

The Need for the No Mo Nausea Band: the Unity of Two Ancient Anti-Nausea Modalities: Aromatherapy & Acupressure

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INTRODUCTION

What plagues over half of our population world-wide each and every day?¹ Nausea and vomiting. Nausea and vomiting is triggered and caused by a variety of external and internal signals to the body. The body's interpretation of these congruent factors ultimately results in discomfort and an overall negative poor sense of self. It has been reported that 80-88% of women in their first trimester of pregnancy experience nausea and vomiting.^{2,3} Despite the availability of modern treatments and pharmacological drugs, nausea and vomiting remains the most common side effect; affecting over half of patients presenting for medical conditions like post-operative nausea and vomiting (PONV), chemotherapy, and radiotherapy.⁴ Patients undergoing surgery have reported that they are willing to endure out-of-pocket to prevent PONV.⁵ Currently prescribed medications are dangerous with side effects like cardiac arrhythmias that far exceed the dangers of nausea and vomiting. Our society is becoming more accepting of complementary medicine, and needs a drug free, fast acting, natural, and non-drowsy solution to the problem of nausea and vomiting. Say "No Mo Nausea" with the No Mo Nausea Band.

The No Mo Nausea Band unifies two ancient anti-nausea modalities: Aromatherapy of Peppermint Oil and Acupressure. The No Mo Nausea Band is a latex-free elastic, one-size fits most wristband, that when applied to the correct P6 point of the wrist and smelled during nauseating sensations, can help to stop nausea and vomiting before it starts. A literature review will be conducted including current research being done about complementary theories for

¹ Pei Lin Lua, PhD, and Noor Salihah Zakaria, BSc. A Brief Review of Current Scientific Evidence Involving Aromatherapy Use for Nausea and Vomiting. *The Journal of Alternative and Complementary Medicine*, Volume 18, Number 6, 2012, pp. 534–540. DOI: 10.1089/acm.2010.0862

² J W Dundee, F B R Sourial, R G Ghaly, and P F Bell. P6 Acupressure Reduces Morning Sickness. *Journal of the Royal Society of Medicine*, Volume 81, August 1988

³ Gemma Wills, and Della Forster. Nausea and Vomiting in Pregnancy: What Advice do Midwives Give? *Elsevier. Midwifery*. (2008) Volume 24, 390-398

⁴ Pei Lin Lua, PhD, and Noor Salihah Zakaria, BSc. A Brief Review of Current Scientific Evidence Involving Aromatherapy Use for Nausea and Vomiting. *The Journal of Alternative and Complementary Medicine*, Volume 18, Number 6, 2012, pp. 534–540. DOI: 10.1089/acm.2010.0862

⁵ Myrna E. Mamaril, Pamela E. Windle, and Joseph F. Burkard. Prevention and Management of Postoperative Nausea and Vomiting: A Look at Complementary Techniques. *American Society of PeriAnesthesia Nurses*. 2006, pp.404-410

nausea and vomiting including acupressure and aromatherapy. The explanation of the body's interpretation of nausea and vomiting and current pharmacological therapies will first be discussed, followed by aromatherapy of peppermint oil, its constituents, physiological effects, research data, and therapeutic use. Acupressure, the proper positioning, physiological effects, and research data will also be discussed. Ultimately the validity of these two modalities, the safety in comparison to other treatments, the cost effectiveness, and overall patient satisfaction will be concluded, thus exemplifying the need for the No Mo Nausea Band in the current medical market place.

Nausea & Vomiting

Nausea is defined as an abdominal discomfort or queasiness, which may or may not be combined with vomiting, the forceful expulsion of stomach contents through the mouth.⁶ A list of the most common causes of nausea can be found in *Table 1*⁷, which include but are not limited to, motion sickness, vertigo, psychological (fear, anxiety, pain), headaches, gastrointestinal tract irritation, irritable bowel syndrome (IBS), alcohol (ETOH), drug induced (opioids for pain, steroids, anticonvulsants, and cytotoxics for chemotherapy), and morning sickness in pregnant women.

Nausea is mediated by the autonomic nervous system, while vomiting results from the stimulation of a complex reflex that is coordinated by the vomiting center of the brain. The vomiting center of the brain is located in the dorsolateral reticular formation near the medullary respiratory centers. The vomiting center receives afferent stimulation from several central neurologic pathways including: chemoreceptor trigger zone (CTZ), cerebral cortex and limbic system in response to sensory stimulations of smell and taste, psychological distress and pain, the vestibular labyrinthine of the inner ear in response to motion, peripheral stimuli from visceral organs, and vascular stimuli via the vagal and spinal sympathetic nerves from exogenous chemicals and endogenous substance formed during inflammation, ischemia, and irritation.⁸

The most common complication for early morning nausea and vomiting during the 6th through the 14th week of gestation is morning sickness. 88% of gravidarum patients experience morning sickness, and 2% suffer from hyperemesis gravidarum, which is a severe form of nausea and vomiting usually requiring medical treatment and hospitalization.^{9,3} Another 53 million people, approximately 20% of the population suffers from motion sickness. Post-operative nausea and vomiting affects approximately 60-70% of patients undergoing general anesthesia.⁹

⁶ Z Tayarani-Najaran, E Talasaz-Firoozi, R Nasiri, N Jalali and MK Hassanzadeh. Antiemetic Activity of Volatile Oil from *Mentha Spicata* and *Mentha x Piperita* in Chemotherapy-Induced Nausea and Vomiting. *ecancer* 2013, 7:290 DOI: 10.3332/ecancer.2013.290

⁷ Viha.ca

⁸ Hye Sook Shin, Young A Song and Sunhee Seo. Effect of Nei-Guan point (P6) acupressure on ketonuria levels, nausea and vomiting in women with hyperemesis gravidarum. *Journal of Advanced Nursing* 59(5), 510–519. doi: 10.1111/j.1365-2648.2007.04342.x

⁹ Anil Agarwal MD, Neeta Bose MD, Atul Gaur MD, Uttam Singh PhD, Mithlesh Kumar Gupta MD,

In addition to emotional distress, patients experiencing these prolonged symptoms also suffer in dehydration, electrolyte imbalance, delayed hospital discharge, tension on suture lines, venous hypertension, increased bleeding under skin flaps affecting quality of surgical outcome. Patients are at an increased risk of pulmonary aspiration due to depressed airway reflexes post-operatively.⁹ These serious complications not only affect the overall quality of care, but can be very financially taxing. A systematic approach for decreasing nausea and vomiting before it starts is needed, hence the No Mo Nausea Band was born. The No Mo Nausea Band is a latex-free, metal-free, and side-effect free unique wristband that can float seamlessly into and out of the operating room, being utilized alone or alongside of current pharmacologic therapies.

Current Therapies: Pharmacologic

Drugs classified as antiemetics, medications that help to decrease nausea and vomiting, have recently been heavily researched and developed. Routine use of these antiemetic drugs is not recommended because of adverse effects. Ondansetron, a 5HT-3 antagonist, is the most expensive and most utilized drug; causes headaches, constipation, and cardiac arrhythmias. Droperidol, an antidopaminergic, can cause agitation, sedation, extra-pyramidal reactions including cervical contortion and uncontrollable movements, and delayed awakening when associated with general anesthesia. Corticosteroids have also been prescribed in severe nausea and vomiting cases, side effects include increased glucose, weight gain, immunosuppression, and teratogenic risk to a fetus in utero.³ Transdermal scopolamine patch, an anticholinergic, blocks the action of acetylcholine (ACh) resulting in dry mouth, constipation, sedation, delayed awakening in over 91% of patients.⁹ Phenothiazines and antihistamines can also be used but they too cause sedation and lethargy. Metoclopramide, an anti-dopaminergic, reduces gastric emptying time but causes dystonic reactions, restlessness, lactation, and tachycardia. ⁹

Lethargy, restlessness, tachycardia, extrapyramidal symptoms, and dystonic reactions are a few examples of these pharmacologic drug warnings. Although up to 70% of patients report emetic symptoms the risk outweighs the benefit to justify routine use of these antiemetics.¹⁰ What if there were a medical device that was complimentary to current pharmacologic treatment, fast acting, medically proven, and side effect free? Wouldn't this be considered first line therapy for nausea and vomiting? A literature review proving the effectiveness of the duality of acupressure and aromatherapy within the No Mo Nausea Band.

Table 1.³ Determining the causes of nausea and vomiting

Common Causes	Clinical Picture	Principle Site of Action
Chemical <ul style="list-style-type: none"> • Drugs (opioids, digoxin, steroids, antibiotics, anticonvulsants, cytotoxins, anesthetic gases) • Biochemical (hypercalcemia, uremia, organ failure) • Toxins (tumor factors, infection, drug metabolites, radiation, ischemic bowel, food poisoning) 	Symptoms of drug toxicity or underlying disease plus nausea as the prominent symptom. Nausea usually no relieved by vomiting.	Chemotrigger Zone (CTZ) Dopamine (D ₂) Serotonin receptor antagonist (5-HT ₃)
Gastrointestinal Tract-Vagal <ul style="list-style-type: none"> • Gastric irritation (Aspirin, NSAIDs, steroids, antibiotics, blood, ETOH, stress, radiotherapy) • Obstruction (partial or complete) • Constipation • Gastric stasis • Mass effect (GI, GU, hepatic distention, carcinomatosis) • Anatomic/Structural 	Epigastric pain, fullness, acid reflux, early satiety, flatulence, hiccup, intermittent nausea relieved with vomiting. Altered bowel habit, pain may occur with oral intake. Vomitus may be large volume and fecal smelling.	Vagal & sympathetic afferent nerve pathways. Dopamine (D ₂), Serotonin receptor antagonist (5-HT ₃) and 5HT ₄ receptors H ₂ receptors Acetylcholine
CNS <ul style="list-style-type: none"> • Increased Intracranial Pressure (brain metastases, infectious meningitis, cerebral edema, bleeding) • Psychological (fear, anxiety, pain) 	Headache +/- cranial nerve signs, (diurnal). Vomiting often without nausea. Anticipatory nausea/vomiting to sights, smells, ect	Histamine (H1) receptors
Vestibular <ul style="list-style-type: none"> • Motion sickness • Cerebellar tumour 	Nausea +/- vomiting with movement.	Histamine (H1) receptors Acetylcholine
Hormonal <ul style="list-style-type: none"> • Morning sickness 		Human chorionic gonadotropin (HCG)

LITERATURE REVIEW

Peppermint Oil Aromatherapy

Aromatherapy, as a complementary modality, dates back as far as 2800 BC.⁵ Inhaling vapors of essential oils, which cross the blood-brain barrier and alter brain function, defines aromatherapy.¹ As a South American folk remedy, inhalation of alcohol was the treatment for nausea.¹⁰ Although times have changed, the research stands strong that alcohol based smells do decrease nausea and vomiting. Others hypothesize that the antiemetic function of aromatherapy is due to proximity of the brain's vomiting and breathing centers to the fourth cerebral ventricle when controlled breathing is commenced. The effectiveness of aromatherapy in causing a physiological effect is directly related to the chemical constituents within the essential oils.

Chemical Constituents of Peppermint

Menthol is the main therapeutic agent within peppermint acts as an antiemetic. As a primary component, 29-48%, menthol is responsible for the spasmolytic effects of peppermint aromatherapy.¹¹ Typically peppermint from North America is approximately 40%, but can vary between 5.9%-53.7%.¹² In other parts of the world, like India, peppermint essential oils can be over ¾ the total composition. Germacrene-D, trans-sabinene hydrate, and methyl acetates are sesquiterpenes that also have minor spasmolytic, anti-inflammatory, calming, and antiseptic properties comprising up to 3% of North American peppermint oils.¹⁴

Physiological Effects

Aromatherapy uses the inhalation of essential oils for treating physical or emotional symptoms. Peppermint oil, derived from the plant *Mentha Piperita*, is believed to function as a spasmolytic by relaxing the oesophageal sphincter and equalizes the oesophageal and gastric pressures.¹⁴ Peppermint reduces smooth muscle contractions through blocking the calcium channels of the smooth muscles of the gut. Menthol also stimulates bile flow, reduces the tone in the esophageal sphincter, and facilitates belching.¹³ This mechanism of action has been proven to reduce the nausea and vomiting symptoms of irritable bowel syndrome (IBS) and decrease colonic spasms during endoscopy.¹⁴ Besides gastrointestinal problems, peppermint is shown to reduce symptoms of dyspepsia, minor indigestion, and morning sickness. The histaminic, 5-hydroxytryptaminic (5-HT) and cholinergic system effects were proven in the nineties with tests on rabbits and guinea pigs.¹⁴ Inferring from Table 1, peppermint's therapeutic value against

¹⁰ Lynn A. Anderson, Jeffery B. Gross Aromatherapy with Peppermint, Isopropyl Alcohol, or Placebo is Equally Effective in Relieving Postoperative Nausea. American Society of PeriAnesthesia Nurses. 2004. 19 (1) 29-35

¹¹ Aidah Alkaiissi, Karin Evertsson, Vivi-Ann Johnsson, Lilli Ofenbartl, Sigga Kalman. P6 Acupressure may Relieve Nausea and Vomiting After Gynecological Surgery: An Effectiveness Study in 410 Women.

¹² Sylvina Tate. Peppermint Oil: A Treatment for Postoperative Nausea. Journal of Advanced Nursing, 1997, 26, 543-549

¹³ Theresa L Charrois, Jessica Hrudey, Paula Gardiner, Sunita Vohra. Peppermint Oil. Complementary Medicine, Pediatrics in Review, 2 (7), 2006, 49-51

histamine release extends to symptoms of the vestibular, motion sickness, CNS, psychological induced nausea, and gastric irritation from NSAID's and alcohol.

Data

Aromatherapy of peppermint has been used to decrease morning sickness in 41% of cases studied.¹⁴ Patients treated with *Mentha piperita*, peppermint, reduced the median emetic events by half.⁶ Pain due to dyspepsia was reduced by 68.7% with peppermint.¹¹ A review by Grigolet and Grigolet showed that peppermint reduced IBS symptoms by 58% and up to 76%.¹⁵ They also concluded that peppermint is equally efficacious to standard treatment of IBS with anticholinergics. Treatment with peppermint totaled 43% while the drug metoclopramide only treated 13.3%, representing evidence that peppermint acts by speeding the passage of food to a greater extent than metoclopramide.¹¹

Therapeutic Use

Mentha piperita is used to reduce colonic spasm during colonoscopies. Antispasmodic properties of peppermint help to decrease symptoms of IBS.¹ The results have concluded that peppermint aromatherapy is an inexpensive, safe, and effective therapeutic option for the treatment of chemotherapy induced nausea and vomiting.⁶ Inhaled vapors of peppermint essential oils not only reduced the incidence and severity of nausea and vomiting, but also decreased the antiemetic drug requirements and improved patient satisfaction.¹ Concluding from the data above, peppermint aromatherapy is advantageous for treatment of nausea and vomiting from IBS, morning sickness, motion sickness, chemotherapy, post-operative anesthesia, dyspepsia, drug induced, alcohol induced, and psychologically induced nausea.

Acupressure

Acupressure has been an integral part in the practice of medicine in China for the last 23 centuries.¹⁵ Manipulation techniques employed by acupressure are believed to equalize the energy flows of the body and restore balance along pathways called the meridians.⁹ The vascular meridian point called, P6 or Nei-Guan point, is what will be focused on. The Nei-Guan point located at the right wrist is where the negative energy from the heart leaves the body and the Nei-Guan points at the left wrist are where the positive energy enters from the outside to the inside of the body.⁸ Balance between the Yin and Yang controls nausea. The National Center for Complementary and Alternative Medicine (NCCAM) in the United States of America National Institute of Health (NIH) terms acupressure as an alternative therapy with in the Complementary and Alternative Medicine (CAM) branch. Under their investigation, acupressure has been

¹⁴ Lee A Fan. Stimulation of the Wrist Acupuncture Point P6 for Preventing Postoperative Nausea and Vomiting (Review). The Cochrane Collaboration. John Wiley & Sons Ltd published, 1-22

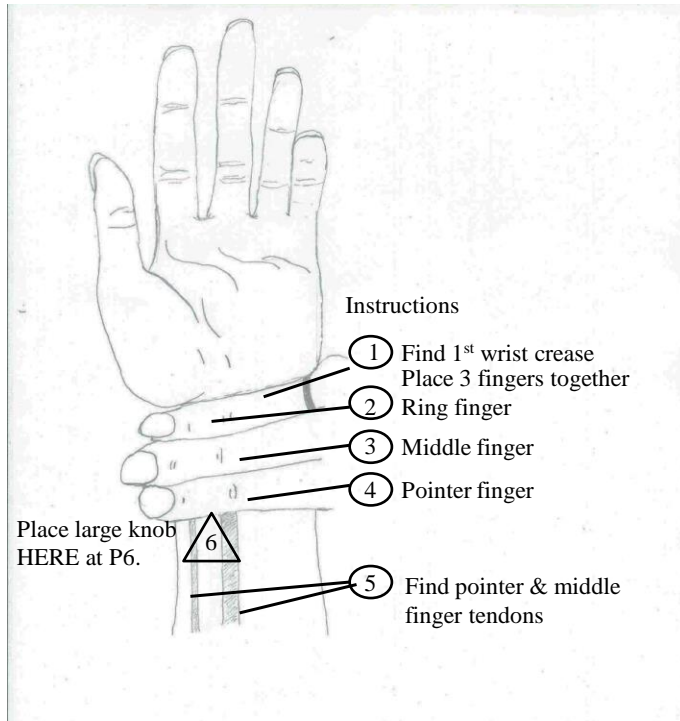
¹⁵ Joseph A. Roscoe, and Sara E. Matteson. Acupressure and Acustimulation Bands for Control of Nausea: A Brief Review. American Journal of Obstetrics Gynecology, 180 (5), 244-247

deemed an efficacious form of nursing intervention as a form of complementary and alternative medicine.¹⁶

Proper Positioning

The Chinese meridian point P6, named Nei-Guan point, is used for the treatment of nausea and vomiting. P6 can be located two body inches proximal to the distal crease of the wrist joint, also known as two cun (a cun is a Chinese measurement equal to the width of the interphalangeal joint of the thumb), in between the two tendons of the flexor carpi radialis and palmaris longus.^{9,10} Instructions for use of the No Mo Nausea Band simplify this location as three fingers from the first wrist crease in between the pointer and middle finger tendons. *Figure 1* details the location, which pronounces the tendons if the “okay sign” is made by connecting the first finger with the thumb. The elastic acupressure band or object applying pressure (a finger, a round stick, or a pea-sized pearl) must be a spherical shape approximately 1.5cm in width and held into positioning approximately 1cm deep to the skin at the P6 point.^{9,18} Correct pressure may correspond with a mild redness at the pressure point location, but adequate perfusion to the hand may be tested with a greater than 3 second capillary refill test, palpation of the radial artery, or with a pulse oximetry on any distal finger. Application at any other location other than P6 will not decrease nausea and vomiting.

Figure 1



¹⁶ A. Alkaissi, M. Stalnert, and S. Kalman. *Acta Anaesthesiology* 1999. 43, 270-274

Physiological Effects

Acupressure at P6 causes a low frequency electrical stimulation on the skin's sensory receptors activating $\alpha\beta$ and α fibers.⁹ These fibers synapse with the dorsal horn of the central nervous system causing the endorphogenic cells to release endorphins from the hypothalamus.⁵ The release of endorphins from these Serotonergic and Norepinephrinergic fibers provide local inhibition at the chemoreceptor trigger zone (CTZ). The CTZ is located in the nucleus tractus solitaries of the postrema of the brainstem. Signals to stop nausea and vomiting are transmitted to the periaqueductal gray area of the midbrain causing enkephalin release. Enkephalin stimulates type I and type II afferent nerves to release monoamine neurotransmitters: serotonin and norepinephrine in the spinal cord.⁵ Both endorphins and adrenocorticotrophic hormone (ACTH) from the pituitary gland are found in the bloodstream and in the CSF. Agarwal et al. showed that patients receiving acupressure at P6 had an increase in β endorphins with in the cerebral spinal fluid (CSF).⁹ There synergistic response restores this flow of energy and calms the upper gastrointestinal tract. These opposing central dopaminergic receptors from the CTZ signal local 5-HT chemoreceptor antagonists in the mucosa of the upper gastrointestinal tract to enhance gastric motility and stop the vomiting reflex by the P6 acupressure point.^{9,5,8}

Data

Acupressure is the most advantageous for gravidarum patients. Pregnancy is associated with nausea and vomiting due to morning sickness early in the first trimester, hyperemesis gravidarum if it continues throughout the pregnancy, severe nausea and vomiting during delivery and intra-operative cesarean sections, and post-operatively due to pain medication and constipation. Of the 161 women studied, 92.5% reported a significant decrease in nausea and vomiting when using acupressure bands.¹⁷ An another 87% obtained relief during their first trimester morning sickness.¹⁷ Inside of the operating room during caesarean sections, the P6 acupressure point reduced the incidence of nausea and vomiting from 66% to 36% and after surgery from 53% to 23%.⁹ The emetic benefits of acupressure extend far beyond the period at which the P6 point is applied. 90-95% of vomiting chemotherapy patients maintained the antiemetic action for up to 24 hours after the bands were removed.²

Laparoscopy surgery has one of the highest incidence of PONV due to the insufflation of carbon dioxide in the belly and extreme positioning for visualization. Harmon et al. found that 36-60% of laparoscopic gynecological patients had incidence of PONV, while Agarwal et al. a higher percentage up to 70%.^{10,9} Of the 104 patients studied, the use of acupressure decreased the after surgery nausea and vomiting by 42%.¹⁰ In a six hour post-operative study, only 10% of patients had PONV in comparison to 8% treated with Ondansetron.⁹ PONV was reduced by 44% in vaginal surgery, and only 19% of patients in the acupressure group had nausea and vomiting within the first 24 hours. Even children can benefit from acupressure. Schlager et al.

showed that acupressure was an effective method for reducing PONV in children after strabismus repair because it lowered the incidence of vomiting from 68% to 20%.¹⁷

Therapeutic Use

The above data shows that acupressure can be used to decrease nausea in a variety of settings: morning sickness, general anesthesia, chemotherapy, and motion sickness.¹⁰ Acupressure at P6 is also effective for nausea and vomiting during spinal anesthesia for Caesarean sections including pain medicine of intrathecal fentanyl. P6 acupressure is also a good adjuvant for patients receiving cytotoxic drugs, during chemotherapy. The efficacy extends at least 8 hours after.² The reduction of gastric tachyarrhythmia has demonstrated acupressure as a form of treatment for vection-induced motion sickness.¹⁰

DISCUSSION

Safety

Ondansetron, the most prescribed pharmacological drug, is a 5-HT₃ inhibitor with the same physiological effect as acupressure at P6. Winston et al. in 2003 and Pellegrini found that aromatherapy of an alcohol base provided relief 50% more rapidly than Ondansetron or promethazine, and Agarwal et al. found that acupressure at P6 caused a reduction in the incidence of PONV within the first six hours following laparoscopic cholecystectomy to be similar to that of Ondansetron 4mg as a rescue antiemetic.^{12,5} Used as an adjunct, acupressure decreased the need for pharmacologic treatment from 47% to 26%. The No Mo Nausea Band unifies these two ancient medicinal modalities: acupressure at P6 with aromatherapy of peppermint oil for a safe and therapeutic use for nausea and vomiting.^{13,10}

Non-pharmacological technique of acupressure at P6 is effective at preventing nausea and vomiting during and after spinal anesthesia without major side effects. Acupressure is easy to apply and economical.¹⁰ New studies suggest that acupressure and routine antiemetics together act as a catalyst to further decrease nausea and vomiting.¹⁸ Aromatherapy of menthol from peppermint can be used as a rescue antiemetic. The smell of the alcohol base acts faster than currently used pharmaceutical drugs, without dangerous side effects like dystonic reactions, restlessness, tachycardia or cardiac arrhythmias.⁹

Costs

Acupressure bands may afford relief that is low cost, free of side effects, and is effective.¹⁷ According to Roscoe and Matteson, it is a modality worth trying. Delayed hospital discharge due to PONV has significant financial implications for not only the patient, but also the hospital or day surgery center. An increased incidence of nausea and vomiting can cause delay

¹⁷ A. Shlager, M. Boehler, and F. Puhlinger. Korean Hand Acupressure Reduces Postoperative Vomiting in Children after Strabismus Surgery. *British Journal of Anaesthesia*, 85 (2), 267-270. 2000

of discharge and unintended hospital re-admission. Pharmacological treatment with Ondansetron is expensive compared to other antiemetics, and may consume a major portion of the anesthetic pharmacy budget.⁹ Requirement for rescue antiemetics like Ondansetron were significantly lowered in the acupuncture group after laparoscopic surgery in comparison with the 52% average conventional intravenous(IV) antiemetic therapy needed during recovery from surgery period.^{9,12} In the post anesthesia care unit (PACU), cost of the acupuncture bands totaled 5.57 franks for the experimental group, while the IV rescue drugs totaled 14.19 franks. Both groups had equal treatment of PONV, but the pharmacological drugs cost the hospital twice as much.¹⁴ Winston in 2003 found that inhalation of an alcohol group like menthol was equivalent to Ondansetron 4mg, but patients utilizing aromatherapy achieved results 50% faster.⁵

Patient Satisfaction

The widely accepted Eastern medicine is finally gaining popularity as a form of complementary medicine in Western culture. Both physicians and patients are welcoming simple complementary modalities like aromatherapy and acupuncture because of their positive benefits.³ Ease of administration, rapid onset of action, cost effectiveness, and minimal side effects make them ideal stand alone or complements to pharmacologic management. The Office of Alternative Medicine (ASPAN), within the National Institutes of Health, published a statement affirming the benefits of these two modalities for post-operative and chemotherapy-induced nausea and vomiting. ASPAN ranked P6 acupuncture as a Class I, Level A.3, meaning that based on clinical practice guidelines the benefit is greater than the risk and strong evidence supports performing acupuncture on patients. P6 is to be attempted as a first line defense against nausea and vomiting. In 2006, ASPAN also assigned aromatherapy as a Class IIb, Level B which states the benefit is equal to or greater than the risk and it is not unreasonable to perform or administer. In aromatherapy trials with peppermint scent, patients regard the scent as pleasing and comforting.⁵

CONCLUSION

The No Mo Nausea Band unifies two holistic medical modalities: acupuncture and aromatherapy of peppermint oil into one easy to use, waterproof, latex-free elastic wristband. This anti-nausea band not only saves the hospital or day surgery center money on pharmacy costs, but helps to alleviate a distressing problem for patients: nausea and vomiting. The No Mo Nausea Band is a safe, effective, fast acting, non-drowsy way to help patients of all nauseating ailments: morning sickness, motion sickness, sea sickness, PONV, chemotherapy, headaches, migraines, IBS, gastrointestinal irritation, exercise induced and stress induced nausea. PONV ranks as one of the highest concerns for patients before they undergo surgery. The No Mo Nausea Band can be purchased at Sharn.com/NoMoNausea. For more information please contact Mailbox@Sharn.com. Say "No Mo Nausea" with the No Mo Nausea Band.