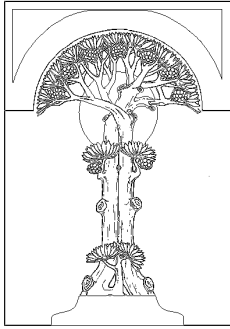


Centre for Integrative Medical Training  
In Association with London Integrated Medical Health Education



# Pre-membership Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

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Unit 46

Therapeutic Pointers (A) for Week 2

## Puberty & Adolescence - Therapeutic Overview by Russell Malcolm

No-one argues that puberty is not a natural biological process. This transition between childhood and adulthood is universally recognised as a critical and fundamental change, one which resonates throughout life thereafter. As a 'rite of passage', puberty is celebrated and marked by ceremony in many cultures. And, from a medical standpoint, there is no doubt that our biological transition towards adulthood involves complex physical, social and emotional changes. These changes are almost never entirely free from difficulties.



Although parental and societal perception tends to collectively view adolescents as 'typical teenagers', the individual experience of adolescence varies widely and is dependent on a wide range of biological and psychological circumstances. Both genetic and acquired factors converge with chance, opportunity and environment and result in a unique experiential journey for every individual. For many people the transition to adulthood is something of a roller-coaster.

Puberty is not in itself a 'disorder' and it is certainly not a state that necessarily requires medical intervention or treatment. However, the radical biological adaptations that occur at puberty all occur over a relatively short time-frame, and are inevitably associated with a certain degree of physical, immunological, hormonal and emotional stress.

These 'stresses' usually present as 'transients' in both the symptomatology and the well-being of the individual. Self limiting changes in mood, surface immunity and energy are common. If symptoms persist, however, or if they affect the quality of everyday life, then they should be treated homeopathically. Treatment should nevertheless always be cognisant of the wider agenda ie. to facilitate a smooth and natural transition to healthy adulthood for the whole person.

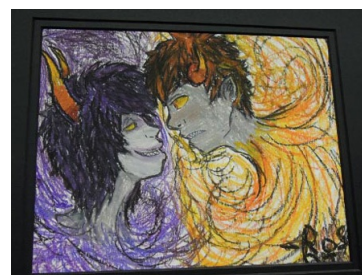
Homeopathy can help to prevent over-intervention in many self-limiting problems and this is an important consideration when one of our primary objectives is to support a natural period of biological transition and avoid the risks associated with unnecessary or suppressing pharmaceuticals. There can be considerable pressure to instigate Isotretinoin in the treatment of acne, for example, before straightforward homeopathic remedies have been properly explored, or safe and appropriate lifestyle changes have been introduced.

Pragmatic local prescribing for common skin complaints and growth pains can sometimes be undertaken with the minimum of analysis. Sleep-pattern disturbance, emotional and behavioural aspects, however, require a more developed clinical context in the mind of the prescriber.

This means listening to the patient and not allowing the parental testimony (or their agenda) to override the patient's voice during the consultation.

## Whose Voice Is It?

Sooner or later, our adolescent patients need to be heard privately - on their own terms and at their own speed. Their 'take' on things should be taken seriously. Most practitioners recognise that the ideal of non-prejudiced history taking can be a challenge in teenagers, particularly if the focus turns to interpersonal conflict over seemingly trivial matters or if the patient seems to be responding with irritability, misapprehension, over-reaction, emotional flux, or simply taciturnity.



Background problems are often poorly articulated in these consultations especially if the patient is attending under duress! Under these circumstances rapport is 'conditional' and undifferentiated symptoms like headaches, can often used to distract and obfuscate and serve to keep the genuine concerns out of reach. Hidden concerns often include family discords, inhibited (or disinhibited) romantic fixations, sexual guilt and/or its suppression, peer-group insecurities, identity issues and body image.

## Haves and Have-nots

Each teenagers's pre-existing resource base, socially, intellectually, educationally and physically is of fundamental importance to their level of emotional security. For this reason, the homeopath requires to take a fully contextualised history - one which encompasses the patient's social and ideological background, their physical circumstances and the nature (and wholesomeness) of the key relationships in their life.

Anxiety and depression, exists in a spectrum of unique combinations in many teenagers. Mental health in adolescence needs to be taken seriously and each patient's narrative should be tracked between consultations for evidence of positive or negative change (under the influence of meaningful friendships or, conversely, from the lack of them).

## The Meaning of Life

It is not uncommon for adolescents to reject the religious and cultural traditions in which they were brought up. If this rejection coincides with a new or heightened awareness of mortality, the emotional consequences can be both extreme and unvoiced. It is not uncommon for an adolescent to experience their first bereavement in their teens, or the sudden incapacity or loss of a loved grandparent at this stage in their life.

When they are finally able to make some sort of sense of their feelings, these patients should to be provided with a non-sectarian, non-'medicalised' and non-judgmental space to articulate their thoughts and feelings. A homeopathic consultation, which by definition is an open-ended discussion 'without a brief', is well suited to supporting the grieving and angry teenager .

Under these circumstances, adolescents who are listened to and who receive well-selected homeopathic medicines can move quickly from an almost paralysing and nihilistic despair to a healthier and adaptive frame of mind.

## Who can I talk with? Who should I listen to?

In adolescence difficult ideas are often talked through within friendships. Parents are unfortunately no longer seen as safe and non-judgmental confidantes by some teenagers. Unfortunately, in cases of longstanding privation, family conflict and neglect, some children have never regarded their parents as honest brokers or reliable confidantes.

Conversation between teenagers, especially on 'serious' subjects can seem to adults like 'the blind leading the blind' but in reality teenage discussions on big life issues, rarely result in fully formed conclusions and these conversations often reveal a clarity and directness that can easily get lost later on. By contrast, adult conversations on the same subjects, if they ever happen, can be tentative, uncertain or evasive on subjects that touch on, for example, truth, faith, meaning and love.

Parents themselves are often completely ill-equipped to discuss major life questions and, instead of attempting to engage in discussion, parents sometimes invoke a convenient maxim handed down to them by an equally misinformed antecedent.

When they are looking for counsel and understanding, teenagers usually know when they are being palmed off with a old cliché that is long past its 'sell by date'. Every missed opportunity for a difficult conversation with a teenager, is also a missed opportunity for a closer relationship with a son or daughter.

Feelings of isolation and loneliness (real or imagined) is a common experience in the teenage years. 'You don't understand' is a mantra that most parents will recognise.

MIND - Delusions - Misunderstood, she is:      carc. Dulc. germ-met. limest-b.  
Olib-sac. Propr. Rad-br. ruta.  
sal-fr. Tritic-vg. Vanil.

## History Taking - Gaining and Maintaining Trust

It takes time, privacy and persistence for adults (ourselves included) to earn the confidence of adolescents and teenagers. It can often be difficult for the practitioner to judge at what point in the therapeutic relationship, the teenager is ready to broach his / her most private issues, including their on-line life, where there are often unspoken pacts to prevent adult trespass.

Mind: SECRETIVE  
agar. anac. aur. Bar-c. bell. bov. bufo. carc. caust. chlam-tr. chr-met. cupr. dig.  
galla-q-r. germ-met. hyos. Ign. kali-c. lach. Lyc. marb-w. naja. nat-m. nit-ac. nux-  
v. op. petr-ra. phasco-ci. phos. plb. plut-n. Podo. Sal-fr. Ratt-norv-s. Sep. spong.  
staph. syph. Thuj. tritic-vg. verat. zinc.

It is often apparent in the first few minutes of the interview, whose agenda is being played out in the consulting space (patient or parent). Clues to the dynamics of home relationships will be found in the word-choices, non-verbal cues and in the space given for free self-expression on all sides.

Taciturnity is common and has its own connotations and meaning.

Regardless of how superficial the presenting complaint is, it should be possible for the homeopathic practitioner to make some assessment concerning the 'depth' of the issues and 'to perceive what must be treated'.

The holistic history will include contextualising the available information regarding sleep, exercise, eating habits, energy, motivation, routines and life rhythms.

Below is a list of rubrics (Complete rep) pertaining to complaints during adolescence.

FONSECA; LUZ

Semiological Guide - MODALITIES - physiology - gynecology - Puberty; climaxis

MIND - DRUGS - desire - psychotropic - puberty; in

MIND - DULLNESS - children, in - puberty; at

MIND - HYSTERIA - puberty, at

MIND - INDIFFERENCE - puberty, in

MIND - IRRITABILITY - puberty, in

MIND - LOATHING - general loathing - puberty, in

MIND - MENTAL EXERTION - agg. - puberty; agg. from mental exertion in

MIND - MOROSE - puberty, in

MIND - PUBERTY; in

MIND - RELIGIOUS AFFECTIONS - too occupied with religion - puberty; in

MIND - SADNESS - girls; in - puberty; before

MIND - SADNESS - puberty, in

MIND - SENSITIVE - puberty, in

VERTIGO - PUBERTY

NOSE - EPISTAXIS - puberty; in

FACE - ERUPTIONS - acne - puberty; at

MOUTH - ODOR - puberty, girls

EXTERNAL THROAT - GOITRE - puberty

EXTERNAL THROAT - SWELLING - Thyroid gland - puberty; at

URINE - COPIOUS - puberty, in

MALE GENITALIA/SEX - POLLUTIONS - puberty, in

MALE GENITALIA/SEX - PUBERTY

MALE GENITALIA/SEX - PUBERTY - never well since

FEMALE GENITALIA/SEX - LEUKORRHEA - puberty, at

FEMALE GENITALIA/SEX - MENSES - irregular - puberty, at

FEMALE GENITALIA/SEX - MENSES - late, too - puberty, at

FEMALE GENITALIA/SEX - MENSES - painful - puberty

FEMALE GENITALIA/SEX - METRORRHAGIA - puberty

FEMALE GENITALIA/SEX - PUBERTY

FEMALE GENITALIA/SEX - PUBERTY - never well since

FEMALE GENITALIA/SEX - SEXUAL DESIRE - increased - puberty; at

RESPIRATION - ASTHMATIC - puberty

RESPIRATION - ASTHMATIC - puberty - stops at puberty and recurs later in life

CHEST - MILK - puberty; at

CHEST - PALPITATION of heart - puberty; during

GENERALS - CHOREA - puberty, in

GENERALS - CONVALESCENCE; ailments during - puberty; after

GENERALS - CONVULSIONS - puberty, at

GENERALS - DROPSY external: menstrual disorder during puberty or menopause

GENERALS - PUBERTY

GENERALS - PUBERTY - delayed puberty

GENERALS - PULSE - slow - puberty; in

There are significant shortcomings in the homeopathic listings for common teenage problems. Firstly, the repertory language is rarely free from 19<sup>th</sup> century language. Rubric terminology includes archaic expressions that can appear judgmental to modern readers.

Pejorative terms for masturbation and a healthy sex drive, for example, are common in older materia medicas and we have to be very wary of terms like 'nymphomaniac', 'self-abuse', 'pollutions' etc which really should be reinterpreted and rephrased in any reprints or revised editions of our core literature.

You will see, from this small rubric pertaining to adolescence and the notional and artificial 'repertorisation' below, that our remedy listings for puberty and adolescence are rather incomplete. Nevertheless there are a few materials with a track record of use at this stage of life.

Book: Combined Synthetic Chapter: Generals  
 Rubric: PUBERTY-AILMENTS IN GIRLS

*Aur*                      *Bar-c*                      *Bell*  
*Calc-p*                      *Ferr-p*                      *Fil*  
*Hypoth*                      *LACH*                      *Phos*  
*Puls*

	L	P	A	C	S	C	A	P	C	H	P	B	G	B	A	B	C	H	N	C	M	P	F	K	A	C	C	C	S	T	T		
	A	U	N	A	U	U	A	H	L	L	L	L	A	A	A	A	A	L	A	A	A	A	R	A	C	O	I	H	T	E	H		
	C	S	C	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L		
Rubrics Covered	5	5	4	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1		
Grades score	10	9	4	5	5	5	4	6	4	5	5	3	3	3	3	3	3	3	2	2	2	2	3	2	2	3	2	2	2	2	2		
Weighted score	128	110	44	72	55	82	65	60	20	147	139	33	234	33	23	12	66	20	29	126	14	7	615	14	47	14	47	14	23	178			
HYSTERIA-PUBERTY,AT	2		1																												2		
INDIFFERENCE-PUBERTY,IN	1																					1											
IRRITABILITY-PUBERTY,IN									2																								
LOATHING-PUBERTY,IN			1																														
MOROSE-PUBERTY,IN																																2	
PUBERTY-MENTAL AFFECTIONS,IN			1																			1											
SADNESS-PUBERTY,IN	2		1	1	2	1						2	2								2	2											
SENSITIVE-PUBERTY,IN		2			1			2	2																2	2			2		2	2	
PUBERTY-AILMENTS IN GIRLS	3	2		2			1	2	2														2										
ANOREXIA-MENTAL,IN HYSTERICAL GIRLS		1			2								3																				
BREATH-OFFENSIVE,IN GIRLS AT PUBERTY				2																													
FLATULENT-LARGE,IN GIRLS AT PUBERTY	2				2	2							3																				
ACNE-SIMPLEX,IN ANAEMIC GIRLS AT PUBERTY							2																										
NERVOUS AFFECTIONS-OF GIRLS,AT PUBERTY																	2																
DROPSY-MENSTRUAL DISORDER,AT PUBERTY			2																														
MILK-NON-PREGNANT WOMEN AT PUBERTY			2																														
CONVULSIONS-PUBERTY,AT,IN GIRLS																																	
DULL-PUBERTY,AT (GIRLS)																																	
PUBERTY AND AFFECTIONS OF YOUTH-SLOW, GIRLS,							1																										

However, because many important remedies have not been clinically trialed for their value in adolescence, this means that, in practice, your repertorisation should always encompass the important aspects of the whole patient first.

Thereafter, if they are to be used at all, the specific rubrics for problems in adolescence should be applied as a final (minor) weighting in an otherwise 'complete' repertorisation.

In other words, perform a totality analysis, just as you would in any other category of patient and review the results, with and without these 'puberty-specific' rubrics, before you make your final choice.

If I can't ask my parents, how will I find out?

The internet is now available to teenagers through every smart phone. Phone use and on-line time is a thorny subject in many households. The browsing behaviours of teenagers are difficult to supervise, especially when tech-savvy teens often know more about the security loop-holes than their parents! Nevertheless, permissions for all kinds of 'social' activities in adolescence, including on-line time, can be a source of major disagreement in the household.



MIND - Ailments from discords: parent's between one's:

abies-c. ars. aur-m-n. GRAPH. hep. ign. lach. Mag-m. merc.  
nat-m. nit-ac. nux-v. sulph. tax-br.

A large body of advice exists on-line for the concerned parents of adolescents and teenagers. Such is the rate of change in the on-line world that most sites and blogs providing parental advice are out of date almost as soon as they are written.

### Accepting and Refusing

There is often a contest of will appearing at puberty, concerning the teenager's activities, preferences and choices. Kid's preferences sometimes follow-on directly from childhood interests and old friendships but, just as frequently, the teenage years can mark a phase of rejection - when kids stand firm on changes, rather than persist with activities their parent's have considered 'good for them'. To parents or carers, a teenager's rejection of earlier routines can look like belligerence, shiftlessness, laziness, or simply an excuse for asserting their will.

MIND - Ailments from domination:

carc. coff. cupr-act. falco-pe. Foll. merc. Staph. tritic-vg. tub.

-long time, for a:

calc. carc. falco-pe. foll. Ign. lyc. Mag-c. Mag-m. sep Staph  
stram

- children, in: Anac. Carc. cupr-act. Kali-i. Lyc. med. naja.  
nit-ac. PODO ruta. sep. sil. Staph. symph. thuj.

- parental control; long history of excessive:

Aur-m-n. carc. hyos. naja. Ser-ang. vanad.

Recent research has demonstrated that shifts in metabolic biorhythms occur in puberty which increase their requirements for sleep and often make early school routines quite unproductive in respect of concentration and alertness. Kid's can also rebel by turning night into day, which can also impact on their rhythms and capabilities.

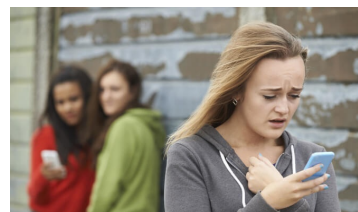
Conversely, teenagers can suddenly appear ardent and committed to a cause, movement, group or activity - seemingly out of nowhere.

MIND - ARDENT: alum apis aur-m-n Carc caust chin ignis-alc Lach loxo-recl. Med Merc  
nitro-o Nux-v petr-ra phos Plat ratt-norv-s stann Stram sulph sumb vero-o



## Forming Teenage Opinion in the Internet Age - A Story of Vulnerability

Information and misinformation abound in a world that has been 'urbanised' by the internet. Everyone suffers from information overload to some degree. Teenagers, however, are particularly vulnerable to manipulation in the realms of ideas, responsibilities, alignments and choices. Today's teenager often needs to negotiate their way through a social and political quagmire. Schisms frequently appear in teen group dynamics and cyber-bullying is rife throughout the developed world.



Not unlike many adults who struggle to orientate themselves on-line, adolescents and teenagers can rarely cope with more than one or two layers of interpretation at any one time, especially in the face of the all-pervading media noise that now surrounds many social issues.

The most accessible sources on the internet are also those that are supported by commercial interests and these can inform, mis-inform, positively influence and negatively influence teenagers on matters of image, sex, love, relationships, money, parental aspirations (career), politics, ecological responsibility and matters of individual identity.

MIND - Doubtful:

aloe. alum. anh. aster. bar-c. brucel. Calc. CARB-V. cic. dulc. falco-pe.  
Graph. Ign. ina-i. kali-p. kali-s. Lach. merc. Petr. phos. psil. sep. ser-a-c.  
spong. staph. sul-i. tritic-vg. Tung-met. vanil.

### Fluidity vs. Absolutism

In an entirely different response to the uncertainties of adulthood, teenagers may gravitate towards gender fluidity - arguments abound concerning whether the neuro-biology of gender identification is a dominant factor, versus what represents a psychological and sociological response to perceived gender roles - roles perhaps associated hitherto with 'black and white' opinions on a range of adult behaviours eg. abuse, violence, weakness, exploitation, submissiveness, inconstancy, infidelity.

The current repertory listings are unlikely to fully represent the scope of gender identification in its various manifestations today.

MIND - Confusion of mind - identity, as to his - sexual identity

hydrog. irid-met. musca-d.

One of the consequences of the internet has been to provide a more equal platform for young voices. Social media and its imagery has questioned and sometimes distorted the stereotypical adult roles and the social norms held by older generations. Gender roles especially have been progressively challenged and blurred.



## Social Movements and Empowerment

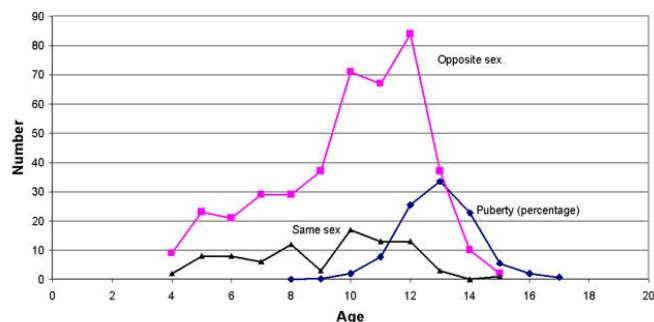
Among the role models that have been rejected by many of today's teenagers are those associated with indoctrination, subjugation, sexual objectification or social control.

The destruction of public iconography of historical figures associated with slavery, the 'me too' and 'black lives matter' - these campaigns would not have had the traction they had without social media. And yet, many studies reveal social media to be a significant source of manipulation and unhappiness, particularly in its young user populations.

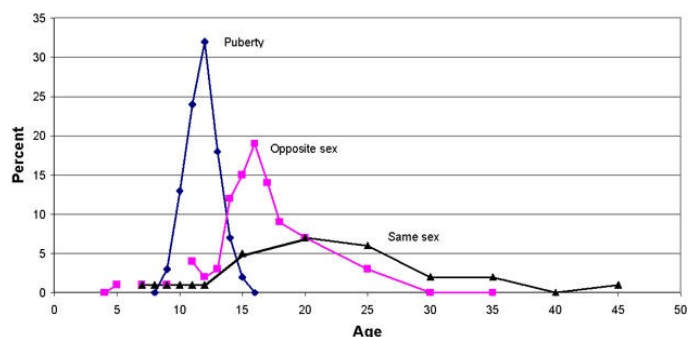
## Sex & Love

Early experience of love, whether or not associated with sexual attraction or sexual experience, is hugely diverse in terms of circumstance. Early experience tends to be formative and will influence behaviours, attitudes, emotional well-being and susceptibility, sometimes indefinitely.

Puberty and First Arousal (male)  
(Kinsey)



Puberty and First Arousal (female)  
(Kinsey)



For some individuals, their early sexual experience (positive or negative) will resonate in their beliefs attitudes and behaviours, until such times as their concepts of love and sex are fundamentally revised by therapy, counseling, or new and contrasting experiences within a new relationship.

'Sexting' and unsolicited sharing of sexual content can give rise to deep and disturbing emotional problems (see MIND - *Ailments from mortification*).

## *Sex & Society*

The past censorship of some cultural and religious institutions has also been gradually weakened, or even discredited entirely, so that teenagers in some sectors of society now feel sufficiently safe and empowered to blur their own gender identity and sexual preferences.

Whether or not individuals ultimately identify and express themselves as, for example, 'trans' or 'pan-sexual', partly depends on a) the dominant narrative they are living with, on b) the availability of peer support for their choices and c) whether, ideologically, they are motivated individually or influenced by external influences to dissociate themselves from binary gender roles and perceptions of 'binary' or 'non-binary' behaviours associated with past generations.

There are many unanswered questions concerning the relationship between individual gender identification and personal belief systems, politics, associative linguistic processing, their experiences of attraction and love, their sexual preferences and permissions. These questions will be the subject of sociological discussion for the foreseeable future.

### Absolutism vs. Fluidity

One serious consequence of this 'urbanisation of information' is that - almost before anyone has noticed - today's teenager may prematurely align themselves with single issue 'radicals' who reinforce a narrow and sometimes extreme world view. 'Political interest' groups now provide platforms on the internet for those who feel their voice and power is suppressed (an impression often harboured in teenagers). Strong 'father figure' leaders can exploit availability bias that permeates the thinking of poorly educated groups.

On-line 'mentors' also prey on the relative inexperience of socially isolated youngsters. Using selective 'evidence' together with the manipulation of narratives and images they persuade adolescents to reject the 'evidences' provided by teachers, parents and others.

Typically, whatever authority figures already exist in the target individual's life are progressively undermined by progressively implicating them in whatever conspiracy theory best suits the agenda of the on-line group.

Unfortunately many vulnerable youngsters, simply have had no helpful discourse from parents and no other balanced narratives from people whose opinion they might respect.

Self isolation and 'clandestine' behaviour often needs to be challenged, preferably in ways that avoid tension or impasse. The parent who can preserve a sense of humour and avoid lecturing them or trivialising their choices, is more likely to have some influence going forward, especially if it becomes necessary to moderate online time in the face of addiction, social isolation or educational failure.



MIND - Aversion - everything to:

alumn. am-m. ammc. ant-c. APIS ars. Asar. Aur-m. bamb-a. bism. Bov. calc. camph. canth. caps. cent. Cocc. coloc. cupr. ferr. grat. hep. hydrog. hyos. ip. kola. lach. lyc. mag-c. mag-m. merc. mez. phos. plat. plb. plumbg. Puls. rheum. rhod. rhus-t. ruta. sars. SEP. spong. sulph. thea. thuj.

Recently, and for the first time, specialist centres for gaming addiction (for example) have been set up to provide a safe and mediated environment to tackle both dependency and the consequences of social isolation that frequently arise as a result of gaming addiction.

The homeopathic practitioner can also provide a mediated space whenever there are any concerns of addictive or dangerous on-line behaviour, including ideological radicalisation, social isolation, sexual grooming, suicide pacts etc or, indeed, any other form of corporate, group or individual exploitation occurring. It is our responsibility to have our eyes and ears open for potentially destructive influences, or self-destructive tendencies in our teenage patients.

## Mental Health

Homeopathic practice is not inextricably associated with a mental health remit. The inherent flexibility in our professional remit can be an advantage and can improve patient acceptance and their trust on certain matters. Patients sometimes open up to homeopaths on subjects that they wouldn't broach with a psychologist, psychiatrist or conventional practitioner - sometimes through mistrust of the diagnostic 'labelling' that occurs by default in conventional practice.

If serious mental health issues emerge during homeopathic consultation, however, then any red-flag concerns that arise must be communicated, either to the patient's family practitioner or to specialist agencies with the necessary expertise to evaluate the patient further and ensure their safety.