



To Study the Efficacy of Synthesis Repertory in Disorders of Growth and Development in Children

Dr. Sunita B. Wagh, M. D. (Hom)

Asso. Professor & HOD Department of Forensic Medicine and Toxicology,
Foster Development's Homoeopathic Medical College & Hospital, Aurangabad. M.S.

ABSTRACT:

Growth is a basic feature of a child's life that distinguishes it from an adult. The process of growth begins from conception and continues until the child grows into a fully mature adult.

The terms "growth" and "development" are often used together. These are not interchangeable as they represent two different aspects of the dynamics of change, i.e. quantity and quality. Growth and development usually occur simultaneously but are not always related.

"Growth refers to a net increase in the size or mass of tissues. It is largely attributed to cell multiplication and an increase in intracellular substance.

"Development specifies the maturation of functions. It is related to the maturation and myelination of the nervous system and indicates the acquisition of various skills for the optimal functioning of the individual."

Therefore, the "growth phase" is the most important phenomenon in a person's life, as the child moves from dependence to independence. If there happens to be any grief during this stage - either physically or mentally - it can pose a threat to the child's developmental process - which can disable the child for life. Therefore, special attention and care of the child is of the utmost importance and should not be overlooked by parents and doctors.

Here comes the role of homeopathy which as a holistic medical science can easily deal with such childhood problems. Homeopathy is more effective in treating children's problems because we do not only take care of physical problems, but also take into account the psyche of the child. Homeopathic treatment primarily strengthens the child's immunity so that it can defend itself. This healing response comes from the body, i.e. from within, and not from the drug, and therefore lasts for a longer period of time.

REVIEW OF LITERATURE

Growth and development is an indispensable phase in a child's life wherein there is change in body as well as behavior of the child. Problems in this phase have always been a matter of worry for parents and hence for the doctors as well. But homeopathy has a wide scope in the said field provided that we have the diagnosis of the case and we are aware of the definite measures to be taken in a given case. Knowing our scope and limitations is also imperative.

DEVELOPMENTAL PROBLEMS OF INFANT AND YOUNG CHILD :

Repetitive Behaviors :

Repetitive behaviors frequently occur in normally developing children and they are benign and self-limited.

Causes –

Low arousal state i.e. when the child is tired or bored

High arousal state i.e. when the child is angry or frustrated

These behaviors usually begin between 6 to 10 months of age. These may expand from sucking to rhythmic behavior such as body rocking and head banging. Body rocking involves a rhythmic forward and backward swaying of the trunk that occurs most frequently in sitting position seen during infancy.

Head Banging :

This involves the rhythmic hitting of the head against a solid surface often the crib mattress. Children can often indulge in this habit to seek attention in the form of concern or punishment. It occurs in 5 to 20% of children during infancy and toddler age. It does not cause any serious injury but can lead to

callus formation and abrasion or contusion at the site of injury. No treatment as such is required. Padding of the hard surface can decrease the chance of injury.

Breath Holding Spells :

Breath holding spells are reflexive events in which typically there is a provoking event that causes anger, frustration and child starts to cry. The crying stops at full expiration when the child becomes apneic and cyanotic or pale. In some cases, the event may continue and the child may lose consciousness and muscle tone and fall to the ground. Seldom can the child also have a seizure.

Breath holding spells are of 2 types depending upon the child's color during the event, viz –

Cyanotic

Pallid

They may begin as early as 2 months of age but are generally seen between 6-18 months of age.

Treatment involves reassuring the parents that the spells will not harm the child. Usually, anaemia predisposes breath holding spells. Therefore correcting the deficiency itself will help in decreasing the frequency of these spells.

Thumb sucking and nail biting:

In the second year of life, toddlers may use repetitive rituals such as thumb-sucking or nail-biting to cope with bedtime and other stressful situations. Nonnutritive sucking occurs in 23% to 46% of children aged 1 to 4 years. If parents ignore these harmless behaviors, most children spontaneously give up by age 4 to 5 as other coping strategies are developed. However, if parents are overly critical, children may stubbornly persist longer than they otherwise would.

To understand the origin of these customs, it is necessary to evaluate the events surrounding them and determine the cause behind them. It can be any of the following –

Emotional stress

Anxiety, especially during the toilet training period

Any nutritional deficiency, such as iron deficiency anemia, can also lead to nail biting

Treatment of thumb-sucking and nail-biting may include managing stressors, if any, reinforcement (praise and reward) for not thumb-sucking, application of an aversive tastant to the nail, use of physical barriers such as gloves, thumb splints, etc., or correction nutritional deficiency, if any.

Tantrums:

From 18 months to 3 years, a child begins to develop autonomy and begins to separate from primary caregivers. At this age they also develop negativism, i.e. they do things that are contrary to what was asked or contrary to their own desire. This is also known as oppositionality. When they cannot express their autonomy, they become frustrated and angry. Some of them show their frustration and defiance through physical aggression or resistance, such as biting, crying, kicking, throwing objects, hitting and banging their heads. This type of physically aggressive behavior is known as a tantrum.

This behavior peaks during the second and third years of life and gradually subsides between the ages of 3 and 6 as the child learns to control his negativism and comply with the demands of others.

Coping with tantrums requires patience and calmness on the part of parents. During the attack, the child should be protected from injury. Parents should avoid imposing their limits on children as this may be the reason for their tantrums. Isolating and ignoring the child's behavior during the attack is a useful measure that should stop as soon as the child returns to normal calmness.

Evening colic:

Colic is characterized by occasional episodes of abdominal pain and profuse crying in young infants who are otherwise well.

It usually starts at 1-2 weeks of age and can last until 3-4 months of age.

Causes -

Hunger

Aerophagia

Cow's milk intolerance

Intestinal immaturity

Overfeeding or consuming foods high in carbohydrates

A child with a lower sensory threshold

An overactive child with overly anxious parents

A seizure usually begins suddenly with loud crying. The crying is continuous, the face turns red and the legs are drawn in, the abdomen tense. The attack ends when the infant is completely exhausted or after passing gas or face.

The diagnosis is confirmed when the child cries more than 3 hours a day for more than 3 days a week for more than 3 weeks.

Management - During the episode, keep the child upright or prone on your lap or on a hot water bottle. Avoid medications that decrease bowel motility.

Counseling is the most effective method to help parents gradually cope with their baby's crying. Other forms of treatment include changing feed, using rectal enemas and carrying the baby for several hours each day.

Homeopathic medicines commonly used for growth and development disorders in children:

Abrotanum

Useful in marasmus of children with significant emaciation, especially of the legs.

Face old, pale, wrinkled.

He can't keep his head up.

Wolf hunger, loss of flesh while eating well.

A child with a bad temper, a cross, would like to do something cruel.

Aethusa

Children who cannot tolerate milk.

Vomiting of curdled milk.

Epileptic convulsions with clenched thumbs and downcast eyes.

Idiocy in children, investigative function.

Baryta group

Delayed development, certain mental defect.

A dwarf mentally and physically.

A retarded child, shy, fearful.

Glandular affections.

Calcarea group

Soft, obese, pale, cold and lethargic children with bellies.

"Slowness".

Slow mentally and physically.

Tendency to bone affections – rickets, slow closing of fontanelles.

Propensity to sweat profusely.

borax

Frightened children, tendency to drool.

He is prone to sudden bouts of diarrhea and vomiting.

Acute stomatitis.

< downward motion.

Inability to learn.

China

Extremely stubborn.

Bordered red spots on the face.

Moody.

She wants to be carried.

Worm infestation.

Chamomile

Children who tend to blush have red faces and hot heads when they are angry.

Intense restlessness, passing from one person to another.

Difficult dentition.

Subject to bouts of acute colic and diarrhoea.

Iodine

Dark hair, swarthy skin and very restless.

Never still, wandering, fidgeting.

Impulsive irritability.

Wolf appetites.

Responsible for attacks of rickets, abdominal disorders.

Creosote

Tall, thin, dark, sick, malnourished children.

Screaming and shrieking in teething children.

Strong tuberculous and syphilitic miasma.

Discharges putrid.

Lycopodium

Timid children.

Tendency to indigestion.

Abdomen enlarged.

Desire for sweet and warm food.

Children weak, emaciated with well-developed heads but tiny diseased bodies.

Magnesium group

Children who are orphaned, illegitimate and neglected.

Delicate, tiny, sickly, sour babies with severe tuberculous diathesis; eat well but thin.

Hypersensitive to all external impressions.

Aversion to vegetables with a strong desire for meat.

Aggravation from milk.

Delayed milestones.

Lack of stamina.

Sensitive to cold, yet craves the open air.

Merc group

A strong syphilitic miasma in the background.

Tendency to affect the mucous membranes.

Tendency to easy suppuration.

Glandular and scrofulous affections of children.

Extreme temperatures make it worse.

Symptoms worsen at night.

Easy aggression in the form of abuse, destructiveness and fighting.

Natrum muriaticum

Small and underweight with sharply enlarged neck glands.

Delayed development - slow to talk, slow to walk.

School headaches in children.

Taste for salt.

Tendency to develop hanging nails.

A definite aversion to manipulation, an aversion to meddling.

Opium

Illnesses from sudden shock, fright, head injury.

Lack of sensitivity, lack of vital response.

Painlessness difficulties those are usually painful.

Active and cheerful during fever.

Useful for sleep disorders, urinary retention, constipation.

Phosphorus

Children who grow very fast, slim, thin, lanky with fine features.

Mentally bright but excitable and easily exhausted.

Lively, cuddly and friendly children.

Tendency to lower respiratory tract infections.

Sensitive to atmospheric changes, fear of thunder.

Craves salty food, cold drinks.

Pulsatilla

Adapted to children with blue eyes, light skin, pale face and sandy hair.

Mucous membrane involvement with indistinct, yellowish-green discharge.

Symptoms are constantly changing.

Don't be thirsty with all the complaints.

Loving children with strong emotional ties, clinging.

Poor complaining and crying in pain.

Silicea

Children of light skin, pale face, delicate dry skin, fragile constitution and flabby muscles.

Stubborn but tiresome children.

Refined, affectionate, intelligent.

Physically exhausted, but mentally not giving up.

He is slowly learning to speak and write.

Foresight before any important event.

Tendency to suppuration.

The slightest draft of cold air makes it worse.

Sulfur

Thin, emaciated children with bellies with shriveled skin or fat, well fed, but all dirty looking.

He can't stand, he always wants to sit.

Big appetite – craving for sweet and highly spicy foods.

Redness of all openings.

Disinclination to bathe, aggravated by heat.

Propensity to skin eruptions, chronic diseases with offensive discharges.

Tuberculinum

Children with a definite family history of tuberculosis.

Emaciation with weakness and hunger for food.

Hemorrhagic diathesis.

Tendency to glandular affections.

Friendly and extroverted children.

Dissatisfied and defiant.

Manipulative.

SUMMARY AND CONCLUSION

Growth and developmental disorders in children, though not a very major entity, still is prevalent quite a lot in society. Not only major disorders like Autism, Enuresis, Learning disabilities are considered under this heading, but many a minor problems like Stuttering, Pica, Stranger anxiety, etc. are also classified under this group – which the physician should not overlook, rather he should inquire in details, if present. Many a times it so happens that parents, due to lack of knowledge, don't consider these disorders as illness and then the underlying cause for such disorders remain unexplored. Mostly they come for some other complaints and on detailed case taking, we come to know about these disorders.

Homoeopathy is a wide science, wherein many things are still untouched. More of it, utilization of Repertory in our case studies is still not upto the mark. Repertories are nothing but tools and it requires the skill of Homoeopathic physician to make the best use of them. After proper repertorization of case with appropriate repertory, we get a group of similar drugs and good knowledge of materia medica helps in selecting the simillimum.

This work of mine was an attempt to understand the many concepts put forth by Homoeopathy and see that upto how much Synthesis Repertory is useful in Growth and Developmental disorders in children.

BIBLIOGRAPHY

1. O.P.Ghai's Essential Paediatrics – 6th edition
2. Davidson's medicine – 18th edition
3. API textbook of medicine
4. Synthesis – Repertorium Homoeopathicum Syntheticum Edition 9.1, by Dr.Frederik Schroyens
5. Organon of medicine 6th edition by Dr.Samuel Hahnemann
6. Pocket manual of Homoeopathic Materia Medica 9th edition – by William Boericke and O.E. Boericke
7. Kent's Lectures on Materia Medica
8. Children's remedies by Farokh J.Master
9. Children's Types by Douglas M. Borland
10. Homoeopathy and Child care by Dr.Shashikant Tiwari
11. Paediatrics in Homoeopathy – An Approach – Dhawale Trust(I.C.R.)

-
12. Principles and Practices of Homoeopathy by Dr.M.L.Dhawale
 13. Allen's Key notes – H.C.Allen
 14. Introduction to Psychology by Clifford T.Morgan
 15. Essentials to Repertorization by Dr.Shashikant Tiwari
 16. Reperire by Dr.Vidyadhar Khanuj
 17. Softwares like Hompath, Cara and RADAR etc.
 18. www.hpathy.com
 19. www.similima.com
 20. www.google.co.in