

# Homeopathic Treatment in Obstetrics: Shortening the Dilation Stage in Cases of Rigid Uterine Cervix

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## Abstract

This open trial studied the effects of several different homeopathic single remedies and one homeopathic combination preparation on the dilation stage of labor in patients with rigid uterine cervix ( $n = 30$ ). The results of the study show that both single and combination homeopathic remedies can reduce the dilation stage, thus accelerating labor. There seemed to be no difference in efficacy between the combination preparation and the single remedies. Thus, under certain circumstances, homeopathic spasmolytics can be used in place of or in addition to phytotherapeutics or chemical or synthetic medications.

## Resumen

En este ensayo fueron estudiados los efectos de varios remedios homeopáticos sencillos y una preparación homeopática compleja sobre la dilución de parto en pacientes con cuello del útero rígido ( $n=30$ ). Los resultados del ensayo muestran que ambos remedios, los sencillos y la compleja, pueden reducir el período de dilución y así pueden acelerar el parto. No parecía que había diferencias de eficacia entre la preparación compleja y los remedios sencillos. Así, bajo unas circunstancias, los espasmolíticos homeopáticos pueden utilizarse en vez de o además de fitoterapéuticos o medicaciones químicas o sintéticos.

## Introduction

In recent years, popular acceptance of alternative methods of treatment has

risen dramatically. In the field of obstetrics, too, alternative or complementary methods are being implemented with increasing frequency.

In order to remain competitive in the wake of a declining birth rate, decreasing profits, and increasing costs, more and more clinics are offering obstetric

Criteria Observed	Single Remedy Group	Combination Remedy Group
Dilation in cm upon admission	n = 17 x = 1.68 SD = 1.04 Median = 1.00 Minimum = 0.00 Maximum = 4.00	n = 13 x = 2.19 SD = 1.44 Median = 1.50 Minimum = 1.00 Maximum = 5.00
Dilation in cm at time of administering first dose	n = 17 x = 4.09 SD = 1.84 Median = 4.00 Minimum = 1.00 Maximum = 8.00	n = 13 x = 4.96 SD = 1.53 Median = 5.00 Minimum = 2.00 Maximum = 7.00
Dilation in cm at time of administering second dose	n = 4 x = 6.20 SD = 3.13 Median = 6.50 Minimum = 1.50 Maximum = 9.00	n = 3 x = 7.67 SD = 0.58 Median = 8.00 Minimum = 7.00 Maximum = 8.00
Dilation in cm at time of administering third dose	n = 1 x = 4	n = 0
Time* elapsed between admission and administration of first dose	n = 17 x = 0.71 SD = 0.24 Median = 0.79 Minimum = 0.04 Maximum = 0.98	n = 13 x = 0.72 SD = 0.19 Median = 0.79 Minimum = 0.26 Maximum = 0.97
Time* elapsed between admission and administration of second dose	n = 5 x = 0.87 SD = 0.12 Median = 0.88 Minimum = 0.68 Maximum = 0.97	n = 3 x = 0.93 SD = 0.02 Median = 0.92 Minimum = 0.91 Maximum = 0.95
Time* elapsed between admission and administration of third dose	n = 1 x = 0.93	n = 0

Tab. 1: Course of the dilation stage; n=no. patients, x=average value, SD=standard deviation, \*maximum duration of dilation stage=1.0.

patients the option of homeopathic treatment. Advocates of homeopathy promise that these remedies will reduce pain, relieve spasms, accelerate the dilation stage, reduce anxiety, and reduce the need for conventional medications and technological support while also minimizing side effects in the infant during and after delivery. However, no prior studies had been conducted on the efficacy of homeopathic remedies in obstetrics.

This investigation tested the efficacy of homeopathics in cases of rigid uterine cervix by systematically observing labor in 30 women. All 30 women received only homeopathic remedies (either single remedies or a combination preparation) during the dilation stage.

The following symptoms were regarded as indications for the use of a homeopathic remedy:

- rigid uterine cervix
- protracted dilation stage
- very painful dilation stage
- severe anxiety during labor

#### Methodology

Of the 30 women observed, 19 were multiparas and 11 primiparas. Their average age was 27 years (minimum 20 years, maximum 36 years).

Seventeen women (single-remedy group) received a homeopathic single remedy chosen (repertorized) according to homeopathic theory. The remedies

most frequently used in this group had antispasmodic, anxiety-relieving, or tonic effects (Caulophyllum, Gelsemium, Cimicifuga, Pulsatilla, Chamomilla, Kali carbonicum). These single remedies, in a potency of 30C, were administered in the form of globules. Of the 17 women in this group, 12 received one dose, four received two doses, and one received three doses of the respective, individually selected single remedy.

Thirteen women (combination-preparation group) were treated with the combination preparation Spascupreel® (injectable solution, manufactured by Biologische Heilmittel Heel GmbH, Baden-Baden). Of these 13 women, 10 received one dose, two received two

Ingredients	Characteristics/Symptoms
Colocynthis (colocynth)	Painful cramping in the gastrointestinal tract, gallbladder, or urinary tract. Inflammation or pain in nerves, especially facial nerves. Sciatic pain.
Ammonium bromatum (ammonium bromide)	Dry cough with sensation of rawness; spastic or asthmatic bronchitis.
Atropinum sulphuricum (atropine sulphate)	Congestive inflammation of the upper respiratory tract. Inflammation of the organs of elimination, including the skin. Spasms in smooth-muscle hollow organs.
Magnesium phosphoricum (magnesium phosphate)	Nerve pain. Painful cramping in the gastrointestinal tract. Menstrual pain.
Gelsemium (yellow jasmine)	Headache. Nervous disorders. Cramps.
Passiflora incarnata (passion flower)	Disturbed sleep. Cramps. Restlessness.
Agaricus (fly agaric)	Excitability. Consequences of abusing drugs or medications. Disorders in urinary and intestinal elimination.
Chamomilla (chamomile)	Respiratory inflammation. Teething. Inflammation and cramps in the digestive organs or female reproductive organs. Severe pain. Depressive moods with irritability.
Cuprum sulphuricum (copper sulphate)	Cramping of smooth and striated musculature. Spasmodic nocturnal coughing.
Aconitum (monkshood)	Severe, acute inflammatory diseases. Painful diseases of the nerves. Severe, acute heart symptoms accompanied by anxiety.

Tab. 2: Ingredients of Spascupreel® and their characteristics/symptoms.

doses, and one received three doses (Table 1). The remedy pictures of the individual components of Spascupreel® (Table 2), a homeopathic combination preparation, indicate that it is suitable for treating spasms in smooth-muscle hollow organs (stomach, intestines, gall bladder, uterus, urinary tract).<sup>2,3</sup>

The criterion for monitoring the course of the dilation stage was cervical dilation as a function of the total duration of the dilation stage from the time of arrival at the obstetrical clinic. Dilation (in cm) was charted on the y-axis, with a maximum dilation of 10 cm (=  $Y_z$ ). The duration of the dilation stage (measured starting from the woman's arrival in the delivery room) was charted on the x-axis. In order to obtain analogous results, the total duration of each woman's dilation stage was assigned a value of 1. Thus, arrival in the delivery room was time  $X_0=0$ , while the end of the dilation stage was time  $X_z=1$ . In this way, at least three measurements were recorded and charted for each woman:

1. Dilation  $Y_0$  at time  $X_0$  (= arrival in delivery room)
2. Dilation  $Y_1$  at time  $X_1$  (= time when the first dose of the remedy was given)
3. Dilation  $Y_z$  at time  $X_z$  (= end of the dilation stage)

In cases when second and third doses of the remedy were administered, additional intermediate data were recorded ( $X_2/Y_2, X_3/Y_3$ ). Values were averaged and charted for the 10 women in the combination preparation group and the 12 women in the single remedy group who received only one dose (Figure 1).

### Results

When labor was protracted or stagnated, acceleration of labor, i.e., a shortening of the remainder of the dilation stage, was noted after administration of either the respective homeopathic single remedy or the combination preparation. The two charts of averaged values are not markedly different (Figure 1), and the

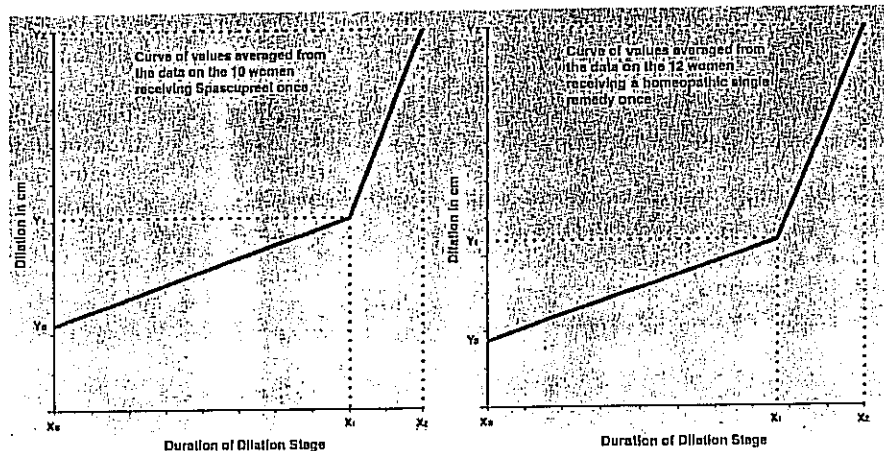


Fig. 1: Averaged course of the dilation stage in the women treated once with Spascupreel® or a single remedy (n=10 or 12).

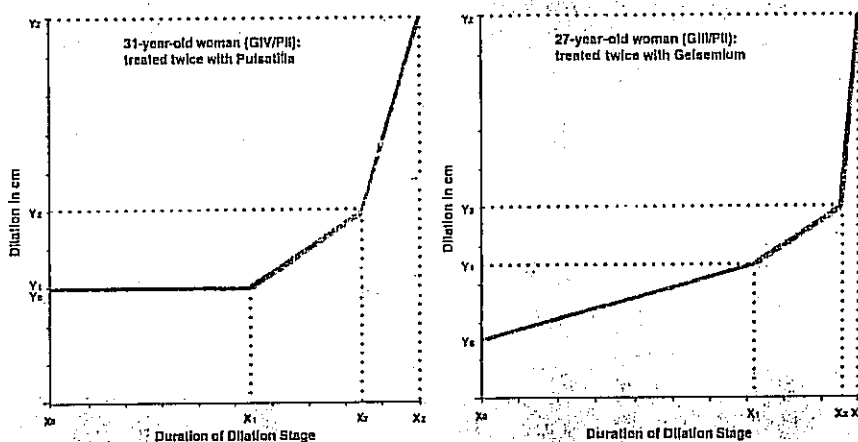


Fig. 2: Course of the dilation stage in two women treated twice with Pulsatilla or Gelsemium (G = # pregnancies, P = # prior deliveries).

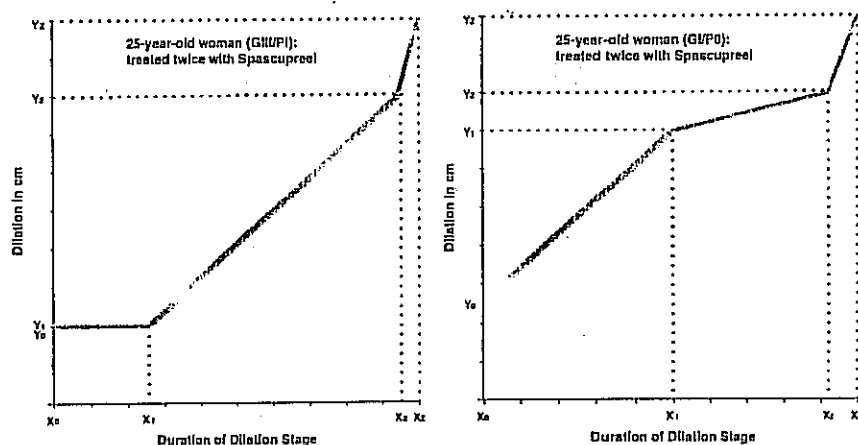


Fig. 3: Course of the dilation stage in two women treated twice with Spascupreel®, (G = # pregnancies, P = prior deliveries).

reduction in duration of the remainder of the dilation stage was comparable in both treatment groups. On the average, the women in the combination-preparation group entered the delivery room with a dilation of 2.25 cm, received an intravenous dose of Spascupreel® after 5 hours and 16 minutes, and were dilated 10 cm at a time 6 hours and 33 minutes after entry ( $\Delta=77$  minutes). The women in the single-remedy group entered with an average dilation of 1.75 cm, received a dose of the respective remedy 5 hours and 10 minutes later, and were dilated 10 cm at a time 6 hours and 43 minutes after entry ( $\Delta=93$  minutes).

In individual cases in both groups, a second dose of the remedy was needed. Repeated doses noticeably shortened the remainder of the dilation stage, clearly accelerating labor (Figures 2 and 3).

### Discussion

The results of this study show that homeopathic remedies, both singly and in a combination, can reduce the duration of the dilation stage, thus accelerating labor. In the majority of women (22 out of 30) one dose of the remedy induced quick and complete dilation. In some cases it was necessary to repeat the dose. No instances of undesirable side effects were noted in the women or their infants, either during or after delivery.

Whether a homeopathic single remedy or the combination preparation was administered made no difference to the reduction in the duration of the dilation stage. However, choosing the 'right' single remedy requires a more comprehensive knowledge of homeopathy on the part of the physician or midwife. In addition, the amount of time needed for homeopathic case-taking is often a problem in the delivery room. The great advantage of a combination preparation is its ease of use, since specialized prior knowledge of

homeopathy is not required. However, for the sake of understanding homeopathy and in order to achieve more far-reaching effects than simple spasmolysis, the use of homeopathic single remedies is recommended whenever possible.

Interpretation of these results must take into account the fact that cervical dilation generally does progress more rapidly toward the end of the dilation stage than at the beginning. This points to a possible error in our study. As a rule, the more the physician or midwife talks to a woman in labor, the less anxiety she experiences and the more she is able to relax. This factor and also the effect of suggestion are other possible sources of error.

The results described here point out that under certain circumstances, spasmolytic homeopathic remedies can be considered as an alternative or complement to phytotherapeutics or chemical and synthetic medications. Whether the use of phytotherapeutics (such as belladonna), chemical medications (such as belladonna alkaloids) or synthetic spasmolytics (such as N-butylscopolammonium bromide) is altogether questionable and the subject of controversial debate.<sup>1,4,8</sup> Thus, in order to better assess the results of this present study, investigations involving diverse control groups (groups receiving no intervention, a synthetic spasmolytic, or a placebo, for example) would be necessary and are now being planned. However, it must be noted that administering a placebo in an obstetrical situation, for example, is problematic for ethical reasons.

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