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EFFECTIVENESS OF HOMOEOPATHIC MEDICINES IN THE INDUCTION OF NORMAL LABOR - A CASE REPORT

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DEFINITION

A caesarean delivery is defined as the birth of a fetus through an incision in the abdominal wall (laparotomy) followed by another incision in the uterus (hysterotomy).[1]

INCIDENCE

Over the past 20 years, there has been a disturbing increase in the rate of caesarean sections around the world, including India. Some studies in urban India have shown the rate to be as high as one out of two women.[1] The increase is mainly attributed to:

1. Decrease in midpelvic forceps and vacuum deliveries,
2. Increase in the incidence of caesarean for breech presentation,

3. More pregnancies in older women and higher rates of labor induction. [2]

The safety afforded to surgery with the advent of effective antibiotics, blood transfusion and improved anesthesia has increased the use of caesarean section. [2] At the other end of the spectrum, caesarean sections are very low in under-resourced areas in India due to lack of facilities, leading to increased maternal and perinatal mortality. [1] Women are more likely to have a caesarean section if they have had a previous caesarean section or have a baby with a breech presentation.[1]

TYPES OF CAESAREAN SECTION [1]

A woman may undergo a caesarean section for the first time or have a repeat caesarean section.

• **Primary caesarean section:** When a caesarean section is performed for the first time on a pregnant woman, it is called a primary caesarean section.

• **Repeat caesarean section:** When a woman has had one or more previous caesarean sections, it is known as a repeat caesarean section.

• **Lower segment caesarean section (LSCS):** In modern obstetrics, the uterine incision is made in the lower uterine segment. The lower uterine segment is the thinner, less active part of the uterus. The advantages of the lower uterine segment transverse incision are as follows:

– Ease of suturing

– Decreased bleeding

– Decreased risk of uterine rupture in subse-quent pregnancies

– Decreased risk of bowel/bladder adhering to the uterine scar

• **Classical caesarean section:** In rare cases, a vertical incision is made in the upper uterine segment. This is called a classical caesarean section. It is not routinely used in modern obstetrics because of the increased risk of

uterine rupture in a subsequent pregnancy.

• **Extraperitoneal caesarean section or Porro's technique:** This technique is not routinely used. It was described in an era where there was an increased risk of peritoneal infection.

• **Caesarean hysterectomy:** This procedure is done in rare situations. The most common indications are intractable hemorrhage due to uterine atony, placenta percreta or increta, and uterine rupture.

CLASSIFICATION OF CAESAREAN SECTION (BASED ON INDICATIONS) [1]

Caesarean sections may be classified under three

categories, depending on the indication, as follows:

Elective or planned cesarean section: An elective caesarean section is a planned caesarean for maternal or fetal indications that arise in the antepartum period. It is done by a woman who has not gone into labor.

• **Emergency caesarean section:** A caesarean section done for indications arising during labor is known as an emergency caesarean section.

• **Caesarean on demand:** A caesarean done at the woman's request is known as caesarean on demand.

INDICATIONS [3]

ABSOLUTE INDICATIONS

Vaginal delivery is not possible. Caesarean is needed even with a death fetus.

Indications are

- Central placenta previa
- Contracted pelvis or cephalopelvic disproportion
- Pelvic mass causing obstruction (cervical or broad ligament fibroid)
- Advanced carcinoma cervix
- Vaginal obstruction(atresia,stenosis)

COMMON INDICATIONS

Primigravidae

1. Failed induction
2. Fetal distress(non reassuring fetal FHR)
3. Cephalopelvic disproportion
4. Dystocia
5. Malposition and malpresentation (occiput posterior, breech)
6. On maternal request

Multigravidae

1. Previous caesarean delivery
2. Antepartum haemorrhage (placenta previa,placental abruption)
3. Malpresentation (breech,transverse lie)

RELATIVE INDICATIONS

Vaginal delivery may be possible but risks to the mother and or baby are high.

1. Cephalopelvic disproportion
2. Previous caesarean delivery
3. Non reassuring FHR
4. Dystocia
5. Antepartum haemorrhage
6. Malpresentation
7. Failed surgical induction of labor, failure to progress in labor
8. Bad obstetric history with recurrent fetal loss
9. Hypertensive Disorders

10. Medical Gynaecological Disorders
11. On maternal request.

CONTRAINDICATIONS [4]

1. The existence of infection, actual or potential,in the genital tract.
2. The lack of a valid indication for the operation.
3. The convulsive stage of eclampsia.

The action of the homeopathic remedy is based upon the "Law of Similars." The knowledge of what each remedy is to be prescribed for, is obtained by the experimental administration of small doses to healthy persons of both sexes and of all ages, technically knowns as "provers", with addition of clinical experience of symptoms and conditions not as yet brought out in the provings.

The Homoeopathic Materia Medica comprises over a thousand remedies drawn from all the three kingdoms of nature, including not only those commonly known to be active drugs, but also substances which are classified as inert in their nature or crude form.

There are many remedies which can induce labor pains during delivery without oxytocin.

HOMOEOPATHIC MANAGEMENT [5]

Gelsemium

Gelsemium is indicated where there are false labor pains. There is no dilatation of the os and cervix. These pains are non-progressive. Pains running directly upwards or backwards. Lady is hypersensitive to pain. Due to these pains the patient is much exhausted. The cervical os is hard and it is not at all dilating. With every pain the foetus seems to be ascending upwards instead of downwards. There are spasmodic, intermittent, ineffectual and irregular pains in the abdomen and the patient thinks that those are labor pains. These severe and sharp false labour pains shoot up the back and down the hips and legs. There is another condition where the os is fully dilated but due to atony of the uterus the pains are inefficient or sometimes absent. Labor is always associated with nervous chills. Soreness and

bruised feeling of the abdominal walls. Dullness, dizziness and drowsiness along with nervous trembling. Loss of muscular power to contract effectively and expel the foetus. So it is more useful in delayed labour either due to rigid cervical os or poor uterine contractions.

Congestion of the trunk and head only. They become hot while the extremities are very cold. Chills are running upwards from sacrum to occiput. Gnawing hunger as the goneness in heart extends to the stomach. Pulse is arrhythmic and feeble but least disturbances may cause palpitation with weakness of heart. Moves continuously as she fears that if she stops moving the heart will stop beating and she will die Sleepless. Post-diphtheritic paralysis, dull aching pains in head are relieved by profuse urination. General ailments from heat of the sun or hot summer.

She was nervous and excited. There is fear. Sensitive and nervous lady, very irritable and excited easily. Lack of courage. Fear of death but has no courage to die. Involuntary discharges from fright. Goes weak and exhausted due to excessive fear.

Modalities :

<Thinking of ailments, mental excitement, shock, 10 a. m. hot summer, damp weather.

> Continuous motion, profuse urination.

Cimicifuga

Non progressive labour pains. Sensation as if she will pass stools during labor. False labour pains, much earlier than the expected date. Contractions of the uterus are non-rhythmic i.e. the progress of the labor is not coinciding with the pains. The pains are settled after passing stools. Spasmodic pain in the abdomen. The os is rigid. There is a characteristic bearing down sensation. Pains in the ovarian region which travel upwards and downwards along the thighs. Ovarian neuralgia during pregnancy and during labor is well treated by this remedy. These pains move across the hips in the first stage of labour. Distressing and tearing pain in the uterine region during parturition. Labor pains are severe. They are tedious, spasmodic, , with fits or cramps in legs with much exertion. Lady is sleepless with uncomfortable nauseating feelings all the time. Complaints from catching a cold.

Soreness, numbness and jerking of all the muscles. She is unable to walk properly as there is much trembling of the body due to loss of control over the muscular system. Rheumatism of mainly muscles of neck and back with stiffness and lameness. Sense of constriction with stitching pains. Chorea of the muscles of the rested part of the body. So this makes her sleepless. Alternate diarrhoea and constipation. Paralytic weakness of the whole body. Mental state alternates with diarrhoea and rheumatism. Epileptic spasms in a hysterical woman

Lady is very suspicious, anxious and restless. Fearful, fear of death with sadness. Sensation as if a black cloud has settled over her head. So everything seems to be dark and she becomes gloomy. Feels as if a heavy weight is on the head.

Modalities:

<Cold, motion, lying down

>From warmth in general, eating

Coffea

Labour pains are ineffectual There is ineffectual dilatation of cervical os. Contractions of the uterus and extreme pressure on the os. There are false pains especially in the small of the back. Intense and severe pains in the groins. During the second stage, the characteristic bearing down pains need to be frequent and should be sustained. But in Coffea the pains are intermittent, therefore labour is delayed. Vulva and vagina are hypersensitive with voluptuous itching in the genital region. She has an intolerance of tight clothing around the abdomen. Severe but insufficient pains make her cry as she is very sensitive to pain. Nervous excitement during labor. She sees visions and hears various noises. She doesn't like to be touched or even move around.

Neuralgic pains in the extremities which are more on exertion. The skin is dry, severe headache with sensation of tight bandage around the head, as if the brain would be torn to pieces, as if nails were driven into the head. She has excessive hunger. Sleep is disturbed due to dreams.

Patient is very excited. She is full of ideas and has acute senses. Pleasurable impressions made her joyous. But sometimes she is very anxious and irritable. Easy comprehension of every matter and she is very alert and always ready to act.

Modalities:

< After excess of emotions, joy, strong odour, noise, open air, cold, night

> warmth in general, on lying down

Arsenicum album

Contractions of the uterus are interrupted by painful sensitiveness of the uterus and the cervical os. There is great burning of vagina and vulva. Labor is weak and the uterus is flabby, therefore profuse bleeding after labor (PPH). This remedy is sometimes indicated in the last stage of labor when the placenta remains adherent to the uterus. Rigidity of the vagina and the uterus is weak so expulsion of the fetal head is very difficult. Leucorrhoea discharge before the onset of labor which excoriates the parts, causing itching and burning. Whitish thin discharge that burns the parts. Discharge is profuse and acrid. Cutting pain in the lower part of the abdomen which travels upwards.

Patient is prostrated and there is a sinking of the vital state. It leads to frequent fainting attacks. Great burning pains with nervous prostration Epileptic convulsions of the lady before or during the labor. Great dryness of mouth and she has to drink frequently to moisten her mouth. External burning pains with internal chill and the burning is ameliorated by warmth.

Mentally fear, anxiety and restlessness are marked features of Ansonic alb ladies. She is very fearful and has a fear of death. Body is always covered with cold sweat. Hypersensitive and melancholic. Restlessness mentally due to fear and anxiety and suicidal thinking.

Modalities :

<Cold in general, right side, after mid-day, mid night, cold food and drinks

> Warmth in general, warm food and drinks, head elevation

Pulsatilla :

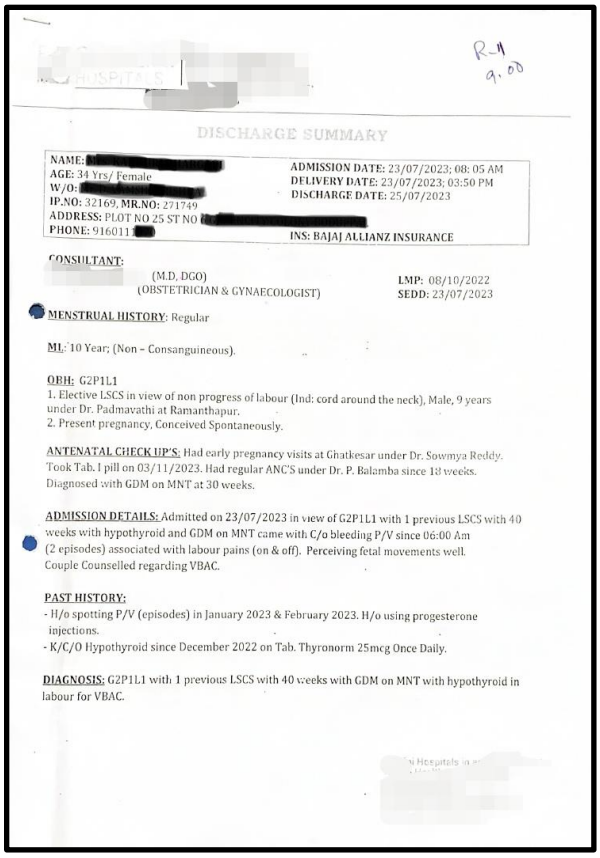
Uterine inertia with want of expulsive power causing retention of the foetus. Intermittent flow of blood. The uterine contractions are weak and feeble. They are also infrequent, thus labor becomes prolonged. She feels less pain, usually.

Patients have no desire for anything. Haemorrhages from every natural orifice and mucous membrane. Epistaxis or metrorrhagia, haemoptysis and bleeding from intestines. Patient has gaseous distension of the abdomen and may suffer from diarrhoea. Uterine bleeding may be due to strain at over lifting or by false step. Frequent, troublesome hiccough due to distension and uterine disturbance.

CASE REPORT

A 34 year old female, who had delivered her first child at the age of 25 years through cesarean section due to cord around the neck. Now she is pregnant again. She is diagnosed with hypothyroidism during second month of her pregnancy and she is using Thyronorm 25mcg once a day since then. As there is no initiation of labour pains at term PULSATILLA was prescribed. She developed false labor pain then CIMICIFUGA was administered to her as it has the ability to correct the false labor pains and helps in progression of labor. Without oxytocin she delivered a baby who is of weight 3.07 kgs and there is a single loop around neck. This is considered as a critical pregnancy as her age is 34 years, previous caesarean section and she is suffering with hypothyroidism.

Reports:



HOSPITALS

R-1
9.00

DISCHARGE SUMMARY

NAME: [redacted]
AGE: 34 Yrs/ Female
W/O: [redacted]
IP.NO: 32169, MR.NO: 271749
ADDRESS: PLOT NO 25 ST NO [redacted]
PHONE: 916011 [redacted]

ADMISSION DATE: 23/07/2023; 08: 05 AM
DELIVERY DATE: 23/07/2023; 03:50 PM
DISCHARGE DATE: 25/07/2023
INS: BAJAJ ALLIANZ INSURANCE

CONSULTANT: [redacted]
(M.D, DGO)
(OBSTETRICIAN & GYNAECOLOGIST)

LMP: 08/10/2022
SEDD: 23/07/2023

MENSTRUAL HISTORY: Regular

ML: 10 Year; (Non – Consanguineous).

OBH: G2P1L1
1. Elective LSCS in view of non progress of labour (Ind: cord around the neck), Male, 9 years under Dr. Padmavathi at Ramanthapur.
2. Present pregnancy, Conceived Spontaneously.

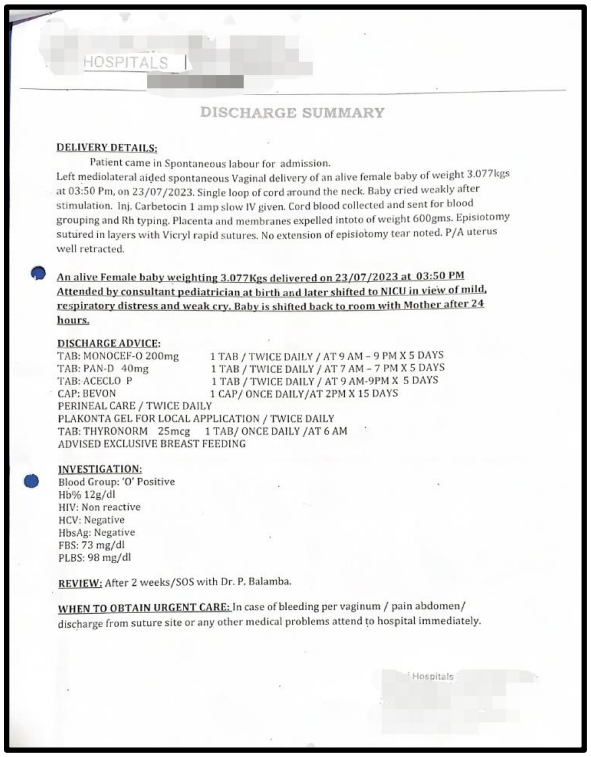
ANTENATAL CHECK UP'S: Had early pregnancy visits at Ghatkesar under Dr. Sowmya Reddy. Took Tab. I pill on 03/11/2023. Had regular ANC'S under Dr. P. Balamba since 13 weeks. Diagnosed with GDM on MNT at 30 weeks.

ADMISSION DETAILS: Admitted on 23/07/2023 in view of G2P1L1 with 1 previous LSCS with 40 weeks with hypothyroid and GDM on MNT came with C/o bleeding P/V since 06:00 Am (2 episodes) associated with labour pains (on & off). Perceiving fetal movements well. Couple Counselled regarding VBAC.

PAST HISTORY:
- H/o spotting P/V (episodes) in January 2023 & February 2023. H/o using progesterone injections.
- K/C/O Hypothyroid since December 2022 on Tab. Thyronorm 25mcg Once Daily.

DIAGNOSIS: G2P1L1 with 1 previous LSCS with 40 weeks with GDM on MNT with hypothyroid in labour for VBAC.

[redacted] Hospitals



HOSPITALS

DISCHARGE SUMMARY

DELIVERY DETAILS:
Patient came in Spontaneous labour for admission.
Left mediolateral aided spontaneous Vaginal delivery of an alive female baby of weight 3.077kgs at 03:50 Pm, on 23/07/2023. Single loop of cord around the neck. Baby cried weakly after stimulation. Inj. Carbetocin 1 amp slow IV given. Cord blood collected and sent for blood grouping and Rh typing. Placenta and membranes expelled intoto of weight 600gms. Episiotomy sutured in layers with Vicryl rapid sutures. No extension of episiotomy tear noted. P/A uterus well retracted.

An alive Female baby weighting 3.077Kgs delivered on 23/07/2023 at 03:50 PM Attended by consultant pediatrician at birth and later shifted to NICU in view of mild, respiratory distress and weak cry. Baby is shifted back to room with Mother after 24 hours.

DISCHARGE ADVICE:

TAB: MONOCEF-O 200mg	1 TAB / TWICE DAILY / AT 9 AM – 9 PM X 5 DAYS
TAB: PAN-D 40mg	1 TAB / TWICE DAILY / AT 7 AM – 7 PM X 5 DAYS
TAB: ACECLO P	1 TAB / TWICE DAILY / AT 9 AM-9PM X 5 DAYS
CAP: BEVON	1 CAP/ ONCE DAILY/AT 2PM X 15 DAYS

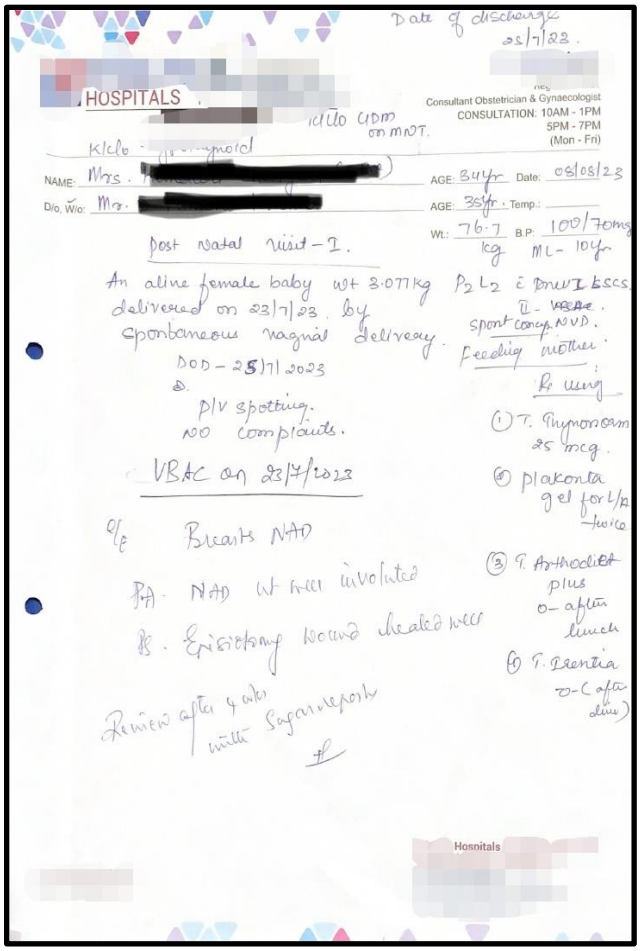
PERINEAL CARE / TWICE DAILY
PLAKONTA GEL FOR LOCAL APPLICATION / TWICE DAILY
TAB: THYRONORM 25mcg 1 TAB/ ONCE DAILY /AT 6 AM
ADVISED EXCLUSIVE BREAST FEEDING

INVESTIGATION:
Blood Group: 'O' Positive
Hb% 12g/dl
HIV: Non reactive
HCV: Negative
HbsAg: Negative
FBS: 73 mg/dl
PLBS: 98 mg/dl

REVIEW: After 2 weeks/SOS with Dr. P. Balamba.

WHEN TO OBTAIN URGENT CARE: In case of bleeding per vaginum / pain abdomen/ discharge from suture site or any other medical problems attend to hospital immediately.

[redacted] Hospitals



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