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Embracing Yin-yang Dialectics: Acupuncture Practice from the Labor Room in Hadassah Hospital in Jerusalem

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1 Introduction

In recent years, there has been growing recognition of the importance of sex and gender-sensitive medicine (SGSM), which has brought renewed attention to the clinical relevance of gender-related differences. Sex refers to biological and physiological attributes that influence susceptibility to certain illnesses, immune and neurological responses, as well as the efficacy and tolerability of medications. Gender encompasses socially constructed roles, relationships, behaviors, and power dynamics shaped by cultural norms and expectations. Both sex and gender have been shown to impact health-related behaviors, coping mechanisms, and interpersonal interactions, including those between patients and healthcare providers.[1]

In traditional Chinese medicine (TCM), conceptions of gender differences are rooted in the philosophical framework of yin-yang (阴阳), the dynamic, interdependent cosmic forces that structure all aspects of existence. Can these foundational principles contribute to enhancing the clinical application of SGSM in contemporary clinical practice? Charlotte Furth's *A Flourishing Yin* is foundational to our understanding of the gendered body in TCM.[2] Furth examines the historical construction of women's medicine in late imperial China, foregrounding the gendered dynamics that shaped medical knowledge and practice. Her observation that "the Yellow Emperor's human body is more truly androgynous, balancing yin and yang functions in everyone" challenges rigid binary models and opens the way for more fluid interpretations of gender within medical discourse. Furth's study traces the historical emergence of female-specific medical concepts, revealing how patriarchal social structures shaped TCM's approach to sex and gender. Notably, enduring notions such as the central role of blood in women's pathologies, continue to inform contemporary Chinese gynecological texts.[3]

While it is important to acknowledge the contribution of early gynecological knowledge to the development of women's health and contemporary medical practices, it is equally crucial to acknowledge that this body of knowledge was produced exclusively by male physicians operating within a patriarchal and gender-segregated society. Contemporary shifts in gender roles have profoundly transformed social and cultural norms, opening the door to exploring the female body from a female perspective and embracing healing forces traditionally linked to feminine-related qualities. We, therefore, suggest a re-examination of foundational concepts of yin and yang and their implications for sex and gender-sensitive medicine today. In this paper, yin and yang are understood as clinical approaches, rather than as fixed attributes of biological sex or gender. As such, they can be cultivated by practitioners of any gender in response to the needs of any patient.

At the heart of this paper is our clinical work in the labor rooms of Hadassah Hospital in Jerusalem, where we serve as part of an acupuncture team dedicated to integrating traditional Chinese medical approaches within modern obstetric care. The experience of birth, an exclusively female physiological process, provides an intense encounter that is simultaneously medical, emotional, and profoundly human. This living inquiry has led our team to explore how the interplay of yin and yang perspectives and treatment approaches can guide healing practices.

2 Background of integrating acupuncture in the labor ward and establishment of the dynamic yin-yang care paradigm

The integration of TCM into the labor ward at Hadassah Hospital in Jerusalem began in 2021, as an initiative

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led by the head of the department, Dr. Aharon Tevet, aiming to expand approaches for patient-oriented care within the labor process. While the initiative was introduced from within the medical leadership, it was met with strong support from the clinical team, and in particular from the midwives, who quickly incorporated our work into their ongoing efforts to facilitate labor as a smooth and natural process. Over time, acupuncture became an increasingly familiar presence in the ward. It was integrated into the rhythm of care rather than functioning as an external intervention. Responses from birthing women and their families have been overwhelmingly positive. Some arrive with prior experience of acupuncture, while for others this is a first encounter. In both cases, the treatment is generally met with curiosity, openness, and gratitude.

As we began to define our role within the integrative hospital setting, it was easy to be swept into the goal-oriented culture of the delivery room, where the emphasis was often placed on measurable outcomes such as accelerating the birth process, reducing cesarean rates, and minimizing the need for instrumental vaginal deliveries. In the initial period, our treatment approach aligned closely with these expectations. We refer to it in this article as a yang-oriented model. Our primary treatment strategies focused on invigorating blood and qi to stimulate contractions and advance labor progression (Fig. 1, Fig. 2). We based our treatments on the acupoints mentioned in premodern medical sources as recommended for use in the treatment of difficult labor (难产), fetal transverse presentation (横产), breech presentation (逆产), and retained placenta (胎衣不下) (Note 1).

However, our ongoing clinical experience, along with a deepening understanding of our role within the interdisciplinary labor team, led us to recognize the importance of complementing this movement-oriented strategy with what we describe in the following sections as a yin-oriented approach. This approach emphasizes being attuned to the laboring woman, rather than focusing solely on the goal of delivery mode.

The following case description illustrates how excessive yang, whether from medication or emotional strain, can drain the body's resources and impede labor. In this birth story, by shifting the dynamics toward yin—calming, containing, and restoring energy, the body was able to move through labor more efficiently.

> "I was asked to treat a woman whose labor had stalled despite aggressive medical management. She was on the highest allowable dose of Pitocin for several hours, yet her cervix remained fixed at 5 cm dilation. Her contractions were frequent and strong but unproductive. She had received an epidural and was lying on her side, eyes red and bloodshot, her face showing obvious signs of fatigue. She shared that she hadn't slept for two nights since labor began. Though physically exhausted, she was unable to rest. She described herself as nervous, restless, scared, and full of doubt about her ability to deliver.



Figure 1 Illustration of Zhiyin (BL67) indicated for difficult labor or fetal malposition. Illustration from *Yu Zuan Yi Zong Jin Jian* (《御纂医宗金鉴》 *Imperially Compiled Golden Mirror of the Medical Tradition*, 1742)[4] (source with permission from: Harvard-Yenching Library of the Harvard College Library, Harvard University)



Figure 2 Illustration of extra point Zihu (子户) for retained placenta and dead fetus. Illustration from *Yu Zuan Yi Zong Jin Jian*[4] (source with permission from: Harvard-Yenching Library of the Harvard College Library, Harvard University)

I chose a treatment strategy to calm the mind and restore depleted bodily reserves that had been overtaxed by both medication and emotional overexertion. The kidney meridian, in this case, was engaged to address the fear, insecurity, and overexertion of both body and mind. Simultaneously, I used acupoints to clear heat from the heart and soften the chest area to address the anxiety and overactive mind, thereby allowing the patient to rest and restore her depleted reserves. Within minutes of starting the treatment, she fell into a deep sleep. Her contractions slowed in frequency and intensity, but her body was finally able to relax. After 30 minutes, she woke up feeling 'renewed' and 'relaxed'. Upon examination, her cervix had dilated to 9 cm, and within the hour, she delivered her baby."

This case illustrates how a Chinese medical framework, grounded in awareness of yin-yang dynamics underlying physiological processes, can complement intervention-focused medical care. Excessive stimulation, both pharmacological and emotional, may deplete the body's capacity to progress in labor. Rather than further intensifying contractions, the treatment focused on restoring internal resources and allowing the body to reorganize. This shift from activation to restoration reflects a key aspect of what we describe as a balancing yin-oriented clinical approach.

3 Yin-yang dialectics and complementarity in clinical emotion regulation: from suppression to containment

The prominent physician Sun Simiao (孙思邈, 581–682) formulated a focused approach to female-specific medical care for conditions related to menstruation, pregnancy, and post-partum disorders (Fig. 3).[5] His statement that "women's disorders are ten times more difficult to treat than men's (妇人之病，比之男子，十倍难疗)" became a foundational tenet in the field of gynecology. Sun attributed this difficulty not only to the unique physiological functions of the female body but also to what he perceived as an inherent emotional predisposition:

".....Nevertheless, women's cravings and desires exceed men's, and they contract illness at twice the rate of men. In addition, they are imbued with affection and passion, love and hatred, envy and jealousy, and worry and rancor, which are lodged firmly in them. Since they are unable to control their emotions by themselves, the roots of their disorders are deep, and it is difficult to obtain a cure in their treatment.[5]
然而女人嗜欲多于丈夫，感病倍于男子，加以慈恋爱憎，嫉妒忧恚，染着坚牢，情不自抑，所以为疾根深，疗之难瘥。"[6]

This passage reflects culturally embedded gendered assumptions within classical medical discourse, rather than inherent features of female physiology. By framing women's emotional nature as a principal impediment to medical care, Sun articulated a historically situated notion that shaped the development of gynecological theory and practice. Medical writings as well as common literature from late imperial China reflected the enduring influence of this perspective in physicians' attitudes toward their female patients.[7,8]

In our clinical experience with childbirth, many women do not benefit from the action-oriented approach to emotional distress, one that seeks to suppress, manage, or resolve emotions as if they were problems to be fixed. Instead, it is often the yin qualities of presence, acknowledgment, and emotional receptivity that foster a sense of safety and connection. This accepting stance can help attune women to their embodied experience and support the settling of the nervous system during labor. The following case description illustrates this:

"I was called to assist a woman during her third labor. Induction was necessary due to premature rupture of membranes, but contractions remained slow, and the medical team was concerned about the risk of infection. The midwife asked me to help because the patient was



Figure 3 Preface to *Bei Ji Qian Jin Yao Fang* (《备急千金药方》*Important Formulas Worth a Thousand Gold Pieces for Emergency*) (source with permission from: Library of Shanghai University of Traditional Chinese Medicine)

visibly trembling and hypervigilant, repeatedly calling out to the busy staff for fear that something was wrong with her or the baby.

When we spoke, she confided her deep fear of dying during childbirth. This fear was common yet often unspoken, and she felt 'crazy' for thinking about it. I reassured her that her fear was valid, and many women shared it. This acknowledgment softened her, and a sense of safety began to form.

I realized that the focus of the treatment shouldn't be about eliminating fear. In this case, fear itself was not the problem. It was the attempt to suppress and silence the fear that caused overwhelm and disconnection. Once the emotional ground was established, I began acupuncture treatment to restore movement."

In this case, the acupuncture treatment focused on restoring movement through functions typically associated with yang activity, while being grounded in a yin-oriented clinical approach that emphasized acknowledgment, presence, and emotional receptivity. Rather than attempting to eliminate fear, the treatment created conditions in which the emotion could be recognized, contained, and gradually transformed.

This approach resonates with classical Chinese medical understandings of the relationship between emotion and physiology. A well-known passage in *Su Wen* (《素问》*Basic Questions*), chapter 5, titled "*Yin Yang Yin Xiang Da Lun* (《阴阳应象大论》 Comprehensive discourse on phenomena corresponding to yin and yang) describes how emotions arise from the natural activity of the internal organs (Fig. 4). Emotions are understood as both potentially disruptive and mutually regulating.

"Man has five organs that transform five qi thereby generating joy, anger, sorrow, anxiety, and fear... anger injures the liver; sadness overcomes anger... joy injures the heart; fear overcomes joy... pensiveness injures the spleen; anger overcomes pensiveness... anxiety injures the lung; joy overcomes anxiety... fear injures the kidney; pensiveness overcomes fear.

人有五藏，化五气，以生喜怒悲忧恐……怒伤肝，悲胜怒；……喜伤心，恐胜喜；……思伤脾，怒胜思；……忧伤肺，喜胜忧；……恐伤肾，思胜恐。"[9]

This passage reflects an early theoretical recognition of emotional dynamics as part of a broader regulatory system. Within this framework, emotional states are neither dismissed nor pathologized as isolated symptoms, but understood as integral aspects of physiological activity that can shift, transform, and be engaged therapeutically. In the context of the labor room, this perspective supports an approach that incorporates emotional experience and awareness into clinical care.

4 Dynamic balance and transformation of yin and yang in labor progression: nurturing yin to activate yang

A primary source of knowledge on midwifery in pre-modern China was a unique book called *Shi Chan Lun* (《十产论》*Ten Topics on Birth*, ca. 1100) written by the Song dynasty scholar Yang Zijian (杨子建) (Fig. 5). In this work, Yang recorded the testimonies of female midwives, documenting their knowledge and skills applied during childbirth. *Shi Chan Lun* occupied a distinctive place within the historical literature on childbirth. Although the text was compiled by a male scholar, it explicitly drew on the practical knowledge of midwives and women experienced in childbirth. In this sense, the work preserved a rare trace of female experiential knowledge within a medical tradition otherwise dominated

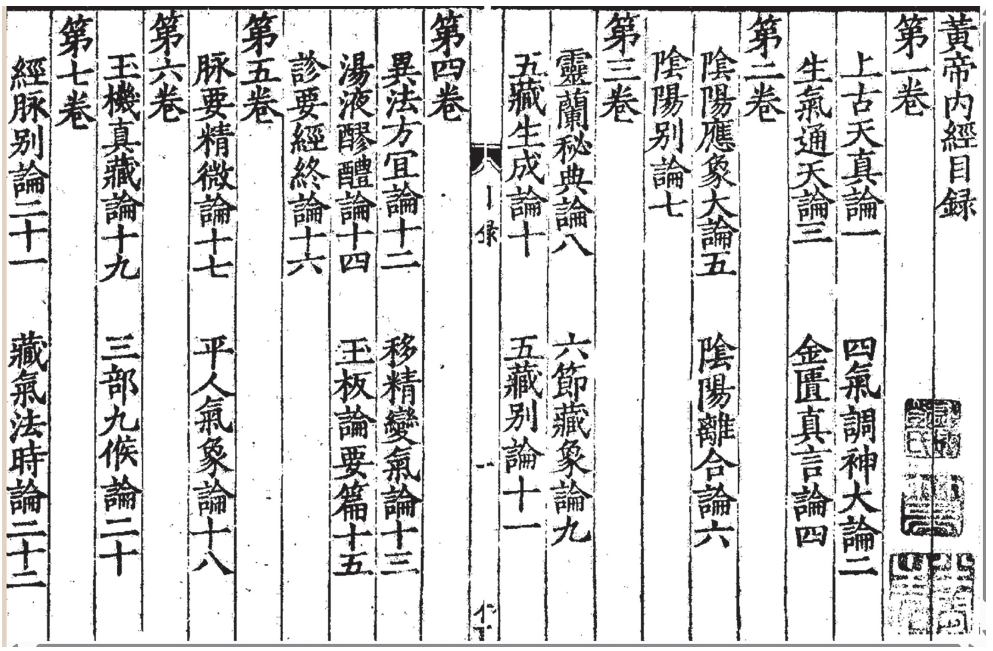


Figure 4 Catalogue of *Huang Di Nei Jing* (《黄帝内经》*The Yellow Emperor's Inner Classic*) (source with permission from: Library of Shanghai University of Traditional Chinese Medicine)

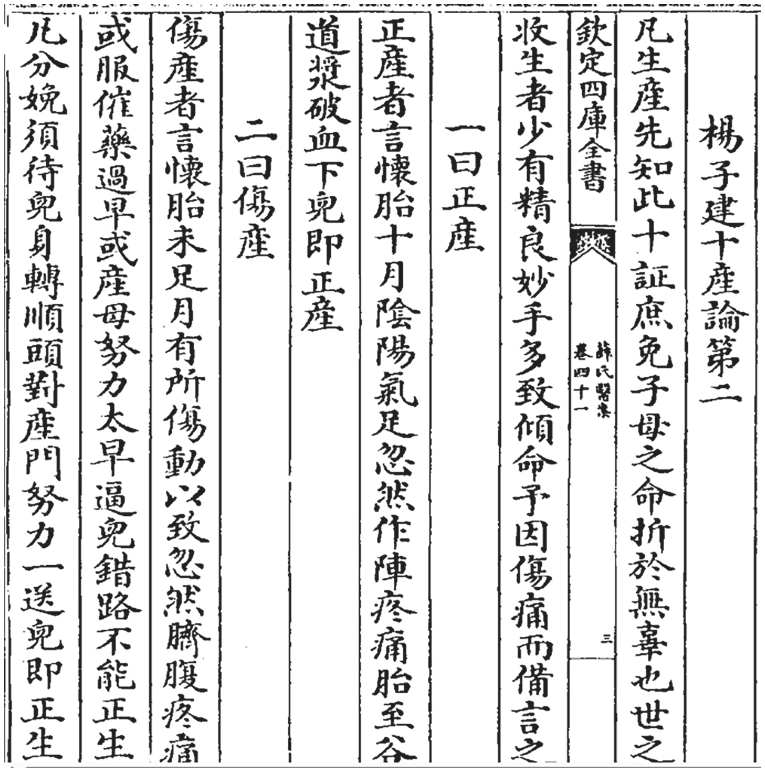

楊子建十産論第二
凡生産先知此十証庶免子母之命折於撫辱也世之
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收生者少有精良妙手多致傾命予因傷痛而備言之
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正産者言懷胎十月陰陽氣足忽然作陣疼痛胎至谷
道漿破血下兜即正産
二曰傷産
傷産者言懷胎未足月有所傷動以致忽然臍腹疼痛
或服催藥過早或産母努力太早逼兜錯路不能正生
凡分娩須待兜身轉順頭對産門努力一送兜即正生

Figure 5 Part of *Shi Chan Lun* (《十产论》 *Ten Topics on Birth*) from *Xue Shi Yi An* (《薛氏医案》 *Xue's Case Records*) (source with permission from: Library of Shanghai University of Traditional Chinese Medicine)

by male-authored texts.[11] *Shi Chan Lun* became an authoritative source on childbirth techniques, repeatedly quoted in gynecological medical texts through to the end of the imperial period in 1911. The text offered detailed descriptions of the nuances of different stages of labor and identified a range of potential complications. Treatment for such complications included the administration of medications to assist delivery and manual techniques to adjust the fetal position in the birth canal. Notably, acupuncture and moxibustion are absent from the methods mentioned in this text. Nevertheless, we find reflections of an approach to childbirth that resonated deeply with what we describe here as a yin-oriented understanding of labor, one emphasizing attunement, yielding, patience, and flexibility:

> "If there is no sign associated with regular birth and she pushes too soon, and also recklessly takes medicine, she will cause the premature descent of the child. This is similar to pulling a sprout to assist its growth; not only is there no benefit, but harm will ensue. This is called *Shang Chan* (伤产 damaging birth).
> 若未有正产之候，而用力伤早，并妄服药饵，令儿下生。譬如揠苗而助之长，非独无益，而又害之。此名伤产。"[11]

This passage from *Shi Chan Lun* emphasizes the importance of allowing childbirth to unfold naturally, cautioning against attempts to forcefully accelerate the process. This ancient insight resonates with contemporary research showing that medically induced labor is associated with a higher risk of complications.[12]

The process of childbirth often requires patience and endurance of both physical and emotional intensity. As labor begins and uterine contractions emerge, it is the yin force within the body that supports the woman's ability to soften, rather than resist, the experience of pain. This inner yielding allows her to follow the rhythm of the contractions, guiding pelvic movement and even enabling her to relax into the waves of the pain. In doing so, the body creates the spaciousness and responsiveness needed for contractions to engage the pelvis more effectively.

The intensity of the birthing experience often overpowers and can trigger instinctive bodily tension, leading to physical and emotional overexertion, which in turn impedes the natural progression of labor. In such cases, our clinical team has found that stimulating acupuncture points along the yin kidney, liver, and spleen meridians, particularly on the medial aspect of the tibia and the area between the medial malleolus and the big toe, appears to support the body's ability to yield to the intensity of labor. Among these, Sanyinjiao (SP6) and Taichong (LR3) are repeatedly mentioned in classical acupuncture cases addressing difficult birth and retained placenta.[13] We have also found particular relevance in a broader set of points, including Diji (SP8), Ligou (LR5), Zhaohai (KI6), Jiaoxin (KI8), and Zhubin (KI9).

Many women do not wish to endure the pain of labor and choose to get an epidural. This enables them to be calm and relaxed while labor progresses. However, the limp effect of the anesthesia is not akin to the yin-type

containment we find so important to childbirth. Even when contractions are no longer felt because of anesthesia, acupuncture remains a valuable tool for engaging both yin and yang forces. By stimulating specific points, we can support the body's ability to participate in labor, maintain energetic coherence, and encourage effective progression. For this reason, we continue to apply the acupuncture points mentioned above in epidural-assisted births. To compensate for the limp-qi effect of the epidural in the lower half of the body, we often integrate hands-on techniques to generate movement in the pelvis. We also work with points along *Dai Mai* (带脉 belt vessel) that we find particularly effective in regulating the flow of qi. *Dai Mai* is one of eight extraordinary meridians (奇经八脉). These meridians were first described in *Nan Jing* (《难经》 *The Classic of Difficult Issues*, first century CE) as meridians that supported the circulation and function of the body under exceptional or extreme circumstances. *Dai Mai* encircles the waist, binds the pelvic region, and regulates the flow of qi between the upper and lower body, making it especially relevant in supporting the physiological dynamics of labor.

The delivery stage itself calls upon yang energy, as it requires active pushing in response to the contractions. This surge of yang arises most effectively when the yin phase of labor, marked by receptivity, endurance, and containment, has been fully embraced and fulfilled. *Shi Chan Lun* describes this dynamic transformation in the following passage:

> "In such a situation when the pregnant woman exerted physically, [she] ought to wait for the child's body to straighten itself, and when the baby is pushed right at the entrance of the birth door, then start to exert physically and push, to get the child to descend and be born. In this way, the pregnant woman has used force at the appropriate time.
> 凡产母用力，须待儿子顺身，临逼门户，方始用力一送，令儿下生，此方是产母之用力当也。"[11]

This dynamic of labor is an unfolding of yin and yang: the deep gathering of *Yin Qi* (阴气) in the stage where the body surrenders to the contractions leading to the surging of *Yang Qi* (阳气), creating an intuitive urge to push and birth. When yin is fully engaged, yang can emerge with strength. Conversely, when yin is overlooked or overridden, we often observe greater exhaustion, obstruction, and difficulty in accessing the focused energy required for effective pushing.

5 Reclaiming "yin": the therapeutic power of presence and attunement in clinical interactions

Our treatment strategies are guided by the traditional diagnostic methods of *Si Zhen* (四诊 four diagnostic methods) developed within the scholarly tradition of TCM (Note 2). However, the precise contents of the diagnostic information obtained from these tools are largely dependent on the nature of the clinical interaction. Charlotte Furth described the distant and indirect nature of the clinical encounters between male physicians and their female patients. Social norms enforcing female chastity often restricted male physicians from directly observing or examining their female patients, significantly limiting their capacity for a nuanced understanding of the female body.[2] The following passage, written in the seventeenth century in the preface to *Nyu Ke Bai Wen* (《女科百问》 *One Hundred Questions on Gynecology*, 1220) (Fig. 6), expresses a male physician's frustration when treating women:

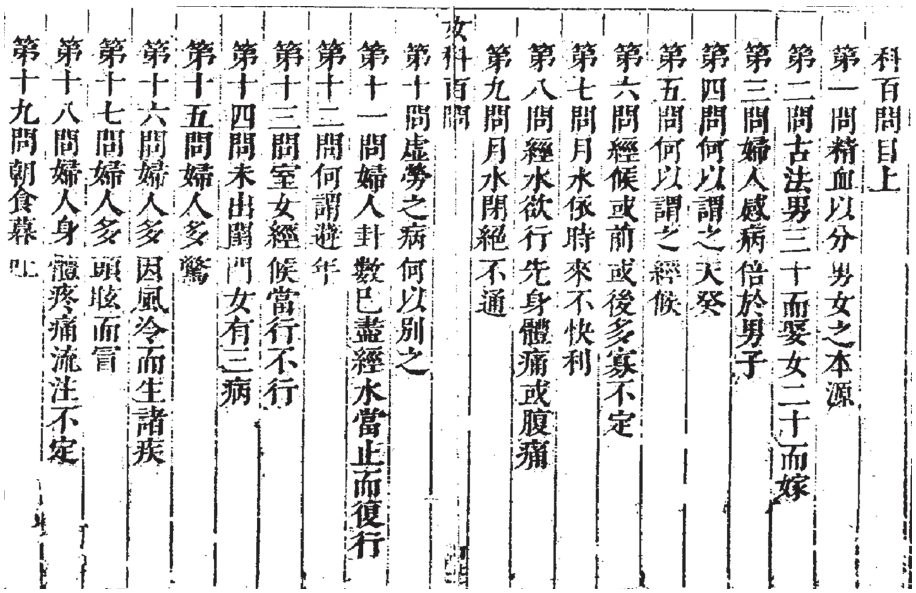


Figure 6 Catalogue to *Nyu Ke Bai Wen* (《女科百问》 *One Hundred Questions on Gynecology*) (source with permission from: Library of Shanghai University of Traditional Chinese Medicine)

> "If you ask [about such symptoms], the doctor is in danger; if you don't ask, the patient is in danger. However, if you do ask, then the sick woman speaks to her maid and her maid speaks to the master. Before the master says a word his face is crimson and when he does speak his language is roundabout. Having gone through three changes, how can [the account of the symptoms] be clear?[2]
> 若为色状，问之则医危，不问则病危。虽然胡可问也。
> 于是病者择言而授指奶姬，奶姬展转而传语主人。
> 主人未言，先赧其面，欲言更恧其词。
> 乌三变而成白，尚有真病入于先生之耳哉。"[10]

The limitations of restricted clinical interactions between male physicians and female patients become clearer when contrasted with the treatment environment described by the female physician Tan Yunxian (谈允贤, 1461–1554). Tan was the sole known example of a woman who was educated in the medical classics, practiced medicine professionally, and recorded her clinical experience. In addition to her classical education, she was also trained within her family's female healing tradition. Her work, *Nyu Yi Za Yan* (《女医杂言》 *Miscellaneous Explanations of a Female Doctor*), included 31 case histories and offered a rare glimpse into the clinical encounters of a female practitioner with her exclusively female patients. Furth outlined how Tan's case descriptions portrayed intimate, trusting interactions, in which women freely confided personal details. Her diagnostic approach integrated classical symptomology with nuanced knowledge of her patients' personal lives.[2]

In contemporary hospital settings, medical staff have direct and unlimited communication with laboring women. Yet this proximity does not necessarily foster a soft and comforting atmosphere. Invasive physical examinations, routinely performed to assess labor progression, provide essential clinical information, but are often experienced by women as uncomfortable or even distressing. The medical staff often maintains an authoritative distance, focusing on active, interventionist strategies to manage and advance labor.

In contrast, Tan Yunxian's model of deeply intimate, attentive communication with her patients exemplified a softer, yin-oriented approach that could provide an important counter-balance within the modern labor room. To cultivate this yin quality, we often consciously engage in informal conversation and apply comforting hands-on techniques, such as releasing tension in the shoulder region. Beyond promoting general relaxation, these practices often prompt spontaneous disclosures by the laboring woman or her companions, revealing past or present emotional or physical experiences. Such revelations often yield valuable insights, allowing for a more precise identification and treatment of potential obstructions to the birthing process.

This is exemplified by the following birth story:

> "I was asked to treat a woman who, despite having received an epidural, was still in considerable pain and was not progressing in cervical dilation despite frequent and regular contractions. When I entered the room, she lay on the bed, visibly consumed by pain. Her partner sat silently, staring at the floor, while her mother leaned against the far wall. The room felt tense and disconnected.
> I asked the laboring woman how she was, to which she replied: 'I just want the baby out already.' I applied gentle rhythmic pelvic rocking to ease tension and inserted needles to stimulate *Dai Mai*, aiming to promote relaxation and circulation between contractions. I guided her breathing—deep inhalations, slow exhalations—through each contraction.
> Sensing emotional distance, I casually remarked to her mother, 'Isn't it nice that she wants you here?' to which she replied: 'She doesn't want me here, but I came anyway.' This remark made it clear to me that a shift was needed, not only in the woman's physical state, but also in the dynamic of the room.
> I invited both her partner and mother to assist by stimulating a point along the gallbladder meridian during contractions. I then left the room to give them space.
> When I returned 20 minutes later, the atmosphere had transformed: they were talking and laughing. During contractions, they leaned in, supporting her with presence and purpose. I performed some manual work on her shoulders, removed the needles, and left.
> Shortly afterward, I returned to find the three of them joined by a newborn, following a smooth and spontaneous birth."

This case reflects a view of acupuncture not merely as a mechanical application of points and functions, but as a practice that regulates bodily processes by engaging the dynamic interplay between internal physiology and the external environment. Such an approach reflects a core principle of TCM: clinical effectiveness arises not only from targeted intervention, but from engaging the relational and environmental context in which physiological processes unfold.

6 Empowerment of life beyond birth: clinical significance of yin-based maternity care

We have observed that yin-oriented approaches can transform not only the physiological processes of labor but also the woman's relationship to her birth story. The experience of remaining connected to one's body, emotions, and desires, even amid unforeseen events, can cultivate a sense of authorship and resilience. The following birth story reflects the empowering potential of yin: not through control or certainty, but through the ability to stay present, absorb intensity, and emerge from the birth process with a more integrated and coherent sense of self.

> "I was called to support a woman attempting a VBAC (vaginal birth after cesarean). Her first birth had ended in an emergency cesarean due to fetal distress, leaving her feeling disempowered. She had received acupuncture throughout this pregnancy and was committed to experiencing a vaginal birth. During labor, slight decelerations

in the fetal heart rate triggered anxiety and resurfaced memories of her previous experience. She was afraid that history might repeat itself.

I offered gentle, grounding bodywork alongside acupuncture to support her physically and emotionally. I used points along the sacral area to soften pelvic tension, to help her connect to the process, and to create more space for the baby to descend. I also used Zhubin (KI9). This point is the accumulation point of one of the eight extraordinary meridians. It has the function of helping the body release lingering effects of trauma in the uterus and the lower abdomen. By the time I left the room, the baby had descended, and she was ready to push. She gave birth vaginally, just as she had hoped.

However, shortly afterward, she was rushed to the operating room due to a uterine tear, a rare but known VBAC risk. I feared the complication might overshadow her experience, but days later, she reached out, describing the birth as deeply empowering. She had stayed connected to her body, calm, and present throughout the whole process. The outcome she longed for was not simply a vaginal birth, but a birth she could claim as her own. This, she said, had been achieved despite unforeseen circumstances."

We are deeply appreciative of the medical advances that have significantly improved maternal and neonatal outcomes. However, we have also observed that the interventionist approach can leave women with a lingering sense of failure and insecurity in their bodies. This may partly explain why many women continue to experience childbirth as a traumatic event.[14–16] Childbirth can and should be an empowering experience, reconnecting women to their innate bodily wisdom and strength. While our team aims to support the natural unfolding of labor, we also emphasize that such empowerment is possible regardless of the mode of delivery.

The following birth story demonstrates how yin-based, presence-oriented support can maintain a healing sense of agency even in traumatic and emotionally challenging situations.

"I was asked to support a woman who had just been informed that an urgent cesarean was necessary. There was no doubt that the fetus was in distress and the birth could not proceed naturally. However, the mother was in a state of emotional distress and was unable to engage with the medical team. This was to be her second cesarean, and she was aware that it would likely end her chances of experiencing a vaginal birth in the future. As soon as I entered the room, she called out to me, 'You are my last hope of giving birth.'

I understood that my role was not to fulfill her wish for a natural birth, but rather to help her body and emotional state contain the situation. I hoped to initiate a process that could ultimately empower her through the experience, rather than leave her feeling defeated.

I stimulated three acupuncture points along the yin lung meridian. In TCM, the lung belongs to the metal, which is associated with grief and the need for order and predictability. It is also linked to identity and boundaries, particularly in moments when structure is disrupted. I believe these points would help her release her attachment to the idea of natural birth, allowing her to surrender to the present reality with greater acceptance. At the same time, I held the intention that the deeper qualities of the lung, being the first organ in the cycle of life, and the one whose sound marks a newborn's first breath, might, in time, help her reframe this experience. Not as the end of a dream, but as the beginning of a new relationship with her body, one grounded in resilience and appreciation rather than disappointment.

The obstetric team allowed me to proceed with the treatment, so long as fetal monitoring remained stable. Within five minutes of needling, the woman calmed noticeably and, of her own accord, asked to be taken into surgery."

This case underscores that a sense of empowerment in childbirth is not solely determined by clinical outcomes, but by the woman's experience of connection, agency, and presence within the process. Even in the face of unexpected medical complications, a yin-oriented approach can support a meaningful and integrative birth experience. This perspective complements outcome-based definitions of success and reframes the role of care, aligning it with values of coherence, continuity, and lived experience.

7 Conclusion

The generative process of childbirth can be illuminated through the lens of this evocative passage from *Dao De Jing* (《道德经》*The Book of the Way*):

"Is not the space between heaven and earth like a bellows?
It is empty without being exhausted:
The more it works the more comes out.
天地之间，其犹橐钥乎？
虚而不屈，动而愈出。"[17]

This image of the bellows, hollow yet inexhaustible, responsive, and generative, resonates deeply with the physiological and energetic process of labor. Contraction and expansion, though seemingly opposite, are equally essential to the progress of childbirth. This dynamic interplay exemplifies the yin-yang balance fundamental to life itself, unfolding within the generative space "between heaven and earth".

This paper reflects our current understanding of the unique contributions that yin-oriented qualities bring into the labor room. Treating women in moments of intense vulnerability within the hospital setting has highlighted the need for care that prioritizes presence, attunement, and emotional validation. Our acupuncture team operates through technical expertise, shared intuition, tacit communication, and contextual awareness. The labor room requires flexible, responsive teamwork and a collaborative, attentive presence. This yin-associated wisdom, collectively discussed, studied, cultivated, and enacted, enables us to respond meaningfully to each woman's evolving needs during childbirth.

Yin is not mere passivity. It is a tangible, dynamic, and active capacity to receive, endure, absorb, and nurture.

The yin-oriented approach to healing we have outlined encourages a complementary balance with the yang-oriented mode of care: listening alongside fixing, collaboration alongside management, and nourishment and validation alongside forceful intervention. It holds space for complexity and honors women's embodied wisdom.

These insights have deeply shaped our clinical practice, informing our approach not only to labor support but also to broader patient care, including menstrual and reproductive health, fertility and conception, postpartum recovery, pelvic pain syndromes, and the transitions of menopause and midlife. It is in the interplay of yin and yang, rather than the dominance of one over the other, that healing potential can be most fully realized.

Charlotte Furth's observation that the body described in *Huang Di Nei Jing* (《黄帝内经》*The Yellow Emperor's Inner Classic*) is "more truly androgynous", and invites us to explore the fluidity of these principles. Yin-associated qualities, while historically linked to the feminine in Chinese medical discourse, are not the exclusive domain of female practitioners, nor are they relevant only to female patients. Rather, they function as relational and clinical capacities that can be cultivated by practitioners of any gender and applied across a wide range of conditions. In this sense, they offer a generative framework for reimagining care beyond the boundaries of women's health.

Conditions such as chronic pain, often managed within a predominantly yang result-driven paradigm, may benefit from the balancing influence of a yin-informed, attuned approach. By integrating physiological regulation with relational attunement, TCM offers a framework that can help humanize contemporary clinical environments, particularly those shaped by time constraints, technological mediation, and outcome-driven priorities. Recognizing the dynamic interplay of these principles allows for a more responsive and holistic model of care, one that can benefit both female and male patients alike.

Notes:

Note 1: Premodern Chinese acupuncture literature included references to the treatment of childbirth-related conditions. One of the earliest known examples appeared in *Zhen Jiu Jia Yi Jing* (《针灸甲乙经》*The Systematic Classic of Acupuncture and Moxibustion*), compiled by Huangfu Mi (皇甫谧) in the third century CE. The text recorded the following indication: "For women with difficult childbirth, or when the placenta does not descend, Kunlun (BL60) governs it (女子字难，若胞不出，昆仑主之) ". Later, acupuncture introduced additional acupoints to assist in complications of childbirth, resulting in a small group of acupuncture points that were repeatedly recommended for this use. These included Hegu (LI4), Sanyinjiao (SP6), Kunlun (BL60), Zhiyin (BL67), Taichong (LR3), and Jianjin (GB21). For a detailed review of acupuncture points mentioned in traditional texts in relation to childbirth, see: Zhang J, Zhu J. Ancient literature research on acupuncture for descending the fetus (关于针灸下胎的古代文献研究). *Journal of Beijing University of Chinese Medicine*. 1998;21(3):66–67. Chinese.

Note 2: *Si Zhen* forms the core of traditional Chinese medical diagnosis and consists of *Wang Wen Wen Qie* (望闻问切 inspection, auscultation and olfaction, inquiry and palpation). Through systematic application of these methods, practitioners gather comprehensive information about the patient's external appearance, sounds and odors, reported symptoms, and internal conditions (such as pulse quality), to formulate an individualized diagnosis and treatment plan. This framework, standardized during the development of scholarly medicine in imperial China, continues to guide clinical practice today.

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Author contributions

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Conflicts of interest

The authors declare no financial or other conflicts of interest.

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