Nausea & Vomiting of Pregnancy

The first and most common complaint associated with pregnancy is both a traditional Chinese and modern Western medical disease – nausea and vomiting of pregnancy. Nausea and vomiting of pregnancy, referred to by the acronym NVP in Western medical obstetrics, affects 50-80% of pregnant women. Of those women who experience NVP, a third only experience nausea, while 2/3 experience some vomiting. Such nausea and vomiting typically begin between the 4-6th weeks of gestation, with 60% of affected women better by the 12th week and 90% better by the 16th week. In a small number of cases, nausea and vomiting may persist through the entire pregnancy. Half of all women with NVP feel that it is uncomfortable enough to adversely affect their work, and 25% actually require time off from work. One out of 20 women are affected so severely that they experience weight loss, dehydration, and electrolyte disturbances which may require hospitalization. Such severe, intractable nausea and vomiting during pregnancy is referred to as hyperemesis gravidarum. In English, nausea and vomiting of pregnancy are colloquially called morning sickness. This is because, in some women, their nausea and vomiting are worse in the morning and improve as the day wears on. However, many women experience nausea all day long, and, in others, their nausea worsens during the latter part of the day and evening.

The Western medical causes of NVP are not fully understood. It is probable that they are multifactorial and include some combination of increased hormone levels (possibly estrogen and/or human chorionic gonadotropin [hCG]), physiologic changes, such as excess stomach acid, increased sense of smell, emotional stress, and fatigue. The Western medical treatment of NVP consists mainly of dietary recommendations, for instance, eating many small meals consisting of bland foods, and maintaining adequate hydration. Vitamin B₆ (pyridoxine) has been used at doses of 20-50mg three times per day. If the discomfort is severe and intractable, anti-
emetics may be prescribed. Such anti-emetics falls into several different categories. There are the antihistimines such as Antivert (meclizine), the phenothaizines such as Thorazine (chlorpromazine), the dopamine antagonists such as Reglan (metoclopramide), and the apomorphine antagonist Inapsine (droperidol). For the treatment of hyperemesis gravidarum, treatment typically consists of intravenous fluids and parenteral antiemetcs. In addition, the patient is commonly placed on enteric rest, with nothing _per os_ (PNO) for 24-48 hours.

**Chinese medical disease categorization**

In Chinese medicine, nausea and vomiting of pregnancy are referred to as _ren shen e zu_. _Ren shen_ means pregnancy, and _e zu_ means malign obstruction.

**Disease causes & disease mechanisms**

No matter what the cause, nausea _per se_ has to do with disharmony of the stomach. This means that stomach qi which should normally flow down, counterflows upward. If this upward counterflow is strong enough, it may even result in vomiting. There are three basic mechanisms that lead to upward counterflow of the stomach qi after conceiving. The first has to do with the spleen-stomach alone, the second has to do with the stomach and liver, and the third involves the kidneys. Based on these three scenarios, a number of other disease mechanisms may also complicate the situation.

When conception occurs, the menses ceases. The fetus blocks the _bao men_ or uterine gate. The chong which sends blood down to the uterus continues to do so, but this blood has nowhere to go. As yet the fetus is not sufficiently developed to make full use of all the blood accumulating in the _bao gong_. The chong is connected to the _yang ming_. It is yang ming qi which helps descend the thoroughfare vessel qi. The chong mai and yang ming intersect at _Qi Chong_ (St 30). If the stomach and spleen are vacuous weak to begin with, the qi associated with the blood accumulating in the _bao gong/chong mai_ may counterflow upward by flowing into the yang ming, overwhelming the yang ming qi. This then results in nausea and even vomiting.

Since the spleen engenders and transforms the blood, the increased demand for blood after conception to nourish the fetus may result in the spleen’s function of promoting transportation and transformation declining and becoming weak. The spleen governs upbearing and the stomach governs downbearing. Upbearing and downbearing are mutually reflexive. One cannot occur without the other. Therefore, uninhibited upbearing promotes proper downbearing and _vice versa_. Hence spleen vacuity weakness resulting in non-upbearing of the clear can aggravate the upward counterflow of stomach qi due to excessive and counterflowing thoroughfare qi. In other words, if the spleen does not properly upbear, the stomach cannot properly downbear. Faulty diet, worry, and taxation and fatigue may all weaken the spleen and can, therefore, aggravate this condition.
As the fetus grows, it begins to make full use of the qi and blood sent down to it via the chong mai/bao mai and thus the thoroughfare qi no longer accumulates and counterflows upward. Therefore, this nausea and vomiting cease spontaneously sometime around the end of the first trimester. Obviously, in the majority of women, morning sickness has to do with a temporary readjustment in the flows and uses of certain qi and body fluids. Otherwise the condition would persist throughout gestation.

Secondly, the liver is the viscus that treasures the blood and its function of controlling coursing and discharge is dependent on the liver obtaining sufficient blood to nourish it. If the blood being sent down to and accumulating in the uterus fails to also adequately nourish the liver. The liver may fail to control coursing and discharge. Instead, the liver may become depressed and the qi stagnant. Liver depression is a species of repletion. Because of the relationship of the liver and stomach described by five phase theory, a replete liver may counterflow horizontally to attack the stomach. Because the liver also governs upbearing, if the liver assails the stomach, the stomach may lose its downbearing and harmony and its qi may counterflow upward. Women with a tendency to liver depression and/or blood vacuity are prone to this scenario.

Fu Qing-zhu, arguably the most famous premodern Chinese gynecological specialist, especially emphasized this mechanism of nausea and vomiting of pregnancy. Since it is my experience that this is the single most common pattern of nausea and vomiting of pregnancy in Western women, I believe it is appropriate to quote Fu Qing-zhu at length on this issue:

[Some] pregnant women suffer from nausea, retching, and vomiting with a desire for sour [foods] to quench their thirst but an aversion to any food in sight, fatigue, and somnolence. People call this pregnancy malign obstruction. Who would suspect extreme dryness of liver blood? Conception in women is based on effulgent kidney qi. Only when the kidneys are effulgent can the essence be contained. However, once the kidneys have received the essence [from the male] and engendered pregnancy, kidney water begins to grow the fetus [and thus becomes] too busy to moisten the five viscera.

The liver is the child of the kidneys and has to live on the qi of its mother every day to be soothed. Whenever it is in need of nourishing fluids, its qi will be pressing for them. As now kidney water is unable to meet this demand, the liver becomes more impetuous or temperamental. When the liver becomes impetuous, fire stirs and [live qi] counterflows. Once live qi counterflow occurs, problems such as retching, vomiting, and nausea arise.6
However, the disease mechanism of liver depression causing counterflow may also arise due to emotional stress during the first trimester. Because of conflicting emotions, desires may be unfulfilled and the coursing and discharge may become inhibited. This is yet another cause of liver attacking the stomach.

The third basic mechanism associated with nausea during pregnancy has to do with the kidneys. As Fu Qing-zhu points out, after conception, it is the kidneys which nourish the fetus with essence. In addition, it is said the blood and essence share a common source, and that source is the kidneys. With so much essence and blood focused on nourishing the fetus, kidney yin may become vacuous and depleted. In that case, vacuous and insufficient yin may to enrich and moisten the liver. Similar to blood vacuity, if the liver does not obtain sufficient yin to enrich and moisten it, it cannot control its function of coursing and discharge. This then leads to liver depression with the liver’s attacking the stomach and the stomach’s loss of downbearing and harmony. This is simply a further extension of the disease mechanism described above by Fu Qing-zhu. This scenario is most often encountered in women who are constitutionally weak, women in their mid 30s to early 40s, drug abusers, those who are overtaxed physically, emotionally, and sexually, or those who have suffered a long time from chronic disease.

As to the complications derived from these three basic mechanisms, if the spleen and stomach loose their ability to promote the movement and transformation of water fluids, dampness may accumulate internally. If this dampness accumulates past a certain point, it may also congeal and turn into phlegm and turbidity. Likewise, if the stomach qi fails to downbear and descend, untransformed food may accumulate and stagnate in the stomach. Or, if the spleen and stomach are further weakened by the upward counterflow of stomach qi and, therefore, lack of proper dispersion and transformation and thus the engenderment of qi, they may exhibit signs of yang vacuity-vacuity cold, remembering that yang is only a sufficient quantity of qi to experience the qi’s intrinsic warmth besides its function.

Further, if liver qi stagnates and becomes depressed, this depression may transform into fire. In this case, the fire may steam body fluids congealing them into phlegm. It may also cause the stomach to exhibit signs of evil heat or fire, and this heat may ascend to harass the heart spirit above. If this heat endures, it may consume and damage yin fluids within the stomach itself and eventually kidney yin below, aggravating any tendency to yin vacuity in any of the viscera and bowels of the body.

Conversely, if kidney water is insufficient to both nourish the fetus and moisten and emolliate the liver, such yin vacuity itself can cause the liver to become anxious, worried, and irritated. This worry and anxiety lead to stirring of liver fire and counterflow of liver qi.

Therefore, as one can see from the above disease mechanisms and their ramifications as described by Chinese medical theory, nausea and vomiting in pregnancy...
can be a somewhat complicated affair. However, I believe that the three main viscera involved with counterflow of stomach qi during pregnancy are the spleen, liver, and kidneys.

Patterns seen with this disease

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Treatment based on pattern discrimination

Spleen-stomach vacuity weakness

**Main symptoms:** Nausea and vomiting during pregnancy, hunger but no desire to eat, vomiting clear water, a bland taste in the mouth, lassitude of the spirit, fatigue, desire to sleep, superficial edema of the face and eyes, a lusterless facial complexion, lack of strength of the four limbs, a fat, swollen tongue with thin, white or white, slimy fur, and a slippery, soggy, fine, and/or forceless, possibly moderate (i.e., slightly slow) pulse

**Note:** In my experience, this pattern in its pure form is not very common in Western women. However, spleen vacuity does complicate many cases of NVP. This is reflected in the fact that most of the formulas suggested below under this pattern contain one or more medicinals which also rectify the qi, eliminate dampness, or transform phlegm. Simply fortifying the spleen and boosting the qi is rarely a sufficient treatment plan for treating NVP.

**Treatment principles:** Fortify the spleen and boost the qi, harmonize the stomach and downbear counterflow

**Guiding formulas:**

**Ren Shen Ban Xia Wan (Ginseng & Pinellia Pills)**

- *Ban Xia* (Rhizoma Pinelliae Ternatae), 9g
- *Ren Shen* (Radix Panacis Ginseng), 3-9g
- *Gan Sheng Jiang* (dry and uncooked Rhizoma Zingiberis), 3-6g each

This formula is for the treatment of spleen-stomach vacuity weakness with cold fluids obstructing the stomach.

**Ren Shen Ju Pi Tang (Ginseng & Orange Peel Decoction)**

- *Ren Shen* (Radix Panacis Ginseng), 3-9g
- *Ju Hong* (Pericarpium Citri Erythrocarpae), 6-9g
NAUSEA & VOMITING OF PREGNANCY

*Bai Zhu* (Rhizoma Atractylodis Macrocephalae), 9g
*Fu Ling* (Sclerotium Poriae Cocos), 12g
*Hou Po* (Cortex Magnoliae Officinalis), 9g
*Gan Cao* (mix-fried Radix Glycyrrhizae), 3-6g

**E Zu Xiao Fang** (Malign Obstruction Effective Formula)
*Ju Hong* (Pericarpium Citri Erythrocarpae), 9g
*Ren Shen* (Radix Panacis Ginseng), 7 g
*Bai Zhu* (Rhizoma Atractylodis Macrocephalae), 9g
*Hou Po* (Cortex Magnoliae Officinalis), 9g
*Mai Men Dong* (Tuber Ophiopogonis Japonici), 12g
*Sheng Jiang* (uncooked Rhizoma Zingiberis), 6g
*Zhu Ru* (Caulis Bambusae In Taeniis), 6-9g

**Xiang Sha Liu Jun Zi Tang**
(Aucklandia & Amomum Six Gentlemen Decoction)
*Ren Shen* (Radix Panacis Ginseng), 3-9g
*Bai Zhu* (Rhizoma Atractylodis Macrocephalae), 9g
*Fu Ling* (Sclerotium Poriae Cocos), 12g
*Gan Cao* (mix-fried Radix Glycyrrhizae), 3-9g
*Chen Pi* (Pericarpium Citri Reticulatae), 3-9g
*Ban Xia* (processed Rhizoma Pinelliae Ternatae), 9g
*Mu Xiang* (Radix Aucklandiae Lappae), 6-9g
*Sha Ren* (Fructus Amomi), 3-4.5g

This formula treats spleen qi vacuity complicated by dampness and qi stagnation. Han Bai-ling suggests deleting *Ban Xia* since it may damage the fetus. However, it is commonly used to treat nausea and vomiting in pregnancy since at least Zhang Zhong-jing in the *Jin Gui Yao Lue* (Essentials from the Golden Cabinet).

**Zhu Ru Tang** (Caulis Bambusae Decoction)
*Zhu Ru* (Caulis Bambusae In Taeniis), 9g
*Chen Pi* (Pericarpium Citri Reticulatae), 6-9g
*Ban Xia* (Rhizoma Pinelliae Ternatae), 9g
*Fu Ling* (Sclerotium Poriae Cocos), 12g
*Sheng Jiang* (uncooked Rhizoma Zingiberis), 6g

**Bao Sheng Tang Er Hao** (Protect Engenderment Decoction #2)
*Bai Zhu* (Rhizoma Atractylodis Macrocephalae), 9g
*Sha Ren* (Fructus Amomi), 3-4.5g
*Xiang Fu* (Rhizoma Cyperi Rotundi), 9g
*Wu Yao* (Radix Linderae Strychnifoliae), 9g
*Chen Pi* (Pericarpium Citri Reticulatae), 6-9g
*Gan Cao* (Radix Glycyrrhizae), 3-6g
Sheng Jiang (uncooked Rhizoma Zingiberis), 6g
Da Zao (Fructus Zizyphi Jujubae), 2-3 pieces

Wu Qian gives this version of the above formula for habitual stomach weakness without phlegm fluids. If the qi is vacuous, add Ren Shen (Radix Panacis Ginseng). If the qi is replete, i.e., stagnant, add Zhi Ke (Fructus Citri Aurantii).

Phlegm dampness obstruction & stagnation

Main symptoms: Vomiting of phlegm and saliva, stomach duct glomus or fullness, possible heart palpitations, difficulty swallowing, a bland taste in the mouth, a cold body, fatigue and weakness of the four limbs, a fat, swollen tongue with white, glossy, slimy fur, and a slippery pulse

Treatment principles: Transform phlegm and downbear counterflow, harmonize the spleen and transform dampness

Guiding formulas:

Ban Xia Fu Ling Wan Jia Jian
(Pinellia & Poria Pills with Additions & Subtractions)
Zi Su Ye (Folium Perillae Frutescentis), 9-12g
Chen Pi (Pericarpium Citri Reticulatae), 6-9g
Ban Xia (ginger-processed Rhizoma Pinelliae Ternatae), 9g
Sheng Jiang (uncooked Rhizoma Zingiberis), 6g
Mei Gui Hua (Flos Rosae Rugosae), 9g
Gu Ya (stir-fried Fructus Germinatus Oryzae Sativae), 9-15g
Sha Ren (Fructus Amomi), 3-4.5g
Fu Ling (Sclerotium Poriae Cocos), 12g

Xiao Ban Xia Fu Ling Tang Jia Wei
(Minor Pinellia & Poria Decoction with Added Flavors)
Ban Xia (Rhizoma Pinelliae Ternatae), 9g
Sheng Jiang (uncooked Rhizoma Zingiberis), 6g
Fu Ling (Sclerotium Poriae Cocos), 12g
Chen Pi (Pericarpium Citri Reticulatae), 6-9g
Huo Xiang (Herba Agastachis Seu Pogostemi), 9g

Er Chen Tang (Two Aged [Ingredients] Decoction)
Fu Ling (Sclerotium Poriae Cocos), 12g
Chen Pi (Pericarpium Citri Reticulatae), 6-9g
Qing Ban Xia (Rhizoma Pinelliae Ternatae), 9g
Gan Cao (Radix Glycyrrhizae), 3-6g

If there is heat, add Zhi Zi (Fructus Gardeniae Jasminoidis) and Zhu Ru (Caulis Bambusae In Taenii) to clear heat, downbear counterflow, and stop vomiting. If heat is prominent and phlegm is less so, delete Ban Xia which may damage
the fetus. If there is vexation within the chest and vexatious stuffiness, add *Gua Lou* (Fructus Trichosanthis Kirlowii) and *Zhi Zi* (Fructus Gardeniae Jasminoidis) to move phlegm stagnation within the chest.

*Si Qi Tang (Four [Times] Seven Decoction)*
Ban Xia (Rhizoma Pinelliae Ternatae), 9g  
Hou Po (Cortex Magnoliae Officinalis), 9g  
Zi Su Ye (Folium Perillae Frutescentis), 9-12g  
Fu Ling (Sclerotium Poriae Cocos), 12g  
Sheng Jiang (uncooked Rhizoma Zingiberis), 6g

**Liver assailing the stomach**

*Main symptoms*: Nausea and vomiting during pregnancy, easy anger, tendency to sigh, chest oppression and stuffiness, a darkish tongue with normal or white fur, and a slippery, bowstring⁸ pulse

*Treatment principles*: Regulate and harmonize the liver and stomach

*Guiding formulas:*

*Bao Sheng Tang (see above)*
Because of the inclusion of *Xiang Fu* (Rhizoma Cyperi Rotundi) and *Wu Mei* (Fructus Pruni Mume), this formula can be seen as a harmonizing formula, even though some Chinese doctors have recommended this formula under spleen qi vacuity.

*An Wei Yin (Quiet the Stomach Pills)*
Ban Xia (Rhizoma Pinelliae Ternatae), 9g  
Huo Xiang (Herba Agastachis Seu Pogostemi), 9g  
Fu Ling (Sclerotium Poriae Cocos), 12g  
Chen Pi (Pericarpium Citri Reticulatae), 6-9g  
Shen Qu (Massa Medica Fermentata), 6-9g  
Bai Zhu (Rhizoma Atractylodis Macrocephalae), 9g  
Xiang Fu (stir-fried Rhizoma Cyperi Rotundi), 9g  
Dang Gui (Radix Angelicae Sinensis), 9g  
Bai Shao (Radix Albus Paeoniae Lactiflorae), 9g  
Sha Ren (Fructus Amomi), 3-4.5g

*Shun Gan Yi Qi Tang (Normalize the Liver & Boost the Qi Decoction)*
Ren Shen (Radix Panacis Ginseng), 3-9g  
Bai Zhu (Rhizoma Atractylodis Macrocephalae), 9g  
Bai Shao (Radix Albus Paeoniae Lactiflorae), 9g  
Dang Gui (Radix Angelicae Sinensis), 9g  
Fu Ling (Sclerotium Poriae Cocos), 12g  
Zi Su Zi (Fructus Perillae Frutescentis), 9-12g  
Shu Di (cooked Radix Rehmanniae), 12-15g
**Mai Men Dong** (Tuber Ophiopogonis Japonici), 9-12g  
**Chen Pi** (Pericarpium Citri Reticulatae), 6-9g  
**Sha Ren** (Fructus Amomi), 3-4.5g  
**Shen Qu** (Massa Medica Fermentata), 6-9g

This formula harmonizes both the liver and spleen and liver and stomach.

**Liver depression transforming heat**

**Main symptoms:** Nausea and vomiting during pregnancy, heart vexation, vomiting of bitter water, dizziness, chest oppression, a tendency to sighing, vexatious thirst for cold drinks, dry, bound stools or difficult, reddish urination, a feverish feeling in the hands and feet, a red facial complexion, chapped lips, a red tongue with dry, yellow fur, and a bowstring, slippery, rapid pulse

**Treatment principles:** Level the liver and clear heat, harmonize the stomach and stop vomiting

**Guiding formulas:**

**Qing Re Zhi Ou Tang** (Clear Heat & Stop Vomiting Decoction)  
**Zhu Ru** (Caulis Bambusae In Taeniis), 9-12g  
**Chen Pi** (Pericarpium Citri Reticulatae), 6-9g  
**Zhi Shi** (Fructus Immaturus Citri Aurantii), 3-9g  
**Fu Ling** (Sclerotium Poriae Cocos), 12g  
**Mai Men Dong** (Tuber Ophiopogonis Japonici), 9-12g  
**Lu Geng** (Rhizoma Phragmitis Communis), 9g  
**Huang Qin** (Radix Scutellariae Baicalensis), 9-12g

If there is constipation, add a small amount of **Da Huang** (Radix Et Rhizoma Rhei) to clear heat, downbear counterflow, and stop vomiting. In this case, do not use **Gan Cao** which warms the middle and aids evils.

**Wen Dan Tang Jia Wei**  
(Warm the Gallbladder Decoction with Added Flavors)  
**Chen Pi** (Pericarpium Citri Reticulatae), 6-9g  
**Ban Xia** (Rhizoma Pinelliae Ternatae), 9g  
**Fu Ling** (Sclerotium Poriae Cocos), 12g  
**Gan Cao** (Radix Glycyrrhizae), 3-6g  
**Zhi Ke** (Fructus Citri Aurantium), 3-9g  
**Zhu Ru** (Caulis Bambusae In Taeniis), 9g  
**Huang Qin** (Radix Scutellariae Baicalensis), 9-12g  
**Huang Lian** (Rhizoma Coptidis Chinensis), 3-6g  
**Lu Geng** (Rhizoma Phragmitis Communis), 9g  
**Mai Men Dong** (Tuber Ophiopogonis Japonici), 9-12g  
**Sheng Jiang** (uncooked Rhizoma Zingiberis), 6g  
**Da Zao** (Fructus Zizyphi Jujubae), 2-3 pieces


Ren Shen Ju Pi Tang Jia Wei  
(Ginseng & Orange Peel Decoction with Added Flavors)

Ren Shen (Radix Panacis Ginseng), 3-9g  
Chen Pi (Pericarpium Citri Reticulatae), 6-9g  
Bai Zhu (Rhizoma Atractylodis Macrocephalae), 9g  
Mai Men Dong (Tuber Ophiopogonis Japonici), 9-12g  
Gan Cao (Radix Glycyrrhizae), 3-6g  
Ginger stir-fried Hou Po (Cortex Magnoliae Officinalis), 9g  
Fu Ling (Sclerotium Poriae Cocos), 12g  
Zhu Ru (Caulis Bambusae In Taeniis), 9g  
Huang Qin (Radix Scutellariae Baicalensis), 9-12g

Wan Mi-zhai recommends this formula for thin women with both phlegm and heat.

Xiao Chai Hu Tang (Minor Bupleurum Decoction)

Chai Hu (Radix Bupleuri), 9g  
Ren Shen (Radix Panacis Ginseng), 3-9g  
Gan Cao (mix-fried Radix Glycyrrhizae), 3-9g  
Huang Qin (Radix Scutellariae Baicalensis), 9-12g  
Ban Xia (Rhizoma Pinelliae Ternatae), 9g  
Da Zao (Fructus Zizyphi Jujubae), 2-3 pieces  
Sheng Jiang (uncooked Rhizoma Zingiberis), 6g

This formula treats a liver-stomach, liver-spleen disharmony with depressive heat and even some phlegm turbidity. Therefore, it is an extremely useful, commonly used guiding pr base formula for the treatment of many women’s NVP. If liver depression is more pronounced, Zhu Ru (Caulis Bambusae In Taeniis), Zi Su Ye (Folium Perillae Frutescentis), and/or Wu Mei (Fructus Pruni Mume) may be added.

Qi & yin dual vacuity

Main symptoms: Severe, violent vomiting during pregnancy, recurrent vomiting, dry heaves or bringing up matter from the stomach mixed with streaks of blood, lassitude of the spirit, fatigue, lack of strength, a thin body, dry skin, deep, possible deep, sunken eye sockets, dizziness, thirst, scanty urination, generalized heat, a red tongue with no moisture and thin, yellow or smooth, bare, peeled fur, and a fine, rapid, forceless pulse

Treatment principles: Boost the qi and nourish yin, harmonize the stomach and stop vomiting

Guiding formulas:

Zeng Ye Tang (Increase Fluids Decoction) plus Sheng Mai San (Engender the Pulse Powder) with Added Flavors #1  
Ren Shen (Radix Panacis Ginseng), 3-9g
Mai Men Dong (Tuber Ophiopogonis Japonici), 9-12g  
Wu Wei Zi (Fructus Schisandraceae Chinensis), 9g  
Sheng Di (uncooked Radix Rehmannia), 9-15g  
Xuan Shen (Radix Scrophulariae Ningpoensis), 9-15g  
Chen Pi (Pericarpium Citri Reticulatae), 6-9g  
Zhu Ru (Caulis Bambusae In Taeniis), 9g

Zeng Ye Tang (Increase Fluids Decoction) plus Sheng Mai San (Engender the Pulse Powder) with Added Flavors #2  
Tai Zi Shen (Radix Pseudostellariae Heterophyllae), 9-15g  
stir-fried Mai Men Dong (Tuber Ophiopogonis Japonici), 9-12g  
stir-fried Wu Wei Zi (Fructus Schisandraceae Chinensis), 9g  
stir-fried Sheng Di (uncooked Radix Rehmannia), 9-15g  
stir-fried Xuan Shen (Radix Scrophulariae Ningpoensis), 9-15g  
Bai Shao (Radix Albus Paeoniae Lactiflorae), 9g  
stir-fried Wu Mei (Fructus Pruni Mume), 9g  
Chen Pi (Pericarpium Citri Reticulatae), 6-9g  
ginger stir-fried Zhu Ru (Caulis Bambusae In Taeniis), 9g  
Gou Teng (Ramulus Uncariae Cum Uncis), 9-15g  
Gan Cao (mix-fried Radix Glycyrrhizae), 3-9g

Because qi and yin vacuity leads to liver fire effulgence, Bai Shao and Wu Mei have been added to restrain the liver.

Acupuncture & moxibustion

Although acupuncture is generally considered prohibited or contraindicated during pregnancy, as with the use of “prohibited” medicinals, it is really the unwarranted use of acupuncture that is prohibited. In fact, acupuncture may be quite useful in the treatment of a number of gestational disorders, NVP being one of them. Often nausea during pregnancy is so bad that the thought of drinking a foul or strange-tasting, bitter decoction is more than the patient can bear. In that case, or if internal medicine is insufficient, one can do acupuncture.

**Main points:**

Nei Guan (Per 6), Zhong Wan (CV 12), Zu San Li (ST 36)

Needles may be left in place for up to an hour if necessary and two or more treatments can be given per day. For liver invading the spleen and stomach, add Tai Chong (Liv 3) and/or Zhang Men (Liv 13). For depressive liver heat, add Xing Jian (Liv 2). For excessive phlegm, add Feng Long (St 40). For stomach heat, add Nei Ting (St 44). For spleen vacuity, add Pi Shu (Bl 20) and Wei Shu (Bl 21). For yin vacuity, add Zhao Hai (Ki 6) and Nei Ting (St 44).
Abstracts of representative Chinese research:


Cohort description:

From 1982-1992, the authors treated 115 women with severe nausea during pregnancy based on pattern discrimination. Of these 115 women, 50 were between 22-25 years of age, 49 were between 26-29, and 16 were 30 years old or older. The onset of this disease during pregnancy occurred between days 40-59 of gestation in 63 cases, between days 60-89 of gestation in 37 cases, and on days 90 or more in 15 cases. There were 75 primiparas and 40 multigravidas.

Treatment method:

1. Liver-stomach disharmony

After becoming pregnant, the women exhibiting this pattern tended to vomit after eating. The vomitus consisted of a sour or bitter water. They also had dizziness and vertigo, chest and rib-side distention and pain, hiccup, a bitter taste in the mouth, heart vexation, insomnia, a red tongue with thin, white or thin, yellow fur, and a slippery, bowstring pulse. The treatment principles consisted of repressing the liver and harmonizing the stomach, downbearing counterflow and stopping vomiting. Therefore, these patients were given self-composed Su Lian Hu Qin Tang (Perilla, Coptis, Bupleurum & Scutellaria Decoction: Huang Lian (Rhizoma Coptidis Chinensis), 3g, Su Ye (Folium Perillae Frutescentis), 6g, Chai Hu (Radix Bupleuri), 6g, Huang Qin (Radix Scutellariae Baicalensis), 9g, Zhu Ru (Caulis Bambusae In Taeeniis), 6g, Lu O Mei (Flos Pruni Mume), 9g, Ju Pi (Pericarpium Citri Reticulatae), 9g, Ban Xia (ginger-processed Rhizoma Pinelliae Ternatae), 9g.

2. Spleen-stomach vacuity weakness

After becoming pregnant, these women experienced vomiting and inability to eat. There was a bland, tasteless feeling in their mouths. They vomited clear water, had epigastric distention and fullness, lassitude of the spirit, and lack of strength. Their tongues were pale with white fur, and their pulses were fine, slippery, and forceless. The treatment principles were to fortify the spleen and boost the qi, harmonize the center and downbear counterflow. Therefore, they were given Ju Pi Zhu Ru Tang Jia Jian (Orange Peel & Caulis Bambusae Decoction with Additions & Subtractions): Ju Pi (Pericarpium Citri Reticulatae), 10g, Zhu Ru (Caulis Bambusae In Taeniis), 10g, Tai Zi Shen (Radix Pseudostellariae Heterophyllae), 10g, Ban Xia (Rhizoma Pinelliae Ternatae), 10g, Fu Ling (Sclerotium Poriae Cocos), 10g, Bai Zhu (stir-fried Rhizoma Atractylodis Macrocephalae), 12g, Pi Pa Ye (mix-fried Folium Eriobotryae Japonicae), 9g, Sheng Jiang (uncooked Rhizoma Zingiberis), 3 slices, Da Zao (Fructus Zizyphi Jujubae), 5 pieces.
3. Phlegm dampness internally obstructing

These women began vomiting after conceiving and the vomitus was phlegmy, oily, and slimy looking. They were fatigued and were addicted to sleeping. Their tongues were fat and enlarged with white, slimy fur, and their pulses were fine and slippery. The treatment principles were to eliminate dampness and transform phlegm, downbear counterflow and stop vomiting. Therefore, they were given *Huo Po Er Chen Tang Jia Jian* (Agastaches & Magnolia Two Aged Decoction with Additions & Subtractions): *Huo Xiang* (Herba Agastachis Seu Pogostemi), 10g; *Hou Po* (Cortex Magnoliae Officinalis), 9g; *Chen Pi* (Pericarpium Citri Reticulatae), 10g; *Fu Ling* (Sclerotium Poriae Cocos), 12g; *Ban Xia* (Rhizoma Pinelliae Ternatae), 9g; *Bai Bian Dou* (Semen Dolichoris Lablabis), 30g, stir-fried; *Bai Zhu* (Rhizoma Atractylodis Macrocephalae), 12g; *Zhi Ke* (Fructus Citri Aurantii), 10g; *Zhu Ru* (Caulis Bambusae In Taeniis), 6g.

4. Qi & yin dual vacuity

After conceiving, these women experienced incessant, enduring vomiting. When severe, no water would even come out (*i.e.*, they had dry heaves). Their bodies were emaciated, their eyelids fell downward, both eyes lacked spirit, their mouths were dry, and they had vexatious thirst. Their urination was scanty and their stools were bound. They had red tongues with scanty fur and fine, slippery, rapid pulses. The treatment principles were to boost the qi and nourish yin, engender fluids and stop vomiting. Therefore, they were given self-composed *Yi Qi Yang Yin Tang* (Boost the Qi & Nourish Yin Decoction): *Sheng Di* (uncooked Radix Rehmanniae), 20g; *Mai Men Dong* (Tuber Ophiopogonis Japonici), 10g; *Wu Wei Zi* (Fructus Schisandraceae Chinensis), 10g; *Xuan Shen* (Radix Scrophulariae Ningpoensis), 15g; *Bai Shao* (Radix Albus Paeoniae Lactiflorae), 15g; *Shi Hu* (Herba Dendrobii), 9g; *Pi Pa Ye* (mix-fried Folium Eriobotryae Japonicae), 9g; *Zhu Ru* (Caulis Bambusae In Taeniis), 6g; *Wu Mei* (Fructus Pruni Mume), 10g; and *Fo Shou* (Fructus Citri Sacrodactylis), 9g.

Patients were administered one *ji* per day decocted down to 200ml of liquid. This was given in many small doses.

**Treatment outcomes:**

Cure was defined as cessation of vomiting and nausea after taking the medicinals, disappearance of the clinical signs and symptoms, three negative urine analyses for protein, and, eventually, a normal birth. Marked improvement meant that, after taking the medicinals and intravenous fluid replacement, the clinical signs and symptoms disappeared, there were three negative urine analyses, and, eventually, there was a normal birth. Some improvement meant that, after taking the Chinese medicinals and intravenous fluid replacement and Western antiemetic medicinals, the signs and symptoms were reduced, urine analysis was negative, and, eventually, there was a normal birth. No results would have meant that after combined treatment, the vomiting did not stop and the pregnancy eventually had to be terminated due to damage and detriment to liver and kidney function.
Based on the above criteria, 78 cases or 67.8% were cured after 2-3 weeks of treatment. Thirty cases or 26.1% experienced marked improvement. Seven cases or 6.1% got some results. Thus the total amelioration rate was 100%. However, the cure rate was highest (88.5%) for the patients in the liver-stomach disharmony pattern group and lowest (20.0%) in the yin and qi dual vacuity pattern group.

From “The Treatment of 47 Cases of Gestational Malign Obstruction with Wen Dan Tang Jia Jian (Warm the Gallbladder Decoction with Additions & Subtractions)” by Huang Jian, Fu Jian Zhong Yi Yao (Fujian Chinese Medicine & Medicinals), #6, 2000, p. 40

Cohort description:
All 47 patients in this study were seen as out-patients. Forty-one were primaparas, while for six, this was a second pregnancy. The youngest patient was 25 and the oldest was 31 years old. All met the criteria for gestational malign obstruction appearing in Zhong Yi Bing Zheng Zhen Duan Liao Xiao Biao Zhun (Chinese Medicine Diseases, Patterns, Diagnosis, Treatment & Outcomes Criteria). The symptoms seen were recurrent nausea and vomiting, vomiting of sour or bitter water, chest oppression, dizziness, heart vexation, insomnia, a red tongue with slimy, yellow fur, and a slippery or slippery, rapid pulse. The Chinese medical pattern discrimination was phlegm heat internally obstructing with stomach loss of harmony and downbearing.

Treatment method:
Wen Dan Tang with added flavors consisted of: Ban Xia (Rhizoma Pinelliae Ternatae), 9g, Chen Pi (Pericarpium Citri Reticulatae), 6g, Fu Ling (Sclerotium Poriae Cocos), 9g, Zhi Ke (Fructus Citri Aurantii), 5g, Zhu Ru (Caulis Bambusae In Taeniis), 10g, Gan Cao (Radix Glycyrrhizae).

Additions and subtractions consisted of the following:
For dry mouth, red tongue with yellow fur, and heart vexation, Huang Qin (Radix Scutellariae Baicalensis), 9g, was added. For enduring, incessant vomiting and chest oppression, Fu Long Gan (Terra Flava Usta), 10g, Huang Lian (Rhizoma Coptidis Chinensis), 6g, and Zi Su Ye (Folium Perillae Frutescentis), 6g, were added. For heart vexation, poor sleep, and a dry mouth, Huang Lian (Rhizoma Coptidis Chinensis), Mai Men Dong (Tuber Ophiopogonis Japonici), and Yu Zhu (Rhizoma Polygonati Odoarati), 10g, were added. For lower abdominal aching and pain, Bai Shao (Radix Albus Paeoniae Lactiflorae), 20g, was added. For central qi insufficiency with heart fluster and shortness of breath, Dang Shen (Radix Codonopsis Pilosulae), 12g, was added. For low back soreness and pain, Xu Duan (Radix Dipsaci), 15g, and Sang Ji Sheng (Ramulus Loranthei Seu Visci), 12g, were added.

Treatment outcomes:
Cure was defined as disappearance of vomiting, normalization of eating, and no
recurrence of symptoms on follow-up. Improvement meant that the number of times of vomiting was markedly reduced, the patient was able to eat a little more, and other symptoms had lessened. No effect meant that food taken in was vomited back out and there was no obvious lessening of accompanying symptoms. Based on these criteria, 33 cases (70.2%) were judged cured, 12 cases (25.5%) were judged improved, and two cases (4.3%) got no effect. Therefore, the total amelioration rate was 95.7%.

From “The Treatment of 86 Cases of Severe Vomiting During Pregnancy by the Methods of Acridly Opening & Bitterly Downbearing” by Ye Wu-rong, He Nan Zhong Yi (Henan Chinese Medicine), #3, 2001, p. 48-49

Cohort description:
All 86 women in this study were between 24-37 years of age and all had been confirmed to be pregnant by urine analysis or ultrasound. The course of disease had lasted in all these cases from 0.5-3 months, there was severe vomiting of whatever was eaten, phlegmy drool, clear water, bile, or even bloody fluids.

Treatment method:
The basic formula was Ban Xia Xie Xin Tang (Pinelliae Drain the Heart Decoction): Ban Xia (Rhizoma Pinelliae Ternatae), 10g, Dang Shen (Radix Codonopsis Pilosulae), 10g, Huang Qin (Radix Scutellariae Baicalensis), 6g, Huang Lian (Rhizoma Coptidis Chinensis), 3g, Gan Jiang (dry Rhizoma Zingiberis), 3g, Gan Cao (mix-fried Radix Glycyrrhizae), 3g, Dà Zào (Fructus Zizyphi Jujubae), 5 pieces.

If there was heart vexation, Dan Dou Chi (Semen Praeparatus Sojae), 10g, stir-fried Zhu Zi (Fructus Gardeniae Jasminoidis), 6g, and Zhu Ru (Caulis Bambusae In Taeiniis), 6g, were added. If there was phlegm heat, Zhu Ru (Caulis Bambusae In Taeiniis), 6g, Chen Pi (Pericarpium Citri Reticulatae), 6g, and Pi Pa Ye (Folium Eriobotryae Japonicae), 6g, were added and Dang Shen was removed. If there was hematemesis, Xian He Cao (Herba Agrimoniae Pilosae), 10g, He Ye (Folium Nelumbinis Nuciferae), 10g, carbonized Wu Mei (Fructus Pruni Mume), 10g, Lu Ge (Rhizoma Phragmites Communis), 10g, Dai Zhe Shi (Haemititum), 10g, and Zhe Bei Mu (Bulbus Frtillariae Thunbergii), 10g, were added. If there was spleen vacuity and cold, Dang Shen was replaced by Ren Shen (Radix Panacis Ginseng), 6g, and Sha Ren (Fructus Amomi), 3g, Pei Lan (Herba Eupatorii Fortunei), 10g, He Ye (Folium Nelumbinis Nuciferae), 10g, and Huo Xiang (Herba Agastachis Seu Pogostemi) were added. If there was stomach yin vacuity, Shi Hu (Herba Dendrobii), 10g, Bai Hu (Bulbus Liliii), 10g, and Sha Shen (Radix Glehniae Littoralis), 10g, were added. If there was low back pain, Du Zhong (Cortex Eucommiae Ulmoidis), 10g, Tu Si Zi (Semen Cuscutae Chinensis), 10g, and Xu Duan (Radix Dipsaci), 10g, were added. If there was dizziness, Mu Li (Concha Ostreae), 15g, was added. These medicinals were combined with the following ear points: Spleen, Stomach, Triple Burner, Uterus, Liver, Gallbladder, and Internal Secretion.
Treatment outcomes:
Fifty of the 86 patients were cured in six ji of the above medicinals, Twenty-seven were cured after taking nine ji. Seven were cured after 12 ji, and only two cases got no effect and had to have their pregnancies terminated. Therefore, the total amelioration rate was 97.7%.

From “The Treatment of 28 Cases of Severe Vomiting during Pregnancy Accompanied by Liver Function Abnormality with Jue Ming Gua Lou Tang (Abalone Shell & Trichosanthes Decoction)” by De Ping, Jiang Xi Zhong Yi Yao (Jiangxi Chinese Medicine & Medicinals), #6, 2000, p. 31

Cohort description:
Of the 28 patients in this study, the youngest was 24 and the oldest was 31 years old, with an average age of 27.1 years. All these patients experienced the onset of this condition between days 36-102 of their pregnancy. Eight cases had begun vomiting within 49 days, 12 had begun vomiting between 50-84 days, and eight cases had begun vomiting between 85-102 days. This was a first pregnancy for 10 cases and a second pregnancy for 18 cases. All the patients were positive for urine ketones. Two cases were ++, 12 cases were ++++, and 14 cases were +++++. All cases had high ALT between 50-192 U/L. Twenty cases had a U/L of 50-100, and eight cases had a U/L of 101-192. In two cases, bilirubin was high, but albumin was normal in all cases. Four cases had ST-T abnormalities on their EKG. One case was seen to have gallstones on ultrasound, and three cases had accompanying threatened abortion.

Treatment method:
The basic formula consisted of: Shi Jue Ming (calcined Concha Haliotidis), 24g, Gua Lou Ren (Semen Trichosanthis Kirlowii), 12g, Bai Shao (stir-fried Radix Albus Paeoniae Lactiflorae), 10g, Dang Gui (Radix Angelicae Sinensis), 10g, Sang Ye (Folium Mori Albi), 12g, Huang Qin (Radix Scutellariae Baicalensis), 10g, Zi Su Ye (Folium Perillae Frutescentis), 6g, Zi Su Geng (Caulis Perillae Frutescentis), 6g, Lu Mei Hua (Flos Pruni Mume), 5g, Ban Xia (ginger-processed Rhizoma Pinelliae Ternatae), 9g, Gan Cao (mix-fried Radix Glycyrrhizae), 5g.

If dry mouth and parched throat were marked, 12 grams of Shi Hu (Herba Dendrobii) and 10 grams of Mai Men Dong (Tuber Ophiopogonis Japonici) were added. If there was scanty qi and disinclination to speak, 12 grams of Tai Zi Shen (Radix Pseudostellariae Heterophyllae) were added. If the tongue fur was thick and slimy, six grams of Hou Po (Cortex Magnoliae Officinalis) was added. If the tongue was red with scanty fur, two grams of Xi Yang Shen (Radix Panacis Quinquefolii) was added. If there was low back soreness, abdominal pain, and vaginal bleeding, 24 grams of Zhu Ma Gen (Radix Boehmeriae Niveae) and 15 grams of Sang Ji Sheng (Ramulus Loranthis Seu Visci) were added. One ji of these medicinals was decocted in water per day and administered in many small doses.
Treatment outcomes:

Cure was defined as cessation of the nausea and vomiting with urine ketones testing negative three successive times, ALT normal, and normal fetal growth and development. Some effect was defined as cessation of the nausea and vomiting, but urine ketones not testing negative three successive times, and abnormal ALT. No effect mean that the nausea and vomiting did not stop, ketones tested positive, liver function did not improve, and the pregnancy had to be terminated. Based on these criteria, 23 cases were judged cured and five got some effect. Therefore, the total amelioration rate was 100%. The shortest number of days in the hospital was six and the longest was 39, with an average stay of 14.64 days.

Representative case histories:

Case 1: The patient was a 32 year old female married worker who had given birth once in four pregnancies. At the time she was examined, it was 26 days since her last menstruation and urine examination for pregnancy was positive. The patient’s main complaints were severe nausea and vomiting. The vomitus consisted of phlegmy drool and clear water. The patient had no thought for eating or drinking. Previously, she had liked to eat a lot of enriching, slimy foods. There was also chest and stomach duct distention and pain, loose stools and increased number of bowel movements, dizziness, thin, slimy tongue fur, and a slippery pulse.

Based on these signs and symptoms, the patient’s Chinese medical pattern was categorized as spleen vacuity mixed with phlegm, and she was prescribed four ji of the following medicinals: stir-fried Dang Shen (Radix Codonopsis Pilosulae), scorched Bai Zhu (Rhizoma Atractylodis Macrocephalae), and Fu Ling (Sclerotium Poriae Cocos), 12g each, ginger-processed Ban Xia (Rhizoma Pinelliae Ternatae), 9g, Gan Jiang (dry Rhizoma Zingiberis), Mei Gui Hua (Flos Rosae Rugosae), Gan Cao (mix-fried Radix Glycyrrhizae), and Zhi Ke (Fructus Citri Aurantii), 3g each, Chen Pi (Pericarpium Citri Reticulatae), 5g, and Su Geng (Caulis Perillae Frutescentis), 6g.

At the second examination, the patient reported that the previous medicinals had decreased her vomiting and that she had more appetite. However, her stools were still loose, she was fatigued, and there was lack of strength. Therefore, she was prescribed another four ji of the following medicinals: stir-fried Dang Shen (Radix Codonopsis Pilosulae), scorched Bai Zhu (Rhizoma Atractylodis Macrocephalae), and Shan Yao (Radix Dioscoreae Oppositae), 15g each, Fu Ling (Sclerotium Poriae Cocos), 9g, stir-fried Bai Shao (Radix Albus Paeoniae Lactiflorae) and Zhu Ma Gen (Radix Boehmeriae Niveae), 12g each, and Mei Gui Hua (Flos Rosae Rugosae), Shen Pi (Pericarpium Citri Reticulatae), Gan Jiang (dry Rhizoma Zingiberis), and Gan Cao (mix-fried Radix Glycyrrhizae), 3g each.
At the third examination, the patient reported that now her stools were formed and she had a bowel movement only 1-2 per day. All her other symptoms were cured. In order to consolidate the treatment effect, the woman was prescribed an undisclosed number of ji of: stir-fried Dang Shen (Radix Codonopsis Pilosulae), scorched Bai Zhu (Rhizoma Atractylodis Macrocephalae), and Shan Yao (Radix Dioscoreae Opposita), Zhu Ma Gen (Radix Boehmeriae Niveae), and Xu Duan (Radix Dipsaci), 12g each, Huang Qi (mix-fried Radix Astragali Membranacei), 9g, and Mei Gui Hua (Flos Rosae Rugosae) and Gan Cao (mix-fried Radix Glycyrrhizae), 3g each.

Case 2: The patient was a 26 year old female teacher who was first examined on Nov. 6, 1978. This woman’s menstruation had stopped two months before and she had had recurrent nausea and vomiting for 40 days. Gynecological examination showed that she was in early pregnancy. Because of the vomiting, she was not able to eat. Because her urine contained ketones, the patient was hospitalized. After two days, her vomiting was brought under control and she was discharged from the hospital. However, in the last half month, she had become nauseous again and vomited whenever she ate. The vomitus consisted of sour, bitter water. This was accompanied by fatigue and somnolence, scanty urination, and constipation, a red, tongue with scanty fluids and thin, white fur, and a deep, weak pulse.

Based on these signs and symptoms, the patient’s Chinese medical pattern was categorized as spleen vacuity-stomach heat with enduring vomiting having damaged yin. Based on the treatment principles of fortifying the spleen, harmonizing the stomach, and nourishing yin, the woman was prescribed Yi Gong San Jia Wei (Strangely Effectively Powder with Added Flavors): Ren Shen (Radix Panacis Ginseng), 6g, Bai Zhu (Rhizoma Atractylodis Macrocephalae), 9g, Fu Ling (Sclerotium Poriae Cocos), 10g, Chen Pi (Pericarpium Citri Reticulatae), 6g, Huo Xiang (Herba Agastichis Seu Pogostemi), 9g, Zhu Ru (Caulis Bambusae In Taeniis), 12g, Huang Qin (Radix Scutellariae Baicalensis), 10g, Wu Mei (Fructus Pruni Mume), 9g, Lu Gen (Rhizoma Phragmitis Communis), 15g, Shi Hu (Herba Dendrobi), 15g, and Sheng Jiang (uncooked Radix Zingiberis), 8 slices.

The patient was re-examined on Dec. 10 when she reported that, after taking two ji of the above medicinals, the vomiting had stopped and she was able to eat and drink normally again. In addition, her affect had improved.

Case 3: The patient was 28 years old. Her initial examination occurred on Nov. 29, 1978. She was 50 days pregnant and nausea and vomiting were especially severe. There was dizziness and lack of strength, low back soreness and lower leg weakness, a cold body, and hard stools. The pulse was fine and slippery and the tongue fur was thin. Treatment, therefore, was in order to boost the qi and fortify the spleen, harmonize the stomach and downbear counterflow. The formula used was Huo Xiang Er Chen Tang Jia Wei (Agastaches Two Aged
[Ingredients] Decoction with Added Flavors: *Huo Xiang Gen* (Caulis Agastachis Seu Pogostemi), 9g, *Chen Pi* (Pericarpium Citri Reticulatae), *Ban Xia* (Rhizoma Pinelliae Ternatae), and *Su Geng* (Caulis Perillae Frutescentis), 6g each, *Sha Ren* (Fructus Amomi), 8g, added later, *Dang Shen* (Radix Codonopsis Pilosulae), *Bai Zhu* (Rhizoma Atractyloids Macrocephalae), *Chuan Duan* (Radix Dipsaci), and *Sang Ji Sheng* (Ramulus Loranthi Seu Visci), 9g each, and ginger - processed *Chuan Lian* (Rhizoma Coptidis Chinensis), 1.5g. Five ji were administered.

After taking these medicinals, the patient’s nausea and vomiting diminished and her low back soreness and lower leg weakness were relieved. Intake was improved, but the bowel qi was still stagnant. The pulse was fine and slippery and the tongue fur was thin and yellow. Therefore, *Huo Xiang*, *Ban Xia*, and *Chen Pi* were removed from the original formula and *Sheng Di* (uncooked Radix Rehmanniae) and *Gua Lou Ren* (Semen Trichosanthis Kirlowii), 12g each, were added in order to enrich fluids and moisten the intestines. After continuing another five ji, the patient was cured.

**Case 4:** The patient was a 27 year old female who was first examined on Apr. 20, 1993. The patient was three month pregnant and had no desire to eat. When she ate, this led to oppression in the space between the chest and diaphragm and a desire to vomit. Her mouth was dry but she did not desire to drink much. The woman’s tongue was red with thin, slightly yellow fur, and her pulse was slippery and rapid. Therefore, her pattern was categorized as stomach heat with qi stagnation, and she was prescribed the following medicinals: *Bai Bian Dou* (Semen Dolichoris Lablab), 30g, *Bai Zhu* (Rhizoma Atractyloids Macrocephalae), 10g, *Sha Shen* (Radix Glehniae Littoralis), 12g, *Shi Hu* (Herba Dendrobii), 15g, *Huang Qin* (Radix Scutellariae Baicalensis), 10g, *Zhu Ru* (Caulis Bambusae Intaeniis), 10g, *Sha Ren* (Fructus Amomi), 10g, *Bai Dou Kou* (Fructus Cardamomi), 10g, *Sheng Di* (uncooked Radix Rehmanniae), 10g, and *Zi Su Ye* (Folium Perillae Frutescentis), 6g. One ji of these medicinals was decocted in water per day and administered orally. After taking 10 ji of this formula, all the symptoms were eliminated and the patient’s eating and drinking had returned to normal.

**Remarks:**

1. Some Chinese doctors do not consider simple nausea during pregnancy a disease or pathocondition. They regard it as a normal symptom of pregnancy which itself is also not a disease. Therefore, these doctors simply advise their patients to be patient and the nausea will clear up on its own. However, nausea is a species of pain and suffering and a doctor’s duty is to relieve such suffering if possible. In addition, nausea, no matter what its disease mechanism, involves disharmony of the stomach, and the spleen and stomach are the root of latter heaven qi and blood engenderment and transformation. Therefore, if one is nauseous, it is reasonable to surmise
that their qi and blood engenderment and transformation are impaired. Since it is the mother’s qi and blood which nourish the developing fetus, it is also only reasonable to think that treating nausea during pregnancy does have a systemic salutary effect on both the mother and fetus. In my opinion, whether or not to treat simple nausea during pregnancy should depend on the severity of the condition and the wishes of the patient. However, practitioners would do well to remember that Fu Qing-zhu believed that, “Retching and vomiting may not be too serious, but qi will inevitably be damaged all the same.”

2. If the patient has trouble drinking a half cup of a decocted formula, she may also try sipping on the “tea” throughout the day or taking it by the dropper full. She may also hold it under her tongue instead of swallowing it so that the medicinals may be absorbed directly into her blood stream. If the formula has been correctly chosen and it aggravates the woman’s nausea right after it is taken, one of these methods usually works. If the woman cannot keep anything down, she should also sip on dilute rice soup or congee (shi fan). Eating plain, white flour crackers is the Western equivalent of this.

3. In choosing from the above formulas, one should compare their patient’s disease mechanism and signs and symptoms with the ingredients in each formula. The one that is the closest match should be chosen. As one can see from the above formulas, often women suffer from a combination of spleen-stomach vacuity, some phlegm and dampness, some food stagnation, some yin vacuity, some liver qi, and some heat. One may also pick a guiding formula and add and subtract ingredients as necessary to fit the patient’s condition as exactly as possible.

4. Often, Chinese internal medicinals ameliorate the nausea but do not completely eliminate it. Commonly, women may stop taking their medicine thinking that it is not working, only to find that, as soon as they stop, their nausea is much worse. This is usually enough incentive to get the woman to continue taking her Chinese medicinals.

5. Zi Su Ye (Folium Perillae Frutescentis) is a very useful medicinal in the treatment of nausea and vomiting of pregnancy. It harmonizes the liver and stomach, liver and spleen at the same time as it downbears counterflow and quiets the fetus. Therefore, not only does it alleviate nausea and vomiting, it also protects against miscarriage.

6. Although some Chinese doctors shy away from the use of Ban Xia (Rhizome Pinelliae Ternatae) during pregnancy for fear that this medicinal toxins
may damage the fetus (see above), it is a common ingredient in formulas routinely used for this complaint since the late Han dynasty. Personally, I have never seen any problems from the use of this medicinal during pregnancy. However, I routinely use the ginger-processed variety, and ginger-processing this medicinal does lessen its toxicity.

Endnotes:

1. www.sosmorningsickness.com
2. www.am-i-pregnant.com/morning.shtml
3. Ibid.
5. Ibid.
7. One can substitute Radix Codonopsis Pilosulae (*Dang Shen*) for Radix Panacis Ginseng (*Ren Shen*) in any of the formulas in this book unless otherwise noted.
8. Wiseman translates *xian mai* as “stringlike pulse.” I prefer “bowstring.”
9. The reader should note that *Zu San Li* is considered one of the prohibited points during pregnancy. Yet it is indicated, warranted, and routinely used for the treatment of NVP. This is yet another example of the fact that the traditional prohibitions during pregnancy are not absolute prohibitions but cautions to the uninitiated.
10. Fu Qing-zhu, *op. cit.*, p. 66