



## **Constitutional Prescribing for Children** **NEUSTAEDTER Randall OMD, LAC**

(RESONANCE, SEPTEMBER-OCTOBER, 1994)

In this issue I would like to share some of my experience working with children and to focus on a few areas that I have found are central in children's cases. These all involve constitutional prescribing and apply to the child who has been brought for Homœopathy because of symptoms being out of control.

Most of the symptoms that confront a homœopath in children's cases center around immune system function. These present to us as recurrent respiratory and ear infections or allergic reactions (chronic congestion, Asthma, and Eczema). Various combinations of these frequently occur in any individual child. The specific diagnosis is often irrelevant to the homœopathic case.

My experience has shown me that it is important to keep a perspective in the case about the correct approach to any symptom. The highest point in this perspective is the constitutional remedy. Other issues in the case, the acute remedies, the management of symptoms, and the diagnostic pursuit of specific allergens or symptom triggers are all secondary.

The child's safety is of primary importance. That goes without saying. There is no place in Homœopathy for the purist approach of avoiding allopathic drugs entirely. A child with Asthma, for example, may be much too reliant on bronchodilators and steroids. However, their place in the management of Asthma cannot be ignored. In any case, my experience has been that if we give the correct constitutional, then the need for drugs decreases and parents will withdraw them with a little encouragement and a sensible approach.

The constitutional prescription is usually the homœopath's goal for a child whose parents come to Homœopathy frustrated with allopathic care. In my own practice though, a different situation occurs not infrequently. I will see a child for an acute problem, then another, and a third. Eventually it becomes clear that the child needs a constitutional remedy, but it has not been prescribed. This time spent chasing acute symptoms could probably be avoided, and the child's health improved, by giving the constitutional at an earlier point.

This would be the ideal preventive approach, but several limiting factors might interfere with this. At this time of reduced insurance coverage and the expansion of HMO programs, parents may find it financially difficult to bring each of their children for a constitutional evaluation. The other limitation is the knowledge level of the prescriber. Using acute remedies for children's illnesses is rewarding and relatively easy to learn. Many practitioners have integrated acute prescribing into their treatment of children. Chiropractors, Acupuncturists, Naturopaths, and holistically oriented MDs have all found that homœopathic acute prescribing often eliminates the need for antibiotics in the children they see. This has encouraged tremendous growth in Homœopathy.

Acute remedies really work in children's illnesses, and parents are deeply impressed by this. At some level they know the negative consequences of using antibiotics. Many parents are reluctant to resort to antibiotics, but they feel compelled because the pediatrician has prescribed them and they feel powerless to make any other choice. In turn the pediatrician prescribes them for lack of anything else to do and because of pressure to do something.

Because of these anxieties about diseases, repeated antibiotics have become one of the major causes of disease in our children. Their damaging effect on the immune system is directly responsible for the dramatic rise in chronic ear problems and allergies. This iatrogenic illness in children is a significant factor for understanding their cases. The global effects of drugs on a child's system must be examined.

This is obvious in the case of vaccines. There should, at this point, be no doubt in our minds that the vaccines routinely given to children, beginning now at birth, have contributed directly to a host of "modern" childhood epidemics, including attention problems, ear infections and asthma. All of these conditions have increased dramatically since the advent of mass vaccine campaigns.

The denial of the relationship between these problems and vaccines among allopaths is merely consistent with their disregard for the underlying balance of the human organism. Allopathy, after all, focuses on the short-term and the most limited view possible in its attempt to isolate occurrences. It is inevitable that the long-term negative effects of treatment will be

ignored. Parents need education about these issues. When children receive homœopathic care, further vaccine usage should be discontinued, or at least delayed, until the immune system integrity is restored enough to handle more of this stress. For those children who do not receive the supportive care that curative healing systems, such as Homœopathy, are able to provide, the escalating overuse of antibiotics and vaccines will continue to undermine our population's health.

Homœopathy has the ability to correct the immune system damage wrought by iatrogenic causes in the form of drugs and vaccines. To accomplish this in an individual child, limit or stop the drugs, prescribe the constitutional remedy, and treat acute episodes cautiously and judiciously. The acute symptoms can be managed with homœopathic remedies, herbal medicines, or allopathic drugs if needed. The goal in these situations is to do as little as possible to stress the body, and to support the immune system through foods or herbs while the constitutional remedy is acting.

The problem has been that learning to prescribe constitutionally for children may seem overwhelming. The literature and courses available in pediatrics are limited. Case taking itself seems complex because of the many factors involved: the parent interview, developmental issues, the questions about appropriate behaviors in children, and emotional reactions to schools, siblings, and traumatic experiences. The homœopath must work with a limited amount of information derived indirectly.

Most beginning and intermediate level practitioners feel more comfortable with acute prescribing. Unfortunately, the deeper issues in the case, the underlying susceptibilities, require deeper acting remedies. Acute prescribing will, therefore, occupy relatively inordinate amounts of time, and more acute illnesses will occur if constitutional prescribing is not utilized more. My advice is that these practitioners should venture into constitutional prescribing. This can be done using the available modern pediatric Materia Medica literature. This includes the works of HERSCU, VITHOULKAS, ZAREN, and COULTER.

Tackling the constitutional issues in children's cases is not as daunting as it seems. These children and their parents will literally tell you their remedies. Even though the parents are usually most concerned about recurrent physical symptoms, the emotional and behavioral dynamics guide us to the remedy. Understand the child's emotional issues and the rest of the case falls into place.

This is best accomplished by first perceiving the family dynamics. The homœopath must be attuned to the interactions between parent and child. The child's response to the parent's

telling of the case will reveal a great deal. This observation of the child's behavior will often lead to the remedy.

The parents' affect in handling the child is the first step in this observation. Take the parent's case by observing his or her actions. Understand what the parents are conveying to the child through language and tone. Understand the anxieties and frustrations about the child's illnesses and the care received previously. Feel the parents' messages to the child about behavior. Children learn how to act in the world from their parents.

It is not uncommon for children to need the same remedy as one of the parents. Conversely, the child may need a remedy that responds in specific ways to certain expectations or parental styles, like the resentment of authority in *Causticum* and *Carcinosin* children.

Observe the parents. Are they controlling with a disciplinary or dictatorial style? What are the parents' expectations for the child's behavior? Are they realistic or inappropriate? How do they react to a child's wandering around the room or restlessness? Is there a sense of rigidity in the parents' messages? Is there a power struggle? Does the parent attempt to dominate the conversation and answer for the child? Or does the parent have fears and insecurities that the child feels compelled to soothe? If we can discern the parents' emotional content, then we are in a position to observe the child's response.

We should assume that any child over two years old is listening intently to the interview. The child's actions and reactions will be obvious during the parent's description of problems. There are two things to observe about the child. The first is the child's underlying personality or temperament. Impressions of issues like shyness, intensity, persistence, or negativity can be confirmed by questioning the parent about the child's temperament as an infant and toddler. This, combined with observation of the child's manner during the interview and direct questions about the child's usual tone of behavior in these realms, will give a sense of the inherent and inborn nature of the temperament. This tends to persist over time. The child's fundamental style or way of being in the world usually remains true to type even though problematic aspects can change with various approaches. For example, aggressive behaviors that generate negative reactions from others can be modified by teaching the child more effective social skills.

Of course, impressions about temperament can be deceiving. A child who appears withdrawn and quiet sitting in the exam room chair may be a little hellion at home. The history is important to distinguish these ongoing personality traits from reactive symptoms. Even an

infant will reveal these temperament characteristics and these can be elicited from the parents through a structured interview about them.

The second realm to observe is the child's emotional reactions to the parent. These are often expressed physically in the child's posture or through glances at the parent. For example, the sharp look of disgust or chagrin or defiance that a child shoots at the parent across the room can be translated into Materia Medica rubrics and can lead to the correct remedy. A thousand clues lie hidden in the interaction that occurs in the exam room.

The homœopath would do well to adopt the child's position, identify with the child's feelings and reactions, then know from the inside what it feels like to be that person. Feel the vulnerability, the fear of discovery, the embarrassment, or the humiliation of the child. Understand the source of the child's anger and resentment. Identify with the loathing of authority or the fear of abandonment that this child's stance and reactions express. Get yourself inside this child's skin.

If this is difficult, then feel the shell and the armor that prevent intrusion. If the child will not engage, then figure out why. Persist until you are satisfied that you have the truth. Do not be put off by the child's reluctance or fear. Watch it and feel it. As you see it arise, ask about it. Get examples and specifics.

Integrate this observation and study of the child with the data collection, so that your hunches, intuitions, and empathic discoveries are confirmed or denied. Observe how both the parent and child react to this process. See if the parent's inclination is to rescue the child or to accuse him. Then watch the child's dependence or rejection of the parent emerge. This turns the interview into a vital process which constantly provides images of the child's remedy.

Homœopathic prescribing requires constant integration of the case information. This occurs at several levels that weave together simultaneously during the interview. The impressions and sense of the child's temperament will often point to a group of remedies, the shy or withdrawing remedies discussed in a previous column (*Silica, Baryta carbonica, Thuja*), the more active energetic remedies (*Sulphur, Phosphorus, Natrum muriaticum*), or the difficult behavior remedies (*Tuberculinum, Medorrhinum, Hyoscyamus*, etc.).

These lists could be greatly expanded of course, and remedy pictures can present in a number of different ways at different ages. *Natrum muriaticum* for example may be talkative or sullen depending on the child's mood and her assessment of the homœopath. The point is that the child's temperament itself will lead in a certain Materia Medica direction. Then the striking

symptoms of the parent-child interaction will help to reveal the central thread of emotional themes. The parent's description will finally provide examples of behavior that can serve as important rubrics. A symptom like waking with screams in the night, for example, may indicate a short list of remedy possibilities.

Once these emotional issues are emerging in the case, then confirmatory general characteristics such as unusual food cravings, sleep positions, sweating, or effects of weather may strongly suggest one remedy under consideration. The ideal situation occurs when a cloud of symptoms and emotional/behavioral themes all suddenly crystallize around a key characteristic that unlocks the mystery of the case. The search for confirmatory findings will then create more certainty in the remedy. Some physical symptoms may be helpful clues, but often they are the least useful aspects of the constitutional case.

In summary, my recommendations are to keep the constitutional remedy as a constant goal in children's cases. Avoid chasing acute illnesses and physical symptoms with specific, limited remedies. Support the system by avoiding drugs as much as possible and encouraging dietary changes if needed. Observe the parent's emotional tone with the child and the parent-child emotional interaction. Study the child's temperament and bring the behavioral symptoms into focus within the context of the underlying temperament picture. Look for key emotional and characteristic general symptoms that point directly to remedies.

Then apply a comparative Materia Medica approach to the remedy possibilities. Give the constitutional remedy and then maintain caution around too much extraneous prescribing. Observe how well a child under the action of the right constitutional can resolve acute flare-ups of symptoms with minimal intervention. Approach constitutional prescribing for children with a sense of adventure and watch the amazing responses and rewards of this fascinating homœopathic realm.