

# Behavioural Disorders in children and Homoeopathy

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**Abstract:** *Some children have extremely difficult and challenging behaviours that are outside the norm for their age. These problems can result from temporary stressors, or they might represent more enduring disorders. The most common behaviour disorders include oppositional defiant disorder (ODD), conduct disorder (CD) and attention deficit hyperactivity disorder (ADHD). Boys are more likely than girls to suffer from behavioural disorders. Treatment options include parent management training, cognitive behaviour therapy, medication and treatment for associated problems. The choice of homoeopathic remedy is governed by the facts available at the time of the interview. The remedy may thus differ as the child grows.*

**Keywords:** Behavioural disorders, oppositional defiant disorder (ODD), conduct disorder (CD), attention deficit hyperactivity disorder (ADHD), Homoeopathy.

## 1. Introduction

Child's health is the corner stone of national progress. The community which neglects its children retards its future progress. UNICEF has given great attention to the concept of the whole child which means it is essential to promote their health, as they are the vulnerable segment of the society(1). Young people can have mental, emotional and behavioural problems that are real, painful and costly. These problems often can lead to development of disorders if neglected which are the sources of stress for children and their families, schools and communities(2). Children often feel unhappy, anxious, fearful, and angry. They may exhibit lack of concentration, forgetfulness, impulsiveness, and difficulty in controlling emotions. They may complain of various somatic problems like unexplained headache, stomach ache, anorexia, and insomnia; may have trouble in building friendships or dealing with people; and may show aggressiveness. These indications are some common cues that suggest that all is not well with the child and the child needs attention. Most parents, teachers, and other adults are not sensitive to notice these subtle forms of behavioural problems. It is taken seriously only when the problem becomes severe and disabling. Early identification promotes early recovery and pushes the developmental trajectories into a healthier and adaptive path (3).

The illnesses classified under behavioural disorders are

- 1) Oppositional Defiant Disorder (ODD)
- 2) Conduct Disorder (CD)
- 3) Attention Deficit Hyperactivity Disorder (ADHD)

### Epidemiology:

According to World Health Report 15 % of children have serious emotional disturbance. Epidemiological study of child and adolescent psychiatric disorders conducted by ICMR indicated the overall prevalence of mental and behavioural disorders in Indian children to be 12.5%. Children below 15 years of age represent approximately one third of the world's population and approximately 5–15% of them are crippled with this socially handicapping behavioural disorders. A review of recent studies showed

that the prevalence of mental health problems in school going children varies from 6.33% to 43.1% in Indian context (4).

### Causes:

Some biological causes may include:

- Physical illness or disability
- Malnutrition
- Brain damage
- Hereditary factors

### Other factors related to an individual's home life may include:

- Divorce or other emotional upset at home
- Coercion from parents
- Unhealthy or inconsistent discipline style
- Poor attitude toward education or schooling

### Clinical and psychopathological profiles

Behavioural disorders include a series of behaviours defined as "externalising", as they include behaviours in which internal discomfort is directed outwards through dysfunctional conduct such as aggressiveness, impulsiveness, challenge, violation of rules and other conduct considered socially inappropriate. At pre-school and school age, behavioural accesses may occur in an isolated and temporary manner, for example, when they are linked to situational aspects or to the particular stage of development in which the child finds himself or herself, or may represent real alarm bells ringing for the onset of future behavioural disorders. The ability to act appropriately in relation to social norms and to regulate one's own behaviour are two basic aspects of the child's development. However, these are complex abilities that are gradually acquired throughout childhood. Relying on the presence of the adult in regulating one's emotions and behaviour is fundamental for the child at least until the age of three. When such a young child is agitated or angry, he needs a reference figure who can calm him down and provide him with the most appropriate strategies to resolve his internal conflict. Just as in unfamiliar situations, if the child shows fear and cries, it is the adult

who will calm him/her down through loving behaviour and appropriate explanations. The child then learns to grasp the adult's signals, such as facial expressions, verbal communication and gestures, in order to be able to modulate his own way of expressing himself in the various contexts. Of great importance is the moment when the child goes from an adjustment based on the external support of the adult to a real self-regulation, i.e. when the child no longer needs to rely on external help and is able to have self-control even when the adult is not present. The critical period for acquiring this ability is usually between 24 and 36 months, the age at which the child begins to show that he or she knows how to internalise the adult's rules, how to wait to achieve something desired and can flexibly control his or her behaviour in the presence of environmental changes. Towards the end of the second year of life, children also begin to show that they are aware of the existence of social norms and their possible violation. Several researchers have proposed different hypotheses with respect to the internal (emotional and cognitive) dynamics of the child, linked to the minor or greater ability to control his/her own behaviour. Some studies have shown that behavioural problems can be linked to: 1) low levels of fear in potentially harmful situations and reduced empathy towards one's peers, together with increased impulsiveness; 2) extremely high levels of emotional activation in the face of possible rewards, especially if associated with a rather high negative emotionality and low levels of self-control. This means that in these children behavioural dysregulation can be linked to weak emotional activation in the face of possible punishments, which are thus minimised, or to very high emotional activation in the presence of potential rewards, which are then maximised. [5]

The illnesses classified under behavioural disorders are

1) **Oppositional defiant disorder:** Around one in ten children under the age of 12 years are thought to have oppositional defiant disorder (ODD), with boys outnumbering girls by two to one. Some of the typical behaviours of a child with ODD include:

- Easily angered, annoyed or irritated
- Frequent temper tantrums
- Argues frequently with adults, particularly the most familiar adults in their lives, such as parents
- Refuses to obey rules
- Seems to deliberately try to annoy or aggravate others
- Low self-esteem
- Low frustration threshold
- Seeks to blame others for any misfortunes or misdeeds.

2) **Conduct disorder:** Children with conduct disorder (CD) are often judged as 'bad kids' because of their delinquent behaviour and refusal to accept rules. Around five per cent of 10 year olds are thought to have CD, with boys outnumbering girls by four to one. Around one-third of children with CD also have attention deficit hyperactivity disorder (ADHD). Some of the typical behaviours of a child with CD may include:

- Frequent refusal to obey parents or other authority figures
- Repeated truancy

- Tendency to use drugs, including cigarettes and alcohol, at a very early age
- Lack of empathy for others
- Being aggressive to animals and other people or showing sadistic behaviours including bullying and physical or sexual abuse
- Keenness to start physical fights
- Using weapons in physical fights
- Frequent lying
- Criminal behaviour such as stealing, deliberately lighting fires, breaking into houses and vandalism
- A tendency to run away from home
- Suicidal tendencies – although these are more rare.

3) **Attention deficit hyperactivity disorder:** Around two to five per cent of children are thought to have attention deficit hyperactivity disorder (ADHD), with boys outnumbering girls by three to one. The characteristics of ADHD can include:

- Inattention – difficulty concentrating, forgetting instructions, moving from one task to another without completing anything.
- Impulsivity – talking over the top of others, having a 'short fuse', being accident-prone.
- Overactivity – constant restlessness and fidgeting.

#### Short-Term and Long-Term Effects of a Behavioural Disorder

- If left untreated, a behavioural disorder may have negative short-term and long-term effects on an individual's personal and professional life. People may get into trouble for acting out, such as face suspension or expulsion for fighting, bullying or arguing with authority figures. Adults may eventually lose their jobs. Marriages can fall apart due to prolonged strained relationships, while children may have to switch schools and then eventually run out of options.
- The most serious actions a person with a behavioural disorder may engage in include starting fights, abusing animals and threatening to use a weapon on others.
- The earlier a behavioural disorder is diagnosed and properly treated, the more likely it is that a child or adult suffering from it will be able to control their behavior.

#### Treatment of behavioural disorders in children:

Untreated children with behavioural disorders may grow up to be dysfunctional adults. Generally, the earlier the intervention, the better the outcome is likely to be.

A large study in the United States, conducted for the National Institute of Mental Health and the Office of School Education Programs, showed that carefully designed medication management and behavioural treatment for ADHD improved all measures of behaviour in school and at home.

Treatment is usually multifaceted and depends on the particular disorder and factors contributing to it, but may include:

- Parental education – for example, teaching parents how to communicate with and manage their children.

- Family therapy – the entire family is helped to improve communication and problem-solving skills.
- Cognitive behavioural therapy – to help the child to control their thoughts and behaviour.
- Social training – the child is taught important social skills, such as how to have a conversation or play cooperatively with others.
- Anger management – the child is taught how to recognise the signs of their growing frustration and given a range of coping skills designed to defuse their anger and aggressive behaviour. Relaxation techniques and stress management skills are also taught.
- Support for associated problems – for example, a child with a learning difficulty will benefit from professional support.
- Encouragement – many children with behavioural disorders experience repeated failures at school and in their interactions with others. Encouraging the child to excel in their particular talents (such as sport) can help to build self-esteem.
- Medication – to help control impulsive behaviours.

### Homoeopathic approach

There is an increasing reluctance on the part of educated parents to subject their children to allopathic medication because of their known side effects and impact on the growing systems. Hence there is a strong demand on a search for alternative modes of therapy.

The homoeopathic perspective looks at behavioural disorders from a bird's eye view. The approach includes understanding the child in an evolutionary pattern i.e. the way in which the child has been brought up, its surroundings, its interpersonal interactions and evolving coping mechanisms. The mother's history during pregnancy is given prime importance as it has a substantial effect on the constitution of the child in its formative years. To go a step further, one may also enquire about the state of the physical and mental health of the parents during the time of conception. A correlation is established at the end of the history so that the problem is understood from a multidimensional point of view. This further helps establish goals of therapy and criteria for follow up.

The choice of homoeopathic remedy is governed by the facts available at the time of the interview. The remedy may thus differ as the child grows.

### Rubrics for Children in Repertory

MIND - AILMENTS FROM - domination - children; in  
 MIND - ANXIETY - children  
 MIND - ATTACHED - father; children are attached to the  
 MIND - ABSENT-MINDEDNESS - children, in  
 MIND - ABUSIVE, insulting - children insult parents  
 MIND - BEHAVIOURAL PROBLEMS – children in  
 MIND - CHILDREN - covering their face  
 MIND - DIRTY - urinating and defecating everywhere, children  
 MIND - DISCOURAGED - children, in  
 MIND - DISOBEDIENCE - children, in  
 MIND - DULLNESS - children, in

MIND- CONTRADICTION - intolerant of contradiction; children in  
 MIND - CRAWLING– children; in  
 MIND - FEAR - children, in  
 MIND - FEAR - people; of - children, in  
 MIND - FECES - urinating and going to stool everywhere, children  
 MIND - FEIGNING - sick - children, in  
 MIND - HARSHNESS, rough - children, in  
 MIND - IMPATIENCE – children; about his  
 MIND - IMPATIENCE - playing of children, by  
 MIND - IMPOLITE – children  
 MIND - INDOLENCE, aversion to work - children  
 MIND - INSOLENCE, impertinence - children, in  
 MIND - IRRITABILITY - children, in  
 MIND - IRRITABILITY - children, toward  
 MIND - IRRITABILITY - touch, by - child cries  
 MIND - IRRITABILITY - violent, in children  
 MIND - JEALOUSY – children  
 MIND – KICKING – children; in  
 MIND – KICKING – children; in-carried; child becomes stiff and kicks when  
 MIND – KICKING – children; in- cross, kicks and scolds on waking; child is  
 MIND - KILL, desire to - parents, in a child  
 MIND - MEMORY - weakness of memory - children, in  
 MIND - MOROSE - children, in  
 MIND - OBSTINATE, headstrong - children  
 MIND - PLAY - aversion to, indisposition to, in children  
 MIND - RAGE, fury - children, in  
 MIND - RAGE, fury - paroxysmal - children, in  
 MIND - READING - unable to read - children, in  
 MIND - RESPONSIBILITY - late, in children  
 MIND - RUDENESS - children, of naughty  
 MIND - SADNESS, despondency, depression, melancholy - children  
 MIND - SADNESS, despondency, depression, melancholy – children  
 MIND - SHAMELESS - children, in  
 MIND - SPOILED children  
 MIND - STRIKING - general - children, in  
 MIND - STRIKING - general - children, other, when not observed  
 MIND - WILDNESS - children, in  
 MIND - WRITING - inability for - learning to write in children  
 MIND - TIMIDITY - children, with other  
 MIND - SUICIDAL disposition - children, in  
 MALE GENITALIA/SEX - MASTURBATION; disposition to –puberty; before  
 SLEEP - SLEEPLESSNESS - children, in  
 GENERALS – ENERGY – excess of – children in  
 GENERALS - STIFFENING OUT of body – touch in children; from

### Homoeopathic Materia Medica

#### Hyoscyamus

Homeopathic treatment of ADHD is symptomatic in nature. The medicines are prescribed according to the symptoms exhibited by the patient. The use of hyoscyamus is recommended if the symptoms exhibited by the patient include violent outbursts, impulsiveness, inability to think

clearly, excessive talking, fear of being chased by enemies or animals, fear of dark and display of inappropriate gestures. A shortened attention span and inability to focus are common ADHD symptoms in children and adults. *Hyoscyamus niger* is one such medicine that can also be used for improving the sufferer's ability to focus. It also works well for children displaying manic behavior.

### **Stramonium**

This is one of the most effective homeopathic medication for anxiety in children. It is extremely useful for treating hyperactivity. It might be of great help for children who speak incoherently or talk very fast. It can also provide relief to those who are fearful of darkness. It might also be prescribed if the fear of being abandoned seems to be bothering the sufferer. This medicine might be recommended if the patient displays excessive aggression in the form of kicking, biting, hitting or use of threatening language.

### **Cina**

Cina is generally prescribed for treating fidgeting disorder in children. Cina also helps in improving the attention span. It is generally recommended for children who are very restless at night. It helps the child sleep peacefully throughout the night. It might be recommended for children who don't obey and exhibit difficult behavior. Though the aforementioned homeopathic remedies are believed to be quite effective in alleviating some of the symptoms of ADHD, there are many other medicines that can help in providing relief from other symptoms. Besides taking these medicines, following an ADHD diet will also help in alleviating the symptoms of this disorder.

### **Arsenicum**

They tend to have a driving restlessness, and can be very anxious about something specific or just things in general. They are prone to anticipate that something bad may happen. Whenever possible, they avoid being alone. They are possessive and fastidious. They may try to play with many of their toys at once to keep them from others. In general, their desires are greater than their needs and this is expressed in them having ever changing and expanding desires. They can have a fussy meticulousness which may manifest in being very orderly or in doing things just the "right way." Partly due to their hyperactivity, children who need Arsenicum experience stages of exhaustion and weakness. They are hypersensitive to odors, touch, and noise. They may get physical or psychological symptoms from milk, wheat, sugar, or ice cream. They are easily chilled, and exposure to cold may bring on a cold, cough or headache; they are better from most forms of heat. They tend to be thirsty, yet may prefer to drink only sips at a time. These children sometimes have exacerbations of symptoms during the night which interrupt their sleep.

### **Tarentula**

**Mood Swings:** This is not your typical or uneventful mood swing, but rather one that is very extreme. The mood swings or changes may be sudden and switch from bliss to complete negativity. There's often sensitivity to music, rather erratic behavior involved, and even some destructive behavior that may occasionally be displayed. The individual can't seem to stay still no matter how hard they try. There is often a

constant jerking or trembling of the limbs, and the individual may even feel a compulsion to hurry through their activities. The jerking movements are unpredictable and can't be helped. When the restlessness of Tarentula gets slowed down or even stopped by external circumstances, he can become very aggressive and violent. The patient then develops vandalism, which he can hide very well at first. One has the impression, Tarentula didn't do anything and it is said that Tarentula is "lynx eyed" and "smart as a fox". Tarentula patient can't hide his anger for long and the stronger the pressure grows, the more his rhythm is disturbed, the angrier he becomes and his anger will eventually turn into rage with a desire to even kill.

### **Anacardium**

This is one of the most violent remedies. Anacardium children suffer from a lack of self-esteem and morality. They lie, swear and steal. They have a fascination for violence, eg weapons, and may be cruel to animals or people. At other times, they may be sweet and affectionate. They experience great conflict between good and bad, become depressed, even suicidal; some cases may develop schizophrenia.

### **Tuberculinum**

Tuberculinum children are often very restless and always bored. They are also defiant, aggressive and destructive (break/tear/cut things). As babies, they may throw their heads on the ground or against the wall when angry. They grind their teeth during sleep. They suffer from frequent colds, recurrent fevers, nosebleeds, earaches and respiratory infections. They love cold milk and meat (10).

## **2. Conclusion**

School interventions have been deemed successful in the treatment of mental health disorders. With that in mind, it is vital to develop effective care and interventions for school going children. In addition, there is a need for urgent care of children experiencing behavioural difficulties since untreated behavioural problems are associated with huge psychological difficulties at the individual, family and community levels. That's why early treatment is so important. Constitutional Homoeopathic treatment given at childhood will go a long way in preventing disease and maintaining the physical and mental well-being. Homoeopathic treatment can help child learn to respond better to their emotions and better shape their communications with you, their teachers, their siblings, and other authority figures.

## **3. Future Scope**

Prevention and management of Behavioural Disorder is not easy and it requires an integrated multidisciplinary effort by healthcare providers at different levels to be involved in the assessment, prevention and management of affected individuals, and also to provide social, economic and psycho-emotional support to the affected families.

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