



Lac Humanum: A Clinical Perspective

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Information From Provings

Rubrics derived from a well-conducted proving constitute the beginning of the “story” of any homeopathic medicine. However, it is in fact the clinical experience of cured cases through use of the medicines that fleshes out our understanding of what the proving has outlined for us.

Information on *Lac caninum* is plentiful and it is very well expressed in terms of rubrics. *Lac maternum* and *Lac humanum*, however, owing to the relative newness of their introduction to homeopathy, are not so well-expressed, and reliable rubrics are still evolving. It is through the sharing of this case (which illustrates “my way” of prescribing using basic Hahnemannian techniques) that I hope to deepen your understanding of the issues surrounding *Lac-h* and give a hint of what possibilities it offers us in the clinical setting.

The initial proving of *Lac-h* was conducted by Jacqueline Houghton and Elisabeth Halahan in the UK in 1991. The milk for the proving was sourced from a British woman five months into her lactation chosen because she was considered to have bonded well with her baby. Rajan Sankaran followed up with a seminar proving in Bombay in 1995 using milk sourced from Dutch, Belgian and Indian women.

The original proving elicited several black type and italic type symptoms and one Strange, Rare and Peculiar [1] and it is from these that we get a sense of the main “issues” regarding the *Lac-h* persona.

Black type symptoms include:

- **Alert**
- **Company aversion to**
- **Concentration difficult**

- **Detached**
- **Indifference to everything**
- **Indifference to sufferings of others**
- **Untidiness aggravates**
- **Mistakes**

- **Nose, discharge clear**

- **Stomach appetite increased** (the polar opposite was elicited in the *Lac-m* proving) [2].
- **Stomach, desire sweets** (In the *Lac-m* proving the main food desire is for protein. This is in keeping with the high protein content of colostrum as compared to mature milk which is low in protein and high in carbohydrate [lactose, which is very sweet])

- **Sleep, dreams of babies**
- **Sleep, dreams of family**
- **Sleep, dreams vivid**
- **Sleep, dreams buildings**
- **Generalities, morning, on waking**
- **Generalities, energy increased**
- **Generalities, relaxation physical**

Italic type symptoms include:

- *Absent-minded*
- *Alertness*
- *Answers snappishly*
- *Confidence, lack of*

- *Detached, ego from*
- *Distance, inaccurate judge of*
- *Gestures, wringing hands*
- *Irresolution*
- *Irritable*
- *Isolation*
- *Malicious*
- *Mood changeable*
- *Senses acute*
- *Stupefaction, as if intoxicated*
- *Thoughts disconnected*
- *Tranquillity*
- *Unconsciousness, automatic conduct*

The Strange, Rare and Peculiar rubric noted is: “Sole of feet, soft and spongy; like being in water too long. LACK OF FEELING” (Prover 05)

Houghton and Halahan comment that this reflects the lack of feeling regarding being represented on the physical level [1]. This lack of feeling may, however, also occur in feet hard and calloused such as those commonly seen in hunter-gatherer cultures, and I have observed feet toughening up in that respect while on *Lac-h* in the LM potencies. This is a very specific type of “lack of feeling” necessary for individuals to “walk the walk” without the benefit of footwear.

In *Lac-h* the themes of lack of emotional feeling and perhaps indifference are perhaps other aspects suggested by this rubric. In this instance, “represented” implies being grounded in the body; identifying with the Ego [3]. To my mind, this lack of feeling is suggestive of the fact that the person in the *Lac-h* state is often confused regarding just what constitutes a healthy Ego and to that end often has a feeling of disconnectedness from either the personal Ego or the “group” the “Community of Man”. The lesson is “To be Alone but not

S U M M A R Y

The lesson of Lac humanum is to be alone but not lonely; to get the balance right between what one gives to the self as opposed to others/the group. During the time of nurturing her baby at the breast in the months after giving birth, the Lac-h woman is forced to address the issue of the lack of nurturing that she received as a baby. Pathologies such as engorgement and mastitis are functional expressions of anger about this situation. A galactocele is an expression of indurated anger and, during the dynamic period of lactation, can, with careful and consistent prescribing, be worked through to resolution as this case shows.

KEYWORDS Mother, Nurture, Ego, Group, Anger, Engorgement, Mastitis, Galactocele

Lonely". This refers to the basic dilemma that *Lac-h* has between giving to the self as opposed to the group. It is through the former that self-realisation as a balanced human being is possible. Essentially §9 refers to the need for residence in a healthy body that allows for spiritual growth, and this growth implies attention to one's own needs just as much as those of the group. We walk the Earth as part of the Community of Man by taking the best advantage of what Nature offers us especially with respect to providing nourishment so that we can stay predominantly psoric and can continue the struggle that began with successfully being born. That is why human milk contains the full spectrum of Earth's mineral biodiversity. It "toughens" us for the task ahead. It connects us to our body and to the planet.

Sankaran's proving [4] elicited a wider range of black type themes which include:

- **Two wills**
- **Helping others**
- **Cousins** (in my opinion a grand keynote for *Lac-h*)
- **Friends**
- **Family/Relatives**
- **Community**
- **Snakes**
- **Uncaring**
- **Impulses**
- **Conforming**
- **Alone/Forsaken**
- **Despair**
- **Disgust**
- **Large houses**
- **Journeys**
- **Floods**
- **Pursued**
- **Danger**
- **Old deserted palace**
- **Irritability/Quarrelsomeness**
- **Restlessness/Impatience/Hurry**

Indifference is listed as a minor theme as is *Revered person*. In Sankaran's proving the latter was associated with a holy man or an eminent teacher. Perhaps it is a cultural perspective but as a result of my work with *Lac-h* patients, I prefer the rubric: "famous person" and find that anyone of standing in the community can be encompassed in this rubric. In my cases I've come across royalty; movie stars and politicians [2].

Exams and Libraries also appeared in Sankaran's proving and also appeared in the proving of *Lac-m* [2] along with Schools. I consider these to be keynote themes also, and suggestive of the fact that it is human

milk that best prepares us to face life's "tests" and possibly break the cycle of Karma once our lessons are learned [2].

In my clinical experience the theme of nurturing is paramount in *Lac-h*. In parturient women there is much (unacknowledged) anger over a perceived lack of nurturing on the personal level which surfaces when she is faced with the nurturing task herself [2]. For some, to nurture is a compensatory activity. However, the anger around this comes out in obvious ways such as irritability (usually including swearing) and in less obvious ways in pathologies such as mastitis and cystic breast conditions. The "lessons" regarding striking an adequate balance between the need to nurture the self and the needs of others (the group) is the core issue at this time. The tendency is to give to others instead of self and this is what leads to indifference. Whereas we tend to reach for *Sepia* when we recognise this state it is more probably a *Lac-h* state that we are dealing with.

The following case illustrates these core themes.

Case

"Sheila", D o B: 24/11/1968, saw me on 20th April 2002.

Present complaint

She is pregnant with her 4th baby (EDC: 19/10/02), still breastfeeding her 3rd and has had morning sickness.

She has a history of mastitis and thrush and has "an issue with sugar". With each of her previous pregnancies she has put on huge amounts of weight at the end, no matter how much she watches her diet.

She craves sweet things, especially chocolate, and if "I don't give myself a treat I'll be awake during the night making myself toast and honey".

As with each of her pregnancies, she gets "bad morning sickness which builds through the day". She generally vomits at 2 pm and 8 pm. She says that pancakes with honey settles her nausea and so does fruit: watermelon; green apples and grapes.

Pears and cups of tea aggravate the nausea.

Currently her nipples are rosy red and she has shooting pain through the ducts during and after feeds.

History

Her mother has bad asthma which came on after her last pregnancy. Her maternal grandmother is alive at 92, and has had a couple of hip replacements and has mature onset diabetes.

Her father has haemochromatosis. His mother died with Alzheimer's and his father with diabetes.

She is a mutated carrier and has high iron. She has blood tests every 6 months and needed a venesection after her 3rd baby.

She was the 3rd of 4 children born after a 6 year gap. She was breastfed for 12 weeks and put on solids early.

She was raised in a provincial centre which was inland from the capital city and situated in the mountains. She was relatively healthy as a child, got an occasional tummy bug (white, chunky vomit). She was a really tiny child (skinny) and her parents had her repeat Grade 2 which was a great "confidence builder".

Every school holidays they went camping and she has fond memories of that. Her father was very involved in their upbringing and was her hockey coach in High School.

She needed antibiotics at 18 and had a "3rd-level immunological reaction" to Amoxyl which caused all her synovial joints to swell and affected her heart.

She had a great "party time" at University (studied Early Childhood), did pot and cigarettes. Her first boyfriend was a big user. Marijuana made her "talkative; exuberant ++".

Was on the OCP for 10 years (met her husband when she was 19 and married at 25)

In her 20s she had lots of colds and bouts of vaginal thrush.

She had her appendix out 3 months after her 1st baby.

Earlier pregnancies

First baby at 28; bad morning sickness; BP shot up dangerously high at 39 weeks, "I puffed up like a toad fish and put on a kg a week". She had a four-hour labour; prob-



lems with attachment; “my babies have high palates”.

Her nipples were badly “grazed” and it took 10 weeks to get the lactation established. She was diagnosed with “nipple thrush” which was treated with Daktarin.

She had an abundance of milk and throughout the lactation she experienced episodes of lumpiness which was better from massage and hot/cold treatment.

Nine months later she became pregnant again and weaned 10 weeks into the pregnancy. She got a reddened area on the lateral aspect of the R breast which settled with gentle massage.

Just prior to that she went to Weight Watchers and lost 10 kg.

Again she had “horrific morning sickness which lasted all day”. The “weight piled on” and she was borderline gestational diabetes and advised by her obstetrician to “go easy on sugars”.

Again at 39 weeks her BP shot up and she “puffed up hugely”. The labour lasted one hour.

She again had problems with her nipples and “attachment issues”.

Her husband has his own business and was unable to be of much help so she got a nanny in to help. “The stress was HUGE; I got mastitis every 2 weeks.” “I had huge over-supply problems, complicated by tender nipples and shooting pain in all the ducts from thrush.” “The breasts were quick to become engorged and the outer quadrants constantly had problems with draining.”

Her GP told her to wean. She engaged the assistance of a lactation consultant who treated the thrush with Diflukan, and gave her management strategies to cope.

Ten months later she got pregnant again. “I always had only one period within a week of giving my babies solids.” [NB her menses have been unremarkable; the blood tending to be dark; *Lac-h*: menses black]

The morning sickness was marginally better in this pregnancy (only every 3 days). She continued to breastfeed through this pregnancy and weaned at 7 months. Again she got a lumpy thickened area on the right



Fig. 1 Photo by Patricia Hatherley.

breast. “When I put my arm up, the R nipple dropped in.”

Her blood pressure “shot through the roof” at the end of the pregnancy accompanied by a “horrendous headache”. She was hospitalised for 3 days with complete bed rest prior to an induction.

The birth went well. However, on day 7 she got a sudden bout of mastitis. Her temperature went from normal to 40° in 15 minutes. She had rigors, chills +++ and vomited during breastfeeds. “I honestly thought I was going to die. The on-duty lactation consultant came and sat with me through the night expressing off the milk in between feeds. My breasts were HUGE”. “I was given Nurofen for the pain”.

“As with my other babies during episodes of mastitis, this one began to vomit up ‘chunky, yellow milk’. I was put on IV and oral antibiotics (Cephlex). The 3rd day into the mastitis, I pumped out blood and chunky pus.” [NB blood in breast milk is suggestive of papilloma of the ducts; a syctic condition]

Throughout this lactation she has had mastitis every 6 weeks and uses an ultrasound to clear the blockages. She has worked out that when the breast feels tender and if, on bending over, she notices chest wall pain, she knows mastitis is settling in and she immediately uses the ultrasound machine.

Often when the ducts become ropy and blocked, she has white spot and has to pierce the membrane growing over the

nipple to allow the blocked ducts to drain. [white spot = papilloma of the nipple; warts nipples on: *morg-g*; *thuj*]

At this first consultation she is 3 months pregnant and has not had mastitis for 4 months. She is feeding “5 or 6 times a day and is constantly nauseous”.

Rest of the case

She has a history of “cluster headaches” which began during her student days and are pronounced during the 3rd trimester (at which time she generally gets red flashes in her field of vision on turning her head). They begin with a “twitchy right eye with pain that shoots up to the hairline”.

She’s had glasses since high school. She had a sty on the bottom R lid.

She occasionally gets sinusitis and can have nosebleeds during the pregnancies.

She is VERY thirsty (has at least 6 glasses of water before lunchtime) and needs to go to the toilet to urinate “all the time; it’s as if what goes in comes out”. [? gestational diabetes] She gets up to urinate at night. Sometimes her urine can be yellow.

Her teeth are currently sensitive to cold.

She had carpal tunnel syndrome as a student and has noticed after this 3rd baby that her arms can become numb. After feeds she gets tingling in her hands and fingers.

[Sankaran: Extremities: numbness, hand, fingers, right: *Lac-h*]

Her nails are in good condition (long and strong).

She is averse ++ to coriander and has strong desire for chocolate +++ and honey on toast. She likes potatoes with salt; black olives; semi sun-dried tomatoes; hummus. “I look for strong flavours and love lemon, vinegar and salt on stuff”.

She likes all sorts of curries and “adores calamari”.

Her bowels move twice a day, the first one being after breakfast. She makes sure there’s bran in her diet during pregnancy to help. Occasionally her flatus can be plentiful and smelly. She’s never had haemorrhoids.



She likes to sleep on her side in the “recovery position” with her covers off and feet out even in cold weather.

When she was in primary school she had a recurring dream where the family would arrive at a house in a bus and then all have jobs to do. The main one was to lay the tennis court with diamonds. “If we didn’t get it finished I would panic.”

During her secondary school years she sleepwalked a lot (“like my dad”).

She often gets insomnia. “I don’t have a need for huge amounts of sleep and can get by if I rest during the day when the baby sleeps.”

In her 3rd pregnancy she dreamt that she would have twins in her 4th pregnancy and has been currently having a dream of having this baby at home on the bedroom floor.

[Both provings: Dreams: babies of: *Lac-h*]

Her greatest joy is her family and she describes herself as positive with few fears although she’s not keen on heights.

She gets angry from time to time with her husband who has a habit of getting super-immersed with work leaving the pressure at home to build until she has it out with him and he then re-arranges his schedule to spend more time at home helping. “He’s learnt over the years to jump into line as soon as I bring the subject up.”

She gets very emotional during pregnancy. “I cry all the time. I can cry when my milk lets down (especially if I’m tired and the breasts are painful); [Hatherly: Mind sadness, let down during: *Lac-h*] [2] I cry over programmes like ‘This is Your Life’. I’m in a Book Club and am much moved by what I read.”

She loves to read and has joined the Book Club because the Masters degree she began a few years ago has been “put on hold” for now and she misses the study so reads a lot. “I’m a workaholic.”

Analysis

- Sycosis activated during the University years.
- Hyperemesis (worse evening)
- Mastitis (NB: excessive)
- White spot; blood in EBM = papilloma of the ducts

- Nausea settles with green apples and sour grapes and is worse by cups of tea

Treatment

20/4/2002 Rx: *Medorrhinum* 200C in water prn 2 succussions

Instructed to increase her protein, and decrease her yeasts and sugars (handouts given)

No chocolate or coffee [both of these are high in methyl xanthines which predispose the breasts to cystic lumps].

Follow-up

Three weeks later

She reports that on taking the Rx she was afforded immediate relief and gradually the bouts of nausea spread apart and generally settled such that currently she is only “queasy” when driving the car in the morning and that it is worse if she allows herself to get hungry. “I am definitely much more functional.”

She has stopped eating chocolate and has only an occasional coffee.

She has begun to drop the number of breastfeeds she’s giving and the segment which has given her trouble during each of her last weanings has again become hard and thickened, such that she has used ultrasound. She’s also had an episode of white spot again which she resolved with a sterile needle.

Her nipples are VERY tender; sensitive to touch ++ which is why she has decided to wean.

Her polydipsia and polyuria are still marked.

She is very tired and has “a horrendous backache” which is familiar.

10/5/02 Rx: *Helonias* 0/2 3gtt in 30mls water; AM; 3 succussions

Four days later

She phoned to tell me that the breasts had settled and that she now has vaginal thrush.

Her polyuria and polydipsia persist.

I suggest that she stay on the medicine and be STRICT about her yeasts and sugars and make sure she has at least 60 protein grams in her diet daily.

She phoned 10 days later to report that all symptoms of thrush have settled and flare only if she deviates from her strict diet.

The polyuria and polydipsia are settling; however, she is craving sweets. I suggest grated carrot with pine nuts as a snack to settle the craving for something sweet. Stop the Rx.

I saw her again 2 months later and she is “blooming” and has lots more energy. She has weaned her baby. She still feels queasy if she allows herself to get hungry and if she eats too much of the same thing.

She still wants sweet things so will occasionally have honey on toast.

She’s off all dairy products and having eggs which she’s enjoying. She’s having lots of rice and legumes as well as meat and vegetables. In the evening she’s been looking for a “crispy snack” so will eat either raw cabbage or lettuce leaves.

During the day her favourite snack is “white bean dip” made with butter beans; lime juice; salt and pepper and garlic.

She reports that her iron is high and that she may have bad wind in the evenings (very smelly). This occurs after a “sugar break-out”.

She’s recently had an URTI such that she’s had “chunky green snot”, some headaches and she lost her voice. During this time she had ulcers on her tongue.

She had a huge fight with her mother when she asked her to come and help out while she was sick. “All I wanted was 3 days and she got angry. Dad came and helped and told me I could always ask him. It made me realise that it was Dad who gave us the most nurturing. He was always there for us and still is. Every holidays he took unpaid leave so that we could go camping and do fun things.”

“I couldn’t help getting obsessed about the fight. I couldn’t put it out of my mind. I just couldn’t put it to one side and move on. I found myself crying ++ in the shower for several days.”

She had diarrhoea for 2 days and lately has had some symphysis pain. Her bowels are now OK but will be extra soft if she has sugar. Vaginal irritation will also be a problem then. It has a sweet, yeasty smell.



She is no longer urinating excessively and is sleeping through.

Her thirst is moderate.

The skin on her hands is dry especially the R. The skin under her rings blackened and has since peeled.

She's had the tennis court dream again but it had a difference in that they had to first mine the diamonds before laying them and there was a time deadline.

"I like to be on time and my family was always late. With my first child starting school next year and a new baby I don't know how I'll manage it all."

The R breast still has a thickened area (between 10 o'clock and 1 o'clock) which hurts if pressed. She has developed some papillomas on the surface of that breast, one being near the nipple area. Generally by this time in the pregnancy she has begun to develop a "downy patch" on her chin. It has not happened this pregnancy.

Analysis

- Warts on nipples [*thuja*; *morgan-g*]; however the bowels are the major area of discomfort;
- Behaviour "obsessive"

20/7/02 Rx: *Bacillus sycoccus* (*Syc-co*) 0/2 3 gtt in 30 mls water; AM; 3 succussions, until 9/8/02 (full moon)

Eleven days later

She phoned me to report that for the last 3 nights (from 9–12) she had episodes of "severe tummy pain as if I was about to get gastro". Stop the Rx.

She came again to the clinic a week later to report "wickedly bad wind in the evening" "putrid"++.

Her bowel is "touchy; sloppy, worse if I over-eat or eat certain foods such as strawberries. If I pig out I'm sure to have diarrhoea the next day. It comes out like soft serve with cramps and wind preceding it."

She spends every evening lying on the couch "letting everyone have it".

She gets pain "like contractions" before the flatus but there's no desire to stool. The flatus is HOT and RANK.

During the episodes of severe tummy pain she had to curl up in the foetal position and when she stopped the Rx she had a day of "full-on diarrhoea".

Her diet is excellent from a low sugar perspective.

She's having 2 eggs for breakfast; hommus or white bean dip for morning tea. Her lunch consists of rice and vegetables or chickpeas and tahini.

For a quick snack she's having cashews or chickpea chips.

Dinner is meat and vegetables.

She's having onion and garlic daily and would "kill for a green apple and a glass of o'j".

Her weight is 73 kg and she's still wearing her rings (unusual for this stage of the pregnancy [31 weeks]). She has always had fluid retention in her upper body, especially her face. They are OK but her ankles can get a bit puffy towards the evening and the veins in her legs swell, which is why she puts her feet up even though she's not tired. Her legs feel > for rubbing. She goes to bed at 10.

Her feet are itchy at night.

She's been very emotional and tearful especially from "soppy TV".

"I feel much better after a good cry; it's a release."

She has a strong need to get out of the house so often arranges a picnic tea where they all go to the park and she can relax on the rug and have her husband interact with the kids to give her a break. "The fresh air does me good."

Differential diagnosis

- Crying ameliorates: *med*; PULS
- Flatus before stool: puls
- Urge for stool but only flatus passed: NAT-S; PULS; sep
- Flatus offensive: NAT-S; PULS; sep; SULPH
- Flatus hot: *puls*; *sulph*
- Abdominal pain evening: PULS [9 pm: SULPH]
- Abdominal pain, evening, lying on couch: puls
- Swollen feet: PULS
- Feet, itching, night: puls; sulph



Fig. 2 Photo by Patricia Hatherley.

- Veins in leg ache: puls
- Desire for outdoors: puls

8/8/02 Rx: *Pulsatilla* 0/5 2 gtt in 20 mls water; AM; succuss by 2 and suggest she reduce her intake of eggs and onions.

After one month

I saw her a month later and she looked glowing. Her baby had engaged and she's been going to water aerobics and pregnancy yoga.

There's been no more wind.

After the *Pulsatilla* she had an URTI which lasted over 2 weeks. "I had a good clean-out."

She had generalised aches and chills; headache which settled then she had body aches. Her jaw especially ached.

She took Panadol and rested. She developed a chunky cough and got rid of "lots of green-brown chunky phlegm which had a bloody taste". [*Rhus-t*]

Coryza was green and copious.

She's got heartburn now as the birth gets closer.

She's having an apple a day "for a treat" but would REALLY LIKE chocolate!

Her breasts are "filling" and "becoming more tender". The hardened area persists.

She's been a bit upset about the situation of a girlfriend who lives nearby. She apparently had a horrible childhood of abuse



from an alcoholic father and has married “an arsehole” [desire to swear: lac-h] who is into image ++ and having enough ready cash to fund it. She found herself pregnant recently and he nagged her to have an abortion. She got so upset that she miscarried.

My patient then had a dream that this man turned up (very drunk) at another friend’s house ... [alcohol aggravates?]

Her mother is bugging her. She’s recently suggested that she should bottle feed as it’ll be much better for the whole family as no one will have to be on stand-by to help out then.

With several good Lac-h rubrics now presenting, I decided to begin work on the pathology of the galactoceles at this visit with the birth imminent, knowing that the next lactation would afford a good chance to mobilise the pathology.

5/9/02 Rx: *Lac humanum* 0/5 3 gtt in 30 mls water; AM; success by 3 from 7/9/02 until 21/9/02 (full moon to new moon).

I gave her *Phytolacca* 200C and *Streptococinum* 200C to take to hospital.

Five weeks later

A son was born 10/10/02 after an uncomplicated one-hour labour.

Her milk was in within 36 hours and the breasts did their usual SWELL ++ with heat and hardness.

12/10/02 Rx: *Phytolacca* 200C in water 4 hourly for 2 days then tds; success in between

Five days later

She managed well and by Day 5 she reported that the L breast was “90% under control and the R was 60% with residual tenderness in both axillae.”

On that day she reported a headache and the beginning of a sore throat so we stopped the Rx and I suggested she use Epsom Salts soaks only.

Three weeks later

I saw her 3 weeks later and all was going well; no mastitis!

The L breast is going “wonderfully” but the R is still “sluggish to drain” and as it fills she can feel the thickening “coming and

going”. It now feels more like “discrete balls rather than a wedge”. She can have “tingling” in the R axilla.

The baby has been vomiting consistently even though she’s not had mastitis. Originally the vomit looked like “green/yellow pus” and is now “just like milk and he’s vomiting only occasionally”.

Her diet has slipped. She begins the day well with protein but craves sugar in the afternoons. She’s been making “comfort food: muffins and pikelets with butter and sugar”.

Everything is going so well she dares not think about it lest it “all goes pear-shaped; I’m so blessed!” “This baby is a dream; he eats and sleeps and we’re all enjoying him. I’m feeling completely mumsy and have this overwhelming need to nurture. Sappy things on the TV are setting me off again and I can’t bear to deal with any of the Bali stuff. It must be hell for those families. My little family gives me such joy.”

2/11/02 Rx: *Lac humanum* 0/7 5 gtt in 15 mls water; am; 5 succussions until 19/11 (full moon)

She phoned on the 7th to tell me that she is “hormonal; fighting with hubby; very tearful. The baby has been unsettled and has gone back to the chunky vomit again.”

The R breast is painful.

Stop Rx and wait.

One month later

The R breast is now “perfect” it just fills and drains easily. She’s noticed that the milk has occasionally looked “gunky”.

Yesterday she had a sore L leg and last night the leg was OK but her L arm was sore. Today the pain has moved back down to the leg. “It’s as if I have a headache in my leg.” The L breast is also tender (about 4 o’clock) and red [alternating sides].”

She’s had watery coryza for over 24 hours; otherwise all is well.

Her baby sleeps through from 7 pm until 4 am and she has no need to wear breast pads (unheard of in her previous lactations).

She’s finding it heavy going doing all the parenting on her own as her husband has

hit a busy patch at work. She finds that if she structures her day and plans outings etc she copes better. “My time clock is hay-wire.”

She’s craving rice bubbles with honey and milk but her nipples are fine.

She had a Pap smear at her 6 weeks check-up which was OK but she had a few days bleeding of “old dark blood” afterwards.

She’s been feeling chilly; wanting to wear long sleeves.

11/12/03 Rx: *Lac humanum* 0/8 3 gtt in 30 mls water; AM; 3 succussions

She took this for a few days only as the breast quickly settled.

Two months later

She came and saw me again in the second week of February. Her eldest girl has just started school; and her little boy has just started pre-school. “I was just so dreading that week as it could have gone all so horribly wrong. Husband took a week off work so we could do the school drop off and pick up between us making both children feel special.” “I’ve been relieved that it went so very well as it had the potential to be so not right!”

For the past 3 days the L breast has been tender and now the R is also. She has back-ache and her nose is running. Her temperature is up slightly and there is a reddened area on the L breast.

She’s recently had S/S of vaginal thrush because she’s been having “comfort foods” (chocolate or pastries).

She’s angry with her sister and brother in law (who also have a little baby), for spending close to three-quarters of a million dollars on a big run-down house with city views which is currently 10 flats for men. They plan to do it up while living in it and her sister will have to go back to work to fund it. What will happen to the baby? Who will care for him? Should I offer to do it?

“I can’t stop thinking about it and am so angry at her for doing this to her little baby.”

* Mastitis which alternates breasts is a sign of a streptococcus infection.



14/2/03 Rx: Lac humanum 0/9 5gtt in 15 mls of water; AM; 5 succussions and Streptococcinum 200C in water tds for 3 days*

Seven months later

She re-presented with problems in the R breast.

Her menses returned in June; cycle: 4/28 with 2 heavy days.

Two weeks ago (4 days before the 3rd cycle) she woke with a bout of vaginal thrush; Sx: severe itch; clear discharge. She attributed it to aggravation from condoms.

The vaginal symptoms settled after the bleeding but she then had pain in the L breast which settled, then the R breast began to become uncomfortable again ... menses aggravates; alternating sides.

She has a persistent hardened ("nodular; lumpy") area between 11 o'clock - 1 o'clock, which "comes and goes; it's better after feeds". She's developed a white spot on the nipple again.

Lately she's had big issues with her mother again. "She cut my little girl's hair without asking me!"

She's been suggesting that I go back to playing hockey in the same sentence as the word 'weight' and it's getting on my nerves!"

Food cravings? "Well, actually, I've been having lots of chocolate again and sweet slices; comfort food."

"Not long ago we had an incident when they promised to come down and mind the kids while we went out. She arrived with a bunch of food and an announcement that she was having a dinner party at our place while we were out (for a cousin who was in town). She had no time to get the children ready for bed so we had to do it before we left and when we got home she'd left all the dirty dishes in the sink for us to wash. I was SO ANGRY; I was amazed at the depth of my feeling. So I took a stand on Mother's Day and we didn't go up to visit her. Instead I stayed at home with my little family and we had a great day."

4/9/03 Rx: Lac humanum 0/10 5gtt in 15 mls of water; am; 5 succussions until day 1 of cycle

She did not need to see me again and continued to breastfeed with no trouble and weaned her little boy when he was 18 months old.

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Vita

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***The Homoeopathic
Physician's Guide
to Lactation***

by
Patricia Hatherly

For information regarding your nearest stockist, contact:
enquiries@patriciahatherly.com

"It is an enjoyable book...the information is precise and detailed and yet it still has space for association"
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