

Ailments From A Poor Diet – Sanicula Aqua

A female toddler who is just two months past her second birthday was brought to the clinic by her mother seeking support for ongoing upper respiratory tract infections which were causing chronic problems with her ears such that grommets were being considered for the build-up of fluid. In the past month, she's suffered four ear infections which necessitated antibiotics resulting in diarrhoea ("stool looks like mud") and anal thrush. With the ear infections, she suffers from infected tonsils which result in a gagging cough that may end in vomiting.

The mother had 12 months' maternity leave and then worked part time for the following 12 months with the child being minded by her grandmother. During that time, she was breastfed and has recently been weaned so that the mother could return to full time work and she's now in day care.

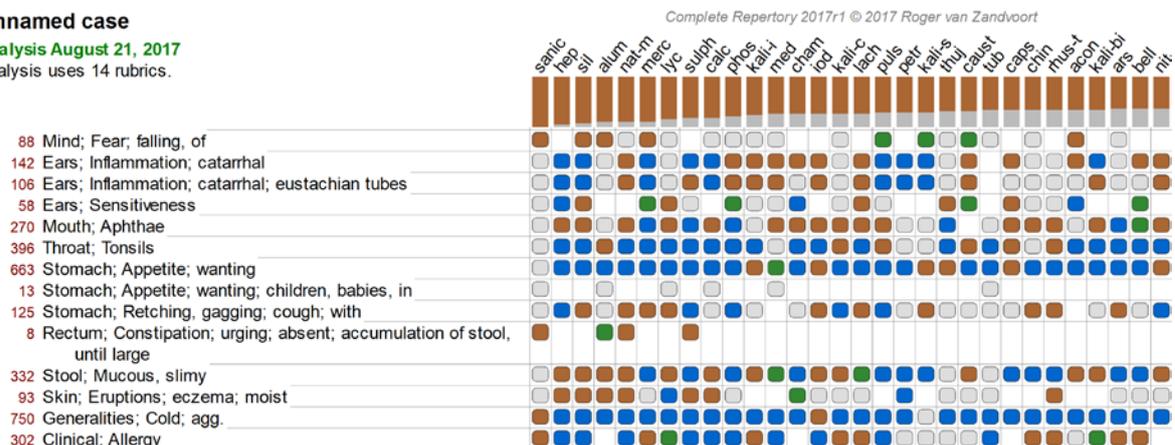
All vaccines have been given as per the recommended schedule. Her diet is poor and she's allergic to eggs and peanuts and does not tolerate dairy. She was born after a distressing pregnancy whereby the mother was essentially bedridden due to an incompetent cervix followed by a short labour at 37 weeks after her mother's cervical stitch was removed. She was 2.4kg and had problems attaching to the breast due to a "weak suck" so was initially given formula in hospital. The mother was given antibiotics in hospital "due to a UTI from the catheterisation". Recurrent bouts of mastitis in the early weeks necessitated repeated courses of antibiotics. (The mastitis alternated breasts which is a clinical sign of a streptococcus infection). Eczema, which began at five months, was managed by the mother going on a strict diet. It began behind the knees and gradually moved up the sides of the torso to the flexures of the arms.... (ascending symptoms: *Silicea*).

Her milestones have been unremarkable; however, she is thin, pale and quiet, preferring to stay on her mother's lap rather than explore the clinic and play with the toys. She's a fussy eater and eats but little at each meal; rectal activity is sluggish and she only passes a large motion every 3rd day. The mother reports that she is very sensitive to cold and to loud noises, especially the noises that come from machines such as the blender or vacuum cleaner. She hates rough and tumble play and is terrified of heights like the slippery dip and hates to have her father raise her above his head during play.

Unnamed case

Analysis August 21, 2017

Analysis uses 14 rubrics.



Towards the end of the consultation I observed the child indicating that she wanted the breast and so commented on it as the mother had reported that she was weaned. She admitted that often, whenever the little one was with her mother, she would ask for the breast and so the mother was allowing her to “suck for comfort”.

Rx *Sanicula* 0/2; 2 gtt in 20 mls of water; pm; with 2 succussions for 10 days
 Morgan Pure 30C; am; for 10 days and put her back on the breast for morning and night feeds (both will assist with re-establishing an optimal microbiome)

They returned a month later to report that the nose had been running (green coryza) after a mild fever which settled after the full moon and now she has a sore throat and sounds hoarse when speaking. Her cough has also settled; however, she still tends to gag when coughing. She now has a stool every day even though her appetite remains poor. Mother describes her as a “grazer”. She has been going to the breast morning and night. She sleeps with the mother and now perspires profusely from the head during sleep and has been waking with eyelids agglutinated.

Rx *Sanicula* 0/3; 2 gtt in 250mls of water; am; for 2 weeks

At the next monthly follow up, the mother reported that the ENT specialist had pronounced that the ears were clear and that surgery was no longer indicated. Her diet has improved and she’s enjoying meat, fruit and some grains (not keen on vegetables) and is sleeping in the genu-pectoral position.

Rx *Calc phos* 30C NMN

Although *Sanicula* is noted in the Repertory as a 1st grade medicine for eustachian catarrh, my clinical experience leads me to suggest that it should be noted in the highest grade. Additionally, since it has enjoyed a long reputation in our pharmacopœia as a mineral tonic, it is a homœopathic medicine that I use often with A/F a poor diet being the main aetiology. In this case, due to the baby’s allergies and eczema, the mother’s diet was restricted during the lactation; and, as a toddler, she’s a picky eater herself. I find that, when *Sanicula* is the simillimum, the appetite of the toddler generally improves and sensitivities to various foods begins to diminish (it corresponds to *Borax*, *Calc-phos*, *Silica* and *Nat-carb*).

However, there’s an additional aspect to this aetiology and that’s the matter of the weaning. This little one has enjoyed the benefits of the breast until the age of two and it’s been since she’s been weaned that her ears and tonsils have affected her health, necessitating repeated visits to her GP. Breastmilk is the most perfect diet for babies until at least the age of four (primates lactate for six times the gestation rate); so, the rubric A/F a poor diet, has added meaning when weaning becomes part of the problem.

Luckily, she’s a strong-willed infant who knows what she needs, and is determined to have them met. She happy enough now with the breast morning and night (which fits in well with the mother’s working schedule) and has almond milk during the day with her lunchtime meal.