



ACUTE AND RECURRING STOMACH ACHES IN CHILDREN

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Acute stomach pains are the reaction to acute, inflammatory, intra-abdominal or extra-abdominal processes or mechanical damage to the intestinal passage or to urine transport. Chronically recurring pains can occur as a result of functional or organic disorders as well as chronic inflammations, but also with negative organ findings.

Table 1 Possibilities of acute stomach pains in childhood

Illness	Beginning	Localization	Quality	Age	Therapy
Pancreatitis Bowel obstruction, volvulus	Acute Acute	Epigastrium, back Navel region, lower abdomen	Constant, intense Alternating episodes with free interval	Schoolchildren New-borns, infants	Painkillers OP*
Appendicitis Invagination	Acute Acute	Navel, right underbelly Navel, lower abdomen	Intense, Constant Convulsive, free intervals in between	10 - 15 years 3rd - 11th month of life	OP KM enema** OP
Kidney stone	Sudden	Back, on one side	Colicky, intermittent	Schoolchildren (5/100,000)	Spasmolyticum
Urinary tract infection	Sudden	Back	Dull or piercing	5 - 12 years	Antibiosis

An exclusion diagnosis requires great care. This includes a precise case history through the mother, a physical examination including the ears and the pharynx. An abdominal sonography is also obligatory, X-ray diagnosis is sometimes required. For in all forms of abdominal pain, the aim of the diagnosis procedures is to decide if a surgical intervention is necessary or if symptomatic therapy is sufficient. Conventional therapy in cases of recurring complaints consists of symptomatic procedures for alleviating pain. Antihomotoxic auxiliary therapy is possible in most cases.

Table 2 Diagnosis criteria for idiopathic stomach pain

- Minimum age 3 years
- Length of illness at least 3 months
- Frequency of at least 3 pain episodes in the case history
- Paroxysmal pain intensity
- No identifiable somatic cause, negative organ findings

Antihomotoxic auxiliary therapy is possible and sensible in many cases. The following tables show indications and standard doses of antihomotoxic preparations and appropriate doses for children:

Indication	Antihomotoxic preparation	Standard daily dose
Appendicitis subacuta/chronica	Nux vomica-Homaccord Mercurius-Heel S	10 drops 3 times 1 tablet 3 times
Stomach pains, diffuse functional	Veratrum-Homaccord Nux vomica-Homaccord	10 drops 3 times 10 drops 3 times
Colitis mucosa	Podophyllum compositum Diarrheel S / Areel Cinnamomum-Homaccord N	10 drops 3 times 1 tablet 3 times 10 drops 3 times
during bleeding		
Intestinal colics	Nux vomica-Homaccord Spascupreel	10 drops 3 times 1 tablet 3 times
Meteorism	Gastricumeel / Astringumeel Nux vomica-Homaccord Leptandra compositum	1 tablet 3 times 10 drops 3 times 10 drops 3 times
Pancreatitis (supporting)	Leptandra compositum Ceanothus-Homaccord Chelidonium-Homaccord	10 drops 3 times 10 drops 3 times 10 drops 3 times
Ulcus duodeni/ventriculi (adjuvant)	Duodenoheel Gastricumeel / Astringumeel	1 tablet 3 times 1 tablet 3 times



Pediatricians, GP

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Age group	Drop and tablet preparations	Ampoule preparations
0 - 3 years	1/3 of the adult dose	Approx. 0.3 ml
4 - 6 years	1/2 of the adult dose	Approx. 0.5 ml
7 - 11 years	2/3 of the adult dose	Approx. 0.6 ml

*OP: operation

**KM enema: enema with a contrast medium