

HOMOEOPATHY ACTS AT CHILDBIRTH

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Since the time when records were started women have found it difficult to bear labour pains. There are evidences of this before Biblical times; it is mentioned in the Bible and in the records from which early medical history has been garnered. Regardless of the age in which she lived she has always expressed her resentment that a natural function should be accompanied by such pain.

Scholars have ventured hypotheses to explain why labour pains exist but have failed to furnish a satisfactory answer. It would seem that with truth and safety we can say they have been present since the Creator moulded human beings. Whether the Creator intentionally planned that women should have pains during labour, or whether it evolved as an unintended imperfection, or as an unavoidable by-product, human beings have never known.

But just as man has striven to create higher standards of living for woman so he has striven to free her of this bond which has been so distressing. In the last century, since anaesthetics have been studied so consistently, the most progress has been made. The mental consciousness of these pains can now be relieved completely by drugs such as chloroform and ether; partially by such combinations as produce twilight sleep and spinal anaesthesia, and by local anaesthetics to the separate nerves in the perineum. But each one has its just criticism and must be branded imperfect. Discussion of these separate items is outside the intended scope of this paper, however interesting it would be. The writer rather intends to record experiences in treating the accompanying mental and nervous distress with homoeopathic remedies. These observations may enlarge upon the present knowledge bearing on the homoeopathic remedy at the delivery room and may call attention to Chamomilla as worthy of further study. It is most often the only treatment needed for easing the fear and nervousness which seem to play such havoc by making the mother uncomfortable at the time of delivery.

In 1921 the writer first used Chamomilla in confinement cases. The success in these cases was so good that he has used it ever since. Not having heard it mentioned, or seen its action or use recorded in the literature since that time, the addition of a few deductions from personal observation of its use may be of some benefit to the medical profession.

In many instances in private practice Chamomilla has eliminated the necessity for using more expensive drugs such as ampule pituitrin. Chamomilla has been found most useful when one drop of 3x or 6x dilution was placed in a half tumbler of drinking water and then given orally, in teaspoonful doses. In mild cases one dose is sufficient and two or more seem to aggravate the condition. I prefer the 6x dilution. As many as five or six doses at

intervals of five to thirty minutes have been administered in exceedingly severe cases. I have tried the mother tincture but nothing higher than the 6x. In the fourth clinical case mentioned below, Chamomilla was used but did not give complete results, and because of the history of previous attacks of colds and cramps, Cimicifuga 3x tablet triturate was found to be successful. This relieved the condition which caused the blocked action and the case was shortly delivered. Chloroform, ether and pituitrin have been used with Chamomilla without signs of antagonistic action. I have never known of Chamomilla being used with spinal anaesthesia, twilight sleep, or the locally anaesthetized perineum. My cases have nearly all been those where deliveries were made in the private home. In the hospital there is always delay and sometimes difficulty in prescribing it. The percentage of my cases in which it has been used runs as follows: 1935—12 per cent; 1936—5 per cent; 1937—75 per cent; 1938—58 per cent; 1939—53 per cent. This covers about 200 cases.

Opinions of patients who have experienced reactions after Chamomilla was used: Mrs. M., thirty-two years old, white, blonde, six children, five alive; very nervous, seemed too scared to move, somewhat restless, last confinement was very difficult as she had lost a child recently and having a new doctor affected her; was afraid her delivery would cause her as much distress as the last one. Between her fear and anticipated pain, anxiety and uncertainty, her breathing was short, like a panting dog's; her respiration rate was 100 per minute; she had chills between labour pains and could hardly talk; moaned almost continually. This was the condition at 8 a.m. There had been only four or five pains within the hour preceding. At 8-20 she was given one dose of Chamomilla and in about five minutes pains began. She said, "They feel like cramps across the top of the stomach. That ain't the way they been coming; they have been starting in my back." Objectively I observed she was not as restless and did not breathe as rapidly. By 8-35 the labour pains had started in earnest. By 8-45 she had no more chills and had the second hard labour pain since the single dose of Chamomilla was given. At 9 she was given one more dose of Chamomilla following which her nervousness, moaning and panting breathing stopped. At 9-30 she was given one-half ampule pituitrin and at 9-50 birth occurred without laceration or other complication. The husband gave all the assistance the doctor had and there was no need of more. Both the mother and her husband said this was the easiest labour she had ever experienced. The day after the delivery I asked the patient to explain to me any sensation she had experienced the day before, after taking Chamomilla. All she could say was: "I was not so nervous after taking it."

Hazel M., aged twenty-eight, Negress, ninth child, having previously lost three; large stature. Bag of waters had broken four days before my call to the case. This was the most marked illustration of the results obtained by Chamomilla yet experienced and also the one where the patient was probably

the most grateful. On first examination, about 11 p.m., the cervix was hard and resistant and I expected a long-drawn-out labour. Her cervix was so tender that she said she could not stand it to have a birth pain. She yelled when my gloved finger touched the cervix at examination. She was given five teaspoons of Chamomilla between 11-30 p.m. and midnight and after each one she had a hard labour pain with firm bearing down and little or no objection from tenderness of the cervix. She was so nervous she could not close her mouth and bear down. At 11-40 dilatation was found to be complete; on examination there was no tenderness of the cervix and the head had started through. After the case was finished and she was free from pain, I asked her if she could give me any idea what sensations she had after I gave her the medicine, and, starting with both her hands at her knees she drew them up the sides of the body and to the top of her head, saying, "It made me feel different all over." She circled her breasts and seemed to think there was a changed sensation there. She said it made her feel better through her chest and heart: "They did not feel so funny." Then, "Why do mothers have to suffer so to bear babies?" Her cervix was the most sensitive I have ever known but she was able to bear down hard after the Chamomilla was given.

Mrs. P., aged twenty-five, brunette, second child. She had been in labour some hours and pains were not progressing. She complained of being all fagged out and was pleading for chloroform or something to give her rest—which was not given. Instead at 2-50 a.m. she was given one dose of Chamomilla and her pains began to be effective. A boy was born at 3-07 a.m. and there were no lacerations or complications. After the delivery the patient was jovial and talked and laughed freely. This one dose was the only medicine given before the delivery. On December 4, while making a postpartum call (the delivery was on November 27), the patient was asked if she could notice any change in her feelings after receiving the medicine at the time of delivery. She said, "It made everything more clear, I became more interested in what I was doing. It seemed as if I had more strength. I seemed tired before taking it. It affected me all over. It seemed as if everything was all right. It seemed as if I could go through with the delivery. I felt much as if I was waking up. It seemed as if someone had turned on a light. I just felt different."

Mrs. T., aged twenty-four, blonde, primipara, in labour four hours. At 1 a.m. dilatation was complete but all pains were in her back and so severe they drove her almost frantic. After some hours of this, cramping pains started in her legs. She was almost hysterical. She was given a dose of Chamomilla every half hour for three doses. At 6-15 she said she was exhausted and was crying from the pains in the lumbar and sacral areas. A life history of colds and cramps being obtained, she was given one dose of Cimicifuga 3x tablet triturate. This turned the tables and at 9-39 an eight and one-half pound boy was born and produced a second degree laceration. When inquiry was made, she stated that the pains changed after the one dose of Cimicifuga.

Mrs. P., aged twenty-nine, brunette, second confinement, in labour eighteen hours. She was markedly nervous and fretful. Had prolonged labour with the previous child. One dose of Chamomilla increased the dilatation from the size of a dime to that of a silver dollar (5 cm) in one and one-half hours. The nervousness left and she worked hard with the pains. An ampule of pituitrin was later given which seemed unusually slow in acting, but the delivery was made in about one-half hour.

Mrs. G., aged eighteen, blonde, primipara. Had pains two days, was nervous, fretful, anxious, pulse 86 irregular and skipping. At her fifth month vomiting of pregnancy started; then later she was in bed six weeks with a condition diagnosed as nephritis. At 7-56 a.m. she was given one dose of Chamomilla; in five minutes she drew a long breath much like a sigh, then started to move and talk more freely. She progressed gradually to delivery at 3-40 p.m. The writer handled only the delivery and after-care. Following delivery she developed septic endometritis from which she recovered after taking homoeopathic remedies.

Now what do the textbooks give us as indications for Chamomilla at the delivery table? The *general action* of this drug on the body is on the mental and emotional phases. This is an important point. It tends to indicate that the symptoms we find in our patient are expressions of a part of the body other than the musculature of the uterus and the nerves supplying it.

Mental symptoms are: Whining restlessness, impatience, extreme sensitivity to every pain. The patient is nervous, strung up, hyperaesthetic about examinations, decidedly snappish, sensitive and irritable.

Indicating symptoms during labour are: Pains begin in the back and travel down the thigh (the inner side of the thigh), nervous excitement is great. Labour is especially painful. The patients are cross and declare they will not stand the pain. The pain is in the small of the back. Labour pain is spasmodic, pains seem to press upward, there is an expression from the patient that the pain is intolerable and unendurable.

The nipples may be inflamed; they are tender to touch.

Sleep: The undercurrent of fear is even shown by these patients in their sleep by their moaning, weeping and wailing during sleep. The dreams show anxiety and fright.

The physician in charge can recognize the action of Chamomilla both objectively and subjectively. Among the objective changes, the first change usually noticed is sometimes a sigh, the patient involuntarily takes a deep breath. Usually the patient, instead of jumping or moving around in the bed, is twitching and squirming. In one case that I was observing, I wanted to check my own observations, so I said to the nurse, "She does not seem as nervous and jumpy as she was. What do you think about it?" After observing for two or three minutes she said she thought so too. Next you may notice that where she had been complaining of her plight or possibly moaning and keeping her mouth open, she will close the mouth tight and bear down with

the pains. Also the type of conversation that had been scolding or, as the textbooks speak of it, whining restlessness, will change to more determined words and be less continuous because she seems to want to spend her time helping those pains. The *subjective changes* are accompanied by objective changes: the cervix that was so sensitive that it caused the patient to scream or jump when your finger touched it will become more soft and thin and painless. In a few of these cases it seemed, before the Chamomilla was given, that the cervix drew up into a spasm, a *strictura cervicis*, became firm and hard to touch and almost as thick and long as though there were no effacement at all. Effacement will be rapid and dilatation complete in a relatively short time. Chamomilla does not stop the labour pains but seems to permit them to work in the correct channels. Dystocia is brought to a minimum.

These patients do not want to be examined but when the examiner's finger reaches the cervix, the patient moves and objects. You press lightly on the cervix and they object again. If you pull on the edge of the cervix with the tip of the finger, they cry out quick and may even scream. You relax your pressure and ask them what the trouble is and they say, "That hurts." The patients are very few whose minds allow them to become decidedly snappish, or even irritable in their remarks. But when this does happen you have a specific indication for this remedy.

Now a little bit about the psychology of our patient. What part does *fear* play on the minds and nerves of these cases? The provers found that the guiding symptoms of Chamomilla are mental and emotional and also that fear is one of the basic indications. It would seem that fear plays a large part in the attitude of the expectant mother toward pregnancy and childbirth. The primipara, of course, has never felt delivery pains but has heard stories of their severity. Some of them have come from her girl friends and some from her sisters who just want to impress her during a moment of playful sport. This kind of discussion is almost sure to be marked by gross exaggeration of the facts regardless of how seriously their victim is going to take them or what the effect on her future mental attitude is going to be. This reminds me of a story that has been circulated in my neighbourhood which illustrates this point. It occurred in another doctor's practice so I am passing it along but not as an absolute fact. A young lady became pregnant and her sisters told her, in a sportive mood, that when a child was delivered it was taken out through a cut made in the abdomen. The expectant mother tucked the idea back in the memory cells and quietly proceeded to do her daily duties while the foetus developed to maturity. The doctor was ready for delivery and gave an anaesthetic. On waking, the mother said, "Have you cut me open?" "No," said the doctor. She said, "When are you going to cut me open?" The doctor said, "We are not going to, the baby is delivered now." She said, "How did it come if you did not cut me open?" It was not until then that she learned the facts. My heart goes out in sympathy to those who are so grossly deceived in their teaching on such important subjects.

There are many other sources of chagrin and fear. The young woman who is pregnant and has the idea that pregnancy is something to be shunned and ashamed of. She avoids meeting her customary friends and this deprives her of companionship. She avoids going out on the street for fear the neighbours will see and talk behind closed doors. If she must go to the store, an attempt is made to hide the enlargement by arranging the clothing. And so one could go on and on. Fear, chagrin, mental reaction are not only predominant in the mind but almost an obsession. Along this same line I have a lot of respect for the doctor's wife who said she felt like pinning an American flag to the projecting abdomen as she walked down the street.

Of course it is natural to avoid pain. Even the little boy avoids going to the dentist because he knows the drill in that tooth is going to hurt. A pregnant woman has nine months of anticipation of pains which her mind is keyed to know as severe and agonizing. Sometimes it is the primipara who presents the greater problem for this homoeopathic prescription but by no means always. Just as an estimate I should say that the multipara would give the higher ratio by about 75 to 25 per cent.

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