Case study - Gal

The problem:

Second birth, Not exclusive breastfeeding due to pain, the baby feeds from breastfeeding and bottles. The mother has lack of milk production.

The nipples are very sensitive and almost every touch involve with a pain. The mother also suffers from atopic dermatitis, as well as rashes on the nipples. In addition, vasospasm.

For the last three months from birth, there are constantly nipple pain and rashes.

Previous treatment, Anti-fungus creams. The ointment is partially effective, the rashes returns.

Treatment methods:

Using Anti-fungus creams.

Schedules and clinical outcomes:

16.6.19 – Birth

24.6.19 – First meeting with Lactation consultant

03.09.19 – Second meeting with LC. The mother wants to stop breastfeeding and wean the baby from breastfeeding due to an unpleasant feeling on the nipples.

The Anti-fungus ointment showed no significant improvement over the time.

The mother also instructed to use Nursicare in alternate with Anti-fungus creams.

Statements and conclusions

In this case, no fungus or Candida has been detected. It was clear to me that skin sensitivity was in the background, given the dermatitis. The feeling was that the solution was not clear and sharp, and the use of several things at the same time, together with the Nursicare which greatly facilitated the patient's pain and unpleasant feeling showed eventually the improvement.

The patient continued to breastfeed for a long period of time, well beyond what she expected.

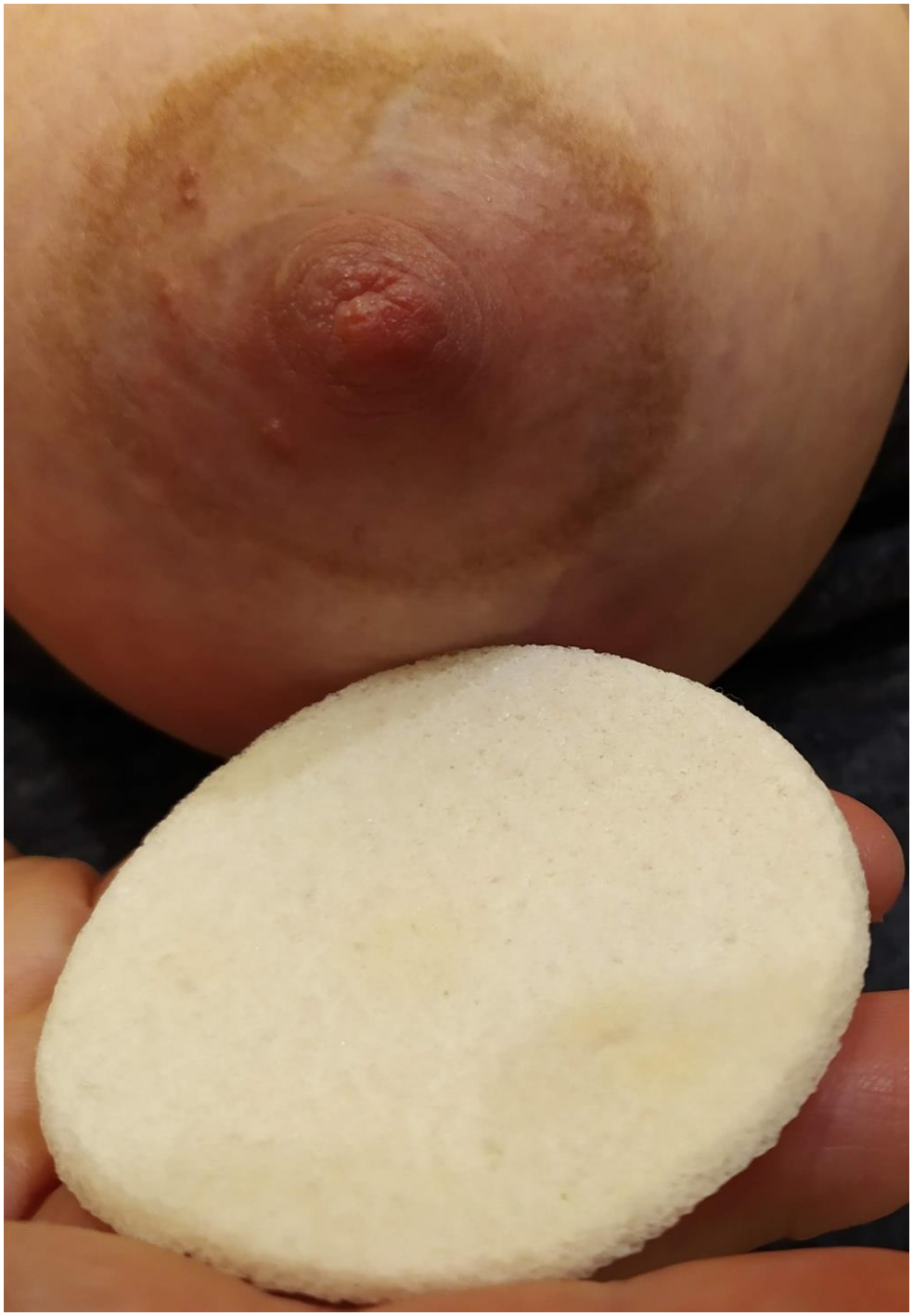
Before:

1. VAS Scale 6 of 10



After:

1. VAS Scale 1 of 10



2.

