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Homoeopathy: A Solution to the Crying Baby



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All babies cry, some are placid and happy babies and others are not so contented. Beyond the range of normal there are children or infants who cry nearly all the time and particularly at night. As in all situations a clinical evaluation is essentialto exclude rare but serious organic conditions such as Intussusception, Strangulated hernia, Otitis media, or even Acute osteitis or Arthritis. Injury an important consideration to be looked Poor feeding techniques, or even the possibility of intolerance of cow's milk proteins may give rise to gastrointestinal colic. Having carefully considered all the

possibilities, one is often left with a screaming and desperate child and tired and very fraught parents.

It is often difficult to see when the trouble began because crying child upsets the parents and upset parents further upset the child and it becomes a vicious circle. Infants cannot communicate in any other way than crying. A thorough understanding of the psychological needsand pathological procedures which may lead to crying is essential while trying to discover the causes of crying in givenchild.Crying as a presenting problem is more common ininfancy. It is largely because the infant has no other means ofcommunication. So. whether the child is thirsty. hungry,uncomfortable, insecure, lonely, frustrated, afraid or having any pain, he just cries. And any situation which leads tocrying, if not resolved or properly understood may lead to persistent crying. Of course, personality of individual child hasalso a great influence in the frequency and persistence of crying.

Interpretation of a crying child:

First of all, look for verysmall and petty causes before going in for other causes of crying in children and also look into the situation prevailingaround them. Following are few causes of cries:

1. Thirst common cause of crying particularly in India. It is often understood that require comparatively much larger volumes of fluids than adults. If an infant is crying because of thirst, he is unlikely to be satisfied with milk. He may briefly go in for the bottle or breast, but rejects it soon as he discovers it is milk and not water.

2. Hunger becoming a more frequent cause with increasing urbanisation, adoption of top feeding and adoption of strict Victorian principle of time feeding. Often one sees very educated mothers, worried about child's discipline and their own freedom movements allowing the child to cry even when he is hungry because the clock does not say that the child should be hungry still.

3. Wetting is a common cause of crying. In fact, it is surprising how often children do not cry even when they are wet. Ouite often, the infants cry before passing urine. As we find this in Lycopodium. This usually has no pathological significance and may be only considered as a "signal from the infants" before the stream

4. Loneliness: Very often infants cry because ofloneliness, particularly if left alone in the dark room. especially when they are separated from their mother or where both the parents are working.

5. Frustration: An important but poorly recognised cause of crying in infant is frustration. The frustration is often due to inability to perform developmentally. If the infant has learnt to manipulate with his hands but gets no toys to practice then he may cry. This often



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leads to excessive crying and temper tantrums. Obviously appropriate needs of a developing child must be recognised and necessary objects and toys be made available so that the infant does not cry unnecessarily.

Types of cries(The nature of the cry of the

- 1. Normal infants cry more rapidly than do children with brain abnormalities.
- 2. Babies with Cerebral irritability, Meningitis, Hydrocephalus has a shrill, high-pitched
- 3. A hoarse gruff cry characteristic of Hypothyroidism.
- 4. The hoarseness of Laryngitis is characteristic. More important is the cry of a child with stridor which is always present since
- The cat-like cry of the 'Cri-du-chat' Syndrome is characteristic. This occurs in microcephalic
- 6. Other characteristic cries are the weak cry of the child with Amyotonia congenita (or similar muscle weakness) or the child with Myasthaenia gravis, and the whimper of the seriously ill
- 7. The child with Pneumonia may have a grunting type of cry.
- 8. Excessive crying in later infancy and early preschool age is a behavioural problem.

Homoeopathy for a crying baby:

> Ammonium carbonicum-Weeping on waking and rising after. Anxiety in the evening 5-6 p.m. Startling at night from fright in children. Weeping tearful mood.

>Antimonium crudum -Child cannot bear to be touched or looked at, does not wish to speak, peevish, vexed without cause. Child is very weepy andirritable.

Ecstasy at night walking in

moonlight, sadness before chill, child becomes sentimental diarrhoea. Lovesick. ailments from disappointed love. Quarrelsome in the evening. Repulsive mood. Weeps when touched or even looked at and weeps on

> Apismellifica-Awkward appearance, drops the thing readily, stupour with sudden sharp cries and startling. Stupour alternating witherotic mania. Sudden shrill, piercing screams, whinning, jealousy, fright, rage, vexation, grief. Desire death in the forenoon. Delusions as the tongue is made of wood and cannot concentrate mind when attempting to read or study.Desire to break the things. Ailments from anger and bad news. declares there is nothing the matter with him and he

> Arsenicum album-Weepy, tearful mood at night, causeless weeping during the chill, during coughing in sleep. Says he is well when he is verysick. Anguish driving from place to place, restlessness, anxiety when anything is expected of him. Fastidious. Thirst forsmall quantity of water at frequent intervals. Bites the tumbler when drinking.

> Baryta carbonica-Goes alone and weeps as if had no friends. Child thinks all visitors laugh at him. Keeps the hands over the face and peepsthrough the fingers and hides behind the furniture. Childish behaviour aversion to company. Dullness. sluggishness inchildren. Tendency to catch cold Suppurative tonsillitis, quinsy. Dwarfish growth. Sensation as if forced through anarrow place, slow gasping silly and backward. Mistrustful. Lack of self-confidence. Talking mania. Always borrowstroubles.

> Causticum-Children weep at the least worry and after spasms. Anxiety while straining at stool. Over sympathetic to others Hopeless, despondent, wants to die. Lack of ambition. Child does not want to go to bed alone. Looks on the darker side. Lacks control and balance.

Least things make him cry.

Passes stool with much

straining or only on

standing up.

Marked irritability with crying. Sends the nurse out of the room, weeps and cries during the chill and in sleep. Ugly in behaviour, and uncivil, quarrelsome, vexed at every trifles. Averse to being spoken to or touched or being looked at. Children want to be carried and petted to make them quiet, kicks when carried and becomes stiff. Wants many things but refuses them when offered or given. Intolerable pain, becomes mad with pain, numbness after pain.

> Chelidonium majus-Weeps and cries when carried. Feels like crying with ill humour or without any reason. Liver affections. Children desire to beat. Delusions, he has ruined his health. Unconsciousness, rubbing of feet ameliorates. Inclination to fall forward.Constant pain in the inferior angle of right scapular region. > Cina maritima-

Child cries piteously if taken hold of or carried, causeless weeping. Ill humour. Child very cross and does not want to be touched. Capriciousness, morose during daytime complain on waking. Irritability, rocking fast ameliorates. Moaning in the afternoon. Easily gets frightened on waking. Irritable, cannot bear to be looked at. Easily gets offended. very obstinate,throws things away. Shrieking in children

before convulsions. > Coffea cruda-Weeping from joy, weeping with pains, weeping alternating with laughter, weeping during headaches. Affections and ailments after pleasant surprises. Ecstasy, full of ideas, quick to act, hence wakeful. Weeps, torments and tosses about, over trifles. Cry and laugh easily, while crying suddenly laughs quite heartily and finally cries again. Joyous at one moment and gloomy at another moment.

> Graphites -Weeps, cries without cause, weeps from music, sad, fearsome irresolute, hesitate at trifles. Impulse to groom, timid, dread of work. Fidgety while sitting at work. Feels miserable and unhappy. Dullness after siesta. Forgetful, makes mistakes in speaking and writing. Child impudent, teasing laughing at

nothing but death. Memory active till midnight. Fear of death from pain and from pleasure.

> Lycopodium clavatum-Weeps and cries between 4 to 8 p.m., during chill, about future, cries aloud, cries before micturition, weeps when thanked, child is cross, kicks and scolds on waking. Weeps during perspiration and weeps when greeting a friend, loss of selfconfidence, weeps all day. Sad on hearing distant music. Fear of being alone. Dread of men, presence of new persons. Fear of everything even ringing of doorbell. Craves sweets and hot drinks

> Natrium muriaticum-Weeps when looked at, on thinking of past events. Weeps more if he believes he is pitted. Weeps bitterly only when alone. Involuntary weeping, consolation aggravates. Immoderate laughter with tears absorbed, buried in thoughts as to what would become of him. Aversion to company, cannot urinate in the presence of someone. Craves salt. Weeps at night.

> Pulsatilla pratensis-Mild timid. emotional and tearful. easily moved to tears and laughter after eating. Weeping in the afternoon at 4 p.m. When disturbed t work, when interrupted, sobbing while nursing, when talking about own sickness. Better in open air. Causeless weeping during chill, involuntary weeping during heat, very irritable touchy, feels slighted or slight. Suspicious. Answers yes or no by nodding the head. Desires company and sympathy.

Sepia officinalis-Nervous, so that the child wants to hold on to something or he should scream. Says and does strange things. Nobody knows what the child will do next. Aversion to family, to those loved best.

Source and Acknowledgement:

article extracted from the book The Problem Childf by Dr AK Gupta Sir. This a very good book having topics cleared clinically and well explained as you can see in this article. Thank you, Sir, for such a nice book. A must-read book for homoeopathic physicians who are dealing

with Paediatric cases.