

Morning Sickness

ABSTRACT: "Morning sickness" is really a misnomer. (In fact, the technical medical term is "nausea and vomiting of pregnancy.") For some pregnant women, the symptoms are worse in the morning and ease up over the course of the day, but they can strike at any time and last all day long.



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DEFINITION: Morning sickness, also called "nausea and vomiting of pregnancy" (Hyperemesis gravidarum or NVP), or pregnancy sickness, affects between 50 and 95 percent of all pregnant women as well as some women who use hormonal contraception or hormone replacement therapy. The nausea can be mild or may induce actual vomiting. In extreme cases, known as hyperemesis gravidarum, hospitalization may be required to treat the resulting dehydration, which occurs in about 1% of pregnancies.

THE ONSET: Morning sickness usually begins during the first month of pregnancy and continues till 16th week, although, some women continue throughout pregnancy. Morning sickness is very common and does not hurt the baby in any way. Excessive vomiting and cannot keep your food down, is diagnosed as hyperemesis gravidarum, which can be harmful to you and your baby if left untreated, due to the possible lack of nutrients and electrolyte imbalance. The most important thing is to inform your healthcare provider when these symptoms appear and discuss possible options for treatment. Many healthcare providers think morning sickness is a good sign because it means the placenta is developing well. Studies have shown that women who have NVP tend to have healthier pregnancies, with lower rates of miscarriages and



still births, compared to women who have nausea-free pregnancies. NVP can often be treated by making changes to your diet and by taking plenty of rest. NVP is sometimes trivialized as a minor inconvenience of pregnancy, but it can have a significant, adverse affect on your day-to-day activities and quality of life. The support of friends and family helps to cope better.

CAUSES OF NAUSEA AND VOMITING IN PREGNANCY

The exact cause of nausea and vomiting in pregnancy (NVP) is unknown. However, a number of theories have been suggested.

HORMONES

Changes in hormone levels during the early stages of pregnancy may cause short-term nausea and vomiting.

During pregnancy, oestrogen levels rise and tend to be at their highest in the first three months, when the symptoms of NVP are at their worst. Rising levels of oestrogen may heighten your sense of smell, which may explain why certain smells can trigger the onset of symptoms.

EVOLUTIONARY ADAPTATION

Evolutionary adaptation is a change that occurs in an organism in order to make it better adapted to its environment. Some scientists believe that NVP is an evolutionary adaptation that has occurred in order to protect women and their baby

from food poisoning. Pregnant women with NVP often do not feel like eating foods that can potentially become contaminated, such as meat, poultry, and eggs, instead preferring foods which have a low risk of contamination, such as bread, or crackers.

OTHER CAUSES

There is insufficient evidence to find a single (or multiple) cause, but the leading theories for proximate causes include:

- An increase in the circulating level of the hormone estrogen. Estrogen levels may increase by up to a hundredfold during pregnancy.
- Low blood sugar during pregnancy.
- An increase in progesterone relaxes the muscles in the uterus, which prevents early childbirth, but may also relax the stomach and intestines, leading to excess stomach acids.
- An increase in human chorionic gonadotropin.
- An increase in sensitivity to odors, which overstimulates normal nausea triggers.
- An increase in bowel movement.
- The body's effort to detoxify thoroughly for the health of the unborn child. This is supported by evidence that the liver and kidneys become more active than usual at the start of a pregnancy.

OTHER THEORIES

No one knows for sure what causes nausea during pregnancy, but it's probably some combination of the many physical changes taking place in your body. Some possible causes include:

- Rapidly rising levels of the hormone human chorionic gonadotropin (HCG) during early pregnancy. No one knows how HCG contributes to nausea, but the timing is right: Nausea tends to peak around the same time as levels of HCG. Estrogen, another hormone that rises rapidly in early pregnancy, is also considered a prime suspect, and it's possible that other hormones play a role as well.
- An enhanced sense of smell and sensitivity to odors. It's not uncommon for a newly pregnant woman to feel overwhelmed by the smell

of a bologna sandwich from four cubicles away, for example, and that certain aromas instantly trigger her gag reflex. This may be a result of higher levels of estrogen.

- A tricky stomach. Some women's gastrointestinal tracts are simply more sensitive to the changes of early pregnancy.

You may have heard that morning sickness can be caused by a vitamin B deficiency. While taking a vitamin B6 supplement does seem to help ease nausea in many pregnant women, this doesn't mean they have a vitamin deficiency. In fact, at least one study has shown no significant differences in the levels of B6 in women with morning sickness and those without. No one knows why B6 is helpful. There's also some evidence that taking a multivitamin at the time of conception and in early pregnancy helps prevent severe morning sickness, but again, no one knows why. Some researchers have proposed that certain women are psychologically predisposed to having nausea and vomiting during pregnancy as an abnormal response to stress. However, there's no good evidence to support this theory. (Of course, if you're constantly nauseated or vomiting a lot, you certainly may begin to feel more stressed!)

ARE SOME PREGNANT WOMEN MORE LIKELY THAN OTHERS TO FEEL NAUSEATED?

You're more likely to have nausea or vomiting during your pregnancy if any of the following apply:

- You're pregnant with twins or higher multiples. This may be from the higher levels of HCG, estrogen, or other hormones in your system. You're also more likely to have a more severe case than average. On the other hand, it's not a definite thing — some women carrying twins have little or no nausea.
- You had nausea and vomiting in a previous pregnancy.
- You have a history of nausea or vomiting as a side effect of taking birth control pills. This is probably related to your body's response to estrogen.
- You have a history of motion sickness.
- You have a genetic predisposition to nausea



during pregnancy. If your mother or sisters had severe morning sickness, there's a higher chance you will, too.

- You have a history of migraine headaches.
- You're carrying a girl. One study found that women with severe nausea and vomiting were 50 percent more likely to be carrying a girl.

TREATMENT

If you have a mild case of nausea and vomiting, some relatively simple measures may be enough to help. (If not, there are safe and effective medications you can take.) Not all the following suggestions are supported by hard evidence, but obstetricians and midwives commonly recommend them, and many women swear by them.

- Try to avoid foods and smells that trigger your nausea. If that seems like almost everything, it's okay to eat the few things that do appeal to you for this part of your pregnancy, even if they don't add up to a balanced diet. It might also help to stick to bland foods. Try to eat food cold or at room temperature, because it tends to have less of an aroma than when it's hot.
- Keep simple snacks, such as crackers, by your bed. When you first wake up, nibble a few crackers and then rest for 20 to 30 minutes before getting up. Snacking on crackers may also help you feel better if you wake up nauseated in the middle of the night.
- Eat small, frequent meals and snacks throughout the day so that your stomach is never empty. Some women find that carbohydrates are most appealing when they feel nauseated, but one small study found that high-protein foods were more likely to ease symptoms.
- Avoid fatty foods, which take longer to digest. Also steer clear of rich, spicy, acidic, and fried foods, which can irritate your digestive system.
- Try drinking fluids mostly between meals. And don't drink so much at one time that your stomach feels full, as that will make you less hungry for food. A good strategy is to sip fluids frequently throughout the day. Aim to drink about a quart and a half altogether. If you've been vomiting a lot, try a

sports drink that contains glucose, salt, and potassium to replace lost electrolytes.

- Give yourself time to relax and take naps if you can. Watching a movie (preferably not one about food!) or visiting with a friend can help relieve stress and take your mind off your discomfort. Or try hypnosis — while there's no definitive evidence that it helps with morning sickness, it has been shown to be effective in combating nausea during chemotherapy.
- Try taking your prenatal vitamins with food or just before bed. You might also want to ask your healthcare provider whether you can switch to a prenatal vitamin with a low dose of iron or no iron for the first trimester, since this mineral can be hard on your digestive system.
- Try ginger, an alternative remedy thought to settle the stomach and help quell queasiness. See if you can find ginger ale made with real ginger. (Most supermarket ginger ales aren't.) Grate some fresh ginger into hot water to make ginger tea, or see if ginger candies help. A few studies found that taking powdered ginger root in capsules provided some relief, but be sure to talk to your provider before taking ginger supplements. There's no way to be sure how much of the active ingredient you're getting in these supplements, so some experts think it's best not to use them. (As with many other things that are helpful in small amounts, the effects of mega doses are unknown.)
- Try an acupressure band, a soft cotton wristband that's sold at drugstores. You strap it on so that the plastic button pushes against an acupressure point on the underside of your wrist. This simple and inexpensive device, designed to ward off seasickness, has helped some pregnant women through morning sickness — although research suggests that it may be largely a placebo effect.

HELPFUL DO'S AND DON'TS

Do:

- Eat small meals often
- Drink fluids 1/2 hour before or after a meal, but not with meals

- Drink small amounts of fluids during the day to avoid dehydration
- Eat soda crackers 15 minutes before getting up in the morning
- Avoid foods and smells that increase nausea
- Ask someone else to cook for you and open the windows or turn on fans if the odor bothers you
- Get plenty of rest and nap during the day
- Avoid warm places (feeling hot adds to nausea)
- Sniff lemons or ginger, drink lemonade, or eat watermelon to relieve nausea
- Eat salty potato chips (they have been found to settle stomachs enough to eat a meal)
- Exercise

DON'TS:

- Do not lie down after eating
- Do not skip meals
- Do not cook or eat spicy food

OTHER TREATMENTS

Treatments for morning sickness typically aim to lessen the **symptoms** of nausea, rather than attacking the root cause(s) of the nausea. Treatments include:

- Lemons, particularly the smelling of freshly cut lemons.
- Avoiding an empty stomach.
- Accommodating food cravings and aversions.
- Eating five or six small meals per day, rather than three large ones.
- Many sources recommend Cabbage.
- Trying the BRATT diet: bananas, rice, applesauce, toast and tea.
- Ginger, in capsules, tea, ginger ale, or ginger snaps.
- Eating dry crackers in the morning.
- Drinking liquids 30 to 45 minutes after eating solid food.
- Vitamin B6 (either pyridoxine or pyridoxamine), often taken in combination with the anti-histamine doxylamine (Diclectin).

A doctor may prescribe anti-nausea medications if the expectant mother suffers from dehydration or malnutrition as a result of her morning sick-

ness, a condition known as *hyperemesis gravidarum*. Zofran (Ondansetron) is the usual drug of choice, though the high cost is prohibitive for some women; older drugs with which there is a greater experience of use in pregnancy are preferred, with first choice being Promethazine otherwise as second choice Metoclopramide, or Prochlorperazine.

WHEN TO SEEK URGENT MEDICAL ADVICE

Rarely, symptoms of nausea and vomiting may be caused by a more serious condition, such as a urinary tract infection, or appendicitis. You should immediately contact your Homoeopath if you,

- have very dark coloured urine, or you do not pass urine for more than eight hours,
- have abdominal pain and fever,
- feel severely weak, or faint,
- vomit blood,
- have repeated, unstoppable vomiting, or
- You are unable to keep down food, or fluids, for 24 hours.

HOMOEOPATHIC MANAGEMENT OF MORNING SICKNESS

Nausea during pregnancy can be miserable. At a time when many changes are occurring (enough to adapt to already), it is often very discouraging. Some women only feel ill or queasy in the morning, but for some it lasts all day and is even troublesome at night. Discomfort usually eases off by the third or fourth month, but not always.

Homeopathic remedies can be very helpful to a woman with morning sickness and are safe to take during pregnancy.

Three mark remedies in Kent: *Asar*, *Chel*, *Jatr*, *Kreo*, *Lac-acid*, *Nat-sulp*, *Nux-m*, *Nux-v*, *Sep*, *Tab*

Asarum: This remedy is indicated when a woman feels very ill, with constant nausea and retching. She is extremely sensitive to everything—especially noise, which can aggravate the nauseous feelings. She feels best when lying down and resting. Cool drinks or food may help, but it is hard for her to even think of eating.

Colchicum: Horrible nausea that is worse from the sight and smell of food (especially eggs or fish) often indicates this remedy. The woman retches and



vomits, and has a sore and bloated feeling in the abdomen. She has trouble eating anything - although she often craves things, when she tries to eat them they make her sick. She is likely to feel ill from many smells that others don't even notice.

Ipecacuanha: This remedy is indicated for intense and constant nausea that is felt all day (not only in the morning) with retching, belching, and excessive salivation. The woman may feel worse from lying down, but also worse from motion. Even after the woman vomits, she remains nauseous.

Kreosotum: When this remedy is indicated, the woman may salivate so much that she constantly swallows it, becoming nauseous. She may also vomit up food that looks undigested, several hours after eating.

Lacticum-acidum: This remedy is indicated for "classic morning sickness": nausea worse immediately on waking in the morning and on opening the eyes. The woman may salivate a lot and have burning stomach pain. She usually has a decent appetite and feels better after eating.

Nux-vomica: Nausea, especially in the morning and after eating, may respond to this remedy—especially if the woman is irritable, impatient, and chilly. She may retch a lot and have the urge to vomit, often without success. Her stomach feels sensitive and crampy, and she may be constipated.

Pulsatilla: This remedy can be helpful if nausea is worse in the afternoon and evening (often in the morning, as well). The woman is not very thirsty, although she may feel better from drinking something cool. She can crave many different foods, but feels sick from many things (including foods she craves). Creamy foods or desserts may be appealing, but can cause discomfort and burping or bring on vomiting. A woman who needs this remedy usually is affectionate, insecure, and weepy—wanting a lot of attention and comforting.

Sepia: Gnawing, intermittent nausea with an empty feeling in the stomach suggests a need for this remedy. It is especially indicated for a woman who is feeling irritable, sad, worn out, and indifferent to her family. She feels worst in the morning before

she eats, but is not improved by eating and may vomit afterward. Nausea can be worse when she is lying on her side. Odors of any kind may aggravate the symptoms. Food often tastes too salty. She may lose her taste for many foods, but may still crave vinegar and sour things. Fainting, or sense of sinking faintness, may be found in pregnancy, child bed or during lactation. Vomiting in pregnancy with "All-gone" feeling. Morning sickness, constipation and discharge of a green-red fluid from the vagina during pregnancy. The sight and thought of food makes the patient sick, even the smell of cooking food nauseates. Great sadness and weeping during menses, pregnancy or lactation. Motion of foetus is intolerable.

Tabacum: This remedy can be helpful to a woman who feels a ghastly nausea with a sinking feeling in the pit of her stomach. She looks extremely pale, feels very cold and faint, and needs to lie very still and keep her eyes closed. If she moves at all, she may vomit violently—or break out in cold sweat and feel terrible.

Phosphorous: Empty all gone sensation in stomach, hollow feeling in stomach; as if hanging down. Tremors; fluttering or something rolling over in stomach. Hunger soon after eating. Coldness as if freezing in the pit of the stomach. Vomiting; water is thrown up as soon as it gets warm in the stomach. Vomiting of bile, mucus, blood, coffee grounds. Throws up ingesta by the mouthfuls. Unable to drink water; during pregnancy, the sight of water makes her vomit, has to close her eyes when taking bath. Nausea on putting hands in warm water.

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