

Acupuncture and pelvic pain in pregnancy

Elden et al [1] 2005 published a randomised single blind controlled trial involving 386 pregnant women in the British Medical Journal (BMJ).

Summary

The objective was to compare the efficacy of standard treatment for pelvic pain (a pelvic belt, patient education and home exercisers- for abdominal and gluteal muscles) to standard treatment plus acupuncture or standard treatment plus physiotherapy stabilising exercisers (for the deep lumbopelvic muscles).

The study time frame consisted of one week which was used to establish a baseline, followed by six weeks of treatment. The acupuncture treatment was given twice a week and the stabilising exercisers sessions one hour per week (with patients then doing these exercisers several times a day on a daily basis). Follow up was carried out one week after treatment finished.

Three physiotherapists gave standard treatment, two medical acupuncturists delivered the acupuncture treatment and two physiotherapists gave the stabilising exercisers.

Pain was measured by a visual analogue scale and by an independent examiner before and after treatment.

Conclusion

Acupuncture was superior to stabilising exercisers in the management of pelvic girdle pain in pregnancy. With acupuncture the treatment of choice for patients with one sided sacroiliac pain, one sided sacroiliac pain combined with symphysis pubis pain and double sided sacroiliac pain.

Treatment method

The women received 17 needles at each visit. Seven needles were used bilaterally on the distal points

Baihui DU-20, Hegu LI-4, Kunlun BL-60 and Zusanli ST-36 with ten further acupuncture needles chosen according to local painful points on palpation. They were selected from the following;

Guanyuanshu BL-26, Ciliao Bl-32, Zhongliai Bl-33, Zhibian Bl-54, Henggu KID-11, Huantiao GB-30, Chongmen SP-12 and the extra point Yaoyan (identified in the study as EX 21)

The points were used bilaterally with the needles inserted to a depth of 15- 70 mm. Once De qi was achieved they were left in place for 30 minutes and manually stimulated every 10 minutes.

Clinical Perspective

Although no serious complications were reported during treatment it is of concern that the acupuncture points Hegu LI-4, Kunlun BL-60 and Ciliao BI-32 are listed with no mention of their function in traditional Chinese medicine to induce labour [2] [3]. The women accepted into this study received acupuncture were from 12 to 31 weeks gestation.

Traditionally these points would be regarded as forbidden (or only to be used with great care) at this stage of a pregnancy. To me this is especially true when they are used in combination together. E-mail correspondence with the author Helen Elden confirmed that the four distal points Baihui DU-20, Hegu LI-4, Kunlun BL-60, Zusanli ST-36 were used as routine points at each acupuncture treatment. She commented that they did not use TCM theory when choosing the points.

The study states that these distal points were chosen due to their well known pain relieving effect. While the choice of Hegu LI-4 and Kunlun BL-60 as distal points for pelvic pain is of concern from a traditional Chinese medicine perspective it is also surprising considering that Hegu LI-4 was used in research as an induction point for women at term (Rabl et al 2001 [4]). They concluded that “acupuncture was able to encourage ripening of the cervix and reduce the time interval between the expected date of delivery and the actual time of delivery”.

From a personal Clinical Perspective the fact that 125 women received acupuncture at Hegu LI-4 and Kunlun BL-60 with no serious side effects is not sufficient enough to reconsider clinical practice. From a traditional Chinese medicine perspective there are a range of effective distal points to use in the treatment of pelvic girdle pain without resorting to the use of Hegu LI-4 and Kunlun BL-60 and this is a small sample of women when compared to both the historical data and effective clinical use of these points to induce labour.

This is an interesting study as while it confirms the benefit of offering acupuncture for pelvic pain in pregnancy it also raises questions about the way point prescription acupuncture can be used by physiotherapists and medical acupuncturists.