

HERBAL MEDICINE DURING PREGNANCY & LACTATION

Herbal medicine is regarded as safe medicines. General public and health care providers claim that these medicine posses unique properties which are not found in conventional medicines. There is no scientific basic for that claim.

The American College of Obstetrics and Gynecologist (ACOG) has recommended ginger as a non pharmacologic treatment option for morning sickness. There has been small study regarding the safety of herbal medicine during pregnancy.

Ginger (*Zingibar officinale*) has been traditionally used in the past as an antiemetic.

Studies have proved that exposure of pregnant rats to ginger caused early loss of pregnancy at rate double that of control but no teratogenicty was observed.

Constituents of ginger are patent inducers of apoptosis in human lymphoma cells. Ginger also contains inhibitors of cyclooxygenase and 5 –lipoxygenase properties which are similar to non steroidal anti inflammatory agents (NSAIDS). Ginger inhibits platelet function & blood coagulation and it may cause ulceration of the gastrointestinal tract or a reduction in renal blood flow. There are no clinical studies of the effects of ginger on human renal and hepatic function. The mechanism of the antiemetic activity of ginger is unclear but it may be due to its ability to block intestinal 5 –HT₃ receptor, like ondasteron.

Herbal medicines whose safety in pregnancy and lactation are unclear should not be used as the adverse effects are unknown.

