

Efficacy of Homoeopathic Medicines in Case of Acute Diarrhea in Pediatric Age Group

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Abstract: *Background:* Acute diarrhea is very common health problem seen in pediatric age group children, particularly in developing nations like India. Diarrhea is characterized by excessive loss of stool, water and electrolytes and also leads to death in early life. It has a substantial impact on child's health causes malnourishment and even death in early life when child is not able to survive independently. Keeping all this in mind study was planned and conducted.

Keywords: Acute Diarrhea, Homoeopathic medicines, Pediatrics, Verification

1. Introduction

“Contaminated food is major cause of diarrhea, substantially contributing to malnutrition and killing about 2.2 million people each year, most of them children. -- Gro Harlem Brundtland

Diarrhea is characterized by passing of three or more loose, watery stools per day. Acute diarrhea persists for one to two days. The tendency of passing well formed stools more than normal, is not diagnosed as diarrhea, also the passing of loose, pasty stools in breastfed babies is not considered as diarrhea [NDDI; 2013].⁽¹⁾ Diarrheal disease causes a heavy economic burden on health services. Much attention has been given to acute diarrhea and its management over the last decade, which is denoted by advances in oral rehydration techniques.⁽¹⁾ Nearly nine million children under five years of age die each year. Diarrhea is second only to pneumonia as the cause of these deaths. Infection is spread through contaminated food or drinking-water, or from person-to-person contact as a result of poor hygiene. Diarrhea is a common symptom of gastrointestinal infections caused by a wide range of pathogens, including bacteria, viruses and protozoa. However, just a handful of organisms are responsible for most acute cases of childhood diarrhea. **Rotavirus is the leading cause of acute diarrhea**, and is responsible for about 40 per cent of all hospital admissions due to diarrhea among children under five worldwide. Other major bacterial pathogens include *E. coli*, *Shigella*, *Campylobacter* and *Salmonella*, along with *V. cholerae* during epidemics. *Cryptosporidium* has been the most frequently isolated protozoan pathogen among children seen at health facilities and is frequently found among HIV-positive patients. Though cholera is often thought of as a major cause of child deaths due to diarrhea, most cases occur among adults and older children.⁽²⁾ In developing countries, children under the age of three years suffer from average three episodes of diarrhea per year.⁽²⁾ Diarrhea is a leading cause of malnutrition in children under five years old [WHO; 2013]⁽²⁾

During the episodes of diarrhea, salt and water are lost from the body. Most of deaths due to diarrhea occur because of dehydration, which can easily be prevented by rehydration. The scientific rational of oral rehydration is firmly established. Oral rehydration therapy (ORT) today is at the

core of management of diarrhea. Through News feature , UNICEF (1986) ORT was given so much importance that today its being named as **“The Salts of life”** Oral rehydration therapy (ORT) is so important that the lancet a leading British Medical journal , has called it “potentially the most important medical advances in this century (News Features UNICEF).”⁽³⁾

Since 2004, based on the WHO /UNICEF and IAP recommendations, the Government of India has adopted the low osmolarity ORS as the single universal ORS to be used for all ages and all types of diarrhea⁽⁴⁾

Large number of population in developing country like India is below poverty line and illiterate. they think that nothing can be done to prevent or cure or they blindly follow harmful practices such as **“starving child to rest the bowels”** which ultimately resulted into malnutrition and increases infection and diarrhea.⁽⁵⁾

Homoeopathy believes that **“ All parts of a, living body are inter- related ; they can act only in so far as they act altogether ; trying to separate one from whole , is like changing its entire essence “**. Homoeopathy just ignite the curing process by stimulating the resistance force, nature takes care of the rest and eliminate the bacteria completely from our body and also helpful in preventing the reoccurrence as it elevate the resistance or immunity of patient. The purpose of this study is based on the fact that the children are mostly affected by diarrhea in some form or other , but due to ignorance or other factors these infections are managed by taking one or other system of medicine (which may suppress the disease) or not treated at all. Based on this fact, the prime objective of this study is to cure the acute diarrhea in pediatric age group and to prevent other diseases caused as a result of ill treated or maltreated acute diarrhea; in shortest, most harmless and reliable way based on easily comprehensible principles of homoeopathy by the most similar homoeopathic remedy administered internally.

2. Definition of Diarrhea

Diarrhea is the excessive loss of stool water and electrolytes. In infants stool volumes in excess of 15gm/kg/24 hours is considered as diarrhea. By the age 3 years when stool volume approximate adults output, stool output greater than 20gm/24 hrs is considered as diarrhea.⁽⁶⁾

According to IAP guidelines, diarrhea is the passage of liquid or watery stools, usually passed more than three times in a day. It is the recent change in consistency and character of stools rather than number of stools that is the more important feature.⁽⁷⁾ In one study conducted nationwide by **Indian Market Research Bureau (IMRB) in Rajasthan**, mothers defined diarrhea as a stomach disorder in which frequent motion of abnormal consistency occur.

3. Classification of Diarrhea

Infantile	Diarrhoea in children under 2 years of age. Most commonly it is caused by infectious enterocolitis due to rotavirus or Escherichia coli like enterocolitis.
Acute watery	Acute watery diarrhoea starts suddenly and is characterized by passage of loose watery motions. Most episodes of acute diarrhoea recover within three to seven days. More than three fourths of all diarrheal episodes in the community are acute watery episodes. ^{(8) (9)}
Persistent	An acute episode of watery diarrhoea or dysentery may last up to 14 days. If it persists longer, it is classified as persistent diarrhoea. These cases require careful management. ⁽⁸⁾
Emotional	Diarrhoea caused by emotional stress.
Lienteric	Watery stools with undigested food particles.
Mucus	Diarrhoea with mucus
Toddler's	Infantile diarrhoea
Purulent	Diarrhoea with pus, a result of intestinal ulceration.
Simple	Diarrhoea in which stools contain only normal excreta.
Secretary	Diarrhoea in which there is a large volume of faecal output caused by abnormalities of the movement of fluid and electrolytes into the intestinal lumen.
Summer	Diarrhoea occurring in children during months when rotavirus is not prevalent. Shigella, campylobacter jejuni and cryptosporidia are among the most common causes.
Weanling	Severe gastroenteritis that sometimes occurs in infants who recently have weaned. ⁽¹⁰⁾
Irritative	Diarrhoea due to irritation of the intestine by improper food, poisons, purgatives, etc
Pancreatogenous Fatty	Diarrhoea in which the stools contains an excessive amount of fat owing to dysfunction of the pancreas.
Acute bloody diarrhoea	This is also called as dysentery-the main dangers are damage of the intestinal mucosa, sepsis and malnutrition; other complications including dehydration, may also occur. The most common cause of bloody diarrhoea is Shigella, a bacteria that is also a most cause of severe case ⁽¹¹⁾
Diarrhoea with severe malnutrition (Marasmus and kwashiorkor)	The main dangers are severe systemic infection, dehydration, heart failure and vitamin and mineral deficiency ^{(11) (12) (13)}

4. Etiology

Bacterial Diarrhea: In developing countries, enteric bacterial pathogens and parasites are the leading cause of infectious diarrhea. Bacterial cause of enteric infections and diarrheal diseases such as Vibrio. Cholera 01, Salmonella,

Shigella, Enterotoxigenic E. Coli and campylobacter jejuni are the most frequent causes of diarrhea. The less known pathogens which cause diarrhea are Yersinia enterocolitica, and V parahaemolyticus. Enterohemorrhagic E. coli (EHEC) infection causes disease in approximately 75,000 people per year.

Viral Diarrhea: Viruses including norovirus, sapovirus, adenovirus, rotavirus and astroviruses are responsible for 30–40% of acute episodes of diarrhea⁽¹⁴⁾.⁽¹⁵⁾ viruses associated with gastro enteritis in infants include the rotavirus, calcivirus, enteric adenovirus, astrovirus and the members of the Norwalk agent group.

Parasitic Diarrhea: Diarrhea caused by parasites is unlike that of either bacterial or viral infections. Protozoans like Amoebae and flagellates like Giardia are usually responsible for recurrent attacks of diarrhea. Recurrent diarrhea is common with whipworm infestation. **Mittal (1989) described acute watery diarrhea is due to Giardia in infancy and early childhood.**⁽¹⁶⁾ Giardia has a slow onset of diarrhea and can be present for months, while most bacterial and viral infections are limited to 1–2 weeks.⁽¹⁴⁾

Fungal Infection: When a child is treated with broad spectrum antibiotics- for prolonged periods it may affect the normal flora and precipitate fungal infection. Fungal infection like moniliasis may cause diarrhea, stomatitis.

Dietetic / Nutritional: overfeeding, underfeeding, imbalanced feeding, allergy and sugar intolerance.

5. Epidemiology

Diarrhea is responsible for worldwide mortality of 1.5 to 5 million children per year under the age of five years [Bern, et al.; 1992]. Each year, an estimated 2.5 billion cases of diarrhea occur among children under five years of age. More than half of these cases are in Africa and South Asia.

- Nearly three quarters of child deaths occur due to diarrhoea in just 15 countries, in which India ranks top estimating total number of 386,600 annual child deaths due to diarrhoea.
- Diarrhea is the third most common cause of death in under-five children, responsible for 13% deaths in this age-group, killing an estimated 300,000 children in India each year. India has made steady progress in reducing deaths in children younger than 5 years, with total deaths declining from 2.5 million in 2001 to 1.5 million in 2012⁽¹⁷⁾
- Total diarrheal deaths in India among children aged 0-6 years were estimated to be 158,209 and proportionate mortality due to diarrhea in this age-group was 9.1%. Average estimated incidence of diarrhea in children aged 0-6 years was 1.71 and 1.09 episodes/person/year in rural and urban areas.⁽¹⁸⁾
- According to National Family Health Survey-3 (NFHS-3) report, 9% of all under-five children were reported to be suffering from diarrhea in just 2 weeks duration of survey.⁽¹⁹⁾
- Studies have shown that the incidence of acute diarrheal diseases was as low as 1 episode/child/year in some urban areas of Pondicherry.⁽²⁰⁾

- According to latest news published in the TIMES OF INDIA, hospitals in Jaipur witnessed increased number of acute diarrhea cases in summer of 2017. In alone, **JK Lon Hospital**, state government's biggest child specialty hospital, more than 100 cases of diarrhea per day were reported for treatment. But, no epidemic was reported. The cases were sporadic, reported from different areas because of consumption of stale food or due to unhygienic eating habits⁽¹⁷⁾ May 19, 2017, 00:57 IST.⁽²¹⁾

6. Clinical Features

The clinical picture varies in mild, moderate and severe cases.

- Mild:** In mild cases, onset is usually insidious with 2-5 motions which may be loose, green and offensive and contains mucous and milk curds. The volume may be small or large. The attack usually subsides in a day or two without any remarkable constitutional manifestations or dehydrations.
- Moderate:** The number of motions is 10 or more and constitutional symptoms like fever, irritability, anorexia, and vomiting are usually present. Mild dehydration (3-5%) is associated.
- Severe:** Here the child passes "too many" loose motions and has severe vomiting to the extent that nothing is retained and the oral intake become virtually impracticable. Such cases are most often characterized by sudden rather than gradual onset. They may have marked constitutional symptoms. Moderate (5-10%) to severe (>10%) dehydration further aggravates the clinical picture.⁽²²⁾

There are many features which are seen in acute diarrheal illness which need diagnosis and treatment. These are: vomiting, excessive crying, restlessness, abdominal distension, perianal excoriation, stomatitis, fever, convulsions and respiratory distress.

7. Diagnosis

In acute diarrhea, the most important diagnostic step is clinical assessment of degree of dehydration. Good history taking and physical examination is the foundation of the diagnostic evaluation.

- Clinical History:** In children a **change of diet or addition of a new food** may suggest intolerance to the food. In some breast fed babies the history of **ingestion of laxatives by the mother** may induce diarrhea in babies.
- Physical Examination-** Every child should be examined and weighed with clothes off. The extent of dehydration and fluid loss should be estimated.
- Stool- Naked Eye Examination:** this includes quantity, colour, and number of stools, smell, blood, mucus, pus and reaction.
- Laboratory Diagnosis**
- Microscopic examination of stools for pus cells, RBC, macrophages and presence of cysts or vegetative forms of Entamoeba histolytica.

- Serological test, ultra microscopy, Estimation of potassium, anion gap, Fecal alpha1-antitrypsin levels.^(23,24) etc.

8. Homoeopathic remedies for acute diarrhea.

- Aethusa Cynapium-** Diarrhea in children during dentition, when they are breaking out teeth. Where ever there is severe aggravation from milk in acute attacks, Aethusa will control these attacks⁽²⁵⁾. Green, thin, bilious stools, or bright yellow and slimy, with violent tenesmus before and after stool. Bright yellow or greenish watery, slimy stools, with crying and drawing up of feet in children. Child is very much irritable, restless and anxious.^(26, 27)
- Aloes socotrina:** painless morning Diarrhea. There's a hasty desire to pass stool. Child holds the stool with difficulty, does not dare take his mind off the sphincter because as soon as he does so the stool will escape also pass large quantities of this catarrhal, Bloody discharges and yellow, jelly-like mucus, transparent jelly like mucous.^{(27) (28)}
- Antimonium crudum:** Acrid diarrhea. Stools: watery, with vomiting; watery, profuse; watery; with little hard lumps, or containing undigested food; liquid, containing portions of solid matter. Diarrhea after nursing.
- Argentum nitricum: the baby had Mercurial stools, sure enough, they were grass green.** Diarrhea is like chopped spinach, after weaning or green, watery diarrhea or turning green when left on the diaper. < At night: At 6 A.M.: after rich food, after eating sugar, candy.>From Eructation, bending double: pressing stomach on a chair.^{(27) (29)}
- Calcarea carbonica:** Diarrhea of varying character, undigested, offensive, like spoiled eggs, mixed soft and lumpy, undigested, whitish; stool first hard then pappy then soft, scanty and mixed blood. Crawling & constriction sensation in the rectum.^{(26) (28) (30)} Diarrhea that can't be stopped, because every time he gets a cold it renews the diarrhea.
- Calcarea Phosphorica:** Stools: green and loose sometimes slimy, undigested with fetid flatus with children: soft, passed with difficulty, accompanying the headache of school girls. Very offensive stools. Itching of the anus in evening^{(27) (31)} Pus discharged with the stools which is much offensive.⁽²⁹⁾
- Chamomilla Matricaria:** children are liable to get bouts of diarrhea with typical green diarrheic stool.⁽³²⁾ Stool is grass green, or like chopped eggs; yellow and white, intermingled with mucus.
- Cina:** Diarrhea with discharge of lumbricoides and Ascarides. Diarrhea after drinking; stools watery, white. Stools rather hard and black.^{(26) (29)}
- Croton Tiglium:** Summer diarrhea.⁽³³⁾ yellow, watery or pappy stool; soft, thin feces, coming, out with one gush, so marked is this that it is not an uncommon thing for a rural patient to describe it as "like that of a goose"⁽²⁶⁾ It all gushes out in one squirt.^(28, 33) Vomiting and diarrhea after taking least nourishment.
- Magnesia Carbonica:** Diarrhea in nursing children. Stools green, like scum on a frog pond; sour, frothy; with white floating lumps like tallow, bloody, mucous, and

followed by griping, colicky pains.^{(27) (34)} Pasty stool, looking as if it could be moulded into any kind of shape.

- **Natrum Carbonicum:** Diarrhea during summers and after hot milk ⁽²⁷⁾ Stool gray, bloody, watery and offensive during day, passing with a gush. Undigested and lienteric stools. The stool is papescent or watery, with violent urging ⁽³⁵⁾. A yellow substance like the pulp of an orange in the stool. Burning and soreness in rectum and anus after stool.⁽²⁶⁾
- **Phosphorus:** Stools: profuse, watery, pouring away as from a hydrant copious, greenish, bloody small white particles like opaque frog's spawn; painless, blood-streaked, like flesh- coloured water. Morning diarrhea with green, painless but exhausting stools. Anus feels as if it was open ^(36, 26, 29)
- **Podophyllum:** The diarrhea is periodic, alternating with constipation and this is the leading remedy for acute diarrhea. Chalk like, fecal, undigested, changeable and frothy.⁽²⁹⁾
- **Pulsatilla:** Dysenteric stools of clear yellow, red or green slime; pain in the back, straining.^{(29) (27)} "Stools of deep green mucus; pain in the abdomen; no thirst.⁽²⁷⁾ Stools: watery, only or usually at night, sometimes unconsciously evacuated; greenish- yellow, slimy, very changeable, like bile.⁽²⁹⁾
- **Silicea:** Silica has an aggravation from milk."Diarrhea from milk.^{(27) (36)} Frequent desire for stool, with chilliness and nausea.⁽²⁶⁾ Stools offensive, painless or fluid, scanty, putrid with biting, burning sensation in anus.⁽²⁶⁾
- **Sulphur:** Sulphur act fast on painless morning Diarrhea.⁽²⁶⁾ Diarrhea of children and infants with profuse sweating, drowsiness, suppression of urine and child wakes up screaming.⁽³⁶⁾
- **Veratrum album:** Veratrum Album serves well where diarrhea is accompanied by dehydration. Profound weakness, collapse with extreme coldness, blueness and prostration along with diarrhea. Diarrhea very painful, watery, copious and forcibly evacuated.⁽²⁸⁾ Stools are large with much straining until copious and forcibly evacuate, followed by great prostration. Stools are like flat ribbon.⁽²⁶⁾

9. Summary

Dissertation titled "Efficacy Of Homoeopathic Medicines In Cases Of Acute Diarrhea In Pediatric Age Group" for which study has been conducted in the OPD of Swasthya kalyan Homoeopathic Medical College and Research Centre, Sitapura, Jaipur on 100 children from age group of 6 months to 16 years of both the sexes fulfilling the inclusion and exclusion criteria. The selected cases were prescribed medicines on the basis of acute totality considering presenting symptoms, associated symptoms, its location, causative factors, modalities, sensations, concomitants and physical generals. The medicines were given orally in the potency according to the susceptibility of the case and doses were also given accordingly over period of 15 days/ or 3 follow ups of 2 – 3 days gap. The study was conducted with the following aims and objectives:

To ascertain the efficacy of homoeopathic medicines in cases of Acute Diarrhea in pediatric age group of 6months to 16 years in both sexes.

To clinically verify homoeopathic medicines in cases of Acute Diarrhea in pediatric age group of 6months to 16 years in both sexes, thus preventing occurrence of diarrhea in above mentioned age group. To find out the most often indicated homoeopathic medicine in management of diarrhea in pediatric age group of 6months to 16 years in both sexes by statistical data collected.

At the end of the study the following results were derived

- The maximum incidence of acute diarrhea was found in the age group of 6 months up to 2 years.
- Religion is not a significant factor in cases of diarrhea.
- Male child is more predisposed to diarrhea as compared female children.
- Incidence of diarrhea is more in rural areas and lower socio economic strata of society due to poor financial conditions, lack of awareness regarding hygiene and maximal use of unfiltered tap water.
- The causative factor for diarrhea in infants is milk and dentition. In toddler's pica, worms and sweets are the major causative factor and in preschooler and school age children junk food came out to be the main causative factor and environmental conditions can affect any age group.

The parents are literate but they are not educated in regards of health and hygiene.

- Maximum population residing in rural areas or urban slums of Jaipur is consuming unfiltered tap water or underground water and those residing in urban areas of Jaipur, belonging to upper class are consuming filtered water.
- Mother's occupation has no direct role in maintaining child's health.
- Maximum number of children presented with watery stools associated with vomiting.
- Overall 74% of acute diarrheal cases are benefited showing marked improvement with homoeopathic medicines on the basis of acute totality.

10. Conclusion

- The dissertation titled "Efficacy of Homoeopathic Medicines In Cases Of Acute Diarrhea In Pediatric Age Group" has been taken as a small step to alleviate the common pediatric problem i.e. Acute Diarrhea, with the aid of Homoeopathic medicines which will not only enhance our knowledge of medicines that will prove to be useful in future and also help the children in improvement of their health.
- In my study the data was statically analyzed and evaluated with the help of "Paired t test", thereof **rejecting null hypothesis** and helping us to bring forth the successful results of homoeopathy in acute cases of diarrhea in pediatric age group. Thus, I conclude that homoeopathic medicines are efficacious in cases of acute diarrhea in pediatric age group.

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Sample case of acute diarrhea

Swasthya Kalyan Homoeopathic Medical College, hospital and Research Centre, Jaipur

Case taking proforma for dissertation**DEPARTMENT OF PAEDIATRIC MEDICINE****Efficacy of homoeopathic medicine in case of acute diarrhea in pediatrics age group**

BY: PRANJLI AGARWAL

OPD No: 103892

DATE: 27.3.2018

Name of the child: Baby Ancy Jordan**Age:** 5 yrs**Sex:** F**Religion:** Christian**Name of the Mother:** Mrs. Anjana Jordan**Address:** Janta colony, Jaipur**Name of the Father:** Mr Aakash Jordan**Educational status of Mother:** 12th pass (secondary)**Educational status of Father:** Graduate**Occupation:** Housewife **Economic status:** Middle group (Rs 25001 - 1 lakh /month)**Diagnosis:** Acute Diarrhea**Result:** ~~Result:~~ Marked Improvement/ ~~Mild Improvement~~**Question regarding hygiene:**

- **Source of drinking water :** Tap/ Hand/ pump/ Well/Tank/ Stream
- **Personal hygiene:** -Use of soaps before meals Yes/ No
-Use of soaps after defecation Yes/ No
- Use of mud after defecation Yes/ No

Presenting Complaints

Patient came with complain of loose watery stools since night after she had taken chocolates in some party. The stool is watery, greenish and offensive. Child is crying because of pain in whole abdomen whenever she eats followed by loose stools. There is also vomiting of undigested food particles after eating or drinking, because of which child is feeling very weak and exhausted.

History of presenting complaints**Diarrhea:**

- Frequency and Duration: 3-4 stools/day.
- Type of stool: watery
- Colour of stool: Green
- Odor of stool: Offensive
- Presence of mucous/ blood or any other peculiarity: N/S
- Vomiting : Present/ ~~absent~~ 2 times
- If present character and modalities: vomiting of undigested food. < after eating anything or drinking.
- Any relation with feeding: N/A
 - Pain per abdomen: Present/ ~~Absent~~

If present pain –

- Location: whole abdomen
- Sensation: N/S
- Modality: after eating, before stool
- Concomitant: N/S
- Fever: present /~~absent~~ 101° F

If present character and modalities: slight shivering, child has a desire to vomit followed by high rise of temperature.

- Worms in stool: ~~present~~/ absent
- Presence of dehydration:

Restlessness / Irritability	Y/ N
Increased thirst	Y/ N
Dry skin turgor	Y /N

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Tears absent	Y/N
Sunken eyes	Y/N
Anterior fontanelle depressed	Y/N
Dry mouth and tongue	Y/N

Physical Generals:

Appetite: 1 chapati, dal / vegetable 2 times a day with sweet curd or butter milk. During diarrhea, appetite is decreased.

Thirst: Drinks 1-2 sips of water at a time and asks for water very frequently.

Desire: Sweets/ toffees/ chocolates/ candies etc

Aversion: N/S

Urine: D 7-8/ N 1-2. Passes urine of normal, pale colour. No pain and no specific odor.

Perspiration: Profuse after passing stools. No specific odor and staining.

Bathing Habits: Regular 1 time with tap water.

Sleep and dreams: sleepy and weak after stools. Child sleeps for half an hour to 45 minutes approximately after passing stool. Dreams N/S

Thermal Reaction: Chilly

Mental Generals: Obstinate child, very irritable, restless cannot sit at one place.

Associated Complaints: N/S

History of past illness with treatment taken

Name of disease	Duration of illness	Treatment taken	Result
Diarrhoea	1-2 days	Allopathic medicines	Recovery with weakness

Family History:

Maternal	Paternal
Mother – H/A	Father- H/A

Personal History

Type of birth	Any birth complication	Absent
	Any congenital anomalies	Absent
Nutritional status	Good/ well built	
Type of feeding	Breast feeding	Till 2 years
	Artificial feeding	Cow's milk
Mile stone development	Suckling	On time
	Smiling	On time
	Head holding	On time
	Sitting	On time
	Crawling	9 months
	Standing	12 months
	Walking	On time
	Bladder control	On time
	Teething	On time
	Talking	On time
Immunization Status	BCG, MMR, OPV, DPT. Done	

Physical Examination

Weight: 20 Kgs	Head circumference: WNL	Chest circumference: WNL
Pulse: 115/min	Respiration: 21/min	Temperature: 101° F
Cyanosis: Absent	Oedema: Absent	Pallor: Absent
Icterus: Absent	Clubbing: Absent	Built: lean and thin
Skin: Fair, smooth	Tongue: Dry white coated	Lymphadenopathy: Absent

SYSTEMIC

- 1) C.N.S.: Patient is fully conscious, well oriented for time, place and people
- 2) C.V.S.: Normal S1 and S2
- 3) Respiratory: B/L chest symmetrical, normal vesicular breath sounds
- 4) G.I.T.: No scar, No Organomegaly, Rumbling sounds were heard.

Analysis and Evaluation of the Symptoms of the Case:

• Weak memory	Stool is of greenish colour
• Obstinate child	Consistency of stool is watery
Child was very much restless.	Diarrhoea after eating chocolates (sweets).
Face was pale and dull looking.	Fullness in the region of stomach after eating
	Excessive desire for sweets.

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Itching in the anal region.

Treatment:

Rx.

Argentum Nitricum 30 T.D.S. X 2 day.

Selection of Remedy, Potency and Repetition of the Doses: Argentum Nitricum is given on the basis of acute totality and 30 potency is prescribed as per the susceptibility of the patient, medicine is given TDS because potency is low and frequent repetition is permissible in acute cases.

Diet, Regimen and Auxiliary Measures:

- Drink water after boiling or use filtered water.
- Wash hands before meals and after stools with soap and water.
- Drink plenty of water and give ORS.
- Give small meals to the child at small interval of time.
- Do not give solid foods.
- Avoid spicy food
- Avoid greasy, fatty, fried food.
- Avoid dairy foods- like milk, cheese, butter, cream and yoghurt.

Follow – Up Sheet**Name of child:** Ancy Jordan

DATE	SYMPTOMS	PRESCRIPTION
30.3.2018	Passage of watery offensive stool 3-4 times since night. Greenish colour Fever present, Temp 101°F, Pulse: 125/min RR: 25 breaths/min Vomiting 2 times Abdominal cramps present Child is restless because of complaints.	Rx Argentum Nitricum 30 TDS x 2 days.
2.04.2018	Frequency of stool reduced to 1 Child is Afebrile, Pulse: 85/min RR: 23 breaths/min There is no vomiting but slight nausea feeling after meals. Better overall.	Rx Argentum Nitricum 30 TDS x 2 days.
05.04.2018	1 time passage of normal stool, No occurrence of fever or vomiting, no nausea either. Pulse normal 80/min RR: 19 breaths/min There is no restlessness and child is better overall	Rx Rubrum 30 TDS x 3 days
09.04.2018	Child has no complaints related to diarrhoea. All vital are in normal range. Temp: 98.6 Pulse: 82/min RR: 20 breaths/min	Rx Rubrum 30 TDS x 2 days

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