

A QUARTERLY HOMOEOPATHY NEWS BULLETIN

HOMOEODINSIGHT

THIS BULLETIN IS BASED ON “HOMOEOPATHY FOR YOUR CHILDREN”

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PARUL INSTITUTE OF HOMOEOPATHY & RESEARCH
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Managing Editor's Message



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I feel happy and immense pleasure to write few words of our institutional bulletin "Homoeo Insight" of its VIII issue.

"Children are like buds in a garden and should be carefully and lovingly nurtured, as they are the future of the nation and the citizens of tomorrow." Therefore to look after the health of our children is our prime objectives as a medical professional. Homoeopathic medicines gives miracle result in the treatment of paediatric cases in comparison to conventional medicines. In this issue our issue editor Prof (Dr.) Bhakti Pathak Madam has rightly chosen the theme of the bulletin dedicating to our children with the title "Roll of Homoeopathy in the treatment of paediatric cases" Apart from this she has compiled all the co-curricular, Extracurricular and academic activities conducted by our institution after the publication of previous bulletin. Wish all dear readers a happy holy and Happy reading.

Editorial Message



Dr Bhakti Pathak
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Thank you PIHR for giving me this Platform and always pushing me, So that today | am writing this editorial.

The word Paediatric is derived from a Greek word which means 'Healer of Children.'

Now days in regards to children care parents have moved towards Homoeopathy more And especially for the child, it has become one of the most popular pathy's. Children are more resilient than an adult/parent hence the illness which children experience seem to both appear and disappear more quickly than the illnesses which adults experience.

In today's time we also need to understand that children want to be independent and have their Own identity. As parents we often forget that and tend to consider our children little adults/us. They are not, they are different! We want them to fulfill dreams that we have not been able to do/ or got opportunities to do, But don't do that. Let them grow on their own. It is said that actually we should tend to children just like we tend plants, take care but not push and shove and dominate. We need to understand that once children start going to school, their social environment expands from home and family to peers and teachers. So it has to cope with two social environments which might be completely different. We need to, rather try to understand a child's experience and we should consider both the environment; family and school. Many a times, a child might behave quite differently in the two environments and this too can lead us to the possible Homoeopathic remedies for them. The cases in this issue are really eye —openers to what Homoeopathy can achieve and will definitely help us all too. Lastly, | want to add, that pediatric is a biggest scope for homeopathic so don't ignore to understand pediatric patients.

Dr Bhakti Pathak

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HOMOEOPATHIC APPROACH AND TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER

Children are the prime component in the development of the society. In other words they are the citizens of tomorrow. Hence bringing up a healthy generation is the noblest thing that can be done for the health in future. Nowadays there is a multi-dimensional concept of health that is the health depends on several dimensions like Mental, Physical, behavioural, social, spiritual etc. But if any one or more dimensions become altered then the person become sick which affects the society and the country grossly.

ADHD (ATTENTION DEFICIT HYPERACTIVITY DISORDER) is the most common neurobehavioral disorder of childhood, one of the most prevalent health conditions affecting school-aged children. It comprises of symptoms of hyperactivity, impulsivity, inattention or all mixed to one. It is one of the most common behavioural disorder affecting children. ADHD – attention deficit hyperactive disorder is one of the common childhood disorders. It is a neurodevelopment and psychiatric illness with a variety of behavioral disorder in children. There are significant problems which cause attention deficit, impulsiveness or hyperactivity which is inappropriate for the age.

ADHD is characterized by inattentiveness, including increased distractibility and difficulty sustaining attention; poor impulse control and decreased self-inhibitory capacity; and motor over activity and motor restlessness. Symptoms must be present before the age of 12, must be present at least for 6 months, in 2 or more settings and must be reported by independent or trustworthy observers and that should not be secondary to another disorder.

According to the DSM V criteria there are 3 subtypes

of ADHD:

1. Predominantly inattentive
2. Predominantly Hyperactive- impulsive type
3. Combined type

Children who have symptoms of inattention may:

- Be easily distracted, miss details, switches from one activity to another
- Faces difficulty in focusing in one thing
- Gets bored with a task within a few minutes, unless they are doing something enjoyable.
- Difficulty in focusing attention on organizing and completing a task or learning something new.
- Have trouble completing or turning in homework assignments, often losing things
- Doesn't seem to listen when spoken to
- Day dreaming, easily confused, and moves slowly
- Have difficulty processing information as quickly and accurately.
- Struggle to follow instructions.
- Children who have hyperactivity may:
- Fidget and squirm in their seats
- Non-stop talking
- Dash around, touching or playing with anything and everything in site
- Have trouble sitting during still during dinner, school, and story time.
- Constantly moving.
- Children with impulsivity may present with:
- Impatience
- Blurt out inappropriate comments, show their emotions without restraint, and act without regard for consequences
- Have difficulty waiting for things they want or waiting their turns in games Often interrupt

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conversations or other activities.

DIAGNOSIS:

Its diagnosis is done by assessing whether the child's specific behaviors met the diagnostic and statistical manual of mental disorders-IV-revised criteria. These criteria define three subtypes of ADHD:

1. ADHD primarily of the inattentive type (ADHD/I)
2. ADHD primarily of the hyperactive –impulsive type (ADHD/HI)
3. ADHD, combined type (ADHD/C)

MEDICATIONS: Pre-synaptic dopaminergic agonists which are commonly called as Psycho-stimulant medications are the drugs of choice. For example Ritalin, Concerta, Metadate etc are used to control ADHD symptoms.

HOMOEOPATHIC APPROACH

Homeopathy has an excellent scope in the treatment of ADHD. Medicines prescribed in homeopathy are in minute doses and can be safely administered by children suffering. Homeopathic medicines are not habit forming, so one need not worry about drug dependency. Each child suffering from ADHD has different symptoms and different triggers. Homeopathic physician considers all the details of a person before the final prescription.

Homeopathy is clinically useful for all types of emotional and psychological problems, including ADHD. It helps to restore children to their natural state of emotional health and overall well-being, without side-effects. Homeopathy believes in individualized treatment, wherein healing is targeted at the entire child, not just at a specific disorder, or illness. It takes

into account the unique, distinctive nature and characteristics of each child, no less, and prescribes treatment accordingly. It was found that children receiving Homoeopathic medicine continued to improve. Homeopathy also assesses each child and treats them individually, based on their unique, characteristic temperament and presenting, or latent, symptoms.

Homeopathic treatment helps such kids to cope better, calm down, improve their self-esteem and attention span and reduce impulsivity and restlessness. Speech therapy, or supportive learning therapy, may also be given in conjunction with homeopathic remedies.

In §5 of 'Organon of Medicine, 5th edition', Dr. Hahnemann said that most significant points in the whole history of the disease are necessary for a successful treatment. So that in these cases it happens frequently that maternal history becomes very important. Otherwise the constitution, temperament of the patient, tendencies, and clarity of some presenting characteristics helps to understand the case. But every case has their variable approaches. Heart of Paediatric case taking depends on observation. The physician should first have an idea of “what to be observed” in a child and proper interpretations have to be drawn. Confirmation of this data by interrogating the mother is the next step..

Homoeopathy is a psychosomatic medicine. It recognizes the role of mind in the genesis, maintenance and the development of a disease and gives prime importance to mental expression, disposition and state that expresses in the form of behavioural expression.. Every ADHD child has characteristic expression as per unique constitution.

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This characteristic expression individualizes the child from others and helps in building up a totality for the selection of a remedy.

Few Homeopathic medicines for ADHD:

1) Cina:

- Cina child is very cross, ugly, does not want to be touched, caressed or carried, and wants to be rocked.
- Very touchy, petulant, dissatisfied
- Irritability > rocking fast.
- Cannot bear to be looked at
- Desires many things, but rejects everything offered, throws things away.
- Violent screaming attacks at night, the child lying on the back, striking and kicking with hands and feet

2) Stramonium

- Intense emotions in a child lead to violence, which is out of control
- Sudden anger. Can be destructive with striking, biting, tearing, smashing, strangling.
- Emotional vulnerability
- Strong fears at night. Wakes with terror, the wild look in the eyes. Half awake, half dreaming.
- The child wants to sleep with the parents
- The sight of water or anything glittering brings on spasms.
- Children with Behaviour disorders can appear very quiet during the consultation.
- Rapid changes from joy to sadness. Laughs at night weep during the day.

3) Tuberculinum

- Hyperactivity, restless
- Compulsive behaviour, ritualism

- Despondent and morose Disposition to use foul, filthy language; to curse and swear
- Every trifle irritates him.
- Horrid anger wants to throw things away. Bangs the head when angry
- Malicious behaviour breaks things, breaks other's valuables.
- An obstinate and disobedient child
- Dissatisfied, always wants a change.

4) Tarantula

- Suddenly changing moods, fancies, or strength
- Crafty, cunning, dishonest, selfish, destructive, destroy whatever she can lay hand on, tears her clothes, etc.
- Hateful throws things away.
- Rolls on the ground from side to side or strikes vehemently or rolls the head and rubs it to relieve her distress.
- Hurried, intense, excited and restless. Impatient

5) Veratrum alb

- Hyperactive, restless, disobedient
- Mania with desire to cut and tear everything, especially clothes
- Cannot bear to be left alone, yet persistently refuses to talk.
- Precocity. Asks many questions

6) Agaricus

- Morose, self-willed, stubborn
- Awkward, clumsy
- Pressure on the spine causes involuntary laughter
- Convulsions after being scolded
- Sings talks, but does not answer

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- Loquacity, but answers no questions.
Disinclined to answer questions

7) Medorrhinum

- Impulsive, abrupt, rude, mean, cruel
- Cross by day, merry at night.
- Sad, dismal outlook > weeping.
- Weeping ameliorates symptoms.

8) Lachesis

- Passionate, expressive, outgoing intense
- Creative, vital, lively. Constant overflowing ideas
- Loquacity, Jumps from one subject to another.
- Mocks make odd notions, crawls on the floor, hides, spits, laughs or are angry during spasms. Talking, singing, and whistling constantly.

9) Lycopodium

- Inferiority complex. Egotism. Bullying, domineering, arrogant. Lack of discipline
- Irritable, peevish and cross on waking. Kicks and screams.
- Easily angered, cannot endure opposition or contradiction
- Weeps all day, cannot calm herself, very sensitive

10) Phosphorous

- Open, bright excitable, suggestible, and anxious patients
- Great loquacity and vehemence
- Oversensitive to external impressions
- Destroys everything, spits at the nurse
- Anxious, restlessness, the patient cannot sit or stand still for a moment, especially in dark or twilight.

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HOMOEOPATHY FOR LEARNING DISABILITIES IN CHILDREN

INTRODUCTION

Learning Disability is the group of disorders, heterogenic in nature, presented with significant difficulties in use and acquisition of listening, speaking, reading, writing, reasoning and mathematical abilities¹. It may be seen in mental retardation, Attention Deficit Hyperactivity Disorder, medical conditions like premature birth, Diabetes mellitus during pregnancy, Maternal smoking etc. are also involved in development of learning disability². Dyslexia is characterized by failure to develop adequate reading skills and delay in learning to read which become apparent between the ages of 6 to 9 years. Clinical features include omission, distortions or substitutions of words, long hesitations, and reversal of words or simply slow reading. Writing difficulties are often coexisted with dyslexia. Dysgraphia is failure to develop adequate writing skill and often coexist with dyslexia and mathematical disorder, it is apparent between ages of 7 to 10 years. Clinical features include difficulties with spelling, syntax grammar and composition³.

Rationally

Remedial education is the only accepted means of managing this condition which involves tutoring of language and Meta linguistic awareness, decoding word study and comprehension with writing. As there are no other known ways for managing this condition, homoeopathy can be used as an alternative medicine. Since Learning Disability is a developmental disorder and usually elicits responses from the individual, constitutional homoeopathic medicines will give more satisfying results as we use holistic approach while administering homoeopathic medicines.

MATERIALS AND METHODS

The purpose of this study was to see the effect of constitutional homoeopathic medicines in the management of learning disabilities viz. Dyslexia and Dysgraphia in the age group of 6 to 15 years. Total 30 patients of above mentioned age group were included in the study. Pre assessment of each child was done with “Is It Dyslexia” free online evaluation by Davis Dyslexia Association. Visual Analogue Scale was used for before and after treatment analysis. Constitutional homoeopathic medicine was prescribed to the children who showed significant severity of symptoms in pre assessment. Synthesis repertory was used for repertorisation. Single dose of medicine was prescribed to every child at the interval of 10 to 15 days in required potency.

RESULT

After statistical analysis of data at 95% confidence interval with degree of freedom 29 shows $p = < 0.0001$ thus homoeopathic medicines are effective in management of learning disability.

Case Discussion

Name: RD, Age: 11, Sex: male

Totality of symptom

1. Irritability 2. Restlessness 3. Makes mistakes in reading 4. Makes mistakes in writing 5. Confusion while reading 6. Desire for sweets 7. Perspiration offensive 8. Perspiration – Stains the linen 9. Thermally hot 10. Mind – Weakness of memory

Remedy Selection with potency: Lycopodium 200 single dose repeated every 15 days for 3 months.

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Visual Analogue Scale

Symptoms	Severity of Symptom				
	0	1	2	3	4
Reading difficulty					✓
Writing difficulty				✓	
Concentration			✓		
Memory				✓	
Comprehension				✓	

(Pre – assessment)

Total Score: 15

Symptoms	Severity of Symptom				
	0	1	2	3	4
Reading difficulty			✓		
Writing difficulty			✓		
Concentration		✓			
Memory			✓		
Comprehension			✓		

(Post – assessment)

Total Score: 9

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HOMOEOPATHY FOR YOUR CHILDREN

Becoming a parents and having a child completely change your world. Your world begins to revolve around your kids and their happiness. All you want is to provide them with the best of everything. Parents tend to be more concerned about their child's safety, food-diet, health and hygiene then they are about themselves. Today with increasing awareness, parents want good quality health care services for their children even in case of minor ailments.

The moment one sees their child sneezing, coughing or crying due to pain or some health issue, they succumb to anxiety and rush to the nearest doctor hoping that the doctor will make their child's problem go away. And almost invariably, the physician will prescribe a mixture of medicines in varying doses for relief. What most of us fail to understand is that kids and their immature organ system deals with drugs differently as compared to a grown up's. medicines given to our children should be as nature and organic as possible and also be free from chemicals and side effects. The human organism is resilient and adapts to everything around him. However, a child's body is fragile especially during infancy hence it is necessary to opt for a mode of treatment that does not do any harm to your kid.

Talking about safe and side- effect free treatment option homoeopathy scores highest among the various natural and holistic treatment option available. Owing to the safety of homoeopathy medicine, homoeopathy is considered to be the ideal treatment option for infants, toddlers and older kids. Millions of people worldwide recognize the effectiveness and safety of homoeopathy treatment and are resorting to it for their children's health needs. In some countries, it is seen that homoeopathy is no longer considered as an 'alternative medicine'. It is, in fact, fast becoming the most preferred system of medicine.

Homoeopathy is effective in treating variety of troubles that a child faces. Whether it is an infantile colic, teething trouble, aches and pains or even a behavioural disturbance homoeopathy can manage them all. The homoeopathy system of medicine work

from within, it helps in strengthening a child's immunity and thus helps in keeping illnesses at bay. It strengthens the child's natural defences so that he or she can fight off the cold or flu that every child around him may be facing. And helps them stay healthy and illness-free for longer duration of time.

Homoeopathy medication not only relieve common and acute problem of children but also prevent recurrent episodes of ill-health. Recurrent tonsillitis, enlarged adenoids, bedwetting, allergies, asthma, bronchitis, diarrhoea, constipation and many more illness can be safely and effective treated with homoeopathy. Emotional and behavioural disorders such as anxiety, depression, defiant or aggressive behaviour can also be treated with homoeopathy.

The biggest advantage of homoeopathy is that the medicines are easy to administer and not bitter. Kids love them as they are small sugar pills which can be administered directly or can be crushed with the help of spoon and then given to the child. Children willingly and happily take homoeopathy. The amount of lactose content in homoeopathic medications is so less that it poses no problems even in case of diabetic children. Homoeopathic medications are not habit forming and thus one does not need to worry about 'drug dependence' especially in cases of emotion disturbance like ADHD, Autism, and Depression etc.

The benefits of homoeopathy are much more than any other system of medicine. Hence its time that you be wise, choose homoeopathy and give your child the safest and most effective treatment for his or her illness.



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HYPERTENSION IN PAEDIATRIC AGE GROUP

SCOPE OF HOMOEOPATHY IN ITS MANAGEMENT

Abstract: This article is an attempt of explaining etiopathogenesis, clinical features, investigations for hypertension in children's along with scope of homoeopathy in its management with a special emphasis upon Murphy's repertory.

Keywords : Hypertension, BP, Systolic, Diastolic, Repertorisation

Abbreviations : BP- Blood Pressure
HTN- Hypertension
MM of HG- millimetres of mercury
CNS- Central nervous system
ANS- Autonomic nervous system

Introduction:

In infant and Young children systemic hypertension is uncommon but when present, it is indicative of serious underlying disease process. Hence secondary hypertension is common in most of the children. To increase early detection of hypertension accurate blood pressure measurement should be a part of routine annual physical examination of all children above 3 years of age. Blood pressure increases gradually with age and it varies with sex (¹).

Average blood pressure in children (²):

Sr. No.	Age	Systolic BP	Diastolic BP
1	1-3 months	70-80 mm hg	45-55 mm hg
2	4-12 months	80-90 mm hg	60-70 mm hg
3	1-8 years	90- 100 mm hg	60-70 mm hg
4	9-14 years	100-110 mm hg	60-70 mm hg

Incidence: - Essential hypertension accounts for 5 – 10 % cases of paediatric hypertension; secondary hypertension is more commonly seen in children(²).

Risk factors for Primary hypertension:

1. Heredity
2. Diet
3. Psychological Stress
4. Obesity (¹)

Aetiology of Secondary hypertension:

1. Hypertension in newborn is associated with renal artery thrombosis.
2. Hypertension in early childhood is because of renal diseases, coarctation of aorta, endocrine disorders, medications etc.
3. In adolescents essential or primary hypertension becomes common.

4. CNS and ANS causes like increased intra cranial pressure, polio, encephalitis etc.
5. Miscellaneous causes like fracture of long bone, hypercalcemia, white cell transfusion etc.(1)

Aetiology of persistent hypertension: -

1. Intrinsic Renal Diseases: Chronic glomerulonephritis, chronic pyelonephritis, obstructive uropathy, congenital lesions, renal tumours etc.
2. Renovascular causes: Renal artery stenosis, renal arteritis, renal vein thrombosis
3. Endocrinal causes: Pheochromocytoma, Cushing's disease, aldosteronism, Neuroblastoma(²).

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Aetiology of transient hypertension: -

1. Renal diseases: Acute post streptococcal glomerulonephritis, haemolytic uremic syndrome, post renal transplant, urologic surgery, acute tubular necrosis,
2. Miscellaneous causes: Administration of steroids, OC Pills, Hyponatremia, Polio, porphyria hepatica, Coarctation of aorta etc.(2)

Pathophysiology:

Renal and renovascular hypertension accounts for majority of children with secondary hypertension. The children give history of urinary tract infections, obstructive lesions of urinary tract. In renal diseases hypertension is related to sodium retention and hypervolemia, diminution of vasodilator substances. Renovascular hypertension is associated with sodium retention and increased renin secretion which in turn activates renin – angiotensin – aldosterone system which leads to sodium and water retention, increased peripheral resistance, vasoconstriction, plasma volume expansion and increased cardiac output. Endocrinopathies involving thyroid, parathyroid, and adrenal gland are associated with hypertension. Hyperthyroidism is associated with systolic hypertension & tachycardia. Hypercalcaemia in hyperparathyroidism is associated with hypertension because calcium plays an important role in increasing vascular tone. Congenital adrenal hyperplasia, aldosterone secreting tumours, Cushing's syndrome can also produce hypertension. Pheochromocytoma can lead to hypertension because of cardiac and peripheral vascular effect of epinephrine and nor epinephrine, such children usually have persistent hypertension. Polio can lead to hypertension because of altered sympathetic tone (1).

Clinical features:-

- 1) It is been noted that when subjected to stress or competitive task, the offspring's of hypertensive adults respond with greater increase in heart rate and blood pressure than do children of normotensive parents. Similarly some children of hypertensive parents respond to sodium loading with weight gain and increase in blood pressure than do those without family history of hypertension.
- 2) Children and adolescent with essential hypertension are usually asymptomatic and BP elevation is usually mild. These children may also have mild to moderate obesity.
- 3) Children with secondary hypertension have BP ranging from mild to severe. Unless the pressure is sustained or rising rapidly hypertension doesn't usually produce symptoms.
- 4) There is growth failure in children with chronic renal failure.
- 5) There is headache, dizziness, epistaxis, anorexia, visual changes and seizures.
- 6) If there is presence of vomiting, temperature elevation, ataxia, stupor, seizures it indicates hypertensive encephalopathy.
- 7) Cardiac or renal failure can occur in cases of marked hypertension.
- 8) Persistent and sustained hypertension in children can give rise to unexplained seizures and heart failure (1).
- 9) The patient presents with symptoms of underlying disease ex: polyuria, polydipsia, weakness, fatigue, pallor, weight loss, oedema in chronic renal disease.

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- 10) In coarctation of aorta femoral pulse is weak; BP in lower limbs is less than in upper limb.
- 11) In pheochromocytoma there are episodes of palpitation, sweating, flushing, weight loss.
- 12) Patient with Cushing syndrome have plethoric face, buffalo hump type of obesity, hirsutism and abdominal striae.
- 13) In severe hypertension patient present with visual disturbance, convulsions, nerve palsy and neurologic deficit (²).

Differential Diagnosis:

- 1) Asymmetrical pressures with right and left arm indicate coarctation of aorta, obstructive aortoarteritis.
- 2) High BP in arms compared to legs occurs in coarctation of aorta and obstructive aortitis.
- 3) Renal artery stenosis and obstructive aortoarteritis result in abdominal bruits.
- 4) Hypertension, pallor and oedema indicates chronic renal failure
- 5) Weight loss, headache, palpitation, flushing, sweating, postural hypotension indicate pheochromocytoma.
- 6) Obesity, hirsutism, abdominal striae and buffalo hump indicate cushing's syndrome
- 7) Abdominal mass, history of haematuria suggest renal tumour, obstructive uropathy, polycystic kidney etc (²).

Diagnosis in essential hypertension:-

- 1) Age of patient (Adolescent), level of BP elevation (Usually mild), Weight of patient (mild to moderate obesity), positive family history and paucity of sign and symptom of underlying disease (¹).

Diagnosis in Secondary hypertension:-

- 1) Patient are rarely obese except in cases of diseases of adrenal cortex
- 2) Level of BP elevation (mild to severe), Age of patient (usually young), presence of symptoms of underlying disease, family history of renal disease, hypertension, premature cardiovascular disease (¹).
- 3) Urinalysis should be done in all cases. Clean voided midstream urine collected with aseptic precautions should be cultured for bacterial isolation in case of suspected urinary tract infection.
- 4) Renal function test to rule out renal failure.
- 5) Intravenous pyelogram helps to assess size and shape of kidneys, anomaly of calyx, pelvis and ureter.
- 6) Plasma renin activity, urinary catecholamine's to rule out pheochromocytoma.
- 7) Renal biopsy, renal USG, chest X ray, contrast aortography, renal scintiscan etc (²).

Prognosis:

The prognosis of case depends upon...

- 1) Nature of underlying disease
- 2) Response to therapy
- 3) In case of surgical intervention prognosis depends upon the age of patient at which the correction is performed.

Prevention:

- 1) Prevention of HTN in children will prevent risk of cardiovascular disease, stroke etc.
- 2) Correct modifiable risk factors such as obesity, sedentary life style, high dietary sodium intake, consumption of alcohol and

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tobacco

Repertorisation:

- 1) Murphy's repertory:
Chapter: Blood and Diseases
Rubric: hypertension
CRAT, LACH, NAT-M, VERAT, adren, aur, bar-c, calc, glon, grat, nux-v, plum, raulw, sec, stront-c, sulph, sumb.

Conclusion:

Hypertension in paediatric age group is a very uncommon and is often incidental finding. Its presence signifies serious underlying pathology. The consequences of hypertension depend upon the age of onset of the disease. The early the onset the severe will be the consequences. Whether the hypertension is essential or secondary it will contribute to risk of developing serious cardiovascular or cerebrovascular diseases in adulthood.

Homoeopathy has a limited scope in treatment of paediatric hypertension because of various factors such as gross pathological changes are present in patient for example Renal failure, pheochromocytoma, renal artery stenosis etc., very limited literature is available in homoeopathy for this condition. After comparing some modern repertories like Complete repertory, Murphy's repertory, Synthesis repertory for finding the similimum; I came to know that only limited data is available for this and that to in Murphy's repertory. So the budding homoeopaths can do the clinical research or the literature research. Both the things will contribute a lot to the field.

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ROLE OF PEDIATRICS IN HOMOEOPATHY

Blood pressure is the pressure exerted by blood on the walls of a blood vessel.

Most of the pressure results from heart pumping blood through the circulatory system, the term blood pressure refers to the pressure in large arteries. Blood pressure is usually expressed in terms of systolic over diastolic pressure in cardiac cycle, measured in millimeters of mercury above the surrounding atmosphere.

Systolic blood pressure- It is defined as maximum pressure exerted in the arteries during systole of heart, it measures the force of blood against your artery walls while your ventricles squeeze pushing the blood out to the rest of your body.

Normal systolic pressure - in an adult is 110- 140 mmHg.

Diastolic blood pressure - It is defined as minimum pressure exerted by blood in arteries during diastole of heart.

Normal diastolic pressure is 60- 80 mmHg.

Pulse pressure is difference between systolic and diastolic blood pressure.

Blood pressure is one of the vital signs together with respiratory rate, heart rate, oxygen saturation and body temperature.

Variations in blood pressure to understand essential hypertension.

Variations are changes in the normal value of blood pressure which are classified as physiological and pathological changes.

Physiological Variations

- 1 **Age-** Arterial blood pressure increases as age advances , aging causes narrowing of vessel lumen due to decrease in the elasticity of the vessel wall through a process known as atherosclerosis.

Arterial blood pressure in different age

New born- 70/40 mmHg

After 1 month- 85/40 mmHg

After 6 months- 90/ 50 mm Hg

After 1 year- 95/50 mmHg

After puberty- 130/80 mmHg

After 50 years- 140/80 mmHg

After 70 years- 160/90 mmHg

After 80 years- 180/ 90 mmHg

- 2 **Sex-** In females during the reproductive phase that is from menarche upto menopause the blood pressure is 5 mm Hg less than males due to menstrual loss and decrease in blood volume, after menopause it is the same as males.
- 3 **Body built-** Blood pressure is more in obese persons than lean persons because of the pressure of fat falling on the blood vessel producing its constriction.
- 4 **Diurnal variation-** Early morning the blood pressure is low, it gradually increases and reaches maximum at noon and it is low at night

ROLE OF PEDIATRICS IN HOMOEOPATHY

INTRODUCTION

Homeopathy is one of the most controversial and least understood of all complementary and alternative medicine (CAM) treatments. It was first developed by the German physician Samuel Hahnemann in the late 18th century, and is now used worldwide. Curious about the bark of the Venezuelan cinchona tree (which had recently been discovered by Europeans to provide an effective treatment for malaria), Hahnemann experimented on himself by drinking a tea made from the bark.

Homeopathy and herbs What's the difference?

Like herbs, homeopathic products are typically derived from natural sources and are commonly available without a prescription in US grocery stores, pharmacies, health food stores, and over the World Wide Web. Like herbs, homeopathic remedies are generally inexpensive they are available in bottles of 100 tablets for \$5 to \$10 in the US.

There are also important differences between herbs and homeopathic remedies: namely, their sources, preparation, regulation, presumed mechanism of action, and safety. Homeopathic preparations may be derived from minerals or animals as well as plants. They are typically far more dilute than herbal remedies.

How can homeopathy work?

Homeopathy is one of the most controversial CAM therapies because the remedies are highly diluted. Many critics claim that because of the extreme dilution, any positive clinical results must result from the placebo effect. However, a recent meta-analysis of 89 blinded, placebo-controlled clinical trials of homeopathic remedies found a combined odds ratio of 2.45 (95% confidence interval, 2.05, 2.93) in favor of homeopathy, and concluded that the effects cannot be explained entirely by the placebo effect. How can this be true?

Although a definitive explanation of the mechanism of action of highly diluted homeopathic substances does

not exist at present, several theories have been proposed. The most widely held is the "memory of water" theory, which Grany on Sucrose or factosepenets that are sweet tasting and dissolve on the tongue. Even patients hospitalized in the ICU can safely receive homeopathic medicines (to reduce pain or nausea or enhance recovery from trauma).

How is homeopathy used in children?

Homeopathy is used to treat many common acute and chronic pediatric problems, including asthma, allergies, colic, croup, eczema, behavioral disorders, otitis media, and diarrhea. Treatment by a homeopathic professional involves an extensive interview and evaluation that takes into account many things about the child, including physical health problems, family history, sleep patterns, food preferences, temperament, and behavioral patterns. Because homeopathic medicines are so dilute, they are extremely safe for children. Most remedies are administered orally on sucrose or lactose pellets that are sweet tasting and dissolve on the tongue. Even patients hospitalized in the ICU can safely receive homeopathic medicines (to reduce pain or nausea or enhance recovery from trauma, for example).

Acute otitis media (AOM). The use of homeopathy to treat AOM is based on 100 years of clinical experience. A 1992 survey of medical doctors who used homeopathy found that otitis media was the third most frequently treated illness (after asthma and depression).¹² Until recently, however, no published studies evaluating these claims existed. Since 1996, three studies of the effectiveness of homeopathic treatments for acute otitis media in children have been published.

The first study, by a group of German researchers, was a prospective cohort study comparing conventional treatment of AOM with homeopathic treatment.¹³ The researchers compared treatment outcomes for 103 children between 1 and 11 years of age who were treated with individualized

ROLE OF PEDIATRICS IN HOMOEOPATHY

homeopathic medicines and 28 similar children who were treated with decongestant nose drops, antibiotics, secretolytics, or antipyretics. Pain lasted an average of two days in the group receiving homeopathy compared with three days in the group receiving conventional medications. Children treated with homeopathy also had fewer relapses within one year (29.3%) than children who received conventional treatment (43.5%). No adverse effects were reported in either group. The study was not randomized or blinded, and the number of participants in the two treatment groups were not balanced.

Barnett reported on a series of 24 children from 8 to 77 months of age who were treated by two Boston-area physicians who regularly use homeopathy as the primary therapy for AOM.¹⁴ Rigorous diagnostic

criteria for AOM, including pneumatic otoscopy, tympanometry, and acoustic reflectometry, were used. Patients were treated (in nonblinded fashion) with homeopathic single medicines, which were changed during the study period as clinically indicated. Follow-up telephone calls were made on the first, second, and third days after diagnosis, and patients were seen in the office at two and four weeks. By the end of one month, two patients (8%) were classified as treatment failures—one on day 13 and the other on day 28—and given antibiotics. No adverse effects were reported. This study traces the natural history of AOM treated with homeopathy but, without a placebo group, it is difficult to know if the children improved because of the homeopathic treatment or recovered spontaneously.

Homeopathic remedies for acute otitis media

Remedy	Clinical picture
Pulsatilla (windflower)	Child is very weepy, clingy, and wants to be held Little thirst despite fever Labile affect Symptoms come on in the middle of the night and decrease in the open air Other findings include flushed cheeks (possibly asymmetric) and yellow or green nasal discharge
Belladonna (deadly nightshade)	Child cries loudly Pain appears severe Onset of symptoms is sudden and intense Other findings include flushed face, dilated pupils, delirium, nightmares crying in sleep, cervical lymphadenopathy
Chamomilla (German chamomile)	Child is thirsty, extremely irritable, and capricious, asking for something and then throwing it away Symptoms are worse in the evening, until midnight The only thing that will calm the child is being carried back and forth continually Other findings include asymmetric flushed cheeks, clear nasal discharge green stools
Heparsulphuris* calcareum (calcium sulfide)	Purulent draining ear with a "sticking" or "poking" pain, like something sharp in the ear Child feels very chilly, wanting to be covered, especially the ears The pain is worse with exposure to cold air and better with warmth The child is extremely touchy, sensitive to pain, and irritable
Mercurius vivus* (quicksilver)	Draining ear Child complains of alternating chills, flushing, and sweating, all of which are worse at night Other symptoms include thick, yellow-green nasal discharge, increased salivation, and halitosis Additional findings include swollen tonsils, lymphadenopathy, swollen tongue with indentation marks from the teeth

ROLE OF PEDIATRICS IN HOMOEOPATHY

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OBSERVATION IS REALLY A MATTER WHEN YOU TREAT A PEDIATRIC CASE

Case 1

Name : xyz

Age : 7 yrs

Complain:

Child having a coughing since last 10 days. No expectoration,

Taken allopathic medicine for coughing but no response.

No any other complain

But on observation child having a habit of holding genital while coughing.

In Repertory synthesis I found rubric

COUGH : HOLD – testes while coughing; must hold :Zinc

My prescriptions was zinc met 30 tds for five days

On second visit child's mother told that mam after one dose of yr medicine my son was free from coughing.

Case 2

A 12 yrs child suffering from Asthmatic bronchitis since last 4- 5yrs.

She was under my treatment from few months with partial Improvement.

Once child came with her parents with acute attack

C/o breathlessness & coughing

Child was constantly coughing with discomfort

On observations I found that Ala nasai is constantly flapping during acute attack, so I confirm with her parents that it happens all time so considering this observation I prescribe lycopodium 200 in water potency.

It was a miracle for me that after giving medicine patient was settled down and not required nabulizer.

Rubric :Nose:Motion of wings: fan-like in Asthma : Lycopodium

Case -3

1yrschild came with his parents

Complain was coughing since 3-4 days. I told his mother I want to examine yr child .

I observed as soon as the head touch the pillow on examination table child start coughing. Child's mother told me, mam it happens like this no coughing untill his head touches pillow. Whole night he get coughing.

I show rubric: coughing < lying down

Their r few medicines like puls, hyos, Drosera

I reconfirm from Boriack

In Drosera it is written

Child coughs as soon as head to touches pillow.

Prescribe: Drosera 30 tds for 3 days

He was absolutely fine with homeopathic medicine.



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ROLE OF HOMOEOPATHY IN PAEDIATRICS

Abstract :

This article deals with understanding the role of homoeopathy in paediatrics with an example of nocturnal enuresis.

Key-words :

Nocturnal enuresis, etiology, auxiliary measures, therapeutics, conclusion.

Introduction :

Pediatrics is the specialty of medical science concerned with the physical, mental, and social health of children from birth to young adulthood.

In general, pediatric population includes patients of age from birth to 16 years, including age groups often called neonates, infants, children, and adolescents.

So now let see the role of homoeopathy in paediatrics with help of most common childhood complaint .i.e. nocturnal enuresis.

Nocturnal Enuresis :

Nocturnal enuresis is an involuntary voiding of urine during night or while sleeping at night. It is also known as nocturnal micturition, nighttime urinary incontinence, sleep-wetting, bedwetting. Nocturnal enuresis can be seen in any age but it is most commonly seen in children.

Nocturnal enuresis occurs due to the absence of voluntary control of micturition. In children it mostly occurs because of incomplete myelination of motor nerve fibers of the urinary bladder

Nocturnal enuresis is commonly seen in infants and children between age of 3-5 years which is normal. If nocturnal enuresis occurs after age of 3-5 years then it is considered as abnormal.

Etiology :

The etiology of nocturnal enuresis is not fully understood yet. It most occurs due to excessive urine volume, poor sleep arousal, bladder contraction, hormonal problem, genetically from parents, psychological issues, and due some medical

conditions like chronic constipation, urinary tract infection, and in some case type 1 diabetes mellitus.

Auxiliary Measures :

There are many general therapy for nocturnal enuresis which shows good results in children. In homoeopathy, counselling is considered as basic line for treatment.

Parents of the child who is suffering from nocturnal enuresis should do counseling of that child and give rewards to child when he go dry at night, this therapy is known as motivational therapy and the success rate of this therapy is about 25%.

Another therapy for the nocturnal enuresis is known as alarm therapy. In this therapy parents have to note the timing of urinating while the child is sleeping and from next night awake the child before the noted time. Results of this therapy can be seen after some days or weeks.

Success rate of this therapy is about 60-70%.

Along with this therapy, caffeine containing drinks should be avoided specially in evening. Avoid drinks before 2 hours going to bed.

Therapeutics :

Basic cause of nocturnal enuresis is due to mental setup or urinary bladder and it's sphincter. Our homoeopathy believe body whole as a diseased and acts well on mental and physiological condition and give best results in such case.

Some of homoeopathic medicine for nocturnal enuresis are mention as follows:

1. Equisetum Hyemale: this medicine mainly act on urinary system. Symptoms of this medicine are incontinence in children, with dreams or night-mares when passing urine.
2. Sepia Officinalis: this medicine is best suited for child who urinate involuntarily specially during first sleep (as soon as child goes to sleep)

ROLE OF HOMOEOPATHY IN PAEDIATRICS

3. Kreosotum: this medicine acts on child having symptoms like incontinence, can urinate only when lying. Dreams of urinating. Enuresis in first part of night. Must hurry when desire comes to urinate.
4. Causticum: the action of this medicine is on the child with symptoms like involuntary during first sleep at night; also from slightest excitement.
5. Argentum Nitricum: this medicine act on the child who passes urine unconsciously, day and night.
6. Cina Maritima: this medicine act on the child who passes urine involuntarily at night.

Conclusion :

Nocturnal enuresis is an involuntary voiding of urine during night. The cause of nocturnal enuresis are physiological, psychological, medical, genetical condition.

Nocturnal enuresis is a common condition that can affect a child's self-esteem and make child depressed. For nocturnal enuresis there are many auxiliary measures in which alarm therapy has shown best results in 60-70% cases.

As homoeopathy believes in a holistic and natural approach for treatment so counselling by homoeopathic physicians and parents along with the help of well selected homoeopathic medicine give best results and permanent cure.

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ROLE OF HOMOEOPATHY IN PAEDIATRICS

RIYA DODIA

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BACHLOR OF HOMOEOPATHIC MEDICINE AND SURGERY

ABSTRACT:

Pediatrics is a medicine dealing with the health and medical care of infants, children and adolescents from birth up to the age of 18. The word 'pediatrics' means 'healer of children'. Pediatrics is considered a relatively new branch of medicine developed barely 200 years ago. In fact children were considered as miniature adults and were treated accordingly. The first hospital was established in Paris, France, in 1802. Rene Laennec invented the stethoscope while working in that hospital. In 1852, Britain established the hospital for sick children which invented the first heart and lung bypass machine for children. As this staged children are still growing physically and mentally its very important to treat the disease by considering their mental state.

WHY HOMOEOPATHY..?

Choosing homoeopathic is one of the best way to treat pediatrics. As it is all about treating with complete natural medicine. With no side effects rather than pharmacuetical products. It deals in a way of individualisation and peculiar symptoms.

Homoeopathy treats a disease without pain and using many kind of sweet placebos. So, the child don't get hesitated to consult the doctor and stop seeing them as a monsters.

Common pediatrics disease treated in homoeopathy,

- URTI
- Recurrent viral fever
- Allergic bronchitis
- Childhood eczema

- Behavioural issues
- ADHD
- Autism
- Developmental delays and some other.....

Not only the consultation but also the treatment and result of medicine gives a wide range of positive changes in the health of child. Homoeopathy had its cure for both the acute and chronic diseases in the pediatrics like,

CASES:

1. CHRONIC TONSILLITIS:

CASE PROFILE: A 5 years old Hindu male child reported in OPD (14735/3570) on 11/9/2017, with complaints of pain in throat since 9-10 months. Pain in throat aggravated (<) on swallowing and touch. He had bilateral nasal obstruction which gets aggravated (<) on night. HOPC: Patient was apparently well before 9-10

months. Gradually he started having complaint of pain in throat and nasal obstruction

PAST HISTORY: Recurrent coryza

MENTAL GENERALS: Easily angered

PHYSICAL GENERAL

Desire Ice Perspiration: Profuse on head

ASSOCIATED COMPLAINT

Red, swollen nose

FAMILY HISTORY: Mother-recurrent coryza

Father-Allergic rhinitis

CLINICAL FINDINGS

- Local Examination. On examination

Inspection Tonsils enlarged (bilaterally), red, congested mucous membrane

Palpation enlarged jugulo-digastric lymph nodes

general Examination Appearance lean, emaciated child Height 102cms. Weight 11 kgs. Oedema, dry

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skin, red face Pressure 140/100 mmHg. BMI-10.6

PROVISIONAL DIAGNOSIS: Chronic tonsillitis, Grade-2 (tonsils occupy 26%-50% of the oropharyngeal width)

Assessment CRITERIA: Broadsky grading scale

BROADSKY GRADING SCALE

The Broadsky grading scale comprised the following 5 grades

1. Grade 0-tonsils within the tonsillar fossa
- 2 Grade 1-tonsils just outside of the tonsillar fossa and occupy 25% of the oropharyngeal width
- 3 Grade 2 tonsils occupy 26%-50% of the oropharyngeal width
- 4 Grade 3 tonsils occupy 51%-75% of the oropharyngeal width
- 5 Grade 4 tonsils occupy >75% of the oropharyngeal width

Improvement is determined by shifting of patient's

TOTALITY OF SYMPTOMS

Pain in throat agg swallowing

Pain in throat agg touch

Nose obstructed (bilaterally) agg night Desire-ice

Perspiration-profuse on face

Easily angered

DISCUSSION AND CONCLUSION

A homoeopathic physician encounters queries for surgical intention viz tonsillectomy from the parents but there is no evidence that removal of tonsil improves the immunity of the children. Tonsillectomy after repeated episodes of tonsillitis might be expected to cause considerable reduction of pharyngeal defence, but this usually does not appear to be the case, probably because other related lymphoid tissue masses, for example the lingual tonsil, increase their lymphocytic output.

homoeopathic medicines are selected after a individualized examination and case-analysis, which include the medical history of the patient, physical and mental constitution and a miasmatic tendency (predisposition-susceptibility). Rubrics related to pathological generals along with modalities and dyscrasias are explained in Boenninhausen's Characteristics repertory. There have been number of cases encountered with evident pathological changes and chronic tonsillitis is one of them. This article is an attempt to study and evaluate the significance of these rubric and bring them together in a logical pattern so that this will be helpful for homoeopaths to make their prescriptions based on Boenninhausen's Characteristics & Repertory by CM Boger in Chronic tonsillitis, from study of totality Belladonna was selected

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ROLE OF HOMOEOPATHY IN PAEDIATRICS

CASE : 2

THE PUBG BOY ...!

10 yr old male child stays in Mumbai with maternal grandparents His Mo IS an MBBS doctor and lives and works in a hospital in USA Mo and Fa are not getting along well and are living separately since many yrs Child is brought up by maternal grand- parents since he was small He is a very smart intelligent and loving child

He was brought by his grandmother for high fever since 2 days Temperature ranges between 102- 103. Pt was looking dull, sleepy, with redness of eyes and lips He c/o nausea and vomiting, loss of appetite He came and lay down on the examination table and fell off to sleep immediately After some time, while I was taking history, he told GMo to take auto from clinic to home as he won't be able to walk at all. He was feeling very weak. He also looked dull and toxic. He was lying down and sleeping a lot since last 2 days

GMo complained - Dr. he is playing PUBG game too much. He just doesn't listen to us. He plays 3-4 night for hrs, at times 6 hrs a day He doesn't listen to me. If we refuse, he gets obstinate and we can't handle him

He had reached Diamond Platinum level in the game. recently his accounts closed by the authority saying he is below 18.he cannot paly so much game at this age Pt started weeping and told GMo-Nani, pray for me pray for me that they restart my account. Then in 2-3 days he opened a new account and started playing again I asked his GMo-what you felt from his expression

what he underwent?

GMo said he was disturbed, in a lot of sorrow. He was telling GMa-1 did a lot of hard work and reached at such a high level and now lost everything.

I asked pt You have opened a new account and you started playing again so, why were you disappointed

or disheartened?

Pt-1 had collected lots of good costumes and gun cases etc during the play which all I lost And he immediately diverted talk to his fever. He did not want to talk about it anymore.

Because of weakness, pt couldn't walk to the laboratory Lab technician was called and blood was collected in the evening. His report came late night.

Blood Report:

1/10/2019

Hb-13.6, WBC-2.700. (Leucopenia), Platelets 2.72L

Dengue NS1-Positive

ANALYSIS AND UNDERSTANDING: Metaphysics of Dengue tells us that pt has sufored some deep emotional hurt which lead to breakage of vital blood cells like platelets and leukocytes.

Pt was enjoying playing PUBG When he got to know that his account was closed because he was underage -below 18yrs was a bad news for him He was shocked, completely disappointed and disheartened as this was absolutely unexpected.

R-AILMENTS FROM BAD NEWS

R-AILMENTS FROM MENTAL SHOCK

R-AILMENTS FROM DISAPPOINTMENT

He loved playing the game. His heart was broken. He was deeply hurt. He wept++ , he told GMo to pray that his account is revived. He felt it was unfair. What hurt the most was a feeling of LOSS. As if he lost those costumes and gun cases etc which he had earned with his hard work just because he was under 18yrs.

where he was emotionally attached. lose R -

AILMENTS FROM GRIEF

But understood in two days that it's not going to happen so, he accepted the reality with pain in his heart and moved ahead by opening new account. But he knew it would be a long way for him to again gather

ROLE OF HOMOEOPATHY IN PAEDIATRICS

all those costumes etc. Also, he was angry that being a minor, he could not do anything

R-AILMENTS FROM ANGER SUPPRESSED

During fever, he c/o lots of weakness and sleepiness

R-SLEEP-SLEEPINESS, HEAT DURING

R-GENERAL-WEAKNESS, FEVER DURING

All above rubrics pointed to Phos-acid. Although, I tried to ask about his thirst but I did not get proper info about it. Which later his GMD told that since fever, he was taking more cold milk, Glucon D etc.

PRESCRIPTION: Phos-acid

2/10/2019 (am): Phos-acid 2001 dose (Split in 3. every 10 minutes intervals) + SL 2hrly

FOLLOW UP

2/10/2019 Evening GMD called and informed that pt is better His nausea and vomiting had stopped He ate little, appeared fresh and less weak

3/10/2019 Temperature was normal since 2/10/19 night itself Pt slept well and woke up fresh Better in all complaints

5/10/2019: WBC counts reached normal.

BLOOD REPORT:

Hb 12.6, WBC-4500. Platelets - 2.43L

(Leucocytes came to normal and Platelets also is maintained normally without major loss. The minor loss recovered soon)

Better in all complaints, developed itching with mild rash on legs Fresh and playful.

12/10/2019 - >3No/c. very fresh and playful .no rash. no itching

Pt had approached me on 30/9/2019 He was initially given Ars-alb 200 on first day and Bell 200 on 1/10/19 But he was not better On 1/10 evening we did blood investigations and pts condition was understood Totality was revised and Phos-acid was given)

Few important points that needs to be taken care take care while treating Dengue fever with Homoeopathy:

First and foremost, do not to hesitate taking case.

It should be treated as a fresh case, even if your old patient suffers Dengue. Fresh totality needs to be taken.

Emotional conflict that led to Dengue should be understood

For totality, consider causative modalities (Ailments from) and uniqueness in expression of pt. (Concomitants)

Once you have reached similimum, give minimum dose if pts susceptibility is good

Within 12-24hrs you must see positive change in pt's generals and concomitant symptoms like appetite thirst sleep energy levels, activity, weakness, dullness, toxicity and of course temperature range If there is improvement in these, be confident that your remedy has hit the core.

Repeat CBC everyday(if pt not better) or alternate days depending on counts.

in many cases platelets count seen drop even after patient's temperature reaches normal and pt feeling better in all complaints This is the crucial time. be confident if pts temperature and generals are better Also need to educate and take pts relatives in confidence at this stage as they may panic and think of shifting him to allopathic Rx seeing counts going down. Please wait by giving only placebo.

Platelets breaking down has already started and thus, can be reflected in blood reports til 2-3 more days after temperature reaching normal.

Nothing to worry here. But keep track by repeating CBC and pts condition.

Platelets would start rising in a day or two if Pt is better Leucocyte count improves first platelets take little

ROLE OF HOMOEOPATHY IN PAEDIATRICS

time.

Most cases don't need repetition of dosages and are cured in 1-2 doses

Because of high fever, decreased thirst, sleepiness, nausea etc pt's tend to go in dehydration. So, do take care of proper hydration.

CASE-3

A CASE OF ATOPIC ECZEMA

CASE HISTORY

A 17 months old boy came with eczema covering almost the whole body. The patient is from Panvel, Maharashtra Pt is a A. Pt was seen on 26/2/19

PRESENTING COMPLAINTS

ONSET When baby was 7 days old, he developed red rashes over whole face.

SPREAD Then gradually it started spreading over arms, abdomen, both legs (posterior side) & on back Descending type of eruptions.

DURATION: In a period of 1 year the whole body was involved

symptoms :

itching + + +

dryness + + +

redness + + + +

modalities :

< winter

after bath (application of water)

> By application of external ointments (temporary relief)

. PHYSICAL GENERALS

APPETITE: Normal

THIRST Drinks water frequently

PERSPIRATION + + + over scalp.

MENTAL PICTURE OF CHILD

Childs playful & active

. Likes to be social and meeting people.

Loves when family members are around him.

He is very stubborn and cries when not given what he wants.

Lot of crying for things he wants

He is very much attached to his grandmother as ANALYSIS his parents are both working so spends whole with grandmother.

Mother's History During Pregnancy

Low lying placenta so she was given stitches and advised complete bed rest .

Lot of stress during whole pregnancy She was a working woman but due to bed rest she had to leave her job There was a lot of feeling of loneliness + + +

Financial condition at home was not so good so always she worried that how will everything go smoothly, how will her delivery take place?

The insecurity about financial matters led to history during pregnancy frequent fights with husband

. Weeping when alone + + +

. Brooding constantly about above, as lived alone She wanted her husband to spend time with her, but he was busy and most time she was alone, stressed and worried with thoughts about the delivery and the expenses. All this made her sad.

RUBRICS

Rubrics SELECTED ON BASIS OF CHILD'S COMPLAINTS

Mind-abstinate

Mind-company, desire for

Head-perspiration, scalp

Mind-obstinate, children, inclined to grow fat

Skin-itching voluptuous .

Skin-itching, redness .

ROLE OF HOMOEOPATHY IN PAEDIATRICS

. Skin-dry

RuBICS SELECTED ON BASS OF MOTHER'S HISTORY

DURING PREGNANCY

Mind despair

Mind, fear alone of being

Mind- sadness, alone, when

Mind-brooding

Mind-suicidal disposition, thoughts

Mind-fear, poverty Mind-weeping trifles at

Mind-anxiety alone when

ANALYSIS

There was a feeling of incapability & lacking in the mother,

So Mineral Kingdom

There was lot of financial insecurity

, fear of poverty.

That lead to Column 2-Calcareo

. Even constitution of baby was healthy and inclined to grow fat, with perspiration on scalp which are chief symptoms of Calcareo group.

REPERTORIAL TOTALITY: Calcareo-carb, Arsenic album

Repertorial totality on basis totality of mothers history during pregnancy.

PRESCRIPTION & DOSAGE

Calcareo-carb 30-3 pills OD for 3 days.

Sac Lac- 15 days

1 FOLLOW UP: 24/3/2019

Itching reduced Redness reduced-90%

Marks became lighter

No new eruptions anywhere.

Rx-SL 30 days

27/4/2019

Marks on face, abdomen, arms, legs disappeared completely

. No new eruptions

Itching absent

Redness absent

Below are the pictures as on 27/4/2019

RECENT FOLLOW UP

1/10/2019

No Relapse, No itching & redness Healthy and glowing skin. Wonderful results in just a span in 20 days with his homoeopathic similimum.

CONCLUSION:

Homeopathic medicines are not limited to a specific sign and symptoms, it cure both the acute and chronic conditioned diseases. The best thing is once the disease cured through Homoeopathy there is no chance of reoccurrence of the disease, which means if the disease was cured once in the childhood with the homoeopathic treatment there is no need of struggle in adult age.



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Miss Riya Dodia
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POEM ABOUT CALCAREA CARBONICA

I am fatty, flabby, chilly Calcarea,

Would like to live safe in my home don't look me sharp,

It makes me shy my head will always sweat making the pillow wet.

Mom says me was very lazy in childhood Late in walk and talk and much weaker too,

Please don't force me to play outside games and I am happy to sit and play in my home.

My mom used to prepare my favourite dish egg for me

And she beats me for eating chalk and things like that which I crave.

But mom please don't insist me to go to toilet,

Because I am happy to remain constipated.

Dear doctors you can repeat me in children,

But be cautious if you repeat me in aged if I am acting

Don't give me before Nit acid or Sulphur,

All the best to give cure with me for 'THE GREAT HOMEOPATHY'.



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ROLE OF HOMEOPATHY IN PEDIATRICS MUSCULAR DYSTROPHY

Abstract:

Muscular dystrophy can be a devastating diagnosis for children and their families. Understanding the potential course, prognosis, and genetic implications for the child and his/her family is dependent on the diagnosis of the specific type of dystrophy. This article suggests a sequential evaluation of children with possible muscular dystrophy and reviews the more common types.

Key notes: muscular dystrophy, history, genetic causes, symptoms, diagnosis, types, homeopathy review of muscular dystrophies, remedies of homeopathy.

Muscular dystrophy refers to a group of genetic, hereditary muscle diseases that cause progressive muscle weakness.[1][2] Muscular dystrophies are characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue.[3] Nine diseases including Duchenne, Becker, limb girdle, congenital, facioscapulohumeral, myotonic, oculopharyngeal, distal, and Emery-Dreifuss are always classified as muscular dystrophy[4] but there are more than 100 diseases in total with similarities to muscular dystrophy. Most types of MD are multi-system disorders with manifestations in body systems including the heart, gastrointestinal and nervous systems, endocrine glands, skin, eyes and other organs.

History :

The first historical account of muscular dystrophy appeared in 1830, when Sir Charles Bell wrote an essay about an illness that caused progressive weakness in boys. Six years later, another scientist

reported on two brothers who developed generalized weakness, muscle damage, and replacement of damaged muscle tissue with fat and connective tissue. At that time the symptoms were thought to be signs of tuberculosis.

In the 1850s, descriptions of boys who grew progressively weaker, lost the ability to walk, and died at an early age became more prominent in medical journals. In the following decade, French neurologist Guillaume Duchenne gave a comprehensive account of 13 boys with the most common and severe form of the disease (which now carries his name — Duchenne muscular dystrophy). It soon became evident that the disease had more than one form, and that these diseases affected people of either sex and of all ages.

Genetic cause of Muscular dystrophy: these conditions are inherited, and the different muscular dystrophies follow various inheritance patterns. The best-known type, Duchenne muscular dystrophy (DMD), is inherited in an X-linked recessive pattern, meaning that the mutated gene that causes the disorder is located on the X chromosome, one of the two sex chromosomes, and is thus considered sex-linked. In males (who have only one X chromosome), one altered copy of the gene in each cell is sufficient to cause the condition. In females (who have two X chromosomes), a mutation must generally be present in both copies of the gene to cause the disorder (relatively rare exceptions, manifesting carriers, do occur due to dosage compensation/X-inactivation). Males are therefore affected by X-linked recessive disorders much more often than females. A characteristic of X-linked inheritance is that fathers

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cannot pass X-linked traits to their sons. In about two thirds of DMD cases, an affected male inherits the mutation from a mother who carries one altered copy of the DMD gene. The other one third of cases probably result from new mutations in the gene. Females who carry one copy of a DMD mutation may have some signs and symptoms related to the condition (such as muscle weakness and cramping), but these are typically milder than the signs and symptoms seen in affected males. Duchenne muscular dystrophy and Becker's muscular dystrophy are caused by mutations of the gene for the dystrophin protein and lead to an overabundance of the enzyme creatine kinase.[5][6] The dystrophin gene is the largest gene in humans.[7]

Symptoms: Muscular dystrophy is usually diagnosed in children between 3 and 6 years of age. Early signs of the illness include a delay in walking, difficulty rising from a sitting or lying position, and frequent falling, with weakness typically affecting the shoulder and pelvic muscle as one of the initial symptoms. The following are the most common symptoms of muscular dystrophy. However, each child may experience symptoms differently:

1. Clumsy movement
2. Difficulty climbing stairs
3. Frequently trips and falls
4. Unable to jump or hop normally
5. Tip toe walking
6. Leg pain
7. Facial weakness

Diagnosis for Muscular dystrophy

The diagnosis of muscular dystrophy is based on the

results of a muscle biopsy. In some cases, a DNA blood test may be all that is needed. A physical examination and the patient's medical history will help the doctor determine the type of muscular dystrophy. Specific muscle groups are affected by different types of muscular dystrophy. Often, there is a loss of muscle mass (wasting), which may be hard to see because some types of muscular dystrophy cause a build-up of fat and connective tissue that makes the muscle appear larger. This is called pseudo hypertrophy.

Types of Muscular Dystrophy

1. Becker's muscular dystrophy
2. Congenital muscular dystrophy
3. Duchene muscular dystrophy
4. Distal muscular dystrophy
5. Emery defuses muscular dystrophy
6. Facioscapulohumoral dystrophy
7. Limb girdle dystrophy
8. Myotonic muscular dystrophy
9. Occulopharyngeal muscular dystrophy

Becker's muscular dystrophy

Becker muscular dystrophy (BMD) is a less severe variant of Duchenne muscular dystrophy and is caused by the production of a truncated, but partially functional form of dystrophin.[4]

Survival is usually into middle age. [8]

Congenital muscular dystrophy

Age at onset: birth; symptoms include general muscle weakness and possible joint deformities; disease progresses slowly; shortened life span.

Congenital muscular dystrophy includes several

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disorders with a range of symptoms. Muscle degeneration may be mild or severe. Problems may be restricted to skeletal muscle, or muscle degeneration may be pair with effects on the brain and other organ systems. A number of the forms of the congenital muscular dystrophies are caused by defects in proteins that are thought to have some relationship to the dystrophin-glycoprotein complex and to the connections between muscle cells and their surrounding cellular structure. Some forms of congenital muscular dystrophy show severe brain malformations, such as lissencephaly and hydrocephalus.[4]

Duchenne muscular dystrophy

Duchenne muscular dystrophy (DMD) is the most common childhood form of muscular dystrophy. DMD usually becomes clinically evident when a child begins walking. Patients typically require a wheelchair by age 10 to 12 and die in their late teens or early 20s. In the early 1990s, researchers identified the gene for the protein dystrophin which, when absent, causes DMD. The dystrophin gene is the largest known gene in humans. Since the gene is on the X-chromosome, this disorder affects primarily males. Females who are carriers have milder symptoms. Sporadic mutations in this gene occur frequently, accounting for a third of cases. The remaining two-thirds of cases are inherited in a recessive pattern. age at onset: two to six years; symptoms include general muscle weakness and wasting; affects pelvis, upper arms, and upper legs; eventually involves all voluntary muscles; survival beyond 20 years is rare.[4]

Dystrophin is part of a complex structure involving several other protein components. The “dystrophin-

glycoprotein complex” helps anchor the structural skeleton within the muscle cells, through the outer membrane of each cell, to the tissue framework that surrounds each cell. Due to defects in this assembly, contraction of the muscle leads to disruption of the outer membrane of the muscle cells and eventual weakening and wasting of the muscle.[4]

Distal muscular dystrophy

Distal muscular dystrophies' age at onset: 40 to 60 years; symptoms include weakness and wasting of muscles of the hands, forearms, and lower legs; progress is slow and not life-threatening.[8]

Miyoshi myopathy, one of the distal muscular dystrophies, causes initial weakness in the calf muscles, and is caused by defects in the same gene responsible for one form of [[LGMD] (Limb Girdle Muscular Dystrophy)].[4]

Emery-Dreifuss muscular dystrophy

Age at onset, childhood to early teens. Symptoms include weakness and wasting of shoulder, upper arm, and shin muscles; joint deformities are common; progress is slow; sudden death may occur from cardiac problems.[9]

Facioscapulohumeral muscular dystrophy

Facioscapulohumeral muscular dystrophy (FSHD) initially affects muscles of the face, shoulders, and upper arms with progressive weakness. Symptoms usually develop in the teenage years. Some affected individuals become severely disabled. The pattern of inheritance is autosomal dominant, but the underlying genetic defect is poorly understood. Most cases are associated with a deletion near the end of chromosome 4.[4]

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Limb-girdle muscular dystrophy

Limb-girdle muscular dystrophy's is also called LGMD. LGMD's all show a similar distribution of muscle weakness, affecting both upper arms and legs. Many forms of LGMD have been identified, showing different patterns of inheritance (autosomal recessive vs. autosomal dominant). In an autosomal recessive pattern of inheritance, an individual receives two copies of the defective gene, one from each parent. The recessive LGMDs are more frequent than the dominant forms, and usually have childhood or teenage onset. The dominant LGMDs usually show adult onset. Some of the recessive forms have been associated with defects in proteins that make up the dystrophin-glycoprotein complex.[4]

Death from LGMD is usually due to cardiopulmonary complications.

Myotonic muscular dystrophy

Myotonic MD's age at onset: 20 to 40 years

Myotonic muscular dystrophy is the most common adult form of muscular dystrophy. It is marked by myotonic as well as muscle wasting and weakness. Myotonic dystrophy varies in severity and manifestations and affects many body systems in addition to skeletal muscles, including the heart, endocrine organs, eyes, and gastrointestinal tract. Myotonic dystrophy follows an autosomal dominant pattern of inheritance. Myotonic dystrophy results from the expansion of a short repeat in the DNA sequence (CTG in one gene or CCTG in another gene). In other words, the gene defect is an abnormally long repetition of a three- or four-letter "word" in the genome. While the exact mechanism of action is not known, this molecular change may interfere with the

production of important muscle proteins.[4]

Oculopharyngeal muscular dystrophy

Oculopharyngeal MD's age at onset: 40 to 70 years; symptoms affect muscles of eyelids, face, and throat followed by pelvic and shoulder muscle weakness, has been attributed to a short repeat expansion in the genome which regulates the translation of some genes into functional proteins.[4]

Homeopathy Treatment for Muscular dystrophy:

Homeopathy treats the person as a whole. It means that homeopathic treatment focuses on the patient as a person, as well as his pathological condition. The homeopathic medicines are selected after a full individualizing examination and case-analysis, which includes the medical history of the patient, physical and mental constitution, family history, presenting symptoms, underlying pathology, possible causative factors etc. A miasma tendency (predisposition /susceptibility) is also often taken into account for the treatment of chronic conditions. A homeopathy doctor tries to treat more than just the presenting symptoms. The focus is usually on what caused the disease condition? Why 'this patient' is sick 'this way'. The disease diagnosis is important but in homeopathy, the cause of disease is not just probed to the level of bacteria and viruses. Other factors like mental, emotional and physical stress that could predispose a person to illness are also looked for. No a days, even modern medicine also considers a large number of diseases as psychosomatic. The correct homeopathy remedy tries to correct this disease predisposition. The focus is not on curing the disease but to cure the person who is sick, to restore the health. If a disease pathology is not very advanced,

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homeopathy remedies do give a hope for cure but even in incurable cases, the quality of life can be greatly improved with homeopathic medicines.

The homeopathic remedies (medicines) given below indicate the therapeutic affinity but this is not a complete and definite guide to the homeopathy treatment of this condition. The symptoms listed against each homeopathic remedy may not be directly related to this disease because in homeopathy general symptoms and constitutional indications are also taken into account for selecting a remedy.

1. HydrophisCyanocinctus:paralysis&Duchenne's muscular dystrophyLeft-sided aggravations
Generalised coldness,(<) warmth; (>) open air.Thirst for cold drinks.

2. Causticum: – For Muscle Weakness in Arms,paralysis . Fingers may also feel icy cold.agg:nighttime ,cold air

3. Plumbum: muscular dystrophy rapidly progress, atrophy of ball of thumb Muscles of the arm lack the power to move. Cramping in the calf muscles may also be present.

4. seleniummetallicum:deficiency of selenium produce congenital white muscle diseases ,a form of nutritionally induced muscular dystrophy

Miasmatic Background:-

This disease has a syphilitic miasmatic background.

Reference:

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 <p>Vadodara, Gujarat, India Ishwarpura Rd, Gujarat 391760, India Lat 22.292425° Long 73.355896° 08/01/22 11:05 AM</p>	 <p>Vadodara, Gujarat, India Unnayed Road, Gujarat 391760, India Lat 22.293616° Long 73.359173° 24/01/22 03:29 PM</p>	 <p>Vadodara, Gujarat, India Unnayed Road, Gujarat 391760, India Lat 22.293616° Long 73.359173° 24/01/22 03:29 PM</p>
<p>AWARENESS PROGRAMME ON URINAL DISEASES CAUSED BY UNHYGIENIC WESTERN TOILET 08/01/2022</p>	<p>FALICITATION PROGRAMME BY BAKSON HOMOEOPATHY 20/01/2022</p>	<p>NATIONAL GIRL'S DAY 24/01/2022</p>
 <p>Vadodara, Gujarat, India Ishwarpura Rd, Gujarat 391760, India Lat 22.292425° Long 73.355896° 08/01/22 11:05 AM</p>	 <p>Vadodara, Gujarat, India Ishwarpura Rd, Gujarat 391760, India Lat 22.292425° Long 73.355896° 31/01/22 10:38 AM</p>	 <p>Vadodara, Gujarat, India PARUL INSTITUTE OF HOMOEOPATHIC AND RESEARCH Ishwarpura Rd, Gujarat 391760, India 15/02/22 11:21 AM</p>
<p>AWARENESS PROGRAMME ON YOUTH AND EDUCATION 27/01/2022</p>	<p>WORLD LAPROSY DAY 31/01/2022</p>	<p>DONATION DAY 15/02/2022</p>
 <p>Vadodara, Gujarat, India Ishwarpura Rd, Gujarat 391760, India Lat 22.292425° Long 73.355896° 16/02/22 02:44 PM</p>	 <p>Vadodara, Gujarat, India Ishwarpura Rd, Gujarat 391760, India Lat 22.292425° Long 73.355896° 25/02/22 10:38 AM</p>	 <p>Vadodara, Gujarat, India Ishwarpura Rd, Gujarat 391760, India Lat 22.292425° Long 73.355896° 22/02/22 10:38 AM</p>
<p>PLANTATION DAY 16/02/2022</p>	<p>LIBRARY ORIENTATION PROGRAMME 25/02/2022</p>	<p>TRADITIONAL DAY 22/02/2022</p>

HOSPITAL ACTIVITIES

 <p>Vadodara, Gujarat, India Ishwarpura Rd, Gujarat 391760, India Lat 22.293469° Long 73.359149° 19/11/21 03:28 PM</p>	 <p>Vadodara, Gujarat, India Unnamed Road, Gujarat 391760, India Lat 22.293688° Long 73.368616° 26/11/21 02:23 PM</p>	
<p>HIC NABH TRAINING 19/11/2021</p>	<p>FIRE SAFETY NABH TRAINING 26/11/2021</p>	<p>NABH RE-ASSESSMENT 05/12/2021</p>
		 <p>Sarapur Timbi, Gujarat, India Palaj - Sadhali Rd, Sarapur Timbi, Gujarat 392220, India Lat 21.928453° Long 73.138833° 07/02/22 12:40 PM</p>
<p>NABH RE-ASSESSMENT 06/12/2021</p>	<p>NABH RE-ASSESSMENT 06/12/2021</p>	<p>MEDICAL CAMP 07/02/2022</p>
 <p>SOMESHVAR PURA, Gujarat, India GJ SH 63, SOMESHVAR PURA, Gujarat 391760, India Lat 22.330883° Long 73.36737° 22/02/22 02:19 PM</p>	 <p>Mastupura, Gujarat, India Unnamed Road, Mastupura, Gujarat 391760, India Lat 22.367666° Long 73.321093° 24/01/22 12:35 PM</p>	 <p>Junarampura, Gujarat, India 9CC6+829, Junarampura, Gujarat 391510, India Lat 22.370944° Long 73.410861° 28/01/22 12:49 PM</p>
<p>GENERAL HOMOEOPATHY CAMP 22/02/2022</p>	<p>ARSENIC ALB DISTRIBUTION 24/01/2022</p>	<p>ARSENIC ALB DISTRIBUTION 28/01/2022</p>

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