

ENHANCING ANTENATAL CARE: THE ROLE OF HOMOEOPATHY IN MATERNAL HEALTH

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ABSTRACT

Pregnancy is a creative and productive period in the life of women. It is one of the physiologic vital events, which needs special care from the conception to postnatal period, every mother wants to enjoy the nine months period with the baby inside her womb. The mothers joyful experience of the pregnancy is not going to be always smooth but sometimes it is associated with problems of some minor ailments that may present among mother's which cause discomfort to the mothers during pregnancy to them. The knowledge of pregnant women regarding antenatal care and their compliance to it is of paramount importance in preventing maternal and infant mortality rate and morbidity. Antenatal care plays a critical role in preparing a woman and her family for birth by establishing confidence between the woman and her health care provider. Antenatal or prenatal care is the care a woman receives while pregnant to ensure that both mother and baby are as healthy as possible. It involves regular check-ups with a doctor or

midwife, with scans, screenings, and blood tests to check on the development of the baby and identify any health problems in either mother or child that could cause problems. Pregnancies that are considered high risk may require additional tests or more frequent check-ups. Pregnancy is the most joyous but also trying time for a mother-to-be. She's not only carrying a child, but along with it several dreams and hopes. Pregnancy, however, brings its fair share of medical complications and bodily changes. Increasing numbers of pregnant women are turning to homeopathy to help with pregnancy and childbirth. This article delves into the concept of role of homeopathy in the management of maternal health. In conclusion, homoeopathic medicines are utilized in antenatal care to provide safe and effective treatment

for various pregnancy-related conditions, offering a holistic approach to support the overall health and well-being of both the mother and the baby throughout the pregnancy journey.

KEYWORDS: Antenatal care, Maternal health, Pregnancy.

INTRODUCTION

Antenatal care (ANC) is the care provided by skilled healthcare professionals to women throughout their pregnancy. It includes risk identification and screening, prevention and management of pregnancy-related or concurrent diseases, and health education and promotion. Global guidelines recommend frequent medical care visits during the antenatal period to decrease the risk of maternal and perinatal mortality. Women are recommended to initiate their ANC appropriately during pregnancy as it will help to reduce complications, provide wider platforms for a healthier pregnancy, and maximize the benefits of monitoring fetal and maternal health. The World Health Organization (WHO) recommends that ANC should be initiated within the first trimester of gestation with at least four, and optimally eight visits during the pregnancy. Specifically, the WHO advises pregnant women to initiate contact during the first 12 weeks' gestation, with subsequent contacts taking place at 20, 26, 30, 34-, 36-, 38-, and 40-weeks' gestation.

ANC plays a central role in the continuum of care, a critical framework for understanding the continuity between maternal, newborn, and child health. ANC is an opportunity for homoeopaths to educate and engage with women about how and why to deliver in a facility, the benefits of exclusive breastfeeding, where and when to return for postpartum and postnatal care, and the availability of modern family planning methods. Safe motherhood by providing good antenatal care (ANC) is very important to reduce maternal mortality ratio and infant mortality rate and to achieve millennium development goals. The aim of ANC is to provide pregnant women with respectful, individualized, person-centred care at every contact, with implementation of effective clinical practices (interventions and tests), and provision of relevant and timely information, and psychosocial and emotional support. Antenatal care from a homoeopathic perspective focuses on using homeopathic remedies to support pregnant women through various stages and conditions during pregnancy. Homeopathy offers a holistic approach to maternal health, aiming to address physical, emotional, and mental aspects.

AIMS OF HOLISTIC ANTENATAL CARE THROUGH HOMOEOPATHY

The aims are

1. To screen the “high risk” cases.
2. To prevent or to detect and treat at the earliest any complication.
3. To ensure continued risk assessment and to provide ongoing primary preventive health care.
4. To educate the mother about the physiology of pregnancy and labor demonstrations, charts and diagrams (mother craft classes), so that fear is removed and psychology improved.
5. To discuss with the couple about the place, time and mode of delivery, provisionally, and care of the newborn.
6. To motivate the couple about the need of family planning and also appropriate advice to couple seeking medical termination of pregnancy.
7. To ascertain the role of homoeopathy in ANC for future clinical evidence.

The criteria of a normal pregnancy are

- Delivery of a single baby in good condition at term (between 38 and 42),
- Should have with fetal weight of 2.5 kg or more.
- No maternal complication.

Visits for Antenatal Care

- The first visit should not be deferred beyond the second missed period
- Interval of 4 weeks up to 28 weeks.
- At the interval of 2 weeks up to 36 weeks, and thereafter weekly till delivery.

Table 1. 2016 WHO ANC model
First trimester
Contact 1: up to 12 weeks
Second trimester
Contact 2: 20 weeks
Contact 3: 26 weeks
Third trimester
Contact 4: 30 weeks
Contact 5: 34 weeks
Contact 6: 36 weeks
Contact 7: 38 weeks
Contact 8: 40 weeks
Return for delivery at 41 weeks if not given birth.
Note: Intermittent preventive treatment of malaria in pregnancy should be started at ≥ 13 weeks.

ASSESSMENT CRITERIA

Nutritional assessment - Counselling about healthy eating and keeping physically active during pregnancy is recommended for pregnant women to stay healthy and to prevent excessive weight gain during pregnancy. In under-nourished populations, nutrition education on increasing daily balanced energy and protein intake is recommended for pregnant women to reduce the risk of low-birth-weight neonates.

Maternal assessment - Full blood count testing is the recommended method for diagnosing anaemia in pregnancy. Midstream urine culture is the recommended method for diagnosing asymptomatic bacteriuria (ASB) in pregnancy. Clinical enquire about the possibility of intimate partner violence (IPV) should be strongly considered at antenatal care visits when assessing conditions that may be caused or complicated by IPV in order to improve clinical diagnosis and subsequent care, where there is the capacity to provide a supportive response (including referral where appropriate). Ask all pregnant women about their use of alcohol, tobacco and other substances (past and present) as early as possible in the pregnancy and at every antenatal care visit. Provider-initiated testing and counselling (PITC) for HIV should be considered a routine component of the package of care for pregnant women in all antenatal care settings. The tuberculosis (TB) prevalence in the general population is 100/100 000 population or higher, systematic screening for active TB should be considered for pregnant women as part of antenatal care.

Fetal assessment - Daily fetal movement counting, such as with “count-to-ten” kick charts. Replacing abdominal palpation with symphysis-fundal height (SFH) measurement for the assessment of fetal growth is not recommended to improve perinatal outcomes. A change from what is usually practiced (abdominal palpation or SFH measurement) in a particular setting is not recommended. : Routine antenatal cardiotocography is not recommended for pregnant women to improve maternal and perinatal outcomes. : One ultrasound scan before 24 weeks of gestation (early ultrasound) is recommended for pregnant women to estimate gestational age, improve detection of fetal anomalies and multiple pregnancies, reduce induction of labour for post-term pregnancy, and improve a woman’s pregnancy experience. Routine Doppler ultrasound examination is not recommended for pregnant women to improve maternal and perinatal outcomes.

Common Symptoms and signs during antenatal period

- **Slight bleeding.** One study shows as many as 25% of pregnant women experience slight bleeding or spotting that is lighter in color than normal menstrual blood.² This typically occurs at the time of implantation of the fertilized egg (about 6 to 12 days after conception) but is common in the first 12 weeks of pregnancy.^[3]
- **Tender, swollen breasts or nipples.** Women may notice this symptom as early as 1 to 2 weeks after conception. Hormonal changes can make the breasts sore or even tingly. The breasts feel fuller or heavier as well.
- **Fatigue.** Many women feel more tired early in pregnancy because their bodies are producing more of a hormone called progesterone, which helps maintain the pregnancy and encourages the growth of milk-producing glands in the breasts. In addition, during pregnancy the body pumps more blood to carry nutrients to the fetus. Pregnant women may notice fatigue as early as 1 week after conception.
- **Headaches.** The sudden rise of hormones may trigger headaches early in pregnancy.
- **Nausea and/or vomiting.** This symptom can start anywhere from 2 to 8 weeks after conception and can continue throughout pregnancy. Commonly referred to as "morning sickness," it can actually occur at any time during the day.
- **Food cravings or aversions.** Sudden cravings or developing a dislike of favorite foods are both common throughout pregnancy. A food craving or aversion can last the entire pregnancy or vary throughout this period.
- **Mood swings.** Hormonal changes during pregnancy often cause sharp mood swings. These can occur as early as a few weeks after conception.
- **Frequent urination.** The need to empty the bladder more often is common throughout pregnancy. In the first few weeks of pregnancy, the body produces a hormone called human chorionic gonadotropin, which increases blood flow to the pelvic region, causing women to have to urinate more often.

Homeopathy in Antenatal Care

Homoeopathy plays a paramount role in the management of maternal health during ANC. Homoeopathy can be used to improve the women's overall wellbeing and for the particular discomforts that may arise during pregnancy, labor and post-partum period. Let's delve into the concept of how homoeopathy can benefit pregnant women.

1. **Overall Well-Being:** Homoeopathy aims to improve the overall health and vitality of pregnant women. By addressing physical, emotional, and mental aspects, it helps create an

optimal environment for both the mother and the developing baby. Regular homoeopathic consultations can provide personalized care, considering individual symptoms, constitution, and specific needs.

2. **Discomforts During Pregnancy:** Pregnancy often brings discomforts such as morning sickness, backache, aversions to food, and fatigue. Homoeopathic remedies can alleviate these symptoms without harmful side effects.
3. **Preparation for Labor and Postpartum Period:** Homoeopathy prepares expectant mothers for labor and childbirth. It can help regulate contractions, ease pain, and promote a smoother delivery. After childbirth, homoeopathic remedies aid in postpartum recovery, addressing issues like fatigue, lactation difficulties, and emotional adjustments.
4. **Individualized Treatment:** Homoeopathic repertories play a vital role in selecting the most suitable remedy for each woman. These repertories contain a vast collection of symptoms and their corresponding remedies. By considering individual symptoms, modalities, and peculiarities, homoeopaths tailor treatment to the unique needs of each patient.
5. **Cost-Effectiveness and Clinical Results:** Homoeopathy offers cost-effective care, making it accessible to a wide range of patients.

In summary, integrating homoeopathy into antenatal care can enhance the well-being of pregnant women, promote a positive pregnancy experience, and contribute to healthier outcomes for both mother and child.

HYPEREMESIS GRAVIDARUM

Definition: It is a severe type of vomiting of pregnancy which has got deleterious effect on the health mother and/or incapacitates her in day-to-day activities.

Homoeopathic management

Sepia - Nausea with sour eructation's, especially in morning before eating; from sight or thought of food and the smell of cooking food, better by eating. Empty, all gone sensation in stomach Vomiting of milky water in morning. Worse after milk, especially when boiled Everything tastes too salty.

Colchicum autumnale -Nausea and faintness from the odor of cooking food, fish, eggs or fat meat. Vomiting of mucus, bile and food. Sensitive to sight, smell and thought of food. Profuse salivation. Burning or icy coldness in stomach and abdomen. Nausea is better by

lying quietly and perfectly still, is renewed by every motion. Craving for various things, but is averse to them after smelling.

Arsenic album - Nausea, retching, vomiting especially after eating or drinking. Vomiting of food, drinks, mucus, bile; yellowish, greenish, brownish or blackish in color, serous vomiting; violent pain in the abdomen during vomiting. Cannot bear the sight or smell of food.

Ipecacuanha - Constant and continual nausea with no relief even after vomiting. Vomiting of food, bile, blood, white glairy mucus; sometimes immediately after meals. Vomiting worse by stooping. Moist mouth, with much saliva.

Nux Vomica - Ailments from: coffee, alcohol, spicy and highly seasoned food; lack of sleep. Patient is haggard and sick in the morning. Nausea and vomiting, with much retching; retching predominates over vomiting. Sour taste, constant nausea in the morning, after eating. Wants to vomit, but cannot and feels "If I could only vomit I would be so much better."

MISCARRIAGE

Definition: It is the expulsion or extraction from its mother of an embryo or fetus weighing 500 g or less when it is not capable of independent survival.

Sabina - Habitual abortion especially at third month. Pain from sacrum to pubis, and from below upwards shooting up the vagina. Hemorrhages where blood is partly fluid and partly clotted. Atony of uterus.

Secale Cornutum - Ailments from: lifting. Threatened abortion about the third month with copious flow of thin, black and watery blood. Burning pain in uterus. Pulse: feeble, rapid and intermittent.

Actea racemosa: Ailments from: overexertion. Tendency to abort at the third month, Intolerance of pain; pains like electric shocks here and there; pains fly across the pelvis, from side to side and from hip to hip; patient doubling up; sympathetic with ovarian or uterine irritation. Fainting spells.

Crocus sativus: Threatened abortion, especially when hemorrhage is dark and stringy. Surging of blood to genitals. Abortion especially when uterine hemorrhage is dark, clotted in long string, words from least movement.

Sepia - Tendency to abort between 5 to 7" month. Relaxed pelvic organs with bearing down sensation, as if everything will escape from vulva must sit down and cross legs to ameliorate pressure from pelvis. Terrible itching of vulva.

HYDATIDIFORM MOLE

Molar pregnancy or vesicular mole – Hydatidiform mole or ‘molar pregnancy’ is characterized by abnormal proliferation of placental trophoblastic cells. These abnormal cells distend the uterus and secrete hormone human chorionic gonadotropin (hCG) mimicking a normal pregnancy.

Sabina: Promotes expulsion of moles from uterus. Uterine pains extend to thighs. Drawing pains in small of back, from sacrum to pubes and from below upwards shooting up the vagina. Hemorrhage: partly clotted partly fluid; worse from least motion.

Cantharis: Expels moles, membranes, etc. Constant discharge from uterus; worse false step. Lancinating and tearing pain in coccyx. Black swelling of vulva with irritation.

Pulsatilla: Uterine moles. Pains rapidly shifting from one part to another, accompanied with constant chilliness. Pain in back; tired feeling. Pains associated with suffocative and fainting spells. Weak pains. Bearing down sensation worse while lying down.

Kali carbonicum: Uterine moles. Uterine hemorrhage; constant oozing after copious flow, with violent backache, relieved by sitting and pressure.

Silicea: Uterine moles. Promotes expulsion of moles.

HYPERTENSIVE DISORDERS IN PREGNANCY

Hypertension is one of the common medical complications of pregnancy and contributes significantly to maternal and perinatal morbidity and mortality.

Pre-eclampsia: It is a multisystem disorder of unknown etiology characterized development of hypertension to the extent of 140/90 mmHg or more with proteinuria after the 20th week in a previously normotensive and nonproteinuric woman.

Eclampsia: Preeclampsia when complicated with grand mal seizures (generalized tonic-clonic convulsion and/or coma) is called eclampsia.

Homoeopathic management

Apis mellifica - Ailments from fright, vexation and bad news during pregnancy Hypertension due to Renal cause. Acute inflammation of kidneys and other parenchymatous tissues; urine: suppressed, loaded with casts, high colored. Puffy swelling: under the eyes. Edematous swelling of hands and feet; feel too large. Heat, throbbing, pressing pain in head; better by pressure, worse motion. Dull, heavy sensation in occiput. Feet swollen and stiff.

Mercurius corrosivus - Hypertension due to renal cause. Frontal pain with congestion of head. Albuminuria especially in early pregnancy (Phosphorus for later pregnancy and at full term. Tenesmus of bladder and rectum. Headache aggravated looking sideways. Double vision or objects appear smaller. Albuminuria during pregnancy, esp. if gout is present.

Cinchona Officinalis - Intense throbbing in head and carotids; sensation as if skull would burst. Dullness and confusion of head as if blood rushed to the head. Urine turbid, dark and scanty.

Glonine - Ailments from: heat of sun. Headache: throbbing, bursting, congestive; cannot lay head on pillow; increases and decreases with sun. Sensation as if blood is surging to head and heart. Arterial hypertension. Nephritis with headache. Urine: profuse, pale, more frequent at night; albuminuria.

Sepia - Ailments from anger, vexation and over-exertion. Headache in terrible shocks; worse motion, stooping, and mental exertion. Violent intermittent palpitations, beating in all arteries. Urine: thick and foul smelling, with red colored Involuntary urination, during first sleep.

ANEMIA DURING PREGNANCY

Defination - Anemia is defined as reduction in circulating hemoglobin mass below the critical level. The normal hemoglobin (Hb) concentration in the body is between 12-14 gms %. WHO has accepted up to 11gm% as the normal hemoglobin level in pregnancy. Therefore any hemoglobin level below 11gm% in pregnancy should be considered as anemia.

Homoeopathic management

Aletrisfarinosa - Marked anemia due to nutritional disturbances. Fainting spells, with vertigo. Tired, dull, heavy and confused. Suffers from prolapsus uterus, leucorrhea, rectal distress etc.

Cinchona officinalis - Gradually progressive anemia. pale, hippocratic; eyes sunken and surrounded by blue margins. Weakness.

Calcarea phosphorica - Anemia due to nutritional disturbance, after acute diseases and chronic wasting diseases. Pale, yellowish face. Chlorosis with wax like complexion. Dull Headache particularly on the top of the head; head sensitive to jar and pressure.

Ferrum Phosphoricum - Anemic patient with violent local congestion. Night sweats due to anemia. Ferrum phosphoricum 3x has been found to be effective in increasing hemoglobin. (Research study conducted by CCRH).

Natrum Muraticum - Anemic headache, from sunrise to sunset; with paleface, nausea and vomiting. Dyspnea while ascending stairs or from physical. Maximum weakness is felt in the morning, in bed exertion. Tachycardia, Palpitation, fluttering and intermittent action of the heart.

GESTATIONAL DIABETES MELLITUS

Gestational diabetes is the glucose intolerance of variable degree that is first recognized during pregnancy.

Introduction- It is characterized by hyperglycemia of varying severity diagnosed during pregnancy (without previously known diabetes) and usually (but not always) resolving within 6 weeks of delivery. It risks to the pregnancy itself include congenital malformations, increased birth weight and an elevated risk Of perinatal mortality. It causes increased risk to woman of developing diabetes (T2D or Type 2 diabetes) later in life.

Abroma Augusta: Losing flesh and suffer from extreme weakness due to Diabetes Mellitus, an increased thirst with dryness of mouth. They also have an increased appetite and the urination is very frequent day and night. Excessive weakness is felt after urination sleeplessness in a person with gestational diabetes.

Phosphorus- weakness of vision in a diabetic patient.

Syzygium Jambolanum- It acts promptly and efficiently in decreasing the sugar levels. Excessive thist and excessive urination are always present in the patient. Homeopathic medicine Syzygium Jambolanum also gives wonderful results in treatment of long-standing

ulcers in a diabetic patient.

Phosphoric Acid: Extreme weakness, either mental or physical, in a diabetic patient. Such patients feel exhausted all the time. They have a weak memory and are forgetful. Some sort of history of grief may be found in patients requiring this Homeopathic medicine. For numbness of feet in patients of Gestational Diabetes Mellitus, Phosphoric Acid is the best Homeopathic remedy.

FALSE LABOR PAINS - False labor pains are contractions, which occur at irregular and unpredictable intervals. The woman feels pain and discomfort in the abdomen. These are more commonly seen in primigravidae than in multiparous women. Pains usually appear prior to the onset of true labor pains, 1-2 weeks before in primigravida and few days before in multiparous women.

Homoeopathic management

Belladonna - False labor pains come and go suddenly. Pain usually in short attacks, cause redness of face and eyes.

Caulophyllum- Intermittent, or erratic or paroxysmal severe pain fly in all directions without progress. Short, irregular, spasmodic, tormenting pains. Corrects deranged vitality and produces efficient pains, if the symptoms agree. False labor pains; want of tonicity of womb.

Actea racemosa - False labor-like pains; sharp pain across abdomen; sleeplessness. Severe, spasmodic pains, worse by least noise. When given during last month of pregnancy shortens labor, if symptoms correspond.

Nux Vomica - False labor pains extend to rectum with frequent desire for stool and urination. Pain tingling, sticking, aching, worse from motion and contact. Very irritable, cannot bear to be touched.

Chamomila - Pains spasmodic, distressing, tearing, extending down the legs. Drawing pains from sacral region forward; gripping and pinching pain in uterus. Pains pressing upwards. Dragging pain towards the uterus like labor pains and frequent urging to urinate.

HEMORRHOIDS AND CONSTIPATION

Aesculus hippocastanum- Engorged hemorrhoidal veins, with absence of actual constipation; accompanied by a severe lumbo-sacral backache. Dryness and heat of rectum; sensation as if

full of small sticks; knife-like pains shoot up the rectum. Hot, dry, stiff, rough and full feeling in the rectum. Constipation with hard, difficult, large, dry stool with dryness and heat of rectum. Stool followed by fullness of rectum and intense pain in anus for hours; with prolapse. Hemorrhoids: blind, painful, burning, purplish; rarely bleeding. Burning in anus with chills up and down the back.

Collinsonia- Sensation of constriction and of sharp sticks in rectum as if sands or gravel had lodged in rectum. Chronic, painful, incessant bleeding piles associated with severe constipation. Stools sluggish, hard and dry with pain and great flatulence. Itching of anus. Alternate constipation and diarrhea. Piles ultimate with respiratory, heart or rheumatic symptoms.

Sepia - Dragging sensation in the lower abdomen. Bleeding at stool and fullness of rectum; great tenesmus; pains shoot upward. Constipation: large, hard stools; feeling of a ball in rectum not relieved by stool; dark-brown, round balls glued together with mucus. Has to remove stool manually. Aggravation while standing; hemorrhoids prolapse and bleed on walking.

PROLONGED PREGNANCY

Pregnancy which has continued for more than 2 weeks beyond expected date of delivery.

It may lead to -Functional placental insufficiency because fetus outgrows the placenta. Death of the fetus in uterus before, during and after labor. Higher incidence of meconium aspiration, oxytocin induction, shoulder dystocia, macrosomia, oligohydramnios, fetal heart abnormalities and cesarean section incidence.

Homoeopathic management

Opium: Labor pains wanting.

Caullophylum: Extraordinary rigidity of os. Want of tonicity of womb.

THREATENED PRETERM LABOR

Increased uterine irritability leading to uterine contractions without producing change in the cervix before 37 completed weeks of gestation.

Sepia - Premature labor pains between 5th and 7th months. Relaxed pelvic organs with bearing down sensation, as if everything will escape from vulva,. Must sit down and cross legs to

ameliorate pressure from pelvis.

Opium - Premature labor pains due to fright or shock especially in last month of the pregnancy. Horrible labor like pains in uterus with urging to stool.

DEPRESSION

Actaea Racemosa - Sadness and tearfulness predominate. The woman requiring this medicine is very sad, weeps a lot and the sadness gets worse from motion and cold. In some cases, the sadness is accompanied by the fear of going mad, woman sits alone and cries, sad, is suspiciousness and the woman refuses to take any medicine. The woman also imagines things that trigger sadness like seeing rats running across the room and where everything seems confused and dark as if a black cloud has surrounded her.

Ignatia Amara - Sadness and tearfulness where the woman has a very sensitive mood and gets angry from even a slight contradiction. The woman requiring Ignatia Amara usually has a history of concentrated grief during pregnancy. In women who have difficulty in controlling their emotions and whose mood changes rapidly from happiness to sadness, Ignatia Amara can be of great help.

Natrum Muriaticum - Woman who has an aversion to company, weeps alone and whose condition gets worse if someone tries to console her cause, Irritability, gets into passion about trifles. She tries to remember old disagreeable, old insults, for purpose of brooding over them and being miserable. She has unrequited affections, knows they are unwise, but can't help it. Brings order and sanity in such women. These women hide their tears for fear of pity and consolation.

Lachesis - Women stands at the border of insanity. Imagines people are trying to harm her, or making plans to put her into an asylum. Highly suspicious and jealous. Thinks she is under superhuman control and there are demands partly in dream that must be followed. Religious insanity, thinks she is wicked and has committed an unpardonable sin and must die. Loquacious.

Platina - Hysterical, arrogant, proud and contemptuous. Trifling things produce profound vexation, remains long time in sulks. Perverted mentality, an attitude that despises others and goes about thanking God that she is not as other people. She secretly dislikes her children as being too small or too insignificant. Ailments from fright, prolonged excitement,

disappointment, shock or prolonged haemorrhage. She thinks she is neglected and stands alone in the world. Depression increases to actual apprehension of death.

Belladonna is the ideal medicine for women who complain of anger that comes and goes suddenly along with the face turning red. If anger is associated with violent acts like biting, striking or spitting on attendants, Belladonna is the ideal remedy. It is also of great help for women who want to run away, laugh excessively and tear things in fits of anger.

CONCLUSION

In conclusion, the use of homeopathic remedies in antenatal care offers a promising approach to supporting the health and well-being of pregnant women. Homeopathy, with its gentle yet effective nature, can provide safe and natural alternatives to conventional medications for common pregnancy-related issues such as nausea, fatigue, anxiety, and more. By individualizing treatment based on the specific symptoms and needs of each pregnant woman, homeopathy can offer personalized care that addresses both physical and emotional aspects of pregnancy. Additionally, the minimal risk of side effects associated with homeopathic remedies makes them a favorable option for pregnant women seeking holistic and non-invasive approaches to healthcare. While further research is needed to fully understand the mechanisms and efficacy of homeopathy in antenatal care, the growing interest and positive experiences reported by many pregnant women and healthcare providers highlight the potential benefits of integrating homeopathic remedies into prenatal healthcare practices. Embracing a holistic approach that combines conventional medicine with complementary therapies like homeopathy can contribute to a more comprehensive and patient-centered model of antenatal care, ultimately promoting the well-being of both mother and baby.

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