

Dysphoric Milk Ejection Reflex and *Lac Humanum*

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Abstract: Prolactin and oxytocin, which are both secreted due to nipple and areola stimulation, are the two primary hormones associated with lactogenesis. The former promotes secretory activity at the cellular level; that is, it 'makes milk' by being released in a gradual wave (from the anterior pituitary) that peaks after the beginning of a breastfeed. It is, however, inhibited by dopamine, so dopamine levels must drop in order for prolactin levels to rise.

Oxytocin, on the other hand, 'makes milk available'. That is, oxytocin is released (from the posterior pituitary) in a pulsatile manner, and primarily governs what is known as the letdown or milk ejection reflex. While this reflex may be pleasurable or painful depending on individual sensitivity, it is universally associated with a feeling of turgescence in the breast followed by a steady flow of milk.

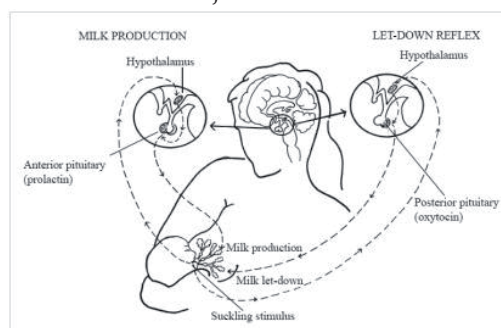
However, in a small percentage of mothers, a sudden feeling of flatness or sadness heralds the letdown. This is referred to as a dysphoric milk ejection reflex [D-MER], and is thought to be due to the temporary drop in dopamine, which is necessary to allow for the maximisation of prolactin.

When used in low potency, *Lac humanum* is a sarcodes that addresses this hormone imbalance.

Keywords: Dopamine; oxytocin; prolactin; milk ejection reflex, D-MER; *Lac humanum*; sarcodes

Prolactin and oxytocin

The two main hormones that govern milk production are prolactin and oxytocin. Both hormones are secreted due to nipple and areola stimulation. The former promotes secretory activity at the cellular level; that is, it 'makes milk' by being released in a gradual wave that peaks after the beginning of a breastfeed. It is, however, inhibited by dopamine, so dopamine levels must drop in order for prolactin levels to rise. Oxytocin, which is released in the posterior pituitary, 'makes milk available'. That is, oxytocin, which is released in a pulsatile manner, primarily governs what is known as the letdown or milk ejection reflex.



Hormonal Regulation of Prolactin and Oxytocin Production

This reflex is experienced in a variety of ways. The most common feeling is one of breast turgescence, which some mothers describe as 'tingling' which may be

pleasurable or painful depending on her personal level of sensitivity. Others don't feel anything in the breast but may suddenly feel warm or thirsty as the milk lets down. In any instance, the main determining factor is the sudden release of milk that causes the baby to begin to suckle in long draughts in order to keep up with the flow. And many mothers will leak milk from the breast not being suckled.

However, in a small percentage of mothers, the letdown is heralded by a sudden feeling of flatness or sadness. This is referred to as a dysphoric milk reflex ejection [D-MER], and is thought to be due to the temporary drop in dopamine that is necessary to allow for the maximisation of prolactin. It is thought that the necessary dopamine drop is similar to (and timed with) the oxytocin spike, but that in D-MER mothers it drops either too far or somehow differently, causing a negative emotional reaction as a result. This is speculative and warrants research. However what is known is that the supporting of dopamine levels may reduce D-MER in susceptible mothers.

From a holistic perspective, reducing caffeine is known to help; and, since tyrosine is a dopamine precursor, encouraging tyrosine-rich foods may also help. These include:

- Meat sources including fish, chicken, and pork

- Whole grains, wheat, and oats
- Dairy products such as milk, cheese and yogurt
- Fruits such as avocados and bananas
- Legumes, beans and nuts such as almond, lima beans, sesame seeds and pumpkin seeds.

However, from a homœopathic perspective, as this case demonstrates, this syndrome is well-addressed with *Lac humanum*. Human milk contains a range of hormones; and, when used in low potencies it acts as a true sarcode, such that, with specific reference to this syndrome, I have, due to clinical experience, added a rubric to the Repertory:

MIND: Sadness; letdown of milk, during: *lac-h*.

Case:

Female, DOB: 7/7/1970, first consult on 28/8/2001 following the birth of her third child (7/8/2001).

She was born the second child after a three-year gap, her older brother having died at fourteen months from a severe reaction to penicillin. (Keflex gives her nausea. Keflex is in a group of drugs called cephalosporin antibiotics, which should not be used if the patient is penicillin intolerant.) She was born seventeen days early and was breastfed for sixteen weeks when her mother became pregnant again so stopped breastfeeding.

She had a severe reaction to her measles vaccination at twelve months. She cried excessively and eventually became listless. She had mumps as a child and had her tonsils out at seven years of age. She had pneumonia at six and nine years and a history of bronchitis. She has had asthma in the pregnancies. (To my mind, the occurrence of these seemingly entrenched respiratory symptoms, is a sequelae to the severe vaccination reaction and is possibly a NWS pathology indicating sycosis.)

She described her father as a drinker and said that this caused a lot of friction in the home as, at least twice a week, her mother would lock him out and she would wait up for him to come home from the pub when she would let him in.

At eleven (a year prior to menarche) she had a seizure. It occurred late in

the afternoon when the family was out driving. She remembers it being “a flickering in the brain” and nothing more. She regained consciousness in the ambulance. The seizure she had after her first birth also occurred late in the afternoon while travelling in a car. She says that any flickering lights bother her even now.

As she suffered from severe dysmenorrhoea in her teens she took the oral contraceptive pill [OCP] at seventeen. She subsequently suffered from vaginal thrush. Her teens were stressful as her younger sister “went wild” and it “pushed mum to the edge”. “I felt I always had to be the peacemaker.” Her grandmother died at this time from bowel cancer and her mother was much occupied in caring for her.

As there “was no money in the house” she got a part-time job while still at school and became a receptionist later on. She had a few boyfriends (left home at nineteen to live with her then boyfriend) eventually marrying (someone else) at 23.

Before her first baby at 24, she travelled extensively overseas. She reported that she had a bad reaction to her malaria vaccination.

She suffered from pre-eclampsia at the end of the first pregnancy; better for bedrest. It was a difficult labour as the baby had a posterior presentation. She had a vaginal delivery (forceps assisted) and persevered with breastfeeding for twelve months even though her nipples were sensitive.

Her second pregnancy was uneventful. However the labour was similar. She again persevered with breastfeeding for twelve months. He was a very unsettled baby who “never slept”. Motherhood was not enjoyable.

She has distinctive, drooping eyelids with san-paku eyes. She says that she’s had tinnitus since the first birth and describes it as a hum which sounds a bit like a chirping cricket and that it’s worse at night.

She gets a couple of head colds a year and gets ‘sinus’ once a year. During the pregnancies (and especially during this recent one) she suffers from a bloody nasal discharge.

Her lips are so dry that she constantly uses balm. She is essentially thirstless and has to remind herself to drink. Her tongue has scalloped edges; her saliva is viscid.

She suffers from heartburn and has a constant sensation of a lump in her oesophagus. An endoscopy diagnosed thrush.

Her favourite foods are chocolate +++; peanut butter; pizza and ice cream.

Her bowels are ‘good; usually moves them in the mornings; can have smelly flatus and abdominal bloating.

She had a urinary tract infection (UTI) after the first pregnancy. Lately when she urinates she has the sensation of an ache, which she attributes to the catheter.

She sleeps on her side with covers on and feet out. She dreams of snakes crawling all over the house.

Also she often has psychic dreams especially of her friend’s pregnancies or births. She can dream of dead people (relatives) and has had dreams of falling. She’s had dreams of being chased; of being menaced with a knife.

During this pregnancy she had lots of dreams of the baby. Once she had a dream of losing the baby in the park.

She describes her mood as being “low”. She says she lacks confidence with the feeding as her nipples are again sensitive (both have slight cracks) and feels sad but doesn’t know why. “I’m flat; disinterested in everything, even food.”

28/8/01 *Lac-h* 0/1 7 gtt in 30 mls water (am); seven succussions

Calendula Ø and *Hydrastis* Ø for the nipples

[NB: Please note the date of this case. It precedes the inclusion of *Lac* rubrics into the various repertories, so my prescription was based on rubrics derived from the proving diaries of *Houghton* and *Halahan* and that of *Sankaran*. My intention, in listing them from primary sources, is to invite you to understand the scope of *Lac humanum*.]

MIND: Confidence; want of self: *lac-h*

MIND: Detached: *lac-h*

MIND: Detached; Ego, from: *lac-h*

MIND: Discontented; self, with: *lac-h*

MIND: Indifference; apathy;
everything, to: *lac-h*

MIND: Sadness; despondency,
dejection, mental depression, gloom,
melancholy: *lac-h*

DREAMS: Animals; snakes: *lac-h*

DREAMS: Attack; assailant by; knife,
with: *lac-h*

DREAMS: Baby; babies: *lac-h*

DREAMS: Dead people; relatives: *lac-h*

DREAMS: Falling: *lac-h*

EARS: Noises; ringing: *lac-h*

THROAT: Lump; sensation of: *lac-h*

STOMACH: Desires chocolate: *lac-h*

STOMACH: Eructations: *lac-h*

STOMACH: Heartburn: *lac-h*

ABDOMEN: Distension: *lac-h*

ABDOMEN: Flatus: *lac-h*

She returned on 18/9/01 with hints of her old sinus headaches. She says she's continued to feel a "bit spacey" since the birth; not quite dizzy, just light-headed.

Her thirst has increased and she prefers water. Her lips and tongue feel dry and her saliva is viscid. She still has scalloped edges on her tongue.

She's got rough, dry patches of skin on her face now. Her eyes are itchy.

Her nipples are no longer sore. Her lochia persists (it's an orange-brown).

She's really missing her chocolate (so has had some). She's been making date scones and she's off high salicylate foods but would really like a curry. Her bowels and urine are OK.

She's sleeping well and is having vivid dreams. She dreamt of a tidal wave coming and ran with her family (immediate and extended) to high ground where they watched from safety. She dreamt of her best friend's baby two nights ago and last night had a horrible dream where she was helping a group carry a coffin.

Mentally/emotionally she's still feeling "flat and heavy". She's cross with her mother who is "too busy" to come and help and even when she does visit she expects to be treated like a guest and

waited on. It makes her mad that she has to be mindful of her mother's needs and does not have it reciprocated. She feels that she is the one who is in need of nurturing!

18/9/01 *Lac-h* 0/2 5 gtt in 15 mls water (am); five succussions

MIND: A/F: nurturing by the mother;
lack of: *lac-h*

MIND: Anger: *lac-h*

MIND: Delusion; neglected; she is: *lac-h*

MIND: Sadness; despondency,
dejection, mental depression, gloom,
melancholy: *lac-h*

DREAMS: Baby; babies: *lac-h*

DREAMS: Danger: *lac-h*

DREAMS: Death: *lac-h*

DREAMS: Family: *lac-h*

DREAMS: Vivid: *lac-h*

DREAMS: Water; flooding water: *lac-h*

EYES: Itching: *lac-h*

FACE: Dryness: *lac-h*

MOUTH: Dryness: *lac-h*

STOMACH: Desires chocolate: *lac-h*

STOMACH: Desires dates: *lac-h*

STOMACH: Desires spicy food: *lac-h*

I saw this patient again two months later. She felt good on the medicine which she took for four weeks.... (that is, the general malaise lifted).

However what she now notices is that she feels a wave of depression when she breastfeeds; as soon as the milk lets down. On questioning her I discovered that she can cry after sex and cried throughout her labours. She also told me that during the pregnancies whenever she got Braxton-Hicks contraction she "got a funny feeling in my head".

She's been dreaming "all sorts of things". In one dream she and her husband were having dinner with friends when her husband and the wife of the other couple disappeared. She found them in bed together.

In another dream a seal in an animal enclosure in a marine park died. A lady massaged it and it came back to life. Its name was Samuel.

She's been craving chocolate +++ and felt nervy all day after a glass of white wine. Bowels and urine are OK.

She says her temperament is "all over the place and little things annoy." "I'm like an emotional sponge and everyone's stuff gets dumped on me."

Her cousin and his wife are having marital trouble and she's trying to help both sides. She's very angry with her cousin for leaving without saying goodbye the other night!

She's still anxious about the baby and her ability to mother her properly and has had tremendous heartburn the last few days.

21/11/01 *Lac-h* 1M to have in a water potency as needed with two succussions.

MIND: Sadness; let-down of milk,
during: *lac-h*

MIND: Delusion; neglected; she is: *lac-h*

MIND: Anger: *lac-h*

MIND: Anxiety: *lac-h*

THEME: Cousins: *lac-h*

DREAMS: Animals; amphibious
creatures: *lac-h*

DREAMS: Friends; partying with: *lac-h*

DREAMS: Sexual; relationship
inappropriate: *lac-h*

DREAMS: Death: *lac-h*

STOMACH: Alcohol agg: *lac-h*

STOMACH: Desires chocolate: *lac-h*

STOMACH: Heartburn: *lac-h*

She came for an appointment for her baby two months later. She is no longer so angry but is still "flat" (especially when she breastfeeds) and "feeling hassled". She's had two more snake dreams....I should have continued with the LM potencies!

1/2/02 *Lac-h* 0/3 5 gtt in 15 mls water (am) five succussions; (two weeks)

MIND: Sadness; letdown of milk,
during: *lac-h*

MIND: Anxiety: *lac-h*

DREAMS: Animals; snakes: *lac-h*

I phoned her two weeks later and she was feeling more positive. She's been craving chocolate and her urine has been very strong; it's less so if she

increases her water intake. Her eyes have been itchy and her gums have been bleeding on cleaning her teeth.

She's had two dreams; one of a car bomb exploding outside the house forcing them to live in a house tipped sideways and another of one of her pregnant friends and a group of women falsely accusing her of something. She says she defended herself.

Her menses returned later that month and she needed to repeat the medicine, as she felt tearful leading up to the period. Her bleeding stopped suddenly on day three to return after 24 hours for another three days. She reports that this has been a familiar pattern since having her babies. She noticed that her milk supply was low during the menses.

Following the menses she had an URTI; slight wheezing chest with lots of sneezing and clear coryza.

9/3/02 *Lac-h* 0/5 as before until 29/3 (full moon)

MIND: Confidence; self, in; desire to stand up for oneself; to demand that own needs be valued: *lac-h*

DREAMS: Accusation; crime; wrongful, of: *lac-h*

DREAMS: Attack: *lac-h*

DREAMS: Bomb; bomb attack: *lac-h*

DREAMS: Friend: *lac-h*

DREAMS: House; state of disrepair; is in a: *lac-h*

DREAMS: Pregnant: *lac-h*

EYES: Itching: *lac-h*

NOSE: Sneezing; coryza, with: *lac-h*

MOUTH: Bleeding gums: *lac-h*

STOMACH: Desires chocolate: *lac-h*

URINE: Dark: *lac-h*

FEMALE: Menses agg: *lac-h*

FEMALE: Menses intermit: *lac-h*

I saw her again two months later because the sadness on letdown, having initially settled, has recently returned. Her last two periods have been on time and did not intermit. She's due again in a few days. She's been getting some joint pain.

Her cousin has been giving her grief. He was invited to dinner and arrived an hour late. "I let him have it."

She says she's feeling sensitive to any comments and is tired and emotional.

She feels her self-esteem is low and she doesn't like interacting socially. "I often don't know what to say when I'm in a group of people. They're not like me and I feel I've nothing to say to them."

21/5/02 *Lac-h* 0/6 as before until 26/5 (full moon)

MIND: Anger: *lac-h*

MIND: Anxiety: *lac-h*

MIND: Confidence; want of self: *lac-h*

MIND: Group; isolated, by: *lac-h*

MIND: Sadness; let-down of milk, during: *lac-h*

THEMES: Cousins: *lac-h*

THEMES: Group vs Self: *lac-h*

EXTREMITIES: Pain; joints: *lac-h*

I saw her two months later following another UTI after a trip interstate to visit the family.

She still occasionally feels sad when her milk lets down. She notices that she's particularly low emotionally just before and during her period. Otherwise, she's OK.

She's been dreaming of family members and death. She had another dream of meeting an Archbishop who kissed her brow and said "My Child".

She's ravenous these days and wants "comfort food".

18/7/02 *Lac-h* 0/8 as before until 24/7 (full moon)

MIND: Sadness; let-down of milk, during: *lac-h*

DREAMS: Death: *lac-h*

DREAMS: Family: *lac-h*

DREAMS: People; prominent: *lac-h*

STOMACH: Desires sweets; puddings: *lac-h*

STOMACH: Hunger increased: *lac-h*

STOMACH: Hunger; ravenous: *lac-h*

FEMALE: Menses agg: *lac-h*

I saw her again early in September and prescribed *Chel* 200C for acute symptoms following a giardia infestation after a trip to a resort where she drank tank water.

She returned two weeks later with an URTI which put her in mind of 'a 'flu' suffered in 1996. The giardia infestation has settled.

Symptoms began with a sore throat six days prior on the last day of her menses. Initially the pain was on the right side then moved to the left.

She has constant coryza (either green or yellow); and green expectoration.

She has no wheezing which surprises her as previously all colds go straight to her chest. This one is confined more to her head.

She wants warm food and drinks.

The day after the throat began to hurt she had high fever for three days. Says she felt "like I'd been run over by a truck". She had high fever and was burning to touch but had internal shaking chills.

During the height of the fever she had an episode of a recurring dream that she'd not told me about previously.

"I've had this dream before where I get the feeling that a hand has been placed at the back of my head and I know that the entity's other hand will then come around with a cloth to place it over my face. It has a hospital smell and when I breathe in my head swims, my thoughts become confused and then there's blackness.

When I wake up I feel drugged and disoriented as if it's been real.

This time I held my breath when the entity put the cloth over my face. I lost it for a bit but only blanked out for a second and when I woke I had the sense that someone was there.

This dream has happened always in the pregnancies and occasionally at other times. When it first happened I would come out of my body during the loss of consciousness phase. I would hover over my body and see a dark, shadowy figure by my bed with the cloth.

At other times I would wake as if someone had been doing something to me and the area on my body would remain sore for ages. Once I had a red mark like a blood blister on the inner part of my left upper arm."

She also had another dream of an orphaned baby in need of protection.

Even though the fever has settled and she feels she's over the worst of it she's feeling very tired and lacks energy +++.

Otherwise she feels positive and she no longer feels sad when her milk lets down. She thinks that her response, this time, to the recurring dream was very healing for her.

17/9/02 *Strep* 200C tds for three days as well as *Lac-h* 0/8 3 gtt in 30 mls water (pm); three succussions until 21/9 (full moon).

I also give her some exercises in psychic protection.

Knowing what I know now, having undertaken the proving of *Lac maternum* in 2002, I recognise that this dream was a classic *Lac Maternum* dream; and to have prescribed it would have completed the case nicely. That is, keeping in mind the fact that anthropological evidence indicates that primates lactate for six times the gestation rate (and orang-utans our closest 'DNA-cousins' lactate for at least eight years), so sixteen weeks at

the maternal breast suggests that she lacked nurturing at the breast as a baby. It would have provided congruence with respect to the "reverse order in which events occurred" aspect of Hering's Law. Additionally relevant is that the pregnancy would, most likely, have been fraught with anxiety due to the grief over the death of the first-born child, with the mother possibly enduring the pregnancy with a significant measure of dis-connection.

DREAMS: Body; self; hovering above:
lac-m

DREAMS: Baby; caring for a: *lac-m*

DREAMS: Ghosts; spectres; spirits:
lac-m

SKIN: Eruptions; red: *lac-m*

SKIN: Bleeding; touch; slight touch agg:
lac-m

Nonetheless, she then remained well for twelve months and continued breastfeeding for six more months. She eventually weaned her baby when she was eighteen months old. She had

planned to "persevere" for twelve months only, as in the previous two lactations. However, she continued for longer as breastfeeding had become enjoyable.

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