

## HOMŒOPATHY IN MIDWIFERY

DR. JAMES CONNOR, L.R.C.P. & S. (EDIN.), L.R.F.C.S. (GLAS.)

I respectfully present to you my experiences of using homœopathic remedies in general practice in the management of expectant mothers.

The period covered is since the inception of the National Health Service in 1948 when I started in general practice, although the great bulk of the cases has been seen within the past four years.

I attribute any success in my practice to the use of homœopathic remedies, as they now have obtained a reputation for making child-bearing much easier than is the usual experience.

I have used about 20 remedies but so far I have not had the opportunities of using each remedy to the limit of its usefulness. In fact, it is only when a woman has either not received the full prenatal treatment and preparation for her confinement, or when some unforeseen emergency arises in the stages of labour, that any remedy has required to be given.

My experience is that an emergency in domiciliary midwifery can come from sources outwith the actual pregnancy. The mental state of the mother is a common cause—her fears for herself or how her family will manage while she is confined to bed, are two important factors. Pregnancy with some other concurrent illness is another disturbing factor to the mental state of the mother, and to the general management of the case. The housing conditions can also interfere with the course of the labour.

In the management of the expectant mother, the main stress is put on the prenatal preparation—mentally and physically. It is most important to impress on the mother that her pregnant condition is physiological and not pathological. If this preparation is properly done, the chances of any emergency developing are greatly reduced when labour finally occurs.

The remedies I have based my paper on are:

<i>Aconite</i>	<i>Hamamelis</i>
<i>Arnica</i>	<i>Ignatia</i>
<i>Belladonna</i>	<i>Kali carb.</i>
<i>Bryonia</i>	<i>Lac. caninum</i>
<i>Calcarea carbonica</i>	<i>Nux vomica</i>
<i>Cantharis</i>	<i>Pulsatilla</i>
<i>Carbo veg.</i>	<i>Pyrogenum</i>
<i>Caulophyllum</i>	<i>Secale</i>
<i>Chamomilla</i>	<i>Sepia</i>
<i>Cimicifuga</i>	

I will now take each remedy individually and describe the occasions in which it has been used.

#### *Aconite*

This is usually used in the 30 or 200 potency.

Generally the patient shows a picture of fear—her heart is violently palpitating. She is afraid she is going to die; her anxiety is inconsolable, she is impatient and restless. *Aconite* has been used successfully to correct a threatened abortion, especially so, when fear of losing the baby is the mother's main worry. To my mind comes a woman nearing the menopause, who fears if she loses this pregnancy, she will never have the opportunity of becoming pregnant again: *Aconite* 30 given in two-hourly doses for 24 hours has stilled her fears and allowed the pregnancy to continue to a successful conclusion.

In labour, *Aconite* has been frequently used—when the vulva, vagina and os are dry, tender and slow to dilate. The mother appears to be in great distress with moaning and restlessness during each pain; she is difficult to control; she is afraid of not being delivered and that something terrible will go wrong.

*Aconite* has also been used for after-pains which are extremely painful and strong and actually seem to be a continuation of the labour contractions:

This remedy has also been given to the new-born child when suffering from asphyxia pallida. I recall two cases where it seemed that the child would die, being almost pulseless.

*Aconite* 200 was given at five-minute intervals with the effect of resuscitation, and succeeded.

As you will see, *Aconite* is a very useful emergency treatment. Next is *Arnica*.

*Arnica* is generally indicated in the bad effects of mechanical injury causing a bruised sensation in any part of the body.

In threatened abortion, *Arnica* has been used where the suspected cause was an accident—a fall or fright; the bleeding is variable, sometimes being painless.

*Arnica* is also used in the later stages of pregnancy when the fetal movements cause a great deal of pain.

*Arnica* is, of course, seen at its best during and after labour. During labour, if the patient is weary and the contractions are feeble and irregular and little progress is being made. *Arnica* can put things right. The patient feels bruised and sore all over, and has a constant desire to change her position as she never feels comfortable; *Arnica* 200 is given frequently and she will gradually relax. Post-natally, *Arnica* is used almost routinely at the close of labour to minimize or even eliminate after-pains, and to reduce the possibility of a post-partum hæmorrhage.

In the event of the baby being subjected to the effects of a long protracted labour. *Arnica* 200 given in two or three half-hourly doses, usually reduces any ill-effects.

*Arnica*  $\phi$  is invariably used as a local dressing if any traumatism has occurred to perineum.

Next we have *Belladonna*.

This is usually used in a patient who appears to be extremely sensitive to any stimuli—a noise will precipitate a uterine contraction which is over in a moment. She has much twitching and jerking of muscles and appears to be continually fidgeting. The face is red and flushed; she continually complains of a constant pain *which will break her back*.

Pre-natally, *Belladonna* has been used to control a threatened abortion where there is a flow of bright red blood and there is much uncontrollable bearing down as if all her internal organs would be forced out.

In labour, the general picture is presented with violent;

abrupt, explosive contractions with the cervix thin but rigid, hot and moist.

In post-partum hæmorrhage, *Belladonna* has been successfully used to stem a violent hæmorrhage of bright red blood which the patient seems to be forcing out by her own effort.

Next we have *Bryonia*.

Generally the patient is weary and wants to be kept quiet, the symptoms are aggravated by any motion—even taking a breath may be sufficient to increase her symptoms. She is usually apprehensive, irritable and wants to be left alone.

*Bryonia* 200 has been used prenatally in a threatened miscarriage where there is severe constipation. The patient complains of a severe low-back pain and a great thirst, but only takes small sips of cold water. The blood lost is a dark red colour.

During labour where there is a tendency to faint with the slightest movement, *Bryonia* is indicated. In the after pains of labour, *Bryonia* has also been given where there is a dark red bleeding, backache and a splitting headache.

Next we come to *Calcarea carbonica*.

Generally the remedy is indicated in the easily exhausted anæmic, thin, multiparous woman. She is melancholic, weepy and has a general muscular laxity. The face is pale, bloated with dark rings under the eyes.

This remedy has been used frequently to counteract the effects of a miscarriage where the signs were pain in the small of the back and the general picture gave the remedy.

In labour, the general picture usually decides the remedy.

Next is *Cantharis*.

This is used principally where the bladder and genito-urinary tract are the complicating factors.

In a miscarriage where there is a dark flow of blood with a constant desire to urinate but only a few drops of urine pass with a burning pain, *Cantharis* is the remedy.

In certain cases of albuminuria, the face being swollen and puffy, *Cantharis* has been used to good effect.

Post-natally, *Cantharis* has been used in a case of retained placenta where the urinary symptoms predominate and there is a burning pain above the pubis,

*Carbo veg.* 200. I have used only twice where the patient suddenly collapsed as a result of a post-partum hæmorrhage. They were greatly prostrated and showed signs of surgical shock. *Carbo veg.* immediately revived the patients.

Next is *Caulophyllum*.

In my experience this is the most useful remedy of all. I use it almost routinely in the last two months of pregnancy, and it has obtained the reputation of being the best labour saving device a woman can have. The patient is given regular doses of low potency—6x or 12x—three times weekly during the last two months of pregnancy. The result of this is that most of my attendances at confinements are purely supervisory. In almost every case *Caulophyllum* ensures an easy, trouble-free labour and puerperium. The labour usually lasts about three hours only, from start to finish. Sometimes it is as short as twenty minutes.—All this without the use of any anæsthetic or analgesic.

In my experience, *Caulophyllum* seems to give the mother the necessary confidence she needs to carry through the labour successfully.

In a great number of cases, the second stage of labour has commenced before the patient is aware that labour has started. If the patient has been unable to receive it pre-natally, I have found that *Caulophyllum* is the nearest specific for false labour. When I have been called to a case and find that it is really one of false labour, the remedy has been given and usually within two hours, normal labour is well advanced.

*Caulophyllum* is also useful in a case where the delivery has been rapid and the uterus is now flabby and relaxed, and there is heavy bleeding.

In a retained placenta with a flabby atonic uterus *Caulophyllum* is indicated.

In short, if *Caulophyllum* is given pre-natally as premedication, it eases labour and, if it has not been given, it corrects the effect of a long and strenuous labour. In general, it corrects uterine atony and puts right false labour pains.

It has also been given if rheumatism of the small joints complicates the later stages of an otherwise normal pregnancy.

Next we have *Chamomilla*.

In general, the patient is irritable and cannot give a civil answer. She is very impatient and, as a diagnostic feature, has one cheek flushed and the other quite pale. Any calmness in the patient contra-indicates the remedy.

*Chamomilla* has been used in a miscarriage if brought on by, or coincidental with, a fit of anger.

In labour the remedy has been used when the patient has much abdominal pain with frequent emissions of large quantities of pale urine. The patient maintains that she must get up from her bed and is generally very restless.

Next we have *Cimicifuga*.

This has been used only in labour. The patient is apprehensive and in all her symptoms there is a want of coherence. She thinks she is going crazy; her talk is incessant and she is constantly changing the subject; she has a wild, fearful expression, her forehead is cold and she is deadly pale.

In labour, the uterine pain flies from side to side; the patient seems to be afraid to bear down to supplement the uterine contractions.

Next we come to *Hamamelis*.

Generally it is given where there is a tendency to hæmorrhage from any part. A history of bleeding following teeth extraction can put one on guard. The patient feels exhausted and shocked although she has lost only a small amount of blood.

*Ignatia* is the next remedy.

Generally the patient is hysterical; she is unhappy and I have used it on a few occasions with success in unmarried mothers, as it is usually indicated for the effects of disappointed love. She is continually sighing and trying to take a deep breath.

In labour she is hysterical and seems to be unable to comprehend that she must co-operate in her labour.

The next remedy is *Kali carb.*

I have used it in cases of post-partum hæmorrhage. The patient is chilled and shocked and has a throbbing headache, is yawning and is on the verge of unconsciousness—all the signs of severe hæmorrhage. The condition is usually aggravated by the already anæmic condition of the woman.

A short word now on *Lac. caninum*.

This has been frequently used to disperse unwanted breast milk although every effort is used to encourage the mother to breast feed her baby.

Next we have *Nux vomica*.

Usually the patient is sullen and wishes to be left alone. (In *Chamomilla*, she will answer you but uncivilly). She continually tells you that she would feel better if she could first be sick and vomit.

*Nux vomica* has also been used frequently to treat a miscarriage which is threatening and is complicated with extreme constipation. She has large difficult stools with much pain.

This remedy has been used for the after pains where back pain produces a desire for stool or a sensation in the rectum that something has to be evacuated.

Now we come to *Pulsatilla*.

The patient is usually a mild, tearful type. The pain keeps continually changing its location from the back to the abdomen and down into the groins. The pains also vary in intensity, first strong and then weak. She also must have the windows open as she feels she will feel much better if she is cool.

Pre-natally I have used *Pulsatilla* in an effort to correct a breech presentation in two cases and in each case the baby was born a vertex.

Next we come to *Pyrogenum*.

This is useful where sepsis is present. Invariably it is used to treat post-natal pyrexia where there is a foetid lochia, pussy and with an offensive smell. There is a rapid pulse but the temperature might only be around 100° F.

The next remedy is *Secale*.

This is usually used in thin, anæmic, undernourished, multiparous women—a type which fortunately is not so common nowadays.

In labour, pains are irregular and weak; the patient feels very distressed though the pains do not seem to be strong enough to cause such discomfort.

The last remedy to be described is *Sepia*.

Usually the patient is introspective about her health, con-

stantly worrying and crying about her real or imaginary illness. She sometimes has a yellow saddle across her nose.

In labour, *Sepia* is used when the cervix feels hard, indurated and slow to dilate.

Where there have been habitual abortions between the 5th and 7th months, *Sepia* is useful as a prophylactic in any succeeding pregnancies. I have used *Sepia* in the case of a young married woman who had had three previous miscarriages. *Sepia* was given in her fourth pregnancy starting at the end of the 4th month, one dose of *Sepia* 200 every month. The pregnancy went on to the 8th month when she delivered a healthy 4½ lb. baby girl.

Summing up my experiences with Homœopathy, I have found that I have never needed to use obstetric forceps during the past nine years during which time I have attended over 300 cases; only in a few cases, has any form of anæsthetic or analgesic been necessary.

In choosing the remedy, the expectant mother is no different from any other person requiring treatment. As long as she fits the remedy, the remedy will do its job rapidly and efficiently.

Finally, I should add that my constant companion at all my cases has been Yingling's indispensable manual which I had given to me while still a medical student. I will finish by quoting from it:

"Whilst all irregularities of labour cases can be controlled by the remedy alone, it will not enlarge the bony structure, remove malformations, congenital or induced by the manner of living."

—*The British Homœopathic Journal*, April, '58.