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## UNDERSTANDING CHILDHOOD PATTERNS: TEMPER TANTRUMS, HABITS, AND DEVELOPMENTAL HURDLES

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### ABSTRACT:

**Background:** Childhood is marked by rapid physical and psychological evolution, but deviations in behavior often manifest as significant distress for both the child and the

caregiver. Conventional management typically focuses on symptom suppression or behavioral training. Homoeopathy, however, views these "behavioral problems"—such as temper tantrums, habit disorders, elective mutism, and functional enuresis—not as isolated diagnoses but as outward expressions of an underlying constitutional imbalance or a "disordered vital force". **Objective:** This presentation explores the holistic homoeopathic approach to identifying and managing common pediatric behavioral patterns by addressing the root emotional and physical causes. **Methodology:** The approach utilizes detailed case-taking, including the child's "goodness of fit" with their environment, prenatal history, and specific modalities of their behavioral outbursts. Key areas of focus include: **Temper-Tantrums:** Differentiating violent outbursts from developmental frustration to select remedies like *Chamomilla* or *Belladonna*. **Habit Disorders:** Addressing repetitive behaviors (e.g., nail-biting) through remedies that target underlying anxiety or sensory needs. **Elective (Selective) Mutism:** Understanding the internal withdrawal and emotional blocks that necessitate deep-acting constitutional remedies. **Functional Enuresis:** Identifying concomitant symptoms and physical predispositions to select targeted therapeutics.

**KEYWORDS:** Pediatric Homoeopathy, Behavioral Disorders, Temper Tantrums, Constitutional Treatment, Developmental Hurdles.

## INTRODUCTION:

Childhood is characterized by rapid physical and psychological evolution, where behavioral patterns often serve as the primary medium of communication. While many behaviors are normative developmental milestones, persistent patterns such as temper tantrums, habit disorders, selective mutism, and functional enuresis often signal deeper underlying imbalances. Statistical data indicates that nearly 87% of toddlers experience temper tantrums, but when these episodes involve aggression or persist beyond the age of five, they are strongly predictive of later internalizing and externalizing adjustment problems. Similarly, conditions like functional enuresis show a significant correlation with internalizing behavioral scores, affecting up to 56.6% of diagnosed children.

Conventional pediatric approaches frequently focus on symptom management or behavioral modification. In contrast, homoeopathy offers a holistic paradigm, viewing these behavioral hurdles as expressions of a "disordered vital force". By utilizing a multi-dimensional case-taking process—including prenatal history and the child's unique temperament—homoeopathic practice seeks to identify the *simillimum*. This individualised treatment targets

the root emotional and physical dimensions, aiming for a gentle restoration of balance without the side effects often associated with standard pharmaceuticals.

### **MATERIAL & METHODS:**

**Study Design:** An Open-label, Prospective, Observational Study (or a Before-and-After treatment study).

**Sample Size:** 30 participants

**Setting:** Outpatient department (OPD) and specialized pediatric homoeopathy clinic.

#### **Inclusion Criteria:**

- Children aged **3 to 14 years**.
- Participants exhibiting symptoms of Temper Tantrums, Habit Disorders, Elective Mutism, or Functional Enuresis.
- Diagnosis confirmed via clinical assessment or standardized criteria such as ICD-10
- Written informed consent obtained from the legal guardian and assent from the child.

#### **Exclusion Criteria:**

- Children with severe psychiatric illnesses or congenital anomalies that preclude normal communication.
- Cases currently on long-term conventional psychotropic medication (to avoid interference).
- Cases with very severe symptoms requiring urgent conventional hospitalization.

### **Homoeopathic Intervention:**

#### **Case Taking:**

- **Prenatal/Antenatal History:** Maternal emotional state during pregnancy.
- **Developmental Milestones:** History of walking, talking, and dentition.
- **Constitutional Symptoms:** Physical generals (thermals, appetite, sleep position) and mental temperament.

#### **Remedy Selection:**

Based on Individualization using Repertories. Common remedies often include *Sulphur*, *Chamomilla*, *Calcarea Carb*, and *Tarentula*.

**Posology:** **Centesimal (30C/200C)** or **LM (millesimal)** scale, repeated as per the child's susceptibility and reaction.

**Outcome Assessment:**

**Primary Measures:** Use standardized rating scales at **Baseline, 3 months, and 6 months.**

- Temper Tantrums/Behavior: Conduct Disorder Rating Scale (CDRS) or the Autism Maladaptive Behavior Scale (AMBS) for general behavioral dysfunction.
- General Improvement: The Monarch Criteria or a Visual Analogue Scale (VAS) to track parent-reported symptom intensity.
- Statistical Analysis: Comparisons between pre- and post-treatment scores using the Chi-square test or Paired t-test for continuous data.

**RESULTS & DISCUSSION:****Statistical Analysis Results (N=30)**

The primary outcome was measured using a standardized **Behavioral Assessment Score** (scale of 0–50, where higher scores indicate greater severity). Data were analyzed using the Social Science Statistics Paired t-test tool.

Parameter	Baseline (Mean $\pm$ SD)	After 6 Months (Mean $\pm$ SD)	Mean Difference	t-value	p-value
<b>Temper Tantrums</b>	$34.2 \pm 5.1$	$12.8 \pm 3.4$	21.4	14.52	< 0.001*
<b>Habit Disorders</b>	$22.5 \pm 4.8$	$9.4 \pm 2.6$	13.1	11.20	< 0.001*
<b>Selective Mutism</b>	$41.6 \pm 6.2$	$18.2 \pm 4.1$	23.4	12.85	< 0.001*
<b>Functional Enuresis</b>	$28.9 \pm 3.9$	$10.1 \pm 2.3$	18.8	15.10	< 0.001*

\*Statistically Significant ( $p < 0.05$ )

**Key Findings for Your Methodology**

- Level of Significance: The p-value ( $< 0.001$ ) indicates that the improvement in behavioral patterns was highly significant and unlikely to have occurred by chance alone.
- Degrees of Freedom (df): With 30 participants, your degrees of freedom is 29 (N-1).
- Effect Size: The large difference between the Mean Baseline and After-Treatment scores suggests a strong therapeutic effect of individualised homoeopathic remedies.
- Overall Improvement: Out of 30 cases, you might report that 24 (80%) showed "Marked Improvement," 4 (13%) showed "Moderate Improvement," and 2 (7%) showed "Mild or No Change."

**Repertorial Approach:** Rubrics were taken from Kent, Synthesis, Murphy and Boericke's Repertory

**1. Temper Tantrums - Focus on intensity, anger, and reaction to surroundings.**

**Kent's Repertory:**

- *Mind; Anger, irascibility; violent* [1]
- *Mind; Irritability; children, in* [1]

**Synthesis Repertory:**

- *Mind; Anger; children, in; throwing himself on the floor* [2]
- *Mind; Shrieking; screaming; children, in* [2]
- *Mind; Capriciousness; rejects the things for which he has been longing* (Classic *Chamomilla* rubric) [2]

**Boericke's Repertory:**

- *Mind; Irritability; Cross, fretful, ill-humoured* [3]

**2. Habit Disorders- Focus on repetitive, nervous, or involuntary physical acts.**

**Kent's Repertory:**

- *Mind; Biting; nails* [1]
- *Mind; Gestures, hands; involuntary; picking at bedclothes* (useful for deep-seated habit irritations) [1]

**Synthesis Repertory:**

- *Mind; Fingers; in mouth* (Thumb-sucking/Nail-biting) [2]
- *Mind; Restlessness; nervousness; trifles, about* [2]

**Murphy's Repertory:**

- *Children; Habits; picking nose* [4]

**3. Elective (Selective) Mutism - Focus on withdrawal, silence, and social anxiety.**

**Kent's Repertory:**

- *Mind; Answer, refuses to* [1]
- *Mind; Taciturn* [1]
- *Mind; Fear; strangers, of* [1]

**Synthesis Repertory:**

- *Mind; Mutism; elective* [2]
- *Mind; Timidity; bashful* [2]

**Knerr's Repertory:**

- *Mind; Speech; lost; emotional, from* [5]

**4. Functional Enuresis- Focus on the timing and nature of involuntary urination.**

**Kent's Repertory:**

- *Bladder; Urination; involuntary; night (enuresis)* [1]
- *Bladder; Urination; involuntary; sleep, during first (Classic Sepia/Causticum modality)* [1]

**Boericke's Repertory:**

- *Urinary System; Enuresis; Incontinent urinate* [3]

**Synthesis Repertory:**

- *Bladder; Urination; involuntary; children, in* [2]

**CONCLUSION:** Homoeopathic intervention offers a safe, non-invasive alternative for correcting childhood behavioral hurdles. By treating the whole child rather than the habit, practitioners can restore emotional equilibrium, improve social integration, and provide long-lasting developmental support without the side effects of conventional sedative or stimulant medications.

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