The Therapeutic Effects of Acupuncture in 30 Cases of Postpartum Hypogalactia

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From 1999 to 2003, 30 cases of postpartum hypogalactia were treated at this hospital with acupuncture as reported in the following.

General Data

In this series, there were 30 cases of postpartum hypogalactia, including 25 primiparae and 5 pluriparae, ranging in age from 31-36 years. The duration of illness was from 2-10 days in 21 cases, 10-20 days in 6 cases, and 20-30 days in 3 cases. 27 cases had scanty and thin secretion of milk, and 3 cases no any milk secretion. Most of the cases were accompanied with mammary distention and pain, chest distress, or poor appetite.

Method of Treatment

The points selected as the main points were Shanzhong (CV17), Shaoze (SI1), and Rugen (ST 18). The adjunct points were Zusanli (ST36) and Taichong (LR3).

The patient was asked to take the supine position. After routine sterilization of the points, a 2-*cun* No.30 filiform needle was inserted 1-2 *fen* perpendicularly into point Shanzhong (CV17), followed by downward transverse insertion of the needle for 1.5 *cun*, with moderate stimulation for 1-2 min upon the arrival of *qi*. Then, the needle was withdrawn till the tip beneath the skin and was inserted transversely to the left and the right, and even manipulation was done upon the arrival of *qi*. The needle was retained for 30 min. For cases of the deficiency type, moxibustion was added during the needle retention. For point Rugen (ST18), the needle was inserted transversely upward for 0.8-1 *cun*, and retained for 30 min. For patients of the excess type, the pricking blood-letting method was adopted for point Shaoze (SI1) with a three-edged needle to let out 3-4 drops of blood. For patients of the deficiency type, superficial needle insertion was adopted for Shaoze (SI1) with the needle inserted obliquely for 2-3 *fen,* followed by the twirling manipulation before withdrawal of the needle. And mild moxibustion with the moxa stick was then applied to the local area.

For those with a wizened but soft breast without milk, poor appetite, and weak body constitution, Zusanli (ST36) was punctured 1-1.5 *cun* deep with the reinforcing method or with mild moxibustion added, and the needle was retained for 30 min. For those having milk in the breast but with no discharge, mammary swelling, hardness and pain or mammary distention, and mental depression, Taichong (LR3) was punctured perpendicularly 0.5-1 *cun* deep, with the needle manipulated by the reducing method, and then retained for 30 min.

Results of Treatment

After one session of treatment, milk secretion increased in various degrees in 90% of the patients, and the therapeutic effect was more marked after 3-5 sessions of the treatment, especially for those primiparae within 10 days after labor. It was shown that the longer the duration of illness, the poorer the therapeutic effect.

Typical Case

Ms Wang, 26 years old, had no milk secretion for one day in seven days after labor. 7 days before, she

had given a normal birth to a baby girl with no postpartum hemorrhage. At the beginning, she could meet the baby's needs for milk. However, she had no secretion suddenly because of anger. The patient complained of a distending and oppressed feeling in the chest and hypochondrium, dry and bitter taste in the mouth, and constipation for 3 days. The breasts were hard and swollen, the tongue proper was red with thin-yellow coating, and the pulse wiry and slippery. The diagnosis was hypogalactia. The TCM differentiation was stagnation of the liver-*qi*, which obstructed the milk collaterals. The principle of treatment should be regulating the circulation of *qi* and blood, and removing obstruction from the collaterals to promote milk secretion.

The patient was asked to take the supine position. After routine sterilization, a 2-*cun* filiform needle was inserted transversely into Shanzhong (CV17) for 1.5 *cun*, followed by the twirling manipulation with the even method, after which the needle was withdrawn to the place beneath the skin and inserted transversely to the left and right till the patient felt the arrival of *qi* with a sore and distending needling sensation. Rugen (ST18) was punctured transversely 0.8 *cun*, followed by the lifting-thrusting and twirling manipulation with the even method. Taichong (LR3) was punctured perpendicularly 0.5 *cun* deep with a 1-*cun* filiform needle and manipulated with the reducing method, and the point punctured was enlarged by rotating the needle during withdrawal of the needle. Shaoze (SI1) was pricked with a three-edged needle to let out 3 drops of blood. During the course of retaining, the needles were manipulated intermittently twice. At this time, the patient had her milk spray out, and felt alleviation of mammary distention with immediate relief of oppressed feeling in the chest. She was then advised to keep in a happy mood. Only by one session of treatment, the patient was cured with a smooth milk secretion later. And the follow-up survey by phone calls reported no recurrence.

Comment

Shanzhong (CV17) is an influential point of *qi*, having the functions of relieving the chest oppression, regulating *qi*, and removing obstruction from the collaterals to promote milk secretion. Needling Rugen (ST18) can promote the circulation of *qi* in the Yangming Channel, thus promoting the secretion of milk. Shaoze (SI1) is an effective point for promoting milk secretion. Zusanli (ST36) is used to reinforce the functions of the spleen and stomach, regulate *qi* and blood, and tonify the weak body constitution, thus making the spleen and stomach strong, *qi* and blood ample, and milk sufficient. Taichong (LR3) has the effect of soothing the depressed liver-*qi*, and thus is good for those having mental depression. The combined use of the above points can produce the joint effects of tonifying the spleen and stomach, soothing the depressed liver-*qi*, and removing obstruction from the milk collaterals, hence the increased secretion of milk.

(Translated by Wang Xinzhong 王新中)