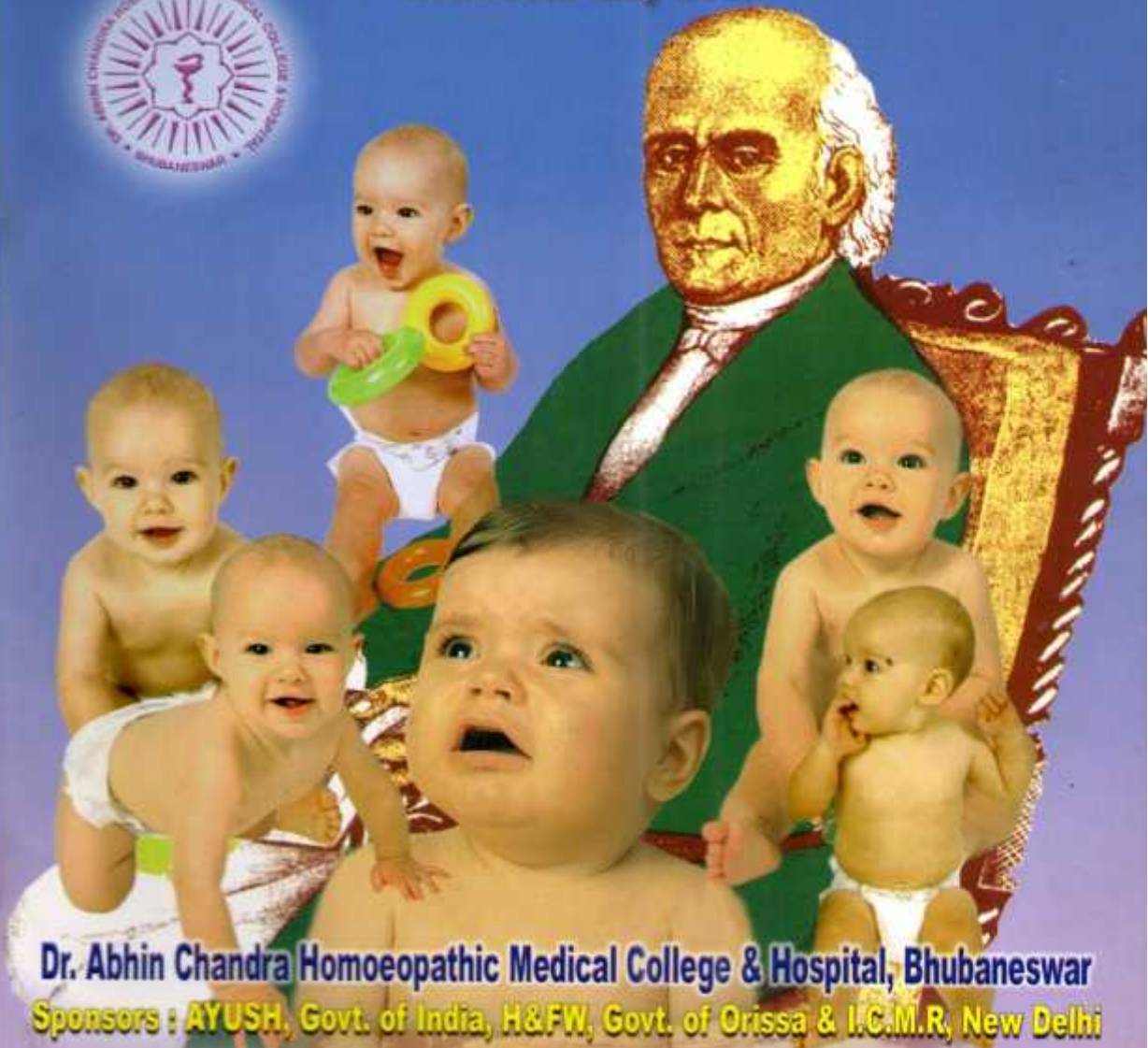


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A DISCUSSION ON REPORTORIAL RUBRICS ON TENSION DISCHARGING PHENOMENON IN PAEDIATRICS PRACTICE

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Repertory incorporates the symptoms of the patients in the form of rubrics. Repertory has enumerable rubrics and sub-rubrics with the drugs and their gradations. The mind chapter contain largest number of rubrics in many repertories e.g. Kent's Repertory, Synthesis, Complete Repertory etc.

An attempt has been made to isolate the rubrics pertaining to habit disorders in a concise form in this particular article. The first grade drug's characteristics are delineated to facilitate the prescriber at the bedside.

Habit disorders include tension-discharging phenomenon, such as head banging, body rocking, thumb sucking, nail-biting, hair pulling (trichotillomania), teeth grinding (bruxism), hitting or biting parts of one's own body, body manipulations, repetitive vocalizations, and air swallowing (aerophagia), pica, bedwetting, breath holding spells, encopresis, temper tantrum etc. Tics which involve the involuntary movement of various muscle groups, are also included. Some habit patterns may be learnt by imitation of adults. Many begin as a purposeful movement that, for some reason, becomes repetitive, with the habit losing its original significance and becoming a means of discharging tension. In many cases children who exhibit head banging or rocking either have been neglected or have developmental delays. These movements represent a kind of internal stroking. Some children twist their hair or touch or play with parts of their bodies in

repetitive ways. In some cases, however, social anxiety can increase repetitive behaviour. [1]

Habit disorders occur in normally developing children and are benign and self-limited. Both biological and environmental factors are important in causing and maintaining these behaviors. Both **low arousal states** i.e., when the child is tired and bored and **high arousal state** i.e., when the child is angry or frustrated play an important role in the etiology of development of repetitive behaviors. [2]

1. PICA (Geophagia): (Rubric-Stomach desire, lime) – Alum., Cicuta.vir., Nit. acid.,

The term Pica, refers to eating of substances other than food (nonedible items), e.g. earth, dust, clay, sand, flakes of paint, plaster from walls, fabrics, ice (Pagophagia), etc. It is frequent in first 4 years of life but may be seen in grown up as well. Pica as a manifestation of inclination for mouthing and tasting in the absence of any associated problem may be taken as a normal until 2 years of age. [3]

Aetiology :

Children from lower strata of society with suggestions of parental neglect, poor supervision or proper attention.

Associated malnutrition with worm infestation and vitamin and mineral deficiency is common. [3]

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Clinical features:

Usually anaemic and have mineral and vitamin deficiency. Intestinal parasitic infestations are usually associated. Behavioral problems are common. Some children may pull out their head hair (trichotillomania) and swallow them. Lots of hair may collect in the stomach which becomes palpable and a big lump in the upper abdomen (trichobezoar), particularly after meals. Perverted appetite is generally a manifestation of psychologic cause.[3]

Features of indicated drugs:

Alumina:

Abnormal craving; chalk, charcoal, dry food, tea-grounds; craves, coarse foods, in children. Craving for dry food craving such as dry rice. Peevish child, always groaning, moaning. Startling on falling sleep; during sleep, from sleep.

Mentally he is peevish child, weakness of memory and inability to think coherently, slowness in answering questions.

Physically he is chilly patient, desire for farinaceous food and other indigestible things, aversion to meat & potatoes disagree & constipated.

Cicuta virosa:

Desire for unnatural things such as coal, chalk etc, Inability to distinguish between edible things unfit to be eaten, loud hiccough & crying, with thoracic spasms.

Mentally the child is, excessively affected by sad stories & horrible things, Singing, dancing & making funny gestures, child grasps at its cloths in a frantic manner, anger when spoken to, aversion to presence of strangers.

Physically the child indisposition to grind teeth, In epileptic fits in children, swelling of tongue, speech, difficult, bites the tongue, diarrhea with itching of rectum in children.

2. TEETH GRINDING (BRUXISM) (Rubric-Teeth, grinding – Bell., Hyos., Calc.carb., Caust., Stram., Tub.)

It is quiet common, can begin in the first 5 years of life. In case of infants one need not bother about it. In older children it may be a manifestation of disturbing dreams, pent-up tensions and aggression.

May occur in mental retardation and in unconscious patients, more so those suffering from meningitis and encephalitis.[3] Praise and other emotional support are useful at these times. Untreated bruxism may create problem with dental occlusion.

Features of indicated drugs:

Belladonna:

Breaks into fits of laughter and grinds the teeth, the child cries out suddenly, and ceases just as suddenly, boring head into pillow, drawn backwards and rolls from side to side.

Mentally very restless child, spits on face of other persons, starts in fight at the approach of others, fury; pulling at the hair of by standers, perversity & tears in children fear of dogs.

Physically craving for sour food, aversion to milk, When swallowing bends head forward and lifts up knees, in children, loss of appetite & dread of drinking.

3. THUMB SUCKING AND NAIL BITING (Rubric-Mouth, fingers in mouth, children-Ipecac., Calc.phos., Nat.mur., Sil.)

Nail biting (Rubric-Mind, biting, nail – Acon., Ars.alb., Arum., Lyc., Verat.alb.)

Thumb sucking Is normal in infancy and childhood, beyond the age of three years may adversely affect the teeth in a proportion of children.[3] Nonnutritive sucking occurs in between 23% and 46% of children ages 1-4 years.[2]



Nail biting is a phenomenon demonstrated by children beyond 4 years of age. The cause is a kind of insecurity, a conflict or hostility.[3] It may be associated with a number of sequelae if it persists beyond 4-6 years of age. The most frequent sequelae are dental problems such as anterior open bite, decreased alveolar bone growth, mucosal trauma and sometimes altered growth of the facial bones, Paronychia, digital deformity and may be psychological sequelae. [2]

Features of indicated drugs:

Calc.phos.:

For thumb suckling, valuable remedy, Anaemic children who are peevish, flabby and have cold extremities and feeble digestion., complaints during children; teeth develops slowly, rapid decay of teeth.

Mentally, peevish, restless and fretful child always wants to go somewhere, when away from home, wants to go here and there, dullness of children.

Physically, infants want to nurse all the time and vomits easily, craving for raw, salty, piquant food, child suffers from colic after every feeding, cutting, pinching, flatulent navel colic followed by diarrhea.

Ipecacuanha:

Clean tongue, or only thin white coating, child puts fingers in mouth. Complaints associated with nausea, vomiting.

Mentally the child has full of desires, but doesn't know for what. Feels unfortunate, impatience, restless, children cry and howl, hard to please

Physically the child has desire: indistinct, delicacies, aversion to food in general. & < from veal, rich food, raisins.

Arum triph:

Bites, nails until fingers bleed. Restlessness, tossing about in bed, starting during sleep.

Mentally the child is excessive cross, stubborn & nervous, persistently boring into nose; picking lips, fingers, at one spot until it sore, or bleeds especially in children.

Physically, raw feeling at root of tongue & palate, strawberry tongue, corners of mouth sore & cracked, Putrid odour from the mouth.

Silicea:

Especially suited to the children, imperfect assimilation and consequent defective nutrition, abdomen hard, bloated & thin legs. Silicea mainly suited after ill effects of vaccination,. A child crawls nervously, or dragged in on their mother's arms; on running, they become pale.

Mentally the child is obstinate headstrong, starts from least noise, nervous.

Yielding, sensitive weeping mood, cries when kindly spoken to, homesickness.

Physically, disgust for meat & warm food, excessive thirst, aversion to mother's milk, desire for ice cream, offensive sweat.

4. TICS (HABIT SPASM): (Rubric-Mind-Tics (Gestures, Tics, Nervous) – Arg.met., Carc., Sep., Zinc. met.)

The term refers to fast repetitive movements, which are frequently stereotyped and are available at will.

Tics occur most often in school going children and usually represent emotional disturbance or maladjustment. Generally they may be an outlet for the suppressed anger and worrysomeness following control of aggression by parents or the teacher.

A kind of tics in which extensive and bodily movements are accompanied by bodily vocalization (barking or shouting obscene words) has been termed Gills de la Tourette Syndrome.[2]



Features Of Indicated Drugs **Carcinosin:**

It is especially suited to children with family history of cancer, diabetes, tuberculosis. Can be used as intercurrent remedy along with indicated remedy.

Mentally the child is restless with destructive outbursts, disobedient, refusal of parental control, fastidious.

Physically, desire for butter & chocolate, milk, salty things & sweets, sleeplessness in children from birth, sleeps in abdomen, on knees, child must be rocked.

5. BODY ROCKING: Body, rocking (Rubric-Mind, restless, children in, Cina., Kreos., Rheum., Jalapa., Merc., Kali.phos., Rhus.tox., Tub.)

Rhythmic forward and backward swaying of the trunk that occurs most frequently in sitting position seen during infancy. [2]

Features Of Indicated Drugs:

Cina:

This is a children's remedy, suited to big, fat, rosy, and scrofulous-corresponding to many conditions that may be referred to intestinal worms. An irritability temperament, variable appetite, grinding of teeth.

Nervous mental and bodily symptoms may be due to the presence of roundworms or reflex from abdominal irritation.

Mentally the child is restless, tosses about, ill humor, wants to be carried, but carrying gives no relief, very touchy; petulant and dissatisfied. Indifference to caresses, irritability > rocking fast.

Physically the child is hungry, great hungry soon after a meal, bloated and hard abdomen, craving for sweets & dainties, aversion to mother's milk, picks its nose and cries out in sleep.

6. HEAD BANGING: Head Banging (Rubric-Beat, Strike, himself, head- Taren., Bell., Ars.alb., Hyos., Stram.).

Rhythmic hitting of the head against a solid surface often the crib mattress. It occurs in 5-20% of children during infancy and toddler years. Head banging can result in callus formation at the site of banging, abrasions and contusions.[2]

Tarentula:

Rolls on ground from side to side, symptoms appears suddenly with violence, rolls the head and rubs it to relieve distress.

Mentally the child is extremely restless, cunning, hurry, everybody must hurry.

destroys clothes, disobeys, refuses to eat & quarrelsome & pathological liar.

Physically the stomach craves for sand or raw food & salty things, aversion to meat & bread.

7. TEMPER TANTRUM: (Rubric-Mind, contradict, disposition to: Anac., Caust., Hep sul., Lach.)

From the age of 18 months to 3 years, the child begins to develop autonomy and starts separating from primary caregivers. At this age they develop negativism i.e. they do things opposite what has been requested or opposite of their own desire. This is also known as oppositional. When they can't express their autonomy they become frustrated and angry. They show their frustration and defiance with physical aggression or resistance such as biting, crying kicking, throwing objects and hitting and head banging. This kind of physical aggressive is known as temper tantrum. Reaches its peak point during second and third year of life and gradually subsides in between 3-6 years as the child learns to control his negativism and complies to the request of others.[2]

Features of indicated drug:



Anacardium orientale :

Central idea: Great internal conflict, suffer strongly, contradiction of will, separation on all levels, lack of self-confidence/inferior feeling.

Two types:

1. Cruel
2. Helpless, hopeless, pleading, needy.

Mentally the child is having great insecurity & lack of self-confidence. Irresolution, feels inferior. But with emotional "hardness".

complaints from (supposed) humiliation, easily offended.

Fly into a temper. Take everything in bad part, mischievous children.

Physically the complaints > by eating.

Constipation with ineffectual urging, stomach, emptiness 11a.m & general agg. by cold.

8. ENCOPRESIS:(Rubric-Rectum , relax anus, Aloes.soct.,Apis mel.,Phos.)

Encopresis, indicating a more serious and emotional disturbance than enuresis, it is characterized by passage of feces into in **inappropriate** places at any age (usually after 5 years) When bowel control is expected to be accomplished.

In primary encopresis, chronic soiling persists from infancy onward. In secondary (regressive) encopresis, soiling occurs after attaining bowel control at appropriate age. Accompanying symptoms include chronic constipation, fecal impaction, overflow incontinence, and poor school attendance and performance. [3]

Features of indicated drug:

Apis:

Diarrhoea, sensations as if anus is wide open.

Mentally the child is, depressed, weeping, irritable, aggressive & sensitive, awkwardness, clumsiness, drop things.

Physically the more characteristic, Stinging, burning pains, thirstlessness.

Phosphorus :

Diffusion, is the key word

Bleeding haemorrhoids, sensation as if the anus remained open, discharge of blood < stool. long, narrow and hard; with blood.

Mentally the child open, extroverted,lively, expressive, sympathetic, sympathize with homeopath, sit forward on the chair desire for company fears, dark, being alone, insects, ghosts, thunderstorm, disease, desire to be magnetized.

Physically, child is tall, thin, delicate, and oversensitive, desire for salt and chicken, ice-cream & chocolates > cold drinks, sleep (even short), rubbing, eating.

9. BREATH HOLDING SPELLS:

(Rubric-Mind, shrieking, screaming, shouting children in-Borax., Lac.can., Tub.)

Commonly known as **infantile syncope**. Accounts for 4-13% of psychosomatic disorders in paediatric age group. Two types are recognized: Pallid and Cyanotic. Cyanotic type is thrice as frequent as the pallid type. In 20% of cases, both types may coexist.

Aetiology :

- ◆ Frustration
- ◆ Disciplinary conflict between parents and the child.
- ◆ Genetically determined dysregulation of autonomic nervous system reflexes.

The pallid type is supposed to be secondary



to cardiac asystole, similar to a vasovagal attack. It can be induced by ocular compression. The cyanotic type results from a rise in intrathoracic pressure when breathe is held in expiration (as, for example, during crying), leading to decrease in cerebral circulation.

Clinical features:

In a classical attack, the child cries, hyperventilates and holds his breathe (usually in expiration) followed by cyanosis in few seconds. There may occur momentary loss of consciousness and convulsive twitching. Finally, he becomes limp. In second type, the child develops characteristic pallor rather than cyanosis. The first type is called cyanotic and the second pallid.

The onset in both the types is between 6 and 18 months of age. The frequency is usually one to three attacks a day. [3]

Features of indicated drug:

Borax veneta :

Infants:

Birth trauma. Late birth, timidity, do not react, aversion being rocked, Loss of appetite, pale face, dark red tongue., shrieking during sleep, clinging to mother, cradle.

Mentally the child is, fear downward motion (elevators, stairs, babies put to bed or being rocked, seasick), (Also opposite: child may want to go down the slide: A. Timmer-man), Fear falling, startling easily, from noise, even at a distance, Babies cry and scream, when nursing, before passing stool or urine.

Physically he is < by fruit, > after stool (Nat-s), diarrhoea, thin stool, aphthous. present.

10. BED-WETTING (PRIMARY NOCTURNAL ENURESIS): (Rubric-Bladder,

urination, involuntary, night, incontinence in bed, children in- Equis., Bell., Caust., Cina., Kreosote.)

Bed-wetting is common in young children. Children grow and develop at different rates, and bladder control is achieved at an individual pace. Usually, daytime bladder control occurs before night time control.

Enuresis cannot be said to exist as a pathological condition until after the second year, for the child doesn't learn to voluntarily hold back the urine until after 1st dentition period.

Epidemiology:

- ◆ Approx. 60 % of children with enuresis are boys.
- ◆ Family history is also important and +ve in 50% of case.
- ◆ Primary nocturnal may be polygenetic, candidate genes have been localized to chromosomes 12 and 13.

If one parent was enuretic child has 44% risk of & both parents, are enuretic, each child has 77% of likelihood of enuresis

Primary nocturnal enuresis—Bed-wetting that continues past the age that most children have night time bladder control—will usually stop over time without treatment.

- About 85% of children who wet the bed stop by age 5 or 6, and 15% of those still wetting at age 5 to 6 stop with each following year.
- Most children with primary nocturnal enuresis will stop wetting by the time they are 10 to 12 years old.

Features of indicated drug:

Causticum:

Enuresis during first sleep at night, loss of sensibility on passing urine, cannot tell when urine



is passing in the dark., involuntary urine when coughing & sneezing, Paralysis of bladder, from retention of urine, and consequent incontinence.

Mentally, child does not want to go to bed alone, least things make it cry. Weeping at least trifles, child weeps at the least worry, repeats the questions first when answering & homesickness.

Physically the child desire for salty food & smoked things, aversion to sweets, enlarged painful distension of abdomen in children & stool constipated.

Kreosote :

Can urinate only when lying; cannot get out of bed quickly enough, during first sleep, dreams of urinating, enuresis of in first part of night must hurry when desire comes to urinate, urination involuntary, when lying, on coughing.

Mentally the child is stupid, forgetful, peevish & irritable, wants everything but throws it away, when given, dissatisfied, with everything, shrieking in children; during stool, starting form fright.

Physically, craving for smoked meat, great desire for sleep & frequent yawning, cold sweat, coldness of isolated parts.

11. Hair pulling (Trichotillomania): (Rubric-Mind, pull, desire to, hair, once-Bell., Cuprum met.)

Some children may pull out their head hair (trichotillomania) and swallow them. Lots of hair may collect in the stomach which becomes palpable and a big lump in the upper abdomen (trichobezoar), particularly after meals. Perverted appetite is generally a manifestation of psychological cause. [3]

Features of indicated drug:

Cuprum metallicum:

It is a valuable remedy for hair pulling in case of children.

Mentally the child is serious, loose lightness, flexibility. can't be superficial, cannot express feelings, much closed, restless, impulsive. nerves wrought up to the highest tension, becomes slow. Ideas come slowly, slow comprehending; feel that their intellect is not working.

Physically the child > drinking by cold water.



*Children will not remember for the material things you provide
but for the feelings that you cherished them*

Children have not changed, childhood has.

Children are like wet cement. whatever falls on them makes an impression.

Children are the world's most valuable resource and it's best hope for the future.