

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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The HOMOEOPATHIC HERITAGE Turns

50 years

PEER REVIEWED

Homoeopathy for Behavioral Issues in Children

- Tourette syndrome : An impact of neurodevelopmental impairment
- Unlocking the Potential: A Promising Approach for Addressing Behavioral Problems in Children



HOMOEOPATHIC JOURNAL INDIA FOUNDATION

As the Homoeopathic fraternity must have learnt of Dr Vishpala Parthasarathy's sad and sudden demise; after that, due to certain legalities, NJH could not be continued.

Twenty six (26) members of the erstwhile NJH Editorial Board, have formed a Foundation, Homoeopathic Journal India Foundation (HJIF), which will be publishing the monthly magazine - an e-journal - named - International Journal of Homoeopathy and conducting the digital programmes viz. HJIF Webinars, HJIF Live Insta, HJIF YouTube channels and, of course, VP-SSMS.

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Skin Diseases

Skin - The Mirror of Inner Environment!!

AN EXCITING UPDATE IS ON ITS WAY, SO STAY TUNED!

THE HOMOEOPATHIC HERITAGE

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Dear Readers,

According to the World Health Organization, “One in six people are aged 10–19 years. Globally, it is estimated that 1 in 7 (14%) 10–19 year-olds experience mental health conditions, yet these remain largely unrecognized and untreated. Behavioural disorders are more common among younger adolescents than older adolescents. This issue of The Homoeopathic Heritage aims to highlight the rising incidence of behavioral problems in children who are our future and simultaneously to bring forth the efficacy of homoeopathy in their treatment or management.

Have you noticed that you have been encountering words like Autism, Attention Deficit, Bipolar, Hyperactive, Defiant behaviour, Impulsivity and anger issues, etc more often lately- reading them in magazines, newspaper articles, news pieces, etc and simultaneously the emergence and sprawling of cognitive behavioral therapy centers, counselling centers, family therapies, parental sessions etc.

According to the World Health Organization, “One in six people are aged 10–19 years. Globally, it is estimated that 1 in 7 (14%) 10–19 year-olds experience mental health conditions, yet these remain largely unrecognized and untreated. Behavioural disorders are more common among younger adolescents than older adolescents. Attention deficit hyperactivity disorder (ADHD), characterized by difficulty paying attention, excessive activity and acting without regard to consequences, occurs among 3.1% of 10–14-year-olds and 2.4% of 15–19-year-olds. Conduct disorder (involving symptoms of destructive or challenging behaviour) occurs among 3.6% of 10–14-year-olds and 2.4% of 15–19-year-olds. Behavioural disorders can affect adolescents’ education and conduct disorder may result in criminal behaviour. Adolescents with mental health conditions are particularly vulnerable to social exclusion, discrimination, stigma (affecting readiness to seek help), educational difficulties, risk-taking behaviours, physical ill-health and human rights violations”.

While the causes for these issues are many and vary from case to case, the reasons behind the escalation of behavioral problems in children seem to be more environmental than biological.

When we talk about the role of homeopathy in altering behavior patterns, we must acknowledge

the existence of constitutional medicine- a concept extremely unique to homoeopathy. The deep acting constitutional medicines act on the temperamental zone of the patient altering not just the apparent behavior but also the thinking and perception of the child.

Besides these, there are metals which show an immensely powerful action on human behavior. According to Dr Bob Lecridge, MBChB FFHom, a former GP & a specialist in Homeopathic medicine, the author of *Homeopathy in Primary Care*, “The child who needs homeopathic aluminium is a confused child, who lashes out because of violent impulsiveness. These outbursts really surprise people because normally the Alumina child is quiet and gentle. The Ferrum child has a will of iron. This can result in them being both bossy and intolerant to contradiction. They have a tendency to be physically robust or a bit overweight and their bossiness means they always want to be in charge. These are often very self-confident children, the leaders in the class, not the followers. They are typically hard workers who will really stick at things but they suffer from a certain lack of flexibility or adaptability. Homeopathic zinc is most commonly indicated for the constantly restless child. These are the greatest of fidgets”.

Quick Word on Issue Content

This issue of The Homoeopathic Heritage titled ‘Homoeopathy for Behavioral Issues in Children’ aims to highlight the rising incidence of behavioral problems in children who are our future and simultaneously to bring forth the efficacy of homoeopathy in their treatment or management. This issue presents a number of articles and cases documented by homeopaths wherein they have dealt with a variety of behavioral issues with homeopathic medicines. Secondly, this issue

also brings to light the ability of homeopathic medicines to alter thought processes, mental make up and thus the behavior pattern of human beings. This has been beautifully explained by the experienced pen of Dr Sunita B. Nikumbh, HOD, Psychiatry, Dr. M. L. Dhawale Memorial Homoeopathic Institute, Palghar, in her article titled 'Behavioural Disorders: Challenges to homoeopathy and Homoeopath' published in 'From the Editor's Desk' section of the journal. The Stalwarts' Expedition section authored by Dr. Subhas Singh, Director, National Institute of Homoeopathy, Kolkata narrates the biography of Dr. T. F. Allen in this issue.

Besides all these sections, subjective articles, research and case reports, this issue features a

column by the name of 'In Italics' which reads the contrasts between Dr Hahnemann and Dr J. T. Kent's views on homoeopathic posology penned by the very well known figure Dr Sumit Goel. The issue concludes with Dr Vaibhav Jain's review of the book Allens Keynotes - Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes authored by H C Allen. Dr Vaibhav Jain is the founder of Asha Homeopathic Academy, Agrohomoepathy project, and Homeopathy junction.

Dr Rashi Prakash

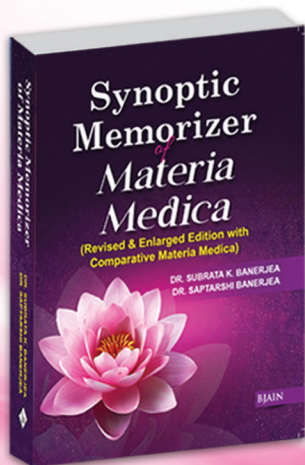
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Call for papers for the upcoming issues:

Unbolt Yourself		
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May 2024	Imponderabilia: The Practicle Utility	March 15, 2023
June 2024	Antidoting the First Prescription: When & Why did you Do it?	April 15, 2024
July 2024	Sac Lac: The Use & Significance in Homeopathic Practices	May 15, 2024



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A synopsis of different views and styles of presentation of drug-pictures

Elaborates Dr Banerjee's own technique to enumerate every drug picture and mental picture in a comprehensible fashion so that they can be memorised easily

Describes the medicine through the name of the medicine or through suitable any thuja through the tips Sycosis, Bryonia through the tips Modality etc.

Sourced from the author's personal notes, thoroughly designed and profusely augmented

Elaborate depiction of mental pictures and the drug-picture elucidating different views from different angels 'for quick and vivid comprehension

Behavioural Disorders: Challenges to homoeopathy and Homoeopath

Dr Sunita B Nikumbh

MD (Hom), Head, Department of Psychiatry, Dr .M.L. Dhawale Memorial Homoeopathic Institute, Palghar

A nine-year-old male child, currently studying in third grade, was brought in by his parents due to concerns about his laziness towards studies and his strong desire to play all the time. He exhibits restlessness, irritability, and violent behavior towards his parents whenever they deny any of his wishes, often using abusive language. These behavioral issues have been observed since the child was in kindergarten but have intensified over the last four to six months. He shows little interest in academics, frequently avoiding writing and reading, making writing mistakes, substituting and omitting words, and leaving notebooks incomplete. Additionally, he challenges teachers and threatens classmates.

These complaints are common among parents seeking intervention for their children, and similar stories are often encountered. There could be more expressions of alteration in the behavioural or reactive pattern of the children. More or less common stories behind the most of the cases.

This case is demonstrating multiple dimensions related to his behaviour, his academic performances and some are of emotional, some are of reactive pattern of anger and aggression towards parents and all are in some or other way related to his education. Some are also attributed by his hormonal upsurge.

How, we as a Homoeopath should approach such cases? How to diagnose these behavioural expressions? How to understand the reason behind the genesis of the complaints or behavioural expressions? Is brain having some problem or mind? How we as a Homoeopath should manage such type of cases? How to select

the Homoeopathic simillimum for these sorts of the issues.

Understanding the Behavioral Disorders: A Deeper Dive

The Mask of Carefreeness : Behavioral disorders often present to physicians as if a child is carefree, seemingly unconcerned about anything, and seemingly resistant to intervention. However, the underlying story behind this behavior can be quite different and unexpected. Defining behavior is a challenging task, as it is continually shaped by the evolving insights of psychologists, and this process will undoubtedly continue in the future.

2. The Unseen Story: Every child has a story—a narrative shaped by experiences, relationships, and circumstances. Behavioral disorders are no exception. Behind the facade of carefreeness lies a unique tale. Perhaps the child has faced adversity, loss, or emotional neglect. Maybe there are underlying neurodevelopmental differences or genetic predispositions. Our role as healthcare providers is to unravel these narratives, seeking clues that guide diagnosis and intervention.

3. The Challenge of Definition: Defining behavior is akin to chasing a moving target. Psychologists continually refine their understanding, adapting to new research and insights. What we consider “normal” behavior today may evolve tomorrow. Yet, this dynamic process is essential. It allows us to recognize patterns, identify deviations, and tailor interventions. As we navigate this ever-changing landscape, we must remain open to redefining our perspectives.

4. The Collaborative Journey : Behavioral

disorders demand a multidisciplinary approach. Physicians, psychologists, educators, and families must collaborate. Together, we decode behavior, recognizing it as a language—a child's attempt to communicate needs, fears, and desires. By listening attentively, we bridge the gap between carefreeness and vulnerability.

Many a times, 'Nature & Nurture' though debatable, is still considered to be at the base of the behavioural expressions of all the types. As per the theory of evolution, certain changes on mind and body are evident. If the changes are in congruent with each other normalcy results but if not so then deviation in normal is considered as to be abnormal. Abnormal behaviour is inconsistent with the individual's developmental life, cultural, and social norms he lives with. Biological and Environment plays important role in deciding normal and abnormal behaviour along with other factors such as lack of parental support and attention, parental conflicts, substance addiction in parents, socioeconomic status of family etc

Having all the knowledge of development and related changes can be studied, how we can handle these behavioural issues? How to derive characteristics from the common? How to formulate the problem in the individual? These questions remains unanswered!

On detailed exploration, it is understood that the child's behavior escalated after his father's transfer, and his academic difficulties were initially overlooked. We have diagnosed this case as Oppositional Defiant Disorder with Learning Difficulty.

The patient's behavioral changes began in early childhood. Several factors have contributed to his anger, as identified through life space analysis. Aggressive reactions toward his mother, combined with the absence of a caring parental figure, have impacted his emotional state. This reactive behavior initially manifested as Oppositional Defiant Disorder (ODD) and later progressed to Conduct Disorders. Unfortunately, this behavior has hindered his ability to sustain attention during studies. Despite having good intelligence, his persistent vexation and rebelliousness have amplified his cruel tendencies. Overall, the evidences indicating a clear overview of the

patient's behavioral challenges and their impact on his emotional well-being and academic performance

Factors responsible for the genesis of behavioural disorders :

Numerous factors contribute to these expressions. Hereditary characteristics, early development, environmental influences, unresolved emotional conflicts, disease predisposition, and an individual's susceptibility to external stimuli all play significant roles. The interplay between **nature** and **nurture** has long fascinated psychologists and researchers. Both nature (genetics) and nurture (environment) contribute to behavioral expressions making this debate a fascinating exploration of human development.

Role of Homoeopathy and Homoeopath in Behavioral Disorders:

Dr. Hahnemann, a pioneer in homeopathy, introduced the concept of individualization as early as the 17th century. When describing the essential knowledge that homeopathic physicians should possess, he emphasized understanding specific facts about each individual. These include:

- 1. Physical Constitution:** Recognizing the inherent physical traits with which a person is born.
- 2. Moral and Intellectual Character:** Considering the character and intellectual development up to the point when the individual presents with a problem.
- 3. Occupation and Lifestyle:** Assessing the person's occupation, lifestyle, and habits, which influence precipitating, maintaining, and predisposing factors.
- 4. Social and Domestic Relations:** Understanding the type of support available to the individual and addressing any obstacles to recovery.

Dr. J. T. Kent emphasized the importance of understanding an individual's true nature—their will, cognition, memory, and actions. These aspects drive their pursuit of the highest ideals, with a focus on benefiting others. **Dr. M. L. Dhawale** built upon the models proposed by Hahnemann and Kent, creating a comprehensive framework. In this model, the interplay between mental and physical expressions is crucial in understanding health and disease. Outwardly, this manifests as a picture of internal distress.

It is outmost duty of a Homoeopathic physician to make comprehensive inquiry and comprehend the 'Man in his Environment' and sheds light on how disease processes begin even in apparently healthy individuals."

How Homoeopath can prepare the management plan :

Remember that each child is unique, and tailored interventions are necessary. By understanding their emotions, providing a supportive environment, and seeking professional help when needed, we can assist children in navigating behavioral challenges effectively.

After the diagnosis of the problem, Homeopathic physician should be looking for the evidences and their interplay among genetic, biological, and psychosocial factors those have influences on behavioral and temperamental aspects of an

individual and resulted in to the clinical disorder. Identification of the characteristics from the common expressions is the most challenging and should follow the philosophical basis to the disease.

Constitutional remedy along with the some strict behavioural measures gave good outcome to the treatment. This case was given Medorrinum 1 M in the infrequent doses along with some ancillary measures to deal with his academic difficulties and anger issues.

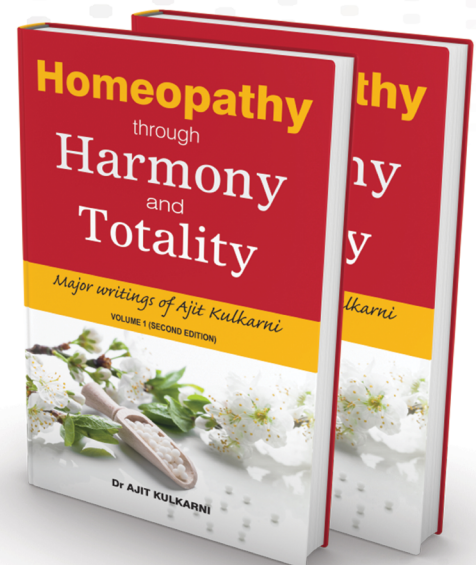
Role of ancillary measure has great role in handling behavioral issues in children involves several strategies. In short, **Holistic Approach that includes:** Addressing emotional and behavioral changes requires a holistic approach. It involves not only the child but also their family. Strain on parents can result from these issues, so seeking treatment and support is essential.



HARMONY VOL.2

- An elaborate description of different types of prescribing required to be done in different situations.
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HOMEOPATHY *Through* HARMONY *and* TOTALITY



(VOL.2)

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Dr. Timothy Field Allen A Versatile Homoeopath

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Dr. Timothy Field Allen was a hardworking and determined personality. However, his talents and interests were not limited to only the medical profession. He was an allopathic physician who later turned to the principle of Similia. He was a firm believer in Homoeopathy and known to be of an enthusiastic temperament. These were some of the many qualities that helped him reach heights in the homoeopathic fraternity. His contributions to the homoeopathic literature are richly endowed with qualities that are valued by all. As one of the biographers commented about him, *“The homoeopathic practice of medicine has no more learned and able exponent than Timothy Field Allen. By teaching and example, he has impressed his own practical views and methods upon his generation, and his authority is as highly respected as his skill as a physician and surgeon is universally acknowledged.”*

Early life

Dr. T.F. Allen was born on 24th April 1837 in Westminster. He received valuable elementary education and took an undergraduate course at Massachusetts' Amherst College, graduating in 1858. His father Dr. David Allen was also a well-known physician who practised for more than fifty years in Westminster. Dr. T.F. Allen graduated from the University of New York in 1861 where he attended lectures in the Medical Department and got the degree of A.M. in 1863.

His medical practice started in Brooklyn in 1861

as an allopathic physician. He then enrolled as a Surgeon, participating in the Civil War. He was stationed at Point Lookout, from where he resigned after serving for one year.

In 1862, he got married to Miss Julia Bissell, of Litchfield, Connecticut and had five children of which only two survived.

Homoeopathic Journey

Initially he was treating all his cases as per the allopathic method. Allen's experience with Homoeopathy started when he partnered with Dr. Carroll Dunham and worked with him for two years. After this partnership, he further studied under Dr. P.P. Wells of Brooklyn, New York and started practicing Homoeopathy strictly.

His interaction with Dr. P.P. Wells is interesting. It was during his practice in Brooklyn when an epidemic of Diphtheria broke out and he was losing patients under him. Dr. P.P. Wells suggested him to try *Lachesis mutus 200*, by which he saw remarkable recovery of most of the patients. This experience made him a follower of Dr. P.P. Wells.

He then enrolled at the Hahnemann Medical College of Philadelphia and took a Diploma from that Institution in 1865 for a formal education of Homoeopathy.

As a teacher he taught various subjects in different institutions. In 1867 he started teaching Anatomy

at New York Homoeopathic College as a Professor. He also became the Professor of Therapeutics and Materia Medica in the same College by 1871 and taught there for a long time.

He later became the president of New York Homoeopathic College and managed getting half-million-dollar grant from Roswell P. Flower for the hospital. This grant was used to build an Annex to the college which later became the Flower Fifth Avenue Hospital.

He had also taught as a Professor of Chemistry in New York Medical College for Women in 1866.

Literary Contributions

He contributed to articles in various journals, but probably his most famous work has been the "*Encyclopaedia of Pure Materia Medica*." This work of Dr. T.F. Allen took more than 10 years to compile, which was a complete record of homoeopathic drug proving. This compilation was published in 10 volumes from 1874 to 1879 and contains inputs from Drs. Hering, Dunham, Lippe and Hughes. These huge volumes were offered by subscription. It is said that 500 subscriptions were paid in advance to ensure each volume's publication. A fire destroyed all the printed versions of 2nd, 4th and 9th volumes of this book in 1879 and they were re-printed.

He also authored *A Handbook of Materia Medica*, *Primer of Materia Medica*, a revised edition of *Boenninghausen's Therapeutic Pocket Book* and *Ophthalmic Therapeutics* for treating eye diseases. He even published the *American Herbarium* which was the result of his botanical studies. He was also associated with the editorship of the *New York Journal of Homoeopathy*, with Dr. William T. Helmuth.

Other Interests

Apart from teaching various subjects in different colleges, Dr. T.F. Allen was also a Surgeon at the New York Ophthalmic Hospital. He later converted this hospital into a Homoeopathic Hospital.

He donned many hats as he also served in several medical, scientific, literary, and social societies

and bodies such as The Toney Botanical Club where he was the Vice-President, The New York County Society where he was the President. He was a member of other organisations such as The Lyceum of Natural History, The Buffalo Academy of Natural Sciences, The State Society and American Institute, the Board of Directors of the New York Botanical Gardens and a Corresponding member of The Portland of Natural History. He was also the Secretary of The Hahnemann Academy of Medicine and nominated by the Senate of the State of New York as Director of the New York State Homoeopathic Insane Asylum, at Middleton, New York. All the above roles were carried by him responsibly and undoubtedly left a mark in all these fields.

Along with this literary expertise, he had a remarkable interest in music. He devoted himself in composing an extensive collection of manuscript music, all while pursuing his medical education and serving as an organist at the Church of the Pilgrims in Brooklyn. Remarkably, he maintained a delicate balance between his studies and his passion for music. Furthermore, he applied his musical talents in a similar role at the Fourteenth Street Presbyterian Church.

A Passionate Personality

Dr. T.F. Allen was one of the few professional men with a strong work ethic who was ever energetic. He was equally engrossed in his medical profession and literary contributions along with his other interests. He was known to take up lesser-explored ideas or theories and bring them into better comprehensible forms. He was known to be an "original force" and whenever he took up a new interest, no barrier was too high for him to overcome his strength to achieve it. His life is an admirable example to budding homoeopaths to consistently put in the effort and energy required to excel in their life.

Demise

He passed away in the year 1902, on 5th December at the age of 65 years.

Boenninghausen's Perspective Of Homoeopathic Posology



Dr Sumit Goel ⁽¹⁾

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Keywords

Hahnemann; Kent; potency; dose; repetition; posology

Abstract

Homoeopathic posology is a subject of so much misunderstanding and controversy that it has divided the profession into different camps. Hahnemann was the pioneer in the field of nano-doses and monoparmacy and minute doses. Kent was the pioneer of high potencies. This study analyses the posology approach of the two impactful homoeopaths in homoeopathic history.

Hahnemann and Kent

It is important to compare two epochal personalities in the field of homoeopathic posology. Hahnemann and Kent, both practiced in different circumstances, at different times and each influenced the practice of homoeopathy and posology in their own ways.

- Were the principles of Kent a further elaboration of that of Hahnemann's?
- Did Kent modify Hahnemann's principles on posology?
- Was Kent in contradiction to Hahnemann?

Kent practiced with low potencies at the beginning of his homoeopathic career. It was a successful prescription of Podophyllum 30, which Kent considered to be a high potency, which made him look towards high potencies. Kent was exposed to a copy of the 5th edition of Organon, as the sixth edition was published after his death. Hence, Kent was absolutely unaware of the new guidelines in relation to "Fifty Millesimal Scale" and "Deviated Doses".

With the knowledge of Organon, and the experience of the "high" potency prescription of Podophyllum 30, Kent started to practice with the high potencies of Fincke that were very popular at that time. Kent later devised his own potentizer and rejected Fincke's potencies.

On the Use of Potencies

Potencies habitually used by Hahnemann

Bradford - Life and Letters of Hahnemann - lists the contents of the medicine box used by Hahnemann by name and potency. One can summarise the entire contents of that medicine box statistically as follows:

POTENCY	NUMBER OF PHIALS	PERCENTAGE
6	3	2.11 %
9	2	1.41 %
12	21	14.79 %
18	19	13.38 %
24	47	33.10 %
30	50	35.21 %
Total	142	100 %

Hahnemann stocked 30C and 24C above all others (68.31% = approximately 2/3rd of his collection).

The bulk of his potencies were – 30, 24, 12 and 18 [96.48%]

Hahnemann did not habitually use potencies higher than 30C.

These are the actual remedies he habitually carried around with him towards the end of his life and hence, logically, used them.

Peter Morrell has done an analysis of the potencies mentioned in Rima Handley's - A Homoeopathic Love Story, to get another view of Hahnemann's use of potency in the 1835-43 period: published as Hahnemann and High Potency.

POTENCY	NUMBER	PERCENT
3	2	3.4
6	3	5.1
9	1	1.7
12	4	6.8
18	6	10.2
24	9	15.3
30	16	27.1
100	1	1.7
200	12	20.3
M	2	3.4
LM's	3	5.1
TOTAL	59	100

Maximum potency, as per percentage

30C - 27.1%

200C - 20.3%

24C - 15.3%

Inclination towards 200C as a further experiment with posology.

Introduction of LMs into Hahnemann’s practice.

Potencies habitually used by Kent

The data for analysis is drawn from Part III – Clinical Cases from **Kent’s New Remedies, Clinical Cases, Lesser Writings, Aphorisms and Precepts** and includes 111 cases listed.

Taking a note of all the potencies made use of in the published 111 cases, the data is tabulated. Detailed statistics for the same can be referred from **Decoding the Dose** by Dr Sumit Goel.

POTENCY	FREQUENCY	PERCENT
10M and above	281	73.75
30 and less	33	8.66
20M and above	185	48.6
Total	381	100

33 out of 381 (8.66%) potency prescriptions are with potency 30 or less. This was the maximum potency Hahnemann ever used on a regular basis. Kent, after his conversion to homoeopathy, practiced with ‘low potencies’. It is true that Kent occasionally made use of the lower potencies like 30, 30X and 12, but these only accounted for some 8% of his total prescriptions.

Kent’s most popular potencies were in the 10Ms (96 = 25.2%), followed by the CMs (52 = 13.65%) and the 50Ms (50 = 13.12%). Almost 52% of Kent’s prescriptions were with these potencies.

Almost half of his prescribing is 20M and above (185 = 48.6%).

Almost three-fourths (73.75%) of his prescribing are over 10M (281 out of 381).

To have a more accurate understanding of Kentian posology and his choice of potencies, it is important to study the potencies with which he started treatment of his cases and then moved up and down the scale.

POTENCY	FREQUENCY	PERCENT
30 and below	10	7.4
30 and 200	10	7.4
10M	44	32.59
10M and above	95	70.37
TOTAL	135	100

Approximately 1/3rd of Kent’s prescriptions started with 10M potency.

In 7 out of 10 cases, treatment was started with 10M potency or higher.

The potencies with which Kent usually started the treatment were

10M = 32.59%

CM = 10.37%

45M = 5.92%

1M = 5.18%

Only 7.4% of cases were started with either 30C or 200C.

Similarly, only 7.4% of cases were started with either 30C or below – the range of potencies that were regularly used by Hahnemann

Discussion – Hahnemannian Posology

Hahnemann - On Constitution, Temperament

Hahnemann’s selection of potency was not based on the constitution and temperament of the patient either at the time when he was administering lower quantities of crude doses or even when he entered the domain of the infinitesimals. But he did modify the mode of administration of the dose in the later years, based on the sensitivity of the patient.

Hahnemann - On Nature of Drug

Reference to Hahnemann’s case notes reveal that he was moving to smaller doses particularly with those medicines that he employed frequently.

As he entered into the domain of infinitesimals, his range of potencies became limited to 6C, 12C, 18C, 24C and 30C. He fell only a little bit short of recommending 30C as a standard.

The following is a list of some important homoeopathic remedies and their doses, as used

by Hahnemann, throughout his medical career.

Belladonna

1787: 12-15 gr every other day

1799: 1/400th – 1/32000th grain was too large a dose
- Each drop of preparation contained twenty-four millionth part of a grain of the dry Belladonna juice

1822: 30C

Medicine chest: 12C, 30C

China

1790: 1.5-2.5 ounces [45-75 g] per 24 hrs

1798: 1 – 1.5 drachm dose; ½ - 1 gr

1816-18: 12C;

1825: 12C

Medicine chest: 30C

Mercurius solubilis Hahnemanni

1789: 1 gr to 60 gr in certain cases; 8 gr – moderately severe syphilis; 12 gr – severe case of syphilis; ¼ - 1/3 – ½ - ¾ - 1 – 1.25 gr gradually

1822: 12C

Medicine chest: 30C

Hahnemann - On Remedy Administration

In the essay on Scarlet Fever, published in 1801, Hahnemann mentions several modes of administering the remedy – he employed opium either externally or internally. Externally, he lay upon the child's epigastrium a piece of paper moistened with strong tincture of opium; internally, he gave the dose mixed with one to four tablespoonfuls of either water or beer.

Introduction of sugar-globules into homoeopathic practice by Hahnemann dates from the year 1813. He used globules of various sizes, ranging from a mustard-seed to a poppy-seed in size – the former chiefly for olfaction, the latter for ingestion. One drop of alcohol was sufficient to moisten 100, 200 or 500 such globules. He was at one time very particular that this globule should not exceed a poppy-seed in size.

In the 4th edition of Organon he advised the employment of medicines by olfaction. In the fifth

edition, he preferred it to every other mode of administering the remedy.

However, the olfaction process later fell into disfavour and in the 6th edition; he went back to giving the medicine dissolved in water, and in divided doses.

In preface to the third part of Chronic Diseases, Hahnemann described the employment of medicines endermically. Earlier, in the Medicine of Experience, he said that the dynamic medicinal power is so pervading, that it is immaterial whether the dissolved medicine enter the stomach, merely remain in the mouth, or be applied to a wound or other part of the body deprived of skin.

Conclusions – Hahnemannian Posology

Hahnemann modified his views on posology mainly in light of clinical experience rather than empty speculations and theories.

Aggravation after administration of homoeopathic similimum was due to the primary action of the remedy. Lesser the material quantity of the medicine, lesser was the aggravation due to primary action. This was the basis of smaller doses initially.

Reduction of material quantity of drug by dilution along with a process of friction seemed to enormously develop the curative drug potential.

The reduction was not uniform in the initial stages and was related to his knowledge and experience with different remedies and diseases. The dose also varied with age, when the reduction was still within the material range.

With the miasmatic theory and the concept of 'dynamis', the dose had reduced to an undetectable and infinitesimal small level.

Hahnemann potentized the drug to 30C and suggested this as a limit. He believed that even in the realm of infinitesimals, there had to be a limit.

In the later and major part of his practice, his ranges of potencies were 30C, 24C, 12C and 18C.

There is no evidence or writing on the subject of selection of a particular potency for a given case in the later years of his practice. Also, there is no discussion on using a range of potencies in a given case.

In the final years of his life, he felt the need for modifying the potentization technique in certain cases. Hence, he modified and altered the centesimal scale. But he did not outright reject the centesimal scale and he was still using those potencies at the time of his death.

Hahnemann felt it necessary to modify the dilution factor [1/500 X 1/100] to reduce aggravation and increase the friction [100 succussions] to make it more potent (*cito, tuto et jucunde*) – instead of raising the potency infinitely as was happening during his time.

Which potency to select for a given case was never an issue with Hahnemann during the later years of life as it was restricted to the potencies that he regularly prepared by hand.

His main attempts were to adopt a method that would minimise aggravation and speed cure by – olfaction, aqueous split doses, deviation of doses and varying the number of succussion strokes and modification in centesimal scale.

The most important and central issue in Hahnemannian Posology was to achieve CURE

With the least aggravation, and

In the fastest duration of time.

All developments and modifications towards the final years of his life – olfaction, deviated aqueous doses and fifty millesimal scale were steps in this direction.

With the infinitesimal dose, beyond the realm of chemistry and matter, he had already reduced the amount of dose to a minimum. The focus was more on the ADMINISTRATION OF THE DOSE, to suit the sensitivity of the patient.

Discussion – Kentian Posology

Kent - On Liquid Doses

Kent said - *'It never matters whether the remedy is given in water in spoonful doses or given in a few pellets dry on the tongue – the result is the same.* It has been supposed by some that by giving one or two small pellets that a milder effect would be secured, but this is a deception. The action or power of one pellet, if it acts at all, is as great as ten. If a few pellets be dissolved in water, and the water is given by the teaspoonful, each teaspoonful

will act as powerfully as the whole of the powder if given at once, and the whole quantity of water if drunk at once will have no greater curative or exaggerative power than one teaspoonful.'

Kent - On Olfaction And Local Application

There are no cases that advocate olfaction as a route of administration of the indicated remedy. Also, local application of remedies has no mention in Kent's records.

Conclusions – Kentian Posology

Though Kent was not the originator of High Potencies, he was its biggest exponent.

Most popular use of potency, including the first prescription was the 10M.

Almost all types of pathologies were managed with high potencies.

His most significant contribution to homoeopathic posology was the stress on using a range of potencies for effecting a cure, especially in management of chronic diseases.

Ascent of potencies and use of series in degrees of the range of potencies.

Though he advocated the use of series in degrees, like the octaves in music, he never made use of entire spectrum of potencies from 30 to MM in any single individual case.

Kent concluded that the ascent of potencies was better than descent, but still, in most cases, he started with 10M or higher.

Definite guidelines for selecting the exact potency for each case are still unclear from his writings and cases, but the choice was mostly for potencies 10M or higher.

Kent put too much stress on reappearance of original symptoms after first prescription and made it an essential condition of repetition of the first one.

Kent utilized Fincke's potencies earlier, but later, prepared his own medicines using his potentizer.

It is important to remark that the cures reported by Kent were with potencies of medicines prepared initially by Fincke and later by his potentizer. How far and 'high' were the Kentian preparations similar to the original Hahnemannian preparations

is not known.

Comparative Analysis Of Hahnemannian And Kentian Posology

Hahnemann's most frequently used potency was 30C, which was considered to be "high" by a section of his followers at his time. Hahnemann also briefly experimented with higher potencies, but was not happy. He had almost termed 30C as the standard potency and was strictly against high potencies of his time. Kent was convinced with Hahnemann's 30C, but found results with Fincke's high potencies.

Hahnemann did not have a wide range of potencies. Towards the end, he was working with a couple of potencies. As Kent worked with Fincke's preparations, he had a wide choice of potencies at his disposal.

What potency to use in a given case was never an issue with Hahnemann. Kent has hardly given any clear and definite guidelines for the choice of potency for first prescription. But his cases reflect a wide range of potencies for the first prescription.

Hahnemann wrote - *As long as the progressive improvement continues from the medicine administered, so long we can take for granted that the duration of the action of the helpful medicine continues, all repetition of any dose of medicine is forbidden.* This was strictly adhered to by Kent as well.

In the 4th edition of Organon, Hahnemann *limited the size of the dose to one or two small globules, limited the posology to a single unit dose and limited the repetition to the expiry of action of the previous dose.*

Kent followed the 'Wait and Watch' policy of the 4th edition of Organon. Kent said - *As a rule, two doses (sometimes three) in the same plane give the best results. It had become routine for Kent, as the records indicated that the third dose in the same potency gave no effect.*

So, Hahnemann would repeat the remedy in the same potency only after it exhausted its action, without ascending the potency, as per 4th edition. Whereas Kent would also repeat the potency after it exhausted its action. But Kent would use a potency two to three times and if the remedy were still indicated, he would ascend in scale.

Hahnemann - The remedy may be repeated at suitable intervals to speed the cure, if necessary,

without producing aggravations. This new methodology can only be carried out if the remedy is prepared in a medicinal solution and given in a 'split dose'. With the medicinal solution, the remedy may be repeated at suitable intervals as long as the patient is improving without any aggravation. This is how cure can be reduced in terms of duration, to one half or less the time it takes with the ordinary dry dose method.

On the other hand, Kent said - *It never matters whether the remedy is given in water in spoonful doses or given in a few pellets dry on the tongue - the result is the same.*

CONCLUSION

Hence, one can conclude that, to effect a cure, Kent moved towards higher and highest potencies. As he gave only a single dose, it would not matter, in which form it was administered.

Whereas, Hahnemann had already experimented with relative higher potencies. In order to effect and accelerate the cure, Hahnemann discovered, not the series in degrees, but deviation of doses. And for deviating the doses, it had to be administered in water!!!

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Homoeopathic Perspective in Treatment of Attention Deficit Hyperactivity Disorder (ADHD)

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Keywords

Behavioral disorder, ADHD, Homoeopathy

Abstract

Attention Deficit Hyperactivity Disorder (ADHD) is a behavioral disorder of children and is a serious concern for parents. Normal children are happy, healthy and well-adjusted. They listen to their elders and respect others. adjust with their surroundings and behave in a socially acceptable way. Whereas in behavior disorder children cannot adjust to the environment around them, they are not able to behave in a socially acceptable way.

Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neurodevelopmental disorders of children. ADHD is a chronic and debilitating disorder that impacts the individual in many aspects of their life including academic and professional achievements, interpersonal

relationships, and daily functioning. It is a brain disorder that affects paying attention, sitting still, and controlling the behaviour. Children with ADHD are overactive, inattentive, restless and impulsive. ADHD is usually diagnosed in children and can continue into adulthood. Boys are more likely to have it than girls. ADHD can affect a child at school, at home, and in friendships. They act too quickly before thinking. They may do things without asking for permission. They are restless, and easily bored. They may climb, jump and disrupt others. They may have trouble sitting still, or staying quiet. They may seem absent-minded or forgetful. Interrupt others during conversations, games, and other activities. Have difficulty staying seated in the classroom. They talk excessively i. e they are very loquacious.

Types of ADHD

Predominantly Inattentive: The child is very inattentive. It is hard for a child to organize anything or to finish any task, to pay attention and follow instructions. He is easily distracted or

forgets even his daily routine work, and doesn't complete schoolwork. He is daydreaming.

Predominantly Hyperactive - Impulsive

Presentation: The child is hyperactive, very restless, he talks a lot. It is hard to sit still for long. It's difficult to make them sleep or get ready for school or any other occasion. He may run, jump or climb constantly. He may interrupt others a lot, grab things from people throw them, and damage them. It is hard for them to wait their turn or listen to instructions.

Combined Presentation: Symptoms of the above two types are equally present in the child.

Causes

The exact cause of ADHD is unknown, but the condition has been shown to run in the families. The differences in the brains of children with ADHD are present as compared to normal children. Children with ADHD have reduced gray and white brain matter volume.

Other factors include:

Low birth weight

Premature baby (before 37th week of pregnancy)

Alcohol, smoking or drug abuse during pregnancy

Extreme stress during pregnancy

Signs and symptoms

Trouble paying attention

cannot focus on tasks and activities.

daydreaming and easily distracted.

Trouble following instructions

Difficulty in organizing tasks and activities.

Losing things frequently.

Forgetful in daily activities.

Impulsiveness

Trouble multitasking

Excessive activity or restlessness

Low frustration tolerance

Frequent mood swings

Hot temper

Trouble coping with stress

Management of ADHD

Standard treatments for ADHD in children include medications, behavior therapy, counselling and education services. These treatments can help to get their symptoms under control and live productive lives.

Behaviour therapy

Behaviour therapy usually involves behaviour management of child. It also involves parents and sometimes teachers too. Parents have to identify types of behaviour they want to encourage, such as sitting at the table to eat. The child is then given some sort of small reward for good behaviour. For teachers, behaviour management involves learning how to plan and structure activities, to praise and encourage children for even very small amounts of progress.

Homoeopathic Management Of Adhd

Homoeopathy cures the patient harmoniously and through its holistic approach. Homoeopathy deals with every patient and its symptoms as an individual.

Tarentula Hispanica: The child is hyperactive with marked restlessness and impatience. The child is compulsive, restless, constantly moving, and has difficulty being in one place. They love listening to music. Useful in children with sudden mood swings. He is violent and destructive, destroys everything he lays his hand on, tears her clothes, and papers, and throws things away. Rolls on the ground from side to side. Hurried, intense, Impatient, excited and restless.

Stramonium: The child is fearful or aggressive. He tends to seek attention. Intense emotions in a child lead to violence, which is out of control. Sudden anger. He is destructive and strikes, bites, tears clothes, smashes, and strangles. Strong fears

at night, fear of being alone. Wakes with terror, the wild look in the eyes. Half awake, half dreaming. Mood swings from joy to sadness. Laughs at night weep during the day.

Lachesis : Such children are very loquacious, wants to talk all the time, without any consistency, jumping from one topic to another, no head or tail. Constant overflowing of ideas in their mind. Sometimes they are overjoyed but sometimes sad and melancholic, unhappy. Memory is weak with inability to think.

Tuberculinum : Hyperactive, restless child. Every trifle irritates him. Dissatisfied with everything, always wants a change. Compulsive behavior. Despondent and morose. Disposition to use foul, filthy language; to curse and swear. Wants to throw things away. Bangs the head when angry. Malicious behavior, breaks things, breaks other's valuables. He is an obstinate and disobedient child.

Phosphorus : Child is very loquacious. Oversensitive to external impressions. Destroys everything, spits at the nurse. Anxious, restless, cannot sit or stand still for a moment. Fidgety feeling all over body. Fear of darkness. Wants to be magnetized. Suspects as if something is creeping out from every corner of the house.

Cina: Cina child is very cross, ugly, does not want to be touched, caressed or carried. He has a highly irritable temperament. Child screams during sleep and starts weeping after waking up. While sleeping grinds teeth and bores the nose. Urine passes during sleep. Wants many things but refuses everything when offered.

Merc Sol : Child is hyperactive but slow and sluggish in answering questions due to weak memory and inattentive behaviour. The child is restless, continually moves from one place to another, has a hurried speech, and tends to be anxious and ill-humored. Fear at night. Throws off the clothes at night.

Medorrhinum : Child is restless, hurried and has difficulty concentrating on things. He is forgetful, have weak memory. Cannot remember even

his own name. Cannot spell correctly even very common words. Very anxious, and has severe mood swings. One moment the child is happy, the other moment he is sad and weeps. Such children are hyperactive, impulsive, abrupt and are abusive towards others.

Chamomilla : Child is ill-humored and irritable, fretful, obstinate, cranky, cross, snappish, insulting, who cannot answer patiently. They cannot bear anyone near them and have aversion to talking. He is anxious and restless. He has irritable temperament, he is uncivilized, cries all the time, becomes quiet only when carried.

Veratrum Album : Child is violent, impulsive and destructive in nature. During violent outbreaks, the child strike those around him, tears things up, has an impulse to bite. Hyperactivity is there, he cannot stay in one place. Excessive rapid, constant talking, at times with loud laughter, may also be present. The child may also have a habit of telling lies.

DISCUSSIONS AND CONCLUSION

This article is a review of the introduction, etiology, signs, symptoms, diagnosis and homoeopathic management of ADHD (a behavioural disorder in children). It shows how homoeopathic remedies can treat a child with ADHD. Individualization, therapeutic, miasmatic and symptom similarities help to find a similar medicine and thus help in getting a complete cure.

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Behavioural problems in Children: A Rising Problem of the Smart World, can be Managed with Homoeopathy

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Abstract

Life starts from the womb and the environment it is brought up in plays a major role in the development of the new bud into a mature living being. It has now been seen that the incidence of behavioural problems in children have significantly rose in this last decade. And one of the major cause for this being the isolation of parents and excess use of devices over playing in the park, which leads to less interaction with other children and thus adjustment problems. But all this can be managed with good therapies and our medicines play a significant role in boosting up this process of development.

Introduction

Life starts right from the point where two energised gametes meet and give their energy a shape called zygote. Life has always followed the rule of survival of the fittest and in this long run from a single celled zygote to a multi organ fetus, life adapts to the environment of its mother being in her womb. From that first fusion to the upbringing of the child, every phase plays a role in the development of a kid to a normal child or one with some behavioural problems.

Children are precious assets of parents and future nation builders. Childhood is a phase of development when children develop motor

and social skills, language & behaviour, learn to regulate emotions and control their behaviour. Starting from the womb, a child passes through phases of physical, mental, and social development until he achieves adulthood. Any interference in mental or emotional development can cause behavioural disorders in a child.

All young children can be naughty, defiant and impulsive from time to time, which is perfectly normal. However, some children have extremely difficult and challenging behaviours that are outside the norm for their age. Presently it is common for behavioural problems to emerge during this period, as children are trying to cope up with the changing world, assert their independence and adjust to various transitions such as making new friends or starting school.

Epidemiology

Children below 15 years represent 1/3rd of the world's population & approximately 10 – 15% of them are crippled with behavioural disorders. 80% of world's children live in developing countries where mental health services are negligible. Recent surveys show that the prevalence of mental health problems in school going children varies from 6.33% to 43.1%. The prevalence of behavioural and emotional problems among orphans range from 18.3% to 64.53%. Overall, the prevalence of behavioural disorders in children and adolescents in different

studies have been reported from 10% to 42%, being more common among males (5-7). Studies from India have revealed the prevalence rates to be 6.3% - 12.5% in 0-16 yrs community based sample from different parts of the country.

As per the Govt survey > 400 Indian students lost their life in abroad due to Suicide in last 5 years.

Mental health disorders (MHD) are very common in childhood. They include emotional-obsessive-compulsive disorder (OCD), anxiety, depression, ODD, CD, ADHD or developmental (speech/language delay, intellectual disability) disorders or autistic spectrum) disorders.

Causes

The causes of ODD, CD and ADHD are unknown but some of the risk factors include:

Gender – Boys are more prone than girls.

Gestation and birth – Difficult pregnancies, premature birth, low birth weight, isolated environment may contribute in some cases later in life.

Temperament – Children who are moody or aggressive from an early age are more likely to develop behavioural disorders later in life.

Family life – Dysfunctional families, for example families where domestic violence, poverty, poor parenting skills or substance abuse are a problem show higher risks.

Learning difficulties – Problems with reading and writing are often associated with behaviour problems.

Intellectual disabilities – Children with intellectual disabilities are twice as likely to have behavioural disorders.

Brain development – studies have shown that areas of the brain that control attention appear to be less active in children with ADHD.

Modern technologies – Children these days have a greater exposure to mobiles & TVs and a lesser exposure to open parks and grounds making their communication skills poorly developed.

Study shows that kids who consume energy

drinks are more prone to mental health disorders.

Types of Behavioural Problems

Oppositional Defiant Disorder (ODD)

About 1/10th of children under the age of 12 years are thought to have ODD with boys to girls ratio of 2:1. Some of the typical behaviours of a child with ODD include:

Low self-esteem

Don't obey rules

Frequent temper tantrums

Deliberately annoys or aggravates others

Easily gets frustrated, angered, annoyed or irritated

Seeks to blame others for any misfortunes or misdeeds.

Argues frequently with adults, particularly the most familiar adults in their lives, such as parents.

Conduct Disorder (CD)

Children with conduct disorder show delinquent behaviour and refusal to accept rules and are often judged as 'bad kids'. Revalance ration in boys to girls is 4:1.

Some of the typical behaviours of a child with CD may include:

Frequent refusal to obey parents and others, frequent lying

A tendency to run away from home and Suicidal tendencies although rare

Tendency to use drugs, including cigarettes and alcohol, at a very early age

Desire to start physical fights also may use weapons.

Criminal behaviour such as stealing, deliberately lighting fires, breaking into houses and vandalism

Lack of empathy and being aggressive to animals and other people or showing sadistic behaviours including bullying and physical or sexual abuse.

Attention Deficit Hyperactivity Disorder (ADHD)

Around 2 to 5% of children are thought to have ADHD, with boys to girls being 3:1. The characteristics of ADHD can include:

Inattention – difficulty concentrating, forgetting instructions, moving from one task to another without completing anything.

Impulsivity – talking over the top of others, having a ‘short fuse’, being accident-prone.

Overactivity – constant restlessness and fidgeting.

Avoiding Eye contact

Particular type of movements like spinning, hand waving, etc.

Slow in learning to walk and speak.

Anxiety

Children with anxiety experience persistent fears and worries that don’t go away. They are often afraid to separate from their parents. They don’t want to be around people so avoid going to school. Always worrying about something terrible to occur. Often experience panic attacks.

Depression

Children with depression don’t get over their feelings within a few days or even a few weeks. They may find themselves having trouble enjoying. Sleeping too much or lack of sleep, having little energy or being sluggish. Mostly lost in thoughts and absent minded. Changes in eating habits. Self-harming behaviour.

Post-Traumatic Stress Disorder (PTSD)

Children who go through or witness a traumatic or stressful event often experience emotional after-effects that can lead to long-term symptoms. They often constantly replay the event in their mind with sleeplessness and nightmares. Easily get triggered by anything that reminds them of that experience and avoid people or places that might remind them of the event. Behave emotionally numb.

Treatment

Mostly the approach is multifaceted and depends on the particular disorder and factors contributing to it. Parents should know how to identify the ABC’s: the antecedents (‘A’) or triggers (preceding event that makes the problem more likely to happen), the specific behaviours (‘B’) that need to be promoted or discouraged, and the consequences (‘C’) or actions taken following a specific behaviour, which will affect the likelihood of the behaviour happening again.

In general, a structured and rewarding environment promotes positive behaviour. Parents need to target and consider targeting 1–2 behaviours at one time. Children who obtain insufficient attention may alter their behaviour and express through screaming, making a mess or fighting with a sibling. Ignoring such negative behaviours can be an effective parenting technique.

Using the reward system can also be used as an effective technique to reduce undesirable behaviours and promote positive attitude and parents must remain calm and firm in their approach. Parents must be mindful not to punish the child, as that may worsen behaviour.

A general rule includes:

Parental education on how to communicate and manage with their children, family therapy and Cognitive behavioural therapy.

Teaching them important social skills, such as how to have a conversation or play cooperatively with others.

Anger management and relaxation techniques and stress management skills are also taught.

Support and encouragement to excel in their particular talents

Early treatment is essential to helping children recover from mental and behavioral disorders. The goal is not to let those issues carry over into adulthood and lead to more severe consequences. Medications help to control impulsive behaviours and enhances the road of recovery.

Our medicine box when opened has a set of innumerable medicines common and uncommon that could be used in these cases like *Ignatia, Aurum mur, Phos acid, Conium, Opium, Thuja, Natrum mur, Zincum met, Arsenic alb, Chamomilla, Cina, Stramonium, Hyocyamus, Lachesis, Lycopodium, Tarentula, Coffea, Gelsemium, Tuberculinum, Carcinosinum* and many more medicines. But here lets discus those which the rare and not found in all the material medicas but have marvellous effect.

Some important Homoeopathic medications indicated in these cases are:

Torula cerevisiae – It is a remedy for children with h/o multiple immunization hazards. The child is similar to Thuja. Irritable, nervous with disturbed sleep and much restlessness and sweating. Ravenous appetite; obstinate with sour smelling discharges is a concomitant.

Agrimonia – They keep grief suppressed and feel tortured. Suppressions lead to psychosomatic disorders. They have masked troubles, talks with artificial smiling face and cheerfulness externally while worry and anxiety internally. Active, reckless, restless; requires little sleep. Never discusses their suffering, often prefers death and interested in magic.

DPT – Excellent results in ADHD. There is h/o guilt in mother during pregnancy. Child has constant high pitched crying, never smiles or laughs; Knocks his head against the wall, hyperactive behaviour. Liar, jealous, desires rocking. Desires very hot or very cold drinks or no thirst at all.

Oleander – Weak memory and slow perception. Cannot bear contradiction, produces violent Rage. Patient has melancholy with obstinate constipation.

Helium – They don't interact with the world, prefer to stay in themselves with own company. Withdraws from everything and everyone. No interest in finding out about values and meaning in life.

Mancinella – They are homesick and melancholic. Sleeplessness with midnight attack of fear of evil

spirits and being taken away by devils. Fear of getting crazy with trembling. Complaints after seeing horror movies.

Populus tremuloides – Vague fear of unknown origin, anxious and apprehensive all time. General nervous excitement with trembling. Fullness of head with sensation of heat over body. Night sweats and fear of unknown.

Cherry plum- This medicine raises the mind above dreaded impulses and compulsive thoughts that threaten to overtake inner calm. Overstarined mind with reasons and morality alternating with unreasonable, impulsive immoral thoughts.

Butyricum acidum – Always worried about trifles and tries to set things right. A constant worrisome and apprehensive state with impulsive suicidal ideas. This state of stress leads to ulcerations in GI tract.

Mimosa pudica – The patient is very shy, okay with one stranger but apprehensive with group of strangers. Withdraws himself from claustrophobic situation.

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Bias and Its Corrective Action for Homoeopathic Clinical Research

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Keywords

Bias, Confounder, Control and Experimental group, Odd Ratio, Random,

Abstract

Bias in homoeopathy clinical research can occur at various stages of the research process, potentially affecting the validity and reliability of study findings. It's important to address bias to ensure that research results accurately reflect reality and can be applied to diverse populations.

Introduction

Homeopathy, clinical trials as the scientific investigation that examine and evaluate the safety and efficacy of medicine therapies in human subjects are randomly allocated to two groups, known as the "Experiment" and the "Control" group. The experimental group is given the medicine being tested and the control group is given the placebo, an inert substance in a sugar pill.

Biases

Bias is defined as any tendency that prevents unprejudiced consideration of a question. In research, bias occurs when "systematic error [is] introduced into sampling or testing by selecting or encouraging one outcome or answer over others. Statistical bias results from an unfair sampling of a population, or from an estimation process that does not give accurate results on average.

Bias occurs when the results of a study are systematically different from 'truth'. For example, if the objective of the study is to estimate the risk of

disease associated with an exposure, and the result from the study consistently overestimates the risk, the result is said to be biased. Bias should be distinguished from random error, in that random error cannot be associated with a particular cause and tends to 'average out' in repeated sampling. Bias, on the other hand, would repeat the same direction of error in repeated sampling with the same design. Bias results from faulty design. There may be many reasons for bias, and care has to be taken to minimize bias when designing the study since it is often difficult to separate the true effects from bias. Simply increasing the sample size, on the other hand, can minimize the effect of random error.

Nonresponse bias

Nonresponse bias happens when those unwilling or unable to take part in a research study are different from those who do. In other words, this bias occurs when respondents and nonrespondents categorically differ in ways that impact the research. As a result, the sample is no longer representative of the population as a whole.

Bias In Design

This bias occurs when the case group and control group are not equivalent at baseline, and differentials in factors affecting the results are not properly accounted for at the time of analysis.

Bias In Selection Of Subjects

The subjects included in the study may not truly represent the target population. This can happen either because the sampling was not random, or because the sample size is too small to represent the entire spectrum of subjects in the target

population. Studies on volunteers always have this kind of bias. Selection bias can also occur because the serious cases have already died and are not available with the same frequency as the mild cases (survival bias).

Bias Due To Concomitant Medication Or Concurrent Disease

Selected patients may suffer from other unrelated conditions but their response might differ either because of the condition itself or because of medication given concurrently for that condition.

Bias In Detection Of Cases

An error can occur in diagnostic or screening criteria.

Lead-Time Bias

All cases are not detected at the same stage of the disease. Cancers may be detected at the time of screening, for example by pap smear, and some may be detected when the patients start complaining. However, the follow-up is generally from the time of detection. This difference in "lead time" can cause systematic errors in the results.

Contamination In Controls

Control subjects are generally those that receive placebo or existing therapy. If these subjects are in their homes, it is difficult to know if they have received some other therapy that can affect their status as controls.

Interviewer Bias Or Observer Bias

Interviewer bias occurs when one can get better responses from one group of patients (say, those who are educated) relative to the other kind (such as illiterates). Observer bias occurs when the observer unwittingly (or even intentionally) exercises more care about one type of responses or measurements such as those supporting a particular hypothesis than those opposing the hypothesis

Instrument Bias

This occurs when the measuring instrument is not properly calibrated. A scale may be biased to give a higher reading than the actual or lower than the actual such as a mercury column of a blood pressure instrument not being empty in the resting position.

Hawthorne Effect

If subjects know that they are being observed or being investigated, their behavior and response can change. This is the basis for including a placebo group in a trial. Usual responses of subjects are not the same as when under a scanner

Recall Bias

There are two types of recall bias. One such bias arises from better recall of recent events than those that occurred a long time ago. Also, serious illnesses are easier to recall than mild illnesses. The second type of bias arises when cases suffering from a disease can recall events much more easily than the controls if they are healthy subjects.

Mid-Course Bias

Sometimes the subjects after enrolment have to be excluded if they develop an unrelated condition such as an injury, or become so serious that their continuation in the trial is no longer in the interest of the patient. If a new facility such as a health centre is started or closed for the population being observed for a study, the response may alter. If two independent trials are going on in the same population, one may contaminate the other. An unexpected intervention such as a disease outbreak can alter the response of those who are not affected.

Bias Due To Self-Improvement Effect

Many diseases are self-limiting. Improvement over time occurs irrespective of the intervention, and it may be partially or fully unnecessarily ascribed to the intervention. Diseases such as arthritis and asthma have natural periods of remission that may look like the effect of therapy.

Bias Due To Digit Preference

It is well known that almost all of us have a special love for digits zero and five. Measurements are more frequently recorded ending with these digits.

Attrition Bias

The pattern of nonresponse can differ from one group to the other in the sense that in one group more severe cases drop out, whereas in another group mostly mild cases drop out.

Recording Bias

Two types of errors can occur in the recording. The first arises due to the inability to properly decipher the writing on case sheets. Physicians are notorious

for illegible writing. This can happen particularly with similar-looking digits such as 1 and 7, and 3 and 5. Thus the entry of data may be in error. The second arises due to the carelessness of the investigator.

Bias In Analysis

This occurs when gearing the analysis to support a particular hypothesis. Some researchers may change the level of significance from 5% to 10% if the result is to their liking.

Interpretation Bias

This arises from the tendency among some research workers to interpret the results in favor of a particular hypothesis ignoring the opposite evidence. This can be intentional or unintentional.

Bias In Presentation Of Results

Scales in graphs can be chosen such that a small change looks like a big change or vice versa. The second is that the researcher may merely state the inconvenient findings that contradict the main conclusion but not highlight them in the same way as the favourable findings are done.

Publication Bias

Many journals are much too keen to publish reports that give a positive result regarding the efficacy of a new regimen compared with the negative trials that did not find any difference. Negative results publication is also important to evaluate to find a literature review for the validated research question later.

Steps For Minimising Bias

The purpose of describing various types of biases in so much detail is to create awareness to avoid or at least minimize them. Everything possible should be done to keep them under control. The following steps can be suggested to minimize bias in the results in a research setup.

Assess the validity of the identified target population, and the groups to be included in the study in the context of objectives and the methodology.

Assess the validity of pre-existing factors and outcomes for providing correct answers to your questions. In addition, there might be other factors at work about which nobody knows. Medical science is still very incomplete and we do not know

about many factors that affect health and disease.

Carry out a pilot study and pretest the tools such as questionnaires and laboratory kits. Make changes as needed.

Choose a representative sample, preferably by a random method.

Choose an adequate size of sample in each group.

Researchers and cow workers should be trained in making correct assessments.

Use matching, blinding, masking, and random allocation as needed.

Monitor each stage of research, including periodic checking of data.

Make determined efforts to minimize nonresponse and partial response.

Double-check the data and rectify errors in recording, entries, etc.

Analyse the data with proper statistical methods. Use standardized or adjusted rates where needed, perform the stratified analysis, or use mathematical models such as regression to take care of those confounders that could not be ruled out by design.

Interpret the results objectively based on evidence.

Report only the evidence-based results, enthusiastically but dispassionately.

CONCLUSION

If bias can be managed through various corrective actions discussed above in the article. Accordingly, able to produce validated, precise, and scientifically sound results for the homeopathic system of medicine. It can be beneficial for various clinical research studies for homeopathy, capacity building, and strengthening in the field of the homeopathy research program, also contribute to generating meaningful evidence-based homeopathy research. This will be further useful for better planning and policy-making, and decision-making at a broader level for the community.

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Conceptional history of Mother: A key part in knowing the behavioural disorder in children with its Homeopathic Aspect

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Keywords

conception, pregnancy, impact, behavioural disorders

Abstract

Children are difficult, and raising difficult children can be life disrupting. But being able to tell whether your child is just going through a stage, or if something is really wrong isn't always that easy. Behavioural disorders are frequent in children with an intellectual disability, regardless of the underlying aetiology. They are often disabling, can create problems in everyday life and can mask or reveal an organic or psychiatric illness. Homeopathy has shown wonders in treating paediatric patients and behavioural disorders are not an exception.

Mental health problems in children and adolescents include several types of emotional and behavioural disorders, including, depression, anxiety and pervasive developmental disorders (autism). Disruptive behavioural problems such as temper tantrums, attention deficit hyperactivity disorder (ADHD), oppositional defiant or conduct disorders are the commonest behavioural problems in preschool and school age children. In Homeopathic treatment, the mother's history during pregnancy (MHDP) is crucial to consider in anamnesis for management of such patients.

Introduction

A child is influenced by "nature" (inherited biological characteristics) and "nurture" (environmental influences). When you think of "children", all you visualize is nice, cute, bubbly, happy, laughing, smiling, gleeful, screaming, running kids. Safe, happy and secure children. But somehow when the parents feel that all of these normal behaviour is missing and the child is absorbed in his own world then parents have to understand that their child is suffering from some abnormality. And with the treatment this child also needs proper attention and gentle care from the parents. So in these types of disorders parents have to be properly trained for how to tackle these type of children. So the role of a homeopath is not only to treat the child but also educate the parents properly about the disorders and train them how to tackle their children.

A child whose behaviour pushes you away is a child who needs connection before anything else. So these type of behavioural disorders in children need proper nurturing, caring and attention from the surrounding people, more than only Homeopathic medications.

Importance of Conceptual History of Mother in Behavioral Disorders

The life of a man starts while he is still in the uterus, where he can experience emotions both painful and pleasant which will ultimately be responsible for his state of mind. We can see

from decades that the mother's state of mind is directly connected to the child's development. What mother feels during pregnancy, the child also feels that and gradually develops. According to ancient Indian scriptures, Abhimanyu, the son of Arjuna and Subhadra (the latter Krishna's sister) — was still in his mother's womb when he first heard his uncle Krishna narrating the secret of penetrating the almost impenetrable military formation known as the Chakravyuha. So our grandparents tell the women during pregnancy to read the good books, think positive as much as possible so the child's development is healthy and normal.

Most of the illnesses seen in a child in the initial few years of his life are directly or indirectly linked to the mother's physical and emotional states during conception, pregnancy and labor.

These include the following inquiries

The mother's basic personality.

Her intention to become pregnant.

The environment surrounding her during pregnancy, including any effects of bad news or events on her State of mind (for example, hijacking, terrorism, war, riots, religious war, etc.).

Her feelings and state of mind (especially strong emotions like grief, shock, fright, disappointment, hatred, neglect, etc.) during pregnancy and labour.

Any history of injury during the pregnancy.

Any medical problem like prenatal or postnatal complications.

Attempts to abort the child.

Her socio economic and cultural background.

Her immediate feeling on hearing or seeing the baby following the completion of labour.

Her feelings while she is breast feeding.

Early exposure to stress and adversity is one of the Most consistent predictors of child behavioural problems including the onset and development of aggressive, disinhibited and impulsive behaviours. Early expressions of this externalizing behaviour often begin to emerge during the preschool period and are the most

common reason for children's initial referral for mental health services.

Most studies have investigated these developmental pathways during childhood. A growing body of evidence, influenced by evolutionary psychology theories, suggests that developmental adaptation to stress may begin before birth, starting from the prenatal period when the pregnant person's experiences of distress can shape or "calibrate" foetal stress systems to the anticipated postnatal environment.

Development of Child Psychology and Homeopathic Importance.

Developmental psychology explores the physical, behavioural, cognitive and personality changes that occur from conception through childhood and beyond, and it teaches us that there is a certain set of basic emotions that children express from infancy onwards. A child's first expression of basic emotions will relate to the physical or biological needs or goals, such as physical protection or survival. As children get older they will express more complex emotions like sadness, anger, fear, etc.

These emotional reactions are often temporary, but if they are strong enough or last long enough they may form emotional 'states' and become 'moods'.

These 'states' can then start to influence the way children perceive and interact with the world. These emotions, when becoming a dominant characteristic of the personality of the child, will often form the most important source of symptoms that will point to the homeopathic similimum.

It is very important that the homeopathic physician is well versed with the emotional traits that are common to all children, in order to delineate the 'normal' from the 'abnormal' symptoms. Only then he can pick up the characteristic symptoms, which grant individuality to the patient, and will lead to a successful prescription.

Mental satisfaction is illustrated by the way the child deals with feelings, thoughts and wishes generated by the physical, psychological and social experiences which affect him. A young child is incapable, due to his natural dependency

and immaturity, to remember or communicate to us the facts and experiences often essential for evaluation. So it is the physician's task to make use of what he can observe by himself, what is observed by others and to appraise and evaluate behaviour and history of the child given by the parents.

Following sets of Abnormal behaviours are observed during the different stages of development

New-borns (0-1 Month) :-

Difficult child syndrome - This is characterized by irregularities in the child's sleeping, feeding or elimination functions.

Infants (1-12 months) :-

Infantile Autism

Early childhood :-

Attention Deficit Hypersensitivity Disorder

Childhood neurosis

Speech problems

Temper tantrums

Late childhood :-

Childhood psychosis

Childhood manic depressive episodes

Conduct disorders

Dyslexia

Oppositional Disorder

Homeopathic Rubrics

Mischievous and playful: - anac., bell., bufo., cham., cina, cupr., Lach., merc., stram., taren., tub., veret. Alb.

Does not like to play, tends to just sit in a corner:- Bar c., Rheum.

Prefers being alone and does not like the company of other children:- Bar c., calc, cham., cic., nat m.

Fear of strangers: - Ambra, Bar c., bufo, cupr, puls, sil, thuja.

Started from the least noise: - borax, calc, cic.,

med., merc, phos, sil.

Fright, complaints from:- Acon, IGN, nat m, lyc, phos, sil, phos ac., anac.

Forgetful: - Ambra, bar c., coccu., colch., lyc, merc, plat., phos., phos ac., tub., anac., acon.

Dullness, sluggishness, difficulty of thinking and comprehending:- Arg n., bar c., bar m., calc p., calc s., nux m., staph, tub, sulph, phos

Confusion of mind: - bella., Bry., carb v., lach., merc., nux m., nux v, sep, rhus tox, sil., strych.

Concentration difficult:- caust., glon., phos., bar c., sep., sil., caust., carbo v.

Clinging to persons or furniture:- coff., gels, stram.

Anger touched, when:- ant c., taren.

Impatience:- cham., ign., nux v., sulph., sep.

Impulsive:- Arg n., ars., aur., cic., merc., staph.

Obstinate:- Bella, anac, calc, alum, acon., agar., nit ac, tarent.

Homoeopathic Therapeutics

Alumina

A confused child, who lashes out because of violent impulsiveness. These outbursts really surprise people because normally the Alumina child is quiet and gentle. In fact, they might seem extremely biddable because actually they have had their natural character suppressed usually by a very dominant parent who has repeatedly told the child that whatever their wishes are they are not going to get what they want. This erodes their self-confidence. However, there remains a strong tenacity, almost obstinacy, in their character. It's impossible to hurry them. We might find them anxiously wandering from room to room at night rubbing their tightly closed eyes.

Argentum nitricum

This remedy is made from silver nitrate and is most commonly used to treat anticipatory anxiety. Key indications are the physical symptoms of shaky hands and legs. These children will describe the typical butterflies-in-the-tummy feeling and might have to run back and forward to the toilet

with diarrhoea. They are hot children who easily feel overheated and when they get anxious their sweet tooth becomes quite excessive.

Cuprum

Children with difficult behavioural problems. They tend to be fiercely independent, never asking for help. As you might imagine this makes them rather headstrong, or even obstinate. They have great abilities to be focused and hard-working, really sticking at tasks and always playing by the rules. They tend to blow up both verbally and physically, lashing out with a sarcastic tongue, mimicking people and playing tricks on them and even lashing out destructively, biting or spitting. They are also breath-holders when angry and can turn spectacularly blue in the face during these temper tantrums.

Baryta carbonica

Goes alone and weeps as if had no friends. Child thinks all visitors laugh at him. Keeps the hands over the face and peeps through the fingers and hides behind the furniture. Childish behaviour, aversion to company. Dullness, sluggishness in children. Tendency to catch cold easily. Mistrustful. Lack of self-confidence. Talking mania. Always borrows troubles.

CONCLUSION AND DISCUSSION

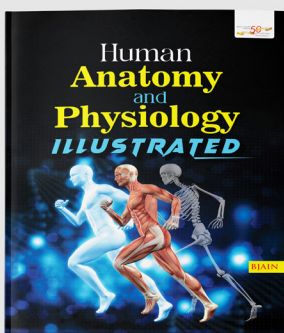
So based on the above discussion we conclude that cases of children (who suffer from such disorders), need to be addressed with a broad

spectrum management. It starts with a well taken case, (including minutest observations of the physician), a well elicited mother's history during pregnancy (MHDP) [taking into consideration all the aspects as discussed above] being too crucial as stated above, proper parental education, family therapy, cognitive behavioural therapy, social training, anger management, encouragement & A support for associated problems, all being an integral part of the management of such disorders, in conjunction with the right Homeopathic similimum.

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 BJAIN

Harmony Regained: The Transformative Influence of Homoeopathy on ADHD

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Keywords

ADHD, Homoeopathy, behavior therapy, DSM-5 criteria, hyperactivity, inattentiveness.

Abstract

Attention Deficit Hyperactivity Disorder is a neurodevelopmental disorder that largely affects children but can also impact adults. It is characterized by children facing trouble with concentration, paying attention, hyperactivity, or impulsiveness in behavior. ADHD ranks highest in psychiatric disorders and is known to interfere with an individual's normal functions. Short-acting stimulants like mixed amphetamine salts and dextroamphetamine drugs are known to cause deleterious effects on the health of children with side effects like nausea, vomiting, insomnia, loss of appetite, and social isolation. [1] Homeopathic medicines on the contrary are holistic healers that take into consideration a patient's mind, physical generals, modalities, time modalities, etc., to ease the discomfort of the patient without compromising on the patient's wellness.

Introduction

Attention-deficit/hyperactivity disorder (ADHD) takes a place among most common mental disorders affecting children. ADHD symptoms include inattention (lack of focus), hyperactivity (excessive movements of hands and feet, restlessness), and impulsivity (actions without prior thoughts done hastily).[1]

Aetiology

ADHD is caused by the intermingling of multiple factors. Some of the prime causes of ADHD can be:

Due to gene and environment interaction, the genes undergo alterations. Researchers have found that the maximum number of ADHD children prevail from a strong genetic history of ADHD or psychiatric illnesses existing in parents and their siblings. ADHD also has been related to other developmental disorders like neurodevelopmental disorders, including ASDs and coordination problems while developing and affecting the reading abilities of the children, mood, and conduct disorders. Monozygotic twin pairs are more prone to ADHD than dizygotic twins. Genes associated with ADHD are DRD4, DRD5, SNAP25, DAT 1. [2]

Pollutants like pesticides, carbon monoxide, polychlorinated biphenyl (PCBs), and lead damage the cognitive abilities and neural functions of children with ADHD. Environment plays a major role in influencing the gene and causing an abnormal *gene-environment interaction*. The environment can be the household atmosphere, environmental pollution, or inhalation of toxic substances.[2,3]

ADHD in children can result from disturbed households like

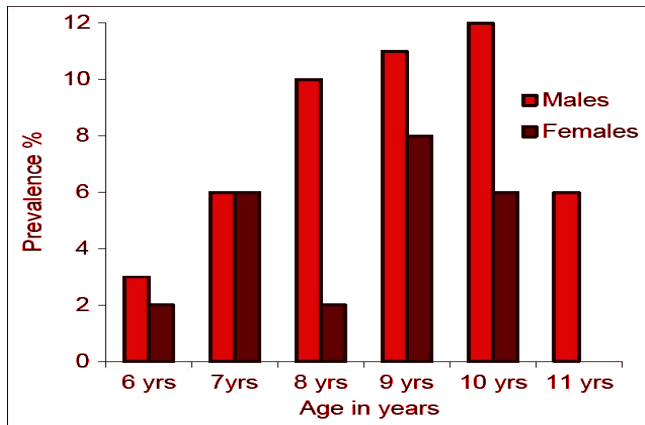
- Aggressive parenting
- Rejection of children
- Low economic conditions in a family
- Peer pressure
- Uneducated parents

- Bullying of children

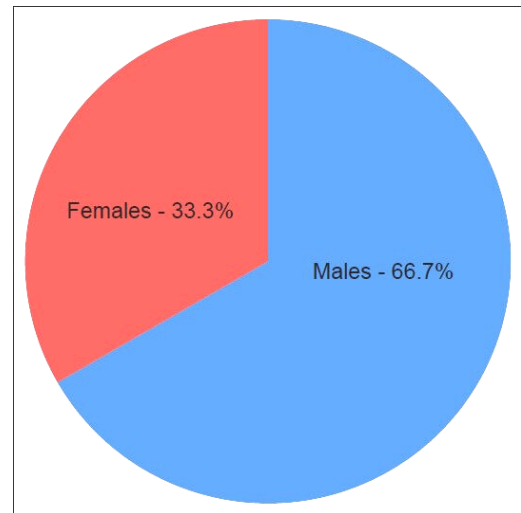
Expecting mothers must consume a healthy and nutritional diet along with staying in a stress-free environment for the healthy growth of the baby. Women must avoid alcohol as it is a teratogen. Fetal alcohol syndrome causes changes in behavior, inattention, and hyperactivity of the children born to such ladies. [2,3]

Epidemiology

A survey conducted by the National Library of Medicine consisted of a study on 770 children out of which 635 students and their parents consented to the study. There were 324 males and 311 females in the age group 6-12 years. [4]



Distribution of ADHD among different age groups in males and females.[5]



Prevalence of ADHD in males and females.[6]

Clinical Features

Inattention	Hyperactivity	Impulsiveness
Daydreaming, and short attention span.	Always in a constant motion	Acts without thinking
Disobedient	Restlessness	Speaks without thinking
Easily distractible from play or work	Squirms(wriggling the body side to side as if in discomfort) frequently	Impatient
Disorganised and loses his things	Fidgety	Interruptive
Carelessness	Runs and jumps when it is not permitted	Answers before the question is over
Avoids work needing mental efforts	Loquacious	Runs without first looking at the traffic lights
Forgetful	Cannot play quietly	Impatient till his turn comes

[7]





Diagnosis

The **Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)** is currently used as a diagnostic criterion. [8]

The child’s behavior must be different and inappropriate from that of the children of his age group.

The symptoms commence before age 12 and persist continuously for at least 6 months.

The child goes through severe limitations at school work, at home, and with friends or the social environment around him.

Impairments caused due to ADHD must not be secondary to pre-existing disorders.

ADHD can also hamper speech abilities, cause mood swings, delay speech, and impair motor abilities in a child.

Academic performances are poor with conduct disorder.

ADHD children are highly irritable and have

tolerance and frustration.

These children are not approaching to make new friends and step back from social activities. This further leads to functional impairments in children.

Differential Diagnosis

Hyperthyroidism

Thyrotoxicosis

Sleep and wake disorder.

Dysthymic disorder.

PTSD or Post Traumatic Stress Disorder.

Depression.

Bipolar disorder

Management

The role of parents becomes pivotal in cases of ADHD children. Training the child in behavioral management is key. It is advised that children below 6 years of age must undergo behavior management by trained parents before starting any medication.[9]

Technique of behaviour therapy	What is to be done?	Example
Positive reinforcement	Rewarding and complimenting the child when he completes a given task.	The child completes his homework and is allowed to play on the laptop.
Time-out	Removing access to desired activity as the child is misbehaving.	The child does not throw trash in the bin. He is made to sit in the corner of a room for 5 minutes.
Response cost	Misbehaving withdraws reward.	The child cannot play computer games as the homework is not completed.
Token economy	The child is rewarded for his desired activity but loses the privileges when he misbehaves.	When the child is sitting quietly in the classroom, he is given a star which totals at the end of the week to a prize. But if he fails to do so, the stars are withdrawn.

Homoeopathic Management

Dr. Samuel Hahnemann in the *ORG § 211* has mentioned that mental symptoms aid in Homoeopathic remedy selection. This means to form a totality of the patient, relying only on mind symptoms is disregarded. The characteristic symptoms(modalities preferably) form the crux and mind symptoms guide to make a final best-acting prescription. [10]

The perception of the peripheral organs in ADHD children is disturbed and it makes them over-sensitive to external impressions like noise, smell, touch, hearing, and proprioception. Boenninghausen’s Therapeutic Pocket Book is used in rubric selection for proprioception disturbance to arrive at a rapid cure.[10]

Rubrics from Boenninghausen’s Therapeutic Pocket Book

[10]

Light in general: worse
Reading: worse
Talking: worse
Warmth, in general: worse
Writing; worse
Cold, in general: worse
Movement, desire for
Smell hypersensitive
Hearing hypersensitive

Rubrics used in Homoeopathic Approach to ADHD

Kent Repertory[12,15]

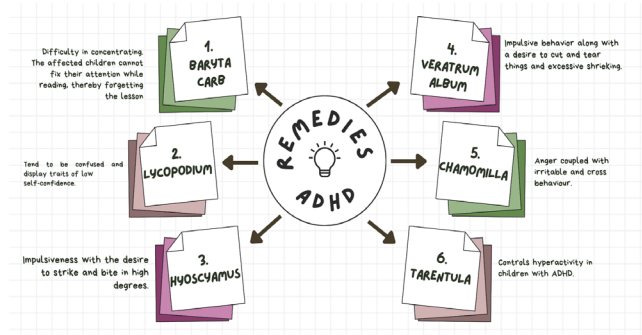
Synthesis Repertory [12,16]

Section	Rubric	Sub-rubric
Mind	Anger	children in
Mind	Concentration	difficult is
Mind	Forsaken	feeling
Mind	Gestures	makes strange attitude and positions

Section	Rubrics	Sub-rubrics
Mind	Absent minded	-
Mind	Absorbed	buried in thought
Mind	Abusive	-
Mind	Agitation	excitable
Mind	Anger	irascibility (see Irritability and Quarrelsome)
Mind	Anticipation	complaints from
Mind	Anxiety	-
Mind	Attention	see concentration)
Mind	Biting	-
Mind	Buffoonery	(See childish)
Mind	Careless, Heedless	-
Mind	Clinging	to persons or furniture
Mind	Confusion	Of mind
Mind	Delusions	imaginations hallucinations, illusions
Mind	Contradiction	intolerant of
Mind	Destructiveness	-
Mind	Disobedience	-
Mind	Discontented	dissatisfied
Mind	Dullness	sluggishness, difficulty of thinking and comprehending
Mind	Frightened	easily
Mind	Forgetful	(See memory)
Mind	Hurry	-
Mind	Loquacity	-
Mind	Mischievous	-
Mind	Obstinate	-
Mind	Quarrelsome	-
Mind	Restlessness	-
Mind	Violent.	vehement

Murphy's Repertory [13,17]

Section	Rubric	Sub Rubric
Mind	Children	anxious children
Mind	Children	concentration difficult while studying
Mind	Children	hyperactive children
Mind	Children	obstinate
Mind	Children	restless children



Baryta carb

Baryta carbs are dwarfish and physically stunted. The children do not comprehend things happening around them and so prefer staying by themselves. Anxiety meeting new people. The mind is incapable of solving complex factors. They lack brilliance. The children cling to their mother and hide behind, peering occasionally with a dull, serious look. [14,18,19,20]

Lycopodium Clavatum

Children are constantly contending with cowardice - moral, social, and physical. Feeling of being weak and inadequate, incapable of committing to responsibilities in life. This makes them avoid responsibilities.

These children exhibit a lack of self-confidence. There is a feeling of failure because he thinks his performance is not good enough. Constant fear in the background that his business(work or task) will collapse though he is performing well. [14,18,19,20]

Hyoscyamus Niger

It is suitable for children with impulsiveness and who have the desire to strike and bite. The

child is prone to swearing or cursing and is liable to totally ignore orders from his elders to stop his disruptive behavior. Children may not allow toys to be put away in a certain order and would throw a tantrum if the wishes were not followed. [14,18,19,20]

Veratrum Album

Veratrum controls impulsive behaviour along with a desire to cut and tear things and excessive shrieking. Veratrum can be prone to obsessive/ compulsive disorders. Veratrum children are known to be bossy and want things to happen their way. These children dogmatically express themselves. [14,18,19,20]

Tarentula Hispanica

Tarentula is suited to hyperactive children with marked restlessness. Impatient children. Constant restlessness, most particularly of the lower extremities, but also of the entire body. Such children do their activity very fast. Aggravation from bright or strong colors - red, yellow, green, black.[14,17,19]

Tuberculinum Bovinum

The child displays hyperactivity along with an impulse to run away.

There are angry outbursts with screaming. The child also uses abusive language. Destructive behaviour is observed in children along with throwing things at others. [14,18,19]

Chamomilla

Treats anger outbursts in children with ADHD. Exceedingly irritable and cross. Well-describable words for Chamomilla baby are *spiteful* and

snappish. The child moans piteously when he cannot have what he wants. Whining restlessness. The child always answers in an uncivil manner. Quiet only when carried. [14]

Sulphur

Sulphur children neglect their appearance, they may be indifferent to how they look. Sensitive to criticism, scorn and insult. They live in their own world, where they can feel good about themselves. Sulphur children like to touch everything, as if only what they touch is real. Dreams of Sulphur are being pursued by wild animals.[18,19,20]

Nux vomica

Irritable and passionate children who are very fastidious. Impatience and a dictatorial personality. Children are daring and mischievous. [18,19,20]

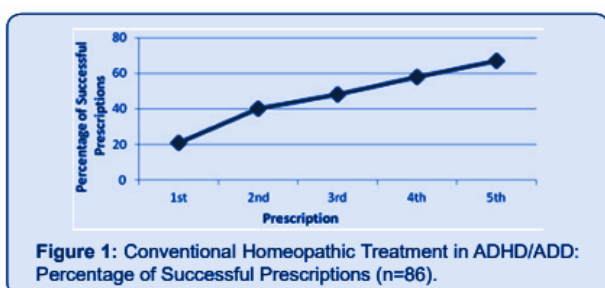
Phosphorus

Has a strong desire for company. This may be followed by tiredness or weakness.

Phosphorus children have a fear of being alone. Sudden noise, like a blaring horn, a slamming door, or a burst of thunder, the daydreamer is startled because awareness is pulled suddenly. [18,19,20]

CONCLUSION

Modern medicines like Ritalin impose harmful side effects like sleeplessness, reduced or loss of appetite, anxiety, and delayed growth of the child. To avoid the harmful effects of modern drugs on children, a holistic approach should be the first line of treatment. [11] Homeopathic remedies are derived from natural sources and aid in safe treatment with easy medication for ADHD in children. The advancing research in Homoeopathy shows higher rates of curability[10].



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Homeopathy for Behavioral Problems in Children

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Abstract

Behavioral issues in children are somewhat frequent, parents often concerned about them. These issues frequently reflect the societal pressures, surroundings, and developmental stage of the child. While most behavioral issues are transient, others could last longer or indicate a medical ailment or neurological disability. Initially treating behavioral issues in children frequently include teaching parents useful behavior techniques to encourage positive behavior in their kids. This article describes a homoeopathic method of addressing children’s behavioral issues.

Introduction

For the nation’s future growth, children with good minds and bodies are crucial¹. A disorder of behavior is a broad term used to describe abnormal or recurrent actions or emotions that happen in everyday life. Children’s disruptive behavior habits that contributed to issues at home, at school, or in social contexts. Such habits of conduct had to have persisted for a minimum of six months in order to be considered a behavioral disorder.²

Prevalence

Assessment Points	Hyperactive	Normal or Hypoactive
Level of Activity	More active (restless)	Less active
Threshold of responsiveness	Response to low stimulus	Response to High stimulus
Reaction intensity	More intense	Less intense
Distraction	Distracted easily	Not distracted easily
Attention and Persistence	Frustrated	Persistent

Among orphans and other vulnerable youngsters, the frequency of behavioral and emotional issues varies from 18.3% to 64.53%. In India, the percentage of school-age children with mental health issues ranges from 6.33% to 43.1%.³

Risk Factors^{4,5}

Family factors

- Interaction of family members - Absence of sentimental ties to one’s parents
- External factors affects the family
- Childhood lacking of oversight from parents
- Substance abuse by parents

School factors

- Academic performance
- Stressful events
- Drug misuse in childhood
- Low regard for oneself

Biological factors

- Physical illness
- Temperament

Assessment Activity Level of Child⁶

Common Behavior Problems

Bed wetting (Enuresis) - Urine loss during sleep that is not voluntary and happens to children older than five at least twice a week. Children who suffer from nocturnal enuresis (NE) frequently experience a reduced quality of life, which can negatively impact both the child and their family.⁷

Thumb sucking - Thumb sucking is a typical early childhood behavior that most children quit when they're just approximately one or two years old, while certain children carry on until school age. The cause of thumb sucking is stress and child taunting.

Pica - The eating condition known as pica is characterized by a frequent consumption of non-food items like chalk, clay, dirt, etc.

Breath holding spells -A phenomenon known as a "breath-holding spell" happens when a youngster, following a traumatic or terrifying occurrence, momentarily loses consciousness and stops breathing on themselves.

Temper tantrums - Temper tantrums occur most commonly in childhood, when a child has frustration, tiredness, and hunger.

Tics Bruxism - Excessive, uncontrolled clenching, grinding, or rubbing of the teeth during abnormal masticatory actions is known as bruxism. Bruxism can happen at any time of day or night. It differs from person to person and has been linked to mental as well as physical stress.⁸

Encopresis - The uncontrolled passage of stool into places that aren't appropriate for children older than four years old is known as encopresis.⁹

Classification¹⁰

ICD-10 Classification

F01-F99 - Mental, Behavioral and Neurodevelopmental disorders

F90-F98 - Behavioral and emotional disorders with onset usually occurring in childhood and adolescence

F98 - Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence

F91.9 - Conduct disorder, unspecified

Oppositional Defiant Disorder

A kind of children disruptive behavior disorder called oppositional defiant disorder (ODD) is characterized by issues with controlling one's emotions and actions. Behavioral problems in children can usefully be classified into psychosocial disorders, habit disorders, anxiety disorders, disruptive behavior and sleeping problem

Conduct Disorder

Among children and young people, conduct disorder (CD) and its related antisocial behavior are among the most prevalent mental and behavioral issues. A significant burden is placed on patients, their families, and society as a whole by severe chronic patterns of aggressive and non-aggressive violating rules antisocial behavior¹¹.

Juvenile Delinquency

Any criminal behavior charged by an individual under the age of eighteen is considered juvenile delinquency. Lawbreaking, continuous mischievousness, antisocial conduct, disobedience, etc. are characteristics of the behavior.

Prevention Strategies

Start prevention early, Applying Positive consequences, Effective negative consequences, Build skills through practice Monitor a child's behavior Limit opportunities for misbehavior Reduce environmental stressors Limit biological risks Discourage aggression

Children's Programs

Children can benefit from these programs: feel better about their loved ones and themselves boost their abilities for interacting with others, conversation, and finding solutions Enhanced expression of emotion and control over anger Adopt behaviors that are beneficial.

Homoeopathic Approach

Temperaments¹² – is psycho- physical personality peculiar to an individual influencing his metabolic

process.

Sanguine – they are angered easily, restlessness, disorganized.

Choleric – won't child relax, impatient with poor performance

Melancholic – guilt feeling

Phlegmatic – too shy, fearful, worried, lazy, careless

Phases of Miasm in children

Psoric children - Children that are very sensitive and emotional might quickly be driven to tears, wrath, or any other emotion. Psoric children have abrupt outbursts of anger that pass quickly unless the situation is resolved or communicated.

Sycotic children - Unfavorable feelings such as hurt, jealousy, rage, frustration, and suspicion. A prominent characteristic of children are their anger and irritability. The school gets a lot of complaints about children's conduct, play, attentiveness, and academic performance.

Syphilitic children - A youngster with syphilis has a vivid imagination that is full of bad things. They exhibit apathy, lack of interest, or indifference in everything, including hobbies, studies, and play. They always act as though they have gone mad, acting foolish, stupid, and inappropriate. They frequently dream about death, dead corpses, killing, which is a reflection of their negativity and destructiveness.

Approach to a Pediatric Case

4 steps are followed

Firstly identify the case

Identify the sociability + Activity + destructibility axis

Identify to reaction to stimuli

Identify the thermals, thirst, miasm

Reportorial Approach

Mind - Anger –Violent

Mind - Deceitful

Mind – Stubborn

Mind - Forsaken, deserted, friendless, wants

sympathy

Teeth - Grinding, gnashing, grating, etc.

Stomach – Desires - indigestible things

Mind – Gestures, makes – fingers – mouth; children put fingers into the

Bladder – urination – involuntary

Rectum – involuntary stool

Homoeopathic Therapeutics^{16,17}

Hyoscymus - It works well for irritable kids who like to purposefully annoy people with their foolish, unpleasant behaviors. Child engages in premature sexual conduct or exposes his entire body in public.

Proteus: This is very effective for anger management related to tossing things away. When they're upset, kids who require it could also roll on the ground. They sometimes experience violent outbreaks of rage. They also kick out, which is defined as striking out with the foot, and toss objects that are in their hands.¹⁵

Carcinosin – A very good remedy for restless children, fastidious with destructive in nature. They dislike many things and reject everything. Consolation aggravates.

Tuberculinum - Children are very anxious and, hilarious humor. They are depressed beyond belief. Agitation without nerves indifferent. Forgetful. Aversion of labor in general, especially mental work.

Cencris contortroix- hyperactivity, cold sweat without chills, mood swings, temper tantrum.

Cina maritima – It is a children's remedy; doesn't not tolerate contradiction, cross and irritable. Grinding of teeth. When their desires are not met, children become irritable.

Alumina – Alumina child is confused, peevish, and loss of memory. He is very sluggish. Desire for indigestible things like clay, chalk.

Kali phosphoricum – children are very violent, hyperactive and destructive in nature. Enuresis in bigger children. Marked irritability, night terrors. Tear his clothes, things. Overexertion in school going children.

Belladonna – It is very useful remedy in

extroverted, and quarrelsome child. Very restless. They often bite and hit other people.

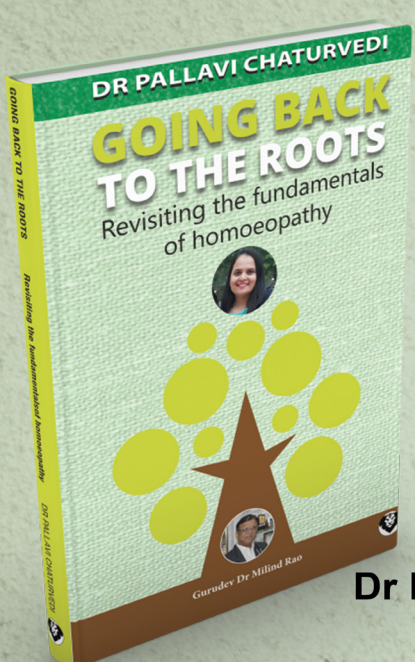
Secale cornutum- It is beneficial in case of obstinate children and destructive. Memory weak, wants to be naked, loss of consciousness.

CONCLUSION

Behavioral disorders in children are complex and multifaceted, often requiring a comprehensive and evidence-based approach. Conventional treatments, such as behavioral therapy, counseling, and, in some cases, medication, are commonly recommended by healthcare professionals. Homeopathy plays a major role in treating the behavior problem of child. it covers the child constitution as well as mental and physical aspects.

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BJAIN

GOING BACK TO THE ROOTS

Revisiting the fundamentals of homoeopathy

Author
Dr Pallavi Chaturvedi

NEW RELEASE

Homoeopathy for Classified Behavioural Problem in Children

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Keywords

Behavioral disorder, conduct disorder, Homoeopathy, pyromania, kleptomania

Abstract

Behaviour disorder is a common and highly impairing heterogeneous character of psychiatric disorder that is usually acknowledged in childhood or adolescence and it is characterized by severe antisocial and aggressive behavior. These characters frequently co-occur with attention-deficit-hyperactivity disorder (ADHD) and often lead to antisocial personality disorder in adulthood. Homoeopathy system of medicine has shown wonderful effects in these behavior disorders in children.

Introduction

The behavioural disorders are related to one other by differing challenges with impulse control, self-control, and aggressive conduct. The safeties of people or societal norms are typically seen as the main threats posed by the ensuing behaviours or acts. Fighting, destroying property, disobedience, stealing, lying, and disobeying rules are a few instances of these problems ^[1].

These disorders are:

- Oppositional defiant disorder
- Intermittent explosive disorder
- Conduct disorder
- Pyromania
- Kleptomania

- Other specified disruptive, impulse-control and conduct disorder
- Unspecified disruptive, impulse-control, and conduct disorder

Compared to developmentally normal behaviour, disruptive, impulsive, and conduct disorders are more severe and persistent behaviours that frequently have major consequences, including legal ones. These illnesses are distinct from other mental illnesses in that their signs and symptoms are external, impacting other people. While rebellious or developmentally appropriate behaviour can be displayed by children, conduct problems, impulsivity, and disruption are more severe and long-lasting. It's critical to understand that wrath and resistance might be symptoms of other disorders.

Types of Disorders

Oppositional Defiant Disorder

Children and teenagers who visit doctors for behavioral problems frequently have oppositional defiant disorder. Different degrees of dysfunction are experienced by those who have this disease as a result of oppositionality, retaliation, disagreements, and aggressiveness ^[2].

An array of behaviors is indicative of oppositional defiant disorder:

- Angry/irritable mood—often loses temper, easily annoyed, often angry and resentful.
- Argumentative/defiant behavior—often argues with authority figures or adults, often refuses to comply with requests or rules,

intentionally annoys others, and blames others for mistakes or misbehavior.

- Vindictiveness—spiteful or vindictive.

These behaviors are distressing to the individual and alarming to others. Anger, threatening behaviors, and spitefulness cause disruption at school or work and affect relationships with others. Of note, these behaviors do not include aggression towards animals or people, destruction, or theft [3]. Conflict with adults and authority figures is common among those suffering from oppositional defiant disorder.

Signs of oppositional defiant disorder usually appear around preschool or early elementary school, but they can also start in adolescence. The behaviors must be experienced with at least one person who is not the person's sibling in order for the disorder to be diagnosed. ODD tends to be more common in children who live in poverty and is more common in boys than girls prior to adolescence [4]. The prevalence of oppositional defiant disorder is about 3.3%.

Conduct Disorder

Severe acts that infringe upon the rights of others or on social norms are indicative of conduct disorder. Aggression toward people, animals, or property destruction is examples of behaviour that could have legal significance [5]. Many (but not all) children and adolescents with oppositional defiant disorder will eventually fit the diagnostic criteria for conduct disorder, as was mentioned in the section on the disorder. But not everyone with a conduct disorder diagnosis initially had an ODD diagnosis [6].

Children or adolescents with conduct disorder may exhibit some of the following behaviors:

Aggression to people and animals [7]

- bullies, threatens or intimidates others
- delights in being cruel and mean to others
- starts physical fights
- has used a weapon that could cause serious physical harm to others (e.g. a bat, brick, broken bottle, knife or gun)
- is physically cruel to people or animals
- steals from a victim while hurting them
- shows no genuine remorse after an aggressive

episode

Destruction of property [7]

- deliberately engaged in fire setting with the intention to cause damage
- deliberately destroys other's property
- Deceitfulness or theft (broken into properties, manipulates others, stolen).
- Serious violations of rules (runs away from home, truant from school, stays out at night).

The emergence of conduct disorder can be attributed to a number of risk factors, such as severe parenting methods, early exposure to physical or sexual abuse, and an insecure childhood, drug use by the mother while she was pregnant, drug use by the parents and criminal activity, and poverty.

More serious than ODD, conduct disorder is associated with drug abuse, unlawful activities, and high school dropout. It can lead to disruption in families, schools, jobs, and relationships. [1].

Intermittent Explosive Disorder

The disease known as intermittent explosive disorder is linked to recurrent episodes of spontaneous rage outbursts or hostility, including verbal confrontations, fights, and temper tantrums [3]. The actions that are being witnessed lead to verbal or physical abuse, property destruction, or physical attacks on people or animals [8]. The violent outbursts:

- Are out of proportion to the event or incident that triggered them.
- Are impulsive.
- Cause much distress for the person.
- Cause problems at work or home.

Aggressive behaviors, impulsive and anger-based, often occur within 30 minutes of provoked stimuli, often leading to social or professional dysfunction or subjective distress, resulting in lower-quality lives and low life satisfaction [9].

Affected individuals must be at least 6 years old or the developmental equivalent in order to meet diagnostic criteria. But the earliest signs of this illness are typically noticed in late childhood or adolescence. The lifetime incidence is 7%, while the prevalence after a year is 2.7% [10].

Intermittent explosive disorder, linked to anxiety,

bipolar disorders, and substance use, is influenced by risk factors like gender, age, education, and victimization of violence^[8].

Pyromania

A uncommon condition called pyromania is characterized by intense impulses to create flames on purpose. It is more prevalent among kids who are inquisitive about flames and have access to matches and lighters. Individuals suffering from pyromania find fire to be attractive and willfully start flames without any reason. When they light a fire, they feel relieved of internal emotional tension, but before that they feel uptight. Financial gain or revenge are not the driving forces behind pyromania.^[11]

Some known risk factors for pyromania are:-

- Male gender
- Substance use
- Victim of abuse
- Being fascinated with fires
- Having mental illness

It is linked to conduct disorders, substance use disorders, and personality disorders or features (particularly antisocial personality disorder or antisocial behaviors)^[11].

Kleptomania

Kleptomania is a disorder characterized by impulsive and compulsive theft of items not needed for personal or financial gain. Unlike shoplifting, individuals with Kleptomania don't need the stolen items and often give away, return, hide, or hoard them^[12]. Kleptomaniacs are aware that stealing is immoral, yet they are unable to resist the urge, which results in hurried and careless theft^[13]. Individuals with a stealing disorder often experience tenseness before and relieved after stealing, but often feel guilty or depressed afterwards. Despite attempts to quit, they may be overcome with shame and remorse, and their actions may lead to arrests.^[13]

This disorder tends to appear in adolescence. However, its onset can vary significantly between childhood and old age. But it is believed to be a generally uncommon diagnosis that may be more common in females and psychiatric patients.

Homoeopathic Therapeutics

Anacardium Orientale

Patient is found mostly among the neurasthenics; such have a type of impaired memory, depression, and irritability; diminution of senses (smell, sight, hearing).patient suffered with lack of confidence about himself and has irresistible desire to curse and swear. Thinks about himself a demon^[14,15,16].

Lycopodium

Grudging persons, Bad tempered, especially in the evening. Child becomes disobedient. Will full and obstinate character. Violence with irritability and easily excited to become angry. Least contradiction makes him angry and out of himself^[14,15,16].

Belladonna

Indifference, apathy; nothing impresses him; impossibility to enjoy; silent and serious. Disposition of taking offence while one is smiling. Likes to torture men and animals. Impulses to set fire, to theft^[14,15,16].

Chamomilla

Child has Tendency to become angry and dispute. Very much choleric and quarrelsome humor. Irritable persons, bad humors, disposed to become very angry, quarrel, wicked children^[14,15,16].

Hyoscyamus

Tendency to being offended and injures others. He raises his hand against others and throws himself against others with knife in hand. He wants to strike and assassinate everyone he meets. Cruelty. Jealousy of man towards women and vice-versa^[14,15,16].

Nux Vomica

He cannot bear least contradiction. Irascibility, quarrelsome, he is offended by everything. Tendency to run away. Pride, quarrels, wicked, liar, guile and theft. Jealousy of child towards another child. Jealous and obscene words^[14,15,16].

Stramonium

Tendency to run away. Fit of fury with development of great force, so much so that one cannot hold him. Wants to kill people or himself. Arrogance and pride with fear^[14,15,16].

Rubrics for Behavioral Disorders in Different Repertories from Chapter Mind

In complete repertory^[17]

- Anger Defiant Dictatorial Haughty

Quarrelsome Rage

- Mischievous Obstinate Quarrelsome Rage Rudeness Violence, children in
- Abuse, Abusive
- Impulses, morbid Kleptomania Liar

In Boriecke repertory^[14]

- Mood, disposition– stubborn, obstinate, selfwilled
- Kleptomania Mood and disposition
- To be destructive

Murphy Repertory^[18]

Anger, children in Anger, trifles at Contradict to others Defiant. Dictatorial Domination – children in Haughty Obstinate.

BBCR^[19]

- Fretful, Obstinate Headstrong
- Defiant Stubborn Peevish
- Abusive
- Anger Destructive Disobedience Homicidal Impulses
- Morbid Malicious Quarrelsome Raving, raging Rude.
- Violent

Kent repertory^[20]

- Defiant
- Abusive Anger Censorious
- Destructiveness Disobedience
- Desire to leave home Insolent.
- Malicious Quarrelsome Rudeness Violent

CONCLUSION

The potential of homeopathy in treating behavioral disorders is beneficial, since it provides a comprehensive and customized strategy to address the complex nature of this circumstance. By eliminating the maintaining and fundamental cause that lead the behavioral disease in suicidal and aggressiveness complication can be remove earlier. By the help of Repertory and Material Medica we can individualize the patient on the basis of principle of homoeopathy. Some of the few remedy and relevant rubric discuss in above article, which have plenty of beneficial remedy.

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Homoeopathic Approach To Infantile Autism

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Keywords

autism, infantile autism, case taking, homoeopathic medicines

Abstract

Infantile autism is a syndrome which appears by the age of 36 months and is characterized by a wide range of symptoms including poor communication skills, poor reactions to stimulus etc. It's prevalence is increasing worldwide. It has a wide range of clinical symptoms which vary from individual to individual. Homoeopathy, a branch of holistic science treats every sick patient in an individualized manner and has different methods of handling cases according to the nature of disease. This article highlights the features of infantile autism and how to deal with such cases according to homoeopathic point of view and also emphasize on some commonly prescribed homoeopathic medicines in such cases.

Introduction

Infantile autism is a syndrome that, by definition, appears by the time a child is 36 months old and is marked by abnormal linguistic and cognitive abilities, poor social interactions, aberrant reactions to events, objects, and sensory inputs, poor eye contact, an emphasis on sameness, an extraordinary ability to memorize information by heart, repetitive and stereotypical conduct, and a normal physical appearance. ^[1] The autism spectrum comprises multiple illnesses, such as Asperger syndrome and atypical autism, of which infantile autism is just one. Down syndrome, mental retardation, epilepsy, neurofibromatosis, and cerebral palsy are medical

disorders that are linked to infantile autism. ^[2] 2024 ICD 10 code for infantile autism is F84.0.^[3]

The prevalence of autism has increased worldwide by 20-30times. It is more prevalent in males and in under developed countries.^[4] Until 1960s, the cause of autism was thought to be the cold and rejecting behavior of parents but the recent researches does not suggest any evidence to link autism to parental behavior. Some researchers support that autism is linked to high or low levels of physiological arousal. Underarousal is reflected in the behavior of autistic children by actions like flapping, rocking down, etc. and overarousal is explained by the way they avoid eye contact but stare constantly at less stimulating objects. Some researches provide evidence to support that in autistic children, language functions are centred in right hemisphere which is not well suited to language and thus children show several language deficits. But this left hemisphere hypothesis is not true for all group of autistic children, other group may have other factors involved. After studying genetic factors, some researchers conclude that hereditary transmission also plays a role in autism. The susceptibility to various cognitive and language problems gets inherited.^[5] Results showing that siblings of autistic probands have a 2-5% chance of experiencing autism recurrences and that the average concordance risk is larger in monozygotic twins than in dizygotic twins imply that Genetic influences are significant . Infantile autism's aetiology has been linked to perinatal variables, often known as inadequate birth circumstances . Furthermore, it has been proposed that environmental factors such as thalidomide-induced autism and CMV may have causative role

of in the development of autism. Additionally, the measles, mumps, and rubella immunization have been linked to infantile autism; however, compelling data has refuted this theory.^[2]

The neuropathology of infantile autism stems from the brain's development during pregnancy and is a lifelong pathological process that lasts into adulthood. The biggest association with the disorder's clinical symptoms has been found in the constant anomalies in the limbic forebrain, despite their mild nature and only being apparent through comparisons with adequate controls.^[1]

Characteristics

It relentlessly emphasizes individualism and as a result, interactions between a child suffering with infantile autism and another child who also has the disease may differ greatly.^[4]

The child lacks responsiveness to other people. Communication skills are lacking especially language. Child's response to environment is unusual and repetitive. They seem to live in their own world. They show no sign of attachment to their parents. Even when the parents try to pick them up, they may not raise their arm or mold their body. They do not seek comfort from parents when they are sad.^[5] They don't like to be touched. They rarely ask for help when they need it and usually treat people, animals, and objects equally.^[4] Motor milestones are usually normal.^[1] An object or notion may initially capture the interest of a child with autism, but after a while, the child may become bored and discard it. It's also possible that the object has shaped the child's identity and has piqued their curiosity throughout their life. If the object is out of reach, a youngster can take hold of an adult's arm and point it toward something he can reach off the shelf or she wants.^[4]

When these children grow, they face difficulty in perceiving other children's feelings and playing cooperative games and as a consequence, they don't have any close friend. They face difficulty in speaking and understanding language and they develop their own peculiar language where they may reverse certain pronouns or repeat the last phrase they heard the person speaking.^[5] Youngsters absorb sensory cues in incredibly unique ways; they may be sensory seekers, sensory avoiders, or a mix of the two. Similar to physical pain, sensory overload can be brought on by the stimulation

of taste, smell, touch, sound, warmth, light, and color. A youngster may begin stimming if they are experiencing sensory overload. When the child is experiencing sensory overload, they employ this as a coping mechanism to help them relax. Stimming includes actions like rocking, jumping, and pacing.^[4] As youngsters, their interaction with objects is also peculiar. For example, they don't play with toy cars by pretending to drive them like other kids do but instead they line the cars in a row or twirl them round and round. They are often seen twirling their hair, flapping their hands, walking on tip toes, displaying an unbridled interest in objects or subjects and showing repetitive body movements.^[4,5]

When these children mature into adolescent and adults, they still have poorly developed language and social skills. A few of them develop skills and get success in conventional jobs but many of them have to work in shelter workshops and live in sheltered settings such as group homes for most of their adult lives.^[5]

Management

Treatment and rehabilitation for autism include pharmaceutical therapy as well as a range of supportive therapies aimed at reducing symptoms associated with autism. It is emphasized that there has been much discussion and analysis surrounding the application of complementary and alternative medicine (CAM) in autism. The phrase "integrative medicine" describes the use of additional techniques in addition to standard procedures when there is sufficient data to support them.

Early identification and intervention are essential. Toddlers' brains are more malleable at this period, therefore early interventions work best when initiated at or before preschool age, which is around 2 or 3 years old. Educating families about the symptoms of autism and importance of treatment and therapies as well as giving them emotional support is necessary. Another major area of concentration is giving young children the possibility to participate in everyday routines and activities that promote independence. These programs ought to be expanded in the future to guarantee everyone with autism can live more satisfying lives by learning basic life skills in order to manage their sensory input. As the child grows, occupational therapies are must.^[4]

Homoeopathic Management

The presentation of infantile autism varies from individual to individual. Thus, homoeopathic individualized medicines can play a great role in managing these cases. Paediatric history is different from that of an adult. It is based more on observations and interpretations by physician and then confirming by asking direct questions to parents. In schooling children, we can gather some clues from remarks given by teachers and their report cards.

Key points to cover during case taking

1. **Complaints** should be taken in full detail with enquiry about the family history

2. **Ailments from** : example : vaccination, emotional turbulences, physical ailments, medicines. All these factors can lower immunity.

3. **Physical Constitution**: points to be noted while determining the physical constitution is distribution of fat, progress of emaciation and eating habits.

4. **Mother's history during pregnancy**: Pregnancy-related stress on the mother has a significant impact on the temperament of the unborn child. Maternal stress disrupts the endocrine system's regular operation. This causes the thyroid and adrenal glands to become hyperactive, readying the body for higher levels of activity when feeling upset. The fetus is impacted by changes in the prenatal environment caused by these endocrine secretions, which are transferred to the uterus. Maternal stress is to be considered if it is persistent. This history is only important in cases of toddlers and infants as when the child grows, he develops his own individuality.

5. **Obstetric history**: Some key questions should be asked such as the state of consciousness of mother after delivery, how soon the mother and child were brought together after delivery, for how many months was breast feeding continued, occupation of mother and mode of delivery. Emotional bonding is very important in development of child. Childhood is the phase of life where one learns basic trust or basic distrust depending whether he sees the world as safe, reliable and nurturing or as full of threat, unpredictability and treachery.

6. **Feeding history**: Enquiry should be made about the feeding and weaning period.

7. **Generals**: thirst, thermals, sleep, milestones, desires and aversions and characteristic physical generals.

8. **Temperament**: child should be assessed according to his sociability, activity and destructibility. Reaction to stimulus should be noted carefully. Characteristic mental generals and emotions are to be considered.^[6]

In Murphy's repertory following medicines are mentioned under rubric autism, children in mind chapter.^[7]

Aethusa, agaricus, anacardium, baryta carb, bufo, carcinosin, cannabis indica, helliborus niger, hyoscyamus, kali brom, lycopodium, medorrhinum, Mercurius, natrum mur, opium, stramonium, syphilinum, thuja, tuberculinum

Most commonly used medicines in these cases are described below in detail in different phases of their life.

Aethusa cynapium

It is suited to improperly or overfed babies who are unable to hold their neck properly and suffer with intolerance of milk. Child is cranky and weeping. Child is idiotic, mentally retarded and is unable to fix attention. Intellectual and Comprehension skills are weak. Child is aggressive, violent and throws things and spits at others. Reading is difficult as compared to writing which is satisfactory. Child is loquacious, jesting and witty. Child doesn't want to be examined and the reaction is shrieking. Child is timid and full of anticipation and worry. Child has fear of examination with sense of incapacity.^[8] Brain gets fatigued after over study, brainfag. He feels himself different from others and disconnected from others. He is reserved with inwardly strong emotions and lives in his own sentimental world. They are animal lover and looks after them with unnatural passion.^[9] Idiocy alternates with furor. Delusion of animals, sees cats, rats, dogs.^[10,11]

Agaricus muscaricus

Child is lean, thin with light hair and skin and relaxed muscles. Child has uncontrolled behavior, is fearless and thus runs about in most dangerous places. Control and judgment of speech, thoughts and strength is lost. Child is obstinate, mischievous, bold, revengeful and sensitive to criticism.^[8] There is marked changeability and irritability. He is cheerful and in careless mood, kisses companions,

clings at bystanders, sings and talks incoherently or he lapse into opposite condition, becomes indifferent to surroundings. Ill humor with disinclination to speak. Child is mentally dull, makes many mistakes, slow in learning to walk, but nursery rhymes are learnt by him very easily. Child is indisposed to perform any mental labor and cannot do anything new. But they have interest in weird subjects such as UFO, ghost stories, horror stories. They like to read horror stories and make imaginary and bold stories to impress their friends. Musical intelligence is marked. ^[8,12,13]

Anacardium orientale

They are usually victims of verbal, physical and sexual abuse. Ailments from humiliation and punishments. ^[9]Child is ill-natured, unsocial and full of hatred, maliciousness and destructiveness with cruel thoughts. Child beats his pets violently and loves them at other times. Violent anger with irresistible desire to curse and swear. Child is under control of two wills and wants self control. Child says that he wants to be good boy but doesn't know why he ends up misbehaving. Child is impatient and impulsive. Child is hard hearted and doesn't cry when he is hurt. Toddler doesn't learn toilet habits, cannot control his stool and urine. Impulses are contradictory, laughs at serious things and remains serious at laughable things. ^[8] loss of comprehension in morning with confusion and emptiness of head. Confusion of present with future. He constantly thinks of some new object to which his mind forcibly clings. ^[13] Lacks confidence with himself and others with suspiciousness. ^[11]

Baryta carbonicum

It is a deep acting constitutional remedy which covers mental and physical dwarfishness. Child is delayed in learning to talk, to read, to study, to take activities, responsibilities and to do their work. Child is mentally and physically retarded. He is shy and hides from strangers behind furniture. When these children visit clinic, they keep hands over face and peek out through fingers. They feel secured only at home. Child doesn't want to play but sits in the corner doing nothing. He thinks he is being laughed at and made fun of. Child is routinist and doesn't like any situation which is out of routine and desires familiar surroundings. Memory of child is weak and learns the same thing over and over again and still remains untrained. Decision power is weak and has to take the help of

his parents or teachers in doing anything. Even the child grows old into man and woman, the behavior and manner of doing things is childish. They play with dolls and says foolish things just as a little boy or girl would say. ^[8,12]

Bufo rana

It is suited to those children whose body grows but mind remains childish. Child has stupid, besotted appearance, thick lips and open mouth. Child is feeble minded, confused, idiotic, silly, talks nonsense and then gets angry if not understood. He has fear of animals, strangers and mirrors in room. Child doesn't like musical toys and toys with glittering lights. Propensity to bite. Child runs like mad, howling and crying constantly. Child hold genitals, shameless, desire to be naked. Desire to solitude to practice masturbation. ^[8,9,12,13]

Carcinosinum

It is a good remedy for children, having ailments from long history of domination from others and too early responsibility. Parents are extra demanding and wants their kids to perform the best in each and every activity and as a result child is asked to behave in disciplined and obedient manner in front of others and in order to maintain a good image, child becomes precocious and takes up early responsibilities. They are one of the most sensitive kids, who are extremely sensitive to reprimands and rudeness. They are perfectionist and artistic and slightest criticism about their work hurts them badly. Child dislikes consolation. They are fond of music and loves dancing and travelling. They are caring and sympathetic, they have no wish of their own. Sleeplessness in children, child must be rocked, sleeps on abdomen, on knees with face forced in pillows. ^[8,11]

Hyoscyamus niger

It is suited especially to those infants whose mothers are working and resumes her duties early and the infant is put on top feed early in life. In elder children, it suits to those children who feel neglected by their mother after birth of new baby and he feels that earlier his mother was loving and nice to him but now she doesn't pay any attention towards him. As a result, he becomes jealous of the new born and gets suspicious, angry, quarrelsome and destructive. He bites everyone who disturbs him. He is highly mischievous and has foolish behavior like monkey. He is intelligent but

intelligence is used up in doing mischief. They are talkative, invent new tricks to tease others, imitate others to draw attention and excite laughter. Sexual precocity is seen, shameless children, with desire to uncover, remains in bed, roving about naked and fondles genitals. He imagines things are animals. [8,9,12]

Lycopodium clavatum

Child is intellectually keen but muscularly weak, looks older than their actual age. Babies cry all day and sleeps at night and desires to be carried.. Parents demand achievements from them and thus as a result , child has anticipatory anxiety, lack of confidence and fear of being unable to reach his destination and on the other hand, he has domineering attitude, love for power, egotism and ambitious. Child are aggressive, rude and bossy to their parents but at school their behavior is good as bullying is not tolerated. Thus, they are known for different behavior at different times. Child is shy and cautious, they avoid rough and physical games like riding bikes, playing slides or swimming and instead choose intellectual activities. They can't tolerate contradiction. Speaks wrong letters as he doesn't recognize letters but he can copy them. But he cannot remember or comprehend what is read. Speech is indistinct, stammers the last word. Child lacks aptitude for finance and mathematics. [8,9,11,13]

Stramonium

It is suited to children whose expression is of a helpless, terrified kid, who screams with fright and clings to those near him. Child cannot stay in dark room or alone. Fear and anxiety on hearing running water. Child is religious, he feels he has done unpardonable things, hence constantly prays for pardon. Child is excessively loquacious, talks continually, talks in rhymes. Lasciviousness is pronounced and constantly pull genitals, exposes himself and sings amorous songs. Child acts silly, crack jokes and imitate others and makes sound of animals. He has to exert himself a lot before he can utter a word, stammers. Child bites and strikes when angry. [8,9,12]

Tuberculinum

It is suited to children having tall stature having slim figure, narrow chest, light complexion with blue eyes. They are slowly in learning to talk but early dentition. They desire change, gets bored easily with a toy and desires another. They desire

speed and air as well, they love to wander and love fast cars and bikes. They are sensitive to music. Although they are bold and courageous with parents and humans but afraid of animals. They are aggressive and mischievous, uses foul language. Children awake screaming with restlessness. [8,9,12]

CONCLUSION

Pediatric history taking is one of the most difficult task for a homoeopathic physician and one needs to have proper knowledge about the developmental changes from newborn to infant to toddler, only then he will be able to get an accurate history. These type of cases require homoeopathic medicines as well as various supportive therapies such as occupational therapies for living a good independent life. Thus, treatment varies from individual to individual.

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Nurturing Well-Being: Impact of Homoeopathy on Children's Behavior

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Keywords

Anger, Autism, Behavior, Children, Holistic, Homoeopathy, Hyperactivity, Individualisation

Abstract

Homoeopathy, a holistic medical method, has been shown to improve children's behavior and overall wellbeing. It addresses various behavioral problems by focusing on each child's unique needs and constitution. A systematic review of homoeopathy's effectiveness showed that it significantly improved areas such as cognitive ability, behavioral dysfunction, sensory impairment, and communication difficulties in children. In autistic children, 72% of cases showed significant improvement after receiving homoeopathy for over six months. Parents reported improvements in their children's socialization and speech, indicating constructive adjustments in behavior and social interaction. Homoeopathy can also be used to reduce disruptive behavior in children with conduct disorders. It provides a comprehensive method for treating children's symptoms of aggression, hyperactivity, anxiety, and difficulty concentrating. Homoeopathy aims to restore balance by addressing fundamental imbalances and harmonizing the body's energy. Further research is needed to fully understand its effectiveness in treating children's behavioral issues.

Introduction

Children's behavioral illnesses and disorders cover a wide range of ailments that impact children's emotional, social, and mental health. These ailments can have a serious negative effect on a child's growth, scholastic achievement, and general quality of life. Children are not immune from mental health difficulties. This vulnerable population faces a complex terrain of behavioral disorders and issues that need knowledge and attention. These disorders, which range from autism spectrum disorder (ASD) to attention-deficit/hyperactivity disorder (ADHD), can have a major influence on a child's life trajectory and negatively affect their social, emotional, and intellectual performance.

Millions of children worldwide struggle with various forms of behavioral disorders and difficulties, which have an astounding prevalence in children. Although biology and genetics play important roles, the picture is further complicated by social determinants and environmental circumstances. As a result, a wide range of difficulties arise that call for all-encompassing strategies for support, intervention, and detection.

Within the field of pediatric behavioral health, homoeopathy's holistic principles present a viable approach to comprehending and resolving children's complex problems. Homoeopathy has the ability to offer individualised, patient-centered care that goes beyond symptom management

as we traverse the complexities of behavioral disorders and difficulties in this susceptible group.

Homoeopathy emphasizes the connection between physical, emotional, and mental well-being because it is based on the idea of treating the individual as a whole. Homoeopathic medicines work to promote the body's own healing mechanisms, bringing harmony and balance back into balance, as opposed to just treating individual symptoms. This holistic approach is especially relevant when discussing behavioral illnesses in children because of the complex interactions between biological, psychological, and environmental components.

Homoeopathy provides a gentle yet effective alternative that appeal to the sensitive character of kids, while traditional treatments frequently rely on pharmaceutical interventions. Homoeopathic practitioners can individualise treatments to address underlying imbalances and support general health and resilience by taking into account each child's individual constitution and experiences. Additionally, homoeopathy gives families more options for handling behavioral issues by meeting the increased need in pediatric care for complementary and integrative therapies. It is especially tempting to kids who might be sensitive to standard pharmaceuticals or who are looking for alternatives to established methods because of its emphasis on individualised care and low side effects.

Positive Effects of Homoeopathy on Children's Behavior

The possibility that homoeopathy can improve children's behavior and general wellbeing has attracted increasing attention in recent years. Homoeopathy, a holistic medical method based on the idea that "like cures like," provides a compassionate yet efficient means of treating a variety of behavioral problems in kids by being aware of every child's distinct needs and constitution.

Systematic Review of Homoeopathy's Efficacy evaluated the effectiveness of homoeopathy in addressing a range of health issues, such as children's cognitive ability, behavioral dysfunction, sensory impairment, and communication difficulties. It was shown that

those areas significantly improved as a result of homoeopathic treatment, indicating the potential advantages of homoeopathy for children's behavioral health^[1].

The results of treating autistic children with homoeopathy showed that after receiving homoeopathy for more than six months, 72% of cases significantly improved. Improvements were seen in a number of areas, indicating beneficial impacts on behavior among other areas^[2].

Following homoeopathic treatment, parents reported improvements in their kids' socialization and speech in this study. These enhancements point to constructive adjustments in behavior and social interaction, which are consistent with homoeopathy's all-encompassing philosophy^[3].

Using Homoeopathy to Reduce Symptoms of Disruptive Behavior in Children with Conduct Disorder: The usefulness of individualised homoeopathic medications in lowering disruptive behavioral symptoms in kids with conduct disorders was investigated in this case series study. Despite its exploratory nature, the study offered proof that homoeopathy can be helpful in treating behavioral issues in this population^[4].

All of these studies point to the possibility that homoeopathy can help kids behave better and be more healthy overall, but further research is required to completely understand the mechanisms underlying its effectiveness in this situation.

Effective Homoeopathic Strategies for Managing Behavioral Difficulties in Children

Homoeopathy provides a comprehensive method for treating children's symptoms of aggression, hyperactivity, anxiety, and difficulty concentrating. Here's a breakdown that clarifies:

Homoeopathic treatments for aggression in children gradually lessen the severity and occurrence of violent behavior in kids. These treatments seek to correct fundamental imbalances that fuel violent outbursts^[5]. Treatment for ADHD: Homoeopathy offers individualised treatments based on each child's unique symptoms, such as hyperactivity, anger, and difficulty focusing. Homoeopathy seeks to improve overall behavior

and restore balance by focusing on each of these symptoms separately^[6].

Anxiety: *Gelsemium sempervirens* is one remedy used in homoeopathic therapies for anxiety since it has been shown to reduce anxiety-related symptoms. By addressing the underlying causes of worry, these treatments seek to induce serenity and relaxation^[7].

Treatment for ADHD: The goal of homoeopathy for ADHD is to lessen symptoms including hostility, restlessness, hyperactivity, and impatience. Homoeopathy seeks to enhance general behavior and focus by remedying fundamental imbalances and harmonizing the body's energy^[8]. **Anxiety and Panic Attacks:** For unexpected anxiety, panic, or terror, homoeopathic treatments such as *aconite* are advised. These treatments seek to alleviate immediate symptoms as well as underlying emotional imbalances that fuel anxiety and difficulty focusing^[9].

Essentially, homoeopathy provides individualised treatment plans that work to reestablish mental and physical equilibrium, which helps to reduce symptoms of anxiety, aggression, hyperactivity, and difficulty concentrating in kids.

Safety and Non-Invasiveness of Homoeopathy

Homoeopathy is very helpful in treating behavioral disorders in children because of its safety and non-invasive nature. Because homoeopathic treatments are very diluted and produced from natural sources, there is little chance of side effects, which helps to ensure the wellbeing of young patients. Additionally, because homoeopathic treatment is non-invasive and usually applied topically or orally, it doesn't require intrusive procedures or pharmaceuticals, which makes it appropriate for kids who could be allergic to or sensitive to traditional therapies. This compassionate approach, which focuses on restoring balance and maintaining general health without adding to children's pain or suffering, is in line with the holistic principles of homoeopathy. Therefore, in order to manage behavioral issues, homoeopathy's safety and non-invasiveness provide a comforting alternative for families looking for gentle and effective solutions for their kids' wellbeing.

In addition, homoeopathy's non-invasiveness and safety provide parents and other carers peace of mind while making decisions about their kids' health. Homoeopathy offers a safe, natural substitute for conventional drugs, which many parents prefer for their holistic, least invasive medical practices due to worries about possible side effects or long-term repercussions. Furthermore, because homoeopathic therapies are non-invasive, they help children receiving therapy feel comfortable and trusted, which lowers resistance and anxiety that are frequently connected to medical interventions. This feature is especially helpful when behavioral problems are caused by underlying emotional or psychological disorders because homoeopathy's gentle approach fosters a caring and supportive atmosphere that is healing.

Children Behavioral Disorder From Organon Of Medicine Perspective

Homoeopathy, as guided by the Organon of Medicine, approaches behavioral issues in children holistically, aiming to treat the underlying causes rather than just the symptoms. The principles laid out in the Organon emphasize individualization of treatment, considering the unique constitution and mental-emotional state of each child^[10].

According to Hahnemann's principles, symptoms are expressions of the vital force's reaction to disease, and homoeopathy seeks to stimulate the body's innate healing response by administering highly diluted substances that trigger similar symptoms in healthy individuals. In children with behavioral issues, a thorough case-taking process is crucial to identify the characteristic symptoms and peculiarities of the child's condition^[10].

Homoeopathic remedies selected based on the totality of symptoms, including physical, mental, and emotional aspects, aim to restore balance to the vital force and promote overall well-being. The treatment is individualized, and remedies are prescribed based on the principle of "like cures like," where substances that produce similar symptoms in healthy individuals are used to stimulate the body's self-healing mechanisms.

Homoeopathic Therapeutics of Children's Behavioral Disorder

Nux Vomica: Suitable for children who are easily agitated and prone to stubbornness, headstrongness, and irritability^[5].

Aconitum Napellus: Works well for anxiety and an unusually high temperature^[11].

Argentum Nitricum, are beneficial for children with anxiety and fear disorders^[11].

Alumina is well-known for its use in children who are lethargic and have delayed milestones^[12].

Tarentula Hispanica: Beneficial for children's unpredictable, impulsive, and disruptive behavior^[12].

Calcarea Carbonica: Helpful for scared, obstinate kids who have a huge sweet tooth^[12].

Cina: Suitable for whining, agitated kids who often pick at objects or grit their teeth^[12].

Stramonium: Beneficial for kids who act violently, have bad dreams, or have particular fears^[12].

Chamomilla: Suitable for children who are easily agitated and highly sensitive to pain^[12].

Staphysagria: Helpful for kids who repress their outrage, anger, or resentment^[12].

These remedies are chosen based on the specific symptoms and behavior exhibited by the child, aiming to address the underlying causes of their behavioral issues in a holistic manner. It's important to consult with a qualified homeopathic practitioner for proper evaluation and individualized treatment.

Charting the Path Forward: Advancing Homeopathy for Children's Behavioral Health

Further research routes must be pursued in order to increase the awareness of the effectiveness and processes of homeopathy in addressing the behavioral health of children. Extensive clinical trials are necessary to thoroughly assess how well homeopathic remedies work in treating particular behavioral disorders in children. Furthermore, it is imperative to conduct research on the physiological and psychological factors that underlie the potential mechanisms of action of homeopathic treatments. Research that follows children undergoing homeopathic treatment over an extended period of time can

offer significant insights on the treatment's durability and long-term results. Research on the relative efficacy of homeopathy and traditional therapies will assist in clinical decision-making and facilitate children with behavioral problems' access to evidence-based care.

Ensuring equitable access to healthcare options requires advocating for increased affordability and accessibility of homeopathic treatments for families. Financial barriers to care can be lessened by supporting insurance coverage and reimbursement policies for homeopathic therapies through policy advocacy activities. Creating community-based projects like outreach programmers' or inexpensive clinics can give low-income families the much-needed assistance they require. Furthermore, funding education and training initiatives to produce more homeopathic practitioners can increase access to skilled workers and improve the availability of reasonably priced treatment alternatives, especially in underprivileged areas. Through the removal of institutional obstacles and the advancement of fair access to homeopathic remedies, it may enable parents to make knowledgeable decisions regarding their children's medical care and enhance the general health of all children.

Informed decision-making and cooperative healthcare partnerships need raising parents, carers, and healthcare professionals' knowledge and understanding of homeopathy. By offering parents and carers informational resources and workshops, can provide them the tools they need to incorporate homeopathy into their family's wellness regimen and speak out for children' overall health. Providing healthcare workers with training programmes and opportunities for ongoing education can improve their knowledge of homeopathy and its potential application in integrative healthcare approaches. Raising awareness and demystifying myths about homeopathic therapies can be accomplished through working with educational institutions, neighborhood associations, and other interested parties to include homeopathy instruction into outreach and health promotion programmes.

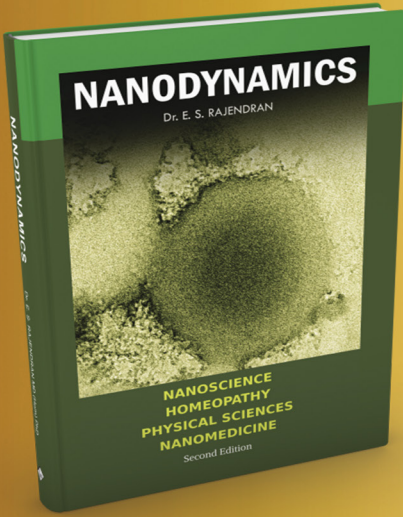
CONCLUSION

As a gentle, all-natural, and holistic approach to

promoting children's wellbeing, homeopathy offers individualised treatment that targets the underlying causes of behavioral problems without running the risk of negative side effects. Homeopathy is a non-invasive alternative to conventional medicine for families seeking complete care since it acknowledges the interconnection of physical, mental, and emotional health and personalises medicines to each child's unique constitution. Homeopathy presents a promising approach to fostering positive behavioral outcomes in children, as research on its efficacy deepens. This will enable families to support their children's health and development with compassion and confidence. Homeopathy restores balance on all levels, addressing symptoms while also promoting long-term wellbeing through its gentle and individualised approach. Through the augmentation of traditional treatment with a secure substitute, homeopathy enables families to maximize their children's health, guaranteeing a more promising and comprehensive future.

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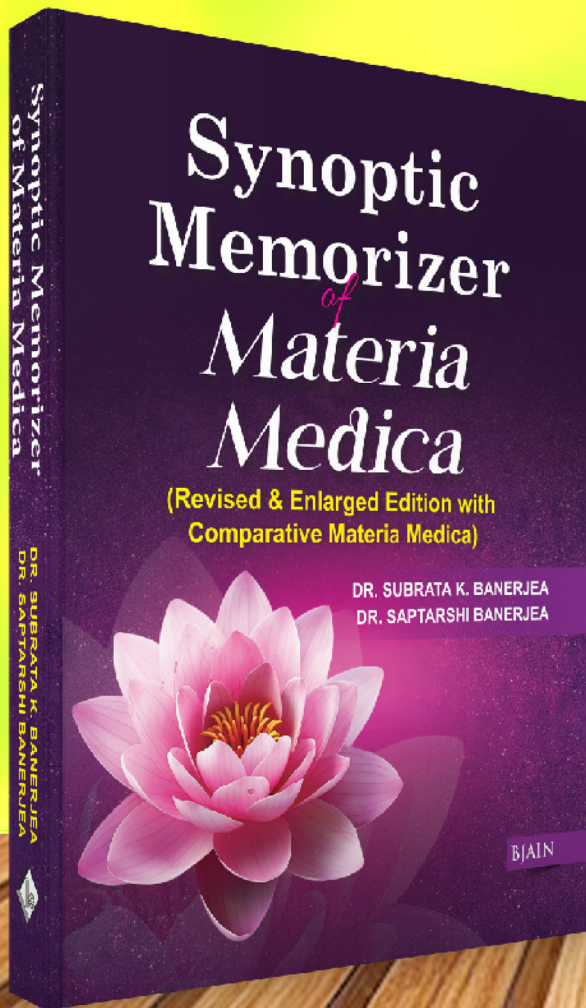
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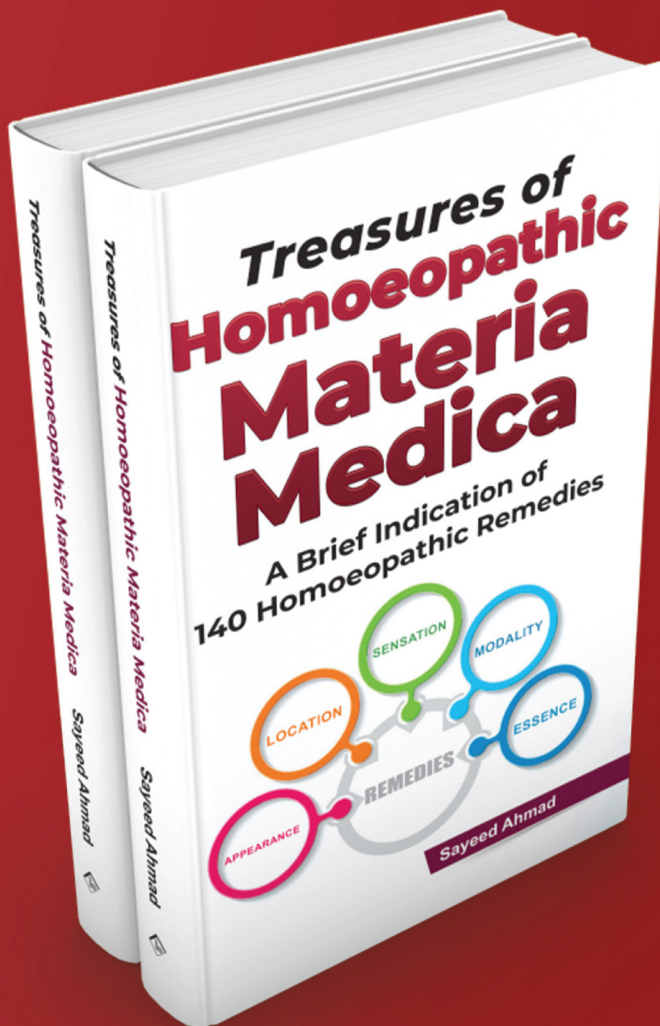
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Pica and Its Management with Homoeopathic Remedies

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Introduction

Pica is a condition where a person regularly eats non-food items like clay, paint, chalk, pencils, plaster from walls, earth, scalp hair, etc. The term “pica” comes from the Latin word for the magpie bird, which is known for its indiscriminate habit of collecting and eating various items out of curiosity ^[1].

Etiology

Neglect and abuse by parents

Insufficient care provided by a caregiver

Pregnancy - The eating of non-nutritive substances and sometimes specific cravings might occur.

Lack of love & affection

These issues are prevalent in families with poor socio-economic status and children who are malnourished or mentally subnormal.

Associated with other nutritional deficiencies including calcium and zinc

deficiencies

Anaemia caused by a deficiency of iron

Multiple population-based studies have concluded that patients with pica tend to have low levels of serum iron/ferritin (and other micronutrients). ^[2]
^{[3][4]}.

Clinical Features

Children diagnosed with pica may experience certain concerns such as intestinal parasitosis, lead poisoning, as well as vitamin and mineral deficiencies. Some of the issues that these children may encounter are trichotillomania, which is the act of pulling out scalp hair and swallowing it, and trichobezoar, which is a large and palpable lump in the upper abdomen caused by the accumulation of swallowed hair.

Diagnostic Criteria ^[5]

If a child consistently consumes non-nutritive and non-food substances, such as chalk, plaster, soil, etc., for a month or longer, they may have PICA disorder.

The condition requires appropriate treatment as it is likely that the child has some nutrient deficiency.

Exclusions: During childhood development (<24

months), culturally and societally accepted practices, psychiatric conditions.

Differential Diagnosis

It is important to keep in mind various psychiatric conditions that may share similarities with the symptoms being presented, such as other eating disorders, schizophrenia, and psychosis, autism and developmental delays in children, substance abuse, and addiction. These should all be considered as part of the differential diagnosis [6][7].

Complications

Lead Poisoning

Most common poisoning in pica

Infections

Parasitic infections

Toxocariasis

Ascariasis

Toxoplasmosis

Small Bowel Obstruction

Bezoar ingestion or formation

Homoeopathic Management

Calcarea carbonica

It is a medicine that is extracted from oyster shells. It is most appropriate for individuals with a leucophlegmatic Constitution, particularly those who are overweight, pale and untuned. These individuals may experience an unusual craving for substances that are difficult to digest, such as chalk, coal, pencils, flour, and raw potatoes. Pain in the epigastric region can be intense when touched, and it can be exacerbated by eating. This remedy is useful for the treatment of hyperchlorhydria [8].

Alumina

Alumina is most suitable for individuals with a hypochondriac constitution who have a sedentary lifestyle and suffer from chronic illnesses. The patients may experience abnormal cravings for

chalk, charcoal, dry food, and tea grounds. They may also experience abdominal colic, similar to painter's colic. Elderly people and infants may suffer from constipation due to an inactive rectum. There may be painful urging long before stool and straining before the evacuation of stool [8].

Cina

People who require this medication may display one pale cheek and the other cheek that is red. Additionally, they may exhibit a bluish hue around their mouth and dark circles beneath their eyes. Another noteworthy medication is available for individuals who possess a propensity to consume non-digestible items. It is also an essential medication for people who experience this craving. Children may emit a sour odour from their breath [9], which their mother may attribute to worms. This medication could be effective in treating gastric disorders caused by helminthiasis [7]. Finally, individuals may frequently dig their noses and rub them against their pillows [10].

Lac felinum

The remedy called Lac felinum is derived from the milk of a cat. Individuals who require this remedy may have an unusual urge to consume paper after eating, feel bloated, and need to remove their clothing due to discomfort. They may also experience tenderness and sensitivity in the stomach region. A warm sensation is felt in the upper part of the abdomen. These symptoms may be accompanied by mild nausea and a decrease in appetite [7].

Silicea terra

This remedy is beneficial for individuals who feel a desire to consume soil. They experience a sensation of hair on the tongue and an intense dislike of meat. They have a poor appetite and avoid eating cooked food. Passing stool can be challenging due to constipation, and when the stool is partly expelled from the anus, it may recede in the rectum [8]. When swallowing, food may go up into the nasal fossae [11].

Tarentula hispanica

Medicine obtained from Spanish spider. This medicine is indicated for extremely restless cases where the desire for eating sand, raw food and

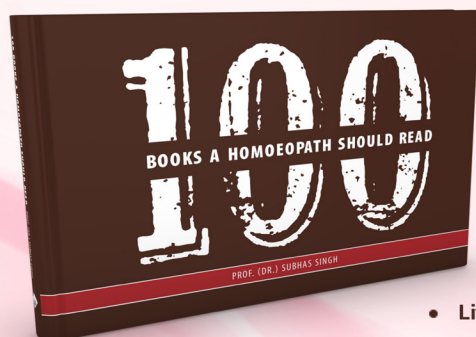
ashes is specifically present. Along with this, there is a loss of appetite with a refusal to eat. Violent burning sensation in the abdomen. Sometimes there is a sharp pain felt in the navel region [12], Sometimes food taste bitter, salty and bland or sweetish [13].

CONCLUSION

Pica can affect people of various age groups and both gender by careful observation such craving can be identified. Each craving differs from person to person and sometimes it can cause serious complications by considering the history, peculiar symptoms and nature of cause homoeopathy helps for treatment of pica

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- Additionally, author life sketches are important for a student of homoeopathy from an academic point of view

The Seeds of Well-Being: A Comprehensive Look at Children's Mental Health

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Keywords

Homeopathy, Children's well-being, Behavioural challenges, Emotional well-being, Individualization in treatment, Symptom matching, Alternative medicine, Autism

Abstract

This article underscores the critical role of children's emotional well-being in shaping their future and society. With 25–30% of children experiencing mental disorders, early intervention is essential. Traditional child psychiatry faces challenges, fostering an interest in Integrative Medicine (IM). Homoeopathy, an alternative medicine, emerges in Child and Adolescent Psychiatry (CAP). Despite ongoing research, a systematic review is lacking. This scoping review synthesizes research findings, focusing on Homoeopathy's effectiveness in addressing mental health challenges in children. It explores common childhood disorders, emphasizing the link between physical and emotional health. The article discusses Homoeopathy's potential in children's mental health, addressing emotional and behavioral challenges. It concludes by highlighting the impact of maternal emotional states during pregnancy on child development, suggesting homeopathic treatment for emotional healing and preventive care. Acknowledging alternative treatments, it advocates consulting healthcare professionals for an informed approach.

Introduction

The familiar adage "Today's children are tomorrow's citizens" underscores the widely

accepted notion that the foundation of our future society lies in the well-being of today's youth. Recognizing children as the seeds of the future, it becomes imperative to prioritize their mental health on par with physical well-being. Childhood and adolescence often witness the emergence of emotional and behavioral disorders, categorized as "Internalizing" (e.g., depression, anxiety), "Externalizing" (e.g., oppositional defiant disorder, conduct disorder, attention deficit hyperactivity disorder), or "Developmental" (e.g., speech/language delay, intellectual disability, autistic spectrum disorder).^[4] Research indicates that approximately 25–30% of children and adolescents grapple with mental disorders, with conditions such as ADHD, ODD, CD, and depression increasing the vulnerability to substance-related and other psychiatric disorders in adulthood.^[2] Early detection and intervention are deemed essential to mitigate the risk of debilitating disorders later in life. While medications, psychosocial interventions, and brain stimulation techniques are available, each comes with its limitations and side effects, prompting the exploration of safe and effective alternatives in the field of Child and Adolescent Psychiatry (CAP).^[5] As the landscape of mental health treatment for children and adolescents evolves with evidence-based medications and psychosocial interventions, the accessibility and cost-effectiveness of traditional child psychiatry present challenges. In response, there is a growing trend toward Integrative Medicine (IM), which combines Complementary and Alternative Medicine (CAM) with conventional practices. Homoeopathy, an alternative system of medicine,

emerges as a potential player in psychiatry, offering both adjunctive and standalone options. While research studies investigate the role of Homoeopathy in various child psychiatric disorders, a systematic review of literature in this intricate domain is notably absent. A scoping review design is adopted to assess emerging evidence and map the existing literature on Homoeopathy, providing a preliminary synthesis of research findings in Child and Adolescent Psychiatry (CAP). This review aims to contribute to the understanding of the effectiveness of Homoeopathy as a therapeutic option in addressing mental health challenges in the younger population.

Introduction

Children, being the heart of every home, bring unparalleled joy to their parents. Witnessing their healthy growth is a source of fulfilment. While physical health is vital for a child's development, this article delves into the equally crucial aspect of their emotional well-being. Striking a balance between physical and emotional health equips children to navigate life's challenges and fosters resilience, laying the foundation for healthy adulthood.

Understanding the intricate connection between physical and emotional health is paramount. Children, being the young minds of today and the future of tomorrow, benefit immensely from a harmonious balance between both aspects. A robust emotional foundation aids them in coping with life's myriad challenges, ensuring a healthy transition into adulthood.

Environmental factors, parent-child relationships, genetic inheritance, peer pressure, and stress play pivotal roles in shaping a child's emotional and behavioural well-being. Recognizing and addressing these factors early on can contribute significantly to preventing and managing mental health issues in children.

Common Childhood Disorders and Challenges

Attention Deficit Hyperactivity Disorder (ADHD)

Despite being prevalent, the causes of ADHD remain mysterious, likely stemming from a

combination of genetic and environmental factors. Characteristics include difficulties in attention, concentration, restlessness, and impulsive behaviour. Treatment emphasizes attention, consistency, and clear communication within a healthy parent-child relationship. feature^[1]

A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by

Inattention: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities

Hyperactivity and impulsivity: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities: Behavioural Problems and Conduct Disorders: Exploration of disruptive behaviours, aggression, and school-related issues. Multifactorial causes, including family problems, abuse, and chronic illnesses. Recognizing the frequency, range, and intensity of symptoms is crucial for accurate diagnosis and intervention.

Habit Disorders

Understanding tension-reducing habits like thumb-sucking and nail-biting. Differentiating between normal developmental behaviours and persistent, impactful habits requiring intervention. The role of stress and the importance of reassurance and care in managing these habits.

Anxiety Disorders

Identification and differentiation of normal anxiety from persistent anxiety causing social problems. Types of anxiety disorders, such as obsessive-compulsive disorder (OCD), social phobia, and separation anxiety. The significance of early intervention to prevent long-term consequences.

Symptoms^{[1][7]}

A. Excessive anxiety and worry (apprehensive

expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

B. The person finds it difficult to control the worry.

C. The anxiety and worry are associated with three or more of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months). Restlessness or feeling keyed up or on edge, being easily fatigued, Difficulty concentrating or mind, going blank, Irritability, Muscle tension, Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep) Dyslexia: Recognition of dyslexia as a learning disability affecting word recognition, reading, and spelling. The cognitive nature of dyslexia and its impact on individuals, often running in families. Early diagnosis and support as key factors in overcoming dyslexia. Feature ^{[1][6]}:

Persistent difficulties in reading, writing, arithmetic, or mathematical reasoning skills during formal years of schooling. Symptoms may include inaccurate or slow and effortful reading, poor written expression that lacks clarity, difficulties remembering number facts, or inaccurate mathematical reasoning.

Current academic skills must be well below the average range of scores in culturally and linguistically appropriate tests of reading, writing, or mathematics. Accordingly, a person who is dyslexic must read with great effort and not in the same manner as those who are typical readers.

Learning difficulties begin during the school-age years.

The individual's difficulties must not be better explained by developmental, neurological, sensory (vision or hearing), or motor disorders and must significantly interfere with academic achievement, occupational performance, or activities of daily living

Autism Spectrum Disorder (ASD)

Acknowledging ASD as a complex developmental disability affecting communication and social

interaction skills. Early signs, such as lack of eye contact, unresponsiveness, and difficulty with gestures. Emphasizing the importance of seeking help as soon as symptoms are noticed, given the progressive nature of ASD. Feature ^[1]:

Persisting deficits of social communication and interaction; restricted and repetitive behaviours, interests, activities.

DSM-5 describes three levels of increasing severity of ASD, from

- (1) ("requiring support") to
- (2) ("requiring substantial support"), finally to
- (3) ("requiring very substantial support")

In a Study conducted by Guptaetal on 25 autistic children with identified behavioural pattern of autistic symptoms homoeopathic medicines were given to the subjects according to the severity of symptoms based on Childhood autism rating scale physical conditions of subjects based on classical and non-classical approaches. Results of 18 participants who completed the study evaluated 60% (n=6) improvement in autistic symptoms by the classical method of homeopathic treatment whereas the non-classical showed 38% (n=3) improvement. However, in the remaining 9 participants,3 showed mild improvement 33% (3/9) with multi-drug Homoeopathic therapeutic regimen ^[3] Children, likened to soft clay, are profoundly shaped by their upbringing. A healthy parent-child relationship, positive surroundings, and understanding form the bedrock of a child's mental well-being. Recognizing the role of these factors and actively incorporating them into parenting practices contribute significantly to a child's holistic development.

The Role of Homoeopathy in Children's Mental Health

Homoeopathy, approach to healing, offers valuable insights into addressing children's emotional and behavioural challenges. By focusing on the individual's overall well-being rather than merely treating behavioural anomalies, homoeopathy aims to understand and match characteristic

patterns to natural remedies. Numerous successful cases, even with special children, highlight the potential of homoeopathy in fostering positive changes in children's mental health.

Emotional States and Its Effects

The practice of sending pregnant women to their maternal homes in India, as you mentioned, aligns with the belief that a state of complete rest and relaxation, both physically and mentally, is beneficial for the well-being of the mother and the unborn child. This traditional approach reflects an understanding of the potential impact of emotional states on pregnancy.

Recent research has indeed highlighted the significant role of the mother's emotional state during pregnancy in the development of the child in the womb. Stress, anxiety, and other emotional factors can influence the intrauterine environment and potentially impact the foetus's growth and development.

Homeopathic treatment during pregnancy is suggested as a means of emotional healing and a preventive measure against intrauterine growth retardation. Homeopathy is a system of alternative medicine that uses highly diluted substances to stimulate the body's natural healing processes. Advocates of homeopathy believe that it can help restore balance in the body, both physically and emotionally.

Stress during pregnancy has been associated with adverse outcomes, such as preterm birth, low birth weight, and developmental issues. By addressing emotional well-being through homeopathic treatment, there may be an attempt to mitigate the negative effects of stress on both the mother and the developing baby.

It's important to note that while some people find benefit from alternative treatments like homeopathy, medical practices and beliefs can vary. Pregnant women should always consult with healthcare professionals to ensure that any chosen approach aligns with the best interests of both the mother and the unborn child. Additionally, the field of alternative medicine often lacks

robust scientific evidence, so individuals should approach such treatments with a critical and informed perspective.

CONCLUSION

In conclusion, the well-being of today's children is paramount as they represent the foundation of our future society. Mental health, being inseparable from physical health, plays a crucial role in shaping the trajectory of a child's life. The prevalence of mental disorders in children and adolescents necessitates early detection and intervention to mitigate the risk of debilitating conditions in adulthood.

In summary, prioritizing the mental health of children through early intervention, understanding the intricate connection between physical and emotional well-being, and exploring alternative approaches like Homoeopathy can collectively contribute to building a healthier future generation.

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Conduct Disorder in Children and its Homoeopathic Approach

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Keywords

Conduct disorder, Children, Parenteral management training, Oppositional defiant disorder, Anti-social behavior, Behavioral disorder, Homoeopathy, Attention Deficit Hyperactivity Disorder

Abstract

Conduct Disorder (CD) is a prevalent mental health issue among children, characterized by persistent aggressive and destructive behaviors. It often manifests as Oppositional Defiant Disorder (ODD) in primary school-aged children, marked by defiant behavior and frequent temper tantrums. Environmental factors such as inconsistent parenting, domestic conflict, child abuse, substance exposure, and poverty can contribute to its development. CD can coexist with other conditions like ADHD, depression, or anxiety. Diagnosis involves identifying specific behaviors such as aggression, property damage, dishonesty, or rule violations. Management typically includes parent management training (PMT) programs, behavior modification techniques, and individual or group-based interventions focusing on problem-solving and anger management skills. Homeopathy offers potential remedies for managing CD symptoms. remedies address various aspects of the disorder, targeting symptoms such as aggression, restlessness, impulsivity, fearfulness, and

defiance. Each remedy corresponds to specific behavioral patterns and psychological states associated with CD in children.

Abbreviations

Oppositional Defiant Disorder (ODD), Conduct disorder (CD), attention deficit hyperactivity disorder (ADHD), Parent management training (PMT).

Introduction

Conduct Disorders (CD) are the common mental health disorders in children characterized by aggressive and destructive behaviors caused by disruptions in the child's natural surroundings such as home, academy/school, or neighborhood. The booting point is the persistent and severe antisocial behaviors in children that violate societal morals and the rights of other people or harm property, for at least one year with a prevalence of about 9% for boys and 2% for girls. ^[1] The incidence of anti-social disorders varies from around 2% to 10% in the mid-childhood years, depending on the kind of population being served. ^[2]

CD in children includes socialized and unsocialized types. Socialized conduct disorder involves maintaining good social relationships and engaging in behaviors with other children and Unsocialized conduct disorder involves a

lack of peer relationships, poor social interactions, and solitary behaviors, such as cruelty to animals and fire setting.^[2]

Oppositional Defiant Disorder (ODD) is the most common form of Conduct Disorder in primary school-aged children, characterized by persistent defiant behavior. CD in children involves frequent temper tantrums and deliberately annoying behavior. Children may exhibit spiteful, touchy, and vindictive behavior, often blaming others for their own mistakes.

Children may exhibit conduct disorders due to various environmental factors. Parents may struggle to recognize issues if they're only occurring at school and from inconsistent and harsh parenting, conflict within the home, child abuse, substance abuse exposure, or extreme poverty. These factors can interact with each other and should not be considered in isolation. CD can impact educational attainment, family stress, and peer relationships both in the short and long term.^[3]

Children with Conduct Disorder can suffer from other mental health conditions, with ADHD (attention deficit hyperactivity disorder) being one of the most common. A significant minority of children with CD also suffer from depressive or anxiety disorders.^[3]

Diagnosis

The specific behaviors necessary to make a diagnosis of conduct disorder are:

Aggressive conduct that causes or threatens physical detriment to other people or animals;

Non-aggressive behavior that causes property loss or damage;

Dishonesty or theft; and

Serious violations of rules.

The diagnosis of conduct disorder is made if three or more of the above actions are present, with at least one having taken place in the last six months.^[1]

Management

Various child behavior management techniques are used for Conduct Disorder, including positive reinforcement for desirable behavior and extinction/time out for problem behavior.^[1] Parent management training (PMT) programs are highly recommended but may be ineffective without parental cooperation. Where guardians are unwilling or incapable of requiring child-rearing programs, affected children can be offered individual or group-based interventions focused on problem-solving and anger management skills. They are taught to cope with anger and peer interactions, and not misinterpret others' intentions as hostile to avoid precipitating aggressive behavior. Despite benefits in research, these interventions may not always work in routine clinic settings. Referral to mental health services is advised if behavior significantly differs from other children.^[3]

Homoeopathic Approach To Conduct Disorder

[4, 5, 6, 7]

Homoeopathy treats the patients as a whole based on individuality. Some important homoeopathic medicines which may help treat the condition of Conduct disorder are:

Saccharum officinale

One of the most useful remedies in today's day and time for destructive behavior in children is *Saccharum officinale* (sac-alb).

This patient mixes between *Pulsatilla* (desire to be created, desire to sleep with parents) and *Tuberculinum* (restlessness and hyperactivity, biting, antics).

Peevish and anxious homesick. Want of interest, do not care to occupy themselves in any way. Extreme restlessness and hyperactivity. Fat, bloated, large-limbed children, who are cross, peevish, whining (like Cina), and capricious. Increased modesty of women (chastity). Irritability when hungry.

Gallic acid

This medicine is a mixture of states between Stramonium (clinging and fears) and Tuberculinum (abusive and violent). We can compare this medicine with the others commonly used in Pediatric cases like Stramonium, Hyoscyamus, Tuberculinum and Tarentula. Wild delirium at night, talks strangely; is very restless, and jumps out of bed. Exceedingly rude and abuses everyone, even his best friends. Weak and excessively irritable.

Cina

For children who are irritable, disobedient, and prone to tantrums. This is a children's remedy, -big, fat, rosy, scrofulous, corresponding to many conditions that may be referred to intestinal irritation, such as worms and accompanying complaints. An irritability of temper, variable appetite, grinding of teeth, and even convulsions, with screams and violent jerkings of the hands and feet, are all within its range of action. The Cina patient is hungry, cross, ugly, and wants to be rocked.

Tuberculinum

This is one of the most prescribed remedies for aggressiveness and destructiveness in children. The patient is very sensitive to music and every trifle irritates. There are fits of a violent temper and they want to fight and throw anything at anyone, even without a cause. They long to do something different. Aversion to mental work. Fear of animals; of dogs. Whines and complaints with very little ailment. Desire to use foul language, curse, and swear. Changing moods.

Tarentula hispanica

Suggested for children who are restless, hyperactive, and have difficulty controlling impulses. The patient is restless, fidgety, hurried, and in constant motion, though walking aggravates. Rolls on the ground from side to side or strikes vehemently with his feet; or rolls the head and rubs it; to relieve her distress. Fits of nervous laughter then screaming. Suddenly changing moods, fancies, or strength. Lacks control; unruly. Embarrassment in the presence

of strangers. Erratic, impulsive, and moral depravity.

Chamomilla

Recommended for children who are extremely sensitive, easily angered, and have difficulty calming down. The chief guiding symptoms belong to the mental and emotional group, which leads to this remedy in many forms of disease. Especially of frequent employment in diseases of children, where peevishness, restlessness, and colic give the needful indications. Chamomilla is sensitive, irritable, thirsty, hot, and numb. Oversensitiveness from abuse of coffee and narcotics. Whining restlessness. The child wants many things which he refuses again.

Lyssinum

Lyssinum is given when there is a history of vaccinations with salivation and thirst, presenting with a destructive state of mind. These patients are full of rage and anger. Rapid speech; impatient. Violent temper; impelled to do reckless things; such as throwing things out of the window. Mania spermatica, stallions. Bites himself on arm.

Androctonos

This is a remedy that produces beautiful results in children with extremely destructive behavior. Unfeeling and unsympathetic. Want of Moral feelings. Malicious. Overconfident; single-mindedness (mental tunnel vision). Wants to fight and believes he is invincible. Indifferent to surroundings and the welfare of others. Delusion going to be assaulted.

Abrotanum

Abrotanum is one of the cruelest remedies in the Materia Medica. Children have no attachment to their parents and they are always cross, irritable, anxious, or depressed. This is a very useful remedy in marasmus, especially for lower extremities, yet the patient has a good appetite. Ill-natured, irritable, and violent, like to do cruel things, no humanity

Absinthium

Absinthium is similar to Tarentula hispanica, with aspects of kleptomania, restlessness, and busyness, and has fears similar to Stramonium. Hallucinations and frightful visions. Kleptomania. Wants nothing to do with anybody. Brutal. Idiocy. Loquacity, frightful, fear of assassination; ill-natured irritable, and violent. Like to do something cruel, has no humanity

Veratrum album

I think of this medicine in children with behavioral issues when there is cold perspiration on the forehead and a highly boastful nature. Makes gestures like clapping the hands, involuntary motions of the hands, hitting the head. Indifference, apathy to people. Insanity, madness with stamping of feet. Lamenting, bemoaning, wailing. Mania with a desire to cut and tear things. Lascivious, Obscene talk with laughing

Stramonium

Aggressive children, have violent tendencies or exhibit intense fears and phobias. Give this remedy in pediatric cases when there is extreme fear and behavioral issues. Stramonium patients have a constant desire to climb anything (the sofa, chairs, trees, walls). Devout, earnest, beseeching, and ceaseless talking; loquacious, garrulous, laughing, singing, swearing, praying, rhyming. Sees ghosts, hears voices, talks with spirits. Rapid changes from joy to sadness. Violent and lewd. Religious mania. Cannot bear solitude or darkness; must have light and company.

Belladonna

When everything else fails in acute behavioral conditions, remember that Belladonna is very useful when there are fears of violence. Wishes to strike, bite, or quarrel; face flushed and eyes red. Constant moaning. Bouts of laughter and gnashing of the teeth. The child cries out suddenly and ceases just as suddenly. Weeping after anger. Laughs during answering. Spits in the face of people.

Agaricus

This remedy is usually given in behavioral conditions where the child is fearless, menacing, mischievous, and always in a frenzy. Injures himself, gaiety with an increase of strength Jumps over small objects.

Lycopodium

This indicates that stubborn children have a strong desire for power and control, and may exhibit manipulative behavior.

CONCLUSION

Conduct Disorder in children poses significant challenges for families, educators, and mental health professionals. While conventional management strategies focus on behavioral interventions and parent training, homeopathy offers alternative approaches to address the underlying emotional and psychological factors contributing to CD. By understanding the unique symptomatology and individualized needs of each child, homeopathic remedies may complement conventional treatments and support holistic management of Conduct Disorder. However, further research is needed to establish the efficacy and safety of homeopathic interventions in pediatric mental health conditions like CD. This article will help to managing the case of conduct disorder. Further research is needed to validate homeopathic interventions' efficacy in CD treatment.

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Craving for What is not Food- Pica and its Homoeopathic Approach

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Keywords

Pica, Homoeopathy, DSM-V, Pica subtypes, Repertory, Miasms

Abstract

Pica is persistent eating of non-nutritive, non-food substances (e.g., paper, soap, plaster, charcoal, clay, wool, ashes, paint, earth) over a period of ≥ 1 month. It is a condition that often goes undiagnosed due to lack of attention and negligence from parents, guardians and caretakers. Unfortunately, cases in clinical settings goes unreported and unnoticed as well. Usually the patient denies the presence of Pica when questioned. Pica is present in approximately 18.5% of children. There was also a change in diagnostic criteria from DSM-IV to DSM-V for cases of Pica. This change was significant because in DSM-IV, along with other criteria, persistent eating of non-nutritive substance was included which was later changed to non-nutritive, non-food substances in DSM-V.

Introduction

Pica is the persistent ingestion of non-nutritive, non food substances for at least 1 month in a manner that is inappropriate for the developmental level, is not part of a culturally sanctioned practice and is sufficiently severe to warrant independent clinical attention.^[1] It is frequent in first 4 years of life but may be seen in grown-ups as well.^[2] The eating behavior is inappropriate to the developmental level (e.g., the normal mouthing and tasting of objects in infants and toddlers) and, therefore, a minimum age of 2 yr is suggested. A diagnosis of pica may be assigned in the presence of any other

feeding and eating disorder.^[3]

In India, 10%- 30% of kids ages 1-6 years have the eating disorder pica. Pica is present in 18.5% of children. Pica can be seen in 10% of people who are mentally challenged.^[4]

Etiology

Numerous etiologies have been proposed but not proved, ranging from psychosocial causes to physical ones. They include nutritional deficiencies (e.g., iron, zinc, and calcium), low socioeconomic factors (e.g., lead paint exposure), child abuse and neglect, family disorganization (e.g., poor supervision), mental disorder, learned behavior, underlying (but undetermined) biochemical disorder, and cultural and familial factors.^[3]

Subtypes

Name	Substance Ingested
Acuphagia	Sharp objects ^[5]
Amylophagia	Starch ^[5]
Cautopyreiophagia	Burnt matches ^[5]
Coprophagia	Human feces, animal dung ^[5]
Foliophagia	Leaves, grass, acorns, pinecones ^[5]
Geophagia	Dirt, sand, clay ^[5]
Hyalophagia	Glass ^[6]
Lignophagia	Wood, bark, twigs ^[5]
Lithophagia	Rocks, gravel, pebbles ^[5]
Plumbophagia	Paint chips (lead) ^[5]
Tobaccophagia	Cigarette butts ^[5]
Trichophagia	Hair ^[5]
Urophagia	Urine ^[6]
Xylophagia	Paper ^[6]

Diagnostic criteria

The criteria for pica under DSM-5 is as follows (APA, 2013):

Persistent eating of non-nutritive, non-food substances for a period of at least one month.

The eating of non-nutritive, non-food substances is inappropriate to the developmental level of the individual.

The eating behavior is not part of a culturally supported or socially normative practice.

If occurring with another mental disorder, or

during a medical condition, it is severe enough to warrant independent clinical attention. [7]

Management

Management comprises behavior modification, alleviating the psychosocial stress if any, and iron supplementation if deficiency is present. [1] The sequelae related to an ingested item can require specific treatment (e.g., lead toxicity, iron-deficiency anemia, parasitic infestation). Ingestion of hair can require medical or surgical intervention for a gastric bezoar. [3]

Homoeopathy in Pica

Leading remedies in Homoeopathy for Pica

Name of medicine	Characteristic indications
<i>Alumina</i>	Abnormal cravings-chalk, charcoal, dry food, tea-grounds. [8]
<i>Calcarea Carbonica</i>	Craving for indigestible things-chalk, coal, pencils; also for eggs, salt and sweets. Frequent sour eructations; sour vomiting. Loss of appetite when overworked. Cramps in stomach; worse, pressure, cold water. Ravenous hunger. Swelling over pit of stomach, like a saucer turned bottom up. [8]
<i>Cicuta virosa</i>	Throbbing in pit of stomach, which has become raised to size of fist. Desire for unnatural things, like coal. Indigestion, with insensibility, frothing at mouth. [8]
<i>Cyclamen europaeum</i>	Desire for lemonade, inedible things. Craves sardines. [9]
<i>Ignatia amara</i>	Longs for great variety of indigestible articles. Craving for acid things. Averse to ordinary diet. Cramps in stomach; worse slightest contact. [8]
<i>Lac felinum</i>	No appetite. Great desire to eat paper. [9]
<i>Nitric acid</i>	Longing for indigestible things-chalk, earth, etc. Pain in cardiac orifice. Dyspepsia with excess of oxalic acid, uric acid and phosphates in urine and great mental depression. [8]
<i>Tarentula hispanica</i>	Craving for sand or raw food.[9]

Evidences from repertory along with miasmatic analysis

Rubrics from different repertories	Remedies	Miasm
Food, Ashes, desires ^[10] Stomach, desires, ashes ^[11]	<i>Calcarea Carbonica</i> ^[10] , <i>Silicea</i> ^[10] , <i>Tarentula hispanica</i> ^[11,10]	Psora ^[14]
Food, Chalk, desires ^[10] Generals, food and drinks, Chalk, desire ^[13]	<i>Alumen</i> ^[10] , <i>Alumina</i> ^[10,13] , <i>Calcarea Carbonica</i> ^[10,13] , <i>Cicuta virosa</i> ^[10,13] , <i>Conium maculatum</i> ^[10,13] , <i>Calcarea phoshorica</i> ^[10] , <i>Ferrum metallicum</i> ^[13] , <i>Hepar Sulphuris</i> ^[13] , <i>Hyoscyamus</i> ^[13] , <i>Ignatia amara</i> ^[13] , <i>Nitric acid</i> ^[10,13] , <i>Natrum muriaticum</i> ^[10] , <i>Nux vomica</i> ^[10,13] , <i>Ocimum canum</i> ^[10,13] , <i>Psorinum</i> ^[10] , <i>Silicea</i> ^[10,13] , <i>Sulphur</i> ^[10,13] , <i>Tarentula hispanica</i> ^[10,13] , <i>Tuberculinum</i> ^[10]	Syphillis ^[15]
Stomach, desires, charcoal ^[11] Food, charcoal, desires ^[10] Generals, food and drinks, Charcoal, desire ^[13]	<i>Alumina</i> ^[11,10,13] , <i>Calcarea Carbonica</i> ^[10,13] , <i>Cicuta virosa</i> ^[11,10,13] , <i>Conium maculatum</i> ^[10,11,13] , <i>Ignatia amara</i> ^[10,13] , <i>Nitric acid</i> ^[11,10,13] , <i>Nux vomica</i> ^[11,10,13] , <i>Psorinum</i> ^[10,13]	Psora ^[14]

Stomach, desires, coal ^[11] Appetite, desire, coal ^[12] Food, coal, desires ^[10] Generals, food and drinks, Coal, desire ^[13]	<i>Alumina</i> ^[11,12,10,13] , <i>Calcarea Carbonica</i> ^[11,10,13] , <i>Cicuta virosa</i> ^[11,12,10,13] , <i>Hamamelis virginica</i> ^[13] , <i>Ignatia amara</i> ^[10,13] , <i>Psorinum</i> ^[10,13]	Psora ^[14]
Generals, food and drinks, dirt, desire ^[13]	<i>Calcarea Carbonica</i> ^[13] , <i>Cicuta virosa</i> ^[13]	
Generals, food and drinks, earth, desire ^[13]	<i>Alumina</i> ^[13] , <i>Calcarea Carbonica</i> ^[13] , <i>Cicuta virosa</i> ^[13] , <i>Conium maculatum</i> ^[13] , <i>Ferrum metallicum</i> ^[13] , <i>Hepar Sulphuris</i> ^[13] , <i>Hyoscyamus</i> ^[13] , <i>Ignatia amara</i> ^[13] , <i>Nitric acid</i> ^[13] , <i>Nux vomica</i> ^[13] , <i>Ocimum canum</i> ^[13] , <i>Silicea</i> ^[13] , <i>Sulphur</i> ^[13] , <i>Tarentula hispanica</i> ^[13]	
Stomach, desires, indigestible things ^[11] Appetite, desire, indigestible things ^[12] Food, indigestible, things, agg., desires ^[10] Generals, food and drinks, indigestible things, desire ^[13]	<i>Alumina</i> ^[11,12,10,13] , <i>Abies canadensis</i> ^[12,10,13] , <i>Alumen</i> ^[11,10,13] , <i>Aurum metallicum</i> ^[10,13] , <i>Belladonna</i> ^[11,10,13] , <i>Bryonia alba</i> ^[11,10,13] , <i>Calcarea carbonica</i> ^[11,12,10,13] , <i>Cicuta virosa</i> ^[12,10,13] , <i>Conium maculatum</i> ^[10,13] , <i>Calcarea phosphorica</i> ^[11,12,10,13] , <i>Cyclamen europaeum</i> ^[11,10,13] , <i>Ferrum metallicum</i> ^[10,13] , <i>Ignatia amara</i> ^[10,13] , <i>Lac caninum</i> ^[13] , <i>Lachesis</i> ^[10,13] , <i>Natrum muriaticum</i> ^[10,13] , <i>Nitric acid</i> ^[12,10,13] , <i>Nux vomica</i> ^[12,10,13] , <i>Positroninum</i> ^[13] , <i>Psorinum</i> ^[10,13] , <i>Silicea</i> ^[10,13] , <i>Sulphur</i> ^[13] , <i>Tarentula hispanica</i> ^[10,13]	Psora, Syphillis ^[14]
Food, insects, desires ^[10] Generals, food and drinks, insects, desire, black beetles, slugs, grasshoppers ^[13]	Chocolate ^[10,13]	
Stomach, desires, lime, slate pencils, earth, chalk, clay, etc. ^[11] Appetite, desire, earth, chalk, lime, sand, coal, etc. ^[12] Food, lime, Slate, earth, etc., desires ^[10] Generals, food and drinks, lime, slate pencils, earth, chalk, clay, desire ^[13]	<i>Alumina</i> ^[11,12,10,13] , <i>Alumen</i> ^[10,13] , <i>Antimonium crudum</i> ^[13] , <i>Calcarea Carbonica</i> ^[11,12,10,13] , <i>Cicuta virosa</i> ^[11,12,10,13] , <i>Conium maculatum</i> ^[12,10] , <i>Calcarea phosphorica</i> ^[10,13] , <i>Chelidonium majus</i> ^[10,13] , <i>Ferrum metallicum</i> ^[11,12,10,13] , <i>Hepar Sulphuris</i> ^[12,10] , <i>Hyoscyamus</i> ^[12,10] , <i>Ignatia amara</i> ^[10,12,13] , <i>Lac felinum</i> ^[13] , <i>Nitric Acid</i> ^[11,12,10,13] , <i>Nux vomica</i> ^[11,12,10,13] , <i>Natrum muriaticum</i> ^[11,10,13] , <i>Ocimum Canum</i> ^[12,10,13] , <i>Psorinum</i> ^[10,13] , <i>Silicea</i> ^[12,10,13] , <i>Sulphur</i> ^[12,10,13] , <i>Tarentula hispanica</i> ^[12,10,13] , <i>Tuberculinum</i> ^[13]	Psora, Syphillis ^[14]
Food, mud, desires ^[10]	<i>Alumina</i> ^[10]	
Food, paper, desires ^[10] Generals, food and drinks, paper, desire ^[13]	<i>Lac caninum</i> ^[13] , <i>Lac felinum</i> ^[10,13]	
Food, pencils, desires ^[10]	<i>Calcarea Carbonica</i> ^[10]	Syphillis ^[15]
Food, Rags, clean, desire ^[10] Stomach, desires, rags, clean ^[11] Generals, food and drinks, rags, clean, desire ^[13]	<i>Alumina</i> ^[11,10,13] , <i>Alumen</i> ^[10,13]	Psora ^[14]
Stomach, desires, sand ^[11] Generals, food and drinks, sand, desire ^[13]	<i>Silicea</i> ^[13] , <i>Tarentula</i> ^[11,13]	Psora ^[14]
Generals, food and drinks, soap, desire ^[13]	<i>Calcarea Carbonica</i> ^[13]	
Food -Pica, desires to eat-sand, slate, earth etc. ^[10] Stomach-appetite-perverted cravings (PICA) ^[8]	<i>Alumina</i> ^[10,8] , <i>Alumen</i> ^[10] , <i>Calcarea Carbonica</i> ^[10,8] , <i>Calcarea phosphorica</i> ^[10] , <i>Chelidonium majus</i> ^[10] , <i>Cicuta virosa</i> ^[10,8] , <i>Conium maculatum</i> ^[10] , <i>Ferrum metallicum</i> ^[10] , <i>Hepar Sulphuris</i> ^[10] , <i>Hyoscyamus</i> ^[10] , <i>Ignatia amara</i> ^[10,8] , <i>Natrum muriaticum</i> ^[10] , <i>Nitric acid</i> ^[10,8] , <i>Nux vomica</i> ^[10] , <i>Ocimum Canum</i> ^[10] , <i>Psorinum</i> ^[10,8] , <i>Silicea</i> ^[10] , <i>Sulphur</i> ^[10] , <i>Tarentula hispanica</i> ^[10]	

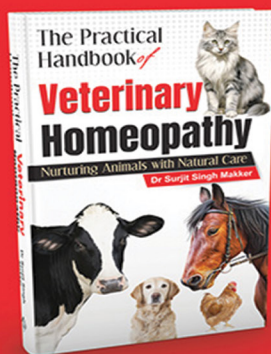
CONCLUSION

Pica may present with a variety of symptoms, but all those symptoms are linked with the substance ingested and its impact on the body. The cases are manageable by behavioral modification, effective nutrition and proper homoeopathic medication based on individualization. Although careful supervision and attention is needed for diagnosis as most patient denies the presence of the same. Homoeopathic literature provides with abundant information on the topic in the form of indications to the remedy and rubrics relating to ingestion of non food substances. Complications such as toxicity, injury, obstruction, perforation, infection and infestation etc, may be prevented by positive reinforcement and effective homoeopathic treatment.

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Panacea for Cardiovascular Diseases in Homoeopathy

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Keywords

Cardiovascular Diseases, Homoeopathy, Non-communicable diseases

Abstract

One of the leading causes in today's scenario are cardiovascular diseases belonging to the domain of non-communicable diseases. In comparison to various adverse reactions in conventional treatment, homoeopathic treatment is cost-effective with feasible interventions, including modern concepts of disease prevention at all level. Homoeopathy is effective in reducing premature deaths globally. This article upholds the epidemiology, modifiable-factors and its homoeopathic aspects.

Abbreviations

Cardiovascular disease (CVD), Non-communicable disease (NCD), Coronary artery disease (CAD)

Introduction

Non-communicable disease (NCDs) are chronic diseases which are the leading causes of death worldwide, killing more people each year than all other combined causes.¹ NCDs commonly include cardiovascular diseases (CVDs), various cancers, chronic respiratory illness, diabetes, etc. estimating for around 60% of all deaths. NCDs needs early detection of the risk factors, health promotion, aiming at primary prevention.⁵ CVDs are group of disorders of the heart and blood vessels. CVDs such as ischaemic heart disease and cerebrovascular such as stroke are the leading cause accounting

17.7 million deaths.² Identifying the highest risk of CVDs and receiving appropriate treatment can prevent premature deaths.³ Heart attack is triggered due to ischaemia of heart muscles resulting from arteriosclerosis which is described as a blockage in the coronary arteries is a very common occurrence in present era.

Epidemiology

Deaths due to CVDs jumped globally from 12.1 million in 1990 to 20.5 million in 2021. CVDs was the leading cause worldwide in 2021, with 4 out of 5 CVDs deaths occurring in low and middle-income countries. Up to 80% of premature heart attacks and strokes are preventable.^{2,4}

According to WHO, one-fifth of these deaths are from India worldwide especially in younger population. CVDs strike Indians a decade earlier than the western population. At present, India has highest burden of acute coronary syndrome and ST-elevated myocardial infarction. In Indians, the prevalence of Coronary Artery Diseases (CADs) in diabetics is 21.4% and 11% for non-diabetics. The prevalence of CADs in rural parts of country is nearly half than that in urban population.²

Modifiable factors^{2,5}

- Hypertension
- Diabetes mellitus
- Dyslipidaemia
- Obesity-Physical inactivity
- Inappropriate nutrition
- Smoking
- Psychosocial stress

- **Clinical presentation**¹⁵
- Chest pain
- Palpitation
- Breathlessness
- Syncope
- Abnormal heart sound

Master Hahnemann in Organon of Medicine, has mentioned that a Physician is a Preserver of health (§4), only when he knows the fundamental cause of diseases and ways to remove them (§5), by perceiving morbid signs and symptoms i.e., totality of symptoms (§7). A specific medicine of a case is obtained only when, medicinal symptoms match with the totality of symptoms of the disease (§147).¹⁶

Therapeutics

Adrelininum – Predominantly stimulates the sympathetic nerve endings notably in the splanchnic area constricting peripheral artery resulting in high blood pressure. Slows down the pulse and strengthens heartbeat. Therapeutically acts as a vasoconstrictor, a powerful and prompt astringent and haemostatic. Arteriosclerosis, chronic aortitis, angina pectoris.^{7,8,11}

Allium sativa – Vasodilatory effect on heart.^{7,8}

Ammonium valerianiacum – Pain in the cardiac region, tachycardia, functional disturbances.^{7,11}

Antimonium arsenicosum – Pericarditis and cardiac weakness.^{7,11}

Arnica montana – Angina pectoris. Pain severe in the left elbow. Stitches in the heart region. Pulse feeble, irregular. Cardiac dropsy with distressing dyspnoea. Fatty heart and hypertrophy.^{7,8,11}

Arsenicum album – Irritable heart in smokers and tobacco chewers. Palpitation, dyspnoea & faintness. Pulse more rapid in the morning. Fatty degeneration, angina pectoris with pain in the neck and occiput.^{6,7,8,11}

Arsenicum iodatum – Senile heart, myocarditis and fatty degeneration. Shooting pulse, chronic aortitis, arteriosclerosis, myocardial degeneration.^{7,8,11}

Aurum metallicum – Fatty degeneration of heart. Sensation as if the heart stood still, as though ceased to beat and then suddenly gave one hard thump. Violent palpitation, anxiety with congestion of blood to head and chest after exertion, pulse, small, feeble, rapid, irregular,

visible beating of carotid and temporal arteries. Valvular lesions of arteriosclerotic nature, high blood pressure, nocturnal paroxysm of pain behind the sternum.^{6,7,8,11}

Aurum muriaticum natronatum – High blood pressure due to disturbed function of nervous mechanism. Arteriosclerosis.^{7,8,11}

Baryta carbonicum – Useful in degenerative changes especially in senility. Acts on the muscular coats of the heart and vessels. Arterial fibrosis. Blood vessels soften and degenerate, becomes distended, aneurysm rupture and apoplexy result. Acerates the heart's action, blood pressure increases. Palpitation and distress in the cardiac region; <lying on left side, especially thinking of it. Cardiac symptoms after suppressed foot sweat. Pulse full and hard.^{6,7,8,11}

Baryta muriaticum – Arteriosclerosis with high systolic pressure and low diastolic tension is attended by cerebral and cardiac symptoms. Induration and narrowing of cardiac orifice with pain immediately after eating.^{7,8,11}

Cactus grandiflorus – Oppression of chest, constriction, acts on the circular muscular fibres as if an iron band prevented normal motion as from a great weight. Heart feels as if clasped and unclasped rapidly by an iron hand with no room to beat. Sensation of a cord tightly tied around lower part of chest along diaphragm. Palpitation day and night <walking, lying on left side, approach of menses. Cardiac cough. Atheromatous arteries and weak heart. Favours formation of clots easily. Endocarditis with mitral insufficiency together with violent and rapid action. Tobacco heart. Angina pectoris. Endocardial murmur, increased pericardial dullness. Enlarged ventricle.^{6,7,8,11,14}

Calcarea arsenica – Slightest emotions causes palpitation of heart. Rush of blood to head and left chest.^{7,8,11}

Calcarea fluorica – Arteriosclerosis, threatened apoplexy. Acts on vascular tumour with dilated blood vessels. Varicose and enlarged vein. When the tubercular toxin attacks heart and blood vessel.^{7,8,11}

Conium maculatum – Arteriosclerosis. Palpitation <exertion, drinking, at stool. Pulse unequal and irregular.^{7,8,11}

Crategus oxyacantha – Cardiac tonic, acts on heart

muscles. Irregularity of heart, high arterial tension acts as sedative in cross, irritable patient with cardiac symptoms. Chronic heart disease with extreme weakness. Very feeble and irregular heart action. Heart disease after rheumatism. Arteriosclerosis. Powerful solvent on the crustaceous and calcaneus deposits in the arteries. Fatty degeneration, cardiac dropsy. Pain in the heart region and under the left clavicle. Heart muscles seems flabby, worn out. Heart dilated; 1st sound weak. Pulse accelerated, irregular, feeble intermittent. Valvular murmur and angina pectoris. Sustains heart in infectious disease.^{7,8,11}

Curcuma longa – Arteriosclerosis, prevents blockage of arteries causing heart attack or stroke.¹¹

Digitalis purpurea – Weak heart without valvular complications. Sensation as if heart would stop if she moved. Pulse full, irregular, very slow and weak, intermitting every 3rd, 5th, 7th beats.^{6,7,8,11}

Gelsemium sempervirens – Slow pulse of old age. Fears that unless moving heart will cease to beat.^{7,8,11}

Glonoinum – Laborious action, fluttering, palpitation with dyspnoea. Angina pectoris with constriction. Cannot go uphill, any exertion brings on rush of blood to the heart with fainting spells. Throbbing in the whole-body including finger tips. Anxiety in precordium. Pain radiating to all parts, sharp pain <wine, stooping. Violent palpitation with throbbing carotid along with dyspnoea with heat in face.^{8,11}

Guatteria guameria – Palpitation and tachycardia <after eating.¹¹

Kali hydroiodatum – Dyspnoea on ascending with pain in heart. Cold travels downward to the chest. Heart feels weak with fluttering and nervousness. Palpitation and darting pain <when walking. Pulse weak, slow, soft with valvular endocarditis and aneurysm.^{7,9,11}

Kalmia latifolia – Heart disease developing from rheumatism or alternating with it. Pulse slow, scarcely perceptible, 35-40 beats/min. Palpitation <left side, bending forward; >lying on back, sitting erect. Face pale with cold extremities.^{7,9,11,14}

Lachesis mutus – Palpitation with fainting spell especially during climacteric. Constrictive feeling causing palpitation with anxiety. Cyanosis, irregular beat.^{7,9,11}

Lilium tigrinum – Sensation as if heart was

grasped in a vice as if blood had all gone to the heart. Inability to walk erect. Palpitation, fluttering, hurried, anxious sensation about apex. Sharp pain in left chest wakens at night. Pulsation over whole body and full distended feeling as if blood would burst through the vessel. Irregular pulse. Extremities cold, covered with cold sweat <after eating, lying on either side. Rapid heartbeat 150-170 beats/min.^{7,9,11}

Lithium carbonicum – Rheumatic soreness in the cardiac region. Sudden shocks in the heart. Throbbing, dull stitch in the cardiac region. Pain in the heart before menses associated with pain in the bladder before micturition >afterwards. Trembling and fluttering in the heart extending to the back.^{9,11}

Lobelia inflata – Sensation of congestive pressure or weight in chest as if blood from extremities was filling it >by rapid walking. Sensation as if heart would stand still. Deep seated pain at base.^{9,11}

Naja tripudians – Simple hypertrophy of heart. Restoring heart damage of acute inflammation or chronic hypertrophy of valvular lesions. Pulse irregular in force, but regular in rhythm. Severe stitching pain in heart region. Tendency of complaints settling about heart. Cardiac cough.^{7,9,11,14}

Natrum sulphuricum – Chest feels all gone empty sensation with oppression. Pain through lower left chest.^{9,11}

Phosphorus – Fatty degeneration of blood vessel and every tissue and organ of the body giving rise to haemorrhages. Violent palpitation with anxiety <lying on left side. Pulse rapid, small and soft. Heart dilated specially right. Sensation of warmth in heart.^{7,10,11}

Pituitary glandula – Feeling of heaviness, constriction in the precordial region <by slightest motion, exertion. Angina pectoris. Arterial hypertension with feeling of pounding arteries in the temples and the cardiac arteries.¹¹

Plumbum metallicum – Hypertension and atherosclerosis. Suited to pre-atherosclerotic than actual sclerosis.^{10,11}

Polygonum aviculare – Useful in atherosclerosis.¹¹

Rauwolfia serpentina – Constriction with angina pectoris, rhythmic anomalies. Bradycardia, aortitis. Aortic aneurysm, palpitation <lying down,

>standing, walking, cardio-renal prickling pain and irregular heartbeat.¹¹

Spigelia anthelmia – Rheumatic affection of heart. Systolic blowing at apex. Chest affection with stitching pain, synchronous with pulse <from motion, cold wet weather. Palpitation violent, visible, audible from least motion when bending forward.^{7,10}

Spongia tosta – Palpitation violent with pain and gasping respiration. Awakened suddenly after midnight with suffocation and great anxiety. Valvular insufficiency.^{7,10}

Strontium carbonicum – Arteriosclerosis, high blood pressure with flushed face. Pulsating arteries and threatened apoplexy.^{7,10}

Strophanthus hispidus – Increasing the systole and diminishes the rapidity. Toning of the heart and runoff dropsical accumulation. Irritable heart of tobacco smokers. Arteriosclerosis. Rigid arteries of aged. Due to muscular debility heart's action is weak, rapid, irregular with insufficiency. Cardiac pain. Senile atherosclerosis, fatty degeneration failing compensation, tendency to dropsical accumulations, increasing systole and diminishes the rapidity. In mitral regurgitation with oedema and dropsy.^{7,10,11,12}

Sumbul – Nervous palpitation in hysterical subject or at menopause <least exertion, thinking. High blood pressure due to arteriosclerosis. Irregular pulse. Aching in left arm, heavy, numb and weary.^{10,11}

Tabacum – Produces high tension and arteriosclerosis of the coronary arteries. Palpitation <lying on left side. Pulse intermits, feeble, imperceptible. Angina pectoris in the precordial region, pain radiates from the centre of sternum. Acute dilatation caused by shock or violent physical exertion. Tachycardia. Bradycardia.^{7,10,11}

Terminalia arjuna – Angina pectoris, palpitation of heart <exertion with pain and weakness.^{7,10,11,13}

Vanadium metallicum – Degenerative condition of arteries. Arteriosclerosis, sensation as if the heart was compressed, blood had no room in aorta. Anxious, pressure on the whole chest. Fatty degeneration of heart, atherosclerosis.^{7,10,11}

DISCUSSION AND CONCLUSION

More than 200 years back, Dr. Hahnemann

proposed the theory of Chronic Diseases and its homeopathic treatment for serving humanity with its uniqueness till-date. An inappropriately named chronic diseases caused by avoidable noxious influences can be eluded by modifying lifestyle (§77). True, natural, dynamic, chronic diseases arising from chronic miasms (§78) are treated by dynamic homoeopathic medicines (§16), where each medicine is different from the other in their action (§118).¹⁶ Every chronic disease thus requires special attention due to its peculiar nature. Therefore, in treating NCDs physician must be well acquainted with disease-knowledge, medicinal-knowledge and its application (§3) which is imbibed in this article helping practitioners of true healing art.¹⁶

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Tourette syndrome : An impact of neurodevelopmental impairment

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Keywords

Tourette syndrome, Tic disorders, neurodevelopmental motor disorder, motor tics, homeopathic management.

Abbreviations

TS - Tourette Syndrome, DSM-5 - Diagnostic and Statistical manual of Mental disorders, fifth edition.

ADHD - Attention Deficit Hyperactivity Disorder, ASD - Autism Spectrum Disorder, OCD - obsessive compulsive disorder, CSTC circuit - Cortico-Striato-Thalamo-Cortical circuit.

Abstract

Tourette Syndrome is a neurodevelopmental disorder, often accompanied by comorbid conditions, such as ADHD and OCD. It represents a significant impact of neurodevelopmental impairment affecting various aspects of an individual life, including motor function, social interactions and psychological well-being. Generally, they may be an outlet for the suppressed anger and wearisomeness following control of aggression by the parents or the teacher, especially in childhood with male preponderance. Management of these requires a multidisciplinary approach, including behavioral interventions, pharmacotherapy, supportive therapies and educational accommodations tailored to the individual specific needs and goals.

Introduction

Neurodevelopmental disorders

Neurodevelopmental disorders are disabilities

associated primarily with the functioning of the neurological system and brain resulting from disruptions in early brain development, affecting the formation and organization of neural circuits. According to the American psychiatric Association, DSM-5, these conditions typically manifest in early childhood, usually before children start school and can persist into adulthood. Examples of neurodevelopmental disorders in children include ADHD, ASD, learning disabilities, intellectual disabilities, conduct disorders, cerebral palsy, impairment in vision or hearing and tic disorders. The key characteristics are that they negatively impact a person's functioning in one or more domains of life. Their levels of impairment exist on a spectrum and affected individuals can experience varying degree of symptoms and deficits, despite having the same diagnosis. Various factors like mutations or variations in specific genes, dysregulation of neurotransmitters, altered brain structure, prenatal and perinatal factors such as exposure to toxins, infections or maternal stress during pregnancy can contribute to the development of neurodevelopmental disorders that influences interact with genetic predispositions. The interdisciplinary nature of current research, combining genetics, neuroscience, psychology and clinical studies contributes to a more comprehensive understanding of these disorders^[5]

The DSM-5 classifies neurodevelopmental disorders into six overarching groups.^[1]

Intellectual disability.

Communication disorders

Autism spectrum disorder

Attention deficit hyperactivity disorder

Neurodevelopmental motor disorders

Specific learning disorders

Neurodevelopmental motor disorders

These disorders encompass a group of conditions, characterised by difficulties in motor control and coordination due to disruption in the development of the nervous system includes developmental coordination disorder, tic or Tourette disorder, cerebral palsy, apraxia of speech and stereotypic movement disorder. The pathophysiology of this cognitive-motor dysfunction involves complex neuronal processes of sensory motor integration as well as Motor control pathways that is, cortico-basal ganglia, cerebello-Thalamo-cortical and intracortical networks. The way human move requires many parts of the brains to work together to perform a complex process, the brain must send signals to the muscles, instructing them to perform a certain actions. There are constant signal being sent from the brain and the muscles that regulate the details of the movement such as a speed and direction, so when a certain part of the brain malfunctions, the signals can be incorrect or uncontrollable, causing involuntary or uncontrollable actions or movement with visible symptoms like tremors, jerks, twitches, spasms, contractions and gait problems. Understanding the underlying neurological factors, genetic influences and environmental contributors to this motor disorders is crucial for effective diagnosis and intervention. Early identification and targeted therapies, such as physical or occupational therapy play a vital role in helping individuals to improve their motor skills and overall functioning.^[3,5,7]

Tourette syndrome

Tourette syndrome is one of the common neurodevelopmental motor disorder best known as tic disorders, that begins in childhood or adolescence characterised by multiple motor tics with vocal tics. Tics are sudden, repetitive, non-rhythmic movements that involve discrete muscle groups, while vocal tics involves laryngeal, pharyngeal, oral, nasal or respiratory muscles to produce sounds.^[7] Tics are usually preceded by a

premonitory sensation or urge, such as a feeling of tightness, stretch, tension or itching that is relieved by performing the tic thereby leading to an urge-tic-relief cycle. Tics can come and go and they take a waxing and waning course. while tics are involuntary, there are sometimes referred as 'unvoluntary' because the person may be able to suppress the tics for a period of time, and some of the complex tics may be camouflaged to look like purposeful movements. Thus children may voluntarily suppress their tics for short period of time that may vary from seconds to minutes to hours, but this is at the expense of mounting inner tension and is often followed by a rebound or increasing in tics.^[4]

Prevalence^[2,4]

Once considered rare, TS is now understood to be relatively common, occurring in approximately 1% of School aged children. TS is more common in boys, and male to female ratio is estimated to be 4:1. A mean age of onset is 6-7 years, reach pic severity at the age of approximately 10-11 years, and typically improved by adolescence or thereafter. In US, national survey of children's health surveyed, parents of children and adolescence, age 6 to 17 years and found estimated prevalence of TS by parent report was 3 per 1000. Most recently, in a meta analysis of 13 studies of children knight colleagues reported a prevalence of TS at 0.77%.

Etiology^[3,4,6]

The etiology of TS is complex and involves a combination of genetic, neurobiological and environmental factors. While the exact cause remains unclear, several key factors contribute to its development :

Genetic factors - TS has a strong genetic component while evidence suggesting a familial predisposition, studies have identified several genetic loci associated with TS, although no single gene has been found to cause a condition.

Neurotransmitter imbalance - dysregulation of neurotransmitters, particularly dopamine is implicated, changes in dopamine signaling within the CSTC circuit, a neural network involved in motor control and inhibition, are thought to contribute to the motor and vocal tics.

Structural and functional brain abnormalities

- neuroimaging studies have revealed structure and functional disturbances in the brains of individuals with TS, often involve regions within the CSTC circuit, as well as other areas implicated in motor skill coordination.

Prenatal and Perinatal factors - such as maternal smoking, complications during pregnancy or delivery, and exposure to certain toxins have been associated with an increased risk of TS. However, the exact mechanisms by which these factors contribute to the development of the conditions are not fully understood.

Autoimmune and inflammatory processes - some research suggests autoimmune disorders and elevated levels of certain inflammatory markers have been observed in individuals with TS. Although more research is needed to fully understand the nature of this relationship.

Social impact and quality of life^[3,4]

Tourette syndrome can affect a child's life in a number of ways. This includes the impact on school and academic work, social life and relationships as well as physical and mental well-being.

Physical impact - the Motor and vocal tics associated with TS can cause discomfort, pain and fatigue, affecting daily functioning and overall health of an individual.

Psychological effect - individuals may experience psychological distress, including anxiety, depression, and low self-esteem due to challenges of living with a visible and often misunderstood condition.

Social challenges - as vocal ticks involving involuntary vocalisation or inappropriate language may draw attention to the individual or lead to embarrassment, teasing/bullying or social exclusion. Fear of judgement and negative reactions from peers or public may contribute to social anxiety and avoidance behaviour, that may hinder social interactions leading to feelings of loneliness and isolation.

Educational and occupational impact - difficulties with concentration, disruptive tics and social challenges may interfere with learning, career

advancement and job retention. Discrimination in educational and workplace settings may further exacerbate these challenges.

Family dynamics - TS can affect family dynamics and relationships also. Family members may experience stress, frustration and financial strain in coping with the challenges associated with the condition. Siblings of that individual may also struggle with feelings of resentment or guilt.

Management^[3]

Managing Tourette syndrome typically involves a combination of approaches aimed at reducing symptoms, improving functioning and enhancing overall quality of life. Educating individuals with TS, their families, caregivers and educators about the nature of the conditions including its symptoms, triggers and treatment options is crucial for effective management. Behavioural therapies such as habit reversal training (HRT) and comprehensive behavioural interventions for tics (CBIT) focus on increasing awareness of tics, learning alternative responses and managing triggers. These therapies can be effective in reducing tic severity and improving tic-related impairment. Medications may be prescribed, especially when they interfere significantly with daily functioning and cause distress. Medication choices depend on individual symptoms, comorbid conditions and tolerability. Supportive therapies, such as occupational therapy, speech therapy and physical therapy may be beneficial for addressing specific functional impairment. Cognitive behavioural therapy (CBT) and counselling can help individuals and their families cope with the emotional and psychological aspects of living with the condition. Regular monitoring and adjustments to treatment plans may be necessary to optimise outcomes and improve quality of life for individuals living with TS.

Homeopathic management^[8-12]

As there is no cure for TS in conventional mode of treatment, homeopathic remedies will provide a form of ad hoc care that can help reduce the acuteness and occurrence of the symptoms while treating the condition on a long-term basis. In homeopathy, the treatment approach for TS would involve a holistic assessment of the individual through promotion of inner balance

at mental, emotional, spiritual and physical level. It stimulates healing responses to diseases by administering substances that mimic the symptoms of those diseases in healthy individual. According to Hahnemannian classification of chronic diseases, TS could be comes under the psychosomatic disorders as well as one sided diseases, where diseases are with few symptoms, that makes treatment more difficult as these diseases manifest one or two main predominant symptoms which obscure almost all other symptoms. but when homeopathic prescription would be made on base of totality of symptoms formed by considering very striking, rare, definite and particularly characteristic symptoms, it will definitely provide relief to the patient at large extent. Numerous potentised homeopathic remedies are there for treatment of TS, but the remedy selection is based on totality of symptoms of an individual by taking in consideration the person as a whole.

Agaricus muscarius - especially for Motor tics. twitching and trembling are the main indicative features, in cases where there are marked motor tics like eye and facial twitching, shaking of legs, jerking of the head, etc. Twitching typically stops during sleep. Trembling sensation in the lips and lower jaw area. Twitching of hands gets better while doing manual work. the child tends to have quick and hurried movements of upper limbs. this remedy is recommended to cure tics in kids who are hyperactive and clumsy without any fear of danger.

Stramonium - indicated for vocal tics where the child tends to babble all the time. Irrelevant and endless talking, stammering and spasmodic dysphonia. Along with vocal tics, this medicine also works on muscles used for locomotion, twitching of hands, clapping hands overhead, shutting and opening of hands.

Hyoscyamus Nigar - one of the best remedy for tics with the person making grimace and ridiculous gestures. The child can think but is not able to answer questions appropriately. Muscle twitch when protruding the tongue. the person constantly stares at the surrounding objects. hyoscyamus persons are erotic, expose genitals,

makes obscene gestures, sings amorous songs.

Cuprum metallicum - best for eyelid twitching. Eyeball rotate quickly behind closed lids or roll from side to side. Distorted face and chewing motion of the lower Jaw. Constant protrusion and retraction of the tongue like a snake. Hiccough preceding the spasms. Cramps and convulsions beginning in toes and fingers.

Argentum nitricum - suited to impulsive and hurried persons. panic and anxiety attacks, indicated for tics where anxiety worsens the condition. Helpful in cases where there is a loss of voluntary control of muscles and trembling of body parts. Trembling of hands that makes writing difficult, trembling of legs and balance issues, unsteady walking when unobserved and impulsiveness in children. An extreme desire for sweets may also be present.

Ignatia Amara - best adapted to oversensitive and nervous persons with changeable moods and hysterical attitudes. there is twitching of muscles of face and lips, spasmodic clenching of the jaws. All complains worse from emotions.

Lycopodium clavatum - indicated when twitching of face and mouth occurs when tired or stressed. Silly expressions. They have a low confidence level. They are emotional, weeps all day. Spasms with screaming. Spells or write wrong words of syllables, speech indistinct, stammers the last word.

Zincum metallicum - Best suited to persons suffering from cerebral and nervous exhaustion, this medicine plays an essential role in muscle control and coordination. There is automatic motion of hands and head or one hand and head. Twitching and jerking of single muscles. Fidgeting of lower extremities, also used when the child repeats everything said to him. Nervous motion of feet when asleep. Loud screaming out at night in sleep without being aware.


Magnesium as an element works well for the central nervous system and improves the functions of the muscular system. low levels of magnesium also make an individual vulnerable to anxiety and depression. Therefore, a diet rich in magnesium can help manage TS.


CONCLUSION

TS is frequently under-recognised or misdiagnosed. Simple tics may be discounted as habits and complex tics as behavioural disorders may lead to negative perceptions from others. Much needed is, increased awareness and understanding about the disorder in society can contribute to greater acceptance and inclusion for individuals living with the condition. Targeted behavioural intervention has been proven to be as effective as medication and is now first-line treatment. Further research is needed to better understand the phenomenology, developmental psychopathology, and novel approaches to the treatment of TS.

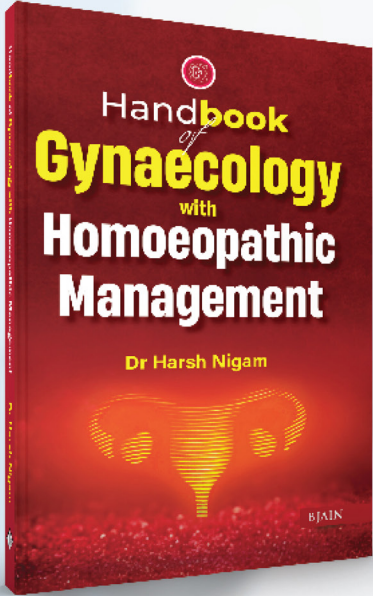
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**STEP UP YOUR HOMOEOPATHIC PRACTICE:
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Unlocking the Potential: “A Promising Approach for Addressing Behavioral Problems in Children”

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PEER REVIEWED

Keywords

Behavioural disorder, Autism Spectrum disorder, ADHD, Homoeopathy

Abbreviations

CD- Conduct Disorder ; ODD- Oppositional Defiant Disorder; ADHD- Attention-deficit/hyperactivity disorder; EBD- Emotional and behavioural disorders

Abstract

Behavioral disorders in children pose significant challenges for both affected individuals and their families, often requiring multifaceted approaches for effective management. This article provides a comprehensive review of the current literature regarding the efficacy of homeopathy in addressing behavioral disturbances in children.

Introduction

Children and adolescents can experience various mental health issues, such as emotional and behavioral disorders, which encompass disruptive behavior, depression, anxiety, and pervasive developmental disorders like autism. These problems are categorized as either internalizing or externalizing issues. Among the most prevalent behavioral problems in preschool and school-age children are disruptive behavior problems, which may manifest as temper tantrums, attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder, or conduct disorders. ⁽¹⁾

Children occasionally engage in arguments, aggression, or display anger or defiance towards adults. A behavioral disorder might be identified if these disruptive behaviors are atypical for the child's age, endure over time, or are notably severe. Disruptive behavior disorders, which entail acting out and demonstrating undesirable behavior towards others, are occasionally referred to as externalizing disorders. ⁽²⁾

Mental health disorders (MHD) are prevalent during childhood and encompass a range of conditions such as emotional-obsessive-compulsive disorder (OCD), anxiety, depression, disruptive behavior disorders (including oppositional defiance disorder (ODD), conduct disorder (CD), attention deficit hyperactive disorder (ADHD)), developmental disorders (such as speech/language delay, intellectual disability), and pervasive disorders (autistic spectrum disorders). Emotional and behavioral problems (EBP) or disorders (EBD) can be further categorized as «internalizing» (emotional disorders like depression and anxiety) or «externalizing» (disruptive behaviors like ADHD and CD). ⁽¹⁾

Conduct Disorder

Conduct Disorder (CD) is diagnosed when children consistently exhibit aggressive behavior towards others and engage in significant breaches of rules and social norms across various settings such as home, school, and with peers. These transgressions may extend to breaking the law,

potentially resulting in arrest. Children with CD are at a heightened risk of sustaining injuries and often encounter difficulties in social interactions with peers. Examples of CD behaviors encompass breaking significant rules, such as running away, staying out late against parental instructions, or truancy; displaying aggression leading to harm, such as bullying, fighting, or mistreating animals; and engaging in deliberate acts of dishonesty, theft, or property damage.⁽²⁾

Oppositional Defiant Disorder

Oppositional Defiant Disorder (ODD) is diagnosed when children consistently exhibit disruptive behavior that significantly disrupts their home, school, or peer relationships. ODD typically manifests before the age of 8, but usually no later than around 12 years old. Children with ODD tend to display oppositional or defiant behavior more frequently towards familiar individuals such as family members, regular caregivers, or teachers, compared to their peers. Examples of ODD behaviors include frequently expressing anger or losing temper, engaging in arguments with adults or refusing to comply with rules or requests, harboring resentment or acting spitefully, intentionally annoying others or becoming easily annoyed, and frequently attributing blame to others for their own mistakes or misbehavior.⁽²⁾

Attention-Deficit/Hyperactivity Disorder (ADHD)

Attention-Deficit/Hyperactivity Disorder (ADHD)

Attention-deficit/hyperactivity disorder (ADHD) prompts children to display impulsive behaviors or increased levels of activity. Those with ADHD frequently struggle to maintain focus on tasks, which can result in academic challenges. Many individuals with ADHD carry these symptoms into adulthood. Indicators that a child may have ADHD include persistent daydreaming, signs of forgetfulness or frequent misplacement of items, constant talking, difficulty in social interactions, restlessness or fidgeting, engaging in unnecessary risks, frequently making errors due to carelessness, and struggling to resist temptation.⁽³⁾

Autism Spectrum disorder

Every year on the second of April, the world observes World Autism Awareness Day (WAAD). Established by the United Nations in 2007, WAAD serves to combat the stigmatization and discrimination faced by individuals with autism and their caregivers. Its goal is to promote comprehension and awareness of this global health concern across all segments of society. Given the alarming rise in prevalence (1 in 100 according to WHO) and the potentially lifelong disabling effects of the disorder, early detection and intervention are crucial in effectively managing autism.

Autism, also called Kanner's syndrome, is a neurodevelopmental disorder that manifests before the age of three years, characterised by abnormal functioning in the area of social interaction, social communication and restricted, repetitive behaviour. It is 3–4 times more prevalent in boys, occurring 3–4 times more frequently in males. Some hallmark issues seen in autistic children, as per the International Classification of Diseases-11, include a lack of social smile, poor eye contact, deficits in socio-emotional reciprocity, limited creativity, inflexibility in language expression, attachment to unusual objects, ritualistic behaviors, self-injury tendencies, and disruptions in sleep and eating patterns. Additionally, variants such as Atypical Autism, Rett's syndrome, Childhood Disintegrative disorder, and Asperger's syndrome are now collectively categorized under the umbrella term «Autism Spectrum Disorder (ASD).»⁽⁵⁾

Consequences of Behavioural and Emotional Disorders

Childhood behavioral and emotional disorders (EBD) have substantial adverse effects on both society and individuals. They lead to direct behavioral consequences and financial burdens for society, as well as poor academic, occupational, and psychosocial functioning for individuals and strain on families. Societal costs include the trauma, disruption, and psychological issues stemming

from victims of crime or aggression within homes, schools, and communities. Moreover, there are financial costs associated with providing services to affected individuals, such as youth justice services, court proceedings, prison services, social services, foster care, psychiatric care, emergency medical services, alcohol and drug rehabilitation programs, as well as unemployment benefits and other state assistance. ⁽⁴⁾

Management ⁽⁴⁾

Interventions for childhood behavioral disorders are typically multifaceted and tailored to the specific disorder and contributing factors. These interventions may include:

1. **Parental education** – providing parents with guidance on effective communication and strategies for managing their children's behavior.
2. **Family therapy** – involving the entire family in therapy sessions to enhance communication and problem-solving skills.
3. **Cognitive-behavioral therapy** – assisting the child in gaining control over their thoughts and behaviors.
4. **Social skills training** – teaching the child essential social skills, such as engaging in conversations and cooperating with others during play.
5. **Anger management** – equipping the child with techniques to identify signs of frustration and employ coping skills to de-escalate anger and aggressive behaviors. This may also involve teaching relaxation techniques and stress management skills.
6. **Addressing associated problems** – providing professional support for issues such as learning difficulties that may be present alongside the behavioral disorder.
7. **Encouragement** – fostering a supportive environment where the child's strengths and talents, such as in sports, are emphasized to boost self-esteem, particularly in the face of academic or social challenges.

Do's And Don'ts In Behaviour Disorders

- 1) Parental cooperation is vital.

- 2) Maintain a close and open relationship with children, offering frequent guidance and attention.

- 3) Acknowledge and reinforce positive and honest behavior with praise and rewards.

- 4) Minimize the use of punishment; if necessary, consider alternatives such as assigning household chores, limiting treats (not meals), or restricting television time.

- 5) Seek assistance from school psychological counselors when addressing such behaviors. ⁽⁶⁾

Homoeopathic Perspective

Dr. Samuel Hahnemann pioneered a compassionate approach to treating mental patients, laying the groundwork for contemporary psychiatric care. However, his most significant contribution as a psychiatrist lies in his conceptualization and classification of mental diseases which he mentions from aphorisms 210 to 230 in the Organon of Medicine. In contrast to modern classifications, which often feature overlapping symptoms among various disease conditions, Hahnemann's method of classification addresses this challenge by offering clarity and precision in diagnosis. Additionally, Hahnemann made substantial contributions to psychiatry through the meticulous collection of thousands of mental symptoms during drug proving, a distinctive aspect of Homeopathy. ⁽⁷⁾

There are numerous medicines in the Materia Medica which has a role in children having behavioural disorder. A few remedies based on the Behavioural pattern of children have been shown in Table 2.

As also we have many rubrics in different repertories which covers the symptoms related to Conduct disorders in children. For instance, Synthesis Repertory has a rubric "MIND-BEHAVIOR PROBLEMS- children; in" has 32 medicines ⁽⁸⁾ under it. Table 1 shows few rubrics from different repertories related to Conduct Disorders, Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder.

Table 1- Few Rubrics related to Behavioural disorders from different repertories

Repertory	Rubrics			
Complete repertory ⁽⁹⁾	Behavioural disorder		ODD	ADHD
	Abusive, insulting	Kleptomania	Anger	Absentminded
	Attack others, desire to	Malicious	Defiant	Abstraction of mind
	ensorious	Mischievous	Dictatorial	
	contemptuous	Obstinate	Haughty	
	contradict, disposition to	Quarrelsome	Quarrelsome	
	cruelty	Rage	Rage	
	deceitful	Rudeness		
	disobedient	Violence, children in		
	Haughty			
Boericke's repertory ⁽¹⁰⁾	Mania	Propensity, to be cruel	Mood	Mood & disposition - impatient, impulsive
	Monomania	Propensity, to be destructive	Disposition- stubborn	Mood & disposition- restlessness, mentally, physically
	Kleptomania	Stubborn	Obstinate	Propensity to be aimlessly busy
	Mood and disposition	Propensity, to be abusive, curse, swear	Self-willed	
	Obstinate			
Murphy's repertory ⁽¹¹⁾	Abusive, ailments from abuse	Contemptuous	Anger, children in	Absentminded
	Antisocial	Cruelty	Anger, trifles at	Attention deficit disorder
	Attack others, desire to brutality	Cunning	Contradict to others	Busy- fruitlessly
	Cheating behaviour	Cursing, children in	Defiant	Hyperactive overactive
	Depravity	Deceitful	Dictatorial	Restlessness, children in
	Destructive behaviour, children in	Disobedient	Domination, children in	
	Escape, attempts to	Fire, wants to set things on	Haughty	
	Harshness	Haughty	Obstinate	
	Impolite	Impulsive		
	Insult others	lies		
	Malicious	Mischievous		
	Mocking	Quarrelsome		
	Rage, children in	Rudeness		
	Striking, children in	Vindictive		
	Violent behaviour			
BBCR ⁽¹²⁾	Abusive	Homicidal impulses	Fretful	Absentminded
	Anger	morbid	Obstinate	Active fruitlessly
	Destructive	Malicious	Headstrong	Restlessness
	Disobedience	Quarrelsome	Defiant	
	Raving	Raging	Stubborn	
	Rude	Violence	Peevish	
Kent's repertory ⁽¹³⁾	Abusive	Destructiveness	Defiant	Absentminded
	Anger	Disobedience		
	ensorious	Desire to leave home		
	Insolent	Malicious		
	Quarrelsome	Rudeness		
	Violent			

Table 2- Few remedies based on behavioural pattern

Behaviour Pattern	Medicine
Kleptomania ⁽¹⁰⁾	Absinthium, Tarentula Hispanica
Tendency to lie ⁽¹⁴⁾	Opium
Ugly in behaviour, Uncivil, Quarrelsome ⁽¹⁴⁾	Chamomilla
Vindictive ⁽¹⁰⁾	Nitric Acid
Destroys property	Staphysagria
Destructive, destroys whatever she can lay hand on, tears her clothes etc. ⁽¹⁰⁾	Tarentula Hispanica
Early sexual activity ⁽¹⁰⁾	Bufo rana

DISCUSSION & CONCLUSION

Management of behavioral disorders in children through homeopathy offers a promising alternative to conventional approaches. Through a holistic understanding of the individual child's constitution, homeopathic remedies aim to address not only the symptoms but also the underlying causes of behavioral disturbances. By considering the child's physical, emotional, and mental state as interconnected facets of their overall health, homeopathy seeks to restore balance and promote well-being.

For an example of behavioral disorder, Emily, a girl of 7 years during her family gatherings openly mocks her relatives' traditions and beliefs, rolling her eyes whenever they speak and making sarcastic remarks about their values. She refuses to participate in conversations, dismissing them as boring or irrelevant. From the above example we could take a rubric "Contemptuous" for Emily's behavior.

To take an example of "Malicious" behavioral disorder a child creates fake social media accounts to bully and harass classmates. They post hurtful comments, spread rumors, and send threatening messages, causing significant distress and anxiety among their peers.

Take another example where in the middle of a classroom lesson, nine-year-old Emma begins to taunt her classmates, making derogatory remarks about their clothes and hairstyles. When reprimanded by the teacher, she becomes combative, refusing to apologize and continuing to disrupt the class with her disrespectful behavior. From the above incident where Emma is seen as disrupting the classroom we could take a rubric-Ugly, uncivil and quarrelsome behavior for which we can see Chamomilla is the medicine given in Table 2.

It is important to acknowledge that research on the efficacy of homeopathy for behavioral disorders in children is still evolving, and further studies are needed to establish its effectiveness conclusively. However, the growing body of anecdotal evidence and clinical observations suggests that homeopathy holds promise as a viable therapeutic option.

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Homoeopathy as A Mode of Reducing Disruptive Behavior in Children: A Case Report on Conduct Disorder

Dr Prankal Kumar

Keywords

Conduct disorder (CD), Case report, Individualized homoeopathic medicine, Behavioural questionnaire scale

Abstract

One of the most prevalent behavioural issues affecting children and young adults is conduct disorder (CD) and its accompanying antisocial behaviour, which places a significant burden on the patients, their families, and society at large. Rules and social conventions are also frequently broken by kids with conduct disorders. Conduct disorder-specific behaviours progressively emerge over time. Children that suffer from conduct disorder are often impulsive and challenging to control. They don't appear to care about other people's sentiments. The four key behaviours are associated with conduct disorder: aggression toward people and animals or breaching the fundamental rights of others, property destruction, dishonesty, lying or theft, severe rules infractions. We discuss the possible advantages of homoeopathic treatments as a component of a comprehensive and customized strategy for treating this type of behavioural problems. This article describes the case of a 14-year-old boy with conduct disorder. Tarentula hips 1M, a single constitutional homoeopathic medication, was used to treat the patient in less than four months.

Introduction

Conduct disorder (CD) is a disorder of childhood and adolescence that involves long-term (chronic)

behaviour problems, and it occur at the age of 10 up to 16 years¹. CD mostly occur in boys than girls. A child with this disorder may display a pattern of disruptive and violent behaviour and have problems following rules. As per the tenth revision of International Classification of Diseases, there are basically 4 types of conduct disorders. Conduct disorder confined to the family context (F91.0), Unsocialized conduct disorder (F91.1), Socialized conduct disorder (F91.2) Oppositional defiant disorder (F91.3)². It frequently co-occurs with attention-deficit/hyperactivity disorder (ADHD) and often leads to antisocial personality disorder in adulthood³. Prevalence of CD is between 5% and 10% in the industrialized western world. Children with CD are not a homogenous population, but present with variations in the age of onset, subtypes, prevalence of comorbidity, abnormal psycho social situations, symptom profile, symptom severity and functional levels of impairment. There is significant male dominance with boy girl ratio of 7.5:1⁴.

In India, the prevalence rate of behavioural disorders is 43.1% and 14.5% conduct disorder, 29.7% attention deficit/hyperactivity disorder, 12.5% emotional disorder, 7.1% scholastic disorders, 2% adjustment disorder and 9.5% pervasive developmental disorder⁵.

Depending on the child's age and the severity of the disease, conduct disorder symptoms might vary. Generally speaking, conduct disorder symptoms can be divided into four groups:

1. AGGRESSIVE BEHAVIOR: this category

includes actions that have the potential to inflict physical harm, such as fighting, bullying, mistreating people or animals, brandishing a weapon, or pressuring someone into engaging in sexual behaviour.

2. **DESTRUCTIVE BEHAVIOR:** This includes premeditated acts that cause property damage, such as vandalism (damaging someone else's property) and arson (starting a fire on purpose).

3. **DECEITFUL BEHAVIOR:** Examples of this include lying frequently, stealing from stores, and breaking into houses or cars to steal.

4. **VIOLATION OF RULES:** This refers to acting in a way that is inappropriate for the person's age or breaking social norms. These actions could be running away, skipping class, pulling practical jokes, or engaging in sexual activity when very young.

Management of CD primarily involves parent-based or family-based psychosocial interventions although stimulants and atypical antipsychotics are sometimes used, especially in individuals with comorbid ADHD³. There is limited evidence to support the treatment of conduct disorder and aggression with Risperidone and other antipsychotics but health care professionals are expected to weigh the medication's potential benefits against their adverse metabolic effects⁶.

Homoeopathy is an alternative system of medicine with potential role in Psychiatry. Various remedies like Anacardium, Hepar sulph, Tarentula, Lachesis., Lycopodium, Sulphur, Chamomilla, Hyoscyamus and many others which are helpful in managing the child behaviour related problems.

The present case report shows the management of conduct disorder through individualized homoeopathic medicine Tarantula Hips. It further explores the role of Homoeopathy in the management of Conduct disorder.

Case Report

- Date of case taking: 31-10-2023
- Registration No: A46557/46466
- Patient name: XYZ

- Age :14
- Sex: Male

Presenting complaints

- Improper behaviour
- Sometime uses bad and abusive words to the mother. Hatred towards mother.
- Bad behaviour towards animal, kill them or hurt them.
- Habit of stealing things or money
- Disobedient. Highly obstinate.
- Does not want to study.
- Ill-tempered.
- Strike other

Personal history

The patient is the first and single child of his parents. Patient's mother was very mild but grandmother was very dominating and angry. The patient, since the beginning, was raised by their grandmother. Being the first child, the patient is loved more by his grandmother.

Grandmother loved him a lot and fulfils all his demands without any delay. She even neglects his faults. The mother was not allowed to punish and rectify the child's mistake.

His mother said that he doesn't seem to care at all in school and is always restless. Starts making excuses about illness so he didn't have to go school. Always hurt or disturb the puppies or kitten. After sawing ant, he kills them. He has a bad habit of stealing things, money, food.

Whenever anyone said anything to him, he started staring at him and sometime started hitting him.

Family history

- Grandmother: Diabetic
- Mother: High BP

Physical Generals

- Appetite: Normal
- Thirst: Normal

- Sleep: Normal
- Dreams: Not specific
- Desire: Sweet
- Aversion: Not specific
- Intolerance: Not specific
- Bowel: Normal, 2 time/day
- Urine: Clear, normal
- Sweat: Generalized
- Tongue: Clear moist
- Thermal: Chilly
- Threatening
- Hatred towards mother
- Doesn't want to go to school to study
- Angry
- Irritable
- Ill-tempered
- Don't want to mix up

Totality of Symptoms

- Cruelty
- Feigning- sick to be
- Kleptomania
- Mischievous- children in
- Obstinate
- Restlessness- children in
- Threatening

Miasmatic Analysis

Mental generals

- Cruel behaviour
- Make excuse about illness
- Stealing habit
- Mischievous
- Obstinate
- Restlessness

S.No.	Type of Symptom	Symptom	Miasmatic Analysis
1	Mental general	Cruelty	Syphilitic
2	Mental general	Feigning sick to be	Sycosis
3	Mental general	kleptomania	Sycosis
4	Mental general	Mischievous children in	Sycosis
5	Mental general	Obstinate	Sycosis
6	Mental general	Restlessness children in	Psora
7	Mental general	Threatening	Syphilitic

Repertorial Totality

Symptom	Rubric
Cruelty	Mind- Cruelty
Make excuse about illness	Mind- Feigning sick to be
Stealing habit	Mind- Kleptomania
Obstinate	Mind- Obstinate
Restlessness	Mind- Restlessness children in
Mischievous	Mind- Mischievous children in
Threatening	Mind- Threatening

Case Report

Repertory used: RADAR 10.5(Schroyens F. synthesis 9.0)

Repertorial Sheet

	tarent.	hyos.	verat.	bell.	calc.	lach.	stram.	hvc.	plak.	op.	arac.	nux-v.	agar.	plub.	ars.	sulph.	brj.	caust.	kal-c.	staph.	carb.	sep.	hep.	tub.	merc.	aur.	chin.	kal-p.	med.	sl.	absin.	choc.	dendr-pol.	plab.	syph.	acon.	arg-n.	chem.	thust.			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41		
7	6	6	5	5	5	5	5	5	4	4	4	4	4	4	4	4	4	4	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	2	2	
13	8	6	9	8	7	7	6	6	5	9	8	7	7	6	6	5	5	5	5	4	4	4	7	6	5	4	4	4	4	4	3	3	3	3	3	3	5	5	5	4		
* 1. Clipboard 1																																										
‡ 1. MIND - CRUELTY	(56) 1	1	2	1	1	2	2	2	1	2	2	1	1	1	1	1	1	1	1	1	1	1	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
‡ 2. MIND - FEIGNING - sick; to be	(22) 1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
‡ 3. MIND - KLEPTOMANIA	(38) 1	1	1	3	1	1	1	1	1	1	1	2	3	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
‡ 4. MIND - MISCHIEVOUS - children; in	(17) 1	2	1	1	1	1	1	1	1	1	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	
‡ 5. MIND - OBSTINATE	(158) 1	3	2	1	3	3	1	1	2	1	3	3	2	1	2	2	2	2	2	2	1	1	2	2	1	1	2	2	2	1	1	1	1	1	1	1	1	1	2	3	1	2
‡ 6. MIND - RESTLESSNESS - children; in	(69) 1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3	2	1	2	
‡ 7. MIND - THREATENING	(17) 1	3	1	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	

Selection of Remedy & Potency

The reportorial result showed that Tarentula Hips covered maximum symptoms with the highest gradation. Therefore, an individualized single constitutional remedy, Tarentula, was selected based on the totality of symptoms covered in Materia medica. It covers all the rubric with higher grade and also matches with the core of Tarentula hips. Like destructiveness, kleptomania, restlessness, make excuses All symptoms are covered by Tarentula, although the patient was chilly so here, Tarentula 1M was prescribed.

Follow up

S.no.	Date	Symptoms	Prescription
1	16-11-23	Bad behaviour as same, obstinate, cruel, restlessness, not interested in study, stealing habit	Tarentula hips. 1M/2 dose/OD SL /1drm/BD
2	5-12-23	Slight changes were observed and violent behaviour was reduced slightly	SL/1drm/BD
3	29-12-23	Behaviour toward mother become good, follow the rule, takes interest in studies, but sometime violently anger	Tarentula hips. 1M/ 2 dose SL/1drm/BD
4	19-1-24	Anger much reduced & abusiveness is reduced, and now he is going to school. Become obedient and calmness was seen.	SL/1drm/BD
5	6-2-24	Patient was improved, he was very calm and good.	SL/1drm/BD

The score for the problem behaviour questionnaire before treatment 57

Student Behavior (Please briefly describe the problem behavior(s))

Directions: Keeping in mind a typical episode of the problem behavior, circle the frequency with which each of the following statements is true.

	Never	10%	25%	50%	75%	90%	Always
1. Does the problem behavior occur and persist when you make a request to perform a task?	0	1	2	3	4	5	6
2. When the problem behavior occurs do you redirect the student to get back to task or follow rules?	0	1	2	3	4	5	6
3. During a conflict with peers, if the student engages in the problem behavior do peers leave the student alone?	0	1	2	3	4	5	6
4. When the problem behavior occurs do peers verbally respond or laugh at the student?	0	1	2	3	4	5	6
5. Is the problem behavior more likely to occur following a conflict outside of the classroom (e.g., bus write-up)?	0	1	2	3	4	5	6
6. Does the problem behavior occur to get your attention when you are working with other students?	0	1	2	3	4	5	6
7. Does the problem behavior occur in the presence of specific peers?	0	1	2	3	4	5	6
8. Is the problem behavior more likely to continue to occur throughout the day following an earlier episode?	0	1	2	3	4	5	6
9. Does the problem behavior occur during specific academic activities?	0	1	2	3	4	5	6
10. Does the problem behavior stop when peers stop interacting with the student?	0	1	2	3	4	5	6
11. Does the behavior stop when peers are attending to other students?	0	1	2	3	4	5	6
12. If the student engages in the problem behavior do you provide one-to-one instruction to get student back on task?	0	1	2	3	4	5	6
13. Does the problem behavior cease if you stop making requests or end an academic activity?	0	1	2	3	4	5	6
14. If the student engages in the problem behavior, do peers stop interacting with the student?	0	1	2	3	4	5	6
15. Is the problem more likely to occur following	0	1	2	3	4	5	6

Source: Lewis, T.J., Scott, T.M., & Sugai, G. (1994). The problem behavior questionnaire: A teacher-based instrument to develop behavioral hypotheses of problem behavior in general education settings. *Diagnostic*, 19, 103-115. Reprinted with permission.

Problem Behavior Questionnaire Profile

Directions: Circle the score given for each question from the scale below the corresponding question number (in bold).

In interpreting the completed student profile, any item circled at the three (3) or above level represents a potential hypothesis (or explanation) for the student motivation to engage in the problem behavior. If two or more are circled at the three (3) or above level in any of the five categories, it suggests a primary hypothesis.

	Peers					Adults					Setting Events				
	Escape	Attention				Escape	Attention				Escape	Attention			
	3	10	14	4	7	11	1	9	13	2	6	12	5	8	15
1	0	6	6	6	6	6	6	6	6	6	6	6	6	6	6
2	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
5	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: Lewis, Scott, and Sugai (1994)

Total score = 57

Score for problem behaviour questionnaire after treatment – 33

Telephone: _____ School: _____		Problem Behavior Questionnaire Profile														
Student Behavior: Please briefly describe the problem behavior(s): _____		Directions: Circle the score given for each question from the scale below the corresponding question number (in bold).														
Directions: Keeping in mind a typical episode of the problem behavior, circle the frequency with which each of the following statements is true:		Interpreting the completed student profile, any item circled at the three (3) or above level represents a potential hypothesis (or explanation) for the student motivation to engage in the problem behavior. If two or more are circled at the three (3) or above level in any of the five categories, it suggests a primary hypothesis.														
		Peers			Adults						Setting Events					
		Escape		Attention		Escape			Attention			Setting Events				
		10	14	4	7	11	1	9	13	2	6	12	5	8	15	
1. Does the problem behavior occur and persist when you make a request to perform a task?	Never 10% 20% 30% 40% 50% Always	0	1	2	3	4	5	6								
2. When the problem behavior occurs do you redirect the student to get back to task or follow rules?		0	1	2	3	4	5	6								
3. During a conflict with peers, if the student engages in the problem behavior do peers leave the student alone?		0	1	2	3	4	5	6								
4. When the problem behavior occurs do peers verbally respond or laugh at the student?		0	1	2	3	4	5	6								
5. Is the problem behavior more likely to occur following a conflict outside of the classroom (e.g., bus wait-up)?		0	1	2	3	4	5	6								
6. Does the problem behavior occur to get your attention when you are working with other students?		0	1	2	3	4	5	6								
7. Does the problem behavior occur in the presence of specific peers?		0	1	2	3	4	5	6								
8. Is the problem behavior more likely to continue to occur throughout the day following an earlier episode?		0	1	2	3	4	5	6								
9. Does the problem behavior occur during specific academic activities?		0	1	2	3	4	5	6								
10. Does the problem behavior stop when peers stop interacting with the student?		0	1	2	3	4	5	6								
11. Does the behavior stop when peers are attending to other students?		0	1	2	3	4	5	6								
12. If the student engages in the problem behavior do you provide one-to-one instructions to get student back on task?		0	1	2	3	4	5	6								
13. Does the problem behavior cease if you stop making requests or end an academic activity?		0	1	2	3	4	5	6								
14. If the student engages in the problem behavior, do peers stop interacting with the student?		0	1	2	3	4	5	6								
15. Is the problem more likely to occur following _____		0	1	2	3	4	5	6								

Source: Lewis, T.J., Scott, T.M., & Sagan, G. (1994). The problem behavior questionnaire: A teacher-rated instrument to assess functional hypotheses of problem behavior in general education settings. *Diagnosics*, 19, 103-115. Reprinted with permission.

Price: Lewis, Scott, and Sagan (1994)

Total score: 33

DISCUSSION AND CONCLUSION

The modern way of life and the surroundings in which kids are growing up provide unique challenges that lead to the rise of behavioural problems. These are issues that parents, educators, and society at large need to be aware of and actively working to resolve. We can help children develop the skills and resilience needed to negotiate the complexities of the modern world and lower the prevalence of behavioural disorders among our young population by promoting a well-rounded lifestyle, providing emotional support and encouraging cooperation.

In the presented case it was seen that homeopathic remedy, Tarentula hips, functions holistically. It was observed that a significant decrease in the problem behavioural questionnaire scale⁷, which was previously 57 and dropped to 33 after 3–4 months of treatment. Notable advancements in the cerebral domain are evident, and these contribute to the enhancement of a child’s social interactions with his surroundings.

Conflict of Interest

Not available

Financial Support

Not available

Not available

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A case series- Homoeopathic Intervention in cases of Renal Stone

Shibani Dutta, Srimonti Sanyal, Himadri Bhaumik

Keywords

Homeopathic Medicines, Individualization, Renal Calculi

Abstract

The Population of the North-Eastern region of India is prone to develop Renal Stones, and the prevalence and recurrence rate of Renal Stone disease is thus higher.^[1] A stone more than 0.5 cm in diameter can cause painful ureteric obstruction.^[1] Stones of size more than 0.7 cm almost always require surgical intervention, as believed in conventional medicine.^[1] Repeated surgical interventions may remove the obstruction but may not be a solution for altering the tendency for Renal stone formation.^[1] Homeopathy, an alternative system of medicine can offer holistic approach in treating such cases non-invasively.^[1]

The aim of this study is to study the effectiveness of a group of Homoeopathic medicines in the treatment of renal stones. The objective of this study was to know in how much period of time Homoeopathic medicines cure the presenting symptoms of renal stones viz painful micturition, lower abdominal pain, lower backache and other associated symptoms of Renal Calculi.

Introduction

Renal stone (nephrolithiasis) is a common problem of modern era. Nephrolithiasis is a complex process that results from a succession of several physico-chemical events including supersaturation, nucleation, growth, aggregation, and retention within renal tubules. The occurrence of renal stone is usually believed to be due to crystallisation of minerals inside urine, which act

as the nidus for more sedimentation and finally the formation of a stone within the kidney. The potential health threat of such urinary stones includes renal colic, urinary tract infection, obstruction of the collecting system, renal damage, and ultimately renal failure and even death. Since the characteristics of the urine e.g. concentration of the various minerals and chemicals are directly related to the formation of the urinary stones, fluid intake and diet can affect the chance of such an occurrence. In addition, identified risk factors for urinary stone formation include family history, occupations involving manual work, socio-economic profiles, diet, and reduced fluid intake. Thus, more awareness of the necessary fluid and dietary intake could reduce the chance of urinary stone formation. It is also known that the prevalence of nephrolithiasis varies with age, gender, and race.

Although a significant proportion of patients remains asymptomatic. The diagnosis is sometimes remains obscure until the stone is discovered on a radiograph. Fifty percent patient of renal stone presents between the ages of 30 to 50 years. The male female ratio is. 4:3.¹

Cases of renal stones are increasing worldwide, with a prevalence of about 12% worldwide.² Their prevalence in India also shows the same picture of and can be said as approximately 12%, though it is higher in Northern part of India, where it is almost 15%.^{3,4}

The exact determination of the compositional structure of the renal stone enables the classification of the disease and its subsequent treatment according to the symptoms. They can be classified into following groups like Calcium oxalate stones or mulberry calculi, Phosphate

stones, Uric acid stones, Cystine stones, and Xanthine stones.

Now days it is widely seen that the young generation is getting more affected from renal stone due to unhealthy food habit. Certain food that increases the risk of renal stone formation in susceptible individual include Spinach, rhubarb, chocolate, peanuts, cocoa, beet, coffee, cola, nuts, strawberries, tomato juice, grapefruit juice, apple juice, soda (acidic and contains phosphorus), all types of tea, and berries.⁵

To treat a patient with constitutional approach who is suffering from renal stones is undoubtedly a challenging job. As Dr. Hahnemann says that we treat the patient and not the disease, so whatever be the name of disease, it matters little, and we have to treat the patient with similitudo at that particular time.

In modern medicine the treatment of renal stone is mainly surgical intervention, however, the chances of recurring stones are about 70-80%. Depending upon the location of the stone, various types of surgical procedures are being used. Even after surgical removal of stones, homoeopathy still has a role to play in preventing the recurrence of stone.

The urinary stone have peculiar tendency of recurrence despite of their surgical removal. Once a stone formed, is always stone former. Therefore, surgery can only be a part of treatment, but not the sheer treatment.

To avoid the incidence of recurrence after surgical removal of stone and in search of an effective conservative treatment the present work has been undertaken.

An alarming rise in the incidence of urolithiasis has created an impetus for further research in the light of homoeopathic knowledge. Earlier studies on Renal Calculi prove the effectiveness of Homoeopathic medicines like *Lycopodium*, *Sulphur*, *Pulsatilla*, *Nux vomica*, *Phosphorus*, *Cantharis*, *Sarsaparilla* and *Hydrangea*.^{6,7,8,9} A homeopathic preparation of *Berberis vulgaris* has also found to be effective in treatment of urolithiasis in an animal model.¹⁰

Here, in this study of case series, homoeopathic

remedies were selected focusing mainly on the individualized presentation of different persons.

The primary symptoms were painful micturition, Lumbar pain, sediment deposition in urine,

frequency of micturition etc. To these primary symptoms, the general and particular

characteristics of the patient along with the peculiar modalities were added to frame the totality.

The case series included participants who visited the outpatient department (OPD) of NEIAH, Shillong with presenting complaints of pain in loin area. Cases that were evaluated include the history, physical examination and ultrasonography. Demographic data collected includes age, gender, past history, family history, personal and medical history with duration since the onset of the condition.

Case reports

Case no.1

A 35 years old male patient complained of having Pain in the Right Flank region which is worse on motion better by rest along with offensiveness of urine with yellowish sediment deposition. Pain in the region of kidney on motion. Ultrasonography dated 10.06.2022 reveals Right Renal Calculi with calculi size of 7mm in middle calyx of right kidney. Patient frequently suffers from indigestion after eating and vertigo on rising from sitting.

Past history

In the past, he had suffered from malarial fever at the age of 11 years, took allopathic treatment and recovered.

Family history

Mother had renal calculi 2 years back which was removed surgically.

Mind symptoms

Patient is having anxiousness about his health and restless. Desire company, mental restless, when he is alone.

Diagnosis

Case Report

The diagnosis was made by history and physical examination [Figure 1a, pretreatment]. The symptoms considered for the analysis and evaluation of the case were as follows:

- Patient is anxious about his health.
- Desire company.
- Patient is mentally restless when alone.
- Indigestion after eating food.
- Desires Fish.
- Pain in the region of kidney.
- Pain in Right ureter.
- Pain aggravated by motion.
- Offensive urination.
- Yellowish sediment deposition in the urine.
- Pain in Lumbar region.
- Vagly while rising up from sitting.

Figure 1a

DEPARTMENT OF RADIOLOGY
 WOODLAND HOSPITAL
 Multispeciality — SHILLONG
 Thankyou, East Khasi Hills, Meghalaya - 791013 Hospital Reg. No. HSM/HRD/ROSH/11/2016/18 11.11.18 4 EXCISE: 17AG1PRK0678DFUS
 www.woodlandhospital.com@yahoo.co.in ☎ 0364 2225340 / 2224885 @ www.woodlandhospitals.com

NAAB (A) Level
 Accredited

Name	MRE. HIRAN KUMAR MAHAJAKUR	Age/Sex	35 Y / MALE	Ref. By	Dr. G.G. NAIK Of Purneeta And Homoeopathy
Address	UNSAVALI, SHILLONG, MEGHALAYA	Request No	70388138	UHID	ID 2022048606
PH No.	222113182	Date	10/06/2022		

DEPARTMENT OF RADIOLOGY
REPORT OF ULTRASOUND WHOLE ABDOMEN SCAN USG NO: 1046

LIVER - Is mildly enlarged and shows generalised increased parenchymal echotexture. Intrahepatic biliary radicles are normal. No focal mass lesion seen.

GALL BLADDER - Gall bladder is distended, lumen is clear. No pericholecystic fluid collection. CBD is not dilated.

PANCREAS - Pancreas show normal size, shape and echotexture. MPD is not dilated. Peripancreatic fat planes are clear.

SPLEEN - Spleen is normal in size, shape, position with normal parenchymal echotexture. Perisplenic area is clear.

KIDNEYS - Both kidneys are normal in size, shape, position and show normal corticomedullary differentiation. No hydronephrosis. Perirenal spaces are clear. **Right kidney measures 9.7 cms and shows a calculus of size 7 mm in the middle calyx with no calclectasis.** Left kidney measures 9.6 cms (APP).

URINARY BLADDER - Urinary bladder is well distended. No echogenic calculi or wall thickening noted. VUJ are not dilated bilaterally.

PROSTATE - Is normal in size, shape, position and show normal parenchymal echogenicity. It measures 3.4 x 4.3 x 3.1cms. Volume 24.9 cm3. Seminal vesicles are normal.

Aorta is normal. No ascites, pleural effusion or lymph node.

IMPRESSION: USG STUDY REVEALS MILD HEPATOMEGALY WITH FATTY LIVER CHANGES.
RIGHT RENAL CALCULUS WITH NO CALCLECTASIS

Dr.Jimi Hazarika,MD
Const.Radiologist

Dr.Ranu Kapoor,DNB
Const.Radiologist

Dr.Anju R.Wahlang,DMRD
Const.Radiologist

The X-Ray/USG/CT/MRI finding should always be considered in co-relation with the clinical and other investigation findings where applicable. This report is not meant for medico-legal purpose. Discrepancy in reports can be corrected.

Typed By: Wandadhkar
 16.06.2022 14:10

Repertorization and remedial analysis

Repertory of Homoeopathic Materia Medica by Dr. J.T.Kent was consulted as the case presented with characteristic mind and physical symptoms.

Phosphorus-21/9, Nux Vomica- 18/9, Sepia officinalis-17/7, Lycopodium Clavatum-16/7, Calcarea Carb-16/7 were the medicines in the top gradation. Phosphorus covered all the symptoms with highest gradation.

Remedy selection and administration

Phosphorus 200c one medicated globule number 20 was dispensed in 10 ml of distilled water, the whole quantity to be taken once in early morning in empty stomach. This single dose was followed by Liquid placebo (LPL) once daily, early morning in empty stomach for 14 subsequent days.

Investigations advised

After 5 months of treatment an ultrasonography of whole abdomen reveals no calculus in the kidney. He was also advised to maintain have balanced and fiber-rich diet.

Followup and outcome

Follow-ups were done at 2-week intervals. Marked changes in symptomatology were elicited at the end of treatment [Figure 1b]. Although the pain and offensiveness of urine subsides after 3 months, the treatment was continued for 6 months to address any recurrence of old complaints or any new complaints. The causal attribution was ascertained through modified Naranjo criteria. [Table 1].

Figure 1b

Ultrasound Report
 Department of Radiology & Imaging
 North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIHMS), Shillong-793018

Name: Hiran Kumar Mahajakur Age/Sex: 34Y/M Dept: Sur OPD CR No: 9207/22
 IP No: Bed No: Date: 11/11/2022 USG No: 258

Relevant Clinical details: - F/w/c/o Renal stone with hepatomegaly.

Ultrasound Whole Abdomen

Study shows:

- LIVER: Normal in size (12.3 cms), shape, margin with mild increased echotexture. IHBR is not dilated. No focal mass lesion noted.
- GB: Normally distended with echo free lumen. GB wall thickness is normal. No pericholecystic fluid collection seen.
- CBD: Normal in course and calibre. No echogenic calculus noted.
- PV: Normal in course and calibre.
- PANCREAS: Normal in size, shape and echotexture. No focal mass lesion seen. MPD is not dilated.
- SPLEEN: Normal in size, shape and echotexture. No focal lesion seen.
- KIDNEYS: Normal in size, shape, position and echotexture. Cortical thickness is normal. Corticomedullary differentiation is maintained. No calculus or focal lesion noted. PCS is normal.
- UB: Empty.
- Prostate: Normal in size (19 cc), shape and echotexture. No focal lesion noted.
- No free fluid or lymphadenopathy noted.

IMPRESSION:
 > Grade I hepatic steatosis.

Signature: For Dr. C. Daniala Professor & HOD Department of Radiology

Signature: Dr. D. Laxser Associate Professor Department of Radiology

Signature: Senior Resident Doctor Department of Radiology

Signature: Junior Resident Doctor Department of Radiology

Table 1

Domains	Yes	No	Not sure/N/A
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2⊕	0	0
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1⊕	0	0
Was there an initial aggravation of symptom? (need to define in glossary)	+1⊕	0	0
Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1⊕	0	0
Did overall wellbeing improve? (suggest using validated scale)	+1⊕	0	0
6A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	-1	0
6B. Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms -from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downwards	+1⊕	0	0
Did old symptoms" (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	0	0
Are there alternate causes (other than the medicine) that with a high probability- could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant intervention)	0	+1⊕	0
Was the health improvement confirmed by any objective evidence? (E.g. lab test, clinical observation, etc.)	+2⊕	0	0
Did repeat dosing, if conducted, create similar clinical improvement?	+1⊕	0	0
Total score	10		

Case no: 2

36 year old introverted/shy full male patient attended NEIAH, OPD on 15.10.2022 was complaining of stitching, stinging and sticking type of pain in the region of left kidney with whitish and mucous sediment in the urine. Pain mostly felt while passing urine and extended to urethra on left side with offensive urine. He was also complaining of lower backache for 1 year.

Past history

He had suffered from typhoid at the age of 15 years.

Family history

Father had a history of Gall bladder stones 5 years back which was removed surgically. Mother was hypertensive.

Mind symptoms

Introverted/shy full

Diagnosis

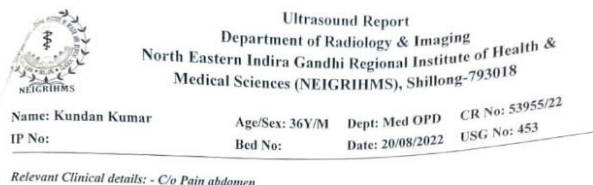
The diagnosis was made by history and physical examination [Figure 2a, pre-treatment]. The symptoms considered for the analysis and evaluation of the case were as follows:

- Mentally Shy and introverted.
- Desire for sweets.
- Patient have pain in the region of kidney
- Pain is sticking, stinging and stitching type.
- Pain aggravated by motion, walking
- Pain in ureter on the left side

Case Report

- Mucous sediment deposition in urine
- Whitish sediment deposition in urine
- Pain while passing urine
- Bladder pain extending to urethra
- Pain in the Lumbar region
- Sensation of Heartburn after eating.

Figure 2a



Study shows:

ULTRASOUND WHOLE ABDOMEN

- LIVER: Normal in size, shape, margin with mild increased echotexture. IHBR is not dilated. No focal mass lesion noted.
- GB: Normally distended with echo free lumen. GB wall thickness is normal. No pericholecystic fluid collection seen.
- CBD: Normal in course and calibre. No echogenic calculus noted.
- PV: Normal in course and calibre.
- PANCREAS: Normal in size, shape and echotexture. No focal mass lesion seen. MPD is not dilated.
- SPLEEN: Normal in size, shape and echotexture. No focal lesion seen.
- KIDNEYS: Normal in size, shape, position and echotexture. Cortical thickness is normal. Corticomedullary differentiation is maintained. No focal lesion noted. PCS is normal. An echogenic calculus measuring 6.3 mm is noted in the lower pole of left kidney.
- UB: Normally distended. No intrinsic pathology noted.
- Prostate: Normal in size (16.1 cc), shape and echotexture. No focal lesion noted.
- No free fluid or lymphadenopathy noted.

IMPRESSION:

- > Grade 1 fatty liver.
- > Left renal calculus.

Signature: For Dr. C. Daniale Professor & HOD Department of Radiology	Signature: Dr. D. Lynser Assistant Professor Department of Radiology	Signature: Junior Resident Doctor Department of Radiology
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Repertorization and remedial analysis

Repertory of Homoeopathic Materia Medica by Dr. J.T.Kent was consulted as the case presented with characteristic mind and physical symptoms. Berberis Vulgaris- 25/10, Lycopodium Clavatum- 18/8, Sepia officinalis- 18/8, Calcarea Carb-17/8, Pulsatilla Nigricans-16/6 were the medicines in the top gradation. Berberis vulgaris covered all the symptoms with highest gradation.

Remedy selection and administration

Berberis vulgaris 30c one medicated globule

number 20 was dispensed in 10 ml of distilled water, the whole quantity to be taken once in early morning in empty stomach. This single dose was followed by Liquid placebo (LPL) once daily, early morning in empty stomach for 14 subsequent days.

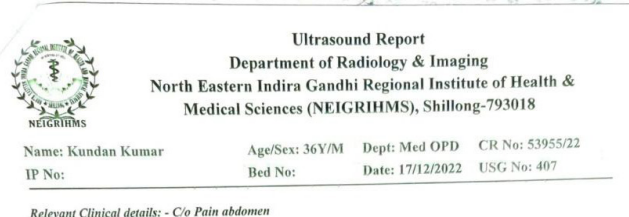
Investigations advised

After 4 months of treatment an ultrasonography of whole abdomen reveals no calculus in the kidney.

Followup and outcome

Follow-ups were done at 2-week intervals. Marked changes in symptomatology were elicited at the end of treatment [Figure 2b]. Although the pain and offensiveness of urine subsides after 2 months, the treatment was continued for 6 months to address any recurrence of old complaints or any new complaints. The causal attribution was ascertained through modified Naranjo criteria. [Table 2].

Figure 2b



Study shows:

ULTRASOUND WHOLE ABDOMEN

- LIVER: Normal in size, shape, margin and echotexture. IHBR is not dilated. No focal mass lesion noted.
- GB: Normally distended with echo free lumen. GB wall thickness is normal. No pericholecystic fluid collection seen.
- CBD: Normal in course and calibre. No echogenic calculus noted.
- PV: Normal in course and calibre.
- PANCREAS: Normal in size, shape and echotexture. No focal mass lesion seen. MPD is not dilated.
- SPLEEN: Normal in size, shape and echotexture. No focal lesion seen.
- KIDNEYS: Normal in size, shape, position and echotexture. Cortical thickness is normal. Corticomedullary differentiation is maintained. No calculus or focal lesion noted. PCS is normal.
- UB: Normally distended. No intrinsic pathology noted.
- Prostate: Normal in size, shape and echotexture. No focal lesion noted.
- No free fluid or lymphadenopathy noted.

IMPRESSION: No significant abnormality.

Signature: For Dr. C. Daniale Professor & HOD Department of Radiology	Signature: Dr. D. Lynser Associate Professor Department of Radiology	Signature: Senior Resident Doctor Department of Radiology	Signature: Junior Resident Doctor Department of Radiology
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Table 2

Domains	Yes	No	Not sure/N/A
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2⊕	0	0
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1⊕	0	0
Was there an initial aggravation of symptom? (need to define in glossary)	+1⊕	0	0
Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1⊕	0	0
Did overall wellbeing improve? (suggest using validated scale)	+1⊕	0	0
6A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	-1	0
6B. Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms -from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downwards	+1⊕	0	0
Did old symptoms" (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	0	0
Are there alternate causes (other than the medicine) that with a high probability- could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant intervention)	0	+1⊕	0
Was the health improvement confirmed by any objective evidence? (E.g. lab test, clinical observation, etc.)	+2⊕	0	0
Did repeat dosing, if conducted, create similar clinical improvement?	+1⊕	0	0
Total score	10		

Case no: 3

Male patient aged 26 years attended NEIAH, OPD with reg no 2351/2022 complaining of pain in the right flank region with painful micturation. He was also complaining of pain in the lumber region on motion better by lying down.

Past history

Nothing significant history was present.

Family history

Elder brother had renal calculi 1 year back which was removed surgically.

Mind symptoms

Get angry easily, cannot tolerate contradiction. Desire for company.

Diagnosis

The diagnosis was made by history and physical examination [Figure 3a, pre-treatment]. The symptoms considered for the analysis and evaluation of the case were as follows:

- Desire company
- Cannot tolerate slightest contradiction.
- Get angry easily.
- Desires Meat, Sweets and hot food.
- Appetite-Few spoons fills up the stomach
- Aversion to vegetables
- Chilly patient
- Pain in the right renal region.
- Pain in the Lumbar region
- Painful urination.
- Pain aggravated by motion, movement, lifting heavy weight, morning, while passing urine.

Figure 3a


RAMAKRISHNA MISSION
 CHARITABLE DISPENSARY
 LAITUMKHRAH, SHILLONG - 793003
 PHONE : 9436705813

NAME : MR. SOMRAT CHAKMA	AGE/SEX : 26YRS/M	ID. NO : 22-020960
REF. BY DR. NEIAH	DATE : 21/05/2022	M.S.NO : 158

REPORT ULTRASONOGRAPHY - KUB AREA

- Both kidneys are normal in size, position and echotexture with normal cortical sinus complex echoes. No hydro-uretero-nephrosis noted bilaterally.
- Multiple calculi are noted in all the poles of the right kidney sizes upto 4mm. Right kidney appears bulky with features of inflammation, the right ureteric wall appears thickened and edematous.
- Pararenal soft tissues are normal bilaterally at the time of examination.
- Right kidney measures 9.1 cms; Left kidney measures 10.1 cms.
- Urinary bladder is distended with normal wall and anechoic contents. No mass, calculus or wall thickening. Both PUJ and UVJ areas appear clear.
- Prostate is normally visualized.
- No significant post-void residual urine observed during scanning.

IMPRESSION: BULKY RIGHT KIDNEY WITH THICKENED RIGHT URETERIC WALL, RIGHT RENAL CALCULI.


 Dr. Grethel L. Blah
 MBBS, Sonologist

Repertorization and remedial analysis

Repertory of Homoeopathic Materia Medica by Dr. J.T.Kent was consulted as the case presented with characteristic mind and physical symptoms. Lycopodium Clavatum-19/7, Nux Vomica-16/7, Sepia Officinalis-15/7, Kali carbonicum-10/6 were the medicines in the top gradation. Lycopodium clavatum covered all the symptoms with highest gradation.

Remedy selection and administration

Lycopodium Clavatum 30c one medicated globule number 20 was dispensed in 10 ml of distilled water, the whole quantity to be taken once in early morning in empty stomach. This single dose was followed by Liquid placebo (LPL) once daily, early morning in empty stomach for 14 subsequent days.

Investigations advised

After 2 months of treatment an ultrasonography of whole abdomen reveals reduction in the size of the stone.

Followup and outcome

Followups were done at 2week intervals. Marked changes in symptomatology were elicited at the end of treatment [Figure 3b]. Although the pain and offensiveness of urine subsides after 2 months and the size of the stone also reduced on USG dated 18.07.2022. After 3 months of treatment one day patient noticed the stones were came out with the urine [Figure 3c]. The treatment was continued for 6 months to address any recurrence of old complaints or any new complaints. The causal attribution was ascertained through modified Naranjo criteria. [Table 3].

Figure 3b


RAMAKRISHNA MISSION
 CHARITABLE DISPENSARY
 LAITUMKHRAH, SHILLONG - 793003
 PHONE : 9436705813

NAME : MR. SAMRAT CHARMA	AGE/SEX : 26YRS/M	ID. NO : 22-032660
REF. BY DR. NEIAH	DATE : 18/07/2022	M.S.NO : 158

REPORT ULTRASONOGRAPHY - WHOLE ABDOMEN

- ✓ Both domes and pleural recesses are normal. No effusion noted bilaterally.
- ✓ Liver is normal in size, shape and echotexture with normal intra-hepatic biliary and portal radicles. No focal or diffuse lesion seen. Portal confluence is patent.
- ✓ Gall bladder is normal in distensibility and wall thickness with normal anechoic contents. No intra-luminal sludge, mass or echoreflective calculus seen.
- ✓ Normal common bile duct and PV observed during sonography.
- ✓ Pancreas is normally visualised. Main pancreatic duct is not dilated.
- ✓ Spleen is normal in size and shape with normal parenchymal echotexture.
- ✓ Kidneys are normal in shape, size and outline with normal renal cortical and sinus echoes. No hydronephrosis or mass lesion seen bilaterally. Multiple calculi sizes upto 3mm noted in all the poles of the right kidney. Mild dilated pelvicalyceal system is also noted in the right kidney. Right Kidney measures 9.4 cms. Left Kidney measures 10.5 cms.
- ✓ No gross detectable bowel abnormality noted. Large vessels appear normal.
- ✓ Urinary bladder is not well distended showing normal echofree intra-luminal content. No SOL or irregular wall thickening seen.
- ✓ Prostate is normal in size and homogenous in echotexture with smooth margin. Its estimated volume is about 14.6 cc. Both PUJ and UVJ areas are free.
- ✓ No lymphadenopathy or ascites. No detectable abnormality in both iliac fossae.

IMPRESSION: RIGHT RENAL CALCULI, MILD RIGHT SIDED HYDRONEPHROSIS. (Adv: XRAY KUB).


 Dr. Grethel L. Blah
 MBBS, Sonologist

Figure 3c



Table 3

Domains	Yes	No	Not sure/N/A
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2⊕	0	0
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1⊕	0	0
Was there an initial aggravation of symptom? (need to define in glossary)	+1⊕	0	0
Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1⊕	0	0
Did overall wellbeing improve? (suggest using validated scale)	+1⊕	0	0
6A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	-1	0
6B. Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms -from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downwards	+1⊕	0	0
Did old symptoms" (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	0	0
Are there alternate causes (other than the medicine) that with a high probability- could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant intervention)	0	+1⊕	0
Was the health improvement confirmed by any objective evidence? (E.g. lab test, clinical observation, etc.)	+2⊕	0	0
Did repeat dosing, if conducted, create similar clinical improvement?	+1⊕	0	0
Total score	10		

Discussion

Earlier studies on Renal Calculi prove the effectiveness of Homoeopathic medicine administered on the basis of individualized homoeopathy. Here, in this study of case series, homoeopathic remedies were selected focusing mainly on the individualized presentation of different persons. The primary symptoms were pain in the region of kidney with or without painful micturition, lumbar pain, sediment deposition in urine, frequency of micturition etc. To these primary symptoms, the general and particular characteristics of the patient along with the peculiar modalities were added to frame the totality.

Therefore this study surely matches with the earlier findings that homoeopathy is effective in reducing the sufferings of Renal Calculi.

Homoeopathic medicines do act curatively in renal calculi, given on the basis of totality of symptoms. This validates to the observation of Dr. Hahnemann that in disease the subjective and objective symptoms are to be taken into account and along with the most probable exciting cause of the acute disease. But in chronic disease his moral and intellectual character, his occupation, mode of living and habit, social function and domestic relations, age, sexual functions are to be taken into consideration. Potencies depend upon the duration of the disease and constitution of the patient. Proper use of repertory in relation with material medica will help the patient to cure. The prescription based on Homoeopathic principles is the only key to achieve cure. Dr. Hahnemann has developed and nurtured Homoeopathy in such spirits that the patient's image and drug image are better matched.

CONCLUSION

The outcome of the treatment based on IH was favorable. We considered the physical nature of the pain as prognostic indicators. The size of the swelling and the pain manifestations reduced significantly with treatment. MONARCH inventory scores were 10 for all the 3 cases which suggested a “definite” causal attribution between the medicine and the outcome.

Declaration Of Patient Consent

The authors certify that they have obtained appropriate patient consent form. In the form, the patients have expressed their willingness and agreed that their images and other clinical information to be reported in the journal. The patients have understood that their names and initials are not included in the manuscript and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Acknowledgment

The authors deeply acknowledge the institutional head of NEIAH for allowing us to collect data for the case reports. We gratefully acknowledge the active cooperation and participation made by the patients and the supporting staffs.

Financial Support And Sponsorship

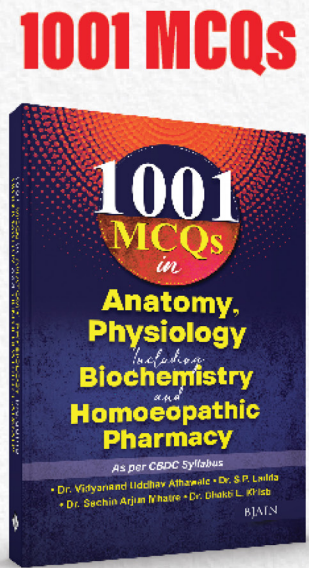

Nil.

Conflicts Of Interest

None declared.

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A Case report on Attention Deficit Hyperactivity Disorder (ADHD)

Dr. Devanshi Shah, Dr. Rani Teresa Suresh

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Keywords

Attention Deficit Hyperactivity Disorder, Drawing Analysis, Homoeopathy, *Phosphorous*.

Abstract

Attention Deficit Hyperactivity Disorder (ADHD) includes a combination of persistent problem such as difficulty sustaining attention, hyperactivity and impulsive behaviour. Homoeopathy through its holistic individualised approach helps in such condition. An 8-year-old boy's mother presented with complaints of hyperactivity and indifferent nature since he was 4-year-old. Homoeopathic medicine *Phosphorous* was selected and administered on the basis of individualised case analysis. It showed positive effect in treatment of ADHD

Introduction

Attention deficit hyperactivity disorder (ADHD) is a disorder that manifests in childhood with symptoms of hyperactivity, impulsivity, and/or

inattention. The symptoms affect cognitive, academic, behavioural, emotional, and social functioning.

With a prevalence of over 5%, attention deficit hyperactivity disorder is one of the most frequent disorders within child and adolescent psychiatry. (3)

The diagnostic and statistical manual of mental disorder 5th edition (DSM-5) outlines the criteria used to make a diagnosis of ADHD For children to be diagnosed, the following conditions must be met.

1.6 or more symptoms of inattention and hyperactivity and impulsivity were present for past 6 months.

2.enough symptoms are present in two or more settings (e.g., At school and home).

3.Symptoms interfere with or reduce the quality of social school or work function. (7)

Predominantly Inattentive Presentation	Predominantly Hyperactive, Impulsive presentation	Combined presentation
Do not pay close attention to details, makes careless mistakes. Have difficulty staying focused. Do not appear to listen. Struggles with following instructions. Have difficulty getting organised. Avoid or dislikes tasks that requires lot of mental efforts. Lose things, are easily distracted. Forgets to do daily activities.	Fidgets with hands or feet, squirms in seat. Have difficulty staying seated. Run around or climb excessively. Having difficulty working or playing quietly. Always "on the go" motorized. Talk a lot. Blurt out answers before a question has been finished. Have difficulty waiting. Interrupt or intrude upon others	Children are hyperactive impulsive and have trouble paying attention.

Case Report

An 8-year-old boy's mother who was eager to get some help for her son's hyperactive and indifferent nature since the age of 4 years but has increased during the lockdown period.

Presenting complaint as given by the mother

The boy does whatever he wants to do and answers only when he wants to. He does not interact with others; he is in own world of imagination and he is very restless and difficult to control. He also gives answers in an innovative way. For example when he is tired, he says that his battery is low. His behavioural problem was also reflected in the classroom and caused troubles at school. He stands up between class and speaks his imagination and disturbs the class. He remembers everything which is taught to him but leaves the paper blank in the exam even though he knows every answer. He makes mistakes of things which he knows very well but when asked he laughs. He acts foolishly to make others laugh. During studying times, he starts drawing out of his imagination and also has reasons for all his drawings. He speaks out bluntly whatever he feels without looking into situations which cause embarrassment to take him to any function or places. He identifies himself using the female suffix. He is very helpful and sensitive in nature. He is afraid of Loud voices, thunderstorms and firecrackers. He gets cold easily even in the slightest change of weather. He feels sad from small things but gets consoled easily. He is deeply attached to his mother. She described an incident where when he saw blood, he fainted one year ago then it was found that he fainted whenever he saw blood. He is very attached to a teacher in his school and even said he will impress her and propose to her. He beats his twin sister when his mother praises his sister (He does not like his mother's love to be shared with anyone).

Family history

No history of psychiatric or behavioural illness in the family.

Milestone

Delayed speech started speaking words by 4 years.

Mother's obstetrical history

G3P2A1L3

1st pregnancy was normal girl child. Second child was aborted. 3rd pregnancy twins' caesarean section.

Mother's age during 3rd pregnancy 30 years.

Mother was stressed during pregnancy as she was married to an orthodox family and felt she has no support from anyone. She felt that she was left alone in her pregnancy.

Physical Generals

Constitution – Lean, thin

Appetite – Increased, hunger intolerable

Thirst – thirsty 3L per day

Craving – Sweet+++ (eats sugar using handful mother has to hide sugar tin), chocolates++ and juicy fruit.

Sleep – Sound and refreshing. Has to hug his pillow and soft toy and kiss them when going to sleep will not get sleep without it.

Thermal – chilly

Life space investigation

Child belongs to nuclear family. He has 2 siblings. One his elder sister and other being his twin sister.

Boy was active child from birth and his activity increased since this covid lockdown.

Diagnosis

ADHD

According to DSM-5 and ICD- 10/11 combine criteria A1(inattention) and criteria A2 (hyperactivity and impulsivity) are met for more than 6 months.

Case Analysis



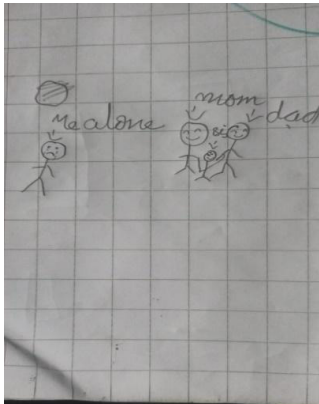
1



2



3



4



5



6

Drawing interpretation: (According to explanation given by patient and observation by physician):

The 2nd image shows direct expression of affection for the child's parents having emotional significance for child, reflecting a loving relationship within family (here should notice that he did not involve his siblings in this picture as he doesn't like to share the love he receives from his family), similar image 1 showing home equals to comfort zone, security. In image 3 rescue vehicles (imaginary vehicles) indicates a child's fascination with themes of safety, protection, heroism and positive association with helping others (sympathetic). Images 4 and 5 have been drawn by him when he got angry showing feeling of uncared, unloved and forsaken. Last image shows competition (Animal quality – covers by *Phosphorus*).

Thus, the images also give us the confirmation of our remedy *Phosphorus*.

Totality of Symptoms

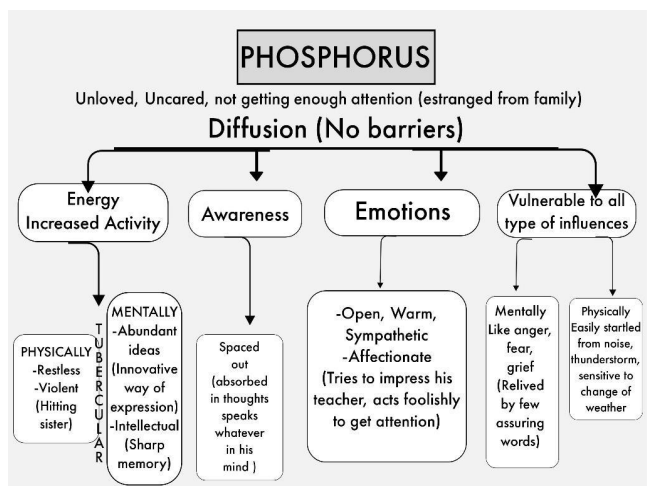
- Egoistic
- Living in imaginary world
- Artistic - Creative
- Laughing foolishly
- Fear of thunderstorm
- Beating, violent
- Jealousy
- Desire for Sweet

Treatment Plan

- Indicated homoeopathic medicine
- He was advised to join drawing classes and sports to channelise his energy.

Selection of Remedy (13/04/2023)

- Phosphorous* 1M Single dose
- Sac.lac* 30 OD for 1month



Details of Treatment

DATE	FOLLOW UP	PRESCRIPTION
15/05/2023	There was slight decrease in his irrelevant talking nature and now he is little bit calm.	<i>Sac.lac 30</i> OD for 2 months
17/07/2023	He is calm, interactive, concentrates in studies, he can express his emotions well.	<i>Sac.lac 30</i> OD for 2 months
25/01/2024	He is doing well in his school no other complaints	No medication given

CONCLUSION

Homeopathy through its holistic approach, acts on whole body improves child both mental and physical health, it improves child’s attention

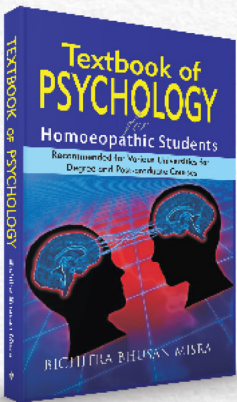
reduces their hyperactivity and make them calmer and more obedient.

ADHD, a kaleidoscope of swirling thoughts and boundless creativity, transform a mind into vibrant canvases where ideas dance with unbridled energy. In this chaotic symphony focus becomes a fleeting muse, guiding artist through a mesmerizing journey of impulsivity and innovations. ADHD, not a limitation, but a unique palette of colours that paint the world in extraordinary hues.

Drawing analysis helps to understand children’s psychology as it provides a unique window into their inner world. Through art, children’s express thoughts and emotions they might struggle to articulate verbally. It also helps to gain insight into their cognitive and emotional development. This non – intrusive method enables professionals to build rapport with children and helps uncover hidden concerns, ultimately fascinating more effective and tailored interventions.


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Enlighten the Effects of Homeopathy in the Management of Autism spectrum disorder (ASD) : A Case Study

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Keywords

Autism Spectrum Disorder (ASD), Homoeopathic Treatment, ASD Management, Natrum muriaticum Autism, Neurodevelopmental condition in children.

Abstract

Autism, clinically referred to as Autism Spectrum Disorder (ASD), is a neurodevelopmental disorder characterized by persistent challenges in social interaction, communication, and behavior. Individuals with autism may exhibit a wide range of symptoms and severity levels, leading to the classification of autism as a spectrum disorder.¹ This article enlightens the efficacy of homeopathic treatment in a case study involving a 4.5-year-old child diagnosed with Autism spectrum disorder (ASD). Conventional therapies, including behavioural interventions and occupational therapy, have been implemented with limited improvement, the child's parents sought homeopathic therapy as a treatment approach. Employing the principles of individualization and holistic healing, we prescribed a treatment plan utilizing specific remedies tailored to the child's unique symptom profile. Over a few follow ups of treatment, the child demonstrated

gradual improvements in social interaction, communication skills, behaviour management, sensory sensitivities, and overall well-being. This article explores the efficacy of homeopathic treatment of autism in a case of a child along with psychotherapy.

Introduction

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental condition characterized by challenges in social interaction, communication, and repetitive behaviour. Common features of autism include difficulties in understanding and interpreting social cues, challenges in forming and maintaining relationships, repetitive behaviours, and restricted interests. Autism typically manifests in early childhood and can have a significant impact on various aspects of an individual's life, including education, employment, and daily functioning.² While there is no known cure for autism in other systems of medicine, various interventions aim to improve symptoms and enhance the quality of life for individuals with ASD. Among these interventions, homeopathy has gained attention for its holistic approach and potential benefits in managing autism symptoms. This article delves into the efficacy and potential benefits of Natrum

Muriaticum in children with autism. Natrum Muriaticum, also known as Nat Mur or Sodium Chloride, is a mineral-based homeopathic remedy derived from common table salt. In homeopathy, Natrum Muriaticum is indicated for individuals who exhibit characteristics such as emotional suppression, grief, sensitivity, and difficulty expressing emotions.³ Proponents of homeopathy suggest that Nat Mur may address underlying imbalances in the vital force and support emotional well-being, potentially benefiting individuals with autism.⁴

Understanding Homeopathy

Homeopathy is a holistic system of medicine founded by Samuel Hahnemann in the late 18th century. It is based on the principle of “like cures like,” where substances that produce symptoms in healthy individuals are diluted and administered in minute doses to stimulate the body’s natural healing processes.⁵ Homeopathy considers the individual as a whole, taking into account physical, mental, and emotional aspects of health.⁶

Efficacy Of Homeopathic Medicines In Autism^{7,8}

Several homeopathic medicines have been explored for their potential efficacy in managing Autism Spectrum Disorder. These remedies are selected based on the individualized assessment of each patient’s symptoms, temperament, and overall constitution. Some commonly used homeopathic medicines for autism include:

Stramonium: Indicated for individuals with intense fears, speech difficulties, and aggressive or violent behaviours.

Tarentula hispanica: Recommended for restless, hyperactive children with a tendency to engage in repetitive behaviours.

Carcinosin: Prescribed for sensitive, perfectionistic individuals with a history of developmental delays and anxiety.

Hyoscyamus: Suitable for individuals exhibiting excessive speech, jealousy, and attention-seeking behaviours.

Baryta carbonica: Useful for individuals with

delayed development, social immaturity, and shyness.

These homeopathic medicines, among others, are selected based on the totality of symptoms presented by each individual with autism. Homeopathic treatment aims to address the underlying imbalances contributing to autism symptoms and support the body’s innate healing mechanisms.

Clinical Evidence and Case Studies

While controlled clinical trials evaluating the efficacy of homeopathic medicines in autism are limited, anecdotal reports and case studies suggest promising results. Many parents and caregivers report improvements in various aspects of their child’s behaviour, communication, social skills, and overall well-being following homeopathic treatment.⁹ These improvements may include enhanced speech and language development, reduced sensory sensitivities, improved emotional regulation, and better social interaction.

Case Studies and Clinical Observations^{10,11}

Several case studies and anecdotal reports suggest the potential efficacy of Natrum Muriaticum in children with autism. These observations highlight improvements in various aspects of autism symptoms, including:

Emotional Regulation: Children receiving Natrum Muriaticum may demonstrate enhanced emotional regulation, reduced irritability, and improved coping mechanisms.

Communication: Speech and language development may show improvement, with children exhibiting increased verbal expression and comprehension.

Social Interaction: Nat Mur may facilitate greater ease in social interactions, promoting engagement, empathy, and understanding of social cues.

Repetitive Behaviours: Reduction in repetitive behaviours and rituals, such as hand-flapping or spinning objects, has been noted in some cases.

Sensory Sensitivities: Children may experience a

decrease in sensory sensitivities, leading to greater tolerance of sensory stimuli and environments.

Challenges and Considerations

It's essential to acknowledge that the evidence supporting the efficacy of Natrum Muriaticum in autism primarily consists of anecdotal reports and clinical observations. Controlled clinical trials evaluating the specific effects of Nat Mur in autism are limited, warranting further research to elucidate its mechanisms of action and therapeutic potential.¹²

Case Report

Background

A diagnosed case of autism spectrum disorder of 4.5-year-old female child come to opd on 5/4/2023 for the treatment of autism. The child exhibits symptoms such as social withdrawal, communication difficulties, repetitive behaviours, and sensory sensitivities. Conventional therapies, including behavioural interventions and occupational therapy, have been implemented with limited improvement.

Patient Profile

Age – 4.5 Years

Gender – female child

Patient's Symptoms

Child is less responsive, do not want to communicate

Sensory sensitivities, start weeping without reason

She is attention seeker and less interactive.

She suffers moderately from a pressing headache.

Child is premature born at 33 weeks.

She had craving for fruits.

She suffered from pulmonary haemorrhage soon after birth. She is anaemic.

Physical Generals

APPETITE – Normal

CRAVING- Fruits (apple, bananas) , salty things

STOOL- satisfactory

SWEAT – profuse more in head and neck. Sweat while eating.

SLEEP - disturbed

THERMALS – Hot

Mentals

Child is stubborn.

Oversensitive

She does self harm

She responds less as well as less interactive.

Irritable nature. When sad, she likes to stay alone and leaves the room and becomes irritable.

Repertory / Rubrics¹³

Generalities, chlorosis

Head, Pain pressing, morning

Mind, consolation aggravation, sympathy

Mind, morose, fretful

Mind, thought, self harm

Mind, irritability

Mind, Oversensitivity

Stomach, desires, fruits

Stomach, desires, salt things.

Selection of Remedy

Natrum Mur is selected on the basis of symptoms like morose, consolation aggravates, her anaemic state, pressing headache and desire for salt.

Prescription

5/4/2023: Natrum Mur 200 x 1 dose followed by therapeutic basis medicine Stramonium 30 BD for 15 days.

RX

Natrum Mur 200 x 1 Dose

Stramonium 30 BD / 15 days

Follow Up Details

Date of Visit	Improvement Assessment / Follow Up	Medicine Prescribed
21/04/2023	Irritability reduced after 2-3 days of prescription and she didn't self harm again till today. Major complaints of less social interactions improved 50%. Patient mood became talkative and come with a big smile on face , also reduce head pain. Slight complaint of bloating, flatulence after eating fruits.	RX: Natrum Mur 1M x 1 Dose SBR 30 TDS / 15 days
8.05.2023	No Irritability, No anger, No head pain Good social interactions, start to talk with everyone Improved bloating, flatulence after eating fruits Complain of weeping without reason, She wants attention from parents all time & suddenly wake up at night, Fear from darkness.	Rx: Stramonium 30 BD / 15 days
30.05.2023	No new complaints, Answer quickly & do not want to stay alone, playing with children & mix-up easily Sleep disturbed & start weeping during sleep Fear from darkness.	RX: Natrum Mur 1M x 1 Dose SBR 30 TDS / 15 days
14.07.2023	No new complaints Sound sleep, no fear from darkness answer, parents told that she is happy & totally fit now.	Rx SBR 30 TDS / 15 days

CONCLUSION

ASD typically manifests in early childhood and can have a significant impact on various aspects of an individual's life, including education, employment, and daily functioning. While the exact cause of autism remains unclear, it is believed to involve a combination of genetic, environmental, and neurological factors. Early diagnosis and intervention are essential for improving outcomes and supporting the unique needs of individuals with autism throughout their lifespan.¹⁴ While individual responses to homeopathic treatment may vary, the case study highlights the potential efficacy of homeopathy as a holistic approach in managing autism spectrum disorder in children. By addressing the underlying imbalances in the body's vital force, homeopathy aims to promote holistic healing and symptom improvement. Further research and larger-scale studies are warranted to better understand the mechanisms and long-term outcomes of homeopathic treatment for autism. Although homeopathy along with behavioural interventions and occupational therapy offers a promising avenue for supporting the health and development of children with autism.

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A Case Study of How Individualized Homoeopathic Medicine was used to Improve the Behavior of A Child With ADHD

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Keywords

ADHD, Case Report, Homoeopathy, Individualized Medicine, Tuberculinum Bovinum

Abstract

Attention-deficit hyperactivity disorder (ADHD) is the commonest juvenile psychiatric disorder distinguished by symptoms of inattention, hyperactivity and impulsivity. ADHD has a long term detrimental influence on a person's academic, professional, and social emotional development, which lowers their quality of life and makes it a major public health concern. As a result of lengthy, costly, and unclear treatments, more and more parents are turning to homoeopathy as a safe and economical way to cure their trouble-makers after they are labelled. A 10-year-old child diagnosed with ADHD (combined type) presented to the OPD after having consulted various physicians in succession in search of effective treatment. The child received individualized homoeopathic medicine. Every 3 months, the parent completed, short-form Conner's parent rating scale was used to measure the outcome. Throughout the course of one years, this example illustrates the value of individualized homoeopathic treatment

in changing the state of ADHD.

Introduction

Attention-deficit hyperactivity disorder (ADHD) is one of the most common neurobehavioral disorder^[1]. There are differences in the prevalence rate of ADHD among children, adolescents and adults. The mean prevalence of ADHD in children and adolescents worldwide is 5.5% [range: 0.1-8.1%], with a higher incidence in the US. Around 5 to 7% of school-age children have ADHD, with boys being more susceptible than girls at 2.5%^[2]. According to official diagnostic guidelines, inattention and hyperactivity-impulsivity are two related sets of symptoms or cognitive deficiencies that together constitute a neurodevelopmental disease known as ADHD^[3]. The diagnostic and statistical manual of mental disorders, fifth edition states that in order to be diagnosed with Attention Deficit Hyperactivity Disorder(ADHD), A child or younger adolescent must demonstrate six of the nine attention symptoms (such as difficulty waiting their turn or being on the go). Furthermore, the symptoms must appear for a minimum of six months, take place in two distinct settings (for example, at home and at school or at school and extracurricular activities), occur before the age of twelve, and not

to be consistent with any other disorder (such as anxiety, conduct disorders, speech or language delay, or other developmental disorders)^[4].

Case Report

A case of 10 year- old male children was brought by his parents to the pediatric out- patient department of R.B.T.S. GOVT. HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL MUZAFFARPUR, BIHAR with the complaints of hyperactivity, impaired attention, anger and irritability, incoherent speech and difficulty in comprehension. He came to us for help after attempting to see other doctors for two years and receiving a diagnosis of combined type ADHD without any other psychiatric complication. At term, a healthy 2.5kg infant was delivered. The child's physical development, cognitive, emotional, and social maturation, as well as its crawling, walking, and telling, all happened on schedule. Parent's says their child was very active and bright. By 6 months of age, the infant was babbled in monosyllabic words, and by one year, he was speaking for to six words. The boy was sent to school at age three since he was an active child. But with time, he started skipping class and started acting disrespectfully towards his teachers. As a result, his academic performance, which was average, further deteriorated. The school advised the parents to seek assistance from a health expert or neurologist or to temporarily remove him from school due to his poor performance, lack of interest, and violent attitude towards his classmates. His parents forced him to attend a new school. Along with his weight loss, his health started to deteriorate. The child's impatience increased with time as he demanded more and more from his parents. If they were not met right away, he would become irate and misbehave. But his parents only cared about his academic success, not his other behavior, which they thought would change as he grew older, so they continued to comply with his demands. The child was diagnosed to be having hyperactive-impulsive and inattentive type ADHD from a recognized government hospital and thereafter

the pediatrician instructed medication and speech therapy which commenced at the age of 6yrs, his parents reported that during the above mentioned course of medication, the child would spend the entire day sleeping. Their worries intensified, and after a year they stopped the treatment. Eventually speech therapy was also abandoned owing to a lack of time. His parents searched for a cure for their son for the following 2yrs, visiting several doctors, but their boy did not show any sign of improvement. The mother experienced some stress throughout her pregnancy due to her family's financial situation, but other than that, the child had a full immunization history and no noteworthy family or intrauterine history. Her family came from a middle-class socioeconomic background. The child was prone to colds and had a bed-wetting (5-6 time per week) issue until he paid us a visit. The boy, in general, was quite interested in watching television (especially cartoon), as well as playing video games and mobile apps. He became aggressive and started using foul language when he was told to stop, throwing toys and other objects around. The child was very short-tempered, restlessness and fidgety. Sleep disturbed.

Family History

- Mother – Tuberculosis
- Maternal uncle and aunty – Tuberculosis

Past History

Frequent attack of pneumonia, allergic rhinitis.

Physical Generals

- Thirst – 2-3L/ day, habit of drinking small amount of water at short interval.
- Desire – cold food and drink, sweet
- Thermal reaction – hot
- Appetite – good
- Dislike – meat

Analysis and Evaluation of Symptoms

S.no.	Symptoms	Rubrics	Analysis	Evaluation	Miasm
1.	Child abusive with his parents	Mind – Abusive- children- parents children insulting.	Mental general	+++	Syco-syphilitic
2.	The child become angry, and throw things	Mind – anger – children in	Mental general	+++	Psoro- syphilitic
3.	The child shows behavior problem	Mind – BEHAVIOR PROBLEMS – Children; in	Mental general	+++	Syco- syphilitic
4.	The child has difficult comprehension	Mind – dullness – children in	Mental general	+++	Psoro- syphilitic
5.	The child become irritable	Mind – irritability- children in	Mental general	+++	Psora- sycotic
6.	The child become restlessness	Mind – restlessness, children in	Mental general	+++	Psora
7.	Tendency of bed- wetting at night during sleep	Bladder – urination involuntary night	Particular general	+++	Psora- syphilitic
8.	Family history of tuberculosis	Generals – family history of, tuberculosis	Physical generals	+++	PSORO- syphilitic
9.	Aversion to meat	Generals – food and drink, meat – aversion.	Physical generals	+++	Syco- syphilitic
10.	Desire for sweets	Generals – food and drink,- sweet- desire	Physical generals	+++	Psora
11.	Thermal reaction - hot	Generals – heat – sensation of	Physical generals	+++	Psora

Clinical Assessment

Conner’s’ Parent Rating Scale-Revised-Short Version (CPRS: R-S) was used every 3 months which provides self- assessment of severity of ADHD symptoms on a 4- point scale (not at all,0; just a little, 1; pretty much, 2; and very much, 3). The baseline CPRS: R-S Score of the boy was 76.

Repertorisation By Synthesis Repertory [5]

Clipboard 1

- 1. MIND - ABUSIVE - children - parents; children insult... (20) 1
- 2. MIND - ANGER - children; in (44) 1
- 3. MIND - BEHAVIOR PROBLEMS - children; in (32) 1
- 4. MIND - DULLNESS - children, in (38) 1
- 5. MIND - IRRITABILITY - children, in (63) 1
- 6. MIND - RESTLESSNESS - children, in (93) 1
- 7. BLADDER - URINATION - involuntary - night (188) 1
- 8. GENERALS - FAMILY HISTORY of - tuberculosis (29) 1
- 9. GENERALS - FOOD and DRINKS - meat - aversion (281) 1
- 10. GENERALS - FOOD and DRINKS - sweets - desire (403) 1
- 11. GENERALS - HEAT - sensation of (347) 1

	tub.	lyc.	sulph.	charn	merc.	nik-v.	med.	calc.	phos.	sep.	zinc.	calc.	sil.	phus-t.	chin.	cina	mag.c.	staph.	bell.	kali.c.	op.	psor.	syph.	agar.	lach.	thuj.	du/c.	graph.	ars.	carb-v.	ip.	caust.	hep.	stram.	cupr.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
11	10	9	9	9	9	9	9	8	8	8	8	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	6	6	6	6	6	6	6	6	6	
22	19	19	17	15	13	11	9	13	13	11	15	15	14	12	12	10	10	9	9	9	9	9	8	8	8	7	11	9	9	9	8	8	8	8	7	7

Repertorial Analysis

1. Tuberculinum Bovinum – 22/11
2. Lycopodium – 19/10
3. Sulphur – 19/9
4. Chamomilla – 17/9
5. Mercurius solubilis – 15/9

Therapeutic Intervention

After case taking on a standard case taking Proforma, totality of symptoms was built for the patient based on the emaciated look, hyperactive, abusive, and irritable temperament; habit of biting and throwing things around, dislike for meat; desire for sweets, cold food and drinks, awakens at slightest noise, wakes up frightened and tendency to catch cold easily^[6-7], we prescribed

Tuberculinum Bovinum 1M / 1 dose on 30.12.2022. Repertorisation was done by synthesis repertory. After Repertorisation Tuberculinum Bovinum cover the maximum number of rubrics and gain the highest marks. Then after contacting with homoeopathic materia medica of various author, Tuberculinum Bovinum was prescribed.^[5]

Follow- Up

The patient was followed up every month for one years, during which there was gradual behavioral and cognitive improvement. At the fifth visit keeping in mind the standstill condition of the case, Tuberculinum 10M was given. Moreover, the score was also reduced from 76 at the baseline to 8 within one years, anger and irritability was reduced first, followed by hyperactive and impulsive behavior and then lastly concentration was improved.

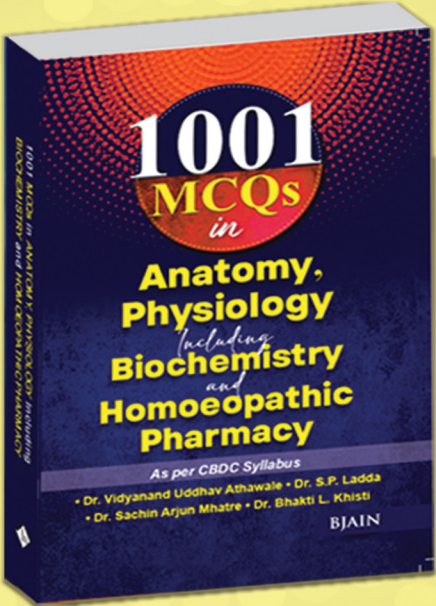
Date of visit	Symptoms	CPRS; R-S Scores (every 3 months)	Prescription
1 st visit	Anger slightly reduced. No other changes		Placebo
2 nd visit	The Patient was improved. Anger was diminished. Improvements in bed- wetting. (2-3 times/ week)		Placebo
3 rd visit	Still, anger was preferable. The Hyperactive behavior was marginally improved.	53	Placebo
4 th visit	There was a minor improvement in concentration. Sleep quality increased.		Placebo
5 th visit	Phase of condition standstill.		T u b e r c u l i n u m Bovinum 10M / 1 dose
6 th visit	Patient improved by 40%. Bed wetting resolved. Concentration better.	37	Placebo
7 th visit	With all the complaints, the patient felt better. No new complaints.		Placebo
8 th visit	Aggressive behavior accompanied by increased rage. Activity grew. The generals never change.		T u b e r c u l i n u m Bovinum 10M/ 1 dose
9 th visit	Patient 60% better.	19	Placebo
10 th visit	Anger decreased significantly. Concentration improved, started school, spoke clearly and coherently, and significantly decreased hyperactive behavior.		Placebo
11 th visit	With all the problems, the patient felt better. The generals were excellent.		Placebo
12 th visit	Patient is 80% better. Reduced aggression, composed demeanour, school attendance, ability to understand instructions, clear speech, ability to ask for items on his own, and assistance to mother at home. All in all, excellent. Leaders were excellent. Nothing fresh to complain about.	8	Placebo

DISCUSSION & CONCLUSION

Individualized homoeopathic medicine was used to treat the aforesaid instance, which exhibited standard symptoms of ADHD such as impatience, aggression, poor concentration, and inattention. Using the CPRS: R-S, the child's development was tracked every 3 months. Behaviour, socio-domestic relationships, and the patient's ADHD symptoms all markedly improved. Homoeopathy is a rationalized medical therapy that employs highly diluted chemicals selected according to each patient's individual symptoms to effectuate healing. Nevertheless, there is currently very little high-quality research on the complementary and alternative medicine's therapeutic efficacy in treating ADHD patients.^[8] ADHD patients may have significant disruptions in their families, careers, schools, and social activities, which can negatively affect their families, carriers, schools and social activities, which can negatively affect their quality of life. This case study demonstrates how individualized homoeopathic treatment can improve ADHD symptoms over the course of one year's using a single medication that has no side effects.

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Homeopathy For Behavioral Problems in Children

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Keywords

Nocturnal enuresis, bedwetting, enuresis, homoeopathy, single dose, peculiar symptom.

Abstract

Nocturnal enuresis (NE) is involuntary urination that occurs at night during sleep without any inherent suggestion of frequency of bedwetting or pathophysiology. There are a number of treatment options available for NE; such as drug therapy, bladder training, positive reinforcement, and the enuresis night alarm. It requires patience, persistence and motivation. Several behavioural approaches can be used for treatment such as enuresis night alarm therapy and various skills oriented components. A thorough homoeopathic case taking and treating with an individualised homoeopathic remedy of single dose gives an assured result. Case with marked peculiar symptom can be made basis of prescription and not all cases requires repertorization.

Introduction

Nocturnal enuresis (NE) is defined as “involuntary voiding of urine that occurs while sleeping that can happen at an inappropriate and socially unacceptable time and place” and due to which its negative impact occurs on the quality of life of the affected children and their families. It is most common in boys, with a ratio of three boys for every girl until the age of 15. Enuresis should be differentiated from continuous or intermittent incontinence or dribbling. The bed is usually soaking wet in enuresis, compared to incontinence in which there is loss of urine without normal emptying of the bladder.

More than 85% children attain complete diurnal

and nocturnal control of the bladder by five years of age. The remaining 15% gain continence at approximately 15% per year, such that by adolescence only 0.5-1 % children have enuresis. Up to the eleventh year, enuresis is twice as common in boys as it is in girls; thereafter, the incidence is similar or slightly higher in girls.

Enuresis is called primary when the child has never been dry and secondary when bed wetting starts after a minimum period of six months of dryness at night.

Enuresis may be comorbid with mood and emotional disorders and also has a high level of comorbidity with attention deficit hyperactivity disorder (ADHD). Part of emotional disorder such as anxiety, expression and insomnia are experienced by persons who have elimination disorders related to distress and social stigma

Classifications

- Enuresis classified on the basis of the time of occurrence into the following three subtypes:
- Nocturnal Enuresis: Passing urine during sleep.
- Diurnal Enuresis: Leakage of urine during waking hours.
- Monosymptomatic or uncomplicated NE: Normal voiding at night with absence of symptoms.
- Polysymptomatic or complicated NE: Bedwetting at day time with symptoms urgency, frequency, constipation and encopresis.
- Nocturnal and diurnal Enuresis, also known as nonmono-symptomatic enuresis.

Aetiology

NE is hereditary, children whose parents were not enuretic have only a 15% incidence of bedwetting and when one or both parent were enuretics, the rates increases to 44% and 77% respectively

From the difficulty in waking up when the bladder is filled.

excessive nocturnal urine production and nocturnal bladder hyperactivity

Can be drinking late in the evening or not passing urine before going to sleep, resulting in excessive urine volume.

Another cause may be a low amount of antidiuretic hormone during the night which controls the production of urine.

Goals of treatment

The following are goals of management for Nocturnal Enuresis:

- To stay without bedwetting on particular occasions such as sleepover at night or day.
- To decrease the frequency of wet nights.
- To decrease the impact of enuresis on the child and family.
- To avoid recurrence of bedwetting.
- For achieving the above goals lifestyle and behavioural changes play an important role.

Primary management of enuresis is behavioural modification and positive reinforcement and it should be start with educating the child as well as parents about the condition, which can be achieved through :

- Behavioural Management.
- Night urine alarm therapy.
- Pajama (Under wear) Device
- Mechanism of action of Night urine Alarm Device
- Waking schedule

CASE REPORT

A female patient of age 10 years visited our A. M. Shaikh Homoeopathic Hospital on 22/07/2019 with her father who described her case in detail with the presenting complaint of Bed wetting

since 5 years.

History of presenting complaints

Patient came with the complaint of bed wetting at night and daytime as well; there is no single dry night since 5 years. At times she passes urine 2-3 times at night and once during her day/evening sleep.

No H/O Night terrors or Nightmare.

Treatment history

Has consulted an allopathic paediatrician for the above mentioned complaint and was on treatment for 3years with no desirable improvement, so wilfully seeking homoeopathic treatment.

Past history

No H/O any major illness or any remarkable events occurred since birth.

Family history

Nothing significant. No family history of enuresis.

Milestones

Neck holding - 4th month

Monosyllable speech – 7th month

Crawling – 9th month.

Sitting without support by 10th month.

Walking without support – 14th month.

Normal speech with meaningful words – after 18 months.

Personal History

- Diet : Vegetarian,
- Appetite :Not adequate, hardly eats a roti at times.
- Thirst : 1 – 1.5 ltrs / day,
- Micturition : D/N : 3-4/2-3,
- Stools : Once/day, Regular, Soft.
- Desires : Spicy food.

Life Space Investigation

- *Birth history* : Full term normal hospital delivery. Mother had an absolutely healthy pregnancy throughout the term. Mother was not a known case of Hypertension, Diabetes Mellitus, Hypothyroidism. No H/O any insult

(injury) at birth.

- *Post delivery – till date* : Patient is born and brought up in Kadoli, Belagavi. No remarkable events since birth. She is good at studies, mingles with people easily. She participates in debates and speaks freely without fear before people and she has won in almost all the debates she has participated in. Yet she is timid. She cannot take / tolerate when other people are quarrelling (reaction sympathetic). She is so sensitive- she cannot even tolerate the fight in movies and serials. If she sees any beggar on the road she tends to lend her tiffin.

General Physical Examination

Patient is moderately built and moderately nourished, No pallor, cyanosis, icterus, clubbing, oedema, lymphadenopathy, Temperature : 98.6° F. (Afebrile), Thermals : Hot, Height :129cms, Weight :26kgs, Birth Weight : 2.75kgs, Pulse rate :84 bpm, Respiratory cycle : 18cpm.

Clinical diagnosis : Primary enuresis.

Totality of symptoms

- Bedwetting at night and daytime.
- Desire: spicy food.
- **She cannot tolerate when other people are quarrelling (reaction - sympathetic), She is that sensitive she cannot even tolerate the fight in movies and serials. If she sees any beggar on road she tends to lend her tiffin**
- Hot patient.

Analysis of symptoms

Common symptoms	Uncommon symptoms
Bed wetting.	She cannot tolerate when other people are quarrelling.
	Timid but speaks in public.
	Desires spicy food

Prescription: Causticum 200 HS 1 dose

Basis of prescription : This case has been prescribed without repertorization as I found the substantial / peculiar symptom (sensitive to emotional disturbances) for prescription while case taking.

Follow up : (written as expressed by father)

29/07/2019

Father said the patient has passed urine only twice during her sleep since last week.

Complaints are better by 50%.

Prescribed Placebo BD for 15 days.

19/08/2019

Patient has passed urine during day sleep only once since past 10days.

No bedwetting at night since 10 days.

Appetite has improved, father said she herself asks and have food.

Patient is better by 75%.

Prescribed Placebo BD for 15 days.

03/09/2019

Bedwetting only once at day sleep and no bedwetting at night since 1 month.

Feeling generally better.

No fresh complaints.

Prescribed Placebo BD for 15 day.

CONCLUSION

Enuresis can be successfully treated with detailed homoeopathic case taking with individualised homoeopathic medicine along with encouragement, a positive attitude and motivation are important components of treatment to become dry. Punishment and criticism has no role to play in care. Children with enuresis always benefit from a caring attitude of parents. A positive approach by the physician and caretaker is also an important role to play for putting confidence and to increase compliance.

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A Case Report on Multiple Boils Treated with Individualized Homoeopathic Medicine

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Keywords

Homoeopathy, boil, Staphylococcus aureus, individualisation.

Abstract

A **boil** is an infection of the hair_follicle. It is most commonly caused by infection of the bacteria Staphylococcus_aureus, resulting in a painful swollen area on the skin filled with pus and dead tissue. It gets incised by another system of medicine but in homoeopathy, only through medication it can be healed from its root. Here is one such case of multiple boils treated with individualized homoeopathic medicine.

Abbreviations

OPD: outpatient department, HIV-Human immunodeficiency virus.

Introduction

Boils, also known as furuncles, represent a skin condition characterized by the localized infection of hair follicles. These are painful, pus-filled lumps caused by the infection of bacterium Staphylococcus aureus which infiltrates and inflames one or more hair follicles, leading to a distinctive inflammatory response⁽¹⁾

Epidemiology

- **Prevalence-**Boils are relatively common, and their prevalence can vary across different populations. Factors such as age, gender, socioeconomic status, and hygiene practices can influence the occurrence of boils.
- **Age and Gender-** Boils can affect individuals of any age, but adolescent boys are more susceptible.
- **Risk Factors-** Certain risk factors increase the likelihood of developing boils. These include compromised immune function, diabetes, poor personal hygiene, crowded living conditions, and skin conditions that cause breaks in the skin.
- **Underlying Medical Conditions** Individuals with certain underlying medical conditions, such as diabetes, scabies and atopic dermatitis, HIV etc

Clinical Features

- **Symptoms:** Pain, often throbbing. Constitutional symptoms, if severe lesion.
- **Morphology:** Usually 1-2cm tender, firm, red follicular nodules which becomes necrotic and discharge their central core. lesions heal with barely perceptible scarring⁽²⁾
- **Stages of Progression**

- **Initial Stage (Folliculitis):** It often starts as a red, tender, and slightly swollen bump on the skin.
- **Pustule Formation:** The affected area progresses into a pustule, which is a small, elevated lesion filled with pus. The pustule is usually painful.
- **Nodule Formation:** The boil further evolves into a larger, more painful nodule.
- **Abscess Formation:** As the infection progresses, the nodule can turn into an abscess.
- **Rupture and Drainage:** Eventually, the boil may rupture, allowing the pus to drain out.
- **Healing:** After the boil drains, the healing process begins⁽³⁾
- **Carbuncle:** A carbuncle is a larger and more severe skin infection than a single boil. It involves a cluster of interconnected boils and may cause more extensive tissue damage.
- **Abscess:** While boils are a type of abscess, other abscesses can occur in different body parts, such as dental abscesses or perianal abscesses, which may have different causes.
- **Herpes Simplex Virus (HSV) Infection:** HSV infections can cause painful, fluid-filled blisters that may be mistaken for boils. These lesions are typically associated with tingling or itching.
- **Molluscum Contagiosum:** This viral skin infection can present as small, raised bumps with a central indentation, resembling boils. However, molluscum contagiosum is caused by a poxvirus and not bacteria
- **Hidradenitis Suppurativa:** This is a chronic skin condition characterized by the formation of painful lumps, abscesses, and tunnels under the skin, often in areas with skin friction.
- **Cutaneous Anthrax:** Anthrax is a bacterial infection caused by *Bacillus anthracis*. Cutaneous anthrax can present as a painful ulcer with a central black eschar (scab), resembling a boil.
- **Lipoma:** While lipomas are typically benign fatty tumors, they can sometimes cause localized swelling under the skin that might be mistaken for a boil.
- **Pilonidal Cyst:** This is a cyst that forms in the cleft of the buttocks and can become infected, leading to the development of a painful lump that may resemble a boil.

Distribution

Boils can occur anywhere on the body but are commonly found on areas where friction, moisture, and hair follicles are present, such as the face, neck, armpits, buttocks, and thighs.

Aetiology

Deep-seated follicular and perifollicular infection mainly due to *staph. Aureus*

Diagnosis

- **Sporadic furunculosis:** pus culture sensitivity, if available
- **Recurrent furunculosis:** it requires further evaluation to rule out:

Underlying diseases: condition-infections, infestations and eczematous skin conditions, diabetes, HIV etc⁽²⁾

Differential Diagnosis

- **Cellulitis:** Cellulitis is a bacterial skin infection that affects deeper layers of the skin. It often presents with redness, warmth, and swelling but may lack the distinct center with pus seen in boils.

Complications

Ulceration, calcification, carcinomatous changes, rupture and sinus formation.

Case summary: This case was treated with individualised homoeopathic medicine

at the OPD of RBTS GOVERNMENT HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, MUZAFFARPUR, BIHAR. A 23-year-old female presented with complaints of multiple boils on dorsum of foot from 1 month and a half month Homoeopathic medicine Lachesis was given to the patient on the basis of individualistic approach. The size of the boils gets decreased eventually and lastly get cured. This case report showed that a correctly chosen homoeopathic medicine can be beneficial in the treatment of multiple boils.

Case history

A 23 years old, Hindu female reported in the surgery outpatient department of RBTS Government Homoeopathic Medical College & Hospital, Muzaffarpur, Bihar on 21/08/2023 Complaint of multiple Boils filled with dark blood mixed with pus.

They are extremely painful until they rupture, unable to rest the foot on ground- standing or walking is impossible. Congestive pain > elevation

Swelling++ over right foot, the skin has turned deep purple around the boils/wounds

Burning pain in open wounds, they start bleeding on keeping the foot down.

Past History –abdominal colic before 1 year for which she has taken allopathic medicines

Family history-

Mother- N/S Father – hypertension

Personal history – housewife

Physical Generals

- Outlook-lean and thin
- Tongue-black pigmented in middle
- Thirst – 3-4 Liter
- Appetite – Good

- Perspiration – Profuse from cervical region during sleep
- Thermal - hot
- Desire – spicy
- Aversion - Not specific
- Stool- firstly hard then loose
- Stool
- Urine -Normal
- Sleep - Sound
- Dream – Not specific

Mental generals

- Talktive, harsh while talking, wants company Hatred towards sister-in-law.
- Recently had a dream that her sister-in-law was being arrested and she was very happy.

Provisional diagnosis

BOIL

Figure 1 BEFORE TREATMENT



Figure 2 AFTER TREATMENT



Totality of symptoms

- Eruptions on skin
- Boils dark bluish in colour over lower limbs
- Pus filled boils oozing dark blood
- Boils burning in nature
- Pain aggravated standing while
- Pain aggravated by handing down the limbs
- Pain ameliorated when legs are kept at some height
- Soles are heat to touch
- Perspiration from cervical region mainly during sleep
- Harsh and Rough while Talking

Analysis And Evaluation of Symptoms with Miasmatic Analysis⁽⁴⁾

S.No	Symptoms	Analysis	Evaluation	Miasmatic Analysis
1	Eruptions on skin	physical general	++	Psora
2	Boils dark bluish in colour over lower limbs	particular general	+++	Syphilis
3	Pus filled boils oozing dark blood	particular general	++	Syphilis
4.	Boils burning in nature	particular general	+++	Sycosis
5	Pain aggravated standing while	Physical general	++	Psora
6	Pain aggravated by handing down the limbs	Physical general	++	Psora
7	Pain ameliorated when legs are kept at some height	Physical general	++	Syphilis
8	Harsh and Rough while Talking	Mental general	+	Syphilis
9	Soles are heat to touch	Particular general	+	Psora

Figure: 3 Repertorization from complete repertory

Symptoms Converted into Rubrics

SYMPTOMS	RUBRICS
Eruptions on skin, dark purple in colour	SKIN, ERUPTIONS, DARK BLUISH, PURPLE
boils dark bluish in colour over lower limbs	SKIN, BOILS, BLUE, DARK BLUISH, RED
pus filled boils oozing dark blood	SKIN, BOILS PUS FILLED, OOZING DARK, RED BLOOD
boils burning in nature	SKIN, ERUPTIONS, BOILS, FURUNCLES, BURNING
Eruptions present on lower limbs	EXTRIMITIES, ERUPTIONS, BOILS, FURUNCLES, LOWER LIMBS
pain aggravated standing while	EXTRIMITIES, PAIN, LOWER LIMBS, STANDING WHILE
pain aggravated by hanging down the limbs	GENERALITIES; HANGING DOWN LIMBS ; AGG
soles are heat to touch	EXTRIMITIES; HEAT, FEET SOLES
perspiration from cervical region mainly during sleep	BACK, PERSPIRATION, CERVICAL, REGION, SLEEP AGG
harsh and rough while Talking	MIND; HARSHNESS, ROUGH

Repertorization sheet

synergy Homeopathic Software

	Lach.	sulph.	Calc.	Lyc.	Bell.	Nux-v.	Hep.	Ph-ac.	Nit-ac.	Phos.	Sil.	sep.	Con.	Sanic.	Petr.	Ars.	Puls.	Rhus-t.
Total	21	18	16	15	14	12	10	10	11	11	11	10	8	8	10	9	9	9
Rubrics	8	7	6	6	6	6	6	5	5	5	5	5	5	5	4	4	4	4
Kingdom	Red	Blue	Blue	Green	Green	Green	Blue	Blue	Blue	Blue	Red	Green	Blue	Blue	Blue	Blue	Green	Green
Traditional miasms	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Yellow	Red	Red	Red	Green
R.R. - Mind; Unfeeling, hard- hearted(58)	2	2		1		1	1		1			1	1			1		
R.R. - Extremities; Heat; feet; sole(84)	3	3	2	3	1	2	1	2	1	2	2	2		2	3		3	
R.R. - Extremities; Eruption; boils; thigh(40)	3		2	2	2	3	2	1	3	1	3	2			2			1
R.R. - Extremities; Pain; lower limbs(346)	3	3	3	3	3	3	1	2	3	3	2	2	3	1	2	3	3	3
R.R. - Skin; Eruptions; boils, furuncles(131)	4	4	3	4	4	2	4	3	3	3	3	3	2	2	3	3	1	3
R.R. - Skin; Eruptions; boils, furuncles; dark bluish red(2)	1																	1
R.R. - Skin; Eruptions; blue, dark(14)	3	2			1												2	2
R.R. - Generalities; Hanging down; limbs hang down, letting; agg.(44)		2	3	2	3	1	1	1		2	1		1	1			2	
R.R. - Back; Perspiration; cervical region; sleep, in(9)	2	2	3					1							2			

Repertorial analysis

- Lachesis: - 21/8
- sulphur- 18/7
- calc- 16/6
- lycopodium. - 15/6
- belladonna: - 14/6

Repertorial selection

As LACHESIS covers maximum numbers of symptoms and got highest marks. After consulting with Materia-medica, Lachesis was chosen for prescription^(5,6)

Therapeutic intervention

After detailed case taking on a standard case taking Performa, the totality of symptoms was

Case Report

built for patient based on mental generals, physical generals, constitution, miasmatic background, past history etc. as per the homoeopathic principles.

After carefully analysing the mental and physical generals of patient, considering the repertorial result and referring back to homoeopathic MM,

Rubrum 30/1dramch /bd

Follow Up

Date Of Visit	Change Of	Medicine/ Dose	Justification
	SYMPTOMS	/POTENCY	
21/08/2023	Multiple boils on lower limbs	Lachesis /200/4dose/sugar of milk/4 globules/bd	On the basis of totality of symptoms
02/09/2023	Swelling of legs decreased	Pl30/1dramch/4 globules/bd	As improvement started
	Few boils started healing	Lachesis 200/2	Medicine repeated as per organon of medicine
18/09/2023		dose / sugar of	
		milk/od	
	Improvement	Rubrum 30/ 1	No change needed
5/10/2023	Progress no new boils formed	drachm/BD	
20/10/2023	Reappearance of normal skin started in some areas	Lachesis 200/2dose/od	Medicine repeated to enhance the activity of medicine
02/11/2023	Recovery	Pl30/1dramch/bd	Pl given for the satisfaction of patient

CONCLUSION

Here from this case, I concluded that many cases of multiple boils can be treated with homoeopathy medication without any harm and homoeopathy also prevent the further complications. In this case on the basis of individualisation of the patient by taking proper case taking; single simple homoeopathy medicine cured the case without any complication in easily comprehensible principles.

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a similimum was prescribed. Potency is selected as per susceptibility of the patient Individualised homoeopathic treatment was started with four doses of Lachesis 200 BD for 2 days. (7)

Prescription

Lachesis 200 twice a day x 2 days

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Behavioral Issues In Children: A Holistic Approach

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'Behaviour is Language of Trauma. Children will Show You Before They Tell You that They are in Distress' - Micere Keels

Abstract

Behavioral issues in children pose significant challenges to parents, educators, and healthcare professionals alike. This article explores the multifaceted nature of behavioral problems in children, delving into the contributing factors, potential consequences, and evidence-based interventions. By understanding the underlying causes and adopting a holistic approach, we can promote healthier development and well-being in our young population.

Behavioral issues in children encompass a wide range of challenges, including attention-deficit/hyperactivity disorder (ADHD), conduct disorders, oppositional defiant disorder (ODD), and more. These issues not only affect the child's immediate well-being but can also have long-term implications for their academic success, social relationships, and mental health. A comprehensive understanding of the contributing

factors is essential for effective intervention and support.

Contributing Factors

Genetic and Biological Factors: Research suggests a genetic predisposition to certain behavioral issues. Neurobiological factors, such as imbalances in neurotransmitters, may also play a role.

Environmental Influences: Adverse childhood experiences, family dynamics, socioeconomic status, and exposure to trauma can significantly impact a child's behavior. A stable and supportive environment is crucial for positive development.

Neurodevelopmental Disorders: Conditions like ADHD and autism spectrum disorders are often associated with behavioral challenges. Early identification and intervention are vital in managing these disorders.

Cognitive Factors: Cognitive deficits, learning disabilities, and difficulties in executive functioning can contribute to behavioral issues. Addressing these challenges can lead to improvements in behavior.

Consequences of Untreated Behavioral Issues

Untreated behavioral issues in childhood can lead to a variety of negative outcomes, including academic underachievement, social isolation, substance abuse, and mental health disorders. Timely intervention is crucial to mitigate these consequences and promote healthy development.

Evidence-Based Interventions:

Behavioral Therapy: Applied Behavior Analysis

(ABA) and other behavioral therapies have proven effective in addressing specific behaviors. These interventions focus on reinforcing positive behaviors and teaching new skills.

Parental Training: Educating parents on effective parenting strategies, communication skills, and behavior management techniques is essential. Parental involvement is a key component of successful intervention.

School-Based Interventions: Collaboration between schools and mental health professionals can create supportive environments for children. Individualized education plans (IEPs) and classroom accommodations can be tailored to meet the child's needs.

Pharmacological Interventions: In some cases, medications may be prescribed to manage symptoms, especially in conditions like ADHD. However, medication should be considered as part of a comprehensive treatment plan.

Conclusion: Behavioral issues in children are complex and multifaceted, requiring a holistic approach that considers genetic, environmental, and developmental factors. Early identification, intervention, and collaboration among parents, educators, and healthcare professionals are crucial for fostering positive behavioral outcomes. By addressing the root causes and implementing evidence-based interventions, we can empower children to overcome behavioral challenges and lead fulfilling lives. Ongoing research and community engagement are essential in advancing our understanding and improving outcomes for children with behavioral issues.

Management of Behavioral Issues in Children through Homeopathy

While conventional approaches often focus on behavioral therapy or pharmaceutical interventions, homeopathy offers a holistic and individualized approach to address the underlying causes of these issues. This article explores the principles of homeopathic management for behavioral issues in children, emphasizing the importance of understanding the unique constitution of each child. In the case of behavioural issues in children, homeopathy seeks to identify the constitutional and emotional

factors contributing to the problem.

Many mind symptoms are used to highlight or understand behaviour issues in a better way. Here are some common mind rubrics related to behavioral issues in children that may be found in a repertory:

Anger

Children, in general, are prone to anger.

Violent outbursts in children.

Alternating with affectionate behavior.

Fear

Fear of darkness.

Fear of being alone.

Fear of animals.

Restlessness

Physical and mental restlessness in children.

Cannot sit still, constantly moving.

Stubbornness

Refuses to obey.

Obstinate behavior.

Anxiety

Anxious about future events.

Fearful and anxious during exams.

Jealousy

Jealousy towards siblings.

Possessive and jealous behavior.

Indifference

Indifference to surroundings.

Apathetic behavior.

Mood swings

Sudden changes in mood.

Happy one moment, irritable the next.

Attention-seeking

Seeks attention constantly.

Acts out to get noticed.

Depression

Signs of sadness and despondency.

Weeping easily without apparent cause.

Common Behavioural Issues and Homeopathic Remedies

Hyperactivity and Impulsivity:

Common Remedies: Stramonium, Tarentula hispana, Cina

Indications: Restlessness, impulsive behavior, difficulty concentrating.

Aggression and Oppositional Defiance:

Common Remedies: Chamomilla, Lycopodium, Nux vomica

Indications: Irritability, anger outbursts, defiant behavior.

Anxiety and Fearfulness:

Common Remedies: Aconitum napellus, Pulsatilla, Silicea

Indications: Excessive worrying, fear of specific situations, separation anxiety.

Attention Deficit Hyperactivity Disorder (ADHD):

Common Remedies: Tuberculinum, Medorrhinum, Baryta carbonica

Indications: Inability to focus, impulsivity, fidgeting.

Individualized Treatment

Homeopathy recognizes that each child is unique, and the manifestation of behavioral issues is influenced by various factors such as genetics, environment, and emotional state. A homeopath conducts a detailed assessment, considering the child's temperament, sleep patterns, fears, and triggers for the problematic behavior.

Apart from constitutional remedies, homeopathy emphasizes lifestyle modifications to support the overall well-being of the child. This may include dietary changes, mindfulness practices, and strategies to create a calm and nurturing environment.

CONCLUSION

Homeopathy provides a gentle and individualized approach to managing behavioral issues in children, addressing the root causes rather than merely suppressing symptoms. Collaboration between parents, caregivers, and qualified homeopaths is crucial for understanding the child's unique constitution and tailoring a holistic treatment plan. As awareness grows about the effectiveness of homeopathy in promoting mental and emotional well-being, more families now choose this natural and holistic approach for their children's behavioral health.

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BJAIN

A Study To Assess the Effectiveness of Homoeopathic Medicines in the Treatment of Attention Deficit Hyperactivity Disorder (ADHD) in Paediatric Age Group

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Keywords

ADHD, Children, Paediatrics, Homoeopathy, DSM 5, Conner's Rating Scale.

Abstract

Background: ADHD is a behavioral disorder that affects children and adolescents of age group 4 to 18 years of age. The characteristics of the disorder are **Inattentiveness, Hyperactivity** and **Impulsivity**. Homoeopathy treats ADHD on the basis of individualized totality of symptoms in a patient and receives great success.⁽¹⁾

Objectives

- To study the clinical presentation of Attention Deficit Hyperactivity Disorder.
- To observe the usefulness of homoeopathic medicines in the paediatric cases of Attention Deficit Hyperactivity Disorder.
- To assess the improvement in Attention Deficit Hyperactivity Disorder using Conner's Rating Scale.

Study Design: Type of study – Interventional Clinical Trial Study

Materials and Methods: In this study, 35 cases of ADHD were selected and diagnosed based upon DSM 5 Criteria. All the patients were prescribed

Individualised homoeopathic medicines on the basis of totality and assessment and reassessment was done using Conner's Rating Scale.

Result: There was a significant difference in the Conner's Rating Score pre and post treatment which suggests significant improvement after receiving Homoeopathic medicines.

Conclusion: Homoeopathic medicines have potential to improve the quality of life of ADHD patients.

Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a common psychiatric disorder in children, characterized by three core groups in age inappropriate symptoms - Hyperactivity, Impulsivity and Inattentiveness leading to secondary problems e.g. poor scholastic performance, conduct disorders, emotional and social maladjustment etc.⁽²⁾

These symptoms tend to predominate in the age group of 2-6 years when the child develops aggression and anger but has yet to learn to control it.^(3,4) ADHD is destined to be one of the most common ailments in children keeping in view the trends of nuclear families and busy parents.⁽⁵⁾ ADHD is typically an altered balance between two important neurotransmitters that

module attention, mood and movements.^(6,7) It is classified according to symptom presentation in the following types:

- Class A: Inattentiveness only.
- Class B: Hyperactivity and Impulsivity only.
- Class C: Hyperactivity, Impulsiveness, and Inattentiveness (Mixed).

Homoeopathy is the practice of medicine that embraces a holistic, dynamic approach to the treatment of sick. It offers a wide range of effective remedies prescribed after detailed analysis and evaluation of symptoms.⁽⁸⁾ According to researches in the past, the prevalence is more in the nuclear families and the chances increase when both parents are working.⁽⁹⁾

Methodology

Study Setting: The study was conducted at O.P.D./I.P.D. of Dr. Girendra Pal Homeopathic Hospital & Research Center, collegiate hospital of Dr. Madan Pratap Khunteta Homeopathic Medical College, Hospital And Research Center, constituent college of Homoeopathy University, Saipura, Sanganer, Jaipur, Rajasthan.

Study Duration: The study was undertaken for a period of 12 months. The follow up period was of 3 months or for at least 6 visits, with an interval of 7-14 days as per the convenience of the patient.

Selection Of Sample: 35 cases of ADHD were selected from college OPD/IPD and they received Homoeopathic Medicines on the basis of Totality of Symptoms.

Selection Criteria:

Inclusion criteria

- Patients suffering from signs and symptoms suggestive of ADHD on the basis of clinical history, examination and DSM 5 Criteria.
- Previously diagnosed cases of ADHD were considered.
- Relapsed cases of ADHD were considered.
- Patients from 4-18 age groups of both sexes were considered.
- Parents/guardian who gave voluntary consent

for the study.

Exclusion criteria

- Patients of other age groups except 4-18 years.
- Patients who had ADHD which was secondary to pathological changes at organic levels.
- Patients with multiple/systemic diseases.
- Patients of ADHD already on other medical treatment and were not willing to quit it and parents/guardian who refused for giving written consent for the study.

Study Design: Interventional Clinical Trial Study

Selection Of Study Tools: Screening Form: Based upon DSM 5 Criteria for Diagnostic purpose, Case Record Format, Conner's Rating Scale, RADAR software, Microsoft Excel and SPSS software for Statistical analysis.

Data Collection & Analysis: Case Taking, Diagnostic Criteria (using DSM 5 Criteria), Record keeping: Master Chart (Excel format), Statistical Analysis (SPSS Software) according to Conner's Rating Scale. The improvement in the patient's condition was assessed on the basis of difference in their pre and post score and is categorized as follows:

- Improved: Difference in score of more than 10.
- Slight Improvement: Difference in score up to 10.
- Not Improved: No difference in score.

Statistical Technique

Data was analysed on the basis of a paired T-test using IBM SPSS 22 version is used to compare the difference in pre and post treatment score of Conner's Rating Scale.

Observations & Results

35 cases were included as per inclusion/exclusion criteria, out of which 3 cases were dropped out due to irregular follow ups and 32 cases completed the study. Treatment effect was analyzed on the basis of pre and post Conner's Rating Score. Statistical analysis of 32 cases completing follow up was done 'On per protocol' basis.

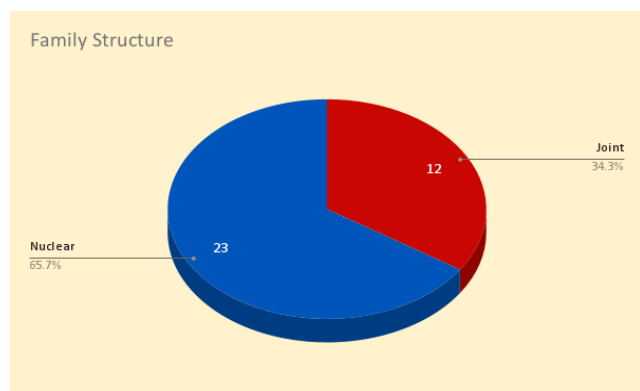
Distribution of cases of ADHD according to "GENDER"

GENDER	
Male	25 (71.4%)
Female	10 (28.6%)

In this study, it was observed that maximum children having ADHD were **male**.

Distribution of cases of ADHD according to "FAMILY STRUCTURE".

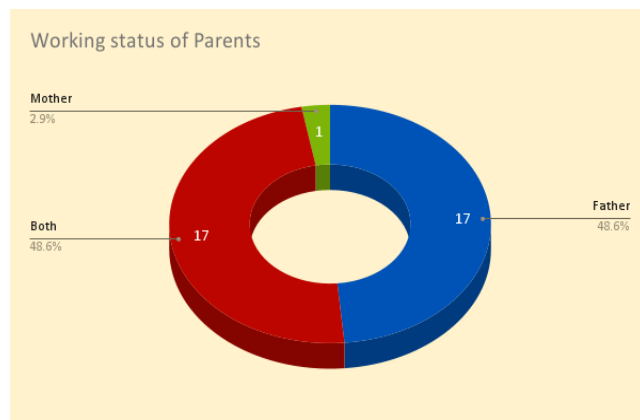
In this study it was observed that maximum children suffering from ADHD *belonged to Nuclear*



Families in comparison to joint family structures.

Distribution of cases of ADHD according to "WORKING STATUS OF PARENTS"

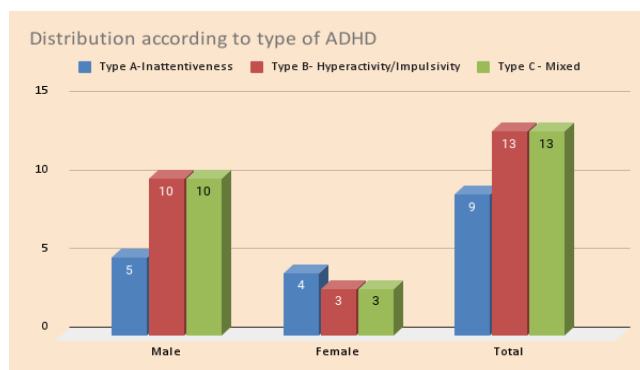
In this study, it was observed that maximum children had either a working father or both parents. This gives an idea that most children with ADHD have a history of working parents, as the child is raised without proper attention of the parents.



Distribution of cases of ADHD according to "Mother's History During Pregnancy"

MOTHER'S HISTORY DURING PREGNANCY	
Irritable	5 (14.3%)
Sadness and Brooding	2 (5.7%)
Stressed	15 (42.9%)
Nothing Significant	13 (37.1%)

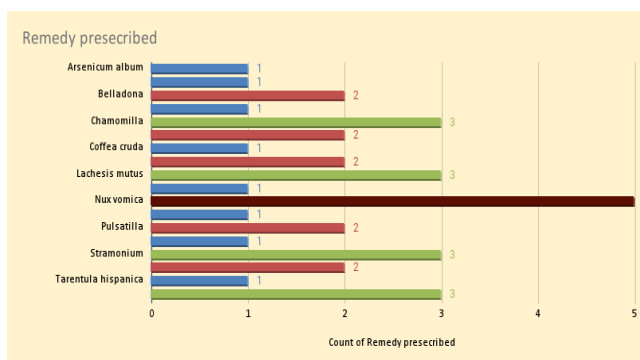
In this study, it was observed that maximum Mothers had history of some kind of mood trouble during pregnancy; i.e. stress prevailing during the course of pregnancy.



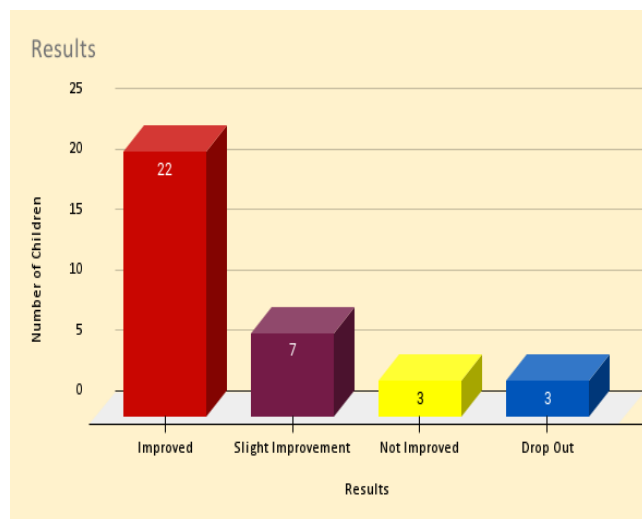
Distribution of cases of ADHD according to "CLASSIFICATION" Types Of The Disease

Out of 35 patients, 9 belonged to Type-A, Inattentiveness, 13 belonged to Type-B Hyperactivity/Impulsivity and 13 patients belonged to Type-C, Mixed Type. Females show more prevalence towards being Inattentive and males are more likely to get affected with Hyperactivity/Impulsivity. In this study, it was observed that Type B or Type C of ADHD.

Distribution of cases of ADHD according to "REMEDY PRESCRIBED"



Distribution of cases of ADHD according to “RESULTS”



Out of 35 patients, 22 improved, 7 had slight improvement, 3 did not improve at all and 3 left the treatment in between.

Statistical Analysis:

In this study, the sample size 35 had been taken, the statistical analysis was done for sample size 32 after considering 3 drop outs of the study. A paired sample t test was conducted to compare pre and post scores of Conner’s Rating Scale of ADHD cases treated with Homeopathic medicines. There was a significant difference in the Conner’s Rating Score post treatment ($M = 35.94$, $SD = 7.04$), compared to pre treatment Conner’s Rating Score ($M = 52.31$, $SD = 7.47$), in difference of mean = $t(31) = 9.601$, $p < 0.001$. Results suggested that a statistically significant improvement in quality of life of patients was seen after homeopathic treatment.

Inference: The p-value ($< .001$) was less than the significance level which indicated improvement. The individualized homeopathic medicine has improved the symptoms of children of 4-18 years and has shown a significant improvement in the Conner’s rating Score of children after the treatment. So, it is analyzed that Individualized Homeopathic medicine is very effective in cases of ADHD in the children of age group 4-18 years.

These results suggest the patient receiving individualized homeopathic medicines had significant improvement in ADHD in paediatric age group.

CONCLUSION

35 cases were enrolled in this study, in which 22 cases (62.9%) showed marked improvement; 7 cases (20%) showed slight improvement; 3 cases (8.6%) showed no significant improvement was observed as per Conner’s Rating Scale. From this study, it has been concluded that Homeopathic medicines have a significant role in the treatment of ADHD assessed using Conner’s Rating Scale.

Further recommendations for studies on ADHD may be selection of bigger sample size, keeping a control (placebo) group to simultaneously verify the effectiveness of treatment, considering and analyzing mother’s history during pregnancy.

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Allens' Keynotes - Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes by H C Allen

Dr Vaibhav Jain

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Healer by profession and artist by soul

Dr. Vaibhav is a practicing homeopath from Indore. He is director of asha homeo health center, homeopathy junction and agrohomoepathy project.. He is a patient listener and treats humans, plants, and animals with homeopathy.

Dr. Vaibhav is a scientist and an artist both.

He started experimenting with Agrohomoepathy 9 years back and now he is helping a lot of farmers, gardeners, and terrace garden owners to grow their plants with homeopathic medicine.

He has compared the results of Agrohomoepathy with conventional farming and organic farming. He observed very good effects with Agrohomoepathy use. He is very dedicated to gardening. sustainable living. gentle healing. and all forms of art & and craft along with his medical practice. He also runs the homeopathy_junction Instagram page which is a platform for all updates about homeopathic events, jobs, etc. He is a founder of the Agrohomoepathy project. Asha Homeopathic Academy, and Clinic.

Dr. Vaibhav was heading a pilot project along with Varanasi International Airport for weed control by Agrohomoepathy. The weed control was done alongside the runways with the help of Agrohomoepathy successfully.

He has also started a few projects in different cities in collaboration with farmers in order to understand the effects of homeopathic medicines

on soil fertility. improving crop quality, crop production, plant disease treatment, etc.

He is also making public awareness content through Agrohomoepathy FB and Instagram channels.

He keeps sharing his experiments and results with the common public along with the homeopathic fraternity.

He wants to use Agrohomoepathy to enhance nutritional value in edible crops and also wants to find out more sustainable options for agriculture in the future through the advanced use of Agronomoeopathy. He has also developed the garden care agrohomo kit for gardeners and plant lovers.

ABOUT THE BOOK

This book contains keynote symptoms of many homoeopathic remedies which are clinically tested by Allen and some other students at Herring college of homeopathy.

This book is based on herring's guiding symptoms. Allen selected few guiding symptoms according to his personal experience and understanding for each drug which is called as keynote or most peculiar symptoms.

Allen has written this book in a very simplistic style which helps the students, practitioner, and teachers of homoeopathy to understand the

symptomatology in order to individualise the remedy.

Individualisation is a most important aspect of homeopathic practise. To individualise the medicine, it is very important to learn the key aspect of each drug. Only on the basis of peculiar and characteristic symptoms we can individualise the medicines otherwise it becomes a very difficult task.

Especially when we talk about student life every medicine looks similar to other one which we have read before that. And despite trying to remember all symptoms we keep forgetting the common symptoms.

That's why it is extremely important that we understand the central thread of the medicine and learn the most important individualising characteristic symptoms.

So that we don't feel lost in the ocean of symptoms of the remedy. It helps our limited memory to revise and understand the Materia medica.

This book contains good number of nosodes and bowel nosodes which makes it even useful for day-to-day practise.

It is essential book for practitioners as well - as they don't have much time to refer the whole symptomatology of each drug from Materia medica pura or any such book but rather than that just conforming symptoms from this keynote book where most peculiar individual characteristics are stated clearly.

So, this becomes one of the important bedside prescriber books for busy practitioners as well.

One more interesting speciality of this book is the relation and modalities segment. After describing main symptoms author gives a relationship segment where complementary, inimical, follows well etc remedies are given.

After which modalities – amelioration and aggravating factors are given. This segment is extremely useful for individualisation and in my clinical practise it has helped me a lot in solving many cases. From author's point of view also modalities are very important.

As author mentions in preface that many more

remedies have been included and symptoms and comparisons extended, yet care has been taken that every symptom has been verified. The original plan has been maintained, viz., to give only those symptom-guides that mark the individuality of the remedy. That the student of Materia medica may use them as landmarks to master.

The lifework of any student of homoeopathic Materia Medica is of constant comparison and differentiation. We must differentiate the apparently similar symptoms of two or more medical agents in order to select the simillimum.

And this book helps the student or practitioner to do this correctly and rapidly. This book is filled with symptoms that is *peculiar, uncommon, or sufficiently characteristic* in the confirmed pathogenesis of many polychrest remedies that can be used as a point of comparison. I

I feel this book makes a life of a student little simple and makes it interesting and useful in day-to-day practise. This is a must have for every sincere homoeopath.

The only flaw I believe is the smaller number of drugs in this book. It could have been even bigger but whatever is written is mostly clinically tested which is visible throughout the book.

Following parts are also included in the book later by the publisher -

Repertorial index has been added by Dr. H.N. Singh. Here, only First grade remedies are given against the symptoms, starting from Mind to Generalities.

Detailed descriptions of Bowel Nosodes, by John Paterson are mentioned at the end of the book making it a complete Materia medica package.

The Allen's keynotes are compact Materia medica book which is comprehensive and easy to understand in nature. And it is one of the most loved medicine books by students and practitioners of homoeopathy. A must have book.

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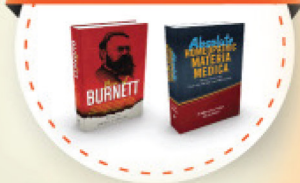
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