

A Double Dose of Thrush

A mother, who had suffered gestational diabetes in her pregnancy, (and still has polyuria and polydipsia), saw me with her baby of seven weeks, for breast pain. She describes it as a shooting burning pain and reports that her nipples (which are rosy red) blanch during the episodes of pain. Her pregnancy was further complicated by a ruptured appendix at 33 weeks for which she underwent emergency surgery which was followed by sustained antibiotic treatment.

It was a short labour with a precipitate birth and she sustained a 3rd degree tear.

In childhood she had pneumonia of her left lung and has had asthma since then. She has used ventolin but prefers to control it with breathing exercises. She suffered from vaginal thrush in her teens and has a long history of dysmenorrhoea (controlled by use of the OCP). Her only childhood disease was chicken pox in late primary school and she suffered from glandular fever in her mid teens (just after starting the OCP) and had a significant relapse in her mid 20s when her first marriage broke up ... “I was totally drained; could hardly move and rest was my only option!”

She has used marijuana in the past to relax her and is vaccinated.

As a young adult she played sport at both state and national levels and has sustained several neck and back injuries from it, including a concussion.

During the pregnancy she developed numerous skin tags and, in the last trimester, suffered heartburn which was particularly aggravated by onions. She also suffered from leg cramps and sciatic pain.

She has a pimple on the left side of her tongue and her bowels are sluggish. She struggles to move them daily.

Her husband has recently lost his job so she has significant financial stress. Apart from her baby, the only positive thing in her life at the moment is finding time each evening to go for a brisk walk.

Her baby has consistently attached poorly. She does not open wide to take in the entire nipple and a significant portion of the areola as well. She has a chewing action; and, instead of having a breastfeed, it rather looks like she’s licking an ice cream cone! Her oral mucosa and tongue are rosy red and she has a hoarse cry. She startles easily and hates to be put down.

The mother’s nipples broke down within a few days of the birth (cracked across the crown) and she’s had mastitis (red, painful breast; chills accompanied by a feeling of “having been run over by a bus”). The mastitis has been treated with antibiotics. She has tried various creams on her nipples as well as bathing them in bicarbonate (to no avail) and the current diagnosis of thrush in the nipple has been treated with hydrocortisone cream with her baby being given nystatin drops. She cannot bear to have her nipples covered; she’s sensitive to any form of touch in that area so breastfeeding is very painful for her.

26/8/2009

Mother: *Med 30C* stat; followed by
Sepia 30C a dose on rising for 1 week (with succussions)

Baby: *Borax LM 0/2* 1 gtt; pm; 3 succussions for 1 week

Mother was also advised to increase her protein and fat intake and to reduce her simple carbohydrate intake as she did in the pregnancy.

She was also prescribed a fibre supplement which contains acidophilus and slippery elm bark and some *Calendula* cream to add to the lanolin cream that she was currently using, to assist with nipple healing.

The baby settled well (less startling) and began to sleep at night. Feeds were still a problem in that she continued not to attach well so spent extraordinarily long amounts of time at the breast (sometimes up to one hour). However, within a few days her mouth was covered in cheesy thrush plaques and she became irritable.

3/9/2009 **Baby:** *Borax LM 0/3* 1 gtt; pm; 3 succussions

The baby's mouth then cleared somewhat but a cheesy film persisted at the base of the tongue. She began to drain the breast more quickly and weight gain improved. (It had only been between 100 – 150 gms per week for the first two months).

Admittedly a breastfed baby's stool is predominantly a shade of yellow; however, this little one had more of a khaki tinge to her stool. After the two doses of Borax it became quite a bright "orange-yellow" colour.

On this keynote, along with the persistence of some oral thrush and the fact that her birth was very quick, I changed the baby's medicine to *Sul Ac LM 0/2* a month later, and advised an osteopathic treatment with the thought that some "concussion of the brain" wasn't resolving.

She settled beautifully after that.

The mother, however, was a different story; hers being a complex issue.

Within a few days on the *Sepia*, the right nipple cracked again across the crown (return of an old symptom) so I asked her to stop the *Sepia* and rest the breast for 24 hours and pump the milk.

"The shooting pain in the breast can still be felt during the feeds; my nipples are excruciatingly sore; they suddenly go white with the pain and the baby is taking an age to feed.

My sciatica has come back big time and I've got severe pain in my rectum. The physio says it's a fissure and has recommended some cream and suppositories. The baby is sleeping well at night but I'm not. I have to constantly move else my back seizes up.

I want to breastfeed my baby but am beginning to feel that I cannot keep going. I want this fixed!"

The return of the sciatic pain (with its particular modalities) along with nipple vasospasm; the history of varicella and that of neck and back trauma, led me, on the **3/9/10** to prescribe *Rhus Tox* 200C tds (with succussions) for three days as my clinical experience has had success with treating nipple trauma which may be complicated by varicella reappearing as shingles.

However, she reported back two weeks later still in significant pain.

"I took the drops but didn't feel any different. I also had a Bowen treatment for my back a few days later but all that did was give me a massive headache leaving me feeling like crap; still stiff and sore. A massage may have been better but I've not been able to organise one.

The blanching settled but the pain in my nipples was still excruciating, particularly on the right side. That side was still very cracked and the left side was beginning to deteriorate also, as I'd been favouring it for feeding.

So, feeling frustrated, upset and over it (along with a very sore and sometimes bleeding, rear end), I went back to my GP. I've been impeccable with my diet; no sugars or yeasts; drinking plenty of water and taking the fibre supplement with the acidophilus before each meal; but none of it seemed to be making much of a difference! My GP prescribed Diflucan (Fluconazole) and, after three days, the pain went from my breast and I was feeling much better. He also prescribed a week of antibiotics for my fissure as he determined that it was infected. He's referred me to a specialist as he thinks the wound needs to be re-cut and re-stitched or drained. He also prescribed some stronger cream for my nipples. It's called Clonea and I have to wash it off before feeds.

Within a few days the right nipple began to heal enough so that I could feed from it every alternate feed. However, as soon as I finished the antibiotics the shooting pain in the breast returned so I've rested it again and I am terrified that my left breast won't cope with the extra feeds!"

On inspection of the breasts I determined that a golden staph infection was now complicating the healing as the nipples had a distinctive yellow crusty appearance and were excruciatingly tender to touch. She reported that the gentle touch of any clothing was unbearable.

Her polyuria and polydypsia were still a problem (she was drinking up to three litres a day and urinating constantly despite a good protein intake).

24/9/2009 *Staphylococcinum* 200C tds three days only; along with *Helonias* 200C tds three days only

Topical lotion to bathe nipples: *Calendula* ∅; *Hydrastis* ∅; *Hypericum* ∅; *Echinacea* ∅

Two weeks later she reported that the shooting pains had significantly diminished with only an occasional one felt at the end of the feed. The nipples looked more normal and, although, they were cracking slightly towards the end of each feed, there were no more yellow crusts.



However they were still very tender to touch. Her thirst was still significant although it had abated somewhat, and her urinations were fewer; although they were still higher than her usual pattern.

6/10/2009 *Helonias* 30C tds for three days (with succussions) then bd until breasts and nipples have healed.

The family then moved to another city as her husband got work interstate so I did not see her again. However she has remained in email contact and is still breastfeeding with no problems.

In a recent communication she wrote:

“I am well and being a good girl with my diet (have lost 34 kg; am back to my old weight) and still breastfeeding and loving it. I don’t want her to stop, to be honest!

I am so pleased that I persisted as it is the most amazing bond that you can have with your child.”