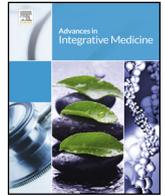




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Advances in Integrative Medicine

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Commentary

Quince fruit compared to Vitamin B6 for treatment of nausea and vomiting in Pregnancy

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The synopsis is based on the following article: Jafari-Dehkordi, E, Hashem-Dabaghian F, Aliasl F, Aliasl J, Taghavi-Shirazi M, Sadeghpour O, Sohrabvand F, Minaei B, Ghods R. Comparison of quince with vitamin B6 for treatment of nausea and vomiting in pregnancy: a randomised clinical trial.

Design

A multi-centre randomised controlled clinical trial.

Participants

110 pregnant women aged 18–40 years old with a gestational age of 6–14 weeks who had mild to moderate nausea (Pregnancy-Unique Quantification of Emesis [PUQE] score of 3–12) with or without vomiting and requiring treatment.

Participants who had severe nausea and vomiting during pregnancy and who required fluid therapy and hospitalization or who had secondary causes of nausea and vomiting were excluded.

Final number randomised n = 90.

Intervention

Group A: Quince (*Cyonia oblonga*) syrup: 1 tablespoon three times per day for one week (each 1 g of syrup contains 2 mg total phenols as gallic acid).

Comparator

Group B: Vitamin B6 – 20 mg three times per day before each meal for one week.

Major outcomes

From the 90 pregnant women, 76 completed the interventions.

The main reason for dropping out of the trial (n = 14) was lack of effect, using another antiemetic drug, personal reasons and failure to follow up.

A significant decrease in nausea and vomiting scores was found in both the quince and vitamin B6 groups using the PUQE (p = 0.001) with a more pronounced reduction in the quince group (p < 0.001).

No adverse events were reported.

Settings

Five clinical centres in Tehran and Qom (Iran).

Conclusion

The quince (*Cyonia oblonga*) syrup was significantly effective in nausea and vomiting during pregnancy when compared to vitamin B6. The beneficial effects of quince, aside from its safety, may provide a therapeutic role for nausea and vomiting during pregnancy in the future. Further research is still needed.

Commentary

Nausea and vomiting during pregnancy (NVP) is a very common and quite often debilitating phenomenon in women in early pregnancy [1]. The prevalence rates of nausea and vomiting have been found to be around 50–80% for nausea and 50% for vomiting for women in early pregnancy [2,3]. Commonly known as ‘morning sickness’, the symptoms experienced by these ladies can occur at any time of the day and may persist up to or over 20 weeks for around 20% of women [2,4].

A Cochrane review on interventions for nausea and vomiting [1] identified 27 trials with 4041 women meeting the inclusion criteria. The trials reviewed included interventions such as acupressure, acustimulation, acupuncture, ginger, vitamin B6 and several antiemetic drugs. They didn't identify any studies using dietary or other lifestyle interventions. The authors concluded that after pooling the findings from these studies there was a lack of high-quality evidence to support advice at this stage. The main difficulties identified by the Cochrane review were

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overstating study findings, a lack of consistency in methodology and an absence of clearly justified outcome measures [1].

The results of the Cochrane review also apply to this study on quince syrup and vitamin B6. Although the analysis suggests a statistically significant difference in the primary outcome, it was found in both the treatment and comparison groups suggesting that both vitamin B6 and quince syrup may be effective in reducing nausea and vomiting in this cohort. As a comparative effectiveness trial, this showed both treatments were beneficial. The interpretation of the results focused on quince syrup being superior to vitamin B6 and justifying the benefits of the syrup while not focusing on the results of the vitamin B6.

As a pilot study, this findings provide a basis for conducting further studies but still do not give adequate substantiation for the use of the quince syrup for gold standard advice from medical professionals. In addition, the dose of vitamin B6 was lower than other trials examining its benefits for nausea and pregnancy and still showed statistical significance.

A similar trial, also published in July 2017 [5] conducted a triple blind clinical trial on 77 women examining ginger, vitamin B6 and placebo. The dose for ginger was 500 mg twice daily, vitamin B6 40 mg twice daily and placebo twice daily all administered for

4 days. They concluded that ginger and vitamin B6 were more effective than placebo for nausea ($p = < 0.001$, $p = 0.012$, $p = 0.03$ respectively) but not for vomiting.

Overall, quince syrup, ginger or vitamin B6 may be beneficial for ladies experiencing mild to moderate nausea and vomiting during pregnancy who need treatment. Moreover, no adverse events were noted for any of these interventions and are therefore deemed safe.

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