

Nipple Vasospasm: a homœopathic medical approach

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Abstract: A case of nipple vasospasm complicated by a history of thrush and white spot successfully treated using a classical homœopathic approach that demonstrates the Law of Cure.

Keywords: nipple vasospasm; Classical Homœopathy; Law of Cure; Simillimum; Law of Minimum Dose; Miasmatic Theory of Disease

Introduction:

There is nothing “generic” about classical homœopathic treatment of any clinical syndrome as the homœopathic approach is always individualised. It also involves the process of tracking the changes in symptoms as they move towards cure and supporting this movement with the administration of the most appropriate Simillimum at each stage. This means that successful progress is determined by the homœopath by observing that symptoms move in what is known as *The Law of Cure* described initially by Dr Constantine Hering.

It states: Disease moves from the most important organ [CNS] to the least
 important organ [skin]
 Disease moves from the top down and from the inside to the outside
 and
 Symptoms are removed in the reverse order of their occurrence

There are 2 other Laws which are basic to the homœopathic paradigm and they are: *The Law of the Similar Dose* (the Simillimum) and the *Law of the Single (or Minimum) Dose*. The rationale for these Laws is described in *The Organon of Medicine* [6th edition] written by Dr Samuel Hahnemann [1755-1843]. Actually these particular Laws are implied in the very name Homœopathy which derives from the Greek: “*homoion*” = similar and “*pathos*” = suffering and are emphasised in our motto: “*Similia Similibus Curentur*”: Let Likes be cured by Likes.

Explained simply the homœopathic philosophy understands that any disturbance to the Vital Force (often known in other philosophies as Chi; Prana; Orgone; Soul etc) will result in signs and symptoms being produced in order to initiate a return to homœostasis. An easily understood example of this is the almost immediate vomiting and diarrhoea that follows the ingestion of spoiled seafood. In every instance the homœopath can restore balance by administering a medicine that is capable of causing those very same symptoms that are expressed in the individual whose Vital Force is experiencing an episode of dis-ease. That medicine is called the Simillimum and it is given either as a single dose or with a minimum of repetitions in order to stimulate a healing response.

Homœopaths do a lot of watching and waiting as each individual Vital Force has its own agenda/timetable and we repeat the medicine or prescribe another only when symptoms return or new symptoms arise. In those instances where there is a high level of anxiety or a well-entrenched history of the use western medication (where medicines have repeated repetitions) we simply give placebo in between doses to satisfy the psychological dependency of the individual.

Another aspect of homœopathic philosophy that is relevant to the case which I am about to share with you is the *Miasmatic Theory of Disease*. Samuel Hahnemann described 3 miasms: Psoric; Sycotic and Luetic. Several others have been described since his death with the Cancer miasm (a combination of all 3 miasms) being the most prevalent today.

It is understood in Homœopathy that certain pre-dispositions to disease are due to genetic inheritance and these pre-dispositions can be moderated through the use of special medicines called Nosodes. Most clinical situations associated with the breast during lactation are due, largely to the Sycotic miasm. This miasm (also referred to as the Uric Acid diathesis) is observed to be at the basis of any pathology involving tissue dysplasia and inflammation. Any “itis” is Sycotic as is also any syndrome where there is over-reactiveness. White spot and nipple vasospasm are, therefore, Sycotic conditions which would, at some stage, need a prescription of *Medorrhinum* in order to facilitate a mitigation of symptoms.

Method and Results:

A breastfeeding mother (D of B: 27/9/67) came to see me in March 2004. She is currently on maternity leave and has to return to work in July. She birthed a baby daughter in August 2003 and contracted bronchitis after the birth which was treated with antibiotics. Since then she has had a history of vaginal thrush (itchy; cottage cheese type discharge) and nipple thrush (the former treated with Nilstat and the latter with Daktarin). One of her current predominant symptoms is blanching of the nipple especially when the weather is cold. She treats this with heat packs. She has also suffered 3 episodes of white spot in the left breast (the membranous type which needs piercing with a sterile needle). Her nipples initially, (and since then her breasts), have been painful throughout the lactation. She describes the pain as a “shooting” pain.

Family history: Her father is healthy and his mother is still alive and well. She doesn't know what her paternal grandfather died of.
Her mother has mature onset diabetes and has been treated for cervical cancer.
Her maternal grandmother died of diabetes and her grandfather of cancer.

She had a reasonably healthy childhood the only childhood disease being a mild case of chicken pox. She had the usual vaccines.

Menarche occurred at 14 with a history of painful heavy menses which was treated with the OCP at 17. In her early 20s endometriosis was diagnosed and this was treated with laser ablation.

She had bad teenage acne which was initially treated with Retin A topically. This settled when she went on the OCP.

Scoliosis was detected in grade 7 and she wore a Millwaukie brace for 5 years in high school. She was a dancer and persisted with that despite the brace. She says that her back is now fairly good although there is some degeneration in the disc at L5.

She tore two muscles (right upper thoracic and left lumbar) several months after the birth when picking her baby up out of the cot. This was successfully treated with rest, heat and physiotherapy.

She met her husband early on at Uni and they were together for 9 years before marrying in their late 20s.

In 1995 she suffered a bout of Salmonella and was sick for a month. Ever since then she has suffered from IBS and has been diagnosed with a hiatus hernia.

She describes the episodes thus: “The cramps come in waves as if I have my period. I sit on the toilet and I don't know if I want to be sick or move my bowels. I get very hot then cold and clammy and my vision goes and everything goes black.”

She reported that prior to the pregnancy her gut symptoms were aggravated if she ate dairy; chocolate; ice cream; cheese; oranges and alcohol. These foods tended to give her immediate diarrhoea of a light orange colour.

During the pregnancy (at 28 weeks) she was diagnosed with gestational diabetes which was managed with careful diet. Polyuria and polydipsia were marked clinical symptoms.

Since the birth she's noticed that her gut seems less reactive and so she's been indulging in some of the foods which previously aggravated her. She admits, however, that the “wrong foods” give her lots of wind. Up until the pregnancy she was unable to lie down within 2 hours of eating else she would suffer digestive upset. This was always better for sitting up.

During the pregnancy she suffered from “all day sickness” until 20 weeks and anaemia was treated with iron supplementation. She takes a capsule of acidophilus daily.

She had a C section for breech presentation (she has a bi-cornute uterus).

She has on-going problems with dandruff which she treats chemically once month.

She is not thirsty and enjoys cold water. Her tongue is pale and her saliva viscid.

Her hands are warm and moist and she has long strong nails.

Food desires: chocolate; MILO with skim milk; rice; crumpets with peanut butter and honey; cheese; meat and vegs (curry or stir fry); raw almonds

She moves her bowels once or twice daily (no set time but most often later in the day); they are always soft; the consistency of toothpaste. Flatus is remarkable if she has chocolate or cheese (she enjoys melted low fat cheese on her toasted sandwich for lunch each day).

Her flatus is aggravated also by broccoli and garlic and can have a rotten egg gas smell.

She's had no history of UTIs; however her left kidney is missing.

She prefers to sleep on her side. However now, because her breasts get full and are heavy, she is more comfortable on her back.

She's chilly and likes to sleep under the covers.

She's had a history of falling dreams and, throughout the pregnancy her dreams were "unpleasant" "mostly about negative people".

They have dogs and during her pregnancy she had a dream of them getting loose in a big garden and of she and her husband not being able to find them but eventually doing so.

She's had a dream recently of being a male.

The balls of her feet are sensitive (especially the left one); she wears orthotics.

She reports that her "toes crack all the time".

She has never had warts and she has but few moles.

When asked about her fears she nominated "being killed by sharks". She doesn't like cockroaches or sudden noises.

When asked what made her angry she smiled and said "bad drivers" but added that her mother often made her angry because of her annoying habit of "repeating everything".

She told me that she hates being let down and that it would make her sad if ever it happened and that she's noticed since the birth that she often feels sad for no apparent reason.

She nominated her baby and her husband as providing the most joy in her life and described herself as being "reliable; a perfectionist". "I'm organised and make lists!"

Analysis of the case suggests that although cancer miasm is apparent it is dormant and the sycotic miasm is currently active. Signs of this miasm include:

Predominantly left-sided symptoms

A history of endometriosis and white spot (latter associated with papilloma virus)

No warts in spite of vaccination; instead an over-reactive state to scalp pores (dandruff)

Over-reactive GIT especially to garlic and oranges; extended morning sickness

Over-reactive CNS (nipple vaso-spasm)

Tender balls of feet; joints crack

Dreams of falling

Rx: 4/3/04 *Medorrhinum* 30C (one dose to close the miasm down) to be followed in 3 days with *Borax* 30C (3 doses: night; morning; night) to address the nipple vasospasm.

Acidophilus Fibre; a heaped teaspoon before breakfast each day.

She phoned 2 weeks later to report that the nipples were very tender initially and that she had bouts of her usual pre-pregnancy indigestion with nausea after dairy or "rich food" for a few days after the Rx but that had since settled and her breasts are beginning to feel "progressively better".

An initial aggravation of symptoms and a return of old symptoms following the prescription of a homœopathic medicine are viewed favourably by the homœopath. In this instance it suggests that the focus of her dis-ease is moving from the CNS and back to the GIT which was her original weak spot. In terms of the *Law of Cure* this pattern shows movement from the most important organ (CNS) to a lesser important organ (GIT) and also shows a reverse order of occurrence pattern.

I advised her to be extra careful with her diet and not to over-indulge in foods known to upset her digestive system and to minimise her yeast and sugar intake.

She returned for a follow up towards the end of the month. She reports feeling very "up" the only sadness observed during the month being at a family wedding "happy tears!" This immediately put me in mind of *Lycopodium* so I duly noted it in her file. Since the prescription of *Borax* she's experienced only one episode of nipple vasospasm. Her baby is having 5 breastfeeds a day. She describes the breasts as having a "bruised tenderness if bumped"; and, although her nipples still feel sensitive during attachment, they settle quickly.

Four days ago she began to experience some symptoms of vaginal thrush. She has a white vaginal discharge and describes the area as being itchy. This is a return of old symptoms from years prior and is a good sign as it follows the *Law of Cure* in that the thrush is now manifesting itself lower down in the body and in a manner experienced previously by the patient.

She confesses that she's not been able to stay completely away from sugars and that she has much rumbling in her abdomen followed by loose stool which is golden in colour, is of rice water consistency and sprays out (with pain) and has a sweet foetid smell. When she gets the cramp she knows that she must hurry to stool but it takes up to 3 episodes at stool to get rid of all the discomfort. She's tending to stool later in the day. She reports that she also has episodes of eructations (burping) after eating the "wrong food" especially dairy foods.

Her urine is dark because she's not drinking much water throughout the day. It's a "hassle" for her to have to urinate so soon after drinking so she puts it off. By late in the day she's quite thirsty so catches up then with her water intake. "Generally if I drink a lot of water I wee a lot".

This suggests that the diabetes is still an issue and that she really needs to pay STRICT attention to her diet again.

She's sleeping soundly and remembers only one dream.

She dreamt that her husband's grandmother died and that he had to give an oration at the funeral but couldn't. She tried to give the address instead but also couldn't because the writing on the notes was too small for her to read. Her husband's aunt got cross with her and she tried to explain about the small writing but she'd have none of it.

Dreams of dead relatives are generally a sign of the Sycotic miasm. The dream suggests that the healing process is "frustrated" probably because of the lack of attention to detail regarding her diet. This dream also puts me in mind of *Lycopodium* which is used often when symptoms involve the digestive system and when there is a lot of wind.

Her toes are still cracking however the balls of the feet are less tender. Instead the inflammation has moved to the joint of the big toe. This is another sign of the *Law of Cure* at work. Symptoms always move to the extremities as healing progresses.

The focus of her dis-ease is now predominantly in the gut; the symptoms in the CNS having settled somewhat. She has a return of old symptoms which is also a good sign and symptoms are moving down her body. So, all 3 aspects of Hering's Law are observable.

In this situation the homœopath needs to give a medicine that has an organ affinity for the gut and is complementary to *Borax*. *Proteus* was chosen because it satisfies both of these criteria and because it also has intermittent claudication as part of its pathogenesis and the nipple vasospasm hasn't completely settled.

Rx 25/3/2004 *Proteus* 30C in a water potency to be taken each morning on rising until the 5th April (new moon). Three succussions are to precede each dose.

She returned a month later to report that she felt positive and that her menses had returned for the first time since the birth on the 4th of April (her baby is 8 months old). She had only slight discomfort and the blood was a clear red. She bled for 6 days steadily.

She reported that she'd had experienced 2 weeks of clear coryza with some vague body aches during that time. While on the medicine the nipple vasospasm was aggravated (a good sign from a homœopathic perspective). She also experienced one episode of pins and needles in her arm while asleep. She also got a slight rash under her watch band.

At the middle of her menstrual cycle the nipples generally became very tender again and, at the same time, she had an exacerbation of vaginal thrush with lots of discharge and general inflammation of the parts. The nipple symptoms settled; assisted by the observance of strict hygiene with respect to towels etc and going on a strict candida diet. The leucorrhoea has persisted. However it is not itchy and has no odour.

Her scalp has been itchy. She's not particularly thirsty and she still notices that she urinates a lot if she drinks a lot. She's bored with having to be careful with her diet and is craving chocolate (had a fair amount of it over Easter).

The area in her back (right deltoid) which had been aggravated when her baby was little has become sensitive again (another return of old symptoms). She says that the spot "feels tight and occasionally twinges". Pain at this particular spot suggests *Chelidonium* (which is complementary to *Lycopodium*). Both of these medicines have an organ affinity with the liver.

She reports that on Easter Monday she inadvertently ate some raw chilli while eating at her mother's place and her gut was VERY aggravated. She described it as "weeing from my bottom"; the stool was light brown and pure liquid. She rested her system for a few days and it settled. However all the usual culprits: chocolate; cream; milk; cheese are upsetting her gut and she can't tolerate any alcohol.

She's consistently moving her bowels late in the day and is generally windy; this being worse late in the day. These are both strong *Lycopodium* symptoms.

Rx 22/4/2004 *Morgan Gaertner* 30C to be taken on rising on Thursday and Sunday mornings until the next menses.

This prescription was made because the main disturbance still resides in the bowel and it matches the totality of symptoms and *Morgan-g* is complementary to *Lycopodium*. It appears that the liver is involved with the exacerbation of her digestive problems. When I made mention of that she volunteered that on March 9th (just after her first prescription) she had a Hep A, and a Hep B booster shot.

Morgan-g was also prescribed because (along with *Thuja*) it is specific for the symptom of warts or papillomas on the nipples. Instances of white spot where a membrane grows over the duct opening such that it needs piercing with a sterile needle in order to release the milk are, in my opinion, an expression of the human papilloma virus; a condition which falls into the orbit of Sycosis.

She phoned a week later to report that all the thrush symptoms have subsided (she's had 3 doses of her medicine) and that she now has an itching, stinging pain in her left arm "like a bite or like when you get a needle". She's wondering if she has a pinched nerve? I suggested that she see her physiotherapist again.

She came again to my clinic the following week because the "bite" became vesicular and a trail of little stinging blisters has appeared on the inside of the arm. She's been bathing them with bi-carb and applying *Calendula* ointment which soothes. She has a classic case of shingles and, from a homœopathic viewpoint this is consistent with the fact that she had but a mild dose of chicken pox when young and her initial pathology was centred in the nerves in the upper thoracic area. That the symptoms have finally moved to the skin (on an extremity) heralds the last stage in the *Law of Cure* and I know that the next prescription will be the last one needed.

Generally she feels "blah"; both physically and emotionally. Her eyes are gritty and her throat is sore and her nose is running (clear). The arm is very painful with nerve pain shooting both down the arm to the fingers and up the arm to the neck and around to the breast and into the nipple.

She reports that when she wakes in the morning her whole arm is stiff but feels a little better after a really hot shower and "getting it going".

She's been craving milky foods such as ice cream; crab done in coconut milk and coconut pie. (Interestingly coconut is high in caprylic acid which is anti-fungal).

She has no more vaginal thrush symptoms and her bowels have "thickened". She describes them as "dark and sticky" and that she now has hardly any wind.

Rx 5/5/2004 *Rhus-tox* 200C in water; a dropperful to be taken three times a day for three days with three succussions between each dose.

This prescription was made on the totality of symptoms and because it is one of the medicines used for shingles. The shingles disappeared within days and she then continued to breastfeed her baby for another 7 months and her breasts, during that time were trouble-free.

Conclusion:

This case study demonstrates that the homœopathic medical approach to treating breast conditions not well-addressed by conventional medical treatments provides a worthwhile alternative for the Lactation Consultant.

Preserving the lactation is of paramount importance to all of us who work with breastfeeding mothers; and Lactation Consultants who may, from time to time, find that the usual forms of case management do not resolve symptoms, may like to consider that homœopathic medicines afford a safe gentle drug-free resolution to any pathologies that are not easily treated using the western medical model. Therefore, referral to a homœopath who is registered with AROH (the national registering body) would provide a mother in pain with another medical alternative to consider.

According to the WHO Homœopathy is, after Traditional Chinese Medicine (TCM), the second most widely used medicine in the world. It has enjoyed over 200 years of usage world-wide and is a medical science based on clearly recognised and defined Laws as laid down in *The Organon of Medicine* and demonstrated in this case study.

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