

A baby of nine months was brought to my clinic for ongoing problems with “silent reflux” and a history of blood and mucous in his stool. His mother described herself as “anxious” and both she and her husband have GIT weakness and don’t tolerate dairy. The baby has been diagnosed with milk protein intolerance and has, since 10 weeks, been on an anti-spasmodic prescribed by his paediatrician.

The mother had some morning sickness up until 16 weeks; suffered two mild URTIs during the pregnancy, and her weight gain was minimal...”I was all baby”.

He was born on his due date and had a good birth (mother did hypnobirthing); APGARs of 9 and 10.

He was small for a full term infant (weighed 3022 grams... 6lb 1oz).

A delayed cord clamping request was honoured and he had one hour of skin to skin and attached well to the breast.

He was given vitamin K and Hep B vaccines at birth and all other vaccines have been done as per the recommended schedule. He’s had no fever reactions.

However, from the very beginning breastfeeding was fraught. Breastfeeds would normally take up to two hours as he’d constantly pull off the breast. The rubric we consider with this scenario is: “refuses mother’s milk” and *Calc phos* is the most likely remedy with a familial history of dairy intolerance. This is due to transient apnoea while at the breast from bovine fragments in the milk [mother was craving cheese] making it difficult for the baby to coordinate suckling and breathing. Other confirmatory symptoms include a history of hiccoughs in utero (due to waterbrash from a reaction to bovine protein fragments in the amniotic fluid), and an umbilicus that did not heal quickly and was bloody [midline abnormality; Tubercular miasm].

In the early days following the birth, the mother’s nipples had cracked across the crown. This is a keynote for *Sepia* and confirmatory symptoms included the fact that she’d been on the OCP for 15 years, and had come off it two years before the pregnancy, but had no menses for 18 months and then a miscarriage before this pregnancy.

Additionally, he demanded constant feeding (“nibbling appetite”). “He’d scream as soon as I took him off the breast and would arch his back and then continue to scream when placed on his back. The only way he’d stop crying was if I fed him or gave him a dummy”. He needed rocking to sleep and sleep was difficult to come by as he startled easily at any sort of noise.

By now I’m beginning to think this is a clear case of Nat carb. It complements Sepia and, in my clinical experience, these two states often occur in a mother/baby dyad where the baby is seemingly intolerant to “everything” (especially dairy) and wants constant sucking to elicit peristalsis which affords a modicum of relief for the intestinal inflammation.

The baby’s weight gain has been slow (100 gms/week instead of the desired 150 gms) and the mother reports that it is his pattern to actually lose weight whenever he has a URTI associated with “teething”.... although no teeth have yet eventuated. From the very beginning his stool has been very watery and passed with much noise (“sounds like a hose being turned on”).

At four weeks of age and, again, at eight weeks, the mother noticed that, with an increase of dairy in her diet at those times, the baby’s stool became distinctly full of mucous and blood.

To help “solidify the stool” and assist with weight gain, the paediatrician recommended that solids be commenced at four and a half months instead of waiting until six months. The introduction of fortified rice cereal and vegetables resulted in “explosive, green, slimy stool, full of mucous” so he was taken off solids and they were re-introduced at nine months.

In the interim he was taken to a homœopath who prescribed *Gaertner Bach* 30C and a stat dose of *Silica* 200C. These remedies helped. He passed some green-black stool and, since then, it has become more normal although it “always seems difficult for him; he puts a lot of effort into it even though it’s always a soft stool.”

He loves his solids. However, with their reintroduction, he gets red itchy eyes after: rice; pumpkin; potato; peas; broccoli and carrot. Millet porridge with pear or apple goes down well. Meat has not yet been introduced so I recommended that the mother give him a lamb cutlet at his evening meal.

He loves animals and outdoors and is social, especially with adults.

He loves his bath and the car and books.

He’s cautious and will only entertain a new activity after a period of observation and he seems to dislike heights and cries whenever his dad throws him in the air to play “oops-a-daisy”.

Although he never vomits, his reflux is an issue when he sleeps, as he has regurgitation during that time which causes him to stretch and swallow.

Belching or hiccoughs during the day are usually followed by gagging and his mother notices that his cry and vocalisations can be hoarse after episodes of reflux.

Because of the issues around food; the vignettes of *Borax*, *Calc phos*, *Silica* and *Nat carb* in the picture; the difficulty with stool; the gagging, and fear of heights, I decided to begin with *Sanicula* LM 0/2 to be given each evening for nine days (it then being the full moon), accompanied by *Morgan Pure* 30C (3 doses only on consecutive mornings).

I saw him again two weeks later and he’d just cut his first tooth with no trouble. Mother reported that while on the *Sanicula* he’d put on 320 grams in a two-week period (normal weight gain); his stools were solid and passed easily and that his behaviour, generally, was good...”happy within himself; cheeky; more confident.” Although he’s only been crawling for a month, he’s begun to pull himself up and has stood alone on a few occasions.

The mother has added meat to his diet and he is OK with lamb and chicken but beef elicited itchy eyes which he needed to rub, and a dry, red, spotty rash on his face. His stool became watery again and full of mucous and his anus reddened.

It seems that the dairy intolerance is a true bovine intolerance that includes beef.

Although the rash on his face has settled, I observe that the tip of his nose is quite red.

He seems to be thirsty and the mother volunteered that he drinks a lot of water “especially when he has his solids; it seems as if he needs to wash the food down.”

I asked if he liked music and it was confirmed.

With all of these symptoms the *Nat carb* layer was now clear, so I prescribed *Nat carb* LM 0/2 to be had in the evenings for a week, along with three more doses of *Morgan Pure* 30C to be had on consecutive mornings.

The mother brought him to the clinic for a final visit a month later and had, during that time, gradually weaned him off his medication. He'd acquired another bottom tooth, His stool was now solid (brown) and passed easily twice daily, and his rectum was a nice pink colour. The cheeks on his face were, however, red and dry (although not itchy), so I explained to the mother this was consistent with the Law of Cure and to use an emollient cream only until it settled.

He was happy and babbling and interacting playfully with his mother.

He'd maintained the 150 gms/week weight gain.

Both breastfeeding and solid feeding were enjoyable. However he still needed to drink water while eating, so I re-prescribed three morning doses of *Morgan Pure* 30C and *Nat carb* LM 0/3 in the evenings for a week, and he needed no more medicine after that and breastfeeding continued without any problem.

The mother was advised to stay dairy-free for at least three months to allow his gut to heal with an appropriate microbiome, and then to introduce dairy in the form of yoghurt and hard cheese into her diet sporadically over a few months in order to accustom his GIT to the bovine protein fragments in her milk. Such a regime may allow the baby to build tolerance to bovine protein in an attenuated form before introducing any (occasional) dairy into the diet, in the form of kefir and sugar-free yoghurt.