



ORIGINAL ARTICLE

Use of herbal medicines among pregnant women attending family health centers in Alexandria



Yasser Ibrahim Orief ^{a,*}, Nadia Fouad Farghaly ^b,
Mohamed Ibrahim Abdelaziz Ibrahim ^b

^a Department of Obstetrics and Gynecology, Faculty of Medicine, University of Alexandria, Egypt

^b Department of Community Medicine, Faculty of Medicine, University of Alexandria, Egypt

Received 9 December 2011; accepted 26 February 2012

Available online 24 August 2012

KEYWORDS

Herbal medicines;
Pregnant women;
Alexandria

Abstract Objective: The aim of the study is to elucidate the use of herbal medicines in pregnant women and to explore patterns of herbal medication use including dietary supplements in pregnant women in Alexandria, Egypt.

Methodology: A cross sectional study of pregnant females was conducted in a family health center in Alexandria between March and June 2011 utilizing a sample of 300 pregnant women (100 pregnant women in each trimester). A specially designed self administered questionnaire was used to collect the data.

Results: The mean age of studied pregnant women was 26.9 ± 4.9 years. Only 27.3% of the studied pregnant women reported the use of herbal medicines during pregnancy while 89% reported the use of dietary supplements.

The majority of pregnant women resorted to (family/friends) as primary source of information of herbal medicines (42.7% and 28%, respectively), while the majority of women using dietary supplements resorted to (physicians) as primary source of information (76%).

52.4% of the studied pregnant women reported that they use ginger during the 1st trimester of pregnancy while 51.6% reported that they use fenugreek during the 3rd trimester of pregnancy.

More than half of the studied pregnant women (64.6%) reported the efficacy of herbal medicines in relieving their complaints during pregnancy.

Conclusion: The use of herbal medicines during pregnancy in Alexandria was uncommon while the use of dietary supplements was very common.

* Corresponding author. Tel.: +20 03 544 22 64; mobile: +20 0100 8233 121; fax: +20 03 544 22 64x102.

E-mail address: yaserorief@yahoo.com (Y.I. Orief).

URL: <http://www.yaserorief.com> (Y.I. Orief).

Peer review under responsibility of Middle East Fertility Society.



Production and hosting by Elsevier

About three quarters of studied sample reported that the physician was the person to recommend dietary supplement usage while the physician was rarely cited as the person recommending herbal usage.

The most common herbs used by pregnant women were aniseed, fenugreek, ginger, while the least used was peppermint.

Ginger was found to be used by a significantly higher percentage of pregnant women in the first trimester; on the other hand, fenugreek was used by a significantly higher percentage of pregnant women in the third trimester.

Recommendations: Results of the following study suggest the following recommendations:

General recommendations: General health education for pregnant women about benefits and harms of herbal use during pregnancy in ante-natal care especially for herbs commonly used in Egypt.

Specific recommendations:

- (A) Care providers: Training of family physicians in the family health centers on the use of herbal medicines in pregnancy and possible effects on the fetus.
- (B) Pregnant women: Health education program directed toward pregnant women to increase their awareness about the effects of herbal medicines.

© 2012 Production and hosting by Elsevier B.V. on behalf of Middle East Fertility Society.

1. Introduction

Herbal medicines are defined as plant derived material or preparations with therapeutic benefits, and contain raw or processed ingredients from one or more plants (1). The use of herbal medicines during pregnancy is common, ranging from 7.0% to 55.0% (2).

Characteristics of women more likely to take herbal supplements in pregnancy include being primiparous (3,4); having previous herbal use and being less educated (5).

The use of herbal medicines during pregnancy may be pregnancy related, for example for nausea and vomiting (3,6,7), reflux, candida vaginal infection (6), nutritional (8), or to prepare for labor (3); or may be for unrelated pregnancy health issues such as cold and respiratory illnesses or skin problems (8). Reasons reported for ceasing herbal medicines during pregnancy include concerns for the health of the fetus (9,10), the herbal medicine supplements not helping (3) and advice from a health care provider (7).

Herbal use in pregnancy has been reported to be recommended by health care providers (7), natural or alternative medicine practitioners (7), pharmacists (7); suggested by friends or family (3,7,8); based on information from media sources (7); or based on women's own information and knowledge (7,11).

The use of herbal medicines plays significant roles in the management of both minor and major illnesses (12–14) and has been influenced by patients' dissatisfaction with conventional allopathic medicines in terms of effectiveness, safety and satisfaction with therapeutic outcome (15,16).

1.1. Herbal remedies which are in popular use amongst pregnant women are:

1.1.1. Ginger (Zingiber officinale)

It is a well-known remedy for gestational sickness, its antiemetic effects probably being due to local gastrointestinal anti-cholinergic and antihistaminic actions (17).

Vutyavanich et al. (18) demonstrated significant improvements in the severity of both nausea and vomiting of pregnancy, and Fischer Rasmussen et al. (19) found it particularly effective for hyperemesis gravidarum when compared to placebo.

A review article on the treatments for nausea during pregnancy reported that the existing treatments, including ginger, showed no evidence of teratogenicity (20).

1.1.2. Garlic (Allium sativum)

Garlic's antibacterial and antifungal characteristics make it an ideal nutrient to consume, particularly during pregnancy (21). Garlic will enhance the mother's immune system which in turn will enhance her odds on having a healthy pregnancy and most importantly a healthy baby (22).

New research shows that taking garlic during pregnancy can cut the risk of pre-eclampsia (raised blood pressure and protein retained in the urine) (22). A randomized controlled study was conducted where 100 primigravidae were treated with either garlic tablets (800 mg/day) or placebo during the third trimester of pregnancy to determine the effect of garlic supplementation on pre-eclampsia (23). With the exception of a garlic body odor, few side effects (e.g. feeling of nausea) were reported as a result of garlic supplementation during the third trimester of pregnancy (23). Pregnancy outcomes were comparable in both the group treated with garlic and the placebo group (23). The authors did not report any incidence of major or minor malformations in the newborn infants nor any spontaneous abortions of the fetus (23).

1.1.3. Green tea (Camellia sinensis)

This substance contributes to regulation of blood sugar, cholesterol, and blood pressure levels (24).

This product also helps speed up the body's metabolic rate and provides a natural source of energy. It could possibly help stabilize a pregnant woman's moods, which is the best advantage (24).

Download English Version:

<https://daneshyari.com/en/article/3966159>

Download Persian Version:

<https://daneshyari.com/article/3966159>

[Daneshyari.com](https://daneshyari.com)