

Pravin B. Jain

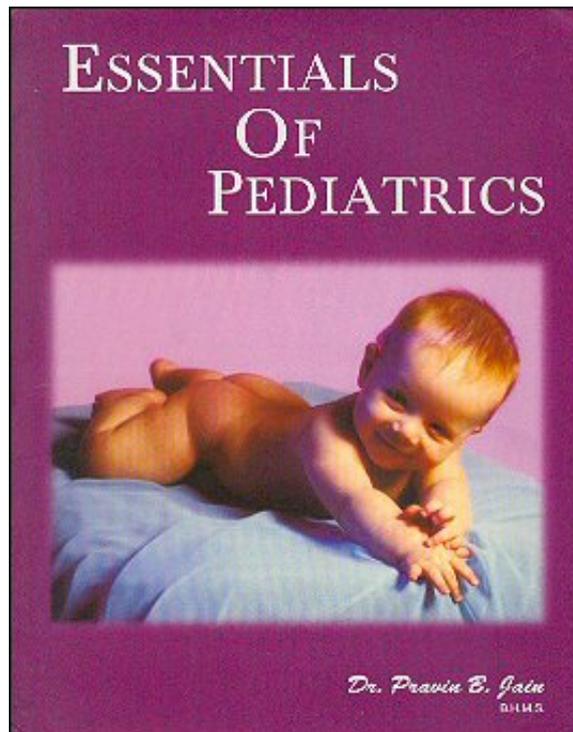
Essentials of Pediatrics

Reading excerpt

[Essentials of Pediatrics](#)

of [Pravin B. Jain](#)

Publisher: IBPP



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Chapter 1

INTRODUCTION

Though supposedly easy at first thought, Pediatric cases in Homeopathy have since beginning posed an intimidating challenge. Not surprisingly, in my initial days of practice, I found pediatric cases to be very difficult to treat. Shivers used to run down my spine, on seeing a mother accompanied by a child at my clinic. Even before a customary "hello!" questions like "What do I ask? How do I ask? How does one judge the constitution of the child?" would jump to the mind. Unlike adults, a child doesn't tell you about it's problem. The evaluation of these cases is based on the history that is provided by the guardian and on the physician's INTERPRETATION. There is no definite method to understand and prescribe for a child.

So awkward was my state that whenever a mischievous child came into my clinic, I would instruct the mother to leave the child in the waiting room and come inside alone, so that I could completely concentrate on the case-taking and avoid *distraction* by the hyperactive child. After the information from the mother was gathered, I called in the child, and then too my focus would be more on the expensive furnishings and trinkets in the clinic than the child, for fear of those being damaged by the tiny rogue.

Homeopathy is safe. This is the common perception of all parents, one reason why they always prefer homeopathic medicines for their young ones, little realizing that the homeopath himself is scared of the child and too confused to prescribe for her. So every crying baby was given Chamomilla, Aloe for diarrhoeas, Ferrum phos for fever, Pulsatilla for colds and so on..... and in the end the child landed at the allopathic pediatrician for all the illnesses. After the allopath treats the acute episode, the child is brought back to the homeopath for raising the immunity of the child, and thus homeopathic treatment continues to survive with the common belief that *Homeopathy is safe and good for raising the immunity.*

So far so good, as far as treatment of my patients was concerned. The birth of my daughter raised my anxiety. There were many questions in my mind What about vaccinations? What is her constitution? Is she chilly or hot? How is her thirst? Common questions, the answers to which a homeopath ought to know seemed to me like an abyss I feared to look down into. My anxiety led me to refer the pediatric books in great detail. Simultaneously I started honing my observation skills, observing my daughter closely. After observing her, and correlating her behavior with the pediatric psychology books, I found the key to many of my questions. The same child who used to scare me in my clinic became a joy to observe. Now I started sending the mother out, so that the mother did not disturb my observations.

Understanding the *Normal child* dissipated my anxieties and concerns and I started reaching at the *similimum* with amazing speed and accuracy. In this book I wish to share my experiences about children and a simple method to understand the temperament of a child, by which arriving at the *similimum* becomes much easier.

Requisites for being a successful *Homeopathic Pediatrician*

As a homeopath, 40% of our practice is pediatric practice. To become a successful homeopath, we have to become a successful pediatrician. Once we start handling pediatric cases with ease, our patients start gaining confidence in us.

Soft, gentle and caring are the most important qualities that every homeopath should have. We should have a genuine interest and love for children. Be smiling and polite to children and never get angry with children even if they are at their worst.

Comfort the child when he comes in your clinic. Approach the child with a smiling face and treat him as a child and not as a *patient*. Never start examining the child as soon as he enters the clinic. Try to build a rapport with the child and then only examine him.

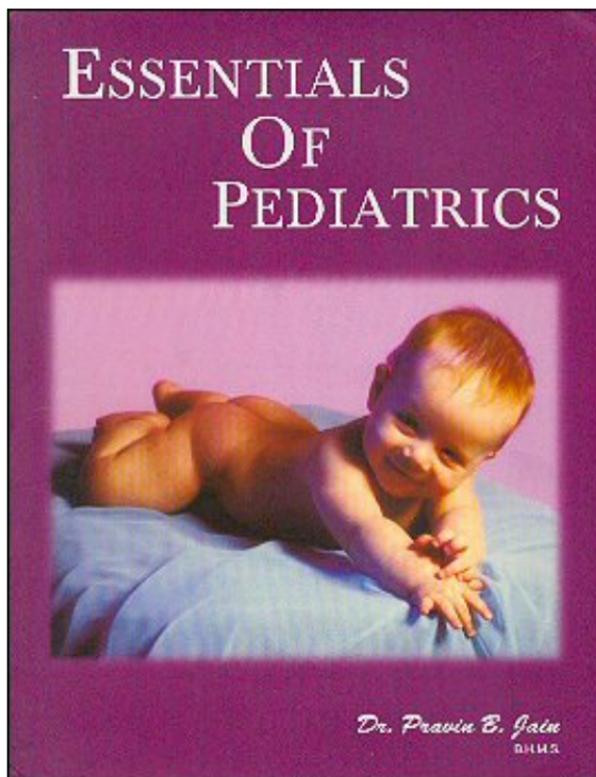
Friendly approach and a friendly attitude towards children will help a galore. The body gesture should show a friendly attitude. You should literally come down to the level of the child, both physically and mentally to elicit cooperation.

Toys kept in the clinic for our little friends make the atmosphere truly friendly. The clinic should be well lighted, quiet and decorated with toys and pictures to allay the anxiety of the child. Coloring books and cartoon comics are an added bonus. Infants and young children should be offered a soft toy to establish a rapport.

Questioning the children should be avoided at the very beginning of the interview. Ask the mother about the child's behavior, but *observe* the child constantly during the interview. *Intelligent neglect* of the child and proper respect to the mother to gain the child's confidence is essential. Answers from the mother are less relevant than the observations you make while you are interviewing the mother. For school going children, asking them their name, name of school, age, hobbies etc... makes them feel at ease.

Observation of each and every movement of the child should be noted properly. Avoid staring at the child because they are often scared if you intently look into their eyes. Spend maximum time on observation. Develop a keen sense of observation during your day-to-day activities and by comparing different individuals to identify subtle differences in their facial expressions, gait, attitude and speech. Remember no two human beings are alike.

Anxiety of the parents should be allayed. Overanxious parents will ask many questions about the child. Proper explanation in context to the questions and relevant developmental milestones of a normal child along with its normal variations should be explained to allay the anxieties of the parents.



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240 pages, pb
publication 2003



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