Acupuncture in Pregnancy

João Bosco Guerreiro da Silva*  
Department of Acupuncture, Brazilian Medical Acupuncture College, Brazil

*Corresponding author: João Bosco Guerreiro da Silva, Scientific director, Department of Acupuncture, Brazilian Medical Acupuncture College, Brazil, Tel: +55 17 32015700; E-mail: jbgsvil@hotmail.com

Rec date: Jun 26, 2014; Acc date: Jun 28, 2014; Pub date: Jun 30, 2014

Copyright: © 2014 Da Silva. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Editorial

Acupuncture may be an excellent tool for pregnancy. Moreover, much of its acceptance by scientific community is due to the pioneers well designed studies which demonstrated that it could be effective in gravidic nausea [1].

Acupuncture can be used in antenatal period, in deliverance and postnatal. In deliverance, it is used experimentally as an optional and complementar technique for analgesia [2]. It can be also used before conception, both to increase the chance of a normal pregnancy and improve rates of artificial insemination or in vitro fertilization [3].

The use of acupuncture in the obstetrics pathologies of pregnancy like miscarriage threat and Specific Hypertensive Disease of Pregnancy is understudied although Betts et al. [4] call attention for the use in the first case. The relative success in treating Essential Hypertension in other kind of patients [5] may be a stimulus for its use in the second case, but there is not enough clinical experience yet.

Besides emesis gravidarum, acupuncture seems to be effective - like in the absence of pregnancy - in low back and pelvic pain [6-8], tensional headache [9] insomnia [10], depression [11] and dyspepsia [12], clinical conditions that significantly impair the development of pregnancy and the quality of life of pregnant. We could not forget the use of acupuncture in hypogalactia [13] and for cephalic version in breech presentation [14].

Despite these results, there is still strong concern about using acupuncture in pregnancy. The traditional literature - here understood as textbooks that are based exclusively on Traditional Chinese Medicine [15,16] - raises suspicions about the risk of using certain points because they might be abortifacient and should be ‘forbidden’. We have been worked in the last years to show that this concern is groundless [17]. An overview of literature shows the opposite. Acupuncture in these ‘forbidden’ points could induce uterine contractions but only in post-term pregnant women, during labor or in cases of fetal death [18,19]. On the other hand, it could protect animals from preterm labor induced by oxytocin [20]. In other words, acupuncture has a bidirectional regulatory effect [21].

Traditional and modern authors show us that acupuncture plays an homeostatic role [22,23]. If it can normalise physiological parameters, why should it have a harmful effect when a pregnancy is normal [24]? At least two experimental studies demonstrated that acupuncture [25] or electrodes [26,27] in forbidden points do not produce deleterious effects to the pregnancy development. This unsustainable fear must end. The use of acupuncture in pregnancy should be encouraged. It may be an outstanding option in prenatal care. Being a non-pharmacological therapy it can avoid many complications drugs may cause in this delicate phase of female life.

References


