



# Homeopathy and Neonatology

## Different Pathways to the Remedy

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Rudolfstiftung is one of Vienna's big hospital centres, with an intermediate level neonatology department including five neonatal intensive care and six neonatal intermediate care units. In our department we are making use of homeopathy in the treatment of premature and newborn babies in combination with conventional medicine and neonatal intensive care.

This may be as a first-line treatment in acute postnatal resuscitation situations, as a first-line or accompanying treatment in neonatal intensive care, as a remedy for the ailments of babies after the acute phase in intermediate care, in the nursery or in the outpatient clinic for follow-up care.

Of course these different situations need different ways of choosing the right remedy.

### Keynote Symptoms

In the acute situation, for example in case of postnatal resuscitation or acute symptoms in premature or sick newborn babies, there is no time for elaborate case taking.

Quick decisions can be made using the keynote symptoms. There is a small set of well-tried remedies for the most acute problems always on hand at the resuscitation unit, and there are predefined rules to choose the right one according to the situation. Thus also neonatologists without a complete training in homeopathy have the opportunity to use homeopathic first-line treatment. Of course all team members know when it's a better choice to switch to the intensive medicine pathway – but as far as I can see we have to do this less often than others.

Here are a few examples.

### Case 1

*Full-term girl, born spontaneously, 3480 g.*

The mother already had antibiotics because of amniotic infection with fever and positive inflammation parameters. The amniotic fluid was green and foul smelling. The neonatologist was called when the baby didn't adapt properly during the first minutes, with Apgar scores of seven and eight at one and five minutes. We found a cyanotic baby, struggling for air with a rattling sound in the chest, stiff and crampy with cold extremities.

#### Keynotes

- Skin blue
- Respiration difficult, mucus in trachea and bronchi
- Extremities cold
- Poor reaction to stimulation

This clearly indicates *Antimonium tartaricum*. Along with basic treatment like rubbing with a warm cloth the baby was given

some globules of *Antimonium tartaricum* C200 and adapted very well. She was able to cough and cry, and after that she was breathing normally. Follow-up over the time of her stay at the maternity ward gave no abnormal findings, especially no signs of congenital infection.

### Case 2

*Premature boy, 34th week of gestation, 2230 g, caesarean section because of preeclampsia.*

The mother came to the hospital with high blood pressure and oedema. A routine check-up of the foetal heartbeat and Doppler ultrasound was not reassuring, so the decision for caesarean section was made. In such a case the neonatology team is present in the operating room to care for the baby from his first moment of life. This little boy really gave the impression of being shocked by what had happened to him: he was stiff, pale, eyes wide open, with a strong and quick heartbeat, but no attempt to breathe.

#### Keynotes

- Skin pale
- Expression shocked, anxious
- Pulse fast, strong
- Asphyxia

So he was given some globules of *Aconitum napellus* C200 and a gentle stimulation, and quickly the Apgar score rose from four in the first minute to seven and ten after five and ten minutes. The boy was brought to the neonatology ward for observation but recovered very well.

## SUMMARY

The homeopathic approach to the newborn can be taken via different pathways. Some brief reports on typical acute cases show the way to the remedy by using the keynotes. We follow a premature infant through his first two years of life under homeopathic treatment using repertorisation with *Synthesis*. *Boenninghausen's* method is presented as a facilitated way of case-taking. Two cases show the use of this method in everyday clinical practice.

**KEYWORDS** Newborns, Premature babies, Neonatology, Intensive care, Keynote symptoms, Repertorisation, *Boenninghausen*, *Aconitum*, *Antimonium tartaricum*, *Arsenicum album*, *Calcarea phosphorica*, *Carbo vegetabilis*, *Conium*, *Opium*, *Phosphorus*, *Rhus toxicodendron*



Fig. 1 Premature boy on mechanical respiration.

### Case 3

Full-term girl, born spontaneously, 3800 g; third day of life.

This case happened during one of my night shifts. The nurse called me urgently, because a mother had brought her baby in from her room. She found the baby almost unconscious, with pale blue skin and moaning respiration. The baby didn't react to the mother trying to wake her up. The nurse noticed that the baby had a cold, damp face. From the patient's history we knew that the baby was born spontaneously three days ago, with greenish amniotic fluid, but adapted very well. The routine check by the neonatologist on the first day of life gave no abnormal findings.

We brought the baby to the neonatology ward and started check-up and treatment for acute septicaemia.

#### Keynotes

- Skin pale, bluish
- Moaning respiration
- Lack of reaction
- Cold sweat on forehead
- unconsciousness

Meanwhile she also got *Carbo vegetabilis* C200. And even before she had the first millilitres of intravenous fluid and while the nurse was setting up the CPAP machine to assist ventilation, the girl recovered.

Of course she got antibiotics, and septicaemia was confirmed in laboratory findings, but she didn't need any intensive treatment, went back to her mother two days later and both left the hospital after only one week.

### Case 4

Premature boy, born by caesarean section in the 31st week of gestation, 1800 g.

This little boy really experienced almost everything neonatal intensive care has to offer. He was born by emergency caesarean section because of a dramatic placental haemorrhage in the 31st week of gestation. There was no opportunity for intrauterine lung maturation, so he suffered from severe respiratory distress, was intubated and had mechanical ventilation. Therefore he also had sedoanalgesia (combination of sedation and anaesthesia). Furthermore he had septicaemia and anaemia (Fig. 1).

The nurse informed me that he hadn't passed urine for more than six hours. She had already tried to gently tap his lower abdomen to stimulate urination, but without success.

A short overview by ultrasound showed that not only the bladder, but also both renal pelvisses were distended (Fig. 2).

Inactivity of the bladder after administration of anaesthetics is a keynote for *Opium*. About fifteen minutes after he had *Opium* C200 he passed 30 ml of urine, which is quite a lot for a 1.8 kg baby, and another 20 ml a little bit later. There was no need for an intervention by the urologist.

The ultrasound check on the next morning showed normal kidneys again (Fig. 3).

#### Repertorisation

While babies stay at the neonatology ward sometimes for several weeks, there are different ailments like feeding or sleeping dis-

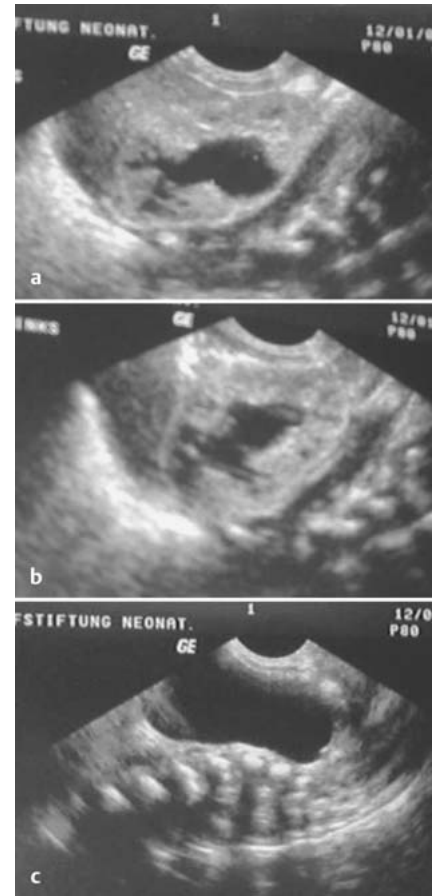


Fig. 2 a to c Distended bladder (a) and renal pelvis (b left kidney, c right kidney) on ultrasound.

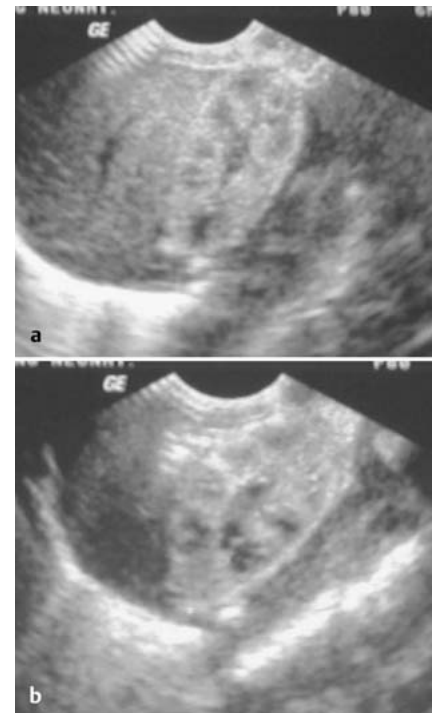


Fig. 3 a and b Ultrasound after *Opium* C200 showing normal kidneys (a right, b left).



Fig. 4 Boy 5 weeks after caesarean in 29th week.

orders; abdominal or other problems that need a more individualised look at the patient. Sometimes it is difficult to take a full case history together with the mother or the parents. Many of our patient's families are non-natives with language difficulties or the mother is absent most of the time, because she herself needs medical care. Sometimes this is the first time ever that the family hears about homeopathy, and it takes some getting used to.

However it is necessary to find out more about the individual symptoms in those cases to choose the right remedy. It is a combination of nonverbal case-taking by observing the baby and collecting information from the mother/the parents and the nurse at the neonatology ward. This forms the basis for the repertorisation and the selection of the appropriate remedy for the baby.

## Case 5

*Premature boy, born by caesarean section in the 29th week of gestation, 990 g*

The mother of this little boy suffered from eclampsia, so an emergency caesarean section had to be performed in the 29th week of gestation. The baby had a relatively low birth weight of 990 g.

Now we meet him after the first difficult period of assisted ventilation, jaundice of the premature, viral pneumonia and anaemia. At that time he had repeated doses of *Phosphorus C200*.

	ars.	carb-v.	phos.	merc.	nux-v.	sulph.	cham.	lyc.	kalif-c.	ip.
1. RESPIRATION - ANXIOUS (118) 1	1	2	3	4	5	6	7	8	9	10
2. RESPIRATION - ARRESTED (137) 1	9	8	7	7	7	7	7	7	7	6
3. GENERALS - WEAKNESS - sudden (96) 1	21	13	16	13	13	13	12	12	8	13
4. FACE - HIPPOCRATIC - children; in (4) 1										
5. STOMACH - VOMITING - eating - after - agg. (103) 1										
6. ABDOMEN - DISTENSION - tympanic (96) 1										
7. STOOL - GREEN - dark (5) 1										
8. STOOL - SMALL quantity (97) 1										
9. STOOL - ACRID (95) 1										

Fig. 5 Repertorisation 1 (Synthesis, RADAR).

	calc-p.	bell.	lyc.	merc.	nux-v.	sulph.	phos.	bry.
1. MIND - RESTLESSNESS - children, in (68) 1	1	2	3	4	5	6	7	8
2. SLEEP - RESTLESS - night - midnight - before (18) 1	6	6	5	5	5	5	5	5
3. GENERALS - EMACIATION - children; in (66) 1	11	9	8	8	8	8	7	6
4. MIND - SHRIEKING - sleep, during (97) 1								
5. STOMACH - VOMITING - easy (33) 1								
6. GENERALS - FOOD and DRINKS - solid food - aversion (15) 1								
7. THROAT - SENSITIVE - Pharynx (62) 1								

Fig. 6 Repertorisation 2 (Synthesis, RADAR).

He had intravenous nutrition for several weeks, but at the age of five weeks he was on full enteral nutrition (Fig. 4).

But still he had very impressive episodes of apnoea and bradycardia. After some time of quick and stressful breathing, he suddenly looked deathly pale, stopped breathing and his heart rate dropped below 60 per minute.

He was fed by a nasogastral tube, but showed no interest in drinking. Sometimes he vomited after the feeding, he had a distended abdomen, was very sensitive to touch and had difficult stools: small, dark green and his perianal skin was always red and sore after stool. Overall he seemed unhappy, restless and hypersensitive. Repeated tests for infection remained negative.

The repertorisation clearly indicates *Arsenicum album* (Fig. 5).

There was a quick amelioration after *Arsenicum C200*, first of all in the apnoeas. We had to repeat it three times after several days respectively because of a relapse of his abdominal problems, but then he did

very well and ten days later days he left the hospital, partly breastfed and partly drinking his mother's milk from the bottle.

Of course he had follow-up visits in our outpatient clinic in the following months. At the age of eight months we observed that his weight gain was slowing down. His mother told us that he wasn't interested in eating from the spoon or actually in eating at all. If the meal wasn't perfectly smooth, he retched and vomited. The best way to feed him was with a bottle while half asleep. But that wasn't easy too, because he was a very active baby, full of energy, constantly moving, constantly looking around. The evenings were even more problematic: when he fell asleep he moved and screamed. It was hard to get him out of this state, he seemed to be somewhere between sleep and vigil.

The repertorisation of his symptoms led to *Calcarea phosphorica* (Fig. 6).

He had *Calcarea phosphorica C200* and M several times over the following months. The sleep and the restlessness got better, his weight joined the normal range again



Fig. 7 Baby with difficulties coordinating breathing, sucking and swallowing.

*peutic Pocketbook*. The characteristic of this method is to obtain not only a total score of symptoms and grades, but to calculate the difference between the symptoms with a polarity and their opposite symptom – the polarity difference (See other articles in this issue that explain the method in more detail). This allows a precise prescription and sometimes this method opens the view on remedies which are less common for young babies.

and eventually he learned to eat solid food, but this took quite a time.

### Boenninghausen's Method

Case-taking may be difficult when the homeopathic neonatologist is not always on site on the neonatology ward. The momentary snapshot of the baby's condition may mislead on the way to the remedy. As a way to facilitated case-taking we are using a checklist based upon the *Boenninghausen* method. The nurse, the neonatologist on duty and the parents are defining the main symptoms of the baby. Most important is the ailment that has the most severe impact on the baby's well-being. If there is a

comprehensible aetiology, this is included as well. Modalities are taken into consideration if they can be observed in different contexts. There is only a small set of mind symptoms in *Boenninghausen's Repertory*, but these are conditions that can be easily observed and need no interpretation by the observer.

Parents and professionals watch the baby for some time to find out the main symptoms and reliable modalities and select these symptoms from a checklist with the most common neonatal symptoms and modalities. Of course there is also room for individual observations.

After a short update with the homeopath, a repertorisation is performed by using software based on Boenninghausen's *Thera-*

### Case 6

*Premature girl, born by caesarean section in the 34th week of gestation, 1750 g.*

This baby's main problem was that she had a hard time to coordinate breathing, sucking and swallowing, which is rather uncommon at that gestational age. Sometimes she vomited after eating and she showed no appetite. Most of the time she was sleepy, didn't cry and she obviously loved to be carried slowly, wrapped in a warm cloth (Fig. 7).

The symptoms in boldface are symptoms with a polarity.

#### Symptoms

- Nausea
- Vomiting, sour, **agg. after eating**
- **Lack of appetite**
- **Swallowing agg.**
- Quiet, indifferent
- **Amel. when covered, when moved slowly**

	Ars.	Bell.	Cham.	Chin.	Cocc.	Con.	Ign.	Nat-m.	Ph-ac.	Phos.	Puls.	Sep.	Bry.
<b>Number of hits</b>	8	8	8	8	8	8	8	8	8	8	8	8	7
<b>Sum total of grades</b>	22	17	20	22	19	23	14	20	16	22	26	24	17
<b>Polarity differences</b>	10	1	7	0	6	15	-5	7	6	0	3	9	4
<b>Nausea, general [121]</b>	3	3	3	3	3	3	2	3	2	3	4	3	3
<b>Vomiting, sour [41]</b>	3	3	3	4	1	1	2	2	1	4	3	1	1
<b>&lt; eating, after (P) [121]</b>	4*	1	4*	3	2	4	1	4	3	4	4*	4	4
<b>&gt; eating, after (P) [52]</b>	1		1	2			3			3	2	2	1
<b>Loss of appetite (P) [115]</b>	3	3	2	4	3	3	3	3	1	2	3	4	3
<b>Hunger (P) [99]</b>	2	3	1	4	2		2	2		2	4	3	3
<b>&lt; swallowing (P) [93]</b>	2	2	2	2	3	2	1	2	1	3	3	3	4
<b>&gt; swallowing (P) [47]</b>		1		1	1		4		2	1	3		
<b>&gt; wrapping up warmly (P) [56]</b>	3	2	2	2	3	3	1	2	1	1	1	2	1
<b>&lt; wrapping up warmly (P) [37]</b>			2	2			2			2	2	1	1
<b>&gt; motion, during (P) [102]</b>	2	1	2	1	1	4	1	1	3	1	4	3	1
<b>&lt; motion, during (P) [126]</b>	1	4	1	3	3	1	1	3	1	3	1	1	4
<b>Indifference (apathy, lack of interest, listlessness) [49]</b>	2	2	2	3	3	3	3	3	4	4	4	4	

Fig. 8 Boenninghausen Repertorisation Case 6.



	Rhus.	Bell.	Hep.	Kali-c.	Nat-m.	Sulph.
<b>Number of hits</b>	12	10	10	10	10	10
<b>Sum total of grades</b>	26	17	22	19	23	27
<b>Polarity differences</b>	11	-2	-1	2	-1	-4
<b>Pulse, slow (P) [43]</b>	1	3	1	1		
<b>Pulse, frequent (P) [80]</b>	1	3	1	1	1	2
<b>Pulse, irregular [47]</b>	3	1	3	2	4	3
<b>Pulse, full [35]</b>	2		3	3	4	3
<b>Arrested respiration [74]</b>	1	2	2	2	2	2
<b>Flatulence, gen. [123]</b>	3	3	3	3	3	3
<b>Stool, unsatisfactory (insufficient) [69]</b>	1	2	2	2	2*	4
<b>&gt; wrapping up warmly (P) [57]</b>	4	2	4		2	
<b>&lt; wrapping up warmly (P) [37]</b>	1					2
<b>&gt; rubbing (P) [74]</b>	2	1	1	1		3
<b>&lt; rubbing (P) [44]</b>						1
<b>&gt; motion, during (P) [102]</b>	4	1	1	1	1	1
<b>&lt; motion, during (P) [126]</b>	1	1	3	1	3	2
<b>Drowsiness in the morning [60]</b>	2	1	2	2	2	3
<b>Mildness (mild disposition) (P) [37]</b>	1				1	3
<b>Irritability (vexation, aggression) (P) [64]</b>		3	4		3	3
<b>Muscles, taut (P) [34]</b>	2	1		2	2	2
<b>Muscles, flabby (P) [53]</b>				1		3

Fig. 9 Boenninghausen Repertorisation Case 7.

*Conium maculatum* has the highest polarity difference (15) together with a high total score (23) (Fig. 8). *Conium* C30 on two consecutive days helped to solve that problem. The girl learned to drink from the bottle and from her mother's breast within three days. She started to gain weight and left the hospital about one week later. Follow-up care was uneventful, and there was no need for further treatment.

## Case 7

Premature girl, born by caesarean section in the 28th week of gestation, 1015 g.

After four weeks on the neonatology ward this baby had got over the acute phase but was still suffering from apnoeas and flatulence. She had caffeine therapy for the apnoeas and didn't tolerate a dose reduction. She was a quiet baby, rather sleepy, especially during the morning work on the ward. She didn't move much, was rather stiff, so we were worried about neurological sequelae of her prematurity. Again the polarity symptoms are in boldface.

### Symptoms

- **Pulse slow**, irregular, stopping
- Breath stopping

- Flatulence
- Stools insufficient
- **Amel. covering, rubbing, movement**
- Sleepiness morning
- **Gentleness**
- **Muscles tense**

*Rhus toxicodendron* is indicated with a total score of 26 and high polarity difference of 11 (Fig. 9). After some doses of *Rhus toxicodendron* C30 on consecutive days we could stop the caffeine therapy and she could leave the hospital without home monitoring. Appetite and digestion improved quickly. Developmental follow-up shows normal neurological development so far, no movement or tonus disorder (eight months now).

## Conclusion

Homeopathy plays an important role in our neonatology department within our holistic approach to the treatment of premature and sick newborn babies, together with the necessary medical/intensive care and newborn individualised developmental care. The result of this combination is an optimised outcome for the baby and his/her family as well as an enhancement of the professional teamwork by integrating the observations of neonatologists and nurses into the process

of homeopathic case-taking and treatment. Depending on the case and the circumstances different homeopathic approaches to find a simillimum can be used.

This article is based on a presentation at the European Congress of Homeopathy in Riga, Latvia, in May 2011.

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## Vita

Born in 1965 in Vienna, medical study at the University of Vienna; training in general medicine and paediatrics. Homeopathy diploma 1999. Works at the Neonatology department of Rudolfstiftung hospital in Vienna since 1998, integrating homeopathy in the treatment of premature and sick newborns. Developmental neurology follow-up care since 1999. Homeopathic outpatient clinic since 2005. Outpatient centre for people with Down's syndrome since 2006. IBCLC (International Board Certified Lactation Consultant) since 2007. Lectures about Homeopathy and Neonatology at Liga Congress Berlin 2005, ICE Köthen 2006, G. v. Hauernersches Kinderspital Munich 2008, European Congress of Homeopathy Riga 2011. Member of the teaching team of the Austrian Association of Homeopathic Medicine. Lectures about Homeopathy, Down's Syndrome, and Breastfeeding in the education and training of nurses, students and physicians.

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