Acupuncture to increase lactation postpartum: A case report

KEYWORDS: acupuncture, lactation, increase lactation, breastfeeding, postpartum, puerperant, review.

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ABSTRACT

Insufficient lactation after delivery is quite common in puerperants (Wei et al. 2008, p. 168). According to quantitative evidence acupuncture stimulates the release of prolactin and oxytocin, two hormones involved in the production and release of milk (Jenner & Filshie 2002, p. 107). Laboratory animal studies have shown that needling Ren 17 increases pituitary prolactin in lactating or not female and male rats, whereas acupuncture increases the plasma level of pituitary prolactin in postpartum women with hypogalactia (Sheng & Xie 1989, p. 446). Literature review results on acupuncture, electroacupuncture and auricular acupuncture indicate the effectiveness of these techniques on increasing lactation postpartum (Wang et al. 2007, p. 85, Wei et al. 2008, p. 168 & Yu & Zhou 2012, p. 1087). Also, due to the increase in prolactin levels, acupuncture helps maintaining breastfeeding in the first 3 months after delivery (Neri et al. 2011, p. 133) and contributes to increase of breastfeeding rates (Yu & Zhou 2012, p.1089). This case study supports the findings of the literature review and since some different points compared to current research were used with the same outcome maybe future research on their use for increasing lactation could be beneficial.

INTRODUCTION / CASE HISTORY DESCRIPTION

A 41-year-old female visited the clinic on the third week after childbirth. This was the second child 6 years after the first and the delivery was natural with the aid of epidural. Complications were bowel wall collapse and mild vaginal prolapse. Interview revealed that patient was on Femax, vitamins and had a good diet. No further medical tests were necessary. Diagnosis and treatment are illustrated on the table below. Treatment plan recommended was weekly visits for the next 4-6 weeks. Patient responded well to treatment and her milk supply was increased.

<table>
<thead>
<tr>
<th>Table of Presentation &amp; Treatment during 3 weeks</th>
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<tbody>
<tr>
<td><strong>Week</strong></td>
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| 1 | • quite tender occipital area,  
• blood loss during birth  
• slight constipation,  
• dizziness,  
• anxiety,  
• emotionally disappointed and annoyed with the baby’s father (single mother),  
• tired because of interrupted sleep due to breastfeeding.  
**Tongue:** pale and flabby with a few red spots at the front part and a stomach crack. Thin white moss.  
**Pulse:** 84 beats/min, thin and wiry especially on kidney position, low and empty on lung and heart positions.  
   | **D:**  
   Spleen yang xu and blood xu  
   **TP:**  
   Tonify spleen yang and build blood.  
 | GB21 Jianjing,  
  GB41 Zulinqi,  
 CV4 Guanyuan,  
 ST36 Zusanni,  
 SP6 Sanyinjiao,  
 SP10 Xuehai,  
 LI11 Quchi,  
 GV20 Baihui.  
*Moxa was used on CV/REN 4 and GV/DU 20.* |
| 2 | • energy (4/10),  
• tight neck but headaches and tenderness on occipital area have gone after last treatment,  
• milk supply was excellent for three days after last treatment and would keep that up,  
• constipated, stool hard to pass initially then ok,  
• lack of sleep.  
**Tongue:** Pale, flabby and red around the tip. Thin white moss.  
**Pulse:** 78 beats/min, overall slight wiriness, empty especially on heart and kidney positions.  
 | **D:**  
 Blood xu and Spleen qi xu.  
 **TP:**  
 Build blood and tonify spleen qi.  
 | ST36 Zusanni with moxa,  
 SP6 Sanyinjiao,  
 SP10 Xuehai,  
 LI11 Quchi,  
 GB20 Fengchi,  
 ST25 Tianshu,  
 SI11 Tianzong with moxa.  
*Dietary advice:*  
bone soup with organic bones and meat, informed about blood building foods according to TCM.* |
**LITERATURE REVIEW**

The databases used for literature review were Cochrane library (4 articles), Pub Med (50 articles), Google scholar (3570 articles, limiting words: “free access article” & “review” resulted to 809 articles), Ebscohost (990 articles, limiting words: “postpartum” & “review” resulted to 308 articles). Search keywords: acupuncture, increase lactation, lactation, breastfeeding, postpartum, puerperant, review. Results indicated that acupuncture treats hypogalactia postpartum (Zhao & Guo 2006, p. 29 & Wang & Li 2004, p. 53). Also, acupuncture and electro acupuncture on SI 1 postpartum increase lactation (Wang et al. 2007, p. 85 & Wei et al. 2008, p. 168). Auricular acupuncture increases lactation on

| 3  | Very little sleep the last three days before yesterday due to colicky baby, but now shorter feeds, | Sliding cupping bladder area from T4 to T11 and across top of shoulders. M-BW-35 Huatuojiaji at T6, T8, T9 BL17 Geshu, BL43 Gaohuang, BL23 Shenshu, GB41 Zulinqi, KI3 Taixi. **Prescribed:** Liu Wei Di Huang Wan to take 10 pills 3 x per day on empty stomach. |
|    | tired | D: Blood xu, spleen qi xu and kidney xu. |
|    | 6 hrs sleep last night energy is 7/10, | TP: Build blood, tonify spleen qi and kidney qi. |
|    | better relationship with baby’s father more supportive. |  |
|    | would like to continue increasing blood supply with treatments. |  |
|    | dull pain midway on back that comes and goes, is better for lying down, worse for breastfeeding and holding baby on one position. |  |
| **Tongue:** | Slightly pale, flabby with red tip and stomach crack. Moss slightly yellow. |  |
| **Pulse:** | 78 beats/min, thin deficient and empty on kidney heart and lung positions. |  |
puerperant women, which could lead to higher breastfeeding rates (Yu & Zhou 2012, p. 1087) and due to its efficacy on post-caesarean hypogalactia is worthy to be applied in clinical practice (Zhou et al. 2009, p. 117). Furthermore, acupuncture helps maintaining breastfeeding during the first trimester after childbirth (Neri et al. 2011, p. 133).

DISCUSSION / CASE PRESENTATION / TREATMENT OUTCOME

Client has had breast augmentation and currently breastfeeding full time. The baby suffered from colic possibly suspected to be by swallowing air during breastfeeding since due to augmentation it was difficult to obtain a complete seal around the nipple. All treatments addressed the main complaint and aimed to increase lactation. Even though SI1 & REN17 (traditional points for lactation) were not used, client noticed increased milk supply with treatments. Treatment plan: weekly visits for the next 4-6 weeks and ideally for the first 3 months after childbirth. During the 1st treatment needling GB21 had a strong down bearing effect (shortness of breath) that client could not handle, therefore needles were removed immediately. Patient overall was anxious, some anxiety was settled after rapport was built. Treatment was tailored to client’s needs as presented each week, addressed effectively the main complaint and increased lactation even without needling traditional lactation points. In future I might use moxa on SI1 as it is painful to needle.

CONCLUSIONS / SUMMARY

Acupuncture tailored to patient needs promoted lactation successfully even though some of the traditional points used for lactation on postpartum women were not needled. This possibly emphasises that while traditional point prescriptions are important client specific treatments are also very significant.

REFERENCES


