



Management of Breastfeeding Problems in Iranian Traditional Medicine

Asie SHOJAI, *Fataneh HASHEM DABAGHIAN

Research Institute for Islamic and Complementary Medicine, Iran University of Medical Sciences, Tehran, Iran

***Corresponding Author:** Email: fataneh.dabaghian@yahoo.com

(Received 14 Sep 2013; accepted 26 Oct 2013)

Dear Editor in Chief

Undoubtedly, breast milk enjoys the best nutrient combination for the growth of human children (1). Exclusive breast feeding has also been reported in the first 4 and 6 months of life in 57% and 28% of infants, respectively (2). Low and dried-up milk supply are of the major problems encountered in breastfeeding, for which some mothers, despite their propensity, are not able to breastfeed their baby. Iranian traditional medicine (ITM) provides very useful recommendations and guidelines for health protection. In the ITM literature the terms "morzaeh", "erza" and "reza" are used to mean "lactating woman", "breastfeeding" and "breast-fed baby or infant", respectively (3). From this perspective, milk is produced by blood through digestion of food taken by mother and the quantity and quality of the food eaten influenced the milk (4). Breast milk should be given to a child at intervals so as to protect him from stomach fullness and bloating. General weakness and mouth deformation of babies and syphilis, tuberculosis, dementia, and epilepsy in mothers are contraindications to breastfeeding (5). If breastfeeding is harmful to baby's health it is recommended to hire a wet nurse until the problem would be solved (6). The best foods are those which cause to produce perfect "Humor" (thick semi fluid mass which is called in the ITM texts as "Khelt") such as wheat, rice, corn, the flesh of lamb and kid, fresh fish, mung bean, vegetables like lettuce and spinach, and dry fruits like almond and hazelnut.

Aged, dry, stale or salted beef, cress, mustard and mountain basil and peppermint are not good (6). Milk is considered appropriate if it has moderate consistency and volume, white color, pleasant smell, sweet taste, similar components (homogeneous) and less froth. Dark and green color colored milk shows dominance of black bile, yellow colored milk and its sharp and spicy flavor indicates dominant yellow bile. Salty taste of milk implies dominance of yellow bile or phlegm, and its sour taste shows the presence of phlegm or sour black bile. Condensed milk coming out from the breast in threads indicates the dominance of black bile as well (4). Some recommendation for inappropriate breast milk is presented.

If milk is condensed and smelly

The use of sekanjabin (a mixture of honey and vinegar boiled to syrup) cooked with fennel, chicory, and anisum, pennyroyal, hyssop and thyme, balanced exercise and body wash with warm water, and taking foods which smell good may help (6).

If milk is diluted

Concentration of lactating women's food, their avoidance of much exercise and increasing sleep are recommended. Eating rice and wheat cooked with milk, ewe meat and veal, as well as having double-sieved bread and coagulated eggs are suitable (3).

If milk is warm

Drinking sekanjabin and cool distillates is beneficial (6).

If milk supply is low

Low milk supply comes to exist usually due to heat. Increased temperature all over the body should be adjusted. The breast should be cooled down using cool topical medications and drinks. To correct abnormal hot temperament, the best foods recommended include barley, spinach, peeled mung bean and rice (6). Consuming the extract of cucumber and purging cassia seeds, purslane seeds, white poppy seeds, sekanjabin, and pot barley soup as well as legumes like lettuce, coriander, purslane and spinach is useful. Some philosophers attribute low milk supply to anemia, hyperemia, or corrupted blood. Sometimes milk suddenly dries up, which may be due to excessive lust for sexual intercourse or because of a severe grief (7). Low milk supply can be caused by low food intake. Having soup containing barley, wheat bran and beans and adding some seeds of fennel, dill and black seeds (*Nigella sativa*) to the lactating woman's diet are also advantageous. If shortage of milk supply appears as a result of eating less food, increasing the amount of food taken, especially hot and wet blood productive meals such as milk with rice and egg yolks, dairy with sugar or honey, poultry, milk porridge, and almond would be effective. Eating alyssum, white poppy seeds and ewe are recommended.

If the cause of low milk supply is fatigue and exercise, lactating women are advised to take rest. But if the cause is bleeding, elimination of the cause and taking astringents will help. If the cause is simply bad temperament, its adjustment is indispensable (8). Also alyssum, poppy seeds, breast of goats and sheep, barley water, rosewater with sugar, boiled brains of animals, cows and goats milk, fat chicken, soup prepared with barley water and milk, and common mallow soup have been introduced as galactogogues (8).

If milk dries up and coagulates in breast

The major cause of the problem is either extreme hot temperament or extreme cold temperament. Rubbing violet oil mixed with lukewarm water on the breasts, the poltice containing honey wax fresh coriander and violet oil have been known useful. In addition, pouring the liquid containing myrrh gum, anise, pennyroyal, pea's flour, bay leaf,

celery and cumin seeds, and cardamom on the breast is reported helpful (4).

Although there is no exact statistics about the use of medicinal herbs during lactation, the arbitrary and reckless use of the medicinal herbs by people reveals the need to consider application of such a therapeutic method during sensitive period of breastfeeding. The issue of medicinal herbs safety is very important particularly for their application during breastfeeding. Most of the studies carried out on galactogogue herbs have been conducted on the laboratorial animals, and there are not enough clinical studies to prove their safety in human beings. Well-designed clinical trials are necessary to generate evidences as a basis for recommendations on such viewpoints.

Acknowledgments

This study was funded by Research Institute for Islamic and complementary medicine (Iran University of Medical Sciences). We express our thanks to the library staff that helped us with the study data collection. The authors declare that there is no conflict of interest.

References

1. Marques RF, Lopez FA, Braga JA. Growth of exclusively breastfed infants in the first 6 months of life. *J Pediatr*, 2004; 80(2): 99-105.
2. Olang B, Farivar Kh, Heidarzadeh A, et al. Breastfeeding in Iran: prevalence, duration and current Recommendations. *Int Breastfeeding J*, 2009; 4(8): 1-10.
3. Aghili Khorasani M. *Exir-e-Azam*. Research Institute for Islamic and Complementary Medicine, Tehran, 2008.
4. Jorjani E. *Zakhire Kharazmshahi*. Electronic file of Ministry of health, Tehran, 2009.
5. Naserolhokama M. *Hefze-sehbat*. Almaee Press, Tehran, 2009.
6. Aghili Khorasani M. *Kholasat-al-bekmah*. Esmailianpress, Qom, 2006.
7. Aghili Khorasani M. *Moalejat-e-aghili*. Research Institute for Islamic and Complementary Medicine, Tehran, 2008.
8. Sharafkandi A. *Translation of Canon of medicine*. IbnSina M. Sorushpress, Tehran, 1991.