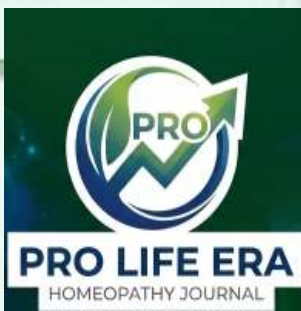




Homeopathy In Pediatric Condition: A Review of Its Potential Role & Current Evidence

Abstract-Paediatric healthcare requires an individual approach because children differ from adult in their physiological development symptom expression, drug metabolism, and psychological needs. Complementary and alternative systems of medicine, including homeopathy, are used by some families for variety of childhood conditions. Published literature includes case reports, observation studies, randomized controlled trials, and systematic reviews investigation homeopathic intervention in children

Report have described the use of individual homeopathic treatment in conditions such as upper respiratory tract infection, nocturnal enuresis, asthma, urinary tract infections, and gastrointestinal disorders. A randomized controlled trial involving 261 children with upper respiratory tract infection and fever reported earlier symptom resolution and lower disease-severity scores in children receiving a specific homeopathic product in addition to standard symptomatic treatment

However, other pediatric trials have produced mixed findings, and the overall evidence remains heterogenous. Recent evidence regarding nocturnal enuresis has shown a statistically significant reduction in bed wetting episodes with individualized homeopathic medical

products compared with placebo, although independent replication is required

Therefore, homeopathy may be considering an area of complementary paediatric research, but current evidence does not establish that homeopathy is effective for all paediatric diseases. Appropriate diagnosis, monitoring, preventive care, and evidence-based conventional treatment remain essential.

Introduction-Childhood is period of rapid physical, neurological, emotional, immunological development. Children commonly present with acute and recurrent illness such as respiratory infection, gastrointestinal complaints, allergic disorders, urinary problem, sleep disturbances.

Parents may seek complementary system of medicine because of concern regarding recurrent illness, medicine uses individualized assessment of the patient's symptom, general characteristics, and associated feature to select a medicine.

The paediatric literature on homeopathy includes different types of evidence, ranging from individual case reports to randomized controlled trials. However, these studies differ considerably in methodology, sample size, interventions, and outcome measures. Therefore, their findings should be interpreted critically rather than treating all reported

improvements as proof of efficacy.

Rationale For Considering Homeopathy In Pediatric Care

The proposed advantage of individualized homeopathic care in children includes:

- **Individualized assessment-** Treatment is selected according to the totality of symptoms rather than diagnosis alone
- **Attention to associated symptoms-** Physical, behavioural, emotional, and general symptoms may be considered during case analysis.
- **Longitudinal observation-** Repeated follow-up allows assessment of change in symptoms and general well-being
- **Potential role as complementary care** homeopathic treatment can be studied as an adjunct to appropriate conventional management in selected condition.
- **Patient-centred approach-** Detail history-taking can help identify factors associated with recurrence or worsening of symptoms.

Homeopathy In Pediatric Upper Respiratory Tract Infection-Upper respiratory tract infection (URTIs) is among the most common illness of childhood. Symptoms may include fever, rhinorrhoea, nasal obstruction, sore throat, cough, headache, and general malaise.

In randomized controlled trial by van Haselen et al., children with upper respiratory tract infection (URTI) and

fever received influcid in addition to standard symptomatic treatment. Influcid contained a fixed combination of six homeopathic medicines:

- Aconitum napellus D3
- Bryonia D2
- Eupatorium perfoliatum D1
- Gelsemium D3
- Ipecacuanha D3
- Phosphorus D5^[1]

The homeopathic preparation was administration for 7 days. During the first 72 hours, 8 tablets/day were given, followed by 3 tablets /day for the subsequent 96 hours. Standard symptomatic medicines available to both groups included paracetamol, ambroxol and oxymetazoline, administered as required^[1]

The study reported earlier resolution of symptoms in the influcid group; however, it evaluated a specific combination product as add-on to standard treatment, rather than proving the effectiveness of homeopathy as whole^[1].

Homeopathy In Pediatric Atopic Bronchial Asthma-A case of reported of a 7-year-old child with described individualized homeopathic management

The principle homeopathic medicine prescribed in the reported case was:

Silicea 200 – single dose

The case reported described subsequent improvement in respiratory symptoms during follow-

up. The report also documented the use of placebo/continued observation during follow-up^[2].

This case is improvement as clinical observation but, being a single case report without a control group, it cannot establish that silicea caused the improvement.

In children with bronchial asthma, prescribed conventional asthma treatment, including inhaled corticosteroids when indicated, should not be discontinued or delayed because of complementary treatment^[2].

Homeopathy In Nocturnal Enuresis-

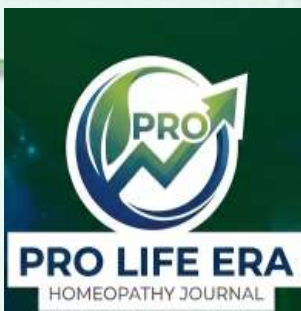
Nocturnal enuresis refers to involuntary nighttime urination in child beyond the age at which bladder control is normally expected.

It is associated with: Delayed maturation of bladder control, family history, constipation, urinary tract infection disorder, sleep-related factors, psychological or environmental factors.

Several paediatric reports and studies have investigated individual homeopathic treatment for nocturnal enuresis

Reported homeopathic medicines includes^[3,4]

- Kerosotum
- Sulphur
- Calceraphosphorica
- Calceracarbonica
- Mercurius solubilis
- Nux vomica



- Equisetum
- Causticum
- Baryatacarbonica
- Lycopodium
- Silicea
- Cina

In an observational paediatric study, kresotum was the most frequently prescribed remedy, occurring in approximately 26% of cases [7]. More recent evidence has also reported individualized prescription including sulphur, calcarean phosphorica, calcarean carbonica and kresotum.

A 2023 clinical study of individualized homeopathic medicine for primary nocturnal enuresis reported equisetum, causticum, kresotum, baryatacarbonica, lycopodium, silicea, cina and calceracarbonica among the commonly indicated remedies

Because enuresis is individualized in homeopathic practice, these medicines should be described as remedies reported in clinical studies, not as fixed prescription for every child [3].

Homeopathy In Paediatric Urinary Tract Infection-Urinary tract infection (UTI) is an important paediatric condition that may present with:

Dysuria, increased urination frequency, urgency, abdominal pain, fever, vomiting, or irritable.

The reviewed cases reported on paediatric urinary tract infection

described individualized homeopathic management based on the symptom's totality and repertorial analysis [5].

The remedies reported in the cases should be reproduced exactly as given in the original case report. Because to supplied image did not provide sufficiently clear bibliographic information to independently verify the complete remedy sequence and potencies, specific remedy sequence and potencies, specific remedies name should not be added from general mater medica knowledge.

This distinction is important because listing commonly used remedies such as cantharis, Apis mellifica, sarsaparilla or berberis vulgaris without confirmation from the actual case could incorrectly imply that they were used in that were used in that published case.

From a paediatric safety perspective, suspected bacterial UTI requires appropriate urine and medical management. Homeopathic should not delay antibiotics when they are clinically indicated.

Homeopathy In Paediatric Gastrointestinal Disorders-Gastrointestinal symptoms such as abdominal pain, altered bowel habits, bloating, constipation, are frequently encountered in children.

The available literature includes individualized homeopathic treatment for IBS and functional gastrointestinal complaints.

Reported remedies in paediatric and broader IBS literature include individualized prescribed such as:

- Natrum phosphoric
- Sulphur
- Nux vomica
- Lycopodium
- Pulsatilla

- Carbo vegetabilis

A recent paediatric case reported specifically investigation natrum phosphoricum in a child with IBS diagnosed according to Rome IV criteria [6].

However, paediatric evidence remains limited. Adults IBS studies cannot automatically be generalized to children should first be evaluated for organic causes when clinically indicated.

Safety Consideration In Paediatric Homeopathy-Safety is particularly important in children because they have different physiological characteristic from adults. When considering complementary treatment, clinical should ensure;

- Correct diagnosis is established
- Serious disease is not missed
- Appropriate conventional treatment is not delayed.
- Parents are informed about the limitations of available evidence.
- The child's clinical condition is monitored regularly.
- Any adverse event is documented.
- Emergency condition received immediate evidence-based treatment

The 2016 pediatric URTI trial reported one adverse event, vomiting, that was considered possibly related to the study product. The safety of a particular product cannot automatically be generalized to every homeopathic preparation.

Role Of Homeopathy In Paediatric Practice-Homeopathy can be discussed as a complementary area of pediatric healthcare rather than as a replacement for established pediatric medicine

Its potential may be explored particularly in conditions where:

- The diagnosis has been properly

established

- The child is clinically stable
- Appropriate conventional treatment is available when required And treatment outcome can be objectively monitor

The strongest conclusion that can currently be made is that some studies and case reports have reported improvement in selected pediatric symptoms, but the overall evidence remains insufficient and heterogenous to establish broad efficacy across pediatric disease.

Conclusion-• Homeopathy has been reported in the pediatric literature in relation to several conditions, including upper respiratory tract infections, nocturnal enuresis, asthma, urinary tract infection, and gastrointestinal complaints.

- Some randomized trials have reported favorable outcomes for specific interventions, including a pediatric URTI trial and recent trial investigating individualized homeopathic medicinal products for nocturnal enuresis.
- Therefore, the available evidence should be interpreted cautiously. Homeopathy may be investigated and, where appropriate, used as complementary care, but it should not replace timely diagnosis, vaccination, antibiotics when indicate, asthma therapy or emergency pediatric treatment.

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