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For the Cephalic Version of the Breech Presentation, Moxibustion

Tsu I

Department of Drug Design and Optimization, China Pharmaceutical University, Tongjia Ln, Gulou, Nanjing, Jiangsu, China

Introduction

Traditional Chinese medicine (TCM) involves the burning of the plant moxa, also known as mugwort or Folium Artemisiae argyi, over acupuncture points. To assist the cephalic version of breech presentation, it is frequently utilised in China. This article analyses the literature on its usage for this indication as well as its use therapeutically, historically, philosophically, and with regard to potential mechanisms of action. Moxa can be applied directly to the skin, rolled into sticks, or placed on an acupuncture needle and lit to warm acupuncture points during moxibustion. Moxibustion may facilitate external cephalic version and may encourage cephalic version of breech presentation, according to studies. Research on the effects of moxibustion on the cephalic version of breech presentation, however, is currently lacking. In the United States, 3 to 4 percent of term pregnancies are delivered with the baby presented breech. The external cephalic version (ECV), which involves manually rotating the foetus to a cephalic presentation through the abdomen, has a 58 percent success rate. 2 The results of a 2015 Cochrane systematic review looking at planned caesarean for singleton breech presentation at term found planned caesarean was associated with less neonatal morbidity, even though there may be health issues in babies who manifest by age 2 as well as an increased maternal morbidity from the surgery [1].

Description

The introduction of moxibustion and acupuncture to Japan came from China around the middle of the sixth century ad. Moxibustion was initially used to encourage the cephalic version of a breech presentation in Japan in the 1750s. When a gynaecologist reported utilising moxibustion to flip 80% of breech foetuses in Japan in 1950, the practise saw a comeback in favour for cephalic version of breech presentation. 17 In 1987, a research that found 525 (89.9%) of 584 breech foetuses were successfully rotated by moxibustion was published, sparking a second renaissance. Moxibustion comes in a variety of forms, including heated needle method, direct moxibustion, and indirect moxibustion. In direct moxibustion, the moxa fibre is applied directly to the skin without the use of a barrier, often with the goal of leaving scars. When using rolled stick moxa, an intermediary barrier—such as a slice of ginger or garlic or just some space is placed between the skin and the moxa. A tiny bit of moxa fibre is burned on the acupuncture needle's handle during the warm needle technique after the needle has been put into the acupuncture point. Malpresentation of the foetus happens when the pregnant woman has a depletion of qi and blood, even in the absence of uterine and placental defects. The foetus is unable to acquire the proper posture for delivery as a result of this depletion, which is an imbalance of yin and yang. This depletion and obstructions to the flow of qi and blood are relieved by moxibustion because it warms and moves the qi and blood. The cephalic version of a breech presentation has been demonstrated to be facilitated by moxibustion to the acupuncture point Bladder, which is located at the lateral corner of the little toe's nail, according to TCM. The bladder meridian's last point, BL67, is said to be the meeting place of the yin and yang vital energy [2,3].

Classic medical treatises that date back as far as 2000 years serve as guidance for TCM practitioners. These medical texts simply provide basic recommendations for the administration of moxa; no particular regimens are provided. The use of evidence-based medicine by TCM practitioners is still in its infancy; for instance, there is just one research on the application of moxibustion for cephalic version that made use of a rigorous doubleblind randomised clinical trial (RCT) design. A 2013 pilot research that involved a Delphi poll of 16 seasoned acupuncturists from Australia and New Zealand looked at the main components of moxibustion therapy for the cephalic variant of breech presentation. It was designed to provide a uniform moxibustion methodology. This literature review was exploratory in nature. There were no restrictions on publication dates, and the majority of the literature on this subject was written more than five years ago. Using phrases from the PubMed Medical Subject Headings, a Boolean search was conducted. Moxa, moxibustion, moxibustion with breech, and breech cephalic version were utilised as search phrases. Only 49 of the 4934 results (out of 4934) were relevant to using moxibustion to turn a breech baby and were not duplicates. Cochrane reviews and meta-analyses reference lists were checked for additional articles. We analysed study titles and abstracts that were pertinent to breech foetus versions. The only English-language meta-analyses, Cochrane reviews, and randomised controlled trials were considered [4,5].

Overall, moxibustion was not statistically linked with a higher risk of cephalic version when compared to no therapy (P =.45). There is evidence, nonetheless, that moxibustion may reduce oxytocin use during labour for individuals who got moxibustion compared to normal care for those participants who had vaginal deliveries and attained cephalic presentation (relative risk [RR], 0.28; 95 percent CI, 0.13-0.60). However, because oxytocin usage was only evaluated in one research, it is important to take caution when interpreting the findings. Moxibustion was shown to be more effective than acupuncture in reducing the likelihood of noncephalic birth presentations in women. Women in the moxibustion with acupuncture group were less likely, according to research comparing it to no therapy. Together, these findings lend credence to the idea that moxibustion can change a breech presentation into a cephalic one. However, further research is required before clinical recommendations can be made because the trials employed various moxibustion procedures with various protocols. The 8 papers that were reviewed are also susceptible to bias since the blinding status was not known, the study was not blind, or it was just single blind. If participants in the control groups realised they wouldn't be getting the intervention, they could have looked for outside interventions to try to have a cephalic version of their foetus. In fact, despite participants' informed permission to forego seeking outside therapies, this source of bias may have had an impact on their findings [1,2].

Conclusion

Clinicians and their patients could be interested in trying moxibustion for cephalic version of a breech foetus even if there are currently no established

***Address for Correspondence:** Irene Tsu, Department of Drug Design and Optimization, China Pharmaceutical University, Tongjia Ln, Gulou, Nanjing, Jiangsu, China; E-mail:xu.qidong@ac.za*

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methods for doing so. Boxes of ten moxibustion sticks are available online from various vendors. It is crucial to remember that applying direct moxibustion and using heated needles both have a higher risk of burning the skin and should only be done by an acupuncturist with proper training. It is safe for medical professionals to do indirect moxibustion on pregnant women or for them to self-administer it. In this technique, a moxa stick is burnt, and the ember is held over the acupuncture point without making direct contact with the skin. to lessen the possibility that the woman may fall and get burnt.

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Conflict of Interest

The author reported no potential conflict of interest.

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