



International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

EXPRESSIONS OF ANXIETY IN SCHOOL GOING CHILDREN

DR. MANISHA YUVRAJ PATIL

M.D. (Homoeopathy)

Assistant Professor, Department of Obstetrics and Gynaecology,

KDMG's Homoeopathic Medical College & Hospital, Shirpur, Dist-Dhule. (M.S.) INDIA

E-mail: dr.mgoad@gmail.com

ABSTRACT:

Manifestations of school-age anxiety are varied and vary as the child ages and the child's priorities change from basic survival needs to social acceptance. As a child is exposed to various life stresses and many events occur in a child's life, patterns of anxiety develop under the influence of genetics, the child's temperament, and parenting styles. In understanding anxiety in relation to homeopathy, we come across some literature on how to go about studying the presentation of anxiety in Materia Medica.

However, the data available in the literature are difficult to apply to the pediatric age group, and there is no exclusive work on this topic in this age group to provide a finer distinction of the different manifestations of anxiety in different drug profiles. That is why this study was conducted.

Methodology:

In this study, school children were screened using the PARS for anxiety and 30 cases were recorded in the age group of 7 to 17 years. Manifestations of anxiety at all levels (mental and physical) were elicited and then classified into different categories of anxiety available in the literature and the group of drugs coming for each category was studied in depth to understand the cause, manifestations (mental and physical) and ways to facilitate better differentiation of drugs in the pediatric age group.

Results:

A group of remedies for different categories:

Social Anxiety: CALCAREA GROUP (CALC PHOS, Calc Iod, Calc Carb), Carc, NAT SIL, Pulsatilla

Generalized anxiety: CARC, LAC CAN, CALC IOD, SEPIA, Puls

Separation anxiety: PULS, MAG PHOS, CALC PHOS

Specific Phobias: CALC PHOS, HONEY, STRAM, Lyco (A/F Fright), Opium (A/F Fright), Calc Carb

Anxiety test: CARC, MEDO, Lyco, CALC SIL

The ratio, intensity, clustering of anxiety symptoms, and presentation vary with each drug. Cause, genesis, and modalities are necessary to arrive at a group of remedies, and associated attributes are necessary for finer distinctions. Miasma and sensitivity in the case also affect the manifestations of anxiety.

KEYWORDS: Expressions, Anxiety, School Going Children, Paediatrics, Homeopathy, Homeopathic Medicine.

INTRODUCTION:

Anxiety as an emotion can limit a person from reaching their full potential. Small tasks that can be easily done by any individual can be a source of anxiety and make life difficult for someone with anxiety. It not only darkens the intellect but begins to disturb a person emotionally and physically.

School is where we as children spend most of our formative years. And children's stressors revolve around school.

School is the foundation not only for learning, but also the foundation for children's social experiences. And the overall state of development at school reflects mental and physical well-being and vice versa. Anxiety can prevent a child from taking full advantage of this stage of growth, curiosity, exploration and experience.

As a Paediatrics student, it is vital to understand the different manifestations of anxiety and to catch them as early as possible, during their formative years, so that children develop as individuals and experience this world as a beautiful place and not as something hostile.

Every child has the right to experience an inner sense of freedom and not be a slave to the faint voice of 'anxiety' that tells you 'maybe I can't do it'.

Anxiety can present with subtle signs and symptoms that can go unrecognized for years. Although the average age of onset of an anxiety disorder is 11 years, the process begins much earlier. WHY WAIT FOR IT TO BECOME A FAULT? Subclinical anxiety can be just as disabling. Understanding the manifestations of anxiety in pediatrics will facilitate early recognition of potential candidates and early intervention. The causes of anxiety are multifactorial – from genetic, temperamental, psychobiological to environmental, i.e. parenting styles, childhood adversity and various life events.

Homeopathic treatment, if carefully planned and applied during the formative years, claims to rid the child of the pernicious hereditary influences that tend to sap energy and prepare for the development of different types in later life by making the child better adapted to its environment.

By studying the anxiety in toto, i.e. the cause in each case, the manifestations of anxiety at the mental level (emotional, intellectual, behavioral, subconscious), the physical level and its accompaniments along with the circumstances of the aggravation and improvement in each case and then comparison with the materia medica can facilitate a better prescribing. All medicines in the Materia Medica have anxiety. However, drugs differ in the pathogenesis of anxiety. Therefore, it is necessary to understand remedies from this point of view.

The manifestation of anxiety in children is different from adults.

This study aims to understand the presentation of anxiety in the pediatric age group and to understand its reflections in the Materia Medica and Repertory so that we are able to refine the process of achieving similima and facilitate better anxiety management.

REVIEW OF LITERATURE:

Childhood and early adolescence are a major risk stage for the development of anxiety symptoms and syndromes, ranging from transient mild symptoms to full-blown anxiety disorders.

In this study, we are trying to arrive at a group of drugs for anxiety in school children. We will need to understand how anxiety manifests itself in the children's age group. Because growth and development is a dynamic process, we need to understand whether anxiety is a part of this process. We also need to understand whether the manifestations of anxiety remain the same for all age groups, and if not, what is the reason for such variation.

Epidemiology of anxiety:

Recent community studies among school students in the UK and USA suggest that the prevalence rates of having at least one anxiety disorder range between 9 and 32% and 15 and 20%, respectively.

This study documented that in City M, approximately 11% (53/493) of regular school students studying in grades III to X had symptoms of general anxiety. Bakhlaet al. also used the SCAS questionnaire and documented that 11% (16/146) of students studying in class VIII in Jamshedpur (India) had symptoms of general anxiety. In this study, as in the study by Bakhlaet al. students at the school had symptoms of all six anxiety disorders, with the most common disorders in both studies being obsessions/compulsions, fear of physical harm, and separation anxiety; namely, 29.6%, 27.2%, and 12.0% in this study; and in 17.9%, 8.2% and 9.6% in the second Indian study.

Introduction to Anxiety:

Anxiety, defined as fear or apprehension, is not considered pathological, is observed throughout life, and can be adaptive. It becomes pathological when it begins to interfere with the child's daily activities.

Anxiety and fear:

The term "anxiety" was derived from the Latin root "anxious anger," which means to press firmly, to choke, to oppress, to strangle; a state of anxiety, restlessness about something doubtful, anxious concern; troubled in mind about some uncertain event, distressed, troubled.

The term "fear" in Old English denotes a danger, a sudden calamity corresponding to an ambush, a danger. It denotes a painful emotion caused by impending danger or evil; a mixed feeling of awe and reverence/piety towards God or any authority (5). "Fear" refers to the emotional system motivating defensive behavior triggered by an imminent concrete threat; "anxiety" refers to the emotional system motivating defensive behavior induced by an impending non-specific threat.

Anxiety is nonspecific; it does not and cannot connect to any particular object. Fear, being specific, easily attaches itself to specific objects. This makes fear a limited experience that disappears with the object.

Development of school-age anxiety:

After entering school, there is a rapid increase in emotional self-regulation as emotion regulation strategies become more diverse, sophisticated, and flexible.

At the same time, school-aged children face new challenges in the regulation of negative emotions, which are guided by their developing sense of self-worth and expanding knowledge of the wider worlds. Common concerns about school age include poor academic performance, rejection by peers, the possibility of self-harm, threats to parents' health, and media events. By the age of 10, they are quickly moving into coping strategies. Because of their ability to assess situations and reflect thoughts and feelings, fear gradually subsides. Anxiety control beliefs refer to one's perceived ability to control negative emotional and bodily responses, and this construct is considered key to understanding the development of anxiety disorders.

Types of anxiety – normal, subclinical and pathological:

Anxiety as a brain response is a basic emotion that is already present in infancy and childhood with manifestations falling on a continuum from mild to severe.

Anxiety is not typically pathological because it is adaptive when it allows for the avoidance of danger. Anxiety has both a cognitive and behavioral component, expressed by apprehension and vigilance, and a physiological component, mediated by the autonomic nervous system.

Pathological anxiety at any age can be characterized by persistent or extensive levels of anxiety and avoidance associated with a subjective fear or disorder. However, distinguishing between normal and pathological anxiety can be particularly difficult in children because children exhibit many fears and anxieties as part of typical development.

- Processes that enable/allow living organisms to react
- processes that take place in the body to maintain balance
- factors that could disrupt this equilibrium state
- the way the body tries to throw expressions indicating this disorder
- the levels at which the body would exhibit this disorder.

ANXIETY AND HOMEOPATHY:

Introduction:

Homeopathic treatment, if carefully planned and administered from conception and during the formative years, claims to rid the child of the pernicious hereditary influences that tend to sap energy and prepare for the development of different types in later life by making the child better adapted. the patient to his environment.

To achieve this we need to consider:

This would apply to all disease processes including anxiety.

Perception and sensitivity as a manifestation of illness:

Sensibility is the innate ability of all living things to respond to stimuli in the environment and is a fundamental quality that distinguishes living from non-living. Sensitivity is the innate ability of all living things to respond to stimuli in the environment at the level of mind and nerves.

Susceptibility is made known to us through the responses that occur when the host encounters environmental factors. Abnormal receptivity disrupts the adaptation process and leads to the development of disease.

Signs and symptoms represent the only perceptible form of evidence that indicates to us the reaction that is taking place in the organism.

Concepts of health and disease and symptomatology:

Health means balance and harmony, while disease means loss of balance or disharmony. Loss of balance leads to a disturbed emotional state, which adversely affects the functioning of various organs and systems.

Disease is the overall reaction of the organism to adverse factors of the external or internal environment. It is conditioned by constitutional factors, both inherited and acquired, and is manifested by symptoms in 3 areas:

- Emotional
- Intellectual a
- Physical

The constant adaptation that is required in the development of an emotionally well-integrated personality may fail at various stages, and this breakdown will be indicated by appropriate symptomatology. Failure to heed these warnings and implement corrective measures eventually leads to distorted personalities who cannot fit into the larger scheme and who tend to withdraw from this unkind world and create their own world.

Current cross-sectional studies of potential risk factors for the development of anxiety have found a number of potential variables, such as demographic, neurobiological, family-genetic, personality, or environmental factors, that are consistent with the model proposed above.

By this we can conclude that the "expression" of any symptom is affected by:

- Miasm
- Sensitivity a
- Sensitivity

This will also apply to Anxiety.

Mental symptom, mental state and mental disposition :

A mental symptom is a complete symptom, it helps in the construction of Totality. Kent called it a qualified mental symptom. When this does not contribute to a clinical diagnosis, we are able to infer the characteristic nature of the symptom.

Example: A common symptom of depression is crying. But worse crying in the evening between 4 and 8 p.m. sheds more light on the person than on the disease, and it becomes a qualified mental symptom.

More often than not, we are unable to obtain the symptom in its complete form, or it has not developed to the characteristic degree that gives it qualified status. Therefore, the usefulness of this approach to the whole has certain inherent limitations. We must pay attention to Hahnemann and try to understand the meaning acquired by the terms "mental state" and "disposition".

Mental state:

It is defined as a combination of different categories of mental symptoms, viz. symptoms of intellect, emotion, and behavior. It changes over time. It depends on the specific manifestation of the environment. It originates from a deeper entity, i.e. Disposition. The state of mind gives us an idea of the current state of an individual's phase, development and relationships.

Mental state is reflected in behavior and functioning, which are "actions", subjective emotions narrated by the patient or through subconscious expressions such as dreams.

The disposition provides further insight into underlying attitudes and leads us to how and why the current state has developed. This is how expressions under stress can be determined.

Manifestations of anxiety can be studied in a similar way. However, this kind of study will be difficult in the children's age group because it can be difficult to find out the child's disposition because the personality is not yet developed.

The symposium volume provides us with a brief outline of how we can study Anxiety.

CONCLUSION:

AGE DISTRIBUTION OF CASES OF ANXIETY:

In this study, anxiety was more common in the adolescent age group compared to the middle childhood age group (7-11 years). In middle childhood, the maximum number of cases was found at 8 years. In the Adolescent age group, maximum cases were found at the age of 14 years belonging to the 10th standard. While younger age groups showed anxiety in the form of fears, Test Anxiety & Social Anxiety was more common in the Adolescent Age group.

GENDER DISTRIBUTION OF ANXIETY:

In this study, the proportion of anxiety was higher in men than in women.

SHARE OF ANXIETY CATEGORIES:

In this study, the proportion of phobia, social anxiety and test anxiety was higher compared to generalized anxiety and separation anxiety.

ANXIETY CATEGORY AND REMEDY GROUP:

All medications have anxiety symptoms. But the ratio and grouping of different categories of anxiety varies in different drugs. The intensity of the various manifestations is also unique to the drugs. The expression of anxiety helps to arrive at a group of drugs, however, for a finer distinction, the cause, the genesis of the anxiety, and another set of symptoms must be considered.

The gradation of remedies is as follows:

1st class - Roman

2nd grade - italics

Level 3 - LARGE CAPITAL

SOCIAL ANXIETY: *carcinosin*, *CALCAREA* group (*Calcarea Carbonica*, *Calcarea Iodata*, *Calcarea Silicata*, *CALCAREA PHOSPHORICA*), *Medorrhinum*, *NATRUM SILICATA*, *MAGNESIUM PHOSPHORICA*, *Opium*, *Pulsatilla*, *Sepia* and *Lac Caninum*

- Fear of being reprimanded by the teacher: *CARCINOSIN*, *Calcarea Silicata*, *CALCAREA IODATA*, *Calcarea Carbonica*, *MAGNESIUMPHOSPHORICA*, *NATRUM SILICATA*, *Opium* and *Sepia*.
- Fear of being teased in public: *Calcarea Iodata*, *CALCAREA PHOSPHORICA*, *Calcarea Silicata*, *Calcarea Carbonica*, *Carcinosin*, *NATRUM SILICATA*.
- Fear of embarrassment: *Calcarea Iodata*, *CALCAREA PHOSPHORICA*, *Calcarea Silicata*.
- Difficulty interacting with the teacher: *CALCAREA IODATA*, *Calcarea Silicata*, *Carcinosin*, *MAGNESIUM PHOSPHORICA*, *NATRUM SILICATA*.
- Lack of assertiveness in expressing irritability and disgust: *Calcarea Silicata*, *Carcinosin*, *CALCAREA PHOSPHORICA*.

GENERALIZED ANXIETY: *CALCAREA IODATA*, *CARSINOSIN*, *LAC CANINUM*, *Pulsatilla*, *SEPIA*.

SEPARATION ANXIETY: *Calcarea Flourica*, *CALCAREA PHOSPHORICA*, *Gelsemium*, *MAGNESIUM PHOSPHORICA*, *PULSATILLA*.

SPECIFIC PHOBIAS: *CALCAREA PHOSPHORICA*, *Carcinosin*, *MEDORRHINUM*, *Pulsatilla*, *CALCAREA IODATA*, *Calcarea Carbonica*, *Calcarea Flourica*, *LAC CANINUM*, *Lycopodium*, *Magnesium Phosphorica*, *Natrum Silicata*, *Opium* and *STRAMONIUM*.

• Fear with delusions: *MEDORRHINUM*, *LAC CANINUM*, *Calcarea Carbonica*, *Calcarea Iodata*.

• Fear after A/F startle: *Lycopodium*, *Opium*.

• Fear in younger age groups: *STRAMONIUM*, *Lycopodium*, *MEDORRHINUM*.

ANXIETY TEST: *CARCINOSIN*, *MEDORRHINUM*, *Calcarea Carbonica*, *Calcarea Iodata*, *CALCAREA SILICATA*, *Lycopodium*, *NATRUM SILICATA*, *Pulsatilla*, *Sepia*.

MIASMS:

Due to the high proportion of anticipatory and phobic anxiety in the examined sample, the predominant miasma is tuberculous miasma followed by sycotic miasma. The intensity of anxiety and anxiety caused by anxiety is higher in the tuberculosis miasma.

• Tubercular miasma: *Carcinosin*, *Calcarea Iodata*, *Stramonium*, *Calcarea Phosphorica*

• Sycotic miasm: *Medorrhinum*, *Lac Caninum*, *Lycopodium*

SENSITIVITY:

Sensitivity is high in middle childhood compared to early adolescence.

• High: *Carcinosin*, *Calcarea Iodata*, *Stramonium*, *Calcarea Phosphorica*, *Lac Caninum*, *Medorrhinum*.

• Medium: *Lycopodium*, *Calcarea Carbonica*.

• High sensitivity in sycotic miasma: *LacCaninum*, *Medorrhinum*.

• High sensitivity in the younger age group: *carcinosin*, *Calcarea Phosphorica*, *Medorrhinum*, *Stramonium*

SUMMARY

Anxiety has been found to negatively affect students in terms of academic, social and personal development. Anxiety usually goes undiagnosed in students due to the internalized nature of the symptoms. The causes of anxiety are multifactorial—genetic, temperamental, life stresses, life events, childhood adversity, and parenting styles. Manifestations of anxiety vary by age group. In the study of anxiety cases, anxiety symptoms were elicited and classified into categories available in the literature, and a group of drugs under preparation was studied. It has been observed that each case needs to

be studied in detail to understand the cause, genesis, manifestations at different levels (mental and physical) and modalities to be able to distinguish nearby coming remedies. Along with anxiety expressions, other related attributes need to be considered for finer drug discrimination.

The main objectives of the study, on the basis of which a group of corrective measures was concluded:

- Understand the manifestations of anxiety in relation to age groups in school children.
- Screen cases using the PARS and classify the manifestations of anxiety in each case according to the PARS categories.
- To arrive at a group of drugs for anxiety expression patterns.
- Understand the similarities and differences between the Anxiety expressions of different drugs.

Study method:

30 cases selected from the age group of 7-17 years were examined using PARS. Anxiety symptoms were elicited in each case and classified according to the PARS categories. A group of medications was studied for each category of anxiety.

Limitations:

In this study setting, cases of other anxiety categories mentioned in the literature, for example OCD, Panic Attack, were not found.

In maximum cases, it is difficult to achieve a remedy based on the Manifestation of Anxiety alone, and other related symptomatology must be taken into account for the remedy.

The PARS scale covers only the common manifestations of anxiety of various categories, and therefore the data obtained have a limited role in homeopathic prescription, the essence of the case and the characteristic symptoms are lost.

Because the sample size is small, it is difficult to arrive at a specific group of drugs for each anxiety category.

RECOMMENDATION:

A similar study with a larger sample size can be conducted to arrive at a specific group of drugs to express for each anxiety category.

It is possible to conduct a detailed study of carnosin using the BPS model to understand the genesis of anxiety. It is possible to conduct a similar study with other drugs.

A study can be done to create a picture of the genesis and presentation of anxiety in different age groups in different drugs based on cases of the same drug belonging to different age groups.

REFERENCES/BIBLIOGRAPHY:

1. Beesdo K, Knappe S, Pine DS. www.ncbi.nlm.nih.gov. [Online].; 2011 [cited 2021 09 14. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3018839/#R12>.
2. Karande S, Gogtay NJ, Bala N, Sant H, Thakkar A, Sholapurwala R. www.ncbi.nlm.nih.gov. [Online].; 2018 [cited 2021 09 14. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5954820/#ref2>.
3. Kliegman RM, Stanton BF, St.Geme III JW, Schor NF. Nelson Textbook of Pediatrics. First South Asia Edition ed. Behram RE, editor.: Elsevier; 2015.
4. Kasad DKN. ICR Symposium Volume on Hahnemannian Totality Part 2. 3rd ed. Dr.M.L.Dhawale , editor. Mumbai: Dr.M.L.Dhawale Memorial Trust; 2003, 2nd Reprint 2014.
5. Cisler JM, Olatunji BO, Feldner MT. www.ncbi.nlm.nih.gov. [Online].; 2010 [cited 2021 09 13. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2901125/>.
6. Berk LE. Child Development. 1981st ed. Delhi: Tata McGraw-Hill Publishing Company Limited; 2003.
7. Muir AM. The Spectral Nature of Anxiety Disorders: Examining Similarities in Clinical and Subclinical Populations. Intuition: The BYU Undergraduate Journal of Psychology. 2019; 14(1).
8. Riddle. The Pediatric Anxiety Rating Scale (PARS): Development and Psychometric Properties. Journal of the American Academy of Child and Adolescent Psychiatry. 2002 September; 41(9).
9. Caballa VE, Arias B, Salazar IC, Calderero M, Irurtia MJ, Ollendick TH. A NEW SELF-REPORT ASSESSMENT MEASURE OF SOCIAL PHOBIA/ANXIETY IN CHILDREN: THE SOCIAL ANXIETY QUESTIONNAIRE FOR CHILDREN (SAQ-C24). Behavioral Psychology. 2012; 20: p. 485-503.
10. Shore GN, Rapport MD. The Fear Survey Schedule for Children-Revised. Journal of Anxiety Disorders. 1998 September; 12.
11. Evans DL, Foa EB, Gur RE, Hendin H, O'Brien CP, Seligman MEP, et al. oxfordmedicine.com. [Online].; 2005 [cited 2021 09 12. Available from: <https://oxfordmedicine.com/view/10.1093/9780195173642.001.0001/med-9780195173642-chapter-10>.
12. Zwettler C, Reiss N, Rohrmann S, Warnecke I, Luka-Krausgrill U, Dick Rv. ncbi.nlm.nih.gov. [Online].; 2018 [cited 2021 09 13. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6069033/>.
13. Zeidner M, Matthews G. Encyclopedia of Psychological Assessment Fernandez-Ballesteros R, editor. London: SAGE Publications Ltd; 2003.
14. Knappe S, Beesdo-Baum K, Lydia F, Stein MB, Lieb R, Wittchen HU. pubmed.ncbi.nlm.nih.gov. [Online].; 2010 [cited 2021 09 16. Available from: <https://pubmed.ncbi.nlm.nih.gov/20684833/>.

15. Kawsar MS, Yilani M, Marwaha R. ncbi.nlm.nih.gov. [Online].; 2021 [cited 2021 09 16. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK534195/>.
16. Dhawale DML. Principles and Practice of Homeopathy. 9th ed.: B.Jain Publishers(P) Ltd; 2017.
17. Dhawale DML. I.C.R. 2015th ed. Kapse DA, editor. Mumbai: Dr.M.L.Dhawale Memorial Trust; 1980.
18. Kasad DKN. ICR Symposium Volume On Hahnemannian Totality Part 1. 3rd ed. Dr.M.L.Dhawale , editor. Mumbai: Dr.M.L.Dhawale Memorial Trust; 3rd Edition 2003, 2nd reprint 2014.
19. Nigwekar DA, Jani DN. Representation Of Anxiety In Repertory. National Journal Of Homeopathy. 2013 May.