

OBJECT—HEALTHY CHILD

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To-day's healthy child is to-morrow's hope of the nation. Declaration of the year 1979 by the World Health Organization as the International Year of Children has warranted us to take a fresh look at our attitudes vis-à-vis the children. An extended meaning of the term child care includes the concept of treating the maternal diseases at the antenatal period thereby preventing the foetus from suffering the sequelae. Child care also means treatment of neo-natal and post-natal complications of the baby as also, their immunization at the proper time.

PREVENTION OF FOETAL DISEASE

1. *Placental insufficiency.*

Effect: Retarded foetal growth.

Causes: Poor placental development, pre-eclampsia, hypertension and chronic nephritis in pregnancy and post maturity.

Diagnosis: (i) Failure of normal uterine growth. (ii) Poor foetal size for the gestational age. (iii) Poor liquor volume. (iv) Low maternal weight gain. (v) Skiagram shows immature ossific centre, malformation with immaturity. (vi) Amniotic fluid biochemistry shows fall in pH.

Management: Of the maternal condition at the antenatal period to minimise the effect on the foetus are bed rest, high calorie diet, restriction on salt intake, follow up and administration of Aco., Cup. ars., Hydroc. acid., Hyosc., Bell., Verat. vir., Oenanthe croc. or like medicines to mother.

2. *Dysmature or intra-uterine growth retarded baby.*

Effect: (i) Retarded physical growth. (ii) Four times mental retardation compared to normal birth weight of baby.

Causes: Primary and secondary placental insufficiency, twins, organ anomalies, chromosomal aberration.

Diagnosis: (i) History of low birth weight baby. (ii) Uterine and foetal size small for the date and oligohydramnios. (iii) Foetal radiography.

Management: Early diagnosis and early constitutional treatment to the mother may reduce the sequelae to the infant.

3. *Foetal distress* shows metabolic acidosis and respiratory acidosis in the foetus.

Causes: Pre-eclampsia, chronic hypertension, chronic nephritis, severe anaemia, spastic uterus, oxytocic stimulation, antepartum hemorrhage of mother.

Diagnosis: (i) Foetal tachycardia (above 160/min.). (ii) Foetal bradycardia (below 120/min.). (iii) Passage of thick meconium. (iv) Excessive foetal movement. (v) Caput succedaneum.

Management: Management should be of mother at antenatal period to guard the foetus from the effect of maternal disease.

NEONATAL AND POSTNATAL COMPLICATIONS OF THE BABY AND CHILDREN

1. *Premature baby.*

Effects: (i) Birth injury. (ii) Respiratory distress syndrome. (iii) Anaemia. (iv) Jaundice. (v) Blindness. (vi) *Mental retardation*. (vii) *Cerebral palsy*.

Management: Prevention of the prematurity is the best method or management of premature babies by (i) oxygen administration, (ii) warmth application, (iii) feeding and (iv) Baryta carb., Calc. phos., Arnica mont., Calc. carb., Silicea or like medicine.

2. *Asphyxia neonatorum.*

Effect: (i) Mental retardation. (ii) Spasticity. (iii) Athetosis or other form of cerebral palsy.

Causes: Traumatic delivery, sedative and analgesics to mother; circulatory collapse; obstructed air passage.

Management: (i) Avoidance of offending drug to mother. (ii) Cleansing of mouth and pharynx. (iii) Artificial respiration. (iv) Antim. tart., Lauro-ceranus or like medicine to baby.

3. *Birth injuries.*

Effects: (i) Caput succedaneum, (ii) Cephal-haematoma. (iii) Scalp laceration. (iv) Intracranial injuries.

Causes: Forceps delivery; contracted pelvis; precipitate labour.

Management: (i) Slow delivery or (ii) caesarian section can prevent injuries or (iii) baby placed head down, O₂ administration, suspended feeding for 24 hrs. then bottle feed if baby can suck. (iv) Acetic acid, Arnica, Bellis, Ruta, Symphytum can minimise the effect to baby.

4. *Jaundice in new born* except physiological jaundice, all i.e. (i) Icterus gravis neonatorum. (ii) Acholuric jaundice. (ii) Haemoglobinopathies. (iv) Obstructed bile duct. (v) Congenital syphilis. (vi) Portal pyaemic jaundice. (vii) Cretinism require treatment.

Management: (i) Bryonia, China, Podophyllum, Mercurius, Chelidonium, Nat. phos., Chionanthus can help the new born. (ii) Severe type of haemolytic jaundice requires blood transfusion.

5. *Erythroblastosis foetalis* is the effect of iso-immunization of Rh-ve mother's and Rh+ve father's blood group.

Diagnosis: (i) History of previous babies being jaundiced. (ii) Routine blood testing for Rh factor.

Prevention: Anti Rh-D immuno-gammaglobulin injection I.M. to the Rh-ve mother within 36 hrs. of delivery.

Management: (i) Induction or caesarian section. (ii) Exchange transfusion at birth. (iii) Nat. sulph., Thuja, Sulphur, Lyco., Medo., Merc. sol., or like medicine to baby.

6. *Infantile diarrhoea* is important cause of infant mortality.

Causes: (i) Dietetic defects like over and under feeding, excess protein, fat, or carbohydrates. (ii) Reflex diarrhoea in teething. (iii) Shigella, salmonella, B. coli infection. (iv) Amoeba, Giardia or ascaris infestation. (v) Diarrhoea with malabsorption. (vi) Intussusception, appendicitis, thyrotoxicosis, Addison's disease.

Management: (i) Isolation. (ii) Stopping milk feed and feeding of 1/5 normal saline with 5% glucose for 12 hrs. (iii) Restriction of offending food like protein, fat, carbohydrate, (iv) Podo., Chamo., Jalapa, Lyco., Arg. nit., Merc. cor., Croton tig., Calc. phos., Nat. sulph.

7. Convulsions.

Causes: (i) *Within first six months*: birth injury from forceps, congenital defects of brain like hydrocephaly, microcephaly, neonatal infection, congenital syphilis. (ii) *From 6th months to 1½ yrs.*: Tonsillitis, otitis media, meningitis, Fallot's tetralogy, measles, whooping cough, hypoglycaemia and hypocalcaemia, nephritis, worm infestation, tetanus, rickets. (iii) *From 2 to 3 yrs.*: All causes as in (ii) and epilepsy.

Management: (i) Keeping the baby calm and quiet, airway patent. (ii) Throat sucked by sucker. (iii) If temp. is high, application of ice cold water on the head and (iv) Belladonna, Aethusa, Cuprum met., Cicuta virosa, Oenanthe croc., Hydrochloric acid, Chamo., Santonine, Zincum met.

8. Vomiting.

Causes: Birth trauma: underfeeding; airfeeding; infection; alimentary obstruction.

Management: Cuprum ars., Ingluvin, Iris, Kreosote, Chamomilla, Aethusa, Cinchona off., Ipecac, Bismuth.

9. Constipation.

Causes: Underfeeding or starvation; high protein diet; pyloric stenosis; Hirschprung's disease; cretinism.

Management: (i) Diet should contain cellulose, fruit, vegetables, bread. (ii) Alumina, Nux vom., Opium, Bryonia, Collinsonia, Chelidonium, Nat. mur.

10. Marasmus.

Effect: (i) Weight loss. (ii) Retarded development. (iii) Subnormal body temp. (iv) Old man facies. (v) Delay standing, walking, sitting.

Causes: Insufficient feeding; gastroenteritis; ankylostomiasis; avitaminosis.

Management: (i) High calorie diet. (ii) Weaning at proper time. (iii) Abrotanum, Nat. mur., Iodium, Baryta carb., Calc., c., Calc., phos., Silicea or like medicine.

11. *Mental abnormalities* like psychosis, psychoneurosis and mental subnormality.

Effect: (i) Inadequate mental development. (ii) Failure of independent adaptation like idiot, imbecile and feeble minded.

Causes: (i) Parents' intelligence is below average. (ii) Mongolism,

chorea, oxycephaly, hydrocephaly, epilepsy.

Management: Idiots and imbeciles require institutional and community care.

12. *Congenital defects* are club foot, anencephaly, congenital hydrocephalus, spina bifida, meningocele, hare lip, cleft palate, imperforate anus, pyloric stenosis, congenital heart disease, umbilical hernia.

Causes: *Genetic and environmental causes.*

Management: Probably medicine cannot help, so surgical interference is necessary.

IMMUNISATION IN CHILDREN

(i) Immediately after birth: B.C.G. vaccination 0.1cc. intradermally.

(ii) 1st & 2nd months: small pox vaccination by scratch method over arm or thigh.

(iii) 3rd month: 1st dose 1 cc. triple antigen I.M. and 1 cc. oral polio vaccine.

(iv) 4th month: 2nd dose 1 cc. triple antigen I.M. and 1½ cc. oral polio vaccine.

(v) 5th month: 3rd dose 1 cc. triple antigen I.M. and 1½ cc. oral polio vaccine.

But latest view of W.H.O. shows that better to give triple antigen at 5th, 7th & 9th month.

(vi) 24th month: T.A.B. 0.2 cc. followed by 0.4 cc. after 2 weeks. Cholera vaccine 0.2 followed by 0.4 cc. one week after and both subcutaneously.

Booster dose: 3rd year and 5th year: 1 cc. triple antigen each + one dose polio oral vaccine.

(vii) 7th year: B.C.G. repetition.

HOMOEOPATHY FOR CHILD HEALTH

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the homoeopathic system, with its out and out rational principles and thoroughly objective approach, that can fulfil all the requirements and tasks of community medicine and play a most vital role in, trying to save the human race from the various irrationalities of the present day civilisation. For these reasons, we should take a pragmatic view of the country's health problems in the existing socio-economic situations. There is a great potentiality in Homocopathy to provide medical relief to the smallest in the simplest way.
