



Influential points of fetal anomalies

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Objective

My thesis is a proposal of new methods for the reduction of fetal anomalies and adverse pregnancy outcomes. I used the diagnostic methods of traditional Chinese medicine to identify pathogenic influence. My assumption was based on the fact that fetal energy circulation in uterus is completely dependent on maternal circulation. Therefore, treating or correcting the mother's energy balance has a significant impact on fetal outcomes.

Methods

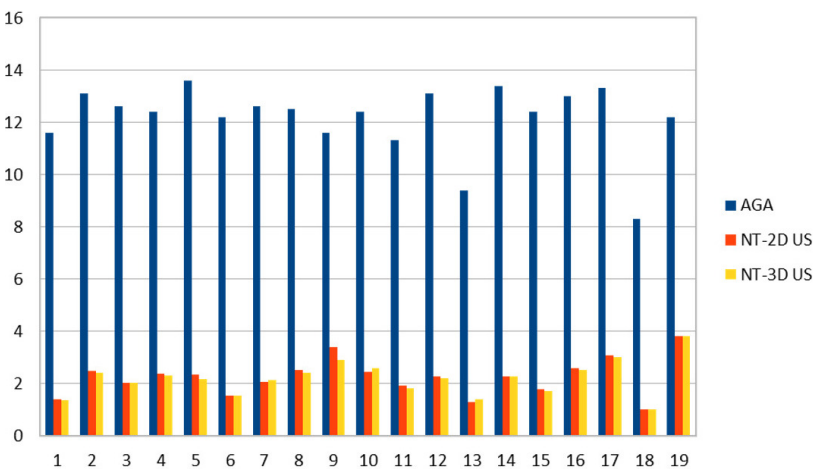
This is an observational study based on high risk clinic data. I used the GE Voluson 730 ultrasound machine. Uniformly, I measured Nuchal translucency on 2D and 3D ultrasound. The maximum point of translucency was used. Both measurements were comparable with ± 0.01 difference. The area of Max translucency was identified by surface anatomy along the Du channel at the nape and upper back. I attributed these points of maximum translucency to Acupuncture physiology and the point functions related to those locations. Correlation of the Max translucency with point functions can explain the following anomalies described in table 1. I divided anomalies into two groups of either excess or deficiency: Yang and Yin. The assumption is that fetal polarity is formed along the long axis with the yang pole being at nape Du 14-15-16, and Yin pole at umbilicus Ren 4, 6, 7, 8 area of Duan tian.

Results

The influence of energetic systems in fetal development is unquestionable and unexplored. In fact nuchal translucency is the accumulation of Qi (qi stagnation) along the Du channel. Correlation of nuchal translucency with acupuncture anatomy is the best way of explaining the correlation of increase nuchal translucency and fetal anomalies.

Conclusion

Our meticulously assigned and designed protocols for prospective mothers will influence and improve planned pregnancies. Influence of this approach can be evaluated and incorporated in a programs designed to improve reproductive outcomes universally.



ACU POINT	RELATED ANOMALY	LOCATION
DU 14	CHD	BELOW C7
DU15	T21	AT C1
DU16	T18, T13	NAPE OF NECK
DU26	MIDFACIAL CLEFT	CROSSING SEVERAL MERIDIAN
REN8, KD2, SP6	OMPHALOCELL	YIN POLE ANOMALY
DU 15 TO 24	ANANCEPHALY	YANG POLE ANOMALY
REN4,7,6	GASTROSCHISIS	DIRECTING MERIDIAN FAILUER
KD6, KD8	CLUB FOOT	EXTERA ORDINERY MERIDIANS
KD9,UB62	TAILIP DORSALIS	EXTERA ORDINERY MERIDIANS
DU16, DU18, DU20	CONGENITAL TAI YANG SYNDROME	ZIKA VIRUS INFECTION', HYDROPS ETC
SJ5	FETAL WATER RETENTION	HYDROTHORAX
KD2	OMPHALOCELL	EXTERA ORDINERY MERIDIANS , AND CHONG

