

Child With Asphyxia

ABSTRACT: *Asphyxia in new born infants is one of the commonest acute emergencies in the labour room as well as in our clinical practice. We have considerable number of medicines in homoeopathy to treat this emergency unless it becomes a life threatening problem. Here I am describing the general idea about this subject and its homoeopathic approach to reach a favorable outcome.*



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INTRODUCTION:

Establishment of spontaneous breathing after birth is the most crucial for the survival of a new born baby. Most babies have a smooth transition from fetal to neonatal life, and they are able to establish spontaneous breathing without any active assistance. However perinatal hypoxia and birth asphyxia are the leading causes of perinatal mortality in our country.

Disorders of respiration in newborn infants can be categorized as either:

1. Central nervous system (CNS) failure representing depression or failure of the respiratory centre or
2. Peripheral respiratory difficulty, indicating

interference with the alveolar exchange of oxygen and carbon dioxide.

Respiratory problems encountered in the delivery room are most frequently those of airway obstruction and depression of the CNS (maternal medications, asphyxia), with an absence of adequate respiratory effort. Respiratory distress in the presence of good respiratory effort should lead to an immediate consideration of the underlying cause.

DEFINITION

Its literal meaning is "absence of pulse".

Asphyxia neonatorum means non-establishment of satisfactory pulmonary respiration at birth.

Clinically it is defined as failure to initiate and maintain spontaneous respiration within one



minute of birth.

ETIOLOGY

There are various causes for the development of asphyxia in neonates. The causes can be classified as follows:

1. Continuation Of Intrauterine Hypoxia
 - i. Anatomical malformation of placenta.
 - ii. Inadequate utero-placental circulation.
 - iii. Premature placental separation.
 - iv. Retro-placental haemorrhage.
 - v. Cord compression
2. Birth Trauma To The Neonates
 - i. Mal-presentation of foetus (transverse, oblique lie, breech) which requires manipulative and operative vaginal delivery.
 - ii. Forceps, Ventouse delivery causes increased intracranial tension in baby leading to cerebral oedema and congestion which furthermore causes increased intracranial pressure and there is asphyxia.
3. Medication To The Mother

- i. Morphine, pethidine and anaesthetics agents directly depress the respiratory centre.
- ii. The aforesaid drugs administered to the mother may cause asphyxia neonatorum.

CLINICAL FEATURES

The clinical features of asphyxia neonatorum depends upon the etiology, intensity and duration of oxygen lack, plasma carbon dioxide excess and subsequent acidosis.

According to the intensity of clinical features they have been classified previously as

1. Asphyxia livida (stage of cyanosis).
2. Asphyxia pallida (stage of shock).

Now at present, according to the parameters denoted by APGAR (Dr Virginia Apgar, 1953) a scoring procedure has been designed for better understanding of the clinical state.

The Apgar score is related to the status of oxygenation of the fetus at or immediately after birth. This scoring is done in a new born baby at 1 minute, 5 minutes, 15 minutes and is tabulated as follows:

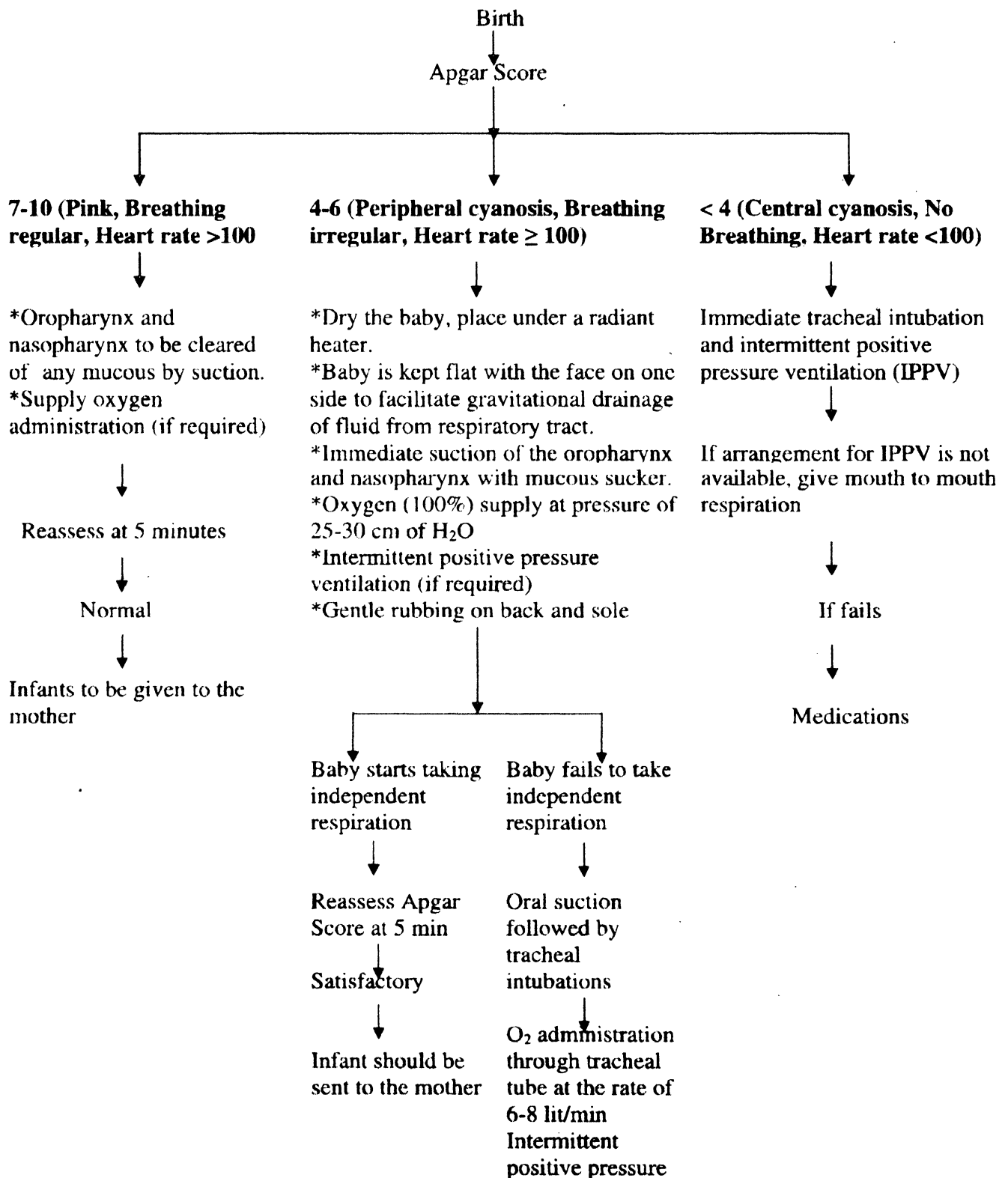
APGAR SCORING:

Signs	Scoring		
	0	1	2
Respiratory effort	Absent	Slow, irregular	Good, crying
Heart rate	Absent	Slow (below 100)	Over 100
Muscle tone	Flaccid	Flexion of Extremities	Active body movements
Reflex irritability	No response	Grimace	Cry
Colour	Blue, Pale	Body pink, extremities blue	Complete pink
Total Score = 10 No response = 7-10 Mild depression = 4-6 Severe depression = 0-3			

THE CLINICAL PICTURE ACCORDING TO THE DEGREE OF DEPRESSION IS AS FOLLOWS

Signs	Apgar Score 4-6 (Asphyxia livida) PRIMARILY A CONDITION OF RESPIRATORY FAILURE	Apgar Score 0-3 (Asphyxia Pallida) COMBINED RESPIRATORY AND VASOMOTOR FAILURE
Skin colour	Blue	Pale
Respiratory movement	Slow and irregular	Absent or few gasps
Muscle tone	Present	Flaccid
Heart beats	Regular Rate > 100	Rapid, gets slower and feeble
Reflex	Grimace	Absent

GENERAL MANAGEMENT OF ASPHYXIA NEONATORUM



HOMOEOPATHIC TREATMENT OF ASPHYXIA

Here I will describe some of the leading Homoeopathic medicines along with their indications which would be helpful for our clinical practice and to attend boldly such an acute emergency condition, asphyxia neonatorum. The medicines described below have successfully been used by the homoeopathic stalwarts to treat the same.

1. *ACONITUM-NAPELLUS*

- i. Asphyxia due to fright and fear in new born from mother's womb to new environment.
- ii. Croupy cough with shortness of breath < at night or after midnight.
- iii. Baby turns to purple colour with hot hands and cold feet.
- iv. With pulse less and breathless or shortness of breath.
- v. May be associated with retention of urine and stool.

2. *AMMONIUM-CARBONICUM*

- i. Slow, labored, stertorous breathing with bubbling sound.
- ii. Stoppage of nose, the child can not breathe through nose; mouth breathing with air hunger.
- iii. Loses breath when falling asleep, must awaken to get breath.

3. *ANTIMONIUM-TARTARICUM*

- i. Child looks pale or livid with breathlessness.
- ii. Rattling of chest with great accumulation of mucous but little or nothing comes out.
- iii. Coarse, loose, rattling, suffocating cough with gasping respiration.
- iv. Child at birth is pale, breathless, gasping and cries, whines if anyone touché him.
- v. Unequal abdominal breathing with shortness of breath.

4. *CAMPHORA*

- i. Suffocative dyspnoea, suspended respiration with retention of urine.
- ii. The face is pale or blue, lips look livid; cold

face with cold sweats.

- iii. With froth or foam at the corner of mouth.
- iv. There is violent dry, hacking cough.

5. *CARBO-VEGETABILIS*

- i. Great suffocation with spasmodic cough < evening, with bluish face.
- ii. Imperfect oxidation runs through the remedy.
- iii. Spasmodic, gagging cough often with vomiting of mucous.
- iv. Wheezing and rattling of mucous in chest.
- v. Can be prescribed in the last stage of asphyxia with cold sweat and cold body surface.

6. *CORALLIUM-RUBRUM*

- i. Dyspnoea with spasmodic cough which has rapid succession on each other.
- ii. The child's face becomes purple.
- iii. Profuse nasal catarrh with great suffocative cough > by warmth.

7. *GRINDELIA*

- i. Paralysis of pneumogastric nerve interfering with respiration.
- ii. There is excessive wheezing and rales all over.
- iii. Gasping for breath, stops breathing when falling asleep; can not breathe when lying down, must be kept in upright position.

8. *HYOSCYAMUS-NIGER*

- i. Dyspnoea with dry, spasmodic nocturnal cough mostly < when the child is kept in supine position and is > when it is held in upright position.
- ii. There is twitching of every muscle in the body leading to convulsion.

9. *IPECACUANHA*

- i. Breathlessness with dry spasmodic cough and great wheezing all over chest.
- ii. The child loses breath, turns pale, stiff and blue.
- iii. Cough with gagging and vomiting of mucous.
- iv. Cough with rattling of mucous in bronchi

when inspiring.

10. *LAUROCEROSUS*

- i. Dry cough with dyspnoea and cyanosis.
- ii. The child gasps for breath with threatened paralysis of lungs.
- iii. There is generalized coldness on surface of body.
- iv. The child is subject to valvular diseases of heart.

11. *MEPHITIS*

- a. Paroxysmal, spasmodic, sobbing respiration < lying down at night.
- b. The child must be kept raised up.
- c. Mucous rales in upper part of chest.
- d. The child cannot exhale, gets blue in their face, as if cough would terminate the life.

12. *OPIMUM*

- a. Cough with dyspnoea and blueness of the face.
- b. Deep, rattling cough with snoring and stertorous breathing.
- c. Difficult, deep, intermittent, unequal respiration.
- d. The child loses breath when going to sleep.

13. *SAMBUCUS-NIGRA*

- a. Paroxysmal, suffocative cough, coming on about midnight, with crying and dyspnoea.
- b. Sniffles of children; nose dry and obstructed.
- c. Child cannot be nursed with breast feeding, nose blocked up and it cannot breathe.
- d. There is profuse sweat and blueness all over with spasmodic cough.

MEMORABLE CASES:

When I was studying for my MD (Hom) in Kolkata, I had come across a remarkable case of Asphyxia in a child aged 3 months in OPD. The

mother could give only the symptoms of breathlessness in her child and nothing else. I minutely observed the child and enquired the history from the mother.

- i. The child was taking intermittent gasping respiration.
- ii. There was excessive accumulation of mucous in the chest causing rattling sound.
- iii. The child was crying with sobbing respiration when it was kept in supine position and when his mother carried him in upright position, the child stopped gasping and crying.
- iv. I could see that the child gets pale and blue in his face during each attack of dyspnoea.
- v. The mother and child live in a damp basement and near a pond.

Based on the above mentioned symptoms I simply prescribed 4 doses of *Mephitis* 200, twice daily and asked her to visit after 4 days. When the lady came to me, she was quite happy as her child was no more gasping for respiration. On examining, I found rattling all over the chest. I prescribed few doses of placebo and asked her to come after 5 days. The mother complained of some abnormal sound in the chest of her child. I examined the child and could hear rales and rattling all over chest as I found in the last occasion. Then I prescribed 2 doses of *Antimonium-tartaricum* 200, one dose for 2 days asked her to visit after 7 days. This time also the mother was quite happy. I examined the child and could find occasional rales or moist sounds. This time I prescribed a dose of *Ant-tart* 1M and asked to visit after 15 days. The lady came and I examined the child, there were no rales or rattling in chest and I prescribed a dose of *Sulphur* 200 as an antimiasmatic remedy. I told her to visit me if there is any further problems.

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