

## A Nursing Strike

A 15 month old baby, who'd been under homœopathic care since birth, was brought to the clinic by her mother for an upper respiratory tract infection.

She is a *Nat carb* constitution, with multiple food sensitivities and a suspected fructose intolerance which is being investigated, so both she and her mother are on a strict diet.

As she'd become unwell the previous afternoon with fever and a flushed face, the mother had given *Belladonna* and followed it that evening with *Pulsatilla* as she'd become "clingy", only one cheek was still flushed and she'd recently been given butter for the first time.

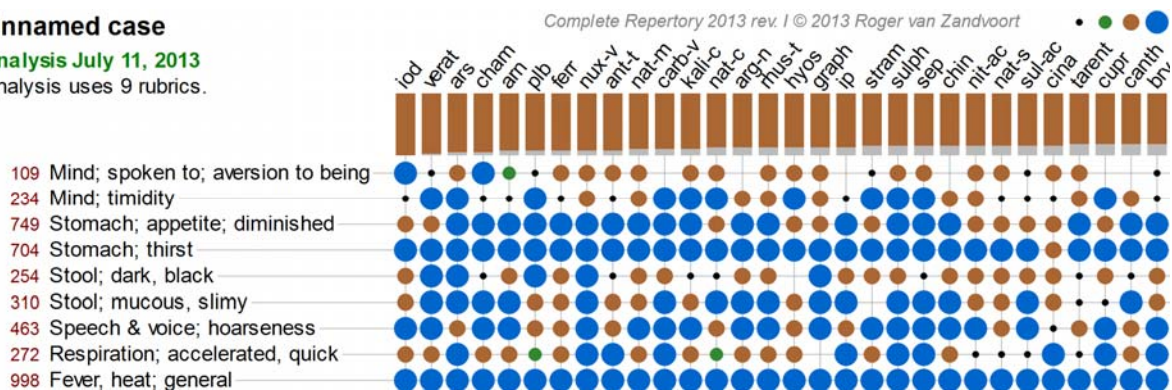
By the following morning she was struggling to breathe and was needing to effect a shallow, rapid style and was refusing solids although very happy to drink water and broth. In fact she was very thirsty. Her mother reported that she sounded "hoarse" and that her stool was dark and slimy and rather thought that the loss of appetite was due to nausea from a build-up of mucous from dietary indiscretion.

Her usual habit of looking away shyly when engaged by me was still apparent and, because her constitutional remedy was in all the important rubrics, although not scoring the highest, and the possible aetiology was a "dietary error", I decided to repeat *Nat carb* but chose to use LM2 as the potency instead of her usual 30C.

### Unnamed case

Analysis July 11, 2013

Analysis uses 9 rubrics.



Well, what happened next was most challenging for all and took the understanding of the rubric: "averse to certain persons, even her own family" to a whole new level as she rejected the breast!

Initially she'd still take the nipple in her mouth but wouldn't suck and would let the nipple drop and turn away crying. Her mother tried singing to her; no luck. She tried having a warm bath with her to see if she could slip the breast in while at play; no luck. She tried having her sleep next to her and offered her the breast while still asleep; no luck. In fact, even when the mother gently rubbed her fingertip across her lips hoping to elicit a suckling response, she immediately turned away in her sleep. Within 24 hours she would cry and turn away as soon as her mother even offered the breast. She was, however, OK to drink expressed breast milk and would still have water and broth. She continued to refuse all solids and her mother and I went along with that as she's a chubby bubbly and a few days with this combination of fluids would keep her sustained, even though it made life difficult and uncomfortable for her mother who needed to express for comfort and to keep her supply going while running a busy household with older children whom she home-schools.

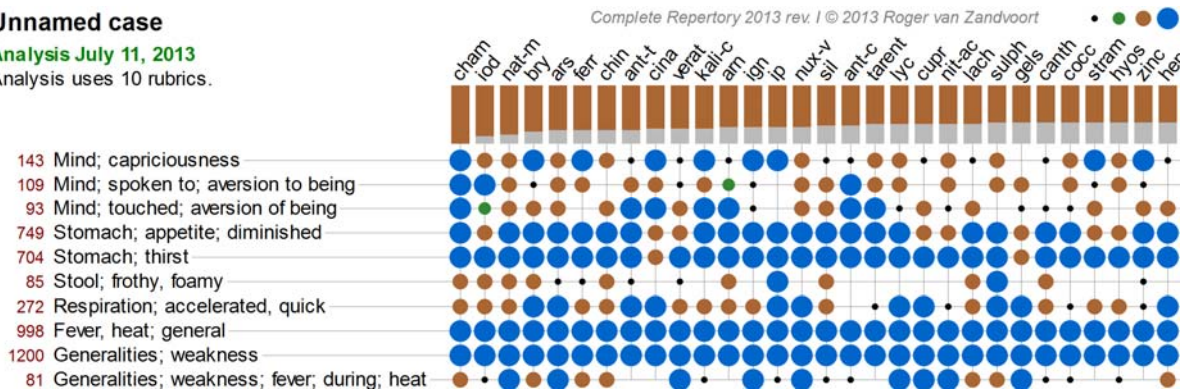
While all this breast refusal was happening her fever began to drop but both ear drums became red and she indicated, by rubbing, some ear discomfort. Her hoarseness left her but the breathing became distinctly more panting and she was listless but not sleeping well and generally “whingey” not able to settle into any sort of fixed pattern of behaviour. Her stool also became “foamy”.

The *Nat carb* was discontinued and I relooked at her and the previous remedies that had appeared in the matrix and decided on a dose of *Cham* 30C to settle the pain in her ears; the capricious behaviour the panting breathing and listlessness.

### Unnamed case

Analysis July 11, 2013

Analysis uses 10 rubrics.



Over reactivity and sensitivity to environmental and dietary triggers is an issue through the family, even going back into the previous generation so I knew that we were dealing with active scyosis. However the weakness and under-function on several levels as well as the loss of the basic infantile instinct to nuzzle into the breast, was indicative of psora so I followed the *Chammomilla* with a few doses of *Morgan Pure* 30C in order to get a more clear and focused picture.

The chest inflammation eased and her breathing slightly improved and ears settled but mucous became the order of the day and she began to refuse her usual amount of liquids as it seemed that her whole digestive system was taken up with mucous and she appeared too nauseous to bother with taking anything into her mouth. Her mother reported that she could hear her swallowing mucous and rather thought that she could vomit it up but didn't. While her skin turgour remained constant and she had wet tears and moist lips her urine output dropped significantly which was of concern.

With “an accumulation of mucous” now being the main keynote I noted the presence of *Ant tart* in both matrices and reached for the materia medica and was delighted to be reminded of the gem of a rubric: “nursing infants let go the nipple and cry out as if out of breath”. It gave me a new understanding as to why a happily breastfed baby could so quickly go on strike. So, I reworked the matrix and prescribed *Ant tart* 30C with confidence.

She slept well for the first time all week and woke the next morning indicating to her mother that she was hungry and her mother sat down on the sofa and took out her breast and suggested that milk would be the best food to start with and she again accepted the breast.

Everybody happy!

**Unnamed case**

Analysis July 11, 2013  
 Analysis uses 13 rubrics.

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