Farokh J. Master
Clinical Observations of Children´s Remedies

Reading excerpt

Clinical Observations of Children´s Remedies
of Farokh J. Master
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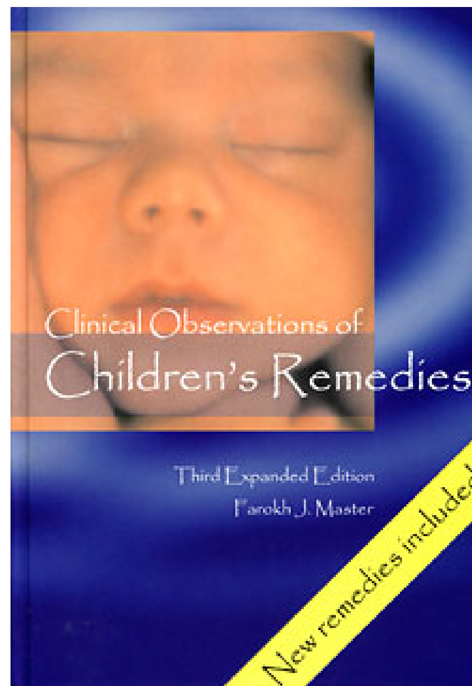

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Introduction

The growth of a person reflects many unique and important details about him. A child is influenced both by 'nature' (inherited biological characteristics) and 'nurture' (environmental influences).
Developmental psychology explores the physical, behavioral, 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 into emotional **'states'** and become **'moods'.** These 'states' can then start to influence the way children perceive and interact with the world. These emotions, when become 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 (from his study of developmental psychology), 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.

Healthy mental functions in childhood are marked by the child's everyday behavior, age-appropriate development, and a generally satisfied frame of mind. 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. By studying developmental psychology and in practice by comparing many children, you will be able to distinguish more easily what is normal and what is abnormal behavior.

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 himself, what is observed by others and to appraise and evaluate behavior and history of the child given by the parents.

Abnormal behavior

The following sets of abnormal behaviors can be observed during the different stages of development.

Newborns (0-1 month)

- "Difficult Child Syndrome": This is characterized by irregularities in the child's sleeping, feeding or elimination functions, which is an early pointer to pathological conditions in the future.
- Other traits that can be seen are: Difficulty in calming the child, resistance to feeds, defensive reaction to pain, loud noises, and bright lights, and a weak physical support (turning in bed, sitting up, crawling, walking).
- Traits of the baby's personality can be observed in the temperament that the baby displays.

Infants (1 month -12 months)

- ***Infantile autism***
  - Aggressiveness without reason (unprovoked).
  - Backward in the normal growth scale, ambidextrous (one side is not starting to dominate).
  - Does not smile in response to people's faces or voices and does not show any signs of attachment.
  - Echolalia. The infant just babbles away a meaningless repetition of words that are said to him, instead of responding to the speaker's tone and message.
  - Failure to have a good eye contact.
  - Insomnia, persistent enuresis and/or encopresis.
  - No elevated temperature during an infectious illness. No complaint of pain, verbally or by gestures. No malaise during illness. There may actually be an improvement in the child's general behavior when ill.
  - Self-injurious behavior.

Early childhood

- ***Attention Deficit Hypersensitivity Disorder***

  In Infants
  - Early signs may include an increased sensitivity to stimuli, which may lead to undifferentiated, markedly aversive responses.
  - Usually the infant gets out of the crib by himself very early, undissuaded by the parent's attempts to bar his exit.

In Children

- Answers for others and is loquacious.
- Cannot attend to more than one stimulus at a time and to any stimulus for more than ten seconds.
- Continuous activity, which is not turned off in appropriate situations.
- Disturbed right-left discrimination, clock-time, visual or auditory perceptions, hand-eye coordination.
- Explosive irritability at trifles, e- 3 -motional lability, laughter alternating with tears. Unpredictable and variable performance.
- Gastric hyperacidity.
- Hurried; tend to miss out the words while writing. Also, the work is messy and done with carelessness.
- Impulsive, inability to delay gratification, accident-prone.
- Preoccupied with water play and spinning objects.
- Restlessness, rapid growth.
- Short attention span with a tendency to get easily distracted.
- Very capricious.

Childhood neurosis

- Fear of death for self or others because of misconceptions about death.
- Insistence on washing hands after touching anything that is thought to be dirty because of fear that dirt will cause harm.
- Phobias: The fears are so irrational, persistent or intense that they interfere significantly with normal functioning, e.g. fear of animals, people, thunder, etc.
- Separation anxiety disorders: The child clings to the parents when separation is anticipated, has a fear of being lost or a fear of staying alone, becomes homesick. It is accompanied by rivalry with peers and siblings, and disturbed social pattern.

Negative Reactions

- Stressed children may protest when examined, push the doctor's hand away, kick him, or indirectly show negative reactions directed elsewhere, for example towards toys or other children, etc.

Reactive Attachment Disorder of infancy and early childhood

- Decreased interest in environment and decreased playfulness.
- Lack the normal signs of tracing of eyes and face, lack of usual and local reciprocity, lack of alertness.

- Weight loss, poor tone, hypomobility, weak rooting and grasping in response to feeding, weak cry, increased sleepiness.

- ***Ruminative Disorders***
  - Irritability and hunger between episodes of regurgitation.
  - Repeated regurgitation of undigested food with weight loss following a period of normal functioning without any nausea or any other gastrointestinal disorder.
  - Satisfaction from regurgitation.

- ***Speech problems***
  - Elective mutism: This could be the child's way of reacting to anxiety-laden circumstances.
  - Stuttering and stammering.

- ***Temper tantrums***
  - Children by the age of 2-3 years have not yet learned to control their feelings of anger and frustration. They cannot communicate what they want effectively. They also throw tantrums when they face fatigue, boredom or discomfort. This may simply be an attention-seeking behavior. In extreme situations, there can be breath-holding spasms with rage.

Late childhood

Childhood psychosis

- Abnormal fixations on certain toys, objects, or people, monomania.
- Atypical and often unpredictable responses to sensory events.
- Distorted or bizarre motor behavior: Rocking back and forth for long periods of time while sitting on the floor, or repeatedly flapping hands.
- Disturbed speech patterns: Elective mutism, bizarre or meaningless phrases, echolalia, etc.
- Fascination with movements: Like of a fan, spinning objects, etc.
- Impaired socialization: Withdrawal, aloofness and avoidance of eye contact.
- In early childhood, there is a marked absence of anticipatory postures or putting up of their arms to be picked up, of following their parents about the house, or running to greet their parents when they return. They do not go to their parents for comfort when hurt or upset, do not kiss and cuddle and do not reciprocate behavior.

- Incorrect assessment of danger: Seems either excessive or dangerously absent.
- Intellectual retardation with certain marked areas of normal or even exceptional skills.
- Resistance to changes in the environment.
- Seemingly unaware of personal identity with a disoriented idea of the body. Explores and examines his body or attempts to injure himself.

- ***Childhood manic-depressive episodes***
  - Atypical and often unpredictable responses to sensory events.
  - Children feel hopeless about the future, become listless and passive, develop disrupted eating and sleeping habits, a low self-esteem, and tendency to self-reproach.
  - Distorted or bizarre motor behavior, rocking back and forth for long periods of time while sitting on the floor or repeatedly flapping hands.
  - Fixation on certain toys, objects, or people, monomania.
  - In depression, there is a severe, generally unhappy mood.
  - Incorrect assessment of danger, excessive or absence of fear.
  - Intellectual retardation with certain marked areas of normal or even exceptional skill.
  - Mania (the same symptoms seen in Childhood Psychosis section above).
  - Persistent elevated, elated, expulsive or irritable mood.
  - Resistance to change in environment.
  - Unaware of personal identity, disoriented ideas of the body: explores and examines his body or attempts to injure himself, e.g. bangs his head against something.

- ***Conduct disorders***
  - Aggressive behavior with hyperactivity.
  - Blames or bullies others; cruel defiant behavior, rage, hostility, and abusive.
  - In the non-aggressive type, the patient is weak, abandoned, mistreated, worthless, helpless and hopeless.
  - Lack of concern for others; callous.
  - Maladjustment and antisocial behavior; boasting; narcissistic attitude.
  - Persistent enuresis.
  - Persistent lying, disobedience, frequent truancy, stealing, vandalism, or sexual exhibition is openly seen.

The art and science of homeopathic pediatrics

Personality profile of a homeopathic pediatrician

Dr. Meharban Singh, one of India's leading pediatricians, describes the qualities of a homeopathic physician very nicely in his book titled Pediatric Clinical Matters, inspiring me to write the following sentences.

Certain qualities and attributes are essential for the homeopathic physician to possess in order to treat a child:

- *Even though homeopathy is a system of medical therapeutics and practiced as a profession, one should practice as a service to God, seeing that God is in every child and in every parent who accompanies the child. Life is immeasurably precious, and the life of a child should never be evaluated in terms of money.*
- *The physician must have a scientific mind, using investigative techniques based on logic, but not become a slave to investigation for its own sake. He should always be a student, constantly trying to learn the truth and unlearn misconceptions, so as to transform his knowledge into wisdom.*
- *He should be a very careful observer, noticing every detail of the child's and parents ' behaviors and attitudes. His observations should be based on sound principles, and not on hypothetical theories.*
- *He should be able to generate faith of the parents in his capabilities, as most parents are burdened with myths and misconceptions regarding the scope of homeopathy in various pediatric disorders. Too many homeopaths, due to their sheer lack of experience and proper knowledge, have caused very traumatic experiences for the parents who have put their faith in their hands.*
- *He should exude confidence, patience and politeness.*
- *He should have a human approach.*
- *He should have a pleasing personality and an affectionate look, so that the child feels comfortable with him instead of being scared.*
- *He should have a genuine love for children.*
- *He should not be dogmatic and should realize the limitations of homeopathy and of his own knowledge. He should never hesitate to refer the case either to a senior homeopath or pediatrician.*
- *His supreme mission should be the welfare of the child over all other considerations, including his ego or financial gain.*
- *In clinical situations such as hospitals and outpatient departments, the*

homeopath should establish cordial relations with his colleagues. It is the homeopath's duty to demonstrate excellent bedside manners and serve as a role model for his students.

Qualities of a homeopathic physician

A good homeopathic physician should have the following qualities before he examines the patient:

- *The agility of a rabbit (deciding quickly and acting promptly).*
- *The constancy of a tortoise (not changing remedies frequently without any demanding reason).*
- *The memory like an elephant (knowing the Materia Medica and repertory).*
- *The sharp senses of a tiger (observing keenly).*

During the last few decades, there has been a tremendous revolution in the science of homoeopathy with the addition of many **new remedies** to the Materia Medica and the publication of clinical observations of common and rare remedies.
Instead of being prejudiced either for or against using anything new, we should make full use of what is available, and never allow our brain to suffer atrophy from disuse. At the same time, one should not be over ambitious to the extent of hiding information or making false claims.

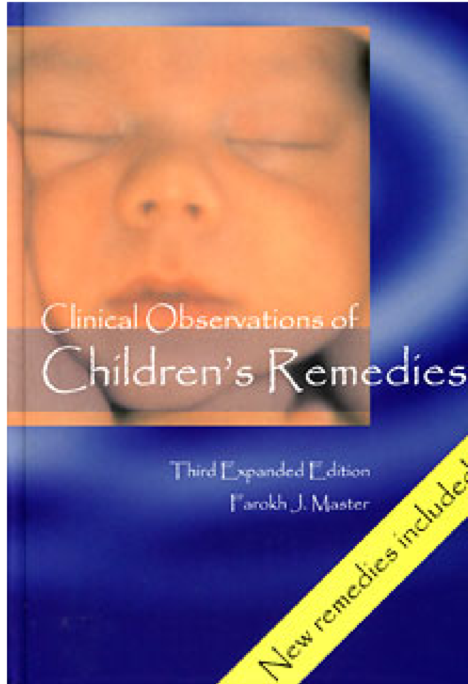
The homeopath's knowledge comes chiefly from:

- *His academic training.*
- *His clinical experience.*
- *His intuition.*

Knowledge of the disease comes from:

- *The patient's history.*
- *Physical examination.*
- *Ancillary investigations (laboratory data, imaging studies, etc.).*

By combining one's knowledge of homeopathy, general medicine and disease patterns, a systematic analysis can be made. This leads to a diagnosis and



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