

HOMOEOPATHY IN PEDIATRICS

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The current pediatric practice envisages that individualization of the child is of supreme importance in the clinical appraisal of any pediatric problem. This demands of the physician an ability to recognise the basic truth that he has to deal with a sick child rather than the disease *per se*. The good old clinical adage that there are no diseases but sick people, holds good still and more so in pediatric practice. Of late, it is being widely recognised that often the psychic disturbances of illness are as great as or greater than the physical ones. This compels the conscientious physician in charge of sick children to appreciate that interest should primarily be in the child and secondarily in its disease and that every disturbance requires to be viewed primarily from the standpoint of its effects upon the child and analyse why it has such an effect. Homoeopathic system of medicine within the framework of its basic principles, not only subscribes to the above mentioned concept of individualization of child which is the essence of the current pediatric practice, but also it extends the same concept into its therapeutic approach for solving a pediatric problem that is primarily amenable to medication. And as such, no two children, though being brought-up under supposed identical environmental conditions, when they fall sick, are found to manifest clinically exactly identical psychosomatic symptomatological portraits of the same illness, identified as such by the modern methods of clinical diagnosis.

Environmental stimuli operating on the child at various levels such as physical, intellectual, emotional, behavioural etc., against heredo-familial, socio-economic, cultural, climatico-geographic background, by their resultant action, tend to affect the state of harmonious functioning of the growing child in proportion to the varying degrees of susceptibility, existing at any given time to the various stimuli. The resultant action of the various stimuli modulating in accordance with resultant susceptibility of the child tends to produce perceptible aberrations in both growth and development of the child. It is said that growth and development, i.e. the magnitude and quality of maturational changes, represent a continuum of interaction between genetic potential on the one hand and the environment on the other. Therefore, the clinical appraisal of a pediatric problem, as enunciated in Nelson's *Textbook of Pediatrics*, involves a comprehensive approach to the evaluation of the somatic and psychologic components in illness and to the promotion of emotional as well as, physical health in the child and his family.

From a comprehensive point of view, certain basic principles in the clinical examination of infants and children have got to be borne in mind. To quote from Nelson:

(1) Health is more than the mere absence of disease.

(2) Clinical study is based upon a holistic concept of human function; physiology of organs and behaviour of the organism cannot be separated.

(3) The etiology of disease involves multiple factors; whether the disorder is predominantly somatic or psychologic; predisposing, contributory, precipitating and perpetuating forces are involved. Adequate clinical study must include genetic, constitutional, physiologic, psychologic and inter-personal factors.

(4) The family is the ultimate aspidemiological unit of clinical study for both infections and psychological disturbances.

The three fundamental attributes of a successful pediatrician would be, as mentioned by Nelson, (1) everlasting patience, (2) faith in the child's ability to solve his own problem and (3) ability to see the problem through the child's own eyes; and consequently until the pediatrician has seen what the child is trying to do, he is working in the dark; problem children are not trying to create problems but to solve them; the child is trying in his own way to solve a problem in human relationship.

Against this background let us review the sphere of Homoeopathy in pediatrics. Infants and children are subject to diseases which seldom attack the adults. Diagnosis should precede the treatment but not always is the dictum. Since homoeopathic therapeutics is not based directly on the diagnosis a special therapeutic appraisal of the pediatric problem (which appraisal is possible to be made even in the early stages of both acute and chronic diseases, i.e., long before it is possible to make a clinical diagnosis) required to be carried out in order to discover the drugs that are needed by the individual sick child. This therapeutic appraisal presupposes the classification of all true diseases into acute and chronic. Also we have to decide whether the acute disease is occurring in a previously healthy child or a diseased child. It may happen that the former may be seriously ill, whereas the latter, though a museum of pathology, and yet not so. The therapeutic appraisal, in the latter case, has to be modified so as to cover the whole. For example pneumonia, broncho pneumonia or any other acute disease occurring in a child with tubercular family history or with tubercular diathesis may need Tuberculinum or any other relevant nosode for clearing up the case, keeping in view the symptomatological or other indications. Further the true acute diseases like, measles, smallpox, chicken pox etc. are considered to be system cleaners if they receive appropriate homoeopathic treatment, a portion of 'the miasmatic load' on the child is unburdened with every carefully managed acute disease, as and when it occurs. Since the fundamental cause of all illnesses remediable primarily by medication happens to be the chronic miasms, after every acute attack of illness, the child has to receive the appropriate antimiasmatic remedy, soon after the acute phase is aptly controlled by the appropriate drugs.

The therapeutic appraisal also involves a clear delineation of disposition,

fears, sensitiveness, food cravings and loathings and also the grosser pathological symptoms when these are qualified by something that makes them peculiar, queer, rare and strange which participate in the construction of the totality of symptoms.

The clues for selection of the remedy emanate only from painstaking and very careful observation of the sick child, both in waking and sleeping states, its medical biography (prenatal onwards) and the family history. It is not always the existing symptomatology alone of the child that need determine the selection of the remedy. Hind-vision wisdom may be brought on to operate in a puzzling pediatric problem, when the apparently well-chosen remedy fails to evoke the expected response: a nosode corresponding to the acute disease from which the child previously suffered and 'has not been well since then' or a family history of T.B., cancer etc., if the respective history is available.

Homoeopathic therapeutic programme not only answers the acute and chronic diseases but also rids the potential child of its heredofamilial tendencies. The chronic underweights, the problem-children, the dwarfed minds, the precocious children, the allergies and a host of ill-defined crawling illnesses can be adequately dealt with by homoeopathic therapeutics, by a competent physician committed to the welfare of the children and help them grow into healthy adults. Many of the ill-defined crawling illnesses of the childhood, under the cover of the routine symptomatic treatment, in due course, develop and ultimate into a museum of pathology in the child, at which stage though diagnosis becomes snapshot, results of treatment become anything but worth-while. Hence the urgent need for early therapeutic appraisal even in the absence of so-called definite diagnosis. This aspect of the homoeopathic therapeutics speaks of its singular merit and unrivalled efficacy.

There is an erroneous impression that a homoeopathic prescription is always based upon merely symptoms. The importance of a scrutinising physical examination of the sick child without emotionally disturbing it in any way cannot be too strongly emphasized. For example with respect to various discharges, the time of the discharge, the quantity, the colour, the odour, the consistency, flow—intermittent or continuous, acrid or bland and the effect of the discharge in general on the child, have to be ascertained. In sweat, the location (laterality or exposed parts), hot or cold, odour, clammy or drenching and the effect of perspiration in general on the child would be valuable either in the chief complaint or as a concomitant. In the children and unconscious persons, it is chiefly the physical examination that yields considerable data for the prescription.

For infantile convulsions, we do not have anti-convulsants but a drug that is perfectly homoeopathic to the individual sick child has got to be discovered by its physician, after a thorough search for the clues which may be obtained by observing the direction of the spread of the convulsion, the side to which the child bends during convulsion, and the immediate cause for the

convulsions whether cerebral or reflex from intestinal irritation by worms, lung etc.

The posture of the child may be characteristic of a drug; e.g. abdominal colic in *Colocynthis* manifesting relief from bending double.

In case of pneumonias, the location of consolidation may lead one to consider a drug having the same location, provided the general symptoms of the patient are in agreement with the general symptoms of the drug.

In individualizing a symptom like fever, not only we make out whether it is intermittent, remittent or continuous but also the distribution of heat in the body, such as hot head with cold feet, internal heat with external coldness, lateral distribution of heat or cold, have to be ascertained. At the same time, it has got to borne in mind that not only the pulse-temperature ratio (e.g. high temperature with slow pulse in *Gelsemium* and the reverse in *Pyrogen*) counts but also that the degree of temperature does not always reflect the severity of the clinical state, since the thermal centre in infants and children is highly labile so much so that a child with normal or subnormal temperature may be found to be seriously ill and with a child running a high temperature, the general condition may be entirely satisfactory.

The different stages of a disease can make differences in the therapeutic outcome. For example in the acute state of the anterior poliomyelitis, the clinical condition may be aborted with appropriate homoeopathic therapy; even in the early stages of the disease, depending upon the degree of the involvement of the nervous system, favourable therapeutic response may reasonably be expected. When the stage of contractures has arrived, complete restoration of the function and structure may be impossible. Temperature of the affected limb may afford valuable clues.

A few therapeutic points culled from some of the pediatric cases of my practice would illustrate the therapeutic import of general principles already considered; actual case-presentations are beyond the scope of the paper.

In a child with multiple pyaemic abscesses, in the initial stages upon indications, *Apis* followed by *Lachesis* considerably improved the condition. At that stage relative tachycardia was noted and the condition seemed to be too deep for either of the drugs, depicting poor reaction. Here *Pyrogen* on the totality of symptoms then present, caused the temperature to shoot-up with simultaneous improvement in the general condition. A few doses of *Belladonna* interposed on the basis of the characteristic irregular distribution of heat and the general modalities, could bring the condition to normalcy in no time. Later, the constitutional aspect of the child revealed the picture of *Calc. carb.* the administration of which led to permanent restoration of health.

In a couple of hemiplegic cases, the temperature of the affected limb offered clues for *Nux vomica* (affected limb colder than the normal) in the one, and *Phosphorus* (the paralysed part warmer than the normal) in the other, the respective psychosomatic totality of the drug in each case being discovered on detailed examination of the symptomatology.

A couple of psychosomatic conditions in one of which Baryta carb. was revealed after meticulous screening of the child's intellectual, behavioural and physical (glandular involvement) aspects against the marked oversensitiveness to cold weather and in the other the temperamental urge-and-impulse oriented behavioural aspects against the cunning-mischievous and restless intellect readily revealing Tarentula hispanica.

In the latter case, the tubercular family history and the 'feel' of the symptomatology unmistakably suggested Tuberculinum, the administration of which remetamorphosed a problem child into a lovable kid and restored him to the bosom of his family.

The physical or clinical examination may reveal metastasis to certain organs, as evidenced in a case of mumps demanding the administration of Pulsatilla, on indications, in time, prevented the testicular damage. In certain cases drugs like Arsenic alb. and Carbo veg. may be indicated.

For reasons of space, points from a limited number of case only could be presented.

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