

Acupuncture Boosts Breast Milk Production

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Acupuncture restores normal breast milk production to lactating mothers with low milk secretion levels. Research conducted at the Hanzhong Shanxi Hospital demonstrates that the application of a specific set of acupuncture points significantly boosts lactation quantities. In a controlled

investigation of 116 women with deficient secretion of milk (hypogalactia, hypogalactorrhea), acupuncture successfully increased breast milk secretion from an average of 49.63 ml to 115.21 ml. In addition, lactating mothers receiving acupuncture had a concomitant improvement in prolactin (a hormone that stimulates milk production) levels.

Postpartum hypogalactia is often caused by weakness after delivery. Other causes include congenital dysplasia, dietary issues, and stress. According to Traditional Chinese Medicine (TCM) principles, childbirth brings great changes to the reproductive organs and the entire body. The functions of the meridians and viscera are easily maladjusted during the recuperative period. In order to ensure sufficient breast milk production, which is vital to the baby's healthy growth and the mother, it is important to provide a timely differential diagnosis and treatment once postpartum hypogalactia is discovered. According to TCM principles, postpartum hypogalactia is primarily caused by deficiency of qi and blood or stagnation of liver qi. Deficiency of qi and blood results in insufficient milk production and liver qi stagnation results in coagulation or obstruction of breast milk.

The acupuncture point prescription selected for the study was based on records in the *Tongren Zhenjiu Shuxue Tujing (Illustrated Canon of Acupuncture Points Based Upon The Bronze Figure)* and the *Zhen Jiu Da Cheng (The Great Compendium of Acupuncture and Moxibustion)*. The *Tongren Zhenjiu Shuxue Tujing* was written by Wang Weiji (987–1067 CE) in 1026 CE during the Song dynasty. Wang Weiji is also renowned for designing life-size bronze acupuncture models with 657 acupuncture points drilled through the outer surface. The teaching models were filled with water and the drilled holes at the acupoint locations were filled with wax to prevent leakage. When students needed acupoints correctly, water leaked out of the drilled holes, thereby confirming proper acupoint location and needling techniques. The *Zhen Jiu Da Cheng* was written by Yang Jizhou (1522–1620 CE) during the Ming dynasty. Yang Jizhou was a personal physician to Emperor Jiajing and also served at the Imperial Academy of Medicine.

It is written in the *Tongren Zhenjiu Shuxue Tujing* that CV17 (Shanzhong) is an effective acupuncture point for treating insufficiency of breast milk production. The work also notes that CV17 (Shanzhong) dredges the channels, vitalizes energy, and enhances blood flow. It notes that acupoint ST36 (Zusanli) strengthens the spleen and stomach qi, benefits qi and blood, and therefore supports production of breast milk. It is written in the *Zhen Jiu Da Cheng* that acupoint SI1 (Shaoze) has a magical effect for the treatment of postpartum hypogalactia. This is consistent with modern usage of SI1 (Shaoze). Modern texts cite the use of this acupuncture point to include the treatment of agalactia (absence of lactation), hypogalactia, swelling of the breasts, and breast abscesses. SI1 (Shaoze) is located on the Small Intestine Hand-Tai Yang channel. From a TCM theory perspective, the Small Intestine Hand-Tai Yang channel descends to the center of the chest through CV17 (Shanzhong). SI1 (Shaoze) activates the channel and CV17 (Shanzhong) works synergistically with SI1 (Shaoze) to regulate lactation. The following acupuncture point combination was applied to each patient:

- **CV17 (Shanzhong)**
- **ST36 (Zusanli)**
- **SI1 (Shaoze)**

Patients rested in a supine position during the acupuncture procedure. After routine disinfection, the needles were applied. At the Shanzhong (CV17) acupoint, 1 inch filiform needles were applied with a transverse oblique insertion angle. The needles were inserted to a depth of 0.4 inches and were subsequently manipulated with a twisting technique to obtain the arrival of deqi. Once deqi was obtained, the needle was manipulated for an additional 2 minutes. Zusanli (ST36) was inserted perpendicularly to a depth of 0.2 inches. Rotating, lifting, and thrusting techniques were applied to obtain the arrival of deqi. Shaoze (SI1) was stimulated with swift pricking blood therapy technique. A total of 2–3 drops of blood

were elicited from the acupoint every 10 minutes. Total needle retention time was 30 minutes per acupuncture session. Treatments were applied once per day for 2 weeks.

Milk secretion levels were compared at several data points: 48 hours prior to treatments, 1 week after completion of all treatments, and 2 weeks after all treatments. The acupuncture treatment group significantly outperformed the control group that received routine nursing care and nutritious dietetic meals. Prior to treatments, both the acupuncture group and the control group produced less than 50 ml of milk. After 1 week, patients in the acupuncture group produced 86 ml of milk and the control group produced an average of 52 ml of milk per patient. At the 2 week data point, patients in the control group had no measurable increase in milk production. However, patients in the acupuncture group produced an average of 115.21 ml of breast milk at the 2 week data point. Additionally, the prolactin (PRL) index increased from 251.96 ng/ml to 293.43 ng/ml in the acupuncture group, whereas the PRL index in the control group dropped approximately 10 ng/ml.

In a related study, Wang et al. confirm the efficaciousness of acupuncture point SI1 for the treatment of hypogalactia. Differing from the aforementioned research, the needling method at SI1 used by Wang et al. was a straightforward needle insertion with no drainage of blood. In their research entitled *Multicenter randomized controlled studies on acupuncture at Shaoze (SI1) for treatment of postpartum hypogalactia*, 276 patients with hypogalactia were randomly divided into an acupuncture treatment group and a control group. The degree of mammary filling, lactation quantities, and prolactin levels were measured. Patients receiving acupuncture at SI1 had a total effective rate of 97.8%. Patients in the control group that received electroacupuncture at acupoint LI1 (Shangyang) had a 24.3% total effective rate. The researchers concluded that acupuncture applied to SI1 is effective for the treatment of hypogalactia.

In an independent investigation, He et al. tested the efficaciousness of acupuncture point CV17 (Tanzhong) for the treatment of hypogalactia. The study design was a single-blinded, randomized controlled multi-center investigation of 276 hypogalactia patients and was conducted at the Beijing Obstetrical and Gynecological Hospital, Beijing Mother and Child Health Institute, and the Haidian Mother and Child Health Institute. Acupuncture applied to CV17 significantly increased breast filling and lactation volumes. Other improvements were measured by documenting artificial feeding requirements, neonate weight, urination frequency, and crying time of neonates. Based on the data, the researchers conclude that acupuncture applied to CV17 significantly promotes lactation.

The findings produced by modern research confirm the therapeutic actions of acupuncture points for the treatment of hypogalactia as outlined in the *Tongren Zhenjiu Shuxue Tujing (Illustrated Canon of Acupuncture Points Based Upon The Bronze Figure)* and the *Zhen Jiu Da Cheng (The Great*

Compendium of Acupuncture and Moxibustion). Essentially, lactation treatments and research have endured for a millennium. Modern scientific methods of investigation continue to support the use of acupuncture points CV17 (Shanzhong), ST36 (Zusanli), and SI1 (Shaoze) for the treatment of hypogalactia.

It is the persistence of knowledge, handed down through time, that provides the basis for Chinese medicine and acupuncture. The knowledge of ancient libraries, oral histories, and multi-generational family clinics now merge with university research centers, hospital treatment facilities, and both government and private sponsored grant projects. At the Healthcare Medicine Institute, our contention is that appropriate medicine is one that is both safe and effective. Ethnocentric biases yield to the true measure of appropriateness, positive patient outcomes. Divisions such as east versus west, allopathic versus traditional, and the like, are out of step with a move towards integrative medicine and a medical model based on producing clinical results. Here, we find yet another powerful example of testing ancient treatment methods with scientific scrutiny. There are few options for patients with hypogalactia, and now acupuncture demonstrates an important role in supporting nursing mothers.

In TCM, dietetic modifications are often used for the treatment of hypogalactia, including the use of Mu Gua (papaya). The topic is covered in the acupuncture continuing education course entitled *Chinese Medicine Dietetics #1*. Papaya is categorized as a sweet and neutral herb and enters the stomach and large intestine channels. Papain, an enzyme in papayas, aids digestion of proteins. Papayas are rich in vitamin C, folate, potassium, fiber, and many other nutrients. The continuing education course provides recipes using papaya for the treatment of medical conditions, including one for promoting lactation: Mu Gua Hua Shen Ju Pi Tang. This is a combination of Mu Gua (papaya) with pork feet.

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