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STUDY OF VARIOUS SKILLS AND TECHNIQUES OF CASE TAKING IN ARRIVING AT A PRESCRIBING TOTALITY IN CHILDREN WITH ACUTE RESPIRATORY DISTRESS

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ABSTRACT:

In the 21st century, it is encouraging to hear that "homeopathy is considered an alternative medicine system".

However, there are many myths and misconceptions between the common public that homeopathy is slowly acting and is more effective in the treatment of chronic diseases and is therefore not useful in acute conditions. It also contributes to this, a lot of information is necessary for a good homeopathic regulation. This information is derived from the patient's case consisting of a detailed description of patients of physical, mental, emotional and sociological aspects with individualization characteristics. This is not necessary for a practitioner. So I was in constant thoughts that - if homeopathy really needs this great effort to prescribed the prescribed medicine, what a child who does not know how to speak and cannot give an idea of his suffering and is really in need? Can these types of cases manage these homeopaths? I accidentally got the opportunity to see cases treated in my father's children's hospital. There, with many restrictions on clinical equipment and poor literacy of patients / parents, I have encountered a lot of child cases that have been successfully treated with homeopathy on the basis of OPD and IPD. Yet, like many of them, as I am, I will find some problems with taking the case of a child. This task is more difficult in acute conditions; Where there is an emergency of a child, it is less time to negotiate. The credibility of a homeopathic physician depends on his ability to manage acute disease. In chronic cases, we can get enough prescription time. However, the scenario is quite different in acute cases.

KEYWORDS: Case Taking, Prescribing Totality, Acute Respiratory Distress, Paediatrics, Homeopathy and Homeopathic Medicine.

INTRODUCTION:

Our regulation should be concise and correct; Otherwise, the patient lands into crisis and much more anxiety. It is said that "when a child is sick of a family, the whole family seems to be ill, as a doctor and a health rescuer, it is our duty to provide the best care and comfort to those who suffer, especially in acute conditions where the child's suffering is much more. In homeopathy, we have to make the patient's individualization even more. This will require different "skills"- (ability or art to do well) and "techniques"- (a specific way of applying this art) to get to individualization characteristics, especially in the children's age group, which may not be needed in the case of adults because they are aware of their suffering and emotions. So it became a challenging task for me. Effective communication in children's cases for homeopathy essentially depends on the art of observing all expressions for the child, with the proper interpretation of these observations, and eventually directs questioning to parents to confirm our interpretation. Many common conditions in children are related to age, and therefore it is most important to know the normality in pediatrics and one has to distinguish them with the abnormality they get in case they have accepted and examined. Therefore, I preferred the study of various skills and techniques that are applied if it receives especially in acute respiratory emergency conditions in pediatrics to evoke characteristic symptoms. The purpose of this study is to find out the real image of the disease and the patient for individualization, which is the demand for homeopathic treatment. After applying these skills and techniques, individualizing totalitarianism provides similar to this case. Treatment of a child with this particular similimum will provide treatment, and if so, then it proves the method of case that is considered correct. We also help others and others, also implement the same for their success.

REVIEW OF LITERATURE:

Skills and Technology:

In homeopathy, we must make the patient's individualization more. This will require different "skills" - the ability or art to do well.

The ability and capacity gained through intentional, systematic and permanent efforts to smooth and adapt to the implementation of complex activities or work functions including ideas (cognitive skills), things (technical skills) and people (interpersonal skills).

And “techniques” - - a special way of applying this art.

A way to perform a specific task, in particular the implementation or performance of a work of art or scientific procedure.

The collection of data in homeopathic practice has thus developed in a highly specialized technique

Calling for considerable skills by the homeopathic physician.

I. C. R. Operational guide will be mentioned about various interview techniques in case of receiving cases

--- Testing, exploring, listening, observation, blocking, guidance, assurance, confrontation, advice, silence, informing, interpretation, rejection, empathization, not accepting and playing roles. Which are necessary to complete the patient and his complaints so that the doctor can understand the patient as a person as well as a corrective diagnosis that is necessary for the homeopathic regulation? In short, they are as follows:

Interview techniques:-

Inquiry:

It is a normal way to interview, where the interviewer asks the interviewee according to his request ..... specific information is obtained and therefore a lot of time can be saved.

Only facts and information are obtained. Therefore, the place has only when the patient does not cooperate, or when the option has narrowed to several and the final choice must be made. The disadvantage is that it does not lead to a satisfactory relationship.

Examination:

This is an open query made in a direction where the problem is considered to be located .... The advantage of the possibility to hit a gold mine or the danger to go into wild goose pursuit

with a loss of precious time.

Listening:

The highest recommended skills requires the ability to suspend judgment and give

Full ear, eye and mind for the patient. with vigilance and patience. Encourages the patient to speak

and share experience. It must not be confused with passivity and readiness to take what the patient offers.

Observation:

One does not listen to what the patient says but also sees as the gestures and

The expressions are vital tracks. An important factor is the correlation of listening and observation.

Blocking:

Useful when the patient does not hold on to the point but it is necessary to keep in mind that the diagnosis

IRelevance can be highly subjective.

Knowledge:

This is an inconspicuous method to take a look at the patient for an area that he is not aware of. The doctor is able to extrapolate and understand his general knowledge. Awareness of areas is absolutely necessary, otherwise the conversation will result in a date on which it is difficult to rely on.

Assurance:

During the conversation, the patient may be disrupted and confused if he gets rid of the past or if he is interested in the meaning of his story. At this time, the patient must be assured that it is accepted and the story can continue.

Confrontation:

Occasionally, the patient could avoid accepting the truth and could have sophisticated defense against conscious realization. If this awareness does not come, it is not possible for the patient to continue and obtain freedom from the past. When this state has been diagnosed, the doctor must fulfill an unpleasant obligation to bring all this hidden material into his consciousness. This requires the courage by the doctor and also a certain amount of honesty to make a final decision. The doctor can often have to solve his own problems first. Confrontation can make or break both, and therefore the judgment of the regime and timing assumes importance.

Advice:

This means an attempt by a doctor to restore the order where there is confusion and insufficient recognition of the nature of confusion. And therefore there should be a problem in its size

They should be planned to complete completeness and resolution.

Silence:

It is used when the patient needs it after ventilation and needs time to recover, or the patient has ended with his narrative and seems to be looking for fresh material, or if the doctor expects the patient to work along the lines and there is resistance to the patient.

Information:

It is used where the lack of information with the patient is considered to be the main difficulty and is responsible for the genesis or maintenance of the problem.

Interpretation:

This includes the patient's speech and the derivation of meaning that adequately explains the phenomena visible U / in the patient. The subjectivity and tongue of the doctor should be considered.

Refusal:

It is legitimate to reject all applications from a patient who do not help therapeutic outcome. However, this would require a clear idea of the aims of therapy and the expectations of the results. When dealing with acute diseases, greater emphasis should be placed on the patient's suffering, and therefore the way of receiving cases and driving will also differ.

Acute: - Definition: - (according to modern medicine) Oxford medical dictionary states, acute disease is medically defined as an unfavorable condition that suddenly occurs, proceeds quickly and has a relatively short time.

Definition: - (according to homeopathy), as shown in the 6th edition of Organon of Medicine Samuel Hahnemann, we understand acute diseases as morbid rapid processes initiated

abnormally upset vital force; To tend to complete your course quickly, it is a self -harmful nature, resulting in recovery or death.

Acute respiratory anxiety:- Acute respiratory anxiety is defined as the inability of the respiratory system to meet the need to replace the patient's gas and is often used to indicate symptoms and symptoms of an abnormal respiratory pattern. A child with nasal blazing, tachypnoea, withdrawal of the thoracic wall, stridor, grunting, shortness of breath and wheezing is often considered to be respiratory anxiety. The size of these findings is used to assess the clinical severity of respiratory problems. No two children suffering from respiratory anxiety will not represent the same causal factors or clinical manifestations. Even the clinical course of their disease is variable. It differs from the patient to the patient.

Etiology of respiratory distress:

Is divided into different categories:

- Causes in infants and children
- Parenchymal lung disease

Criteria for clinical assessment of the severity of respiratory anxiety: mild

Tachypnea [up to 50/breathing/min]

Shortness of breath or shortness of breath

MEEK

Tachypnea [50 to 70 breathing /min]

Download the thoracic wall minimum

Alae Nasi Swimming

Hard

Tachypnea [> 70 breathing/min]

Apneic episodes / bradypnoea / irregular breathing

Hard to withdraw the thoracic wall

Using sternocleidomastoid muscles

Cyanosis

Normal Respiratory Rates In Childhood	
AGE	RESPIRATORY RATE /MIN
NEWBORN	30 TO 60
INFANT(1 - 6 MONTHS)	30 TO 40
INFANT(6 - 12 MONTHS)	24 TO 30
1 TO 4 YEARS	20 TO 30
4 TO 6 YEARS	20 TO 25
6 TO 12 YEARS	16 TO 20
12 YEARS AND OLDER	12 TO 16

Airway failure:

Respiratory anxiety with cyanosis with signs of CNS / CVS hypoxemia.

Signs of hypoxemia CNS: restlessness, dressing (boring) sensor, somnolence, seizures, coma

Signs of hypoxemia CVS: bradycardia, hypotension, cardiac arrest

Diagnosis of respiratory problems:

Clinical presentations: Clinical observation is the most important part of monitoring and diagnostics. The presence and size of abnormal clinical findings, their progression with time and their time relationship to therapeutic interventions serves as a guide to diagnosis and treatment. A child with respiratory anxiety or failure should be observed in the position of the greatest comfort and in the least threatening environment. The most commonly used technique is also pulse oxymmetry for oxygenation monitoring.

-Cest x-ray

Pediatric cases:

A healthy child creates a healthy family and finally a healthy nation.

The Oxford Manual of Clinical Examination and Practical Skills states that the specialty of pediatrics is very different from adult medicine. Children grow, change and mature. Your style and approach to history and exploration will be very dependent on the age, independence and understanding of the child, so flexibility is essential. The most important thing to remember is that pediatrics should be primarily pleasant.

The acquisition of a child case is one of the most difficult tasks for a homeopathic physician. However, if one understands the "normal child" and is fully aware of the developmental phases during the metamorphosis of the newborn for infants for the toddler, the case becomes quite easy, accurate and exciting. Dr. In his book "Essentials of Paediatrics", Jain mentions that the core of a pediatric case that accepts the case depends on observation. One has to understand what to observe in a child. After careful observation, the correct interpretation of these observations is performed. Once it is done, direct questioning to parents to confirm that your observation will complete the first aspect of the case.

In this way, it differs from receiving an adult case, as with adults, we will refrain from leading and direct questions, but in a pediatric case it is necessary and safe to confirm your interpretations from parents. This is because children are unable to express their suffering in a normal verbal way of communication, as in adults. "Pediatrics in homeopathy and approach", mentions many critical clinical conditions in the age group of the child age group with the acceptance of cases and observation and homeopathic management. In the fact that Dr. RAM SUBRAMANIAN and Dr. Moushumi Deshmukh

is the point of view - in pediatrics they remember that they are curious, attentive always reasonably worried and ready for neony…. Parents are often excellent observers of their children, but poor interpreters of what they have seen.

Dr. RAM Subramanian says that in "pediatrics in homeopathy", the case begins from the moment the patient entered the consulting room itself.

Try to calm your parents / grandparents by sitting them first. A quick but patient history, eye contact and occasional nodding or change in the expression of the face that deepens in gravity of the situation makes the ocean difference. If the child is in need, perform a detailed evaluation (anamnesis) quickly, giving the main importance of the mother's spontaneity, the intensity of the expression and the PQR. These form the core of the housing. First, build totalitarianism. Hretatal / Natal / post-national events, dietary history, milestones and immunization data, all need accuracy and speed when evoking according to the requirements of the case.

One of the important ways of differing in child history from an adult is that childhood history is almost always given by a third party, usually a parent. One of the common history problems from a third party is that you will receive events more rather than first -hand symptoms and symptoms as the patient experiences. Try to clarify exactly what has witnessed. Some terms may be ambiguous, eg fit, constipation, wheezing. Listen carefully and explain by summarizing your understanding of the situation and its relationship with their parents.

This helps to reassure parents that you listen to what they say. A mother or someone who has a confidential knowledge of a child is the best person who gives history in childhood and early childhood. Even until puberty, the child does not easily look at each other objectively. This does not mean that evidence of an older child should be discarded, but even in apparent things, such as desires or food aversion, the mother may usually provide more accurate information. Because disease and abnormality in children differ from diseases in adults, because they occur in an individual who is constantly growing and evolving. In all these six phases of the case,

Accepting the case can be summarized in the following phases:

Observation phase

The phase of listening to complaints

The phase of interrogation and cross examination

Phase of clinical examination

Laboratory investigation

Phase of diagnosis.

While many clinical methods used in adults are directly relevant in children, specific skills and techniques should be used to obtain a good history of the child's disease. Some of them are discussed below.

“Skills” and “techniques” used in a child case: the child comes

To this world with confidence and innocence. Infants whose needs are met at this critical time are better modified, crying less and have fewer symptoms during the first year of life. If this feeling for safety does not feel a child, there will be symptoms. Dr. In his book "Clinical observation of children of remedies," he says, studying in pediatrics involves an understanding of mute communication, which is based in a very innocent way. From observation and perception

Symptoms are very essential in creating completeness for any given case in homeopathy, it is very necessary to interpret all the expression of the muffled child who cry for help.

The assessment of the newborn and infants differs from the evaluation of older children and adults in this must be an opportunist and do not expect your exam to be carried out systematically. Any examinations that cannot be completed and maintained unpleasant procedures are different; To avoid disturbing a happy child.

Observations - the key to buying a child case:

The word observation means an act or example of monitoring or recording a reality or occurrence for some scientific or other special purpose. It is either an activity of a living being consisting of receiving the knowledge of the outside world through the senses, or recording data using scientific instruments with the ability to notice important details.

Observation is one of the most important phenomena in homeopathy. How we know that in homeopathy we choose a medicine that produces exactly the same image during demonstration as in the patient in the disease. The selection of simimima requires careful observation first in the patient and then to compare it to a medicinal portrait in the Medica material.

Accepting parameters for observation

In order to identify the role of observation, identification of parameters is an important and primary task for which we need is a control list of observations. In one homeopathic article on the importance of observations in case of homeorizon.com [15]

Visual- view of the patient.

Hearing- listening to his speech.

Tactile touch.

Olfactory.

Discharge- their character

Visible codes were understood through the book "Body Speech and Homeopathy" [7]. The elements that are visually perceived and which play the role in communication together are called a "visible code" and are:

Personal look

Gesture

Attitudes

Facial expressions

Eye expressions

Space and distance

Voice and intonation

Haptic or touch

Personal appearance: The doctor must understand how his patient reacts to him: positively, negatively or neutrally. The external appearance of a person can cause resistance, hostility or a receptive mood at the person concerned. The patient's appearance and clothing require careful observation.

Gestures: A gesture is a sign or allusion used to communicate in conjunction with or without words. A gesture is a verbal or non -verbal movement of the body used to express or emphasize the thought, emotion or state of mind. It is defined as "visible" physical activity, which is represented. Every gesture is like a word in a language.

Attitude: refers to the way one stands, sits and walks. The movement of the body, the position of the hands and legs and other parts of the body is revealed by the personality of the individual- whether he is alive, alive and dynamic, nervous and nervous, self-confident and confident. The position of sitting can reflect optimism or despair or may indicate a sense of failure or inattention. (In the case of a child you need to take into account the position for sleeping)

Face expressions: "Face is a mirror of life". Our face defines our identity, expresses our attitudes, opinions and moods, and shows how we relate to others. Our face is great. His features are incredibly alive and florid, more than any other primate.

Eye contact: Eyes reveal the complexities of emotions, beliefs and moods to a greater extent. Hess (1975) notes that the eyes give the most revealing and accurate of all the signals of human communication. Looking at the eyes of someone raises strong emotions. Eyes can be lustful, knowledgeable, ridicule, piercing, shifting, etc. They can align the views of burning or a cold look or injured look or again, can be wise, know, invite, frightening, uninteresting, etc.

Space and distance: The fascinating area in the world of non-verbal body language is the space of spatial relations or the proxemic- studying of recognition and use of space. Every person keeps personal territory around them. Normally they will not allow others to attack it. Space and distance differ from culture to culture, from individual to individual. The amount of space that one needs is determined by his personality.

Voice and intonation: The tone of the voice reflects psychological excitement. Speech is an indispensable means of sharing ideas, feelings and observation and for conversation about the past and the future. In all human cultures, many voice qualities are universal. Voice interpretation: speaking loudly and quickly and quickly or quickly or lack of interest in the perspective of the other, clear, controlled, constant confidence of voice, living, bouncy, well -modulated enthusiasm of speech, courtesy.

HAPTIC AND TOUCH: Touch is a strong non -verbal communication that is out of words and in fact indicates a formula of the action. Tactile communication offers a direct impact on others and even its memory can take a long time compared to the memory created by words. The touch moves from kissing, hugging, stroking and holding hands to grip and hit. This is due to body movements and means that there is a very small distance between interactions.

The importance of understanding the child "body language:

The body language is a form of non -verbal communication that consists of body, gesture, facial expressions and eye movements. People send such signals and interpret almost completely subconsciously.

The body language can provide traces of the attitude or state of the person's mind. For example, it may indicate aggression, attention, boredom, relaxed condition, pleasure, amusement and intoxication, among many other allusions.

In the book "Your Body speaks your mind" Debbie Shapiro presents physical expressions such as waving; Location, touch and inclination are all forms of non -verbal communication. The study and expression of the body is known as "kinesica". People move their bodies in communication because, as it turned out, it helps to "relieve mental efforts when communication is difficult". Physical expressions reveal many things about the person who uses them. For example, gestures can emphasize a point or give a message, posture can reveal boredom or great interest, and the touch can cause encouragement or caution.

Children are unable to express their emotions, feelings and suffering correctly in the verbal language; Therefore, they usually use this type of non -verbal communication that needs to be properly interpreted to understand the child.

Breathing: If the child is healthy and happy, then the heart rhythm would be stable. If it is fast, then the child could be in discomfort. At night, heart rate varies depending on the baby's sleep phase.

Cutted hands: The first few weeks, the children hold their hands tightly clenched. Then they open and let go. During this period, the fragmented hands indicate that the child is in complete discomfort.

Legs: The position of the fingers and legs indicates the level of the child's comfort. If a large finger is extended or slightly curled on the feet or if the whole leg is stiff and points to the floor, the child must have terrible pain and requires attention. Come back: When children feel trouble, they raise their backs in the form of an arch to get out of it.

Movement of the nose and lips: wrinkle nose and pursuit of lips is a sign of disgust. This is generally the same for all children.

Eyes: The baby's eyes open wide when they are in pain or are afraid of sudden loud noise, bright light or fear of falling. In such circumstances, they wrapped their backs and clenched with their fingers and fingers. This instinctive reaction is called Moro or a frightened reflex and is common to all children. Children have direct contact from their eyes, if they are happy, otherwise they avoid it. Half closed eyes combined with furrowing eyebrows indicate discomfort.

Head Gestures: Look at people with whom they are happy and comfortable with, and turn off from their heads unless they look familiar. There are many other gestures that are quite simple and would be obvious to most parents. If children are tired or exhausted, they yawns to show that they need rest. When they are about six months old, they start raising their hands to show that they want to be transmitted.

Sneezing: The light stimulates the eyes and nerves in the nose. Therefore, some children sneeze when they wake up. This is not a reason for concern.

Foot movements: If a child just kicks his legs, he is happy and relaxed, but if it is stiff and holds his legs against his abdomen, he may have abdominal pain.

CRAWL: Children crawl toward the person they are satisfied with and leave people whose society does not change them.

All of these above -mentioned skills and techniques are used to obtain the exact image of the disease and the patient as an individual, the main goal of all this purpose is to build the correct completeness of the individual case that is mandatory for homeopathic regulation.

After choosing the fullness of symptoms; The repertoire language is transferred to the repertoire.

Repertorial approach to Peadiatrics:

As Dr. J. H. Clark, “it is impossible to practice homeopathy without a repertoire. It is very important to study the use of the repertoire in homeopathic practice. The repertoire has a different language to present symptoms, the language of the section. Peadiatric cases in which subjective symptoms are smaller, and observation findings, physical examination and interpretation of these findings are more important, it is difficult to convert these symptoms to the tongue of the section. The conversion of these symptoms to the language of the section certainly requires skills and technology.

One must first understand the plan and the construction of various repertors, so the selection and other functioning with this repertoire will be easy. This requires the techniques to be applied. Like - through the literature of this repertoire, reading the preface of this repertoire to understand the plan and construction, and finally follow the direction for the use of a specific repertoire, as the author suggested.

Skills are used to convert symptoms into a form of a section. For this purpose, the interpretation of available data is very important. This data is obtained as shown in the above part, appealing different skills and techniques at different stages of receiving the case. This data is then used for repertorization.

Repertors like Murphy and Kners have separate chapters for children in which the sections are given in alphabetical order. Many observational sections are also listed in these repertors. While in other repertors, sections related to children are given in subrine form for a particular main section. This is to be skillfully studied.

It is observed that the observational sections such as this, repertoire are represented:

Examples of behavior
Mind - clinging - children; in - cough; during
Mind - Company - desire for - coryza; during
Examples of position/modality-
Cough - bending - backward - agg.
Cough - bending - forward - agg.
Breathing - difficult - rocking - improvement.
Examples such as cough
Cough - paroxysmal - long paroxysms
Coughing - rattling
Examples of such a breathing-type-
Breathing - difficult
Breathing - rattle - seating upright - improvement.

Management of acute condition is a demanding task for doctors, because parents are afraid of the child's condition and the progress of disease is also relatively fast in children. While negotiations with acute diseases, many masters have already given the rules of the thumb that should be followed in all cases that are as follows.

Homeopathic treatment of acute disease: Here are some instructions from pioneers for the treatment of acute disease. Dr. Hahnemann: In aphorism 152 organon medicine wrote: “The worse acute disease is, the more numerous and conspicuous symptoms that are generally composed. But with the greater certainty, a suitable medicine can be found if there are a sufficient number of drugs known for this positive action from which you can choose '.

Dr. Boger:

Dr. Boger mentioned "accept the case" in his contribution, "the presence of an old constitutional symptom belonging to Miasm, although it may be strange, should not mislead us to follow it during acute illness, unless the drug in the recent illness is due to its pernicious presence.

He also explained about the old constitutional symptoms that they must not be taken in acute completeness, but these are constitutional symptoms that will express themselves during acute disorders.

Dr. Kasad and Dr. DHAWALE: About complete in acute diseases, says Dr. Kasad, which is manifested by earlier general interference as a general totalitarianism that was thrown out by the patient's constitution. It remains more or less firm, with less change. Therefore, it is called a solid general totalitarianism.

The use of one of these rules is performed and repertorization is performed from the relevant repertoire. The medicine regulation should certainly be administered after cross reference from the homeopathic material Medica. All of these skills and techniques are used to help and treat this individual suffering child. It is therefore clear from the beginning of the time of the time of the time that the case is the most important step in the treatment of the patient. All of the above -mentioned devotees emphasized the value of observation and its usefulness in the case management. The pediatric age group is the most sensitive age where pain and pleasure are expressed only by the behavior and effect of the child. The doctor can only experience them with sound senses and enthusiastic observation. The physician must apply his skills and techniques to perceive what is true and perform an accurate action in time to justify the health care of the child.

Dr. In his key book on Pnemonia, Borland suggested a way to choose efficiency and repetition is the immense help of a homeopathic practice. He says that the frequency of drug administration in an average case of low efficiency is sufficient to give the drug to about once every four hours; And if I see, there is no special advantage when it gives it more often. As for high potency, I think it is wiser to give the medicine every two hours, the reason is that you want a number of stimuli in a relatively short period of time to get a crisis within twelve to twenty -four hours. So in common practice, if it gives low efficiency, it repeats for four hours and is absolutely happy to return in twenty -four hours, does not expect to have to change the medicine or efficiency, and expect the patient to find more comfortable, without much change in temperature. The temperature should drop within twenty -four hours, the patient is obviously doing well and all anxiety disappears; Until then, a new regulation will be required, but there will be nothing dramatic and no reason to rush.

-When you use high efficiency, start giving the medicine every two hours and returning for six, twelve or twenty -four hours. In six hours you should find a temperature declining; In twelve hours it will probably be normal and in twenty -four it should certainly be.
-This is the difference of these two systems, but both are effective.

Clinical assessment of acute respiratory distress (ARD) in modern medicine:

Pediatric initial evaluation begins with a general impression. This information is obtained by observing. This is called a triangle of pediatric evaluation or (pat) and includes three important components:
The general appearance of the child - this includes the following observations: muscle tone and movement. Myths / interaction with the environment or carer. Crying or agitation that is unbearable. The ability to speak or cry
Work on breathing (the impression gathered before touch)
Skin circulation - includes your first impression on the presence of flea, mottling or cyanosis of PAT, which is your general impression, allows you to immediately determine the seriousness of the child's illness or injury and help you determine the urgency for care.

CONCLUSION:

An observational prospective study was undertaken to study various skills and techniques used in the acute respiratory distress in the paediatric age group. A selection of 30 cases was done from age group 0 to18 years.

Every case was studied to the depth to understand the postulated aims by following specific directives and objectives.
All the cases were studied in terms of the clinical presentations, as well as specific skill and techniques which were applied to take the case and formulation of the totality with final prescription of the remedy.
The cases showed various clinical presentations in the acute form, which were studied to come to an exact diagnosis of the clinical condition with the help of the presenting symptoms and the various stages of the case taking was applied for receiving the patient.
The stages were classified according to the postulated method of study and role and importance of those individual stages in the case was more emphasized. Various stages mentioned were used in the data collection from the patient (Child) or the attendant through verbal communication as well as non-verbal communications. With the help of these different skills and techniques of the case taking the exact diagnosis of the presenting acute condition was made. The analysis and evaluation of the symptoms of the case was done.
The appropriate approach was considered according to the analysis and classification of the symptoms. With the help of the appropriate approach for that particular case, acute totality was formulated and final remedy was selected according to the symptom similarity.
As per the demand of the case and the individuality of the patient, homoeopathic intervention (prescription of the selected acute remedy) was done. Different potency and the repetition were given as per the need in the individual case.
Thus all the 30 cases were tried to understand in all dimensions of clinical presentations as well the most important task of the case taking through application of various postulated skills and techniques along with the Homoeopathic management.

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