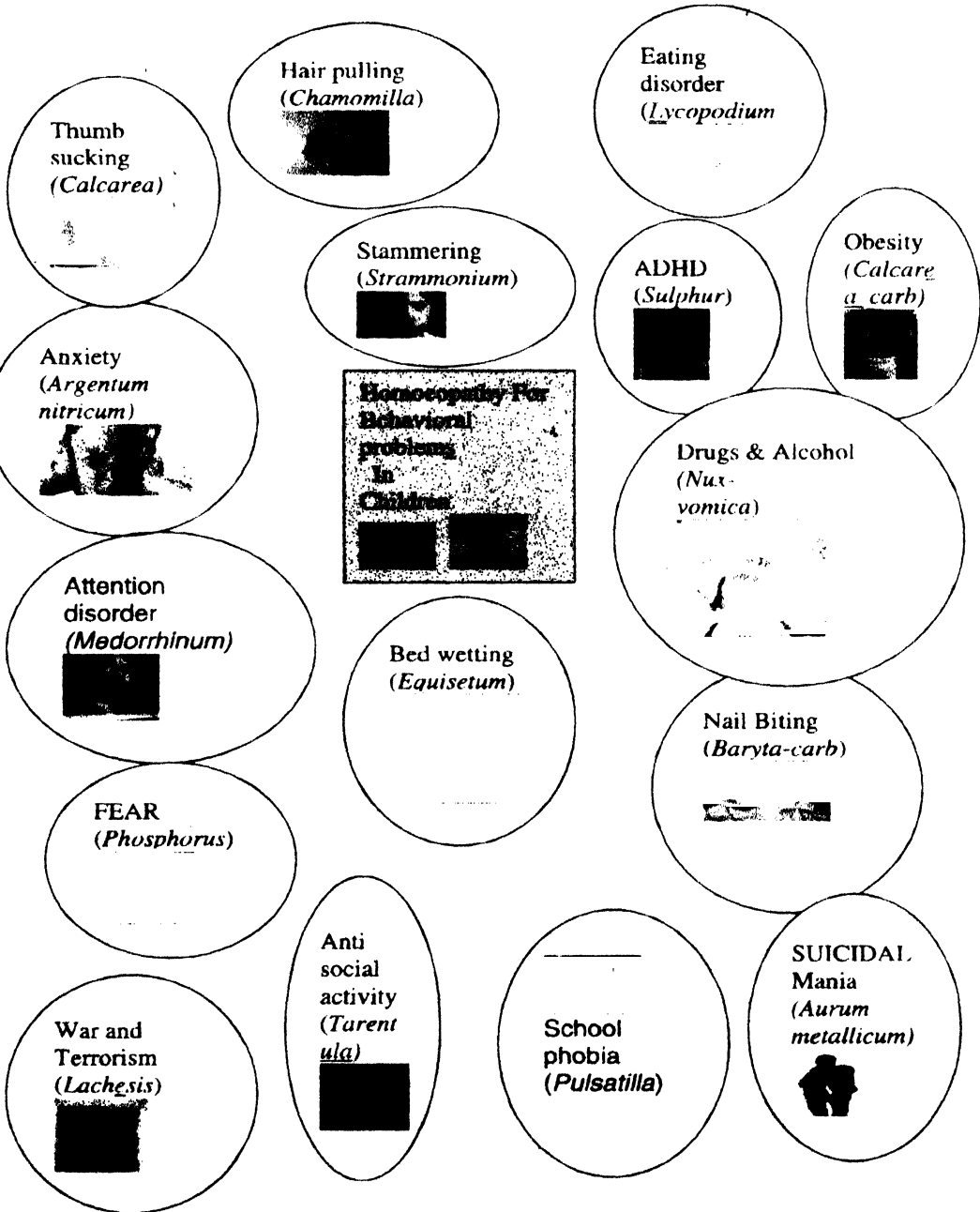


Homoeopathy for Behavioral Problems In Children

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INTRODUCTION

Behavior problems and what is normal behavior in a child is determined by the child's age, physical and emotional development, personality and what is socially and culturally acceptable in his or her surroundings. A child who may be considered normal in one part of the world may be considered as one with behavior problems in another part. Family's expectations, whether the action is disruptive and what is expected from an average child of that age determine whether a child has 'good' behavior or 'bad'. Children learn to behave in a certain manner by observing other people. Behavior that is appreciated or rewarded may make children repeat it. And the behaviors that are ignored or warrant punitive actions are normally dropped off. Rewarding a behavior at one time and punishing it another time, may just confuse the child and he may develop a behavior problem. Sometimes, we may have to decide whether the behavior is not a problem depending on the child's age and stage of development. Ignoring unwanted or 'bad' behavior is the best way to stop it in the long term as some children repeat actions because they crave for your attention-positive or negative. When more drastic steps are needed to make the child stop a certain behavior, you may use the time-out method as a way of punishment. Reward system works best for children above two years of age. Parents need to be patient. Keeping a diary and targeting at just one or two behaviors to change at one time makes it easier for kids and parents too. Behaviors you choose can include brushing teeth before going to bed, keeping toys and books in their place and good table manners. Rewards can be simple fun activities that you share with your children such as an extra bedtime story, allowing children to delay their bedtime by half an hour to watch their favorite cartoon, a preferred snack or giving points for older children that they can collect and use to get a special toy. Before switching a child from doing one thing to another, tell him beforehand to prepare him, eg in five minutes playtime will be over or dinnertime

in another ten minutes. Punishments and shouting at children may just make them rebellious or they may repeat the behavior to get your attention, which they may crave for more than any reward. Simply, do not give them the reward that they would have got, if they had behaved in the desired way.

I. THUMB SUCKING

Thumb sucking is the act of putting the thumb into the mouth for a prolonged duration. It is considered to be soothing and therapeutic and is generally associated with babies and young children. They suck on objects to soothe themselves; sucking is one of a baby's natural reflexes and completely typical for babies and young children. Thumb sucking can start as early as 2-3 months of growth in the womb or within months of being born. Most thumb-suckers stop gradually by the age of five years. Rarely does it continue into adulthood. It is not uncommon for thumb-suckers to suck both thumbs and their fingers. Finger sucking is synonymous to thumb sucking in effect and treatment. Thumb-sucking can cause problems in dental development. The only time it might cause concern is if it goes on beyond 6 to 8 years of age. At this time, it may affect the shape of the oral cavity or dentition. The severity of the problem depends on frequency, intensity, duration and also the position in which the thumb is placed in the mouth. The relationship between the upper and lower jaws may also be affected. Speech defects can occur from maligned teeth resulting from thumb sucking or finger-sucking.

HOMOEOPATHIC TREATMENT

CONSTITUTIONAL REMEDIES: *Calc-carb, Sil, Nat-mur, Calc-phos, Puls.*

II. STAMMERING

Stammering is the inability of a person to speak in a fluent manner. A person who has a stammering problem will experience hesitations, silent pauses and significantly frequent speech behaviours in the form of repetitions, prolongations and hard vocal attacks. These are often accompanied by facial gri-

maces, hand jerks, tongue thrusts, etc. They frequently avoid speaking situations such as introducing themselves, answering phones, talking in a classroom and making presentations. Stammering in a young child may be determined by genetic factors. Stammering may become progressively worse in response to family stresses, listener's reactions, and even the method of learning speech and language. Performance pressure, dramatic changes in the environment like change of school, moving houses, birth of a sibling, separation of parents, conflict in the family, use of inappropriate speech and language. If your child speaks like this: "Mmmmmummy, come here", then you need to seek professional assistance immediately.

HOMOEOPATHIC TREATMENT: Good IPR with child and constitutional treatment like *Stram*, *Nat-mur*, *Thuja*, *Baryta-carb*, *Mag-carb*, *Lyc*, *Arg-nit*.

III. BED WETTING

Bedwetting is common in children and can affect adolescents too. It affects twice as many boys as girls and causes embarrassment and stress for children and their families. The ability to control the bladder may take longer to develop in some children. It is rare for bedwetting to be caused by a medical problem. There is often a family history of bedwetting. Most children are 'dry' during the day by the age of three and most are 'dry' at night by school age. It's considered normal for children to occasionally be wet at night until they're about five

HOMOEOPATHIC TREATMENT: Organ Remedy: *Equisetum*.

Others: *Lyc*, *Mag-carb*, *Thuja*, *Med*, *Staph*.

IV. HAIR PULLING (TRICHOTILLOMANIA)

Children with trichotillomania pull hair out at the root from places like the scalp, eyebrows, eyelashes, or pubic area. Some people pull large handfuls of hair, which can leave bald patches on the scalp or eyebrows. Other people pull out their hair one strand at a time. Some inspect the strand after pulling it out, or play with the hair after it's

been pulled. About half of people with the condition put the hair in their mouths after pulling it. Trichotillomania isn't just a habit that a person can easily stop. It's a medical condition. Trichotillomania is a type of compulsive behavior, which means that children with the condition feel an overwhelming urge to pull their hair. People with trichotillomania may also experience other compulsive behaviors, such as nail biting or skin picking. Some may have problems like depression, anxiety, or obsessive-compulsive disorder. Compulsive behaviors like trichotillomania can sometimes run in families. Trichotillomania often leads to embarrassment, frustration, shame, or depression about the condition. Self-esteem problems are very common among those with trichotillomania. They usually try to hide the behavior from others, which can make it difficult to get help. Trichotillomania is an anxiety disorder. This is one reason why the impulses that lead to hair pulling can be stronger when a person is stressed out or worried. Sometimes compulsive behaviors happen when the mind mistakenly thinks that activities like hair pulling will provide relief from stress or other problems. Some people with trichotillomania say that they notice a pleasurable feeling when they pull their hair or get relief from uncomfortable feelings. Any relief that comes with hair pulling usually only lasts for a moment. The urge almost always returns. That's because when the mind becomes used to giving in to the powerful urges that go with compulsive behaviors, the behavior is reinforced. Everyone has his or her own individual triggers for hair pulling. There is one similarity shared by almost all people with hair-pulling compulsions, though: The hair grows back when they overcome the urge to pull it.

HOMOEOPATHIC TREATMENT: *Arg-nit*, *Lyc*, *Calc-carb*, *Thuja*, *Nat-mur*, *Sulphur* and *Arnica*.

V. OBESITY

Obesity is a condition in which the natural energy reserve, stored in the fatty tissue of humans and other mammals, is increased to a point where it is associated with certain health conditions or in-

creased mortality. Although obesity is an individual clinical condition, it is increasingly viewed as a serious and growing public health problem. Excessive body weight has been shown to predispose to various diseases, particularly cardiovascular diseases, diabetes mellitus type 2, sleep apnea, osteoarthritis and thyroid disorders.

HOMOEOPATHIC TREATMENT: *Calc-carb, Med, Magnesium, Phytolacca, Baryta-carb.*

VI. NAIL BITING

A child may bite his nails for any number of reasons- out of curiosity or boredom, to relieve stress, or from force of habit. Nail biting is the most common of the so-called "nervous habits," which includes thumb sucking, nose picking, hair twisting or tugging, and tooth grinding and is the most likely to continue into adulthood. About a third of grade-schoolers and half of adolescents bite their nails, and between a quarter and a third of college students admit to still gnawing on theirs. Growing up is an anxious process, and many of the tensions and pressures that come with it are invisible to parents. If your child bites moderately, he doesn't injure himself and unconsciously while watching television, for example, or if he tends to bite in response to specific situations, it's just his way of coping with minor stress and you have nothing to worry.

HOMOEOPATHIC TREATMENT: *Arg-nit, Sil, Calc-carb, Med, Mag, Nat-mur.*

VII. DRUG ADDICTION

Drug addiction is a condition characterized by compulsive drug intake, craving and seeking, despite negative consequences associated with drug use. Although being addicted implies drug dependence, it is possible to be dependent on a drug without being addicted. People that take drugs to treat diseases and disorders, which interfere with their ability to function, may experience improvement of their condition. Such persons are dependent on the drug, but are not addicted. One is addicted, rather than merely dependent, if one exhibits compulsive behavior towards the drug and

has difficulty quitting it. To qualify as being dependent a person must take a drug regularly, experience unpleasant symptoms if discontinued, which makes stopping difficult. Drug addiction has two components: physical dependency and psychological dependency. Physical dependency occurs when a drug has been used habitually and the body has become accustomed to its effects. The person must then continue to use the drug in order to feel normal, or its absence will trigger the symptoms of withdrawal. Psychological dependency occurs when a drug has been used habitually and the mind has become emotionally reliant on its effects, either to elicit pleasure or relieve pain, and does not feel capable of functioning without it. Its absence produces intense cravings.

HOMOEOPATHIC TREATMENT: *Nux-vom, Calc-carb, Cannabis-sativa, Opium, Tub, Tabacum*

VIII. FEAR

Fear is an emotional response to impending danger, that is linked to anxiety. Fear is a survival mechanism, and usually occurs in response to a specific negative feeling. Fear can be distinguished into serious fear and trifling fear. Serious fear is a response to some formidable impending peril, while trifling fear arises from confrontation with danger. Fear can be described by different terms in accordance with its relative degrees. Personal fear varies extremely in degree from mild caution to extreme phobia and paranoia. Fear is related to a number of emotional states including worry, anxiety, terror, fright, paranoia, horror, panic, personal, persecution complex and dread. Fears may be a factor within a larger social network, where in personal fears are synergistically compounded as mass hysteria. Terror refers to a pronounced state of fear - which usually occurs before the state of horror - when someone becomes overwhelmed with a sense of immediate danger. Also, it can be caused by perceiving the possibly extreme phobia. As a consequence, terror overwhelms the person to the point of making irrational choices and non-typical behavior. Fear can also affect the uncon-

scious and unconscious mind, most notably through nightmares. Although fear is an innate response, objects of fear can be learned. This has been studied in psychology as fear conditioning; fear may also be acquired by a traumatic accident. Fear of either closed spaces (claustrophobia) or of water (hydrophobia.) While fear is most commonly associated with physical conditions or objects, in humans fear can also be inspired by more abstract concepts.

HOMOEOPATHIC TREATMENT: *Aconite, Nat-mur, Baryta-carb, Iodum, Gels, Arg-nit.*

XI. DEPRESSION

Children generally go in depression after failure in studies, games, long standing illness, divorce, death of one parent, accident, nagging parents. Throughout the course of our lives, we all experience episodes of unhappiness, sadness, or grief. Often, when a loved one dies or we suffer a personal tragedy or difficulty such as divorce or loss of a job, we may feel depressed. Most of us are able to cope with these and other types of stressful events. Over a period of days or weeks, the majority of us are able to return to our normal activities. But when these feelings of sadness and other symptoms make it hard for us to get through the day, and when the symptoms last for more than a couple of weeks, we may have what is called clinical depression.

HOMOEOPATHIC TREATMENT: *Iodum, Baryta-carb, Nat-mur, Lachesis, Mag-carb.*

X. EATING DISORDER

Children raised in a dysfunctional family are at a higher risk for developing an eating disorder. In a home where physical or sexual abuse is taking place, the child may turn to an eating disorder to gain a sense of control. If they can't control what is happening to their bodies during the abuse, they can control their food intake or their weight. Self imposed starvation may also be their way of trying to disappear so they no longer have to suffer through the abuse. Children may also develop eating disorders as a way of dealing with the many

emotions that they feel, especially if they are raised in a home that does not allow feelings to be expressed. Children who are compulsive eaters are usually using food to help them deal with feelings of anger, sadness, hurt, loneliness, abandonment, fear and pain. If children are not allowed to express their emotions, they may become emotional eaters. Also, if parents are too involved in their own problems, the child may turn to food for comfort. Binge eating disorder is characterized by consuming large quantities of food in a very short period of time until the individual is uncomfortably full. Binge eating disorder is much like bulimia except the children do not use any form of purging.

HOMOEOPATHIC TREATMENT: *Lyc, Abies-cannadensis, Abrotanum, Cina, Sil, Sulp.*

XI. ATTENTION DEFICIT HYPERACTIVITY DISORDER

Attention Deficit Hyperactivity Disorder (ADHD) is a condition that becomes apparent in some children in the preschool and early school years. It is hard for these children to control their behavior and/or pay attention. It is estimated that between 3 and 5 percent of children have ADHD or approximately 2 million children in the world. In order to achieve his or her full potential, he or she should receive help, guidance, and understanding from parents, guidance counselors, and the public education system. ADHD often continues into adulthood, the principal characteristics of ADHD are **inattention, hyperactivity, and impulsivity**. These symptoms appear early in a child's life. All children are sometimes restless, sometimes act without thinking, sometimes daydream the time away. When the child's hyperactivity, distractibility, poor concentration, or impulsivity begin to affect performance in school, social relationships with other children, or behavior at home, ADHD may be suspected. But because the symptoms vary so much across settings, ADHD is not easy to diagnose. Feeling restless, often fidgeting with hands or feet, or squirming while seated, running climbing, or leaving a seat in situations where

sitting or quiet behavior is expected. Blurting out answers before hearing the whole question. Having difficulty waiting in line or taking turns. Inattention, homework is particularly hard for these children. They will forget to write down an assignment, or leave it at school. They will forget to bring a book home, or bring the wrong one. Causes of ADHD can arise purely from social factors or child-rearing methods.

Environmental Agents: The use of cigarettes and alcohol during pregnancy and risk for ADHD in the offspring of that pregnancy. Children with ADHD have been found to have suffered a traumatic brain injury. It has been suggested that attention disorders are caused by refined sugar or food additives.

Genetics: Attention disorders often run in families, so are likely to have genetic influences. The ADHD children showed 3-4 percent smaller brain volumes in all regions the frontal lobes, temporal gray.

Learning Disabilities: In school age children, reading or spelling disabilities, writing disorders and arithmetic disorders may appear. A type of reading disorder, *dyslexia*, is quite widespread. Reading disabilities affect upto 8 percent of elementary school children. Tourette syndrome has various nervous tics and repetitive mannerisms, such as eye blinks, facial twitches, or grimacing. Others may clear their throats frequently, snort, sniff, or bark out words. These behaviors can be controlled with medication. While very few children have this syndrome, many of the cases of Tourette syndrome have associated ADHD. These children are often defiant, stubborn, non-compliant, have outbursts of temper, or become belligerent. They argue with adults and refuse to obey.

Conduct Disorder: These children frequently lie or steal, fight with or bully others, and are at a real risk of getting into trouble at school or with the police. They violate the basic rights of other people, are aggressive toward people and/or animals, destroy property, break into people's homes,

commit thefts, carry or use weapons, or engage in vandalism.

ANXIETY AND DEPRESSION

HOMOEOPATHIC TREATMENT: *Baryta-carb, Tarent, Plat, Thuja, Med, Lach, Mag-carb.*

XII. SCHOOL PHOBIA

School avoidance occurs in 5 percent of children. With patience and by trying to understand why the child fears school the problem can be overcome. The school phobic child is going through a hard time and needs all of your support. Working in concert with the school is important too.

For young children, school means spending a lot of time away from home. Not only do children miss home in the school setting, but they are faced with new experiences, challenges and pressures. Some children adapt very nicely into the new environment yet others miss home, a source of anxiety and fear. In some children home or family factors can play a role; an illness in the child or family, a recent divorce/separation or if one parent is stressed or depressed. These situations may either cause school phobia or worsen it. School refusal symptoms occur most often on school days, and are usually absent on weekends and during the summer holidays. Refusal to attend school, creating reasons why not to go to school, missing a lot of school, frequent complaints about not feeling well with vague or non-specific complaints. In rare cases, school phobic children can complain of chronic physical symptoms including headaches, abdominal pain, nausea or dizziness. When these complaints are medically evaluated there usually is no medical cause found.

Reasons for school avoidance or school phobia:

Most school-avoiding children do not know why they are school-phobic, and may have difficulty talking about the source of their anxiety. Besides difficulty in separating from parents there are some other school-related factors that can cause school avoidance including: fear of failure, teasing by other children, anxieties over toileting in a public bathroom, threats of physical harm or actual



physical harm, existing learning difficulties or disabilities.

HOMOEOPATHIC TREATMENT: *Pulsatilla, Baryta-carb, Tuberculinum, Phosphorus, Aconite*

SUMMARY

Each child's needs and personal history must be carefully considered. Anti-miasmatic remedies and constitutional Homoeopathic treatment:

- *Calcarea-phosphorica*
- *Ferrum-metallicum*
- *Ferrum-phosphoricum*
- *Nux-vomica*
- *Pulsatilla*
- *Sepia*
- *Iodum*
- *Baryta carb*
- *Thuja*
- *Sulphur*
- *Arsenic*
- *Medorrhinum*
- *Tuberculinum*
- *Lachesis*
- *Tarentula*
- *Kali mur*
- *Belladonna*

DO'S AND DON'TS

- Don't pressurise your child to stop, this can reinforce the habit.
- Talk to them about the reasons and ways to work together to stop the habit
- Praise them when they do not suck their thumb, or when you have caught them doing things

right!

- If your child's teeth are moving, talk to your dentist for personalized advice.
- Set up an incentive system to reward their progress.
- Don't get frustrated with your child; this tends to make the habit worse.
- If they suck because they feel insecure, focus on eliminating the cause of the anxiety or if they do it for comfort, offer them comfort instead of sucking their thumb.
- Have them hold balls in their hands while they sleep so their hands are busy.
- Taping the end of the thumb.
- Reward them for NOT sucking their thumbs.
- If your child is older, involve them in choosing the method of stopping unwanted behaviors.
- Remind your child of his habit by bandaging his thumb or putting a sock on his hand at bed-time
- Try the nail polish with cayenne pepper; it works well on an infant.

Maximum: Time, love Affection, Attention, cooperation and HOMOEOPATHIC medicine to your child can help avoid Behavioral problems in your children.

REFERENCE: Davidson: Principal and Practice, Morgan King weisz schopler: Introduction to psychology. Essential pediatrics: O P Ghai. Lectures on MM Dr Kent. Herring Guiding Symptoms. MM with Repertory: Boreick. Kent's Repertory of the Hom MM and Hom Therapeutics: Samuel Lilienthal

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