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Infantile Colic in Homoeopathic Pediatrics

Abstract-Infantile colic is a common functional gastrointestinal disorder of early infancy, characterized by excessive, inconsolable crying in an otherwise healthy infant. Although benign and self-limiting, it causes significant parental distress and impacts family well-being. Conventional medicine offers limited definitive treatment, mainly focusing on reassurance and symptomatic care. Homoeopathy, with its individualized and holistic approach, offers promising results in managing infantile colic by addressing the underlying constitutional and emotional aspects of the child.

Introduction-Infantile colic is defined by the "Rule of Threes"-crying for more than 3 hours per day, for 3 days per week, for 3 weeks in an otherwise healthy infant. It typically appears in the first few weeks of life and resolves by 3–4 months of age.(1)(5)

Etiopathogenesis(2)(5)

Infantile colic is a functional gastrointestinal disorder of early infancy characterized by excessive, inconsolable crying in an otherwise healthy baby. The exact cause is multifactorial and not fully understood.

•**Gastrointestinal Immaturity**-The infant's digestive system is still developing. Poor coordination of intestinal motility can lead to gas formation, abdominal distension, and spasmodic pain, resulting in crying episodes.

•**Altered Gut Microbiota**-Colicky infants often show an imbalance in gut bacteria, with increased gas-producing organisms. This causes excess fermentation, bloating, and discomfort.

•**Lactose Intolerance/Feeding Issues**-

Transient lactase deficiency or improper feeding techniques (overfeeding, aerophagia, improper latch) can cause gas, cramps, and abdominal pain.

•**Cow's Milk Protein Sensitivity**-

Some infants react to cow's milk protein (through formula or maternal diet), leading

to intestinal inflammation, colic, and irritability.

•**Intestinal Spasms**-Immature nervous control of the gut causes spasmodic contractions of intestinal muscles, producing pain.

•**Neuro-Developmental Factors**-The infant's nervous system is still adapting to external stimuli. Increased sensitivity to sound, light, and touch may contribute to excessive crying.

•**Psychosocial Factors**-Parental stress, anxiety, and disturbed mother-infant interaction may worsen crying behavior, though they are not the primary cause.

Clinical Features-Typical features include sudden intense crying, drawing up of legs, clenched fists, abdominal distension, red face, passing flatus, and evening aggravation.

Red Flag Signs in Infantile Colic(2)(5)

While most cases of infantile colic are benign and self-limiting, certain signs require urgent medical attention as they may indicate serious gastrointestinal, metabolic, or systemic disorders:

Systemic Signs-

•Fever or hypothermia

•Poor feeding or refusal to feed

•Lethargy or persistent inconsolable crying

•Failure to thrive or poor weight gain

Gastrointestinal Warning Signs-

•Vomiting (especially bilious, projectile, or bloody)

•Blood in stools (hematochezia or melena)

•Persistent diarrhea or constipation with abdominal distension

•Severe, continuous abdominal pain not relieved by usual measures

•Abdominal mass or tenderness

Neurological Signs

•Seizures or unusual posturing

•Excessive sleepiness or hypotonia

Others-Jaundice beyond neonatal period

•Signs of dehydration (sunken fontanelle, dry mucous membranes, decreased urine output)

•Skin rash associated with systemic illness

Homoeopathic Approach(3)

Homoeopathy treats infantile colic by individualizing the case and considering physical, emotional, & environmental factors.

Common Remedies

•**Chamomilla**- Extreme irritability; baby cries continuously. Wants to be carried; only quiet when carried. Colic worse at night. One cheek red, the other pale. Green, offensive stools (often after dentition)

•**Colocynthis**-Severe, cramping abdominal pain. Baby draws knees to abdomen. Relief from pressure, bending forward, or warmth. Colic after anger or indignation. Pain comes in waves

•**Magnesia phosphorica**-Spasmodic, neuralgic abdominal pain. Baby curls up with knees flexed

Relief from warmth and gentle pressure. Colic worse at night. Gas-related pain

•**Dioscorea**- Colic with radiating pain. Baby arches backward (extends body)

Worse from bending forward. Better from stretching and walking. Flatulent colic

•**Lycopodium**- Excessive gas and abdominal distension. Colic worse between 4–8 pm. Right-sided abdominal pain. Baby is irritable but improves when passing gas. Desire for warm food

•**Pulsatilla**- Mild, clingy, weepy baby. Colic after fatty or rich food. Wants attention and comfort. No thirst. Better in open air

Clinical Case(3)(4)-A 2-month-old male infant, born full-term by normal vaginal delivery, was brought with complaints of excessive, inconsolable crying for the past three weeks, predominantly in the evening and night. The crying episodes lasted two to three hours daily and were associated with



the baby drawing his knees up toward the abdomen, abdominal distension, and passage of offensive flatus. The infant calmed only when carried and rocked gently. There was no fever, vomiting, or diarrhea, and his appetite and thirst were normal. The child was exclusively breastfed, and weight gain was appropriate for age. On examination, the abdomen was mildly distended and tympanic, with no signs of infection. Mentally, the infant was extremely irritable and difficult to console. Based on the totality of symptoms, the case was diagnosed as infantile colic. Chamomilla 30C was selected on basis on signs and symptoms. The remedy was administered as 2 pills in breast milk twice daily for three days, along with advice for proper burping and feeding posture. On follow-up after five days, the crying episodes were significantly reduced, abdominal distension decreased, and the infant appeared calmer, demonstrating the effectiveness of individualized homoeopathic management in infantile colic.

Conclusion-Homoeopathy offers safe, gentle, and effective management of infantile colic.

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