

The Little Warrior

“It needs to be stressed that each and every case of a disease is novel with its own character. The disease state knows itself quite well; there is never any confusion for itself. The difficulty comes with the observer. It is the physician who has the difficulty discerning between this or that remedy; the disease already knows itself perfectly, and it is to signal its specific character, its very nature, by expressing signs and symptoms which the observer needs to comprehend. Thus, I believe that in every case of disease, it is as if the patient's state is saying "can't you see this is my state why do you ask more questions can't you see". This is why especially in infants and children, observation plays a pivotal role in the case-taking." - George Dimitriadis.

Observing is lot more important than seeing. The actions, sentences or words, tone of the voice, position in which the patient sits through the interview, his expressions often provides a breakthrough. Often the history provided is voluminous and I realize that out of every thousand words spoken only ten are important. The art of Homoeopathy lies in focussing attention on only those ten words, instead of getting lost in the plethora of words, not needed for prescribing.

This is a case of a 1 year old boy who was brought for recurrent attacks of bronchitis. The child responded well and in a year's time was free of attacks and then advised to discontinue treatment. The same child at the age of 3 developed psoriasis in scalp. Three remedies - *Tuberculinum*, *Tarentula* and *Belladonna* were given. The reasons for change of remedy and detailed follow-ups are presented below.

Main complaints :

- 1) Recurrent attacks of bronchitis which starts as a cold and finally settles in the chest. Attacks of suffocative cough which worsened at night and made the infant very restless.
- 2) The child's mouth remained open and saliva ran

down not from the corners but, from the centre of the lower lip.

Past history :

Nappy Rash - suppressed with local ointments and dusting powder.

Family history :

Mother - Upper Respiratory Tract Infections

Paternal Grandmother - Cancer

Physical history :

Appetite - Normal

Likes - rice, dal and grape juice.

Averse - to eggs, chicken, meat (The mother hated meat during pregnancy and ever since was averse to it.)

Thirst - Normal

Stool - Twice a day

Urine - Normal

Patient's temperament as given by mother :

Very irritable on waking and gets up with loud crying. To distract him the lights of the room must be put on a blinker which makes him break into a smile. Gets scared when the pressure cooker whistle blows. If he does not get the toy he wants to play with, shows his displeasure by crying and then bends to bang his head on the floor. Loves to play with mud and occasionally eats it. Started teething at 4 months, and can be fed easily if the music is on. Being the only child, he gets a lot of attention.

Rubrics :

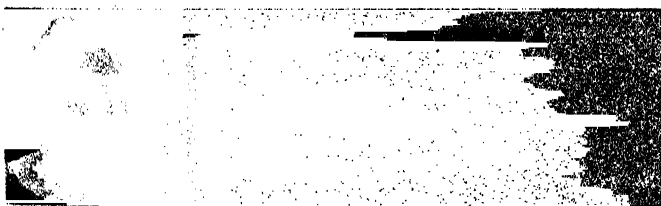
- a) Irritable on waking,
- b) Sensitive to noise,
- c) Striking himself, knocking his head against wall and things
- d) Early teething,
- e) Aversion meat,
- f) Recurrent lower respiratory tract infections.

Treatment :

Based on the above symptoms given *Tub-bov* 200 (1 d).

Two weeks later:

Coryza started again. The drooling was better. Stools were loose. There was a rash in the perianal region. SL was given for 2 weeks.



After 4 weeks:

Cold did not progress downwards. Now walks independently without support. Nappy rash subsided completely. SL continued.

After 2 months:

Cold reappearing, along with cough. *Tub-fov* 1M (1 dose) following which the child improved and was free of attacks of bronchitis except for occasional colds.

After 6 months:

The patient was advised to discontinue treatment, as he kept good health.

2 years later:

The mother brought the child with scaly eruptions on scalp diagnosed as Psoriasis.

Since two years had lapsed, I took the history again. The mother's version of the child's temperament now was — obstinate, inquisitive and loves to talk. Does exactly opposite of what he is told. Prefers to watch the music channel on TV and gets annoyed if disturbed. Since *Tuberculinum* helped the child earlier and his mental and physical symptoms agreed with the remedy I chose to give *Tuberculinum* 1M (1 dose).

2 months later:

No improvement. *Tuberculinum* 10M (1 dose given).

2 months later:

Psoriasis remains the same. Itching on scalp increased. Very hesitant to be examined.

At this juncture I decided to go through the case again. The symptoms I chose were:

- | | |
|-----------------------|----------------|
| a) Defiant | e) Talkative |
| b) Anger when touched | f) Inquisitive |
| c) Obstinate | g) Averse meat |
| d) Likes music | |

Next to *Tuberculinum*, *Tarentula* surfaced. Hence *Tarentula* 1 M single dose was given.

2 months after *Tarentula* 1 M: No improvement. Mother complains that he has turned destructive and cut up her table cover with scissors. *Tarentula* 10M (1 dose) given.

4 months later: No improvement. I now decided to review the case in a different light.

My observations when the child was present in the clinic:

He enters inside wishing me Good Evening on his mother's insistence. Rushes to the switch board and puts the lights on and off. Mother says the first word he spoke was not 'mummy' but 'light'. He picks up the torch from the table and puts it on-shining it sometimes on his mother's face and if I try examining him, shines it on my face. Hates his mother parting his hair to show me the lesions. Picks up the steel ruler from my table puts it behind and pulls it out saying 'This is the He-man's sword'.... This sentence and actions were repeated with every visit and he would try this act of defence as soon as I showed my desire to see the lesions. While I conversed with his mother, he would hide behind the examination table curtain or under my table and shout out to his mother to find him. Very restless. does not sit at one place and never allows me to talk patiently with his mother. Sometimes he insists on bringing his toy gun along which he points towards me often. His recent passion is watching the WWF show instead of the music channel which he preferred earlier — adds the mother.

Conclusion:

This boy seemed to be a lot on the defensive, picking up toys to defend himself. His words and action led me to the rubrics:

- 1) Battles talks of
- 2) Gestures — violent.
- 3) Light desires for — as the child loved to play with light and infact the first word he uttered was light.
- 4) Very Restless
- 5) Desire to hide
- 6) Destruction of clothes.

These symptoms led me to *Belladonna* which was prescribed in 1M potency.

1 month later: Eruptions gradually regressing. However his aggressive, violent nature remains the same. Placebo for 1 month.

2 months later: No lesions. Less aggressive.

The child, now aged 4 1/2 years maintains good health and has no lesions in the scalp ever since the last dose of *Belladonna* 1 M.

Observation should be given utmost importance; allowing the child to roam about freely in the clinic and observing his actions first hand gives useful hints in pediatric cases. ◉