

## HOMOEOPATHY IN PEDIATRIC PRACTICE

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I deem it a privilege to be able to contribute my mite to THE HAHNE-MANNIAN GLEANINGS special issue of November 1979 highlighting the current International Year of the Children.

Childhood covers the first five years of human life; of which I consider the first year most important from a pathological angle as it entails a chain of reactions incidental to teething. Frankly speaking, the first three months are even more delicate a period both for parents and the physician, more so at the present time and I shall explain why.

It is true and most parents in India believe to-day that Homoeopathy is the safest medicament for the new-borns and children of all ages. After all, this must have a basis and the base is firmly laid. Yet the modern homoeopath has to face a much tougher job than his old teacher had to. I mean the whole concept of nutrition, dietetics, and prophylaxis has so changed the scene that you hardly get a pure simple case, rather a whole series of distortions and suppressions acquired even before birth. Just imagine the quantity of iron, vitamins, calcium and a host of anti-biotics the expectant mother is forced to consume for the supposed safe delivery. This practice simply mauls the foetus by sheer weight, a caesarian thus becomes inevitable with another spate of drugging for another month. The more rich the client the better for the medico and the druggist. Remember and note this carefully. Now the drama begins.

Suddenly you are pulled out of bed to visit a 15-day-old baby all covered with confluent herpes, fever, mucus stool, a fiery tongue and a restless anguish that simply shock you and you lose your wit. Well, a hopeless case indeed! But how come? You wonder! Look at the mother's prescriptions and you will know. She had been at the most fashionable *maternity home*.

But you know of no antidotes, none knows perhaps, the child is doomed. But wait a bit. Don't you think Arsenic might help? Rhus tox...? Look more closely, the eruptions are not blue or black, but full of clear serum with points of pus coming up every second. And, strange as it is, the entire skull and face is free from eruptions. Rhus certainly has such headless syndrome, you remember perhaps, sweats, and vesicles all over except head.\*

Simply urgency forced me to conclude, yes, herpes attacks the pores and chicken-pox has a favourite in Rhus. I prescribed one dose of Rhus tox 30 in half a tumbler of water for both mother and baby, the mother had a

\* *Materia Medica Pura*, Vol. II—Symptoms 782 & 924.

sneezing cold ever since, allergic of course. Both cured in 2 days. Believe me, even desquamation was complete.

A 3-month-old baby. Tossing, shrieking, twitching all over and the whole household is at ransom. A very simple cause: gripe water, tinned food, vitamin A & D drops, no stools, result, a wind colic. Won't let you touch the abdomen.

Opium 30 three doses, hot & cold fomentation on navel region and a small glycerine suppository, that is all you need. In ten minutes reaction started, the baby started bundling up bathed in sweat and succeeded in ridding a few black balls and, at once took the breast. Later I did rid the baby of all the humbug stuff and she no more had those black and white balls. But I warn you that the fashionable ladies will stop coming to you for such deliberate sacrilege. It was perhaps G. B. Shaw who said, "People like to be humbugged and I humbug them".

Now comes teething and within next 3/4 months the child should be lisping half syllables and fumbling all over the floor, a cynosure of the household. Of course a very natural development. But no, you expect the worst complications at this very period, for instance, dehydration, dysentery, capillary bronchitis, etc. none easy to tackle as you think.

You know very well that most babies are now inoculated with triple antigens and also polio vaccine, it is almost a fashion like the mother's 'pills' and sometimes a compulsion. If it is part of a planned health programme, well, of course, in a country like ours, the vast number of country folk certainly need such protection. But, here in town the scene is entirely different. Education and hygiene alone have wiped away many an epidemic of the yesteryears. Think of plague, malaria, T.B., cholera, etc. Can you vouch that the entire population was inoculated against these? Then why only the babies of the gentle folk who lack nothing of health care and hygiene should be compelled to such harmful routine practice by the allopathic profession?

If you are a keen observer, you will not fail to notice that these vaccines rob the baby of its natural resistance and a nondescript allergy is firmly implanted on the natural baby, types of rash, acute recurrent throat and chest complaints, often leading to asthma, dehydration, all coinciding with teething. The answer is simple, the vaccines subtly alter the nutrition pattern, cannot pick enough right materials to build and the natural resistance falls to zero. You have also read in the papers that the whole world is now divided on the question of using either live or dead polio virus. But our I.M.A. have not yet explained the correct attitude. Meanwhile, the practice stands as before.

However, in all such abnormal diarrhoeas during teething, look for the main offender, if you can. For penicillin group, try one or two doses of the 200th intercurrently or Thuja—in fact, anything that hints that way. Otherwise, your Podo. Puls., China and particularly, Calc. phos 200 will work

fine. Calc. phos. has watery offensive stools forcibly ejected with a flutter, abdomen sunken, hippocratic appearance and a weak husky voice.

In dysentery during teething after the vaccines, the case would be more resistant. Again look out and use a higher potency, preferably 200th.

Most such babies will be late in teething and frequently disturbed by acute infections. Soon you will discover that cervical, hyaline and mesenteric glands are affected, a subacute diarrhoea or dysentery, but more frequently bronchitis with hard asthmatic breathing come to stay. Now, the specialist is consulted and ESR/Mantoux proves a \* \* \* In fact, 80% of such babies are positive.

What you will do now? Your common remedies will cease to work after sometime and you cannot do without a Tub. bov., Bacillinum or even Medorrhinum.

Next comes talking and walking. I bet that 80% of such inoculated babies will talk late and then cannot spell 'tr-s' or 'br-s', even at second year. He says 'Berus' for brush or 'T-i-r-i' for Triloke. And, a hisping continues. Of course, your Natrum mur. or Causticum is there. But perhaps, Diphtherinum 10M would be better. Look out for yourself.

Walking? No better. One baby after the polio booster dose started thinning at the hips & legs and could not walk even after 15 months, although his upper body was normal. At age three, he had flat feet and developed knock-knee, gait still unsteady. He was taken to an eminent orthopaedist who gave him shoes, bound by steel rods, straps and special belts. The strapped boy was a miserable sight and started howling for the discomfort. But nothing could be done.

I had treated the boy earlier when he could not sit at eight months for his large head and did not erupt teeth even at 10 months. Then Calc. carb. 200 & 1M did a fine job. The boy was slowly improving, but treatment was discontinued. Meanwhile, the present complaint developed within two years. I did not know of polio vaccine in potency then and I insist our pharmacists must prepare this in 200, 1M & 10M potency for the profession, so, I thought of Lathyrus and Plumbum met. But Lathyrus suited the case exactly, lower limbs, emaciation, knock-knee, absence of pain which without an element of contraction made it distinct from Plumbum, and I was going to prescribe Lathyrus. But a second thought induced me to pick up the old thread and I prescribed Calc. carb. 10M one dose for a fortnight followed by Lathyrus 30 two doses daily for a week and then waited a month. But there was no reaction and the procedure was repeated. From the third month, however, after the 3rd dose of Calc. carb., the boy enjoyed playing. Now Lathyrus 200 one dose weekly was continued and in another 3 months, the boy became normal in all respects. The costly orthopaedic outfit could not be used after a fortnight and all was a waste.

As you have found, I have so far dealt with only the latest problems  
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(iii) An obstinate case of rhinorrhoea, often bloody, long under the treatment of various experienced homoeopaths, on superficial symptomatic indications, was found to have a malignant growth inside the nasal cavity (totally overlooked by the former homoeopaths) was, of course, ultimately relieved by appropriate antimiasmatic treatment.

5. *Consultation with specialists* (eye, E.N.T., heart, neurologist, orthopaedist, surgeons, etc.) in any case of doubt is essential. But the rub lies in the efficiency of doubting at the proper time.

6. *Regular special investigations* are often essential in various cases of anaemia, juvenile diabetes, disorders of kidney, liver, etc. for proper diagnosis and follow up of the cases.

Here, I have attempted only to give some outline hints about the problems, simply to draw the attention to some important tasks often overlooked or neglected by our colleagues; a more detailed and fuller discussion on all aspects would turn this article into a treatise. So I beg to be excused for this shortcoming.

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### HOMOEOPATHY IN PEDIATRIC PRACTICE

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of a physician while facing the drugged and inoculated children. While totality will always remain our sheet anchor, a direct antidote will either cure or clear the symptom-picture.

I, therefore, suggest that in all sub-acute lingering cases, a course of all three potentized antigens & polio should be administered in 200th potency at a week's interval, picking first the antidote suiting the case in hand.

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### PHIMOSIS NEEDS NO MORE OPERATION

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Persons with a long and narrow prepuce are the most subject to it, and balanorrhoea is always present.

*Treatment:* If the remedies are selected with care, the disease is generally easily subdued, and it is only in very severe cases, and when gangrene threatens, that the knife becomes necessary. Should the apparently appropriate remedies be of no avail, slight incisions in the prepuce will allow much of the fluid to escape, and pave the way to speedy relief.

*PARAPHIMOSIS:* Retraction of the prepuce behind the glans is termed paraphimosis, and is much more dangerous, as, should the constriction be not speedily removed, strangulation of the part ensues, and the whole penis is likely to be destroyed by gangrene. In these severe cases there is no remedy but the knife. The remedies are same as used for phimosis."

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