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Foundation Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

Part 3.2

Acute Prescribing in Children



Notes on Acute Prescribing in Children

Acute illness in children is usually characterised by one of the following situations:

- 1 **Over-reaction** to stimulus
- 2 **Under- reaction** to the stimulus
- 3 **Inappropriate reaction** to the stimulus

Over-reaction:

This occurs in sensitive children with a high vitality, where the physiological reaction tends to 'overshoot'. An example of this would be a fever state which is rapid and excessive, and which culminates in febrile convulsions.

Other examples include psychical vomiting, migraine attack induced by an emotion or excitement; and grand mal seizures induced by flickering TV images or disco lights.

Under- reaction:

Is characterised by a failure to compensate physiologically in an event of an insult, injury or infective trigger. Examples include:

Fatigue states

Protracted upper respiratory catarrh

Warts, verruccas and molluscum contagiosum

Chronic constipation

Inappropriate reaction:

Usually occurs in children when an acute or subacute state has been modified with drugs. Examples will include:

- Chronic middle ear catarrh after multiple antibiotics for recurrent otitis media.
- Recurrent urinary infections with fevers recurrently treated with antibiotics and paracetamol.
- Chronic glandular enlargement in children treated with antibiotic and paracetamol for persisting upper respiratory infections.
- Nocturnal cough and wheeze in children treated with steroids for chronic eczema.
- Various childhood rheumatological conditions.



Watch a presentation on clinical observation in children:
https://youtu.be/W_ybW5ZIOpU

Each of the three reactive states is associated with particular remedies:

Examples:

Over-reaction is associated with:

- *Belladonna*
- *Aconite*
- *Colocynthis*
- *Stramonium*

Under-reaction is associated with:

- *Gelsemium*
- *Silica*
- *Antimonium crudum*
- *Graphites*

Inappropriate reaction is associated with:

- *Carcinosin*
- *Tuberculinum*
- *Nearly all polychrest remedies*
- *Chinium salts*

These groups are not exclusive or complete and there is overlap between them.

Guidelines for the Acute Treatment of Children



To introduce this section, watch a short presentation by Dr Anton an Rhijn, in which he outlines some key pointers on the Homeopathic treatment of children.

<https://youtu.be/J0szilJwaLw>

Observation is the key to success in childhood prescribing. The objective and rational history which the parents give is merely an interpretation of events. As in orthodox medicine the clinical examination and impression are among the most important aspects which govern diagnosis and treatment.

Homeopathic observation technique embraces:

- local signs
- general reactions
- psychological and behavioural reactions

(in addition to any subjective symptoms described by the child)

We will now look at each of the three aspects of homeopathic observation technique in more detail.

Local signs may include:

- observations on the nature and sound of the cough
- colour and appearance of tonsils or mucous membranes
- appearance and distributions of skin eruptions
- size and consistency of lymph-nodes
- colour of discharges
- odour of the breath or stools
- colour and odour of the urine

General observations may include:

- the pattern and dynamics of the fever
- presence or absence of thirst
- presence or absence of delirium
- diurnal variation
- presence or absence of perspiration, and parts involved
- speed of onset and/or resolution of signs

Behavioural and emotional reactions will include:

- degree of irritability
- change ability
- lassitude
- social interaction
- idiosyncrasies of behaviour

It is important to correctly identify the **current state**, and correctly match this presentation with the most appropriate remedy. The process is achieved by actively seeking differentiating symptoms for the potentially indicated remedies.

Some writers have produced decision algorithms to assist the clinician in this process.

Sometimes a keynote symptom, for example **flushing of one side of the face** will be present, and strongly suggest one or two remedies, ie *Chamomilla* and *Pulsatilla*.

One or two further observations will be sufficient for you to make a clear decision regarding treatment, for example, presence or absence of thirst.

The general reactions in the child may offer a final clue as to the most appropriate remedy, for example: a fractious child who is mildly febrile, and who stops crying when lifted from his cot and walked with, is likely to respond to *Chamomilla*.

Speed of Response in Acute Childhood Prescribing

Children respond quickly to:

- An illness trigger
- A complicating factor
- The correct homeopathic remedy

When prescribing for adults, we usually expect a remedy reaction to manifest over days and weeks, particularly when the case is chronic. In children, however, particularly if the state is an acute one, the response should be measured in minutes or hours.

A child with viral croup treated **appropriately** with homeopathic *Aconitum*, for example, should be visibly more settled within a few minutes, and will be objectively better in terms of cough, fever and distress by the time the doctor has left the premises.

In sub-acute conditions the time span is a little longer: For example, in the situation of a child with otitis media, which has been developing over a number of days following upper respiratory viral infection, and who is treated with homeopathic *Belladonna*: the pain and fever should be subsiding within 20–30 minutes or sooner, and the condition should resolve following suitable repetition of the dose over 24–36 hours. If this is failing to occur, it is likely that the wrong remedy has been chosen for the situation.

In recognition of the fact that children can deteriorate as quickly as they can get better, it is important that a child receives a level of supervision which is appropriate to the severity of the problem.

Inexperienced or uncertain prescribers, who are new to homeopathy may wish to issue the indicated remedy, and a orthodox prescription, for example for antibiotics, to be used if the homeopathic treatment fails to act.

Layered Prescribing and Related Remedies

Some children require a series of well-chosen remedies, particularly where their illness represents an acute-on-chronic situation. Our homeopathic predecessors have observed some consistencies regarding remedies which follow each other well, and which frequently appear to be related to one another regarding their affinities for different stages of an illness process.

For example:

- *Silica* is frequently considered to be a chronic partner to *Pulsatilla*.
- *Belladonna* is frequently indicated as the acute remedy in children who are constitutionally sensitive to *Calcarea carbonica*. This will be discussed later in your studies (*Remedy Relationships*).

The Morbid Soil

It is important to seek out any predisposing trigger factors in childhood illness, since it is often the background state (morbid soil) which determines whether a child will effect a spontaneous healing response in acute situation.

In his lectures, Vithoulkas has illustrated this with a video case presentation of a child suffering from viral encephalitis. When first seen the child is in a collapsed state and requires parenteral fluids, because he is not eating or drinking. The trigger was the measles virus, however, the child had been compromised in his defenses by a pre-existing grief state in a broken family situation. In this case Vithoulkas prescribes a remedy relating to the underlying grief state, with a very clear and rapid healing response.

Further Relevant Reading

Try to read as many of these references of particular interest to you as possible.

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SAQ 3.1

a) Without looking at the previous text name two remedies associated with each of the following disturbances of reaction.

Over reaction:

1: _____ 2: _____

Under reaction:

1: _____ 2: _____

Inappropriate reaction

1: _____ 2: _____

b) What features would you look for or ask about, in order to differentiate the case and prescribe appropriately, in the following clinical situations?

Infant aged 3 years with a viral upper respiratory infection

Boy aged 5 years with a troublesome cough

Infant aged 5 months who is fractious and off her feeds

Girl aged 12 years with troublesome facial spots

Boy aged 18 months after a febrile convulsion