

Editorial for the month July 2008

Maternal and Child Health Care through Homoeopathy

Each year millions of children and mothers could be saved through improved access to basic health interventions. Those who desperately need them are the rural poor who live in remote villages where the cost of reaching them could be five times greater than urban areas. In India an estimated 1,36,000 mothers and 2.5 million children die each year, most often due to causes that are preventable or easily treatable if immediate help were available.

In order to keep its commitment to its most vulnerable population, India has its responsibility to reduce its maternal mortality ratio from 540 to 120, and under five - mortality from 96 to 32. Most maternal deaths in India are caused by complications such as hemorrhage - 29%, anemia - 19%, sepsis - 16%, obstructed labour - 10%, unsafe abortion - 9% and hypersensitive disorders - 8%. All these complications are potentially preventable, unsafe abortion continues to women even 3 decades after the termination of pregnancy was legalized in India.

International commerce and survival: Maternal mortality is a disease of poverty. 75% of those children who die before the age five die in their first year of life, of this 64% do not make it through the first month of life, 3 in every four of this do not live beyond the first week of life, birth and asphyxia prematurity are the leading killers of the younger babies while acute respiratory infections like diarrhea compounded by mal-nutrition and vaccine preventable disease like measles accounts for many death among older children.

While child mortality has decreased significantly over the last two decades, there has been disproportionate decrease in mortality rate at different stages of life before the age of five, with improvement in living standards, better immunization uptake, better nutrition and sanitation, fewer deaths due to diarrhea diseases, more children are surviving if they make it through the first month of life.

However, there has been little improvement in neonatal survival, an issue which is closely linked to maternal health and survival.

In this editorial it is difficult for me to describe homoeopathically all the methodology to treat different conditions, however I would like to discuss with you neonatal asphyxia and its homoeopathic management because that is the main cause of neonatal mortality.

I had been very fortunate to work in Masina Hospital, Cooper Hospital, KEM Hospital to treat neonates and infants. I had a good many references from good pediatricians and gynecologists to treat this acute condition. Here I would like to share the therapeutics and differential material medica of the same.

Asphyxia is a Greek word literally meaning 'no pulse' but in practice it refers to a 'condition of blood' caused by want of air. In this condition the blood is in such a state as to render impossible a sufficiently free exchange of carbonic acid for oxygen and the oxygen which was already in the blood is rapidly used up leaving the blood of a dark colour. Hence the child's face first becomes cyanotic and then ecchymotic.

In the modern medical world we define asphyxia as a reduction in a partial pressure of oxygen and increase in partial pressure of carbon dioxide.

Immediately after the birth sometimes a child neither moves, nor cries but remains quite listless and motionless as if dead. This may be due to constriction of throat caused by the umbilical cord being tightly pressed round the throat or due to some obstruction either inside the throat or outside the throat. In either instance the cause must be removed immediately and respiration should be restored artificially. When there is any obstruction inside the mouth or throat, such as accumulation of mucous, it can be removed by inserting the finger. If it fails the infant should be placed over the abdomen, on the palm of the left hand and slapped gently on the back with the right hand. When the obstruction has been removed the homoeopathic physician should blow slowly into the mouth of the baby from his own mouth. Care should be taken against blowing too much air at a time into the child's lung. Repeating this process several times at 3 or 4 minutes intervals, regular respiration can be established.

When one observes asphyxia neonatorum one should immediately start the indicated remedy by putting few drops of the indicated remedy in the mouth of the neonate every 5 to 10 minutes till the normal breathing is restored.

Two most important medicines that come to my mind immediately are Antimony-tart and Laurocerasus.

Dr. Farrington describes their indications very beautifully as under.

Antimonium-tart is indicated when there is rattling of mucous in throat.

Laurocerasus is useful when there is severe blueness of the face, with twitching of the muscles of the face, and gasping without really breathing.

We may further add Aconite or Belladonna when the face is congested; Opium where stupor is the predominating feature and the face looks bloated.

Lachesis also has a blue or purple countenance. Like Laurocerasus it is one of our ophidias and has many similarities with that medicine.

If the asphyxia can be traced to any mechanical injury during a difficult labor then Arnica should be the first remedy to think about.

Hence Aconite, Antimony-tart, Belladonna, Laurocerasus and Opium are the sheet anchor of neonatal asphyxia.

Aconite: Child is hot, purple-hued, pulseless and breathless.

Antimonium-tart: Much rattling of mucus; pale, with gasping, pulseless.

Belladonna: Face very red and the eyeballs are greatly injected.

Laurocerasus: Blueness of face, twitching of muscles of face and gasping with rattling breathing.

Opium: Pale and breathless, umbilical cord still pulsates.

I had one case of neonatal asphyxia where I tried Antimony-tart with its usual indications but failed, later on subsequently I tried Laurocerasus because both are complimentary to each other but there was no improvement, later I found out that there was a history of profuse hemorrhage during the labour and hence China was prescribed because the face of the child was extremely pale and the child was not taking

proper respiration, it was a very weak respiration and China in 50 M potency, few drops in about 6 ounce of water, one teaspoonful given every few minutes brought the normal respiration in the child.

Hering gave beautiful indication on Opium by saying that in neonatal asphyxia Opium child looks pale and breathless with the pulsating cord.

Whenever there is presence of mucous in the trachea and the child looks extremely suffocated and there is lot of rattling, there is cyanosis especially around the lips, the respiration is almost absent or superficial and after giving Antimony-tart there is no improvement, think of Ipecac which has really helped me to save many cases.

Another remedy which is very similar to Ipecac where there is lot of mucous in the trachea, where the face is pale, distorted, sunken and there is practically no sensibility to noise or touch, one may call this state as absolutely insensible, in such a situation think of a remedy Camphor.

In the end I would strongly recommend that every homoeopath should sharpen his skills in the above field as today 40% of Indian population is below the age of 35 years and this fact should not be neglected at least by a homoeopath.