

# Schüssler Express

#106



## SCHÜSSLER-SALTS FOR CHILDREN

### PAEDIATRICS / DIGESTION

In the Biochemic practice a common issue is the treatment of children with diverse disorders of the gastrointestinal tract. Here is a summary of the most important questions to ask, and recommended Schüssler-Salts.

#### Loss / Lack of Appetite

Many parents complain about loss or lack of appetite of their child. This is by all means not a rarity. Often anoxia in the cells comes into consideration as a cause. It shows in lack of drive, easily fatigued, lack of locomotor needs, and a pallid appearance.

#### Lack of Appetite due to Oxygen deficit in the Blood

In the first 3–4 days: as far as possible 1 tablet No.3 Ferrum phosphate 12X every hour.  
In the following days: 1 tablet No.3 Ferrum phosphate 12X, 3–4x daily, additionally 1 tablet of No.6 Potassium sulphate 6X at night.

#### Loss/Lack of Appetite due to a Gastric Acid Deficiency or Dyspepsia

Potentially the child doesn't feel hungry; thereby it protects itself from the digestive activity.  
During the day 1–2 tablets No.8 Sodium chloride 6X and No.2 Calcium phosphate 6X 2 x 2 tablets, in the morning and afternoon. When desire for salty or savoury food, additionally No.9 Sodium phosphate 6X, 3x daily 1 tablet after meals.

#### Loss of Appetite due to Nervousness, Neurasthenia

Before breakfast and lunch 1–2 tablets No.5 Potassium phosphate 6X.

#### Loss of Appetite due to Pinworms: Consider Infection Protection Act!

First step, consider *deacidification-cure* according to Dr Schüssler, including No.8 Sodium chloride 6X, No.9 Sodium phosphate 6X, No.10 Sodium sulphate 6X, and No.11 Silica 12X.

#### Tips for Parents:

- regular mealtimes
- if possible, discuss what child wants to eat.
- then, insist that the meal is eaten.
- how much can the child actually eat?
- possibly offer seconds.
- no sweet titbits in between meals
- no drinking immediately before meals, especially no milk as this is considered a food and sates.
- best one warm meal a day (lunchtime)
- warm, freshly prepared meals
- appealingly served.
- express anticipation of meal
- no mobile phone, radio, television, etc. during the meal
- praise the child.
- use mealtimes to exchange happenings of the day.

#### General Bellyaches, Wind (Meteorism), Umbilical colic

Bellyaches are one of the most frequent complaints in children. They often react “psychosomatic” and when asked what hurts it is usually the belly, although the

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child actually has an ear infection. As an expression of their current situation, children may express mild bellyaches in case of emotional or physical disharmonies. These pains should be considered as a cry for help and, together with the parents, the cause should be established and resolved.

On the other hand, the physical connection should be kept in mind. Because constipation, diarrhoea, meteorism, flatulence, gastritis, appendicitis, invagination, and more could be the cause; also, infections, allergies, spoiled foods, food intolerances – lactose, fructose, histaminase, gluten sensitivity.

## Check / Eliminate the following:

1. Pain can be exactly pinpointed on the belly by the child.
2. The right lower abdomen is extremely pressure sensitive.
3. Bellyaches or -cramps last more than 2 hours.
4. The child feels nauseas and vomits due to bellyaches.
5. The child has a high fever, experiences shortness of breath and develops other problems at the same time.
6. The child turns unusually pale.
7. Severe pain prevents the child from participating in activities.
8. The child spontaneously lays down on the right side with tucked legs.
9. The child is impaired in spontaneous movements, lays on the bed bent over and doesn't want to move.
10. The child is unable to hop on one leg because the vibration hurts.

## In this Context clarify:

- ✓ Since when are the parents aware of the bellyache?
- ✓ How does the stool look? Are there any changes?
- ✓ Diarrhoea and vomiting?
- ✓ Fever? How high?
- ✓ Constipation? Since when?
- ✓ Abdomen soft or hard? Muscular guarding?

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- ✓ Abdominal noises?
- ✓ Other family members sick; kindergarten-, or school colleagues?
- ✓ Does the child have worms?

In the next newsletter read about individual steps of treatment.

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German Association of Biochemistry*

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