Getting to the Root of It
A Profile of Blue Cohosh
by Susan Perri

Blue cohosh root (Caulophyllum thalictroides) is a woodland plant native to the northeastern United States. Historically, Native American cultures used this herb with reputable value as a childbirth preparative. Due to its specific use in this context among childbearing Native American women, blue cohosh had two earlier common names, squaw root and papoose root, indicating traditional use and merit in supporting labor and birth.

In early colonial and post-colonial America, doctors learned of blue cohosh from the native people, and through a combination of use, observation and experimentation, blue cohosh became a standard feature in the American pharmacopeia. It remained officially listed from 1882 until 1905 as a “parturient” and labor inducer. In the second half of the nineteenth century, eclectic physicians regularly used and recorded their results with blue cohosh root as a uterine stimulant. By and large, physicians and other healers of this era found that use of blue cohosh root tincture increased productivity of uterine contractions, decreased duration of active labor and pushing, increased efficiency of delivery and reduced maternal pain. Blue cohosh was also noted as useful in controlling postpartum hemorrhage and pain.

Analyses of the chemical compounds found in the root indicated several active constituents. The primary active alkald is methylcytisine, which acts directly on the smooth muscles of the uterus as a stimulant. Saponin glycosides, caulosaponin and caulophyllosaponin are responsible for apparent oxytocic effects, increasing the establishment, regularity and efficacy of contractions. The herb works best when prepared and used in the alcohol-based tincture form or extract, made from either fresh or dried root. The water-based extract proves significantly less effective in clinical trials.

The methylcytisine alkaloid binds to nicotinic receptor sites and has been known in animal research to cause nicotinic toxicity. This type of toxic reaction manifests itself as increased heart rate and respiration, perspiration, hypertension and fever. Preliminary research on animals—and there have been few studies of this nature—were conducted using rat embryos and blue cohosh extract. This study indicated that the methylcytisine could cause malformations, which were ultimately linked to neural tube defects. However, it was not at all clear what the implications are for human use and consumption during pregnancy. This specific study involving rat embryos was not accepted by government regulatory agencies as substantially proving harm would follow in human use. Animal research has its limitations because huge amounts of isolated plant constituents are fed to small and generally unhealthy animals living in cages. It is likewise important to note there is a radical difference between isolating a plant’s active chemical components and applying these in concentrations greater than found in any organic samples, and ingesting an intact plant as medicine. An intact plant has a balanced array of ingredients—from active constituents to vitamins, minerals and other substances that act in synergy and often serve as buffers. The other key constituent in blue cohosh root—caulosaponin—is vasoconstrictive and may be contraindicated when hypertension is present or has been problematic during a pregnancy.

The only human reports of adverse effects or toxicity involved misuse of the root and inappropriate dosages unmonitored by a qualified practitioner. One of these cases involved a woman self-treating with blue cohosh to induce abortion, in which overdose led to nicotinic toxicity. Other cases were of neonatal myocardial toxicity. In one such instance, the dosage, frequency and duration of use was unclear and no conclusion could be made connecting the herb’s use with the newborn’s distress. The other case involved a significant overdose of blue cohosh tablets (again, the milligram dosage per tablet is unknown, as are the other ingredients in the combination, if any) as a partus preparator, with the regimen of use beginning one month prior to the woman’s due date.

The body of recent research does elicit caution concerning the use of blue cohosh root in any extensive way during pregnancy. Undoubtedly, more research is necessary in order to reach definitive conclusions. In the meantime, it appears sound to limit the use of blue cohosh root to labor induction and augmentation at the conclusion of pregnancy when it is deemed essential. The American Herbal Products Association classifies blue cohosh in their Botanical Safety Handbook as one that should be avoided during pregnancy because of its emmenagogue (a category of plants used to stimulate and promote menstrual flow) and abortifacient potentials. The handbook elaborates to make

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I thought I was totally prepared for the birth of my first child. I read everything from *What to Expect When You’re Expecting* to *Spiritual Midwifery* and *Attachment Parenting*. I watched videos of beautiful waterbirths, took a birthing class with a local doula and asked my awesome team of midwives every question under the sun during our monthly visits. I did prenatal yoga, walked my dog a mile each morning and evening, did a few hundred Kegels a day. I drank red raspberry leaf tea by the gallon, did prenatal dance aerobics a few days a week, took vitamins, ate an organic whole-foods vegetarian diet. I napped daily, cooked food ahead of time to freeze and stocked up on groceries so I would not have to shop for awhile. I did self-massage when I didn’t receive massages from others, and I rented a birthing tub to have at home. I attended local La Leche League meetings, called other gal-pals with young children. I asked my girlfriends to host baby shower/blessing ceremonies for me and had one in California and another in New Jersey. I arranged for two friends to come and care for me after the birth. My mother planned to come for as long as I needed her and my husband arranged his work schedule so that he was home at least three days a week. I mediated and prayed daily, attended spiritual gatherings, listened to guided visualization and birthing affirmation tapes. I immersed myself in stories of spiritual and blissful births, treated myself to Reiki and spiritual healing sessions. I spent time gardening, connecting with Mother Earth and angels. I prepared our birthing room with flowers and candles and oils, and listened to my Higher Guidance. I trusted my inner voice. Through simple divination tools, I even knew the exact date and relative time of the birth and that my baby would be an old soul indigo boy child between 7 and 8 pounds! Still, I was not emotionally prepared for the birthing of myself as a “mommy” and my husband as a “daddy.”

I celebrated a beautiful birthing process, dilating gracefully in our birthing tub for 5 hours with my husband and midwives massaging me, helping me stay relaxed and centered all throughout. Then we spent 5 hours riding intense waves of “pushing rushes,” until little Nathaniel’s soul was ready to anchor, and he emerged from his “womb with a view” in absolute perfect health.

After cutting the umbilical cord and weighing and weighing the baby for a short while, my husband, Mel, went to bed to get ready to go to work that evening. Mel is a mobile disc jockey and he had a wedding to do that evening, as well as two weddings the next day. So I arranged for friends to come and care for me until he would be home and my mother arrived. Completely riding on the excitement and bliss of meeting our beautiful little son, I found it impossible to follow the midwives’ advice of “sleeping whenever the baby sleeps.” I felt strong and able to do anything after having such a powerful birthing experience.

The midwives left me with great handmade herbal packs to help heal my perineum and tears. I took arnica four times a day to aid my physical healing. But my heart incurred much deeper “wounds” as my husband quickly withdrew emotionally and began to avoid spending any time with our new son. Mel stayed out late drinking, worked as much as possible and slept until he left again for work during the first week. Every time I handed him the baby or asked him to watch him while I showered or ate, Mel left the baby on the sofa and just walked away. I was surprised and disappointed, yet I tried to have faith that he would work through his fears and eventually be an awesome dad.

Mel had expressed fears of “not feeling anything” about the baby when I was pregnant, and we had disagreed initially about circumcising and naming a boy baby. Yet, by the time I went into labor, Mel had