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 15 Issue 02 | February 2026

BEHAVIOURAL DISORDER ITS IMPACT ON SOCIETY AND NEED OF CONSTITUTIONAL HOMOEOPATHIC TREATMENT OF SUCH PATIENTS

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Abstract

Behavioural disorders refer to a category of mental disorders that are characterized by persistent or repetitive behaviours that are uncommon among children of the same age, inappropriate, and disrupt others and activities around the child. Nearly everyone shows some of this behaviour at times, but behaviour disorders more serious. If left untreated in childhood, these disorders can negatively affect a person's ability to hold a job and maintain relationship. This article explores the impact of behavioural disorder in children and adolescents, with a focus on the potential benefits of homeopathic treatment. This study's objective is to bridge the gap between traditional psychological methods and homeopathic practices by proposing an integrated treatment model aimed at improving mental health outcomes in young populations.

Keywords:

Behavioural disorders, Disruptive behaviour disorder, Conduct disorder, Challenging behaviour, Homoeopathic treatment.

INTRODUCTION

Mental health problems in children and adolescents include several types of emotional and behavioural disorders, including disruptive, depression, anxiety and pervasive developmental (autism) disorders, characterized as either internalizing or externalizing problems. A behavioural disorder is a consistent pattern of actions or responses that disrupt a person's ability to function in daily life. These patterns affect emotional regulation, impulse control, attention, and interpersonal relationships. They do not resolve with time or maturity alone. Instead, they tend to repeat, increase in intensity, and create ongoing challenges across home, school, work, and social settings. [1] The classical approach to homeopathy, as established by Master Hahnemann, emphasizes understanding the complete gestalt of disease. This holistic perspective considers constitutional factors, disease states, and causation, highlighting the significance of mental and emotional symptoms alongside physical ones. In contrast, modern non-classical homeopathic approaches incorporate diverse perspectives such as psychoanalysis, delusions, and dream interpretation. These methods prioritize mental symptoms and special sensations in remedy selection, underscoring the intricate mind-body connection.[2]

PREVALENCE OF BEHAVIOURAL DISORDER

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 [3].

NEUROBIOLOGY OF BEHAVIOURAL DISORDERS

1)Structural Abnormalities: a) Reduced grey matter volume (GMV) in Amygdala, Frontal cortex, Temporal lobes, Anterior insula, Superior temporal sulcus (particularly in girls) **b)** Decreased overall mean cortical thickness, thinning of cingulate and prefrontal cortices **c)** Decreased grey matter density in different brain regions

2) Functional Changes: a) Reduced activation in temporal cortex in violent offenders and antisocial individuals **b)** Peculiar changes in hypothalamus**,** Inferior and superior parietal

lobes**,** Right amygdala**,** Anterior insula **c)** Reduced basal HPA axis activity (related to childhood DBDs and exposure to abuse/neglect)

3) Aetiological Factors: High prenatal testosterone exposure (possibly contributing to higher prevalence in males)**,** Susceptibility to toxic perinatal environments (e.g., maternal nicotine and alcohol exposure) [4]

CLINICAL PRESENTATIONS OF BEHAVIOURAL DISORDERS

The DSM-5 offers the commonest universally accepted standard criteria for the classification of mental and behaviour disorders. The following categories include the most prevalent behavioural disorder that affect children and adolescents: [5]

❖ **Challenging behaviours**

It is defined as: "Culturally abnormal behaviour (s) of such an intensity, frequency or duration that the physical safety of the individual or others is likely to be placed in serious jeopardy or behaviour which is likely to seriously limit or deny access to and utilization of ordinary community facilities". Self-harm, verbal or physical aggressiveness, disobedience, disturbing the surroundings, improper vocalizations, and different stereotypies are a few examples. These behaviours can hinder learning, limit access to regular activities and social opportunities, and necessitate significant financial and human resources to adequately manage. Many instances of challenging behaviour can be interpreted as ineffective coping strategies for a young person, with or without learning disability (LD) or impaired social and communication skills, trying to control what is going on around them. Young people with a variety of disabilities, including LD, Autism, and other acquired neuro-behavioural disorders such as brain damage and post-infectious phenomena, may also use challenging behaviour for specific purposes, for example, for sensory stimulation, gaining attention of carers, avoiding demands or to expressing their limited communication skills. The rates of challenging behaviour in teenagers and people in their early 20s is 30%-40% in hospital settings, compared to 5% to 15% among children attending schools for those with severe LD. Aggression is a common, yet complex, challenging behaviour, and a frequent indication for referral to child and adolescent Psychiatrists. Over 58% of preschoolers exhibit some form of aggressive behavior, indicating that it typically starts in childhood. [5]

❖ **Disruptive behaviour problems**

Disruptive behaviour problems (DBP) include attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD) and conduct disorder (CD).

1)Attention-deficit/hyperactivity disorder

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder affecting around 5% of children, with symptoms often continuing into adulthood. The three key symptoms of ADHD include **Hyperactivity-impulsive, Inattentive and Combined type** which are developmentally atypical and functionally impairing across at least two settings such as home life and school/work.[6][7]

Table 1: Subtypes of attention deficit hyperactivity disorder (based on DSM-5)

Subtypes	**Predominantly inattentive (ADD)**	**Predominantly hyperactivity/ impulsivity**	**Combined ADHD**
Criteria	6 of 9 inattentive symptoms	6 of 9 hyperactivity/ impulsivity symptoms	Both criteria for (1) and (2)
Details	• Fails to pay close attention to details or makes careless mistakes • Has difficulty sustaining attention • Does not appear to listen • Struggles to follow through on instructions • Has difficulty with organization • Avoids or dislikes tasks requiring a lot of thinking • Loses things • Is easily distracted	• Squirms and fidgets • Can't stay seated • Runs/climbs excessively • Can't play/work quietly • "On the go"/"driven by a motor" • Blurts out answers • Is unable to wait for his turn • Intrudes/interrupts others • Talks excessively	
Other criteria: Onset before age of 12, lasting more than 6 month, symptoms pervasive in 2 or more settings, causing significant impairment of daily functioning o development			

2) Oppositional defiant disorder

ODD is considered to be the mildest and commonest of the DBPs, with prevalence estimates of 6%-9% for pre-schoolers and boys outnumbering girls by at least two to one.

DSM-5 has divided oppositional defiant disorder into three types. A child may meet diagnostic criteria for oppositional defiant disorder with a 6-month pattern of at least four symptoms from the three types below.

A. Angry/Irritable children: often lose their tempers, are easily annoyed, and feel irritable much of the time.

B. Argumentative/Defiant children display a pattern of arguing with authority figures, and adults such as parents, teachers, and relatives. Children with this type of oppositional defiant disorder actively refuse to comply with requests, deliberately break rules, and purposely annoy others. These children often do not take responsibility for their actions, and often blame others for their misbehaviour.

C. Children with the vindictive type of oppositional defiant disorder are spiteful and have shown vindictive or spiteful actions at least twice in 6 months to meet diagnostic criteria

3) Conduct disorder

Characterized by a pattern of behavior violating the rights of others or societal norms.

• Symptoms include aggression, property destruction, lying, stealing, and lack of remorse. Boys often engage in fighting and vandalism, while girls may lie and run away.

• Suicidal ideation is common, and treatment involves addressing comorbid disorders and psychotherapy. [8]

❖ **Emotional problems**

Emotional problems in later childhood include panic disorder, generalized anxiety disorder (GAD), separation anxiety, social phobia, specific phobias, OCD and depression.[4]

1) Anxiety disorders

Anxiety is regarded as a disorder when it is disproportionately excessive in severity in comparison to the gravity of the triggering circumstances, leading to abnormal disruption of daily routines. Physical signs of anxiety disorders include elevated heart rate, dyspnoea, perspiration, trembling, shaking, chest pain, discomfort in the abdomen, and nausea. Diagnosis relies on clinical assessment, considering symptoms and their impact on daily life. Treatment typically involves a combination of behavioral therapy and medications, such as selective serotonin reuptake inhibitors (SSRIs).

Typical Anxiety disorder that may occur in this population include:

a) General Anxiety Disorder: Occasional anxiety is a normal part of life. Many people worry about things such as health, money, school, work, or family. But people with generalized anxiety disorder (GAD) feel extremely worried or nervous more frequently or more intensely about these and other things—even when the worry is out of proportion with the situation. GAD develops gradually and usually starts in early adulthood, although it

can occur at any age. Women are more prone than males to suffer GAD, with some women experiencing it throughout pregnancy and the postpartum period.

A person must struggle to regulate their worry on most days for at least six months in order to be diagnosed with generalized anxiety disorder (GAD). Additionally, they must have at least three of these symptoms: weariness, difficulty concentrating, anger, tense muscles, difficulty sleeping, or feeling restless or "on edge."

b) Agoraphobia: Fear of being trapped in situations or places without easy escape. Diagnosis involves psychiatric assessment based on DSM-5 criteria, with differentiation from specific phobias and social anxiety disorder.
c) Panic disorder: It is characterized by panic attacks untriggered by external stimuli. Clinical diagnosis guides treatment, which may include benzodiazepines or SSRIs.
d) Separation anxiety disorder: It is characterized by fear related to actual or anticipated separation from a caregiver.
e) Social anxiety disorder (also called social phobia), is characterized by Persistent fear of embarrassment or humiliation in social settings, leading to avoidance behaviors.
f) Illness Anxiety Disorder: The DSM-IV Hypochondriasis diagnosis was replaced by Illness Anxiety Disorder (IAD) in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders [DSM-5; 1]. IAD is characterised by an intense fear of having or acquiring a serious medical disease or illness, such as cancer, heart disease or other significant conditions. Two subtypes of IAD are proposed by the DSM-5: the **"care-seeking"** subtype for those who frequently seek medical attention and the **"care-avoidant"** subtype for people who avoid medical attention.[9][10]

Health anxiety causes significant impact and impairment to individuals and society. For example, health anxious individuals report worse self-rated health, more interference with daily activities such as household duties, self-care and mobility, more personal distress, and are at increased risk of early mortality. Health anxiety impacts at a societal level; individuals with health anxiety report more absenteeism from work than the general population and higher health care utilisation even compared to individuals with well-defined medical conditions [11].

2) Obsessive-Compulsive Disorder (OCD)

People with obsessive-compulsive disorder (OCD) experience recurrent, unwanted, and unpleasant thoughts, ideas, desires, or pictures. People with OCD feel compelled to do

something repeatedly in order to get rid of the thoughts (i.e., perform a compulsion, also termed a ritual). Obsessions and compulsions, such cleaning and hand washing, checking on items, and mental actions like counting, are troublesome. They require a lot of time—more than an hour a day, for instance—cause a great deal of emotional anguish, or seriously disrupt daily activities like social interactions.

OCD currently affects 1-2% of people in the United States, and, among adults, slightly more women than men are affected. OCD often begins in childhood, adolescence, or early adulthood.

These conditions include trichotillomania (pulling hair), hoarding disorder, and body dysmorphic disorder, as well as skin-picking (excoriation) condition. Every illness has unique clinical characteristics, diagnostic standards, and therapeutic modalities:

A) Hoarding Disorder: Individuals with hoarding disorder have persistent difficulty discarding possessions, resulting in clutter that significantly impairs living spaces. Hoarding may lead to distress and social or occupational impairment.
B) Trichotillomania: The hallmark of trichotillomania is frequent hair pulling, which results in hair loss. Patients may engage in specific rituals while pulling hair, and the behavior often causes distress and embarrassment.
C) Body Dysmorphic Disorder (BDD): People who suffer from body dysmorphic disorder (BDD) are obsessed with their perceived physical imperfections which may not be apparent to others. It also involves repetitive behaviors, also known as compulsions or rituals. Examples of these actions include checking one's appearance in the mirror or seeking reassurance about one's appearance, as well as repeating thoughts like comparing one's appearance to others. It causes significant distress or problems in daily activities such as anxiety, social anxiety, social avoidance, depressed mood, low self-esteem, and suicidal thinking and behavior.
D) Skin-Picking (Excoriation) Disorder: Patients with excoriation disorder repeatedly pick their skin, resulting in lesions. This behavior may be triggered by specific stimuli, and patients often experience distress or impairment in functioning. Treatment options include awareness training, stimulus control, and competing response training. [12]

3) Depression

Symptoms of depression are diverse and protean, often mimicking other physical and neurodevelopmental problems, including low mood, frequent sadness, tearfulness,

crying, decreased interest or pleasure in almost all activities; or inability to enjoy previously favourite activities, hopelessness, persistent boredom; low energy, social isolation, poor communication, low self-esteem and guilt, feelings of worthlessness, extreme sensitivity to rejection or failure, increased irritability, agitation, anger, or hostility, difficulty with relationships, frequent complaints of physical illnesses such as headaches and stomach aches, frequent absences from school or poor performance in school, poor concentration, a major change in eating and/or sleeping patterns, weight loss or gain when not dieting, talk of or efforts to run away from home, thoughts or expressions of suicide or self-destructive behaviour [13].

- **Autistic spectrum and pervasive Developmental Disorders (PDD)**

In the past, terms like Aspergers syndrome pervasive developmental disorder, and childhood disintegrative disorder were used to describe what are now considered forms of ASD. These distinctions were merged into a single diagnosis in the (DSM-5-TR).

Characterized by impaired social interaction, communication difficulties, and repetitive behaviors. Often involves intellectual disability and uneven intellectual development. Causes are largely unknown but may include genetic factors and medical conditions. Diagnosed through developmental history and observation; treated with behavioral management and sometimes medication.

- **Eating Disorders:** Involve patterns of disordered eating tied to emotional regulation, body image, and control. These disorders often co-occur with anxiety, depression, or trauma. Common types include anorexia nervosa, bulimia nervosa, and binge-eating disorder. [14]

ASSESSMENT AND DIAGNOSIS OF BEHAVIOURAL DISORDERS

There is no single gold-standard diagnostic tool available for the diagnosis of EBDs, which largely depends on the clinical skills of an integrated collaboration of multi-professional experts. The diagnosis is based on the interpretation of subjective multi-source feedback obtained through various psychometric questionnaires or screening tools from parents or caregivers, teachers, peers, professionals, or other observers [15]

MANAGEMENT OF BEHAVIOURAL AND EMOTIONAL DISORDERS

Cognitive behavioural therapy (CBT) is one of the most widely used non-pharmacologic treatments for individuals with emotional disorders, especially depression, and with individuals with behavioural problems including ASD. CBT integrates a combination of both cognitive and behavioural learning principles to encourage desirable behaviour patterns. The medications used most frequently include antipsychotics (*e.g*., Risperidone) and Selective Serotonin Reuptake Inhibitors (SSRI) to treat mood and repetitive behaviour problems, and stimulants and other medications used to treat ADHD-related symptoms. The evidence base is good for using atypical antipsychotics to treat challenging and repetitive behaviours, but they also have significant side effects [5].

IMPACT ON FAMILY AND SOCIETY

Behavioral disorders have an impact on more than just the individual. Caregivers and family members frequently bear a heavy emotional and practical load. Stress, tiredness, and a sense of powerlessness might result from helping someone deal with frequent crises, emotional instability, or ongoing conflict.

An umbrella review was conducted to establish the relationships between ADHD and a range of potentially adverse outcomes in the domains of physical and mental health, and social and lifestyle functioning. ADHD issues have on families and siblings, such as the amount of time spent with parents, family activities, the frequency of arguments between parents and siblings, and overall family dynamics. Parents report decreased quality of life, poorer mental health, and fewer hours and quality of sleep. Addiction, other mental health disorders, sleep disorders, overweight/obesity, accidents/injuries, criminality and offending, lower educational attainment/occupational functioning, lower quality of life, relationship problems, and risky behaviors like driving accidents/convictions and unplanned pregnancy were found to be the outcomes most frequently and consistently associated with ADHD. Uncertainty affects a lot of caregivers. In addition to juggling their own obligations, they could feel under pressure to protect their loved one, control conduct, and advocate. This stress can occasionally affect social relationships, affect family dynamics, or lead to conflict amongst siblings or partners [16][17][18].

HOMOEOPATHIC APPROACH FOR SUCH PATIENTS:

Homeopathic philosophy considers every person as a unique individual, who is evolved very different from all other individuals' right from its conception. Every individual has a mental,

physical and emotional plane of development through which they ultimately evolve to be a characteristic person, which is the basis of their Constitution. During their developmental period any ambiguity at any of the three planes namely mental, physical or emotional can lead to a disharmony in their being, which manifests itself as a disease or a disorder.

Hahnemann's concept of psychological disorder as per Organon of Medicine (Aphorism 210-230; Mental Disease): [19]

Dr. Hahnemann has given a ton of consideration towards the comprehension of psychological maladjustment. Dr. Hahnemann's idea according to organon Unlike conventional medicine, Master's Homeopathy seeks to treat each Behavior Disorder patient as an Individual. The remedy must reflect everything about the patient disposition particularly noted along with Symptom Totality (§ 210).

Sec215, practically all the supposed mental and close to home sicknesses are just mortal illnesses in which the side effect of insanity of the psyche and attitude exceptional to every one of them is expanded, while the bodily side effects decline. A detailed case history (§ 218) is very important to find out the root cause of disorder.

As per aphorism 226- Hahnemann state that mental disease which are psoric in origin treated by psychical remedies, such as a display of confidence, friendly exhortations, sensible advice, and often by a well-disguised deception, be rapidly changed into a healthy state of the mind (and with appropriate diet and regimen, seemingly into a healthy state of the body also.)

As per aphorism 228- In mental and emotional diseases resulting from corporeal maladies, which can only be cured by homoeopathic antipsoric medicine conjoined with carefully regulated mode of life, an appropriate psychical behavior towards the patient on the part of those about him and of the physician must be scrupulously observed, by way of an auxiliary mental regimen.

Miasmatic approach [20][21]

According to Hahnemann the disease is a state of disturbance of the vital force which maintains harmony and health. The disturbance is caused by something called miasm, which are also harmful inherent dynamic forces on the same ethered plane as the life force itself. Dr. Samuel Hahnemann, father of homoeopathy hypothesis on miasm namely psora, syphilis

and Sycosis. These three miasms are responsible for the spreading of disease which are chronic in nature.

Psora - Hahnemann recognized psora as the basic miasm has recommended antipsoric remedies for a cure. Mental activity, active, quick. Vanishing of thought while reading or writing, can't control thoughts. Absent minded, psora is full of fear.

Sycosis – Sycosis is the most mischievious of all the miasms. A hyperactive, hurried psychism will tend towards a changing and unstable psychism which will make evident from hypertrophy of the ego in the sycotic individual. Peculiar tendency for making a secret of everything. Tendency to harm others and to harm animals. Selfish, hurried; anxious; irritable.

Syphilitic - The degenerative deprivation that the spirit with its tendency towards destruction and death will constitute the syphilitic position. Mentally dull, heavy, stupid and especially stubborn, sullen, morose, and usually suspicious. Idiocy, imbecility. Always dissatisfied and discontented and depressed, broods over past disagreeable events and does not forgive or forget any insult or disappointment, conceals feelings and is reserved, non-communicative, secretive and very obstinate.

Homoeopathic repertory [22][23][24][25]

Table 2: Rubrics for behavioural disorders in different repertories from chapter mind

ADHD **Kent repertory** Mind-activity, Absent-minded, Anger, violent: **Complete repertory** Absentminded Abstraction of Mind, Restlessness **Boricke Repertory** Mood and disposition- impatient, impulsive	**ODD** **Complete repertory** Anger Defiant Dictatorial Haughty Quarrelsome Rage **Boricke Repertory** Mood, disposition– stubborn, obstinate, self- willed	**Conduct Disorder**: **Complete repertory** Abuse Abusive Attack others desire to Censorious Contemptuous Contradict Cruelty Deceitful Disobedient Haughty Impulses, morbid Kleptomania Liar Malicious Mischievous Violence, children in **Boricke repertory** Mania, monomania, kleptomania Mood and	**Anxiety disorders** **Kent repertory** Mind; Fear; Agoraphobia: Mind; Panic attacks; agoraphobia, with: Mind; Claustrophobia: Mind; Anxiety; general; ailments, with: Mind; Restlessness; anxious, with:

restlessness, mentally, physically. Propensity -to be aimlessly busy **Murphy Repertory** Absentminded Attention deficit disorder. Busy-fruitlessly Hyperactive Overactive Restlessness-children in **BBCR** Absentminded Active fruitlessly Restlessness **OCD** **Kent repertory** Mind; washing always her hand	**Murphy Repertory** Anger, children in Anger, trifles at Contradict to others Defiant. Dictatorial Domination – children in Haughty Obstinate **BBCR** Fretful Obstinate Headstrong Defiant Stubborn Peevish **Kent** Defiant Synoptic key Stubborn, obstinate	disposition, Propensity, to be abusive, curse **Murphy Repertory** Abusive, Antisocial Attack others desire to Brutality. Cruelty, Cursing, Destructive behaviour, attempts to Fire, wants to set things on Harshness Haughty Impulsive, Lies, Malicious Mischievous, Violent behaviour **BBCR** Abusive, Destructive Disobedience Homicidal Impulses, Malicious, raging Rude.Violence **KENT** Abusive, Anger, Censorious Destructiveness Disobedience Desire to leave home Insolent. Malicious	Mind; Worrying; health, about: Mind; Anticipation; ailments, of: e. Mind; Fear; public places, of: f. Mind; Fear; performing, of: **Boricke repertory** Mind; Space. Mind; Nervous, excited, worried Mind; Restless **Murphy Repertory** Mind: anxiety

Homoeopathic Therapeutics with Indication [26][27]

Aconite - Acute, Violent, Nervous and Emotional tension. Fear Frantic, Screaming, Sudden onset of anxiety, restlessness, and fear of death.

Belladonna - Indifference, apathy; nothing impresses him; impossibility to enjoy; silent and serious. Disposition of taking offence while one is smiling. Fury and anger with fixed look, with great deceit. Likes to torture men and animals. Impulses to set fire, to theft.

Hyoscyamus- 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.

Stramonium - Tendency to run away. Fit of fury with development of great force, so much so that one cannot hold him. Wants to kill people or himself. Arrogance and pride with fear.

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

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. 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.

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.

Mercury – Instability, Insufficiency in action, Impulsivity, Hurried in speech. Nervous with tremor, Violent, Hurried impulses. Restless, Indifference to everything. Slow in answering questions. Memory week. Precocious. Filthy in mind and body. Mischievous.

Chamomilla- Speaks and replies only when he is forced, obstinate to speak a word. Bad moods with complaints of insomnia. Believes to be offended. Tendency to become angry and

dispute. Very much choleric and quarrelsome humour. Excessive irritation, extremely sensitive to external impressions. Irritable persons, bad humour, disposed to become very angry, quarrel, wicked children, sensitive to pain. Quarrelsome and angry; tendency to weep and become angry.

CONCLUSION

Present article explores the relationship between Behavioural disorders in children and adolescents, highlighting the potential of homeopathic treatments in managing these conditions. The holistic and customized approach of homeopathy offers a distinctive viewpoint on treating mental health problems, highlighting the connection between the mind and body. Homeopathy aims to restore general balance and health by taking into account the patient's whole symptom profile, whereas conventional medicine frequently addresses isolated symptoms. In order to confirm the effectiveness of homeopathic remedies and clarify their mechanisms of action, future research should concentrate on conducting thorough clinical studies.

Acknowledgments:

We sincerely thank The Calcutta Homoeopathic Medical College and Hospital, our prestigious institution, for giving us the chance to learn more. We would especially want to thank the teachers and staff for their constant support and direction during this research.

Source of Funding: None

Conflict of Interest: The authors declare no conflict of interest.

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