

Paul Herscu

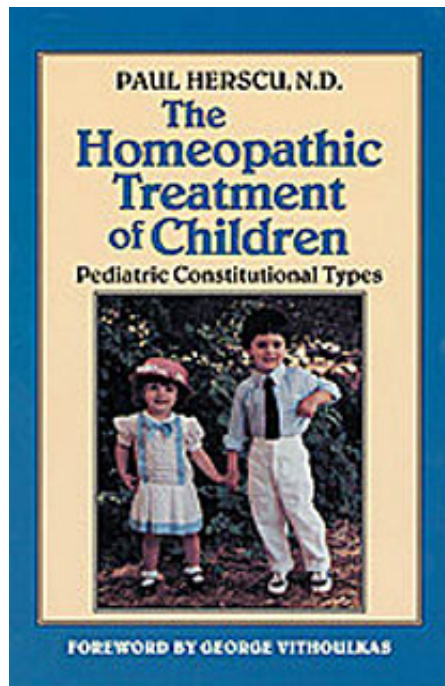
The Homeopathic Treatment of Children

Reading excerpt

[The Homeopathic Treatment of Children](#)

of [Paul Herscu](#)

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Lycopodium

Mental/Emotional Characteristics

The descriptions of the remedy *Lycopodium* as presented in the old materia medicas may mislead the prescriber because they tend to fit only the adult. The *Lycopodium* youngster may be an entirely different experience.

Two distinct types of behavior can be observed in *Lycopodium* children. In one type, fear and apprehension affect every aspect of the child's life. In the other, the child is bossy to the point of being dictatorial and strives to control those close by, be they parents, siblings, or friends.

In the waiting room, the first child sits very near his mother and watches everything from that secure vantage point since the office visit is a strange, new situation. The second child, in contrast, can be heard loudly voicing variations on a theme: "Bring me that toy!" "I don't want to be here!" "Take me home!"

What this demanding child *says* is only part of it. It is the tone in which these commands are spoken and the attitude that it reveals that prompts one to first think of *Lycopodium*. The child speaks irritably to the parent and the parent answers weakly, almost apologetically; one quickly grasps that the normal parent-child dynamic has been reversed. The child, not the adult, controls the relationship. Furthermore, it is as if all the members of the family have become the *Lycopodium* youngster's inferiors, there only to meet the little tyrant's needs and gratify his whims.

From these brief initial observations, the doctor can deduce the major thematic elements that will shape the behavior of *Lycopodium* people throughout their lives.

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In the first example, we see a lack of self-confidence and the presence of many overriding fears. In the second, we find an irritable nature and a great desire for power. While these two types may be found in different individuals as described in this chapter, they also represent a continuum that may be expressed in one person.

First I will discuss the aspects of fear, then the lack of self-confidence, and finally the emergence of the desire for power.

Insecurity / Fear

Fear is an essential factor in the development of the *Lycopodium* psyche. In Kent's *Repertory*, one finds only *Baryta carbonica* and *Lycopodium* under the rubric: Fear; People, in children. Even the babies are apprehensive. Infants need to be near the mother or on a parent's lap, as they become especially afraid when alone and when around other people, especially loud strangers. Fear is immediately observable in the facial expression, set off by the distrustful look in the eyes and a stare. While most three-month-old babies smile back at a doting parent, the most pleasant expression a *Lycopodium* child of that age can muster is often a mild frown. There may be clearly visible wrinkling of the forehead proportionate to the degree of apprehension the child is feeling. For example, in the office, the closer the doctor gets to the baby to pick her up, the more numerous and deeper the creases become. The eyes, too, stare out at the world with an expression of fear unusual for such a young person, making the observer wonder what the child is so worried about.

This illustrates the fact that one of the main ways in which fear is elicited, even in very young *Lycopodium* children, is as anxiety caused by the presence of strangers. Whereas most children go through a "stranger anxiety" phase at some time within the first couple of years, *Lycopodium* babies develop this from birth and experience it throughout most of their childhood. It seems as if these infants and children only like what is already known; in this case, only those people with whom they are intimately familiar.

Such a strong fear of strangers may often be conjoined with a fear of being alone that becomes evident in many circumstances.

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The parents may describe it in the interview if the child does not. The child keeps track of the parents' whereabouts throughout the day, following them around the house and constantly querying the parents: "Where are you going? When will you be back? Are you upstairs or downstairs?"

While in *Natrum muriaticum* this same behavior exists, it stems from a concern and fear for the parents' safety. In *Lycopodium*, the fear is that if the parent is not nearby, they themselves will not be safe. They may need to be in the same room or at least next door to a parent, as with *Pulsatilla*. In *Pulsatilla* the fear is of abandonment, whereas in *Lycopodium* the fear is that something "bad" will actually happen to them.

Happier *Lycopodium* children wish to stay in the room with a parent and will be quite content with that setup. Conversely, the irritable child wants to be alone, yet is afraid. When expressed fully in the irritable child, this fear leads to the famous symptom and keynote in the *Repertory*. Mind; Company; aversion to, yet dreads being alone.

Fear of being alone is greatly accentuated in the dark. They often do not like to go to bed alone, wanting a parent to go along to check the area and turn on the lights. A *Lycopodium* baby will begin to cry as soon as the parents turn off the lights and leave the room, just like those needing *Pulsatilla*. Some fear may be allayed by keeping a light on, but many of these children continue to scream until they are allowed to sleep with their parents or siblings.

This is especially true after they have watched a scary movie, listened to a ghost story, or even just viewed the six o'clock news on television. *Phosphorus*, *Pulsatilla*, and *Calcarea carbonica* are also unusually sensitive to horrible stories and have fears in the dark. *Lycopodium* children may wake up with a fright and go to the parents' bed, as do *Phosphorus*, *Pulsatilla*, and *Stramonium*. Some children go to sleep more easily than described, but if they wake up at night for any reason, such as to urinate, they may check all the beds to make sure that the family members are each where he or she should be and that they have not been left alone.

Fear of being alone in the dark may arise at other times as well. For instance, the child will refuse to bring something up

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from the basement. The thought of going into the dark underground, unprotected and alone, is unendurable. The fear of being alone, aggravated by being in the dark, is a good clue to other remedies as well, such as *Causticum*, *Phosphorus*, *Pulsatilla*, and *Stramonium*. In *Phosphorus*, one encounters many other fears the likes of which only an intensely active imagination can create; in *Stramonium*, this fear will be seen in a violent child.

Fear of New Things

The child may also develop a fear or aversion to new things, not due to stubbornness, as is found in *Calcarea carbonica*, but because he fears the new thing itself. The parent states that in new places and situations (as in the interview) and in crowds, the child will be fearful and timid at first. Once the situation is better understood by the child, he becomes more comfortable and is able to interact with others more normally. In brief, anything new will be regarded with suspicion until it can be understood.

In contrast, a *Calcarea carbonica* child's dislike of new things is due to slow assimilation and comprehension. Mothers say that the *Calcarea carbonica* children cannot be budged to start activities in a new situation because their stubbornness prevents it. However, when they finally understand what is going on, they join in and often cannot be stopped! The *Calcarea carbonica* child is obstinate and unyielding, while the *Lycopodium* child is fearful and anxious. Even though similar behavior is noted in their dislike of new things, the root causes are radically different for each of these remedy types.

Fear of new situations may be observed in the clinic. If there are several chairs from which to pick, the first-time *Lycopodium* patient will often pick the chair farthest from the doctor and will have to be coaxed to sit any closer. The child, squirming in her seat, will neither talk to nor establish any eye contact with the doctor. Others whisper, mumble, or look at the parent for cues or for whole answers. Some giggle nervously before or after every answer. Some will be very adultlike and answer properly (if stiffly, due to nervousness), looking at the mother only when they do not know the answer. Toddlers may sit on their mothers' laps frowning at the doctor and screaming whenever the doctor or the

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mother asks a question.

During the follow-up interview some weeks later, the child knows the doctor and what to expect and so is much friendlier and acts more comfortable all around. At this point the practitioner may be misled to think that the remedy given has acted, based on the changes observed in the office, but these changes will occur even if the wrong remedy was prescribed simply because the situation is no longer new and therefore not threatening. A good way to determine accurately whether or not it was the remedy that caused a change in the child is to ask the parent how the child behaved in other new situations during the interim or in situations that previously made the child anxious.

Often the fear of new things leads to a predictable lack of initiative. The parents state that the *Lycopodium* child is "not a spur-of-the-moment type of person." For example, every time the family goes out for supper the child may order the same meal. Parental attempts to convince the child to choose something else are usually in vain. If forced to pick a new food, and if the food is liked (as it often turns out to be), the new item will be added to the menu of acceptable choices.

I am reminded of eight-year-old Roger, who was brought for treatment of his frequent colds. Along with the rest of the symptoms was a strong fear of new things. He would invariably cry and hide when presented with new tasks or new choices in clothes, foods, or activities. If he had not shown all the other fears and physical general characteristics of *Lycopodium* such as a fear of the dark and of being alone, right-sided sore throats, and stomachaches, I would have given the remedy *Baryta carbonica*, so marked was this behavior of hiding from new situations.

Fear of Public Failure

If one perceives why and how the child exhibits these fears, the case becomes greatly simplified. The fear of new situations in *Lycopodium* is intimately bound to a prominent fear of failure. This pattern grows more and more pronounced as such children mature into adulthood. The exact description of what I have observed is that they fear the decision-making process and the repercussions of any decisions made.

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For the most part, the fear of failure is felt only before an upcoming event, not during it. They anticipate that something will go wrong, something bad will happen, or that they will be ridiculed in some way. However, once they begin the activity, the fear diminishes and they accomplish the task with ease. The type and degree of apprehension is second only to that found in those responding to the remedy *Silicea*. These children also experience fear before an activity or event that disappears as soon as the event begins and they find that they perform well. *Argentum nitricum*, *Gelsemium sempervirens*, and *Phosphorus* may likewise greatly fear upcoming events.

It should be noted that this fear is not merely a fear of failure; rather, it is a fear of failing in public. What the child may tell the doctor is that she does not mind trying new things if she is alone, but does not wish to do them in front of others, especially her peers.

This sensitivity to ridicule should be explored carefully, as it leads the prescriber to understand the *Lycopodium* child's personality more fully. Each constitutional remedy type is affected by the same stresses in different ways. Compare the *Lycopodium* child to *Natrum muriaticum* and *Pulsatilla*. The *Natrum muriaticum* child can be destroyed emotionally by ridicule. *Natrum muriaticum* children have such strong emotions, which they try to control, that the thought of being made fun of is itself overwhelming. They become severely traumatized, something that will not be easily resolved once they are made fun of. The *Pulsatilla* child also has an emotional base of existence, being also easily hurt; especially if the ridicule threatens to take love away from him. If he does not feel that this will happen, however, the *Pulsatilla* child will usually resolve the situation easily. The *Lycopodium* child is concerned about something quite different. He does not have the strong, deep emotions of the *Natrum muriaticum* and so will not be so easily crushed emotionally. However, he is sensitive to social ranking and will not wish to lose status. For this reason, the *Lycopodium* fears new situations, people, and activities that can potentially reveal his inadequacies. He resists new projects, new ideas, and even new games. He fears that he will get up in front of the class, make an error, and look foolish.

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Heroin lies the *Lycopodium* fear of ridicule. Later in life these individuals learn to bluff their way through situations such as liis, but as youngsters, they resist putting their rank on the line.

We can conclude that in *Natrum muriaticum* the criticism and condemnation comes from within. In *Pulsatilla* the fear of losing love is the major threat felt in being made fun of. In *Lycopodium* the child is most concerned with how he or she is perceived within the group.

As a corollary to this concern about what others think, one finds that the *Lycopodium* child may compromise easily, dress neatly, and maintain a tidy appearance in general. Such behavior shows that her energy is spent on climbing the social ladder, doing everything right so as to secure a desirable position within the social strata.

Lycopodium children are preoccupied with their looks. The children may be sloppy in their rooms and messy in the bathroom but they groom themselves well, always concerned about their "show." *Lycopodium* will often prove to be the remedy needed for seven- to ten-year-old girls who are preoccupied with clothes, hair style, jewelry, and makeup, even though her family does not encourage this behavior.

A memorable case illustrating this aspect involves sixteen-year-old Jody. She complained of allergies, a postnasal drip, and sore throats that had become more or less constant during the past two years. The case fit *Lycopodium* in the time and temperature modalities, becoming aggravated in the morning and late afternoon and in the cold. When asked what had happened in the two previous years, the answer confirmed a *Lycopodium* diagnosis. When she was fourteen years old, she became pregnant. This shock seemed to place her not in grief or in sadness, but rather in a deep *Lycopodium* state. She became so concerned about what others might think that she starved herself. For eight months no one suspected that she was pregnant. Finally, when she could hide the truth no longer, she was found out and married the father of the child. As usual in *Lycopodium* pregnancies, she developed constant stomachaches. And what is also usual for *Lycopodium* pregnancies, though unusual for one her age, she developed extensive varicose veins and hemorrhoids. She became severely con-

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stipated as well and needed strong laxatives to have a bowel movement during the two months following the birth.

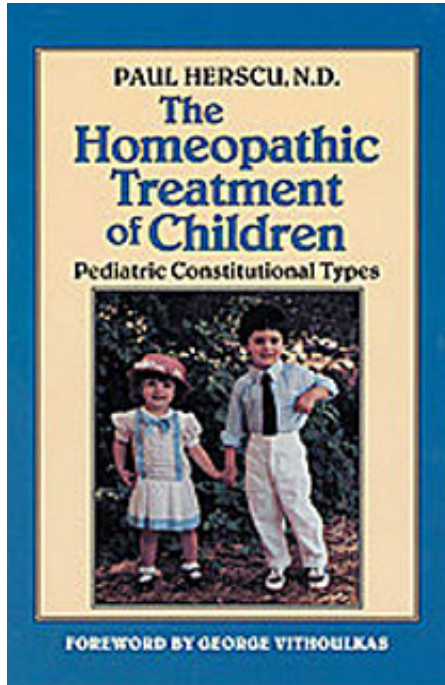
It was impressive to hear how the emotional shock of this unwanted pregnancy, which put an unbearable strain on maintaining social status and appearances, expressed itself physically. Even two years later, when she was first seen in our clinic, all the symptoms of her physical pathologies still fit the *Lycopodium* picture.

Fear Somaticized

Apprehension and anxiety are often felt by *Lycopodium* children in the stomach and abdomen. They develop frequent stomachaches, nausea, vomiting, and loose stools or diarrhea. I remember a teenager who complained of frequent sore throats. Along with all the *Lycopodium* modalities of the sore throats, food desires, and skin problems, she also described herself as having had a "weak stomach" her entire life. She was a very good student who maintained a high grade average. Her scholastic abilities, however, did not lessen the anxiety she experienced before every test. Whenever she studied for any test she would develop stomachaches so intense she would eventually vomit.

Physical problems may also lead to emotional changes. Charles, a boy of seven, became very crabby and challenged all of his mothers requests and argued with the neighborhood children with no apparent provocation. This behavior began immediately after a hernia operation and persisted until given the remedy *Lycopodium* years later. It seemed that the physical *Lycopodium* symptomatology transferred to the emotional state after the operation. Another *Lycopodium* patient of mine developed similar irritability, along with fears of the dark and of being alone, after receiving allergy shots to cure a chronically stuffy nose.

In arthritis cases, as the inflammation increases, so too do the fears and irritability. Parents of arthritic children bemoan the transformation, saying that the child used to be more "happy-go-lucky" until the physical changes occurred. Changes in emotions can be an especially important clue in diseases that have exacerbations and remissions. These slight changes on the emotional level can indicate to the parent that a flare-up is eminent even



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