Enhancing the Breastfeeding Experience with Homœopathic Medicine

Patricia Hatherly
BA DipEd, BHSc(Hom)

What is homœopathic medicine?

- After TCM, it is the second most wisely-used medicine in the world.
- Introduced by Dr Samuel Hahnemann (1755-1843), and expressed in The Organon of Medicine
- The main philosophical cornerstone of Homœopathy is the Law of Similars

Other homœopathic philosophical perspectives

- The Single Medicine
- The Minimum Dose
- The Law of Cure

Law of Similars

- It is well-expressed in the name Homœopathy derived from the Greek words: homoios[similar] and pathos, [suffering] meaning ‘[the cure] is like the disease’.
- Any substance which can produce a totality of symptoms in a healthy human being, can cure that totality of symptoms in a sick human being.

Simillimum

- Therefore, when sick people present at the clinic and all their signs and symptoms are taken down, the “Simillimum” or similar remedy which closely matches the current symptom picture is selected.

Provings

- The knowledge of which medicine to prescribe for a patient comes from an understanding of what are called “provings”.
- Provings occur when groups of healthy people, under double-blind conditions, take homeopathic medicines and keep meticulous diaries over the following days, weeks and months, noting down accurately all the resulting symptoms. These can be physical or mental/emotional.
Materia Medica

- All these symptoms (both objective and subjective) are collated and written up in a book called a *Materia Medica*. Homoeopaths, through many years’ extensive study, have a good working knowledge of what is contained in a *Materia Medica*.

What is disease?

- Because homoeopaths view the human organism as a body/mind/spirit complex which, as a whole, makes a response to environmental stressors, we understand that disease and sickness occur when this complex is out of balance.
- The disturbance may be an internal or external one, and the signs and symptoms which follow are an attempt by the individual to come back into balance.

Vital Force

- Homœopathy sees the Vital Force as being that aspect of each individual which: adapts to environmental influences; animates the emotional state; provides thoughts and creativity and gives rise to spiritual inspiration.

- Signs and symptoms of disease then are referred to by homœopaths as being the defense mechanism of the Vital Force at work as it attempts to restore equilibrium when subjected to a stressor whether it be physical, environmental or mental/emotional.

An example of the Vital Force at work

- This implies, then, that there is an innate power of self healing in every creature (which can be termed the Life Force) and a tendency always to restore order. In the *Organon of Medicine*, this self-healing power is referred to by Hahnemann as a 'Dynamis' which gives life to the body.
- In other traditions, this energy is often referred to as: Chi; Prana or Soul. Today, homœopaths call it the 'Vital Force'.
- A good example of this fact occurs with food poisoning. As soon as the Vital Force recognises that a poisonous substance has been ingested, the most unpleasant results of vomiting and diarrhoea can be sure to follow as the body attempts to come back into balance.
- Disease then, is understood to be a response of the body to an assault on the Vital Force.
Signs and Symptoms

- Homœopaths, therefore, understand that signs and symptoms such as fever, rash or discharge from any part of the body are produced in an attempt to restore order.
- In the area of lactation, mastitis, breast abscess, thrush, white spot and even cracked nipples are all the result of the body coming to terms with a deficiency; an environmental stressor or a more deep-seated disturbance.

The Single Medicine

- Because Homoeopathy is a medical modality which treats the individual rather than the disease, treatment is individualised for each patient.
- The Simillimum is always a single remedy (never a mixture) of a specially prepared potentised substance selected from the animal, vegetable or mineral kingdoms.

Simillimum...the single medicine

- When taking the case, the homœopath takes careful note of all the physical symptoms.
- However, environmental stressors and the mental/emotional state of the individual are also noted and used for medicine selection. In this way the profile of the medicine closely matches the personality profile of each patient.

Homœopathic medicines for cracked nipples


- 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

Deficiency signs of zinc

- Poor appetite
- Itchy skin & stretch marks; white spots on nails
- Low stomach acid levels → intestinal gas (loud)
- Poor memory
- Depression
- Low immunity

Dietary sources of zinc

- Beef
- Baked beans
- Cashews
- Egg yolk
- Ginger
- Herrings
- Liver
- Lamb
- Oysters
- Sunflower seeds
- Pumpkin seeds
- Wholegrains
- Yeast
- Milk

Thrush

- Thrush (mother or baby)
- Diet: remove yeasts and sugars...for at least 6-8 weeks
- Increase essential fatty acids & zinc-rich foods (nuts & seeds; seafoods)

Rxs 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
Rxs 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

Rxs 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

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.”

- “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.”

- “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 bicarb 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 stirfrys.
• 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).

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

Repertorial hierarchy

• MIND: crying; weeping: NAT-M
• MIND: crying; weeping, difficult: nat-m
• MIND: company, alone >: nat-m
• MIND: avoids the sight of people: nat-m
• MIND: fear high places: nat-m
• MIND: fear spiders: nat-m
• SLEEP: dreams, unremembered: nat-m
• GENERALITIES: seashore >: nat-m

Cont’d...

• BREASTS: pain in: nat-m
• BREASTS: breastmilk profuse: NAT-M
• BREASTS: nipples blanch: Proteus Bach
• FEMALE: discharge, vagina: NAT-M
• PREGNANCY: oedema during: nat-m
• PREGNANCY: palpitations during: nat-m
• STOMACH: vomiting, pregnancy during: nat-m

Cont’d...

• FACE: acne, eruptions: NAT-M
• NOSE: coryza: nat-m
• VISION: blurred: NAT-M
• EARS: noises (ringing) in: nat-m
• MOUTH: thrush, aphthous plaques: NAT-M
• FOOD: salt desires: NAT-M
• FOOD: coffee <: nat-m

Cont’d...

• RECTUM: prolapsus of: nat-m
• RECTUM: constipation: NAT-M
• URINATION: retarded, presence of others <: NAT-M
• HANDS: warts, palms of: nat-m
• KIDNEYS, general: NAT-M
Mastitis

Homœopathic 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

Some sub-rubrics for mastitis

- Mastitis infection:
  - alternating sides: lac-c; lac-h; strep
  - bruises from: arn; bell-p; con
  - chronic: carc; fl-ac
  - cold air, with sensibility to: cist
  - confinement, a few days after: phyt
  - dark colour: phos

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

- 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

- 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 #4: 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.

Herbal Galactagogues

- Traditional use of:
  - Borage (adrenal restorative)
  - Caraway (enhances appetite)
  - Dill (carminative)
  - Fenugreek (stimulates digestion)
  - Fennel (stimulates appetite)
  - Goats’ rue (stimulates appetite)
  - Milk Thistle (cholagogue; bitter herb)
Traditional TCM foods for Lactation

- Chicken & ginger soup
- Ginger tea ["desires ginger"...Lac-h]
- Licorice (Sarsaparilla)
- Bird’s nest soup
- Cooked or warm food; esp vegetables
- No alcohol or spices

Undersupply

- 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.
- Consider that she may have retained placental products; (Agnus castus) what is the nature of her lochia?

Undersupply

- 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.

Undersupply

- 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.

Undersupply

- Check that the mother is not on the OCP or is pregnant again.
- Check alcohol and tobacco consumption (both can depress supply); consider using Avena Sativa Ø.
- Check any prescribed medication to ensure that it does not have a soporific effect on the baby.
- Check family history of thyroid disease.

Undersupply

- Check maternal diet for protein and fat content; the latter helps to put on weight in the baby, the former assists with milk production.
- Ideally the mother should have 1-2 tablespoons of good-quality fats per day and the equivalent (in protein grams) of her ideal body weight plus 20.
Undersupply

• That means the 60 kg mother should have 80 protein grams per day.
• Suggesting that she cover the palm of her hand with protein five times a day should ensure adequate intake.

Undersupply

• Calcium and manganese are co-factors for milk production.
• Comprehensive dietary sources of manganese include: almonds, avocado, beans, buckwheat, coconuts, corn, egg yolk, fruit [blueberries; boysenberries; grapes and pineapples], kelp [and green leafy vegetables], liver, olives, pecans, sunflower seeds, tea, walnuts and wholegrains.

Undersupply

• Good dietary sources of calcium include: dairy products, egg yolk, molasses, nuts and seeds, the bones of oily fish (sardines, salmon), 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.

Undersupply

• Ensure that the mother is well-hydrated.
• Assess the mother’s lesional state and prescribe the appropriate Simillimum; this is especially important where the low supply has a psychological or emotional basis such as with Asafoetida (for example).

Undersupply

• 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.

Undersupply

• 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.
Undersupply

• Is post-natal depression a possible contributing factor? Consider Sepia.
• However, Lac humanum is likely to be more appropriate (breastfeeding <).
• Check iron and B₁₂ levels.

White spot

• Treatable with homoeopathic medicines but it’s a lengthy and complex process which involves an understanding of the maismatic basis of disease
• From my clinical experience I’ve come to the conclusion that it’s a variant of papilloma virus and there are many homoeopathic medicines which may be used according to the Law of Cure

Undersupply

• 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 and the citrus oils...