

SELECTED HELP IN CHILDREN'S DISEASES

416

BY

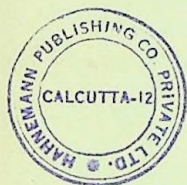
DR. W. KARO

Author of Urinary and Prostatic Troubles

DIARRHŒA—GASTRO-ENTERITIS
CONSTIPATION—COLIC—FLATULENCE
VOMITING—MEASLES
SCARLET FEVER—DIPHThERIA
WHOOPING COUGH—MUMPS
INFANTILE PARALYSIS—RHEUMATIC
FEVER—SCROFULA—RICKETS, etc.

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PREFACE

FROM experience as a clinical physician in a children's hospital I am well aware that many parents, particularly mothers, need a small practical book to refer to quickly as a guide in the ills to which a family is liable.

Many serious complaints can be avoided by careful diet in the earlier months, and by hygiene. I have paid special attention to these subjects in this book.

I have also concentrated into a small space the essentials which will enable parents to deal with the commencing aspects of their children's ailments so that they can recognize them when they arise, as well as when they are established; while warning them of the more serious symptoms with which only a physician can deal satisfactorily, in order to prevent complications. Special prominence has been given purposely to rheumatic troubles in children which are too often overlooked, but are very serious. The nervous child is also dealt with in the book with care.

There has not been space to deal very fully with chest troubles, that must be done in another little volume, but parents will find plentiful help here to guide them in those and other ailments.

Throughout the book all the remedies recommended are homœopathic because they have proved so thoroughly reliable; but in no sense must this small book be taken as an endeavour to cover the whole subject. That can only be done in the larger volumes, to which I am indebted as an aid to my practical experience, with due acknowledgment made, as well as having had occasional recourse to medical dictionaries, Trine's *Textbook*, Raue's *Diseases of Children*, etc.

It is hoped to add further small booklets on other ailments which can similarly be used to help parents in their time of trouble; if Time allows.

W. KARO.

London.

1941.



CHAPTER I

DIET OF THE NEW-BORN CHILD AND THE INFANT

DEEP love for children is one of the most striking features of humanity. The care and looking after of our little ones have stood always in the forefront of parentage. Modern medicine has taught us how to diminish the great mortality of infancy, but still one-fourth of the diminished death-rate amongst children occurs in the first year of their lives. This mortality of the new-born child can be further lowered by proper feeding.

Mother's milk is the natural and most adequate food for the infant. Every healthy mother ought to feed her baby at least for the first seven months of its life.

Even during the first few days when there is no milk in the mother's breast, but only a thin, clear fluid, called colostrum, the child should be put to the breast, because the colostrum has an aperient action upon the new-born bowels and the child's sucking stimulates the milk production. In case the colostrum proves to be insufficient in quantity a teaspoonful of chamomile tea will do to prevent thirst and restlessness of the new-born. No other food is necessary for the first three days, even if the child should cry. Remember, that crying is necessary for the expansion of the lungs and is doing the baby no harm.

The milk-flow once established, the child should be fed at regular intervals of four hours with a longer interval during the night; i.e. between 10 o'clock p.m. and 6 o'clock a.m., making five meals in all. The infant's crying should never induce any alteration of this regularity. This regime is of the utmost importance to controlling the child's digestive organs as well as the normal milk-flow in the mother's breast. That is the only way to obtain good results.

When feeding the baby the mother should take care not to press her breast against the child's nose to avoid

interfering with the baby's respiration. *One* breast only has to be used for one meal. If the child regurgitates the milk, the mother should stop the feeding for a short time or she should at least slow down the milk-flow by compressing the nipple between the first and second finger. Great care should be taken to use the mother's breasts alternately.

Immediately after feeding the mother should wash her nipple with warm water and dry it with a scrupulously clean and soft towel. Between the feeds the breasts should be protected with a large piece of mull ; great care should be taken to prevent any pressure by corset or band.

If the baby does not get on as well as expected, it is mostly due to indigestion caused by overfeeding or irregularity. Such babies suffer from flatulence and abdominal irritation or colics.

The quality of a healthy mother's milk is always good and there is hardly any healthy mother unable to feed her baby. Chronic diseases, of course (consumption above all), will prevent a mother doing so and make it even dangerous for both. A persistent inversion of the nipple will occasionally prove a real obstacle against feeding at all.

The unmistakable signs of the baby's doing very well are increase in weight, healthy stools and sound sleep. Crying and restlessness are the first premonitory symptoms of the child's not feeling comfortable, and if necessary a doctor's opinion should be taken.

He may advise the mother to engage a wet nurse, for some time at least, but usually an *additional* artificial feeding will do.

Anyway milk must be the *only* food for each baby up till the age of about five months.

The best substitute for mother's milk is cow's milk. It must be prepared according to the age of the baby, because the composition of the cow's milk differs from mother's milk a great deal. The *protein* of the cow's milk is represented in cheese-producing caseinogen, while in mother's milk it is in the form of albuminates ; mother's milk contains only very little caseinogen. Undiluted cow's milk would form hard curd in the baby's stomach, indigestible for the infantile organs. That is the reason

why cow's milk must be diluted with a sufficient quantity of water.

Mother's milk as well as cow's milk contains the same percentage of fat, should the milk be diluted, in order to exclude the excess of protein, fat must be added to bring the milk up to the human standard. Sugar must also be added for the same reason. Mother's milk contains more sugar than that from the cow. Carbohydrates in the form of sugar (but not starch as contained in barley water and many patent foods) must be supplied until the child is six months old, because the digestive ferment necessary to counteract the effects of starch is missing until that age.

Lactose or sugar of milk should be used ; it is a pure milk extract and therefore less likely to cause fermentation and hence diarrhœa, than cane sugar. Two teaspoonfuls of milk sugar, one tablespoon of cream and one tablespoon of lime-water should be added to every eight ounces of the milk mixture. Lime-water is important, for it counteracts any acidity in cow's milk, consequently an alkali is necessary to prevent curdling in the stomach, i.e. the curds so formed are soft and not as tough as is the case when no alkali is given.

When the child is one month old, dilution may be gradually decreased. Pure milk may be given by the end of the eleventh month, for it is then quite digestible. Milk should in all cases be brought to the boil, thus obviating the danger of tuberculosis. The milk should be brought to the boil quickly, then skimmed to prevent a skin forming, and then be poured into a well scalded jug. Cover with muslin and stand in running water. This quick method of boiling destroys less of the fresh elements than the slower method of pasteurizing. The milk mixture should be prepared for the whole twenty-four hours and put into bottles, which must be scrupulously cleaned beforehand. A rubber disc is fixed as a stopper. The bottle must be warmed in warm water, the disc removed and replaced by a teat when the baby is to be fed.

Directions for feeding. Care must be taken that the milk has the right temperature ; it may even be warmed up during the meal. The baby should be held on the mother's lap with proper support for both head and back. Give the milk slowly, see that the teat is always full to

prevent any air being swallowed during the meal. If the bottle is held horizontally air very easily enters the teat. The baby gives signs of restlessness, opening and shutting its mouth, stretching its head and yawning. The mother should lay it on her left arm, with the head projecting over her left shoulder and the abdomen pressed against her chest. Then she should pat the child's back and thus the stomach will be compressed and the air discharged. This should be done after each meal.

Mixed feeding. When the baby weighs 15 lbs. (usually during the sixth month) some other food must gradually be added to the milk feeding. The child must learn to drink from a cup and to take solid food. Mixed feeding must be carefully conducted along appropriate lines.

At first the baby might refuse the solid food, spit it out or vomit it, because it is something unusual. A little perseverance and very soon there will be no difficulty about it. Do not put the jelly (see below) into the bottle, because the actual taking of the cereal is of no consequence at this age, but the teaching of the child to eat new foods is of the greatest importance. For further details I recommend *The Mothercraft Manual* by Mabel Liddiard (London: F. & H. Churchill, Ltd., 1940).

Mrs. Liddiard gives a thorough review of the most useful menus for the different ages between six and eighteen months.

At *six months* she suggests raisin pulp, spinach or lettuce purée, half a teaspoonful increasing to three.

At *eight months* a baked crust ten minutes before the 10 a.m., 2 p.m. and 6 p.m. feeds.

At *nine months* barley or oat jelly (sieved), two teaspoons at 10 a.m. and 6 p.m. after the crust and before the milk mixture, a little of which should be poured over it but not stirred in. In the process of weaning, expressed breast milk may be used if a breast feed is due. Increase to three tablespoonfuls at one year. Purées of lettuce or spinach or raisins should be given daily, working up to about a tablespoon at a year.

In the second year cereals and green vegetables, properly prepared, should form the most important part of the dietary after the child has been weaned.

Weaning should be done gradually, and should be started during the ninth month.

The following scheme has been recommended by Burgess* for breast-children. During the first week one feed of cow's milk and water is given in each twenty-four hours, in place of a breast-feed, preferably at 8 a.m. During the next week two of the breast-feeds ought to be replaced by cow's milk and water at 8 a.m. and 8 p.m. During the third week the child should have three breast-feeds and four of cow's milk. During the fourth week only the first and the last feeds ought to be breast-feeds; after the fourth week the child is fed entirely by the bottle.

Vegetables are first given in the form of soups, for they contain the mineral salts and vitamins so necessary to normal growth as well as an antidote to constipation. Older children may take any of the more tender fresh vegetables, well cooked, and mashed potatoes. Later, as soon as the molar teeth appear, well-grated uncooked carrots are excellent and nourishing. Butter is often preferable to cream, as it is more digestible; it may be given with rolls and vegetables. Eggs, too, should be gradually given; owing to their fat and iron they are wholesome and nutritive; one egg daily, boiled or scrambled, will do.

Meat is not necessary for a child of very tender age.

Sweet meals and desserts: Simple milk puddings are the best meals for children; so are stewed fruits and apple sauce. Gelatine, owing to its high lime content, is an excellent food, too.

Bananas are valuable and very much liked by the children; they should be eaten raw after each meal, not in the green condition, but ripened.

With progressive age the quantity and quality of the food has to be adapted to the child's constitution, and regularity of the meals is of the greatest importance. Eating between meals should not be allowed. The child must learn to chew its food well and to eat slowly. Water might be given in the intervals, but not during the meal.

Starchy food is important and necessary for each child. Oatmeal porridge, All-bran, cornflour, arrowroot, sago and rice, especially when prepared with milk, are valuable meals. So is sugar, especially Demerara sugar, but it

* Recorded in *Practical Nursing*, by W. T. Gordon Pugh, p. 317. (William Blackwood, Edinburgh and London. 1937.)

should be given only with food. Fresh fruits are most important.

DOES THE DIET SUIT THE CHILD? There are many symptoms indicating that the child is not satisfied with the food or that the wrong food causes digestive disorders like indigestion, constipation, flatulence, etc. Crying, vomiting or pathological condition of the stools or loss of weight are the most marked symptoms that the child is not getting on well. The regular control of the weight is the usual method mothers follow to prove their child's progress.

The baby should be weighed undressed at the same hour every week just before the bath. A record of the weight should be carefully kept. For the first six months the normal weekly gain is about 6-8 ozs. ; after that time it becomes less.

REGARDING THE STOOLS. The stool of a new-born baby is a black, sticky substance called meconium. In breast-fed babies it changes after the third day to a bright orange-like stool. The stools of babies fed with cow's milk are usually pale yellowish, slightly alkaline or slightly acid to litmus paper ; two to three stools for the first few weeks, after one month one to two are normal. The stools turn to brown colour as soon as the child takes starchy food.

There are certain medicines and drugs which alter the colour of the stools :

Bismuth : stool dirty green or blackish.

Calomel : green stool.

In constipated children the stools are acid, their aspect greasy, generally due to fat-abundance. Cases of so-called " fat diarrhœa " show large and pale stools with acid reaction.

In cases of indigestion or constipation curds are found in the stools. These are whitish masses consisting of scraps, fats or mucus. They prove the child's inability to digest the food. Undigested fat is evidenced in small irregular yellowish flocculent masses which are soluble in equal parts of alcohol and ether, but this condition can safely be left to the trained nurse or physician to diagnose and remedy.

CHAPTER II

DIGESTIVE DISORDERS OF THE INFANT

THE general symptoms of digestive disorders in infancy are diarrhœa, vomiting, flatulence, crying due to colics, constipation, loss of appetite, and progressive weakness. There is always a high temperature in the acute stage of these conditions.

DIARRHŒA. We must differentiate between three different forms of diarrhœa: (a) simple diarrhœa, (b) acute gastro-enteritis, and (c) chronic diarrhœa. Diarrhœa is very common during the period of dentition, especially in summer. Bottle-fed babies are more liable to develop the complaint. Diarrhœa is partly due to over-feeding especially with fats, and partly to a bacterial infection.

(a) Simple diarrhœa is usually the result of wrong diet or of a cold. The fever is only slight, the general health not being affected very much; the stools, two to ten daily, of a light yellow or green colour, showing undigested food. This condition usually lasts a few days only, but it may pass into a more severe type.

Albumin water or chamomile tea should be given freely for the first two days, afterwards Mellin's food made with barley water, or peptonized milk is advisable. For treatment I would suggest a few doses of *Belladonna* 6x, or *Nux vomica* 4x, and an enema of lukewarm water, once a day.

(b) Acute gastro-enteritis (summer diarrhœa) starts very suddenly. It is always coupled with persistent vomiting and frequent stools. They are offensive, containing much mucus and water, their colour is in most of these cases whitish-yellow.

The child's temperature often rises to 103°-105°. The abdomen is hard. The child is exhausted, wasting, and soon shows a shrunken appearance, drawing its legs up to the abdomen and looking weak and seriously ill. No food ought to be given during the first twenty-four hours

of the attack. Small quantities of chamomile or ~~Adinolan~~ tea are allowable and thirst quenching. The bowels should be washed out with a saline solution. From the second or third day on, a light diet (barley water, oatmeal water, etc.) can be given, and as soon as the sickness has stopped, milk, broth, and Allenbury's or Mellin's Food may gradually be added. In cases of an acute collapse a mustard bath is advisable, the child being then wrapped in warm blankets.

The Homœopathic treatment varies according to the symptoms the child is showing. *Ipecacuanha* or *Arsenicum album* should be given when the gastric symptoms (vomiting, etc.) are predominant. *Mercurius* is the drug of choice when the breath has a bad odour and "is perceptible all over the room", the fever high, with profuse sweating, mostly worse at night.

China is indicated if the diarrhœa is yellowish with undigested substances; in flatulence, weakness, sunken eyes with blue rings and sweating.

Diarrhœa occurring during dentition will be better cured by *Chamomilla*. It is an excellent remedy against the restlessness of the child.

Rhus toxicodendron will be a great help when the little patient is delirious; it also helps to clear the tongue which is dry and covered with a brownish coating.

If the stupor and delirium are so strong that the patient slips down in bed, coupled with great anxiety and uneasiness and extremely fœtid diarrhœa, *Baptisia* is the remedy.

In serious cases the intoxication is so acute as to cause meningeal symptoms: the child moves the head about, tosses and shrieks, the forehead is covered with cold sweat, the pupils are dilated and the child almost unconscious. *Helleborus niger* is the only drug to combat such serious symptoms.

(c) Chronic diarrhœa may ensue with continuous loss of weight. Many of these children, if not treated, may die from emaciation or exhaustion, others recover but gradually. The treatment has to be individualized to the child's constitution.

CONSTIPATION in the small child is not so common as diarrhœa, but sometimes the stools may become hard

brown masses with mucus or blood. Such a condition may be dealt with by prescribing the right diet and by drugs such as *Nux vomica*, *Alumina* or *Lycopodium*, according to the special symptoms.

INTESTINAL COLIC AND FLATULENCE is an abdominal pain occurring in short cramps. It is usually a consequence of disturbing undigested food. The baby screams and doubles the legs up. With the passage of flatus the attacks subside.

Warm flannel bandages around the abdomen, a small enema of warm chamomile tea and the right diet will alleviate this condition. If it persists it is the physician's task to distinguish this condition from a serious stoppage of the bowels or appendicitis.

VOMITING. This is a fairly constant symptom of indigestion, the food being brought up soon after being swallowed. The milk in the vomit is often seen as large, hard masses of curd. Persistent vomiting may be due in other cases to a congenital hypertrophy of the pylorus or a narrowing of the end opening of the stomach or to chronic pyloric spasms. These conditions are very serious. Many cases require surgical treatment and the opinion of a doctor should be sought.

In mild cases *Nux vomica* 6x or *Opium* 12x will relieve the condition.

In all cases of chronic vomiting the physician should be called in.

ATROPHY OR WASTING AND MALNUTRITION. These conditions are characterized by the progressive emaciation and distress of the babies. Some babies are born with an entirely insufficient vitality, they are unable to digest any food satisfactorily. In some cases the disease is a symptom of congenital tuberculosis or syphilis. In most cases, however, the progressive emaciation is due to unsuitable food and feeding. All these infants have a senile face, their skin is wrinkled and creased, the fontanelle sunken, the abdomen protrudes like the belly of a frog. Their buttocks, calves and heels are apt to become red and sore. Frequent attacks of diarrhoea, poor appetite and subnormal temperature complete the symptom-picture.

The treatment has to be based on regulating the diet. A wet nurse would be the best. Should this not be

possible, lactic acid milk may be given, as previously recommended.

Homœopathic treatment can supplement the dietetic treatment. Drugs like *Carbo vegetabilis*, *Lycopodium* and nosodes like *Syphilinum*, *Psorinum* or *Bacillinum*, in accordance with the special conditions, should be given.

CHAPTER III

INFECTIOUS AND CONTAGIOUS DISEASES

ALL these diseases are notifiable in Britain according to the Infectious Diseases Act of 1889. In all these cases a physician should be called in; no layman ought to diagnose or treat such a case himself. All are due to bacteria. These enter the organism either through the skin, or through the mouth with the breathing and nourishment, or they may be transmitted on articles of clothing, or finally may be transferred from one patient to another by direct infection.

Some baby children have an immunity to these diseases. This may be due to the fact that the mother had had the disease and is carrying in her blood anti-bodies, which makes her immune. She gives this immunity either to her unborn child or the immunity is transmitted to the new-born child through the mother's milk; that is the reason why breast-fed babies very rarely catch the infections. We call that a *natural immunity*; an *acquired immunity* is obtained either by vaccination or inoculation.

I. THE ACUTE EXANTHEMATAS (RASHES)

The acute exanthematas are characterized by various symptoms and by their rashes.

(a) MEASLES. The child is feverish and shows all the symptoms of an acute catarrh of the mucous membranes of the eyes, nose and bronchial passages. It coughs and sneezes. After a few days the rash appears as faint red or crimson spots on the brow, cheeks, chin, behind the ears and on the neck. It then reaches the face, the spots enlarge, they spread over the forehead so that the child with its swollen and smarting eyes shows an almost characteristic appearance. The rash then spreads downwards over the body and limbs. On the mucous membrane of the mouth opposite the lower molar teeth fine greyish-white or bluish-red spots (Koplick's spots) appear, characteristic of measles.



The temperature, after being raised slightly during the catarrhal period shoots upward when the rash comes out ; but after two or three days, in the absence of complications, it quickly falls down to normal. The most common complications are inflammation of the ears, eyes, diarrhœa and disorders of the respiratory organs.

The bedroom should be darkened according to the child's own desire and the condition of the eyes. Generally the sick room ought to be kept warmer than for other feverish diseases. But the room must be well aired, the upper part of one window ought to be kept open day and night. That golden rule applies to nearly all of the so-called children's complaints.

Homœopathic treatment : When called in to a child before an exact diagnosis can be made, a single dose of *Sulphur* 200 should be given. As soon as the diagnosis is certain, we must differentiate between *Stramonium*, *Cuprum*, *Zincum*, *Aconitum*, *Euphrasia* and *Pulsatilla*. The following symptoms are decisive :

Stramonium. Red face, frightened visions of rats, mice, etc., at which the child is startled and from which it tries to hide ; spasmodic affection of the œsophagus hindering swallowing.

Zincum in cases without skin eruptions, unrest during night, especially in the feet.

Aconitum is the remedy at the very beginning ; it corresponds to all symptoms of usual cases ; full, quick pulse ; dry, hot, burning skin ; fever ; restlessness ; catarrhal irritation from the eyes down to the bronchial tubes ; bleeding at the nose ; dry, hacking or even croupy cough ; grating the teeth, moaning and groaning, or sleeplessness with great agitation and anxiety ; pain in the stomach and bowels with vomiting and diarrhœa.

Euphrasia. Streaming hot, burning tears from the eyes and being sensitive to light ; cough only during day.

Pulsatilla. Inflammation of the eyes and photophobia ; thick, yellow discharge from the nose ; dryness of the mouth *without thirst* ; nightly diarrhœa after previous rumbling in the bowels ; rattling loose cough with expectoration of thick, yellow mucus ; all symptoms aggravated towards evening. Chronic loose cough *after meals*.

These few drugs will cover all symptoms. There are, of course, some cases where it is difficult to find the right drug. I remember the following extraordinary case. A boy, five years of age, skin very dry, very few skin eruptions, high temperature, pulse 140, functions of the kidneys for the last twenty-eight hours stopped, lungs affected. All drugs, indicated for these symptoms, were without any effect. It was only by a thorough questioning of the child's parents that I found the right drug. The parents told me that for the last week the boy was always scratching his nose and grinding the teeth, his appetite was peculiar, his mood whimsical. These symptoms are *Cina* symptoms. And indeed *Cina*, taken six drops every hour, cured the boy in about three days.

(b) GERMAN MEASLES (*Rubeola*). German measles is an entirely harmless, mild ailment; it resembles measles and scarlet fever. The first symptoms are characterized by an acute catarrh of the nose and bronchial passages. The children suffer from headache, sore throat, high temperature, and enlarged glands of the neck. After a day or two the rash appears first on the face or neck, then on the chest, spreading all over the body after a couple of days. The rash consists of pink, slightly raised spots; on some parts of the body the rash is very bright; it may last about one week; after its disappearance fine bran-like scales separate themselves from the surface.

The most noticeable symptom of this mild ailment is the clearly defined enlargement of the glands in the neck; they usually disappear after a few days.

Confinement to bed for the first week and isolation from other children is important. No other treatment is necessary. A few doses of *Aconitum 6x* or *Belladonna 6x* and some cups of Adinolan tea may help in eliminating the infectious slags.

(c) SCARLET FEVER. Scarlet fever usually begins with the symptoms of a tonsillitis. Serious headache, vomiting, sore throat, especially when swallowing, are the first alarming symptoms. After about one day or two, the characteristic rash appears. Chest, neck and the skin inside of the thighs are affected; later on the rash spreads over the whole body. The cheeks are flushed, while the parts around the mouth have an extremely pale colour, giving a very characteristic appearance. The tongue is

coated in the centre with red papillae and red edge (strawberry tongue). After a few days the tongue clears, the surface becomes red and raw (raspberry tongue). The tonsils and soft palate are inflamed and congested. The rash itself consists of closely-set spots of a brilliant red colour. Temperature very high, reaching its maximum on the third or fourth day. It then gradually falls to normal in about one week. Desquamation starts in the second week, beginning on the face, then on the chest, arms and inside the thighs. The skin of the hands and feet do not peel before the third or fourth week.

Some cases of scarlet fever are characterized by the most serious and alarming symptoms; these are cases of the so-called *septic scarlet fever*. We find deep ulcerations on the soft palate and the tonsils, the glands on both sides of the neck swollen, the mucous membrane of the nose discharging a profuse purulent secretion. The child is delirious, temperature remains very high for at least two weeks. The rash shows blotchy eruptions, most pronounced on the elbows, knees and buttocks.

The most serious complications of scarlet fever are affections of the joints, the heart, the kidneys, ears and the lymphatic glands.

The sick room in cases of scarlet fever must be kept at an even but not great warmth. The patient should be covered only with thin blankets. If they are too heavy and warm the restlessness of the feverish patient increases, the patient uncovers and exposes himself to colds, often resulting in dangerous or even fatal complications.

Regarding tonsillitis I object to the local treatment with strong astringent remedies. They are not only useless, but very often dangerous. They unnecessarily injure the inflamed mucous membrane. Older children may gargle with lukewarm water, mixed with a few drops of 10 per cent. *Arnica*, *Calendula*, *Hydrastis* or *Echinacea* tincture or with camomile tea. The patient's mouth must be kept clean. A baby's mouth should be carefully wiped round with lukewarm salt-water, the camomile tea or lemon juice.

Scarlatina is a serious disease and must always be treated by a conscientious physician. I abstain therefore from discussing the special homœopathic drugs. I only refer to *Belladonna* and *Aconitum*—the child's parents

may restrict themselves to these two drugs in a case where the physician is not available at once.

(d) CHICKEN-POX (Varicella). The rash is usually the first symptom ; it appears on the first day, beginning on the trunk, soon spreading to the scalp, face and limbs. The rash can be compared with small papules which change in a few hours to blisters. These soon burst, forming scabs.

Chicken-pox, though being highly contagious, is a comparatively harmless ailment. Our principal homœopathic drugs are *Rhus tox.*, *Antimonium crudum*, and *Mercurius solubilis*.

If there is any trouble with the patient's water, large quantities of Adinolan tea with a few doses of *Cantharis 6x* or *Mercurius corrosivus 10x* should be given.

2. DIPHTHERIA

Diphtheria is characterized by a membranous inflammation of the tonsils, throat and pharynx. The severity of diphtheria in general and the fact that it is accompanied by serious constitutional symptoms gives sufficient grounds to distinguish it from croup or quinsy. The diagnosis should be verified by the bacteriological test. In about sixteen to twenty-four hours diphtheria-bacilli will be found, thus establishing the diagnosis.

Cases of diphtheria differ as to their intensity ; from the mildest form, which resemble an ordinary catarrhal sore throat to those of the most severe character.

No case of diphtheria should be treated by a layman. The responsibility of not calling in a physician is too great. Only a physician is entitled to decide whether the *anti-diphtheritic serum* should be applied or not. The opposition of many homœopaths and laymen to the serum is extremely deplorable. *Such an opposition is due to ignorance.* I must strongly contradict the false opinion that the serum is dangerous and useless. While assistant in a large children's hospital I treated hundreds and hundreds of cases of diphtheria by injecting the serum without a single casualty. Certainly the mortality in some epidemics is still high, in spite of the serum, and often it is given too late. In 1937 nearly 3,000 children under fifteen years of age died from diphtheria. Protection against diphtheria is therefore most important. It can

be achieved by two simple injections of a specially prepared serum into the arm.

All parents ought to ask their doctor to immunize their children whenever an epidemic is imminent.

Though I do not for a moment underrate the value of the homœopathic drugs, I would never dare to treat diphtheria without serum.

Mercurius cyanatus 6x is our most useful homœopathic drug ; it may do lots of good when combined with the serum.

For serious cases of pharyngeal diphtheria *Iodine* 4x and *Aconitum* 2x, given alternately every hour, may be very useful. As soon as the most alarming symptoms have gone, we replace these drugs by *Hepar sulph.* 4x and *Spongia* 2x.

Phosphorus 12x improves the fits of coughing ; it may be combined with *Kalium bichromicum* 4x or *Ammonium muriaticum* 3x. *Camphora* 2x must be given if the pulse is very weak, or there are cold sweats ; in cases with heavy breathing (orthopnœa) *Camphora* ϕ in the shape of an enema, alternating with *Iodine* 4x ought to be given.

In cases of laryngeal affection (croup) *Ipecacuanha* 6x and inhalations of eucalyptus—or turpentine—vapours with hot wet compresses on the chest may be useful, but tracheotomy should not be long postponed ; if restlessness, dyspnœa and recession of the chest wall be present, or paroxysmal dyspnœa has supervened. This is, of course, the business of a surgeon and may save life even in the most desperate cases.

3. MUMPS

Mumps is an acute infectious disease which is usually mild. The first sign of an approaching mumps is a swelling on each side of the neck and face under and up the sides of the ears in the region of the upper salivary glands (parotitis) ; the lobules of the ears are generally raised by the swelling. Mumps is a widely distributed disease, being endemic in most large centres of population. Occasionally it is due to an ailment of the pancreatic gland ; in other cases a pancreatic affection develops during or even after mumps. Another frequent complication of mumps is a swelling of the testicle, particularly in the adult.

Phosphorus, *Pilocarpus* and *Jaborandum* are our homœopathic drugs. The patient should be isolated and confined to bed. The mouth should be kept clean with a mild lotion of *Arnica* or *Echinacea* ϕ . Liquid foods which are easily swallowed and need no mastication are indicated during the acute stage and a warm room and bed.

4. WHOOPING-COUGH

Whooping-cough is always a serious disease, it weakens the children much more than other infectious diseases. It is much more serious among the children of the poor, and in those suffering from undernourishment, rickets, tuberculosis, or a predisposition to chest troubles, than it is to healthy children in comfortable circumstances. Apart from this, age constitutes the most important factor. Infants and children under three years of age suffer a considerable mortality, which for the first twelve months of life has been estimated at 25 per cent. But fortunately the mortality decreases rapidly after the third year, and after ten years of age is insignificant. Hence more than two-thirds of the deaths from whooping-cough occur during the first year of age. The younger the child, the worse being the outlook. Of complications pneumonia or diffuse bronchitis cause most mortality, which is worse in the winter months. In the summer diseases of the digestive organs come more into prominence.

Convulsions, especially if repeated, are very dangerous. Death may at times occur suddenly from laryngeal spasm or from heart failure. When tuberculous lesions are present they may be stirred into activity by the infection and especial care is necessary.

Isolation should be enforced, but free ventilation with abundance of fresh air is desirable and gives better results than confinement in a close room with the inhalation of medicated vapours. In the absence of fever, patients may be allowed up and out as much as possible, provided isolation can be maintained, since it is likely to be caught by other children. In suitable weather continuous open air treatment is the best way to strengthen the child's general health. The dietetic treatment is of the utmost importance. I refer to the general dietetic directions, thoroughly discussed in the first chapter. When vomiting

is present food ought to be given immediately after a paroxysm of coughing, but only in small quantities otherwise, by overloading of the stomach, the cough-paroxysms may be aggravated. The chest should be rubbed regularly with cod-liver oil. A so-called change of air is unnecessary. It would be of use only if the difference of the altitudes is at least 200 metres and the health resort's altitude, well protected in forest, being not over 600 metres.

We should chart the course of the disease noting not only the number of the attacks but also their quality and the time of their appearance. Such a tabulation is the best help to find the right drug.

The homœopathic treatment of whooping-cough is nearly always a very great success. I usually start the treatment with a single dose of *Pertussin* 200x and *Sulphur* 30x twice daily.

Our other most reliable drugs are :

Drosera 30x. Worse after midnight, attended by suffocating and frequent vomiting of ingesta; feeling of constriction in chest, worse from tobacco smoke and drinking.

Belladonna 6x. Congestion to the head, face and eyes deeply reddened. Crying, when coughing; sneezing.

Coccus cacti. Expectoration of ropy mucus, causing suffocating and vomiting of food. Better in the open air.

Cuprum aceticum. Convulsions, long continuing paroxysms of coughing, aggravated by eating solid food, better from drinking cold water, loss of breath during the paroxysms, bluish face and lips.

Ipecacuanha. Bleeding from nose and mouth during the coughing attacks, vomiting of mucus and food. Convulsions and stiffening of the body backwards; rattling of mucus in the bronchial passages; rash eruptions.

Mephitis. Paroxysms day and night, the child must be raised, gets blue face and cannot exhale. Convulsions; fœtid diarrhœa.

Veratrum alba. Cold perspiration on the forehead, great exhaustion and incontinence of urine; face pale and sunken, restlessness, anxiety. Coughing attacks due to entering a warm room or drinking cold water; better when lying, worse when getting up from bed. Chilliness and great thirst; lingering fever with fatigue.

~~The regular application of the Orka-suppositories helps~~

~~the action of all these drugs. The main components of these Orka-suppositories are China, Esculus and Carduus mar. When given late in the evening, most of the children sleep the whole night without any coughing attacks, and their general health improves quickly.~~

5. INFANTILE PARALYSIS

Infantile paralysis is characterized by slackening of the muscular power in limbs and muscles. It usually starts with acute high fever, lasting a few days only and rarely longer than one week. Convulsions, severe headache and pains in the limbs are the most common subjective symptoms. On examining the patient we usually find disorders of the eye-muscles and short jerky involuntary movements of the outstretched hands. Neck and back are painful to touch and rigid. Vomiting, diarrhoea, want of appetite are other very common symptoms. In serious cases delirium and incontinence of urine are present.

In young children the paralysis often does not set in until the third day, while in older children the paralysis usually appears at once. The paralysed muscles are always flaccid, the deep reflexes are lost; if the disease persists long, atrophy of the muscles develop. If it is widespread in the initial stages that means more limbs are paralysed in the first few days than remain paralysed later on.

The clinical symptoms of the disease are due to an inflammation of localized areas in the grey matter of the spinal cord.

The diagnosis may be very difficult before the paralysis appears, i.e. when there are only general feverish and nervous symptoms. Children under four years of age are more liable to the infection than the older ones.

Treatment: In acute cases, characterized by high fever, vomiting, restlessness, backache, headache or delirium, the child's organism ought to be cleaned out thoroughly by two enemas daily with lukewarm water; no food should be given. All foul matter in the intestines and especially in the colon must be got rid of in any case, because they are responsible for the continuance of the paralysis. I recommend, therefore, even in the case of younger children, abundant doses of castor oil, the larger the dose the better. It can do no harm in any case. If the child is thirsty fruit juices and Adinolan tea are

allowed. Furthermore we have to eliminate the poisonous slags from the body by profuse perspiration. A hot wet blanket pack is useful, and if this does not cause transpiration in due time, we apply cold wet sheet packs wrapping the entire body in this sheet, and cover the child heavily with blankets in a warm bed. Reaction will set in within an hour and the relief will be shown in a subsidence of fever, restful sleep, and speedy recovery.

Regarding the homœopathic treatment :

Gelsemium is the drug, the symptom-picture of which covers nearly all phases of the disease ; the mental symptoms such as giddiness, vertigo, the eye troubles, digestive disorders, want of appetite and exhaustion.

In cases characterized by acute brain symptoms and reddened face *Belladonna* is advisable. Between the two drugs stands *Ferrum phosphoricum* or *Aconitum*.

In the great majority of cases the homœopathic treatment prevents a permanent paralysis.

6. RHEUMATIC FEVER

Fever, abundant perspiration, painful attacks in the joints and heart are the special features characteristic of rheumatic fever. The real cause leading to this disease has not been exactly determined, but there is no doubt that certain microbes occasion this fever. This theory is furthermore supported by the close similarity to scarlet fever and tonsillitis, both of which are infectious ailments. Rheumatic fever is especially prevalent in children.

Mortality as a direct result of heart troubles before the age of forty may be ascribed to some rheumatic disease in childhood. It is therefore necessary to thoroughly investigate this malignant disease. The form it takes in childhood differs in some respects to that found in adults. It may be summarized as follows :

(a) The painful attacks in the joints are less severe and sometimes altogether absent and in no proportion to the swelling and flushed appearance in the joints.

(b) Cutaneous rashes and eruptions are very common, especially erythemata and rheumatic purpura, the former is distinguished by red discoloration of the skin, which fades when touched by the finger and leaves a yellow patch or spot, but which soon becomes red again. The purpura, a hæmorrhagic exanthema, may spread all over

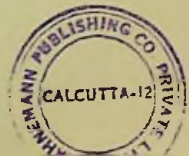
the body ; the spots vary from the size of a pin-head to a farthing. Such large patches, however, are rare and take all kinds of shapes. Blisters are also to be found in great numbers, they are at first deep bluish-red, later on changing to green-blue, brown and yellow. Pressure does not affect the colour.

(c) Rheumatic nodules are peculiar to children, varying in size from tiny peas to large-size beans ; they are most numerous on the head, the edges of the shoulder-bone, and on the forearm ; they also collect round the elbows and knuckles, but are less frequent in other parts. Occasionally they are painful and tender. Should these nodules be subacute, they will be very numerous ; in such case the affection will be long and tedious in its course.

(d) *Very often the disease is not noticeable in its initial stages*, especially when subacute. But the tendency to heart involvement in such subacute attacks is no less than in the more acute and more feverish in character. The immediate recognition of the state of things is of the highest importance. A great number of rheumatic heart complaints are unavoidable, but many of these might have been prevented or at least modified, if the subacute rheumatism in childhood had been promptly and effectively taken in hand. Subacute rheumatic pains sometimes attack the ribs, abdomen and the legs, but are not especially articular in character.

We must always keep in mind that the so-called "growing pains" are often a symptom of a rheumatic condition. In any child suffering from such pains the heart should be examined carefully by a physician from time to time and the nature of the pains brought to his notice.

The rational treatment of the rheumatic child should be based on the special causes and conditions in the individual case. We must find out the primary seat of the infection. It may be located in the tonsils, in the teeth, in the nose, in the ears, or in the deeper veins of the shanks, etc. Before starting the homœopathic treatment we have to decide whether the local treatment of the primary morbid condition should be undertaken. There can be no doubt that many rheumatic children have been cured by removal of the infected tonsils. Certainly the operation is not necessary in all these cases ; in many children the conservative local treatment, especially



Roeder's massage, combined with syringing the tonsils by a solution of *Arnica* or *Echinacea* will be a great success.

A homœopath dealing with a rheumatic child has to differentiate between three different drugs: *Acidum salicylicum*, *Bryonia* and *Rhus toxicodendron*.

The most characteristic symptoms of *Acidum salicylicum* are neuralgias, buzzing in the ears, visual disorders, troubles of the digestive organs, skin eruptions, rheumatic pains, more remarkable in the limbs and joints, than in the muscles, palpitation of the heart, pulse accelerated, pains in the heart region, profuse sweat, urine diminished, albuminuria. If the child shows these symptoms *Acidum salicylicum* 6x may be the most helpful drug. I never prescribe the pure *Acidum salicylicum*, but prefer plants containing it such as *Salix purpurea*, *Spiraea ulmaris*, *Stellaria media* or *Sambucus nigra*, in low potencies, 3x-6x.

The *Bryonia* child shows stabbing and tearing pains, worse from slightest motion; generally the child does not want to move, but sometimes it is compelled to move by an overwhelming restlessness, notwithstanding the pain. The swelling is not principally confined to the joints and is chiefly of a faintish redness, striking out in different directions. There is almost always loss of appetite, white tongue, feeling of dryness in the mouth, great thirst, nausea, pain in the liver or spleen, dry hard stool, as if burnt; short breathing, with stabbing pain in the sides of the chest, fever, sour sweats, easily irritated and angry.

In the *Rhus* child we are confronted with an entirely different symptom-picture. All *Rhus* cases are connected with dampness; either the disease is due to damp or it is aggravated by it. I would like to underline that *Rhus* is indicated not only in subacute or chronic cases, but also in acute rheumatic conditions, but only in such cases where the aggravation by damp is combined with aggravation by rest. Here we find the differential symptom between the *Rhus* child and the *Acidum salicylicum* child: both are worse by damp, but only the *Rhus* child is worse by rest too. All *Rhus* children are characterized by great nervousness, restlessness, general weakness, wandering pains, better by moving and heat, exanthemas, the joints swollen, but neither reddened nor hot, the pains located only in the ligaments, tendons and capsules of the joints.

Some rheumatic attacks start so impetuously that other drugs are indicated. I refer first to the *Aconitum* cases. The *Aconitum* children are characterized by unrest, anguish, thirst, high temperature without sweat, heart trouble. As soon as the first most alarming symptoms have disappeared, we have to substitute *Chininum sulphuricum* or *Ferrum phosphoricum* for *Aconitum*. The *Chininum* child shows aggravation on the slightest touch and movement, joints swollen, reddened, inflamed; urine with granular brick-red deposits. ~~The best way to give children *Chininum* is the application of the *Orba suppositories*.* In these suppositories *Chininum sulphuricum* 2x is combined with *Carduus mar.* 3x and *Esculus* 2x; the combination of these three drugs act upon the blood-circulation, especially in the abdomen and accelerates the elimination of the poisonous slags from the child's body without any disturbance of the digestive system.~~

Other rheumatic children again have the symptoms of *Acidum formicicum*; their principle symptoms are congestion, sweats without any relief, physical and psychical weakness and exhaustion; aggravation by wet, cold bathing, cold weather and movement; nevertheless there is a permanent desire for movement. These children like the *Bryonia* children have less pain by pressure. Their joints are swollen, extremely sensitive to touch and reddened. They are suffering from chilliness and heat.

Other cases of rheumatic children give the drug picture of *Acidum benzoicum*; these are children whose small joints and knuckles are involved; the disease usually starts in the lower parts of the body, wandering upwards: there are always nightly profuse sweats, aggravation by rest and during the night. These children ought to drink large quantities of Adinolan tea daily, the herbs of this tea, being impregnated with *Acidum benzoicum* 2x and *Hexamethylen* 2x, sterilize the whole system by acting on the urinary and digestive organs.

Other symptoms may show the *Mercurius solubilis* child. *Mercurius* as well as *Acidum benzoicum* is suitable to the later period of the disease, both have aggravation during the night. The *Mercurius* child has profuse, yellowish sweat without any relief, aggravation by draught

* Manufactured by Epps, Thatcher & Co., London, S.W.1.

and by damp and cold weather. The joints are reddened, swollen, very painful, fever not very high, urine diminished, greenish with an unpleasant smell, albumin and epithelium.

Furthermore we may be confronted with *Arnica* children; these children feel thoroughly knocked up; their joints are painful. *Arnica* is especially indicated in acute rheumatism, due to cold, by wet and cold weather and due to overstraining of the muscles.

Some other rheumatic children show the symptom-picture of *Apis*. As a rule *Apis* is only indicated in children where the heart and kidneys are involved, too. The skin over the joints is rather œdematous, the diseased parts are always stiff and very sensitive to pressure; the pains are burning, stitching, aggravated by the slightest movement and heat.

Other rheumatic children present the well-known *Chamomilla* symptoms; especially do I refer to the unrest, to the spasmodic pains, to the reddening of *one* side of the face only. The rheumatic pains may be aggravated to such a degree that the child must walk around without being able to lie down.

Finally we may be confronted with the well-known *Pulsatilla* child; they are chilly, thirstless; their rheumatic pains wandering from one joint to the other; pains worse by heat and late in the evening; better by coolness, uncovering and movement. If such *Pulsatilla* children do not react on *Pulsatilla*, i.e. if *Pulsatilla* does not relieve the pains, sometimes *Magnesium muriaticum* or *Arsenicum album* 6x may be very useful.

The acute heart conditions in all these rheumatic children indicate *Crataegus* ϕ , *Adonis vernalis* 4x, *Lachesis* 30c, *Gelsemium* 4x, *Aconitum* 4x, or *Cactus* 2x according to the individual heart symptoms.

As a matter of course we have to be very careful with the diet of rheumatic children. In acute cases we restrict the diet to fruit juices, potatoes, All-bran, and fresh fruits like strawberries, raspberries, gooseberries, plums, cherries, lemons, melons; all these fruits contain *Acidum salicylicum* and alleviate the rheumatic pains.

To accelerate the elimination of the poisonous slags the children should drink butter-milk, kefir and Adinolan tea. All condiments are forbidden. As soon as the acute

symptoms have gone a pure vegetarian diet with uncooked food should be given. Such a diet should be continued for a couple of years, otherwise the children are liable to get a relapse.

Regarding the general hygienic and hydrotherapeutic treatment I refer to my previous chapters. I underline the importance of such measures particularly in all rheumatic cases.

Generally speaking I have found it of practical value to treat rheumatic children as a first step with a two to three days fasting diet with laxatives, similar to the method introduced by Dr. Suelpa (Paris). The first thing in the morning the children are given a rather large quantity of Glauber salt in not less than half a pint of water. The diet is restricted to unsweetened fresh fruit juices, such as lemon, orange, grapefruit or apple juice. Large quantities of Adinolan tea should alleviate the thirst. After two days raw and freshly expressed vegetable juices and potatoes, boiled in their jackets, are given. Little by little vegetable broths, cooked greens, raw vegetable salads, fresh fruits, milk or kefir-milk and so on up to full diet are introduced. But the most important of all prescriptions is the complete emptying of the bowels daily. That cannot be accomplished by laxatives. The right homœopathic drug, supported by the diet as above mentioned, and enemas will suffice. That is the only way to remove all poisonous slags from the body and to give nature a chance to repair all damages.

The quintessence of treatment of rheumatic children is to be found in the wise tenet of the famous Dutch research worker, Boerhaave, the "father of clinical medicine". After his death some twenty years ago a sealed book was found in his library, and on it was written, "This book contains all the secrets of the art of medicine." An Englishman acquired it for a great sum of money, but when he opened it he only found one single sheet of paper on which was stated :

"Keep your head cool, your feet warm and never gorge your inside."

This profound medical wisdom was bequeathed to the astonished Englishman by this great Dutch doctor. Let him be our mentor, too.

CHAPTER IV

SCROFULA

SCROFULA is a disease far more frequent than is generally thought. According to our past-master Hahnemann we summarize under the name Scrofula a great variety of morbid conditions. Hahnemann created the name Psora for these ailments. He summarizes under the name Psora or Scrofula ailments from which the ancestors of the patient have been suffering. The most important of these ailments are tuberculosis, cancer, syphilis, gonorrhœa and alcoholism. Psora can be present in a patient, even if its parents or grandparents might have been free from these affections. For we know that these pests might make themselves conspicuous only in the third or fourth generation. That fact was instinctively perceived by the ancient peoples.

The most striking symptoms of Scrofula are the well-known skin eruptions and ulcerations. The rashes are either dry or discharging. I refer especially here to eruptions behind the ears. Other symptoms of scrofula are the scabs on the head, the discharging matters from the nose, from the ears, the proud fleshes and polypi in the nose, the enlargement of the palate—and pharyngeal tonsils, the inflammation of the eyes and eyelids, the affections of the bones and of the joints, the offensive smell of the urine, the sweats, especially on the back of the head, the general anæmia, the disorders of the stomach and bowels, the nervousness of the children, the growth of their glands, especially in the region of the neck, etc.

Generally speaking, any part of the body may be afflicted by scrofula in one way or another. The homœopath diagnoses scrofula first of all by the morbid condition of the neck's lymphatic glands. In scrofulous children these glands are enlarged and hardened; they are like peas or in advanced cases sometimes like hazelnuts, situated deep in the neck's tissue. Because they are not seen very easily they are often overlooked. *Nevertheless*

these enlarged lymphatic glands are the most unmistakable symptom of scrofula, even if all other symptoms are missing. Therefore I would like to recommend most urgently that mothers examine frequently the necks and throats of their children and communicate with a homœopath as soon as they have noticed such suspicious lymphatic glands. The early diagnosis is of the greatest importance for the successful homœopathic treatment of the child.

As to the diet of scrofulous children I refer again to the general directions, given in the previous chapter. I will only underline the great value of All-bran; every scrofulous child ought to take it with milk at least twice every day.

Cod-liver oil is one of the most popular prescriptions for scrofulous children. I object to its general use. Cod-liver oil has been recommended owing to its content of fat and iodine. I prefer to give iodine in the shape of homœopathic drugs, and fat in the shape of sweet cream or milk. Cod-liver oil very often upsets the stomach and diminishes the children's appetite. But on the other hand I recommend Cod-liver oil for external use; here it is very useful.

Scrofulous children ought not to be bathed daily. A daily bath only weakens these children.

For the same reason caution should be used with the popular salt-water baths which often do more harm than good. Instead I advocate the following scheme to improve the general health, the blood circulation of scrofulous children :

(1) Training of the respiration : short, deep inspiration and long-winded expiration with a softly hissing sound.

(2) Every morning and evening rubbing of the body with a rough bath-towel. In robust children the whole body ought to be treated, whilst in weak children we start with the treatment of only a part of the body, increasing the region to be briskly rubbed according to the strengthening of the child. After about two weeks we change to damp and warm rubbing, lowering the temperature of the water every day about half a degree to the temperature of the water-pipes. Vinegar or pine-leaf oil can be added to the water. After four weeks we replace the rubbing by washing of the whole body followed by a shower-bath.

(3) Air-baths: I advocate these during the winter in a well-heated room at the open window with persistent movement for about fifteen minutes. During the summer, if the out-door temperature is at least 52° C. in the open air; even for the most hardened patient the outdoor temperature ought to be over 10° C. If during the air-bath the patient's hands or feet turn pale or bluish, the bath should be stopped at once. The reaction of the child to cold should be carefully watched.

(4) During the summer the air-bath ought to be combined with sun-bathing. We start with partial sun-bathing for about five minutes every day extending the regions to be bathed as well as the duration of the bath itself. The head of the patient has to be well protected; it ought always to be in the shade. During autumn, winter and spring we replace the sun-bath by the artificial sun.

(5) Once a week a pine-needle bath, temperature 33°-35° C. Duration of the bath twenty to thirty minutes.

(6) Every other day local application of cod-liver oil: a flannel moistened with one tablespoonful of cod-liver oil should be changed each time.

This treatment should be given for at least three months. During this period a special vegetarian diet is necessary. The main food of the patient ought to be uncooked fresh vegetables, salads, fruit juices and All-bran with milk or cream; every day the yolk of one egg with lemon.

For breakfast I advise the Bircher Muesli, prepared as follows.*

* (1) Apples: two or three small apples, clean them by rubbing with a small cloth. Do not take away the skin, core and pips.

(2) Nuts: walnuts, hazelnuts, almonds, one tablespoon.

(3) Oat flakes: a level spoonful soaked in three tablespoonfuls of water for twelve hours.

(4) Lemon juice: the juice of half a lemon.

(5) Pasteurized milk and honey or sweet condensed milk: one tablespoonful

Preparation of the Bircher Muesli: First mix pasteurized milk and honey or condensed milk and juice of lemon with oatflakes. Then grate the apples, including the skin, core and pips vigorously into the mixture on a grater and whilst doing so stir continuously. In this way the apple pulp is covered by the mixture and thus prevented from getting brown in contact with the air. It looks white and appetizing. The dish should be prepared immediately before putting on the table. The grated nuts or almonds which are sprinkled over the dish increase the amount of contained albumen and fat.

To accelerate and to increase the elimination of slags and poisonous waste matters the patient should drink daily two to three cups of Adinolan tea with a teaspoonful of honey.

The results of such a treatment are striking as to cure. In nearly all cases the general condition of the patient improves in all respects, all rashes disappear without any local treatment.

I restrict the homœopathic treatment to some doses of *Mercurius solubilis* 6x, *Arsenicum iodatum* 6x, *Hepar sulph.* 4x, or *Silicea* 30c.

Surgical treatment by excision of the scrofulous lymphatic glands would be a mistake. The operation is not justified, because scrofula is a constitutional disease and has to be treated by constitutional homœopathic drugs combined with a general biological cure, as explained above. I have seen many patients whose scrofulous glands had been surgically "removed"; a few months after the operation new glands developed even larger than those before the operation.

Regarding polypus in the nose and the enlarged and swollen tonsils, here also the general constitutional homœopathic treatment in nearly all cases will be successful. *Teucrium marus* 1x and *Baryta carbonica* 6x, alternating with *Calcarea carbonica* 6x, are the most useful drugs. If the polypi are very large the local application of *Hydrastis* or *Thuja glycerine* 10 per cent. is very useful. There are only a very few cases in which surgical treatment is necessary. Remember, the tonsils are a protective organ against tuberculosis, their function is the neutralization of the poisons entering the body. Therefore I advise the operation only in cases in which the tonsils are swollen to such a degree that suffocation is imminent. But even in such serious cases the local application of three to four leeches behind the lower jaw brings about at once such a decongestion and reduction of the size of the tonsils that the operation is no longer necessary.

CHAPTER V

RICKETS

RICKETS is related in a certain degree to scrofula. It is a disease of metabolism in early childhood. Its main symptoms are a softened condition of the bones, accompanied with a tendency to catarrhs of the mucous membranes and symptoms of a wrong nutrition. Often it is due to the absence of vitamin D. This absence is the consequence of insufficient exposure to the sun, of wrong diet and life under unhygienic conditions. Children, suffering from rickets, are restless and irritable; they are sweaty about the head, abnormally fat, flabby and pale. Their appetite is very capricious. Teething is delayed. There are very characteristic deformities of the bones. The chest sinks in, we find a broad groove running downwards and outwards from the junction of the ribs and cartilages to the arm-pit. The head is enlarged, lengthened and flattened on the crown, the fontanelle on the top of the cranium remains open; the parietal bones are thickened, leading to the so-called "hot-cross bun" appearance. The muscles are weak and flabby, the spleen enlarged. All these patients are characterized by anæmia. Their digestive and respiratory organs are involved, too. The abdomen is distended so that the child presents a pot-bellied appearance. In serious cases general convulsions or laryngeal spasms occur. These cases are dangerous.

If such spasms suddenly result in a stoppage of the hearts action or of the respiration, put the child in a hot bath (temperature 80°-85° C.) for five to eight minutes, and pour cold water over the neck and back of the child; by that procedure the blood circulation and respiration will be restored at once.

As soon as the acute danger has passed off, we start the homœopathic treatment. Our principal drugs are *Zincum metallicum*, *Cuprum metallicum* alternating with *Belladonna*, *Hyoscyamus* or *Digitalis* in high potencies. Once

a week the child gets a high potency of *Calcarea carbonica* or *Calcarea phosphorica*. These constitutional remedies alleviate the teething process a great deal.

Regarding these toothaches our most reliable drugs are *Chamomilla*, *Phytolacca* and *Plantago*.

The *Chamomilla* child is restless, it is never satisfied with anything it is doing, it is over sensitive to noise, pain and people. It is more irritable and gets more excitable as the day goes on. It gets flushed on *one* side of the face.

Phytolacca is indicated if the child bites everything which is near at hand ; if it gnaws the gums and pressure on the gums relieves the pain.

Plantago is indicated if eating alleviates the pain and the pain radiates to the eyes and ears.

In regard to *convulsions of the children*, we can differentiate the following groups according to the children's age :

- | | | |
|----|--------------------|------------------------|
| A. | Convulsions to the | end of the first year. |
| B. | „ „ | sixth month. |
| C. | „ „ | third year. |
| D. | „ „ | tenth year. |
| E. | „ „ | fifteenth year. |

In these five groups the causes for the convulsions differ.

In group A 70 per cent. are due to injuries of the skull during birth.

In group B the great majority of cases are due to acute feverish ailments. The same applies to group C. Here many cases are due to a condition in which the motor nerves are unusually sensitive to irritation. These children show an abnormal tendency to convulsions and spasms on very slight cause.

In groups D and E nearly all cases are due to epilepsy.

The homœopathic treatment has to take into consideration these different causes. If the convulsions are due to injuries of the skull our remedies are *Belladonna*, *Opium*, *Arnica* and *Hypericum* alternately. If there is hæmorrhage in the skull *Calcium fluoricum* alternating with *Arnica* is indicated.

In cases due to an acute tubercular inflammation of the brain membranes we give *Apis*, *Helleborus* and

Bryonia, while in chronic cases *Abrotanum*, *Arsenicum iodatum* and *Cantharis* ought to be given.

In cases in which all motor nerves are unusually sensitive to irritation constitutional remedies ought to be given together with drugs like *Cuprum*, *Zincum* and *Solanum nigrum*.

Cases of convulsions due to disorders of the digestive organs have to be treated dietetically, supported by drugs like *Chininum arsenicosum*, *Cuprum arsenicosum* or *Apis*.

Cases of epilepsy require *Bufo rana*, *Salamandra*, *Venanthe*, *Cuprum metallicum*, *Cicuta viros*, *Cocculus* or *Solanum*; acute cases ought to be treated by *Veratrum viride*, *Belladonna*, *Gelsemium* or *Manganum*.

For cases complicated by diarrhœa refer to dietetic directions, thoroughly discussed in the first chapter.

CHAPTER VI

THE NEUROTIC CHILD

DISORDERS of the nervous system and of the mind are due to two different causes: (1) to an inborn abnormal constitution, (2) to the effects of unfavourable surroundings. In such cases the neuropathic parents or relations are inappropriate for the child's education. Later on, these unfavourable facts may become aggravated by overwork, wrong choice of vocation, working under objectionable conditions, etc. Great care, kindness with discipline as well as love, will help the difficulties of temperament with which these children are endowed.

The nervous infants usually are lean, easily frightened, attentive and very impressionable. They sleep less and not as deeply as other children. They very often suffer from vomiting. Twitching movements of hands and feet and a certain shyness is apt to bring about an unintentional clumsiness. Twitchings and grimaces very often show the beginning of St. Vitus's dance, and children are apt to be punished for these quite involuntary peculiarities. Such punishment only aggravates the condition. Grinning on every occasion, however, shows a want of control over the muscles of expression, and often is taken to indicate a low-class brain. Due to the neuropathic constitution these infants often suffer from *Spasmophilia*; that means an affection in which the motor nerves are unusually sensitive to irritations, resulting in an abnormal tendency to convulsions and spasms on very slight cause. Such spasms, if of the larynx, are often fatal.

Older nervous children are characterized by capricious appetite, an anæmic face, and frequently changing complexion; they suffer from cold hands and feet, giddiness, excessive heart-beating; they sleep restlessly with dreadful dreams and nightmares. They are fidgety and moody. The parents of these agile children think very highly of their child's talents. Often by hastening

their mental capacity these children become precocious and forward in manner.

Excitement on account of the school and the nervous hurry during breakfast often result in nervous loss of appetite.

The treatment of these nervous children requires a great deal of consistency and calmness on the part of the teachers, well-regulated division of time, education in discipline and self-control, change of surroundings and climate, rational diet and sport, mild hydrotherapeutics, and last, but not least, the homœopathic cure.

The homœopathic treatment has three different aims :

- (1) The relief from some molesting isolated symptoms.
- (2) The administering of the indicated *constitutional* drug.
- (3) The trial of organospecific remedies.

In this connection I mention first of all

Kalium phosphoricum 4x-6x ; it is indicated in cases characterized by sensitive weakness, quick fatigue and weakness of memory, anxiety and depressed mood ; interruption of sleep due to school troubles ; fatigue in the morning after unrefreshed awakening ; pressure in the head due to anxiety and excitement and nervous heart-beating.

Acidum phosphoricum 2x-3x is indicated in cases characterized by great psychological weakness ; the key symptom being apathy.

Zincum phosphoricum 6x, suitable to children whose brain is entirely exhausted by excessive learning and to children with disposition to epilepsy.

Zincum metallicum 6x-30c, if there is permanent restlessness of the legs and feet ; the child, despite its best intentions, is not able to keep still ; besides, there is great exhaustion, giddiness and dull pressure on the nose-root, frequent awakening during night, convulsions.

Gelsemium 3x-6x-30x, in cases of great nervous exhaustion, accompanied with sleeplessness, headache, earache, vertigo. These children are depressed and indifferent.

Nux vomica 6x, one of our most important drugs, is a constitutional remedy for the choleric child with yellowish complexion. The *Nux vomica* child is energetic, active, nervous, irritable, unkind, impetuous and quarrelsome ; very susceptible to sensitive impressions, it does not like

to be touched. There is nausea in the morning, pressure on the stomach, dull headache, worse by sunshine; spastic constipation with fruitless tenesmus and temporarily diarrhœa.

Phosphorus 30c is another constitutional drug; it represents the asthenic and neurasthenic child. The *Phosphorus* child is long and small, too quickly grown, has a slack gait; it is pale, fair, the hair is thin and silken, the eyes blue, the face intelligent with vivacious mimics. The child is hypersensitive and irritable. It laughs and cries by the slightest excitement, but very soon there is no reaction at all due to great fatigue; the child gets sad and anxious and does not like to be alone. It is inclined to nervous palpitation, diarrhœa and colds. A burning pain between the shoulder-blades, nervous pains of the stomach and sleeplessness, both better by eating.

Regarding sleeplessness of the nervous child the following drugs have to be considered:

Zincum valerianum 3x-6x is the best drug, quieting the nervous system of the children; nearly the same effect can be achieved by *Avena sativa* or *Passiflora incarnata*; the later drug does not addle the children's brain and has no after-effect at all.

Cypripedium pubescens 3x-6x is indicated if the child falls asleep quickly indeed, but awakens again by the slightest noise, without being able to get asleep again. There is no anguish or shock; the child is vivacious and cheery.

Kalium bromatum 2x-3x is very similar: the child feels better by spiritual occupation and playing with the fingers.

Coffea 6x-30x ought to be given if the sleeplessness is due to nervous excitement due to cheerful impressions and surprise, accompanied with nervous heart palpitations or dental irritation.

Belladonna 6x if the child is drowsy and yet unable to sleep; anguish, visions, large pupils, congestion towards the head; the feet are cold, great unrest.

Stramonium 6x. The *Stramonium* child is suffering from visions of animals, is fearful to be alone, demands for light, awakens bellowing due to fright, takes to flight for anguish, does not know its surroundings, screams for the mother, even if she is sitting at its bed. Congestions

of the head ; heat all over the body ; red face ; spasmodic thrusting of the head in all directions ; profuse urine ; when asleep snoring.

Hyoscyamus niger 6x-12x-30x, if the child has aversion to light ; the face hot, but pale ; the children are delirious with wild expression ; drowsy.

Humulus lupulus 4x indicated if the sleeplessness is accompanied with sexual irritability.

Regarding some isolated symptoms I refer to the *nervous cough*, a condition suitable to the drugs *Mephitis*, *Magnesium phosphoricum* and *Ambra grisea* ; *Ambra* 4x is indicated if cough starts in presence of visitors.

Nervous disorders of the *respiratory organs* indicate *Lobelia* 4x ; all symptoms aggravated by speaking ; there is salivation, indigestion and weakness of the stomach.

In cases of *forgetfulness* drugs like *Anacardium*, *Zincum metallicum* and *Acidum phosphoricum* may be suitable.

The *school headache* of the children indicates *Calcium phosphoricum*. Many of these cases are due to eye troubles (myopia or astigmatism). An examination of the eyes, therefore, should be made before a drug is administered.

The treatment of the neurotic child requires infinite patience and the greatest care. I emphasize that the selection of the most useful drug may be sometimes very difficult. The symptoms above mentioned are very common, but very important. Let us remember : Children with weak and unbalanced character often have great talents, abilities and social values. If they are carefully and suitably brought up they might do great things for their community when grown up. It is better, therefore, not to press their talents on until their constitutions are enabled to stand the strain.



