

Case Report: Cardiac Failure from Congenital Cardiac Anomalies Treated with Homeopathic Medicines

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Summary: A low birth weight female twin presents at 10 weeks old with life threatening cardiac failure due to severe congenital cardiac anomalies despite maximum doses of diuretics. Corrective cardiac surgery was planned if she survived long enough to double her present weight. Homeopathic treatment (*Lauroscerasus*) was integrated into her management, cardiac failure was relieved and corrective cardiac surgery was successful. Post-operative night terrors were relieved by *Stramonium*. Cardiac failure and cleft palate prevented oral feeding; nutrition commenced by nasogastric tube and continued after palate repair by gastostomy resulted in slow growth below the third percentile and developmental delay. Homeopathic treatment with *Phytolacca* resulted in rapid commencement of oral feeding and, with *Gaertner* and *Silicea terra*, resulted in sustained weight gain and a surge in motor and social development.

Keywords: Congenital cardiac anomalies, cleft palate, failure to thrive, developmental delay, homeopathy; *Lauroscerasus*, *Stramonium*, *Phytolacca decandra*, *Gaertner* (Bach), *Silicea terra*

Introduction

L's father, whom I am treating for eczema, asked whether homeopathy might help one of his twin daughters with serious congenital problems of her heart and a cleft palate; she was on diuretics at above maximum dose but was struggling to breathe. The cardiac surgeon said she had to grow to double her weight before he attempted surgery. How to respond? L's safety was the first concern, professional safety the other. After discussion it was clear that L's mother has instant access to the specialist regional pediatric cardiac centre; with one phone call L would be admitted if the mother reported any deterioration. Caution was required to avoid raising expectations. The midline congenital abnormalities made the miasm clear – syphilitic. I agreed to see L and would decide whether to offer homeopathic treatment at the end of the first consultation and study the “cardiac” remedies.

Consultation: August 2004; L, two-and-a-half-months old. History from mother in her own words.

“L has a large VSD and ASD and coarctation of the aorta. She has had the coarctation operated upon, and they put a band on her pulmonary artery until she is big enough to repair her VSD.

“During the pregnancy they found that L had a single strand umbilical cord and problems with intra-uterine blood flow. We had such a lot of anxiety about whether she was going to survive from 25 weeks. They didn't know when it would be best to deliver her because of the poor blood flow – she was so small and not growing much.

“She also has a cleft palate.

“When eight weeks old, she just cried all one night, then became pale and just lay still staring. Then she was cold to touch and clammy with sweat, and she looked a bit grey. We rushed her to hospital and they found she had low sodium and low blood oxygen and found the heart problems. Even after all the treatment before the first operation, her hands and feet were still so cold.

“L has always been a bit unusual – she just seems different somehow. Either she seems like a little animal or as if she is from another planet. She has a very high-pitched cry. She yelps and squeals and rolls her eyes around or up into her head. Sometimes it is as if she knows a lot.”

[Observation: It looked as though L was listening and was about to smile. I said, “Perhaps she is an old soul?” And L opened her eyes, looked at me soul to soul, and produced a big genuine smile. In retrospect I feel that it was at this moment that I decided to treat L. Tears came into her mother's eyes.]

[Observation: L had a very fast respiratory rate, a visible cardiac heave, a cardiac cough and a deformity of her left ear.]

“She has a cough - when she coughs, bubbles come out of her mouth, she sticks her tongue out and goes red in the face, and her eyes stare. Sometimes it sounds like choking.

She does sometimes chuck up some milk and gives a high-pitched cry, and milk comes out of her nose. The cough is worse if she is moved and during and after feeding. She also usually farts or moves her bowels when she coughs.

"She is on above maximum dose diuretics – spironolactone and chlorothiazide - and sodium chloride. She has had lots of antibiotics. She is fed by nasogastric tube.

"This has been my fourth pregnancy; I lost three babies early on in pregnancy.

"I feel that the twins were conceived on two different days – two days apart, R first then L. At 7 weeks they found twins on the scan. They found that L had a high nuccal fold measurement and told us there was a 1 in 4 chance she had a chromosomal abnormality. So we were offered chorionic villous sampling. It was a terrible worry for us. Do we want to know? Could we cope with an abnormal child? Do we abort one and keep the other? Do we risk the life of R while we kill L? There was a moral dilemma through all the pregnancy. Then there was the worry about the umbilical cord and the blood flow from twenty-five weeks. They told us there was a fifty percent chance of them both surviving to term. Do we induce delivery and get one child or leave things alone and risk both of them? In the end we decided to let things be and give L a chance. By twenty-nine weeks the blood flow had improved. They didn't find the VSD or the cleft palate.

"My waters broke spontaneously and labor began slowly, and I had an elective Caesarian section. L was twin two and she did not want to come out – they had to haul her out by her feet. She cried quickly and only needed a whiff of oxygen. She was 3 pounds 13 ounces. They were not put in the special care baby unit; they were with me after the delivery. I was trying to breast feed, but L would not suck, and that is when they found the cleft in her soft palate and she started with tube feeding. They would just ram in the feed with a syringe She was a very sleepy baby, and I saw that she had poor temperature control. She kept getting cold even though it was very hot weather in May. She was a bit pale, and I thought she was a bit breathless. Eventually, by day twelve, she had an echocardiogram and they found the VSD.

"We brought her home and continued the tube feeding, but by gravity. She has never burped, but she passes a lot of wind downwards.

"On the 2nd of July she was ill all night again; we took her to the hospital and she had her emergency operations on the coarctation of the aorta and patent ductus arteriosus. They also put the band on her pulmonary artery.

"L is very quiet. She is not demanding – she seems resigned, as if she has no energy, as if she is putting all her energy into just living, breathing and coughing. Her eyes roll up into her head. She gives the occasional squeal and the odd cry, and then stops. She is worse from being moved about. She is better from being held and caressed. She clenches her fists a lot of the time and has very long fingers. She was squashed in the womb and has odd ears and talipes of her feet. Sometimes she gives a quick squeak and writhes

about a little then she is all right.

She really loves a warm bath; she looks around happily – she is like a lily on a pond.

"Her father has bad eczema, as you know. My sister died when she was three months old – she had transposition of the great vessels. What I want is for L to live long enough, to get big enough for the cardiac surgeon to operate safely."

[On examination L's skin is warm and pink, but while she is pink there is a grey hue to the pink; she has normal muscle tone and normal range of hip movement. Heart: rate 150, quiet systolic murmur and triple rhythm with visible and palpable cardiac heave, with very fast respiration impossible to count because they are so irregular in both rate and volume.]

Analysis 1

Is it reasonable to offer homeopathic treatment? – I had already decided to do so.

What is the prognosis for survival to surgery? – Clinically I would say she had a fifty-fifty chance.

What is the focus of the case? – Life-threatening cardiac failure.

What symptoms/signs are important? – Use repertory.

Is the miasm clear and does that help? – Yes, midline congenital abnormalities = syphilitic.

Does she need a bowel nosode, now or later? - Yes, probably later.

Vitality - potency and frequency of dose - 12CH or LM1 daily, 12CH granules easier for mother to administer.

Rubrics (See Repertorization 1)

- COUGH: HEART complaints with; CHOKING; EATING from agg; DRINKING agg.
- FACE: DISCOLORATION red, cough during.
- MOTION agg and TOUCH amel.
- RESPIRATION: ACCELERATED; DIFFICULT, heart complaints with; IRREGULAR; STERTEOUS
- CHEST: COMPLAINTS of the heart
- CHEST: NOISES, murmurs

Prescription: Syphilinum 200CH, one dose, then Lauruscerasus 12CH granules daily.

Consultation October 2004. L was almost 5 months old

"I think she has been getting a little better in herself – she smiles more; she looks around more and seems more interested in the world around her.

"The cough is worse and worse in the morning and at night and best in the evening. She is being pump fed because she coughs so much. She grew a strong culture of Haemophilus influenzae type B and had antibiotics, but there was no change in the cough. She yawns a lot.

"She has had another heart check-up and bronchoscopy. They found no reason for her cough apart from her heart.

	Laur.	Spong.	Dig.	Na Ja	Lach.	Cupr.	Acon.	Crot-h.	Ars.	Phos.	Arn.	Hyos.	Ant-t.	Aur-i.	Lyc.	Op.	Lycps.	Adon.	Camph.
HEART complaints with (19)	1	1								1	1				1		1	1	
Cough, CHOKING (35)	1						1	1	1	1					1		1		
EATING; from; agg. (86)	1	1		1			1			1	1	1			1	1			
Cough; DRINKING; agg. (45)	1		1				1				1	1	1		1	1			
DISCOLORATION; red; ... (39)				1			1				1				1				
MOTION; agg. (299)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
TOUCH; amel. (56)		1									1		1		1				
ACCELERATED (200)	1	1		1	1			1							1				
DIFFICULT; heart; ... (52)	1	1	1	1	1		1		1		1			1		1	1	1	
Respiration; IRREGULAR (88)	1	1					1			1	1	1		1					
STERTOROUS (81)				1		1	1	1		1		1							
COMPLAINTS of the (170)											1	1	1	1	1	1			1
Chest; NOISES; murmurs (94)	1					1	1						1	1					1

Repertorization 1 (All graphs generated by *MacRepertory* using *Complete Millenium Repertory*)

Consultation August 2005. L was 15 months old.

She was discharged by the cardiac surgeon; he took the band off her pulmonary artery and put a big patch over her VSD and opened a little ASD. She seemed more happy and interested in the world and was developing, though slowly. The following month she had the operations for her cleft soft palate and gastrostomy and grommets.

“Her sleep pattern is disturbed, and I am so tired. She sleeps for thirty to forty-five minutes and then there is a piercing scream like a nightmare. I rush in to her, but it is like she is not really awake – she is screaming with her eyes shut. After a few minutes she

The band on the pulmonary artery has tightened, as it was supposed to.

“She is 8 pounds now and was just over 5 pounds before; so she is growing steadily albeit slowly. The surgeon is waiting for her to be 4 kg (9 pounds) at least before the operation. Her twin is 10 pounds now, but was 3 pounds heavier than L last time.

“L seems to have more energy to complain now and the whining is getting more persistent. Her fight and struggle to live seems to have more energy about it. She is sleeping better at night and less in the day. She seems better when I pick her up to change her; she objects much less.

“She has a sour smell to her sweat on her head and body.

“She is due to have her palate operation when she is one.”

On examination: bright red face with cough – more energy – fights the examination more; heart rate 140, regular, triple rhythm and loud murmur; slightly less cardiac heave and respiratory rate seems slower.

Treatment: Continuc Lauroscerasus 12CH granules daily until cardiac surgery.

Outcome: L survived to and through cardiac surgery. Mother successfully insisted that she was given Arnica 30CH granules post-operatively in the pediatric intensive care unit.

Consultation: 22nd March 2005 – telephone

She is thriving and very much improved. She still has a little cough and problems regurgitating her feeds and still needs tube feeds because of her cleft soft palate. She is not on any drugs.

Advised stopping *Lauroscerasus* and returning for further treatment if required.

can go back to an ordinary sleep. If I am not so quick to rush in to her, she continues screaming and it just gets worse, and then I have to wake her up and just hold her. If the screaming happens again later in the night, then it is worse and I have to wake her up and cuddle her until she goes back to sleep.

“She seems frightened easily. She is afraid of the dark and afraid of very bright lights. She dislikes wet things on her hands – she seems scared. There is another kind of waking at night where she is fully awake and happy, just rolling about and making happy little noises.

“She vomits about three times a day and her bowels are terrible. The vomiting is during or just after feedings, with some retching and a strange mouth movement and then a cough and vomit; then she is alright. The cough brings the vomit out in a big whoosh. She still never wants anything near her mouth. She puts toys and fingers and a spoon in her mouth, but won’t have any liquid or food in her mouth.

“Her bowels are terrible. She had one feeding of breast milk for one year and, after I stopped this, her bowels got terrible. She really struggles to pass stool; it is getting drier and drier and drier. She is on lactulose and senna and moves her bowel every three to four days.”

Analysis 2

Night terrors since cardiac surgery with fear of dark, bright lights and shining water indicate *Stramonium*.

Rubrics (2)

- Night terrors
- SHRIEKING, children, during sleep, night
- FEAR; Death, of; Dark, of; FEAR; Water, of; children, in

- RECTUM: CONSTIPATION
- STOOL: DRY

“She can sit unaided and will roll from side to side. She plays, dropping her toys out of her chair and expecting me to get them.”

	Total	Rubrics	Family	Kali-br.	Stram.	Kali-p.	Lyc.	Bell.	Cann-l.	Aur-br.	Zinc.	Ars.	Carc.	Calc.	Sol-n.	Tub.	Cham.	Cupr.	Sulph.
Night terrors (59)	16	39	12	24	16	10	4	2	15	15	9	17	4	31	9	4	16	1	1
SHRIEKING children ... (29)	7	5	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
Mind; FEAR; Death, of (199)	7	5	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
Mind; FEAR; Dark, of (78)	7	5	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
Mind; FEAR; Water, of (38)	7	5	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
Mind; FEAR; Children, in (29)	7	5	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
CONSTIPATION (617)	7	5	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
Stool; DRY (150)	7	5	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7

On examination: small central perforation of left eardrum; no smell from ear; left pinna red and warm.

Discharge smelling of old cheese, then fish, suggested *Sanicula aqua*.

Constipation from artificial foods suggested *Alumina*.

Multiple courses of antibiotics suggested a bowel nosode.

After repertorization she was prescribed *Polybowel nosode* 30CH, three doses only twelve hours apart, then wait two weeks; then *Sanicula aqua* and *Alumina* as LM1 drops daily in water – one week of each daily, alternating weeks. The result was some improvement in vomiting

Repertorization 2

Prescription: *Stramonium* 30CH, 30ml stock bottle, two drops in water once a week. Advised to try goat’s milk formula.

Consultation 12th September 2005 – telephone

She was very much better – she was having no night terrors and no longer awoke after forty-five minutes. If she awoke later, it was only for a brief interval. She had three doses of *Stramonium*, each one week apart

She was advised to give the child no more doses unless the night terrors recurred, but to give one more dose after her next operation.

Consultation 8th November 2005 – L was 18 months old

She had repair to her cleft soft palate, an in-dwelling gastrostomy and grommets, and healed quickly, but had a left ear infection afterward with profuse ‘horrible’ discharge that continued for weeks. It smelled like very old cheese and then later like the shells of prawns. She was prescribed antibiotics and ear drops which did stop the smell.

“She is fed by pump now via the gastrostomy tube. I tried the goat milk formula, then a hypoallergenic blended formula, but there was no change in the vomiting. I’ve reached a threshold of advice from doctors about what to feed her. I’ve decided that L is going to have blended food pumped down her tube, and now she feels more like one of the family because she can have the same food we have. Her bowels were good for the first four days of real food, but now she is constipated again.

and constipation for three months, then relapse. Occasional otitis media continued to occur and was treated with general practitioner-prescribed antibiotics.

Rubrics (3)

- STOMACH: VOMITING; General
- RECTUM: CONSTIPATION
- CONSTIPATION; artificial food (1)*: alum.
- DISCHARGES; Briny, fishy odor
- DISCHARGES; Cheese, smelling like old

	Total	Rubrics	Family	Hep.	Sanic.	Calc.	Ars-l.	Tell.	Uran-n.	Bism.	Carb-ac.	Sulph.	Sel.	Pyrog.	Na-t-c.	Ol-an.	Lach.	Stram.	Clad-r.	Con.	Nyct.	Tub.
VOMITING; General (593)	10	16	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
CONSTIPATION (617)	10	16	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Constipation artificial food (1)	10	16	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
DISCHARGES....(35)	10	16	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
DISCHARGES....(9)	10	16	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10

Repertorization 3

Prescription: *Polybowel nosode* 30CH, 3 doses only 12 hours apart, then wait 2 weeks; then *Sanicula aqua* and *Alumina* as LM1 drops daily in water – one week of each daily, alternating weeks.

Outcome: Some improvement in vomiting and constipation for three months, then relapse. Occasional otitis media with general practitioner-prescribed antibiotics.

Consultation: March 2006. L was twenty-two months old
 "She still won't have food in her mouth.

"I give her normal food liquidized and syringed down her gastrostomy tube - 120 ml three times a day as meals, and fruit juice or milk.

"She gives a little cough, goes even more pale than usual, then vomits (forcibly) either during a feed or an hour later. There does not seem to be a period of real nausea and then vomiting; there is just the vomit and then she is ready for more food straight away and she does keep that down.

"Her face is always pale. She lost a lot of blood during the cleft repair and was on iron for 3 weeks. I have always been able to imagine L with her little sword and shield stomping off to battle. We always call her "the warrior" - she has been battling all her life.

"She takes weight on her legs to try and stand, but is not standing. She makes lots of noises, but is not talking."

Analysis

She is growing along her own percentile, below the 3rd percentile. The vomiting is significant and unusual. I continue to not see the main problem. "She still won't have food in her mouth." I use the rubric Sensitive mouth, which has 52 remedies in it, but "I cannot see the wood for the trees."

Rubrics (4)

- VOMITING; eating; after; only after (1) - Ferr.
- MOUTH: SENSITIVE (52) ***
- RECTUM: CONSTIPATION; Stool; large
- FACE: DISCOLORATION; Pale

hands were held. She continued to grow, but slowly and remained below 3rd percentile in weight and length.

Consultation October 2006. Lily was 2 years and 6 months old.

[Observation: she was wearing a hearing aid in each ear.]

Weight 16lb-10 oz (7.5kg); 3 lb-13 oz at birth (1.73kg)
 Her sister was eight pounds heavier and much taller.

She will still not put anything in her mouth. She won't put any toys in her mouth or her fingers, and she won't allow any food in her mouth. She has always hated anything in her mouth, even before the operations.

[Observation: Mother is determined that this time I will finally hear and accept that this is what needs to be treated.]

Rubrics (5) [see next page for graph]

- MOUTH; SENSITIVE
- MOUTH; SENSITIVE; palate
- MOUTH; SENSITIVE; tongue
- STOMACH; APPETITE; wanting
- STOMACH; VOMITING; General
- RECTUM; CONSTIPATION; chronic
- GENERALITIES; CHILDREN, complaints in
- GENERALITIES; SYPHILIS

Prescription: *Phytolacca decandra* LM1, 30ml teat bottle - a squirt of drops daily in mouth.

Total Rubrics Family	Ip.	Ferr.	Phos.	Nat-m.	Kali-s.	Sep.	Nat-s.	Kali-c.	Ars.	Bry.	Sul-ac.	Puls.	Sulph.	Graph.	Lyc.	Sel.	Org.	Kali-bi.	Cupr.	Nux-u.
VOMITING: General: (116)	1	1																		
VOMITING: General: (1)	1	1																		
Mouth: SENSITIVE (52)																				
DISCOLORATION: (5)																				
Nose: DISCHARGE: Left (20)																				
Cough [sen] VOMITING (31)																				
CONSTIPATION (617)																				
Stool: LARGE (114)																				
DISCOLORATION: Pale (336)																				

Repertorization 4

Prescription: *Ferrum metallicum* LM1, 30ml, 2 drops daily in water.

Outcome: March to October 2006, age 2 years and 6 months.

She had a succession of coughs, otitis media, gastroenteritis and chickenpox. *Ferrum metallicum* was increased from LM1 to LM2 to LM3. Vomiting improved to once daily. Bowels moved most days. She was bottom shuffling around the room, pulled herself up to stand and would walk if her

Consultation 6th November 2006 - telephone

She had her first dose on Friday and since Monday she has been putting food in her own mouth and chewing and swallowing every day for the first time since she was born. "It is like a miracle. Thank you." She gradually took a little more food each day.

She was advised to continue *Phytolacca decandra* LM1.

Consultation :18th December 2006 -- telephone

She continued to put food in her mouth and the amount was increasing. She would use her hand or a spoon to eat twenty to thirty ml of thick purified food. She now connected hunger with eating. Tube feedings had to be maintained though as she was not eating enough on her own.

She was advised to continue *Phytolacca decandra* LM1 daily in mouth until the end bottle, then LM2 daily, then LM3 daily.

	Total Rubrics Family	Phyt.	Fl-ac.	Na-t-s.	Sel.	Merc-c.	Petr.	Graph.	Merc-l-r.	Merc.	Nit-ac.	Hep.	Bism.	Carb-u.	Iarax.	Merc-cy.	Apis	Osm.	Ars.	Psor.
<u>Mouth: SENSITIVE (52)</u>	52																			
<u>Mouth: SENSITIVE: Palate (5)</u>	5																			
SENSITIVE; Tongue (25)	25																			
APPETITE; Wanting (498)	498																			
VOMITING; General (593)	593																			
CONSTIPATION; Chronic (30)	30																			
<u>CHILDREN... (329)</u>	329																			
<u>Generalities: SYPHILIS (233)</u>	233																			

Repertorization 5

Consultation August 200. L was 3 years and 3 months old.

[Observation: L was wearing glasses and two hearing aids and was happy and smiling and still very small. She had a small face with small features and small hands and feet, but her limbs were longer. She had a variable left convergent squint.]

"She is generally very good. The *Phytolacca* was amazing, the change was so quick. The cough and the vomiting gradually faded away. She is still eating a bit herself every day and some days she has eaten half a banana, but it takes such a long time; so I still need to tube feed her. Also, she is still much smaller than her sister. The surgeon says the gastrostomy tube is to stay in until she has not used it for at least 6 months, including not using it for illnesses.

"Her bowels are getting slower again – she only goes every four to five days. Her stools smell of chlorine.

"She has taken her first few steps independently recently, but walks well with a baby-walker. She is not talking but signs a lot. She had a febrile convulsion in April. She had two ear infections on the left announced by her eardrum bursting and two courses of antibiotics, but her eardrum healed up alright after each, and I have not given her the bowel nosode after.

"She wakes for two hours during the night every night. Sometimes she plays and sometimes she just cries. She has not had *Phytolacca* for three months. She is sociable and smiles a lot and tries to communicate. She is a bit timid with new people, especially children, but she will play quietly by herself or with her sister.

Rubrics (6)

- STOOL: ODOR; Chlorine
- GENERALITIES: CHILDREN, complaints in
- DEVELOPMENT: Arrested/Nutritional

	Total Rubrics Family	Sil.	Calc-p.	Calc.	Carr.	Bac.	Na-t-m.	Causl.	Bar-c.	Med.	Sulph.	Kreos.	Phos.	Thyr.	Op.	Pin-s.	Bufo	Emb.	Lyc.	Alum.	Stram.
Stool: ODOR; Chlorine (1)	1																				
<u>CHILDREN... (329)</u>	329																				
<u>DEVELOPMENT... (12)</u>	12																				
<u>DEVELOPMENT arrested (47)</u>	47																				
CONSTIPATION; ... (20)	20																				
CONSTIPATION; ... (55)	55																				
sleepless 3 to 5 am (233)	233																				
<u>CHEERFULNESS... (369)</u>	369																				
Mind: TIMIDITY (185)	185																				
TIMIDITY; Children, with ... (7)	7																				

Repertorization 6

Consultation: 24th September 2007 – telephone

"The *Gaertner* is amazing – from the first dose she was moving her bowels every day easily with no strain or fuss. The improvement lasted for five weeks and in the last week she has been constipated again. When I started *Silicea* LM2 her last tooth erupted.

She was advised to repeat *Gaertner (Bach)* 30CH.

Consultation October 2007 – telephone

There was less of a response to the repetition of *Gaertner*. Her constipation relapsed; her bowels moving once a week only. Eating continued to be improved. She was growing and had put on two kg since May, most of that since *Gaertner* and *Silicea* were started.

Prescription: *Gaertner (Bach)* 200CH granules, three doses only.

Outcome: November 2007 to September 2008

Her cough resolved in November. Her bowels moved easily every three to five days and the stool was normal. She put food in her mouth but still had her gastrostomy tube. She continued growing and gaining weight along her own percentile, but still at a slower rate than her twin. Her development also progressed but lagged behind her twin. L was not speaking but did sing tunes and made lots of signs

- complaints, from
- CONSTIPATION; Urging; absent; Children, in
 - SLEEPLESSNESS; 3 to 5 am
 - CHEERFULNESS, happiness
 - TIMIDITY: Children, with other

Prescription: *Gaertner (Bach)* 30CH granules, three doses, wait two weeks; then *Silicea terra* LM1, a squirt of drops daily.

and drew pictures. She walked unaided and climbed.

She loved nursery two mornings a week and played with other children. She continued on *Gaertner* 200CH, once every three months, and *Silicea terra* LM3 daily. At the end of August 2008 L weighed 9.98kg, had gained 600g in six weeks (on around 1000 kcals per day – some by mouth, most by tube), height was 83 cm (R weighed 15 kg and is 104cm).

Consultation: 17th September 2009, telephone. L was five years and six months old.

“L is so happy, such a cheerful soul. She has had lots of genetic tests to try and make a clear diagnosis, but she seems to be unique. Her bone scan showed a bone development age of two; so she has good potential to keep growing beyond the age of eighteen. She is at normal school in the same class as her sister and she loves it.”

Advised to:

- Repeat *Gaertner* 200CH after each course of antibiotics.
- Have *Silicea terra* LM4 daily for two weeks after each acute illness.
- Allow fever and not to use paracetamol for acute illness.

Consultation: 24th April 2010. L was 5 years 11 months old

She had almost completed first year at normal school, was very cheerful and had been mainly well till January.

[Observation: L gave me a big smile and a wave, signed that the consulting room floor was different (wood floor restored) and the walls were a new blue, then walked quickly to the toy corner and settled down to play with fluid transfers from standing to walking, stopping, squatting and sitting.]

“She can walk a long way, steps up easily, but is careful stepping down. She has a great memory for places and has great orientation in place – she knows if we are going somewhere by a different route and remembers who we saw and how we got there.

“She falls over a lot smack straight down and the noise of her head hitting the ground can be sickening to hear. I give her *Arnica* and she is alright. She signs fluently and loves her computer. She understands a lot of words and is very communicative despite her lack of speech. She can suck with a straw which is a great milestone and can dress and undress.

“She has freezing cold feet and hands, like blocks of ice. She is still so thin and her weight has been stuck since January. She got a chest infection with lots of mucous which was hard to cough up. The cough was gurgling in her throat and a bit in her chest and she was admitted to hospital. The chest X-ray was “fluffy;” so they gave her oxygen and prophylactic intravenous antibiotics for two days. I gave her *Gaertner* 30 and 200 for a few days afterwards, but her weight is stuck at 11kg and her height at 90cm. R is 18kg and 115cm.

“Since starting school she has contracted illnesses with a

high fever of 40°C for a few hours, then either an ear infection which goes on to a ruptured eardrum or a cough. The ear discharge is smelly – like fish, not fresh, and lasts about a week. I don’t give her paracetamol for the fevers as you advised, and she does not get antibiotics for her ear infections - my GP is very supportive of that. She has only had that one febrile convulsion when she was young. The cough goes on longer with a lot of clear mucous, like stretchy egg white, and she struggles to cough it up and clear it from her throat, and she smells like a wet dog.

“She loves soup and manages a spoon well; she loves tiny pots of yogurt, and bread and peanut butter and loves vinegar - she loves balsamic vinegar and loves malt vinegar on chips. She doesn’t like cakes or sweets or biscuits. She still has her gastrostomy tube. She eats by mouth with us at meal times, and I judge how much to supplement with tube feedings of our normal food.”

[On examination: She has moles on her scalp and extremely long silken eyelashes – so long they push against her spectacle lenses and curl upwards. Her arms and legs are extremely thin and look emaciated.]

Family history: Maternal grandfather – lung cancer; maternal grandmother and aunt – breast cancer. Paternal grandfather – lung cancer.

“Her only fear is of people in uniform, like policemen. She goes horse riding once a week and has been canoeing and has climbed a mountaineering wall. She is not indiscriminately sociable – she likes you and is comfortable here. She is naturally wary of strangers and there are certain people she doesn’t like. She panics if I go out of the room and she hadn’t noticed or if her key worker goes out of the classroom without telling her.

Analysis

Emaciation despite adequate calorie intake remained the primary focus of treatment. There had been a surge in motor and social development. Her eyelashes were striking and led to the rubric: EYES: ELONGATED; Silken, and, eyelashes (4): carc., gaert., phos., tub.

This rubric combined with the new moles prompted the question which revealed the strong family history of cancer. There was a block to further healing with *Gaertner*; *Carcinosin* is one of the related medicines to *Gaertner*. Recurrent acute otitis media is common in the first year of school, but perforation followed by ear discharges smelling of old fish suggests *Sanicula aqua* would have an important role in both the primary focus of treatment and in the recurrent acute otitis media.

Rubrics (7)

- EMACIATION Children in
- Eyes ELONGATED Silken eyelashes
- DISCHARGES secretions; Briny, fishy odor

- GROWTH Affected, disorders of
- DEVELOPMENT arrested
- FOOD; Vinegar desires
- FOOD; Soup desires
- FOOD; Sweets aversion

Total Rubrics Kingdoms	Sulph.	Ars.	Calc-p.	Phos.	Nat-m.	Calc.	Bac.	Hep.	Bar-c.	Carc.	Sil.	Sep.	Lyc.	Ferr.
<u>EMACIATION: Children, in (83)</u>	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<u>ELONGATED: Silken, and (4)</u>	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<u>DISCHARGES, secretions: (45)</u>	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<u>GROWTH: Affected, disorders of (43)</u>	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<u>DEVELOPMENT arrested (55)</u>	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<u>FOOD and drinks: Vinegar: (21)</u>	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<u>FOOD and drinks: Soup: desires (21)</u>	■	■	■	■	■	■	■	■	■	■	■	■	■	■
<u>FOOD and drinks: Sweets: (73)</u>	■	■	■	■	■	■	■	■	■	■	■	■	■	■

Repertorization 7

Treatment: Carcinosis 30CH granules, one dose, then *Sanicula aqua* LM1, 2 drops daily in water with 10 succussions before each dose.

Reflective Commentary

Bowel Nosodes in Children

The prescription of a bowel nosode was followed two weeks later by prescription of another homeopathic medicine in LM 1 potency daily on two occasions. This method was recommended by Russell Malcolm, MD, in his seminar “The Bowel Nosodes Reappraised” at the Glasgow Homeopathic Hospital in March 2003, and I have confirmed its clinical usefulness on many occasions since in children. When a bowel nosode is used to resolve an obstacle to healing, then the clinical response is often fast and apparent within ten to fourteen days in children. The risk in waiting longer than two weeks is that another allopathic intervention may be prescribed or that pre-existing systemic disturbance will re-assert itself and re- evoke intestinal dysbiosis and/or another intrinsic block to cure with the classical simillimum. In simple cases of high vitality, it is my practice to wait four weeks or more before review of response as the bowel nosode alone may be all that is required. In patients with significant bowel pathology and lower vitality it may be necessary to wait longer than two weeks to give sufficient time for intestinal dysbiosis to resolve before commencing a related medicine.

Miasmatic Nosodes in Children

The prescription of a miasmatic nosode was followed the next day by prescription of another homeopathic medicine daily on two occasions: *Syphilinum* followed by *Lauroscer-*

usus and *Carcinosin* followed by *Sanicula aqua*. I have used this method for the past seven years in children with cancer and other life-threatening illness in whom both the active miasm and the classical simillimum are clear. In subsequent management of these children it is my experience that clinical gains are achieved mainly by the classical simillimum, but if the miasmatic nosode also needs repetition, then that it also clear to the mother and the practitioner.

Treatment Goals and Outcome Measures

Management of children with life-threatening illnesses is demanding and requires clinical focus. The first goal of treatment was the clearest - to promote L’s survival to cardiac surgery. Clear outcome measures were required for the first review consultation; those consisted of reduction in cardiac rate and reduction in respiratory rate. This was achieved using *Lauroscerusus* 12CH daily and was the simplest part of her management.

The second goal of treatment was relief of her night terrors after cardiac surgery, the clear outcome measure being rapid resolution of night terrors. The clinical response to *Stramonium* was rapid in onset and sustained. *Stramonium* was repeated once in January 2010 because a night terror occurred after hospital admission; no further night terror has been observed.

Subsequent clinical management was more difficult, complicated by loss of clarity in not only what was to be treated, but what were reasonable outcome measures and reasonable treatment goals, given the uncertainty of her prognosis, uncertainty about how much developmental and growth delay were due to: the severity of cardiac failure making her too ill to suck, her cleft palate making it difficult to suck, her not putting things in her mouth as understandable or conditional developmental delay or due to abnormal sensitivity of her mouth and palate. Throughout this treatment course her mother remained a guiding light – “She will not put anything in her mouth.” This gave a clear treatment goal and clear outcome measure - L putting food in her mouth and eating. The rapid and sustained response to *Phytolacca decandra* was clear and formed another turning point in her life, development and subsequent management.

The current primary focus of treatment is emaciation despite adequate calorie intake with the treatment goal and final outcome measure being removal of gastostomy tube. Significant progress has been made with *Gaertner (Bach)* in weight gain, but the gastostomy remains. Secondary treatment focus remains on: social and educational development – some progress made with *Silicea terra*; and maturation and resilience of her immune system – significant progress

recently achieved by *Carcinosin* and *Sanicula aqua* and *Chamomilla* in that mother reports two acute illnesses with high fevers and earache which resolved quickly without paracetamol or antibiotics or rupture of tympanic membrane.

The integration of homeopathic treatment into the management plan of this child over six years has required clinical focus and given opportunity for extensive reflective practice, highlighting the usefulness of peer supervision and continued professional development. Working within the boundary of professional competence – albeit near the edge of the boundary – has been challenging, with reliance placed on clarity of role and identifying clear treatment targets and outcome measures.

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