

“THE SCIENCE OF LACTATION AND THE ROLE OF HOMEOPATHY IN ENHANCING MILK PRODUCTION”

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ABSTRACT:

Lactation is the process of milk secretion from mammary glands after childbirth. Breast milk is the natural first food for newborns.¹

It provides all the energy and nutrients that an infant needs for first six months of life.² Beside its importance, many mothers face challenges related to insufficient milk production, issue includes involving multiple factors like physiological, psychological and environmental which influence the issue. This article explores the developmental and structural anatomy, hormonal influences, applied physiology, and other factors which disrupt in the lactation. The importance of breastfeeding, which plays crucial role in maintaining developmental health of early infant, and also adds to maternal health. The article explores the problems in lactation and therapeutic approach of homeopathy.

KEYWORDS: Lactation, Breast milk, Infant nutrition, Maternal health, Insufficient milk production, Psychological factors, Hormonal regulation, Breastfeeding challenges, Homeopathic therapy, Infant development.

INTRODUCTION AND BACKGROUND:

Breastfeeding should be initiated within an hour of birth. Although there is little milk at that time, it establishes feeding and a close mother-child relationship.⁸ The first milk called “colostrum” which contains proteins, nutrients that baby need, it also contains anti infective factors which aids protection against respiratory infections and diarrheal diseases.⁸ All babies, regardless of type of delivery should be given early and exclusive breastfeeding up to 6 months of age. Exclusive breastfeeding means nothing should be given orally except colostrum and breast milk⁹. A child who is breast fed has greater chances of survival than who is artificially fed. Data suggest that infants mortality rates in developing countries are 5-10 times higher among children who have not been breast fed or who have been breast fed for less than 6 months⁸. Initially the mother should feed the baby at an interval of 3-4 hours by the end of first week, later on demand of baby. ⁹Under normal conditions, Indian mother secrete 450-600ml of milk per day ⁸Additional advantages include it has laxative action, no risk of allergy, psychological benefit of “mother-child bonding”⁹. Reduces the insulin of diabetic mothers, delays next pregnancy⁸. World breastfeeding week is celebrated every year in first week of august as declared by WHO.

AIM

To understand the homeopathic approach in management of common problems of lactation.

OBJECTIVES

1. To study the anatomical and physiological basis of lactation, including the developmental structure and hormonal regulation of milk secretion.
2. To identify and analyze the common factors causing insufficient milk production, such as physiological, psychological, and environmental influences.
3. To highlight the significance of breastfeeding in promoting infant growth, immunity, and maternal health.
4. To explore the role of homeopathic therapy in managing lactation-related problems and improving milk production in mothers.

MATERIALS AND METHODS:

1. Primary Source: Literature search was done from standard authenticated textbooks,
2. Secondary Source: Homoeopathic books, research database.

REVIEW OF LITERATURE

ANATOMY OF MAMMARY GLAND :

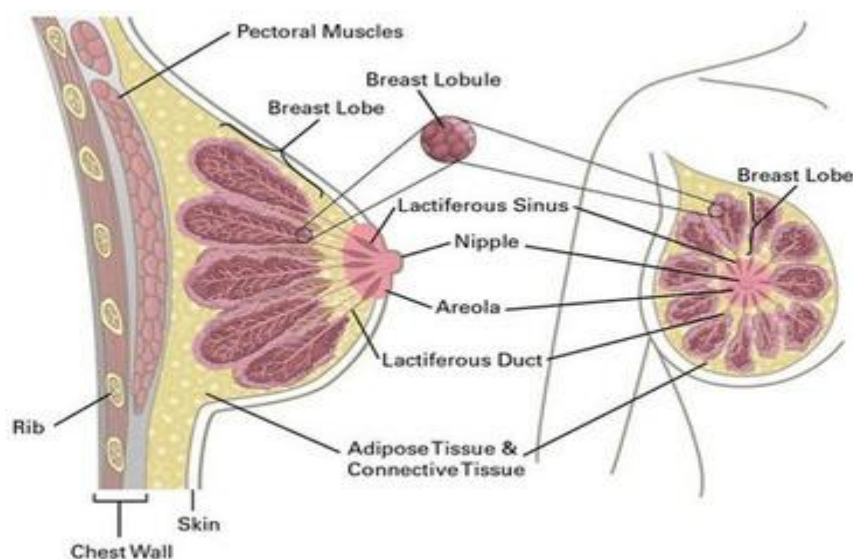


Image source : <https://hk-gmc.com/en/medical-information/breast-surgery-information/breast-anatomy/>

The mammary gland is located in the breast and it is the most important structure present in the pectoral region. It lies in the superficial fascia of pectoral region. It is anatomically divided into four quadrants: upper medial, upper lateral, lower medial, and lower lateral. It is well developed in the female after puberty. It forms an important accessory organ of the female reproductive system and provides nutrition to the newborn in the form of milk. It is structurally divided into skin, parenchyma, and stroma; parenchyma is known as the mammary gland. It is a tubuloalveolar gland which secretes milk. This gland consists of 15 to 20 lobes, and each lobe is a cluster of alveoli and is drained by a lactiferous duct. These ducts converge towards the nipple and open on it. Its blood supply is by internal, lateral, superior thoracic arteries and lateral branches of posterior intercostal arteries. Venous drainage is by internal thoracic vein, axillary, and posterior intercostal veins. Its nerve supply is by anterior and lateral cutaneous branches of 4th to 6th intercostal nerves. The nerves do not control the secretion of milk. Lymphatic drainage is by axillary lymph nodes, anterior thoracic lymph nodes, and subareolar plexus of lymph.

DEVELOPMENT OF BREAST

The breast develops from an ectodermal thickening, called the mammary ridge, milk line, or line of Schultz.. This ridge extends from the axilla to the groin. It appears during the fourth week of intrauterine life, but in human beings, it disappears over most of its extent persisting only in the pectoral region. The gland is ectodermal, and the stroma mesodermal in origin.

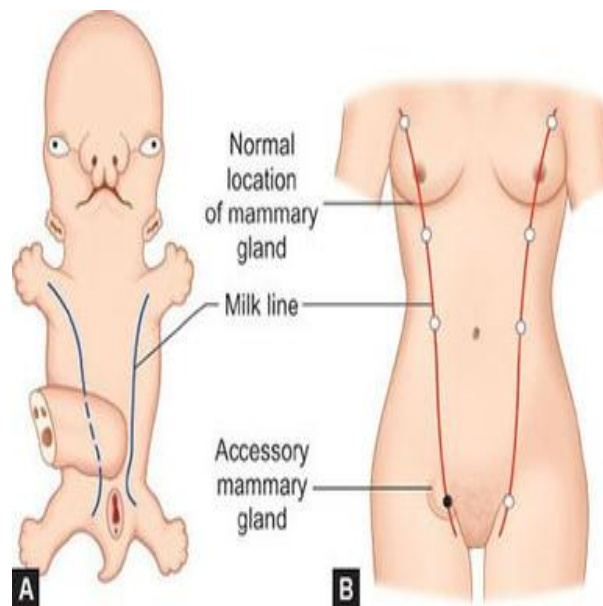


Image source : <https://share.google/YRYiQ2OH2c1KBCej9>

The persisting part of the mammary ridge is converted into a mammary pit. Secondary buds (15-20) grow down from the floor of the pit. These buds divide and subdivide to form the lobes of the gland. The entire system is first solid, but is later canalised. At birth or later, the nipple is everted at the site of the original pit. Growth of the mammary glands, at puberty, is caused by oestrogens. Apart from oestrogens, development of secretory alveoli is stimulated by progesterone and by the prolactin hormone of the hypophysis cerebri .

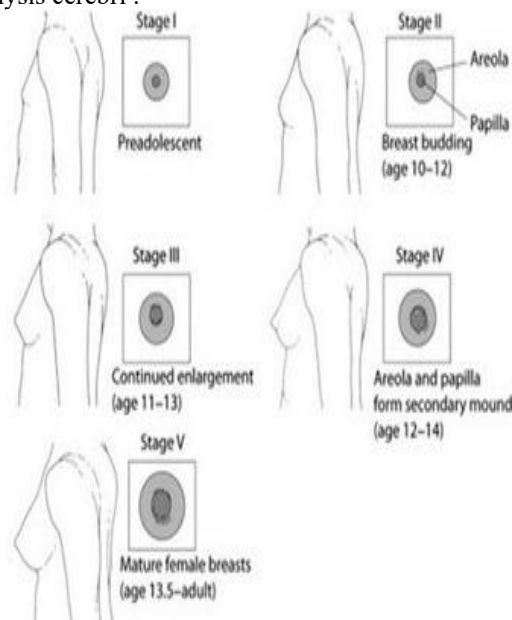


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Physiology : Stages of lactogenesis - Lactogenesis involves three distinct stages.

Lactogenesis I (15-20 weeks of gestation): During this initial stage, hormone-driven synthesis of milk commences, and the production of colostrum begins around the middle of pregnancy

Lactogenesis II (30-40 h after childbirth) This stage is initiated by the act of giving birth and the expulsion of the placenta. It involves several hormones, including prolactin, insulin, cortisol, thyroxine, and oxytocin. It typically takes between 50 and 73 h for the breasts to reach full fullness.

Lactogenesis III (Galactopoiesis): In this final stage, milk production is regulated by autocrine mechanisms, which means that the continued production of milk relies on regular milk removal through breastfeeding. If nursing is infrequent or ineffective, it can lead to a decrease in milk supply.

Key hormones in lactogenesis and mammogenesis:

Prolactin: Stimulates the growth of the nipple and areola and drives milk production. Increases the synthesis of lactose and milk fat.

Oestrogen: Increases the development of lobules and alveoli. Increases the proliferation of stromal cells. Increases the release of prolactin. Helps the nipples to grow and darken.

Progesterone: Encourages the growth of lobes, lobules, alveoli and inhibits lactation before birth.

Human placental lactogen: Supports mammary gland development during pregnancy.

Oxytocin: Triggered by nipple stimulation, it initiates the milk ejection reflex and causes myoepithelial cells to contract, pushing milk through the ducts.

Glucocorticoids: Increases the production of alpha lactalbumin and beta casein production.

Insulin: Increases the glucose uptake by mammary gland. Increases the milk proteins. Helps in the cell division of mammary glands.

Milk ejection reflex or Let-down reflex:

The term "milk ejection reflex" or "milk let-down reflex" refers to the mechanism by which milk is expelled from the alveoli of mammary glands. A neuroendocrine reflex is this one. There are many touch receptors on the mammary glands, especially in the vicinity of the nipple. Infants' touch receptors are activated when they suck the mother's nipple. This reflex is triggered by stimulation of the nipple and areola, which transmits signals to the hypothalamus through the fourth intercostal nerve.

The myoepithelial cells that surround the alveoli contract in response to the hypothalamus' release of oxytocin from the posterior pituitary gland, forcing milk into the ducts. This reflex is referred to as a neuroendocrine reflex since it is triggered by neurological causes and finished by hormonal action. A positive feedback mechanism causes a significant amount of oxytocin to be released during this reaction; in other words, oxytocin causes the uterus to contract during labor^(6,8,29)

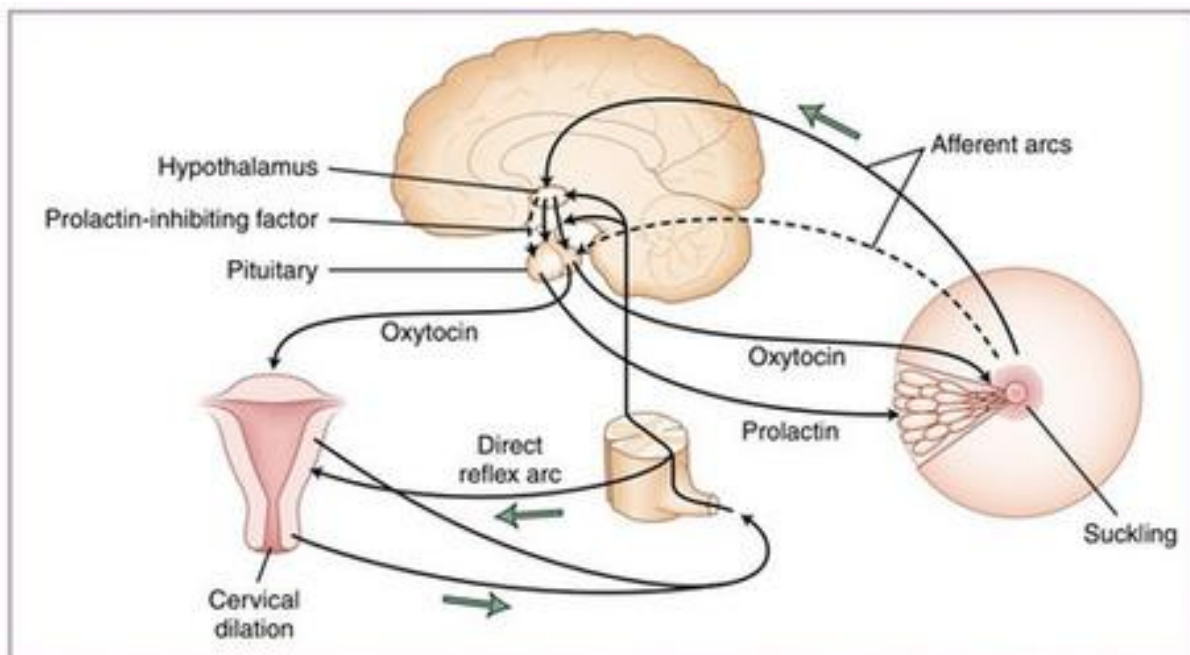


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A nursing mother's uterus returns to its pre-pregnancy state more rapidly. This impulse causes the cramping that occurs in the uterus during nursing. Stress causes breastfeeding women's levels of adrenocorticotropin and plasma cortisol to drop in comparison to non-lactating women.

The secretion of prolactin is dependent on the baby suckling or on the nipple being stimulated by hand expression or mechanical pumping. Additionally, a neuro-endocrine reflex releases prolactin. The lacteal cells that line the alveolus produce milk because of prolactin. Unlike oxytocin, which is released when an infant suckles, prolactin is released only when the infant suckles.

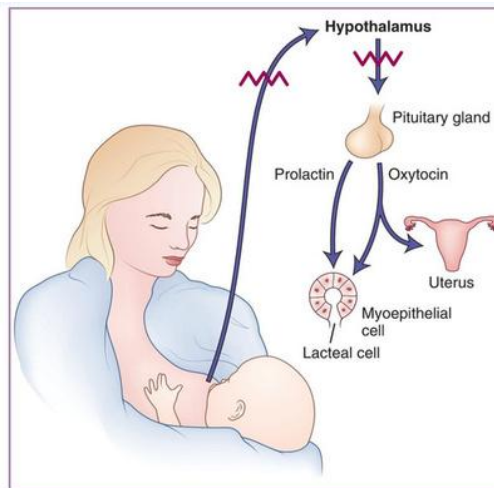


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COMPOSITION OF BREAST MILK :

For babies, breast milk or human milk serves as their main food source. Among the 88.5% water and 11.5% solids found in breast milk are: Among the nutrients are cholesterol, essential fatty acids, lactose, casein, lactalbumin, and lactoglobulin.

Minerals: Sodium, calcium, potassium, magnesium, chloride, phosphorous, negligible quantity of iron and copper

Vitamins: A, B, C, D, E K

Immunoglobulins: IgA, IgG and IgM

Antibacterial agents: Lysozyme and lactoferrin

Cells: Neutrophils and other leukocytes, macro-phages and stem cells .

Along with essential non-nutritional elements, breast milk also contains growth factors, hormones, digestive enzymes, and antimicrobial substances that influence immunological development and provide passive defense against infections and immune-mediated illnesses.

Growth factors and elements linked to the immune system include:

The main immunoglobulin found in breast milk is secretory IgA.

Among the bioactive cytokines are interleukin-10 (IL-10) and transforming growth factor- κ (TGF- β) 1 and 2. Other substances include adiponectin, oligosaccharides, lysozyme, lactoferrin, leukocytes, interferon, insulin-like growth factor, and epidermal growth factor (EGF).²⁹



Image source:

<https://www.dailyrounds.org/blog/world-breastfeeding-week-support-breastfeeding-for-a-healthier-planet/>

The composition of breast milk change throughout the feeding process. Colostrum is the first milk produced, rich in immunoglobulin A (IgA), lactoferrin, oligosaccharides. Lactose levels are higher in mature milk, which is produced between days three and five after giving birth. During feeding session the foremilk is starchy and released at the beginning, while the hindmilk which is fat rich, helps promote satiety and signifies the end of feeding.⁸

Pathology:

Agalactia:

Agalactia is a condition when the mother's breast do not secrete milk after the birth of her baby. Low milk production can be caused by the mother's nutritional inadequacies or by infrequent feedings.

Etiology:

- If infant is not latching properly
- Premature birth
- Stress, exhaustion, lack of sleep, hormonal pills, obesity, alcohol drinking, smoking and excessive use of caffeine⁴

Hypogalactia:

Hypogalactia (also called lactation insufficiency or insufficient milk secretion) refers to a condition where the mother produces an inadequate amount of breast milk to meet the nutritional needs of her infant.

Clinical features:

- Breast become soft and engorged Decrease in breast fullness or leaking poor weight gain
- restlessness or crying after feeds
- dry mouth
- decreased urine output
- Constipation
- Fatigue and anxiety for mother Hormonal related issues

Causes:

- Infrequent suckling;
- Depression or anxiety state in the puerperium;
- Reluctance or apprehension to nursing;
- III-development of the nipples;
- Painful breast lesion;
- Endogenous suppression of prolactin (retained placental bits);
- Prolactin inhibition (ergot preparations diuretics, pyridoxine)¹¹

Galactorrhoea :

It is milk production from the breast unrelated to pregnancy or lactation. Milk production 1 year after cessation of breastfeeding is not lactational and is considered galactorrhoea. Various hormones including prolactin, oestrogens, thyrotropin-releasing hormone can affect the production of milk.^{3,13} galactorrhoea is caused by hyperprolactinaemia and pituitary adenoma prolactin level more than 25 ng/ml per ml can cause the galactorrhoea, but not all hyperprolactinemias produce galactorrhoea. The condition is associated with amenorrhoea, oligomenorrhoea and infertility.

Etiology:

Hypothalamic pituitary causes:

- Prolactinoma
- Non prolactin secreting pituitary tumor

Non hypothalamic pituitary causes:

- Hypothyroidism
- Renal failure
- Chest wall lesions such as burns, surgeries
- Idiopathic hyperprolactinemia

Blocked milk ducts :

A blocked (plugged) milk duct — also known as a ductal obstruction — occurs when one of the lactiferous ducts in the breast becomes obstructed, preventing the free flow of milk from a portion of the breast⁵

SYMPTOMS :-

- Pain or discomfort
- Redness, nipple changes - white spots

Systemic causes

- fever and malaise

Causes :

- Skipped or irregular feeds
- Poor latch or weak suckling
- Tight bra or external pressure on breast
- Stress and fatigue
- Sudden weaning or long intervals between feeds

Mastitis:

Inflammation of breast tissue. The common organisms involved are *S. aureus*, *Staphylococcus epidermidis* poor nursing, maternal fatigue and cracked nipple. and *Streptococcus viridans*. Risk factors for mastitis are poor nursing, maternal fatigue and cracked nipple¹¹

-Infection involves the breast parenchymal tissues leading to cellulitis. The lacteal system remains unaffected;

-Infection gains access through the lactiferous duct leading to development of primary mammary adenitis. The source of organisms is the infant's nose and throat.

SYMPTOMS - Generalized malaise and headache, nausea, vomiting,

-Fever (102°F or more) with chills, and

-Severe pain and tender swelling in one quadrant of the breast. Signs include (a) Presence of toxic features, and (b) Presence of a swelling on the breast. The overlying skin is red, hot and flushed and feels tense and tender¹¹

Galactoceles:

A galactocoele is cystic dilatation of one or more ducts occurring during lactation. The mammary duct is obstructed and dilated to form a thin-walled cyst filled with milky fluid. Rarely, the wall of galactocoele may get secondarily infected.¹³

Galactocoele is cystic dilatation of one or more ducts during lactation.¹⁴

Breast fullness and engorgement:

Engorgement occurs due to excessive milk build up, commonly caused by delayed breastfeeding initiation, bottle feeding, and early removal of the baby from the breast. The symptoms include swelling, painful breasts that feel tender and cause discomfort during moment frequent feeding helps empty milk and prevents engorgement if the baby cannot empty the breast, express milk manually or with a pump.¹³

General Management :

Addressing lactation problems requires a holistic approach, taking into account both the mother's physical health and emotional state. The focus is on identifying and resolving root causes such as poor feeding practices, stress, hormonal imbalances, or nutritional deficiencies. Key support measures include:

-Emotional and Psychological Support :

Stress and anxiety can suppress milk production. Creating a calm and supportive atmosphere, involving family members, and addressing maternal concerns can help enhance oxytocin release, which is vital for milk letdown.¹⁵

-Rest and Relaxation :

Postnatal tiredness can interfere with lactation. Sufficient sleep and relaxation practices like deep breathing, meditation, or gentle yoga can help restore hormonal balance and support milk production.¹⁶

-Proper Nutrition :

A diet rich in protein, iron, calcium, and fluids is essential for breastfeeding mothers. Including foods such as oats, fenugreek, fennel, garlic, and leafy greens may help boost milk supply. Staying well hydrated is also important.^{17,18}

-Frequent Nursing or Milk Expression :

Regular breastfeeding or pumping encourages prolactin production and helps prevent breast engorgement. Proper positioning and latch are crucial for effective feeding and nipple health.¹⁹

-Minimizing Inhibitory Factors :

Tight clothing, smoking, caffeine, alcohol, and stress can restrict milk flow. Avoiding these factors supports hormonal balance and promotes better lactation.²⁰

-Gentle Breast Massage and Warm Compresses :

Applying warm compresses and gentle breast massage before nursing can improve blood flow to the mammary glands and facilitate milk flow.²¹

- Alternative and Supportive Therapies :

Individually selected homeopathic remedies such as *Ricinus communis*, *Urtica urens*, *Lac caninum*, and *Pulsatilla* are traditionally used to support milk production and postpartum recovery. These should be chosen based on a comprehensive assessment of symptoms.^{22,23}

Homeopathic Approach :

Galactorrhoea (excessive milk flow) :²⁴

- **Calcarea carbonica:** Promotes abundant milk with associated weakness, often seen in fleshy, fair-skinned, perspiring women.

- **Phosphorus:** Produces thin, watery milk, often accompanied by oversensitivity and physical wasting.

- **Agnus castus:** Associated with watery, scanty, or excessive milk and may be linked to marked mental depression and decreased sexual vitality.

Mastitis (breast inflammation)²⁵

- **Belladonna:** Red, hot, throbbing, and tender breasts, symptoms can appear suddenly and are typically accompanied by fever.

- **Phytolacca decandra:** Hard, nodular, painful breasts with radiating pain to the axilla; nipples may be cracked; milk can be thick or bluish.

- **Bryonia alba:** Symptoms worsen with movement and improve with pressure or lying on the affected side.

Blocked Milk Duct :²⁶

- **Phytolacca decandra:** Primary remedy for glandular swelling and blocked milk ducts.

- **Bryonia alba:** Indicated when ducts are inflamed and painful, discomfort increased by movement.

- **Silicea:** Useful when abscess formation is slow or pus is likely to develop.

Galactocoele (milk cyst) :²⁷

- **Silicea:** Supports resolution or abscess formation, suited for chronic, hardened swellings.

- **Hepar sulphuris**: Best used when abscesses develop along with tenderness and pus.
 - **Calcarea fluorica**: Indicated for cystic hardening within the mammary glands.
- Hypogalactia / Agalactia** (low or absent milk production)²⁸
- **Urtica urens**: Helpful for reduced or suppressed milk, with burning and stinging sensations.
 - **Ricinus communis**: Stimulates milk production and is typically effective in the 3rd to 6th potency.
 - **Agnus castus**: Chosen when there is a complete absence of milk, especially with deep mental depression.

RICINUS

The homœopathic preparation should be made in such a way as to secure the full properties. The leaves have an especially powerful action on the breasts and female generative organs. Ric. has great power over lactation. O. McWilliams (quoted by Hale) observed in the Cape Verde Islands that the leaves of the plant were applied to the breasts to increase the flow of milk if it were delayed, and even to produce it in women who had never borne children or who had not suckled for years. In increasing the flow of milk in nursing women the breasts were fomented with a decoction of the leaves of the plant, the boiled leaves being afterwards thinly spread on the breasts. For producing milk in others more vigorous measures were resorted to. The women had to sit over a boiling decoction of the leaves, care being taken to prevent the escape of steam. When the decoction was sufficiently cool the parts were bathed with it, and also the breasts, to which the leaves were applied as in the other case. Women with well-developed breasts are more easily influenced. Tyler Smith experimented with the leaves. In his cases the application produced: Swelling of the breasts, throbbing and other pains in them; swelling of the axillary glands, with pains running down the arms. Soon discharges from the breasts became milky.⁹

Discussion :

Lactational problems after child birth can be due to various underlying reasons. Standard treatments in such type of issues often focus on hormonal therapy or medications which help in stimulating the milk flow. This might solve the problem instantly but doesn't concentrate on the root cause which actually needed to be treated and corrected.

Here, Homeopathy comes into the light where it sees the condition not just as a physical issue, but as a reflection of body's overall imbalance. The remedies are chosen based on the individual's complete picture which includes mental, emotional, and physical states.

Homeopathic treatment, along with improving the condition- helps in regaining the mother's strength, emotional balance and in overall health.

Conclusion :

Lactation problems can be an overwhelming especially for new mothers since breast milk is such a vital source of nutrition and immunity for the baby. Homeopathy provides a gentle and individualized treatment to help overcome this problem. By focusing on body's physical issues and by addressing emotional factors homeopathic remedies can support the process of lactation in a safe and holistic way.

ACKNOWLEDGEMENT The authors would like to express sincere gratitude to Director Dr. Umesh Akkaladevi, Principal Dr. Nurus saher khan, Hamsa Homoeopathy Medical College, Hospital & Research Centre, Siddipet Dist. Telangana State for their valuable suggestions and support.

Conflict Of Interest :

All authors declare that they have no conflicts of interest.

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