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How Do You Treat Hyperemesis Gravidarum (Morning Sickness)?

By Victoria Arcadi

One of the most frequent complaints we see in practice, especially with the current "baby boom," is hyperemesis gravidarum (HG) or morning sickness. This condition can be one of the most frustrating to treat for a doctor of chiropractic.

Being a staff chiropractor for nearly five years at one of the very few free-standing birth centers in Southern California, the Gentle Birth Center Medical Group, and treating morning sickness since an intern, I feel the need to share my experience and expertise with my colleagues.

What is morning sickness, what are its symptoms, and when does it occur? This condition occurs anytime during pregnancy, most commonly from two to four weeks after fertilization (but I have seen cases last until the eighth month) and can be the only symptom to signal pregnancy. The most frequent complaint is nausea, vomiting, and/or indigestion, either constant or intermittent. There are three reasons why this can happen. At the time of fertilization, the estrogen levels begin to rise and within a few weeks can reach levels up to 300 times above normal. In addition, the corpus luteum begins to secrete the hormone human chorionic gonadotropin (HCG) in very large quantities. In fact, the most sophisticated lab test to determine pregnancy and gestation is the beta subunit HCG test. This test reveals the amount of HCG in the blood and the length of early pregnancy. Threatened miscarriage can be determined if these levels aren't where they should be in relation to the last menstrual period. Both estrogen and HCG must be taken up by the liver.

The other physiologic function which occurs (weeks 1-15) is the implantation and formation of the placenta. In order for this to happen, trophoblastic cells on the fertilized egg begin to digest the endometrium, causing implantation within the lining and forming the placenta. These cells release toxins and debris which the liver must detoxify. Therefore, the liver congestion in my experience seems to be the target in treatment protocol. Digestion will be impaired especially with the pancreas, as the common bile goes through and exits into the

duodenum.

The treatment is adjusting the entire spine, especially T8, T6, T5, and T4, as well as the upper cervicals, and placing the patient on a liver sparing diet such as carbohydrates, no fat, fresh steamed vegetables, no sugar, no dairy products, and very small meals, eaten often. If severe, allow only juices, soups, and broths with no fat. And by no means avoid protein at this time. Digestive enzymes which contain the pancreatic enzymes and HCL must be taken right before or in the middle of a meal. Half a lemon in hot water first upon rising and last thing at bedtime will help to clear the liver and take the strain off this overworked organ.

Those practicing Sacro-occipital Technic (SOT) will see relief with Chiropractic Manipulative Reflex Technic (CMRT) liver pump technic; Applied Kinesiology (AP) practitioners will see results stimulating liver, stomach, and pancreas neurolymphatics.

The expectant mother suffering from morning sickness should be seen about twice weekly (until about 16 weeks gestation) to reduce the nausea.

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