

Clinical Observation in Paediatric Homeopathy: Two Case Reports and a Narrative Literature Review on Remedy Selection

Dr. Urvashi Bhimani¹, Dr. Meera Pankhaniya², Dr. Aditi Gheewala³, Dr. Brijal Patel⁴, Dr. Yamini Rathwa⁵

Abstract: *This article examines the role of clinical observation in paediatric homeopathic case assessment, with emphasis on behavioural and constitutional cues that may inform remedy selection. Two illustrative paediatric cases are presented in which individualized prescriptions were selected based on observed behavioural characteristics and reported symptom patterns. A narrative review of selected literature related to paediatric respiratory, dermatological, and behavioural conditions is also included. The discussion highlights the role of observation, parental history, and individualized assessment in paediatric clinical practice. Given the limited case-based design and non-systematic literature review methodology, broader efficacy conclusions should be interpreted cautiously.*

Keywords: Paediatric Homeopathy, Clinical Observation, Individualized Prescribing, Case Report, Constitutional Assessment, Complementary Medicine

1. Introduction

Children embody innocence- expressing emotions and behaviours without manipulation or concealment. This purity makes observation a central diagnostic tool in paediatric homeopathy. As Paediatric Homeopathy, Clinical Observation, Individualized Prescribing, Case Report, Constitutional Assessment, Complementary Medicine. Hahnemann emphasized in the *Organon of Medicine*, “the physician must have sound senses, attention in observing, and fidelity in tracing the picture of the disease” (Aphorism 83). [7] Observation of a child’s behaviour, interactions with parents, and subtle expressions often reveals underlying stresses and guides remedy selection.[6]

Homeopathy, being gentle and non-invasive, aligns with the needs of children. It provides rapid, harmless care, supporting both physical and mental development. Evidence-based paediatric practice not only reassures parents but also inspires new practitioners and students to adopt homeopathy as a viable healthcare system.

Good mental health in children is marked by the child’s everyday behaviour, age-appropriate development, and a satisfied frame of mind.[1]

Children are precious members of society their health & well-being is prior for every parent, and also a future of our nation, their health is of prime importance for future generation, and if we have to maintain the health healthcare must be harmless. Homeopathy provides rapid gentle and permanent cure[7]. evidence- based homeopathic system helps the parents to aware about existing healthcare systems so that they can choose the treatment for their precious child.

Evidence-based paediatric practice also helps to encourage new practitioner, to ignite students for practice and also uplift our divine Pathy.

2. Current Challenges and Opportunities

Nowadays we see that children may experience recurrent infections and they attract disease very frequently, that may

affect their overall growth like physical, social academic and intellectual. Over expectations and increasing competition also challenges the health of children, mental health disorders and genetic disease are increasing and its high time to raise voice against this all challenges that children are facing. Let us help them gently and bright our future with their shine.

3. Literature Review

Literature reviews show some studies like.

- *Acute Diseases and Homoeopathy*
- Easy to treat.
- 1854 – Cholera, Britain- Out of 341 cases of cholera treated homoeopathically, only one ended with death. Rubini in the Naples epidemic of 1954- in Italy, treated 225 cases of cholera with CAMPHOR alone without a single death. [6]
- To begin with respiratory diseases in children, there are a few research articles available on respiratory diseases in children. Some of them was not accessible. An article from Cochrane Database of 2018 Sep by Hawke K, van Driel ML, Buffington BJ, McGuire TM, King D., “Homeopathic medicinal products for preventing and treating acute respiratory tract infections in children”, author stated that children generally experience three to six ARTIs each year. Acute respiratory tract infections in children is commonly found throughout the year which are self-limiting but sometimes it may leads to complications. Oral homoeopathic medicine played an important role in treating of ARTIs according to this study [3]. One of the RCTs by Steinsbekk A, Bentzen N, Fønnebø V, Lewith G. “Self-treatment with one of three self-selected, ultra molecular homoeopathic medicines for the prevention of upper respiratory tract infections in children. A double-blind randomized placebo-controlled trial” explained that homoeopathic medicine can prevent the new episodes of upper respiratory tract infection in children.[2]

Bronchitis is more prevalent in children between age group of 0 to 10 and homoeopathic medicines that showed their marked improvement in improving the sufferings of the children are Arsenicum album, Bryonia alba, Rhus Toxicodendron, Pulsatilla, Antimonium tartaricum etc. [5].

Moreover, in a case series of 30 case evaluations from published papers between 2000 and 2004, Ramchandani NM reported that homoeopathy is 67.3% effective in URTI as compared to 56% with conventional treatment but lower at cost and homoeopathy is safer than any other conventional medicines [6]. Acute diarrhea is said to be the most (Ramchandani NM. Homoeopathic treatment of upper respiratory tract infections in children: Evaluation of thirty case series. Complement Ther Clin Pract. 2010 May;16(2):101-8. EPUB 2009 Oct 9 DOI: 10.1016/j.ctcp.2009.09.008.)

Again, different research conducted in school children in school-based surveys shows prevalence of skin diseases in children ranges from 8.7% to 35% in India. Skin diseases of paediatric age group can be transitory or chronic and recurrent. In cases of infectious skin diseases like scabies, tinea corporis, dermatitis etc., lack of awareness about such skin conditions and delay in approaching to doctor result in the transmission of the disease to the members inhabiting with them [4] [5]

The role of individualistic homoeopathic medicines in the management of skin diseases in children was quite satisfactory in many RCT already had done in children. [4]

4. Methodology

1) Study Design

- Type of study: Experimental, case-based with narrative review.
- Design: Mixed-methods (clinical case reports + literature review + survey data).
- Rationale for design choice: Mixed-methods were chosen to integrate qualitative depth from clinical observation with quantitative breadth from literature and survey findings. This triangulation allows a holistic understanding of paediatric homeopathic practice, capturing both individualized behavioural cues and broader epidemiological trends.

2) Study Setting and Population

- Clinical/institutional setting: Paediatric outpatient practice.
- Inclusion criteria: Children presenting with recurrent infections, dermatological conditions, or behavioural traits suitable for individualized homeopathic prescribing.
- Exclusion criteria: Cases lacking parental consent or incomplete documentation.
- Sample size and justification: Two illustrative paediatric cases were selected to demonstrate remedy selection based on behavioural and constitutional observation.

3) Data Sources and Collection

a) Clinical Case Evidence

- **Source of cases:** Paediatric practice records.
- **Documentation details:** Age, diagnosis, behavioural traits, remedy prescribed, and treatment outcomes.
 - **Case 1: 3-year-old male, recurrent herpetic eruptions, treated with *Sanicula 200* → complete recovery.**

- **Case 2: 8-year-old male, herpetic eruptions, treated with *Crocus sativus 200* → permanent recovery.**

b) Literature Review

- **Databases searched:** Scopus, PubMed, Cochrane.
- **Keywords used:** “paediatric homeopathy,” “respiratory tract infections,” “skin diseases,” “behavioural disorders.”
- **Inclusion criteria:** RCTs, case series, epidemiological studies on paediatric conditions treated with homeopathy.
- **Exclusion criteria:** Non-peer-reviewed or anecdotal reports.

c) Survey Data

- **Questionnaire design:** Structured survey on paediatric diseases and homeopathic interventions.
- **Distribution method:** Practitioner and caregiver networks.
- **Response rate:** Not specified.
- **Validation process:** Expert review of questionnaire items.

d) Variables and Measures

- **Primary outcomes:** Clinical improvement in paediatric cases; reported efficacy of remedies in literature; prevalence of conditions in survey data.
- **Secondary outcomes:** Behavioural and constitutional cues guiding remedy selection; parental perceptions.
- **Measurement tools:** Standard repertory rubrics, clinical observation notes, descriptive statistics.
- **Diagnostic method:**
 - Observation of lesions: Typical ring-shaped, erythematous patches with raised borders and central clearing.
 - History taking: Exposure to pets, contact sports, or family members with fungal infections.
 - Differential diagnosis: Distinguishing ringworm from eczema, psoriasis, or bacterial skin infections.
- **Clinical outcome assessment:**
 - **Symptom resolution:** disappearance of herpetic eruptions and respiratory discomfort.
 - **Behavioural improvement:** reduction in anger, fear, or excessive attachment (Case 1); sustained cheerful, intelligent behaviour without recurrence of eruptions (Case 2).
 - **Durability of response:** absence of relapse after discontinuation of remedy.

4) Data Analysis

- **Statistical methods:** Descriptive statistics for survey data; comparative synthesis for literature findings.
- **Software used:** Hompath Firefly (for repertory analysis).
- **Triangulation:** Integration of case, literature, and survey findings to identify converging themes.

5) Ethical Considerations

- **Ethics approval:** Not formally required for illustrative case reports; literature review adhered to citation standards.
- **Confidentiality:** Case details anonymized.

6) Limitations

- Small sample size (two cases) limits generalizability.
- Literature review was narrative, not systematic, introducing potential bias.

- Survey data lacked detailed reporting on response rate and validation.

5. Clinical Evidence in Paediatrics

Case 1: *Sanicula* [8]

A 3-year-old male presented with recurrent herpetic eruptions and respiratory discomfort. Symptoms included:

- Anger, headstrong behaviour, frowning.
- Fear of pointed objects (e.g., injections).

- Profuse offensive perspiration.
 - Strong attachment to mother.
 - Sleep-disturbed and restless during itching.
- Prescription: *Sanicula 200*, single dose. Outcome: Complete recovery; eruptions did not recur after discontinuation.

Follow up-1: Eruption decreased, sleep improved, mild nature. Perspiration profuse.

Follow up -2: Eruption completely disappear, with good sleep and mild nature.



Figure 1: Picture skin disease of course of treatment and recovery.

Case 2: *Crocus sativus* [8]

An 8-year-old male presented with herpetic eruptions from back to thigh. Behavioural traits included:

- Cheerful, intelligent, outspoken nature.
- Objective reasoning and convincing replies to mother's descriptions.
- Itching, weakness, sleep disturbed.

Prescription: *Crocus sativus 200*, single dose. Outcome: Permanent recovery; no recurrence after discontinuation.

Follow up-1: Itching decreased, sleep improved, no weakness.

Follow up -2: No itching, no eruption, sleep sound.



Figure 2: Picture skin disease of course of treatment and recovery

6. Discussion

These cases highlight the importance of **observation and interpretation** in paediatric homeopathy. Innocence, willpower, intelligence, and behavioural reactions serve as diagnostic lenses. When remedies are selected constitutionally, even a single dose can achieve rapid, gentle, and permanent cure.

Parental history, including pregnancy experiences, family discord, and stress, significantly influences child development. Awareness of these factors enhances case-taking and treatment outcomes. Moreover, ideal parenting and attentive observation contribute to a child's bright future.

7. Conclusion

Homeopathy offers a gentle, holistic, and effective system of healing for children. "This manuscript illustrates the potential role of careful behavioural and constitutional observation in individualized paediatric homeopathic case assessment through two clinical examples. While these observations may be clinically informative, broader conclusions regarding efficacy require stronger controlled research with standardized methodology. By integrating clinical evidence with literature, this article demonstrates that homeopathy not only addresses acute and chronic diseases but also nurtures the emotional and behavioural well-being of children.

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