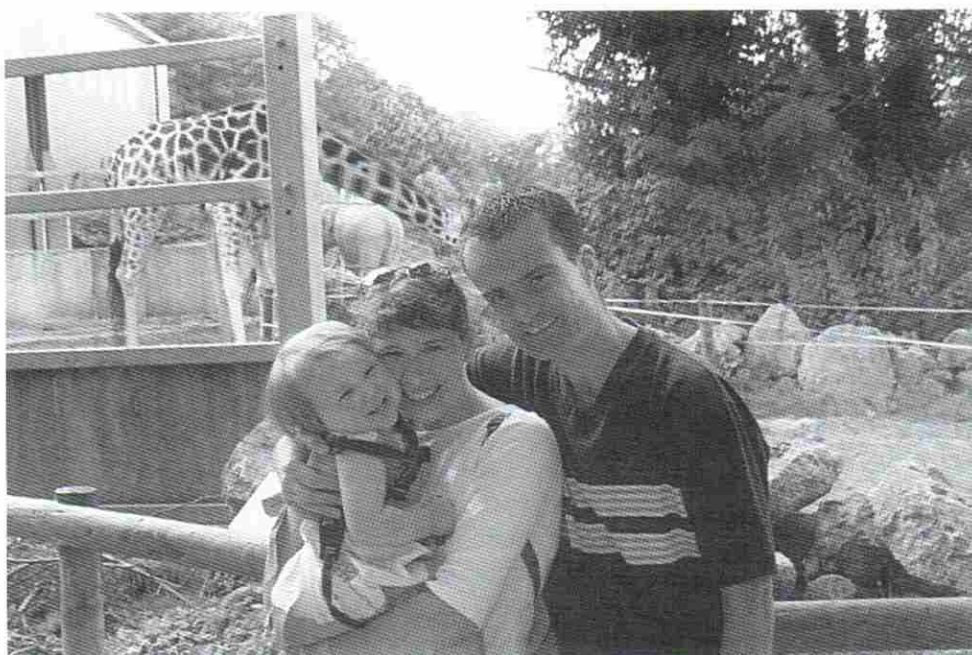


Enlarged tonsils

Jeni Worden describes how she treated a toddler with worrying symptoms homeopathically



Parents Jenny and Glen are delighted with Cerys' homeopathic treatment

Baby Cerys was fast asleep in her mother's arms when I first met her in March 2002. She looked like a small but unwell cherub as she continued to sleep whilst her mother, Jenny, explained what was wrong.

Cerys, then 13 months old, had been ill on and off since she was aged just four to five months old. She had never been well since having a croup-like cough, which had then progressed to wheezy breathing, like that of asthma. After that initial illness, Cerys had gone on to develop a cough, which her mum described as similar to that of whooping cough. Her GP had been so concerned by this cough that a special swab

taken from the back of the throat called a "per nasal swab" had been taken. This is one of the only ways that whooping cough, pertussis, can be diagnosed but fortunately for Cerys, this swab showed no evidence of this long-lasting infection. However, since that time, Cerys had been ill recurrently, having no more than five or six weeks of health at a time in between episodes of distressing symptoms.

These symptoms started with what seemed to be a simple cold. Colds are common in children of pre-school age and most children will suffer from six to eight colds a year, each one possibly lasting for up to four to six weeks at a time. This is

the reason why most toddlers and nursery age children seem to have perpetually running noses.

However, poor Cerys suffered from complications, in that, when she had a cold, she vomited as well. This was obviously a very worrying symptom for her mum and not helped by the fact that Cerys often wheezed when she was unwell. Although Cerys was a very normal little girl in between being ill, her mother found the frequency of Cerys' symptoms distressing for her daughter and very worrying for herself and her husband.

Their GP had been supportive, referring Cerys to a consultant paediatrician for specialist advice about her condition. He had seen her about six weeks before I saw her and the GP had helpfully sent me a copy of his clinic letter. In it, he had mentioned how large Cerys' tonsils were and commented that they almost met in the middle of her throat. He noted that her breathing was "noisy" on the day she was seen but that this was not causing her any apparent distress. There was no obvious infection in her chest when examined.

The consultant thought that when Cerys caught a cold, the resulting increased mucus secretions caused irritation at the back of her throat and combined with her already enlarged tonsils, made the enlargement worse. This resulted in her coughing, as her throat tried to clear itself and then vomiting. Vomiting with a cough in children is much more common than in adults as they do not have the same degree of muscular development in their

diaphragm and gullet that adults have. This makes it easier (unfortunately) for children to regurgitate their stomach contents when being sick.

The wheeze that Cerys experienced was probably because of the cold virus making the small airways in her lungs much more irritable than usual. This results in the airways narrowing for a short time, causing a wheeze that can be easily heard.

The advice of the consultant was that there was no significant conventional treatment that could be advised at the time but that he would keep Cerys under review in his clinic in case her symptoms did worsen.

Cerys' parents, although appreciative of the consultant's advice, wanted to help their daughter in any way that they could. Their GP was more than happy to refer them to me for further help as we had been colleagues when I was an NHS GP.

Cerys was still asleep as I took both a homeopathic and conventional medical history from Jenny. Although troubled by pregnancy-related nausea and sickness whilst pregnant with Cerys (her first pregnancy), Jenny had been otherwise well. However, the vomiting symptoms had reappeared towards the end of her pregnancy, resulting in her being admitted to hospital with dehydration two weeks before Cerys was due. Cerys was finally born five days late by a Ventouse extraction.

There were no apparent problems related to Cerys' diet, although her dislike of lumpy food was very marked. Jenny described Cerys as a

busy, happy, laughing baby when she was well. She liked to be out-doors.

The only area where Jenny had any trouble with her daughter when she was well was that Cerys woke frequently in the night. She loved to be cuddled and this was in fact the best way to get her to sleep, especially if combined with a rocking movement.

Although not normally a clingy child, she was just starting to be wary of strangers, which I would regard as a normal developmental milestone for this age group. Cerys had been walking for just over a month when seen and was saying simple words.

Physically, apart from being a very appealing child, she tended to get hot and could perspire easily.

Cerys had woken up by this time but was still very sleepy and it was difficult to assess her properly. She had been ill in the night, hence her unscheduled nap. Taking her physical symptoms and her episodes of being unwell since her attack of that croup-like cough when she was just four months old, I prescribed *Spongia* and *Baryta carb 30c*, one to be taken daily. I arranged a review appointment for Cerys in six weeks time.

Imagine my delight when a very different little girl came running in to see me three months later. The appointment had been delayed as Jenny was pregnant again and suffering from severe sickness once more. Cerys had had no episodes of ill health since last seen and she looked very happy, exploring my consulting room and chatting

non-stop at the same time. She had seen her consultant in the intervening episode who had been amazed at the reduction in the size of her tonsils and equally pleased with her progress. Since starting the homeopathic treatment, and as the size of her tonsils reduced, Cerys also started to enjoy lumpy food. I didn't change the medication and arranged a follow up appointment for October 2002.

Cerys had a single episode of illness before her appointment but still looked well when next seen. She was also due to see the consultant. In view of this recurrence, and because Cerys was occasionally wheezy when she missed a tablet, I felt that perhaps a deeper acting remedy would help.

I prescribed three tablets of *Phosphorus* to be taken over a 24-hour period, in view of her combined problems of tonsillar and chest symptoms in such a happy, engaging child.

Cerys has remained well since last seen apart from one virus infection that did not result in her becoming as ill as she has been in the past. She was reviewed by her NHS consultant who was happy for her to stay on her homeopathic medication and has arranged not to see her again until Spring 2003. Jenny and her husband are delighted with Cerys' continued good health and all three of them are looking forward to the birth of a new baby soon.



Dr Jeni Worden
MB ChB
MRCGP
MFFHom was an NHS GP in a group practice in Christchurch, Bournemouth for ten years before leaving to expand her medical homeopathic practice in February 2001. She also practises at the Centre for the Study of Complementary Medicine in Southampton and still does GP locums to keep her skills as a conventional doctor up to date.

