

## Hyperemesis Gravidarum helped with Vitamin K and Vitamin C: A Case Report.

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### Grok prompt

Summarise this case report by Donald McDowall into 2 paragraphs using clinical language appropriate for a Chiropractor, and provide 5 true-false quiz questions with answers

### Grok response

This case report examines a multigravida patient with hyperemesis gravidarum (HG) whose management extended beyond conventional medical care. The author adopts an applied kinesiology (AK) framework and integrates historical literature, notably Goodheart's 1987 recommendations and Merkel's 1952/1958 work on vitamins K and C, to evaluate a potential nutritional strategy for HG. The patient experienced significant weight loss (from 72 kg pre-pregnancy to 62 kg) and persistent vomiting across prior and current pregnancies, with inadequate relief from standard antiemetics and limited hydration support. The intervention emphasised hydration maintenance and administration of vitamin K and vitamin C (including one vitamin K injection at 13 weeks and oral vitamin C), guided by Merkel's hypothesis that such supplementation could reduce placental capillary permeability and the putative "vomiting factor," thereby alleviating HG symptoms. The narrative also references AK-derived protocols (e.g., Duffy's case) and suggests that conservative, non-pharmacologic measures may be advantageous in certain HG cases.

The outcome described indicates a rapid transient response followed by sustained symptom relief: nausea abated within 24 hours after the vitamin injections and associated oral supplementation, with subsequent stabilisation and a return to normal appetite for a period, and eventual cessation of nausea for weeks 13-20, paralleling the patient's prior pregnancy course. The report emphasises hydration and nutritional support as primary concerns, with pharmacologic therapies used only when necessary and under physician guidance. The author concludes that the null hypothesis (that vitamin K and vitamin C would confer no benefit) was refuted for this patient, positing that the AK-based approach, anchored in historical observations, may merit further investigation while cautioning that findings are not generalisable. The case underscores the potential for selective AK-informed nutritional strategies to complement standard HG management, particularly in patients experiencing persistent dehydration and malnutrition.

## Quiz

1. True or False: The case report supports the null hypothesis that vitamin K and vitamin C have no benefit for hyperemesis gravidarum.

Answer: False. The report states the null hypothesis was found false for this patient, indicating perceived benefit.

2. True or False: The patient's hydration status and avoidance of dehydration were central to the intervention strategy.

Answer: True. Hydration and appropriate fluid administration were emphasised as essential, with hydration described as a priority and saline therapy referenced as a last resort.

3. True or False: Merkel's work in 1952 proposed that vitamin C alone was sufficient to treat HG.

Answer: False. Merkel's study used a combination of 25 mg ascorbic acid and 5 mg menadione bisulfite, with vitamin C alone having no benefit; the proposed mechanism involved reducing placental capillary permeability to a vomiting factor.

4. True or False: The AK-based approach in the case relied entirely on in-person manual therapies without any telephone or remote consultation.

Answer: False. The report describes telephone consultations and remote literature review as part of the management process.

5. True or False: The patient reported a substantial and sustained period of nausea-free weeks (13-20 weeks) after initiation of the vitamin K and vitamin C regimen.

Answer: True. The patient reported weeks 13-20 nausea-free, consistent with the described outcome in the case.