

## RELATIONSHIP OF THE BEHAVIOR OF CHILDREN TO HOMOEOPATHIC PRESCRIBING\*

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Children are entirely honest and frank. Their natural behavior does not admit or subterfuge, flattery or exaggeration. They are true to what they observe, what they see, hear, touch, etc. Granted they are mimics and through this means of development learn much that would be better unlearned. Some uneducated adults too approach the innocence and frankness of children. A small boy of four sat at the table gazing at his very fleshy square-shouldered aunt across the table from him. During a pause in general conversation—"Auntie Belle's head almost goes down into her clothes!" A boy of six came to my office the other day to be vaccinated. His mother and grandmother told me he had dreaded the experience. The little patient sat quiet, looking at me. Then suddenly, "*I thought I was going to have some young person and look what I got!*" A coloured man came to my clinic long years ago to report about his "rheumatiz." I asked him where the pain was. "Right here, Miss, right chere, right in da use ob it." He was holding his hand over his hip joint. Another dapper "Gemman" with a cane and a rich vocabulary of his own, came for help for some bladder trouble. I inquired if it bothered much in the night. "Oh I yes, Miss, ah has de desire frequent, but ah doesn't adhere to it!" Lack of the effects of civilization is not always a disadvantage. Neither is the lack of speech in babies and animals for, with good powers of observation, the doctor can learn much more than from the patients who report nothing but pathology, surgery, etc., and are loquacious until the end of an interview.

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The importance of treatment of children for chronic ills cannot be over-estimated for these are to be the adults of the future, ready to transmit their overall state of health (or lack of it) to future generations.

Prescriptions should take into account *inheritance*, on both sides of the family, extending, more or less, into side lines ; *environment*, including family characteristics as well as those of the neighborhood ; *nervous* and *emotional* make-up of the small patient in comparison with that of elders in the family and of brothers and sisters. In importance all this comes before observation of the actual symptoms of the patient in emotional, mental and physical spheres.

After the first prescription comes a long watching period in which symptoms must be evaluated for reactions of aggravation, of progress or back-sliding, of complications to the detriment of the patient, of pointers to the next remedy, etc., etc. The relationship of remedies plays an important part here. When acute attacks lay the patient low, the doctor must decide whether the chronic remedy will suffice without interruption, whether this remedy has an acute one which covers the need, or whether an acute remedy with no relationship to the chronic must be sought. If the last named, then a pause should be made after acute symptoms are gone to judge whether the chronic remedy is still active curatively or another potency or another remedy is needed.

If all these considerations can be handled successfully and environment is not too interfering, progress to freedom and health of the child concerned will be reached. The length of time required for this depends on depth of chronic ills, cooperation of parents, wisdom of the doctor and several minor factors. Far be it from the mind of any homoeopathic physician to feel that he is wholly equal to the task. When failures come, he must analyze them and endeavor to do better next time ; he should not be discouraged and the goal is ever beyond him and its value

to the patient and the patient's descendants is so great as to be incomprehensible to any one thinker.

This is the way your humble seeker after truth visualizes the problem of the chronic child after fifty years in the practice of homoeopathic medicine.

*Washington, D.C.*

[*Courtesy : The Homoeopathic Recorder, Sept. 1950*]



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