

will nowadays choose caesarean section as the preferred mode of delivery.

The turning of a breech presentation using the burning herb Moxa has been used in China for thousands of years. The technique of burning this herb is called moxibustion. Moxa is the Chinese name for the herb mugwort (*Artemisia vulgaris*). The herb is naturally dried and resembles green cotton wool; but it is also rolled into a firm 'cigar' covered in tight soft paper, which produces an intense heat when burnt. Moxa also comes in cones (Fig. 3.1).

There is very little written about the origins of moxibustion. It is difficult to trace the origin of such a form of therapy ... because moxibustion could be easily utilised by lay people, it developed as a folk remedy. This kind of folk practice cannot be found clearly in the traditional or professional literature, it is hard to say much about its history or popularity' (Manaka, 1995).

In traditional Chinese medicine, Moxa is renowned for 'warming' the Qi and blood and relieving 'stagnation of Qi', and can traditionally be used to treat conditions such as muscular sprains/pain, oedema, clearing cold, dysmenorrhoea, and so on. It has also been growing in our hedgerows and used in middle England for centuries. Renowned for its curative and restorative properties, folklore had it that by placing a leaf in your shoes it would prevent tiredness and 'keep the devil away'!

An acupuncture point which, when warmed by the Moxa, is an empirical point for 'malpresentation of the fetus' and has been used for centuries as a standard treatment in China, has in some studies shown a success rate of 85–90 per cent. The acupuncture point is called 'Zhiyin' or 'Urinary Bladder 67' (UB 67) and is located on the outer border of the little toenail, as illustrated in Fig. 3.2.

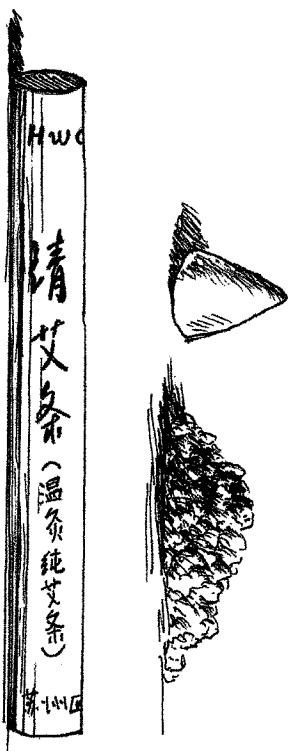


Figure 3.1 Moxa roll, punk and cones

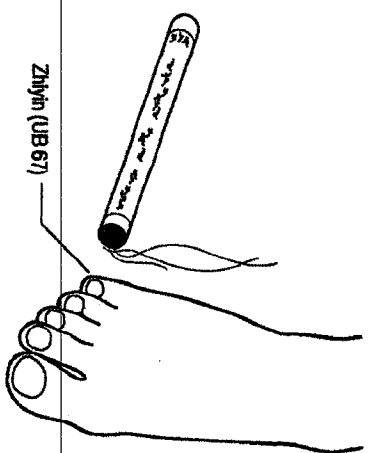


Figure 3.2 Zhiyin – the UB 67 point

One of the techniques used for turning a breech presentation involves heating an acupuncture point on the woman's foot for 15 minutes, twice daily for ten days.

In traditional Chinese medicine this point, when heated with the Moxa, stimulates and carries Qi along the urinary bladder channel to the uterus, tones and warms up the Yang of the kidneys (kidneys dominate reproduction), regulates their function and thereby enhances the movement of the uterus and fetus. A western medical explanation suggests that the treatment increases corticoadrenal secretions, thereby enhancing uterine contractility. This will stimulate the fetus and version is more likely to occur.

Figure 3.3 below shows the hypothetical mechanism of the action of Zhiyin (UB 67), in a trial carried out by the Cooperative Research Group of Moxibustion Version of Jiangxi Province (1980). The study was based on sizeable case samples, and demonstrates scientifically its efficacy and mechanism of action.

The authors postulate that 'the increase in corticoadrenal secretion, through the resulting increase in placental oestrogens and changes in prostaglandin levels, raises basal tone and enhances uterine contractility, stimulating fetal motility and thus making version more likely'. The increase in fetal motility is one of the most widely reported effects as a result of the treatment; women often report an increase in fetal movement within a few minutes of moxibustion until the end of treatment. They also report an increased feeling of relaxation and an improved sense of well-being during and following the session.

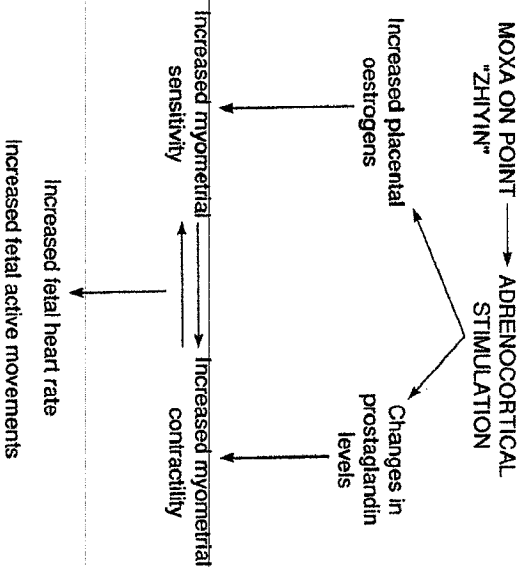


Figure 3.3 The hypothetical mechanism of action of Moxa stimulation of the Zhiyin point (From Tiran and Mack, 2000, with permission)

In most research papers, the ideal time for referral for this treatment is around the 33rd to 34th week of gestation, thereby yielding a higher success rate. The percentage rate of spontaneous cephalic version prior to this time gradually decreases; and data available on the likelihood of spontaneous version indicate that before the 32nd week it is not advantageous to use any form of treatment to version a breech presentation (Boos et al., 1987; Goltficher and Madjaric, 1985; Goltficher et al., 1989).

These papers clearly distinguish between those with a high probability of spontaneous version (even after the 32nd week and before the 35th week), and those with a previous breech presentation at term low probability of spontaneous version after 32nd week (Goltficher and Madjaric, 1985; Westgren et al., 1985).

Research performed in China on using moxibustion for breech presentation report a varied success rate ranging from 80.9 per cent to 90.3 per cent with an ideal time for treatment being around the 34th week of gestation (Wei Wen, 1979).

In Italy, Cardini et al. (1991) reported a 66.6 per cent success rate on a group of 33 women of gestational ages ranging from 30 to 38 weeks; this report also concluded, as in Chinese trails, that the success rate was higher in multigravidae, probably due to the more 'elastic' nature of abdominal muscle. As far as age is concerned,

Cardini and Marcolongo (1993) in a small trial concluded that 'maternal age probably does not play an essential role in determining the likelihood of cephalic version during the third trimester'. In the same trial, fetal size did not seem to effect the results of moxibustion, as noted in his previous study (Cardini et al., 1991).

A recent study in Japan also concludes that 'stimulation of acupuncture points used in Eastern medicine is very effective in correcting breech presentation'. This study, by Kanakura et al. (2001), used 133 pregnant women whose fetuses were in breech presentation at the 28th week of pregnancy or later. Moxibustion treatment was given daily for 30 minutes, until the breech presentation was corrected or confirmed to be non-effective. Six acupuncture points were used: Sanyinjiao (Sp6); Zhiyin (UB 67); Yongquan (Kid 1) on both left and right sides. The results were that of 133 women receiving moxibustion treatment, 123 (92.48 per cent) underwent cephalic version. In the control group of 224 women, 165 (73.66 per cent) underwent cephalic version. The results also suggested that stimulation of acupuncture points could increase the rate of cephalic version in breech pregnancies to around 90 per cent even after the 28th week. 'It also confirmed that stimulation of acupuncture points relaxed the myometrium, providing the fetus with a more moveable condition' (Kanakura et al., 2001).

My colleague Sarah Budd (Budd, 1992), from Derriford Hospital, Plymouth, completed a small pilot study examining the effects of Moxa on maternal/fetal behaviour. The results were inconclusive; there were, however, many reports of increased fetal movements during and after the moxibustion treatment.

Below is an example of the instructions which could be given out to women who are treated with moxibustion for breech presentation. After the initial demonstration with the midwife/acupuncturist, the woman's partner or friend will then be shown exactly how to administer the treatment, so that they can continue at home on a daily basis.

#### GUIDELINES FOR WOMEN UNDERGOING MOXIBUSTION (Fig. 3.4)

- A partner or friend will need to help with this process.
- Women should be advised to sit comfortably, with shoes and stockings removed and legs raised.
- The Moxa sticks should be lit carefully, avoiding flammable objects and substances.