

The Homoeopathic Management of Delayed Milestones

Milestones are the definite landmarks in the growth and development of the child. The term "Delayed milestone" (or "developmental delays") is used to describe the condition where a child does not reach one of these stages at the expected age. Milestones are often measured using percentiles, and for many milestones a value between the 5th and 95th percentile does not require intervention, though values towards the edges of that range can be associated with other medical conditions

Delayed growth involves poor or abnormally slow gains in weight or height in a child younger than 5 years old.

Causes:

Delayed or slower-than-expected growth can be caused by many different things, including:-

- Low birth weight
- Birth asphyxia
- Brain injury
- Genetics
- Poor Nutrition
- Infections
- Chronic diseases
- Psychosocial health.

When we talk about normal development, we are talking about developing skills like:

Gross motor: using large groups of muscles to sit, stand, walk, run, etc., keeping balance, and changing positions.

Fine motor: using hands to be able to eat, draw, dress, play, write, and do many other things.

Language: speaking, using body language and gestures, communicating, and understanding what others say

Cognitive: Thinking skills: including learning, understanding, problem-solving, reasoning, and remembering.

Social: Interacting with others, having relationships with family, friends, and teachers, cooperating, and responding to the feelings of others.

It is very essential that every homoeopathic physician should be able to diagnose the cause behind this delay. One cannot just treat the child blindly without proper diagnosis. In the introduction I have mentioned some of the causes of delayed milestones but it is essential that we take help of the experts in the system like pediatrician or neonatologist and try to find out exactly what is the cause and what is the damage.

Homoeopathic repertory is full of rubrics that can really guide about the delayed milestones. Some rubrics are the direct ones and the some rubric can be an indirect ones.

Look in synthesis repertory:

The direct one of course will be:

- Mental retardation
- Development arrested
- Development slow

But indirect way could be many rare syndromes like:

- Angelman's syndrome
- Cornelia de lange syndrome
- Crouzon's syndrome

- Down's syndrome
- Langer giedion syndrome
- Laron syndrome
- Laurence-moon-biedle syndrome
- Mashall-smith syndrome

You can also look under:

- Idiocy
- Imbecility
- Autism

However the most important thing is that one just cannot treat in every case giving Bufo and Baryta carb to the child. What one actually needs is a proper case taking especially giving lot of importance to the pregnancy, the state of mind of mother during pregnancy, the state of mind of father during pregnancy, the whole environment of labour, detail questioning about the mode of delivery, drugs taken, emotional disorder during pregnancy and labour and try to find out exactly what is the cause or find out any situation which was very intense and persistent during that period because according to my experience I have seen many cases of retardation and delayed development where the problem is in the early part of pregnancy or during the labour or the family environment around the pregnant woman is extremely pathological.

Once you find out this particular situation then one can look at the constitutional symptoms like general and mental symptoms of the child, as far as possible one has to prescribe on the totality of the symptoms and not just taking few symptoms of retardation and then repertorise the case.

Let me share with you some cases.

Case 1:

The first case I remember was of a 5 years old child brought to me who was suffering from Laurence-moon-biedle syndrome. Now as you know that this particular disease one cannot cure with homoeopathy but surely we can give some relief. For those of you who are not aware of this syndrome this disease is characterized by obesity, retinitis pigmentosa, polydactyly, mental retardation, and hypogonadism and very rarely you will see renal failure in such patients.

Of course the main cause of mortality in such children is usually renal malfunction and renal dysfunction. Usually you will see lot of problem with the delaying the speech which was the main complaint of the child for which he presented to me. And along with this the child had a febrile convulsions, the visual acuity was little poor, the child had a huge degree of social interaction problems, some doctors also diagnosed it autism with Laurence-moon-biedle syndrome.

The main problem was during pregnancy at the second month the mother-in-law suddenly dies without any major illness. The mother of the child was 29 years old and the mother-in-law was 46 years old. She dies of a massive heart attack in the sleep and this was a sudden big shock to the patient as who will now take care of her during pregnancy and who will now take care of the child on the way in this world.

Mother-in-law always insisted she should become pregnant so that she can take good care of child but now she is dead, the patient also had a fright that what will happen to my child without the moral support of the mother-in-law???

This child always wanted to bite something in the mouth during sleep, it could be pillow, it could be a bed sheet, it could be a handkerchief, it could be the night gown of the mother and the second characteristic was the child wanted to play with the things which are not worth playing because he feels that this is toy!!!! it could be anything, this could be a telephone, this could be a watch, this could be a pen and this could be an inanimate object which the child wants to play with.

Once the child decides the child will not leave the things with his hand he will keep on playing knowing well that this is not a toy. The child had strong fear of darkness and in crowd, will not socially mingle with other people very easily excepting one or two family members. Child always wanted to remain very active but in a company the child was lost. The child loves dancing. The child had a history of eczema on the head when the child was 8 months old and then tendency to recurrent cough and cold. The characteristic symptom in that was thick yellow crust inside the nose. Obesity with insatiable appetite and a profuse perspiration in the night, manytimes the mother has to even change the dress of the child.

Now with this symptomatology I had many options, my first option was Sepia; I started with 30C and later on with 200C potency without any result. Subsequently I went Mercurius solubilis, again with no results. As I was missing 2 very important interpretations and that was desire to bite something in the mouth during sleep, the pillow or the clothes, I went into the Synthesis repertory and I saw 'Mind-biting-night-sleep during' there are 2 remedies – Cicuta and Phosphorus; and then the toy, I took the rubric 'Mind-delusion-toys-object seems as attractive as toy', the only remedy was Cicuta virosa, also the state of mind of mother 'Mind-Ailments from-fright' and 'Mind-Ailments from-mental shock, from' was well covered with Cicuta virosa; the concomitant symptom of yellow crust in the nose, insatiable

appetite - all pointed towards Cicuta and hence now with confidence I prescribed Cicuta virosa 30C in a five cup method 1 teaspoonful every day for 2 months.

After 2 months the mother said that the child therapist to which the child is going twice a week said for the first time that the child is responding very well to homoeopathy the child can speak some sentences, the child is able to read properly, there was not a single episode of febrile convulsion during the 2 months treatment. I asked the mother to continue for 2 more months and see if there can be any further development in the behaviour of the child.

After 4 months the mother said that the child is now able to interact socially quite nicely, the child is able to even control the food habits, initially the appetite was insatiable but now he listens when we tell him not to eat much. I asked the mother to regularly give Cicuta virosa 30C, once a month for one year so that the maximum benefit could be achieved in this incurable condition.

Case 2:

The second case is of 8 years old, who was brought to me by his anxious mother, the mother was extremely anxious that the child's growth is not enough especially vertical growth.

I get at least 2-3 patients every month where an anxious mother brings the child and says I want my child to be tall because I feel his growth is retarded. Parents and children especially teenagers often worry when they are not as tall as many of their peers or classmates of the same age, while there are many medical conditions that can cause children to be short or have short stature. Most children who are short are normal according to me!!!. This is one time when teens can blame the parents or at least the genes for their

problems. Most children are short because they have short parents. Genetic plays a big role in how tall a person will be.

Many parents come to me and ask how tall their children can be and I tell them a very simple formula which they can calculate the child's target height. Children in early childhood usually grow at the rate of 2- 2.5 inches every year up until they begin puberty when their growth will slow to about 1.5 inches a year. There is acceleration in the growth as they hit their peak growth velocity in puberty to 3-3.5 inches a year for girl and 4 inches a year for boy.

Coming back to this case mother was extremely worried that why this particular child is not growing enough. I calculated the weight I measured the height and then I decided that yes, this particular child is 2.5 inches abnormal below the normal height. I tried to understand the psychology of the mother during pregnancy, it was a very interesting phenomenon that happened during pregnancy that her father when she was pregnant got kidnapped and the father did not return home for 7 days. This came as a big emotional shock and after some days the police reported that not only the father was kidnapped and missing but father has died. During that period she was excessively anxious, worried that where my father is??? and what will happen to my father ??? later on when she came to know about the death of father it was a big grief. The grief was inconsolable during the pregnancy and in this situation she delivers a child which was premature by 15 days.

It's was a normal quick delivery; but the labor pains were excruciatingly painful. Otherwise the child is quite normal; the child has got some problems with studies in the school especially while reading and writing. Manytimes while writing the child goes to sleep, manytimes the child makes mistakes while talking, while speaking, while reading and that's why regularly the child

gets remarks from the teachers that the child is not much interested in studies.

The child comes from a very rich family and hence he is lazy physically, even would want the servant should tie the shoelace, will never get up and get a cup of water for him, will always order the servants. When you ask him to study he becomes quite restless, he opens one page of the book and then he becomes restless and gets up. He is not able to focus, he is only in second standard but he has a tuition teacher for that because of his restless nature. He loves to sing and dance all the time. If you give him any mental work like calculations or solving the puzzles or something like that he is not much interested. He is not also very clear in his speech. Whatever you do for him he will always feel discontented.

The most unique symptom in the whole case was of course the state of mother during pregnancy (very strict mother in law!!!) along with that the child had a huge problem with urination. What was the symptom? The child will always tell the people in the house that he cannot control the urine he has to run and rush to the toilet and if the toilet is occupied he does the urine in the pant. This symptom came only because the mother was too strict to the child for development of milestone of bladder control. Later on when the child learnt the control of the bladder the child had this fear that he should run to the toilet immediately or else he will pass urine in the pant.

This created so much fear within the child that even now when the child is 8 years old before urination there is a severe fear if the toilet door is locked. He becomes quite anxious and nervous whenever he goes out of the house as he is worried about availability of toilet! This is symptom is now affecting him even socially.

Mother said to me that along with his height if homoeopathy can help to remove this phobia of urination!!!!

When I examined him physically there was nothing abnormal, except he had cold perspiration on his hand, his uvula was elongated, and he loves pungent food. Mother also said that his walking was delayed by few months also he started crawling at 9 to 10 months where her other children could crawl much earlier in her family.

I studied all the symptoms of the child esp. the psychological symptoms, like the mistakes while talking, reading, confusion of mind while reading, falling asleep while writing and his bladder concomitant, sudden fear before urination and the state of mind during pregnancy.

I started with Calcarea carb, for 4 months I gave Calcarea carb 30C. The mother said there is no growth in the height, in fact the bladder symptom had become worse, and the mother was now worrying that homoeopathy is not helping her child.

Later on I restudied the case and put the child on Phosphoric acid. Phosphoric acid covers the symptoms of sudden fear urination before, sleepiness or falling asleep while writing and confusion of mind while reading with physical laziness and desire for pungent things. I kept the child on Phosphoric acid 30C twice a day for 2 months and the mother said at the end of the 2 months there was an increase in 1.5 cm in height which is a very good thing. I allowed the mother to continue this medicine for 3 more months and at the end of 5 months we saw that the growth again increased by half a centimeter. I continued this prescription for 6 more months and at the end of 1 year we saw that the child gains 1.5 inches in height. His urinary symptoms disappeared at the end of the 1 year; he no longer wanted to sleep while

writing he became quite active and not lazy as before. Now I gave Phosphoric acid 30C only once a day for 1 month and then once a month for 6 months. At the end of 3 years the child gained exactly 2 inches of height. Mother was extremely happy with the progress of this short child.