

Childbirth Seminar

Homeopathy is the use of nontoxic medicines derived from plant, mineral and other natural sources to stimulate healing. Homeopathic medicines are regulated by the FDA and sold over-the-counter.

This paper will present the ten most important homeopathic medicines for problems commonly encountered in childbirth.

Fear of labor

- *Pulsatilla nigra*
- *Aconite*
- *Gelsemium*
- *Belladonna*

Fear is a universal emotion, but people differ in the way they handle it. Some people can function despite their fear, and some people perform even better because of it. For others, fear is crippling and possibly even life threatening. We'll look at three common dysfunctional responses to fear.



Pulsatilla nigra

The first response is to regress to a child-like state of wanting to be taken care of. In this scenario, the individual may be openly weeping or at least very emotional. She obviously wants your support and plainly declares, by her words and actions, that she cannot deal with the situation. This type of response calls for the homeopathic medicine, *Pulsatilla*. Let's look at a typical case.

Failure To Dilate

*Debra Levanon*¹

Rhoda, 27, an attractive Jewish woman, began to feel contractions and went to the hospital. As she was being examined and prepared for the birth, her contractions stopped abruptly. She called her homeopath.

"I feel an inner dryness," she said. "My eyes and throat are dry. The labor cramps continued for two to three hours without dilation and suddenly stopped. I feel like crying and running away from here. I don't feel safe here. It scares me. This place and its instruments scare me, as well as the cold attitude of the physicians."

The homeopath recommended *Pulsatilla nigra*, which Rhoda happened to have with her. She took a dose and returned home. Within a short time she experienced regular contractions. There was a gradual dilation, and she returned to the hospital. The birth was easy—an 8.8 lb. boy, without an episiotomy.

Homeopathy is the art of pattern matching. Each medicine has a unique pattern or profile. Some additional characteristics of *Pulsatilla* are dryness of mucous membranes with a paradoxical absence of thirst. They will take just enough water to wet their mouth and no

¹ condensed from Levanon, D. "Fear of pain and its effect on childbirth," *Links*, 4/01, p. 207

more, or they will “forget” to drink. Also, they tend to feel warm and need fresh air. When you see these characteristics, they confirm the choice of *Pulsatilla*.

A second medicine for fear is Aconite (*Aconitum napellus*), which is in the same buttercup family as *Pulsatilla*. The response to fear in Aconite is more intense, a state of mortal panic.

Fear of Dying

*George Vithoulkas*²

Janet, 24, was in labor with her first child. The pains were slow in coming, and she felt her strength giving away. Her vagina was hot and dry. “I’ll die, I’ll never live through it!” she exclaimed. Her homeopath prescribed *Aconitum napellus* (monkshood). In the next ten minutes her vagina became moist and normal in temperature. She bore down with each labor pain, and in thirty-five minutes her baby was born.

Gelsemium is a third remedy for fear. The *Gelsemium* response to fear is to shut down physically, to feel completely exhausted, droopy and weak. *Gelsemium* is routinely used for stage fright. While *Pulsatilla* needs emotional support, *Gelsemium* needs physical support.

Fear of Labor

Susan Vaughen, CNM, ARNP

Twenty-nine-year-old Tracy, pregnant with her fourth child, wanted a different kind of birth than she had experienced before. In the past, she had been given epidural anesthesia, and her labors were induced with drugs. She had been disappointed with her birthing experiences. Throughout her prenatal visits, Tracy expressed her desire to take some control over this birth and to avoid any intervention unless necessary.

Tracy’s pregnancy was uneventful, but as the time drew near she felt more and more trepidation about the birth. By 40 weeks, she and the baby were healthy, but Tracy showed signs of general exhaustion and nervousness. She was very tired and slow moving. She’d had sporadic contractions on numerous occasions over the last week, but her cervix was still barely open. When I asked how she felt about the approaching task, she admitted that she wasn’t sure she could do the job. She said she felt too tired and weak to accomplish what she had set out to do.

Tracy’s body was showing signs of readiness to give birth, but her fear was getting in the way. Because of her feeling of not being up to the task, I gave her one dose of *Gelsemium*200c, which is known as a prime remedy for anxiety in anticipation of an upcoming event, especially when the person is weak and shaky. Tracy had a good dinner and then a nap, and she awakened feeling more rested and relaxed than she had in weeks. She read her children a bedtime story, and at 10:30 p.m. her water broke and she started having contractions. By 11:30 the contractions were regular and powerful. Tracy arrived at the hospital at midnight and gave birth to a healthy baby ten minutes later.

At the 3-day post-partum checkup, Tracy couldn’t say enough about her exhilarating and wonderful birth experience.

² condensed from Vithoulkas, G. *Materia Medica Viva*, International Academy of Classical Homeopathy, Alonissos, 1997, p. 72

A fourth response to fear, finally, is to control and hide it, even from oneself. This pattern calls for *Belladonna*. The only way to recognize that a mom needs *Belladonna* is to observe the small details. She may seem animated and chatty, for example, but perhaps a bit *too* excited. Her talking is a way to vent anxiety. You may notice that she is asking a lot of questions, which betrays a need for control. Her behavior has an obsessive/compulsive quality. She is pleasant as long as everything goes her way but becomes quickly annoyed even with minor inconveniences. You feel like you are walking on eggshells around her. If she does not get *Belladonna*, the situation will get worse as labor progresses.



Belladonna

Stuck labor

- *Belladonna*
- *Caulophyllum* (*Blue Cohosh*)
- *Cimicifuga* (*Black Cohosh*)
- *Kali carbonicum*
- *Pulsatilla*

Belladonna can be understood energetically as a remedy for inflammation. The *Belladonna* anxiety is actually due to inflammation of the CNS. As the inflammatory process develops there will be clear physical signs such as fever, redness of the skin, localized swelling and pain, headache, and eventually delirium.

An Angry Mom

Susan Vaughen, CNM, ARNP

When Charlotte came to the hospital in early labor, she was coping well with the contractions, walking the halls and chatting excitedly. On examination I found that her cervix was four centimeters dilated, and her contractions were four to ten minutes apart. As I do routinely, I advised her to keep hydrated, walk around, and try the whirlpool bath when labor became more intense. Then I left the room to attend another birth.

A few hours later I was doing paperwork in the nurses' station when I overheard the nurses talking about a woman who was terribly abusive. With a shock I realized they were talking about Charlotte. When I went in to see her, she was lying on her side in bed, red-faced and glassy-eyed. The nurse had just taken her temperature and reported it was 100° F. Charlotte angrily ordered the nurse to stop touching her. She said she had a throbbing headache from all the noise and activity around her. She turned to me and shouted, "This labor is taking too long! You need to DO something!" She complained of pressure and wanted to "push this kid out" of her.

After many reassurances and promises to be very gentle and slow, I examined her to see if there had been any progress in her labor. Her contractions had picked up in frequency and intensity, but her pelvic exam indicated no change from 3 hours ago—still 4 centimeters dilated. My exam was extremely annoying for her—she screamed in anger and pain when I touched her cervix.

Without homeopathy, I would have had to give Charlotte Pitocin, which would have confined her to a monitor and the bed, making it far more difficult for her to cope with her labor and leading probably to the need for epidural anesthesia. The fever would also have suggested the need for antibiotics. If these medications didn't help her labor to progress, she would be at risk for a cesarean section. I had seen this scenario countless times and hoped that with the right homeopathic remedy, Charlotte could avoid it.

Like the nurses, I was struck by how suddenly Charlotte's mood had changed from excitement and anticipation to violent outbursts and irritability. She was ordering everyone around, demanding water and juice. She was very thirsty. I thought first of Aconite, which I've often seen help with a sudden and overwhelming change in labor pattern. Aconite fit her sensitivity, pain level, and strong thirst. I didn't see the fear that characterizes Aconite, however—just anger and distress.

I realized that Charlotte was a perfect picture of *Belladonna*. The violent outbursts, the anger with great distress, the sudden fever, the throbbing headache, the flushed face and bright eyes, the pain from touch and jarring—all pointed to *Belladonna*.

I gave Charlotte a dose of Belladonna 200C. Forty-five minutes later, her fever was gone. She looked calmer and was coping better with the work of labor. She still did not want to be touched, nor did she want to get out of bed, but because her symptoms had improved I waited. Forty-five minutes later she started to complain of pelvic pressure and began to spontaneously bear down. This time when I asked if I could examine her, she readily agreed and showed no sign of discomfort. Her cervix was completely dilated and she was ready to deliver. One or two pushes, and she gave birth to an 8-pound, 15-ounce boy, who cried lustily even before he was fully born.

There are other remedies of course for labor that gets stuck in the dilation phase. If the woman has sharp, spasmodic, brief contractions, pains that move around in various places, but the cervix remains thick and tightly closed, *Caulophyllum* is indicated. As in *Belladonna* she will have nervous excitement, but there are no signs of inflammation. She will complain of feeling weak and tired.

Stalled Labor

Richard Moskowitz, MD

Rachel, a sweet, gentle woman in her 39th week, was feeling weak from contractions. They were very intense and alternated between her back and abdomen. She was shivering and complained about the room being cold. She worried that she would never go into active labor. She was tearful and pale, with circles under her eyes.

Her cervix was only beginning to open and was so rigid that I couldn't stretch it at all. I suggested the whirlpool to help her relax into active labor. She didn't want to move or get into the tub, but after much coaxing she did and agreed that the warmth felt good.

She continued to feel exhausted and weak. After two more hours her labor had not progressed. Her mood changed often, from weepy to chatting excitedly about giving birth.

I thought of *Sepia*, but *Sepia* has amelioration from movement. *Caulophyllum* covered her changeable moods, her sensation of inner weakness, her ineffective labor pains, the rigidity of her cervix, and the way movement made her symptoms worse.

After *Caulophyllum* 200c she fell asleep. She awoke in half an hour. Her cervix quickly and easily dilated to 4 cm, and her waters broke. I repeated the Rx an hour later when things began to slow down again. She delivered a baby girl 30 minutes later.

Cimicifuga is similar to *Caulophyllum* but even more intense, with abnormal contractions that are brief, sharp, painful and unstable. The cervix remains rigidly closed. The woman will be nervous, agitated and gloomy; she may even become mentally unglued. The following case illustrates.

Psychosis in Labor

Richard Moskowitz, MD

Lana, 29, became pregnant soon after a miscarriage. She grew to term in stable condition, but at 42 weeks was still not in labor. She was frightened at the prospect of a hospital birth by memories of her miscarriage and D&C. She had a premonition that the greater intensity of labor would push her over the edge once and for all. When she appeared at my office a few days later, she was already 6cm dilated but wild-eyed and out of control. Her speech was fragmentary, and her gestures were disconnected. I gave her a few doses of *Cimicifuga* 200c, and though she remained clinically psychotic she gave birth normally and made a full recovery afterwards.

Kali carbonicum is the remedy to remember for **back labor**.

Back Pain During Labor

Susan Vaughen, CNM, ARNP

Wendy was a healthy 26-year-old second-time mom. At 38 weeks of pregnancy she called me at midnight and said that her labor had started with a nagging, lower backache that was becoming worse with each contraction. When I met her at the hospital, she was leaning against the wall while her husband rubbed her back very hard. The stronger the contractions got, the more she wanted him to press on her back.

During Wendy's first couple of hours at the hospital, her dilation progressed from three centimeters to six, but the pain was relentless. The baby's head was posterior, which means facing upward and therefore pressing on her tailbone, the source of all her back pain. This position makes it difficult to push the baby out and often leads to a cesarean delivery. Wendy walked around and used the whirlpool bath, remaining on her hands and knees to try to relieve the pain, but without success. Two hours later, an exam revealed no cervical change, and the baby remained posterior.

Tiring now, Wendy began to whine and complain, still demanding that we press very hard on her back. The location of the pain, her desire for the hardest pressure she could get, and her demanding mood pointed to the

remedy *Kali carbonicum*. I gave her one dose of *Kali carbonicum* 200c, and within five minutes she felt the pain ease as the baby moved off her back. The baby had rotated to the more typical anterior position, and with a startled look on her face Wendy exclaimed, "Wow! I'm ready!" Sure enough, the baby's head was crowning, and in the next contraction Wendy easily gave birth to a 9-pound, 2-ounce baby girl.

The indications for *Pulsatilla* in stalled labor, finally, are the same as mentioned under "Fear of labor": weepy mood, desire for fresh air, and desire for emotional support.

Stalled Contractions

Richard Moskowitz, MD

After a healthy first pregnancy, Celeste, 30, had a short and easy labor until the second stage, when the baby got "stuck" at a +1 station. Her contractions stalled, and she became cross and weepy. She was given *Chamomilla* without any clear benefit. She asked for fresh air and some quiet time with her husband, which made me think of *Pulsatilla*. After one dose she soon pushed the baby out.

Pain medicines

- *Chamomilla*
- *Coffea cruda*

"Pain medicine" is a bit misleading, because any medicine that promotes healthy labor will relieve pain. The medicines in this section are simply additional possibilities to consider if pain is excessive.

Chamomilla can sometimes be mistaken for *Belladonna*: the woman is oversensitive, irritable, even nasty. The os is typically rigid and the contractions painful, bringing out screams. There is no fever or inflammation.

Coffea cruda can also look like *Belladonna*: the woman is overexcited and restless. She feels every pain intensely, weeps and complains. The pains, though severe, are not efficacious. Again, there is no fever.

Hemorrhage

- *Cinnamon*

Severe bleeding before or during the first stage must be distinguished from normal "bloody show." Massive bleeding has two possible causes: *placenta previa* or *placenta abruptio*. Such cases require immediate hospitalization, but you may be able to save a life with a dose of *Cinnamon*. The hemorrhage is gushing and bright red.

Placenta Previa

Susan Vaughan, CNM, ARNP

Christine was a 30-year-old woman who developed placenta previa during pregnancy, meaning that the placenta was blocking the cervix. She was told that if she had any bleeding she would need immediate hospitalization. At 37 weeks, she arrived at the emergency room with bright red bleeding. She said she had bled quite a bit at home already. We began preparing to get her to the operating room, but we weren't racing, because there was just a slow trickle of blood.

Then all of a sudden it was as if someone turned a faucet on. Blood started to pour out. Christine complained about feeling nauseated, a clear indication that her blood pressure was dropping. I heard the words of my teacher, M.J. Hanafin, whispered in my ear: "In the case of placenta previa that's bleeding, *Cinnamomum* will slow it down and give you time to get to surgery." I took the remedy out of my kit in front of the whole medical team, told Christine I was giving her a homeopathic remedy, and dropped the pellets in her mouth. Meanwhile the team went into high gear for an emergency cesarean section.

Within two minutes the bleeding began to slow down; in five minutes there wasn't even a trickle. Christine began to feel better, still weak but no longer in danger. My hospital colleagues stared at each other in amazement. Now we had time to get her comfortably prepared for surgery, and to use local anesthesia instead of a quick but higher-risk general anesthesia. The surgery went smoothly, and although Christine's hemoglobin was down a bit she needed no transfusion. Her baby was born alert and crying lustily, somewhat pale but perfectly fine after receiving some intravenous fluids.

Breech Presentation

- *Pulsatilla*
- *Belladonna*

Pulsatilla will help a baby in breech or transverse position to turn about 40% of the time, according to homeopathic obstetrician, Richard Moskowitz. The likelihood of success is even higher if the mother has signs and symptoms of *Pulsatilla*. You can dissolve the medicine in water and give a spoonful three times a day for a couple of weeks.

Belladonna is another possibility, if there are signs and symptoms that suggest it.

Breech Presentation

Richard Moskowitz, MD

Katy, 32, was enjoying a healthy, uncomplicated first pregnancy. At 34 weeks a routine prenatal exam showed the fetus in a breech presentation, which was confirmed by ultra-sound. Two weeks later, still breech, she took *Pulsatilla* 6c three times a day for four days. She experienced tumultuous fetal movements, but the baby did not turn. The following week, she took *Pulsatilla* 30c on the same schedule with the same result. At 39 weeks she took a round of *Pulsatilla* 200c, and on the fourth day she awoke with the clear sense that the baby had turned. Less than a week later she gave birth in the normal head-down position with no trouble.

Retained Placenta

- *Caulophyllum*
- *Cimicifuga*
- *Pulsatilla*
- *Sepia*
- *Sabina*

Caulophyllum or *Cimicifuga* will help the placenta to come out if the mom has the characteristic sharp, spasmodic pains darting around from place to place. *Pulsatilla* likewise will be effective if the symptoms agree.

Sepia is the first remedy to try if there are no particular symptoms. *Sabina* is the better choice if there is persistent uterine bleeding with the retained placenta.

Retained Placenta

Richard Moskowitz, MD

Spencer, 31, had a healthy second pregnancy except for some brown spotting in the early months, which stopped after *Kali carbonicum* and *Sepia* were given. When her membranes ruptured, she went into labor and shortly gave birth to a son. After separating normally, the placenta would not come out. A dose of *Pulsatilla* 10M elicited strong contractions, but the placenta still did not budge until I gave her *Sepia* 10M, when it slid out easily with no resistance.

Retained Placenta with Bleeding

Already a veteran of two home births, Sandra, 26, finished her third pregnancy with only minor ailments and gave birth easily after a short labor, followed by a good deal of bleeding after the placenta separated. There were no contractions to speak of. After one dose of *Sabina* 10M, the placenta came out in a few seconds, and the bleeding slowed down to a minimum.

Post Delivery Care

- *Calendula officinalis*
- *Arnica montana*
- *Carbo vegetabilis*

After labor, sponge bathe the mom's vagina and perineum with *Calendula* extract diluted in warm water. The mom will be amazed and delighted at how good it feels. The solution will heal any open wounds and soothe skin irritation.



Calendula

Dorothy Shepherd, MD, writes: "*Calendula* is not an antiseptic in the true meaning of the word, but germs do not thrive in its presence. It inhibits their growth, and even when wounds are already badly infected I have seen offensive purulent discharges become clean and sweet smelling in a day or two.[...] *Calendula* is wonderfully soothing as an external application. It neither destroys nor irritates epithelial cells; on the contrary it stimulates their growth."³

³ Shepherd, Dr. Dorothy. *Homeopathy for the First Aider*, C.W. Daniel Co. Ltd., 1992, p.26

Directions: Add one tablespoon *Calendula* extract per cup of hot water. This treatment can be used even if the mom has had an episiotomy⁴ or C-section. *Calendula* will prevent infection and help any wounds to heal quickly without scarring.

Arnica montana should be given orally after labor is done if the mom feels bruised and sore. The medicine will also help baby to overcome any residual effects of birth trauma. (The baby can get the medicine through the mom's breast milk.)



Arnica montana

Arnica for Post Delivery

by Kathleen Slonager, CCH

It was three long days of labor and a six hour push for the delivery. Had I not been in the care of extremely qualified midwives, this birth experience would have ended in the hospital with an unplanned c-section. Anyway—after the delivery of this sweet little angel, one of the midwives put something in my mouth. At the time, I was not too “with it,” so I didn’t question anything and fell asleep straight away. After sleeping for about 4 hours, I literally popped up and told my husband it was time to go home, and we left the midwife center with our new baby!

We got home at about 10:00 pm, secured the new little life and went to bed. Morning arrived, and again I had so much energy I popped out of bed, checked on the baby, and after seeing that all was well continued downstairs to make coffee. On the way I was picking up laundry, putting stuff away, straightening the kitchen, when it finally dawned on me—I just gave birth after 3 days in labor and 6 hours of pushing! I shouldn’t be able to do this! (At the time, I was in nursing school, so I had some clue as to the intensity of my recent experience.) So, of course, I was wondering if the midwife gave me some kind of contraband drug or something psychedelic! I immediately called her and asked “what the heck did you give me?!” With concern in her voice she said, “Why—what’s the matter?” I said, “Well nothing is really wrong, but, I’m up and about feeling really pretty good.” After she got done chuckling, she proceeding to tell me that what she gave me was a homeopathic remedy called *Arnica*. A homeo-what, I sputtered? She explained to me that it was a natural and holistic medicine and helped my body to heal after the severe birth trauma.

It was at this moment—as if shot by an arrow in my soul—that I knew I had to learn what homeopathy was all about. Up to this point in my life I had studied many alternative health models. But, as it turned out—that arrow showed me my life’s purpose, and after many years of study and education I am now a Homeopath in Beverly Hills, Michigan.

⁴ In episiotomy cases, also give the mom a dose of *Staphisagria* 200C, which will relieve the pain and promote healing.

The following case illustrates the power of *Arnica* to improve low Apgar scores.

A Case of Birth Trauma
Serena Zilliacus, CCH

I travel to Boukombé, Bénin, West Africa, twice a year with my colleague, Christine Zürcher, from Homeopaths Without Borders, to teach homeopathy and treat patients there.

One day at the local hospital a midwife nurse asked me to look at a newborn baby who had just had a very difficult birth. As I walked into the delivery room, I saw a bundle of cloth lying on a stainless steel trolley—this was the baby! The mid-wife pinched his skin quite hard to show me the state he was in. I gently stimulated the baby’s lower lip, but this did not provoke the usual feeding reflex. His limbs lay limply at his side; his breathing was hardly detectable, and his pulse was very faint. I put one dose of *Arnica* 200c on his tongue, and he began to move and make his first cry. He went on to make a full recovery. The midwife later told me she felt sure he would die.

Carbo vegetabilis is a special remedy to remember for blue babies, who have been choked by the umbilical cord, meconium, or for any other reason. The baby will be sluggish and unresponsive.

Blue Baby
Richard Moskowitz, MD

Carmen, 24, looked sickly throughout her pregnancy and complained often of dizziness and heartburn after meals. She followed a vegetarian diet in part because of low income. Her labor was easy, but the baby weighed less than six pounds. He was born with a long cord wound three times around his neck and meconium-stained fluid all over his body and inside his nose and mouth. With a heart rate of 90 and an Apgar of 6, he was cyanotic, grunting for air, and generally sluggish and unresponsive. One dose of *Carbo vegetabilis* 30c roused him in a few seconds. At one minute of life he was breathing normally; within five minutes he had latched onto the breast and was nursing vigorously. He had no further problems.

Shopping List

| Item | Manufacturer | Cost | Available from |
|--|---------------------------------------|---------------------|---|
| Homeopathy Childbirth Kit ⁵ | Helios Pharmacy | £26.95 (about \$42) | https://www.helios.co.uk/kits.php |
| <i>Cinnamon</i> 200C | Helios | £5.01 (\$7.75) | https://www.helios.co.uk/kits.php |
| <i>Emerald</i> 200C | Helios | £5.01 (\$7.75) | https://www.helios.co.uk/kits.php |
| Calendula non-alcoholic extract | Hylands | \$10 | amazon |
| bath sponge | Aquasentials Classic Soft Bath Sponge | 2 for \$5 | amazon |
| hypercal cream | Nelsons | \$6.45 | amazon |

⁵ Contains the following remedies in 200C potency:
Aconite, Arnica, Bellis per., Calendula, Carbo veg., Caulophyllum, Chamomilla, Cimicifuga, Gelsemium, Hypericum, Ipecac., Kali carb., Kali phos., Phytolacca, Pulsatilla, Secale, Sepia, Staphisagria

Appendix 1: Additional Case Studies

A Childbirth Case

Val Lawrence, Hpathy Aug. 2012

Helen was expecting her 3rd baby and had planned a home birth, as her experience in hospital with the birth of her 2nd child had been horrible. She phoned me at 8.40am 2 weeks and 4 days after her due date, to let me know that she had started having mild contractions. I arranged to visit her at 12.45pm, but she could call me if I was needed before that.

When I arrived Helen was very relaxed, the contractions were still gentle, her husband, two sons and her mother were with her and there was an air of celebration in the house. About an hour later Helen's midwife called around to see how everything was going. She examined her and found that there was no dilation, but the cervix was effacing (flattening). Helen was disappointed but not surprised, as the contractions were so mild. Her midwife said she was happy with how everything was progressing, albeit slowly. She had been up all night at another home birth, so as it looked as if it would be a while before the baby would be born, she felt it best that she handed over to another midwife. At 2.30pm both the midwife and I left the family to themselves.

At 4.15pm Helen phoned me in tears to say her contractions had stopped and would I please come round. When I arrived the atmosphere of celebration had gone, replaced by one of tension and fear. The new midwife was anxious because the baby was overdue and it was over 7 hours with no dilation of the cervix. She had suggested that Helen be prepared to go into hospital to have her baby. It was just after hearing this that her contractions stopped. I was extremely surprised by the midwife's reaction, as I knew that there was no reason for panic or worry; the waters hadn't broken so there was no likelihood of infection, and the baby's heart rate was normal (I later found out that this midwife had never attended a home birth before). So after giving Helen a Caulophyllum 200 to encourage the contractions to begin again, I put Aconite 200 into a water filled spray and sprayed the birthing room and all the downstairs rooms to lighten the atmosphere.

Unfortunately the Caulophyllum, despite repetition, did not bring on the contractions, so after half an hour I gave Emerald 200, which is useful in a slow birth where the indicated remedy doesn't work. By 5.30 pm her contractions were regular, coming every 10 minutes, lasting $\frac{3}{4}$ of a minute.

At 9.15pm Helen was examined again and found to be 4 cm dilated. The contractions were coming every 6 to 7 minutes and lasting around a minute, so she decided to have a bath to help stimulate the contractions and for relaxation. She was feeling a little dispirited as she had thought she would be further on, but I reminded her that getting to 4 cm was the slowest part of birth and she was now in the accelerated stage. Sure enough it wasn't long before Helen was totally lost in her labour and asked for a remedy to help with the severe stitching contraction pains in her lower back, which extended into her bottom. Kali carb 200 was given and brought relief. Kali carb was repeated as needed until she reached 2nd stage.

By 10.45pm Helen's contractions were coming every 3 minutes and lasting 1 $\frac{1}{2}$ minutes. Another, more experienced midwife had arrived to support her colleague with the delivery of the baby. Helen's waters broke a little after that. She started to shake and tremble, felt cold and was getting the urge to push with her contractions, which were now lasting two minutes. However she was not quite fully dilated, so had to use her breathing to stop herself. I gave her Gelsemium 200, a very useful remedy for transition with these

symptoms, and the shaking calmed down. About 10 minutes later she was told she was fully dilated and could push. Helen's third son was born at 11. 31pm. The placenta was delivered naturally 7 minutes later. Helen's younger sons were woken up so they could meet their new brother. Once the midwife had done all her checks and tidied up, we left Mum, Dad and their 3 boys cuddled up in bed.

Throughout the birth Helen stayed active and used a variety of upright positions. She had wonderful support from her husband and mother, who were always full of encouragement, telling her how brilliant she was and how well she was doing. The way that the birth was slow to start, then really speeded up after 4cms, is normal in childbirth. I have been present at many births and this was the only time I experienced a midwife who was anxious about this. Her anxiety was in fact not about what was happening, but her fear of delivering a baby at home. It's interesting to note that Helen's contractions stopped when she felt unsafe due to the midwife's anxiety and subsequent pressure. A calm, positive atmosphere during childbirth is so important.

Caulophyllum

Severe, spasmodic, intermittent, short or irregular contractions without progress. Spasmodic pains which 'fly' from one place to another; contractions have no coordination. Needle-like pricking pains in the cervix. Contractions cease or dilation is slow, which can be from exhaustion. Caulophyllum develops effective contractions and is the main remedy to bring labour on, when baby is overdue.

Emerald

Facilitates an easy delivery. Useful in a 'stuck' or slow labour where there are no clear indications or where the indicated remedy doesn't seem to working. You may need to repeat indicated remedy after giving Emerald.

Gelsemium

Shivering/shaking. Coldness.

Kali Carbonicum

Contractions remain far apart despite the woman having been in labour for a long time. Exhaustion. Contractions felt in the back, hips, bottom and/or down the thighs. Contractions tend to be sharp and stitching. Sharp cutting pains around the lumber region. Pains in the back. Much better for pressure on the lower back, but worse slight touch. Useful if baby is in a posterior position, hence the pains in the back. She is anxious, fearful, irritable. < for slight touch but > for pressure on the lower back.

Appendix 2: How are homeopathic medicines made?

Homeopathic medicines are prepared from plant, mineral or animal sources according to a process called *potentization*, which consists of the following steps:

- 1) The original material is ground up and dissolved in alcohol. This solution is termed the "mother tincture."
- 2) One drop of mother tincture is added to 99 drops of pure water in a new bottle. The bottle is shaken 10-20 times. This bottle is the "first dilution."
- 3) One drop of the first dilution is added to 99 drops of water in a new bottle. The bottle is shaken 10-20 times. This is the "second dilution."
- 4) The process continues in the same way until the desired potency is reached. *The homeopathic potency equals the number of dilutions.* A 30c potency of a homeopathic medicine, for example, is the thirtieth dilution of the mother tincture. Often homeopathic medicines are sold as pills rather than liquid. The pills are lactose moistened with the homeopathic solution.

According to the laws of chemistry, the last molecule of original substance disappears with the twelfth dilution. So what's left in the bottle?

In the 1990s, physicist Shui-Yin Lo discovered that ice crystals form spontaneously around the few remaining molecules of the original substance at high dilutions⁶. These crystals were named **Ie crystals** ("I" for *ice*, "e" for *electromagnetic*), because they are created by electromagnetic forces. The crystals remain stable at room temperature, and they replicate themselves when the solution is agitated.



Photo of water crystal (credit: Dr M. Emoto)

In 2009, Nobel laureate Dr. Luc Montagnier published measurements of Ie crystal electromagnetic activity.⁷ In a 2010 interview, he observed, "High dilutions of something are not nothing. They are water structures which mimic the original molecules."⁸

The active ingredient of homeopathic medicines, then, is Ie crystals. The original source serves as a template for the production of these crystals. Since they are made of water, Ie crystals are guaranteed 100% nontoxic. Even poisonous substances such as vaccines can be used therapeutically without side effects.

A large quantity of Ie crystals, moreover, can be made from a small amount of source. Many medicinal plants and animals are endangered species, so protecting them is an important concern. Most importantly, Ie crystals have therapeutic properties not found in the original substance.

⁶ Shui-Yin Lo, "Anomalous State of Ice," *Modern Physics Letters B*, 10,19 (1996):909-919

⁷ Montagnier L, et al. Electromagnetic Signals Are Produced by Aqueous Nanostructures Derived from Bacterial DNA Sequences. *Interdisciplinary Sciences: Computational Life Sciences*, (2009) **1**: 81-90.

⁸ Enserink M, Newsmaker Interview: Luc Montagnier, French Nobelist Escapes "Intellectual Terror" to Pursue Radical Ideas in China. *Science* 24 December 2010: Vol. 330 no. 6012 p. 1732. DOI: 10.1126/science.330.6012.1732

Appendix 3: Further Reading

Homeopathic Medicines for Pregnancy and Childbirth

by Richard Moskowitz, M.D.

Published by North Atlantic Books, 1993

Reviewed by Sherry Lauer, Nurse Midwife / Homeopath

This wonderful book by Dr. Richard Moskowitz is just what our nation needs in this time of growing concern for quality health care. It brings together two major revival movements which have long been overdue in our country: the homebirth movement and the classical homeopathy movement. Despite opposition by the medical community, both are on the rise due to their commitment to all phases of women's health care through pregnancy and childbirth. In his book, Dr. Moskowitz primarily emphasizes homeopathic self-care of common functional problems that tend to spontaneously correct themselves. He is convinced that self-healing is not only at the heart of health care, but he is also convinced that it should play a vital role in client-professional relationships. While he realizes that his book will presently have its greatest appeal to an audience of primarily lay practitioners, he hopes that it will eventually be used in hospitals, birth centers and academic training programs for childbirth professionals and midwives.

I found the illustrations from Dr. Moskowitz's personal experiences depicting remedy pictures to be very helpful. They often reminded me of situations in my own practice where given the preciseness of his materia medica and more homeopathic experience, I might have been able to help my patients more rapidly and efficiently. When a true understanding of homeopathy is finally revealed, health care professionals will realize the wisdom in Hahnemann's statement from the second paragraph of the *Organon of Medicine*: "The highest ideal of cure is rapid, gentle and permanent restoration of the health ... in the shortest, most reliable and harmless way..." In other words, we can effectively help our generation and the next by helping to cure our mothers, thus curing our babies. In this way, Hering's Law becomes manifest in a very profound way. The pregnant woman has a baby growing inside of her. This baby is located internally, near vital organs. As a result, it is felt very deeply. Hering's Law states that symptoms are cured from within outward, from above downward, from more vital to less vital organs, and in the reverse order of their appearance. Therefore, when we are treating a pregnant patient, we are really treating two people.

Dr. Moskowitz employs an interesting format in his book. He has divided it into three parts. In Part One, he very eloquently and concisely covers the principles of homeopathy. He describes the technique of case-taking and relates the process of making remedies. Dr. Moskowitz emphasizes the effectiveness when taking a case in inviting the patient to tell the story of her illness in its entirety, without interruption, until she has nothing further to say. Professionals are encouraged to write down the patient's exact words and to elicit further symptoms by asking "What else?" Only after the patient has finished her story may direct questions be asked. Dr. Moskowitz suggests that they be phrased so as to elicit further details rather than a "yes" or "no" answer. Dr. Moskowitz's philosophy is expressed eloquently at the end of Part One: "By cultivating the direct personal awareness of the patient, homeopathy empowers and trains the basic instincts of self-care in ways that more drastic methods seldom permit. The action of dilute remedies further reminds the patient that healing is always possible and ultimately determined by unique variables embedded deeply in the individual, whatever the name or stage of illness." He warns us that people may get "stuck" at any point and he reminds us that even the most skilled homeopath may find that, "...healing may not be possible until we learn to accept what cannot be changed and remain ... open to our experience without the judgment of fault or virtue added to it." As health care providers, and as homeopaths, this idea must be internalized in order for us to give optimum care to our own patients.

Part Two is divided into five chapters with a focus on *Materia Medica*. The chapter entitled 'Two Childbirth Remedies' provides a detailed comparison of *Caulophyllum* and *Cimicifuga* using cases to portray the remedies. In 'Two Female Remedies', Dr. Moskowitz discusses *Pulsatilla* and *Sepia*, both widely used for complaints during pregnancy and childbirth. His detailed explanation and recorded cases bring these two common female prescriptions into better light.

In 'Six Acute Remedies,' many acute situations requiring Arnica, Aconite, Belladonna, Chamomilla, Gelsemium and Calendula are described, especially those following childbirth and caring for the infant.

'Eight Common Remedies' are illustrated, also in Part Two. The first six are considered in pairs while the last two are considered individually. The paired remedies included are Ignatia and Nux vomica, two nervous remedies; Bryonia and Rhus toxicodendron, two connective tissue remedies; and Magnesia phosphorica and Colocynthis, two antispasmodic remedies. Dr. Moskowitz carefully exposes each remedy picture in comparison with the other, using excellent case studies to reveal the lead up to the prescription. He also describes Staphysagria and Carbo vegetabilis patients with their particular affinities.

The last chapter consists of dramatic instances where Sulphur, Calcarea carbonica, Lycopodium, Lachesis, Arsenicum album, Phosphorus and Natrum muriaticum are called for. This chapter is aptly titled 'Seven Universal Remedies' and the stories are a testament to Dr. Moskowitz's vast experience.

The final section of the book, "Therapeutics," is devoted to the common problems of pregnancy, childbirth and the newborn period, each with its corresponding remedies. Each trimester is covered thoroughly with cases illustrating the appropriate remedy. As a midwife, I found this section to be the most important.

Concerning the first trimester, Dr. Moskowitz sees homeopathic treatment as being especially beneficial in cases of threatened miscarriage. The remedies to consider are those used for abnormal labor and postpartum bleeding. I was excited to find that Dr. Moskowitz confirmed my own experience with regard to nausea and vomiting in early pregnancy. (I have often found myself needing to repeat the same remedy frequently, and needing to change remedies more than usual).

When discussing the second trimester Dr. Moskowitz reviews the problems which come with anatomical changes, and their related remedies. An interesting point is that both Sulphur and Kali carbonicum may almost be thought of as constitutional remedies for late pregnancy itself, naturally taking the overall symptom picture into consideration.

The last trimester, with all of its dramatic changes, has its own set of symptoms. As Dr. Moskowitz states "...Many typical complaints of the last three months can be relieved more safely and effectively by homeopathic remedies than by any conventional means." Rheumatic complaints, hemorrhoid and varicose vein symptoms are discussed. Pulsatilla is typically used for abnormal presentation, and Dr. Moskowitz confirms its effectiveness forty percent of the time in healthy women lacking strong indications for other remedies.

In 'Labor and Childbirth,' my favorite chapter, Dr. Moskowitz carefully separates each stage of labor, understanding that each woman has her own time table. He covers premature and false labor as well as late and postmaturity labor, each with its own set of remedies. It was very helpful to read someone else's accounts of dysfunctional labors. (While midwives and homeopaths often present their successful cases, they do not always share their long, tedious and painful cases. In addition, I personally have found that for these labors no matter what you do, no matter what you give, birth, for whatever reason, just does not happen naturally). In discussing the first and second stages of labor, Dr. Moskowitz notes that many functional difficulties are brought out with typical Caulophyllum and Cimicifuga symptoms, as well as Arnica, Chamomilla and Pulsatilla. (I particularly liked the Pulsatilla case in which he arrived too late to unexpected twins. To get the full story, you'll have to read the book). In this section, Dr. Moskowitz very concisely explains self-care techniques which a patient may apply in cases of emergency when no physician or midwife is on hand.

I like the way Dr. Moskowitz explains second stage complications in the 'Labor and Childbirth' chapter, namely, "failure to progress." The comparison of the hospital procedure to the natural home setting really demonstrates the need for individualized attention directed toward the mother and baby at each stage. This chapter naturally progresses into care for the newborn. Dr. Moskowitz uses the "APGAR method" to assess the condition of the baby and compares scores to show when resuscitation is necessary. Remedies such as Arnica, Carbo vegetabilis and Arsenicum album have wonderful illustrations to show their valuable contribution to the birth setting.

The third or placental stage is accompanied by the possibility of a retained placenta and excessive bleeding (this is every birth attendant's greatest fear). The use of homeopathic remedies, however, can

most often quickly resolve this problem. The most commonly used remedies throughout seem to be *Caulophyllum*, *Cimicifuga*, *Pulsatilla* and *Sepia*.

The final chapter discusses the newborn period, the first month of life after birth. Remedies for the after-pains are covered, always taking into account the total symptom picture. The many situations which may occur after birth are well-covered in this section. Dr. Moskowitz explains that the same emotional issues present in pregnancy often resurface during the post partum period, therefore requiring the same or similar remedies. Care of the varied newborn problems such as jaundice and colic are discussed and remedies which are known to be effective are given.

Finally, lactation and nursing are discussed. *Pulsatilla* and *Lac caninum* are cited as the most commonly used remedies for milk regulation. Sore nipples and breast infections are quite common during the post partum period. *Belladonna* and *Bryonia* are listed by Dr. Moskowitz as the two major remedies for acute mastitis. *Phytolacca* may also be used.

After reading and evaluating this wonderful book, I can honestly say that I have a better understanding of many of the "female" remedies used in relation to pregnancy and childbirth. I would like to thank Dr. Moskowitz for this creatively composed masterpiece which has been desperately needed in the field of natural childbirth. I have many texts, technical midwifery and birth experience books to study from, but after using this book last month, I will always carry it right next to *Jana Shiloh's Homeopathy in Birthing* in my birth bag. Of the five home births I attended this month, I found myself referring to Dr. Moskowitz's *Homeopathic Medicines for Pregnancy and Childbirth* during two of them.

In conclusion, I would like to share a statement made by Dr. Moskowitz which I found to be quite profound: "The intensive work of childbirth is ordinarily completed within a few hours and easily forgotten after months of gestation and years of parenting to follow. Yet it remains the ultimate emotional and physical challenge that most pregnant women anticipate and prepare for, the biological moment of truth wherein all their hopes and fears for themselves and their children are concentrated and put to test." This passage vividly captures the significance of this unique moment in a woman's life. I am truly amazed at the keen insight possessed by Dr. Moskowitz without having the personal experience of giving birth himself.

Sherry Lauer is a homebirth midwife who has attended over 1200 births in 18 years. She has nursing experience in an OB/Gyn office and in the delivery room of a San Diego hospital. She now practices in Ritter, OR.