

Homeopathy in pregnancy: issues for midwives

Homeopathy has a part to play in offering pregnant women alternatives to drugs, but midwives must be aware of how this might affect clinical practice, says **Denise Tiran**

Women frequently self-administer natural medicines during pregnancy, including herbal medicines and homeopathy (McKenna and McIntyre 2006), although this is often without informing their caregivers (Eisenberg et al 2001) and frequently in the mistaken belief that, because they are natural, these remedies are safer than conventional medicines (Lynch and Berry 2007). Midwives may be asked for advice during the antenatal period or may be presented in the delivery suite with mothers using the popular homeopathic 'childbirth kits', and it is essential that accurate and comprehensive information is given, or that the mother is referred to an expert authority (NMC 2004). Midwives may also wish to pursue training in the use of homeopathy in order to incorporate it into their own practice, subject to local policies and managerial permission. As with any complementary therapy or other extension to the midwife's role, it is essential to understand the mechanism of action, indications, contraindications and precautions to homeopathy in pregnancy and childbearing, and to have an awareness of the evidence base to support practice.

Homeopathy, founded by Dr Samuel Hahnemann in the late 18th century, involves the use of various substances derived from plants, minerals, animals and even, occasionally, disease nosodes, in highly diluted doses. In their original doses, these would actually cause the symptoms the remedy is designed to treat. While conventional drugs suppress symptoms by treating with opposites, homeopathy is based on the principle of 'treating like with like' – known as the Law of Similars – the term 'homeopathy' being derived from the Greek *homios* (similar) and *pathos* (suffering or disease).

Hahnemann's theories arose from his questioning of traditional treatment of

malaria with cinchona bark; when he self-administered cinchona in frequent doses, he succeeded in producing the symptoms of malaria, a process now called 'proving'. His discovery that substances taken regularly in small doses have the effects both of producing symptoms of a disease and of treating it became known as the Law of Cure, although a recent randomised, double-blind, placebo-controlled trial (RCT) testing this principle was inconclusive (Vickers et al 2001). Hahnemann also introduced the practice of vigorously shaking, or succussing, the remedies during preparation, apparently making them more effective, with fewer unwanted side effects. Over the years other substances were proved and added to the growing 'Materia Medica'.

There are five Royally assented homeopathic hospitals in the UK, providing treatment on the NHS; and homeopathy is classified in group 1 of the House of Lords report (2000) as one of the top five complementary therapies.

Mechanism of action

Homeopathy does not act pharmacologically but is thought to be a form of energy or vibrational medicine, elicited by the vigorous succussing. The most notable study on the mechanism of action was conducted by the immunologist Benveniste (Davenas et al 1988), who tested highly diluted doses of an antibody on human basophils with surface IgE. When exposed to anti-IgE antibodies, basophils release histamine from the intracellular granules, and their staining properties are altered. Increasingly diluted and succussed anti-IgE antibody solutions were prepared until there were theoretically no molecules left, yet the solution continued to produce a staining alteration from the immune cells, down to a dilution of 10-120, equivalent to a homeopathic potency of 60C. This resulted in the theory that water molecules retain the 'memory' of a substance diluted in it, even when there is not a single

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molecule of the original substance remaining within the highly diluted preparation. The work was published in the prestigious journal *Nature*, but sceptical colleagues sought to disprove and discredit the findings; and no other study has yet reached any conclusions regarding homeopathy's mode of action.

More recently, Ernst et al (2001) stated that 'there is no scientific rationale for assuming that remedies devoid of pharmacologically active molecules can produce clinical effects', and cited a 1930s unpublished German evaluation that revealed no evidence in favour of homeopathy, yet they do not account for its apparent success in contemporary trials.

Although most homeopathic remedies are taken as small oral tablets or liquid tinctures, they are not absorbed, metabolised, utilised and excreted via the same metabolic pathways as pharmaceuticals, and therefore will not interact with conventional medicines. However, lack of knowledge can cause confusion, especially as many homeopathic remedies have the same name as the Latin name of herbal medicines that do work pharmacologically. Examples include: homeopathic hypericum, sometimes used for postnatal wound healing, whereas the herbal remedy *Hypericum perforatum* – St John's Wort – is contraindicated during

pregnancy (Dugoua et al 2006); homeopathic caulophyllum may have a use in initiating uterine contractions, but the use of the herbal remedy blue cohosh (*Caulophyllum thalictroides*) is definitely contraindicated as there have been reports of neonatal stroke following intrapartum use (Finkel and Zarlengo 2004, Jones and Lawson 1998). This apparent dichotomy is due to the difference in the amount of active ingredient in the administered remedy, the homeopathic form being many times diluted from the original substance. Conversely, certain substances may inhibit the action of the homeopathic remedy, rendering it inactive (see Table 2).

Evidence base

There is a growing body of homeopathic evidence, although many trials are not the 'gold standard' RCTs because homeopathic prescribing requires remedies to be individualised to each patient, taking into account every significant factor. This may mean that two people with the same disease 'label', but with different symptoms will require different homeopathic remedies. It is therefore difficult to randomise subjects to either a study or a control group as in an RCT, although large, single cohorts may go some way towards resolving this problem.

Other factors affecting research credibility include non-standardisation of remedy preparation; the potential placebo

effect; and poor understanding of the mechanism of action of homeopathy, which facilitates the individual's innate healing capacity without disturbing the functioning of the body (unlike drugs, which inhibit a disease process but also produce side effects).

This dilemma for adequately researching the effectiveness of homeopathy has taxed many authorities, but Thompson and Weiss (2006) suggest that placebo-controlled trials could be detrimental to demonstrating homeopathy's mechanism of action.

A meta-analysis of 107 homeopathy trials (Kleijnen et al 1991) found that the remedies used were effective in 81 studies, ineffective in 24 and inconclusive in two; and in only 22 trials was the methodology deemed to be 'acceptable'. Another meta-analysis (Linde et al 1997) showed that homeopathy was 2.45 times more likely than placebo to initiate clinical improvements, although the report was much criticised for its assumptions, and other systematic reviews have failed to agree with such positive results (Ernst and Barnes 1998, Ernst and Pittler 1998, Ernst 1999).

Several other authorities have also criticised methodology (Jonas et al 2001, Dantas and Rampes 2000), although an increasing number of RCTs appear to

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demonstrate that homeopathic effects are greater than placebo (Reilly et al 1986, Fisher and Scott 2001), while there are also several multiple and single case reports that add to the body of knowledge (Davidson et al 1997, Sevar 2000). In gynaecology, Warenik-Szymankiewicz et al's RCT of a proprietary homeopathic remedy demonstrated significantly reduced menopausal symptoms (Warenik-Szymankiewicz et al 1997); while Bergmann et al (2000) found some positive, though not statistically significant, results in women with hormone-related sub-fertility.

One of the most popular remedies is arnica, used for shock, trauma and bruising. Hart et al (1997) conducted a double-blind RCT of arnica for pain and infection in 73 women following abdominal hysterectomy, but failed to produce any conclusive evidence of beneficial effects. Similar findings, using arnica for muscle soreness in long-distance runners, were published by Vickers et al (1998); and other trials have also been inconclusive (Hofmeyr et al 1990, Savage and Roe 1977). However, a 'trend' towards demonstrating the superiority of arnica over placebo was shown by Wolf et al (2003) and Robertson et al (2007).

In obstetrics, Smith's *Cochrane Database* review (2001) found insufficient evidence to suggest that homeopathic caulophyllum was effective for cervical ripening or labour induction, although Berrebi et al's (2001) French study found significant improvements in lactation pain, breast tenderness and

TABLE 1 Guidelines for taking homeopathic remedies

- Take one remedy at a time, normally three- or four-hourly
- To increase the dose, increase the frequency of administration
- Do not eat, drink, smoke or clean teeth for 15 minutes before and after taking remedy
- Tablets should be handled only by the person for whom they are intended
- Do not use a metallic spoon which may antidote the remedy
- Allow tablets to dissolve under the tongue before swallowing
- If there is no improvement after five days, stop taking the remedy and consult an expert

TABLE 2 Substances to avoid when taking homeopathic remedies

- Coffee, deodorants and antiperspirants, perfumes, mint-flavoured toothpastes or sweets
- Aromatherapy essential oils of camphor, clove, eucalyptus, tea tree, frankincense, peppermint, spearmint and other mint oils
- Medicated creams and liniments including Deep Heat
- Medicines such as cough medicines, decongestants (Karvol capsules, Vicks vapour rub, Olbas oil) and throat lozenges
- Medicines such as analgesics including aspirin, certain strong antibiotics and anticoagulants
- Incense and moxa sticks (used in Traditional Chinese Medicine)

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TABLE 3 Nausea and vomiting

Nature of symptoms	Factors that exacerbate symptoms	Factors that inhibit symptoms	Appropriate remedy
<ul style="list-style-type: none"> ● Nausea: morning and post-prandial ● Craves coffee, 'workaholic' ● Feels heavy abdominal weight 	<ul style="list-style-type: none"> ● Immediately after eating ● Perspiration ● Smell of tobacco 	<ul style="list-style-type: none"> ● Nausea better after vomiting 	<ul style="list-style-type: none"> ● Nux vomica (most universally effective, try first)
<ul style="list-style-type: none"> ● Constant nausea, frequent vomiting ● Excess salivation ● Hyperemesis 	<ul style="list-style-type: none"> ● Nausea worse after vomiting ● Being too hot 	<ul style="list-style-type: none"> ● Being in open air ● Cold drinks 	<ul style="list-style-type: none"> ● Ipecacuanha (worth trying for hyperemesis)
<ul style="list-style-type: none"> ● Nausea, constant ● Intense cravings 	<ul style="list-style-type: none"> ● Smell or sight of food cooking: fish, meat, eggs, etc; also perfume ● Movement 		<ul style="list-style-type: none"> ● Colchicum (best for N&V with odours)
<ul style="list-style-type: none"> ● Nausea in waves, like sea sickness ● Worse afternoons ● Metallic taste ● No appetite 	<ul style="list-style-type: none"> ● Any movement, in car, even looking at things in motion ● Sitting up in bed 		<ul style="list-style-type: none"> ● Cocculus (best for N&V with motion)

Adapted from Tiran D (2004). *Nausea and Vomiting in Pregnancy: an Integrated Approach to Care*, London: Elsevier .

reduction in spontaneous milk flow after administration of homeopathic apis and bryonia to suppress lactation.

There does not appear to be any comprehensive work on the safety of homeopathy, leading Johnson and Boone (2007) to raise professional issues for pharmacists advising patients about an arguably untested system of medicine whose philosophy conflicts with that of conventional pharmacology, while Bornhöft et al (2006) suggest that more recent reviews of the evidence demonstrate safety for homeopathy based purely on lack of evidence to the contrary. Baars et al (2005) purport that the modality is safe, their study of homeopathic injectables demonstrating a low incidence of adverse reactions; Endrizzi et al (2005) similarly found a low rate of mild to moderate adverse events, but are at pains to differentiate between aggravations of the person's condition, a normal reaction to treatment, and true complications of homeopathy, which seem to be rare.

Prescribing and administration

Selecting the most appropriate homeopathic remedy is based on matching the precise nature of the person's symptoms, personality, moods and any other factors – however apparently insignificant – to a specific remedy rather than, in conventional medicine, 'labelling' of a condition that demands a particular drug. Pregnancy and childbearing are seen, in homeopathic terms, to represent an 'acute' episode that can readily be supported by homeopathic medicines when needed – whether prescribed by a registered practitioner, recommended by the midwife or self-administered by the woman.

Occasionally, the woman may experience a temporary exacerbation of symptoms on first taking the remedy, which generally indicates correct remedy selection. This aggravation may take one of three forms: she may feel better despite an increase in symptoms; she may develop a new symptom characteristic of the prescribed remedy; or

there is no improvement in the condition, which eventually worsens because, in effect, no treatment has been given. The latter is seen by Ernst et al (2001) as an indirect risk of homeopathy or any other ineffective complementary therapy. The exacerbation may be dealt with by reducing the frequency of administration of the chosen remedy.

It is important to acknowledge that homeopathy, while being pharmacologically gentle and non-toxic, is a powerful therapy that is harmless only when used appropriately. Generally, if an incorrect remedy is used no response occurs, but continued use may trigger a reverse proving, actually provoking the symptoms that the wrongly used remedy is designed to treat without tackling the original symptoms.

Several case reports have been published in which inappropriate self-prescribing or use of remedies in conjunction with conventional medicines has evoked profound responses. Mortelmans et al (2004) report the case of a woman

TABLE 4 Pain relief in labour

Nature of symptoms	Factors that exacerbate symptoms	Factors that inhibit symptoms	Appropriate remedy
<ul style="list-style-type: none"> ● Unbearable pain, shooting down legs, back and abdomen ● Rude, moaning, restless, exhausted, impossible to please ● Typically says 'I can't bear it any more' 	<ul style="list-style-type: none"> ● Noise, pain ● Needs drinks ● Mental exertion, emotional excitement ● Consolation 	<ul style="list-style-type: none"> ● Warmth ● Eating ● Changing position, moving about 	<ul style="list-style-type: none"> ● Chamomilla
<ul style="list-style-type: none"> ● Severe, distressing pain; contractions stop when hot; hip and abdominal cramps ● Talks incessantly during contractions, hysterical ● Sighs and feels sad ● Thinks she will go crazy 	<ul style="list-style-type: none"> ● Noise, pain ● Cold, draughts ● Excitement 	<ul style="list-style-type: none"> ● Warmth, being wrapped up ● Gentle movement ● Open air 	<ul style="list-style-type: none"> ● Cimicifuga
<ul style="list-style-type: none"> ● Short, irregular, spasmodic contractions; sharp pains in groin; needle-like pain in cervix; also joint pain ● Completely exhausted, weak, irritable, trembling 	<ul style="list-style-type: none"> ● Hot weather ● Lying in dorsal position or on right side 	<ul style="list-style-type: none"> ● Fresh air ● Bending double, lying on left side 	<ul style="list-style-type: none"> ● Caulophyllum NB: not an alternative to induction unless indicated
<ul style="list-style-type: none"> ● Irregular, ineffective, changeable contractions ● Wants sympathy, changeable moods, nausea ● Typically can't make mind up – eg, about position, pain relief 	<ul style="list-style-type: none"> ● Evening, before midnight ● Getting feet wet ● Standing up or lying down 	<ul style="list-style-type: none"> ● Pressing foot against end of bed ● Movement ● Cold and cold compresses 	<ul style="list-style-type: none"> ● Pulsatilla

presenting with extreme agitation who combined alcohol, 'speed' and apparently homeopathic slimming droplets, the latter being found to contain banned amphetamine-like chemicals.

The issue of products labelled as 'homeopathic' yet containing substances that have not undergone homeopathic proving is raised also by Cuesta Laso and Alfonso Galán (2007). A case is known to this author of a newly delivered mother who self-administered high-potency arnica with alarming frequency (without informing her midwives) and presented with grossly abnormal bruising over large areas of her body, a reverse proving reaction to overdose. Fortunately, ingestion of copious amounts of

water relieved the problem with no untoward or lasting effects.

Homeopathic remedies are produced in varying potencies (strengths), indicated by a number and a letter: eg, 6C, 200X. The number represents the number of times the original substance has been diluted and succussed, while the letter denotes the dilution scale (C = 1:100, X = 1:10). Thus, remedies such as commercially available arnica 6C have been diluted one part arnica to 99 parts water and the process of diluting and succussing has been repeated six times. The higher the number, the more dilute the original substance becomes but the more powerful it is in homeopathic terms. Conversely, a lower number indicates that there is more of the

original substance in the remedy.

Pregnant women should normally, therefore, be advised to use a higher homeopathic potency (eg, 30C) which will have less of the original substance in it. Remedies of the 6C and 6X potency are beneficial for self-administration of minor physical complaints, whereas those of higher potencies, such as 200C or 1M (diluted 1:1000), should only be prescribed by a registered homeopathic practitioner.

Professional issues for midwives

All expectant mothers should be asked at booking if they are using any natural remedies, including homeopathy, herbal and Bach flower remedies, or essential oils. ►

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TABLE 5 Recovery from birth/trauma

Nature of symptoms	Factors that exacerbate symptoms	Factors that inhibit symptoms	Appropriate remedy
<ul style="list-style-type: none"> ● Wounds, bruising, pain, trauma, soreness, aching ● Denies suffering, sleepless around midnight 	<ul style="list-style-type: none"> ● Touch ● Bad dreams 	<ul style="list-style-type: none"> ● Warmth ● Lying down 	<ul style="list-style-type: none"> ● Arnica <p>NB: do not apply cream externally to broken skin</p>
<ul style="list-style-type: none"> ● Caesarean, bruising, pain, puncture wounds ● Back pain after epidural ● Sore, cracked nipples 	<ul style="list-style-type: none"> ● Movement, touch, pressure 	<ul style="list-style-type: none"> ● Lying quietly 	<ul style="list-style-type: none"> ● Hypericum
<ul style="list-style-type: none"> ● Caesarean, bruising and soreness not relieved by arnica ● Irregular, lumpy wounds 	<ul style="list-style-type: none"> ● Injury, touch ● Getting cold when already hot 	<ul style="list-style-type: none"> ● Movement 	<ul style="list-style-type: none"> ● Bellis perennis <p>NB: appears to have marked action on uterus, breasts</p>
<ul style="list-style-type: none"> ● Forceps delivery, episiotomy, tears – broken skin, torn and ragged wounds ● Inflammation, redness ● Pain more severe than wound warrants ● Offensive discharge 	<ul style="list-style-type: none"> ● Damp weather ● Evenings 	<ul style="list-style-type: none"> ● Warmth ● Rest 	<ul style="list-style-type: none"> ● Calendula <p>NB: apply externally, alternate with other remedies</p> <p>Combined with hypericum as liquid tincture Hypercal™</p>

Midwives may be asked about the use of homeopathy during pregnancy but should be wary of attempting to give advice based on an inadequate knowledge base. It is important to know how to take the remedies correctly in order to advise women, who should also be encouraged to inform the midwife and/or obstetricians caring for them during labour if they wish to use remedies at this time. Midwives will wish to act as the mother's advocate, supporting her desire to use homeopathy where applicable, but should also stress that absolute safety cannot be assumed. Women who self-prescribe are generally low risk, but those with medical or obstetric problems may need to be advised to withhold remedies, not because they are contraindicated but because they may be inactivated by pharmacological drugs – or because naturally occurring homeopathic aggravations may give a misleading picture of overall wellbeing, particularly in labour.

A limited number of midwives may be trained to use homeopathic medicines, but incorporating them into their midwifery practice will be dependent on managerial

permission and the development of local policies and guidelines. It is not appropriate for these midwives to offer advice unless this permission has been obtained, since this may invalidate their right to the Trust's vicarious liability insurance cover. Additionally, prescribing an oral remedy may conflict with hospital dispensing regulations for those working in the NHS; midwives working independently are in a more autonomous position to use homeopathy. Conversely, where homeopathy is promoted within a Trust, some women may have concerns regarding the safety of taking tablets because they do not fully understand that homeopathy works differently from drugs – and have the right to decline.

Tables 3, 4 and 5 give some examples of how homeopathy could be of benefit to women during pregnancy, labour and the puerperium.

Conclusion

Homeopathy offers a gentle, natural and relatively safe option for pregnancy, labour and the puerperium, and is extremely popular among women in the UK.

Homeopathy is not a pharmacological therapy and therefore has a part to play in offering women alternatives to drugs, but it is essential for midwives to appreciate the differences and how this may affect clinical practice, especially when combined with conventional maternity care. Furthermore, the evidence base for both efficacy and safety – for homeopathy in general and applied to maternity care in particular – is sparse, with most 'knowledge' based on empirical evidence rather than on formal scientific studies. However, this should not detract from homeopathy's potential value for childbearing women.

Midwives should be wary of advising women from a position of poor knowledge based on supposition and lack of an evidence base, and should consult an expert if the situation warrants it, in keeping with professional requirements. **TPM**

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FURTHER READING AND RESOURCES

- www.expectancy.co.uk
Information, advice, consultancy and courses for professionals, free online enquiry service for mothers
- www.nccam.nih.gov/camonpubmed
Joint UK/US initiative – database specifically devoted to complementary medicine research; includes searches from conventional sites, eg, Medline, Cinahl, as well as various international complementary therapy databases.