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A case of behavioural disorder cured by constitutional medicine

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Abstract
Children facing behavioural disorders encounter substantial obstacles in their overall growth and well – being. This article delvers deeply into these codition, encompassing attention-deficit/hyperactivity disorder, Oppositional Defiant Disorder, Conduct Disorder, and Autism Spectrum Disorder. It investigates the contribution to the emergence of these disorders. Recognizing signs and symptoms like frequent temper tantrums, aggression, or limited impulse control is pivotal for early intervention. Additionally, we explore the potential benefits of homoeopathic remedies as part of a holistic and personalized approach to addressing these behavioral disorders.
In this article, there is a case of 13 yr male child who was suffering from behavioral disorder. He was treated within 4 month with a single constitutional homoeopathic medicine lycopodium 1M.
Methods: Perform detailed data analysis to diagnose behavioural disorders in children based on the duration and severity of behavioural abnormalities. According to all the pictures of the symptoms, legal homoeopathic medicines are rewritten and prescribed.
Results: Thanks to homoeopathic treatment, the patient's condition improved greatly.

Keywords: Behavioural disorders, frequent temper tantrums, aggression, defiant disorder

Introduction
Mental health disorders (MHD) are very common in childhood and they include emotional-obsessive-compulsive disorder (OCD), anxiety, depression, disruptive (oppositional defiance disorder (ODD), conduct disorder (CD), attention deficit hyperactive disorder (ADHD) or developmental (speech/language delay, intellectual disability) disorders or pervasive (autistic spectrum) disorders [1].
While it's common for preschool children to occasionally exhibit mild naughty, defiant, or impulsive behaviour, such as losing their temper or engaging in minor acts of property destruction and deceitfulness like stealing cookies from the cookie jar, there comes a point where behavior can cross the threshold into the realm of behaviour disorders. In such cases, the behaviors become more pronounced, disruptive, and persistently challenging, often characterized by unpredictable, prolonged, and destructive tantrums or severe, uncontrollable outbursts of temper that are not in line with their age and developmental stage. Community studies have identified that more than 80% of pre-schoolers have mild tantrums sometimes but a smaller proportion, less than 10% will have daily tantrums, regarded as normative misbehaviours at this age [2].
Emotional problems, such as anxiety, depression and post-traumatic stress disorder (PTSD) tend to occur in later childhood. They are often difficult to recognise early by the parents or other carers as many children have not developed appropriate vocabulary and comprehension to express their emotions intelligibly [3]. Many clinicians and carers also find it difficult to distinguish between developmentally normal emotions (*e.g.*, fears, crying) from the severe and prolonged emotional distresses that should be regarded as disorders [4].

Clinical Presentation of Behavioural disorders
Any abnormal pattern of behaviour which is above the expected norm for age and level of development can be described as “challenging behaviour”. It has been defined as: “Culturally abnormal behaviour (s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy or behaviour which is likely to seriously limit or deny access to and use of ordinary community facilities [5].

These behaviors encompass self-inflicted harm, physical or verbal aggression, refusal to follow instructions, disturbance of the surroundings, improper vocal expressions, and repetitive actions. These challenging behaviours not only hinder the learning process but also limit access to typical activities and social interactions, demanding significant human and financial resources for effective management.

Certain environmental factors have been pinpointed as potential contributors to an elevated risk of challenging behaviors. These factors include environments that offer restricted options for decision-making, and lack opportunities for meaningful social interactions or engagement in meaningful activities. Additionally, adverse environments may be characterized by a scarcity of sensory stimulation, excessive noise, caregivers who are unresponsive or unpredictable, a propensity for neglect and abuse, and a failure to promptly recognize and address physical health needs and discomfort.

Aggression is a common, yet complex, challenging behaviour, and a frequent indication for referral to child and adolescent Psychiatrists. It commonly begins in childhood, with more than 58% of preschool children demonstrating some aggressive behaviour [6].

Disruptive Behavior Problems (DBP) encompass a range of conditions, including Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), and Conduct Disorder (CD).

ADHD is characterized by levels of hyperactivity, impulsivity and inattention that are disproportionately excessive for the child's age and development [7].

Oppoitional defiant disorder: A consistent pattern of an irritable or angry mood, defiant and argumentative behavior, or vindictive actions lasting for a minimum of six months is observed. This pattern is confirmed by the presence of at least four out of eight symptoms from specific categories, and these behaviors occur during interactions with individuals who are not siblings.

- In the category of an angry or irritable mood, the following symptoms are evident: Frequent outbursts of temper;
- Easily gets upset or irritated;
- Frequently experiences anger and resentment.

Regarding argumentative and defiant behavior, the following symptoms manifest

- Engages in frequent arguments with authority figures or adults, in the case of children and adolescents;
- Habitually resists or refuses to adhere to requests from authority figures or follow rules;
- Deliberately provokes others regularly;
- Tends to attribute mistakes or misbehavior to others.

Conduct disorders: A recurring and enduring behavioural pattern characterized by the violation of fundamental rights of others or significant societal norms and rules appropriate for one's age is observed. This pattern is confirmed when at least three out of the fifteen specified criteria are met within the past twelve months, with at least one of these criteria being present within the most recent six months

Regarding aggression towards people and animals, the following criteria are considered

- Frequently engages in bullying, threats, or intimidation of others;
- Initiates physical fights regularly;
- Has employed a weapon capable of causing severe physical harm to others (e.g., a bat, brick, broken bottle, knife, gun);
- Demonstrates cruelty towards people through physical actions;
- Physically exhibits cruelty towards animals;
- Commits theft while confronting a victim, such as mugging, purse snatching, extortion, or armed robbery;
- Has coerced someone into engaging in sexual activity Deceitfulness or theft-related behaviors include the following criteria:
- Deliberately setting fires with the intention of causing significant damage;
- Purposefully damaging the property of others (excluding fire setting).
- Additionally, in the category of deceitfulness or theft:
- Breaking into someone else's house, building, or vehicle;
- Habitually telling lies to acquire goods, favours, or to evade responsibilities, essentially "conning" others;
- Stealing items of substantial value without directly confronting a victim, such as shoplifting or forgery, without the need for breaking and entering.
- Concerning serious violations of rules, the following criteria are observed:
- Frequently disregards parental restrictions by staying out at night, a behaviour that begins prior to the age of 13 years;
- Has run away from home overnight at least on two occasions while residing with parents or parental surrogates or for an extended period following a single departure;
- Habitually exhibits truancy from school, which commences before reaching the age of 13 years

In later childhood, emotional challenges can manifest as a range of issues, encompassing conditions like panic disorder, generalized anxiety disorder, separation anxiety, social phobia, specific phobias, obsessive-compulsive disorder, and depression. It's important to note that experiencing mild to moderate anxiety is a common and expected emotional reaction to various stressful life events. However, anxiety becomes a clinical concern when its intensity significantly exceeds the seriousness of the triggering situations, causing abnormal disruptions to daily life and routines.

In India, the prevalence rate of behavioural disorders is 43.1% and 14.5% conduct disorder, 29.7% attention-deficit/hyperactivity disorder, 12.5% emotional disorder, 7.1% scholastic disorders, 2% adjustment disorder and 9.5% pervasive developmental disorder [8].

Case History

- **Name:** XYZ
- **Age:** 13yr
- **Sex:** Male

- **Occupation:** Student
- **Address:** Viraj Khand, Gomtinagar, Lucknow

Present Complaint

- Behavoiural disorder
- Abusive and cursing tendency especially towards mother. Uses bad and abusive words to the mother. Hatred towards mother.
- Disobedient. Highly obstinate.
- Does not want to study.
- Ill-tempered.
- Strike others.

Personal history

- The patient is the first and single child. Lives with mother, father and grandmother. Mother is very mild. But the grandmother is very dominating and angry. The patient, since the beginning, was raised by their grandmother. Being the first child, the patient is loved by their grandmother more than by his mother and father since the beginning.
- Grandmother loved him a lot and fulfilled all his demands without any delay. She even neglects his faults. The mother was not allowed to punish and rectify the child's mistake. Due to this overprotected and pampered environment, the child becomes very angry and obstinate. With time he becomes abusive towards his mother when his mother starts to rectify him.
- He now hates Mother and even doesn't want to see mother.

Family history

- **Grandmother:** Diabetic and hypertensive
- **Father:** Indigestion.
- **Mother:** NA

Physical generals

- **Appetite:** Normal, like outside food more.
- **Thirst:** Towards thirstless.
- **Thermal:** Hot
- **Urine:** Normal
- **Stool:** 2 times/day. Flatulence.
- **Desire:** Sweets

Mental general symptoms

- Obstinate
- Defiant
- Abusive
- Cursing
- Hatred towards mother
- Doesn't want to go to school to study
- Angry
- Irritable
- Ill-tempered
- Don’t want to mix up
- No social interaction
- Aversion to go outside
- Laziness

Totality of symptoms

- Spoiled children.
- Obstinate
- Defiant
- Cursing
- Disobedience children in

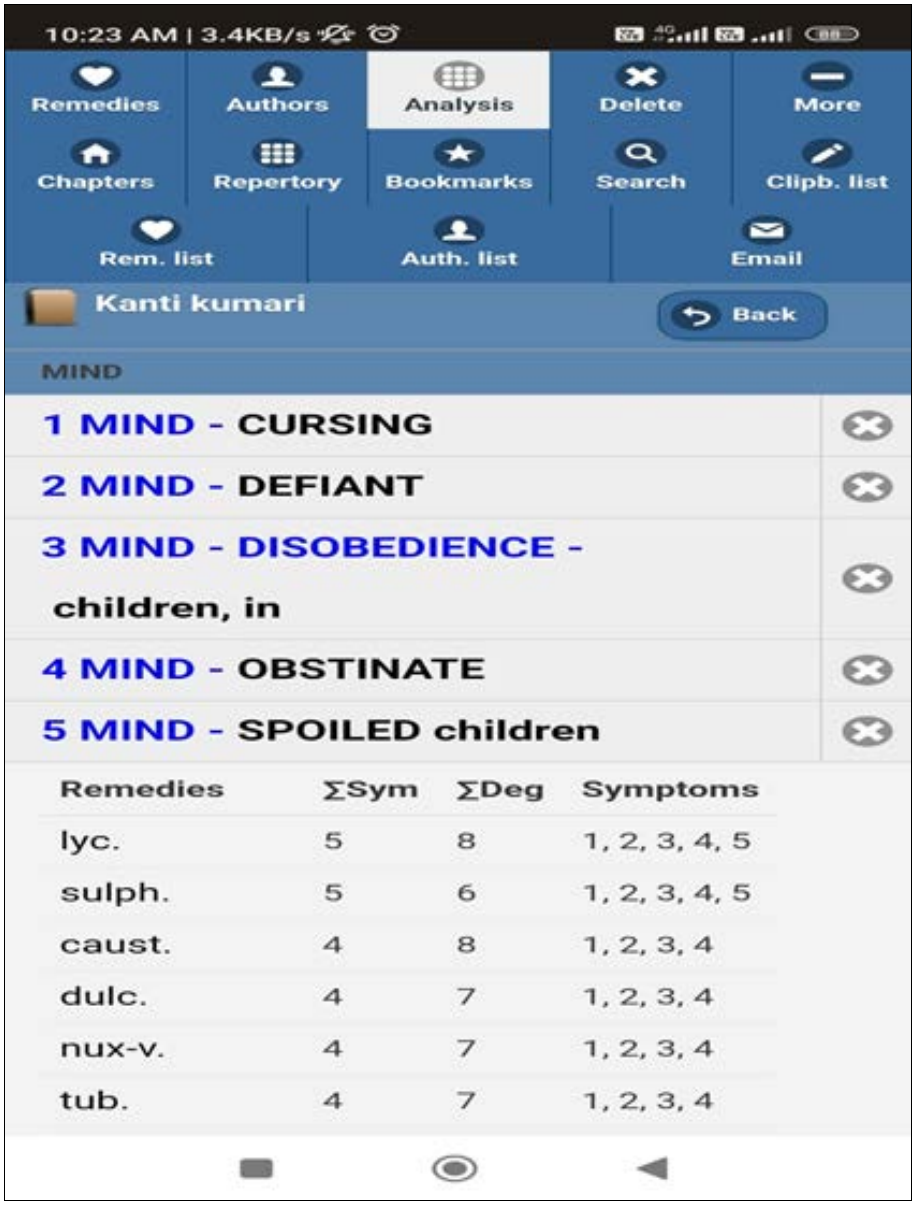
Miasmatic and grading of Symtoms

Sl. No	Type of symptom	Symptom	Intensity	Miasmatic analysis
1	Mental General	Spoiled	3	Syphilitic
2	Mental General	Obstinate	3	Sycotic
3	Mental General	Cursing	3	Syphilitic
4	Mental General	Defiant	3	Syphilitic
5	Mental General	Disobedience	2	Sycotic

Reportorial Totality [2]

Totality of Symptoms	Rubrics
Spoiled children	Mind-spoiled children
Obstinate	Mind- obstinate
Cursing	Mind- cursing
Defiant	Mind-defiant
Disobedience	Mind-disobedience

Reportorial Sheets



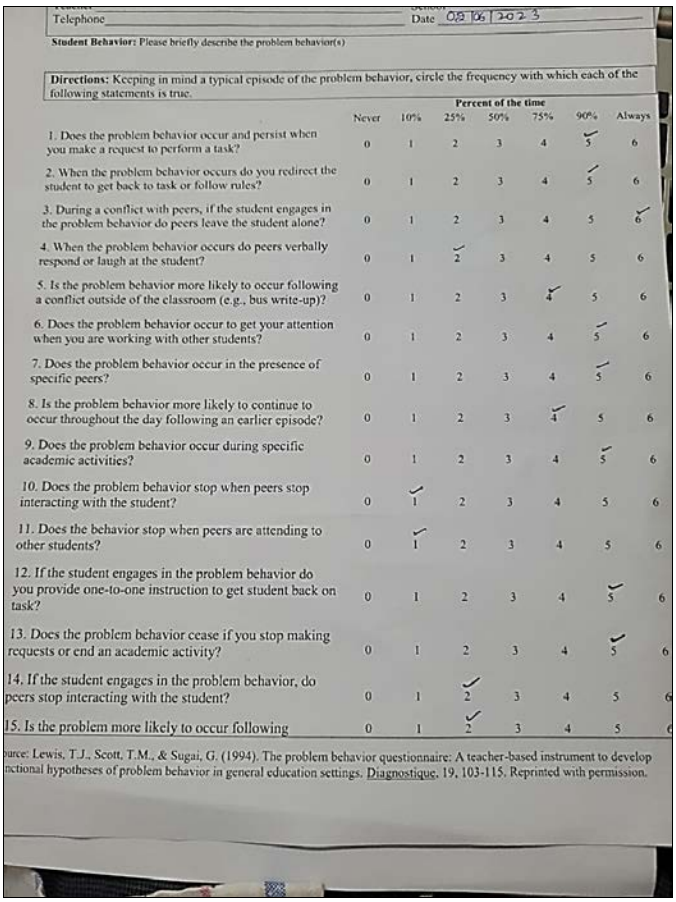
Lycopodium-5/8, Sulphur-5/6, Causticum-4/8, Dulcamara-4/7

Selection of the remedy and potency: The reportorial result showed that Lycopodium covered maximum symptoms with the highest gradation. Therefore, an individualized single constitutional remedy, lycopodium was selected based on the totality of symptoms covered in Materia medica Allen's keynote and Boericke Materia medica. All symptoms are covered by lycopodium, although the patient was chilly so here, I have prescribed lycopodium 200 to the patient. The medicinal dose was only repeated when its action was ceased.

Follow UP

SL. No	Date	Symptoms	Prescription
1.	02/06/23	Abusive and cursing tendency to mother, obstinate and not interesting in study. Angry	LYCO 200/2 DOSE SAC LAC 200 BD/15DAYS
2.	11/07/23	Slight changes were observed, and violence was reduced slightly.	SL 200 / BD*15DAYS
3.	17/08/23	No marked further changes were observed, so I decided to go for higher potency.	LYCO 1M/ 1 DOSE SL 200 / BD*15DAYS
4.	06/09/23	Much improved anger & abusiveness is reduced, and now he is going to school. Become obedient and calmness is seen now.	SL 200/ BD*15 DAYS
5.			

The score for the problem behaviour questionnaire before treatment 57



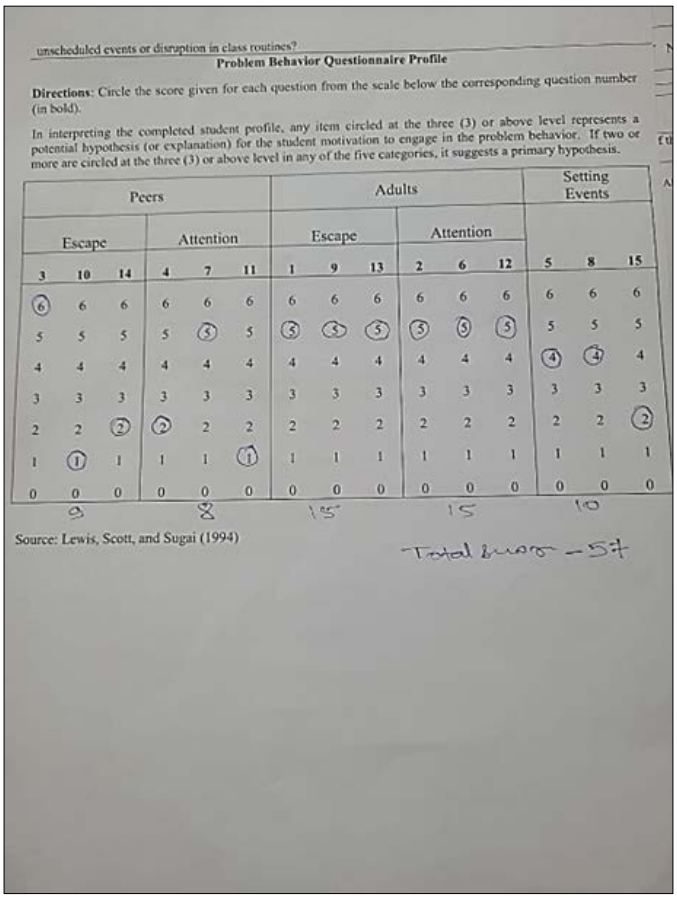
Telephone Date 09/06/2023

Student Behavior: Please briefly describe the problem behavior(s)

Directions: Keeping in mind a typical episode of the problem behavior, circle the frequency with which each of the following statements is true.

	Never	10%	25%	50%	75%	90%	Always
	Percent of the time						
1. Does the problem behavior occur and persist when you make a request to perform a task?	0	1	2	3	4	✓5	6
2. When the problem behavior occurs do you redirect the student to get back to task or follow rules?	0	1	2	3	4	✓5	6
3. During a conflict with peers, if the student engages in the problem behavior do peers leave the student alone?	0	1	2	3	4	5	✓6
4. When the problem behavior occurs do peers verbally respond or laugh at the student?	0	1	✓2	3	4	5	6
5. Is the problem behavior more likely to occur following a conflict outside of the classroom (e.g., bus write-up)?	0	1	2	3	✓4	5	6
6. Does the problem behavior occur to get your attention when you are working with other students?	0	1	2	3	4	✓5	6
7. Does the problem behavior occur in the presence of specific peers?	0	1	2	3	4	✓5	6
8. Is the problem behavior more likely to continue to occur throughout the day following an earlier episode?	0	1	2	3	✓4	5	6
9. Does the problem behavior occur during specific academic activities?	0	1	2	3	4	✓5	6
10. Does the problem behavior stop when peers stop interacting with the student?	0	✓1	2	3	4	5	6
11. Does the behavior stop when peers are attending to other students?	0	✓1	2	3	4	5	6
12. If the student engages in the problem behavior do you provide one-to-one instruction to get student back on task?	0	1	2	3	4	✓5	6
13. Does the problem behavior cease if you stop making requests or end an academic activity?	0	1	2	3	4	✓5	6
14. If the student engages in the problem behavior, do peers stop interacting with the student?	0	1	✓2	3	4	5	6
15. Is the problem more likely to occur following	0	1	✓2	3	4	5	6

Source: Lewis, T.J., Scott, T.M., & Sugai, G. (1994). The problem behavior questionnaire: A teacher-based instrument to develop functional hypotheses of problem behavior in general education settings. Diagnostique, 19, 103-115. Reprinted with permission.



unscheduled events or disruption in class routines?

Problem Behavior Questionnaire Profile

Directions: Circle the score given for each question from the scale below the corresponding question number (in bold).

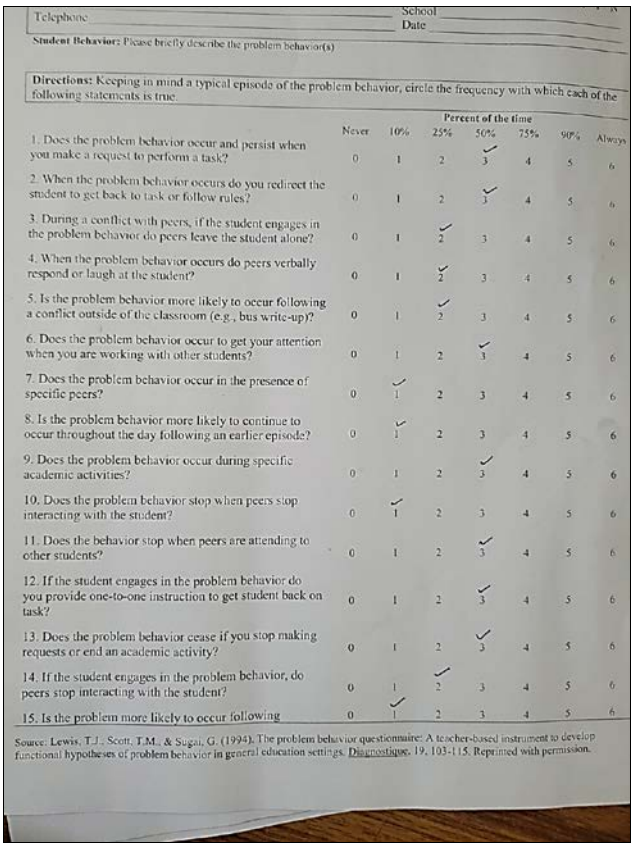
In interpreting the completed student profile, any item circled at the three (3) or above level represents a potential hypothesis (or explanation) for the student motivation to engage in the problem behavior. If two or more are circled at the three (3) or above level in any of the five categories, it suggests a primary hypothesis.

Peers						Adults						Setting Events		
Escape			Attention			Escape			Attention					
3	10	14	4	7	11	1	9	13	2	6	12	5	8	15
(6)	6	6	6	6	6	6	6	6	6	6	6	6	6	6
5	5	5	5	(5)	5	(5)	(5)	(5)	(5)	(5)	(5)	5	5	5
4	4	4	4	4	4	4	4	4	4	4	4	(4)	(4)	4
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
2	2	(2)	(2)	2	2	2	2	2	2	2	2	2	2	(2)
1	(1)	1	1	1	(1)	1	1	1	1	1	1	1	1	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9			8			15			15			10		

Source: Lewis, Scott, and Sugai (1994)

Total score - 57

Score for problem behaviour questionnaire after treatment - 33



Telephone School Date

Student Behavior: Please briefly describe the problem behavior(s)

Directions: Keeping in mind a typical episode of the problem behavior, circle the frequency with which each of the following statements is true.

	Never	10%	25%	50%	75%	90%	Always
	Percent of the time						
1. Does the problem behavior occur and persist when you make a request to perform a task?	0	1	2	✓3	4	5	6
2. When the problem behavior occurs do you redirect the student to get back to task or follow rules?	0	1	2	✓3	4	5	6
3. During a conflict with peers, if the student engages in the problem behavior do peers leave the student alone?	0	1	✓2	3	4	5	6
4. When the problem behavior occurs do peers verbally respond or laugh at the student?	0	1	✓2	3	4	5	6
5. Is the problem behavior more likely to occur following a conflict outside of the classroom (e.g., bus write-up)?	0	1	✓2	3	4	5	6
6. Does the problem behavior occur to get your attention when you are working with other students?	0	1	2	✓3	4	5	6
7. Does the problem behavior occur in the presence of specific peers?	0	✓1	2	3	4	5	6
8. Is the problem behavior more likely to continue to occur throughout the day following an earlier episode?	0	✓1	2	3	4	5	6
9. Does the problem behavior occur during specific academic activities?	0	1	2	✓3	4	5	6
10. Does the problem behavior stop when peers stop interacting with the student?	0	✓1	2	3	4	5	6
11. Does the behavior stop when peers are attending to other students?	0	1	2	✓3	4	5	6
12. If the student engages in the problem behavior do you provide one-to-one instruction to get student back on task?	0	1	2	✓3	4	5	6
13. Does the problem behavior cease if you stop making requests or end an academic activity?	0	1	2	✓3	4	5	6
14. If the student engages in the problem behavior, do peers stop interacting with the student?	0	1	✓2	3	4	5	6
15. Is the problem more likely to occur following	0	✓1	2	3	4	5	6

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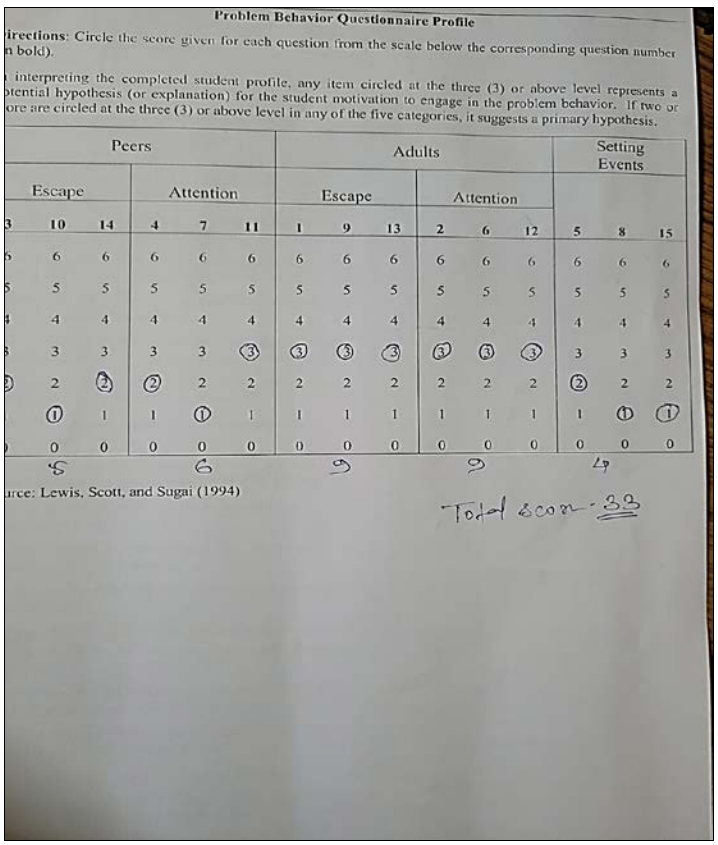

Problem Behavior Questionnaire Profile

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interpreting the completed student profile, any item circled at the three (3) or above level represents a otential hypothesis (or explanation) for the student motivation to engage in the problem behavior. If two or ore are circled at the three (3) or above level in any of the five categories, it suggests a primary hypothesis.

Peers						Adults						Setting Events		
Escape			Attention			Escape			Attention					
3	10	14	4	7	11	1	9	13	2	6	12	5	8	15
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
3	3	3	3	3	(3)	(3)	(3)	(3)	(3)	(3)	(3)	3	3	3
(2)	2	(2)	(2)	2	2	2	2	2	2	2	2	(2)	2	2
	(1)	1	1	(1)	1	1	1	1	1	1	1	1	(1)	(1)
	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5			6			9			9			4		

urce: Lewis, Scott, and Sugai (1994)

Total score - 33

Discussion and Conclusion

The contemporary lifestyle and the environment in which children are growing up present distinct hurdles that contribute to the increase in behavioural disorders. Parents, educators, and society as a whole must acknowledge these challenges and proactively address them. By advocating for a well-rounded lifestyle, offering emotional support, and fostering cooperation, we can assist children in acquiring the skills and resilience necessary to navigate the complexities of the modern world and reduce the incidence of behavioural disorders among our young population. Homoeopathic treatments, like Lycopodium, work holistically, we can see there is a marked reduction in the problem behavioural questionnaire scale [9] as earlier it was 57 and after treatment for 4 months, the score came down to 33. We can observe significant improvements in the mental aspect, which in turn aids in enhancing a child's social interactions with their environment.

Conflict of Interest

Not available

Financial Support

Not available

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