

Treatments for Problems (2)

Herbs for Increasing Milk Supply

It is quite possible that herbal remedies help increase milk supply. There are several drugs which obviously do increase milk supply, and of course it is reasonable to assume that some plants and herbs might contain similar pharmacologic agents. Almost every culture has some sort of herb or plant or potion to increase milk supply. Some may work as placebos, which is fine, some may have an active ingredient. Some will have active ingredients which will not increase the milk supply but have other effects. Note that even herbs can have side effects, even serious ones. Natural source drugs are still drugs, and there is no such thing as a 100% safe drug. Luckily, as with most drugs, the baby will get only a tiny percentage of the mother's dose. The baby is thus extremely unlikely to have any side effects at all from the herbs. Two herbal treatments that seem to increase the milk supply are fenugreek and blessed thistle, in the following dosages:

- fenugreek: 2 capsules 3 or 4 times a day
- blessed thistle: 2 capsules 3 or 4 times a day, or 20 drops of the tincture 3 or 4 times a day

The tincture container states that blessed thistle should not be taken by nursing mothers, presumably because of the tiny amount of alcohol the mother would get. Don't worry about this. Teas also work, but to take enough to make a difference, you will be drinking tea all day and night.

Other herbal treatments which have been used to increase milk supply are: raspberry leaf, fennel, brewer's yeast. The effectiveness of none of these treatments has been proved.

Treatments for Raynaud's Phenomenon (blanching of the nipple)

Raynaud's phenomenon is due to spasm of blood vessels preventing blood from getting to a particular area of the body. It occurs in response to a drop in temperature. Most commonly, Raynaud's phenomenon will occur in the fingers, typically when someone goes outside from a warm house on a cool day. The fingers will turn white and the lack of blood getting to the tips of the fingers will cause pain. Raynaud's phenomenon occurs more commonly in women than men, and is often associated with illnesses such as rheumatoid arthritis.

Raynaud's phenomenon can also occur in nipples. In fact, it is much more common than generally believed. It can occur along with any cause of sore nipples, but it may also, on occasion, occur without any other kind of nipple pain at all.

Typically, Raynaud's phenomenon occurs after the feeding is over, once the baby is already off the breast. Presumably, the outside air is cooler than the inside of the baby's mouth. When the baby comes off the breast, the nipple is its usual colour, but soon,

within minutes or even seconds, the nipple will start to turn white. Mothers generally describe a burning pain when the nipple turns white. After turning white for a while, the nipple may actually turn back to its normal colour (as blood starts to flow back to the nipple), and the mother will notice a throbbing pain. The nipple may go back and forth between colours (and types of pain) for several minutes or even an hour or two.

The treatment for Raynaud's phenomenon is to fix the original cause of the pain (poor latch, Candida etc). Almost always, as the nipple soreness from another cause is getting better, so will the pain from Raynaud's phenomenon get better, but more slowly. Fixing the original cause of the pain (improving the latch, treating Candida etc) should be the focus of treatment. However, some mothers no longer have pain during the feeding, or never had it at all. Indeed, some start having Raynaud's phenomenon during the pregnancy. If the pain is mild, there may be no reason to treat, and reassurance is all that is necessary. However, in some cases it is worth treating, especially if severe, and especially if the pain during the feeding does not improve, as severe restriction of blood supply to the nipple may delay healing.

The first choice for treatment is:

- **Vitamin B6.** This has shown to work by trial and error, but it does seem to work. There is no scientific evidence that it works, but it does nevertheless. It is safe and will do no harm. The dose is 150 mg/day once a day for four days, followed by 25 mg/day once a day. The mother continues it until she is pain free for a few weeks. It can be restarted if necessary.

If vitamin B6 does not work within a few days, it probably won't. It is then useful to try:

- **Nifedipine.** This is a drug used for hypertension. One 30 mg tablet of the slow release formulation once a day often takes away the pain of Raynaud's phenomenon. After two weeks, stop the medication. If pain returns (about 10% of mothers), start it again. After two weeks, stop the medication. If pain returns (a very small number of mothers), start it again. Very few mothers I am aware of took more than three courses. Side effects are uncommon, but headache does occur.

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