

# The Mal-adjusted child

## CASE 1

1<sup>st</sup> Visit: Data available on 16/10/96.  
Mast G M, 5 ½ yrs, 1<sup>st</sup> std, Vashi, Hindu South Indian.

Father: 39yr, Senior Manager Nationalized bank.  
Mother: 36yr, Clerk, Nationalized bank  
Brother: 8 ½yrs, 4<sup>th</sup> std  
On 16.10.96 came with following complaints

### CHIEF COMPLAINTS:

LOCATION	SENSATION	MODALITY	ACCOMPANIMENT
1) Abdomen since 2 yrs (1994) F: 1/mth D: few hrs  3-4 days back	Sudden pain with Nausea  Nausea  Stools 3-4/d watery <sup>3</sup> Now normal	> folding legs <sup>2</sup> > stool after < morning on rising <sup>2</sup> < strong odours <sup>3</sup> < dirt <sup>2</sup> < fish <sup>2</sup> < tightness around neck A/F allopathic Rx <sup>3</sup>	

### PAST HISTORY

Feb 91-Resp tract infection.  
Aug 91-? Malaria-Rx Chloroquinine  
Dec 91-Gastroenteritis  
July 93-Gastroenteritis  
Aug 93-Malaria  
O/E

Wt-16 KG P/A-NAD  
General Examination NAD

### INVESTIGATIONS

USG Abdomen Aug 93-NAD

**ACTION TAKEN:** The parents are instructed to submit a detailed written history and appointment is fixed for next

week and Rx. *Colocynth 30* to be used SOS if episode of pain comes.

### 2<sup>nd</sup> visit: 18-4-97

The parents visited the clinic with the child after 6 months with a complaint of frothy stools & spending long time in toilet along with earlier mentioned complaints.

When asked about the written history father said he was not able to see any significance in the form and the information asked for was not relevant for the child's complaints.

The physician decides to define the case now. The following data is collected

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L	S	M	C
<p><b>MIND</b> since 1 ½ yrs June95 ↑ since 6 months ↓ GIT</p>	<p>Anxious<sup>3</sup> before stools Stools frothy 2/day Tensed<sup>3</sup> Stools unfinished feeling Sits 20-30min in toilet Is doubtful about evacuation checks his pants after during day time Cleans hands often every ½ hr. Check bottom of chappal. Repeatedly asks the same question. Poor concentration.</p>	<p>A/F ? Teased by boys ? Time constraint in mom.                               &lt; before stools</p>	

**PAST HISTORY:**

97 Feb URTI with Acute Otitis Media  
Rest read with reference to the 1<sup>st</sup> visit as on 16-10-96

**PHYSICAL CHARACTERISTICS**

**WEIGHT:** 15kg  
**BUILD:** Average built; wheatish complexion  
**APPETITE:** OK  
**CRAVING:** Ice<sup>1</sup>, Rice<sup>2</sup>, Salty<sup>2</sup>, Cold drinks<sup>3</sup>.  
**PERSPIRATION:** Forehead<sup>2</sup> neck<sup>2</sup>, no stains  
**STOOLS:** 2/day.  
**MICTURITION:** N  
**SLEEP:** Sound  
**DREAMS:** 0  
**THERMAL STATE:** C2H2, tolerates cold better  
**DEVELOPMENTAL LANDMARKS**  
Birth: Forceps. Birth weight 3.6 kg  
Milestones: N. Vaccination. – All given, No Complaints  
No illnesses till 1 ½ yrs of age

**LIFE SPACE**

5 yr old boy hailing from a middle class family. Fa is a Sr. Manager in a nationalized bank. Mother is clerk in the same bank. He has an elder brother aged 8 ½ yrs. They had come in Oct '96 for chronic abd. pain. He was given *Colocynth* 30 SOS as an acute remedy & parents were asked to fill in the history form. Now the complaint was anxiety in morning before going to school that he has unfinished bowel movements. Father is on a

transferable job. He was posted in Kutch. He went there in July 94 and family joined in Aug 94. Patient was attending play school then. In Bhuj he was quite happy and a teacher had developed liking for him. He also enjoyed her attention and was quite happy there. But as further schooling facilities were poor. Family decided to shift to Bombay. Fa stayed there for 3 yrs to complete his tenure. He used to visit every 3 months. Patient missed his Fa in Bombay. Here mother started noticing change in patient's behavior. He was extra cautious about cleanliness. He would wash his hands about 50 times/ day. If his elder brother picked his nose, he would shout and ask him to clean his hands. Now his school is at 8 a.m. Patient gets up at 7 a.m. and spends 20-30 min in the toilet. Mother forces him out so as to catch the bus on time. He becomes anxious about soiling his pants. 2 such episodes occurred in school. He was possibly teased by children. Since then he complains that school toilet is unclean hence he doesn't like to go there.

Now he becomes anxious if they have to go out. He is worried that he may have to pass stools. He is a very sensitive<sup>3</sup> child; easily affected by any reprimand. Once in school as other kids bring flowers to teacher he also took flowers from their garden. By the time he reached school, they had dried up. When he gave them to the teacher she threw them out of the window. He felt so



bad that he grieved over it for one week. Father feels that the teacher is immature to handle his child. She has zero knowledge of child's psyche. He feels she is the cause of his son's problem. He also sulks at home often on small issues. His relations with brother are good and brother is a sensitive<sup>2</sup> fearful<sup>3</sup> child. He is very inquisitive<sup>3</sup>. He repeats same question very often. Academically he is good but has poor attention span.

Fa. appeared quite observant and sensitive. Mo is a disciplinarian. She feels he being out, she has to do the entire job. All paternal relations are staying at Vashi. He

gets adequate attention from all. Relation between parents are good. There is no F/H of similar complaints.

#### FOLLOW UP:

1. Anxiety stools
2. Checking pants
3. Cleaning hands
4. Repetition of questions
5. Stools time
6. Stools satisfaction / Consistency
7. Concentration
8. Abd pain.

Date	1	2	3	4	5	6	7	8	9	OBS	Remedy
18/4/97											Medo 1M HS 1 dose
27/4/97	>2	>2	>2	>+	20min	>+/frothy			No nagging He is tolerable	Action	SL
06/5/97	>3	+	>2	>	20min	S	?	0		Stock	SL
31/5/97	0	0	N	0	20min	>12frothy	?	0	Pain abdomen-0		SL

#### DISCUSSION ON THE CASE:

They had approached with C/o recurrent abdominal pain since 2 yrs, which was  $\Delta$  as Intestinal Colic. All other investigation being normal, he was treated with Antihelmenthitic and Antispasmodic by pediatrician.

On further detailed enquiry following symptoms were elicited.

- Frothy Stools
- Spending unusually long time (20-30 Minutes) in toilet.
- Since last 6 months he is extremely anxious, tense before stools
- Unfinished feelings
- Doubtful about evacuation
- Checks his pants repeatedly during day time for soiling.
- Since last few months parents have also observed the following.
- Cleaning of hands ½ hourly

- Checking the bottom of chappals
- If brother picks his nose, patient will insist he washes hands.
- Repeatedly asks same questions
- Poor concentration

These symptoms would enable a clinician to  $\Delta$  the above as OBSESSIVE COMPULSIVE DISORDER of childhood. Now how to go ahead to understand the problem posed by this boy and integrate the data to homoeopathically treat him.

We try to understand the family situation: well educated parents with elder siblings who are well adjusted. Father was posted in Bhuj were Mast. G joined a nursery school at age of 3 ½ years. Here he was happy and was closely attached to the teacher; she also developed a liking for him. He enjoyed her extra attention. As the further schooling facilities were poor family shifted to Navi Mumbai. In the new school Mo no-

ticed the above mentioned changes.

Now the possible contributing factors

1. Change of school
2. Separation from Teacher.
3. ? Father's non-availability. Father use to visit once in 3 months
4. There was an incident in the school: Once he presented his class teacher flowers as all others classmates. The flowers which he presented had dried up. The teacher threw them out of window. He was so much affected by it that he grieved over this incidence for a week.
5. Teasing by his classmates about his habit of checking pants.

Now studying these factors and the child's response at the mental and physical level to the changing circumstances gives us his INDIVIDUALITY (Disposition)

He comes across as a

**Sensitive Child** to reprimands who sulks and is depressed

**Perfectionist** with cleanliness mania

**Inquisitive** with poor concentration

**Physicals** intolerant of heat

Likes to eat Ice & Cold drinks, salt and rice.

**Parental Attitude** His father is available once in 3 months. He is sympathetic and caring person. Mother is disciplinarian. She is short of time, as has to manage the early morning school timing and other household and office work. Hence is pushy about toilet time

**THERAPEUTIC HANDLING:**

1. Orientation of parents about the problem (They had come for recurrent GIT problem)
2. Awareness about the child's Morbid sensitivity
3. Advising mother about time pressure and its implications
4. Selection of Homoeopathic remedy *Medorrhinum*. Reference through repertory and standard text books of Homoeopathic Materia Medica.

Follow up treatment started on 18/4/97 (He was given *Medorrhinum* 1M 1 Dose) all the complaints i.e. Anxiety before stools / Time spend in toilet / checking of pants / Abdominal pain / Washing hands / Checking Chappals / gradually reduce over a period of 1 month. After 3 months the parent reported now he doesn't insist on others about cleanliness. He is happy in school, more mixing and has started liking his teacher. He is well adjusted in all respects

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## Alopecia Universalis

A girl aged 12 yr came to me with the c/o of loss of hair first on the scalp, then eyebrows and lastly from eye lashes. She had another complaint of bedwetting. Allopathic treatment had been taken including steroid injections to the scalp, but to no avail. Since she was very young, her parents were very worried.



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**PHYSICAL GENERALS:**

**APPETITE:** Voracious, can eat even after a full meal.

**THIRST:** Unquenchable.

**STOOL:** Normal.

**URINE:** Bedwetting, daily 2/3 times in a night.

**PERSPIRATION:** Profuse.

**CRAVINGS:** Cold drinks, ice-cream, chocolates, rice, chinese food. in general fond of all kinds of food.

**AVERSION:** Sweets.

**THERMALS:** Hot.

**SLEEP:** Sleeps on the sides, talks in her sleep.

**DREAMS:** of God.