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# Integrated Acupuncture for Intestinal Obstruction in Pregnancy: A Case Analysis

**Liu Yang [1], Yanqin Deng [2], Lifeng Xie [1], Yan Chen[1]**

[1]Liuzhou Hospital, Guangzhou Women and Children's Medical Center, Liuzhou 545001, Guangxi, China.

[2]Liuzhou Maternity and Child Healthcare Hospital, Liuzhou 545000, Guangxi, China.



## Abstract

The incidence of intestinal obstruction during pregnancy is low, but it poses a serious threat to the life safety of both the mother and the fetus. The gastrointestinal tract serves as the initiator and trigger of systemic inflammatory responses. After intestinal obstruction occurs, the absorption and digestive functions of the gastrointestinal tract are impaired, which can easily lead to damage to the intestinal mucosal barrier and subsequently cause a series of physiological and pathological changes. Therefore, timely diagnosis and treatment are necessary. Before 28 weeks of gestation, efforts should be made to resolve the intestinal obstruction while maintaining the pregnancy. Between 28 and 32 weeks of gestation, a decision on whether to terminate the pregnancy should be made based on the condition of the pregnant woman and the degree of fetal development. After 32 weeks of gestation, emergency cesarean section must be performed simultaneously with surgical intervention. This article aims to improve the overall clinical efficacy of acupuncture treatment and reduce the financial burden on patients through the application of "Integrated Acupuncture" and a stepwise clinical treatment model.

## Keywords

Pregnancy; Intestinal obstruction; Integrated acupuncture

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## 1. Case report

### 1.1. Clinical data

(1) Patient

Ms. Huang, 38 years old.

(2) Chief complaint

35 weeks of amenorrhea, abdominal distension and pain accompanied by nausea and vomiting for 2 days.

(3) Present medical history

The patient established a prenatal care card during early pregnancy and underwent regular prenatal check-ups. Currently at 35 weeks of gestation, she experienced severe upper abdominal colic without obvious cause on the night of February 18th. During her hospitalization at a local hospital, she received symptomatic treatment with 654-2, phloroglucinol, omeprazole, metoclopramide and more. She also received treatment to promote fetal

lung maturity and magnesium sulfate for fetal brain nerve protection. Additionally, she was treated with glycerin enema and saline to promote defecation, acupuncture, and enema to promote gastrointestinal functional recovery. However, she still experienced significant abdominal distension and lacked spontaneous flatulence. She was transferred to our hospital for further diagnosis and treatment and was admitted to the outpatient department with a diagnosis of "late pregnancy". To assist in the recovery of the patient's gastrointestinal function, the Department of Traditional Chinese Medicine was consulted for assistance in diagnosis and treatment.

(4) Traditional Chinese medicine diagnosis

Intestinal abscess (spleen and kidney deficiency type).

(5) Treatment course

Integrated acupuncture therapy.

(6) First acupuncture

Baihui, Yintang, Neiguan (bilateral), and Yanglingquan (bilateral).

(7) Second moxibustion

Sihua points (Geshu and Danshu).

(8) Third consolidation

Intradermal needling at points for guiding "Qi" back to its origin (Xiawan, Zhongwan, qihai, and Guanyuan), (Pishu and Shenshu), and auricular point pressing with beans (Shenmen, Stomach, and Intestine).

#### 1.1.2. Operational approach

First, have the patient lie on their side/sit up. Perform routine acupuncture at the Baihui and Yintang points. After acupuncture, instruct the patient to take six deep breaths through the nasal passages, rest for 1 minute, and then take another six deep breaths until the needles are removed. Perform routine acupuncture at Neiguan and Yanglingquan, using even reinforcing-reducing technique, and retain the needles for 25 minutes after achieving "Qi" arrival. Instruct the patient to choose a lateral recumbent position. Perform routine acupuncture at Baihui, Yintang, Neiguan, and Yanglingquan using the even reinforcing-reducing technique. Retain the needles for 25 minutes before removal.

Have the patient lie on their side/sit up. Apply a small amount of Wanhua oil to the Sihua points on the back, then place moxa cones (the size of a grain of wheat) on the points. Light them with an incense stick. When about two-thirds of the moxa has burned and the patient feels warmth, remove the remaining moxa wool with forceps. Perform moxibustion with five cones at each point. After moxibustion, embed intradermal needles at the following points: Zhongwan, Guanyuan, qihai, Xiawan, Pishu, and Shenshu.

First, routinely disinfect the skin at the target points. Place the left thumb and index finger on either side of the point, and stretch the skin tightly. Hold the intradermal needle (wheat grain type) with forceps in the right hand, align the needle tip with the point, and puncture horizontally into the dermis layer of the point. Then, place a small piece of adhesive tape between the needle handle and the corresponding skin, and cover the needle handle with a larger piece of adhesive tape to prevent the needle from falling out or moving.

Select one ear, routinely disinfect it, and apply an auricular point sticker with cowherb seeds to the painful areas of the Shenmen, Stomach, and Intestine reflex zones. Massage the points 3–5 times a day, for about 1 minute each time, and remove the stickers after 3 days.

#### 1.1.3. Results

During the treatment, the patient's bowel sounds became active, increasing to 3–6 times per minute. The patient resumed spontaneous flatus three times during treatment and had smooth spontaneous defecation immediately after treatment. On the same day, the gastric tube was removed. The outcome was satisfactory.

## 2. Summary

Clinically, intestinal obstruction refers to a disease syndrome in which intestinal contents cannot move normally due to any cause. The incidence of intestinal obstruction during pregnancy is not high. According to literature reviews, it is reported that 6% of intestinal obstructions during pregnancy occur in the first trimester, 28% in the second trimester, 45% in the third trimester, and 31% during the postpartum period [1–3]. The occurrence of intestinal obstruction during pregnancy is associated with factors such as intussusception and intestinal adhesion. Clinical manifestations often include vomiting, inability to pass intestinal contents,

abdominal pain, and in severe cases, can lead to intestinal strangulation and perforation [1]. The treatment principles are the same as those for non-pregnant patients. For adhesive and incomplete intestinal obstruction, non-surgical treatment is preferred. Fasting and gastrointestinal decompression are the primary measures, along with volume resuscitation, restoration of electrolyte balance, and nutritional support. Total parenteral nutrition can be administered when necessary [4]. Conservative treatment can reduce the risk of premature labor caused by uterine contractions induced by surgery. The main method of conservative treatment is gastrointestinal decompression, which involves inserting a catheter to continuously apply negative pressure suction, thereby expelling accumulated intestinal gas and pathological products from the body.

### 2.1. Traditional Chinese medicine perspective on this disease

This disease is equivalent to pregnancy-related disorders in traditional medicine. Based on symptoms such as abdominal distension, abdominal pain, and constipation, it falls into the categories of "distension and fullness", "obstruction of the upper and lower jiao", and "intestinal abscess". The dysfunction of "Qi" movement in the spleen and stomach leads to a disrupted balance between ascending and descending "Qi", resulting in "Qi" stagnation in the middle. The obstruction of ascending clear "Qi" causes abdominal distension and pain, while the imbalance in descending turbid "Qi" leads to intestinal obstruction.

When stomach "Qi" ascends instead of descends and refluxes to the mouth, it can cause nausea, vomiting, and poor appetite. The "Suwen • Gukonglun" records: "When the Ren Meridian is affected, men may develop seven types of hernias internally, while women may experience leukorrhea and abnormal mass accumulation. When the Chong Meridian is affected, there is rebellious "Qi" and internal urgency". The Ren, Du, and Chong Meridians originate from a single source but branch into three pathways. When all three meridians are deficient, blood stasis occurs outside their normal pathways, obstructing the "zang-fu" organs and meridians, leading to various symptoms. This subsequently triggers abdominal pain, distension, and difficulty in defecation. Therefore, clinical treatment focuses on nourishing the kidney and unblocking the Du Meridian. The disease is located in the uterus and is closely related to the liver, spleen, and kidneys, with a pattern of deficiency in the root and excess in the manifestation. The treatment principle involves nourishing the kidney and spleen, promoting bowel movement and "Qi" circulation, and stabilizing the fetus.

### 2.2. Harmonizing the mind and spirit as the main approach, with regulating the mind and spirit as the core

The diversity of economic and cultural factors and the complexity of lifestyles in modern society determine the multiplicity of pathogenic factors. Emotional disturbances can cause imbalances in "Yin" and "Yang", leading to psychosomatic diseases.

### 2.3. One needle, two moxibustions, three consolidations: Integrating acupuncture and moxibustion therapies for guaranteed efficacy

As recorded in the "Ling Shu • Da Huo Lun", "The heart is the abode of the spirit". The heart houses the spirit and serves as the sovereign organ, from which consciousness emanates. In the "Five Viscera Penetration Theory", it is recorded that "the heart is connected to the gallbladder". Precision moxibustion therapy combines concentrated heat, rapid heat penetration, short treatment time, and strong stimulation. One moxibustion session can achieve the same effect as three sessions of ordinary grain-sized moxibustion, offering precision and efficacy, hence its name. It has a stable regulatory effect on the nervous and metabolic systems. The "Huangdi Neijing" emphasizes that "what acupuncture cannot achieve, moxibustion can", fully illustrating the important role of moxibustion in clinical applications.

The "Four Flower Points" refer to the combination of Geshu (BL17) and Danshu (BL19) points. The former, governing "Qi" and belonging to "Yang", nourishes and activates blood, while the latter, governing blood and belonging to "Yin", regulates and harmonizes liver "Qi". Together, they balance "Yin" and "Yang", "Qi" and blood, and mutually regulate each other. Superficial needling with intradermal needles (press needles) can stimulate and mobilize the defensive "Yang" "Qi" located on the body's surface, resisting pathogens and protecting the body,

thereby treating diseases. It has the effects of superficial needling to promote defensive "Qi" and unblock the minute collaterals, as well as prolonged needle retention to nourish defensive "Yang".

As recorded in the "Ling Shu • Kou Wen Chapter", "The ears are the gathering place of the zong mai (meridians)", which are closely connected to the viscera and meridians. Through prolonged stimulation of ear points, the endocrine regulatory role of the brain-heart axis can be fully utilized, achieving the therapeutic effect of treating the root cause of the disease and consolidating the therapeutic outcome.

## 3. Outlook

Although the clinical incidence of this disease is relatively low, timely diagnosis and treatment significantly contribute to safeguarding the life and health of pregnant women and their fetuses. The effectiveness of conservative treatment with Traditional Chinese Medicine (TCM) presents both risks and challenges for guiding the diagnosis and treatment of acute abdominal conditions during pregnancy in the future. Professor Fu Wenbin believes that clinical diseases are characterized by their complexity, severity, and difficulty in diagnosis and treatment. Often, a single acupuncture treatment is insufficient to achieve the desired therapeutic effect. However, adopting the TCM-featured integrated treatment model of "one needle, two moxibustions, and three consolidations" can lead to more significant clinical outcomes [5]. Therefore, integrated acupuncture therapy offers advantages such as minimal pain, high comfort levels, low costs, high patient satisfaction, short treatment durations, and rapid clinical effectiveness. It is expected to provide preliminary data and support for future TCM and Western medicine diagnostic and treatment plans.

## Disclosure statement

The authors declare no conflict of interest.

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