth injuries particularly (Seelig, 1980). Magnesium deficiency during pregnancy can induce maternal, fetal, and pediatric consequences that might last throughout life (Seelig, 1980).

Vaccination and the us of adjuvants makes the maternal magnesium less bioavailable, leading to a domino effect on top of the concurrent synergic neurotoxic loads.

Concentration of magnesium in fetal tissues and placenta increases the need for this mineral in pregnancy (Semczuh, Semczuh- Sikora, 2001). In all likelihood, pregnancy will not be normal unless there is extra magnesium factored in. Magnesium in abundance allays any fetal problems. Cerebral Palsy is indicated with Magnesium deficiency, and baby not able to assist birthing when he/she is compromised (Seelig, 1980).

Improving maternal magnesium is a central component of this work, as is the diligent avoidance of cold, and of ensuring mum's position is benefiting the optimal fetal positioning. This translates to at least her sitting forwards to have the moxa administered.

3) - Maternal positioning

How mum is using her body is a crucial aspect of fetal positioning. The structural concerns seem to be missing in all writing involving the repositioning of breech or those babies considered to be 'malpositioned'. The pelvis as an organic structure opens or shuts depending on the state of tension and posture (Scott, 2003). The uterus is relaxed when mum is in a forwards stance. When mum tilts forwards there is more likelihood for the heaviest part of baby (the head) to move/fall forwards, away from her back and off her nerves, falling into the more optimal fetal position for birthing (Scott, 2003).

When mum is sitting forwards, just by this simple adjustment, she is more comfortable. Her uterus is more likely to respond with her entire body, and relax. By being in a tilted forwards position, the pelvis opens 28% more, allowing an easier labour and birth (Scott, 2003).

Baby being in an inconvenient lie may be tied into mum's experience of her own structural comfort. I accidentally found that the use of indirect moxa on mum's sacrum always moved baby to where mum was more comfortable. This occurred usually instantly – baby awoke and cooperated by moving onto a more mum comfy spot. The maternal relaxation afforded by the moxa seems to then give baby more room within her, and possibly the more maternal Kidney Qi for the pain and positional resolution.

2018 Addition: Since spending the past four years intensely studying, then adding in the combination of Maya massage and the Arvigo® therapies to my moxa, cupping and acupuncture, I know now of a mechanism that allows this work to be so subtle yet profound.

Having mum fed and hydrated with oral magnesium on board (all in this study had a magnesium drink and some protein if they were slightly hungry, to avoid the 'spaciness' that moxa can give if the digestion has nothing in it), she was seated forwards and the moxa used. If her belly was extremely cold on palpation – the navel cupping out of the cold and yang restoration was performed first – these cases were not the majority and not included here.

The effect of the moxibustion is enhanced when the above three factors are present and contributing to the overall wellbeing of mother and baby.

Kidney yin deficiency

Present as a major concern in at least one third of all patients attending my clinic is a symptom that gets little highlighting in most textbooks. Flaws (1993, (2), 2005) describes it as 'vexatious heat in hands and feet' ' (being Hot Blood or Empty Heat in Kidney yin deficiency). I find that often in pregnancy, in the late afternoon or evening instead of

sleeping, Yin deficiency is accompanied by a sensation of heat (mum may present as having hot feet at night, sometimes with the entire leg out of the bedclothes).

If there is Liver Heat and agitation – often from Liver Blood deficiency, there may also be extreme itchiness of the lower legs in addition to the heat and more obvious in the pre-menstrual phase. These additional odd symptoms that bear no relevance in biomedicine are easily discovered should we ask for them. *2018 – this corresponds always to mercury toxicity and often an inability to cope with the magnesium topically applied.*

At the time, I was not asking how much water was drunk each day. In clinic I see a lack of understanding of the ingredients needed to make babies well, and to optimise their own health. Most health problems can be easily assuaged through increasing the quality and quanitity of water drunk daily (The Water Cure).

I find the 'feet out of bedclothes' to be a major indicator of Kidney Yin/Jing deficiency in all patients and easily remedied – with more rest, hydration, decent food and magnesium – and often with the use of moxa – as it builds Yin and Yang (Abbate, 2002?). Clinically I see this also as a significant marker in fertility in both sexes, rather than the AMH in predicting poor egg or sperm quality in sub-fertility. (Need to source myself?)

Often young children have always had their feet out at night, and many in the middle of winter - as the inner heat needs relieving. I see this as being a particularly worrying feature in pregnancy – and if it only arrives then – it is a clear indication that help is needed. Classical acupuncture theory and Maciocia (2011) speak of 'five palms heat' (Kidney and Liver Yin deficiency with empty heat). These I see in at least half of all the pregnant women who attend my clinic, and find them overly represented in this random selection of any back pain patients.

The woman may also have had ligament and muscle aching and cramps/spasms, twitching, irritability and insomnia, possibly with feelings of heat in the afternoon, with flushing; maybe extending into feelings of being overwhelmed and just not coping emotionally.

Drinking more pure water can help, as will allowing more time for rest, especially allowing herself to actually take a nap in the afternoon, when classically she feels exhausted, but keeps going as she has deadlines/small children. The Yin depletion symptoms above may be seen as entirely magnesium deficiency symptoms, alleviated simply by the administration (preferably transdermally) of magnesium (Sircus, 2007).

I have been insisting on the increase of hydration, protein, rest, and magnesium intake for a positive effect in pregnancy, in addition to the use of the indirect moxa on the maternal sacrum, thereby improving maternal Yin and Yang Qi.

Table 2 shows the spread of problems in the studied patient population.

TABLE 2 Acupuncture identifiers

Name	Age	parity	Preg	Condition	Yin Def	Yang Def
A	22	34	1st	Exceptional back /PS pain	Y	Y
S	23	40	2nd	Acute back and leg pain and induction	Y	
M	38	16	1st	Bleeding/potential Misc/v bad back	Y*	Y
S	22	35	1st	Gestational Diabetes/severe back	*	Y
C	34	28	2nd	Excruciating back pain	Y*	
K	33	27	2nd	PS pain and back ache	Y	Y
A	35	33	3rd	Sacro iliac joints too painful to walk		Y
S	23	37	2nd	Body/back pain//(prev dead baby)	Y*	Y
L	41	38	2nd	Back ache/anxiety		
V	37	32	4th	Acute pelvic girdle pain & back ache		
V	38	29	1st	Back pain/insomnia	Y	
L	40	16	2nd	Back ache/anxiety/ Insomnia	Y *	
M	35	28	1st	Acute back/speed addict	Y*	Y
L	27	32	2nd	Gestational Diabetes, back pain, VBAC		
M	36	40	4th	Backache/not coping	Y*	Y
J	35	26	2nd	Intermittent sciatica & anxiety/VBAC	Y	Y

Yin deficiency defined for this as hot feet or restless hot legs placed out of the bedcovers at night, sometimes also with heat symptoms such as pimples or irritability.(*) These generally present due to excessive sugar/ fruit intake and not concurrently enough water and/or rest.
Yang deficiency is measured as having a cool to touch belly, often the result of prior invasion of cold and/or poor thyroid function as measured by BBT or by self disclosure of medical history.

Discussion

The small sample (N of 16) has been picked at random from the cases in my clinic. Their inclusion in this study was based on the severity of the back pain, not their good response to intervention. I had NO patients experience any other than positive outcome. All experienced instant relief that was either permanent or replicated at home whenever needed. This cheap (a moxa stick costs less than a dollar and lasts for weeks even being used nightly), and safe (used as directed there is no likelihood of any problems) intervention has the potential to change innumerable women's lives.

It is highly effective and works instantly. It empowers couples to work together, thereby assisting couple bonding. Over my 25 (2012 figures) years of using this technique on hundreds of pregnant women, all have felt some positive gain and not one has ever felt worse. Many dads, doulas and midwives and acupuncturists have used this technique over the past six years, none reporting any adverse reactions.

What to do

All involved must be hydrated and not hungry. Cold winds are to be blocked; this is preferably performed in a draft-free environment. When using moxa, mum is sat forwards, (astride a chair, facing its back). The focus of this work is the area directly affecting the nerve and blood supply to the pelvis - the sacrum. A lit pure moxa stick is to be held about 1 - 2 cm away from the skin, moving in an upwards direction and outwards

as a sunray pattern, for three to five minutes in total

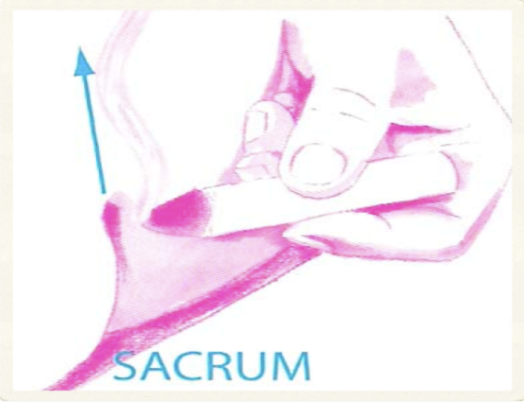

Diagram 1 Space between skin and moxa stick

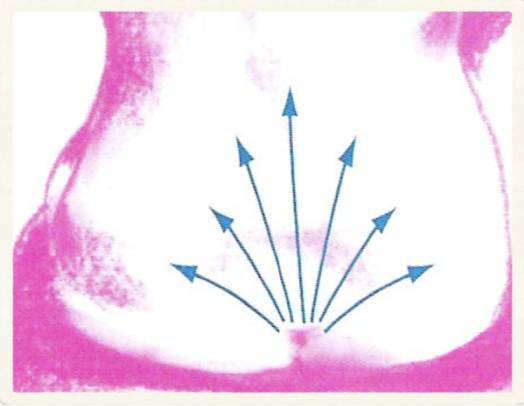

Diagram 2 – direction of heat

Results

All women showed an instant change in their perception of pain. Many reported an end to the back pain symptom they may not have initially even reported to me. All looked more comfortable and reported feeling lighter or lifted – physically and mentally.

Table 3 – results of moxa on sacrum for back pain relief.

	Age, gestational age, parity	Presenting condition	Pain relief - total	Pain relief - mostly
1	A 22 34 1st	Exceptional back /PS pain	(back OK - hip now)	Y
2	S 23 40 2nd	Severe back pain/induction	Y	
3	M 38 16 1st	Bleeding/Misc?/v bad back	Y	
4	S 22 35 1st	Severe back aching & GD	Y	
5	C 34 28 2nd	Excruciating back pain	ongoing	Y
6	K 33 27 2nd	PS pain and back ache	Y	
7	A 35 33 3rd	Sacro iliac joints too p/ful to walk	mostly	Y
8	S 23 37 2nd	Body pain/(prev dead baby)	Y	
9	L 41 38 2nd	Back ache/anxiety	Y	
10	V 37 32 4th	Pelvic girdle pain	Y	
11	V 38 29 1st	Back pain/insomnia	Y	
12	L 40 16 2nd	Back ache/anxiety/insomnia	Y	
13	M 35 28 1st	Acute back/speed addict	Y	
14	L 27 32 2nd	GD/back pain	Y	
15	M 36 40 4th	Backache/not coping	Y	
16	J 35 26 2nd	Intermittent sciatica/anxiety	Y	

TABLE 3 Results - Back relief

Birthing outcomes

At least 30% (and increasing) of all women birthing in Australia and New Zealand end up with an 'emergency' C sections. (Source??) This could be construed as being orchestrated through disturbing nature, which is patently unready for baby to be born

through the incidence of the induction leading into 'emergency' C sections (Goer, 1995, 1999). The women below were all regarded as being 'high risk', and far more likely to require C sections, and yet all who did, did so without going into labour (medicalised nature of current birthing culture). (Source)??

TABLE 4 Follow up/Birth Outcome

	Name	Presenting condition	F/Up moxa at home	Birth outcome
1	A, 22, 34,1st	Exceptional back /PS pain	Y	Spontaneous easy natural (10½lb)
2	S 23 40 2nd	Back pain relief/ induction	Y	Easy natural immediate
3	M 38 16 1st	Over bleeding/potential Misc/ v bad back	N	**Elect C** (mum initially 120 Kg)
4	S 22 35 1st	Severe back aching/ GD	Y	OP/ induction failed/**C section**
5	C 34 28 2nd	Excruciating back pain	Y	Induced easy natural
6	K 33 27 2nd	PS pain and back ache	Y	Spontaneous natural
7	A 35 3rd	Sacro iliac joints too p/ful to walk	Y	Spontaneous home water
8	S 23 37 2nd	Body/back pain/anxiety/(past 32 week dead baby)	N	**Elect C** (Dr scared her about uterus potentially rupturing – there is much mention of possible dead babies to worry mums in late pregnancy)
9	L 41 38 2nd	Anxiety/back ache	Y	Spontaneous easy natural
10	V 37 32 4th	Extreme pelvic girdle pain	No need (fixed!)	Spontaneous easy natural
11	V 38 29 1st	Back pain/insomnia	Y	Spontaneous easy natural
12	L 40 16 2nd	Back ache/anxiety/ Insomnia	N	Induced easy natural
13	M 35 28 1st	Acute back/speed addict/	No need (fixed!)	Do not know (Lost contact)
14	L 27 40 2nd	Back pain/Seeking VBAC / Gestational Diabetes/	Y	Induced easy VBAC
15	M 31 22 2nd	Morning sickness, weakness, extensive back ache	Y	Easy 4 hour labour, 9lb baby
16	M 36 40 4th	Backache/not coping	N	Spontaneous home water birth
17	J 35 26 2nd	Intermittent sciatica, v anxious	N	Spontaneous easy natural

Extra considerations

Where baby is situated has a huge effect on the birthing outcome, and is not discussed here. Baby being in a non optimal lie within mum - occiput posterior (OP) - is the topic of another article. I have found that the birthing outcome is dependent on the quality of the midwifery care.

2017 Addition: *Now also the result of poor attention to sacral misalignment and uterine ligament torsion that is easily rectified through the use of the Arvigo/Maya work I now use on all.*

Beyond pain - Improving maternal health – Back pain as indicator of deeper problems.

I have purposefully set out to advance the use of moxa to enhance the Kidney complex as the foundation for the next generation. Maciocia (2005 p589) states: 'If the parents' Essences are weak, the child's Kidneys will also be weak. This may manifest with poor bone development, some mental retardation, a pigeon chest, incontinence, enuresis, loose teeth and thin hair.' I am working with a population of women who belong to a religious sect, who like the Amish, live simply and do not use contraception. Many of my patients in this community are born of parents whose own parents had far too many children far too close together in very stressed circumstances. Constitutional strength from parental Jing in these pregnant women may have been depleted well before she embarked on her baby production career.

The following case in detail exemplifies this.

P expects to have at least another six children. At **34** she saw me in readiness for her **7th pregnancy**. She had been crippled in past pregnancies with back pain so severe that she was bed ridden from 26 weeks. She wondered if there were any ways she could reduce her suffering. Pain was being felt in the lower back radiating to the central sacral area, and heightened by often outrageous nausea and vomiting all through the pregnancy. She is always exhausted and suffers from Strep B – a lingering, potentially neonatal life threatening, chronic vaginal infection.

She has not been exposed to any information to correlate how her very poor gut and health in pregnancy affect how well or ill her offspring are. There is a related lack of interest and understanding in the medical and the general populations as to maternal problems, and what it may mean to the developing fetus. This is not spelt out in any of the obstetric texts I viewed. Conscious conception after providing a well base for the pregnancy could be the preserve of all acupuncture focus in fertility and obstetric sessions.

Here my efforts are directed to enhancing the Jing of the as yet unconceived infant. P has dieted throughout the pregnancy as she doesn't want to get fat (her family line are all thyroid deficient). Her adrenal exhaustion is not helped by not eating every Sunday, (a common theme in the community she lives in) and driving herself relentlessly, starting work again within a week of birthing, as all in this community do. The children are raised communally.

She has had all her children with 'corrupted teeth' - teeth breaking off when slightly bumped against, and who all constantly need dental work. Her eldest child, a daughter, at 14, was still bedwetting, had no energy and was nowhere near puberty. She was a sickly baby, and still was always ill, never able to stay up late; being too exhausted for life. All P's other children – all sons, are still bed wetters and 'catch' all illnesses going around.

These problems demonstrate an underlying constitutional weakness/ Kidney Qi/Jing.

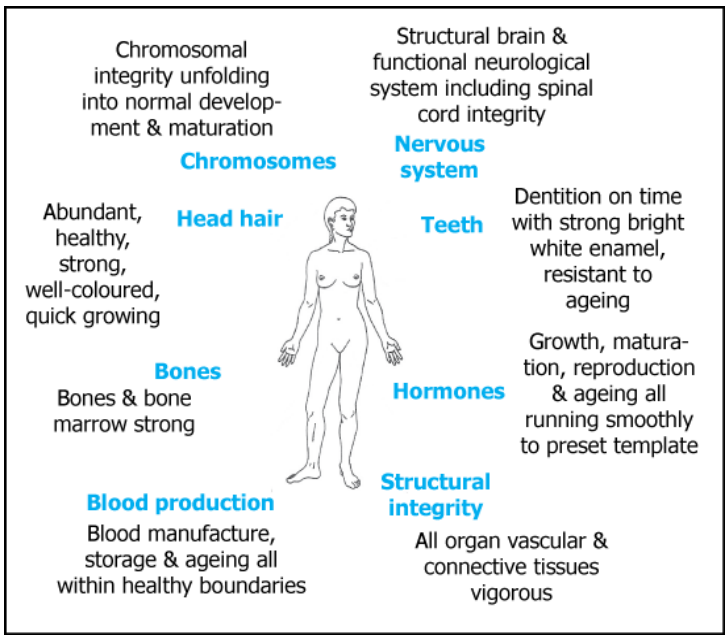

DIAGRAM 4 – Jing expression

Her worse afflicted children resulted from the pregnancies where she was unable to keep food down reliably, as she vomited all through the pregnancy. The subsequent children whose pregnancies she was less ill with, have better teeth and sturdier constitutions than their sicker/weaker siblings. From acupuncture theory, they were granted more Jing/inner vigour (Flaws, 2005). The work of Dr Weston Price and Pottenger with the cats (Source) exemplify what is happening all through the western world with processed foods and unlimited access to non nutritious fillers especially sugar filled. More on this may be found in Fallon- Morell, Cowern (2013).

I suggested that she gave her body a break and wait till she had three normal (28 day – not her current 21 days) periods, (what this means in TCM) before she became pregnant again. Usually she went straight from breastfeeding to pregnancy – often stopping feeding three months into the next pregnancy. With all the bed wetters, and everyone sleeping in the one room, there is not time for regenerative sleep.

She was also counseled to take magnesium supplementation before and all through the seventh pregnancy (to assist her structural integrity and prevent/relieve spasms/pain) (Sircus, 2007). She had her husband use the moxa and the massage as outlined (Bruce, 2005) as needed. She had minimal acupuncture treatment – and the only differences in this pregnancy were the use of the moxa and massage (Bruce, 2005) and the magnesium supplementation, plus starting the pregnancy in a better condition.

In her 7th pregnancy, she still had the morning sickness, but not to the previous extent. There was NO back aching - whenever her back felt a little weak, she had her husband work with the moxa and massage. There were no pubic symphysis problems, and she was able to continue in her life as though she were not pregnant.

She had an uncharacteristic short labour, instead of her usual 15, if not 24 hours. All other births she had had a cervical lip, with a baby not descending to engage even when she is fully dilated. Previously she then had ahead of her major work (usually 1½ hours of active and intense pushing), whilst in an exhausted state. This last baby arrived with one small surprised push, when she felt his head between her legs. A total from start to finish of 1½ hours!

All her other babies were 7 ½ pound, a few weeks early. Latest one was at term and over 9 pound. All previous babies were ill all through their early lives – this last one – at 20 months – has not ever been sick. He has big, strong healthy teeth, unlike all his siblings. (A few of them have black crumbling front teeth). After birthing, she did not have her usual lengthy debilitating period of postnatal depression. She is very intent on not starting another baby for several months yet, until she feels recovered.

Deviating from her past, she is weaning this child at 18 months to give her body more of a break before the next one comes through. All around her is a community who all aim for at least 12 children. Watching P's case, all in the community have seen the advantage of quality over quantity, and are adjusting their diets and habits accordingly.

Update 2018 *– pregnant now with baby 10, with pregnancies and babies 8 and 9 – P had no back pain, easy labours and babies now with exceptional teeth. After my discovering the use of topical iodine, the intelligence of her 8th child still stuns her mum.*

Moxa safety concerns

What I have seen working in my clinical practice in acupuncture obstetrics over the past nearly 40 years is reported here. I am aware it is totally outside all uses of moxa and in pregnancy that is published to date. Obaidey (2000) and Abbate (2002) have both written warnings about using moxa in pregnancy. Abbate (2006) specifically states that under no circumstances is moxa to be used on the lower back or abdomen of a pregnant woman, as it may lead to miscarriage. ***2018*** *– Speaking with an acupuncturist who works at the* Bumi Sehat Foundation *in Bali – the use of moxa on the lower abdomen and back were essential at saving very many high risk pregnancies. Clinical evidence is in my opinion is far more useful than the texts that are presently available – women are working tirelessly for the good of the mothers and their babies.*

I have been using moxa in this way to prevent miscarriage, and to halt the contractions of early labour, due to Yang depletion for decades. Xiaorong et al (2012) voice prohibitions against using moxa on the lumbar regions of pregnant women, without stating why. Most pregnant women attending my clinic have a combination of Yin and Yang deficiency symptoms, especially in later pregnancy and these are easily remedied immediately with the cautious use of indirect moxa. (Need to quote re building up Yin through Yang tonification)

In my extensive clinical research I have found that when used appropriately, moxa (and

where appropriate, navel cupping followed by moxa) is a literal life saver. Back pain and PGP are usually instantly relieved, as is miscarriage and early labour. Indications for home use, either in eBook format or within the manual *What Dads Can Do* (Bruce, 2005), is given to all using this method. Safety guidelines include drinking water before and after use, not starting hungry before using moxa, not working with moxa when angry or affected by substances, or if she has a migraine /headache or is allergic to the smoke.

Central to safety is holding the lit stick about a centimetre from the skin, using the operator's finger as a spacer guide to avoid accidental burning.

Research considerations.

Pennick and Young (2007) state that there are so many inconsistencies in reporting and measuring the perception of back pain, and so much of the research on back pain/ discomfort in pregnancy fails to describe the parameters and precise meaning of what is actually being investigated. I have sought to qualify this by including the cases in the beginning to give a human face to this unnecessary misery.

Churchill (1999), reminds us that it is not possible to measure one paradigm - system for medicine with the lens of another. I argue that it is inappropriate to try to reinvent what is already known in all Asian medical traditions - that Kidney Qi depletion leads to back ache. Particularly when there is a significant drain upon it – as in pregnancy. I have tried in this work to incorporate a common sense approach – that of returning the body to the 'design specifications'.

Trabizian, ( ) states that the design must be in place prior to researching interventions. He gives the example of investigating everything *except* replacing the battery in a car rather than adding in the battery to get that car operational again. Seen in this light, the return to how mum's Kidney energy/hydration and magnesium supply should be, mean no further interventions would be needed, and the resulting baby corrections could be in far better shape, now having what nature should be gifting it.

Proving the efficacy of the discreet intervention may be the focus of RCT in orthodox medicine but is not my therapeutic intention. Mineral depletion – specifically magnesium - in light of the extensive RCT studies already available (Seelig, 1980), correcting Kidney Yin and Yang depletion (obvious as seen in the Table 2), drinking more water, and removing the cold that is wasting the Yang, plus positioning mum such that baby lodged in a non optimal and pain-creating lie within her can move, all 'contaminate' the results of the intervention (confounding factors - source??).

The use of indirect moxa on the sacrum to relieve back pain in pregnancy is an amalgam of all of these factors. The results are consistent in clinic when we return the body to design specificatons.

With modern lifestyle being so separate from the Way of the Tao, (source??), not accounting for the disastrous lifestyle choices (only drinking coca cola and no water, as one of my participants; having 7 children far too close together, with minimal attention to maternal health, as another; with almost all my sample group being so depleted – as evidenced by the Yin and Yang markers in Table 2), means that we are not able to hold all variables bar the one we deem to be being 'researched', constant. I would also assert that is also not ethical to do so, as the entire foundation of a new being (baby) is at stake.

This consideration seems to be missed in all current research. Research exploring supposed diagnostic commonalities, in this case back-ache, but not considering the certain syndrome leading to that back ache, misses the point. The lumping together of all as though it is reasonable is not likely to give a definitive answer as to the intervention. The potential depletion of Kidney Qi as it is a normal state of pregnancy – the maternal Kidney Qi is being called away from her body (source??).

Few of the women in this study were well, as seen through the eyes of an Asian medical practitioner. The common complaint (crippling back ache) was in addition to many other Kidney deficiency problems, as evidenced by viewing Table 2.

The complex nature of the multiple interventions being included is due to the lack of human 'design' specifications (basic rest, sleep, protein, good dietary fat, magnesium and micronutrient rich foods, water and respect for the growing baby), is totally missing in any medical study. Returning the body to wellness THEN seeing if an intervention is not done would be more appropriate and useful. All seem to assume whatever happens is just as life is. At best 'genetics' not epigenetic factors are employed to partially explain issues. In my own clinical practice I have seen how we can radically alter all outcomes by changing how we live and what we eat.

The state of pregnancy is not only the mother's story. The baby's wellbeing appears totally coincident to the outcome of how mum wants to live her life and how the current dominant fear-based medicalised procedures play out (Goer, 1995).

Here I am attempting to give the pregnancy every possibility of being a well and optimal one, for the ongoing sake of both mother and child. I am using the late Dr J.H. Shen's model of wellbeing and the causation of most life disturbances, as alluded to in Maciocia (2011).

The natural setting is enhanced through whatever means possible to allow homeostasis to be restored. The use of more water, nutritional supplements and whatever else that will assist nature to bring forth perfection is the goal; not proving that one intervention, or one modality has 'worked'.

This makes the commonly held 'gold standard' (RCT) of research in the orthodox pharmaceutical model difficult to apply to this work. As a clinician, I would argue that it is unethical to withhold parts of this protocol, as it is all safe and often instant in its shift for mum and baby back to perfect health and wellbeing. All wish for the best outcomes

possible in pregnancy and as shown in P's case – it is very obvious that changing tack changes the destination, especially for the baby. I would argue that all traditional farmers, all home gardeners and all older mothers know this.

Much of the research in this area fails to take into account the need for the mother to be in optimal health for any variable to be researched adequately. Since most modern women are not in this condition, this makes it difficult to apply the protocols of the RCT, let alone produce meaningful results.

Discussion

I have demonstrated in my clinic and to all that use it, that the use of moxa on a pregnant woman's sacrum when suffering back or pelvic girdle pain works to alleviate the pain and discomfort and incidentally corrects any other Kidney Qi deficiency warning symptoms. It provides instant relief, and offers no harm when used according to instructions. Much like adding water to a wilting pot plant, the results are expected, immediate, replicable, and incidentally enhance mum's comfort levels by alleviating a range of symptoms other than just the back pain, hence improving pregnancy, maternal and baby outcomes.

Balk and Horn (2008) relate that interventions have specific and non specific effects: the latter called 'incidental'. Originally, this work came about as I was preparing the women for massage to open the pelvis as dad lead birth preparation. Moxa use on the sacrum has been found (Bruce, 2005) to drastically alter the perceptions of pain in birthing.

A surprise, and unintended consequence of the introductory moxa on the sacrum, was the often complete alleviation of all back pain, and the shift of baby to the optimal fetal position. Essentially, when mum is sat leaning forwards, (Scott, 2003) astride a chair for the moxa massage preparation, her pelvis opens. This alone may help explain the usual less than spectacular moxa and breech conclusions reported in all literature to date. (It is possible that the average Chinese woman in the earlier reports were all working and sitting forwards and OP was not the issue that I have reported on in another article).

Research considerations

Moxa sticks are easy to use (Xiaorong et al, 2012) and can be a simple add-on to any midwifery or acupuncture practice as homework for couples. This could be studied in a variety of health care settings: moxa usage augmenting the Kidney Qi (which when weak expresses as lower back ache), and could be used to cement orthodox (physio and chiro and osteo) structural treatment, enabling less physically rigorous sessions with longer lasting results.

For this series of cases I did not always record other Kidney complex deficiency symptoms, such as how often the woman was getting up in the night to urinate. This, especially in very early pregnancy, is another reliable sign of potential Kidney Qi

weakness (Maciocia, 2005). I did not always record whether she frequently had hot feet at night, (signaling potential Yin deficiency/empty heat problems), her tongue characteristics, or whether her belly was cool to touch (signaling potential Yang deficiency problems). Often women are not coming because they are unwell so much as they are only focused on a 'one off' turning baby session, or hopeful induction, thus an in depth diagnosis was not always performed.

Churchill (1999) states that different paradigms are incommensurable - frames of reference when depicted differently in one paradigm cannot be translated into that of another. Gestational back ache is one such occurrence. Back ache in pregnancy as seen in orthodox medicine is a normally experienced structural nuisance, to be endured. This marginalises what we as Asian medicine practitioners know to be a warning of Kidney depletion, and of potential Blood and Qi circulation travesties. Pregnancy back ache is likely a warning of maternal weakness and is easily remedied as seen here, with wide reaching benefits.

The plausibility (Schulmann, 2005) of this intervention is obvious, as are the instant results. I have complicated the research of this therapy by ensuring baby and mum get sufficient of the raw ingredients for life and health. Using only the acupuncture systems theory is not how I work for the patients' best outcome. The late Dr John Shen was adamant that we follow nature. Maciocia (2011) uses one of his models in showing the cause needs resolving, otherwise we are just dripping treatment into a container where the hole at the bottom (causation still online) needs just the plug being found. Acupuncture is not only about needling, but life education. Add in something re Yang Sheng? Donguibogam?

Double blind RCTs are not an appropriate way to evaluate complex interventions that work to enhance normal bodily functioning (Bland, 2008). Whilst RCTs are possible to the investigation of moxa for pregnancy low back pain, I would ask – is it necessary, or even appropriate? To whom do we need to prove our medicine has solid roots? Mildred Seelig's seminal work on pregnancy and magnesium deficiency was conducted according to all RCT parameters over three decades ago, and remains today mostly unheard of in most health and seemingly in all obstetric circles.

The effects of moxa (not smokeless) are instant, safe and fit with the expectations of the normalisations of the body function - returning to the design specifications. In randomised controlled trials, (RCT), blinding has to occur. The pregnant women were not told why they were receiving moxa, except that it was part of the process. I purposely now start here before any other treatment so they can gauge themselves just what a difference the inconveniently smelly outside intervention can do for them at home.

Cohort studies could explore a smokeless moxa stick, or a cigar, or a far infrared (FIR) lamp, along with a control group who had no intervention. The deception of a moxa stick burning in the back ground could be used, so the woman may feel the heat and smell the distinctive odour, but not know what is being used.

There is a possibility that the forwards sitting position alone may be assisting back pain – this could be explored by employing a control group of pregnant women sitting astride a chair for a few minutes with no moxa or other heat intervention. As there is no massive financial gain (other than the alleviation of the worry of a likely difficult birth or C section, with a 'malpositioned' baby, or weakened Kidney energy), I see no reason to trial this, and have not done so. (Source – studies of differences in OP vs OA presentations)

A further study could be constructed to explore the other signs of Kidney weakness as the co-morbidities that also appear to lead into 'high risk' end of pregnancy medical dramas. The women included here (and myself initially) were stunned that such a simple alteration could have such profound effect upon their comfort and demeanor – all feel calmer, often taller, and remarkably more solid – especially if the pregnancy was unstable (look for further HB article on preserving pregnancy).

The baby was not aware what was happening, but often awoke and wriggled into a totally different and usually permanent more optimal lie. (I almost never need to use moxa on Bl 67 as this preparatory work invariably has baby seek the more usual cephalic presentation without further assistance).

'Smokeless' moxa, heat lamps and ginger compresses are not being discussed here and may be the focus of further research.

In summary, moxibustion with acupuncture has been demonstrated to give immediate relief to women presenting with severe lower back pain in pregnancy. By treating this pain as a warning sign of maternal energy depletion, according to the acupuncture and Asian medicine model, simple, inexpensive, non-intrusive steps can be taken to bring about the required relief. By attending to the life-style factors I have discussed (more water, magnesium etc), the outcomes for both mother and child can be optimised, which surely should be the ultimate goal for any health practitioner.

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Low Back Pain and Pelvic Pain During Pregnancy: Prevalence and Risk Factors

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Trabizian's book
Find Schulmann (J of CM artcl
Incidence of emergency C sections - esp from induction . .
Diet Coke and magnesium electrolyte issues.
Fish oil for stopping early labour
Check Abbate 2002 and what she says.
Elisabeth – name right (Elisabeth Rochat de la Vallee)

Do I want to include?
Beyond the biomedicalised focus on the end results of inner disharmony – the mechanical problems – there is another I have discovered in researching this work. There is also a paradigm shift within Chinese medicine – as acupuncture and herbs are not and have never been the same (Flaws, 1999),
Flaws, 1999), article in J of CM