

HOMOEOPATHY AND CHILD WELFARE

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The year 1979 has been designated as the International Year for Children. This announcement implies that special stress should be laid upon focussing different aspects relating to child welfare throughout the year. In this respect Homoeopathy does not lag behind. Homoeopathy can claim to be of immense service, in its own way, in rectifying the constitutional dyscrasia of children, which they imbibe from their parents. Homoeopathy enjoys confidence and popularity specially in cases of children. Because it is safer to deal with the medicines with less technical training than that required in other systems of medicine. Even the mother and sisters can treat their little wards in acute humdrum cases at home without consulting a doctor.

It is no business of mine to pursue the beaten track in propounding the different items of information relating to child welfare when valuable scientific suggestions are available from eminent specialists. But it is my intention here to point out how Homoeopathy can help the children in maintaining the normal growth and development without entering into the pathological intricacies. Little children cannot speak but their movements and temperamental attitudes, which are regarded as of primary importance, can be of great help in removing the bar to their healthy growth. Little children are like unadulterated substances, and can readily reflect their natural propensities through their outward expressions without any let or hindrance due to suppression occurring in later ages.

We often meet with so-called feeble minded, mentally backward or of abnormal habit amongst the children in our society. In their etiology hereditary transmission plays an important role, and these mental aberrations are propagated by descent. "A neuropathic family tendency, parental imbecility or insanity, consanguine marriages, the tubercular diathesis, drunkenness, and worry or fright of the mother during pregnancy" are all well established causes for the mental and physical derangements of the children. The determinate causes or pathological conditions rendering the child mentally deranged are lack of development or nutrition or disease or injury affecting the brain either before or after birth.

If we carefully study the features, which are responsible for causing the various dyscrasia, diathesis, and temperaments, we are not only greatly aided in rapidly coming to a correct opinion in a particular case but the prognosis and treatments will be also vindicated. Often the simple recognition of a diathesis (scrofuleris, rachitic, syphilitic, arthritic) will lead us to the seat of trouble by excluding all other possibilities and the recognition of temperament may explain the presence of a certain disturbance.

Diathesis may be defined as a *predisposition*, but not as a *disease*. It

originates from the patient's peculiar constitution and temperament, conditions directly traceable to heredity. It is not possible to discuss elaborately the different constitutions and how to recognise them in this short space, but they are of fundamental basis in dealing with the cases of children.

I may cite here one or two cases from my own experience by way of illustration. In my earlier practice I had to treat a child about 8 months old for his bronchial catarrh attended with diarrhoea and anorexia. When I touched the body for physical examination the child became cross and irritable and began to cry; when I took the stethoscope over the chest the child became so furious that he gave me two kicks. It was not possible for me to examine the child then and there. In consideration of his temperament I prescribed, so far as I remember, two doses of Antim crud. 200 and asked for the report a week later. After a week when the child was again brought in, to my surprise I found the temperament of the child had been changed, and there was no resentment while being examined physically.

Another girl about 7 years old who is still under my treatment is peevish, impetuous and gives vent to violent outbursts of feeling when something is not to her liking. She becomes so furious that she would at once throw away the substance given and would drive the person out of the room refusing further entrance. This awkward temperament of the girl is sometimes so tormenting to her parents that they are at a loss to know what to do. This condition is regarded as a case of temporary insanity. The girl is otherwise intelligent and sharp in memory. On enquiry I came to know that the mother of the girl suffered from urticaria and asthmatic cough when the child was in the womb. Taking the history of the case, as far as possible and collecting the available symptoms I found no other suitable medicine than Staphysagria, which on being prescribed in graduated potencies, helped to soothe the temperament appreciably in course of about six weeks. The case is still under my treatment and observation.

I need not cite too many cases as they are of common experience with my colleagues in their day to day practice. But this much can be said that the condition of mental deficiency is *complete before birth*, and a neuropathic family history or some of the conditions mentioned, is usually ascertainable to account for the direct hereditary transmission of the disease.
