

International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493 P-ISSN: 2616-4485 Impact Factor (RJIF): 5.96 www.homoeopathicjournal.com IJHS 2025: 9(3): 1287-1292

IJHS 2025; 9(3): 1287-1292 Received: 25-07-2025 Accepted: 29-08-2025

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Effectiveness of homoeopathic treatment in infantile tremor syndrome: A case report

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DOI: https://www.doi.org/10.33545/26164485.2025.v9.i3.T.1822

Abstract

Infantile tremor syndrome: Infantile syndrome refers to a broad group of disorders that manifest during infancy, typically characterized by developmental delays, neurological impairments, and systemic complications. These syndromes can be caused by genetic mutations, metabolic disorders, prenatal infections, or environmental factors. Common examples include Down syndrome, Rett syndrome, and West syndrome, each presenting with unique clinical features but often overlapping in developmental challenges. Early symptoms may include poor feeding, delayed motor milestones, hypotonia, seizures, and cognitive impairment. Diagnosis typically involves a combination of clinical assessment, genetic testing, neuroimaging, and metabolic screening. Early identification is crucial for optimizing outcomes, as timely interventions such as physiotherapy, occupational therapy, antiepileptic medications, and supportive care can significantly improve the quality of life. It is a case of 2 year old female child has been facing health issues for 10 months, starting after a vomiting illness. Since then, she developed body tremors (only when awake), lost developmental skills, and became unable to speak, sit, or hold her neck. She cries often without reason, crosses her hands and legs repeatedly, and passes stool 6-7 times a day. Her muscles are very weak and floppy. The condition suggests possible neurological damage or regression.

Keywords: Infantile tremor syndrome, homoeopathy, developmental regression

Introduction

Infantile tremor syndrome

Infantile tremor syndrome (ITS) is an uncommon yet important medical condition defined by a combination of four key features: Pallor, developmental delays or regressions, irregularities in skin pigmentation, and thin brown hair on the scalp, frequently associated with involuntary tremors. The exact cause of ITS remains uncertain, but a strong association with vitamin B12 deficiency has been observed in numerous studies Malnutrition, including deficiencies of zinc, magnesium, iron, calcium, and hypoalbuminemia, is common among affected infants, who often come from lower socioeconomic backgrounds with vegetarian mothers lacking animal food in their diets. ITS commonly affects infants between 6 and 24 months of age though infants younger or older than this (age range 40 days to 36 months) have been reported.

Clinical Presentation

The classical clinical presentation is that of a plump-looking infant between 6 and 18 months of age with, anaemia, irritability, lethargy, refusal of solid foods, and abnormal scalp hairs (thin, sparse, and lightly colored) with hyperpigmentation over knuckles, nail folds, elbow, and knee. Affected children usually have normal psychomotor development during the first 3-6 months of life and subsequently have neurodevelopmental stagnation or regression with abnormal involuntary movements in the form of coarse tremors, choreoathetosis, and myoclonus jerks. Involuntary movements, which are usually acute in onset and frequently follow an acute infection, are attributed to structural and functional alterations of the extrapyramidal system. The abnormal involuntary movements are more prominent in the distal extremities and head and disappear during sleep.

Infantile tremors are unique in that they are present only in awake state. Tremors are fast (7Hz) and coarse, and involve distal part of limb, especially head face and tongue.

Infants with ITS have difficulty in speech. They may also toss the head from side-to-side. Various etiological factors as infectious, metabolic, nutritional have been hypothesized but none is conclusive. Role of Vitamin B12 deficiency in children with ITS but is still debatable. Empirical management of ITS children has been tried in the absence of exact etiology considering child as undernourished. Nutritional management includes supplementation of Iron, Calcium, Magnesium, Vitamin B12 and other multivitamins.

Tremors can be managed with administration of propranolol most commonly or phenobarbitone, phenytoin, and carbamazepine.

Aetiology

Socioeconomic status

Most of the infants with ITS come from poor families. Maternal diet and nutritional status: Mothers of the infants with ITS are mostly vegetarian and their diet devoid of animal foods including milk, resulting to a large extent from poverty and ignorance. Maternal health in many studies has been stated to be poor with multiple nutritional deficiencies

Infant feeding

Almost all the cases of ITS occur in exclusively breast-fed infants Commonly weaning has never been initiated because of lack of appropriate guidance. Equally common is weaning failure due to anorexia, refusal to solid foods, and spitting Even when weaning has been started, foods of animal origin including top milk are missing from the diet or given in insufficient quantity It has a significant impact on head growth and development of affected infants.

Case

Patient Details

• **Registration no:** 89971

Name: XYZSex: femaleAge: 2year/child

• Address: Vineet Khand, Lucknow

• Religion: Hinduism

Presenting Complaints

• Flaccidity of all muscles-lack of muscle tone

• Coarse tremor only during waking hours for 10 months

Unable to speak

• Unable to sit

• Neck holding-absent

• Weeping a lot without any reason

Always cross her hands and legs

• Stool-6-7 times per day.

History of presenting complaints

- History of vomiting-10 months back
- 4-5 vomit for 7 days
- Treatment taken-allopathic
- After that tremor started
- After that developmental regression began

Past History

- Delivery at term [NVD]
- Cried at birth

- Milestone-on time
- Learning to walk-around 11-12 month

Family history

Paternal side

- Father-died around 1 year back in road traffic accident
- Grandfather-NS
- Grandmother-died-cardiac arrest
- Maternal Side-Ns

Physical General

- Appetite-good, same as before
- Thirst-Moderate
- Desire-Salty food, Milk, Egg
- Aversion-Sweet
- Thermal reaction-chilly-tendency to catch cold every 10-15 days
- Decubius-Lying on abdomen
- Perspiration-more on back-very offensive like urine
- Stool-6-7 times per day, loose in consistency
- Urine-6-7 times per day
- Sleep-disturbed, weeping all night without any reason, tremors absent during sleep
- Salivation-profuse, dribbling of saliva.

Mental General

- Desire to be carried
- Weeping a lot
- Always wants to be around her mother
- Fear of being alone, of slight noise

Mental symptoms of mother

- Grief-present-death of her husband
- Anxious for her children's life suppressed emotions, not expressive towards her emotions

On General Examination

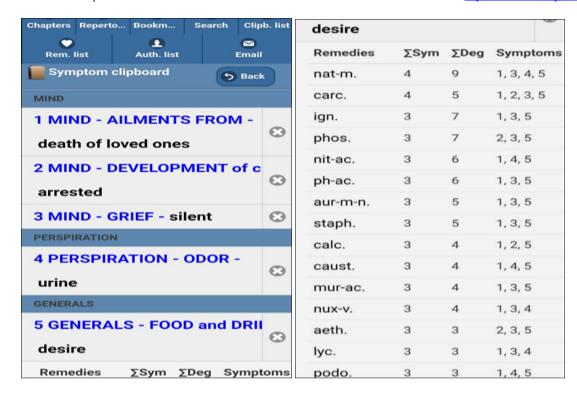
- Appearance-Lean thin, driblling of saliva
- Neck holding-absent
- Muscle tone on MRS scale-1, slight muscle contraction is seen with palpation, but is insufficient to produce joint motion even with elimination of gravity.
- Myoclonic jerks-present Tonic posturing
- Coarse tremor

Totality of symptoms

- Ailments from-death of loved ones
- Emotions-Supressed, unable to express
- Silent Grief, of death of loved ones
- Desire for salty food
- Tremor during waking hours
- Developmental regression
- Perspiration-offensive, like urine

Repertorial Totality

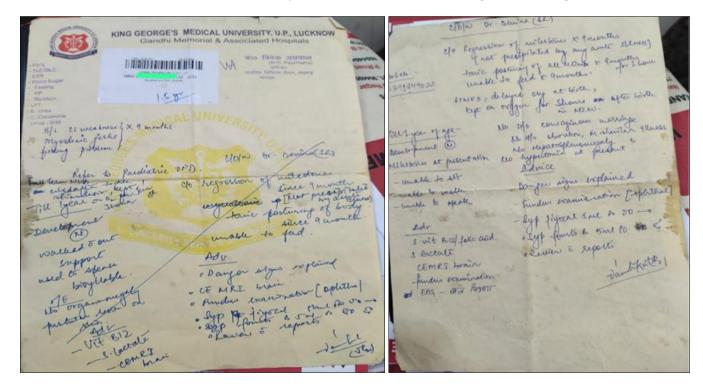
- Mind-Ailments from-death of loved ones
- Mind-Development of children-arrested
- Mind-Grief-Silent
- Perspiration-Odor-Urine like
- Generals-Food and drink –salt desire.

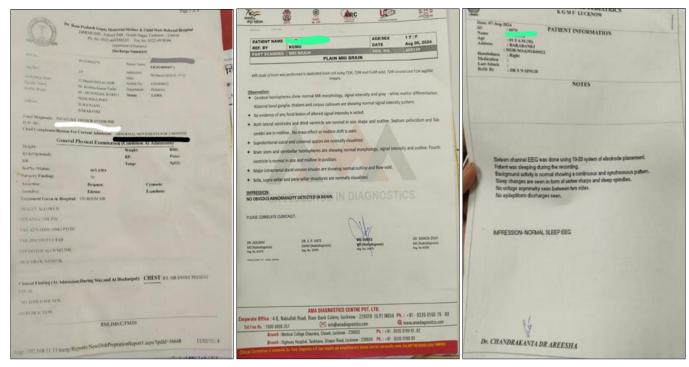


Reason for choice of remedy

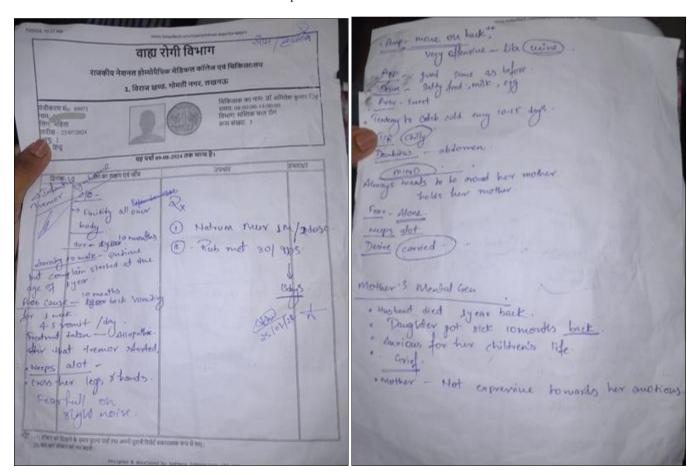
On the basis of totality of symptoms and repertotization, *Natrium muriaticum* 1M was selected as the final remedy. The *Predominant miasm* which is PSORO sycotic is

covered by *Natrium Muriaticum*. Child having tremor and developmental regression, desire for salty food, thermal reaction-chilly and mother have history of silent grief. Child was on breast feeding when her complaint started





First Prescription 25/7/2024-Nat Mur 1m-2 Dose



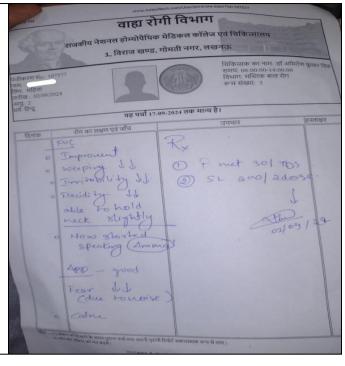
First Prescription-25/07/ 2024

Rx Natrium Muriaticum 1M/ 2 DOSE/ OD X 2 days SAC LAC 30 / TDS X 15 days. Patient's mother was advised to

give her daughter healthy and nutritious diet. Report after 15 days.

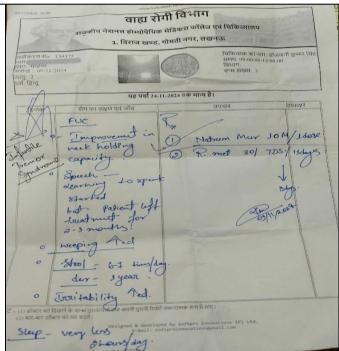
First Follow UP-02/09/2024

- Weeping during night-decreased
- Irritability-decreased
- Flaccidity of muscles-decreased
- Muscle tone and power-increased
- Neck holding-started
- Speech-she started calling 'Amma'
- Fear due to noise-decreased
- Now patient is calm
- Stool-6-7 times still there
- Tremor-decreased in intensity
- Rx-placebo 30



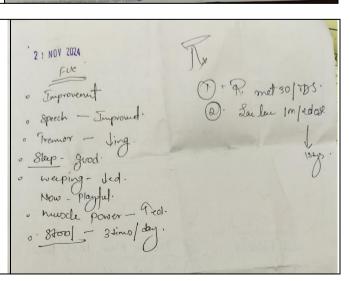
Second Follow UP 9/11/2024

- Patient left treatment for 2 months
- Neck holding capacity improved
- No support needed
- Speech-Improved
- Stool-6-7 times per day
- Irritability increased
- Sleep-only 1-2 hour
- Rx-Natrium muriaticum 10 M/ 1dose
- Rubrum 30/tds



Third Follow UP-21/11/2024

- Speech-improved
- Tremor-decreased, fine tremor with
- · decreased intensity
- Sleep-good, 6-7 hours / day
- Weeping-decreased
- Muscle power-increased-now able
- To hold things.
- Playful
- Eating with her own hands
- Stool-3 times/day
- Rx-placebo 30 x 15 days



Conclusion

In conclusion, Infantile Tremor Syndrome (ITS) can be effectively managed with homeopathy, offering a gentle and holistic approach. Individualized remedies support nutritional recovery, neurological stability, and overall development without adverse effects. Timely intervention with homeopathy, along with nutritional support, promotes lasting improvement in symptoms and quality of life. This integrative management highlights homeopathy's potential as a safe, complementary option in treating ITS in children, ensuring better long-term outcomes.

Acknowledgement

We sincerely thank Prof. Dr. Vijay Kumar Pushkar Principal, State National Homoeopathic Medical Collage & Hospital, Lucknow for their constant support and encouragement

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article

Chaurasia K, Yadav R, Pushkar VK, Sharma N, Priyanka. Effectiveness of homoeopathic treatment in infantile tremor syndrome: A case report. International Journal of Homoeopathic Sciences. 2025;9(3):1287-1292.

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