



REVIEW ARTICLE

HOMOEOPATHY AND BEHAVIORAL PROBLEMS IN CHILDREN

***Dr. Prerna Yashwant Chougule**

Department of Human Physiology & Biochemistry, Late Housabai Homoeopathic Medical College & Hospital,
Nimshirgaon (MH)

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***Corresponding author:**

Dr. Prerna Yashwant Chougule

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ABSTRACT

Behavioral problems in children are a growing concern in today's society, with a significant impact on the child's well-being & development. Early detection & intervention are crucial in managing behavioral problems in children. To effectively tackle these problems in children, a holistic approach can help to solve the problem. This article is an attempt to show how homeopathically we can tackle cases of behavioral problems in children.

INTRODUCTION

UNICEF has given great attention to the concept of the whole child which means it is essential to promote their health, as they are a vulnerable segment of society. Children often may feel unhappy, anxious, fearful & angry. They may complain of various somatic problems like unexplained headache, stomach ache, anorexia etc. Early diagnosis promotes early recovery & pushes the developmental stages into healthier & adaptive paths (1)

Disorders of childhood are

Attention deficit Hyperactivity disorder
Autism spectrum disorder
Conduct disorder
Oppositional Defiant disorder
Separation Anxiety Disorder
Tourette's Disorder (2).

We have to remember that a child's upbringing begins right from the time of conception. The mental state of the mother & father during pregnancy is an important factor that really rules the destiny of the child (3). Infants are presented with eating or sleep regulation, concern about failure to gain weight & length, very fearful response to strangers.

Toddlers are assessed for sleep problems, language delay, motor hyperactivity, extreme shyness, toilet training, difficulty separation from parents. Older children are assessed for sad mood, lack of friends, impulsiveness, nightmares, bed wetting, learning problems etc.

Oppositional defiant disorder

- A pattern of angry/irritable mood; Often loses temper, easily annoyed, often angry & resentful.
- Argumentative/ defiant behavior.
- Vindictiveness exhibited during interaction with at least one individual, who is sibling.

Symptoms lasting for 6 months & exhibited at least with one individual who is not sibling. (4)

Conduct disorder

Is the repetitive & persistent pattern of behavior in which the basic rights of others, societal norms or rules are violated for past 6 months

Aggression to people & animals

Often bullies, threatens others. Initiates physical fights. Uses weapons that can cause serious physical harm to others. Physically cruel to people & animals 2. destruction of property.

Deliberately engaged in fire setting with intention to cause harm. 3. Deceitfulness or theft Has broken into someone else's house, buiding or car. Often lies to obtain good favour, shopliftingetc. 4. serious violation of rules Often stays out at night despite parenteral prohibition, beginning before the age of 13. Run away from home overnight or for lengthy period of time (5)

Autism spectrum disorder

Persistent deficits in social communication & social interaction Deficits in social-emotional communication & interaction. Deficit in developing, maintaining, & understanding relationships. Restrictive repetitive pattern of behaviour, interests or activities. Repetitive motor movements, speech or use of object. Highly restricted interests that are abnormal in intensity. Hypo or hyperactivity to sensory input. Symptoms cause clinically significant impairment in social, occupational or other important areas of current functioning. These disturbances are not better explained by intellectual disability or global development delay. (6)

Attention deficit Hyperactivity disorder

A persistent pattern of inattention & or hyperactivity-impulsivity that interferes with functioning or development a.If following symptoms persist more than 6 months

Inattention: Often fails to give close attention to details or makes careless mistakes in schoolwork, at work or other activities. Difficulty in sustaining attention in tasks or play activities e. g has difficulty remaining focused during lectures, conversations, or lengthy reading. Does not seem to listen when spoken directly without any obvious distraction. Fails to finish schoolwork e. g starts task but quickly loses focus & is easily sidetracked. Difficulty in organizing tasks & activities. Reluctant to engage in tasks that require sustained mental effort. Loses things necessary for tasks or activities e. g school material, pencil, books, tools, wallet, keys, paper etc. Forgetful in daily activities.

Hyperactivity & Impulsivity

Often taps hands or feet. Often leaves seat in situation when remaining seated is expected. Runs about or climbs in situation where it is inappropriate, talks excessively. Blurts out an answer before question has been completed Difficulty in waiting his or her turn (7)

Separation Anxiety Disorder: SAD is characterized by unrealistic & persistent worries about separation from the home or a major attachment figure. Concerns include possible harm befalling the affected child or the child's primary caregivers, reluctance to go to school or to sleep without being near the parents, persistent avoidance of being alone, nightmares involving themes of separation, complaints of subjective distress (8).

Tourette's Disorder: Tic disorders are Tourette's Disorder, persistent chronic motor or vocal Tic disorder. Tourettes disorder has both multiple motor & one or more vocal tics have been present at some time during the illness. The Tics may wax & wane in frequency but have persisted for more than a year since first tic onset. Disturbance is not attributed to

physiological effects of substance (for. e. g Cocaine) or another medical condition (9)

Clinical conditions like Autism, learning disability & behavioural issues like ADHD, may continue due to delay in development or if left untreated. Maladjustment can be the beginning of conduct disorder. This aggression could be a part of an going pattern called externalizing behavior. Generalised anxiety, sadness, phobia, can form an ongoing pattern called internalizing problems. (10)

Importance of Mothers History: During pregnancy history taking plays vital role in determining the Homoeopathic remedy for the child.

- Whether her pregnancy was of choice or unwanted one.
- For behavioral disorder one should elicit the suffering of mother during 1 st & 2 nd trimesters, including her behavioral patterns, sensitivity, stress level, family environment, relation with her husband & in-laws.
- Need to find out Delusions of mother during pregnancy.
- To understand psyche state of mother. Questioning on, suppression of emotion, avoiding closed ones etc.

After proper case taking Homoeopathic approach can be studied by some indicated drugs for behavioural disorders. (11)

Treatment

Long term treatment is required for these types of disorders. One should assess for every 10 to 15 days & evaluate the improvement.

- Take review of height, weight & general health
- Review of child's functioning at school, at home, socially & psychologically.
- Feedback from parents, teachers & other close contact
- Rate child's behavior on standardize evaluation form, known as behavior rating scales, to compare the behavior of that child to other child of same age.
- Look for other related disorders; learning disabilities, Tourettes disorder, Oppositional defiant disorder, conduct disorder.

General management advised to parents

- Using discipline for inappropriate behavior.
- Listen & respond to child's need.
- Rewarding positive behavior.

Homoeopathic management: Homoeopathic constitutional approach is preferred for the management of these conditions. some remedies are more often indicated.

Tarentula Hispanica;-Great irritability. great excitement from music. Paroxysms of insanity with restlessness of the legs. When questioned she does not answer. aversion to red, green & black colors. Excitement with singing, dancing & weeping. Strikes her attendant & her best friends. Violence with anger. Symptoms are better in evening after eating. Angered from contradiction. (12)

Baryta carbonicum; This remedy look towards the development of the young. Dwarfishness in body & mind. Children are late coming into usefulness, or activity, late with their studies, talking, learning to read, later learning to walk. (13)

Lycopodium;- In childrens who wither after Pneumonia or bronchitis, have nightly headaches. State of congestion that affects the mind more or less, in which they rouse out of sleep in confusion. The little one screams out in sleep. Looks Strange & confused. (14)

Stramonium;-Awakes terrified, knows no one, screams with fright, clings to those near him (child). Dread of darkness. wildly excited, as in night terrors. desires company, shy, hides himself or tries to escape. Laughs at night and weeps during days. Everything, everybody seems new. the talk of others is intolerable. (15)

Tuberculinum: Changeability of symptoms- no symptom lasts for any appreciable time. Great sensitiveness to cold. Pronounced & rapid emaciation mentally, though naturally of a sweet disposition, they turn taciturn, sulky, snappish, fretful & irritable they are given to constant whining & complaining patients. It is also used for school girls headache- a headache that is always worse after study & even slight mental exertion (16)

Cina: Cina is very useful in disease of children. Characteristic symptom of this remedy are ravenous hunger & constant picking & boring at the nose. They are hungry immediately after the meal is over. The child cries & frets & strikes at everybody around him. He is obstinate, willful & head strong. Very restless even during sleep. Does not want to be touched. desires many things which when offered refuses it. also remedy for night terrors of childrens, trembles & screams with anxiety. (17)

Plumbummetallicum: Taciturn. Timid, restless & anxious. delirium, nocturnal alternating with colic or pain in limbs. slow perception. Weakness or loss of memory. Increasing slowness & apathy. Inclined to cheat & deceive. Fright without cause. Delirium from hearing music (18)

Zincummetallicum: Repeats all questions before answering them. fretful, peevish; cries if vexed or moved; during sleep(children). Easily startled; excited or intoxicated. Forgetful. averse to conversation; to work. Sensitive to others talking & noise. Stares as if frightened on waking, & rolls head from side to side (19). Now we will look upon some cases summerised from journals for better understanding of homoeopathic application in behavioural problems of childrens.

Case of Baryta carbonicum. - Autistic spectrum disorder: A Boy of 5 yrs bites himself, when angry, always wandering or keeps moving, plays alone, only recognizes his mother, speaks meaningless words & sentences. Milestones- no speech around 2 yrs, walking – 15 month, dentition- 9 months, sitting- 8 months. diagnosed as Autistic spectrum disorder. developmental milestones delayed. Baryta carb showed much improvement (20).

Case of Lycopodium-Behavioural problems: 13 yrs of male complained of behavioural disorder, abusive & cursing

tendency, Disobedient, Ill tempered, Single child. Don't want to mix up, Hatred towards mother. Spoiled child. He was given lycopodium as constitutional remedy which showed improvement (21)

Case of Stramonium indicated in ADHD: Case of 6. 5 yrs male complained of hyperactivity & increased anger. All developmental milestones delayed. i. e. sitting at 2 yrs, standing & walking at 4 yrs. Height is short as per age. Doesn't speak yet. Generals-chilly, aversion to sweet, stools unsatisfactory & hard. Mentally patient is disobedient & restless, fear of animals especially dogs. Likes to hug & cuddle, Oversensitive to noise. Stramonium relieved many of his complaints. (22)

CONCLUSION

Behavioural disorders are characterized by impulsiveness, poor attention span & extreme restlessness. So early diagnosis is essential for implementing appropriate treatment & education at early age, when they can do the most good. Every effort should be made to manage symptoms & direct the child's energy to constructive & educational paths. Homoeopathic constitutional approach is preferred for management of behavioural childhood disorders.

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