Milk Matters

COMMON BREASTFEEDING ISSUES FROM A NATUROPATHIC AND HOMEOPATHIC PERSPECTIVE

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BREASTFEEDING IS THE NORM FOR HUMAN INFANTS

- The WHO and the Centers for Disease Control and Prevention have affirmed breastfeeding's value to public health
- Strong organisations such as the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Association of Family Practice, and the Academy of Breastfeeding Medicine have confirmed the value of human milk
- The discussion is over….

- Lawrence RA; **Breastfeeding triumphs** *Birth* 2012 Dec;39(4):311-4.

A LINE IN THE SAND HAS BEEN DRAWN!

HUMAN MILK IS SPECIES-SPECIFIC

- Humans are the only mammals who drink the milk of another mammal after weaning!
- Humans are primates and primates lactate for 6x the gestation rate
- The orangutan (our closest DNA "cousin") lactates for 8 years

APHORISM 9

- Our physical body, needs to be "**a healthy instrument**" of which "the spirit-like life force…can freely avail itself…**for the higher purposes of our existence".**

BABIES DON'T GET HUMAN MILK FOR LONG ENOUGH!

- Australia at 6 months: 14%
- Canada at 6 months: 14%
- UK at 6 months: 1%
- USA at 6 months: 50%
- "Infants who do not receive human milk in the United States cost its healthcare system over $13 billion each year and result in over 900 unnecessary infant deaths annually."

- Dr. F Nice *Domperidone and Breastfeeding* GOLD Feb 2014

UNICEF: 1.4 MILLION BABIES DIE YEARLY DUE TO LACK OF BREASTMILK

UNICEF, "BREASTFEEDING: IMPACT ON CHILD SURVIVAL AND GLOBAL SITUATION", HTTP://TINYURL.COM/7BOMC2

MORBIDITIES LINKED BY RESEARCH TO LACK OF BREASTFEEDING

- SIDS
- Brain growth & cognitive ability
- URTIs; Otitis media; Asthma
- UTIs
- Diabetes (protects both baby & mother)
- Crohn's
- Ulcerative colitis
- Cardiovascular disease (both baby & mother)
- Bone density (both baby & mother)
- Obesity (artificially fed infants consume 30,000 more calories than breastfed babies in the first 8 months).

CONSTITUENTS OF MILK (G/100 G) OF VARIOUS MAMMALS

Mammal	total solids	fat	total protein	lactose	ash
Ass	11.1	1.2	1.7	6.9	1.3
Camel	14.4	4.9	3.7	5.1	0.7
Cat	25.4	10.9	11.1	3.4	
Cow (Jersey)	15.0	5.5	3.9	4.9	0.7
Dog/Wolf	25.1	12.9	7.9	3.1	1.2
Dolphin	30.4	14.1	10.4	5.9	
Elephant	24.1	15.1	4.9	3.4	0.76
Goat	12.0	3.5	3.1	4.6	0.79
Horse	11.0	1.6	2.7	6.1	0.51
Human 13.6	5.5	1.0	7.0	0.1	
Kangaroo	9.5	2.1	6.2	trace	1.2
Lion	24.8	13.7	8.5	2.6	
Llama	14.0	5.6	4.3	3.3	0.8
Pig	19.5	8.2	5.8	4.8	0.63
Rabbit	26.4	12.2	10.4	1.8	2.0
Seal (grey)	67.7	53.2	11.2	2.6	0.7

PROMOTES IMMUNO-COMPETENCE

- Human milk contains ***many hundreds to thousands of distinct bioactive molecules*** that protect against infection and inflammation and contribute to immune maturation, organ development, and healthy microbial colonisation
- Mothers and babies form a biological unit.
- Breast-feeding maintains the maternal-foetal immunological link after birth, (which is thought to favor the transmission of immuno-competence from the mother to her infant), and is considered an important contributory factor to the neonatal immune defense system during a delicate and crucial period for immune development

- Ballard O, Morrow AL; **Human milk composition: nutrients and bioactive factors** *Pediatr Clin North Am.* 2013 Feb;60(1):49-74

IMMUNE SYSTEM OF THE INFANT

- Several studies have reported that breast-feeding, because of the antimicrobial activity against several viruses, bacteria, and protozoa, may reduce the incidence of infection in infants
- The protection from infections may be ensured either passively by factors with anti-infective, hormonal, enzymatic, trophic, and bioactive activity present in breast milk, or through a modulator effect on the neonatal immune system exerted by cells, cytokines, and other immune agents in human milk

- Chirico G et al; **Anti-infective properties of human milk.** *J Nutr.* 2008 Sept;138(9):1801S-1806S
- Andersson Y; **Formula feeding skews immune cell composition toward adaptive immunity compared to breastfeeding.** *J Immunol.* 2009 Oct 1;183(7):4322-8

What are some of the common issues that can make breastfeeding difficult?

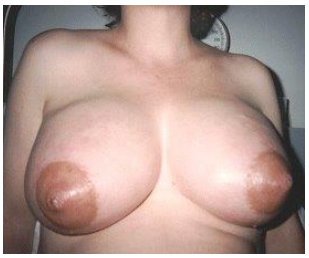
- ENGORGEMENT
  - Assess breast tissue elasticity during pregnancy
  - Encourage regular lymph drainage massage for those with poor elasticity
  - Encourage early breastfeeding and encourage correct attachment
  - Encourage regular feeds in the early post-partum period (both breasts)

ENGORGEMENT

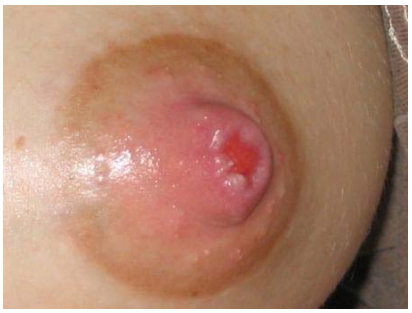
- Cold compresses
- Epsom salts soak
- Pump to soften areola
- Gentle sweeping massage during feeds

- Phytolacca 200C tds with succussions
  - BREAST: Mastitis, confinement, after: phyt [Murphy]

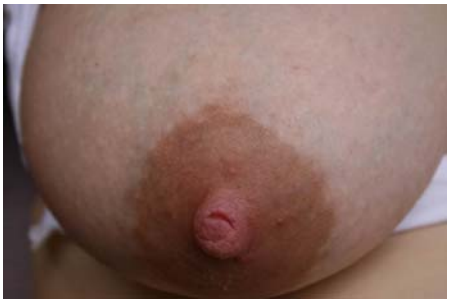
ENGORGEMENT [© Sue Cox IBCLC]



Painful Nipples: abrasion [© Bridget Ingle IBCLC]



Painful Nipple: crack [© Bridget Ingle IBCLC]



Painful Nipples

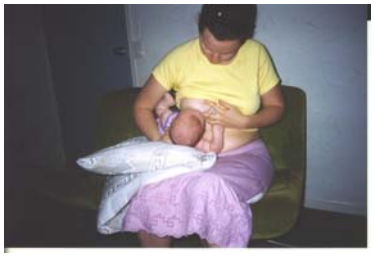
- Encourage early breastfeeding and encourage correct attachment
- Encourage regular feeds in the early post-partum period (both breasts)
- Choose appropriate remedy and management protocol which may include use of a nipple shield and resting the breast

Cross-cradle position

Supported Cross-Cradle Position

Primate Position

Football Hold



Football Hold

A Few months previously…syringe fed

Then cup fed

Remedies for cracked nipples

- aesc., anan., *arn.*, ars., *aur-s.*, *bor.*, calc-ox., *calen.*, carb-an., carb-veg., *cast.*, CAST-EQ., CAUST., cham., *con.*, *crot-t.*, *cund.*, cur., dulc., *eup-a.*, *fl-ac.*, gali., ger., GRAPH., ham., helon., hipp., *hydr.*, *lyc.*, merc., *merc-c.*, *mill.*, nat-s; nit-ac., *paeon.*, PETR., *phel.*, phos., PHYT., puls., RAT., SARS., *sep.*, SIL., *sulph.*
  - Murphy, R *Homeopathic Medical Repertory*; 1993; HANA; Pagosa Springs Co., USA

Some sub-rubics for cracked nipples

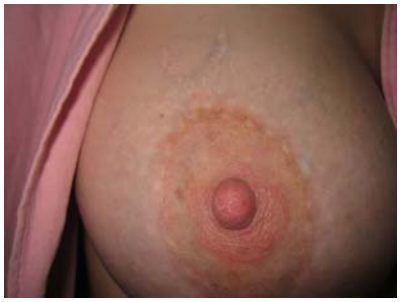
- Across crown: sep
- Aphthous: bor
- Base: sulph
- Bleeding: ham
- Hanging: cast-eq
- Herpes around: caust
- Weaning after: dulc

Painful Nipples

- Thrush? (mother or baby)
- Diet: remove yeasts and sugars
  increase essential fatty acids &
  zinc-rich foods (nuts & seeds; seafoods)

Case: http://www.patriciahatherly.com/images/newsletter/double-trush.pdf

Thrush



Remedies for Thrush….mother

- ***Helonias***…..look for:
- Hx ***Sepia*** in the past
- Hx of vaginal thrush
- Backache
- Polyuria/Polydypsia
- Consciousness of womb
- Nipples so sensitive that she cannot bear any form of touch; even clothing

Remedies for thrush…baby

- ***Borax***
- Look for plaques in mouth
- Spotty nappy rash; may scream before urinating
- Strong startle reflex < noise
- Hoarse cry; may click while feeding
- < from being placed backwards; they fear falling

Remedies for thrush…baby

- ***Sul Ac***
- Look for plaques in mouth
- A recent history of a head injury (and that could be from a precipitate birth…refer off for cranial work)
- Saffron-coloured stool

A case of thrush

- A woman who'd recently had her 3rd baby visited my clinic in Oct 2002 for assistance with treating her **systemic candida.**
- **Her nipples have been very painful** and the baby gets thick white plaques in her mouth from time to time.
- The mother deals with that by expressing her milk and giving it to the baby in a bottle until the plaques (treated with Daktarin) have gone.

Childhood

- She was born the second of 3 children and her mother's pregnancy and birth were uneventful.
- She was breastfed for just a short while (couple of weeks).
- However there were major problems with her kidneys. **Apparently the R kidney was only half the size of the other and there were problems with scarring which reduced its capacity to function**. She was on antibiotics for 10 years.
- She enjoyed her school years and played lots of sport and made friends easily.

Teens

- Menarche at 14 was OK. However **she had bad teenage acne,** and was put on antibiotics again and Roacutane.
- When she went on the OCP for contraception at 18 the candida set in. She had **lots of vaginal thrush** and used Caneston regularly.
- She stayed on the OCP until 28 when she married and has used an IUD between pregnancies.

Early adulthood

- **She had persistent hayfever in her 20s** which was treated with steroidal nasal sprays.
- She left home to study nursing but had many months back home in her second year with glandular fever.
- At 22 she went overseas for 2 years and got a virulent stomach bug in Asia which took a long time to settle.

BABY #1

- 30 y/o…
  - **"had an awful time; vomited all day until 18 weeks.**
  - **The smell of any food (especially meat), set me off and the only way I coped was by continually nibbling on dry crunchy foods."**
  - **"In fact in all my pregnancies the need to continually eat is a big one and I get the shakes as well as nausea if I go too long without food."**

BABY #1

- **"I craved salt during the pregnancy and got very big with fluid;** baby was 9lb 1 oz."
- "Birth went very well; 8 hours; no drugs and **I had tons of milk and had to express off daily until the supply gradually settled**. During this lactation (14 months) the breasts were fine, but **I got vaginal thrush off and on."**

BABY #2

- 32 y/o "The morning sickness was worse this time and it was generally a rotten period of our lives as my husband's father died during this time closely followed by his grandfather and grandmother and we were renovating the house."
- "It was a very quick labour (2 hours) and **I had even more milk this second time. I had to completely express off the first feed of the day."**
- "She weaned cold turkey at 9 months."

BABY #3

- 34 y/o "This pregnancy was the worse**. I had morning sickness for the whole 9 months. I got pneumonia in the first trimester and went on antibiotics. After that I got thrush in the mouth and was put on an oral course of Nilstat."**
- **"I had to go on them again towards the end of the pregnancy as they detected Strep B during a swab for the thrush which plagued me constantly."**

BABY #3

- **"I even got thrush on my nipple during the pregnancy. It was an itchy thick white discharge which smelt like old cheese.** Daktarin was prescribed."
- "I had a water birth this time (took 3 hours) but he came out sideways and I bruised very badly and **now have a rectocele which is better if I do my pelvic floor exercises."**

RECENT HISTORY….

- At the 6 week checkup the baby had oral thrush and **both nipples were rosy red and painful.**
- **She reports that there's breast pain in between feeds and the nipples consistently blanch.**
- She's using a bicarbonate wash for the nipples after each feed and has had a course of Diflukan.

Diet

- **She loves salty food and coffee upsets her.**
- **She's trying to stick to a diet of no yeasts and sugars but enjoys tasty curries and stir-fries.**
- She also enjoys an occasional glass of wine with her evening meal and a gin and tonic before the meal.

More recent symptoms…

- **Her vision is blurry and she has tinnitus (ringing).**
- Her thirst is moderate and her tongue is moist with scalloped edges.
- **She had palpitations during the pregnancy** and gets them still from time to time. They come on suddenly and there's no pattern to them.

Other relevant symptoms…

- **She has a history of constipation.**
- **She doesn't remember her dreams.**
- **She prefers summer as she LOVES the beach (which they live near).**
- **She's had a history of warts on her palms and currently has one on her right palm.**

Mentals

- She says that **she's scared of heights and is TERRIFIED of spiders.**
- She says that she's a pretty relaxed person and it takes a lot to get her angry.

Her emotions….

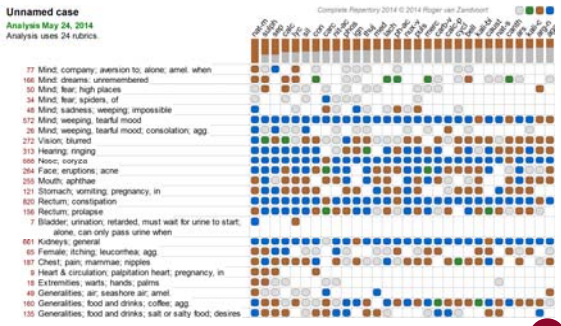
- When I asked her about tears she said that the having to express and bottle feed to prevent cross infection made her sad and that **she regularly hops in the shower to have a good cry** during those times **(hates for anyone to see her crying).**

Her emotions….

- **She describes herself as a very private person who doesn't cry easily.**
- **I asked her if she had any problems with urinating in a situation where she could be heard and she confirmed that she did not like it.**

Prescription

- 9/10/02 **Nat-m** 200C tds in a water potency with 3 succussions until the nipples settle.
- I also insisted on a strict sugar/yeast free and ***salt-free*** diet and gave her a lotion for the nipples made from **Calendula, Hydrastis** and **Pau d'Arco**.



Follow-up in the New Year

- Nipples are much improved but symptoms flare again if she strays from her strict diet.
- She declined to come again as she lived about 100km from me and was happy enough with the improvement. I would have liked to prescribe **Proteus Bach** 30C.

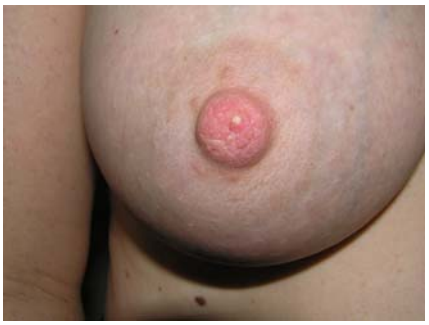
Painful Nipples….White Spot

- White Spot: two types….
- #1 PLUGGED CELLULAR DEBRIS
  - Massage out
  - Change feeding position: en face (Primate)
  - Increase essential fatty acids especially PUFAs
  - Two tablespoons of lecithin daily

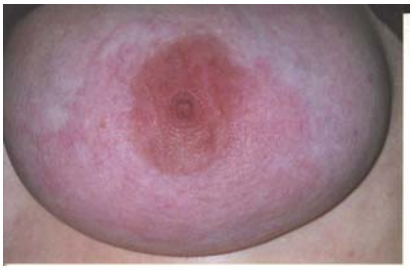
Painful Nipples….White Spot

- #2: MILK BLISTER (HPV)
- Break blister with sterile needle or change feeding position
- Undergo constitutional homeopathic treatment; a drawn-out process but effects a cure
  - see cases in Published Articles and Conference papers on my website: www.patriciahatherly.com

White Spot



Mastitis



Lumpy Mastitic Breasts

- Check clothing; bras; sleeping position
- Hydration: check caffeine intake methyl xanthines in coffee & chocolate may predispose breasts to cystic lumps
- Low immunity...rest; good diet; increase iron and zinc rich foods
- Food sensitivities →vasculitic mastitis; check salicylates and amines

Mastitis

- Keep breast drained; begin feeds on affected side; pump or massage while feeding from other breast
- Bed rest; fluids; vitamin C
- Change feeding position; try en-face
- Alternate hot/cold: warm washer; Epsom Salts soak vs cold packs; cabbage leaves

Homeopathic medicines for mastitis

- Mastitis infection:

  acon; anan; ant-t; *apis*; arn; ars; BELL; BRY; bufo; *cact*; calc; *carb-an*; *carb-s*; *carb-v*; *card-m*; *cham*; *cist*; clem; *con*; *crot-t*; cur; ferr-p; galeg; graph; HEP; LAC-C; LAC-H; lach; *lyc*; *merc*; *phel*; *phos*; PHYT; plan; plb; *puls*; rhus-t; sabad; SIL; SULPH; ust; verat-v

Common bacteria found in the breast

- **Staphylococcus epidermis and Staphylococcus aureus**
- **α-haemolytic Streptococcus**
- **β Streptococcus (keynote: alternates breasts)**
- **Non-haemolytic Streptococcus**
- **Enterococcus; Escherichia coli (governs vitamin K production)**
- **Candida albicans**

Bacteria ... what role do they play?

- The new concept of the 'milk microbiome', seeks to understand the possible mechanisms (contamination versus active migration) by which bacteria can reach the mammary gland.
- This major source of bacterial diversity in the breast will affect the neonatal gut, including gut-associated obligate anaerobes, and may thus significantly influence gut colonisation and maturation of the immune system.

- Jeurink PV et al; **Human milk: a source of more life than we imagine** *Benef Microbes.* 2013 Mar 1;4(1):17-30
- Jost T et al; **Assessment of bacterial diversity in breast milk using culture-dependent and culture-independent approaches.** *Br J Nutr* 2013 Mar 14:1-10

Mastitis Case… #1 Belladonna

- Lady calls you to see her at home in the afternoon of the day that she has just come home with her first baby.
- They both had a rest after lunch and she's woken with a hot throbbing breast with radiating streaks... right breast.
- She seems disturbed and anxious...a bit manic; she's very flushed with dilated pupils

Belladonna case

- She has a high temperature but says that she feels cold; her hands are very cold.
- Her throat is "raging" and she's very thirsty but water is not cutting it. She wants lemonade.
- Interestingly, she reports, that during this afternoon nap she had a disturbing dream of having to put out a fire.

Mastitis Case #2…. Bryonia

- Lady presents with mastitis in right breast
  - it's red, hot, swollen
  - > holding with hand or lying on painful side
  - < jar; movement
  - accompanied by a crushing headache ("migraine-like"); wants a dark room; to lie still
  - unquenchable thirst but is totally dehydrated with dark, scanty urine and constipation

Mastitis Case #3 … Bryonia

- Lady presents with suspected mastitis in her right breast although breast is only slightly pink
- However it is tender to touch and she has generalised "flu-like" symptoms: febrile with chills; vertigo; nausea
- She's day 7 post-partum; had twins; one died day 3 (heart complications)
- Yesterday her lochia unexpectedly ceased

Mastitis Case #4 … Lac Caninum

- A lady, 12 months into her first lactation (has recently gone back to work two days a week), presents with mastitis in her right breast.
- She reports that she had a "touch of it in the left breast 10 days ago but got on top of it with pumping and extra breastfeeds and rest."
- Her menses returned in month 9 and she's just finished a week of heavy bleeding.

Mastitis case … Lac Caninum

- Her job wasn't well-managed while she was on maternity leave (she's a publisher) so she has a "mountain to climb" at work and they've been less than supportive regarding her need for breast pump breaks so she has to go to the ladies to do that twice during the day.
- Even so, she thinks that her supply has diminished somewhat and she's anxious regarding "losing my milk".

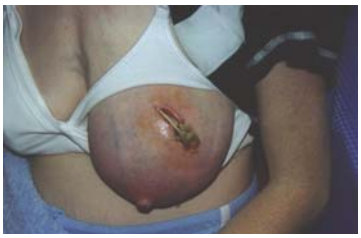
Mastitis case … Lac Caninum

- During this recent menses she developed a "strep throat" which she managed with OTC lozenges.
- Her tonsils are still quite pussy and she is hoarse.
- Her tongue has a thick white coat with distinct clear edges.
- Sleep has been restless and she's been dreaming of snakes.

Breast Abscess

- S/S Generally as for mastitis; *however the affected area is pearlescent*
- Treat as for mastitis; however refer off for surgery

Immediately after surgery



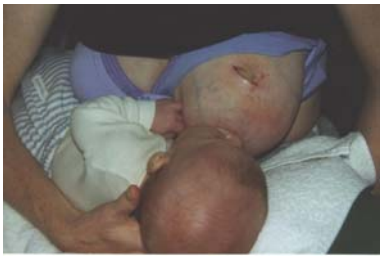
Homeopathic Medicines for abscess

- Immediately after surgery while the drain is in I use either *Silica* 6C tds where the pus contains blood

OR

- I use *Hepar Sulph* 6C tds if the discharge is offensive and cheesy

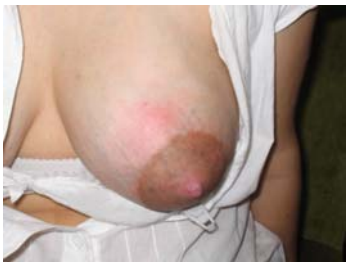
After removal of the drain



Subsequent care

- While the wound needs dressing I prescribe *Calendula* 12C tds to facilitate tissue granulation

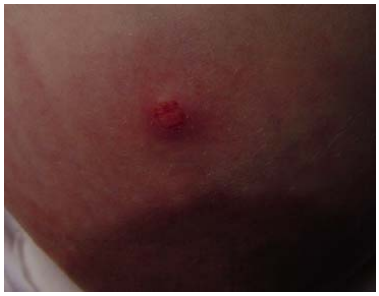
Breast abscess treated homeopathically



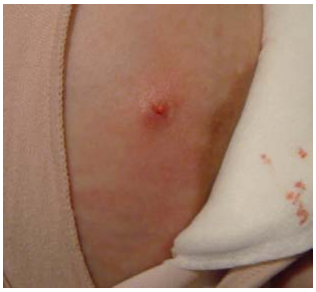
Initial prescription

- Alternate doses of *Lac humanum* 200C and
- *Streptococcinum* 200C tds for 3 days

Two days later …



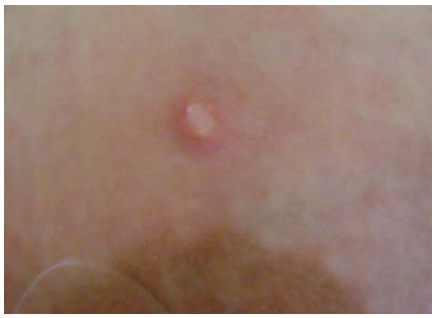
On day 3 the abscess burst and pus and blood oozed out



Second prescription

- Because the discharge contained blood along with the pus I changed the medicine to *Silica*
- *Silica* 30C was given tds as it was the lowest potency that her mother had
- The next day the pus had cleared and the vent was leaking milk; *Silica* was stopped

No more pus …



Wound healing; no more medicine

Wound healed

Low Supply

- Check baby's vital signs
- Monitor regular weight checks & growth spurts
- Wet & dirty nappy count

Low Supply

- Poor weight gain (i.e. less than 150 gms per week) may indicate low milk supply.
- However, before assuming that this is so, the baby needs to be carefully checked to make sure that the problem does not lie entirely with him/her.

Low Supply

- Generally it is a "catch-22" situation as a weak baby with a poor suck can end up causing an undersupply problem as the breasts will not be getting adequate stimulation.
- Often *Silicea* or *Sanicula* needs to be prescribed for the baby.

Low Supply

- Check that the mother did not sustain an excessive blood loss at the birth; a diet high in iron-rich foods and protein and adequate hydration will compensate for this situation. However, it can take several weeks; use an appropriate Simillimum and suggest Floradix.
- An appropriate Simillimum is especially important where the low supply has a psychological or emotional basis such as with *Asafoetida* (for example).

Low supply

- Are bottles of water or dummy used?
- Is mother using a nipple shield?
- Consider that she may have retained placental products; (*Agnus castus*) what is the nature of her lochia?
- If there are no retained products, check that the mother is not on the OCP or is, perhaps, pregnant?

Low supply

- Check alcohol and tobacco consumption(both can depress supply); consider using *Avena Sativa* Ø.
- Is mother well-hydrated?
- Check any prescribed medication or herbs
- Check general stress levels as they may impact on oxytocin levels; can she feel her let-down; does breast "fill" between feeds?
- **Check family Hx of thyroid disease**
- Check family Hx of diabetes...does mother have polyuria/polydypsia?

Low Supply

- Check maternal diet for fat and protein intake
- Fat assists baby to gain weight
- Protein will assist the mother with milk production; generally mothers need 1 protein gram per kg of ideal body weight
- eg: 60kg mother needs 60 protein grams/day; add 20 in first 6 months
- Suggest that she cover the palm of her hand with protein 5xdaily

Dietary co-factors for milk production

- **Calcium:** dairy; egg yolk; molasses; nuts & seeds; bones of oily fish; green leafy vegetables (cows get all their calcium from grass!)
- A teaspoon of organic green barley grass powder provides much of the 1200 mg of calcium needed daily by a lactating mother.

Dietary co-factors for milk production

- **Manganese:** almonds; avocado; beans; buckwheat; coconut; corn; egg yolk; fruit (pineapple; grapes; blueberries; boysenberries); kelp & other greens; liver; olives; pecans; sunflower seeds; tea; walnuts; wholegrains

Low Supply

- Check her daily routine...is she working?
- High stress levels and excessive tiredness can negatively impact on oxytocin levels.
- Ask the mother if she can feel her let-down and if her breast changes in fullness between feeds. Ask how long the baby spends at the breast during feeds.
- Does the mother exhibit signs of diabetes: polyuria/polydypsia? Consider *Helonias* or perhaps *Phosphorus*.

Low Supply

- The mother whose tiredness is due to a lack of being able to manage balancing professional and mothering commitments will need assistance in accessing appropriate help and prioritising. She may need to be reminded of the economic, psychological and health benefits associated with breastfeeding.
- Well-informed mothers tend to breastfeed for longer and cite the support of their Physician as an important factor.

Low Supply

- Check for PND
- If post-natal depression a possible contributing factor, consider *Sepia*
- However, *Lac humanum* is likely to be more appropriate (breastfeeding <)
- Check iron and B_{12} levels
- How long has she been on the OCP and how old was she when she first began to use the OCP?

Low Supply

- Encourage the use of both breasts
- If it is during the early post-partum period and the above check-list provides no answers, try a dose of *Secale* if the third stage was managed with ergometrine
- Massaging the breasts in between feeds can stimulate production by encouraging blood flow that carries the hormones. The use of a warming oil such as jojoba is ideal, to which can be added aromatherapy oils which aid circulation such as aniseed [cajeput] and the citrus oils or use castor oil alone

Traditional Herbal Galactagogues

- Borage (adrenal restorative)
- Caraway (enhances appetite)
- Dill (carminative)
- Fennel (stimulates digestion)
- Fenugreek (has a reputation for stimulating breasts but is a bitter herb that stimulates appetite)
- Goat's rue (has a reputation for stimulating breasts but is an insulin regulator)
- Milk Thistle (cholagogue; bitter herb)

Traditional TCM foods for Lactation

- Chicken & ginger soup
- Ginger tea
- Licorice (Sarsaparilla)
- Bird's nest soup
- Cooked or warm food; esp vegetables
- No alcohol or spices

Homeopathic "galactagogues"

- **Breastmilk absent**:

  acon; *agn*; alf; apis; *asaf*; *bell*; bor; BRY; CALC; carb-an; card-m; *caust*; cham; *chel*; *coff*; DULC; *form*; frag; *ign*; LAC-C; lac-d; LAC-H; LACT; *lec*; merc; *mill*; nux-v; *ph-ac*; phos; phyt; piloc; PULS; rheum; rhus-t; *ric*; samb; *sec*; *sil*; stict; sulph; *thyr*; URT-U; ust; x-ray; ZINC

Oversupply

- One-sided feeding
- Schedule feeding
- Cold compresses (cabbage leaves)
- Sage tea
- Soak in Epsom Salts to relieve fullness without stimulating the nipple and increasing prolactin

Oversupply

- **Breastmilk increased, too profuse**:

  acon; anan; arund; asaf; BELL; *bor*; BRY; CALC; cham; chim; chin; *con*; erig; iod; lac-c; lact; medus; nux-v; parth; phos; phyt; pip-m; PULS; rheum; *rhus-t*; ric; sabal; *sabin*; *salv*; *sec*; *sol-o*; spira; stram; ust; yohim

  Medicines highlighted in green are also to be found in the "**breastmilk absent**" rubric; nothing is standard in homeopathic prescribing!

Colic

- Usually due to a simple build-up of intestinal gases due to over-feeding or faulty digestion
- Over feeding: put on a schedule and feed from one breast only at a feed to maximise availability of fat (emphasise, and give advice on, fats in the diet)
- Fat slows down gut motility

Colic

- Soak breast before feed in warm water and Epsom Salts
- Feed en-face (Primate Position)
- Check for food intolerance…did baby have hiccoughs in utero?
- Dairy intolerance is most predominant in babies where there are personal or familial mid-line abnormalities and/or body hair at birth

Colic may be a Zinc issue

- Zinc levels in breastmilk are approx thrice that of copper by the time the infant is two months old… [625 ug/L and 239 ug/L]. [At birth copper is twice the non-pregnant level]
- Improving prenatal zinc nutrition protected against diarrheal morbidity in infant offspring through 12 months of age and reduced likelihood of prematurity by 14%.
- Zinc is the only mineral to drop off after 6 months lactation so mothers need to supplement and/or concentrate on their diet and that of their infants lest low weight gain becomes problematic.

- Orun E et al; **Zinc and copper concentrations in breastmilk at the second month of lactation** *Indian Pediatr.* 2012 Feb;49(2):133-5
- Hess SY, King JC; **Effects of maternal zinc supplementation on pregnancy and lactation outcomes** *Food Nutr Bull.* 2009 Mar;30(1 Suppl):S60-78.
- Ianotti LL et al; **Maternal zinc supplementation reduces diarrheal morbidity in Peruvian infants.** *J Pediatr.* 2010 Jun;156(6):960-4.
- Sezar RG et al; **Effect of Breastfeeding on Serum Zinc Levels and Growth in Healthy Infants.** *Breastfeed Med.* 2012 Oct 9.

Role of Zinc in neonatal gut

- The enzyme involved in the breakdown of lactose into glucose and galactose is lactose-phlorizin hydrolase (LPH)…["lactase"]
- LPH is found mostly in the villi of the jejunum and ileum and its presence (abundance) is dependent on a number of factors that enhance gene transcription of LPHmRNA
- One regulator of the gene transcription of this enzyme is hepatocyte nuclear factor (HNF-1α) another is GATA-4. **The latter is governed by a pair of zinc fingers of the 4-cysteine type**

Deficiency signs of zinc

- poor appetite
- itchy skin & stretch marks
- low stomach acid levels → intestinal gas (loud)
- poor memory
- depression
- low immunity

Dietary sources of Zinc

beef	lamb
baked beans	oysters
cashews	sunflower seeds
egg yolk	pumpkin seeds
ginger	wholegrains
herrings	yeast
liver	milk

GOR

- S/S: rapid & continual swallowing movements on lying down (silent reflux)

OR

- Excessive vomiting of sour &/or curdled milk
- Condition stems from GIT problems:
  - either constipation →stomach overload OR
  - excessive lactose → build up of intestinal gases

Management of GOR

- Scheduled feeds
- One-sided feeds
- Feed upright
- Sleep upright 30° or on left side
- Increase fats and protein in maternal diet → decrease in lactose & gut motility
- Use slippery elm bark if salicylates aren't a problem

Lactose Intolerance

- S/S: copious, frothy stool passed with excessive flatus & accompanied by excessive crying
- Stool is often slimy or full of mucous as the innermost lining of the large intestine is shed

Lactose Intolerance

Most likely to occur:

- if baby is premature as lactase levels are only ¾ of full complement at birth
- if mother or baby was given antibiotics at the time of birth
- if mother has a copious supply &/or a vigorous let down

Lactose Intolerance

Managed best by:

- Modifying maternal diet to result in the lowering of the lactose levels in her milk
- Increase of protein and fat and complex carbohydrates at the expense of simple carbohydrate lowers lactose levels in milk
- Called "The Compensation Effect"

Bailey KV; (*J Tropical Paediatrics* 11:35, 1965) in WHO: *The Quantity and Quality of Breastmilk 1985*

Lactose Intolerance

- Ensure adequate intake of zinc-rich foods as zinc is the main co-factor in the production of lactase
- Schedule feeds
- One-sided feeding
- Slippery Elm bark; add bifidus after 3 days

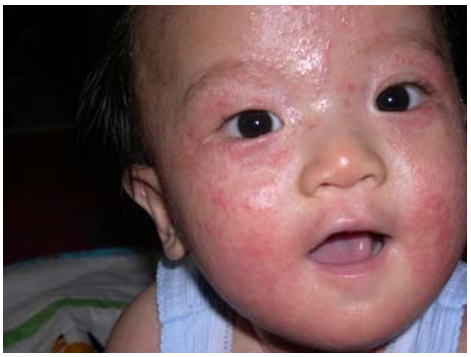
- http://www.patriciahatherly.com/images/published-articles/phdocs.pdf

Milk Protein Intolerance

- Hiccoughs in utero if maternal dairy intake is high
- Midline abnormalities in baby or family
- Hairy baby
- Poor or incoordinate suck/swallow/breathe pattern; mammals who drink the milk of another species suffer from apnoea

Milk Protein Intolerance

- Remove all dairy from maternal diet for 6 months then re-introduce gradually while she's still breastfeeding
- Prescribe a calcium supplement or increase intake of:
  - green leafy vegetables
  - nuts and seeds
  - bones of oily fish



JC 8 MONTHS

- Eczema from 4 weeks
- Extremely itchy such that it drives him mad
- He rips at his skin until it bleeds and may become infected (has been on antibiotics 3 times) so his mother puts mittens on him and swaddles him
- He rubs his head into the ground and the front third of his hairline has been abraded

JC 8 MONTHS

- Mother wants to wean (he's waking hourly at night and she's exhausted and she's tired of having a restricted diet) but he's reacting to all formula
- Reaction symptoms include:
  - vomiting
  - hives
  - very loose stool
  - spotty anal rash

JC 8 MONTHS

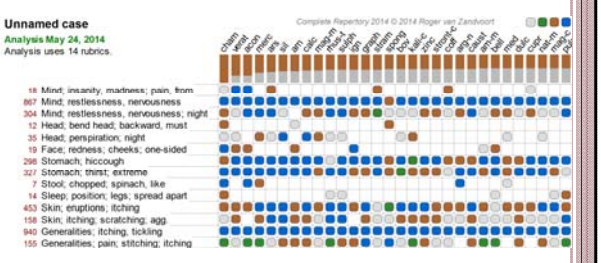
- Baby had hiccoughs in utero
- Mother craved coffee in the pregnancy and had several milky coffees daily and drinks coffee daily still
- Jaundice after birth persisted for 3 weeks
- Allergy tests indicate allergy to:
  - wheat; dairy; egg; rice and peanuts

JC 8 MONTHS

- I observe:
  - he keeps bending his head back
  - he won't keep still
  - craves water constantly; has hiccoughs still
  - the itch is driving him mad; he wriggles out of his swaddling and pulls off his mittens so that he can scratch
  - he will only stop scratching temporarily with distraction from a new toy or activity

JC 8 MONTHS

- Mother reports:
  - sweats profusely at night around the head
  - sleeps in a starfish position when he wriggles out of his wrap
  - often one cheek is more red than the other
  - stool, when teething, is like chopped spinach



Treatment Plan

- Do not wean but give up coffee and stay on the low allergy diet for now
- *Chamomilla* in descending potencies with the baby remaining on the 30C potency daily for a week

Eric Erikson's 8 Epigenetic Stages

VIII	Maturity Old Age (WISDOM)	**Ego Integrity** vs *Despair, Disgust*
VII	Middle Adulthood (CARE)	**Generativity** vs *Stagnation*
VI	Young Adulthood (LOVE)	**Intimacy** vs *Isolation*
V	Puberty & Adolescence (FIDELITY)	**Ego Identity** vs *Role Confusion*
IV	School age: Latency (COMPETENCY)	**Industry** vs *Inferiority*
III	Play age: Locomotor/Genital (PURPOSE)	**Initiative** vs *Guilt*
II	Early childhood: Muscular/Anal (WILL POWER)	**Autonomy** vs *Shame, Doubt*
I	Infancy: Oral/Sensory (HOPE)	**Basic trust** vs *Mistrust*

Adapted from *Childhood and Society*, Erik H Erikson, 1963. in *Personality Theories (2nd edn)*: Hjuelle LA and Ziegler DJ McGraw Hill Inc 1985

Lac Humanum…MIND:

- Egoism
- Empathic
- Benevolent
- Colleagues; in tune, with
- Isolation; feelings of; but not worried by them
  - "Alone, but not lonely!"
- Comfortable; people, with
- Positiveness

Lac Humanum…MIND:

- Confidence increased
- Confidence; self, in
- Assertive
- Dressing colourfully
- Untidiness <
- Untidiness; appearance of <
- Fastidious

Lac Humanum…MIND:

- **Impulse to tidy:**
  - clean car;
  - mow lawn;
  - do housework [**Delusion:** nesting; as if she is];
  - personal appearance, improve
- Impulse to effect closure; move on from the past
- Relaxed
- *Tranquillity*
- Patient

Lac Humanum…MIND:

- **Alert**
- Concentration >
- Concentration active
- Thoughts; rush of
- Increased ability to think
- Thoughts; clearness of
- Clarity of mind with increased ability for mental work (*iridium*)
- Work; desire for; mental
- Thoughts persistent; of improving at work, alternating with thoughts of leisure

Lac-h case

- Male D of B: 13/6/1974
- A 27 year old electrician (small in stature), presented in July 2001 with "on-going sniffles".
- Previous history of ++ upper respiratory tract infections, which settled but have re-surfaced during the past 2 years. He says the symptoms can drag on for weeks at a time.
- He has suffered from "reflux" since 4 years old. He would constantly regurgitate small amounts of food into his mouth and then would swallow again. Consequently he began to "park" his food as he was afraid of swallowing and feared throwing up. He "lived on Mylanta".
- He still gets lots of indigestion (< raw onions and milk); no particular food cravings but loves dates.

- On the maternal side of the family there's a history of arthritis and renal failure. On the paternal side, there's asthma and renal failure.
- He is a second child born after a 3-year gap. He was born with the umbilical cord around his neck and he needed resuscitation. He was never breastfed, and was described as being a very "colicky" baby.
- Grommets were inserted and tonsils removed at 8 years of age. History of bronchitis in childhood.
- "I was a brat as a kid…full of energy" He broke his R arm doing back-flips on a trampoline. He later broke his L arm on a slide. Now he snowboards and rides a motorbike.

- Says he had a happy home life but was picked on a bit at school. He couldn't settle into school work, so was labelled "ADHD". He particularly struggled with Maths.
- In his final year at school he did a pre-vocational course and was then apprenticed to an Electrician. He's still with his employer. However he's feeling stuck at work and hasn't been given any promotional opportunities. He feels it's because of his lack of qualifications so has enrolled at TAFE to do an Associate Diploma in Electrical Engineering.
- He says he has poor concentration span and is easily distracted so studies with headphones on to minimise distraction.

- [I observed during the interview that this man was VERY RESTLESS +++; could not sit still. He kept crossing and uncrossing his limbs, picking at his clothes, and he spoke very hurriedly.
- He has a hobby of snowboarding, and has been both to Canada & New Zealand in last few years. Canada was his first experience of snow. He returned home each time with a "sniffle" which took ages to clear.

- He says that during the past 18 months he's been very tired. He rises at 5.30, is at work by 7 and has to be in bed by 9 or else "is stuffed the next day". Prior to this he'd had been "a rager".
- Previously not prone to headaches but he has had some over the past 3 years. (Had a hep B vaccination 5 years ago).
- He gets a "sudden sharp bout of pain at the back of the head" which lasts about 30 seconds.
- Two years ago he had a bout of conjunctivitis; remembers having this also when 10 years old.
- Says he has tinnitus "from too much loud noise at work"; says it changes from a dull buzz to a ring (high frequency). He gets dizzy if he blows his nose to make his ears pop.

- He has had constant clear coryza (past few months) and post-nasal drip which has a pussy texture and a sweet taste. He expectorates constantly (clear, sticky, stringy).
- He hates stuffy rooms so sleeps with door open. However, if it's a cold night or there is a draft, he wakes with increased phlegm.
- During the past 2 months he's has had tongue ulcers. The first one was on R edge towards the back of the tongue; the second was on the L edge more towards the front.

- Has spatulate shaped nails and suffers from night sweats. He says he has to change pyjamas several times a week due to this problem. He sleeps covered and on the L side in the recovery position.
- Says he's THIRSTY and prefers water (room temperature).
- Reports that he can get occasional chest pain when he breathes deeply.
- Bowels are daily after breakfast; too many dried fruits can give "disgusting wind" & "diarrhoea".

- He fears drowning and has a lot of water dreams. As a kid he was held underwater by his cousins and, as a 30 year old he fell into the pool at his aunt's place and had to be resuscitated.
- Has had lots of flying dreams (even now would like a para-gliding licence); also lots of falling dreams.
- Last night dreamt he was on a billy-cart, which careered down the road onto a jetty and into the lake.

- Since taking up snow boarding he has had on-going problems with his knees and has a clicky wrist.
- Says that when he's been on his feet too long, he gets shooting pains up his heels and he can wake with numb toes and fingers.
- He requires a heavy tool belt at work and tries to wear it as little as possible as it < his lower back.

- He has no other fears apart from drowning. When asked if he had any fears/phobias, he replied not really and that he used to keep snakes as pets. Says he fears old age more than death.
- He says he doesn't get angry easily; prefers to "stuff it down".
- When asked what his greatest joy is he replied: "my fiancée". He is to be married next year and is really looking forward to it. His first girlfriend really broke his heart and it took him a while to get over it.

28/7/2001 Rx: Lac-h LM 1; a dose each morning with 4 succussions between doses

- Never put to the breast → history of compromised gut and upper respiratory tract function
- Poor self esteem
- Issues with cousins
- Has twice needed resuscitation = MIND:
  - detached from ego (Houghton & Halahan)
  - dream, as if in a (H & H)
  - indifference (H & H)

- DREAMS: water (Sankaran)
- DREAMS: flying (S)
- DREAMS: falling…(H & H); (S)
- MIND: concentration difficult (H & H)
- MIND: concentration difficult, calculating while (H & H)
- MIND: memory weak, read, for what he has (H & H)
- MIND: mistakes calculations in (H & H)
- MIND: mistakes reading (H & H)
- MIND: thoughts, vanishing of (H & H)
- MIND: restless, compelled to do something (H & H)
- MIND: restless, sitting while (H & H)
- MIND: scrutiny, others from < (H & H)

- NOSE: discharge clear (H & H)
- NOSE: catarrh, postnasal (S)
- NOSE: sneezing < cold air; < draught (S)
- MOUTH: pain; sore, tongue, spots (H & H)
- MOUTH: pain; sore, tongue, tip (H & H)
- MOUTH: vesicles (H & H)
- STOMACH: thirst increased (H & H)
- STOMACH: heartburn (H & H)
- STOMACH: eructations constant (H & H)
- STOMACH: desires dates (H & H)

- BACK: pain lumbar region (S)
- EXTREMITIES: lameness, knee, walking while (H & H)
- EXTREMITIES: stiffness, knee (H & H)
- EXTREMITIES: aching wrists (clinical observation; Timmermann)
- EXTREMITIES: numbness foot, sole of (H & H)
- EXTREMITIES: numbness, hand, fingers, night…(S)
- GENERALITIES: energy increased (H & H)
- GENERALITIES: weariness (S)

- At his first follow-up 1 month later and the first thing I observe is that he's less restless and more inclined to engage with me by looking me in the eye while speaking.
- He says his indigestion is much improved. (No Mylanta this month) The only incident he's had has been after some chilli which gave him "heartburn" [taste of ingesta (O/S)] and produced a bout of very runny diarrhoea next morning.
- The nose is less runny, but he still has post-nasal drip and the phlegm is still < cold but it's got "thicker"
- Once last week when he blew his nose dark, dry blood came out. He has had a history of occasional nosebleeds.

- He says he's not so tired and is waking with more energy, although still < he if stays up late.
- His current dreams are of water but not personally threatening. He had one of kids camping and swimming in a river where they were attacked by a crocodile.
- He had dream which featured John Howard, and another of Kim Beazley being shot.
- [John Howard was the then Australian Prime Minister. Kim Beazley was the then Leader of the Opposition…."important people!"]

- He's had one headache. However the pain has been dull; not sharp as usual.
- Still has tinnitus, but no dizziness.
- Eyes have been painful and very watery; "unfocused"
- Says he's had no more night sweats, but he's more chilly and has taken to wearing socks to bed …(It's August [i.e. Wintertime]).
- Still wants ++ water; got a pain R side of chest once on deep breathing.
- Has been more hungry and wanting tasty food; pickles; sauces; Thai food.
- Mouth has been dry; corners of lips have been cracked.
- Hands have been very dry with cracking around the nails; elbows DRY > moisturiser

25/8/2001 Rx: Lac-h LM 2

- DREAMS: water (S)
- DREAMS: water, swimming (S)
- DREAMS: danger, death of (S)
- DREAMS: children (H & H)
- DREAMS: camping (H & H)
- DREAMS: amphibious creatures (H & H)
- DREAMS: animals, huge (S)
- DREAMS: animals, wild (S)
- DREAMS: important, famous people (new rubric from my clinical observation)

- EYES: pain as if from sand (H & H)
- EYES: lachrymation… (H & H)
- NOSE: discharge thick (S)
- STOMACH: thirst increased (H & H)
- STOMACH: appetite increased (H & H)
- GENERALITIES: food, spicy food (H & H)
- FACE: cracked, corners of mouth (H & H)

- One month later he reports that his indigestion is negligible but will < if he has hot spices. He's wanting mornays, milky custards with sticky date pudding and having more cheese and yoghurt than usual.
- Post-nasal drip symptoms still persist.
- He still needs 8 hours sleep and is good if he gets this much. There's been no scary dreams. He's still sleeping on L side in recovery position but is less chilly. He's wearing boxers and T shirt to bed but still wants the covers on.
- Last weekend he had some broken sleep and had to get up one night to move bowels.

- He feels he's getting "the run-around" at work, as promises of advancement and further training don't eventuate. So he's decided to look for another job but fears having to give his boss notice, and of going to be interviewed for another position.
- He's now moving his bowels both am and pm; had one bout of diarrhoea after pumpkin and leek soup.

- He says his knees and wrists are "not too bad"; < on waking but settle once he "warms up". He has woken a few times with numb hands after rolling onto his back and putting his arms above his head. During the interview he will often sit with his hands behind his head.
- He is getting lots of pimples on his back, chest and shoulders.

29/9/2001 Rx: Lac-h LM 3

- MIND: Egoism (S)
- MIND: Confidence increased (both provings)
- MIND: thoughts persistent work, of improving at… (S)
- MIND: thoughts; clearness of (S)
- MIND: scrutiny others < (H & H)
- GENERALITIES: food & drink milk desires (S)
- GENERALITIES: food & drink, rich food desires (S)
- STOMACH: desires sweets; desires dates (H & H)
- EXTREMITIES: numbness, hands, fingers, night (S)

- This gentleman did not keep his next monthly appointment. He phoned to report that his indigestion was completely settled. He was busy settling into his new job and organising his upcoming wedding.
- July 2002: I phoned to check progress. He reported that his sinus and digestion are still fine. He's happily married and has been offered a promotion at work with the promise that when he finishes his Associate Diploma his employer will put him through further studies.

This is a monumental book ... a priceless work ... an indispensable volume

Francis Treuherz **Links** 24(10) 2011

This is a thorough piece of research, well presented ... a great resource which I would whole-heartedly recommend.

Linda Gwillim **The Homeopath** Spring 2011

The Lacs: A Materia Medica & Repertory is currently the definitive reference for milk remedies; as such it is, in my opinion, a must addition to all practicing homeopaths' libraries.

George Guess **AJHM** Summer 2012 Volume 105 Number 2; 93-94

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

It is a very well written book full of good information...it should be read by all homoeopaths.
Alize Timmermann

For anyone working regularly with new mums, it is an invaluable reference book, written with precision, passion and enthusiasm.
Sarah North **The Homeopath** Autumn 2005, 24(2)