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NOVEMBER 2009 ISSUE



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Welcome to the November Issue of the Acupuncture.com.au monthly newsletter.

There is a good article this month on the use of moxibustion providing a better chance of vaginal birth for expectant mothers. This research helps promote TCM for fertility programs worldwide.

If you wish to contribute a story or article about Acupuncture or Traditional Chinese Medicine please contact the Acupuncture.com.au team through the web.

Events Calendar for November 2009

01

Sydney - YIN/YANG NATURE OF IMMUNITY

When: 10am - 3.30pm, Where: Hilton Hotel, 488 George St

Contact: Emily Lewis on 1300 133 807 or emily@panaxea.com

07

Southport, Gold Coast - Japanese Meridian Therapy

When: 9.00 am - 5.00 pm, Where: 105 Scarborough Street, Contact: Helio Supply Company on 1800 026 161 or TCM@heliosupply.com.au

This is a multi-day event ending on the 08/11

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Brunswick - Jap Acpt for Knee & Foot Problems

When: 9.00 am - 5.00 pm, Where: 103 Evans Street, Contact: Australian Shiatsu College on (03) 9387 1161 - info@australianshiatsucollege.com.au

This is a multi-day event ending on the 15/11

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Sydney - Jap Acpt for Knee & Foot Problems

When: 9.00 am - 5.00 pm, Where: Level 5, 25 Dixon Street. Contact: Helio Supply Company on 1800 026 161 or TCM@heliosupply.com.au. This is a

multi-day event ending on the 22/11

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Melbourne - YIN/YANG NATURE OF IMMUNITY

When: 10am - 3.30pm, Where: Hilton on the Park, 192 Wellington Parade

Contact: Emily Lewis on 1300 133 807 or emily@panaxea.com



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A U S T R A L I A

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Factors affecting the success of moxibustion in the management of a breech presentation as a preliminary treatment to external cephalic version.



Abstract: OBJECTIVES: to explore the effects of moxibustion treatment, to examine the predictors of its use in causing a breech presentation to spontaneously turn to a cephalic presentation which will result in a vaginal birth (the paper will refer to this as 'successful') and offer external cephalic version (ECV) subsequently after moxibustion treatment when the fetus remains in a breech presentation.

DESIGN: a prospective study over a two-year time period from February 2004 until January 2006.

PARTICIPANTS: 76 pregnant women from various acupuncture practices in the UK, with a third trimester breech presentation.

INTERVENTIONS: the acupuncturist taught the women how to apply moxibustion (sticks of compressed dried herbs-*Artemisia vulgaris*) treatment at home by stimulating the acupoint on the outer edge at the base of the little toe nail for seven days twice a day (morning and afternoon). If the breech presentation persisted after treatment, ECV was carried out towards the end of the pregnancy. The obstetricians offered this during the routine antenatal hospital visits.

FINDINGS: the results show that following treatment with moxibustion, 31

Factors affecting the success of moxibustion in the management of a breech presentation as a preliminary treatment to external cephalic version.

(40.8%) of the breech presentations spontaneously turned to cephalic presentations, and a further 33 (43.4%) breech presentations were turned by ECV. Women who involved other people in the administration of moxibustion were twice as likely to be successful. Multiparous women were also 16% more likely than primiparous women to succeed in achieving a spontaneous version with the use of moxibustion. Fewer side effects reported when using moxibustion were the strongest predictor of successful spontaneous cephalic version with an odds ratio of 12% ($p=0.02$).

KEY CONCLUSIONS: moxibustion creates a better chance of vaginal birth for expectant mothers. Of the women who were successful in turning their babies using moxibustion, 88% went on to have a normal birth and 12% had a caesarean section. Moxibustion treatment also significantly increases version from a breech presentation to a cephalic presentation where there are fewer side effects reported, if the woman is multiparous and has support during the administration of moxibustion treatment.

IMPLICATIONS FOR PRACTICE: moxibustion treatment should be offered to all women with a breech presentation because it is non-invasive and can be self-administered by the woman. It is therefore a simple, cost-effective technique that requires no medical intervention.

Country: U.K

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Journal: Midwifery. 2009 Oct 21