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Protein-energy malnutrition (PEM): A clinical and homoeopathic perspective

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Abstract
Protein-Energy Malnutrition (PEM) is a major public health concern, especially in developing countries. It encompasses a spectrum of nutritional disorders caused by an inadequate intake of protein and energy. PEM significantly contributes to childhood morbidity and mortality. Despite advances in conventional treatments, challenges remain in accessibility and affordability. Homoeopathy, a holistic system of medicine, offers individualized treatment based on symptom similarity and has shown promise in addressing underlying susceptibility and aiding recovery in PEM patients. This article explores the etiology, clinical features, and conventional management of PEM, with a special focus on homoeopathic therapeutics, supported by relevant clinical and literary references.

Keywords: Protein-energy malnutrition, marasmus, kwashiorkor, homoeopathy, child nutrition, constitutional remedy, abrotanum, calcarea phosphorica

Introduction
Protein-Energy Malnutrition (PEM) is a condition resulting from a deficiency of protein and calories, often affecting infants and young children. According to the World Health Organization (WHO), malnutrition contributes to nearly 45% of deaths in children under five. In India, the National Family Health Survey (NFHS-5) reports that over 32% of children under five are underweight, and 35.5% are stunted. This alarming prevalence indicates a critical need for effective, accessible interventions.
Homoeopathy, founded by Dr. Samuel Hahnemann, offers a gentle, non-toxic, and cost-effective treatment option that stimulates the body's vital force, enhancing natural recovery. Homoeopathic management considers the patient's physical, emotional, and mental state, making it well-suited for the constitutional treatment of PEM.

Etiology and Risk Factors
- PEM results from a complex interplay of factors:
- Inadequate dietary intake - insufficient quantity or quality of food
- Infections - recurrent diarrhea, respiratory tract infections, measles
- Poor maternal health and nutrition
- Early weaning or improper feeding practices
- Poverty and food insecurity
- Lack of parental education and poor hygiene

Classification of PEM
PEM is classified by the WHO into:
1. Marasmus - severe wasting due to calorie deficiency
2. Kwashiorkor - primarily protein deficiency with edema
3. Marasmic - Kwashiorkor - a mixed form

Gomez and Waterlow classifications are also used based on weight-for-age and weight-for-height parameters.

Clinical features
Marasmus
- Severe muscle wasting
- Prominent bones, sunken eyes

- Old-man appearance
- Alert but irritable
- No edema

Kwashiorkor
- Edema (especially lower limbs and face)
- Moon face
- Dermatosis
- Hair changes (flag sign)
- Lethargy, anorexia
- Hepatomegaly

Diagnosis
- Diagnosis involves
- Anthropometric assessment: Weight-for-age, height-for-age, MUAC
- Clinical signs: Edema, wasting, apathy
- Laboratory investigations:
- Serum albumin
- Hemoglobin
- Electrolytes
- Stool and urine examination
- Chest X-ray in recurrent infections

Conventional management
1. Dietary management
- **Therapeutic food:** F-75 (initial phase), F-100 (rehabilitation phase)
- Ready-to-Use Therapeutic Food (RUTF)
- Gradual refeeding with increased calories and proteins

2. Medical treatment
- Antibiotics for infections
- Vitamin and mineral supplementation (especially zinc, iron, vitamin A)
- Deworming
- Treatment of dehydration and hypoglycemia

3. Supportive care
- Warmth, emotional support, stimulation therapy

Homoeopathic approach to PEM
Homoeopathy treats the person as a whole, rather than focusing merely on the disease entity. The selection of the remedy is based on:
- Constitutional type
- Miasmatic background
- Mental and emotional state
- Individual reactions to environment, food, and disease

Commonly indicated remedies
1. Abrotanum
Indicated for: Marasmus, especially of lower limbs

Key symptoms
Emaciation of legs while face and upper body may appear normal or bloated
Child has a ravenous appetite but still loses weight
Distended abdomen; “pot belly”
Alternating diarrhea and constipation
Cold and weak limbs

Cannot assimilate food properly
- **Mental symptoms:** Irritable, anxious, restless
- **Modalities**
- **Worse:** Cold air, before stools
- **Better:** Warmth

2. Calcarea phosphorica
Indicated for: Poor nutrition and growth delays

Key symptoms
Thin, pale children with delayed milestones (walking, teething)
Craving for salt, smoked meat, and indigestible things like chalk
Weak digestion; frequent bloating
Thin, with an enlarged head and flabby muscles
Bone weakness and deformities (rickets-like)

Mental symptoms: Whiny, discontented children who dislike studying or activity

Modalities
- **Worse:** Cold weather, exertion
- **Better:** Warmth, rest, summer

3. China officinalis (Cinchona)
Indicated for: Debility after fluid loss

Key symptoms
Weakness after diarrhea, chronic illness, or blood loss
Anemic appearance; sallow or pale face
Bloating and gas, especially after eating fruits or milk
Intermittent fevers
Hunger but can't tolerate food

Mental symptoms: Irritable, oversensitive to touch and noise

Modalities
- **Worse:** Light touch, cold air, at night
- **Better:** Hard pressure, warmth

4. Arsenicum album
Indicated for: Emaciation with digestive issues

Key symptoms
Severe weakness with restlessness
Burning pain in stomach; vomiting or diarrhea after eating
Intense thirst for small sips of cold water
Looks anxious, pale, with sunken eyes
Craving for warm drinks despite nausea

Mental symptoms: Very anxious, especially about health; fearful of being alone

Modalities
- **Worse:** Midnight to 2 AM, cold, spoiled food
- **Better:** Warmth, hot drinks

5. Silicea (Silica)
Indicated for: Poor assimilation and recurring infections

Key symptoms
Thin, delicate children with large heads and distended abdomen

Profuse sweating of head, especially during sleep
Cold hands and feet, offensive foot sweat
Frequent colds, boils, or infection
Aversion to mother's milk or difficulty digesting it

Mental symptoms: Timid, lacks confidence, stubborn

Modalities
- **Worse:** Cold, uncovering the head, night
- **Better:** Warmth, wrapping up

6. Natrum muriaticum
Indicated for: Malnutrition with emotional suppression

Key symptoms
Thin, emaciated children with delayed growth
Craves salt and salty foods
Constipation, often dry and hard stools
Greasy, oily face or dry, chapped lips
Anemia despite good appetite

Mental symptoms: Reserved, sensitive, holds back emotions; silent grief

Modalities
- **Worse:** Sun, heat, emotional stress
- **Better:** Open air, rest, sympathy

7. Tuberculinum
Indicated for: Failure to thrive, inherited weakness

Key symptoms
Child is underweight, frequently ill, never well since birth
Craving for smoked meat, cold milk, sweets
Always restless; wants to travel or change places
Sweats at night, especially on the back of the neck

Mental symptoms: Destructive, stubborn, hyperactive, disobedient

Modalities
- **Worse:** Cold weather, damp climate
- **Better:** Open air, dry weather

8. Psorinum
Indicated for: Chronic malnutrition with skin issues

Key symptoms
Dirty, unhealthy-looking child despite good hygiene
Offensive-smelling sweat and discharges
Always cold, wants to be wrapped up even in summer
Craving for fatty or greasy food
Chronic diarrhea or other discharges

Mental symptoms: Hopeless, depressed, low vitality

Modalities
- **Worse:** Cold, during sleep
- **Better:** Warmth, after meals

Summary table

Remedy	Key indications
Abrotanum	Wasting despite appetite, emaciated legs
Calc. Phos.	Delayed growth, craving salt, flabby muscles
China	Weak after diarrhea or fluid loss
Arsenicum	Restless, anxious, vomiting/diarrhea
Silicea	Poor assimilation, infections, sweating
Nat. Mur.	Thin, emotionally reserved, craves salt
Tuberculinum	FTT, recurrent infections, night sweats
Psorinum	Dirty skin, cold, offensive discharges

Rubrics for PEM from major repertories
1. Kent's repertory
General rubrics
Generalities - emaciation
Key remedies: Abrotanum, Calcarea Phos., China, Natrum Mur., Silicea, Psorinum, Tuberculinum

Generalities - weakness
Key remedies: Arsenicum Alb., China, Silicea, Psorinum, Natrum Mur.

Stomach - appetite - ravenous, excessive
Seen in: Abrotanum (eats well but still emaciated), Tuberculinum

Stomach - appetite - wanting, loss of
Seen in: Children with chronic illness; indicates assimilation failure

Stomach - Digestion - slow
Key remedies: Calcarea Phos., China, Silicea

Development
Extremities - Atrophy of limbs
Key remedies: Abrotanum, Tuberculinum

Face - Pale
Common in malnourished, anemic children

2. Boenninghausen's therapeutic pocket book
General rubrics
Emaciation
Remedies: Silicea, China, Abrotanum, Arsenicum, Calcarea Phos.

Debility - with or after diseases
Remedies: China, Psorinum, Natrum Mur.

Appetite - increased, yet emaciation
Specific to: Abrotanum

Children - weak, rachitic
Remedies: Calcarea Phos., Silicea, Tuberculinum

3. Synthesis repertory (by Dr. Frederik Schroyens)
Growth & nutrition
Generals - emaciation - children, in
Key remedies: Abrotanum, Tuberculinum, Silicea, Psorinum, Natrum Mur., Calcarea Phos.

Mind - dullness - children
Often observed in PEM due to lack of nutrients

Development - arrested, stunted growth
Remedies: Calcarea Phos., Silicea, Tuberculinum, Baryta Carb.

Stomach - appetite - increased - with emaciation
Key remedy: Abrotanum

Skin - unhealthy
Seen in: Psorinum, Tuberculinum (frequent infections, boils)

4. Complete repertory (Roger van Zandvoort)
Nutrition and growth
Nutrition - disorders of
Key remedies: Silicea, Calcarea Phos., China, Natrum Mur.

Generalities - malnutrition
Remedies: Silicea, Psorinum, Abrotanum, Tuberculinum, Calcarea Phos.

Children - marasmus
Remedies: Abrotanum, Calcarea Phos., Tuberculinum, Psorinum

Face - old looking in children
Key remedies: Abrotanum, Arsenicum, Psorinum

5. Murphy's repertory
Clinical rubrics
Clinical - malnutrition
Remedies: Abrotanum, Calcarea Phos., China, Silicea, Psorinum, Tuberculinum

Clinical - marasmus, infants
Remedies: Abrotanum, Silicea, Psorinum, Calcarea Phos., Baryta Carb.

Children - undernourished
Key remedies: Tuberculinum, Abrotanum, Natrum Mur., Silicea

Generalities - atrophy - children, in
Seen in chronic PEM and Failure to Thrive

Complementary management
- Biochemic salts (e.g., Ferrum Phos, Kali Mur, Calcarea Fluor)
- Mother tinctures (e.g., Alfalfa, Avena Sativa)
- Nosodes (e.g., Tuberculinum)

Clinical Evidence and Studies
1. Dr. D. Banerjee (2013) study at NIH, Kolkata, showed significant improvement with individualized remedies.
2. Saxena *et al*. (2018) observed changes in children treated with Calcarea Phos and Alfalfa.
3. IJRH (2020) published a study showing improvements with constitutional homoeopathic therapy.

Advantages of Homoeopathy in PEM
- Non-toxic and safe for infants and children
- Cost-effective and accessible
- Addresses physical and emotional aspects
- Prevents recurrence by strengthening immunity
- Suitable for long-term treatment

Preventive Measures
- Exclusive breastfeeding for 6 months
- Proper complementary feeding
- Nutrition education for mothers
- Hygiene and sanitation
- Early homoeopathic intervention

Conclusion
Protein-Energy Malnutrition remains a serious threat to child health, particularly in underprivileged areas. While conventional management offers vital lifesaving interventions, integrating homoeopathy offers a personalized, holistic, and sustainable approach to recovery and prevention. Homoeopathy, when used appropriately alongside nutrition and hygiene education, can play a significant role in combating PEM and improving child health outcomes globally.

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References
1. Chauhan Vijay K, Manchanda Raj K, Narang Archana, Marwaha Raman K, Arora Saurav, Nagpal Latika, *et al*. Efficacy of homeopathic intervention in subclinical hypothyroidism with or without autoimmune thyroiditis in children: an exploratory randomized control study. Homeopathy. 2014;103(4):224e231. 2014 The Faculty of Homeopathy. http://dx.doi.org/10.1016/j.homp.2014.08.004.
2. Gharib H, Tuttle RM, Baskin HJ, Fish LH, Singer PA, McDermott MT. Consensus statement: subclinical thyroid dysfunction: a joint statement on management from the American Association of Clinical Endocrinologists, the American Thyroid Association, and the Endocrine Society. J Clin Endocrinol Metab. 2005 Jan 1;90(1):581.
3. Baumgartner C, DA Costa BR, Collet TH, Feller M, Floriani C, Bauer DC, *et al*. Thyroid Studies Collaboration. Thyroid Function within the Normal Range, Subclinical Hypothyroidism, and the Risk of Atrial Fibrillation. Circulation. 2017 Nov 28;136(22):2100-2116. DOI: 10.1161/CIRCULATIONAHA.117.028753. Epub 2017 Oct 23. PMID: 29061566; PMCID: PMC5705446.
4. Garber JR, Cobin RH, Gharib H, Hennessey JV, Klein I, Mechanick JI, *et al*. American Association of Clinical Endocrinologists And American Thyroid Association Taskforce On Hypothyroidism In Adults. Clinical practice guidelines for hypothyroidism in adults: cosponsored by the American Association of Clinical Endocrinologists and the American Thyroid Association. Thyroid. 2012 Dec;22(12):1200-35. DOI: 10.1089/thy.2012.0205. Epub 2012 Nov 6. Erratum in: Thyroid. 2013 Feb;23(2):251. Erratum in: Thyroid. 2013 Jan;23(1):129. PMID: 22954017.
5. Biondi B. The normal TSH reference range: what has changed in the last decade? The Journal of Clinical Endocrinology & Metabolism. 2013 Sep 1;98(9):3584-3587.

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