

The judicious discrimination of cases and the adoption of one method in preference to the other or a judicious combination of the psychological and remedial methods as complementary to each other, will bring about a greater percentage of cure of mental cases.

B. K. S.

THE PROBLEM CHILD*

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Though it is true that every child presents a problem to its parents, some are so much worse than the general run that they are singled out and get top priority in their class. These children are too frequently the first, and often the last, to be born to their parents. They may not be wilfully spoiled, but too much attention has always been given. If not ill they are taken for checkups, their diet discussed, planned, and life so regulated that the mother has little time left for anything else. Gone are the days of nurse-maid and governess. The whole house is revolving about the health and habits of little Willie or Mary; thus they become top priority and, if the child has any brains at all, he soon recognizes and acts upon this exalted state.

Stir into this explosive mixture a few quarts of inherited psora and a little touch of the other two miasms and we have a real problem, not only child but father and mother as well. When Willie or Mary is ill everything else at home stops and they have reached their zenith. But for them it works in a downward direction. They sense the fear and insecurity in their parents and become fearful or sickness-conscious themselves. A child loves to exhibit a

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bandaged finger or limb. They glory in sickness and, if not too ill, put on a good show, but at the same time there is a loss of security. They want more attention, won't stay alone, become too demanding and, if not too ill, are a veritable pain in the neck. The psora cases are not generally too ill. Parents should never discuss the child's health before him.

A problem child may be born that way, in which case we have some mental or physical defect from birth, or he may be a fine healthy child to all appearance at birth and gradually develop complaints as the months pass. Frequently the dentition period starts him off. These may become the hypertonics, the eczemas, the asthmas, or the type who are subject to infections: throats, ears, pyelitis, rheumatic fever, glands, etc.

The allergic or sensitive child may not show symptoms for some months, or may start right in being unable to take cow's milk, orange juice, cod liver oil, etc. This sensitivity may change with the climate, with alterations of altitude, and from one season of the year to another. How foolish and next to impossible it is, then, to try to eliminate these trigger substances from the diet and environment. My son would break out in a rash and wheeze in ten minutes after being in the room with our blonde spaniel, but at home they had a well-furred Alsatian shepherd dog who was about all the time and from exposure to whom he had no reaction. This phenomenon was most apparent upon his return from overseas and gradually passed with the return to normal living.

The following simple case sketch well illustrates the need of common sense and a little homœopathic prescribing:

December 1949—Richard, aged 10, weight 78, tall, slender, "all legs and arms," nervous, restless, was born in Calgary and within a month became allergic to cod liver oil and orange juice but could take milk. The family moved to Victoria B.C. (sea level) where he developed sensitiveness to milk. In about three years' time they

moved back to Calgary and soon he could take milk again. Following another two-year period, they were moved to Vancouver where he was in a damp house and here bronchitis started. When cocoa was eliminated the bronchitis cleared up, but ice cream disagreed. They decided to move to a higher altitude (750 ft.) and sinus commenced, and tonsils would swell and become sore from milk or ice cream. When the family arrived in Toronto he was worse from oatmeal porridge; a rash comes if he takes bran. The allergist claimed he was sensitive to food proteins but not to pollens. He gets bilious from oils or fat, hives from strawberries, maple syrup and peaches. We have a winter fair to which he went and, while watching the horse show, coryza and wheezing developed. He has a hydrocele. *Pulsatilla* 200. once a week was prescribed and a full diet. There has been uninterrupted improvement.

THE EASILY INFECTED TYPE:

December 1950—Miss Linda, aged 10. For the last three years each November this child appears to catch a slight cold, becomes too easily fatigued, sensitive, weeps about going to school, etc., starts running a temperature which lasts for months then gradually leaves. All known tests show nothing. She cuts the fat off her meat. *Sulphur* 30 stat. and in 2 weeks *placebo*.

January 1951—Has had five more tests: no diagnosis, no relief, still tired and has high temp. *Pulsatilla* 30. once a week.

February 1951—Temp. normal for last two weeks; peppy and appears to be in splendid health. No word since, which is usually good news.

THE CONGENITAL TYPE:

These are probably not more difficult but take much longer, and though there are physical stigmata which may not change, the child's life force can be favourably affected by the well-chosen similar remedy, and what development does take place is in the right direction according to the Creator's plan.

Baby Dawn, aged 2, has had several operations upon both eyes for so-called "Ox Eye." I believe, though I may be mistaken, that this condition is caused by excess of intracorneal aqueous humour, i.e., a sort of congenital glaucoma. The child hated the two-hundred-mile trip to hospital and operation. The mother was preparing for another blessed event, and, all in all, it seemed much simpler to just write to a homœopath. The appeal for help was received in June 1950. The child cried a great deal with pain in eyes, was easily frightened, terribly fond of sweets, potatoes, etc.; catches cold very easily, hates to be washed, lies with feet out. *Belladonna* CM was sent, a powder to be given if she caught cold, or for pain in the eyes.

July, 1950—Letter stresses fondness for sweets, no new cold, less pain in eyes. *Sulphur* 30 every 2 weeks and *placebo*.

November, 1950—Has been splendid, some sharp pains in the eyes. *Spigelia* 200, P.R.N. if needed. *Sulphur* 30 every 2 weeks and *placebo*.

December, 1950—Was taken back to surgeon for check. Surgeon very pleased, did not have to operate.

Meanwhile the blessed event materialized and the wee one's eyes watered too much following the silver nitrate instilled at time of birth. *Argentum nit.* CM soon stopped this.

Another congenital type which the early masters appeared to meet with more than we do now is the hydrocephalic child.

November, 1949—Baby C., aged 8 months. Mother writes for treatment. The child has a very large head; head and feet sweat profusely; no teeth as yet; does not move the feet and legs and cannot hold up the head. *Calcarea carb.* 200 every week.

January, 1950—Stronger; takes more notice; moves hands and feet much more; seems brighter.

March, 1950—Four teeth; head no larger; moves better. *Calcarea carb.* 200 every week.

June, 1950—Trying to talk; can hold the head up a little. *Calcarea carb.* 200 every week.

October, 1950—Ten teeth; improving. Have heard no further from this woman. These people live in the back woods and possibly the very moderate charge was too much.

Now we turn to what may be degeneration or infective changes in the innervation of muscles or spinal cord.

November, 1949—Master David, aged 7, weight 43 lbs., diagnosis Pseudo Muscular Hypertrophy. Good healthy appearing child; dark brown hair and eyes; very decided lordosis; calves bulge; has to pull himself upstairs by the bannister; cannot rise from the floor or bend over to pick up an object without putting his hands on his knees to straighten up. Frequent epistaxis; fond of eggs, salt, bacon, fruit, meat; wets the bed and wets at school. After reading of Dr. Green's brilliant success with two or three such cases, I followed her prescription and a dose of *Calcarea phos.* 10M was given.

December, 1949—Child looks the same. Mother says he is not falling as easily. No more nose bleeds.

January, 1950—Can rise without putting hands on knees; very active; no more nose bleeds.

April, 1950—Weight 46 lbs.; only falls when tired; not wetting as much. *Calcarea phos.* 10M.

September, 1950—Weight 45¾; falls only on uneven surfaces, otherwise no change except feet sweat a lot. *Silicea* 200 every 2 weeks.

December, 1950—Weight 46¾; can pick up articles without putting hands on knees; holding urine better; doing well in school; eats well. *Silicea* 200 every 2 weeks.

January, 1951—Sent for medicine, no report. *Silicea* 200 every 2 weeks.

May, 1951—Too slow at school work; drinking too much cold water; weight 50½; *Phosphorus* 30 once weekly.

Father says child is gradually getting weaker and is falling more; cannot walk as far.

There are many more types of problem children. I have not touched greatly upon the asthmatic and ulcerative types. The following brief case outline is of interest because so rarely met with:

Baby Pamela is flabby, pale, and had a thymus gland which yielded to X-Ray. She also had strabismus, which seemed at times to be right, and at others left, with this was a form of torticollis. Her head was pulled downward and to the left. This was worse when tired and seemed to be associated with the strabismus. A specialist in children's eye work diagnosed 'Vertical Strabismus' and would not operate because of the thymus. We have been waiting three years now for him to change his mind and during that time the torticollis and strabismus have much improved, helped on no doubt by the indicated remedy which was of course *Calcarea carb.*

It is a terrible loss to the children of the present day that they are unable to receive good homœopathic prescribing. Surgery is splendid when needed. The advances in modern medical treatment for acute cases at times appear to be curative, or at others suppressive; but nothing yet conceived can compare with the indicated similar remedy.

TORONTO, ONTARIO, CANADA.

DISCUSSION

DR. WILLIAM P. MOWARY [Detroit, Mich.]: I should like to ask if you remember why you gave the *Belladonna* and followed it up with *Sulphur*. Why didn't you give *Sulphur* first?

DR. MCLAREN: Well, I like *Belladonna*, the CM to start with. It is a congestive remedy, an acute remedy. The people lived in Halliburton where there are many cold winds; it is a bleak and barren country, and the mother wrote that the child was having this pain in her eye. It was undoubtedly a *Sulphur* case from the first. I knew it was, and I was going to give it, but they were complaining that the child was having these pains, and they were probably congestive pains because there was too much pressure. The child had great big eyes, with hardly any pupil at all. The child did not have the pain all the time, therefore I figured that it came on at intervals and

that *Belladonna* was the remedy. I may have been wrong, Doctor. I don't know.

DR. LUCY S. CLARK [Cleveland, Ohio]: Why didn't you reverse the potency, lower it for the acute and raise it for the chronic?

DR. MCLAREN: When I was a little boy, my father got some remedies from Dr. J. D. Terrell, of Toronto, and *Belladonna* cm was among them, and I used that, have used it all my life, and he gave me a few remedies, and also I got a few from Dr. Grimmer, in Chicago. I think I worried him in my student days getting remedies from him, but father said to me, "That potency of *Belladonna* is a jewel." I never give any other *Belladonna* because it always works.

DR. T. K. MOORE [Sharon Center, Ohio]: How old is the potency of *Belladonna* that you have? Do you have the same, the original?

DR. MCLAREN: It is the Terrell remedy. I don't know whether he made it himself. He gave grafts of it to my father and my father gave grafts to me, and when Terrell died, I went to buy his remedies and Mrs. Terrell said she wouldn't sell me the remedies, but the desk with the remedies in it, so I was delighted to buy the desk, and she didn't bother to take them out, so I got back to the original cm my father started with.

DR. MOORE: How old was that potency?

DR. MCLAREN: It must be seventy years old, if it is a day. It does well.

DR. WAFFENSMITH: Have you studied *Kali carb.* in that type of case?

DR. MCLAREN: No, I haven't.

DR. J. GEORGE SOMMER [Philadelphia, Pa.]: Are those homœopathic remedies you have mentioned? You have not gone outside the inorganic group?

DR. MCLAREN: No.

DR. SOMMER: I would recommend you try *Tuberculinum*. You are still sticking to the inorganic group, but since it is not adequate to cover the organ, I recommend you try *Tuberculinum* in the 30th and if that further prostrates the patient, try *Syphilinum*, and then go back to the indicated inorganics.

DR. MCLAREN: Thank you very much. I wanted help. That is why I put it in.

DR. GRIGGS: I would give that child a few doses of *proteus*. I have seen intermittent claudication cleared up with *proteus*.

DR. MCLAREN: Thank you very much.

DR. GRIMMER: And another thought, in cases that do not react because of lack of vital energy, *Opium* with the paralytic cases.

DR. GRIGGS: In painless cases?

DR. GRIMMER: It is a remedy to study. I don't say give it, but study it, at least.

DR. MCLAREN: Thank you very much indeed.

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