



Lac Maternum or Lac Humanum ... How do We Choose?

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When Tinus Smits introduced us to Lac maternum (lac-m) in his article: What is proving a proving in LINKS issue 1/1999 [10], to my mind, as a Lactation Consultant, there had to be some differences between this homeopathic medicine and Lac humanum (lac-h), because of the subtle but dynamic changes that occur in human milk over time. Colostrum differs from transitional milk, which differs again from mature milk (from which the lac-h provings were made), and also from involuting milk; these first and last stages providing a particularly unique protective function.

So I asked permission to undertake a classical proving and Tinus Smits gave me two potencies: 1MK and LM 0/6 [6]. The proving was conducted in 2001 according to ICCH guidelines. Before undertaking this proving it was my considered opinion that, since lac-m is essentially a combination medicine, it should as such reflect the protective features pertaining to the colostrum and possibly the involuting phases of lactation, as well as the essentially potentiating features of mature milk which abound in lac-h [8].

To his credit, much of what Tinus Smits intuited regarding lac-m was borne out in the proving and a discussion regarding the similarities and differences was published in my article: "To Be or not to Be? That is The Question... most likely to be posed by one in the Lac Maternum state" (Similia 1/03 and available on my website) [7].

Proving of Lac Maternum

In summary, the proving elicited the following affinities:

- Mind; CNS
- Head; neck; shoulders, upper back
- Stomach; GIT

- Skin
- Alternate sides

and the following themes:

Disconnection between the spirit and the physical body

- Division between the mind and the body
- Division between one half of the self and the other half (left and right and top and bottom)
- Division between self and others (sense of alienation; lack of appreciation)
- Spaced out; extreme vertigo; sense of intoxication; everything seems unreal, as if in a dream

Alternating states and sides

- Duality between being cheerful, positive and buoyant and listless, unmotivated, withdrawn and sad
- Restlessness alternating with tranquility
- Sleepiness alternating with sleeplessness
- Alertness alternating with confusion of mind

- Symptoms travel from right to left or from left to right

Confusion of mind

- while calculating
- while studying (cannot concentrate)
- establishing a location
- recognising surroundings
- establishing a sense of direction

Indifference; detachment

- to eating
- to socialising
- to working (physical or mental)
- to horrible, violent acts
- to life

Heightened senses; sensitive to

- light
- smells
- dust
- touch

Differential Diagnosis

Many of these keynote are also to be found in lac-h and this is expected, since lac-m contains mature milk as well as colostrum, so there are bound to be areas of "contingency".

I have worked with this medicine for four years now and can state that the main clinical issues regarding the use of lac-m concern incarnation (as Tinus Smits has stated). Out-of-body states such as autism, Asperger's, ADD and ADHD and disconnection due to drug abuse may respond well to a one-off prescription of lac-m. Colostrum is present for three days only and its high-protein and high immunological potentiating factors serve to ground the vital force into the body by initiating basic metabolic and immunologic processes which are fur-

S U M M A R Y

While Lac maternum and Lac humanum have many similarities (as one would expect since they both contain mature human milk) they are essentially different, although complementary medicines. Lac-m also contains colostrum and it is this which affords the connection with in-carnation issues often as a consequence of birth trauma or damage done to the vital force through vaccination or drug abuse. It is this which constitutes the primary aetiology for the lac-m state while it is a perceived lack of a suitable length of time spent at the maternal breast that forms the basis for the lac-h state.

KEYWORDS Lac humanum, Lac maternum, Birth trauma, Lactation, Morgan pure

ther defined by a steady and prolonged diet of mature milk.

So lac-m and lac-h are complementary medicines and there is no need for one to immediately precede the other in any prescribed order, as it essentially depends on the progression to cure in each individual case. However the aetiologies are clearly different in that the lac-m state may evolve owing to birth trauma (especially where a large amount of drugs were used) or damage owing to drug or vaccine use, while the lac-h state evolves from insufficient time spent at the maternal breast... a perceived lack of nurturing leading to a fragile ego.

One may well ask: how long should one be at the maternal breast? Well that's a conundrum because anthropologists tell us that lactation rates among primates generally extend for six times the gestation rate. This accords with basic CNS maturation occurring at about three years of age and GIT maturation at about four years of age in humans. Children born into the "developed" world get minimum time at the breast (perhaps three months on average) so lac-h is potentially a universal layer!

A well-timed prescription of lac-h may then heal the damage caused by this situation, thus providing the answer to what I call the "Curse of Eve"... the Catch-22 situation which exists as a consequence of continual cycles of perceived lack of mothering due to minimal time spent at the breast and the desire for women to have a life beyond child-bearing. It is for this reason that I prepare individualised stocks of lac-h for women in my care, by hand-succussing a freshly-expressed sample of involuting milk to 7C to be used until the "expected" weaning time has passed. Instructions on how to do this are in the appendix of my book: "The Homöopathic Physician's Guide to Lactation" [1].

An Example Case

The following case (the basic outline of which appears in my Australian colleague Linlee Jordan's excellent book written for the general public: 'Challenging Children: Success with Homeopathy' [2] and reproduced fully here with permission) serves to show how these two lacs complement one another, and are associated with the cancer miasm.

"Madeleine" born 1995 saw me in 1999 for a "meaty" (daytime) "dry" (night-time) cough which had persisted for ten months. She has been diagnosed with asthma by her GP and has a history of ear infections in the left ear. Bouts of eczema behind the knees and in the flexures of the elbows have been treated with cortisone. This is not her real name but the name that she preferred, saying at one stage "I don't like my real name; call me Madeleine!"

- Mind: Ego, detached from: lac-h; lac-m

Because of a meconium-stained liquor leak at 37 weeks gestation this little one was induced. Labour was eight hours and both Syntocinon (synthetic oxytocin) and pethidine were used. She needed Narcan (naloxone hydrochloride) at birth. Her Apgars were 4, then 9. (All this being a typical aetiology for lac-m as subsequent clinical experience was later to suggest.) She did, however, go to the breast in labour ward and was breast-fed for nine months.

All her vaccinations were done on time. She had an adverse reaction to the MMR vaccine with a high fever. She likes watermelon, ham, salami and fish. Generally she's fearful of the dark and will only go to sleep if one of her parents sits with her and gently rubs her back.

She responded well to *Phosphorus* 30C which was repeated in the higher potencies the following year.

In 2002 she presented a few times with a "thumping" earache which responded well to *Rhus venenata* in the LM potencies. At this time her mother reported that her teachers were concerned with her seeming inability to grasp concepts and easy distractibility. Her reading was halting and she didn't like it and her spelling was "atrocious". Her mother described her as "flighty" and reported that she wouldn't be challenged and had no discipline.

By September in 2002 she was having difficulty with remembering both numbers and letters. It seemed that her memory is poor and her teachers commented on her being "scatty with poor ability to concentrate". She was reading and spelling phonetically and earlier in the year wrote a whole story with mirror writing.

As a consequence her self esteem was low. Her sleep was restless and her mother described her bed as looking a complete mess each morning. She said that she had

dreams of crocodiles eating her and of bad guys stealing her. She had a strong desire for chocolate.

As the mother was breastfeeding a new baby at this time I hand-succussed some of her milk and made a remedy of *Lac humanum* 7C. This was given each morning for two weeks.

Lac humanum rubrics

- MIND: absent-minded
- MIND: concentration difficult
- MIND: concentration difficult, calculating while
- MIND: confidence, lack of
- MIND: confusion of mind
- MIND: memory weak, read, for what has
- MIND: mistakes calculations in
- MIND: mistakes reading
- MIND: mistakes spelling
- MIND: restless evening
- MIND: thoughts disconnected
- MIND: thoughts disconnected, cannot read
- MIND: thoughts vanishing of

SLEEP: dreams of amphibious creatures (I have particularly confirmed crocodiles in several cases. Lac-h can sit alongside Ledum for this rubric.)

STOMACH: desire chocolate

She appeared to do well on the lac-h. Her self-esteem picked up and so did her ability to concentrate. Her mother worked on motivating her to do well in the final exams for Grade Two as there was discussion that if she didn't do well the school was going to recommend that she repeat the grade.

She did OK in her exams. However, because of the history of repeated ear infections and problems with auditory processing, a decision was taken by the parents to have grommets inserted at the end of 2002 during the school holidays. This necessitated a general anaesthetic.

I did not see her again until September 2003 and it seemed that little progress had been made academically even though she scraped into Grade Three. While she's described as "creative" and is good at art (which she loves) her spelling and maths continue to be a big problem and she's been described a "lazy" academically with no will to concentrate and the school is again discussing the option of her having to repeat the grade with her parents.



At this visit I observed a strong “feyness” to her persona. The very first time she saw me she told me that she liked fairies but, on this occasion, she quite resembled one.

She sat cross-legged on my consulting table with her long brown curly hair and long thin limbs and she burred on, with great gesticulation with her arms and constant facial mobility, about her dreams of dolphins and ghosts and witches. She described the witches as creepy but told me that they were nothing compared to the vampires which really scared her.

She told me that she flies in her dreams and so I asked her to describe what happens when she does that. She reported an incident of going back in time to when her mother was a little girl and described a scene (recognised by the mother) of the mother and grandmother and reported verbatim a conversation which the mother remembered as having happened! “They couldn’t see me because I was invisible”.

She is currently doing nine hours of gym a week which she loves. “I like the vault because I can fly though the air”. Her mother reports that after gym sessions she’s quite dizzy for some time.

It would seem that the general anaesthetic undid all the good work of the prescription given twelve months previously and destabilised her vital force. The loss of consciousness experienced as a consequence of any form of medical or social drug may induce a lac-m state in susceptible individuals. Madeleine’s love of vaulting is somewhat of a “homeopathic” activity in that it possibly gives her a temporary sense of disembodiment and a sense of a lack of groundedness, both lac-m rubrics. In that sense, any of the minerals in the first two lines of the periodic table are therefore also to be considered when making a prescription of lac-m.

3/9/03 *Lac maternum* 1M 3 doses a day for three days to be immediately followed by *Lac humanum* 7C again for 2 weeks.

Lac maternum rubrics

- VERTIGO: confusion of mind with
- VERTIGO: falling sensation, rising and falling
- VERTIGO: light-headed
- VERTIGO: reeling walking while
- VERTIGO: staggering with
- MIND: absent-minded
- MIND: antics plays
- MIND: buoyancy feelings of

- MIND: concentration difficult
- MIND: concentration difficult, calculating while
- MIND: concentration difficult, studying while
- MIND: confusion of mind
- MIND: dullness, sluggishness, difficulty in thinking
- MIND: forgetful
- MIND: laziness
- MIND: loquacity
- MIND: manic behaviour
- MIND: memory poor; mental work, aversion to
- MIND: mistakes calculations in
- MIND: prostration of mind, mental exhaustion, brain-fag
- MIND: restless
- MIND: silly behaviour
- MIND: thoughts disconnected
- MIND: work, mental, averse to
- DELUSIONS: arms, opposite directions, work in
- DELUSIONS: body, physical, disconnected, spiritual from
- DELUSIONS: detached, body from; dream as if in a
- DELUSIONS: dumb, thinks she is
- DELUSIONS: floating in air, body suspended above
- DELUSIONS: ghosts, spectres, spirits, sees sleep in
- DREAMS: future
- DREAMS: past
- DREAMS: time-travelling, in
- DREAMS: vampires

Some of these Mind rubrics are also part of the lac-h picture and lac-h follows and complements lac-m in this regard. I generally find that, like colostrum, lac-m is only needed once and I don’t prescribe it for more than three days, thereby corresponding to the time it is available to the newborn. As mature milk follows colostrum, lac-h usually follows lac-m.

I saw her a month later and her mother told me that in the morning immediately after she finished the lac-m, she told her mother about a dream she’d had the night before. “I was going through a long dark tunnel upside down and then I was with my playgroup friends and then I fell asleep”. Within the week she came home from school and told her mother that she no longer wanted to “waste so much time at gym”. “I want you to ring today and get me a tutor for my maths and English because I have to get better at them”. At the time of this consultation she’s begun two tutoring sessions a week and appears calmer.

31/10/03 *Lac humanum* 7C night, morning, night, every full moon and new moon.

The early September 2003 prescription of lac-m followed the September 2002 prescription of lac-h, is, in this instance, an example of “in the reverse order of occurrence” aspect of Hering’s Law, and a good example of why one must not have set expectations regarding the order in which these two medicines may be used.

The issue of lac-m is one of incarnation and in the proving several rubrics associated with birth predominated. One prover had a dream of going around and around in a car park looking for an exit and dreams of birth have been observed in the clinical situation on many occasions (lac-h is more likely to have dreams of caring for babies; lac-m of actually giving birth). Travelling forward and back in time is another key feature of lac-m.

Madeleine’s “birth dream” is interesting as it represents her coming fully into consciousness and acknowledging that she’s part of the Community of Man (her playgroup reflects that). It’s normal behaviour for babies immediately after birth of going to the breast and then having a long sleep. Madeleine’s actual birth was less than optimal in that several drugs were used and she was born “flat” needing Narcan (naloxone) to initiate breathing (Drugs <: lac-m). Physiologically the act of a normal birth results in an immediate reflex action by the infant of opening the mouth thereby filling the lungs with air for the first time and initiating pulmonary circulation. With such low Apgar scores, this did not happen for Madeleine, so possibly her vital force did not engage fully, resulting in a lac-m state.

While birth trauma may be an aetiology for lac-m, so may heavy exposure to drugs during this time. In fact, research published in allopathic literature demonstrates that infants who undergo a heavily medicalised birth are at risk of suicide in their early 20s [3,4]. During the first three days after the birth, before true lactogenesis is initiated, the alveolar junctions in the breast are open and the colostrum secretions are easily tainted with all of the drugs used during the birth and afterwards (Drugs <: lac-m). So the sensitising to drugs occurs during this time and may, in some individuals, set the pattern for a life searching for the sense of disembodiment afforded by social drugs [5]. Therefore, when prescribing



Fig. 1 Breastfeeding.

ing lac-m, a DD may also need to be done with any of the drug remedies.

Madeleine came to see me again 2 months later complaining of “itchy red spots that come and go on my body” and some anxiety around people in general beyond her family. This responded well to *Morgan pure* LM2 then LM3.

Personal clinical experience has established that *Morgan pure* often follows lac-h. There is some logic to this in that it is human milk that has a primary role to play in the establishment of good gut integrity and an aspect of that is the proliferation of beneficial bowel flora. Of all the bowel nosodes *Morgan pure* is unique in that it has an association with all the miasms and so does, in a sense, have an association with cancer miasm (a combination of the deficiency of Psora; the proliferation of Sycosis and the destruction of Syphilis). Lac-h is also complementary to *Carcinosinum*.

When she came for her visit in January 2004 her mother reported that she was sleeping in the recovery position (a sophisticated variation of the genu-pectoral position demonstrated by babies, and a rubric in which one will find *Carcinosinum*) and Madeleine told me of several dreams.

One was of a locket that was stolen from her and “I looked all around the world for it but cannot find it”. Her mother commented that in real life she often loses things because she’s so untidy. She’d also had another dream of “being adopted after being in an orphanage. I wanted my real

parents; instead I got these pretend ones who made me clean”.

Since the *Morgan pure* her appetite had become “voracious” according to the mother. Madeleine agreed and said that “I have a big appetite and will eat anything that I can get my hands on.” She was moving her bowels every second day immediately after eating.

Her mother reported that she was now having issues with discipline and described her as “irrepressible”. “She considers any admonition as being hard done by and rages when reprimanded or when she cannot get her own way. We seem to war over everything!”

16/1/2004 *Carcinosinum* 1M one dose followed by Lac humanum 7C as usual night; morning; night on the 22nd (new moon). This to be immediately followed by *Baryta carbonica* 200C (water potency) to be taken each morning for two weeks; ceasing on 6/2/2004 (full moon).

In clinical practice I have constantly observed that bar-c complements lac-h well, especially in children’s cases. Often when working on CNS pathology we notice that gut symptoms will surface as the individual moves toward cure. As well as lac-h, the bar-c type often has a voracious appetite (possibly as some sort of “statement” regarding the perception we have of bar-c being an empty vessel!). However, bar-c has a tendency to go to stool in the middle of digestion (possibly an indication of the general problem that the bar-c type has with retention on all levels.) The latter symptom is one I’ve often observed in children.

In my experience other minerals (and their combinations) in *Scholten’s* Gold Series (Stages 1 – 10 equating with the goal of perfection) may also complement lac-h. It is a deeply held belief of mine that human milk is literally the white gold of the Alchemist and the most sublimating substance on the planet. The goal of the planet earth experience is self-actualisation and it is human milk that gives us the best foundation towards achieving that goal as it maximises potential on all levels (DREAM: Gods, consorting with, after climbing stairs: lac-h [Sankaran]) [9].

Lac-h is a sarcode so may therefore be used ad lib in the lower potencies when potentiation of function is the desired clinical outcome.

Madeleine had a middle ear infection on 12th February and antibiotics were given, the mother bringing her in on 21st February for treatment of the residual cough that persisted following the infection.

Although the cough was a new symptom, all the symptoms of the previous month persisted (possibly owing to suppression by the antibiotics). So, Lac humanum 7C (one dose only) was re-prescribed for that day (new moon) to be followed immediately by *Baryta carbonica* LM2 for two weeks.

Madeleine was back to see me immediately after the prescription expired with obvious tissue dysplasia of the right nipple. There was budding and it was tender to touch. As she was nine years old it was possible that a precocious puberty was imminent.

Her appetite had become more moderate and she’d been wanting fat and salt (“bacon; pizza”) and ice (“icy poles”). The family ate chicken four nights out of seven each week.

Her mother reported that while she was still struggling with her tables, her spelling had improved and she’d begun to read books more fluently.

I prescribed one dose of *Medorrhinum* 30C (for inappropriate tissue dysplasia) and the tissue gradually resolved over the next few weeks. Further rationale for this prescription at this time lay in the need to address the issue of sycosis activated as a consequence of the adverse reaction to her twelve month MMR vaccination.

Her mother brought her back to see me three months later, in early May, because she was “emotionally distraught” and very angry with having to deal with an incident of playground etiquette involving her best friend and another girl who had recently attached herself to them. “L went to S’s place for a sleep-over and I know she’s up to something. I think she’s going to take S away from me!” As a consequence of her inability to cope with this situation the family is “copping it” with “lots of yelling and raising of the voice”.

Her appetite was now more “normal; she no longer had hollow legs”.

1/5/04 Lac humanum 1M one dose.



Lac humanum rubrics

- MIND: antagonism with herself, individuality vs. the group, conformity about
- MIND: anxiety, company
- MIND: company desire for, attract others towards himself, wanted to
- MIND: company, desire for, group, old, wants to belong to, again
- MIND: delusion, friends, unwanted by
- MIND: intolerance; irritable, family to her
- MIND: forsaken, isolation, sensation of
- MIND: self-control, loss of
- MIND: irritability
- MIND: lamenting, futility of human relationships, about

When I next saw Madeleine again five months later she presented with a persistent catarrh that was worse in the mornings with a need to blow the nose and sniff. The other girl was out of the picture and she had her "best friend back".

Her mother reported that she was now swimming three times a week instead of going to gym and was playing tennis. The swimming was chosen to give ample opportunity for cross-patterning and the tennis to help increase her ability to focus. She was really enjoying her tutoring and her tutor reported that she was "much improved". On this occasion Madeleine brought a book with her to read while her mother and I talked and she read nicely to me with little hesitation. She worked out the change I needed to give her mother and made a joke about maths being fun!

2/10/04 Medorrhinum 200C one dose.

Madeleine has now (Dec 2006) completed Grade Six at school and is considered to be an average student who has superior artistic flair for project work (which she loves) and a keen interest in completing all her schoolwork tasks on time. She likes to do well and is not afraid to ask for help when she doesn't understand new concepts. Although her spelling still isn't wonderful, she enjoys going to the library with her mother and always takes out several books. She has one more year of primary school to go and is looking forward to going to high school with her group of special friends, who number half a dozen.

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Vita

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