Report of Treatment of a Child with Neurodermitis and Staphylococcal Infection

by Barbara Sander, Naturopath
Background

A., a little boy of 13 months, was brought to my practice for his first consultation in 2003.

The mother had been taking antibiotics for acute tonsillitis during the six months that she had been breastfeeding him. After the child was weaned, he began to show the first skin symptoms of neurodermitis.

The boy’s bicuspid teeth showed small patches of decay around the fissures (chewing surface); however, these were not being treated because he put up violent resistance to visiting the dentist.

Up to that point, he had received homeopathic treatment for the skin changes, but without success.

A stay in a clinic specialising in the treatment of neurodermitis had confirmed the parents in their wish not to give pride of place in everyday family life to this illness of their youngest and third son. Admittedly, the reactions of outsiders frequently threatened to sabotage their efforts, for the visual impact of full-blown neurodermitis would cause other people to react strongly.

Whilst he was in the clinic, for the first time, he had suffered a Staphylococcus aureus superinfection; attempts to treat this homeopathically had failed, and in the end it had been treated with antibiotics.

The family history showed a background of pollinosis, asthma, neurodermitis and mononucleosis.

Treating the Neurodermitis

When the child was brought to me, the parents had already tried various therapeutic approaches with different therapists. Initially, I too began my treatment homoeopathically, but gradual improvement only set in when I included isopathic remedies and a change of diet. This involved keeping off cow’s milk, pig-meat, wheat and sugar. A few months later, the trunk of his body was barely affected, whilst his hands, wrists and face showed hardly any change.

In the period that followed a „sawing“ of complaints set in, fluctuating between the lungs and intestines as eliminative organs: if the lad had a cough, then even his face was spotless; however, if the cough cleared up, then the accustomed skin picture once again became prominent.

In 2003, towards the end of our first year of treatment, the child suffered a further Staph. aureus infection, which was treated with antibiotics. When I gave Sulphur to clear out the medication, there was a recurrence of the infection, and this time, the mother refused more antibiotics.

After that, the boy was received the following medicaments:

- NOTAKEHL 5X, a few drops applied topically to the affected areas, on alternating days with SANKOMBI 5X, 1 drop once daily on the healthy skin.
- SANUKEHL Staph. 6X, 1 drop once a day massaged in around the navel.
- Mezereum 30C, 3 globules once or twice a day.
- Twice a day, the hands were carefully bathed in water, to which 1 pinch of ALKALA N and 10 drops of Calendula tincture had been added.

The alkaline, low-protein diet was once again adhered to consistently.

To minimise germs, cloth toy animals, handkerchiefs and clothes were washed in hot water and then placed in the freezer.

The mother put a lot of effort into this, receiving little support for this course of action, and three weeks later, the infection was completely cured. Even areas that had been dramatically infected healed over with no scarring.

Further progress

Early in 2004, the lad developed a bad cough, his face being clear, and this was treated homœopathically: initially Phosphorus 30C, 3 globules...
twice a day for 5 days, then Spongia 6X, 3 globules 3 times a day.

Over the next two years, the child was given Natrum muriaticum in various LM potencies, to stabilise him, and Carcinosin as an intermediate remedy.

In March 2006, the child’s state was very pleasing: overall he had stabilised, minor infections would run their course without complications. The boy had also made tremendous progress psychologically. A lot of anxieties had been resolved, and his sleep at night was typical of a child of that age with “normal” skin. His face and body were just about free of skin changes; some neurodermitis remained, but only on his wrists and ankles. So there was obviously something that was still preventing his body from a complete healing of the skin.

Obstacles to Cure
The dental caries which had been found in the case-taking back in 2002 was finally due to be addressed in September 2006. The 4/4 tooth, associated with the Stomach/Spleen/Pancreas meridian, was particularly badly affected and, following the treatment (which had been carried out under general anaesthetic because of the child’s already-mentioned strong antipathy!), it began to ache. About a month later, the gum near the root of this tooth began to bulge. The swelling quickly went down after treatment with NOTAKEHL 5X (1 drop every 2 hours) and ARTHROKEHLAN „A“ 6X (1 drop topically on the tooth, once a day). However, the complaints developed according to the well-known laws of Natural Therapies, with the healing proceeding from within, outwards, and so a few days later, they manifested as a Staphylococcus aureus infection of the skin. (See photo).

Again, treatment was administered using isopathic remedies:
- CITROKEHL for the milieu, 3 drops twice a day,
- SANKOMBI 5X, 1 drop to be massaged in around the navel once a day,
- SANUKEHL Staph. 6X, 1 drop near the navel, and SANUKEHL Pseu 6X, 1 drop in the temporal region, to be massaged in on alternating days.
- NOTAKEHL 3X ointment to be applied to the affected skin.
- Additionally, Mercurius solubilis 30C, 3 globules twice a day, Ferrum phosphoricum 12X (biochemic tissue salt) 2 tablets 3 times a day, and Calcarea sulphurica 6X, 1 tablet twice a day were prescribed.

This time, the hands were not only bathed, but were treated afterwards with blue light.

Light therapy is based on the discovery that our body cells contain photons, elementary particles which move at the speed of light. The light of these photons can be divided into the seven colours of the spectrum. If a particular colour of light reaches the cells from outside via the skin, then the corresponding oscillatory frequency will be boosted.

The colour blue is associated with the ectoderm and has a calming, soothing, cooling and anti-inflammatory effect. This is why, in earlier times, burns were „irradiated“ with blue light.

To improve his liver metabolism, the lad was given a daily warm compress with oil of St. John’s Wort over the area of his liver.

It took about three weeks for the last skin lesion to disappear.

Critical survey
In January 2007, the skin is admittedly a little too dry, but more or less free of any manifestation of neurodermitis.

I suspect that the bicuspid tooth that was treated is now dead, since it has turned dark. At this time, a direct treatment or extraction is not possible. (It would be interesting to establish what triggered this tremendous fear/defence that the child displays towards dental treatment, or what it means.)

One could speculate a great deal regarding the course of the illness.
Personally, I suspect that the mother’s tonsillitis whilst breast-feeding was caused by Staphylococcus aureus. (In this connection, it is worth mentioning the observation that, at the time he suffered his first superinfection with Staph. aureus, both his mother and brother were suffering from awful sore throats.) These germs (possibly as cell-wall-deficient forms, CWD) and the mother’s antibiotic treatment were very possibly the undoing of the child’s intestines and defence mechanism. The initial weakening of the gut may have resulted in the subsequent dental problem and consequent dissemination of toxins, which again signified long-term stress for his organs of elimination.

As I myself come from the classical homoeopathic tradition, describing the course of this treatment is important to me for the following reason:

Treating people purely with classical Homoeopathy when they clearly have weakened eliminative organs or are overloaded with toxins of various kinds (e.g. dental toxins because of dead teeth or heavy metal stress) has never been attended with success in my practice.

This clarifies the case I have described here, where the carefully selected homoeopathic simillimum showed no lasting effect. The symptom picture did not display any improvement until I brought isopathic thinking and medication to bear on it.

Bibliography
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Editorial note:
As we went to press, we were informed that the child has a massive Mercury overload. No doubt the therapist will be addressing this as treatment proceeds further.

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