

'EFFECTS OF HOMOEOPATHIC MEDICINES IN PERSONALITY DISORDERS OF CHILDREN'

INTRODUCTION:

Looking to India's 1981 census we find that

0-4 years age group constitute 12.6%

5-9 years age group constitute 14.1%

10-14 years age group constitute 12.9% of total population

Hence the approximate percentage of children with total population of India is 39.6%. (1)

In the entire globe children constitute a priority group too. In sheer number they (children under 15 years) comprise approximately 40% of total population. (2)

Again another important observation is that till-to-day doctor concerned themselves mainly with the physical illness of children and insufficient attention was paid by them to understand disorder of emotional origin that arise in pediatrics practice. But with the control of organic disorders by better environmental conditions, diagnosis and curative methods, the psychological aspects of disease of children are gaining importance. Actually there is no clear line of demarkation between two. Almost every organic illness results in some degree of emotional disturbances and vice-versa, psychic tension lead to symptoms like abdominal pain, recurrent vomiting headache etc.

So the doctor should understand the moral personality development in children and the factors which influence it in order to know the child and answer the questions of parents about the child's behaviour and counsel them. He has also a special role to play in the treatment of organic illness to annihilate present psychic stresses. He should be familiar with preventive mental hygiene and be able to treat simple behavioural problems without having to refer them to the psychiatrist in every instances, since most children are happily adjusted.

Now let us know about **personality development**:

The development of personality of child depends upon genetic endowment, inter-acting with environment; and physical, mental and emotional growth are closely inter-related. "Instinctive drives" dominate the infant from birth and persist through childhood. In the infant it is restricted to raw basic drives for animal comfort and is expressed by the demanding bawl for food.

In the older child the "acquisitive instinct" makes him want everything he sees; and the adolescent may act on pure impulse; without regard to consequences. The first evidence of this is the infant's ability to postpone the need of immediate gratification. Thus the mothers voice can quite the hungry infant crying for his food; and it is evident that the baby is developing some control over the demands of the child by awareness of mother who represents to his security, gratification of his needs and protection from discomfort. Her acceptance and affection makes the baby thrive and blossom out; where as if the baby is deprived of maternal (or mother substitute) affection, he is apathetic, suffers from Anorexia and fails to develop normality. Thus foundation for psychological security is laid in the first year of life. During this period of infant finds the thumb of finger, a good object for this purpose – the so-called "**Oral phase**".

In the same year and upwards curiosity leads him to explore whatever he finds of interest, frequently putting objects in to his mouth to discover what they are like. This is the period when household accidents like poisoning are most apt to occur. He soon starts developing independence and a sense of achievement. From the fourth year onwards some interest in the genital is normal and so on. (3)

However, different categories of psychological disorders are seen which are as follows:

1. Developmental disorder
2. Situational disorder
3. Neurotic disorder
4. Neurotic character disorder

5. Psychotic character disorder.
6. Psychotic disorders.
7. Psychological disorders associated with organic brain damage.

DEVELOPMENTAL DISORDERS:

(a) **Neonatal period**

- i. Excessive crying
- ii. Alimentary tract disorders like-
 - refusal to suck
 - excessive sucking
 - excessive regurgitation
 - constipation / diarrhoea
- iii. Disturbances in sleeping pattern.

(b) **Infancy**

The same symptoms as in neonatal phase may be manifested herein a more definite way. Thus crying may occur in relation to a particular experience, or sleep disturbance may be related to a particular time of day. Towards the end of this phase the infant is prone to greatest conflict, tension & anxiety.

(c) **Toddler years (Anal stage)**

- i. Resistance to going to sleep or night terrors.
- ii. Speech disturbance like stammer or stutter.
- iii. Thumb-sucking
- iv. Aggressiveness towards playmates, siblings, pets or inanimate objects.
- v. Constipation / Diarrhoea
 - Missing with food
 - Food dislikes
 - Smearing faeces.

(d) **Pre-School State (phallic stage):**

- i. Aggressiveness may be continued.
- ii. There is awareness of pleasurable sensations in the genital area and sexual feelings.

Fear of loss of love and of punishment persists and tends to be expressed in fantasies of injury to the penis and clitoris and fantasies causes sleep disturbances.
- iii. Phobias
- iv. There may be lapses in bladder and bowel control causing enuresis, encopresis.
- v. Some may become very much dependent.
- vi. The girl may lose her femaleness and behave like a tom-boy.

(e) **Midchildhood years (Latency stage):**

- i. At one extreme a child may become withdrawn and excessively shy and passive.

On the other extent the child may act-out his feelings conflicts. Here the behavioural problems like destructiveness, bullying or stealing are marked.

- ii. Phobias, sleep disturbance, problems of bladder – control may persist.
- iii. The disturbed child may face difficulty in learning in school due to little energy left for concentration.

(f) **Adolescent years:**

- i. The adolescent is upset over sexual and aggressive feelings and fantasies, which he feels to be abnormal.
- ii. Precocious puberty is likely to cause a mental disorder, since biological maturation is ahead. Also delayed onset of puberty is a cause.

(g) **Situational disorder:**

Clinical Patterns:

1. Infantile colic
2. Perverted appetite (pica)
3. Obesity
4. Thumb-sucking
5. Nail biting
6. Eczema
7. Sleep disorders
8. Head rolling
9. Body rocking
10. Head banging
11. Picking
12. Teeth grinding
13. Breath-holding
14. Bowel and bladder disturbance
15. Masturbation
16. Acting-out behaviour

(h) **Neuroses:**

Clinical Patterns:

1. Anxiety neuroses
2. Phobia
3. Somnambulism
4. Acting-out disorder
5. Accident proneness
6. Depression
7. Learning problems
8. Enuresis
9. Encopresis
10. Peptic ulcer.

NEUROTIC CHARACTER DISORDER

Clinical features:

1. Passive aggressive character
2. Impulse ridden character disorder
3. Antisocial character disorder
4. Sexual character problem – sexual perversion
 - Reverse sexual identification.
5. Tics
6. Gilles de La Tourettas' disease
7. Anorexia nervosa

PSYCHOTIC CHARACTER DISORDER

Clinical features:

1. Inadequate character disorder
2. Schizoid character disorder
3. Paranoid character disorder
4. Dyssocial character
5. Ulcerative colitis

PSYCHOSES

Clinical features:

1. Anaclitic depression
2. Autistic childhood psychosis (Autism)
3. Symbiotic childhood psychoses
4. Later childhood
 - (a) Withdrawn from relationship with people
 - (b) Distorted perception and evaluation of reality
 - (c) Disordered thinking – delusion – Hallucination
 - (d) Bizarre behaviour

PSYCHOLOGIC DISORDERS ASSOCIATES WITH ORGANIC BRAIN DAMAGE

This may be the principal factor in the aetiology of a psychologic disorder in some instances.

From above vast number of psychological complaints of children, author will present the results of Homeoeopathic treatment without any psychotherapy for few personality disorder problems like-

1. Irritability
2. Timidity
3. Arrogance
4. Obstinancy
5. Temper tantrum
6. Fear and phobias

7. Anxiety
8. Jealousy
9. Juvenile delinquency
10. Shyness
11. Day dreaming
12. Aggression or rage
13. Fantasy
14. Obsessive compulsive state
15. Hysterical manifestation
16. Emotional manifestation.

Above appeared solitarily/ in-group / combined with physical ailments in patients bearing age group under 15 years were taken for study. Before going for the results in details let us see what is personality.

Personality is a multi-dimensional concept. It means in part, the unique or distinctive characteristics of an individual. It includes of course, characteristics that are universal human traits, but the term particularly denotes the combination of qualities that sets a person apart from others

It is derived from the term "persona" in ancient Rome, was a theatrical mask that an actor wore in order to identify the role he was playing. (5)

Personality denotes characteristic way of thinking, feeling, behaving and reacting to the environment. When this "psychological signature" strikes an useful balance between consistency and adaptive flexibility we speak of personality traits. A personality disorder is said to exist when a person chronically uses certain mechanisms of coping in an inappropriate stereotyped and maladaptive fashion. (6)

When in every day life, we speak of child's personality we usually refer to his characteristic way of behaving. He may be cheerful or moody, impulsive or deliberate, quick tempered or slow to take offense, dependent or independent, shy or brash and so on through an almost intermixable list of labels.

It is true, children at birth may manifest certain consistent tendencies, one child, for example, shows a high and another a low level of excitability. This suggests that youngsters perhaps differ genetically, in their predisposition to be excitable under stress. But whatever a child's predisposition might be, the traits he manifests with the passage of time are not inherited directly. He becomes established in the process of experience and learning. (Rosenblatt and skoogberg 1974).(7)

AIMS AND OBJECTIVES:

A retrospective study was undertaken from the case records of author's clinic from 1979-87 with following objectives:

1. To ascertain the effect of Homoeopathic medicines on personality disorder of children.
2. To find out most suitable drug / drugs.
3. To find out most suitable potency and potencies.
4. To ascertain the repetition schedules.
5. To see the period of treatment required.
6. To study the superiority between repertorial prescription with non-repertorial prescription.

METHODOLOGY:

Homoeopathic medicines were prescribed on the concept of kents repertorial totality and key note prescription.

Repertorial totality is constituted of following such as:

- a. Unexpected deviated symptoms.
- b. Mental generals
- c. Physical generals
- d. Causations.
- e. Constitutions
- f. Characteristic particulars.

For the collection of response obtained by drugs, the following parameters were fixed:

I. Positive response:

1. Cure (a) Disappearance of all symptoms for more than 1 year.
2. Improvement
 - (a) Disappearance of 50% symptoms for more than one year.
 - (b) Reduction in magnitude of symptoms.

ii. Negative response:

1. No improvement: No improvement even after sufficient period of treatment.
2. Dropped out: Did not stick, to treatment for sufficient period.

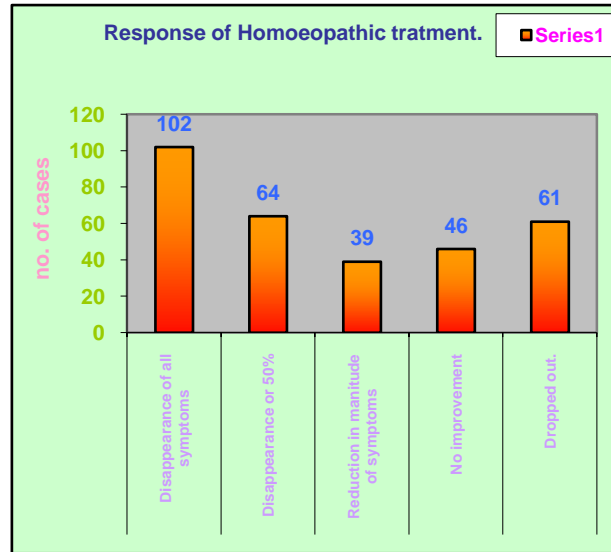
Results

312 cases were treated during entire period. Results obtained are presented below.

1. Response of Homoeopathic treatment.

Table-I

Positive Response			Negative Response	
Disappearance of all symptoms	Disappearance or 50%	Reduction in magnitude of symptoms	No improvement	Dropped out.
102	64	39	46	61
Total= 205			Total = 107	



Drugs cured cases with their Frequencies of appearances.

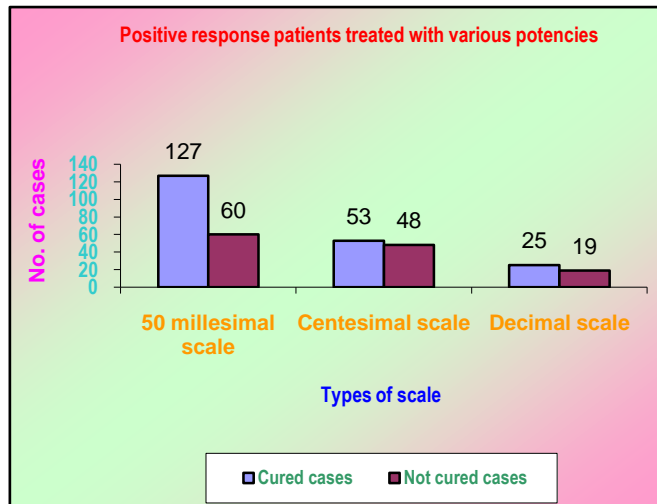
Table-II

Name of drugs	Sulph	Cina	Cham	Calc	Lyco	Stram	Nat.mur	Nux vom.
Frequencies of appearances	32	28	26	11	10	8	7	7

Ars.alb.	Psor.	Kali-c.	Ignatia	Alum.	Phos.	Tarent.	Ant. crud.	Sep	Hyos.
7	7	6	6	5	5	4	4	4	4
Graph.	Arg.nit.	Silicea	Cal.-p.	Sanic.	Caust.	Bar-c	Petrol.	Tub.	Lyssin
3	3	3	3	2	2	2	2	2	2

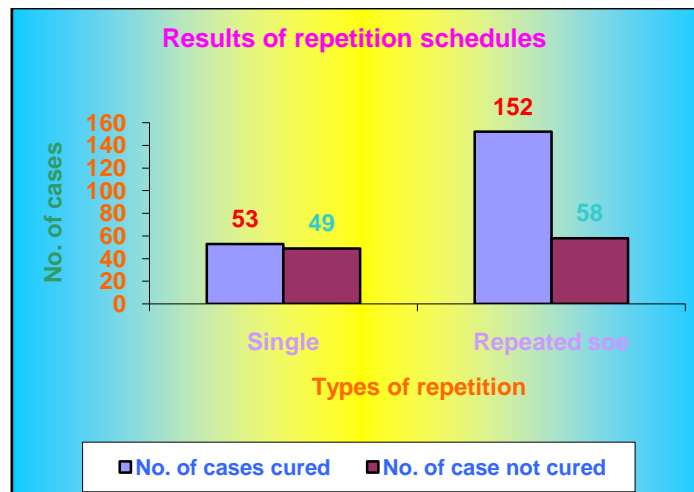
Positive response patients treated with various potencies

Types of cases	50 millesimal scale	Centesimal scale	Decimal scale
Cured cases	127	53	25
Not cured cases	60	48	19



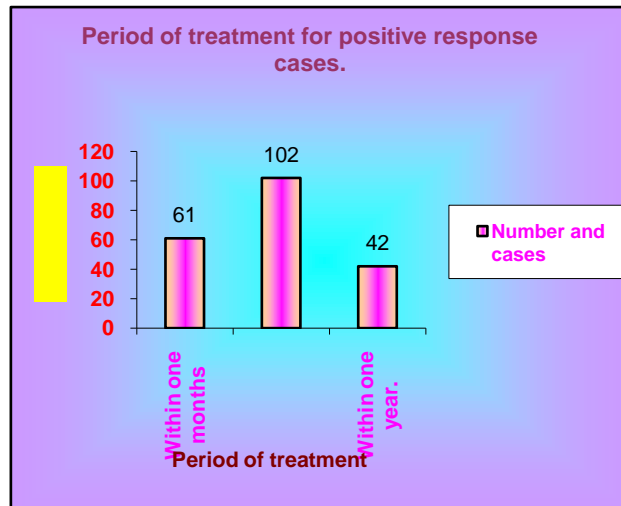
Results of repetition schedules

Types of repetition	No. of cases cured	No. of case not cured
Single	53	49
Repeated soe	152	58



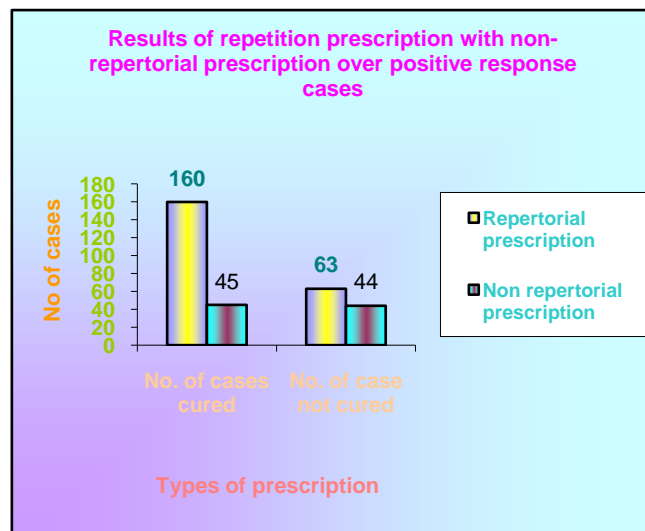
Period of treatment for positive response cases.

Period of treatment	Within one months	Within six months	Within one year.
Number and cases	61	102	42



Results of repetition prescription with non-repertorial prescription over positive response cases

Types of prescription	No. of cases cured	No. of case not cured
Repertorial prescription	160	63
Non repertorial prescription	45	44



RESULTS ANALYSIS

Response & Homoeopathic treatment:

Results obtained were process for its statistical significance and it was found to be significant.

Drugs cured cases with their frequencies of appearances are as follows –

Suphur	Sepia
Cina	Hyos.
Chamomilla	Graph.
Cal.carb	Arg. Nit.
Lyco.	Silicea
Stram.	Cal.p.
Nat.m	Sanicula
Nux v.	Causticum
Psor.	Baryta carb.
Kali carb.	Petroleum
Ignatia	Tuberculinum
Alumina	Lyssin
Phos.	
Tarentula	
Ant. crud.	

Hence it is envisaged no specific drug can be chosen but we have to depend upon the Homoeopathic time honoured principle and prescription.i.e. “Similia Similibus Curenter”

3. Positive response patient treated with various potencies.

Results obtained were process for statistical value and it was found that result obtained with 50 millesimal scale was “Significant”. At the same time the value obtained with 50 millesimal scale was significantly different than centesimal and decimal scale.

4. Results on repetition schedules

Results obtained from various repetition schedules were process for superiority value and it was seen that repeated dose result is significant and single dose therapy result is non-significant.

5. Period of treatment and positive response.

There is no much variation in results with various time schedules for relief.

6. Results of repertorial prescription with non repertorial prescription over positive response cases.

Results from repertorial prescription was superior in comparison to non repertorial prescription.

Conclusion:

1. Results of our weak dilutions on the treatment of “personality disorders in children” are fantastic. In future 100% cure can be achieved, if the Homoeopathic treatment can be supplemented with preventive mental hygiene and childs behavioural counselling.

2. No conclusion could be drawn to specify the period of treatment of because several factors play role on ti like human biology, duration and chronicity of disease, type of drug prescribed, environment he / she is put off, extent of removal of maintaining causes etc.
3. It has been seen 50 millesimal scale has been proven superior over other potencies. Hence it is the best potency to deal with all complaints.
4. Repertorial prescription is superior than Non reportorial prescription.
5. Repeated doge prescription is superior than single dose therapy.

There is no specific drug for specific disease but we have to depend on Homoeopathic specificity.

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