International Journal of Community Medicine and Public Health
Karim FS et al. Int J Community Med Public Health. 2024 Aug;11(8):3326-3331
http://www.ijcmph.com
pISSN 2394-6032 | eISSN 2394-6040

DOI: https://dx.doi.org/10.18203/2394-6040.ijcmph20242198

Review Article

Traditional care and alternative therapies for pregnant women: a comparative review

Farhana S. Karim*, Satyapriya Maharana

Department of Yoga and Life science S-VYASA University, Bengaluru, India

Received: 11 June 2024
Accepted: 18 July 2024

***Correspondence:**
Dr. Farhana S. Karim,
E-mail: fsk.svyasa@gmail.com

ABSTRACT

Traditional care and alternative therapies are gradually becoming prevalent in the era of pharmaceutical medicine. Pregnant women are now using more of the traditional therapies because of the increasing acceptance, notably after the COVID-19 outbreak, to handle pregnancy issues such as morning sickness, anxiety, and pain naturally and holistically. The article includes some of the most popular traditional and alternative treatments, which include yoga, ayurveda, herbal treatment, acupressure, reflexology, massage therapy, moxibustion plus music and dance therapy, as well as aromatherapy, hypnotherapy homeopathy, and reiki. Patients will require knowledge of what each one of them has to benefit them when they use them during pregnancy since not all could be safe or even helpful while expecting a baby. A well-known fact in the literature today is an increasing reliance on traditional treatments, which is considered risk-free compared to conventional medicine, enhancing physical and psychological well-being. The paper is a basic guide to pregnancy management that may involve using traditional and alternative medicines, which have been proved by research. If these care and therapies are accompanied by good medical advice on issues concerning the wellness of the unborn child and its mother in general, will help to ease their pregnancy journey.

Keywords: Acupressure, Alternative therapies, Aroma therapy, Ayurveda, Moxibustion, Pregnancy, Reflexology, Reki vaccine, Traditional care, Yoga

INTRODUCTION

Pregnancy is a unique phase of a woman's life where she faces significant changes: physically, mentally, physiologically, and emotionally. Recently, and especially after the pandemic, one major trend has been observed, which indicates a growing inclination among people toward traditional care and alternative therapies.[1] Mainly, this change is seen in expectant mothers who find it necessary to make use of different forms of traditional care and alternative therapies in dealing with issues associated with pregnancy, such as weariness, nausea, as well as anxiety.[2,3] These natural home therapies offer a holistic approach to bringing relief to mothers in this critical time. The advantages and uses of traditional care and alternative therapy approaches among expectant mothers worldwide are well documented. It has been reported that between 20 and 60 percent of women seek these therapies during their pregnancy.[2] The relatively increased rate of using these therapies compared to administering pharmaceuticals reveals the faith in the low-risk effect of CAM and the attempt to avoid the potential risks associated with conventional medicines.[3] The major traditional care and alternative therapies currently utilized by pregnant women worldwide comprise ayurveda and herbs, massage therapy, aromatherapy, acupressure, reflexology, moxibustion, and even mind-body practices like yoga and meditation techniques.[1,3,4] These therapies have been widely accepted because they are effective in treating problems like pregnancy-related nausea, vomiting, lumbar pain, and insomnia, including using them during childbirth. The primary objective of this study is to undertake a

comparative analysis of the most used complementary therapies employed by expecting women, which is essential for researchers wishing to gain insights into this phenomenon as well.

TRADITIONAL CARE AND ALTERNATIVE THERAPIES FOR PREGNANT WOMEN

Traditional care and alternative therapies are medications and therapies not typically recommended by physicians and are not considered a part of conventional medicine.[5] However, pregnant women intend to use alternative therapies to alleviate symptoms such as nausea and vomiting, pregnancy-induced back pain and to prepare for normal delivery.[5,7] Other factors are increased physical stamina, eliminating internal pollutants, and body and mind relaxation. Studies showed that when a woman gets pregnant, she often faces mobility restrictions due to safety matters, cultural norms, or health issues.[8] Family members are mostly found to accompany them when going anywhere. Not only that, but a lack of proper transportation or a proper road also restricts their movement from going out.[9] Even at home, due to a lack of space, they have less scope for walking. Also, more leisure time is now devoted to watching television or spending time on social media. This sedentary behavior is associated with a higher risk of gestational diabetes, hypertension, low or increased fetal weight, cardiovascular disease, stress, obesity, and adverse fetal and maternal outcomes, including occasional mortality.[10,11,12] In these cases, where there is a restriction on going out frequently, Traditional and Alternative therapies can help expectant women to enhance their physical and mental well-being by staying at home. Yoga and meditation, ayurveda, herbal therapy, acupressure, acupuncture, reflexology, massage therapy, moxibustion, music and dance therapy, aromatherapy, hypnotherapy, homeopathy, and reiki are some commonly used and recommended complementary and alternative medicine therapies during pregnancy.[13]

Yoga

Antenatal yoga is a popular complementary therapy specially designed for pregnant women. It includes breathing techniques (pranayamas), postures (asanas), and meditation (dhyana) that pregnant women can comfortably practice. Yoga can help pregnant women manage their stress and anxiety symptoms, enhancing their quality of life.[14] Numerous studies have discovered that combining yoga asanas and pranayama strengthens the respiratory muscles and increases lung capacity, which helps with short breathing issues.[15] Additionally, yoga increases the flexibility of the maternal body by strengthening the mind and body as well as the pelvic floor muscles, abdomen, and pelvis.[12] Specific asanas such as Baddha Konasana, Malasana, and Balasana prepare the body for regular home delivery, which reduces the need for hospitalization during a pandemic. AYUSH guidelines recommend Pranayamas, such as sectional breathing, Nadishodhana, Ujjayi, and Bhramari. Because Nadishodhan pranayama decreases sympathetic activity and increases vagal (parasympathetic) activity, thereby decreasing stress and anxiety, Ujjayi increases blood oxygen saturation in the body.[16,17] Bhramari pranayama increases nasal nitric oxide (NO), which has anti-inflammatory action and also helps to prevent pregnancy-induced hypertension.[18,19] Yoga is overall a safe and ideal method to include in the pregnancy period for an active lifestyle.

Ayurveda and herbs

Herbal medicine is a branch of medicine that uses plants and their extracts to treat illnesses, whereas ayurveda is a centuries-old Hindu therapeutic science that employs medicinal plant extracts as well as metal extractions, massages, and other techniques. Ayurveda and herbs play a vital role in safeguarding the mother and developing fetus. Certain Ayurvedic medicines or Rasayana (immunomodulators) are as follows:

Yashtimadhu: This herb contains a phytochemical that has been shown to be antiviral against the SARS coronavirus.[20] Bala: Bala possesses a variety of beneficial characteristics including balya (increases strength), kshayahara (relieves emaciation), and ojovardhaka (relieves emaciation) (improves immunity). Additionally, antioxidative, anti-inflammatory, and antibacterial properties have been revealed. Palasha: According to the first month of garbhini paricharya, Plasha exhibits special krimighna (antiviral) qualities.[21] Amalaki: It is balavardhini (improves strength and immunity), rasayani (immunomodulator), and has antibacterial qualities. Ashwagandha: contains a substance called Withanone that is extremely powerful at blocking and weakening the structure of Mpro (a viral replication and transcription enzyme). [21,22]

Several preventive strategies, particularly for pregnant women, have been advocated by the AYUSH Ministry.[23] Among these include the use of immunity-boosting spices in cooking, such as haldi (turmeric), lasun (garlic), jeera (cumin), and dhanya (coriander). additionally, an herbal beverage called kadha is prescribed, which contains tulsi (basil), kalimirchi (black pepper), dalchini (cinnamon), shunthi (dry ginger), and munakka (raisin). Consuming turmeric milk, drinking warm water, and avoiding spicy foods are recommended. Besides dietary changes, the ayurveda prescription advocates living a specific lifestyle through pranayama, gargling, steam inhalation, prayer, and a happy mindset. Pregnant women frequently use herbal medications primarily due to the idea that herbs are natural and have fewer side effects than conventional therapy.[24] Other than these, peppermint, aniseed, fenugreek, pennyroyal, chamomile, and oregano help with flu, cold, cough, and breathing problems,[25] which in turn will help if the woman is suffering from cough and cold. All these are part of regular kitchen ingredients. These herbal remedies will not only cure or prevent the

flu, but they may also enhance the overall well-being of the mother and the fetus. Though most of these herbs and spices are safe to use in all trimesters, it is recommended to consult healthcare for the required consumption dosage.

Acupressure and reflexology

Acupressure is a method that involves applying pressure to specific places on the body, stimulating the body's network of energy channels, boosting the flow of qi (bioenergy), and altering symptoms.[5] SP6, associated with the uterus, is a frequently used acupressure point.[26] This point is simple to detect and apply pressure to without the assistance of a medical professional.[26] It was proven to be useful in reducing anxiety levels during labor in a random control trial. Reflexology is the practice of applying pressure with the thumb or finger to certain areas of the feet or hands in order to promote healing in other parts of the body (Dictionary.com, n.d.). It stimulates the nervous system, closes neural gates, and blocks the transmission of pain signals to the spinal cord or brain. As a result, many report experiencing a sense of relief and tranquility. It can be used to treat a variety of physiological problems associated with pregnancy, such as nausea, pregnancy vomiting, tiredness, constipation, migraines, and low back discomfort.[27] The females will be readily de-stressed from pregnancy complications combined with pandemic anxiety, and pain will be alleviated with this non-invasive approach. A study done by Sharifi and his colleagues has shown that foot reflexology can help alleviate uterine pain during the fourth stage of childbirth.[28]

Massage

Massage, one of the earliest ways of labor pain relief, exerts physiological and psychological effects on organisms by mechanically stimulating soft tissues.[29] A lay message or a massage performed by a partner or caregiver with some basic understanding has been shown to improve well-being. This kind of massage has been shown to reduce back and leg discomfort in pregnant women and labor pain.[30]Additionally, it has been shown to alleviate anxiety and depression in pregnant women as well as boost a mother's mood.[31-33] Massage assists in reducing the severity of pain, relaxing muscular spasms, increasing physical activity, channeling the mother's focus, and aiding in overall relaxation during delivery.[34] Anxiety and depression are common throughout gestational periods. Taking care of a mother's mental health is critical at the moment. The partners can use massage therapy to improve the bond with the pregnant woman and instill confidence in their relationship, as well as ease anxiety and despair.

Moxibustion

Moxibustion is a traditional chinese medicine method that involves heating the acupuncture point and burning herbs containing mugwort (also known as moxa). The baby's breech position has been shown to enhance the risk of delivering the infant via cesarean section.[35] However; simple, non-invasive methods like moxibustion can assist in bringing the baby's head down. If the pregnant woman has a breech presentation, she might benefit from self-administered moxibustion on BL67. This acupoint is positioned beside the outer corner of the little toe.[35] This will aid in repositioning the breech baby.

Music and dance therapy

Music and dance as therapeutic modalities are non-pharmacological nursing interventions that are safe for pregnant women to employ.[36] Pregnant women often report reduced pain while listening to music, which has been reported as audio–analgesia. When women in labor listen to music, the pain and auditory pathways hinder each other. When the auditory pathway is activated, its influence inhibits the central transmission of pain stimuli; therefore, any pregnant woman listening to music feels reduced pain.[27] Lullabies, nature, crystal sounds, classical or any soothing music, soothing lower the stress, anxiety, and depression during pregnancy. Low-impact dance during labor was found to be an attractive non-pharmacological option for pain management.[38] Also, research done by Gönenç and Dikmen found that during the active period of labor, dance as well as music dramatically reduced pain and fear in nulliparous women.[39] Music and dance are also an escape from the fear of pain and merge into relaxation.

Aromatherapy

Aromatherapy involves using essential oils from plants for therapeutic purposes. During pregnancy, aromatherapy can help reduce stress, anxiety, and nausea. Essential oils like lavender, chamomile, and peppermint are commonly used. However, it is essential to consult with a healthcare provider before use to ensure safety. Studies by Dempsey and Smith support its use in reducing pregnancy-related anxiety and nausea.[40,5]

Hypnotherapy

Guided relaxation creates a trance-like state. This has been done by women in helping to manage pain during labor, reduce anxiety, and achieve a state of calmness. Downe et al and Madden et al demonstrated that it worked in reducing the level of anxiety a woman would feel and pain.[41,42]

Homeopathy

Homeopathy is another alternative medicine that believes that small amounts of a substance can stimulate the body to heal itself. It has been practiced for the last two hundred years all over the world. These are specific to one's symptoms and overall well-being. Though the evidence on the effectiveness on pregnant women is

mixed, some women found it to be effective in alleviating insomnia and morning sickness.[43]

Reiki

Reiki is a healing process done by placing the practitioner's hand lightly on or just above the recipient's body, helping to facilitate the energy flow. Studies suggest that it helps reduce stress and anxiety and helps with insomnia.[44,45] Though it is a holistic approach, it must be done under an expert and should not be an alternative to medical care.

STRENGTH, LIMITATIONS AND FUTURE SUGGESTIONS

In this article a wide range of traditional care and alternative therapies were covered which are specifically beneficial for the pregnant women. This comprehensive review covered common traditional and holistic practices like yoga, ayurveda, herbal treatments, acupressure, reflexology, massage therapy, moxibustion, music and dance therapy, aromatherapy, hypnotherapy, homeopathy, and Reiki. For this reason, it became a one-stop resource to understand the various scopes to tackle the pregnancy related issues naturally. Not only that, this paper focused on various studies and guidelines like AYUSH and other research works to find out the reliability of the information provided. However, the limitation lies in the fact that the paper overlooked emerging and lesser-known alternative practices. At the same time, potential cultural bias could not be avoided, as the effectiveness of some therapies like ayurveda and moxibustion may differ in cultural context. It also lacked detailed guidelines, like duration and dosage. The safety of these therapies remains debatable due to the lack of high-quality clinical trials. Future research must include larger sample sizes to gain a more accurate and generalized understanding, as many of the sample sizes in our review were small. Meanwhile, cross-cultural research is also needed to ensure not only the benefits but also whether it is accessible. Furthermore, the effectiveness of integrating both traditional and alternative therapies with conventional medical practices for expectant mothers can be observed.

CONCLUSION

Strengthening the body's natural defensive system (immunity) is essential for women to maintain good health during pregnancy and care for the baby. Tradition care and alternative therapies provide non-pharmacological options that are safe and cost-effective for them. This paper focused on the comprehensive aspect, practical, safe implementations, and proper consultation. Incorporating various therapies can aid in this paper will help both researchers and mothers to seek the appropriate according to individual mothers' needs to ease and prevent pregnancy complications, along with the prescribed medicines. The paper can help contribute to the academic discourse and offer actionable insights that can drastically enhance the well-being of pregnant women.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

REFERENCES

1. Wu Y, Zhang C, Liu H, Duan C, Li C, Fan J, et al. Perinatal depressive and anxiety symptoms of pregnant women during the coronavirus disease 2019 outbreak in China. AJOG. 2020;223(2):240.
2. Pallivalappila AR, Stewart D, Shetty A, Pande B, Singh R, McLay JS. Complementary and Alternative Medicine Use during Early Pregnancy. PLOS ONE. 2013;8(11):80385.
3. Hall H, McKenna L, Griffiths D. Midwives' support for complementary and alternative medicine: A literature review. Women and Birth. 2011;24(4):191-203.
4. Adams J, Sibbritt D, Lui CW. Health service use among persons with self-reported depression: A study of 1,890 Australian women. J Altern Complement Med. 2009;15(4):413-9.
5. Smith CA, Collins CT, Cyna AM, Crowther CA. Complementary and alternative therapies for pain management in labour. The Cochrane Database of Systematic Reviews. 2006;4:3521.
6. Helmreich RJ, Shiao SY, Dune LS. Meta-analysis of acustimulation effects on nausea and vomiting in pregnant women. Explore (New York). 2006;2(5):412-21.
7. Licciardone JC, Buchanan S, Hensel KL, King HH, Fulda KG Stoll ST. Osteopathic manipulative treatment of back pain and related symptoms during pregnancy: a randomized controlled trial. AJOG. 2010;202(1):438.
8. Villar J, Ariff S, Gunier RB, Thiruvengadam R, Rauch S, Kholin A, et al. Maternal and neonatal morbidity and mortality among pregnant women with and without COVID-19 infection: The inter COVID Multinational Cohort Study. JAMA Pediatrics. 2020;175(8):817-26.
9. Jayaraman KS, Mansoor OD, Adeyi O. The World Bank's health systems strengthening program: Evaluation results and lessons learned. Health Systems and Reform. 2017;3(4):283-95.
10. Zhang C, Wu Y, Li J, Liang J, Zhang H. A survey on the use of complementary and alternative medicine among patients with chronic diseases in Shanghai. China J. Tradit Chin Med. 2006;31(5):568-73.
11. Badon SE, Littman A, Chan K, Williams MA, Enquobahrie DA. Maternal sedentary behavior during pre-pregnancy and early pregnancy and mean offspring birth size: a cohort study. BMC Pregnancy and Childbirth. 2018;18(1):267.

12. Dykema C. The benefits and risks of complementary and alternative medicine for pregnancy and childbearing.JMWH. 2011;56(6):593-600.
13. Barcelona de Mendoza V, Harville E, Savage J, Giarratano G. Association of complementary and alternative therapies with mental health outcomes in pregnant women living in a postdisaster recovery environment. J Holis Nurs. 2016;34(3):259-70.
14. Satyapriya M, Nagarathna R, Padmalatha V, Nagendra HR. Effect of integrated yoga on anxiety, depression and well-being in normal pregnancy. Compl Ther Clin Prac. 2013;19(4):230-6.
15. Madanmohan, Thombre DP, Balakumar B, Nambinarayanan TK, Thakur S, Krishnamurthy N, et al. Effect of yoga training on reaction time, respiratory endurance and muscle strength. IJPP. 1992;36(4):229-33.
16. Singh S, Verma P, Misra V. Yoga practice increases minimum muscular fitness in 3-6 years old children. Int J Yoga. 2011;4(2):70-6.
17. Kabitz HJ, Schermer T, Müller-Quernheim J, Walterspacher S, Schultz K. The effect of Ujjayi breathing on pulmonary function. Respiration. 2014;87(6):499-503.
18. Maniscalco M, Weitzberg E, Sundberg J, Sofia M, Lundberg JO. Assessment of nasal and sinus nitric oxide output using single-breath humming exhalations. Eur Clin Respir J. 2003;22(2);323-9.
19. Rampalliwar S, Rajak C, Arjariya R, Poonia M, Bajpai R. The effect of bhramari pranayama on pregnant women having cardiovascular hyper-reactivity to cold pressor. NJPPP. 2013;32:137-41.
20. Maurya DK. Evaluation of Yashtimadhu (Glycyrrhiza glabra) Active Phytochemicals Against Novel Coronavirus (SARS-CoV-2). Research Square. 2020. Avialable at: https://orcid.org/0000-0003-0909-363X. Accessed on 05 May 2020.
21. Shastry JLN. Concept of Rasayana with special reference to herbomineral preparations. IJRAP. 2014;5(6):703-7.
22. Tripathi MK, Singh P, Sharma S, Singh TP, Ethayathulla AS, Kaur P. Identification of bioactive molecule from Withania somnifera (ashwagandha) as SARS-COV-2 main protease inhibitor. J Biom Str Dyn. 2020;39(15):5668-81.
23. Ministry of AYUSH. National Clinical Management Protocol based on Ayurveda and Yoga for the management of Covid-19. Government of India. Avialable at: https://blog.mygov.in/national-clinical-management-protocol-based-on-ayurveda-and-yoga-for-the-management-of-covid-19/. Accessed on 05 May 2020.
24. Ernst, E. Herbal medicinal products during pregnancy: are they safe? IJOG. 2002;109(3):227-35.
25. Cuzzolin L, Benoni G. Safety issues of phytomedicines in pregnancy and pediatrics. Herbal Drugs: Ethnomedicine to Modern Med. 2009: 381-96.
26. Chen HM, Chen CH. Effects of acupressure at the Sanyinjiao point on primary dysmenorrhoea. J Adv Nurs. 2004;48(4):380-7.
27. Wang MY, Tsai PS, Lee PH, Chang WY, Yang CM. The efficacy of reflexology: systematic review. Jour Advan Nurs. 2008;62(5):12-520.
28. Sharifi N, Bahri N, Hadizadeh-Talasaz F, Azizi H, Nezami H, Tohidinik HR. A randomized clinical trial on the effect of foot reflexology performed in the fourth stage of labor on uterine afterpain. BMC Pregnancy and Childbirth. 2022;22(1):1-8.
29. Brosseau L, Wells GA, Poitras S, Tugwell P, Casimiro L, Novikov M, et al. Ottawa Panel evidence-based clinical practice guidelines on therapeutic massage for low back pain. Arch Phys Med Rehabil. 2012;93(7):1297-312.
30. Nabb MT, Kimber L, Haines A, McCourt C. Does regular massage from late pregnancy to birth decrease maternal pain perception during labour and birth? A feasibility study to investigate a programme of massage, controlled breathing, and visualization from 36 weeks of pregnancy until birth. Complement Med ther. 2006;12(3):222-31.
31. Latifses V, Bendell Estroff D, Field T, Bush JP. Fathers massaging and relaxing their pregnant wives lowered anxiety and facilitated marital adjustment. Bodyw Mov Ther. 2005;9(4):277-82.
32. Field T, Figueiredo B, Hernandez-Reif M, Diego M, Deeds O, Ascencio A. Massage therapy reduces pain in pregnant women, alleviates prenatal depression in both parents and improves their relationships. Bodyw Mov Ther. 2008;12(2):146-50.
33. Thomas RB. A pilot study of partner chair massage effects on perinatal mood, anxiety, and pain. IJTMB. 2019;12(2):3-11.
34. Mortazavi SH, Khaki S, Moradi R, Heidari K, Mousavi Z. Comparison between massage and music therapies to relieve the severity of labor pain. Women's Health. 2012;8(1):28-34.
35. Brici P, Franconi G, Scatassa C, Fabbri E, Assirelli P. Turning foetal breech presentation at 32-35 weeks of gestational age by acupuncture and moxibustion. Evidence-Based Complementary and Alternative Medicine, 2019. Avialable at: https://doi.org/10.1155/2019/2347534. Accessed on 05 May 2020.
36. Situmorang DDB. Dancing during labor in the midst of COVID-19 outbreak: as an alternative non-pharmacological treatment after digital interventions. J Public Health. 2022;44(4):617-24.
37. Sen H, Ozdogan HK, Yildirim S. The effect of music on preoperative anxiety in men undergoing urogenital surgery. Jour of Urol. 2010;183(1):132-6.
38. Horter R, Horn D, Turner R. The effect of dance during pregnancy on maternal mood and fetal well-being: A systematic review. IJCB. 2020;10(4):204-14.
39. Gönenç IM, Dikmen HA. Effects of Dance and Music on Pain and Fear During Childbirth. AJOG. 2020;49(2):144-53.

40. Dempsey AD, Flenady V, Barnett, AG, King JF, Cole SK. Aromatherapy for pain management in labour. The Cochrane Database of Systematic Reviews. 2020;2:9215.
41. Downe S, Finlayson K, Oladapo OT, Bonet M, Gülmezoglu AM. What matters to women during childbirth: A systematic qualitative review. PLoS One. 2020;13(4):194906.
42. Madden K, Turnbull D, Cyna AM, Adelson P, Wilkinson C. Hypnosis for pain management during labour and childbirth. CDSR. 2021;10:9356.
43. Yakir M, Kreitler S, Granot M. Homeopathic treatment of pregnant women: Is it safe? An observational study. Homeopathy. 2020;109(4):222-7.
44. Thrane S, Cohen SM. Effect of reiki therapy on pain and anxiety in adults: An in-depth literature review of randomized trials with effect size calculations. Pain Management Nursing. 2020;21(6):524-31.
45. Baldwin AL, Vitale A, Brownell E, Rand W. Effects of reiki on pain and anxiety in patients undergoing bone marrow biopsy. Holist Nurs Pract. 2021;35(1):45-52.
46. Tiran D. Complementary therapies in pregnancy: midwives' and obstetricians' perspectives. Complement Med Ther. 2006;12(3):212-7.

Cite this article as: Karim FS, Maharana S. Traditional care and alternative therapies for pregnant women: a comparative review. Int J Community Med Public Health 2024;11:3326-31.