

TCM and Pregnancy

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Today, I want to talk about a topic that many TCM practitioners shy away from - treating during pregnancy. As an acupuncturist, if you remember back to your original schooling, we were all taught a few points to avoid when treating a pregnant woman: LI 4, Liv 3, GB 20, Sp 6, UB 60, lower abdominal points and sacral points. The reason I remember being told to avoid these points was that they could help stimulate labor. Those of us who tried to stimulate labor with those points probably found they worked fairly well for this. Otherwise, the only other tidbits that were tossed to us about pregnancy was to use moxa on UB 67 to help turn a malpositioned fetus or P 6 for morning sickness.

Even though we learned in school that these few points are the only ones to avoid during pregnancy, the vast majority of us graduate with a general unease about treating pregnant women with acupuncture. Some of this stems from a misunderstanding and too-literal interpretation of the phrase *moving blood*; however, that is a can of worms to open later. There was no specific prohibition that we learned against using all the other acupuncture points (not proscribed). For most of us, it was just something that we either did not come across in our school clinics or did not have a teacher who spoke confidently about treating pregnant women. This undercurrent of unease is even deeper and stronger when it comes to treating pregnant women with Chinese herbs. Most of us avoid giving herbs to pregnant women like a pimply teenager avoids vegetables. We just don't do it! My goal today is to help dispel some of that unease and open our eyes to the possibility of helping alleviate some of the ills and discomfort pregnant women can suffer.

Taking an historical perspective, our current state of unease in treating pregnancy is understandable when you look back to how pregnancy was treated traditionally in Chinese medicine. According to Debra Betts, a very experienced acupuncturist whose text *Acupuncture in Pregnancy* I unequivocally recommend, TCM doctors did not attend normal births. It was midwives who delivered babies. The doctors were only called in once in a while and at the very last moment in dire cases when the midwife had run out of options. In other words, TCM doctors were only called when it was likely the baby or mother was going to die.

I also want to point out the division of gender roles (unspoken, albeit implicit) that probably existed then. For most of human history and in most societies, pregnancy and everything associated with birth was not the province of men. Women looked after pregnant women and the birthing of children. Most men, including TCM doctors (who before the Cultural Revolution in China were men), would not have even the most rudimentary practical knowledge of pregnancy and birth. And by the time doctors did see births, things were already so horribly wrong that they most likely could do nothing to help. They were probably too afraid to treat. Again, it does not take a huge leap of imagination to see how this unease might have been passed down to our teachers, and then to us.

As for the hesitation with herbs, Bob Flaws himself takes some of the blame for this. In his very useful seminar on treating pregnant women with herbs, he talks about he translated many of the early gynecological texts into English, and that a slight translation error occurred. In those early

English translations, there was a long list of herbs (including most blood-invigorating ones) that were contraindicated during pregnancy. In his seminar, Flaws concedes that the correct translation should state that these herbs are contraindicated in pregnant women unless the patient's pattern and condition warrant their use - then you must use these medicinals or you will not correct the problem. In other words, if a pregnant woman shows up at your office with a threatened miscarriage and she has signs of blood stasis (purple tongue, sharp fixed pain, etc.), you must use herbs that invigorate the blood or you will not prevent the miscarriage.

In other words, it is the same old story: diagnose a syndrome through the symptoms that are present and treat that pattern accordingly. The proviso here is that you should stop using these herbs as soon as the symptoms go away; they are not to be used prophylactically. The general proviso for acupuncture is that you need less needles and less stimulation to get a good affect in pregnant women than in your nonpregnant patients. So avoid strong stimulation and keep the number of needles used down to a minimum.

Hearing those words from Bob Flaws, and taking Debra Betts' course and reading her textbook, had a profound effect on me. It gave me the confidence to delve into problems with pregnancy that I treated with only a very few acupuncture points and herbs before. In the past, the extremely limited amount of points and herbs I used, unfortunately, also limited the success of my treatments. Now I get the same fairly high success rate with my pregnant patients that I get with my nonpregnant patients. I have a full arsenal of tools that I am confident in using to deal with the fairly common problems (morning sickness, fatigue, insomnia, constipation, sciatica, etc.) that occur during pregnancy.

What I want to get across with this article is that with some extra knowledge and training, we can help women get through pregnancy more comfortably. There are good, experienced teachers out there whose courses and books we can learn from. Even if you are not comfortable or do not want to get the extra training to treat pregnant women, now you know that there are practitioners out there who are. Find one in your area and refer your suffering pregnant women to them. Believe me, your patients will thank you.

What I do not want is for practitioners to let go of all their inhibitions, go hog wild and start treating pregnant women like non-pregnant women after only reading this article. As we all know, a little knowledge can do a great deal of harm. Remember, we are dealing with the creation of a new life, which we certainly do not want to harm.

The aim of this article is to arm you with the knowledge that it is possible to treat pregnant women successful with both acupuncture and herbs. Now the ball is in your court. It is your job to either learn more so you can treat these women or refer those patients to someone who has.

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