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## A comprehensive review on adolescent health and what homoeopathy can permute

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**Abstract**

Adolescence is regarded as a transition period from childhood to adulthood. Since 1/3 rd of the total Indian population is composed of adolescents, it becomes a prime concern to invest on their health for their holistic well being. Present scenario exhibit that this population is most affected by depression, substance abuse, malnutrition, obesity, among a multitude of other medical, social and psychiatric changes. To combat these challenges Homoeopathy can provide a positive role to promote adolescent health and well being by an integrated approach, supportive counseling, and individualized therapy, which would be comprehensible and convenient.

**Keywords:** Adolescence, cognition, psychosomatic, homoeopathy

**Introduction**

Adolescence came from the Latin word ‘Adolescere’ which means “to grow” [1]. According to WHO, Adolescents are people between the age group 10-19 years, which corresponds to pubertal inception [2]. This age range falls within WHO’s definition of Youth/Young which refers to individuals between the age 10-24 years.

Thus to end this long posed conundrum, a new extended & more inclusive definition of Adolescence include the Young Adults.

Thus according to Larry Steinberg’s definition –

“Adolescence is the stage of development that begins with Puberty & ends with Economic & Social Independence”; which includes age groups from 10-24 years [3]. 1.2 billion i.e. 16% of the World’s population are adolescents between the age 10-19 years [3]. About 22% i.e. 253.2 million people are Adolescents acc. to 2011 census in India [5].

**Why is it necessary to focus on adolescent health???**

Adolescents contribute about 1/3 rd of the total population in India, which is a large share. This necessitates the nation to ensure more attention and investment on their health as at this stage individuals acquire physical, cognitive, emotional, social and economic wellbeing which in turn will help them to develop into vibrant and constructive workforce which would enhance economic productivity, effective social functioning. Not only country but will have an impact on the future prospect of a sustainable Global economy, resources & ecosystem.

**Adolescent development on physical, cognitive, social & psycho-sexual level**

**Physical Development:** Adolescence is regarded as a transition phase from childhood to adulthood. At this very time Puberty marks the onset of growth spurt which hits between the ages 8-10 years of both boys & girls with a simultaneous development of the primary & secondary sex characteristics [6]. Changes are noted in the table below [7]:

Male	Female
<ul style="list-style-type: none"> <li>▪ Increase body hair (including face, axilla, pubis).</li> <li>▪ Increase muscle mass.</li> <li>▪ Deepening of voice.</li> <li>▪ Increase sweat &amp; sebaceous glands.</li> <li>▪ Sperm cell production in testes.</li> <li>▪ At about 13 years, 1<sup>st</sup> nocturnal emission occurs.</li> <li>▪ Increase in height at about the age 10-16 years of age.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Hair growth in axilla &amp; pubis.</li> <li>▪ Development of breast.</li> <li>▪ Widening of hips.</li> <li>▪ Female pattern distribution of body fat &amp; muscle mass.</li> <li>▪ Increase of sweat &amp; sebaceous gland.</li> <li>▪ Regulation of menstruation &amp; ovulation.</li> <li>▪ Increase in height at about 8-13 years of age.</li> </ul>

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Along with Physical Changes there also occurs Developmental Changes in Brain:

Children’s brain has a massive growth spurt when they are very young. By the time they’re 6, their brains are already

about 90-95% of the adult brain. But the brain still needs remodeling before it can function as an adult brain. This remodeling intensifies during adolescence & continues up to the mid-20<sup>[8]</sup>. The changes that occur are:-

<ul style="list-style-type: none"> <li>▪ The grey matter volume of the mid-dorsolateral, frontal &amp; prefrontal cortex (DLPFC), peaks in mid-adolescence, declines &amp; then stabilizes in early adulthood<sup>[9]</sup>.</li> <li>▪ White matter volume having linear increase in childhood till adolescence but with maximum volumes evident in late adolescence or early adulthood<sup>[10]</sup>.</li> <li>▪ Development of sub-cortical region is also pronounced.</li> </ul>	<p>Development of DLPFC area is linked to behavioral changes Risk taking behaviors, increased peer interactions, greater emotional reactivity etc. Also marked by Cognitive development like control impulses, emotional regulation, rational thought, morality &amp; understanding consequences. But higher order cognition like future planning, inability to inhibit certain behaviors &amp; focus on long term goals are still developing until early adulthood<sup>[9]</sup>.</p>
<ul style="list-style-type: none"> <li>▪ Development of the Limbic system esp. Amygdala &amp; Hippocampus.</li> </ul>	<p>Amygdala, is responsible for instinctual reactions like fear &amp; aggressive behavior in response to stress &amp; other emotions<sup>[9]</sup>. Hippocampus; regulates emotion, motivation &amp; esp. learning &amp; memory.</p>
<ul style="list-style-type: none"> <li>▪ Corpus Callosum increases communication between the two hemispheres.</li> </ul>	<p>Associated with language learning capability.</p>
<ul style="list-style-type: none"> <li>▪ Basal ganglia</li> </ul>	<p>Ventral striatum increases dopamine release in response to rewards. Thus adolescent behaviors are found to be biased in motivationally charged context &amp; sensitivity to rewards peaks during adolescence<sup>[11]</sup>.</p>
<ul style="list-style-type: none"> <li>▪ Increase in Myelination occurs esp. in areas associated with higher order functioning &amp; quick transmission of synapses.</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Increase in overall brain volume in early adolescence &amp; decline in late adolescence along with pruning of the redundant synapses occur<sup>[12]</sup>.</li> </ul>	<p>Pruning helps in focusing on the resources on the connections used most, i.e. what people do as a teenager might be shaping the brains for the rest of their lives<sup>[9, 11]</sup>.</p>

**1. Cognitive Development:** Cognition refers to the ability of human mind to acquire knowledge & understanding through thought and processing the life experiences through sound sense of judgment for a higher purpose of existence.

In terms of Psychology ‘Cognition’ is usually used to denote how an individual processes an information which gives an understanding of his psychological function. We can refer human cognition as conscious & unconscious, concrete or abstract, as well as intuitive & conceptual.

According to Jean Piaget (Swiss psychologist known for his work on child development) lay upon the theory of Cognitive development of a child, & divided the phases of Cognitive development into 4 categories. This is described below<sup>[13]</sup>:

**Sensorimotor (birth to 2 years):** Children use their senses & motor abilities and learn by exploring their surroundings & thereby develop object permanence, i.e. they know what they see.

**Preoperational (2 to 6 years):** Children have various fancies and think that objects are alive, i.e. they lack mental operations that allow logical thinking but depend on symbolic thinking to understand the world. They become more curious & ask more questions & Piaget calls it the Intuitive stage. Their thinking is Ego-centric, i.e. they see the world from the own perspective.

**Concrete Operational (6 to 12 years):** Children develop logical thinking about concrete events, starts understanding conversation & perform mathematical calculations, but unable to reason abstractly. This stage forms a major turning point in a child’s cognitive development as they become less ego-centric and try to recognize other people’s perspective. Inductive reasoning appears.

**Formal Operational (9 12 years to adulthood):** Adolescents at this stage engage in abstract thinking & hypothetical – deductive reasoning (i.e. we can compare two statement & reach a logical generalization). They are able to face hypothetical problems and can suggest various solutions for the same. There is emergence of scientific thinking, realization of reality, can philosophize & develop self thinking. Though Piaget believed in lifelong learning but opined that the Formal Operational Stage is the final Stage of our Cognitive development.

**2. Psycho-social development**  
Culture and Society plays an important part in the overall psychological makeup of an individual which Erik Erikson considered pivotal and suggests that there is a plenty of room for growth & personality development throughout one’s life.

According to Erikson, as a child grows he may face varied crisis at any stage of development & that these conflicts arise to meet the differences between an individual & the need of the society. But a successful completion of each of these stages can result in healthy personality & acquisition of basic virtues<sup>[14]</sup>.

**1<sup>st</sup> Stage: Trust Vs Mistrust**  
For e.g. if a child get adequate love and affection from their parents the Virtue they develop is – Hope (which develop from a sense of trust) and failure to develop this Virtue will develop fear and suspicious (and thus the negative outcome will be Mistrust).

**2<sup>nd</sup> Stage: Autonomy Vs Shame or Doubt**  
When children become able to walk around or move around on their own they find a sense of independence and this is critical for their development. Here instead of keeping their child close they should encourage their children, at the same

time keep a close eye to avoid any kind of accidents and make them learn to ask for help in need. Such practises develop virtue and a sense of Independence or own personal will. Negative outcome that may result from criticism and over controlling behaviour when the child eventually begin to feel inadequate in their ability to survive, lacking of self esteem or doubt in their abilities.

### 3<sup>rd</sup> Stage: Initiative Vs guilt

Nursery going kids learn to initiate tasks and carry plans (like playing, exploring new things, making friends, become curious and ask many questions) and by this the Virtue they achieve is the sense of Purpose. If at this point they are criticized for the abilities or questions, the child develops a sense of Guilt and they will feel themselves annoying to other people, think they are subordinate, and start to follow others rather than having a self initiative and driving purpose. On the other hand a favorable ratio of initiative to guilt results in a sense of purpose.

### 5<sup>th</sup> Stage: Competence Vs Inferiority

At this stage a child may accomplish things and get pleasure of applying themselves to tasks and feel competence and sense of living valued in the society. The Virtue here is competence and sense of being valued in the society. The Virtue here is competence or Pride. If the initiatives are restricted and failures are criticized they may not develop to their full potential and feel inferiority or incompetence. Here again some full potential and feel inferiority or incompetence. Here again some failures are necessary to maintain a modesty for healthy development.

### 6<sup>th</sup> Stage: Identity Vs Role confusion

At this stage teenager becomes more independent and envisage the future in terms of peer, relationships and family. The positive Virtue that comes out of it is 'Fidelity', whereas negative outcome that may develop is Role confusion.

### 7<sup>th</sup> Stage: Generativity Vs Stagnation

As a person age, especially in the middle ages, some people find purpose, self realisation, or discover a sense of contribution to the world, usually through family and work, whereas some may feel a lack of purpose and being dejected.

### 8<sup>th</sup> Stage: Integrity Vs Despair

In older adults self reflection upon ones life may either give a sense of satisfaction or failure, thus may develop a sense of integrity or despair respectively.

## 3. Freud's psychosocial development theory

According to Freud, as we grow up we pass through 5 critical phases and the activities during these phases revolve around different erogenous zones i.e. areas in body sensitive to stimulation, which is instinctively based on our sex drive which Freud called the Libido. The phases are called:

**Oral Phase (0-1year):** After birth a child perceives the world through oral senses and the main pleasure comes from suckling its mother's breast or a bottle. Conflict arises when there is weaning from our primary care givers.

For e.g. let us consider three children; 1<sup>st</sup> one have successfully weaned off without any trauma, who in future

becomes a healthy independent adult. In case 2<sup>nd</sup> child whose mother stoooped breast feeding within four months of birth, Later on as an adult suffers from trauma and develops an oral fixation and grows a habit of chewing bubble gum. 3<sup>rd</sup> child was often let alone to cry when it was hungry and subsequently as it grows up develops a manipulative and addictive personality.

**Anal Phase (1-3 years age):** At this stage, the primary focus of our gratification/libido is the control of the bladder and bowel movements as the child gradually learns how to use them in proper manner.

Now, if a child's parents give proper training for toilet use and praises for his attempts and encourage him to learn his own pace, he develops a balanced personality and maintains a good friendly relationship at school, teachers and authority. If parents forces upon hard toilet training from a very tender age, child develops anal retentive personality having over-controlling traits, and becomes a stingy adolescent adult who wants everything to be perfect. In another scenario, parents totally neglect towards any toilet training, end up being anal expulsive personality, becomes messy, disorganized and inconsiderate of other peoples feeling, having a rebellious nature against authority.

**Phallic Phase (3-6 years age):** At this phase we discover the differences between females and the males, and hence the libido turns to genitals. Conflicts may result at this point where boys desire to possess their mother and fantasize about getting rid of their Father as they imagine their father to be their rival and develops *Oedipus complex*.<sup>18</sup> But by virtue of age and strength they instinctively know their father's superiority and fear of being punished for their desire and Freud named it as "*Castration Anxiety*". A girl at the same time experiences "*Electra Complex*" (towards their mother) and "*Penis Envy*" (towards same aged boys). To her Penis represents as a key to power and domination and seeks it<sup>[15]</sup>.

Freud's concept of Penis Envy was criticized in his own time most notably by psychoanalyst Karen Horney. She opines that it is men who are unconsciously affected by the fact that they are unable to bear children, which she referred to as "Womb envy"<sup>[16]</sup>.

A boy with Oedipus complex grows with his father's in attention towards him and fails to form basic morals and a strong sense of manhood. He in turn has mother fixation and later on tend to be aggressive towards girls of his age and later to women and constantly needs to compete with other man. Girl on the other hand if not guided properly maintains her Penis envy for rest of her life, which in her case causes an inferiority complex towards boys of her age and later on towards men, also they fall in love with boys who possess qualities like their Father as a consequence of experiences in their phallic stage.

Freud laid down the theory in his famous work on conscious, preconscious and unconscious. By acknowledging the subconscious Freud implies that we store memories of early childhood without even realizing it, which unconsciously influences our behavior on a daily basis.

As we continue to grow and developmental changes that we face throughout the life course, shapes our psychoanalytic view of libido development, but the basic psychosexual dynamics establishes by the time adolescence stage is near

its end and that subsequent developments will be mannered by those dynamics <sup>[15]</sup>.

### Issues faced by adolescents at present

- Mental health problems including depression & suicide.
- Substance abuse consisting of Alcohol, tobacco & other drug substances.
- Injuries both unintentional & self injuries.
- Violence.
- Sexual health.
- Early pregnancy & childbirth.
- Maternal & fetal mortality.
- HIV.
- NCD'S.
- Malnutrition.
- Obesity.
- Impact of social media.

### An insight to these adolescent problems

Adolescent is regarded as the most flourishing period of an Individual in terms of health & is vital stage for growth & development both physically & mentally.

In Dr. Samuel Hahnemann's Organon of Medicine;

**§78 (FN):** "During the flourishing years of youth & with the commencement of regular menstruation joined to a mode of life beneficial to soul, heart & body, they remain unrecognized for years. Those afflicted appears in perfect health to their relatives & acquaintances & the disease that was received by infection or inheritance seems to have wholly disappeared. But in later years, after adverse events & conditions of life, they are sure to appear anew & develop the more rapidly & assumes a more serious character in proportion as the vital principle has disturbed by debilitating passions, worry & care, but especially when disordered by inappropriate medicinal treatment" <sup>[17]</sup>.

### Mental Health

Adolescents are preoccupied by peer pressure, academic stress as well as parental pressure which deprive their mental health balance. Both external environmental and internal factors elicit and reinforce behaviors which if went on in a negative way creates pandemonium indulging them in risk-taking behaviors as well as increased emotional reactivity. They start to spend less time with parents and more with peers, and nurture a sense of increase in autonomy. In many cases if their autonomy is challenged by situations like violence, poverty, humiliation and sense of feeling devalued increases the risk of developing mental health problems.

### Mental Disorders Commonly Faced by Adolescents

- Depression.
- Anxiety.
- Mood changes.
- Eating disorders.
- Stress.
- Suicidal tendencies.

**Depression:** is trending among adolescents leading to illness & debility. Factors associated with teen depression including issues that negatively impact self-esteem like obesity, peer problems, body shaming & long-term bullying, or academic performance, or may be victim or witness of

violence, including physical or sexual abuse.

**Anxiety:** Characterized by feeling of excessive uneasiness, worry or fear which may be a Generalized anxiety or PTSD (aka. post traumatic stress disorder).

**Eating Disorders:** may be characterized by extreme & abnormal eating behaviors like, anorexia nervosa, bulimia or binge eating disorders.

**Suicide:** A study conducted from Goa shows, 3.9% of youths aged between 16-24 years reported suicidal behaviors and females are four times more prone than males. Such behavior is independently associated with factors like absenteeism, independent decision making, premarital sex, sexual abuse, physical abuse from parents and mental disorders <sup>[3]</sup>.

In India suicide among adolescents is higher than any other groups i.e. 40% of suicide deaths in men & 56% of suicide deaths in women occurred in 15-29 years of age. 219discard) <sup>[18]</sup>.

### Substance Abuse

Substance abuse engulfs adolescent health as they gradually become dependent upon the substances without being aware about the consequences. Consumption of tobacco, alcohol & illicit drugs (cannabis, heroin, synthetic marijuana, inhalants, pharmaceutical opioids, hallucinogens, sedatives, etc.) are commonly in use among Adolescents.

Initiation of substance abuse depends on adverse factors such as gender as males are more prone to abuse then females, socio-economic status & the level of education, academic pressure focuses to give more labor on studies compelling them to adapt various adverse measures in consequence. They may also pick up the habit from parents peer or community use of tobacco or alcohol.

NFHS-3 data have shown that 11% of adolescent boys and 1% of adolescent girls had consumed alcohol, in that 3% consumes it daily belonging to age group 15-19. <sup>4</sup> The prevalence of smoking in girls and boys varies across countries; 1 in every 10 girls aged 13-15 years and 1 in every 5 boys aged 13-15 years use tobacco.<sup>19</sup> The average age of tobacco use initiation was found to be 12.3 y and alcohol usage at 13.6 y among adolescents. <sup>3</sup> 11% of cannabis use initiation was found to be before the age of 15 <sup>[4]</sup>.

### Injuries & Violence

Injuries and violence can come as a consequence of mental illness or substance abuse which makes them liable for intentional or unintentional acts. Studies show risky behaviors like ignoring road traffic rules leading to road traffic accidents and deaths in about 77.5% of adolescents. <sup>4</sup> According to National Crime Records Bureau (NCRB) of 2011, 31.3% of road traffic accidents were among youth of 15-29 years of age <sup>[20]</sup>. Various factors contributes to interpersonal violence among youth ranging from minor acts of bullying to severe forms of homicide contributing greatly to the burden of premature death, injury and disability. A study estimated, an average of 565 adolescents and young adults between the ages of 10 and 29 years die each day as a result of interpersonal violence across the world & 30.3% belong to the age group of 15-24 years <sup>[21]</sup>.

### Sexual health

Adolescence mark the onset of a formative phase where occurs development of sexual health as well as remodeling of the character traits of an individual upon which depends the behavioral pattern which ultimately determines the current health status & risk of developing chronic ailments in near future.

NFHS-3 data records that, 2.7% boys and 8% girls reported sexual debut before the age of 15. Adolescents having a lack of proper knowledge of contraceptive use results in unwanted pregnancies followed by abortion which in its wake leaves a scar in the mind as also in the physical wellbeing of adolescents especially young girls. Some girls are the victim of low socio economic background which forces them to get married in a tender age which may precipitate complications during pregnancy leading to maternal mortality, thus affecting their overall health and hinders the prospect of further self development. In India 19% girls and 35% boys had comprehensive knowledge about HIV/AIDS. Eventually due to inadequate knowledge they are at greater risk of exposure to unprotected sex, unethical sexual practice and STIs [4].

According to WHO estimate, each year 500 million people become affected with one of four curable STIs viz. Chlamydia, gonorrhoea, syphilis and trichomoniasis. Estimates also show that more than 530 million people are infected with the herpes simplex virus, which causes genital herpes, and more than 290 million women with the human papilloma virus, which causes genital warts and cervical cancer [22].

### Nutritional Health

India is in a state of dual burden related nutrition problems; scuffling between Malnutrition leading to underweight & obesity among the adolescents.

According to NFHS-3 data, 47% girls and 58% boys were thin, 56% girls and 30% boys were anemic, 2.4% girls and 1.7% boys were overweight and 2/1000 adolescent girls and 1/1000 adolescent boys suffer from diabetes, found in the age group 15–19 y [4].

### Effects of social media

Social media is acting as a direct or indirect mediator in effecting adolescent health & wellbeing. With the increase use of internet there is increase use in –

#### ▪ Pathological Internet Use

Adolescents are becoming increasingly tech savvy mainly due to modern society demands, work structure which necessitates being fluent in computer usage and also easy access to internet, making the online world an essential part of majority of adolescent lives. Internet and learning computer technology has become an inseparable part of our lives but unchecked or overindulgence leads to Pathological Internet Use (PIU), making them vulnerable to compulsive preoccupation with & loss of self control over Internet use.

Such addictions may result in diminished impulse control; loneliness/depression making them more vulnerable to PIU; making them more comfortable in online connections rather than a face to face interaction; & they may use it as an excuse to distract themselves from the actual issues of their lives [23].

#### ▪ Body Dissatisfaction

Having a pessimistic attitude towards the own physical appearance leads to body dissatisfaction. Various bodily changes occur during this period and with comes disquiet towards own appearance especially seen in girls.

Social media here plays a pivotal role in idealizing the perfect look or body type and adolescents tend to internalize these ideals.

In due course they become succumb to eating disorders like Anorexia nervosa or Binge eating which eventually leads to depression [24].

#### ▪ Cyber Bullying /Gaming

An intentional and aggressive behavior prosecuted by a group of people availing electronic contact consistently over a period of time against particular individuals who are unable to defend oneself. Noxious bullying attitude ranges from posting victims personal information, spreading rumors and threats, sexual comments, and pejorative remarks, through cyber stalking or trolling. Unfortunate outcome, that cyber bullying may precipitate in an individual includes; low self esteem, various negative emotional responses like feeling scared, vexed and depressed, some may incur increased suicidal ideation.

Gaming & online challenges have become a new trend for amusement among adolescents. Study shows that playing a violent video game for only 30 minutes immediately produced lower activity levels (compared to a nonviolent video game) in prefrontal regions inducing cognitive inhibition. Thus making them more prone to be aggressive & involve more in risk taking behaviors [25].

**Burden of disease in adolescent:** A study published in Lancet title: “Progress in adolescent health and wellbeing: tracking 12 headline indicators for 195 countries and territories”, records that adolescents had a total burden of 253 million DALYs in 2016; out of which

- 159 million DALYs (63%) were among adolescents in multi-burden countries;
- 33 million(13%) in injury-excess countries; and
- 61 million (24%) in non-communicable disease-predominant countries [26].

### Future health risks

- Cognitive abilities peak at adolescent phase and some categories of substance hamper adolescent cognitive development. During adolescence substance abuse diminishes fitness, increases risks for many later-life NCDs, and heightens the risk for later substance use disorders [27].
- Adolescents developing habit of substance abuse and smoking are most likely to carry forward their habit during adulthood stage as well.
- Initiation of alcohol use at a very tender age predisposes to later life binge drinking, and alcohol-related problems in adolescence as well as are liable to develop various life style disorders in adulthood.
- Studies relate early consumption of alcohol leading to impairment of neurological development [4].
- Initiating cannabis at adolescent age is strongly associated with the development of Schizophrenia spectrum disorders in adulthood [28].

- Obesity has its own hazards; leading to DM Type 2, Hyperlipidemia, Obstructive sleep apnea, heart disease, Hypertension, Osteoarthritis etc.
- Physical activity & adolescent nutrition are crucial for adolescents as at this phase they accumulate over 25% of their adult bone mass. A failure in which may result in later life osteoporosis or other bone deformities <sup>[29]</sup>.
- Deficiencies in key nutrients, in maternal preconception or post conception, whether micronutrients (e.g. folate) or macronutrients (e.g. protein energy malnutrition), have a substantial impact on pregnancy outcomes and profound consequences for fetal and infant development with the effects extending to neonatal and early childhood mortality, and stunting <sup>[30]</sup>.
- Trans-generational epigenetic inheritance is a possibility whereby preconception influences like stressful conditions that are experienced by parents alter patterns of gene expression that might pass to the next generation, especially psychopathologies relating to disruption in stress response mechanisms <sup>[31]</sup>.
- Early and unplanned adolescent pregnancies are highly prone for adverse pregnancy outcomes like eclampsia, low birth weight, early neonatal death and congenital malformation <sup>[32]</sup>.

### Homoeopathic intervention

Homoeopathic approach should give emphasis on:

- Mental status examination through thorough psychiatric evaluation.
- A lucid understanding of family history, personal history, surroundings, inter personal relationships, ability to cope adverse situations, reaction to stress, verbal communications, social behavior and educational aspects.
- Inquire into etiology behind certain affections, e.g. ailments from anger, grief, indignation, from disappointed love etc.
- Through understanding of personality including gesture, posture, habits, constitution, diathesis and overall behavior to know the characteristic traits.
- Tactfully eliciting any adverse early life experiences or any traumatic events and try to investigate any obvious cause.
- Vivid description of the patient's characteristic kernels of mental or emotional symptoms including the physical generals which reflect the temperamental framework of an individual.
- Framing the totality and deduce individualization.

Utmost attention is made while investigating so that we should not miss out the Accessory Circumstances as narrated by Master Hahnemann in his Organon of Medicine:- §5

- Ascertainable physical constitution of the patient(esp. in chronic diseases),
- His moral & intellectual character,
- His occupation,
- Mode of living & habits,
- His social & domestic relation,
- His age, sexual functions <sup>[17]</sup>.

If we consider the origin of these adolescent problems, we can well fathom that everything is connected to a mental predisposition of these unfortunate outcomes i.e.

Psychosomatic nature.

So long as the psychic state is not disturbed, there is no disorder in the organic system. Hahnemann also conceptualized that when a disorder starts; it starts from the center and spreads towards the circumference. The Hahnemannian homoeotherapy has not also neglected the role of psyche in ill health and wellness. It emphasizes mind and other psychological processes, such as, intelligence, memory, desires and aversions, etc., in its treatment procedure. KENT also remarked that "... the mental symptoms in sickness the most important. It was Hahnemann, said for the first time in all history, "remove the effects and you remove the disease, the cause of the effects".

### To understand the concept we have to look into our literature

#### Organon of medicine <sup>[17]</sup>.

#### § 221 (2<sup>nd</sup> type)

"Mental illness appearing suddenly due to an exciting cause: E.g. Mental disease like insanity or mania may suddenly break out as an acute disease in patients' ordinary calm state from fright, vexation, the abuse of spirituous liquors etc. These diseases may be considered as sudden flaring of latent Psora".

#### § 224 (3<sup>rd</sup> type)

"Mental diseases of doubtful origin: There are certain Mental diseases (not quite developed) where it is difficult to ascertain whether they really arise from a corporeal affection or from psychological factors e.g. Fault of education, bad practices, corrupt morals, neglect of mind, superstition or ignorance".

#### §225 (4<sup>th</sup> type)

"Mental diseases arising from prolonged emotional causes. There are few emotional diseases which originate & are kept up by some emotional causes, such as continued anxiety, worry vexation, wrong & the frequent occurrence of great fear & fright".

### Dr. G.H.G. JHAR in his book Forty years' Practice, states that

"The only psychical and mental derangements where a cure by artificial, sometimes only by homeopathic means, can be promised, are acute mental diseases that had originated in accidental circumstances; all such diseases can be cured by homeopathic means, not only with comparative speed, but permanently, by whatever names they may be known as pathological facts : mania, rage, melancholy, hysteria, hypochondria, craziness, dementia, etc., and no matter how violent and aggravating the exciting cause may have been; grief, fright, confinement, sun-stroke, concussion of the brain, etc.", & suggested various curative remedies for the psychical conditions that arise from these individual causes <sup>[33]</sup>.

### According to H.A Roberts

"When our body is compelled to adapt under forced or unnatural conditions, while permitting life to continue under emergent or hampered conditions, breeds a train of symptoms that Hahnemann described as Psoric, which becomes responsible to create deficiencies of various essential elements which are pivotal to maintain our vitality,

either by producing an inability to assimilate or inability to relax to the point of assimilation (as hustle or bustle lifestyle take away the rhythmic functions of the body; the demands of the society leads us to suppress the natural perspiration; anxiety in every aspect deprives us of the natural rest)". He further emphasizes; "it is not the over feeding or gross starvation of any element that provides us with so called psoric problem, but the subtle functional disturbance with many sensations".

Psoric conditions are largely functional & react pre-eminently upon the nervous & emotional plane, which cannot be corrected until we lead a healthy & simple life along with the potentized remedy to release suppressions & tune the maladjustments to order<sup>[34]</sup>.

#### **Dr. J.T Kent says about Indisposition**

"Indisposition from the external causes mimics the miasms, i.e., their group of symptoms is an imitation of a miasmatic manifestation, but the removal of the external cause is likely to restore the patient to health" (business failures, depressing tribulations, unrequited affection producing suffering in young girls, etc.)

With a corrected mode of living Indisposition yields of itself or if the psoric condition has been somewhat disturbed, order can be restored by a few doses of the homoeopathic remedy<sup>[35]</sup>.

#### **Master Hahnemann also considered Indisposition to be the cause of certain mental diseases & thus suggested that -**

If these Indispositions arise from sufficient disturbance of Vital force through imagination, Master Hahnemann has suggested Moral remedy is sufficient to cure in Organon of Medicine §17 FN.

"A warning dream, a superstitious fancy, or a solemn prediction that death would occur at certain day or a certain hour, has not infrequently produced all the signs of commencing & increasing disease, of approaching death & death itself at the hour announced, which could not happen without the simultaneous production of the inward change; & hence in such cases all the morbid signs indicative of approaching death have frequently been dissipated by an identical cause, by some cunning deception or persuasion of belief in the contrary, & health suddenly restored, which could not have happened without the removal, by means of moral remedy"<sup>[17]</sup>.

#### **Miasmatic point of view**

The Hahnemannian philosophy of treatment is revolved around the chronic miasm: Psora, Syphilis, and Sycosis. The psoric miasm is present prior to the other two in man & is responsible for all kinds of functional disturbances. The case may be complicated by the other two- syphilis and sycosis which is dependent upon the action of the body.

Thus if we consider Adolescent Health related problems, it covers all the three miasms i.e. Multimiasmatic in nature.

#### **Conclusion**

Since adolescence is a very crucial phase of life, it needs care and concern. Any problem during this part of life may affect not only the individual but also the family and society. The degree to which an individual's health and wellbeing is compromised during these flourishing years of youth has unavoidable consequences throughout the

itinerary of life, and contributes to influence the healthy start to life of the next generation as well. A multidimensional approach is essential to obtain a subtle, harmonic and vibrant adolescent health which would cover all the adolescent health related problems with special emphasis on mental health, behavior change and way of conduct, awareness to adapt a healthy lifestyle, and positive social environment to acquire life skills for a sustainable development. Adolescent friendly clinics can give a basic support for creating awareness regarding adolescent health and needs to be widely set up throughout India and receive universal indemnity. To make this effective, screening of adolescent on regular basis would prove to be a vital tool to control the existing disease, at the same time update occurrence of any new diseases.

Homoeopathy can have a positive proposition in treating adolescent health problems. Homoeopathy has a "Holistic" approach and treats the person "As a Whole" and not any particular disease condition. The remedies are selected on basis of similarity of symptoms through thorough Case taking and evaluation of the Totality of symptoms by consulting the Materia Medica. Thus it covers all the psychological and social aspects, personal history of the individual, life style, habits, surrounding environment and every other possible condition which influences the mental and physical processes of the individual. Thus it not only allows in proper understanding of the person's psychology but also its gentle mode of treatment through individualized remedies helps the patients to recover and cope up with the turmoil's they experience in life.

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