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Trials and Tribulations of a Three Year Old

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The patient is a three year old white male who was seen at the Center for symptoms of severe abdominal pain, painful, irregular bowel movements, failure to thrive, rectal prolapse associated with bowel movements and anal fissures. The abdominal pain and irregular bowel movements started two years previously. This child had been under treatment for two and a half years by various physicians.

History revealed that the patient had a normal birth. He was described as a "difficult feeder" - he cried and screamed during and after breast feeding. He was switched to Similac™ with no improvement, then to "Soy formula", which made the condition worse. Enfami™ was tried and was better tolerated; however, the patient still cried at each feeding. Between the third and sixth month, the patient's weight dropped from the 55th percentile to the 45th percentile. Between the sixth month and ninth month, the weight dropped from the 45th percentile to the 15th percentile. When the mother expressed concern at the infant's weight and appearance, she was told by the pediatrician "You are thin, your husband is thin, and your son is also going to be thin." The parents also told the physician that the infant always seemed to have a rash, or irritated red patches of dry skin on his face. The physician's response was: "It's nothing to worry about, just dry skin." They also mentioned that the infant seemed to develop hives after starting on solid foods at four months of age. Again, they were told it was nothing to worry about.

Further history revealed that the patient had been kept at home, had never been at day care, and only had contact with an older sister. There was no travel out of the city or out of country by the family. The child experienced Otitis Media at five months of age and was treated with antibiotics, which seemed to cause diarrhea. He was later diagnosed with a severe sinus infection and treated with Amoxicillin.™ His recovery was uneventful. At two years of age, the abdominal pain with cramping and painful bowel movement became more severe. The parents were told (over the phone) he was constipated and were instructed to treat the patient with fruit; if no improvement, to increase fruit and push fluids. After one month, the pain was still present and bowel movements were every four to seven days. When seen at the physician's office, the child was diagnosed with constipation, and one tablespoon of mineral oil in ice cream per day was prescribed. With no improvement of the condition, the mineral oil in ice cream was increased to three tablespoons per day. The child was now 29 months of age, and his condition continued to deteriorate. His weight was now in the 10th to 12th percentile, and his height was approximately in the 75th percentile. He had lost so much weight and tissue that rectal prolapse would occur during bowel movements.

When the parents asked for a referral to a local pediatric gastroenterologist, they were told the earliest appointment possible was in six weeks. The parents then (on their own) arranged an appointment (in two days) with a pediatric gastroenterologist at a children's hospital in a bordering state. After several visits to the hospital, the patient was diagnosed with failure to thrive and Eosinophilic Gastroenteritis (after a sigmoidoscopy, endoscopy and biopsy). He was placed on Zantac™ and Atarax™ and referred back to the local pediatric gastroenterologist with the com-

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ment that the hospital was investigating the additional diagnosis of some type of allergic reaction or parasitic infection.

With no examination of the patient, the local specialist made the diagnosis of viral Eosinophilic Gastroenteritis. As the patient's condition continued to deteriorate, a barium enema was ordered and the patient was referred to a pediatric surgeon. The parents were told by the surgeon that he had no idea why the patient was referred to him since the barium enema was normal! By this time (since the age of two), the patient had been seen numerous times by a pediatrician, two pediatric gastroenterologists and a pediatric surgeon. Not only did the patient not get better, his condition deteriorated.

Frustrated with their experience with this medical treatment of their son's condition, the parents brought him to the Center for evaluation. The child was now three years and four months of age. A complete physical, history and laboratory examination was conducted. A rectal swab was positive for Blastocystis hominis and the patient was treated with pediatric Flagyl.™ Results of the cytotoxic food sensitivity test showed sensitivity to 44 different food antigens out of a total panel of 90. He was sensitive to all wheat products, white flour, peanuts, cow's milk (note that he was being treated with mineral oil in ice cream), all the food dyes, rice and most cheeses. He had a 3+ (very strong) reaction to cabbage, chlorine, oats and soybean (this fact could explain why the soy formula tried earlier exacerbated his condition). Other significant laboratory findings were an elevated ESR (sedimentation rate), a low serum total protein, elevated serum IgE of 156 μ/mL (normal is 0 to 99), mild anemia, slight elevation in the white blood cell count and an elevated platelet count. No eosinophils were noted in the WBC differential.

Treatment consisted of restriction of all sensitive foods and chewable vitamin C to bowel tolerance (to loosen stools, provide nutritional support, strengthen the immune system and antihistamine action). He is now taking 6000 mg per day and has still not reached bowel tolerance. Armour Thyroid (1/4 gr per day) is given to help stimulate bowel smooth muscle action. He also takes a multivitamin each day. The patient's response has been very good. He started to gain weight, two pounds very quickly, and continues to gain. There is no more abdominal pain or cramps. He sleeps much better now, is eating well and his energy level is increasing at a steady rate. There has been no repeat of the rectal prolapse and bowel movements are becoming regular at every third day. The skin rash, red, dry skin and hives have all disappeared.

The only lingering problem seems to be a psychological one. The pain the child associated with bowel movements in the past has caused a fear of having a bowel movement. Pediatric Fleets™ enemas are given when the fear becomes great. Counseling may be needed when the child gets older.

This rather lengthy case study illustrates several points. For one, some physicians do not, or will not, listen to patients (or their parents). If a disease or condition does not fit their own conception of the problem, they look upon it as an annoyance and wish it to go away, instead of treating it as a challenge to be solved. This three year old must be dreading the rest of his life if the first three years are any indicaiton of what is in store for him. Another interesting aspect of this case is the question of reimbursement. All during the child's trials and tribulations through traditional medicine channels, the parents' medical insurance company paid all bills associated with the treatment, even though the patient did not get well. After diagnosis and treatment at the Center, the same company refused to pay the bills because of the experimental and/or preventative nature of the treatment. This in spite of the fact that the patient is well on his way to recovery. The authors would like to suggest a novel approach to any new health care plan, insurance payment for getting patients well or keeping them healthy, not just payment for treating the patient!