‘Forbidden points’ in pregnancy: do they exist?

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Acupuncture has been used in numerous diseases and for many types of symptoms. It has been also used for obstetric complaints, such as nausea and vomiting, insomnia and low back and girdle pain. There has long been concern that some points—called forbidden—might harm pregnancy owing to a potential abortifacient effect, but it is difficult to confirm this proposition. The small number of available publications on this topic seems to show that this is not correct. Animal research examining possible harmful effects and a systematic review would be welcome to throw some light on this question.

Acupuncture has become a popular treatment and regardless of the arguments about its physiological basis,1 it has been accepted as an effective medical practice in the Western world and has even been adopted by health systems in many of these countries.2 It seems to have multiple modes of action, all of them mediated by the nervous system, such as local effects, neurochemical mechanisms, segmental nervous system effects, autonomic nervous system regulation and effects on brain function.3 For this reason, many different symptoms are treated by acupuncture. Nausea and vomiting,4 depression,5 anxiety,6 many types of pain7–9 and xerostomia10 are a few examples of the conditions that have been successfully treated by acupuncture in recent years.

USE OF ACUPUNCTURE IN OBSTETRICS

Obstetrics is also an area in which acupuncture can be used.11 It is a non-pharmacological treatment, avoiding problems that drugs may cause in this vulnerable period of a women’s life. We should never forget that thalidomide was introduced as a drug for pregnancy nausea and vomiting. Much of acupuncture’s acceptance by the scientific community can be credited to the first well-designed trials, which proved that acupuncture was effective for pregnancy nausea and vomiting.12 As a result of these trials many doctors and researchers around the world started to use acupuncture, carrying out research and publishing articles, from case reports13 to randomised controlled trials,14 about its use in many conditions affecting the quality of life of pregnant women. In addition to its use for emesis,15 it seems to be effective in several common medical conditions such as low back pain,16 depression,17 insomnia18 and dyspepsia.19

CONCERNS ABOUT THE USE OF ACUPUNCTURE IN PREGNANCY

Despite these results, there is still strong concern about using acupuncture in pregnancy. It is believed that some points are forbidden to needle. These so called ‘forbidden points’ have been considered a contraindication in pregnant women owing to a potential abortifacient effect. Two of us (MUN and JBGdS) have been working with acupuncture in the prenatal period since 2001. Our work has been presented at the Brazilian congress and also in other countries—the IVth and Vth Ibero American Acupuncture Congress, at Quito, Ecuador in 2006 and Mexico City in 2008, respectively; the XIIIth World Congress of International Council of Medical Acupuncture and Related Techniques, Barcelona, 2007 and the Vth Congress of World Federation of Acupuncture Societies, Beijing, 2007.

Despite these reports being well received, and even receiving a couple of awards, these authors have been vehemently attacked on many occasions by colleagues extremely worried about the possibility that acupuncture—or at least some points—might have deleterious effects during pregnancy.

The concept of ‘forbidden (acupuncture) points in pregnancy’ is ubiquitous in the traditional acupuncture literature, but the origin of the idea seems obscure. Always basing their opinions on ancient sources like The Yellows Emperor’s Book of Acupuncture, The Systematic Classic of Acupuncture and Moxibustion and The Classic of Difficult Issues,20–22 modern authors state that many points are related to be dangerous. Auteroche et al23 and Maciocia24 cite LI4, SP6, BL60, BL67 and all points in the lower abdomen and lumbosacral area in pregnancy before 3 months as dangerous. Maciocia also states that the last points should not be used throughout pregnancy and those above the navel should be used in the first 3 months only; he also declares that he would not use LU7 and KL6, but this is not an absolute rule. Dale25 and Worsley26 add to this list many other points such as CV2, 3, 4, 5, 6, 7; GB2, 9, 21, 34; GV3, 4, 5, 6, 7; KI4, 7; LI2, 4, 10; SP1, 2, 6; ST4, 12, 24, 25, 36, 45; BL60, 67. In their opinion only the Heart meridian has no contraindicated points in pregnancy. Why are they contraindicated? It is not very clear but it is supposed they might be abortifacient.

OVERVIEW OF THE LITERATURE ON ACUPUNCTURE IN PREGNANCY

In an overview of published reports we found no research examining why some acupoints are contraindicated and, conversely, we did find articles showing that acupuncture in ‘forbidden points’ could induce uterine contractions in post-term pregnant women using SP6 and LI3,27 during labour and in cases of fetal death but not preterm, using LI4 and SP6; and inhibit premature labour using SP428 (also described by some professors as a ‘forbidden point’). On the other hand, acupuncture—in those same ‘forbidden points’—could also protect from preterm labour, induced by oxytocin.29

In an experimental study, Chen et al30...
showed that LI4 and SP6 had a bidirectional regulatory effect on abnormal electrohysteroscopy patterns of pregnant rats induced by oxytocin and progesterone injection. Liu et al demonstrated that acupuncture could reverse the anti-implantation effect of mifepristone. The regulatory aspect of prostaglandin on uterine contractility seen by Kim et al in LI4 and SP6 might be the reason for that.

Some researchers have suggested that various brain regions are activated or deactivated by acupuncture stimulation. Although the ideology of ancient Chinese medicine has been discarded by most medical practitioners, traditional authors have historically hypothesised that acupuncture has a homeostatic role. This was seen in its control of heart rate, blood pressure, body temperature, the proportion of granulocytes and lymphocytes and mucociliary transport. The evidence suggests that irrespective of the condition, acupuncture normalises those parameters.

If acupuncture can normalise physiological parameters, why should it have a harmful effect when a pregnancy is normal? Wang and Hassouna, for example, electrically stimulated pregnant rats at the S1 dorsal roots, mimicking a treatment for voiding dysfunctions. Even after stimulating the rats for 6 h a day, from day 4 to day 20 of pregnancy, no adverse effects were seen.

We believe that this subject should be studied more systematically. A systematic review—not just of the work published in English, but including publications in other important languages like Chinese and Russian—might throw some light on this question. Animal research, for example, with rats, using these forbidden points and looking for abortions, resorptions, reduction of the litters—all ways in which rodents react to noxious stimuli—or even searching for results in the dams, would also be welcome to confirm or repudiate possible deleterious effects. Such an initiative may stimulate research in humans using all the tools at the disposal of modern obstetrics. In this way, we expect that acupuncture will prove to be completely accepted for use in pregnancy, even by the most traditional practitioners.

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