

## CONCEIVING THE PORTRAIT OF DISEASE WITH ITS CAUSATIVE BACKGROUND IN AN INFANT FOR RATIONAL CARE AND JUDICIOUS CURE

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Of all types of cases a physician has to take charge of, the cases of infants are by far of topmost significance on the score of the responsibility involved and difficulties faced.

*On the score of responsibility:* In this phase of life the future adult person's body (including structure, functions, immunological systems and vitality) as well as mind (including the six senses, human faculties, personality, i.e. in relation to his/her ownself as well as society and other environmental factors) are in a formative and plastic stage. Any error in the general care regimen and treatment at this infantile or puerile stage may engender various abnormal conditions in the mental and for physical sphere of the future man/woman, from which it may be difficult or even impossible to free himself/herself ever in his/her life. Whereas, properly circumspective, rational and judicious care with appropriate homoeopathic regimen and treatment at this stage of life will not only ensure freedom from various acquired dyscrasias, but also mitigate or even sometimes eradicate many a congenital or hereditary predisposition or defect.

*On the score of difficulties:* We all know that, the correct perception of the precise portrait of the disease essentially depends upon accurate apprehension of the subjective symptoms. And the principal or almost exclusive channel of expression of subjective symptoms is language. But an infant naturally lags here, only because it is an infant (L. *infans*: in neg. + *fans*: speaking). Not only in the case of an infant, we are deprived of this principal basis of apprehending the subjective symptoms (i.e. sensations, feelings and thoughts), the same applies almost equally in the case of a child. A child also necessarily requires some years to develop its faculty of speech to express its subjective symptoms accurately.

Therefore, in such cases, we have got no other alternative than to exert all our five senses plus the sixth sense or intuition, to tap all sources of information including the causative factors and the diverse manifestations depicting the mental condition including sensations, feelings and thoughts of our charge, along with its physical condition.

Thus, in order to perceive and draw the portrait of disease of an infant or child as precisely as possible, we have got to take the following steps most meticulously:

1. *Observe and take note of the general features of the case, e.g. com-*

plexion, nutrition, posture, stature, condition of blood vessels, any deformity anywhere, behaviour and manners.

(i) Complexion: Ruddy, pale, cyanotic, etc. Some of these depict various subjective conditions also.

(a) Ruddiness: When moderate and permanent denotes healthy mind and body, jovial mood; when in excess and temporary denotes disturbed temper, etc.

(b) Pallor: When permanent denotes anaemia; when temporary denotes shock, fear, mental depression, etc.

(c) Cyanosis: Denotes circulatory deficiency on the venous side.

(d) Earthy Complexion: Denotes metabolic disorder especially related with liver and endocrine glands.

(ii) Nutrition: Deficiency denotes (a) lack of supply (drawing our attention to proper regimen), (b) lack of assimilation (require proper homoeopathic remedy).

Excessive nutrition or obesity may be due to (a) defective feeding, (b) hereditary (genetic) tendency, (c) disease condition (mainly endocrinal), (d) sycotic stigma.

(iii) Posture: (a) Defective posture due to defective habits, must be corrected by prolonged sympathetic and patient training, (b) organic/structural defect requires orthopaedic care with appropriate homoeopathic remedy.

(iv) Stature: Any abnormality may be due to (a) defective diet, lack of exercise, unwholesome environmental conditions, (b) secondary to various diseases, esp. metabolic and/or endocrinal, (c) hereditary or genetic.

(v) Condition of blood vessels:

(a) Congestion: Some irritation, mental or physical or inflammation in arteries and capillaries.

(b) Haemangioma: Defect in the wall of the vessels, congenital or acquired.

(c) Peteichiae or purpura: Mostly due to thrombocytopenia or other haematic defects or defects in the capillary walls (syphilitic stigma).

(d) Prominent abdominal veins signifies portal congestion or hepatic obstruction (cirrhosis, etc.).

(e) Prominent jugular veins or hepato-jugular reflex signifies right-sided cardiac failure.

(f) Varicosities anywhere signifies weakness of veinous wall with some veinous pressure.

(g) Lymphatics: Inflammation denotes some infection in the area of drainage or some infestation like filaria.

(h) Lymph glands: Inflammation indicates some infection in the area of drainage.

(i) Chronic swelling: (a) Some specific infection like tuberculosis, syphilis, (b) malignancy or semi-malignancy including Hodgkins disease.

(vi) Deformities anywhere may be due to (a) congenital defect, (h) in-

juries, (c) disease affecting bones, muscles, nerves, etc., (d) defective postural habits.

(vii) Behaviour and manners if introspectively and circumspectively observed and analysed reveal many a dependable subjective datum.

#### 2. *Thorough analysis of the available symptoms as far as practicable :*

(i) Sensation: In most cases it is difficult or almost impossible to perceive the precise sensation of our charge. So we can depend very little on this aspect of the symptom.

(ii) Location: On many occasions the symptom depicted by the patient is quite far from the actual seat of disease due to various reflex or referred phenomena. So we must critically ascertain the precise location of the symptom by repeated cross examination and investigation of the whole case.

(iii) Modalities: relation and reaction with various positions, postures, manipulations (touch, pressure, temperature, various active and passive motions, approach, etc.) and environmental/atmospheric conditions, etc. help us to the *maximum* extent in conceiving the real portrait of the disease.

(iv) Concomitants: These also help greatly in conceiving the whole portrait of the disease with its logically related background.

#### 3. *Family history and past history :*

Meticulous investigation in these spheres help us greatly in conceiving the whole portrait of the disease and particularly in apprehending the miasmatic background.

4. *Thorough Clinical Examination :* Any negligence in this task may make us laughing-stocks. I have come across quite a number of such situations. I give only three such instances :

(i) A child, very weak and confined to bed, who was being treated for 'hydrocephalic cry' which aggravated as soon as it turned on its back, of course, with intense depression due to the pain and consequent loss of sleep for a number of days, was found on examination to have a pin stuck into its lower dorsal region. Removal of the pin followed by a little local application of *Ledum*  $\phi$  'cured' the child in a few hours.

(ii) A child with otorrhoea and occasional otalgia and some hardness of hearing in the right ear, under treatment of a veteran homoeopath for about a year on symptomatic indications, with no relief, was found on simple examination, to have a spiked grain of paddy lodged in the external meatus of its right ear which has become considerably turgid by imbibing moisture for so many months, and almost wholly obstructing the meatus, causing some disturbance of hearing. The spike of the paddy grain had caused some ulceration and inflammation of the walls of the meatus, perpetually yielding some discharge and causing occasional pain. Simple removal of the paddy grain with an aural scoop followed by regular cleansing and dropping of some sterilised *ghee* for 3/4 days relieved the child from all troubles.

(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

(Continued from page 517)

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

(Continued from page 518)

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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