Successful treatment of a 4 year old child with viral gastroenteritis with SANUM preparations

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Subjective
A four year old boy presents to the doctor’s office with his mother (and sister) after having started vomiting and having diarrhea five days ago. Today he presents with decreased energy, appetite and thirst. He did not vomit today and was able to eat a rice cake with milk. He did still have yellow diarrhea. He wants to be held by his mother and play quietly indoors. He had not attended kindergarten for the past four days (Monday - Thursday) and the mother was intending on keeping him home again tomorrow (Friday).

History of Present
Five days earlier, after being at another child’s birthday party, the boy vomited in the car on the way home and then had fatigue and no appetite. The next day, on Sunday, he vomited again, had no appetite, was tired and cried often. Axillary temperature taken at home was 37.2°C. On Monday, he vomited three times after he had eaten some food. His axillary temperature taken at home was 38.3°C. On Tuesday he had no appetite and did not eat anything. He slept most of the day and vomited two or three times. On Wednesday, he ate no food but still vomited. His axillary temperature was 37.2°C. He slept most of the day. When he drank water, he quickly vomited. He started to have yellow diarrhea. His temperature taken at night was normal. No medication, herbs or homeopathy were given to the child by his parents prior to the doctor’s office visit. No other members of the family were experiencing any of the above symptoms and all were in good health.

Past Medical History
The child had never experienced these symptoms before. The child was never immunized and had never experienced any significant childhood diseases.

Objective
The child presents to the office and is quiet and plays with some of the toys at the office. His eyes are glassy. An oral temperature was attempted, but the child did not keep the thermometer under his tongue entirely. The reading was 36.2°C. He was not hot to the touch nor was his skin damp or clammy. Increased bowel sounds were heard in all four quadrants and his abdomen was very distended and hot to the touch. (The mother commented that this distention is not normal). Upon gentle palpation, the child was comfortable and no pain was elicited. He pointed to his stomach when asked where the pain was.

Social History
The child and his parents and sister moved from Chile four months ago and settled in Phoenix, Arizona. He began kindergarten upon arrival. His first language learned was Spanish and he is in the process of learning to speak English. The mother speaks some English, but an interpreter was present during the office visit to help translate.

Assessment
The child was diagnosed with viral gastroenteritis.

Treatment
FORTAKEHL 5X drops: 2 drops twice a day orally and 1 drop placed on the boy’s abdomen and rubbed into his skin by himself once daily. QUENTAKEHL 5X drops: 2 drops twice a day orally. The above were administered while in the doctor’s office. Steamed vegetables and some raw fruit were suggested to eat with the elimination of cow’s milk. An electrolyte packet was suggested to take twice a day to help replenish any lost electrolytes. The physician was to call the mother the next day (Friday) and over the weekend to assess the child’s condition.

Phone Call to Mother
One day after office visit, on Friday, the child had no bowel movements and urinated once. His appetite was decreased and the mother said his abdomen was still distended. He had two of the electrolyte packets. The mother was advised to continue with the protocol of the FORTAKEHL and QUENTAKEHL.

Phone Call to Mother and Father
Three days after visit, on Sunday. The parents reported that the child’s energy was increased; he was eating and had no diarrhea, a normal bowel movement and a less bloated abdomen. The parents were planning to have the child return to school on Monday.

Office Visit on Tuesday
The child was energetic and played on the floor with a toy truck while in the office. His appetite was reported by his mother to be
slowly increasing. He had one bowel movement and continued to have no vomiting or diarrhea. Upon observation, the child’s eyes were still glassy, but not as much as at the first visit and his abdomen was no longer distended and the mother concurred that his abdomen was of normal size. He did not want to stay on the examining table and instead wanted to play outside in the courtyard of the doctor’s office with his sister. He had attended school that day. He had cereal with cow’s milk at breakfast, was drinking water and had some orange juice that day and a snack of raw carrots at school. The mother said that the boy went swimming in a pool two days ago and then developed a slight skin rash on his back later that night. He did bathe after swimming. Only one small dried skin eruption, the size of the head of a pin remained on his lower back. The mother was instructed to keep giving the child the FORTAKEHL and QUENTA-KEHL.

**Conclusion**

The day following the administration of FORTAKEHL and QUENTA-KEHL, the child no longer had diarrhea. Three days after taking the remedies, the child experienced a normal bowel movement with an increase in energy and appetite and was able to return to school the following day. The skin rash may have been a result of moving any residual toxins in his body out through the skin.

Fortunately, the parents did not administer any fever reducing or other medication to the child prior to the first doctor’s office visit. This allowed the child’s immune system to not be suppressed, allowing the vital force of the child to then be supported with the remedies.

FORTAKEHL was given due to the involvement with the intestinal system and the indication of FORTAKEHL supporting and balancing the GI system. The QUENTA-KEHL was given due to the assessed diagnosis of the presence of a virus as QUENTA-KEHL is indicated for treating viral infections.