

A Case of Chronic Diarrhoea in a young child

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Late Dec 2015 Female child age 4 years and 9 months, came to see me, suffering from chronic and reoccurring diarrhoea since the age of two.

The mother had exhausted all medical investigations and treatments with no luck. Test results indicated elevated levels of Dientamoeba, Blastocystosis and Yersinia; as a result, the child had been given numerous antibiotics including metronidazole, doxycycline and amoxicillin.

Presenting symptoms:

Diarrhoea which reoccurs roughly every 10 days. The attack is sudden and painful, accompanied with much wind, during the attack there may be loose stool every 15 mins or every hour for at least a twelve hour period. The stools are watery and brown 50% of the time, otherwise they consist of a “clear mucous that is frothy like foam”. Stools may come without warning at no particular time of day. She is better for lying flat on her tummy or having the abdomen rubbed or massaged and during this time she is more clingy and lethargic.

Concomitant symptoms:

Outside the times of the attack she experience’s no abdominal pain and has a regular stool 2 -3 times a day. Her diet consists of healthy whole foods however she needs to eat often. Her mother had brought some snacks (crackers and chopped fruit) to the consultation, I asked if she would always take food with them on outings, she replied “oh yes, always, she needs to have a little a pick”, and she always felt very hungry in the morning after waking or after a nap.

The mother reported that she tired quickly and had moments of quiet reflection, “she would sit and almost go into a daze” (this was not evident during the consultation, the child exhibited normal energy levels and restlessness seen in four year olds).

The tongue was a bright red under a slight white coating, she had had several bouts of oral thrush after antibiotics.

During the past winter, she had an increase in asthma which she had since 9 months of age, treated with Flixotide. This year she had also experienced some eczema occurring on the face and cheeks along with the asthma.

The elements which I felt characterised the case were: periodicity, the foamy mucous stool, > lying on the abdomen and, < fasting. These are represented in the repertory as follow:

Repertorisation results

ID	Rubric name (Desktop 1)	Chin.	Rhus.	Sulf.	Puls.	Ars.	Calc.	Sep.	Phos.	Nux-v.	Verat.	Alum.	Canth.
1694	Modalities, Time, Periodical {1694}	4	3	3	3	4	3	3		3	3	4	3
421	Digestive Dysfunctions, Evacuation & Stools, Diarrhoea {421}	4	4	4	4	3	3	3	4	2	4	2	2
431	Digestive Dysfunctions, Evacuation & Stools, Evacuation, frothy (foamy, sudsy) {431}	3	3	2			1						2
436	Digestive Dysfunctions, Evacuation & Stools, Evacuation, slimy (mucinous, mucoïd) {436}	2	3	4	4	3	1	3	4	4	2	2	2
1897	Modalities, From Situation & Circumstance, Eating, before (on an empty stomach, fasting) {1897}	3	3	3	3	2	4	3	4	2	2	2	1
	Rubric count [5]	5	5	5	4	4	5	4	3	4	4	4	5

My first thoughts during the case taking were of *China*, however, I noticed that *Rhus tox* gave more even grading for all five rubrics and considering the history of eczema on the cheeks. I looked at *Rhus toxicodendron* in Hahnemann's *Materia Medica Pura*, and we find the following:

- 275 Frequent sudden appetite for dainties.
- 280 Anorexia in the palate and throat, with empty feeling in the stomach and at the same time ravenous hunger, which goes off after sitting for some time. [Fz.]
- 281 A peculiar heaviness in the abdomen: which seems to be quite empty with hunger, when sitting (aft. 24h.). [Fz.]
- 285 Little appetite, but at the same time hunger, with sensation as if the hunger affected the chest. [Fz.]
- 300 A creeping in the stomach and excessive eructation: which was only allayed by lying, but every time he raised himself up it returns
- 355 When lying no pain in the abdomen, but when sitting the abdomen is painful as if it were pressed.
- 405 In the middle of the abdomen: before noon: cutting- at the same time she must often go to the stool: when the evacuation was normal; the pain was by > bending the body together, aggravated by walking (aft. 16 h.)
- 406 Constant urging to stool: with nausea and tearing in the bowels; the call to stool often resulted in nothing, often in a small quantity of watery fluid.
- 407 Along with greater pinching and digging in the hypogastrium frequent rapid evacuations, extremely foetid_ first more consistent: then watery, mingled with flatus (aft. 1-1/3h.). [Stf.]
- 409 Diarrhoea [ALDERSON, L c.]
- 410 Diarrhoea several times in an hour, for hours (aft. 30h.). [Fr. H-n.]
- 412 Stools with mucus, red: and yellow, like jelly and liquid. [Hbg.]
- 413 Quickly occurring: thin: yellow: frothy stools, with hardly any smell: not preceded by pain in the abdomen; the first portions pass involuntarily: as in paralysis of the sphincter ani (aft. 24h. [Stf.]
- 418 Seven diarrhoeic motions like jelly: yellow streaked with white, without pain in the belly.
- 419 Three or four almost watery stools with much flatus (aft. 24h.)
- 901 Evening fever with diarrhoea (as a second paroxysm)..... diarrhoea of mucus only with violent cutting in the abdomen: followed by tenesmus(aft. 48h.)

I prescribed *Rhus tox* 30C to be taken in a small half a glass of water every day. The following anticipated episode of diarrhoea was due very soon, in a day or two. I expected any change to become evident after the next period of diarrhoea with perhaps a shorter duration or a less severe attack occurring.

Less than two weeks later the mother called to say that the child had not experienced any diarrhoea and was going from strength to strength, not tiring as quickly, eating at designated meal times and no more mucous or loose stools. I had advised her to keep taking the medicine and that I didn't like to change anything until I could do a proper review (which had been scheduled in another two weeks). She sent a text message the following week to cancel our appointment as the child had not had a single bout of diarrhoea and was doing well, she had now stopped the medicine and thanked me for all I had done. One month later the child has still not experienced any of her old symptoms.