

Difficulty in Labour

Women are very vulnerable when they are about to give birth, and all their senses become extremely acute. There are many factors that can both hinder or promote the birth process that depend on the dynamics of the mother and baby, and her attendants, such as:

- a) The relationship of the mother to her baby, the father, the midwife and the homœopath.
- b) The interrelations of all of these people.
- c) The trust between all, but especially between the mother and midwife (usually the principal care giver at a birth)
- d) The emotions in the birth place and its atmosphere.
- e) The conditions of the birth place e.g. temperature, refreshments, setting.
- f) The privacy necessary.
- g) The relationship between the mother and her mother, and family views on birth.
- h) The father's attitude to the birth process and to his pregnant partner - a key example of this is Michel Odent's description of the Foetal Ejection Reflex. He says that when the father is not welcome at the labour, the mother waits until he leaves the room whereupon she immediately gives birth because his presence was hindering her.

The homœopath can prescribe as well as help the mother achieve the physical situation she needs to give birth in.

COMMON REASONS FOR CALLING MEDICAL AID

Spontaneous Rupture of Membranes (SRM) followed by NO Contractions at Term

This means that the membranes around the baby have burst releasing amniotic fluid to the outside. It has been known for a woman of over 40 weeks gestation, after SRM to wait one week or longer before labouring. This would be against obstetric and paediatric advice. Most consultants would expect women in this situation to go into hospital. However, if left alone, 70% will give birth within 24 hours, 90% within 48 hours.

Obstetric policy can vary, but ranges from the mother being asked to come into hospital straight away, or in 4 hours, 12 hours or 24 hours time.

Indications for Orthodox Medical Treatment:

- a) Potential risk of ascending infection from the vagina direct to the baby and uterus.
- b) If variable time limits have been reached with no sign of the onset of labour, then this risk increases and so labour is stimulated using a hormonal intravenous infusion.
- c) Risk of cord prolapse in breech presentation or if the foetal head is not engaged in the pelvis (most women know this by term).

Risks of Orthodox Medical Treatment:

- a) Higher risk of Caesarean Section, due to failure of induction of labour, or lack of progress.
- b) Risk of maternal pelvic infection from the greater number of vaginal examinations due to the induction, and the use

of surgery: Caesarean Section, plus hospital environment of highly virulent organisms.

- c) Possibly longer, less comfortable labour.
- d) Effects of prophylactic anti-biotic usage on mother and baby to reduce a questionable infection (less than 1% chance of serious neonatal infection).

Advantages of Orthodox Medical Treatment:

- a) Assessment of the mother, to reassure and confirm diagnosis.
- b) Initiate and complete delivery quickly.
- c) Observation of the foetal heart rate and maternal temperature and pulse etc.
- d) Emergency Caesarean Section for cord prolapse or other emergency.

What May Happen if the Mother Chooses to Wait:

- a) She needs to be seen by her community midwife preferably at home, and have her condition observed as often as necessary until labour begins.
- b) She can record her own temperature; baby's movements and her discharge to reassure herself.
- c) She is likely to go into labour soon.
- d) She can use the time to try natural methods to induce labour such as squatting; nipple stimulation; making love and visualisation.
- e) In case of emergency such as cord prolapse the baby could die, although this is rare.

Women choosing homœopathy feel more in control and happier to avoid the toxic effect of allopathic drugs as well as avoiding the cascade of events so common where there is interference with the onset of labour.

Most women would wish to avoid feeding their baby antibiotics ever, let alone before colostrum.

SRM could have a mechanical cause. A baby that is persistently 'back to back' (or with its occiput posterior instead of anterior) in the pelvis is often the reason and should be suspected. Here, homœopathy can encourage the baby to rotate anteriorly or promote a healthy and efficient labour.

Homœopathy cannot overcome cephalo-pelvic disproportion or change the make-up of the baby who is determined to come out this way. Whitmont says, "the stage has been set for the birth" (Opening Doors tapes 1992).

In a 'posterior position' with SRM case, a constitutional prescription or a remedy based on the current presenting symptoms will by its dynamic nature stimulate a reaction in the woman or the baby.

"Without signs and symptoms there is nothing morbid that can exist internally" (Organon §14).

From this we can deduce that provided the mother is well, we can remove the fear of infection (the vital force of the mother and baby is considered to be the same in the antenatal period). Homeopathy can have the effect of strengthening their resistance to infection.

RUBRICS

Uterine Inertia: *Pituitrin* 30 – "It has great power over involuntary muscular fibres of the uterus". (Dr S K Bose p35).

Inertia: *Causticum*, *China*, *Gelsemium*, *PULSATILLA*, *Secale* (Yingling p220).

Pain suppressed and wanting: *Cactus*, *Carbo-vegetabilis*, *Caulophyllum*, *Cimicifuga*, *Opium*, *Pulsatilla*, *Secale* (Kent p740).

Labour delayed: *Kali phosphoricum*, *Pituitrin*. (Boericke p844).

ERRATIC CONTRACTIONS

Having ascertained that labour has definitely started, erratic contractions can be individual to the mother. So as long as there is progress in dilation of the cervix and descent of the foetus, and mother and baby are satisfactory, some obstetricians will 'allow' nature to take its course.

Indications for Orthodox Medical Treatment:

- Inefficient labour
- Exhausted mother, baby or both
- Delivery delayed
- Risk of haemorrhage during the third stage of labour
- To prevent long labour and its sequelae using augmentation with syntocinon, Artificial Rupture of Membrane and syntometrine in the third stage.

Risks of Orthodox Medical Treatment:

- The mobility of the mother is restricted, thereby discouraging further the chance to regulate contractions.

This can lengthen the labour, discourage a baby from flexing its head and thus maintain a poor position.

- The syntocinon can over stimulate and cause the uterus to contract far too long, too often, reducing the oxygenation of the baby and leading to foetal distress.
- Risk of instrumental delivery.
- Syntocinon increases the pain of labour and restricted mobility adds to this.
- Analgesics are offered in the form of Pethidine, Epidural or gas and air (mixture of nitrous oxide and air).
- Possible post-partum haemorrhage, after the Syntocinon infusion has been removed.

Advantages of Orthodox Medical Treatment:

- May reduce Caesarean rates although the research trials are too small to give a clear indication of this.

What May Happen if the Mother Chooses to Wait:

- She may become exhausted
- She may be open to infection with SRM especially as the labour could be very long.

Although available data so far does not show that augmentation of labour using oxytocic drugs is beneficial to mother and baby, it does suggest that simple measures such as mobility, eating and drinking are just as effective.

"Logic would dictate that, in such circumstances, the smallest effective drug dose should be given, in the most effective manner". (Enkin, Keirse, Chalmers 1990).

In this situation I think the researchers have recommended a mode of care not dissimilar to homœopathy. Individual sensitivity to oxytocin varies from woman to woman, and it is unclear how large the initial dose or the increments should be, and at what interval they should be implemented. Solid research evidence is lacking.

Homœopathy avoids these risks by using the minimum dose of an individualised prescription.

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RUBRICS

Irregular pains: *Arnica*, *Aurum*, *Caulophyllum*, *Causticum*, *Cocculus*, *Cuprum*, *Nux moschata*, *Nux vomica*, *Pulsatilla*, *Secale*.

Ineffectual Labour: *Aconite*, *Arnica*, *Cimicifuga*, *Cinnamon*, *Coffea*, *Gelsemium*, *Gossypium*, *Kali carbonicum*, *Kali phosphoricum*, *Phosphorous*, *Platina*, *Pulsatilla*, *Secale* (Yingling, p220).

Spasmodic/Irregular/Intermittent/Ineffectual/Fleeting: *Arnica*, *Artemesia*, *Belladonna*, *Borax*, *Caulophyllum*, *Causticum*, *Chamomilla*, *Chloralum*, *Cimicifuga*, *Cinnamon*, *Cinchona*, *Coffea*, *Gelsemium*, *Kali carbonicum*, *Kali phosphoricum*, *Natrum muriaticum*, *Nux vomica*, *Opium*, *Pituitrin*, *Pulsatilla*, *Sacharum officinale*, *Secale* (Boericke p844).

Pain, labour, ineffectual, interrupted, irregular: *Aconite*, *Aethusa*, *Eupatorium-purpureum*, *Cocculus*, *Cuprum*, *Gossypium*, *Phosphorous*, *Platina*, *Sepia*, *Ustilago*, *Nux moschata*.

Rigidity, os, in labour: *Antimonium tartaricum*, *Belladonna*, *Caulophyllum*, *Chamomilla*, *Cimicifuga*, *Conium*, *Gelsemium*, *Ignatia*, *Jaborandi*, *Lobelia*, *Lycopodium*, *Nux vomica*, *Secale*, *Veratrum viride*, (Kent p739, p744).

Bridges Cummings RSHom is an independent Midwife and practises in Bromley in Kent.