

## Case Study

### Dealing With Acutes in Children with Homoeopathy

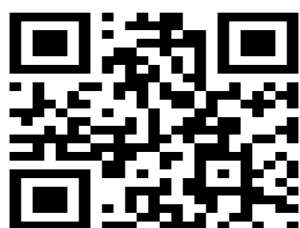
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#### ABSTRACT

When a child from a family is sick, that whole family seems to be sick”; As a physician and a preserver of health it is our duty to provide best care and comfort to those suffering ones, especially in the Acute Conditions, where suffering of a child as well as parental anxiety is much more. Helping that suffering one homeopathically is a crucial job.

**Keywords:** Acutes, Homoeopathy, management



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#### INTRODUCTION

In the 21st century it is very glad to say that “Homoeopathy is considered as an alternative system of medicine.” But still, there are many myths and miss concepts among the common public about it that it is slow acting and is more effective in treating chronic diseases as it treats diseases in gradual pace, hence not useful in acute conditions.

Also adding to that, for a good homoeopathic prescription a good deal

of information is essential. It is derived from “Taking the Case of a patient”, consisting of detailed account of patients’ physical, mental, emotional, as well as sociological aspect, with individualizing characteristics. This is not needed in Modern Medicine.

Thus; – If homoeopathy really needs these much effort to prescribe a medicine, then what about the child who doesn’t know how to speak and can’t give idea about their sufferings and are really in distress? Can’t homoeopaths manage these types of cases?

As is said, “When a child from a family is sick, that whole family seems to be sick”; As a physician and a preserver of health it is our duty to provide best care and comfort to

those suffering ones, especially in the Acute Conditions, where suffering of a child as well as parental anxiety is much more.

#### DISCUSSION

OBSERVATION is the key while dealing with acutely ill child. Dr. Boger in his book *Collected Writings* comments “The distress Vital Force uses the oldest and most universal language in the world—The Sign Language—The Objective Symptoms-Signs”.

Interpretation of the observed facts is also most important aspect. Many a times we observe some objective signs just by looking at them e.g. the redness or pallor. These objective signs are the most important clues in peadiatric case taking.

Now let us get familiarized ourselves with all these through some examples, cases and related rubrics which will definitely help in our day-to-day practice.

First and foremost, important thing is the AILMENTS FROM. The causative modality. What is the thing which made the otherwise healthy child sick? It could be anything an emotional factor, an environmental factor, or a physical factor.

E.g. parents say, doctor his teacher punished him, scolded him, and in the evening he got sick.

MIND - AILMENTS FROM - REPROACHES

MIND - AILMENTS FROM - punishment

One of my regular pt. came with her 5 yr old child who was sick since 3 days, loss of appetite, mild grade fever, dullness, and asking for cold water to drink etc. on asking she told that they have some dispute in family and her husband left them in her median home for some time till the matter gets settled. Since father left from there the child got sick. And also constantly asking, when he is going to return?

The two rubrics taken were ailments - detachment from and desire for cold water.

The remedy was PHOS. And with single dose of PHOS 1M (as the sensitivity of child was high) he got recovered within 1 day. And started eating, playing normally.

Environmental & physical causative factors are also of great importance like,

GENERALS - WEATHER - change of weather - agg.

GENERALS - WEATHER - cloudy weather - agg.

GENERALS - WEATHER - rain - during - agg.

GENERALS - SUN - exposure to the sun

GENERALS - AIR - draft - agg.

GENERALS - WET - getting

One 6 yrs old child came with severe URTI, nose block, productive cough, since 2 days, on asking the cause they told that he was playing bare footedly on the wet floor. The child was having marked thirstlessness.

The rubrics taken were GENERALS - WET-getting feet & STOMACH - THIRSTLESS. Remedy was PULS. With 3 doses of 200 potency the child got out of the all the complaints.

These symptoms are applicable for toddlers and school age children. But what about infants? How to erect a characteristic symptom in them?

If a cranky child enters in the clinic. Parents don't know what has happened to him. And we also get anxious how to find prescribing symptom as the child is crying in front of you.

But there you are, the cry itself is the characteristic of infants. HOW DOES A CHILD CRY & WHAT EXACTLY MOTHER DOES TO PACIFY THE CHILD.. is having a great importance; observe, ask, is this way child stops crying?

And the rubrics like,

MIND - CARRIED - desire to be carried

MIND - ROCKING - amel.

MIND - CARRIED - desire to be carried - shoulder; over the

Some mothers rock the baby very fast up and down. And the child stops crying. MIND - ROCKING - amel. - fast. And CINA is the only remedy for it.

Some babies are very hard to pacify and can not be stopped crying then what? For that also we have rubrics like

MIND - QUIETED, cannot be with only three remedies, CHAM, CINA ARS.

When you start examining a cranky child, and he refuses to get examined and snap you back, it could be CHAM, and while crying loudly but allowing to examine could be ARS.

Some babies cry and sob and always wants mother with them, by observing them we feel pity for them. For them MIND - WEEPING - piteous and most probably they are PULS.

Some children scream and shout a loud. For them MIND- SHRIEKING. This is a big rubric. But if we put exact complaint with it; it narrows down to very few, say one or two remedies. E.g.

MIND - SHRIEKING - children, in - colic with

MIND - SHRIEKING - children, in - stool - during

MIND - SHRIEKING - fever, during

MIND - SHRIEKING - dentition, during

MIND - SHRIEKING - pain, with the ETC.

A 10 yrs old girl, regular patient of allergic rhinitis in the village opd, one day was brought to me by her parents with severe abdominal colic. She was screaming with the pain. Parents were asking, Dr. do something, she is screaming since last 2-3 hrs. "Anxious parents, other patients watching what is happening, and Doctor also anxious".. It was a panicky situation.

The girl was folding her knees and keeping

them in the abdomen, and arching back forward. Typical spasmodic pain, first remedy comes in mind is colocynth. But referred the rubric, MIND - SHRIEKING - children, in - colic with - *Cham. & Nux-v.* two remedies. And surprisingly ABDOMEN - PAIN - bending - double - must bend double, was having CHAM with +2 intensity. CHAM 200, 3 doses given in water dilution with 10 min. interval and made her sleep in the next room, she got settled in ½ hr.

Now question comes to mind is how to form a totality, how to approach a case? Dealing with any case needs to form two different totalities, General Totality & Sector Totality. The general totality consists of the all-general disturbances, at mind as well as bodily level. We have to pick it up. Say for example, child is having fever with marked thirstlessness; pain with irritability, fever with back pain, headache. Etc. these are to be considered first.

The Sector totality consists of the particular symptoms with their modalities, say, Abdominal pain stool before, relieved after stool, head pain aggravating with sun exposure, abdominal pain relieved by bending, and lot more. These are to be considered after the generals.

Very often we need the medicine in the frequent repetitions in acute conditions. Do not fear for the aggravation. A simple rule to treat the aggravation is, to give the same remedy in the lower potency than the previous one.

There are many more things to share but out of the scope of this article, hoping that we got “some” idea about dealing with the acutes, especially in children, and the sick child coming to our clinic will get a true healing hand, let us conclude here.

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