HERBCLIP

FILE: · **Pregnancy**
· **Lactation**

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RE: Herbs Useful and Contraindicated in Pregnancy and Lactation

Yarnell, Eric. Botanical Medicine in Pregnancy and Lactation. *Alternative & Complementary Therapies*, April 1997, pp. 93-100.

Botanical medicine has a long history of use in pregnancy and lactation, although scientific research supporting its use is sorely lacking. Eric Yarnell, ND, the author of this excellent and much-needed article, explains: "The information presented here is based on the collective experience of generations of midwives. While valuable, such information must nevertheless be confirmed in clinical studies to ensure what has been observed is correct."

Above all else it should be noted that pregnancy is a normal condition and as such requires no medication. However, even in a normal pregnancy, some situations may arise in which botanical intervention may be appropriate, specifically to avoid the possibility of later and more invasive intervention (e.g. medically induced labor or cesarean section). For example, herbs such as blue cohosh (*Caulophyllum thalictroides*) and cotton root (*Gossypium* spp.) can help promote delivery. For the same purpose, a formula comprised of lobelia (*Lobelia inflata*), gelsemium (*Gelsemium sempervirens*), and flaxseed (*Linum usitatissimum*) oil can be applied directly to the cervix, as can evening primrose (*Oenothera biennis*) oil. Castor (*Ricinus communis*) oil can also be used to stimulate the onset of labor. In situations where fatigue threatens the progress of the labor, calming hypnotic herbs such as passionflower (*Passiflora incarnata*), valerian (*Valeriana officinalis*), and/or hops (*Humulus lupulus*) can help give the mother-to-be some rest before continuing with labor.

Complications in pregnancy can also be treated botanically. When threatened miscarriage is due to inappropriate uterine irritability, spasmolytic herbs such as Jamaican dogwood (*Piscidia erythrina*) and crampbark (*Viburnum opulus*) may be useful, as may uterotonic herbs such as raspberry (*Rubus idaeus*) leaf and star grass (*Aletris farinosa*) root. Rauwolfia or Indian snakeroot (*Rauwolfia serpentina*) may be beneficial in treating hypertensive complications of pregnancy, but it cannot be

recommended until its safety has been established. Ginger (*Zingiber officinale*) root can be useful in cases of mild nausea as well as in hyperemesis [excessive vomiting], as shown in a double-blind clinical trial involving 30 women. The author writes, "There is a lack of human data on possible mutagenic effects of ginger in early pregnancy, but presently the treatment appears safer than use of current antiemetic drugs."

Botanical medicines can be used to promote the healing of wounds, such as the tearing of the perineum and results of episiotomy. Comfrey (*Symphytum officinale*), marigold (*Calendula officinalis*), and lance-leaf plantain (*Plantago lanceolata*) are effective wound healing agents; goldenseal (*Hydrastis canadensis*) or myrrh (*Commiphora molmol*) may be added for antimicrobial activity. It is unclear whether aloe vera (*Aloe barbadensis*) is effective in healing serious pregnancy-related wounds. Urinary tract infections may be treated with cranberry (*Vaccinium macrocarpon*), and postpartum pains with liferoot (*Senecio aureus*), motherwort (*Leonurus cardiaca*), black haw (*Viburnum prunifolium*), or crampbark.

A comprehensive review of lactagogues (promoting the flow of breast milk) and antilactagogues (decreasing the flow of breast milk) worldwide was published in 1991 by Bingel and Farnsworth [Bingel, A.S., and N.R. Farnsworth. Higher plants as potential sources of galactagogue. *Econ Med Plant Res* 6:1-54, 1991.] The list of lactagogues includes garlic (*Allium sativum*), which has also been shown to increase duration of breastfeeding and the amount of milk ingested by the infant. Chaste tree (*Vitex agnus-castus*), castor, and jasmine (*Jasminum sambao*) apparently exert both lactagogue and antilactagogue effects, a seemingly contradictory phenomenon known as an amphoteric or bidirectional normalizing effect. Sage (*Salvia officinalis*) has a reputation as an antilactagogue although no supporting evidence is available in the medical literature.

In the prevention and treatment of complications of lactation, botanicals again can play a safe and effective role. Mastalgia [pain in the breast] can be treated with anti-inflammatory poultices of parsley (*Petroselinum crispum*), elder (*Sambucus canadensis*), or even comfrey, although care should be taken that neither the mother nor the infant ingest this herb internally for more than a few days (and numerous authorities would recommend that comfrey not be used internally at all—especially comfrey root). Emollient herbs such as potato (*Solanum tuberosum*) or marshmallow (*Althea officinalis*) root can also be useful. A cream made from poke (*Phytolacca decandra*) or castor oil packs may be used externally for mastitis [infection of the milk ducts]. Echinacea (*Echinacea purpurea*) and garlic may be useful internally to stimulate the immune system to fight the infection, along with antimicrobials such as old man's beard (*Usnea barbata*) and bee propolis. Poultices can be made of poke, comfrey, plantain, and carrot (*Daucus carota*) to reduce inflammation. Painful nipples can be soothed with a comfrey ointment, a poultice of yarrow (*Achillea millefolium*), or with aloe vera gel, although the latter should be rinsed off before the infant

nurses to avoid absorption of the cathartic bitter latex which could result in diarrhea or refusal to eat.

Yarnell writes, “There are numerous lists in circulation listing herbs potentially harmful in pregnancy and lactation. The lists are wildly contradictory and rarely cite any sources for the information.” Generally speaking, medicines should be avoided as much as possible during pregnancy and lactation, particularly during the first trimester of pregnancy when the embryo is its most vulnerable. However, medicinal herbs also used as food, including many spices used in ordinary amounts, are *likely* to be relatively safe. There are surprisingly few herbs for which actual human studies were conducted in pregnant or lactating women (see text box in article): in lactation, garlic, senna (*Cassia senna*), and vitex; in pregnancy, milk thistle (*Silybum marianum*), bilberry (*Vaccinium myrtillus*), and ginger. There is research on some herbs indicating that they should be avoided in pregnancy based on their ability to stimulate uterine contractions in animals, but “the applicability of such studies to humans is questionable.” Overt fetotoxicity or teratogenicity has been established for several herbs, including mayapple (*Podophyllum peltatum*). Medicinal herbs containing berberine, the primary alkaloid found in plants of the genus *Berberis* as well as in goldenseal (*Hydrastis canadensis*), are contraindicated during late pregnancy and during lactation. Berberine, which crosses the blood-milk barrier, has been shown to displace bilirubin [a bile pigment] off of albumin [any protein that is soluble in water and also in moderately concentrated salt solutions], thereby increasing jaundice and risk of kernicterus [a condition with severe neural symptoms, associated with high levels of bilirubin in the blood]. Anthraquinone laxatives such as cascara sagrada (*Rhamnus purshiana*), aloe vera latex, and rhubarb (*Rheum palmatum*) are also contraindicated in lactation, although the laxative senna has been found to be safe during lactation.

Yarnell concludes, “To provide lists of supposedly contraindicated herbs during pregnancy would be a relatively futile task. There is so little evidence either way, general guidelines are more useful than potentially error-riddled lists…Midwives and other practitioners using herbs in pregnant and lactating patients are strongly urged to publish their findings of beneficial or adverse outcomes. Everyone will benefit from such information, if it is only available.”
—Ginger Webb