

THAI MASSAGE TECHNIQUES

in Pregnancy, Labor & Postpartum

The School of Thai acupressure
Treatment Protocols for Common
Pregnancy & Postpartum
Complaints and Discomforts



a Practitioners Guide
by Noam Tyroler
www.thaiacu.com

TABLE OF CONTENTS

Preface	10
Maternal physiological changes - complaints and discomforts	14
Treatment safety	16
Miscarriage statistics and treatment in first trimester	20
What are the “prohibited” points?	26
Labor inducing acupressure points	32
The lines of the innr leg and venous thromboembolism	36
Supine position in pregnancy	42
Twists, back-bends, forward bends and inversions	50
GENERAL MASSAGE IN PREGNANCY	58
Prayer / Meditation / Developing a right intention	59
Supine position in pregnancy	60
Foot massage	62
Lines of the inner leg	69
Lines of the outer leg	74
Leg lines and joints stretching	79
Abdominal massage	88
Chest massage	93
Lines of the inner arm	99
Lines of the outer arm	104
Hand massage	109
Neck massage	113
Head and face massage	117
Side position in pregnancy	120
Lines of the inner leg (Side)	122
Lines of the outer leg (Side)	128
Leg stretching (Side)	130
Hip massage	133
Palming from foot to neck – A basic side position treatment	137
The lines of the back (Side)	141
Shoulder and shoulder blade (Side)	149
Lines of the inner arm (Side)	157
Lines of the outer arm (Side)	162
Hand massage (Side)	167
Back bends and a twist (Side)	171
Prone position	176
Palm-pressing the back of the leg and thumb-pressing leg middle back line	177
Lines of the back (prone)	180
Leg, hip, spine, and chest stretches	185
Supine position (again) big stretches	192

TABLE OF CONTENTS

Sitting position	199
Trapezius, shoulders, shoulder blades and back lines	201
Neck	205
Twists, flexions, extensions, side flexions, and tractions	207
TREATMENT ROUTINES FOR COMMON COMPLAINTS OF PREGNANCY, LABOR AND POSTPARTUM	214
Painful period / Menstrual cramps	216
Insomnia	228
Stress, Anxiety and mood swings	234
Frequent and urgent urination during pregnancy	242
Nausea / Morning sickness	248
Exhaustion / Fatigue	256
Constipation	262
Abdominal pain	268
Heartburn	274
Nasal congestion, snoring and nose bleeds	280
Shortness of breath / Suffocation	288
Edema / Swelling	296
Hemorrhoid / Pile / Varicose vein	304
Anemia	310
Dizziness, fainting and blurred vision	316
Itchiness, rashes, red palms and soles of feet	326
Headache	332
Cough	340
Lower back and pelvic girdle pain (PGP)	348
Preparation to labor, pre-birth treatment	356
Getting ready for labor	364
In the birthing room	366
POSTPARTUM	382
Inconsistent flow of breast milk	384
Abdominal pain after birth	396
Baby blues / Postpartum depression	402
Constipation after child birth	412
Acupressure points	422
Labor inducing points	435
Points to avoid during pregnancy	438

FREQUENT AND URGENT URINATION

1st, 2nd and 3rd trimesters

What is pregnancy frequent urination?

- It's the never-ending need to urinate, just an inevitable part of being pregnant. The urge to urinate is an early indicator of pregnancy starting about six weeks into the first trimester. It's typical for women to notice a more frequent need to urinate even before they are aware of being pregnant.
- It's a common belief that the upward growth of the uterus, at around week 12, takes pressure off the bladder and decreases the need for frequent urination, but research has found that both the frequency and volume increased over the course of the pregnancy, with no relief during the second trimester.
- In the first few days of postpartum, frequent urination continues as the body gets rid of the extra fluid it has retained during pregnancy, but after about five days, the need to urinate frequently will go away.

Possible causes

- Hormonal changes (HCG) right at the start of pregnancy cause the blood to flow faster through the kidneys, filling the bladder more often.
- The volume of blood in the body rises to almost 50% which leads to a lot of extra fluid getting processed through the kidneys and ending up in the bladder.
- At the end of the first trimester the growing uterus starts to compress the bladder resulting in a growing urge to urinate.
- The growing need to get up to urinate at night is caused by fluid that has been retained in the legs and feet during the day. It is making its way back into the bloodstream and, eventually, into the bladder.
- Frequent and urgent urination is typical in women who already gave birth previously to a few babies and now, their pelvic floor muscles are weak with a possible urinary bladder prolapse.

Red flags

- Frequent urination is no problem as long as no pain is involved. Burning pain, a change in the odor or color of the urine, abdominal discomfort, back pain or fever are signs of a urinary tract infection (UTI) that should be immediately treated (antibiotics) by her Doctor. If left untreated, UTI may lead to miscarriage or premature labour in the late stages of pregnancy, or can possibly develop into pyelonephritis - kidney infection.
- UTI is thought to develop due to the enlarging uterus compressing the bladder and urethra, hindering effective emptying of urine, allowing bacteria to remain and multiply. Women are more prone than men to urinary tract and bladder infections due to the urethra being only 2.5 cm long with its opening in close proximity to the genital area and anus, making it relatively easy for bacteria to migrate into the bladder.

TCM point of view

- The growing volume of blood and liquids in the lower burner (lower part of the torso) puts the kidneys that govern the function of the bladder under extra demand. Predisposed Kidney weakness, enhance frequent and urgent urination.
- A urinary problem during pregnancy is often related to heat. Yin deficiency and/or emotional imbalance and/or excessive sexual activity during pregnancy may lead to the stagnation of flow that may lead to heat/infection that may affect the bladder.
- Excessive consumption of dairy or greasy foods may lead to dampness going down to the bladder causing painful urination.
- Not much can be done about frequency during the first trimester, but if urination increases as the uterus is growing then introduction of flow and movement may decrease the pressure on the bladder.

Some advice

- Drink 6 - 8 glasses of water daily and avoid fruit juices, tea, or coffee.
- Eliminate sugar, drink unsweetened cranberry juice and barley water.
- Reduce consumption of dairy products and greasy foods or any damp-creating foods.
- Avoid drinking anything a few hours before bed time.
- Avoid perfumed toiletries.
- Following defecation and urination, wipe the peritoneal area from front to back to protect yourself from infections.
- Empty the bladder after intercourse.
- Try to empty the bladder completely, wait 5 minutes after urination and then try again.
- When you urinate, lean forward to help completely empty your bladder.
- Refrain from excessive sexual activity, especially during the 3rd trimester.
- Most important of all, do not remain with a full bladder for long periods of time.

General instructions:

- In your treatment, introduce flow and movement to the lower part of the torso to ease pressure on the bladder.
- Stretch the middle front body line (CV) to create flow in the lower abdomen, a space for the bladder and a stretch to the urethra.
- Track the upper torso away from the lower torso to allow space in the lower abdomen and to decompress the bladder.
- Gently twist her using different techniques and poses.
- Work the inner leg lines and Middle back line (SP, LIV, KID, BL).
- Stretch the inner leg and the back of the leg.
- Use stretches and inverted poses for better drainage of venous leg blood and to reduce the retention of liquids in the legs.
- Use the points and lines to strengthen the kidneys, clear heat from the bladder and open the water passages.

Yoga poses:

Use Thai massage postures, stretches and acupressure that are inspired by these Yoga Asanas:



Bound angle pose



Twisting from bound angle pose



Torso twist in hero pose



Torso twist in hero pose



Mountain pose from cross-legged pose



Twisting from cross-legged pose



Twisting in half lotus pose



The great seal pose



Shoulder stand pose



Twisting in Head on knee pose



Three limbs intense west stretch pose, concave back



Reclining bound angle pose



Shoulder stand pose



Seated wide angle pose

SUPINE POSITION

1. Palm-press her inner leg and palm-press the inner lines (SP, LIV, KI)

Use your body weight as you start at her foot, work up to the groin and back down. Repeat 1-3 times.

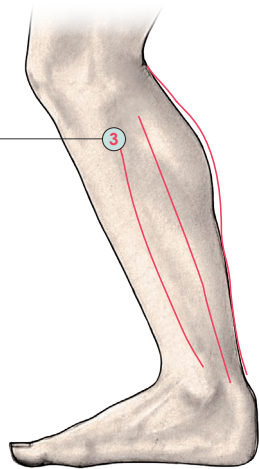
Steps 1-3, p.72-73



2. Press points 1-3

Press for 5-15 seconds and release pressure. Press again 1 or 2 times.

Leg 1st inner line-4 (SP-9)
3 fingers below the lower border of the knee cap • adjacent to the medial border of the tibia



Leg 2nd inner line-1 (KID-3)
between the medial malleolus and the Achilles tendon, level with the malleolus



Inner foot-2 (KID-6)
directly below the medial malleolus • find a thin depression between the inferior border of the malleolus and the talus

3. Try these leg stretches

Work slowly and respect her limits. Do not over stretch.



Steps 1-23, p.80-86



4. Give her a gentle abdominal massage

Focus on gently pulling the belly upward and away from the pubic bone to decompress her bladder. **Ask her permission to massage her belly. Don't use your thumb or any sharp or direct pressure technique.** Steps 1-2, p.90-91



5. Try these twists

Work slowly. Be gentle. Stretch to the extent that she likes. Do not over stretch.



24-25, p.86-87



6. Try this bridge pose

Stretch as much as is pleasant for her. Steps 1-3, p.96



SIDE POSITION

7. Palm-press her inner leg, palm press or use your knuckles to work line 1 (KI) and thumb-press the middle back leg line (BL)

Use your body weight as you start at the foot, work up to the groin and back down. Repeat 1-3 times.



Steps 1-8, p.126



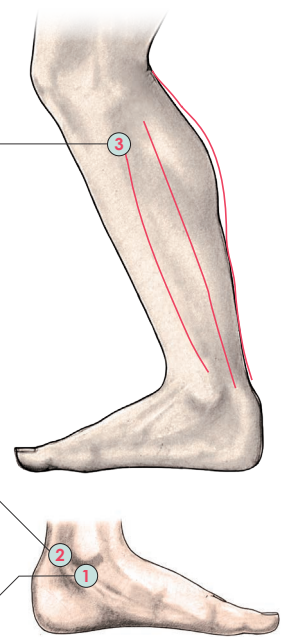
8. Press point 1-3

Press for 5-15 seconds and release pressure. Press again 1 or 2 times.

Leg 1st inner line-4 (SP-9)
3 fingers below the lower border of the knee cap • adjacent to the medial border of the tibia

Leg 2nd inner line-1 (KID-3)
between the medial malleolus and the Achilles tendon, level with the malleolus

Inner foot-2 (KID-6)
directly below the medial malleolus • find a thin depression between the inferior border of the malleolus and the talus



9. Work the buttocks and sacrum

Do not use deep pressure to work the sacrum and buttocks even if she asks for deep pressure. Use soft or medium pressure.

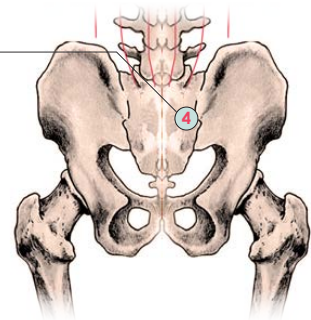


Steps 1-6, p.134-135

10. Press point 4

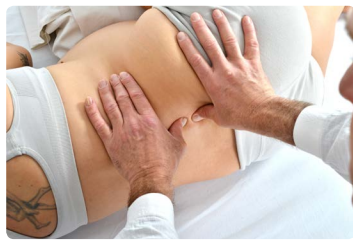
Press for 5 seconds and release pressure. Repeat 1-2 times. **Do not use deep or prolonged pressure before week 36. Use soft or medium pressure, even if she asks for deep pressure.**

BL-32
Over the second posterior sacral foramen. Find a depression medial and below the posterior superior iliac spine (PSIS / dimples) prominence, 1/3 of the way from the PSIS to the buttocks crease (sacro-coccygeal hiatus)



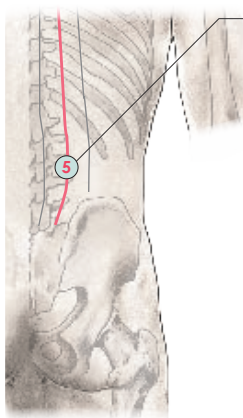
11. Palm-press and then thumb-press the 3 back lines (Jiaji, BL-1&2)

Starting from the sacrum and buttocks up to C-7 or the base of the skull and back down. Repeat 1-3 times.
Steps 1-4, p.144-146



12. Press point 5

Add pressure gradually. Press for 5-15 seconds and release. Press again 1 or 2 times. **Do not use deep pressure before week 36.**



2nd back-14 (BL-23)
2 fingers lateral to the spinous process • level with the lower border of the spinous process of L-2 • halfway between the highest points of the iliac crests and the lower edge of the lowest rib • on the highest point of the muscle-erector spinea

13. Try these stretches

Steps 12-13 p.153-154



14. Try these stretches

Stretch gradually, do not over stretch.



Steps 1-6, p.172-174

SUPINE POSITION

15. Try these stretches

Work slowly; make sure she feels comfortable, and that the stretch is not too challenging for her.



Steps 1, 2, 6 p.194-195

SITTING POSITION

16. Try these stretches

Work slowly and respect her limits, make sure that the stretch is not too challenging for her.



Steps 13-26 p.208-211