

Put Back The Smile

INTRODUCTION

In this write up on medical emergencies in children, we discuss the approach to children who present with excessive crying. The emphasis is on clinical presentation, totality, management from homoeopathic point of view, and includes handling parent's anxiety about child as well as about our system of medicine.

CRY OF A BABY - This is the language by which child's wants are made known. The first cry after birth indicates baby is fine and relaxes the pediatrician. Later the child cries for various reasons ranging from simple physiological needs to the pathological conditions. Cry is the only expression through which baby can express its needs, desires, comforts and discomforts. But when the cry is persistent, intense and distressing, it causes distress both to baby and parents; and a question to the physician who has to understand the cause of the cry, because if not detected in time, becomes a matter of anxiety to parents and physician.

WHY DOES A LITTLE ONE CRY?

- **HUNGER**- Most commonly, crying is related to hunger, the baby's only way to express its hunger. This type of cry is short lived and disappears after feeding. Mother is aware of it and makes the baby comfortable by feeding.
- **OTHER CAUSES**- Too much clothing, soiling, wet uncomfortable diapers, hot or cold environment etc.
- **NEED TO BE HELD**- Some babies simply want to be held or seek sufficient/additional attention. So carrying such babies relieves them. Mother is fairly aware of all

these normal cries and doesn't panic.

Sometimes baby cries vehemently, screams, shrieks, throws itself in an arch-like position or piteously moans and cannot be made comfortable even after fulfilling physiological needs. This unusual type of cry usually associated with symptoms of a particular system involved, puts the baby in a distressed condition.

WHAT IS THE CAUSE FOR SUCH DISTRESS?

It could range from simple nose block-where child faces difficulty in breathing through mouth.

Wind colic or Evening colic - usually seen up to 3 months of age, where child cries excessively with distension of abdomen.

Otalgia or some kind of respiratory distress or sometimes severe CNS involvement. Such cries are usually accompanied by signs and symptoms of the particular system involved thus leading to diagnosis. In most cases the only symptom is the 'CRY' and the attending physician has to methodically rule out each organ/ system till the real cause is discovered.

Various authors have enumerated different qualities of cry in different text books of paediatrics.

QUALITY OF THE CRY

NORMAL: Strong with normal tone.

MEDIUM IMPAIRMENT: Whimpering: Usually with illness.
Sobbing

SEVERE IMPAIRMENT: High pitched, Moaning, Shrill Cry: Usually associated with a CNS Pathology.

The whole scenario of a sick child is - cranky, irritable, angry child, screaming or moaning with redness of face, tears rolling down the cheeks, shabby hair, perspiration, continuously moving, occasionally beating/biting mother. The poor anxious mother, also on verge of crying, trying to calm down the child by placing it on her lap, carrying, rocking, putting it to the breast, distracting his attention.



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The other attendant- usually father or grandparents are trying to handle both mother as well as baby, explaining all details of illness as per his knowledge to the physician with some contradictory inputs from mother. Thus the whole scene is actually transferring confusion and anxiety to the physician. So here, the demand of the situation is a supportive, sympathetic physician who will successfully dissolve the problem and put back the baby and parents to their feet.

Although cry is the most distressing symptom still we need not treat the cry alone, but the baby as a whole. So in order to individualize the baby one has to be observant of the quality of cry like moaning, shrieking etc. The conditions which aggravates the cry or ameliorates the cry such as carrying, feeding, rocking etc and also the concomitants that accompany the cry such as irritability, beating, biting, redness of face or change in the feeding habits, sweat etc. But the thing of utmost importance: Why is baby crying? The cause of cry?

Sometimes the peculiar mental condition of mother during pregnancy, for example: extreme fear, anxiety, grief, indignation etc helps in selection of similimum.

While treating the baby as an individual not only the current mental state but the overall temperament of the baby should also be given its due weightage in totality. The groups of remedies indicated for excessive cry are *Cina*, *Chamomile*, *Stramonium*, *Belladonna*, *Pulsatilla*, *Antium-tart*, *Colocynth*, *Lycopodium* etc. The various rubrics are listed in repertory, like - Mind-weeping, tearful, mood tendency to, irritability children in, shrieking, screaming, shouting, weeping loud children in. The skill lies in going beyond the cry... diagnosing the phase, and the cause of cry and then differentiating on their individualizing features remedies.

We received three such excessively crying babies in our casualty on a particular day with respiratory distress.

CASE 1

11 month-old cranky² male child brought to the casualty by parents. Father was carrying the baby on his

shoulders with the anxious mother following him. Child was breathless. The complaint of cough, cold and fever off and on since 1 month; treated by local General practitioner 2-3 times. The cough and fever would ameliorate temporarily and return in 3-4 days.

Now since 2 days as the weather has become cold- the cough increased. Cough in short bouts, 1-2 coughs per bout lasts for short periods; worse night; audible chest sounds. Dry cough ending into vomiting-4times since morning. Small quantity, white sticky vomitus. Fever since 2 days.

Child has become irritable², and wants to be carried on shoulders². which ameliorates for few seconds. Child continuously crying. Child could not sleep because of restlessness.

Breast feeding reduced as was unable to suck because of cough and increasing respiratory distress.

THIRST, STOOL, URINE: Normal. THERMALS: C2H3
O/E: Cranky, irritable baby not allowing examination.
T: 102 F (A) RR: 120/min HR: 160/min
No cyanosis. Peripheral pulses well felt.

RS: Scattered crepitation bilateral, SCR + (sub costal retraction)

CVS: S1S2 N

P/A: Liver 2FP Spleen 0

CXR: Straightening of ribs, hyper-translucent lung fields. The age of the child, history of 2 episodes of LRTI, tachypnoea out of proportion to RS findings, high grade fever, inability to feed because of cough, sudden weather changes and Chest X-Ray pointed diagnosis of Acute bronchiolitis.

Acute bronchiolitis, a common disease of the lower respiratory tract of infants, results from inflammatory obstruction of the small airways. It occurs during the first 2 yr of life, with a peak incidence at approximately 6 months of age, and in many localities, it is the most frequent cause of hospitalization of infants as the consequences of it is dehydration and congestive cardiac failure. The causative organism is respiratory syncytial virus (RSV).

The baby was hospitalized in view of acute respiratory

distress with impending complications due to acute bronchiolitis.

TOTALITY AND REPORTORIAL SYNDROME

1. Irritability heat with
2. Irritability cough from
3. Carried desire to be on shoulders
4. Vomiting from cough
5. Cough aggravation night
6. Cough paroxysms short

REMEDY SELECTED: *Cina* 200 4 pills stat.

IV fluids infused slowly over 8 hrs in order to prevent dehydration, secondary to tachypnoea and reduced milk intake.

FOLLOW-UP after 2 hrs

Cough same, crankiness >, irritability >

Child slept for 1hr

APPETITE: Reduced. One episode of vomiting
Cina 200 -4 doses given.

FOLLOW-UP: Baby smiled. Tolerated milk.

Irritability better. Crankiness better.

Cough and breathlessness improved

STATE OF PARENTS: Smiling, holding baby

After the acute phase settled, constitutional remedy *Calc-iod* 200 single dose was given and baby was discharged.

CASE 2

2 yr old girl brought by parents with cough, cold since one day with excessive irritability³ and crankiness³.

Looking at the doctor, the child started screaming on top of her voice. It could be heard behind the closed doors of OPD during rush hours also.

Watery coryza, cough, fever since 15 days < since one days. Cough, long bouts, 4 to 5 cough per bout. Cough last for 4 to 5 minutes ends in vomiting. Cough with audible wheeze < lying down ++, < night. Child has become dull, cranky ++ > by feeding ++. Wants to be carried all the time. Appetite ↓ but desired to suckle at the breast. Thirst decreased.

Due to excessive crankiness, mother felt like running away.

THERMALS: CH4

Need for hospitalization: Child extremely cranky. Difficult to examine.

O/E: T: 100.8° F (A). RR 40/min; HR 100/m.

RS: Crepts bilateral with rhonchi Rt > left.

CVS - S1S2 N

INVESTIGATIONS

CXR: Rt Para cardiac consolidation.

Hb: 10.2gm% TLC: 13, 500, N-65, L-40, E-4, M-2

DIAGNOSIS: Acute Asthmatic Bronchitis.

Observation in ward: Child continuously suckling at the breast and biting² the nipple. Child not allowing to be touched.

TOTALITY

- Irritability³ heat during
- Thirstlessness heat with
- Irritability³ cough from
- Cough < lying down.
- Carried desire to be
- < night
- Appetite increased fever during

TREATMENT: *Cina* 200 4 pills stat.

FU after 2 hours: Child sleeping

Irritability > . Cough same .Fever same.

Cina 200 4 pills stat and repeated every 4hrly.

FOLLOW UP 12 HRS

No irritability

No fever

No crankiness

Cough better

Suckling at breast twice only

Baby was discharged in 2 days after receiving constitutional remedy *Natrum-mur* 200 single dose.

On discharge, baby came and greeted physician with smile hold her hand and asked her to play with her.

In every case after diagnosing 'Asthmatic' try to seek +ve/ -ve family history. Even in Hom this would be significant to decide miasm-Co-ordinating Editor

CASE 3

A thin, fair 11 months male child was brought by parents in casualty for continuous coughing. Looking at doctor he suddenly started crying, making examination difficult. According to the parents their playful and sweet baby has become cranky³ and irritable³ with cough. Cough and Coryza since 20 days, worse since 8 days. Watery coryza with dry cough and audible wheeze, cough short bouts < night ++ with redness of face. Since night child has become irritable³, wants to be carried which does not ameliorate. Child was restless; couldn't sleep whole night. Dullness++

According to the parents, cough and irritability was increasing. Mother could not rest for a second because of continuous demand to carry. His appetite had increased during the last 2 days.

Observation in ward: Child ct wanted to be breast fed
O/E: T: 100° F (O)RR 52/min. HR 116/min.

RS: Coarse crepts++ bilateral. CVS-S1S2 N

CXR: Bilateral bronchopneumonia

State of the parents: Anxious, worried. Parents were well educated, so need of admission in view of cough, fever, irritability and findings of bronchopneumonia was explained to them and they agreed.

TOTALITY:

Irritability ³ heat during	Dullness ² heat during
Carried desires to be	Restlessness cough during
Heat partial head of	Thirst decreased
Appetite increased	Cough < lying down

REMEDY SELECTED: *Cina* 200 4 pills stat given.

FU after 2 hrs: Irritability better . Child slept for 1 hr quietly.

Fever same. Cough same. No episode of vomiting
Cina 200 4 pills repeated after 2 hrs.

FOLLOW UP after 4 doses: Irritability better

Child sleeping.	Restlessness better
Cough better	Cough at long intervals
No vomiting	Suck at breast thrice only

After acute has settled child was discharged after giving *Calc-carb* 200 single dose.

In above 3 cases *Cina* was chosen mainly on the accompanying mental concomitance of crankiness, anger, inconsolable crying with desire to be carried. In one of the cases there was specific desire to be carried on shoulders. In 2 of the cases there was increased desire for suckling of breast.

Cough short and long bouts of violent coughs with audible wheeze and rales in chest with suffocative attacks and aggravation night, crying, anger .Cough ending in vomiting. *Cina* is the most frequently used children remedy and it has strong affinity for respiratory system was administered in 3 babies which presented one after another in casualty each in their peculiar individualistic way yet each of them carrying stamp of *Cina* state. The depth of *Cina* in respiratory illnesses can be judged from its ability to take care effectively of Bronchiolitis, Asthmatic bronchitis and Bronchopneumonia when indicated.

Thus when an indicated homeopathic remedy is prescribed this single remedy can take care of various pathologies irrespective of their names.

The other remedies coming close were – *Chamomilla*, *Ant-tart* and *Pulsatilla*.

***Chamomilla*:** Peevishness, restlessness, piteous moaning, > carrying and petted constantly. Thirsty

***Ant-tart*:** Cough with wheezing, rattling. Child is cross and irritable. * The child will not allow itself to be touched, without whining and crying, whereby the toes and fingers are drawn inwards.

***Pulsatilla*:** Cough with dullness, poor thirst, crying.

***Cina* GENERAL CONSIDERATION AND RESPIRATORY COMPLAINTS**

Big, fat, rosy scrofulous baby. Child is whining, complaining and very restless during sleep. It will not lie awake 5 minutes without crying. It must be rocked, carried and dandled upon the knees. He doesn't want to be touched, cannot bear anyone to come near it. Desires many things which it refuses when offered. Cannot be pleased or satisfied with anything, uneasy

and distressed all the time. Throws away everything and cries for nothing. Sullen and unwilling to play. Piteous weeping when awake or one takes hold of it/carries it. Cross strikes all around him. Irritable and dissatisfied with every thing. Cross during cough.

RESPIRATORY COMPLAINTS: Very short breath as if he had much mucus in chest, without being obliged to cough. Very short breaths. Difficult loud respiration Respiration accelerated, short and rattling when coughing at short intervals. Could not raise mucus and was nearly suffocated in consequences. Short moaning respiration with open mouth. Respiration wheezing, panting. While inspiration loud whistling whoop in trachea,

not present on expiration.

GENERAL MODALITIES

WORSE: Touch, worms, vexation, looked at, during sleep, staring, full moon, summer, sun.

BETTER: Lying on abdomen, motion, shaking head, rocking.

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 2. Normal child-illingworth
 3. Essential pediatrics' O.P.Ghai
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 7. Complete repertory.
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