

# **IJAYUSH**

International Journal of AYUSH
AYURVEDA, YOGA, UNANI, SIDDHA AND HOMEOPATHY
http://internationaljournal.org.in/journal/index.php/ijayush/

International Journal Panacea Research library ISSN: 2349 7025

**Review Article** 

Volume 14 Issue 11

November 2025

# UNDERSTANDING THE "PSYCHOSOCIAL ISSUES" IN CHILDREN THROUGH THE LENS OF HOMEOPATHY

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#### **ABSTRACT**

Psychosocial issues focuses on silent struggles related to emotional imbalance in relation to social factors and individual thought and behavior. This condition often encounters in childhood and adolescence with global prevalence of 14 to 33 percent. Some studies indicates a higher incidence in males. Homeopathy is a holistic system of medicine treating the patient as a whole considering the miasmatic background. This article reviews the psychosocial dimensions of disease and evaluates the role homeopathic remedies.

#### **KEYWORDS**

Psychosocial, Behavior, Children, Homeopathy

## INTRODUCTION

PSYCHOSOCIAL means the interrelation of social factors and individual thought and behavior. Psychosocial disability is a term used to describe a disability that may arise from a mental health issue. It is about the functional impact and barriers which may be faced by someone living with a mental health condition. A psychosocial disability arises when someone with a mental health condition interacts with a social environment that presents barriers to their equality with others.<sup>1</sup>

Psychosocial disability may restrict a person's ability to:1

- ► Be in certain types of environment
- Concentrate

- ► Have enough stamina to complete tasks
- ► Cope with time pressures and multiple tasks
- ► Interact with others
- Understand constructive feedback
- Manage stress.

# **ERIKSONS Stages of Psychosocial Development<sup>2</sup>**

**Stage 1** – Infancy period: Trust vs. Mistrust

- ► Virtue: Hope, Maldevelopment: Withdrawal
- ► Concomitant Freudian stage: oral stage
- ► Example: Secure environment provided by the caregiver, with regular access to affection and food

**Stage 2** – Early Childhood period: Autonomy vs. Shame, doubt

- ► Virtue: Will, Maldevelopment: Compulsion
- ► Concomitant Freudian stage: anal stage
- ► Example: Caregiver promotes self-sufficiency while maintaining a secure environment

**Stage 3** – Play Age period: Initiative vs. Guilt

- ► Virtue: Purpose, Maldevelopment: Inhibition
- Concomitant Freudian stage: genital stage
- ► Example: Caregiver encourages, supports, and guides the child's own initiatives and interests

**Stage 4** – School Age period: Industry vs. Inferiority

- ► Virtue: Competence, Mal development: Inertia (passivity)
- ► Concomitant Freudian stage: latency stage
- ► Example: Reasonable expectations set in school and at home, with praise for their accomplishments
- ► Stage of Adolescence

**Stage 5** – Adolescence period: Identity vs. Identity confusion

► Virtue: Fidelity, Maldevelopment: Repudiation

Example: Individual weighs out their previous experiences, societal expectations, and their aspirations in establishing values and 'finding themselves.'

## **CAUSES OF PSYCHOSOCIAL ISSUES<sup>3</sup>**

Biological-Genetic disposition, Down's syndrome

**School**-Academic Stress, Peer group differences, Over Discipline, Antisocial encouragement

**Family**-Attitudes of parents, Overprotection, Rejection by parents, Expectation by parents, Sibling Conflicts, Alcoholism

**Culture**-Media, Terrorism, Violence, Neighborhood, Ethnicity

## **CLASSIFICATION-**

## Based on Stages<sup>4,5</sup>

- ► Infancy-Feeding problems, Stranger anxiety, Breath holding spells, Temper tantrum
- Preschool age –Head banging, Body rocking, Thumb sucking, Nail biting, Bruxism
- ► Toddler-Intellectual disability, Autism, ADHD
- ► Childhood- Communication disorder, Pica, Sleep problem, Enuresis, Encopresis, Tic, Enuresis, Anxiety disorder
- ▶ Adolescence Depression, Psychosis, Mania, Conduct disorder

IT INCLUDES-Bullying Oppositional defiant disorder, Masturbation, Gender identity disorder, Anxiety disorders, Phobias like school phobia OCD Anorexia nervosa and Bulimia nervosa, Improper Feeding, Breath holding spells, Temper tantrum, Head banging, Thumb sucking, Nail biting, Bruxism, ASD or ADHD, Communication disorder, Pica, Sleep disorder, Enuresis, Encopresis, Tic, Depression, Psychosis, Mania, Conduct disorder<sup>3,4,5,6,7,8</sup>

#### **BULLYING**

- ► It is an intentional and unprovoked abuse of power.
- ► It is categorized into-
- 1. Low psychological well being
- 2. Poor social adjustment

- 3. Psychological distress
- 4. Physical unwellness

#### OPPOSITIONAL DEFIANT DISORDER

- Extreme demanding
- ► Striving for independence and experimentation with risky behavior become exaggerated, severe and disruptive
- ► More in boys

#### **MASTURBATION**

- Self abuse
- ► Abuse as a means of self pleasure
- ▶ When children are lonely and insecure, they seek self stimulation

#### GENDER IDENTITY DISORDER

- ▶ Presence of strong and persistent cross gender identification manifested by a desire to be of other sex, wearing clothes of other gender.
- ▶ Both biological and psychological factors can precipitate this behavior

## ANXIETY DISORDERS

- Separation anxiety disorder
- Social anxiety
- Overanxious disorder
- Examination anxiety

# **PHOBIAS**

School phobia

#### OCD

- ► Children present with repetitive thoughts or movements.
- Obsessions have been defined as intrusive thoughts , which become imposed on conscious mind repeatedly

## ANOREXIA AND BULIMIA NERVOSA

- ► Anorexia nervosa- Restriction of energy intake relative to requirements leading to a significantly low body weight.
- ▶ Bulimia nervosa- Intake of excess energy relative to requirement followed by purging, results in significant weight loss.

#### **BREATH HOLDING SPELLS**

- ► Reflexive events initiated by provocative event that causes anger, frustration, etc causes child to cry.
- ► The cry stops at full expiration and child becomes apneic and cyanotic or pale.
- ► It lasts for less than few seconds.
- ▶ Peak at 2 years to 5 years of age.

#### **TEMPER TANTRUMS**

- ▶ Defined as out of control behavior including screaming, hitting, head banging, falling down, biting and violent display of frustration .
- Usually occurring in children of 18 months to 4 years of age.
- ► Usually lasts for 30 min at a time.

#### **HEAD BANGING**

- ► Rhythmic rocking in early life
- ► Sensory stimulation or pleasure for the child who is uncared for deprived of human touch or interaction

## THUMB SUCKLING

- Normal in infancy and abnormal in preschool and above
- ► It may be due to habitual or stress

## NAIL BITING

- ► Common in girls and boys in middle and late childhood beyond 4 years of age
- ► It may be due to anxiety or or nervousness

# **BRUXISM**

Voluntary grinding of teeth

- ► It may create problems in dental occlusion
- ▶ It may be due to calcium deficiency, stress mannerism, unexpressed anger or resentment

#### ASD

► A neurodevelopmental condition that results in difficulty with social skills, communication and thinking with repetitive behavior.

#### ADHD

► A neurodevelopmental condition that results in difficult to concentrate, impulsivity and restlessness.

#### COMMUNICATION DISORDERS

- ► Articulation disorder- Substitution, omission, distortion and addition of speech sounds.
- ► Voice disorders-Changes in pitch, loudness, dysphonia and aphonia
- ► Fluency disorders: Stuttering or stammering- Repetition of small speech units, continuation is affected, prolongation of speech sounds, effortful speech.
- ► Cluttering-Rapid rate of speech, poor grammer, making speech difficult to understand
- Language learning disability- Poor auditory processing, poor speech discrimination, difficulty in following directions, words, poor auditory visual integration and perception, poor eyehand coordination, poor social skills

#### **PICA**

- ▶ Persistent ingestion of non nutritive substances such as plaster, charcoal, paint and earth for atleast 1 month
- ▶ It is common in children less than 5 years of age

#### SLEEP DISORDER

► Night terrors, night mares, insomnia, sleep talking, hypersomnia, narcoplexy, cataplexy

#### **ENURESIS**

► Bed wetting is a involuntary voiding of urine

- ► The child should be atleast 5 years of age
- ► The enuresis is made when urine is voided twice a week for atleast 3 consecutive months.
- ► It is primary or secondary

## **ENCOPRESIS**

► Psychogenic soiling at inappropriate places at any age when bowel control should have been established

#### TIC

- ► Fast repetitive movements
- ▶ Usually represent emotional disturbance or mal adjustment
- ► Tics in which bodily movements are accompanied by vocalization, termed as Gills de la Tourette syndrome

#### **DEPRESSION**

- ► It presents with mood disturbance in children, sad facial expression, easy tears, irritability, social withdrawal, lack of interest in activities, etc
- ► Affects child's ability to participate in relationship with parents and peers.

#### **PSYCHOSIS**

- ► Abnormal fixation on certain toys , objects, people, etc
- ► Unpredictable responses
- Distorted behavior
- Disturbed speech
- Impaired socialization
- ► Fascination with movements
- Unaware of personal identity

#### MANIA

- ► Show intense happiness or silliness for long periods of time.
- ► Have a very short temper or seem extremely irritable.

► Talk fast about a lot of different things.

## CONDUCT DISORDER

- ► Severe repeated acts of aggression and delinquency
- ▶ Diagnosis –Bullies, fights, uses weapons, cruel to animals, robbery, forced sexual activity, sets fire, destroys property of others, violates rules, runaway from home, etc.
- ▶ Disturbance in academic, social and occupational functioning.
- ► Individual is below 18 years

#### **GENERAL MANAGEMENT**

► Psychological counselling and support

## HOMEOPATHIC APPROACH9

MIASMATIC BACKGROUND- Based on symptoms

## **PSORA**

- ▶ Fear
- Nervous
- ▶ Joyful
- **▶** Timid
- Sadness
- Anxiety neurosis

#### **SYCOTIC**

- ► Anger
- Awkwardness
- ► Absent minded
- Mistakes in speech
- Delusions
- Hastiness
- Rashness

- ► Selfish
- Uncoordinated behavior

## **SYPHILITIC**

- **▶** Depression
- ► Insanity
- Maliciousness
- ► Rage and fury
- Rudeness
- Destructive mania
- ► Hateful and destructive

# FEW INDICATED REMEDIES RELATED TO PSYCHOSOCIAL ISSUES<sup>10</sup>

BULLYING- Acon, Arg nit, Ign, Nat mur, Opium, Sepia
OPPOSITIONAL DEFIANT DISORDER- Caust, Dulc
MASTURBATION-Sec,Nux vom
PHOBIAS- Abel, Acon, Arg nit, Ign, Kali ars, Stram, Nat carb, Kali ars, Carbn s, Bell, Aur
ANXIETY- Borax, Kali carb, Cham, Ars, Psor, Cal cars, Kali ars, Caust, Acon, Ars, Phos, Carbo v, Mag m, Mag c, Alum, Gels, Spig, Rhus t, Arg nit
ANOREXIA NERVOSA- Ars, Chin, Tetox, Vanad
BULIMIA NERVOSA-V-a-b, Anac, Lyco, Sep
BREATH HOLDING SPELLS- Spig, Cham, Sars, Sil
TEMPER TANTRUM- Cham, Cupr, Hyos, Nat m, Sulph, Stram, Tarent, Bell, Tub, Medorr, Ign,
HEAD BANGING- Bell, Mill, Tub, Phos
THUMB SUCKING-Ipec, Cham, Calc, Sacch
NAIL BITING- Baryta c, Aurum met, Medorr, Lyco, Hyos, Mag c, Acon, Ambr gr, Aurum met, Ars, Brom, Nat mur, Sil, Stram

Bruxism- Apis, Bell, Hyos
AUTISM- Tub, Agar, Baryt c, Bufo, Lyc
HYPERACTIVE CHILD-Lach, Medorr, Lyss, Lyc, Tarent, Tub, Verat, Agar, Arn, Carcin
Communication disorder-
PICA- Lach, Sil
SLEEP DISORDER- Cham, Aur met, Graph, Kali carb, Nux vom, Suplh
ENURESIS-Amm c, Puls, Carbo veg, Sulph,China
ENCOPRESIS- Hyos, Sep
TICS-Mag phos, Ignatia, Calc carb, Carcin, Artemesia, Zinc, Agar, Stram, Cupr, Hyos,
Caust
DEPRESSION- Sepia, Acon, Ars iod, Ars alb, Aur mur, Aur met, Cal cars, Calc carb,
Caust, Cham, Ferrum iod, Kali brom Ign, Verat, Zinc p
PSYCHOSIS- Arg nit, Bell, Cal sil, Cann I, Cocc, Hyos, Hydrog, Lach, Stram,
Tarent,Staph, Verat
MANIA- Ars, Bell, Canth, Hyos, Stram , Verat, Opim, Merc, Nux vom, Kali mur, Kali
brom, Agar
CONDUCT DISORDER-Agar, Bell, Mosch, Stram, Verat, Canth, Lyco, Hyos, Lac c

## **ACKNOWLEDGEMENT:**

We gratefully acknowledge JIMS HOMOEOPATHIC MEDICAL COLLEGE for providing a supportive academic atmosphere and necessary resources that facilitated the completion and publication of this article. I also extend my sincere thanks to the Director, Principal, PG Coordinator and HOD, faculty members of the PAEDIATRICS department for their insightful suggestions and constant encouragement.

## REFERENCES

1. What is psychosocial disability? Available fromhttps://www.health.nsw.gov.au/mentalhealth/psychosocial/foundations/Pages/ps ychosocial-whatis.aspx

- Gabriel A. Orenstein; Lindsay Lewis. November 7, 2022. Erikson's Stages of Psychosocial Development. Available fromhttps://www.ncbi.nlm.nih.gov/books/NBK556096/
- 3. Parthasarthy menon.Nair.Gupta *IAP Textbook of paediatrics*. 7<sup>th</sup> edition.Jaypee publications.2019.pg no 1112,1229
- 4. Suraj gupte. *Short textbook of paediatrics*. 11<sup>th</sup> edition. Jaypee publications. 2009. pg 52
- 5. Piyush gupta.Menon Ramji.Lodha Rakesh.*Textbook of paediatrics*.CBS publishers.vol 1.3<sup>rd</sup> edition.2022.pg 930
- 6. Vinod k paul.Arvind bagga.*Ghai Essential paediatrics*. 8<sup>th</sup> edition.CBS Publishers.pg no
- 7. Farokh j master. *Clinical observation of children remedies*. Jain publishers. 2012.pg no 4
- 8. NIH Publication No. 23-MH-8081. Revised 2023. Available fromhttps://www.nimh.nih.gov/health/publications/bipolar-disorder-in-children-andteens#:~:text=Children%20and%20teens%20having%20a,a%20lot%20of%20diffe rent%20things
- 9. SK Banerjea. *Miasmatic prescribing*. 2<sup>nd</sup> edition. Jain publishers. 2019.pg 159
- 10. Synthesis app