

# Stress & Its Effects on Uborn Child

The pocket Oxford Dictionary defines Stress as a) a pressure or tension b) physical or mental strain.

The purpose of this article is to show a better, perhaps a newer understanding of the effect of stress on hitherto unrecognized target age group through treated and cured clinical cases.

All of us know that stress is a very important component, being in some cases an exciting cause and in some, a maintaining cause for the manifested sickness. It can also modify and so to say, add a new layer, in an active ongoing miasmatic chronic disease.

Therefore, it is very important to understand the effect of stress on each of our patients so that we can know how much has it contributed to the sickness of the patient in question. We have to understand how each patient is reacting to stress, and whether this reaction is morbid or not. (for all reactions to stress need not be necessarily morbid, and therefore may not require therapeutic aid). By doing this in fact we are facilitating the patient's recovery.

It is very important to know both: 1) the nature of stress and 2) the patient's reaction to it, in order to come to a selection of the indicated medicine. We intend to talk about the effect of stress on:

1. Unborn Child
2. Children
3. Adults where the patient was subjected to stress during the childhood days and in many cases even during the gestational period!!!

Since the first point may appear to be unbelievable (in view of lack of published papers on this subject). We are going to discuss each one of these with clinical cases treated.



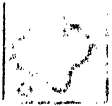
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**STRESS AND ITS EFFECT IN UNBORN CHILD**  
Logically speaking each cell has a will and understanding of its own. It therefore is also capable of receiving and reacting to stimuli. At the level of cellular existence therefore each cell is constantly subjected to stress of different kinds. Its reaction to this stress can either be (i) a non morbid one, (different changes which a cell makes in response to a stimuli within its limitations of physiological and biochemical capacities, and (ii) in some cases it can also react morbidly.

A fertilized ovum (zygote) in the first place, is a totipotent cell. It has a Will and Understanding of its own, and logically this Will and Understanding is different from its parents. The ultimate development of this totipotent cell to a foetus and at last to a newly born child is totally dependent on this Will and Understanding. Just like all the cells are subjected to stress at a cellular level, so also this, zygote is constantly subjected to stress during its gestational period by a continuous change in its environment – both physical and mental. The developing zygote then also reacts to stress either in a non morbid or in a morbid manner. If the reaction is a non morbid one, a healthy child is born, (providing the inherited miasmatic status allows the child to remain healthy) on the other hand if the reaction is a morbid one a sick child is born. The health and qualities of life of the new born child than is going to depend on two factors..... 1) Inherited tendencies from the parents and 2) the reaction of the foetus to stress during the gestational period.

All of us know about the first point, but when it comes to the second, not much is known, maybe because it is very difficult to show this, it can only be shown by analogy, and again this type of work requires, in Hahnemann's words, an accurately observing capacity and an unprejudiced mind, which very few of us (including me) have!!!

Those very few who have the accurately observing ca-



capacity can infer the stress just by seeing the patient in different parameters. According to them the effect of stress can clearly be visualized through the whole being of the patient, even long after the stress has ceased to act on him!!! I would like to present a case to elucidate this trait.

**CASE 1 :**

This case was treated and cured by my teacher. A female child of about 5 years was brought to him with P/C of the child vomiting intermittently since her birth. Once the vomiting started it would not be controlled by any medication and the child had to be hospitalized, put on IV fluids, and later on put on ryle's tubes and fed and then discharged. The same cycle would be repeated again after some time. The attending paediatrician could not find any organic or pathological lesion. There were no elicitable triggering factors for these bouts of vomiting. On appearance she was an emaciated child and appeared mild and sweet. The child was brought by her father who said that she became very quiet and would like to be alone just before those attacks of vomiting started. *Staphysagria* 200/2 doses were prescribed and the father was asked to report after 4 weeks and to also bring along the mother. On asking the logic of *Staphysagria* I was told, "the child is feeling insulted. Its sense of self-respect has been wounded. And this has most probably occurred in utero. After 4 weeks the report was.... the child is eating food, passing stools daily, and most important of all there have been no bouts of vomiting... She was prescribed placebo. After this, she never had vomiting problem. On careful questioning of the mother now i.e. after 4 weeks after the prescription had been made, it was revealed that due to certain circumstances during pregnancy, she had had negative feelings regarding her pregnant state and had wished for an end of the problem!!! (termination of pregnancy) And now I could perceive the statement my teacher had made to me 4 weeks before without seeing the mother!

**DISCUSSION:** This case highlights some important yet often misunderstood aspects.

- 1) Effect of stress on the unborn child – mother's negative feeling towards the pregnancy and wanting a termination and the child's reaction to it.
- 2) Observation of the effect of stress by just observing a child of 5 years who by herself did not know she was subjected through this stress, and nor did her father knew of this!!! (Mother revealed it in the next meeting, by the time the medicine had already acted curatively on the child!!!)

**CASE 2 :**

A male child of 3 months was brought to us with P/C of episodic blueness of face and lips with unconsciousness. These episodes were precipitated whenever the child cried and had started almost immediately after birth, with the child having been hospitalized repeatedly for these episodes. The attending paediatrician had not found anything clinically abnormal, and had at last asked for a paediatric cardiologist's opinion. His cardiovascular system: within normal limits, his respiratory system: within normal limits, and as such no specific diagnosis could be made. Since crying was a precipitating cause, the paediatrician had asked the parents to take care so that the baby should not cry!!!, or else it may prove to be fatal. On inquiring about the birth history we found the labour to be uneventful. Trying to trace the history backwards we were told that the gestational period was uneventful. Since the P/C/ was such that it could not be explained on the basis of miasmatic states of the parents, we insisted the mother to reveal fully her circumstances during the pregnancy saying "these episodes are just not possible if you were entirely normal during pregnancy". The mother on hearing this opened up and admitted she had been repeatedly tortured mentally by her in-laws. (Excluding her husband). She could not protest, nor could she tell her husband, (the mother had lots of insecurities of her own). On this history of the mother (as the symptoms of the child were, to my mind, not enough for the selection of



the medicine) the child was prescribed *Staphysagria* 1000/1 dose and asked for a review after 2 weeks. Since that day about 2 years ago the child has been free of this cyanotic and unconscious spells, (inspite of spanking which he receives from his parents, for his mischievous acts) and is today a happy, healthy toddler.

**DISCUSSION:** For most of us who do not have the accurately observing capacity like that of my teacher, (as mentioned vide supra), we have to work with symptoms with their accompanying modalities, conditions and states and gradually go backwards through the history of development of sickness towards the source of the problem till a complete picture of the sickness is evolved. Our logic in this case went thus:

One could only encounter such a serious sickness in a child congenitally in one of the following conditions:

- 1) Advanced miasmatic condition – to be corroborated by family history.
- 2) Iatrogenic effect on the mother during pregnancy – to be corroborated by mother.
- 3) Effect of Stress.

Through the case taking (vide supra), we negated the first two, and thus when confidently confronted the mother with the third option, she readily confirmed the stress (vide supra) and this completed the picture of the sickness (to my mind).

### STRESS AND ITS EFFECT IN CHILDREN

Stress in children? What possible tension can they have? These are questions echoed in many layman's minds and one must confess also in some doctor's minds. We make the mistake of judging an event which a child is facing from an adult's perspective and as such reach this erroneous conclusion. But seen from a child's perspective the same event can be very stressful and difficult to manage. One might say in the passing that sibling rivalry a very common condition is the result of such a stressful situation.

### CASE 3 :

We would like to talk about one of our female patients. When she first came to us, she was about 3 years of age, and was pray to recurrent respiratory tract infections, not responding to conventional treatment. We started treating her, she reacted curatively and after some time we discharged her. She was brought to us again when she was approximately 9 years of age, when she was a witness to a gruesome accident in which a small child was crushed alive under the wheels of the school bus. The body of the child lay in a pool of blood for a long time and our patient was seeing this for a long time. From that point onwards she (our patient) stopped talking, refused food and would intermittently take long breaths. In the initial stages the parents consulted their family physician who prescribed some medication with no improvement. After about 3-4 days she was brought to us, and on the basis of refusal to talk, intermittent deep breaths and the fact that she had received *Nat-mur* from us in the past, we prescribed *Ignatia* 200/2 doses to be taken B D for 1 day and report the next day. Our records show that she started eating from the next day, and was back to her normal cheerful self within 3 day's time.

**DISCUSSION:** This case illustrates what all of us know: We see the stress producing aetiological factor and the child's reaction to it making the selection of medicine relatively easier. The fact that child was relatively healthy at the time of this episode made her respond very quickly.

### CASE 4 :

A female child of about 4 years was brought to us on 17/11/01, with the following complaints. She does not communicate with anybody, including her parents, she generally doesn't make eye contact with anybody. She can't talk even in monosyllables. On observation we found her to be very restless and hyperactive. She was picking up various things present on the table (my table has a lot of gift articles) parents said she was very sen-



sitive to music. Her restlessness diminished when she was with her father, or when she was made to listen to music. Physically she is a slim person. Her mother said whenever she sees puffed rice she wants to eat it. She is also fond of salt as she licks salt whenever she sees on the table. The child was diagnosed as borderline (?) autistic.

All our efforts to communicate with the child proved futile. However when we played a musical piece on the computer she at once started smiling and moving rhythmically as if dancing.

On further enquiry it was revealed that the mother did not want the child at that time, as she had to appear for he MA examinations. The mother was in an irritated frame of mind during the entire period of pregnancy. There was also a h/o family separation just before they conceived this child. The mother is on eltroxin therapy after her delivery. She said she had tremendous desire for fish during pregnancy, which has since then reduced. We prescribed *Nat-mur* 1M/2 doses to be taken on two consecutive mornings and report after 4 weeks.

She gradually started improving and our record on 2/2/02 says, she can talk simple words, reacts to commands and when she wants to eat something from the fridge she takes her mother or father to it and points!!! She is still with us and we find her restlessness has diminished and has been prescribed *Bry* 30/2 doses for an acute episode of cough. Her interaction with others has improved. When she comes to our clinic now she interacts with some of the doctors present.

**DISCUSSION:** Of course we have the strong desire fish in the mother during the pregnant sate, desire salt,

in the child. I felt in a way the symptoms were the reaction of the child to the mother not wanting the child. The child in utero was feeling rejected, (disappointed love?) And thereafter its failure in communicating with the world (compare the introvertness of *natrums*) pointed to this medicine.

This case shows something interesting and thought provoking:

The reaction to stress by the foetus is manifested sympathetically by the mother during the gestational period by some peculiar symptom which she neither had before or after the pregnancy – in this case the peculiar desire for fish.

We are not going to give case records of Effect of stress on adults when the cause of the stress may have been in their remote past, as all of us as physicians are aware of this group, and we get such patients regularly.

**TO CONCLUDE**

We would like to highlight the following points:

- 1) Stress is a very important contributory and the Actual cause of the sickness in many cases .
- 2) Morbid reaction to stress can occur in any age group including the in utero stage of development of an individual.
- 3) The reaction to stress depends upon the individual and he may decide to react in diverse ways, by producing a host of symptoms.
- 4) The reaction of an individual to stress is a very important parameter in selection of the indicated medicine in such cases.



**PRISON VERSUS WORK**

Just in case you ever get the two mixed up. This should make things a bit clearer . . .



IN PRISON... you spend the majority of your time in an 8X10 cell.

AT WORK... you spend the majority of your time in a 6X8 cubicle.

IN PRISON... you get three meals a day.

AT WORK... you only get a break for one meal and you have to pay for it.

IN PRISON... you get time off for good behavior.

AT WORK... you get more work for good behavior.

*Continued Elsewhere*