

THE FIRST 1,000 DAYS THE PARTURIENT YEAR AND BEYOND

Epigenetics is the new word on the street and, ever-increasingly, we are becoming aware that a myriad of forces impact on our genetic integrity. The notion of survival of the fittest is taking on a whole new twist in this technology-driven era.

Why is oxytocin important?

Recent research indicates that reproduction undertaken in an oxytocic milieu affords an optimal outcome for the neonate. Vithoulkas¹ summed it up succinctly when he said that the most robust children are conceived when both parents are “lost in each other in an erotic climax.” Pregnancy is, ideally, the endgame of sexual maturation, courtship and pair-bonding, which is all underpinned by oxytocin, as is birth, mother/infant bonding and breastfeeding.²³ Research⁴ shows that oxytocin induces not only these fundamental evolutionary drivers, but it also induces trust, cognition, social behaviour and positive emotions. It is a lack of these quintessentially human traits – due to a lack of oxytocin receptor formation during the primal period as a consequence of the range of artificial constructs surrounding

reproduction – that underpins the autism spectrum phenomenon.⁵⁶⁷

Additionally, oxytocin regulates the immune system and the autonomic nervous system (ANS),⁸⁹ which controls the internal organs and other key involuntary body functions. It does this by increasing activity in the parasympathetic nervous system branch of the ANS, which slows the heart, reduces blood pressure and energy expenditure, and promotes rest, digestion and affiliation, resulting in a “calm and connection” effect.

Therefore, oxytocin governs homeostasis; specifically, by restoring physiological balance (as does Psora¹⁰ which, according to our Literature, “governs functional disorders”). Its release during times of excessive stress reduces fight or flight reactions (sympathetic nervous system branch of the ANS), by reducing levels of the stress hormones epinephrine and norepinephrine. It also reduces activity in the hypothalamic-pituitary-adrenal pathway, reducing medium-term stress response hormones, including corticotrophin releasing hormone, adrenocorticotrophic hormone, beta-endorphins and cortisol. All these hormones are the natural antagonists of oxytocin.

In order for oxytocin to be able to do its job of keeping the body on track

The first 1,000 days of life are of pivotal importance in creating a solid foundation for health, says Patricia Hatherly. Ahead of her address to the Society of Homeopaths' conference, she explores the role of oxytocin and breastfeeding in producing optimal health, and the factors that serve to disrupt the normal physiological processes of childbirth. Patricia also discusses homeopathic and nutritional answers to the problems that arise in the perinatal period, and looks at issues arising in the first 1,000 days from a miasmatic point of view.



About the author

Patricia Hatherly has been in private practice as a homeopath since 1995 and is a well-known educator and author both in Australia and overseas. She has conducted several provings and is the author of *The Homeopathic Physician's Guide to Lactation* and *The Lacs: a materia medica and repertory*. Patricia has spent over 40 years of her life working with mothers and babies, 20 of them as an internationally-accredited lactation consultant; and it's this, plus the years spent as a childbirth educator and doula, which particularly inform her fascination with the primal period. More information about her work is available at www.patriciahatherly.com.

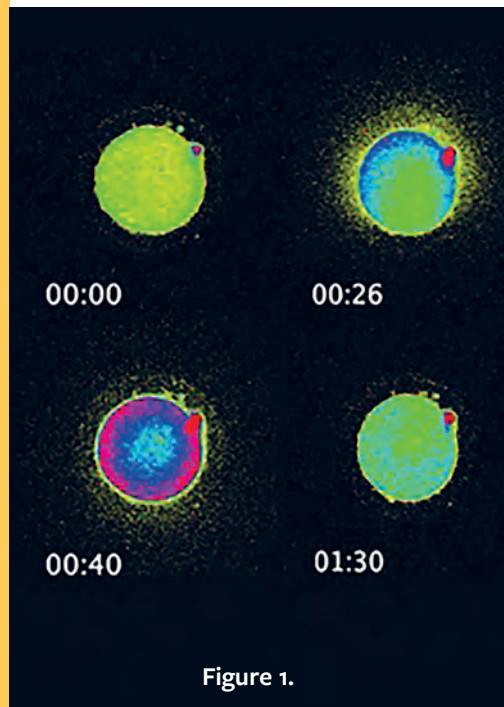


Figure 1.

(Photo credit: NexusNewsfeed) This is a time-lapse sequence showing the flash of light called the zinc spark emitted by a healthy egg when the sperm enters the egg.

(that is to be resilient), it needs receptors, and these receptors are laid down during the primal period. This is the time that extends from conception to weaning. That being so, we need to acknowledge that babies, during the first year of life, are increasingly demonstrating a lack of resilience to the myriad of stressors they now face. The reasons why this is so are complex; however, a significant aetiological association is with the increasing use of various technologies during this stage of neural plasticity.¹¹

The first 1,000 days

Therefore, as a profession, we need to work with couples preparing to become parents to ensure optimal health for an optimal physiologic outcome. We know from research that technology-driven conception and birth can interfere with the formation of oxytocin receptors. From a homeopathic perspective, this means that Psora, which governs resilience, presents as underfunction rather than optimal function. So, in cases where conception and birth were not physiologic, we need to support the preservation of lactation, as research indicates that nurture at the breast makes amends for this fundamental deficit. That's because human milk is rich in oxytocin as it is that hormone which governs the letdown reflex, and the positive epigenetic effects that ensue are trans-generational.^{12,13}

We should place clinical focus, therefore, on assisting couples to conceive naturally, and mothers to birth naturally, so that babies can be more resilient and the ideals of S9 are more tangible. Ideally couples should be in good general health and focused on excellent nutrition. The gonads in both males and females are storehouses for zinc, so emphasis on zinc-rich foods is a must to help ensure a healthy conception (Figure 1, above) and mitigate against morning sickness in the first trimester, when the liver plays an important role in providing hormonal support to assist the corpus luteum prior to the formation of the placenta.

Additionally, men as well as women should be taking folic acid for three months prior to conception. Both parents contribute genetic material and folate affects messenger RNA so has a pivotal role to play in the moderation

of the DNA, especially where the tubercular miasm is active and the neonate is in danger of acquiring a midline abnormality¹⁴. For women who have used chemical modes of contraception for many years and/or undergone rounds of *in vitro* fertilisation, *Sepia* is the most commonly used remedy to restore hormonal function. In instances where investigation has determined that ovulation is compromised and egg numbers are failing, I routinely add in the use of *Folliculinum* 7C to be taken as a split dose on day 13 of the cycle.

Working with breastfeeding mothers

Not much needs to be done to prepare for lactation during the pregnancy other than to reassure the mother that nipples and breasts come in all shapes and sizes. What she has to offer will suit her baby just fine so long as nothing goes into her baby's mouth after birth before he has a chance to imprint onto her nipple. If attachment is a problem in the early days, the baby needs to be assessed for a tongue tie and it needs to be snipped. It could be a clinical sign of active tubercular miasm¹⁴ and the lactation needs to be preserved, as this baby may not tolerate cow's milk.

These babies are often constitutionally *Calcarea phosphorica*, and the rubric Refuses mother's milk is assigned to that remedy as bovine fragments in the mother's breastmilk induce transient apnoea as the infant has difficulty coordinating breathing, suckling and swallowing¹⁵. A delineating symptom for *Calc-p* in this instance is to enquire if the baby had hiccoughs *in utero*. Confirmation and a diet diary will most likely pinpoint dairy as the culprit, causing waterbrash in the baby due to dairy fragments in the amniotic fluid. *Calc-p* is in the rubric Stomach, heartburn, and the hiccoughs that mothers observe in their babies *in utero* has, in my clinical experience, been associated with dairy in the diet and early colic, aggravated by dairy products. Hiccoughs during gestation can be a clinical sign of the Tubercular miasm being active, and a warning that the mother needs to go on a calcium supplement and remove cow dairy from her diet, apart from butter and cream

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which contain negligible protein, but just enough to gradually build tolerance.

If engorgement is a problem when the milk comes in, *Phytolacca* offers the best solution as it is a remedy with affinity for the lymphatic system. When the placenta is delivered, the extra blood volume that built up during the pregnancy reroutes itself to the breasts to facilitate circulation of the hormones, prolactin and oxytocin. This initiates lactogenesis and congestion can ensue if the woman has a sluggish lymphatic system. If mastitis sets in during that first week, my clinical experience suggests that *Phytolacca* 200C three times a day for three days will nip it in the bud.

Short feeds often in the first few days facilitate priming of prolactin receptors in the breast and may mitigate against nipple trauma. The nipple should be evenly compressed when the baby comes off the breast. If it is wedge-shaped an adjustment needs to be made to attachment to even out the pressure on the nipple. Several remedies can be used for cracked nipples, but *Sepia* is the most common with the trauma occurring across the crown of the nipple. Additionally, an assessment of the mother's zinc status needs to be made as poor wound healing is a clinical sign of zinc deficiency.

The role of zinc

After birth, maternal zinc levels tend to be low. As copper levels in the mother rise towards the end of the pregnancy, driven up by oestrogen to facilitate effective contractions, zinc levels correspondingly drop. Immediately after birth attention needs to be given to increasing the mother's zinc status. Clinical signs that it is low include stretch marks; acne and poor wound healing; itchy skin; alopecia; brittle nails and white spots on nails; loss of taste and smell; poor appetite; low stomach acid levels which give rise to increased, loud intestinal gas; poor memory; depression; and low immunity.

Babies also benefit from this attention to nutritional status as zinc is a co-factor in formulation of the lactase enzyme. Colostrum has high levels of zinc to optimise early lactase transcription. However, by the third week of lactation, the colostrum and transitional profiles give way to the prevailing and enduring profile of high lactose milk, and babies who don't have enough lactase enzymes to deal effectively with this can suffer colic. Lactose levels in the milk can be lowered by removing all simple carbohydrates from the maternal diet and increasing intake of protein and good fats and complex carbohydrates.¹⁶ Ideally an average-sized

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mother needs 80 protein grams a day until the baby goes on solids at six months, and in order to achieve this with minimal fuss, she simply has to eat five times a day, ensuring that each meal includes a portion of protein the size of the palm of her hand.

Once the early days are behind them, most mothers and babies settle into a workable routine as the production of breastmilk is a supply and demand phenomenon governed by adequate nipple stimulation and good nutrition. A healthy thyroid has a role to play, so mothers regularly need to eat iodine-rich foods, along with a varied, nutritious diet which incorporates a range of good fats, especially long chain fatty acids derived from seafoods to optimise brain function in the infant.

Mastitis

Women in whom the cancer miasm is predominant can have a rough time of it with recurrent mastitis. In the *Complete, Murphy* and *Synthesis* repertoires, the rubric Breast, inflammation, chronic, lists *Carcinosin* along with *Fluoricum acidum*, both in lowest grading. My clinical experience suggests that *Carc* should be highest grading.

There is no go-to solution, and each case needs to be worked through as the symptoms unfold. Progress will be apparent when a more tubercular picture emerges.

However, in instances where mastitis has a pattern of alternating sides, we know that a streptococcal infection is the culprit so *Streptococcus* 200C three times daily for three days alongside the appropriate simillimum is a necessary adjunctive prescription.

Possibly, with the “alternating sides” keynote, the simillimum will be

Lac caninum or *Lac humanum* and one of the best ways to differentiate is through the food desires. *Lac-c* patients have a desire for condiments and piquant, tasty food, while *Lac-h* mothers desire sweet, milky foods: comfort foods. For them the recurrent mastitis is all about the wounded inner child crying out in anger over not having had sufficient time at the maternal breast when an infant, and the food desires are an attempt to return to the breast.

Weaning can be done at a mutually convenient time. Some babies move on quickly once they learn to walk. However, the World Health Organisation recommends two years as a minimum, and anthropologists¹⁷ indicate that closer to five years is our natural weaning time. Women who live in cultures which still adhere to traditional ways feed their babies for that long to keep them alive.

In the West we have swapped mortality for morbidity. How to deal with that is a conversation well worth having.

Best start to life

The latest research into the primal period is showing that various epigenetic factors, including environmental toxins and technology-driven reproduction, impact the formation of DNA during this time of neural plasticity. Therefore, natural, physiologic conception and birth give the baby the best start to life. And the range of benefits that accrue from being breastfed includes the formation of oxytocin receptors which regulate homeostasis and promote resilience; an advantage that cannot be ignored given the less than optimal start that many babies now endure. ●

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Figure 1.
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