# an alternative approach to lactation management

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### 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 postpartum period (both breasts)

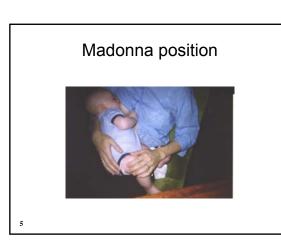
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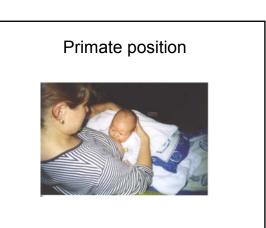
### Engorgement cont'd.....

- Cold compresses
- Pump to soften areola
- Gentle sweeping massage during feeds
- Epsom salts soak
- Phytolacca 200C tds

### **Painful Nipples**

- Check attachment
- Assess for tongue-tie
- Encourage different feeding positions





### **Painful Nipples**

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

### Painful Nipples cont'd...

- White Spot: two types....plugged cellular debris
- Massage out
- Change feeding position: en face (Primate)
- Increase essential fatty acids especially PUFAs
- Two tablespoons of lecithin daily

8

### White Spot

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

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
- 11

# Homoeopathic 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; crott, 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

# Bacteria associated with breasts include: Staphylococcus epidermis Staphylococcus aureus α-haemolytic Streptococcus

- β Streptococcus (keynote: alternates breasts)
- Non-haemolytic Streptococcus
- Enterococcus
- · Escherichia coli
- Candida albicans

### 13

## Breast abscess

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

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### Homœopathic medicines

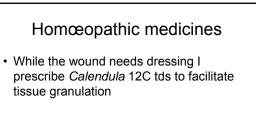
- Immediately after surgery while the drain is in I use either *Silica* 6C tds where the pus contains blood
- OR

14

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

16







# Initial prescription Alternate doses of Lac humanum 200C and Streptococcinum 200C tds for 3 days





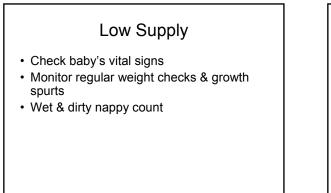
### Second prescription

- 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
- 23









### Low supply cont'd...

- · Are bottles of water or dummy used?
- · Is mother using a nipple shield?
- Did mother suffer an excessive blood loss? Suggest Floradix
- Are there retained products or is mother on OCP or perhaps, pregnant?

28

### Low Supply cont'd...

- Check alcohol and tobacco consumption
- 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?

29

27

### Low Supply cont'd...

- 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

# Dietary co-factors for milk production

- **Calcium:** dairy; egg yolk; molasses; nuts & seeds; bones of oily fish; green leafy vegetables
- 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

31

### Low Supply cont'd...

- Check for PND
- · Check her daily routine...is she working?
- Encourage the use of both breasts
- Massage breasts; use jojoba and add citrus oils and aniseed oil [cajeput] or use castor oil alone

32

### 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)
- 33

### 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

34

### Homœopathic "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; phac; phos; phyt; piloc; PULS; rheum; rhus-t; ric; samb; sec; sil; stict; sulph; thyr; URT-U; ust; x-ray; ZINC

35

### 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
- 36

### 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 homœopathic prescribing

37

### 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

38

### Colic

- Soak breast before feed in warm water and Epsom Salts
- Feed en-face
- 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

39

# Colic may be a zinc deficiency issue

- 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-1 $\alpha$ ) another is GATA-4. The latter is governed by a pair of zinc fingers of the 4-cysteine type

### Zinc

- Usual zinc/copper ratios in the blood and mature breastmilk are 5:1
- Copper levels rise in pregnancy to assist with the process so colostrum ratios of zinc/copper are about 10:1 in order to assist the neonatal gut after birth
- Zinc is the one mineral that begins to drop in breastmilk after 6 months unless maternal diet compensates for this
- 41

### Role of Zinc

- Zinc activates over 200 enzyme systems in the body
- Deficiency signs include:
  - acne & poor wound healing
- alopecia
- brittle nails & while spots on nails
- loss of taste & smell
- 42



- poor appetite
- · itchy skin & stretch marks
- low stomach acid levels  $\rightarrow$  intestinal gas (loud)
- poor memory depression
- low immunity
- 43

### Dietary sources of zinc

beef baked beans cashews egg yolk ginger herrings liver

lamb oysters sunflower seeds pumpkin seeds wholegrains yeast milk

4

### 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

45

47

### Treatment for 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

46

### 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 <sup>3</sup>/<sub>4</sub> 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

50

### Milk Protein Intolerance

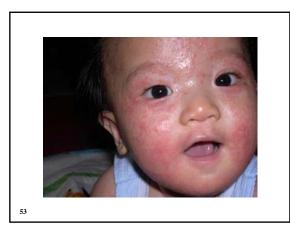
- Hiccoughs in utero if maternal dairy intake
   is high
- · Midline abnormalities in baby or family
- · Hairy baby
- Poor or incoordinate suck/swallow/breathe pattern; mammals who drink the milk of another species suffer from apnoea

51

### 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

52



### 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
- 55

### 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

56

### 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

57

# JC 8 months • Mother reports:

- sweats profusely at night around the head
- sleeps in a starfish position when he wriggles out of his wrap
- $\boldsymbol{\cdot}$  often one cheek is more red than the other
- · stool, when teething, is like chopped spinach

8

### 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

