

# Analysis of complementary alternative medicine (cam): ginger



**ASSIGN  
BUSTER**

Complementary and alternative medicines (CAM) are being used more and more by health professionals and patients in addition to medical based therapies.

The Cochrane Collaboration (2000) defines alternative and complementary medicines as;

a broad domain of healing resources that encompasses all health system, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period.

Complementary medicine models form the foundation of primary care systems in some countries worldwide. There are many different types of complementary and alternative medicines such as: ginger, raspberry leaf, castor oil, cabbage leaves, acupuncture and jasmine herbal tea. This written assignment will focus on ginger and will explore the use of this complementary alternative medicine across the childbearing continuum as recommended by midwives in clinical practice and will discuss the roles and responsibilities of the midwife when endorsing this intervention and the potential risks for both the woman and baby.

There are many reasons why people use complementary alternative medicines such as: conventional medicine has not fixed their problem and some people believe that natural products are much more safe and healthier to use rather than prescription drugs (Women's Health Organisation, 2012).

Ginger has been used as a cooking spice as well as a herbal medicine throughout history, and has been commonly used to treat morning sickness, motion sickness, colic, gas, upset stomachs and nausea. There are special precautions and warnings that should be followed as using ginger when pregnant is debated. Herbs may contain substances that could cause premature birth, uterine contractions and miscarriage (American Pregnancy Association, 2013). There are some concerns that ginger may affect the sex hormones of a fetus and there are also reports of a miscarriage occurring close to the 12<sup>th</sup> week of pregnancy in women who took ginger to alleviate their morning sickness. There are also a few concerns that ginger may increase the risk of bleeding with some professionals advising women to not use it close to their delivery date (Medline Plus, 2014). There is not enough proof to show whether or not the use of ginger during breastfeeding is safe, therefore it is best to not use when women are breastfeeding.

Morning sickness can affect up to 85% expectant mothers during the first three months of pregnancy (Koren & Maltepe , 2013). From time to time the symptoms of morning sickness can become so serious, that they lead to a condition known as hyperemesis gravidum. When this occurs the woman will require hospitalization in order to replace both fluids and electrolytes intravenously. Morning sickness usually resolves in the first trimester of pregnancy, however in a small number of women, it can continue throughout the whole pregnancy. Some drugs, which are used to treat hyperemesis gravidum, have the potential to cause harm to the fetus (National Institute for Health and Clinical Excellence, 2008). The first three months of pregnancy are a vital period for fetal growth, as the fetus is especially

vulnerable to the detrimental effects of specific drugs and treatments. Even though today's prescribed anti-nausea drugs do not seem to cause birth defects, many women choose to decline taking any medication during pregnancy and shift to the use of more natural types of remedies such as the complementary alternative medicines (Beauchamp, 2005). Few studies have been performed on whether or not complementary alternative medicines cause harm to the developing fetus however, one study suggests that ginger is safe to use for morning sickness without harming the unborn fetus with the risk of abnormalities having a rate of 1-3%.

A study was performed on ' the effectiveness and safety of ginger for pregnancy-induced nausea and vomiting', with randomised controlled trials of ginger and pregnancy related vomiting and nausea being sourced from companies such as Medline and the Cochrane library. Four of the randomised controlled trials met the inclusion standards with each of the trials finding that ginger given orally was found to be suggestively more effective than placebo when decreasing the occurrence of vomiting and nausea. The conclusion of this study shows that ginger is a safe and effective treatment for pregnancy related vomiting and nausea. On the other hand, hesitation still remains in regards to gingers maximum dosage, the correct length of the treatment, the effects of over dosage and the possible interactions with prescription medications (Ding et al., 2012).

Although herbs are considered natural not all of them are safe to use during pregnancy. It is the midwives role and responsibility to refer women to an herbalist to discuss complementary alternative medicines that the women may wish to use during her pregnancy. The use of alternative medicines are <https://assignbuster.com/analysis-of-complementary-alternative-medicine-cam-ginger/>

out of the midwives scope of practice, therefore it is important for not only midwives but other health professionals to refer the appropriate source so the women can receive the correct care. It is important for midwives to recognise the limits of their knowledge when discussing the woman's options and alternative medicines and refer to those who are trained and accredited in their own professions (Pairman, Tracy, Thorogood, & Pincombe, 2010). It is also the midwives responsibility to document any herbal medicines that she discloses she is using. It is the woman's decision as to whether or not she takes up the offer to be referred to an herbalist, however no matter what her decision is her record of herbal alternative medicines will be documented in her pregnancy health record for effective continuity of care.

Overall, the use of complementary alternative medicines is increasing worldwide with some women preferring these options rather than other medical therapies and substances. However, there is insufficient evidence to support the use of alternative medicines, their safety and effectiveness during pregnancy. For complementary alternative medicines to be considered this issue requires more research before any conclusions can be made on their effectiveness and treatment recommendations can then be put forth. The safety of complementary alternative medicines also needs to be considered before revealing a pregnant woman to these biologically active compounds (Anderson & Johnson, 2005). Midwives will be increasingly called upon to assess the effectiveness and safety of complementary alternative medicines so it is crucial for them to understand the correct benefits and potential risks of these medicines and treatments to best serve patients throughout their individualised maternity care.

## Reference List

American Pregnancy Association (2013). Herbs and pregnancy. Retrieved from: <http://americanpregnancy.org/pregnancyhealth/naturalherbsvitamins.html>

Anderson, F. W. P., & Johnson, C. T. (2005). Complementary and alternative medicine in obstetrics. *International Journal of Gynaecology & Obstetrics*, 91, 116-124. Doi: 10. 1016/j. ijgo. 2005. 07. 009

Beauchamp, K. (2005). Health Conditions and Concerns: Ginger Treats Morning Sickness Retrieved from: <http://www.bastyrcenter.org/content/view/631/>

Ding, M., Leach, M., & Bradley, H. (2012). The effectiveness and safety of ginger for pregnancy-induced nausea and vomiting: A systematic review. *Journal of the Australian College of Midwives*, 26 (1), e26-e30. Doi: <http://dx.doi.org/10.1016/j.wombi.2012.08.001>

Koren , G., & Maltepe , C. (2013). *How to survive morning sickness successfully* . Retrieved from[http://www.motherisk.org/documents/BSRC\\_morning\\_sickness\\_EN.pdf](http://www.motherisk.org/documents/BSRC_morning_sickness_EN.pdf)

Medline Plus (2014). Ginger. Retrieved from: <http://www.nlm.nih.gov/medlineplus/druginfo/natural/961.html>

National Institute for Health and Clinical Excellence (2008, March). *Antenatal Care; Routine Care for the healthy pregnant woman* . Retrieved from<http://www.nice.org.uk/nicemedia/pdf/CG62fullguideline.pdf>

<https://assignbuster.com/analysis-of-complementary-alternative-medicine-cam-ginger/>

Pairman, S., Tracy, S., Thorogood, C., & Pincombe, J. (2010). *Midwifery: Preparation for Practice*. (2nd ed). Australia: Elseiver.

University of Maryland Medical Centre (2010). Ginger Overview. Retrieved from: <http://umm.edu/health/medical/altmed/herb/ginger>

Women's Health Organisation (2012). Complementary and alternative medicine. Retrieved from: [http://www.womenshealth.gov/publications/our-publications/the-healthy-woman/alternative\\_medicine.pdf](http://www.womenshealth.gov/publications/our-publications/the-healthy-woman/alternative_medicine.pdf)

Zollman, C., & Vickers, A. (2000). What is complementary medicine? *British Medical Journal*, 319 (693). Doi: <http://dx.doi.org/10.1136/bmj.319.7211.693>