

The importance of being an Unprejudiced Observer.... a case of *Digitalis* in a breastfed toddler

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A toddler, aged two and a half years and still breastfed, was brought to my clinic for a cough which she'd had for three weeks and was showing no signs of settling. She, along with her mother, has been in my care since her birth for the usual run-of-the-mill tummy and respiratory issues that affect little ones, so my clinic space is familiar to her and she knows me well.

What struck me as very unusual was that she seemed reticent to come in through the doorway from the waiting room to the clinic. She looked at me and did not return my greeting; propped and clung to her mother's leg. She looked fearful which surprised me as she knows me well.

With some gentle cajoling the mother walked her into the clinic but she propped again and reached back to take her mother's hand and asked to go to the bathroom. As the lavatory is just across the hall to the clinic doorway, I could ascertain that the request was for both urination and stool.

I immediately reached for my repertory and looked up Rectum; urge to stool, urination after and urge sudden, knowing that the remedy would probably be there. On their return into the room I asked about her recent stool pattern to be told that moving the bowels suddenly and or during urination, has been her pattern since she's been unwell; and the stool is not her usual formed, brown stool. Rather it's loose and often creamy.

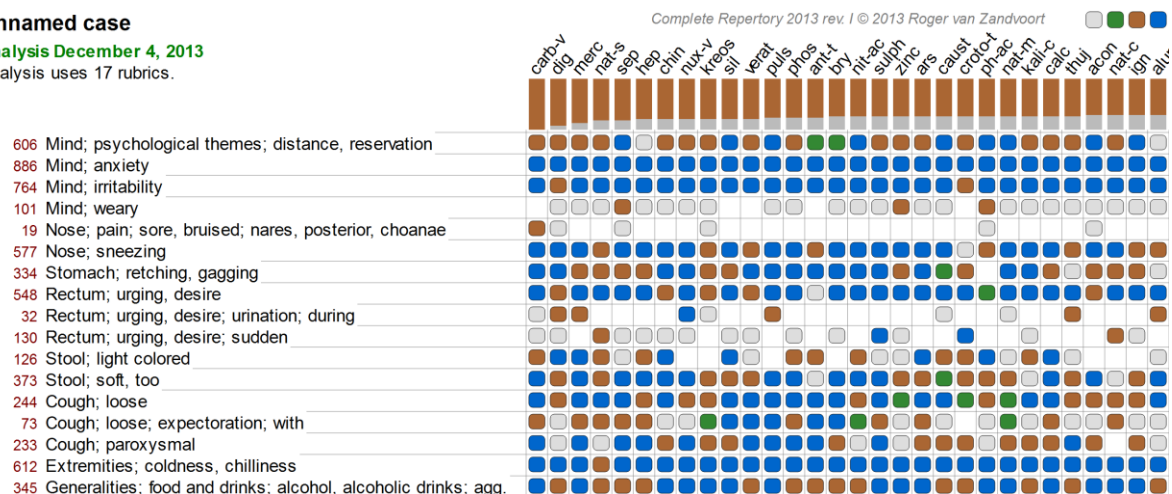
It's been an exhausting three weeks and the little one looked "blah"! I observe that she has tired eyes, flushed face and quite a red nose and is reluctant to leave her mother's lap to play with the toys. I commented on the nose and the mother reported that she's been complaining that it's "sore" and gathers that it's quite deep. She's also been sneezing lots. Her mother also informed me that her extremities are unusually cold, and she's wanted to wear socks day and night, and that she's been, uncharacteristically "cranky"!

However, it is the cough that is of concern. It's very wet and paroxysmal; and some bouts eventually raise some mucous but others result in gagging only.

Unnamed case

Analysis December 4, 2013

Analysis uses 17 rubrics.



The repertorisation elicited some unusual choices. I rejected *Carbo-veg* as the characteristic sneeze at the end of a coughing fit was not part of the picture. Certainly, having *Carbo-veg* and *Digitalis* heading up the list of possible medicines, left me feeling quite concerned that her life force was very low and wondering why a clean-living toddler would be in need of a homœopathic medicine with the possible aetiology of “Ailments from high living”!

Some serious quizzing of the mother followed, to try and find out what had happened in their lives just prior to the cough. As it turned out, a girlfriend had returned from a long trip overseas and had come to stay for a few days and the girls sat up late one night catching up on their lives over a whole bottle of duty-free Canadian Club!

Alcohol will appear in the breastmilk 30-60 minutes after a drink; and a number of factors affect how much alcohol gets into the breastmilk. These include:

- the strength and amount of alcohol in the drink
- what and how much has been eaten
- how much the woman weighs
- how quickly the drinks were taken

As a general rule, when taking into account that the drinking session began, it takes two hours for an average woman to get rid of alcohol from one standard drink and, therefore, four hours for two drinks, six hours for three drinks and so on. This useful guide produced by the ABA (Australian Breastfeeding Association) is a valuable reference.

https://www.breastfeeding.asn.au/system/files/ABA_Alcohol_BF%20for%20website.pdf

This mother is very thin and so her clearance time would have been slow. Her little one sleeps in the parental bed so has access to the breast throughout the night. And so, it would appear that she was an unfortunate recipient of the alcohol. If the mother had slept in a different bed that night and denied the breast until late the following day, the outcome would have been very different. Alcohol reduces prolactin levels. Therefore the mother’s supply would probably have been somewhat diminished anyway, such that overfilling of the breasts would not have been too much of a problem.

The toddler was given a stat dose of *Digitalis* 30C and I followed it with a week of *Morgan pure* 30C to be had on waking because of the gut symptoms and anxiety and its efficacy in cases of “pulmonary congestion”. The cough settled within days and she was, again, her usual self.