

How can Homoeopathy help in ‘Common problems of breast after delivery’?
Following are some of the commonly used homoeopathic medicines for ‘Common problems of breast after delivery’. It is advised that a qualified homoeopathic doctor should be consulted.

Complaint	Medicines
Sore and Cracked nipples	<i>Graphites, Ratanhia, Sepia</i>
Painful breast due to engorgement	<i>Calcarea carbonica, Lac caninum, Phytolacca decandra</i>
Mastitis	<i>Bryonia alba, Lac caninum, Phytolacca decandra</i>
Deficient lactation	<i>Agnus castus, Asafoetida, Lac defloratum</i>

Follow the instructions overleaf.

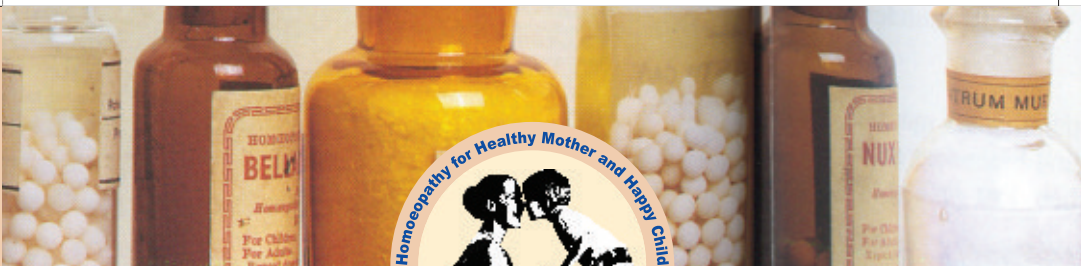


General Instructions while taking Homoeopathic Treatment:

- Treatment for breast problems should be taken as per the advice of registered and qualified homoeopathic physician.
- Medicine should be taken after cleaning the mouth and preferably on an empty stomach.
- Medicines must be kept away from strong smelling substances like camphor, menthol, etc.
- Medicines should be kept in a cool, dry place away from direct exposure to sunlight.
- Medicines should be kept away from the reach of children.



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National Campaign
on Homoeopathy
for Mother and Child Care

Homoeopathy for Common Breast Problems after Delivery



Department of Ayurveda, Yoga &
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Ministry of Health and Family Welfare
Government of India



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Common Breast Problems after Delivery

Common breast problems after delivery are cracked nipples, painful and engorged breast, infection of the breast, deficient milk production, etc. These problems may be due to incorrect breast feeding. It is therefore important to know the correct way of breast feeding.

Correct method:

- Position the baby well and attach correctly to the breast
- Hold the baby close to you, facing the breast; baby's neck and body be straight and supported.
- Feed the baby frequently day and night, as often and for as long as the baby wants, at least 8 times in 24 hours.
- Let your baby finish one breast before offering the other breast.

How to correctly attach the baby on breast?

- Tickle baby's lower lip with your nipple until it opens mouth.
- Once baby's mouth is wide open, quickly pull baby onto your breast.

- Baby should have as much areola (the dark area around nipple) in its mouth as possible, not just the nipple.

Sore and Cracked nipples

Some nipple tenderness is normal at the start of feeds in the first 1-2 weeks but if baby is not put to breast correctly, nipples may get sore and cracked.



Causes:

- Incorrect breast feeding - the baby sucks only on the nipple.
- Mother does not have enough milk, forcing the baby to suck the breast harder to get more milk.
- Candida infection (thrush) of the baby: mother may get infection from the yeast infection in the baby's mouth.
- Bacterial infection of the cracked nipples.

Tips

- Make sure that the baby opens its mouth wide before you put the baby to breast.
- If breast feeding is very painful, avoid feeding on the sore breast for 12-24 hours, express milk by hand and feed the baby in a bottle or cup.
- Feed the baby with the less sore breast only.
- Dry the nipples in open air after each feed.
- Clean the nipple before and after each feed.

Breast-Feeding Positions



- If you have cracked nipples, rub a few drops of breast milk on your nipples and let it dry.
- Check for sores in your baby's mouth everyday and get them treated as soon as possible.

Painful breast due to engorgement

If breast feeding is not done early and frequently, the ducts of the breast may get blocked obstructing free flow of milk. The baby may not like to nurse on that side due to slow milk flow.

Symptoms:

- Pain in breast
- Swollen and firm lump in the breast
- Mild redness of the skin overlying the blocked duct

What to do?

- Continue breast-feeding on the affected side.
- Massage the area or use warm pad on the area (be careful not to burn your skin).
- While the baby is feeding, put your hand around the blocked duct and put steady pressure.
- Express milk manually from the breast.

Mastitis

Mastitis is a bacterial infection of the breast more common in breast feeding mothers.



Is more common in mothers who do not:

- breast- feed the baby frequently
- do not empty the breast completely

Precipitating factors:

- Cracked and sore nipples
- Lack of cleanliness/ unclean habits
- Incorrect position while breast-feeding
- Infection from baby's mouth or from mother herself

Symptoms and signs:

- Much pain in breast
- Redness and swelling of the breast
- Fever with chills

Do's and Don'ts

- Do not feed your baby from the affected breast.
- Express the milk and throw.
- Rest as much as possible.

Prevention of 'Painful and engorged breast' and 'Mastitis'

- Start breast feeding the baby as early as possible.
- Feed the baby frequently.
- Position the baby correctly while feeding.
- Make sure the baby feeds freely from the breasts, taking all of the milk at each feeding.
- Empty the breast manually, if you feel the breast to be heavy even after feeding the baby.

- Practice clean habits.

Deficient lactation

Poor supply of milk in breasts occurs due to deficiency of two major hormones - Prolactin and Oxytocin, released by the body after delivery for production of milk. Dietary deficiencies of essential micro nutrients may also lead to low milk supply.

Do's

- Take sufficient vegetables, fruits, grains and proteins which will provide proper nutrients to produce milk.
- Calcium can be obtained from milk as well as a variety of non-dairy foods such as dark green vegetables, seeds, nuts and bony fish.
- Maintain proper breast feeding posture to develop reflex required for production of milk.

