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BIRTH AND BEYOND:

TRADITIONAL CHINESE MEDICINE IN OBSTETRIC AND POSTPARTUM CARE

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CHINESE HERBS CONTRAINDICATED IN PREGNANCY

(from Chinese Herbal Materia Medica by Bensky & Gamble)

Caution should be used with all herbs that:

- Regulate Qi and/or Blood
- Drain Dampness
- Are toxic or heavy downward acting in nature

Strictly contraindicated are all herbs with the following actions:

- Purgative, Cathartic, Anti Parasitic, Open Orifices

Release Exterior

Xi Xin
Gui Zhi - caution
Chan Tui - caution
Mu Zei - caution

Clear Heat, Drain Fire, Cool Blood

Dan Zhu Ye
Ya Dan Zi
Hong Teng
Ban Zhi Lian - caution
Bai Hua She She Cao - caution
Xi Jiao
Mu Dan Pi
Ma Chi Xian
Lou Lu
She Gan

Moist Laxatives

Yu Li Ren

Resolve Phlegm

Tian Nan Xing
Bai Fu Zi
Zao Jiao Ci
Meng Shi
Li Lu
Tian Hua Fen

Dispel Wind

Bai Ji Li
Quan Xie
Wu Gong

Dispel Wind Dampness

She Tui
Kuan Jin Teng

Stabalize and Bind

Shi Liu Pi
Yu Liang Shi
Bai Guo
Ci Shi Zhi - caution

Warm the Interior

Fu Zi
Gan Jiang
Rou Gui
Wu Zhu Yu
Chuan Jiao

Tonify Yang

Xian Mao
Hai Long
Hai Ma

Tonify Yin

Gui Ban
Bie Jia

Drain Dampness

Hua Shi
Yi Yi Ren -caution
Mu Tong
Tong Cao
Qu Mai
Che Qian Zi
Dong Kui Zi - caution
Hou Po - caution

Regulate Blood

Pu Huang
San Qi
Hua Rui Shi
Yan Hu Suo
Yu Jin
Yi Mu Cao
Ze Lan
Liu Ji Niu
Lu Lu Tong
Xue Jie
Niu Xi
Wang Bu Liu Xing
Shui Zhi
Tu Bie Chong

Regulate Qi

Zhi Shi
Qing Pi - caution
Wu Yao - caution

Calm Spirit

Dai Zhi Shi
-caution
Zhu Sha

Food Stag

Shen Qu
-caution

E Zhu
San Leng
Ru Xiang
Mo Yao
Hu Zhang
Tao Ren
Hong Hua
Yue Ji Hua
Su Mu
Hu Zhang
Wu Ling Zhi
Chuan Shan Jia
Gan Qi

ACUPUNCTURE PROTOCOLS DURING PREGNANCY

Points Contraindicated in Pregnancy: (needle or moxa)

LI 4
Sp 6
GB 21
UB 60
UB 67
all points on lower abdomen
sacral region points

In the first trimester (3 months), upper abdominal points may be used.
After the end of the 3rd month, use caution needling all abdominal points.

If a woman has a history of previous miscarriage, particular care should be used giving acupuncture during subsequent pregnancies. In this case, use mild needle stimulation and limit number of points.

At week 34 and after, UB 67 may be used with moxa for the breech presentation treatment.
At week 38 and after, contraindicated points may be used as appropriate

Treatment Recommendations:

- 1) Do not use strong needle manipulation with qi sensation radiating to lower abdomen or perineum.
- 2) Optimally, the use of less needles is better, particularly if the patient presents with problems of a deficient nature. In general, it is recommended to keep the number of needles to 10 or less.
- 3) Moderate needle retention time is generally appropriate (about 20 minutes).

All pregnant patients should be receiving prenatal care from a physician or licensed midwife by the 28th week of pregnancy. If there is a history of miscarriage, patients must be monitored by their physician or midwife throughout the pregnancy.

Under the following circumstances, the patient must consult with their primary health care provider before subsequent acupuncture treatments are given:

- excessive vaginal bleeding
- strong uterine cramping
- high blood pressure
- excessive edema
- any sudden changes in health or severe symptoms that may signal danger for the fetus or mother

WESTERN HERB CONTRAINDICATIONS

As TCM health care providers, we are not licensed, nor are many of us qualified, to give our patients professional advice regarding the use and safety of Western medicinal herbs. Nonetheless, patients often self prescribe and there may be some herbs that come to our attention as possibly inappropriate or unsafe to take during pregnancy. This is complicated, though, by the fact that there is no definitive list in Western herbal medicine for herbs contraindicated in pregnancy. Lists of these herbs vary somewhat from source to source and are often contradictory. Keeping all this in mind, below is a list of emmenagogues, herbs which may cause miscarriage when taken internally.

These are referenced from the following sources:

“Wise Woman Herbal: For The Childbearing Year” by Susan S. Weed

“Planetary Herbology” by Michael Tierra

“Journal of Nurse Midwifery” Vol 43, No. 3, May/June 1998.

As with Chinese herbs, it is actually not easy to induce an intentional abortion when using these herbs, and much is dependant on the dosage (usually quite high) and duration of administration. Culinary use of the herbs listed below is generally considered safe in pregnancy.

For OM practitioners, the following approach is recommended:

Refrain from offering patients professional advice regarding the safety of their Westerns herbs unless you are well qualified. It may be helpful to refer them to a naturopath or other licensed health care provider for whom Western herbs are thoroughly covered in their scope of training and practice. If you have reservations regarding the use or safety of any Western herb the patient is taking, it is appropriate to bring this concern to the patient’s attention. Again, a referral for consultation to a licensed health care provider who practices Western herbal medicine may help the patient to clarify this issue.

Emmenagogues:

<u>Common Name</u>	<u>Scientific name</u>	<u>Part of Plant Used</u>
Aloe	<i>Aloe vera</i>	leaves (external use is ok)
Angelica	<i>Angelica archangelica</i>	root
Bethroot	<i>Trillium erectum</i>	root
Birthroot	<i>Trillium erectum</i>	whole plant
Black Cohosh	<i>Cimicifuga racemosa</i>	root
Blue Cohosh	<i>Caulophyllum thalictroides</i>	root
Bugleweed	<i>Lycopus virginicus</i>	aerial portions
Calendula	<i>Calendula officinalis</i>	petals (external use is ok)
Chaste Berries	<i>Vitex agnus-castus</i>	berries
Collinsonia	<i>Collinsonia canadensis</i>	root
Corydalis (Turkey Corn)	<i>Corydalis formosa and spp.</i>	root
Cotton Root	<i>Gossypium herbaccum</i>	root or bark

Feverfew	<i>Chrysanthemum parthenium</i>	flower heads
Goldenseal	<i>Hydrastis canadensis</i>	root (external use is ok)
Hyssop	<i>Hyssopus officinalis</i>	leaves
Juniper	<i>Juniperus communis</i>	berries
Lovage	<i>Ligusticum levisticum</i>	root (food use is ok)
Marijuana	<i>Cannabis sativa</i>	aerial portions
Mistletoe	<i>Viscum album</i>	leaves
Motherwort	<i>Leonurus cardiaca</i>	aerial portion
Mugwort	<i>Artemisia vulgaris</i>	aerial portion
Osha	<i>Ligusticum porteri</i>	root
Pennyroyal	<i>Hedeoma pulegiodes</i> or <i>Mentha pulegium</i>	aerial portion
Peruvian Bark (Cinchona)	<i>Cinchona ledgeriana</i>	bark
Poke Root	<i>Phytolacca decandra</i>	root
Rosemary	<i>Rosemarinus officinalis</i>	leaves (food use ok)
Rue	<i>Ruta graveolens</i>	leaves
Sage	<i>Salvia officinalis</i>	leaves (food use is ok)
Saffron	<i>Crocus sativus</i>	stigmas (food use is ok)
Southernwood	<i>Artemisia abrotanum</i>	aerial portions
Sumac	<i>Rhus glabra</i>	bark and berries
Sweet Flag (Sweet Sedge)	<i>Acorus calamus</i>	root
Tansy	<i>Tanacetum vulgare</i> or <i>Chrysanthemum vulgare</i>	flower heads
Vervain	<i>Verbena officinalis</i>	aerial portions
Wild Ginger	<i>Asarum canadensis</i>	whole plant
Wormwood	<i>Artemis absinthium</i>	aerial portions

ENERGETIC CHANGES DURING PREGNANCY

- 1) **MENSTRUATION STOPS**
 - a) Blood is no longer released each month
 - b) Blood gathers in Chong / Ren / Uterus

- 2) **DEMAND FOR YIN AND BLOOD INCREASES**
 - a) mother's stores can be depleted
 - b) tendency to problems due to Yin and Blood Deficiency

- 3) **SPLEEN QI DEFICIENCY COMMONLY OCCURS**
 - a) Spleen is taxed due to demand for blood
 - b) Spleen needs to keep Uterus "lifted"
 - c) may lead to Sp Qi Deficiency and Dampness syndromes

- 4) **LIVER QI STAGNATION COMMONLY OCCURS**
 - a) mechanical "obstruction" caused Stagnation
 - b) Liv Qi Stagnation invades Middle causing Liv/Sp Disharmony, Sp Qi Def

- 5) **HEAT IS GENERATED INTERNALLY**
 - a) generated by growth of the fetus, from Stagnation, and from Yin Def
 - b) heat easily affects agitation in the Liver and Heart

- 6) **DEFICIENCY IN CHONG AND REN MAI MAY ARISE**
 - a) problems may arise in nourishment to the Uterus, Ren and Chong due to organs and respective collaterals which support the Uterus:
 - 1) Bao Luo - connects Uterus to Kidney
 - 2) Bao Mai - connects Uterus to Heart

MATERNITY CARE: WEEKLY GUIDE

The following is a list of procedures and tests which are commonly offered to pregnant women during the course of prenatal care and guideposts for watching the development of the fetus.

- Week 1-12 1st trimester
Nausea relief
Attention to warning signs such as excessive spotting, cramping, etc.
Teratogens - educate regarding anything that could cause birth defects - i.e. medications, toxic exposure or ingestion, workplace exposure...
Nutrition, diet review
Vitamins, Iron
Exercise - i.e. yoga, swimming, walking...
Community resources
Choose primary obstetric provider
Review of dates
HIV testing
- Week 6-12 Ultrasound to date pregnancy
- Week 12 Uterus can be palpated above symphysis pubis
- Week 12-14 FHT - Fetal Heart Tones can be heard by doppler
- Week 12-17 Physical exam - should have exam from primary provider by now
- Week 13-28 2nd trimester
- Week 15-18 Amniocentesis to detect genetic problems
- Week 15-20 AFP ("Triple or Quad Screen") - blood test to show possible neural tube defects (which cause spinal abnormalities)
PRP - tests for NTD's (Neural Tube Defects), Down's, and can predict several other pregnancy related complications from maternal blood serum
- Week 17-21 FHT - Fetal Heart Tones can be heard with fetoscope
- Week 18-22 Quickening date - date mother first feels baby's movements
1st time baby - usually begins week 20-22
2nd baby or more - usually begins week 18-20
- Week 20 (ish) Ultrasound to rule out fetal anomalies and determine sex of fetus
- Week 20-36 Approximate correlation between symphysis fundus measurement in cm
- Week 23-27 Hb / Hct as needed - may test hemoglobin, hematocrit
- Week 24-28 Blood sugar test for gestational diabetes

- Week 26 Baby is usually considered viable if born from this time on
- Week 28-40+ 3rd trimester
- Week 28-30 Prenatal rhogam if necessary - Rh negative screen
Fetal movement - should be at least 10 movements in 12 hours (but no need to worry or chart consistency until week 34)
- Week 31-33 Inverted nipples - if inverted, should begin working on problem with breast shields
- Week 33-35 Check breech presentation - moxa tx. is appropriate; week 34-35 is optimal
- Week 35-37 GBS - Group Beta Strep test - closer done to labor is more accurate
Mother should have Birth Plan ready
- Week 37 Postpartum information / education given
ECV - External Cephalic Version used if baby is still in breech position
- Week 37-42 Baby is considered full term
Labor prep acupuncture treatment
- Week 39 Fetal movement review
- Week 40 NST - Non Stress Test - strip on mother's abdomen to measure baby's heart rate
BBP - Biophysical Profile Ultrasound - look at AFI (Amniotic Fluid Index) to assess baby's tone, breathing movements, placenta grading
FMM charting - Fetal Movement Counting
Labor stimulation as necessary
Review of dates - confirm due date
- Week 41 NST x 2 -Non Stress Test
Strip membranes - low tech way to induce labor by manual finger stimulation to separate inside of cervix from membrane, which releases prostaglandins.
This may be repeated every couple of days.
- Week 42 BPP x 2 - Biophysical Profile Ultrasound (see week 40)
Strip membranes
Gel - prostaglandin gel applied to cervix to induce labor
- Week 43 R/O homebirth - home birth is not considered safe; home birth plan changes to hospital

MORNING SICKNESS

General Points for Morning Sickness:

1) Stomach Qi Deficiency

Sx: nausea/vomiting right after eating
vomiting clear fluids or saliva
between meals
abdominal fullness, distention
excessive fatigue, dizziness
lack of strength, weak limbs
poor appetite, belching
mouth is tasteless, w/o flavor

P: weak, soft, slippery

T: pale body, white coat

Other Points:

Herbs:

tea from **ginger**, chen pi, da zao, (zhu ru)
Xiang Sha Yang Wei Wan
Po Chai Wan (Pill Curing)
Ping Wei San

2) Stomach Yin Deficiency / Stomach Heat

Sx: severe vomiting, often at night also
dry heaves or vomit mixed with blood
vomit right after eating
bitter vomit, dry mouth, thirst for cold
thirst and hunger during night
irritable, flushed face, malar flush
constipation, epigastric pain

T: red body, maybe peeled coat

P: thready, weak, rapid

Other Points:

Herbs:

Ju Pi Zhu Ru Tang

3) Phlegm Dampness

Sx: vomit is sticky, oily, or with phlegm
saliva is often thick, sticky
strong cravings or aversion to sweets
bland taste in mouth, anorexia
lethargic, sleeps a lot, heaviness
intolerance for oily greasy foods
chest/abdominal fullness, shortbreath

P: slippery

T: greasy, white coat, often fat/ enlarged

Other Points:

Herbs:

Po Chai Wan (Pill Curing)
Huo Xiang Zheng Qi
Ban Xia Hou Po Tang

4) Liver invades Stomach

Sx: vomiting bitter, sour or acidic fluids
acid regurgitation, bitter taste in mouth
hypochondrial distention / pain
fullness, distention in abdomen
depression, irritability, stressed
excessive sighing, belching

P: wiry, slippery

T: yellowish coat, maybe dark body
maybe red or w/ red sides

Other Points:

Herbs:

Wen Dan Tang

MORNING SICKNESS FORMULAS

Xiang Sha Liu Jun Zi Tang

Mu Xiang 6-9 gr
Sha Ren 3-6 gr
Dang Shen 9-12 gr
Bai Zhu 9-12 gr
Fu Ling 9-15 gr
Gan Cao 3-6 gr
Chen Pi 6-9 gr
Ban Xia 6-9 gr

Sheng Mai San

Ren Shen 6-12 gr
Wu Wei Zi 3-9 gr
Mai Dong 6-12 gr

Zhen Ye Tang

Mai Dong 6-12 gr
Xuan Shen 6-12 gr
Sheng Di 6-12 gr

Ju Pi Zhu Ru Tang

Chen Pi 6-9 gr
Zhu Ru 6-12 gr
Ren Shen 6-12 gr
Zhi Gan Cao 6-9 gr
Sheng Jiang 3-4 slices
Da Zao 3-5 pieces

Ban Xia Hou Po Tang

Ban Xia 6-9 gr
(Hou Po)
Zi Su Ye 6-9 gr
Sheng Jiang 2-4 slices
Fu Ling 9-12 gr
+Zhu Ru 9-12 gr
+Sha Ren 3-6 gr
+Huang Qin 6-12 gr
+Zhi Ke 9-12 gr

Wen Dan Tang

Chen Pi 6-9 gr
Ban Xia 6-9 gr
Fu Ling 6-12 gr
Gan Cao 3-6 gr
Zhi Ke 9-15 gr
Zhu Ru 6-12 gr
Sheng Jiang 3-4 slices
+Lu Gen 6-9 gr
+Mai Dong 6-12 gr
+Huang Qin 6-12 gr
+Huang Lian 3-9 gr

THREATENED MISCARRIAGE

Tai Lou: Refers to bleeding in 1st trimester

Tai Dong Bu An: inevitable abortion

Main symptoms 1st trimester: 1) breakthrough bleeding
2) bearing down sensation or heaviness in low abdomen
(often radiates to low back)

Danger signs which indicate probable miscarriage:

- heavy bleeding (changing more than 1 pad per hour)
- light, continuous bleeding for more than 3 days
- significant, prolonged pain and cramping
- blood that smells bad
- fever
- vomiting blood

Conventional Medicine Diagnosis and Treatment:

Diagnosis: HCG levels tested for appropriate increase
Ultrasound to check fetal heartbeat

Recommendations: bedrest
possible HCG or progestin injections

TCM Diagnosis:

1) **Spleen Qi not “lifting” Uterus**

Main Sx: abdominal symptoms worse w/ tiredness and at end of day
recent lack of sleep, so excessively tired
poor nutrition

2) **Deficient Kd / Liv**

Main Sx: constitutional Kd Deficiency
conception w/ ovulatory drugs or IVF
history of multiple previous pregnancies

Secondarily may have:

3) **Heat disturbs Ren and Chong**

Main Sx: excessive bleeding w/ agitation, irritability, restlessness

Recommendations: rest, avoid spicy foods, caffeine, lifting
acupuncture and herbs to “prevent miscarriage” and stop bleeding

THREATENED MISCARRIAGE

Treatment approach to “secure the fetus” should:

- Nourish the Spleen Qi, so Central Qi can hold fetus up
- Tonify Liver Blood and Kidney Yin
- Clear Heat
- Consolidate the Ren and Chong

General Points:

1) Deficient Qi and Blood

Sx: light red blood of thin consistency
bearing down sensation in low abdomen
*worse w/ tiredness and at end of day
*recent lack of sleep, so excessively tired
* poor nutrition
very pale complexion

T: pale

P: thin, slippery

Other Points:

Herbs:

Ju Yuan Jian

2) Deficient Liver / Kidney

Sx: low back pain
bleeding normal or dark red color
*multiple previous pregnancies
*conception w/ ovulation drugs or IVF
*constitutional Kidney Deficiency
dizziness, tinnitus
frequent night urine
cold sensation

T: white coat

P: deep, weak, slippery

Other Points:

Herbs:

Shou Tai Wan

3) Heat Disturbs Chong & Ren

Sx: blood is red or brownish
*blood is excessive
*agitation, irritability, restlessness
dark yellow scanty urine
constipation, thirst

T: red body, yellow, dry coat

P: rapid, wiry, slippery

Other Points:

Herbs:

Bao Yin Jian

4) Traumatic Injury

Sx: recent physical trauma, resulting in
bleeding
low back pain
bearing down sensation in uterus

T: unremarkable or purplish

P: slippery, maybe wiry

Other Points:

Herbs:

Shou Tai Wan + Ju Yuan Jian

HERBS FOR PREVENTING MISCARRIAGE

Calm the Fetus Herbs

Xu Duan
Du Zhong
Bai Zhu
Sha Ren
Ai Ye
Lian Fang
E Jiao

Huang Qin
Zhu Ma Gen
Tian Xian Teng
Si Gua Lou
Zhu Ru

Tu Si Zi
Sang Ji Sheng

Shou Tai Wan (Secure the Fetus Pill)

Tu Si Zi 10 gr.
Sang Ji Sheng 10 gr.
Xu Duan 10 gr.
E Jiao 10 gr.

with excessive heat: + Huang Qin 10 gr

with Spleen Qi Deficiency: + Dang Shen 10 gr.
Bai Zhu 10 gr.

with Yin Deficiency: + Han Lian Cao 10 gr.
Nu Zhen Zi 10 gr.

with nausea, vomit: + Chen Pi 6 gr.
Zhu Ru 10 gr.

with spotting: + Zhu Ma Gen 10 gr.
Xian He Cao 10 gr.

HERBAL FORMULAS FOR THREATENED MISCARRIAGE

Ju Yuan Jian

Huang Qi 9-12 gr
Dang Shen 9-12 gr
Bai Zhu 9-12 gr
Sheng Ma 6 gr
Zhi Gan Cao 6 gr

Shou Tai Wan

Tu Si Zi 12 gr
Sang Ji Sheng 12 gr
E Jiao 9 gr
Xu Duan 12 gr

Bao Yin Jian

Sheng Di 12 gr
Shu Di 12 gr
Bai Shao 12 gr
Shan Yao 15 gr
Huang Qin 12 gr
Huang Bai 9 gr
Xu Duan 12 gr
Gan Cao 6 gr

Shen Yu Tang

Huang Qi 12 gr
Dang Shen 12 gr
Shu Di 12 gr
Bai Shao 12 gr

Increased nutritional demands of pregnancy

NUTRIENT	PRE-PREGNANT NEED	PREGNANT NEED	HOW THE NUTRIENT IS USED	FOODS SUPPLYING THE NUTRIENT	RECOMMENDED DAILY AMOUNTS*
Protein	46 g	75-100 g	Rapid growth of baby, amniotic fluid, placenta, uterus, breasts, and blood volume	Dairy products: Milk Cheese Eggs Yogurt	1 qt 2 oz or 1/3 cup 2 1/2 cup
			Storage reserves for labor, delivery, and lactation	Meat, fish, and fowl	2 servings (6-8 oz)
				Grains, legumes, nuts, bread, cereal, dried beans, rice, pasta	1-2 servings by choice
Calories	2100	2400	Increased metabolism and energy needs Conserve protein	All foods, particularly carbohydrates and fats	Supplied by the recommended amount of all the foods
MINERALS					
Calcium	800 mg	1200 mg	Formation of baby's bones and teeth, and increased maternal needs	Milk, cheese, grains, egg yolks Leafy vegetables	As above 1 serving
Phosphorus	800 mg	1200 mg	Formation of baby's bones and teeth, and increased maternal needs	Milk, cheese, lean meats	As above
Iron	18 mg	18 mg, plus 30-60 mg supplement	Increased maternal blood volume, and fetal liver storage	Liver or organ meats	1-2 servings per week

NUTRIENT	PRE-PREGNANT NEED	PREGNANT NEED	HOW THE NUTRIENT IS USED	FOODS SUPPLYING THE NUTRIENT	RECOMMENDED DAILY AMOUNTS*
Iodine	100 micrograms	125 micrograms	Increased maternal metabolism and production of thyroid hormone	Other meats, eggs, grains, leafy vegetables, nuts, dried fruits Iodized salt Seafood	As above Daily in cooking 1-2 servings per week
Magnesium	300 mg	450 mg	Enzymes in energy production and muscle action	Nuts, soybeans, cocoa, seafood, dried peas and beans	Occasional servings
VITAMINS					
A	4000 iUs	5000 IUs	Cell, tooth, and bone growth of the baby	Butter, cream, fortified margarine Leafy vegetables, liver, egg yolk	2 lbs As above
D	0	400 IUs	Absorption of calcium and phosphorus for teeth and bones	Fortified milk, fortified margarine	As above
E	12 IUs	15 IUs	Growth and maintenance of red blood cells	Vegetable oils, leafy vegetables, cereals, meat, eggs, milk	Supplied by recommended amounts above
C	45 mg	60 mg	Growth, formation of connective tissue and blood vessels, aid in iron absorption	Citrus fruits, strawberries, melons, papayas Broccoli, green peppers, tomatoes, chili peppers, potatoes	1-2 servings Occasional servings

(continued)

Increased nutritional demands of pregnancy (continued)

NUTRIENT	PRE-PREGNANT NEED	PREGNANT NEED	HOW THE NUTRIENT IS USED	FOODS SUPPLYING THE NUTRIENT	RECOMMENDED DAILY AMOUNTS*
Folic acid	400 micrograms	800 micrograms, plus 200-400 supplement	Increased maternal metabolism Prevention of a rare form of anemia Formation of red blood cells and cell nuclei	Liver, green vegetables, lentils, nuts	1 serving
B complex	Different for each B vitamin	Slightly higher	Increased energy metabolism	Meat, beans, milk, cheese	As above

*The recommended daily amounts or their equivalents, taken together, supply the average needs of a pregnant woman.

FETAL MERIDIAN DEVELOPMENT

Lunar Month 1. **Liver**

Wood: spend in time nature looking at green trees and plants; avoid situations which arouse anger; keep emotions even

Lunar Month 2. **Gall Bladder**

Lunar Month 3. **Pericardium**
Heart

Fire: read uplifting poetry and engage in conversation which is inspirational; stay calm but optimistic and cheerful; surround oneself with beauty

Lunar Month 4. **Sanjiao**
Small Intestine

Lunar Month 5. **Spleen**

Earth: eat moderately, neither too much or too little; eat a balance of sweet foods; moderately exercise muscles

Lunar Month 6. **Stomach**

Lunar Month 7. **Lung**

Metal: be careful not to shout or speak too loudly; take care not to catch cold; practice breathing techniques

Lunar Month 8. **Large Intestine**

Lunar Month 9. **Kidney**

Water: take care not to have prolonged exposure to dampness; reflect on philosophical ideas; let go of fear and anxiety(around delivery)

Lunar Month 10. **Urinary Bladder**

POSTPARTUM DEPRESSION

Gan Mai Da Zao Tang

Gan Cao 9 gr
Fu Xiao Mai 9-15 gr
Da Zao 10 pieces

Gui Pi Tang

Ren Shen 3-6 gr
Huang Qi 9-12 gr
Bai Zhu 9-12 gr
Fu Ling 9-12 gr
Suan Zao Ren 9-12 gr
Long Yan Rou 6-9 gr
Mu Xiang 3-6 gr
Zhi Gan Cao 3-6 gr
Dang Gui 6-9 gr
Zhi Yuan Zhi 3-6 gr

Zhi Gan Cao Tang

Zhi Gan Cao 12 gr
Ren Shen 6 gr
Gui Zhi 6 gr
Sheng Di 12 gr
Mai Men Dong 9 gr
E Jiao 6 gr
Huo Ma Ren (sub Suan Zao Ren) 9gr
Sheng Jiang 6 gr
Da Zao 12 pieces

Sheng Hua Tang

Dang Gui 24 gr
Chuan Xiong 9 gr
Tao Ren 6-9 gr
Pao Jiang 1.5 gr
Zhi Gan Cao 1.5 gr

Ge Xia Zhu Yu Tang

Wu Ling Zhi 9 gr
Dang Gui 9 gr
Chuan Xiong 6 gr
Tao Ren 9 gr
Mu Dan Pi 6 gr
Chi Shao 6 gr
Wu Yao 6 gr
Yan Hu Suo 3 gr
Gan Cao 6 gr
Xiang Fu 6 gr
Hong Hua 9 gr
Zhi Ke 6 gr

POSTPARTUM DEPRESSION

Statistics:

- 1) 60-70% of all new mothers experience "postpartum blues"
- 2) 10-15% of all new mothers suffer PPD (postpartum depression) within 1 year after giving birth
- 3) About 1/10 of 1% develop postpartum psychosis.

Postpartum Depression: Symptoms are usually prolonged and intervention is often sought.

anxiety, irritability, insomnia, anger, poor ability to cope
panic attacks, feelings of hopelessness and guilt
lack of interest in or bonding with the baby
thoughts about harming the baby or oneself
obsessive behavior, phobias ("depressive neurosis")

"Baby Blues"

is short lived - usually begins within 1-2 weeks of delivery - lasts for a few days to a few weeks
most common symptoms are: fearfulness, mood swings, crying and fatigue
subsides relatively quickly without intervention

Postpartum Psychosis:

begins suddenly
hallucinations, delusions, paranoia, aggressive behavior, suicidal thoughts
manic depressive swings, schizophrenia
considered "psychiatric emergency" - can lead to infanticide

Western treatment:

Research has been inconclusive on whether the drugs affect the fetus or the newborn through breastmilk.
Currently, the most popular treatment is with antidepressants: Prozac, Zolaft, Effexor, Paxil

TCM Diagnosis: Postpartum depression commonly expresses in the following symptom tendencies:

- 1) Heart Yin Deficiency – irritability, anxiety, restlessness, afternoon heat, night sweats, insomnia
- 2) Heart Blood Deficiency - anxiety, fatigue, palpitations, insomnia, pale face, spleen sx
- 3) Heart Qi Deficiency - anxiety, palpitations, spontaneous perspiration, confused speech
- 4) Heart Blood Stasis - mental confusion, delusional thoughts, phobias, manic depression, incoherent speech, psychosis

Herbal Treatment:

Gan Mai Da Zao Tang
Gui Pi Tang
Zhi Gan Cao Tang
Sheng Hua Tang
Ge Xia Zhu Yu Tang

Consider the following herbs:

Yuan Zhi	Bai Shao
Shi Chang Pu	Fu Xiao Mai, Da Zao, Gan Cao
Bai Zi Ren	Ren Shen
Fu Shen	Huang Qi + Dang Gui
Suan Zao Ren	Wu Wei Zi
He Huan Hua	Rou Gui
Long Yan Rou	Zhi Shi Ying
Ji Xue Teng	Hu Po

HERBAL TREATMENT FOR LACTATION DISORDERS

Deficient Qi and Blood

Tong Ru Dan modified

Huang Qi 9 gr
Dang Shen 9 gr
Dang Gui 9 gr
Mai Dong 6 gr
Jie Geng 6 gr
Bai Shao 12 gr
Tong Cao 6 gr
Wang Bu Liu Xing 6 gr
Ji Xue Teng 12 gr

Stagnant Liver Qi

Xia Ru Ying Quan San modified

Chuan Xiong 6 gr
Bai Shao 12 gr
Chai Hu 6 gr
Qing Pi 6 gr
Si Gua Lou 9 gr
Wang Bu Liu Xing 6 gr
Jie Geng 6 gr
Tong Cao 6 gr
Lou Lu 6 gr

Acute Mastitis Formula

Jin Yin Hua 15 gr
Lian Qiao 10 gr
Pu Gong Ying 20 gr
Chai Hu 3 gr
Zhe Bei Mu 10 gr
Tian Hua Fen 12 gr
Zhi Zi 10 gr
Mo Yao 10 gr
Ru Xiang 10 gr
Zao Jiao Ci 12 gr

Mild Mastitis

Zao Jiao Ci 50 gr
Chai Hu 10 gr
Bai Shao 10 gr
Gan Cao 6 gr

HERBS IN THE TREATMENT OF BREAST DISORDERS

- 1) Tong Cao - drains dampness, opens channels, clears heat
promotes lactation
- 2) Dong Kui Zi - promotes urine to drain dampness
treats pain and swelling in breasts
promotes lactation
- 3) Lou Lu - treats pain and swelling in breasts
clears heat and toxin
promotes lactation
- 4) Pu Gong Ying - clears heat and toxin
reduces abscess, dissapates nodules in breasts
promotes lactation in problems due to heat
- 5) Si Gua Lou - treats pain and swelling in breasts
invigorates blood, opens channels, dispels wind
promotes lactation
- 6) Wang Bu Liu Xing - invigorates blood, opens channels
reduces swelling in breasts
promotes lactation in problems due to stagnation

Liver Heat

Mu Dan Pi
Zhi Zi
Bai Ji Li
Xia Ku Cao
Ju Hua

Liver Qi Stagnation

Xiang Fu
Chai Hu
Jie Geng
Ju He
Qing Pi
Mei Gui Hua

Heat Toxin (inflammation or breast abscess)

Pu Gong Ying
Jin Yin Hua
Niu Bang Zi
Xia Ku Cao
Si Gua Lou
Lou Lu
Zi Hua Di Ding
Tian Hua Fen

Damp Accumulations

Mu Tong
Tong Cao
Dong Kui Zi
Lou Lu
Fu Ling
Yi Yi Ren

Blood Stasis (excessive pain)

E Zhu
Yu Jin
Ji Xue Teng
Chi Shao
Dan Shen
Chuan Xiong

Lumps (Phlegm and Blood Stasis)

Mu Li
Bie Jia
Zhe Bei Mu
Shan Zha
E Zhu

LACTATION INSUFFICIENCY

General Points for all Lactation Problems:

1) Deficient Qi and Blood

- Sx: scanty or no milk
*thin consistency
*breasts are soft, w/o distention or pain
+other Def Qi and Bld Sx:
pale face, lips, nails
heart palpitations
spontaneous sweating
excessive fatigue
poor appetite
T: pale body, scanty coat
P: weak, thin, maybe hollow or thready

Points for Def Qi and Blood Type:

2) Stagnant Liver Qi

- Sx: small amount of milk
*thick consistency
*breasts are full, distended, painful
may have breast lumps
+other Liv Qi Stag Sx:
fullness / distention in chest, hypo
depression
poor appetite
T: normal to slightly dark
P: wiry, maybe thready or rapid

Points for Liver Qi Stag Type:

Herbal Suggestions for External Application:

Stimulate Lactation:

- A) external poultice of tea made of Chen Pi (aged tangerine peel)
B) external poultice of Pu Gong Ying (dandelion roots and leaves)
-use minced fresh herb or dried herb soaked in water 1 hour
C) external poultice of tea made of Wang Bu Liu Xing - 10 grams
Dang Gui - 10 grams
Huang Qi - 10 grams

POSTPARTUM: RECIPIES FOR RESTORING HEALTH

Nourish Blood and Essence Soup

1 ounce Dioscorea root (Shan Yao)	7 cups chicken or bone soup stock
2 ounces Lycii berries (Gou Qi Zi)	1 yam, diced
1 ounce Lotus seeds (Lian Zi)	5 black or shitake mushrooms, slivered (if dry, soak first)
12 Red Dates (Dao Zao) - soaked and pitted	1/4 cup rice wine or rice vinegar
2 cups chopped greens (kale, chard, spinach, etc.)	

Break dioscorea into small pieces and simmer in soup stock along with the lycii berries and lotus seeds for 1 hour.

Add dates, yam and mushrooms and simmer for another 20 minutes.

Add rice wine and greens and cook for 5 more minutes. Serve hot.

Dang Gui Chicken Soup

2 pounds hormone free natural chicken parts
3 quarts water
1 medium onion, chopped
1 cup chopped carrot
1 cup chopped celery
2 Tablespoons chopped fresh dill or 2 teaspoons dried dill
2 teaspoons salt
1 teaspoon pepper
1 1/2 cups sliced carrot
1 oz. (30 grams) Dang Gui (Chinese Angelica)

Rinse chicken and add to water in a heavy stockpot. Bring to boil. Add the onion, celery and carrot then cover and reduce heat. Simmer for 1 hour.

Remove chicken from broth and shred meat into small pieces. Strain broth through strainer/sieve and pour back into stockpot. Add sliced carrots, herbs, salt and pepper. Bring to a boil, cover and reduce heat. Simmer for 25 minutes.

Add chicken and Dang Gui and cook for 10 minutes more. Remove Dang Gui before serving.

Simple Chicken and San Qi Stew

30 grams San Qi	2 teaspoons salt
1 chicken (about 2 1/2 lbs)	1 teaspoon light soy sauce
4 1/2 cups water	1 teaspoon grated ginger

Wash and clean chicken.

Combine all ingredients except soy sauce and cook in a double boiler for 2 hours.

partum period. Anytime in the first year post partum is appropriate. The earlier and more frequently the treatments are in the immediate post partum period, the better. The acupuncturist may also suggest that an expectant mother come in for moxa treatments as soon as her strength has returned. Office or home visits can be made depending upon the mother's strength and energy.

The Mother-Child Principle

All of the benefits that the burning moxa treatment has on the mother, will also affect the baby. Both the physical and emotional aspects of newborn life are affected and thus enhanced by the moxa treatments administered to the mother. In Traditional Chinese Medical thinking, there is a relationship called the Mother-Son Principle, also called the Shen Cycle. I will call this the Mother-Child Principle. This principle is based on strengthening the Child through the Mother. If the mother is healthy, the child will also be healthy. Every midwife knows this principle as a general truth.

In the Five Element theory of Traditional Chinese Medicine, it is the element of Earth which produces the ability to make milk. The mother of Earth is Fire, therefore, if the Fire is strengthened, the Earth will flourish. Flourishing of Earth is exemplified by the mother's abundance of milk. Food is the source of growth and physical nourishment. Thus the cycle is complete. Treat the mother to produce a healthy child.

Conclusion

The practice of Mother Roasting as a form of post partum care for the mother and baby has been used by many cultures throughout the world. We in the twentieth century have set aside some of our cultural traditions in exchange for a technological approach to childbirth. In

this paper I have returned to a method of post partum care based upon the centuries-old medicine of China.

We no longer seem to have the time to seclude ourselves for 28 to 40 days to nourish ourselves after our birth experiences. However, through the use of Moxa and moxibustion and approximately one hour a day of treatment we can produce similar effects to those produced by the past cultures.

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bleeding, (3) It disperses cold, and (4) It stops pain. The indications for using this herb are for "Cold Symptoms" or symptoms which stem from a deficiency in the body. It is also indicated for bleeding due to deficiency.

At delivery, the mother's body is full and hot. Often, immediately before the actual birth, she speaks of the burning fire at her vulva. When the baby is finally out of the mother, she has an emptiness-cold, which can be seen as a chill or a deficiency. She has gone from the intensity of fire and fullness to a sudden state of chill and emptiness. This can be seen as a temporarily physically deficient state. Midwives know that the first few minutes following delivery are the ones which determine the health of the third stage of labor. The third stage is after the delivery of the baby until and including the delivery of the placenta. It is this stage which is the most life threatening to the mother, as post partum hemorrhage is the leading cause of maternal death.

In the attention given to the immediate post partum woman, I have found a definite relationship between those mothers who lose too much blood and the amount of warmth or personal fire they have in their bodies at the time of and immediately following delivery. Usually birthing women were hot and sweaty at the time of birth. Then, within minutes they lose the "fire" of the push, as well as approximately fifteen pounds of body weight, (the baby, placenta, amniotic waters and blood). Think of it. The work is done; the heat is reduced; wet pores of the body are suddenly exposed to the environment of birth, which has likely been cool for the comfort of the mother. The sweat turns to a thin cool damp layer all over the external body. Internally, the pregnant uterus which is hot and full suddenly empties with the

birth of the child and is left "opened and cooled".

In Traditional Oriental thinking, the Yang Chi, or the fire of the body, along with the energy of the Spleen are the two aspects which hold things in place. With a Yang deficiency, typically seen as cold or chill, the likelihood for hemorrhage is increased. Therefore, the administration of heat to the immediately delivered mother allows her fire to remain intact, thus enabling her to better hold her blood. Heat can be given through environmental control, by wrapping a woman in an already warmed blanket, as we automatically do to the newborn, and by giving a hot tea which is warm in nature such as ginger, cinnamon, cayenne, ginseng, or folium artemisiae. All of these herbs have been used in post partum teas either alone or in combination with other herbs. Therefore, this herb, used as tea and or as an herb burned in a form akin to Mother Roasting, produces only good and tonifying effects.

Mother Roasting with Moxa

Mother Roasting with Moxa could initially be performed by the midwives. The midwife normally gives, as part of the care, approximately three home visits within the first week post partum. The midwife is in intimate one to one contact with mother and baby for at least an hour at each post partum visit. She could administer the moxa treatment soon after she arrives and then do some of the other tasks she performs as part of her visits: weighing, measuring, examining, making tea, tidying up and answering questions.

The midwife must have several tools to administer this treatment; a moxa pot which can be purchased at any Chinese medical supply store, some loose moxa powder, and some cloth either in the form of a potholder, or a sock into which the moxa pot can be inserted. The

moxa must be loosely packed into the pot. If it is packed down too tightly the burning will die shortly after it is lit. A full can will take a certain amount of time. The practitioner must experiment with her pot to find out that amount of time. The pot I use when filled is a 45-50 minute burn. Some pots are smaller and burn 20-30 minutes. An appropriate burn is at least 30 minutes, and preferably 45-60 minutes. Once the pot is filled it is lit. Blowing very lightly helps to ignite the powder. Continue to watch it burn for a minute or two to assure that the fire is lit; then cover the pot with the lid and place it on a cloth which is lying on the area to be moxa'd. Wait until the smoke is coming out of the holes of the moxa pot before covering the pot with another cloth. Covering the pot allows the moxa to burn more slowly and longer. When the area being moxa'd is hot to the touch, and a pinkness has colored the skin, the heat has penetrated. Once the mother feels the heat penetrating, she tells the attendant who adds another cloth under the pot so that the skin will not burn. During this time, the attendant can gently rub the areas being moxa'd which allows the heat to be spread over a larger surface area and to penetrate more deeply. This practice of adding clothes is repeated two to three times before the mother feels the heat dissipate. When this occurs, one of the cloths under the pot is removed. At the end of the treatment there should only be one cloth under the moxa pot. When the heat treatment is complete, the area just moxa'd should feel warm to the touch, both superficially on the skin as well as internally where a heat comes from the deeper tissues. If the area still has a coolness to it, the treatment should be extended or be repeated later that day or the next day. If a moxa pot is unavailable, one can always purchase the moxa sticks and light one over the same

areas.

If a stick is used, be sure to keep blowing off the ashes so that the tip remains hot and pointed. Again, the "cook" should last approximately one hour, which would require at least two complete moxa sticks. The best way to put out the stick is through suffocation. I do this by inserting the lit end of the stick into an empty soft drink bottle. Within a minute the fire is extinguished.

Sometimes a "cook" is done by having the mother lie on her side. Then place two moxa pots on her abdomen while she holds them in place. The attendant then sits behind her and uses a moxa stick on her back. This way the mother is heated through and through. When using a moxa stick in this way, the amount of heat that is required for the treatment can be monitored. If the area remains cool to the touch, does not pink-up, or if the mother desires more burning, then the area is still not filled with the appropriate amount of heat. The importance of this simple diagnosis from the mother's body as well as from the perception of the attendant can be described as follows:

"Although the Origin of the Moving Chi between the Kidneys is in this area, Ming Men, probably GV 4 (Second Lumbar Spine), we diagnose this energy by feeling below the umbilicus with our hands. If we feel weakness here, and the pulses are healthy, this is not a good sign. Don't always believe the pulse, the Hara is more important."²⁰

"When you diagnose below the umbilicus, the Moving Chi between the Kidneys, the Chi of the Healer has to be calm. The hands and Heart should be the same."²¹

How can the acupuncturist help?

Acupuncturists can give moxa treatments as follow-up care the first few times she/he sees the patient in the post

with more strength and confidence, has better color, and is warmer. Spiritually and emotionally she is filled by the heat and the amount of touch which comes from the person administering the moxa. Often a very gentle touch is given to the area where the moxa is administered, which disperses the accumulating heat and also increases and prolongs the penetration of the heat. When the midwife touches the heat and pushes it into the body, the mother sighs. The mother almost always has a perception of the process of involution, through conscious yet painless contractions producing a shrinking of the uterus as well as a "centering" of the organ itself. A movement takes place, the Life Gate closes, with the feeling extending to the lower back and experienced as a "lightness". Feelings of increased strength and a calmer spirit are often expressed. There is a wonderful feeling of deep and true appreciation by the post partum woman as if these moxa moments were very special to her. The heat treatments are anticipated with joy as often and as long as they are given. Clearly, the spirit of the mother is filled, and in traditional Oriental Medicine, spirit is the matrix of all healing.

Spirit translates as Shen in Chinese. It is said if a patient is very weak and ill, and there is Shen, the healing will be steady and successful. If however, the patient has no Shen or poor Shen, despite the fact that the illness itself is not too great, then the healing will progress slowly if at all.

Watchi Sugiyama says: "This is like the edge of the circle of light around the lighthouse. If you can find six healthy pulses, but the root, the Hara is dead the person will die soon. Not enough or no Yang Chi is like no root of the flowers or trees. If the pulses are very bad but we find Moving Chi between the Kidneys then we can treat

this person. In this case there is still oil, but the flames are diminished. We can bring another flame."¹⁵

The Ming Men, also partly referred to as the Hara, is known as the source of the Triple Warmer energy.

The Nan Ching states, "Each of the twelve meridians has a relationship to the vital energies, the living Chi. The source of the vital energies is the root-origin of the twelve meridians and the Moving Chi between the Kidneys, the Hara. This means that the source of the vital energies is fundamental to the five Yin and six Yang organs, the root of the twelve meridians, the gate of breathing. It is the source or origin of the Triple Warmer. Another name for it is the Protecting Shen Against Evil; and therefore Chi is the root of the person. This is why if the root is dying, the Stems and Branches will be drying, yet appear normal. The vital Chi is dying inside, but it is still there on the outside"¹⁶ and, "The Triple Warmer is the pathway of water and grain, and is the place where Chi starts and ends."¹⁷

As the Kidneys are under the element of Water, the Triple Warmer is under the element of Fire in the five element theory. Other organs also under the element of Fire are the Heart, the Pericardium and the Small Intestines. The Triple Warmer's relationship to the Heart and the Pericardium has some relation to Shen, as the "Heart stores the Shen."¹⁸ Thus, the condition of the Kidneys is reflected in the Shen via the Triple Warmer.

The burning of moxa aids in building the immunity in the post partum mother. This is how it is commonly used in cancer and AIDS patients. Likewise, in the post partum period, burning moxa produces increased immunity. This is based upon the observed decrease of illnesses contracted by the post partum woman who is treated with moxa as described earlier. A fellow

acupuncturist, Michael Broffman, has been doing research on his own and in collaboration with studies conducted in China. It is said that women who do not recover sufficiently from the effects of difficult or pathological childbirths have a greater incidence of developing cancer in the first year post partum. In my personal experience, it has come to my attention within my own small community of Santa Cruz, that two women recently delivered by midwives have developed cancer. One of them died at the first birthday of her third child; the other woman, in her first year post partum, is undergoing treatment of the cancer. I am told that neither woman ever recovered from the childbirth experience. Not even one week of health was reported in the immediate post partum period.

It is said of life that it cannot exist without heat and moisture. My teacher, Dr. Mirlan Lee, says that a sterile woman usually has a uterus that is either too cold or too dry. Likewise, it is a cold or dry mother who cannot easily have sufficient milk for her baby. Moxa heats and moistens. It increases the circulation of blood and thereby enriches the extremities by aiding in the generation of greater interstitial cellular exchange. When one is cold, the blood and heat stay in the center of the body, which is where the vital organs are located. The blood then does not waste its energy on the extremities. Only when there is ample internal heat will the entire body be warmed. This warmth protects the mother from abrupt wind or chill penetrating her body which lowers her immunity and predisposes her to colds.

"The Moving Chi between the Kidneys is the Yang Chi in the Kidneys, the root of the living person. Yang Chi is like the flame or fire of the lighthouse. With the flame from the

lighthouse, one can see thereabouts. If the oil is not enough we cannot see clearly around the lighthouse. When the oil is gone the flame will die and we cannot see anything. Sick people are like this. If the Yang Chi of the Kidneys is full, the whole body will be shining and elastic, the hands and feet will be warm. If the Yang Chi is not enough the whole body will lose its shine and elasticity and abdomen will become empty, deficient. Therefore a patient who is going to die will first have cold hands and feet. The feet and hands are further from the Yang Chi of the body and show weak Yang Chi first."¹⁹

Folium Artemisiae, Moxa, may be taken internally in the form of a decoction or tea. The nature of this herb is spicy and warm. Its taste is bitter. The energy of this herb enters the Liver, Spleen, and Kidney Meridians.

In Traditional Oriental thinking, the organ of the liver meridian is the location where the blood is stored at night. This is where the blood is nourished and replenished. Liver blood is also seen as the blood of lochia from birth, or the shedding of the uterus monthly lush bed. Folium Artemisiae also enters the Spleen Meridian which in Traditional thinking is responsible for the building and maintenance of immunity as well as a "holding" aspect of all things, holding organs in place and blood in the vessels. The holding aspect is understood when we think of any type of prolapse; uterine, varicoles (seen commonly in anus or legs), or prolapse of blood in the vessels—translating as hemorrhage to the midwife. Both these factors play major roles in childbirth. The third meridian this herb enters is the Kidney Meridian. Tonifying this energy has already been discussed.

The functions of Folium Artemisiae are: (1) It warms the meridians which extend all over the body, (2) it stops

ring to the Kidneys, refers to the area between them, "the Moving Chi between the Kidneys,"¹³ also called the Hara. Recognition of this Chi, the Hara, as the "Root," the center, pervades the practice of acupuncture and all other ideas based on the classical concepts of health. This Moving Chi between the Kidneys, this Pivot, is itself seen as an area that encompasses the whole abdomen. It is focused around the area called Chi Hai which is approximately two finger-breadths below the umbilicus, moving three dimensionally through the abdomen to the small of the back.

Since the Ming Men is located between the kidneys, it is also intimately connected to them. The Kidney energy is Ming Men energy, not the same energy but one that is interrelated nonetheless. The kidney energy governs sexuality, reproduction, growth and decline. Physically, it governs the lower back and the knees. This Kidney energy houses what is called Yuan Chi, translated as Source Chi. It is the home of pre-natal Chi; what Westerners call DNA, or genetic inheritance--that energy which is given at the moment of conception and throughout gestation.

"Before people are born, one drop of Water Chi (sperm) come to the inside of the Mother and then Jing is created. Water Chi and the Root create the five Yin organs and six Yang organs, and then become hard. This Water Chi directly becomes the moving Chi between the Kidneys. This is the Prenatal Basic Chi. Before the five Yin and six Yang organs of the person are created, Water is created. Therefore, Heaven, Earth and the person become one. This is the prenatal basic energy. Before we are born, not only us, but any kind of animal, there is first Water. This we have to know. The Moving Chi between the Kidneys below the umbilicus, in the Hara, has the name

:Chi Hai Tanden."¹⁴

Since this kidney energy, the Source Chi, is what governs reproduction, it is intelligent to "court" the kidney energy during gestation. Ming Men, Life Gate, implies movement. A gate both opens and closes. At delivery the Ming Men is opened, thus enabling the pelvic girdle (muscular as well as skeletal) to allow passage of the infant. Hopefully, with rest and recovery, the Ming Men properly closes down, giving the body a strong lower back as well as strong kidney energy.

Some women never quite regain their lower back strength after childbirth. The larger the baby or the more advanced the degree of multiparity increases this weakness. Physically active women, or usually strong women normally capable of strenuous tasks like carrying heavy loads (a two to seven year old child) or splitting wood, surprise themselves with their vulnerability in the lower back after childbirth. The sacro-iliac ligaments in particular (the strongest ligaments in the whole body) remain weak after childbirth. There is also a tendency to be easily chilled in the post partum period. This is exemplified by cold hands and feet, a desire for warm drinks, food, and temperature, and greater susceptibility to colds, flus, or what the Chinese call External Evils.

Many women, especially multiparous women of three or more babies feel that the process of involution occurs more slowly than for the first two children. This is often expressed as having a certain awareness of slight discomfort or weakness in the uterine area and the pelvic girdle as well as a longer period of lochia.

As an acupuncturist, I have found that in women, many lower back problems have their origin in childbirth. The fitting of the femurs into their sockets in the pelvis (acetabulum) seems to be looser, moving almost too freely.

Hips and knee problems often date from birth and increase as time goes on.

What relationship, if any, does this back and leg weakening have to do with childbirth and with Traditional Oriental Medicine? What relationship does the increased susceptibility to colds and viruses play in the relationship to birthing and this ancient form of medicine?

The use of Moxa and Moxibustion in post-partum women

Moxa, an herb also known as Chinese Mugwort, or *Folium Artemisia*, has been burned on or near the skin for thousands of years in China. The "scientific method" of China was empiricism. If it works, use it. If it has beneficial effects above and beyond curing the symptoms, i.e. if it actually strengthened or tonified in the process, then by all means use it. And then teach it.

Moxa is a special herb. It has deep penetrating effect like no other known herb. It has lasting effect and is and has been used to give valuable strength in the healing process, as well as valuable strength and tonification to the organs themselves. It is being successfully used by master teacher for healing and prolonging life in terminally ill cancer patients and AIDS patients. My teacher has shown me children with chronic or acute loose bowels, continued bed wetting, and adults with low back and sacral problems all aided with the use of moxa.

While attending Traditional Chinese Medical school, I delivered babies as my main means of support. During the immediate post partum follow-up care, I would find myself giving the mother a treatment of moxa on her lower back and on her lower abdomen. Mothers invariably loved the heat. They asked for it again and again, and would themselves learn how to administer it so that it could be done everyday for a week or two, if they wished. I quickly learned the immediate effects of the moxa, physically and emotionally, and am only now beginning to see the long-term results.

My hypothesis is as follows: Moxa is best given over the Ming Men area, from approximately the second lumbar vertebra to the second sacral vertebra centrally, and along the sacro-iliac ligaments laterally. The heat can be moved from one area to the next so that the entire lower back is pink-red in color and hot to the touch. When the mother feels warm throughout her whole inner self, the heat has penetrated deeply enough. A proper "cook" should last 40-60 minutes, depending upon the amount of time available to the mother. This cook will, I believe, give enough energy and strength to the Ming Men that a proper "closure" will eventually take place. The mother's back is relaxed and nurtured, and the heat is ultimately felt in the hands and feet. Color is increased in the mother's face, and pain is relieved. The following day a treatment could be given to her lower abdominal area, corresponding to the previously described location on her back. This has been described as the Chi Hai Tanden, or The Sea of Chi. This treatment should be repeated five to ten times within the first two weeks post partum.

The effects of this type of treatment seem to be the following: Physically the mother is stronger. She moves

Tribal peoples gave a number of reasons for the use of fire and heat. They said it dried up lochial discharge, helped to shrink the uterus, prevented and or treated hemorrhage, stimulated milk production, and comforted the mother after her hard work of birthing. Evidently the treatments were quite effective, for the tribal mother rarely suffered from hemorrhage, recovered quickly after birth, generally regained her former figure, bled for only a short time, and usually had no problem with her supply of milk.⁸

These practices, no doubt, had as many ceremonial overtones as practical ones. Seen ritually, it served to spiritually purify the mother after the "unclean" act of childbirth. It also gave form to the rite of passage that motherhood and being born truly are. One anthropologist says of the birth fire in Vietnam, "It may originally have had a religious significance in serving to purify a woman after the unclean experience of childbirth, but among the Vietnamese today it is explained and justified on practical grounds; it enables a woman to regain her health and her former figure."⁹

When I learned of these customs, a note was struck in my heart, and I intuitively knew it was good. I understood the fire, and felt said that it would be nearly impossible or impractical to recreate, despite its obvious benefits. I believed that the mother and baby emerged from the lying-in period stronger, physically as well as spiritually, from the experience of the Mother Roasting. I wondered how I could best implement some form of this ritual as I midwived one family after another. On an immediate level of implementing heat I began by covering the mother as soon as possible in the post partum phase of delivery, with thick cotton or woolen blankets, preferably pre-heated in the sun along with the baby's

receiving blankets, and also giving her something hot or very warm to drink, thus warming her externally and internally. I found these practices helpful in preventing the immediate post partum shakes and chills, often a precursor to blood loss and post partum hemorrhage.

After five years of the knowledge of Mother Roasting, I served as midwife to a couple in the mountains of Santa Cruz, California. It was the only birth in my experience where the parents chose not to cut the umbilical cord from the placenta after delivery, also known as lotus birth. It was a winter day and was raining, windy and cold. When I arrived at the 16 hour post partum home, I immediately had to remove my coat. It was the first concern within seconds after arriving. In just a few more minutes my concern once again went to myself. I had to remove shoes, a neck scarf, and my cardigan sweater. Minutes later I wondered how I would do this post partum visit with all my cloths on the body. The house was a sauna. The father had on only a pair of drawstring pants, mother and baby were nude, siblings had on underwear and nothing more. Mother and baby were uncovered on their birth bed. Suddenly I became aware of the cultural similarity to Mother Roasting. The parents had planned to keep all visitors away for perhaps two weeks. The umbilical cord fell away from the baby 3-4 days after delivery. The baby had no exudate surrounding the cord as is common with most other babies. The mother's perineum healed well, and her health in general seemed quite restored in the immediate post partum period. She was gravid four.

Several years later I was a student at a Traditional Chinese Medical school in San Francisco. We were given the history of the meridian system. This system was developed by the monks thousands of years ago. The monks

meditated much of their lives and discovered by chance that there was a common system of energy running through their bodies. They felt the movement and pathways of these lines of energy, and the meridian theory system was thus developed. These monks also meditated and developed the concept of the organ systems, learning through discipline the whereabouts and functions of the heart, lungs, kidneys, spleen, liver, large and small intestines, stomach, gall bladder, urinary bladder, pericardium and triple warmer. Another area on the body was just as deeply considered and was thought to be the basis of all strength. It was called the Ming Men and was said to be the area between the kidneys extending down the lower back, and the abdomen at approximately two finger breadths below the umbilicus to the pubic hair line. Since the Chinese had a certain cultural reverence for the dead, dissection after death was not permitted. Thus, the systems of the meridians and organs never were confirmed or negated through scientific proof, and these theories continued to influence Chinese thinking for thousands of years. When dissection was finally implemented, the Chinese found that although some of the systems were not physically present, most others were. They, however, did not deny the existence or importance of the systems they found that were not physically present. As a student of Traditional Chinese Medicine, I questioned the functions of two of these systems, the Ming Men and the triple warmer. The information given by my teachers was rudimentary and was said to be an area of post graduate concern or one of esoteric study.

The Ming Men

Ming Men translates as Life Gate. The word Ming is also used for the sun

which implies brightness, greatness and heat. The character for Ming has two symbols in it, the moon and the sun. "Men" is translated as gate. The Ming Men can also be translated as Life Gate Fire. Chinese medicine is a puzzle which we must uncover as our studies progress. It is like so many other Chinese philosophical theories, the I Ching for example, where the poetry of the words themselves conveys much of the meaning or uncovers some of the mystery.

Traditional Oriental Medicine is based on several ancient classics, the Su Wen, Ling Shu, and Nan Ching. These classic texts are thought to have originated in the later part of the first millennium B.C. They are beautiful, poetic, and stimulating writings filled with a mode of thinking and working very much unlike the Western mind or Western way. No one can really claim to fully understand these books, and so far there is no definite translation. Generations of scholars have spent their lifetimes translating and interpreting these rich sources as the seat of medical diagnoses. I will include some of these excerpts for you to ponder, along with me, as I try to weave together some understanding of the Ming Men, of Fire, of Life Gate Fire, and ultimately of their application to health, strength, and balance as related specifically in childbirth.

In modern times, the Ming Men has been interpreted as the Yang aspect of the Kidneys, which are under the element of Water. This is from the Nan Ching statement which says, "the right side of the Kidney is Ming Men."¹⁰ It also states that, "The pulse's origin or source is at the Moving Chi between the Kidneys."¹¹ In Traditional Oriental Medical thinking, the pulse is one of the four important aspects of all diagnoses.

The Su Wen states, "If the Pivot is normal, the pulse is then balanced and normal."¹² The Pivot is well as refer-

rest of the post partum period included the element of fire. A typical "fire-rest" was usually several days to a month, usually several days less with each subsequent child. The rest often included being fed, housed, warmed and "doctored". This form of doctoring, or the post partum care administered by the traditional birth attendant, consisted of massage, heat, and herbal or dietary concerns.

Think of it, those of us who are mothers, if we had one week to one month "off", with the utmost concern being that of healing, replenishing, strengthening and nurturing, what would the effects of this care be?

There is one practice that I found particularly interesting. It is the South East Asia culture's lying-in period which is known as "Mother Roasting". The ritual began, existed and ended with the element of fire. A description of this period might be the following:

In pregnancy the father of the coming baby chopped and split the wood for the Mother Roasting in a sacred manner. The wood was to be stacked in a special way and would not be used under any circumstances prior to the birth of the baby. Once the baby was born the house was literally shut down; doors and windows were closed. (This is in contrast to the pre-birth customs that existed throughout much of the world including Southeast Asia which practiced the symbolic activities of opening up; that is where cupboards, doors, and windows were opened, hair was unbraided, and pots were uncovered.) When the post partum South East Asian house was closed down, a sign was put on the front door telling the community that the ordeal of birth had been completed and who had been born. This would in turn help keep the greater community away which served many important aspects of post partum

concerns. The door would be shut, the air contained, the temperature maintained, and there would be more assured rest and sleeping, as the disturbances would be fewer. The father's important task then began and was to continue non-stop for the duration of the lying-in period. He would light a fire in a sacred manner under the bed or beside the bed of the post partum duo, mother and baby. In some instances the fire was quite large, and the intent was to keep it that way. If the fire got too strong, the woman dipped a piece of wood wrapped in a cloth into a pot of water to extinguish part of the fire, but for the most part, she tried to keep the fire large and stay as warm as possible.

In Thailand, the fire was beside the bed and was kept quite large. The mother would lie by the fire day and night and rotate her body at half hour intervals. In Vietnam the fire was small and was lit under the bed. This small fire lasted one month.¹ In Burma, the mother was kept in her bed for one week after the birth, well covered with rugs and blankets, and warmed by large heated bricks that were placed around her.²

These fire treatments were practiced throughout all of South East Asia; the Philippines, Malaya, Sumatra, Sarawak, and Borneo. It is said that the Hmong hunters of Borneo has a ritual for the new mother; she would sit with her back to the fire, the only special treatment she received after childbirth. In Oceania, heat treatments were also quite pervasive. In New Guinea and the D'Entrecasteaus Islands, the mother and child remained for about one month in a mat enclosure erected especially for them in the main house, beside a fire.³

On Rennell Island, one of the birth assistants started a fire of dry coconut fronds close to the mother, and all the women present rubbed the mother with their warmed hands. In Malaya, warm

leaves were wrapped around the mother's abdomen.

Could this be the root of the custom performed in North American hospitals today?

Speaking personally, the very nicest part of my hospital birth experience in 1968 was being wrapped in a warmed flannel blanket immediately following delivery.

In many parts of Phillipines, heat treatments of another nature were given from time to time during the mother's recovery period. The mother would sit on a low chair with a slatted bottom, over a bowl of glowing coals. She was draped from head to foot with blankets to make a tent and remained like this until a sweat was induced. On Easter Island, hot flat stones were applied to the mother's stomach after birth.⁴

Among the Tiwi of Australia, the mother was moved from her site of delivery (the bush) to another nearby clearing where a fire had been burning since the onset of labor. The fire was extinguished and the ashes removed; the mother squatted over the warm earth, some of which had been wrapped in a cloth, which she held against her abdomen.⁵ Thus the mother was heated not directly by a fire, but by a warm bed of sand, a procedure that was probably more comforting than the direct exposure to a hot fire.

In the Hopi Indian in Arizona, North America, the mother was rested on top of a heated bed of sand over which was placed a sheepskin, then she was well covered. This was to relax the new mother and start her milk to flow. Heated rocks were placed near her feet and legs for additional warmth. A similar practice occurred among the nearby Zuni Indians, who also wrapped the mother's abdomen with a belt that held in place a heated stone.⁶

The San Carlos Indians of Arizona similarly moved the wood ashes away

from the hut fire, and covered the heated earth with grass, on which the mother lay, well covered. The heat rest was considered most important if there was profuse hemorrhaging and was continued until the mother felt well.⁷

All along the Pacific Northwest and Southwest of North America, and through Central America, numerous tribes and groups practiced heating the post partum mother. The treatments were said to reduce afterpains and blood loss, as well as firm up the abdomen and produce easy lactation.

What Is the Importance of the use of heat and or fire in the post partum period?

The fire seemed to provide the following: A warm and temperature controlled house, and no drafts or evil winds to pass by the vulnerable couple, mother and baby. The heat allowed for their nudity, which we now know aids the bonding process through skin to skin contact, smell, and taste. The mother remained on the bed, getting up only to relieve herself. She was fed by an intimate family member, and massaged and cared for by her traditional birth attendant. This nurturing entitled her to be completely available to the needs of the neonate, which we are rediscovering may be those of continuous and intermittent feeding rather than scheduled feedings. This practice allowed the woman to sleep when the baby slept with few or no interruptions from the "outside world". Curtains were shut which created a darker environment allowing an easier and more comfortable sleep.

The heat and nudity quickened the process of the cord atrophy and loss as well as enhanced the drying of the breasts between feedings. It was like a sauna; dry, warm, and dark.

THE USE OF
TRADITIONAL CHINESE MEDICINE
IN
POST PARTUM CARE

by Raven Lang, C.A., O.M.D.

Introduction

Recently there has been much attention focused on the subject of childbirth. Many books have been written, movies made, and classes given which prepare the expectant mother for the nine months of pregnancy, the ordeal of labor, the moments of delivery, and the immediate bonding to the infant. The attention given to the mother in her post partum state has been negligible. As a midwife I have found that the real attention given to the expecting mother is in the prenatal stages. There are usually ten visits that the midwife or physician has with the expectant mother before the hours of labor and delivery. I have calculated that approximately 20-30 hours of time are given to the mother prior to labor. The primary topics of concern for the expectant mother are her health and happiness during pregnancy and her preparation for the labor and birth. Serious questions that come up in the post partum phase are often referred to counselors, Lactecie League, friends, and post partum support groups. Pamphlets written for the new mother are often entitled "How What?", or "What's Next?". The midwife usually comes to the post partum home the first, third,

and seventh day after delivery. There is usually a six week check-up included in her service. These visits focus on the maternal issues of nursing, exhaustion, sleep, hunger, stitches, care of breasts, constipation, cramps of involution, as well as feelings of helplessness, loneliness, and fear of the new and constant responsibility for the newborn. For the newborn, the vital signs, checking for jaundice, inspecting eyes, cord, health and normalcy in general are the primary focus of the post-delivery care. During the six week check up the discussion also includes sex and birth control.

As a midwife, I have felt that the weakness of my profession lay in the post partum period. Since I have been a practicing midwife for seventeen years, I feel I have a fairly good overview of the strengths and weaknesses of the childbirth movement in North America. So many of my sister midwives seem to sing a similar melody of giving strong pre-natal and weak post-natal care. We always try our best to develop our knowledge and care in the post partum phase, but the demands of our own lives as well as being on call and continuing to stay very in touch with labor and birth energy keeps this emphasis of developing our post partum care to a

minimum.

The needs of the post partum family are great. In most other cultures, that is pre-industrialized countries, the real attention is given to the family in the post partum phase. It is the health and safety of this period that is of the utmost concern. This is historically reflected in the apparent low incidence of post birth complications and the high incidence of miscarriage as a result of poor pre-natal care.

In this paper I would like to share some new knowledge that has come to me through the experience of midwifery, mothering, and being a student and practitioner of Traditional Chinese Medicine.

I must begin my thoughts by first referring to my own experiences in mothering. The first time I delivered I was young and strong. My body healed well, but my spirit wandered. I felt misunderstood by society-- not really knowing how or why. I felt an unconscious need for myself to be mothered or nurtured so that I might better be able to meet the demands of my growing infant. I felt vulnerable. There was no one or no place where I could easily find answers to my wanderings. I lived in a culture that simply put no real emphasis on early mothering and the post natal period.

For the next eight years, I midwifed and never really found the answers I needed to understand the post-partum period. What bewildered me bewildered my clients, and other midwives didn't seem to have too many answers either. Then I had my second child. I was eight years older, wiser, and eight years more tired. Throughout my entire gestation my strength seemed to flow out from under my feet despite my accumulated knowledge of childbirth. In my post partum I was as bewildered as I was the first time around, but my consciousness had changed and this time I knew more

what to look for and where to turn when my spirit once again wandered. I did not have the strength of the first pregnancy, and, because of my personal high risk factors, I developed my first infection within 24 hours post partum. My second infection which was yeast resulted from the antibiotics of the treatment for the first infection, and by the time I was six months post partum I had had six serious infections. My body had become septic and the use of antibiotics had produced only very temporary relief. Now, nine years later, I am still not sure if I ever fully recovered physically from the energy loss of that birth experience.

As a midwife I began to notice that many of the women I encountered had a similar experience. No one had had as many infections, per se, but the physical problems resulting from birth were great. Many complaints and/or continuing weaknesses and pains have plagued other women. This is especially true of multiparous women, and often the more multiparous the woman is, the greater are her chances of slow or poor recovery from birth.

What do other cultures do? In this a symptom of our present culture or has it been true of others cultures and other times? Is there anything we can do?

What have other cultures done?

In so called "primitive" cultures, that is cultures we currently have data on, which are as recent as present times or twenty to fifty years ago, including the more distant native traditions of North America, South America, and Asia, the post partum mother and infant were secluded from the rest of the community in what was known as a lying-in period or post partum confinement. The women were given a one to two week rest, or in some cultures a moon to moon cycle of 28 days, or as a 40 day lying-in period. In most of these cultures, the particular

POSTPARTUM CARE

Primary TCM problems encountered:

- 1) Blood Stasis in lower burner
- 2) Pathogenic Cold can enter pelvic region easily
- 3) Yin and Blood Deficiency
- 4) Spleen / Stomach Qi Deficiency

Checklist for General Postpartum Care:

- Advise regarding TCM approach to health rebuilding in postpartum period
 - appropriate rest
 - avoid lifting
 - warm nourishing foods
 - light exercise
- Offer postpartum moxa treatments to assist closing and strengthening of uterine channels and collaterals
- Ask about the presence of continued abdominal pain
 - blood stasis in uterus
- Inquire regarding bowel function - to help assess Yin and Blood
 - assess damage to yin and blood
- Inquire regarding breastfeeding - support if needed
 - strength of Sp/St allows for production of breastmilk
 - free flow of Liver Qi allows for expression of milk
- Check bleeding - should be slowing naturally
- Encourage healing of perineal tissues as appropriate
- Assess any signs of postpartum depression
 - Heart Blood / Spleen Qi deficiency
 - Blood Stasis in the Womb

LABOR AND DELIVERY

Most common problems in labor due to:

- 1) Deficient Qi and Blood (leads to uterine inertia)
prolonged labor, weak uterine contractions, slow downward movement of fetus, slow dilation of cervix
- 2) Stagnant Qi and Blood (leads to discoordinated labor)
labor pains too strong yet unproductive, insufficient uterine and cervical relaxation between contractions, tense cervix which is difficult to dilate

Labor Preparation (beginning week 37 or 38)

Major Points: Sp 6, LI 4

for anxiety, insomnia: Ht 5, Ht 6, or Ht 7
UB 44, UB 47, UB 52

for weakness, deficiency: St 36, UB 20, UB 23 (all with needle and moxa)

for emotional lability and stress: Liv 3, GB 34

for deficient or stagnant heat w/ Qi tending to move upward: Liv2, Kd 2 or 6

Difficulty During Labor

General Points: Sp 6, LI 4, GB 20, UB 32

Deficient Qi and Blood: Sp 6 - direct moxa
St 36, Kd 7, Sp 1
UB 67 + UB 60

Stagnant Qi and Blood: LI 4, Liv 3, P 6, SJ 6, Sp 4

for pain: 1) UB 32 w/ deep needle, then subcutaneous to UB 34 + UB 60
2) ear Uterus to LI 4 w/ electro stimulation
3) ear Uterus to ear Endocrine w/ electro stimulation

LABOR INDUCTION

Reasons for Labor Induction:

- Pregnancy which has lasted over 42 weeks (2 weeks past due date)
- Pre-existing or gestational hypertension
- Pre-eclampsia or eclampsia
- Pre-existing or gestational diabetes
- Ruptured membranes w/o beginning labor within 24 hours
- Fetal distress signs

Conventional Methods for Induction:

- Artificial rupture of membranes (AROM) - "breaking the water"
- Syntocinon drip - intravenous drip of synthetic oxytocin
- Prostaglandin gel - application of gel to cervix to stimulate dilation

Alternative Methods for Induction

Acupuncture: LI 4, Sp 6 - ipsilateral with continuous current electro stimulation
GB 21
UB 32 or Zigong
ear Uterus point

Herbal Medicine:

1) Deficient Qi and Blood:

Huang Qi 9 gr	Gou Qi Zi 6 gr	Gui Ban 12 gr
Dang Shen 9 gr	Chuan Xiong 3 gr	Hou Po 6 gr
Fu Shen 6 gr	Dang Gui 6 gr	Huang Qin 6 gr
Bai Shao 9 gr		

2) Stagnant Qi and Blood

Dang Gui 6 gr	Da Fu Pi 9 gr
Chuan Xiong 6 gr	Zhi Ke 9 gr
Hong Hua 6 gr	Bai Zhi 3 gr
Bai Shao 6 gr	Huang Qin 6 gr

TREATMENT for BREECH BIRTH PRESENTATION

The treatment of breech presentation by traditional Chinese medicine is best performed during week 34-36 of pregnancy, as it is the time period when the procedure has been found to be the most effective. Treatment later in the pregnancy may still be used, but the proven rate of success is not as high.

The following circumstances are optimal for using acupuncture for the treatment of breech birth presentation, protocols which have been used in China and the U.S. with a great deal of success:

- The patient should be 34 to 36 weeks pregnant. At this time in the pregnancy, the baby is still in a very active stage where movement and continual change of position is likely. After week 36, the baby's size makes position change in the womb more difficult. The treatment is most optimally begun early in week 35.
- There should be definitive confirmation from the patient's obstetric provider of the breech position, through palpation or ultrasound. This diagnosis should be established within the last 7 days prior to her Chinese medicine treatment.

The following treatment procedure will be implemented:

The initial treatment consists of a moxabustion heat technique applied to the small toe of each foot. Though not essential to the treatment, a few acupuncture needles may be inserted to enhance the treatment effect. You will then be asked to repeat the moxabustion treatment at home for the next 6 days. The treatment will be explained by your acupuncturist. This heat treatment should be applied daily for 15-20 minutes on both small toes, on the point at the outer side of the nail (see picture below for point called *Zhiyin BL-67*). It is suggested that you have your partner or a friend administer this treatment, but it may be done by yourself if preferred. Although the treatment may be performed at any time during the day or evening, if your baby has predictable times when it is active, this is a good time (but not necessary) to plan to do the treatment.

After the initial treatment with your acupuncturist and your home treatments over the next 6 days, it is necessary to check the baby's position, whether breech or head down. This should be confirmed by your obstetric provider. If the position has reversed, the treatment has been successful and should be discontinued so the baby does not turn again back into the breech position. If the breech position has not changed, a second course of treatment is necessary. It is not unusual for the treatment to require two weeks, so if necessary, call your acupuncturist to schedule another appointment and repeat the procedure.

TREATMENT OF PIH AND PRE-ECLAMPSIA

Pregnancy Induced Hypertension (PIH) = hypertension, edema and proteinuria

Pre-Eclampsia = PIH and headaches (maybe also dizziness, nausea, vomiting, blurry vision)

Eclampsia = pre-eclampsia and convulsions or coma

Acupuncture Treatment: Du 26, P7, Liv 2

Subdue Liver Yang: Du 20, GB 43

Descend Yang (from head): LI 11, Lu 7, P 7

Nourish Kidney Yin: Kd 1, Kd 2, Kd 3, Kd 6

Clear Wind: Du 16, Du 26, GB 20, SJ 16, UB 10

Regulate Liver Qi: Liv 2, Liv 3, Liv 8

Phlegm: P 5, P 6, P 7, St 40

Calm Spirit: Ht 7

Herbal Medicine: Formulations

1) **Early Stage** : main symptom is edema, particularly in legs

Treatment principles: Eliminate Damp, Tonify Spleen

Formula: **Si Ling San** + herbs to Tonify Spleen

Sang Bai Pi (Cortex Mori Albae) 10 gr

Fu Ling Pi (Cortex Poria) 10 gr

Da Fu Pi (Pericarpium Arecae) 10 gr

Sheng Jiang Pi (Cortex Zingiberis) 6 gr

Bai Zhu (White Atractylodis) 10 gr.

Fu Ling (Poria Cocos) 15 gr

Mu Xiang (Aucklandiae) 6 gr

Chen Pi (Pericarpium Citri) 10 gr

2) **Later Stage** : symptoms are HTN, excessive thirst, irritability, flushing, T: red, P: wiry

Treatment principles: Nourish Yin, Descend Yang, Dispel Wind

Formula: **Si Wu Tang** + herbs to Subdue Yang, Dispel Wind

Dang Gui (Chinese Angelica) 10 gr

Sheng Di (Rehmanniae) 30 gr

Bai Shao (White Paeonia) 30 gr

Chuan Xiong (Ligustici Chuanxiong) 10 gr

Shan Yang Jiao (Cornu Naemorhedis) 12 gr

Gou Teng (Uncariae) 30 gr

Jiang Can (Bombyx Batryticatus) 20 gr

Di Long (Lumbricus) 20 gr

Shi Jue Ming (Concha Haliotidis) 15 gr

if proteinuria: + Lu Xian Cao (Pyrolae Rotundifoliae) 30 gr

Yi Mu Cao (Leonuri Heterophylli) 30 gr

Shan Yao (Dioscoreae) 15 gr