

HOMŒOPATHIC CASE-TAKING IN CHILDREN

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Mr. President, Ladies and Gentlemen, it is impossible to present case-taking in a really new way to members of the Faculty of Homœopathy who have had as much or more experience, both of adults and children, than I have had myself. It is equally impossible to introduce the homœopathic method of case-taking to those who may be quite unfamiliar with it without first explaining the principles on which it is based. I trust, therefore, that members of the Faculty will forgive me if, for the benefit of those who are our guests this evening we go very briefly over what we might term the A.B.C. of Homœopathy before the talk on the actual method of case-taking in children.

Homœopathy was founded by Samuel Hahnemann, who was a German physician born in 1755. He was a chemist and a very celebrated physician, and he was a man of exceedingly accurate observation who became very critical of the medicine practised in his day. In 1790, when he was translating a *Materia Medica* by Cullen, he found he had given an explanation of the action of cinchona bark in the treatment of malaria, which was very rife on the Continent in those days, and Hahnemann disagreed with his explanation of its action. He therefore decided to make a personal experiment. He was in very good health and he took doses of the extract of the cinchona bark such as he would have given to a case of acute malarial fever and he began to experience chills and aching and in fact symptoms similar to those of an attack of malaria. He stopped his drug and the symptoms faded. He repeated the drug and the symptoms recurred. After many years of further experiment he came to a conclusion that the action of that drug was such in his own healthy body that it produced symptoms similar to those it would cure in a sick person. He interested his medical colleagues and he took first one substance and then another. He got together his friends and began to get them to take doses of these drugs and to record any symptoms that were out of

the normal. The experiments sometimes lasted a few days, sometimes weeks and occasionally months. He got the "provers", as we call them, to write down on paper all the sensations that occurred to them. It was only after years and years of patient experimenting with different drugs, sifting through enormous masses of evidence, provided by his provers—none of whom ever knew what substance he was actually proving—that he came to various conclusions. One was that drug action in a healthy body could produce such profound effects that they could be recorded as a definite action of that drug. When such similar symptoms were encountered in a sick person the picture was matched up with a drug picture and if that drug was given then the sick person was cured. He concluded also that the drugs had such a profound action on the mental state of the provers that, in illness, these changes from normal in the mental state of the patient are of first importance in choosing a drug. Then he said that the general changes in a patient were of next importance in choosing the drug, and under the heading of "general" he put such conditions as their changes in reactions to weather. For example a person normally sensitive to heat in illness becoming acutely sensitive to cold. Changes of sleep, for instance a person normally a heavy sleeper becoming sleepless; and the changes in appetites and likes and dislikes, and the changes in sexual reactions. All these come under this heading of what is known as "generals".

Finally, what is known as the particular symptoms—those are usually particular symptoms of which the patient complains. And those are taken together with the circumstances of their aggravations and ameliorations. You have then the changes in the mentals, the changes in the generals and the actual particular symptoms of which the patient complains forming our case-taking picture to match with the drug picture, and the drug which covers the most symptoms in your sick patient is the one which should cure the illness. The little phrase which we all know so well—*similia similibus curentur*—like is cured by like—was not the outcome of Hahnemann's one experiment but the outcome of years of drug provings. It was not only in Hahnemann's day that provings were made. They are still

being made, and if any of you are interested in the ways and means and methods, our President and Dr. Templeton will be able to give you details of the present-day provings of drugs which are still being carried out.

The results of these years of provings you will realize have produced a mass of symptoms and sensations such as no doctor could ever carry in his mind from memory. They have therefore been collected together in various headings in what we call repertories. They are, practically speaking, dictionaries of symptoms. If you care to look at them afterwards, there are two on the table in the front of the room. One is a small one contained at the back of a *Materia Medica*; the other is a very large one which most of us use, but unfortunately is difficult to get hold of.

I hope that this introduction will help to explain the purpose of the case-taking in the children's department. It seems very long, but it is taken with the object of obtaining a totality of individual symptoms from the child, changes from the child's normal, and circumstances which may have a bearing on the case, in order to choose the correct remedy for the child.

The stencilled form which has been circulated gives the rough order in which I ask questions myself. You will find that each of us has developed our own methods in taking a case. It is a good idea to know as many methods as you possibly can and then gradually form your own. The advantage is that you then get a fairly complete history; the disadvantage of having a routine of questioning is that sometimes you still can miss valuable information which may lead you to the actual remedy. Before looking at a case taken according to this scheme, I would like just to go through the actual routine. I generally start with the position in the family, the eldest, the youngest, etc. The reason for that is that certain tendencies, certain traits which are shown perhaps in only children, may give indications to certain remedies, then the history of the mother's pregnancy and confinement. Even in ordinary medicine, without any question of finding a homœopathic remedy, the history of the confinement can often give

a pointer to the condition of the child. But in Homœopathy sometimes the mother's constitutional remedy may be used for the child. For instance sometimes in a very young child, say six weeks, breast-fed, with a history of vomiting after feeding, crying a lot, better for being nursed, and —after investigation— apparently well nourished, with no reason for the vomiting, you go into the mother's history and find that she had severe vomiting in the early months of pregnancy. That she was very apprehensive of the whole condition, both the pregnancy and the confinement, that she was a person who herself had many fears. If there was a considerable amount of hæmorrhage at birth, and those symptoms in the history of the pregnancy, you will recognize the remedy of *Phosphorus*. Think back now over the history of the child, the child vomiting soon after each feed; typical vomiting of *Phosphorus* is that the fluid is vomited as soon as it becomes warm in the stomach. The baby was comforted by being nursed in his mother's arms. That is typical of *Phosphorus*—one who is benefited by company and massage and actual nursing, and a dose of *Phosphorus* should stop the child's vomiting very quickly.

Another illustration is of an older child who came up to my clinic recently, an only child of six years of age. The mother did have severe vomiting in her pregnancy and also whooping cough. There had been an emergency Cæsarian operation after four and a half days' labour due to uterine inertia from fear. The complaint for the child was that she was having constant abdominal pain, flatulence, and so on. The abdominal pain might be in the morning or in the evening and occasionally it wakened her in the night. There was a history of a fear of heights, a liking of fat and salt, and the mother told me that she also was very nervous of heights, was a born worrier, hated traffic and was always apprehensive. That statement did not choose, but it did confirm the remedy of *Argentum nit.*, and because of that mother's history we gave the child *Argentum nit.*, and after the first dose she has had no more indigestion. Then one goes into the condition of the child at birth, whether jaundiced, the method of feeding, progress, for example the date of cutting teeth, date of walking, date of talking, although

in these things they are generally only approximate. But there are certain remedies which occur to one if the development of the child is generally slow, for instance, to us, a typical child requiring *Calc. carb.*, or ordinary chalk potentized, would be a child who was heavy, overweight, flabby, with possibly no teeth at all at twelve months, not walking, not talking, definitely behind and backward. You get a similar backwardness in cutting of teeth and walking and talking in a child who is underweight and very slow to develop and that brings the remedy of *Baryta carb.* Even in the early history the smallest details are of great help in choosing the remedy.

Then, in the history of vaccination, immunization and reactions we do get sometimes children who react very badly—you must all have seen such cases—and there are remedies in the Homœopathic *Materia Medica* which can counteract these aggravations from such immunizations. The child born of allergic parents with a very strong allergic family history is our next case. I have known several cases where asthma started almost immediately after immunization for diphtheria. You may get a history of general ill health and lack of thriving after vaccination. One such child was brought to me at 15 months old with a history that, for the last month, she had severe cold which had started between the second and third injections for diphtheria and whooping cough. She had gone straight on to a cough, which resembled whooping cough, with the most dreadful nasal catarrh, and I think that, in her case, the reaction to her immunization was too violent, and now we have to take time to clear up those effects.

Again, in the history of children, you ask for illnesses they have had up to date and the severity of such illnesses. Measles and whooping cough in these days prove much more of a serious illness to children than scarlet fever or diphtheria and, of course, there is a well-known tendency to an aggravation of a lesion of tuberculosis or, perhaps, extra susceptibility to a new infection. In the Homœopathic *Materia Medica* we have medicines which are similar to, but not the same as, vaccines; they are made from disease products. For instance, Measles; there is a remedy which we call *Morbillinum* which is manu-

factured from the catarrhal discharge of a case of severe measles, and when you get children coming in with a history that they have had measles very badly, that there is a tendency to chronic catarrh, lack of appetite, and so on, a dose of this "nosode", as we call it, will very often turn the scale completely and the child will begin to eat and put on weight and will recover normal health. These nosodes are not only used after measles, but the appropriate one may be used for any case where there is delayed recovery after acute illness, and they all play an important part in our *Materia Medica* when the symptoms agree.

Then we have the family history. Again there is a note made of any history of allergy, tuberculosis, nerves, cancer. Dr. Foubister has recently done a lot of work on the remedy made from a cancerous growth and he will be able to give you a picture for that remedy, a nosode called *Carcinocin*.

You will see that we are almost half-way through the history before we come to the present complaint. Other people I know start with the present complaint and modalities, but personally, I find that this way works just as well for my clinic and I rather like it. With modalities the differences between remedies depend so much on detail that the conditions of aggravation and amelioration of a patient's symptoms are most important. Supposing a patient just comes complaining of cough. To the homœopathic physician that indicates practically nothing at all. One must know the kind of cough, the time aggravation, whether it is worse by day or by night. Is it a loose or a hard cough? Is the child worse in a warm room, or a cold room? Is the cough worse after eating or during a meal? That is just one example of the use one has to make of modalities, and the same thing applies for every ache or pain in the homœopathic way of taking cases. I will show you later that, though this seems a tremendously long method, it does not always work out so long in practice. We ask about the appetite, noting special likes and dislikes and aggravations from food. Again we get certain remedies indicated to us according to the likes, dislikes and aggravations of the food, and by that I do not mean just the ordinary normal

likes and dislikes of childhood. There are very few children, for instance, who dislike sweets or ice-cream, but occasionally you will get a child who has a craving for an unusual thing. I remember one child being brought to the clinic, who had suffered malaria abroad, was supposed to be quite cured, but was a pale, tired, wizened little thing and, obviously, far from well. Going through her history it came out that she had a craving for salt, she would eat it by the handful. Without asking many more questions, it was clearly indicated the child needed *Natrum mur.* We gave a few doses of a high potency and the child became normal. With her return to normal metabolism her craving ceased. She began to eat and put on weight, the colour came back and she was much better.

With children it is especially important to enquire about the method of feeding. For example, we have a little boy who came complaining of attacks of diarrhœa. His mother told me he was allergic to milk—he could not take it. We treated him for a few months in the out-patient's department and she said at first he was a little better. Then he did not seem to progress at all and finally we took him into the ward for observation. While he was there we found that although the mother knew he was allergic to milk she was still giving milk puddings and cocoa made with milk every night for supper. On a strict non-milk diet the child had no diarrhœa from the moment he came in until we decided to try him out and gave him a large mug of cocoa one night—then he did not actually have diarrhœa but he did have a high temperature and he vomited. He is obviously completely allergic to milk and I am sure that when we have explained that to the mother there will not be any need for special medication beyond trying to eliminate the sensitivity.

One aggravation which is very common in children is the inability to take an over-abundance of fat or cream. Many of them like butter very much, but you have to distinguish between a liking and an aggravation, and the aggravation is a wonderful indication for a remedy called *Pulsatilla*.

Likes and dislikes of fluid, etc., milk particularly, give good indications for homœopathic remedies.

Next on the case history sheet we come to bowel action and sleep. Sleep is very interesting, particularly in children, because of the various positions that the child will take up, which sometimes gives a clue to the homœopathic remedy. I mentioned *Pulsatilla*—in this case the child tends to lie in bed and sleep with the arms out of the bed-cloths and on the pillow above its head. Another position you frequently get in children, if you look for it, is that the child gets out of the bed-cloths with his head buried in the pillow, curled up with buttocks in the air. We call it the knee-chest position. It is particularly characteristic of a remedy called *Medorrhinum* but *Cina* has it also, and Dr. Foubister has found it in *Sepia*. Children who sweat very much in bed sometimes indicate *Calc. carb.*, *Tuberculinum*. Restlessness and nightmares, and the condition of the bed covering are all pointers. Does the child like a lot of bed-cloths or only a few? You get indications from children whose feet are always too hot in bed, so they stick them out of the bed-cloths. When you learn that a child is always kicking the bed-cloths off certain remedies come into mind: *Sulphur*, *Pulsatilla*, *Chamomilla* and *Medorrhinum*. Where the feet are always icy cold *Calcarea* and *Silica* are indicated.

Next we come to changes from normal in respect to reactions to weather. There is the child who always wilts in the hot weather and the child who is so sensitive to cold that he huddles by the fire. The latter are more rare than the children who wilt in the hot weather, but there are some cases. Then there are the mentals again—which are so important—reactions to home, school, to animals, strangers, the region of the emotions, special fears and also cleanliness and tidiness. I have mentioned before the child who had a fear of heights and who reacted immediately to *Argentum nit.* I think now of another child who had most unreasonable fears—she wanted to know, each night on going to bed, whether she would die in the night, and every morning, on going to school, would she die on the way; and what would happen to her if she went to sleep in school. Her mother was at her wits' end to know what to do with the child—she would not go out and

would not have other children in ; she was in a state of acute fear and tension. After trying other remedies, I gave *Argentum nitricum* and she lost her fears and became completely normal and now goes to bed and to school quite happily.

In taking the history one tries to observe as much as possible the child and its behaviour while in the clinic. If it is a baby being carried, how is it sleeping, is it sweating, what is its breathing like, what colour is its skin ? Especially with children of under a year old one has to one's eyes and gain what help one can in that way. The older child can be observed in its actions, whether it plays with the toys provided, does it play with the other children ? Some children cling to their mother's hands, refusing to move away and these reactions to their visit to the out-patient clinic are all guides to the remedy. While the *Pulsatilla* child clings to his mother, the *Sulphur* child comes in, does not mind who is in the room, starts rushing round playing with the toys ; or the *Nux vomica* child, who pushes away another child who has a toy he wants and becomes thoroughly aggressive.

The inquiry must be followed by a thorough examination of the child. I have shown you a case history—the actual sheet, as taken in the out-patient department, and it has been analysed on page 206.

CASE-TAKING IN THE CHILDREN'S DEPARTMENT

1. Position in the family : i.e. only child, eldest, youngest.
2. History of the mother's pregnancy and confinement.
3. Weight of the child at birth.
4. Condition of the child at birth, e.g. cyanosed, jaundiced, etc.
5. Method of feeding.
6. Progress, e.g. cutting first teeth
date of walking
date of talking. } can only be
In most cases, these
approximate.
7. History of vaccination, immunization, and reactions.
8. History and severity of illnesses to date.

To repertorize : Take one or two outstanding mental symptoms then several general and lastly particular symptoms.

MENTALS

1. Anxiety with fear. *Acon.* *Ars.* *Calc.* *Caut.* *Graph.* *Hep.* *Ign.* *Kali c.* *Lyc.* *Merc.* *Nat.-m.* *Phos.* *Puls.* *Rhus t.* *Sep.*
2. Fear of the dark. *Acon.* — *Calc.* *Caut.* — — — — *Lyc.* — — — — *Phos.* *Puls.* (*Rhus*) —

GENERALS

1. Sleeplessness before midnight. *(Acon.)* *Ars.* *Calc.* (*Caut.*) *Graph.* *Hep.* *Ign.* *Kali c.* *Lyc.* *Merc.* *Nat.-m.* *Phos.* *Puls.* *Rhus* *Sep.*
2. Aggravation from fat. — — — — *(Hep.)* — — — — (*Kali c.*) — — — — (*Merc.*) (*Nat.-m.*) (*Phos.*) *Puls.* — — *Sep.*
3. Aggravation damp weather. — — — — *Ars.* *Calc.* — — — — *Hep.* — — — — (*Kali c.*) *Lyc.* *Merc.* — — — — (*Phos.*) *Puls.* *Rhus* *Sep.*

PARTICULARS

1. Tonsils swollen. — — — — *Calc.* — — — — *Graph.* *Hep.* (*Ign.*) (*Kali c.*) *Lyc.* *Merc.* — — — — *Phos.* (*Puls.*) — — — — (*Sep.*)
2. Wandering rheumatic pains. *Acon.* *Ars.* — — — — *Caut.* — — — — — — — — — — *Puls.* — — — — (*Sep.*)

Max. 7/21 5/13 5/10 5/10 5/8 5/12 5/12 5/10 6/12 7/16 6/11

9. Family history, noting :
 - allergy
 - tuberculosis
 - nervous or mental trouble
 - cancer.
10. Present complaint, with modalities.
11. Appetite, noting specially likes, dislikes and aggravations.
12. Thirst, and likes and dislikes of fluids.
13. Bowels.
14. Micturition.
15. Sleep, position, sweat, restlessness, nightmares, bed coverings.
16. Weather.
17. Mentals, reactions to home, school, animals, strangers.
 - emotions and special fears,
 - cleanliness, tidiness.
18. While taking the history, observe the infant in his mother's arms or, if older, his reaction to the situation, whether he will walk round and play with the toys, or clings to his mother's side.
19. A thorough physical examination of the child.

S.L. MALE, AGE 9

1. Only child. Premature. 36 weeks. Forceps delivery.
2. Mother toxæmia of pregnancy. Child born when she was 40.
3. 5 lb. weight at birth.
4. Condition very poor for first two or three days.
5. Bottle fed.
6. Teeth 7 months. Talked 9 months. Walked 16 months. Was very slow to sit up, not until 9 months (normal 5-6 months).
7. Vaccinated at 13 months. Quite ill afterwards. Not immunized.
8. Vomiting at 3 months, frequently blood streaked, continued until put on skim milk. Never able to digest fats even up to date. Tonsillitis very severely age 5. Measles age 7.
9. Omitted in the case-taking.
10. Present complaint :
 - (a) Enlarged tonsils which mother thinks started after the vaccination,

(b) Wandering rheumatic pains since measles, chiefly in arms and legs.

11. Appetite. Not specially good for breakfast. Quite good the rest of the day. Likes : fat, salt, sweets, ice cream, fruit, vegetables, eggs and cheese.
Dislikes : bacon, except when it is fat.
Averse fried foods.
Aggravated by fat and fried foods.
12. Thirst, varies. Averse milk.
13. Bowels regular with all-bran in the mornings.
14. Micturition normal.
15. Sleep. A long while getting off to sleep, 10-11 p.m. Seems to get very hot on first getting into bed, face flushes, ears scarlet and head perspires.
Dreams occasionally.
Must have a light till he goes to sleep.
16. Worse damp weather. Used to get headaches from the sun, but not recently.
17. Friendly and happy, very obedient.
Restless. Likes school and gets on well.
Apprehensive of new people and new places.
Has a horror of being kept in hospital. Fear nurses and people in uniform.

The table is the way in which that history was still further analysed to find the homœopathic remedy. He was given *Pulsatilla* straight away in out-patients, but we wanted to make it clear how in just glancing through one's history one would choose such a remedy. That was worked out with the help of a book.

Hahnemann said that in taking your totality of symptoms the ones that are the most important are the mental changes or abnormalities, the second most important are the general symptoms and finally, the particular symptoms. You do not start with the things the patient is complaining of, you start with the mentals and note anxiety and fear, fear of the dark, sleeplessness, next the generals, aggravation from fat, aggravation from damp weather, lastly swollen tonsils and wandering rheumatic pains, You see that *Pulsatilla* does cover the seven symptoms

that were chosen for repertorizing. I gave the boy *Pulsatilla* and the reports to date are that he is very much better, and has no rheumatic pains at all. He had no cold the first month, a slight cold the second month, but not away from school at all. Following his cold he had a slight catarrh and he was given a second dose of *Pulsatilla* after two months.

All this history-taking may seem tremendously long to you, and mean a lot of work. It does take a lot of work, but it will repay you and all cases are not the same. I want to give you two cases to show that it does not necessarily mean you have got to spend half an hour or more on every case, although there are some in which you must be prepared to do that to find the right homœopathic remedy. But, in acute cases to which you are called in general practice, the remedy may be found much more quickly once you know your *Materia Medica*. A little boy in the ward here was admitted for a surgical orthopædic condition. He quite suddenly, after being in hospital for some time, ran a temperature up to 102° and I was asked to see him; he was crying a lot and as one approached the cry got more angry, and the sister said that he was normally a very friendly lovable child who liked a lot of attention. So one got his change from normal in the acute condition. We asked about thirst, temperature over 102° and this child had a fever without thirst. Sister could scarcely get him to drink at all. That was the second symptom which was unusual—which has a small number of remedies. Then the complaint was that the child was coughing, he had nasty attacks of coughing which appeared painful, and the remedy chosen without very much further thought and certainly with very little time was *Cina*. It was obtained and ordered two-hourly and sister said to me the next morning that, after the second dose, the child's condition had changed completely, he had become quiet, and, by the following morning his temperature was normal and the cough disappearing. That is the acute case, which as you can see, did not take nearly so long to prescribe for.

I would mention another case where the history was very long but we chose a remedy without doing the repertorization.

The child was brought because of frequent attacks of asthma. He was just seven years old and had two-thirds of his first two years' schooling and two weeks of the present term at school. The attacks started with a runny nose, were worse in cold wind, he was flushed all over and ran a high fever with acute dyspnoea. He would cough and then be wheezy and, after the acute stage, he very quickly regained his energy and wanted to be up and about and running round the room. It was difficult to keep him in bed. His chest was tight and he was constantly eructating, because he said it relieved his chest. He had a variable appetite, was very thirsty for water during the day. Was much worse in cold weather—either wet or dry—and much better in warmth; he could not get warm enough and loved the sunshine. He wanted to be tough and was inclined to be aggressive with other children. He was very independent and very much a boy when he was well. The symptom which struck me as I took the history was this symptom of eructation when the chest was tight. There were only two remedies given in the repertory for this rather peculiar symptom—*Carbo veg.* and *Nux vomica*. In attacks of asthma, *Carbo veg.* must have air, and be fanned, so that was clearly not indicated. The other symptoms in this little boy's history fitted into *Nux vomica* very well. We gave him *Nux vomica* and his mother came after a fortnight and said he had had a very good fortnight but the weather had changed and was very cold and she thought he was actually beginning an attack. He did develop an attack. I saw him and the mother said that the attack developed much more slowly than usual, as though his resistance had begun to increase, and I saw that he had a temperature of 102°; he was dusky flushed, with long bouts of coughing which hurt him. He wanted to be still. He was thirsty for large quantities of water at infrequent intervals. He had slept, on and off, all morning. On those particular symptoms in an acute case, the dusky flush, bouts of distressing coughing, thirsty for water, it did not take long to decide upon *Bryonia* as a remedy and the mother reported that he had had a good night. His chest did not hurt any more and he could eat better. He was longing to get up next day. But his consti-

tutional remedy is *Nux vomica* and he will be given another dose of that when he returns to the out-patient clinic.

To sum up, I think nobody can become really interested in Homœopathy unless they try it out for themselves. That is what happened to nearly all of us who are members of the Faculty. We trained in ordinary orthodox medical schools and our interest was aroused in one way or another, but our enthusiasm did not come until we tried it out for ourselves. If I may make one suggestion—it would not take very much time to become familiar with one drug and then when you do meet that picture in your practice, try out the drug. I would like to go even further and suggest that at any rate for those of you in general practice a drug which will well repay your study, especially with children, that is *Belladonna*. The acute cases often take only a few minutes. The *Belladonna* picture is so outstanding that it is not difficult to see. Whether the child is suffering from acute tonsillitis, acute bronchitis, or the early stages of pneumonia, or otitis media, the picture you will see will be the same—a child with high fever, bounding pulse, scarlet face with circum-oral pallor, and the skin so dry and burning hot that the heat can be felt before the hand touches the skin. The child will be bright-eyed, possibly delirious, with a moderate thirst, usually for fruit drinks. The tongue will be dry, white with the red papillae standing out, the well-known "strawberry tongue", and the characteristics of the local conditions for instance in tonsillitis—the throat will be fiery red, in others the ear drum will be fiery red. There are many other symptoms, but I can assure you that if you get such a symptom picture in your patient you can prescribe *Belladonna* with every confidence of success.

The PRESIDENT said it was the usual practice after a lecture to have an open discussion. He was sure that a great deal of what they had heard from Dr. Priestman would be quite new to them and he expected their interest would be full of curiosity. He therefore proposed that they should adjourn to the next room for informal discussion and the satisfaction of that curiosity over a glass of sherry.

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