



Original Article

## Conflicts of adolescents and their homoeopathic management: A case series

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### ABSTRACT

**Objectives:** (1) The objectives of the study were to identify the various conflicts faced by adolescents and resolve them with multidimensional management strategies designed specifically for each case and (2) to explore the role of homoeopathy along with ancillary measures in conflict resolution for adolescents.

**Materials and Methods:** The details of the chief complaints, developmental characteristics and the problems faced by the adolescents were studied and analysed. The specific conflicts were identified and individual multidimensional management strategies were devised accordingly. Homoeopathic management along with ancillary measures such as psychological counselling of patient and family, diet and lifestyle modification guidance, meditation and relaxation techniques and career guidance was the basic modalities used to resolve conflicts.

**Results:** Positive outcomes were achieved with suitable interventions made at the right time; this not only resolved the conflicts but also helped in preventing any adverse consequences or faulty development of the adolescents.

**Conclusion:** This study helps in appreciating the role of homoeopathy in the management of various physical, emotional, intellectual, psychosocial, sexual and behavioural conflicts faced by adolescents. The holistic approach used in the homoeopathic system of medicine along with ancillary measures can cause transformations at several levels, enabling individuals to lead a healthier and happier life as adolescents and adults.

**Keywords:** Adolescents, Conflicts, Homoeopathy, Ancillary measures, Multidimensional management

### INTRODUCTION

Adolescents are defined by the World Health Organisation as people between the ages of 10 and 19 years. Adolescence is the second most rapid and formative phase of life; it is a transformation characterised by discernible physical, cognitive, social, emotional and sexual development. This leads to various changes at the level of mind and body that can produce significant stress and conflicts.<sup>[1]</sup>

Conflict can be understood as mental struggle resulting from incompatible or opposing needs, drives, wishes or external and internal demands. The conflict can be inner (with self), external (with others) or with the environment as a whole.<sup>[2]</sup> Conflicts may develop at the physical, psychological, intellectual, social or sexual levels. Differences with parents, hormonal changes and mood disruptions, emotional immaturity, peer pressures and risk-taking behaviours, decreased level of self-control and increased level of sensitivity are some of the factors that lead to the conflicts.<sup>[3]</sup>

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Homoeopathy can play a fundamental role in resolving such conflicts. The role/s of a homoeopathic physician and the knowledge and skills they use are very important. An empathetic approach and strong rapport building during homoeopathic case receiving encourages adolescents to confide and share their conflicts without any hesitations. The therapeutic case taking initiates the healing process. Constitutional homoeopathic treatment acts on an individual's inherent nature and temperament, moulding and harmonising the person's self-energy to take control of the life situations. Homoeopathy helps adolescents deal with negative behaviours and emotions, improves perception, improves adaptation and healthy coping mechanisms and improves adjustment with the family and society by improving interpersonal relationships. It facilitates building motivation and taking responsibility for one's own life; it, therefore, improves the personal and professional growth required for healthy adult life.<sup>[4]</sup>

Homoeopathy, along with ancillary measures, helps address medical, psychological, social and intellectual problems arising from these conflicts. Therefore, it is important to study the role and scope of homoeopathy and various ancillary measures in managing conflicts; it is also necessary to study and analyse the outcomes obtained with individualised multidimensional management.

## MATERIALS AND METHODS

- Study design: Retrospective Case series study
- Setting: Three cases from private practice of the author.
- Patient's consent not required as identity not compromised.
- Patient's guardian's consent taken where-ever relevant and required.

### Participants

#### *Inclusion criteria*

- All three phases: Early/middle/late adolescence
- Both the sexes
- Rural and urban areas of Gujarat, India.

#### *Exclusion criteria*

- Cases from orphanages and childhood trauma rehabilitation centres.

### Short summary of the cases

#### Case report 1

Date: 5 January 2016

Age/sex: 16 years/female

Socioeconomic status: Lower class

Education: SSC fail

Father: 40 years, switching jobs; mother: 35 years, house maid; Siblings: 3 younger sisters, 1 younger brother

Address: X village, Gujarat.

The patient complained of frequent throbbing headaches that started with an aura followed by vomiting for the past 5 months; the headaches are triggered by anger and sensory inputs. She was thin and complained of small size of breasts and poor self-image. There was a history of a single suicidal attempt 6 months prior with low mood. At present, her mood was normal, but she had lost her aspirations in life.

Pubertal history and examination: Thelarche: 12 years, pubarche: 14 years, menarche: 14 years

O/E: Tanner's SMR: Ph5, B5

Interpretation: No signs of poor breast development.<sup>[5]</sup>

Other G/E: Weight: 42 kg, height: 162 cm, body mass index (BMI): 16 kg/m<sup>2</sup> (2<sup>nd</sup> percentile)

Rest: Nothing abnormal detected (NAD), S/E: NAD.

### Diagnosis

- Migraine with aura (ICD-10 G 43.1)
- Body dysmorphic disorder (ICD-10 F 45.22)
- Underweight (ICD-10 R63.6).

### Life space

The patient's father is a chronic alcoholic and does not have a fixed income. The mother is the breadwinner and is always overworked and indifferent. She accompanied her mother for work after dropping out from school. Despite the adversities in her life, she aspired to improve her lot.

In July 2016, she received a marriage proposal, but was rejected by the prospective groom for her poor looks. Repressed anger and disappointment led to a suicide attempt. Her jealousy toward her sisters, lack of friends and feeling of being ugly and incapable of attracting the opposite sex caused serious body image perception issues.

In September 2016, she received another proposal, which triggered the onset of migraine and loss of aspirations.

### Analysis of the case

The strained mother-father relationship and poor socioeconomic condition were the major contributing factors for the patient's poor physical and psychosocial development. As the patient started adolescence, peer pressure influenced her self-perception. Disappointment caused by the first rejection led to the major physical and psychological conflicts of poor self-identity, loss of aspirations and poor social

relationships. Despite having normal sexual maturation and breast development, her self-perceived flaws in her appearance indicated a likely mental health disorder. Resurfacing of the old hurts after the second proposal likely resulted in the patient turning the repressed anger on herself, causing the migraine.

Totality of symptoms and final remedy selection		
Constitutional		Intercurrent
A/F disappointment+++	Differentiation: Natrum mur, Pulsatilla,	Fixed ideas
Anger repressed+++	Lycopodium and	Migraine
Over conscious of her looks+++	Lachesis came up on repertorisation.	Repressed emotions
Low self-esteem+++	However, the self-perception of being ugly and not looking into the mirror along with her suppressed anger, jealousy and reservedness and craving bitter helped in arriving at Natrum mur	Miasm: Sycosis
Jealous of sisters++		Remedy: Thuja
Reserved ++		
Desires bitter+++		
Desires spice+++		
<sun+++		
Hot		
	Final remedy: Natrum mur	

#### Assessment of susceptibility and posology

- Susceptibility: High
- Functional changes ++
- Characteristics ++
- Sensitivity: High
- Posology: High, 200 to 1 M.

#### Management strategy used

- Homoeopathic management: Nat mur 200 in infrequent doses, Thuja 200 in infrequent doses (as intercurrent remedy)
- Role of the homoeopathic physician: A friend, philosopher and guide.
- Ancillary measures.
  - Diet: High calorie and protein diet
  - Psychological counselling: Cognitive reconstruction, behavioural activation, assertiveness and problem-solving techniques.

#### Evaluation of result

Complete conflict resolution was achieved after continuous interaction and counselling of the patient for 2 years. Her body image perception improved. Her headaches ameliorated completely. She gained weight and her BMI improved to normal. Her relationships improved. She completed her SSC examination, followed by a 6-month course of general duty assistant and became a nurse, thus fulfilling her aspirations.

#### Case report 2

Date: 3 June 2014

Age/Sex: 14 years/female

Socioeconomic status: Middle class Hindu family

Education: Pursuing private SSC

Father: Died in 2009, Stepfather: 45 years, Mother: 48 years, service, older brother: 20 years, service

Address: X city, Gujarat.

Patient complained of secondary amenorrhea for 6 months with behavioural changes, recent weight gain and puffiness of face. She also had headaches and acne since a few months.

Menstrual history: Menarche: 11 years, cycle: 5 days/28–34 days, profuse, pain in legs 2. Regular cycles till 13 years of age, LMP: 6 months prior, <3 before menses, >3 after menses

O/E: General: Mild facial oedema, no other positive findings, BMI: 23.8 Kg/m<sup>2</sup>, BP: N, acne on face, systemic: NAD.

Investigations: Urine pregnancy test: Negative, thyroid function test: Normal, USG pelvis: No evidence of polycystic ovarian syndrome. Further investigations advised but not done: FSH, LH, estradiol, prolactin, cortisol and GTT.<sup>[6]</sup>

Probable clinical diagnosis: Amenorrhea, unspecified (ICD-10 N91.2), hypothalamic dysfunction and not elsewhere classified (ICD-10 E23.3).

#### Life space

Childhood: The patient's father was a businessman and mother a housewife. Her father had adored her a lot; she was the apple of his eye. She had no difficulties in her life until her father died. After a lot of insistence from family and community, her mother married her father's business partner in 2011.

Initially, her stepfather used to fulfil all her demands. Soon, she accepted him as her father and started loving him. She was very fond of him, more than of her mother who was strict and did not support the freedom afforded to the patient. Unfortunately, the stepfather took advantage of her credulity (impressionability) and started sexually abusing her when she was just 13 years old. She was completely shattered when she realised what had happened and felt anger 3 toward him. Her mother, instead of empathising, blamed her for the incident. She was made to undergo a 'purification' process at their religious place. This was followed by secondary amenorrhea and other physical complaints in January 2014.

#### Analysis of the case

In this case, losing father at a tender age and then finding that void being filled by the stepfather helped in understanding the evolution of an immature child in her environment. On entering

adolescence, she experienced sexual abuse, which was the major conflict in her life. The effects of a traumatic experience on the psyche and soma and the resulting clinical picture were evaluated. Instead of getting personal and professional support, she was estranged and humiliated by her family. This led to more conflicts, namely the strained mother-daughter relationship and psychological-hormonal issues that were a direct result of the indignation<sup>3</sup> she felt regarding her situation.

Totality of symptoms and final selection of remedy

- Ailments from sexual abuse+++
- Ailments from indignation+++
- Menses suppressed due to anger+++
- Head pain from anger
- On repertorisation: Staphysagria and colocynth came up; however, colocynth does not cover the rubric A/F sexual abuse
- Final remedy: Staphysagria<sup>[7]</sup>

**Management strategy**

A stage-wise approach was planned.

**Stage 1**

- Homoeopathic management: Staphysagria 1 M single dose (high sensitivity and functional changes)
- Ancillary measures: Psychological counselling to address her negative thoughts and convert them to positive, anger management, breathing and relaxation techniques.

Follow-up: After a week, menses appeared and lasted for 10 days. The next cycle was regular, but her premenstrual symptoms were distressing. This indicated that her constitutional symptoms were coming forth.

**Stage 2**

Second prescription and family therapy

Totality of symptoms and final remedy selection		
Constitutional		Intercurrent
Ailments from admonition+++	On repertorisation, Staph and Calc carb came up	Retention of feelings
Want of self-confidence ++	Differentiation:	Amelioration by discharges
Impressionable +++	Amelioration from menses and desires for indigestible things were only covered by calc carb	F/H: IHD, tumours
<Mental exertion++	Relationship of remedies: Staphysagria is complementary to calc carb	Miasm: Sycosis
<+++ before and during menses		Remedy: Thuja
>+++ after menses		
Craving chalk+++		
Perspiration profuse +++	Final remedy: Calcarea carb	
Thermals chilly		

**Assessment of susceptibility and posology**

- Susceptibility: High
- Sensitivity: Mind ++, Nerves ++
- Posology: High potency, 200 to 1 M.

**Management**

- Homoeopathic management: Calc carb 200 infrequent doses, Thuja 200 infrequent doses (as intercurrent remedy)
- Ancillary measures: Psychological counselling: Family therapy with mother and child as a unit
- Role of homoeopathic physician: Family physician and therapist.

**Evaluation of result**

Stage 1: The major conflict was completely resolved.

Stage 2: The mother-daughter relationship improved. The hormonal imbalance was completely resolved. She also managed to pass her SSC and started pursuing vocational courses.

This approach helped in resolving her conflicts and restoring the health.

**Case report 3**

Date: 6 April 2012

Age/sex: 18 years/male

Socioeconomic status: Affluent Brahmin family

Education: Failed in HSC Science

Father: 52 years, CA, private consulting firm, mother: 51 years, school principal, older brother: 26 years, CA, sister-in-law: 26 years, CA, both working with father

Address: X city, Gujarat.

The patient was referred by his father for his habit of excessive cigarette smoking (20 cigarettes/day) which started after he failed in his XII standard examination. Since the last few months, he was also having problems of binge eating and weight fluctuations.

O/E: Weight 90 kg, height 180 cm, BMI 27.78 kg/m<sup>2</sup> (overweight).

**Diagnosis**

- Nicotine dependence, cigarettes, uncomplicated (ICD-10 F17.210)
- Overweight (ICD-10 E66.3).

**Life space**

The patient's father has always been dominating and authoritative. The mother is strict but caring. When the patient expressed his wish to pursue engineering and not accountancy, it was immediately rejected by the father, after which the smoking

habit began. In June 2011, he failed his HSC science examination. Excessive smoking and binge eating began after this.

**Analysis of case**

The impact of domination by the family on the developing ego and personality of the patient resulted in conflicts. The clashes with the family churned up negative emotions that were further compounded when he failed his examinations. The disappointment+++ and anxiety about his image were expressed in the form of identity confusion and substance abuse.

Totality of symptoms and final remedy selection		
Constitutional		Intercurrent
A/F disappointment +++	Differentiation: Lycopodium, Calcarea and Nux vomica came up after repertorisation	Accumulation Immoral desires Miasm: Sycosis Remedy: Thuja/ medorrhinum
<+++ domination Ambitious for money+++	Dreams of flying and the evolving personality of the boy under the constant domination of his father led to the selection of Lycopodium.	
Anxiety future about++ Timidity+++ Want of confidence +++ Dreams flying++ Craving sweets++	Final remedy: Lycopodium	

**Assessment of susceptibility and posology**

- Tissue susceptibility: High
- Sensitivity: Mind ++
- Characteristics ++
- Functional changes ++
- Posology: High, 200 to 1 M.

**Management strategy**

- Homoeopathic management: Lycopodium<sup>[8]</sup> 200 infrequent doses, Thuja 200 infrequent doses (as intercurrent remedy)
- Role of homoeopathic physician: Counsellor, philosopher and de-addiction therapist
- Ancillary measures.
  - Psychological counselling: Impulse control techniques, motivational interview: Importance of 'Dvijā' (leading a virtuous life, based on morals and values) for a Brahmin.
  - Diet and weight management
  - Mediation

**Evaluation of result**

Over a period of 10 months, homoeopathic management and ancillary measures empowered him to understand the purpose of life and inspired him to quit smoking

completely. His weight became normal and binge eating was completely relieved. He started a diploma course in computer engineering. A healthy transit into adulthood without any unresolved conflicts fogging his vision was thus ensured.

**RESULTS**

Conflicts faced by adolescent patients were successfully resolved with the suitable management strategies.

Homoeopathy along with ancillary measures helped in prevention of any adverse complications or faulty development in the adolescent patients

**DISCUSSION**

Adolescent conflicts can be identified through a careful and thorough understanding of their evolution through childhood and into adolescence. In this study, the major conflicts that can be identified are physical (nutritional: Undernutrition – Case 1, overnutrition – Case 2 and Case 3), psychological (identity confusion: Case 1 and Case 3, substance abuse: Case 3), intellectual (career choice: Case 1 and Case 3, curtailed academics: Case 2), social (interpersonal relationships with parents and peers: Cases 1, 2, 3) and sexual (perception: Case 1, abuse: Case 2). These conflicts give rise to mental and physical disorders. The individualised management strategies can be planned based on specific needs. The strategies include homoeopathic intervention and ancillary measures such as psychological counselling, diet and lifestyle modification and career guidance. These cases demonstrate that homoeopathy can be very effective in enabling conflict resolution for adolescents. Homoeopathy can produce positive outcomes in disorders of the psychoneuroendocrinal axis (Case 2) as well as mental and behavioural disorders (Case 1 and Case 3) in adolescents. Homoeopathy, along with other ancillary measures, changes the faulty perception of an individual and improves adaptation. Individualised multidimensional management thus restores the harmonious functioning of the internal system and transforms the individuals' conduct of their lives.

**CONCLUSION**

- The case studies highlight the importance of knowledge of
  - Normal growth and development in identifying the conflicts and arriving at the correct diagnosis
  - Common characteristics of adolescents in identifying PQRS symptoms for selection of simillimum.
- The case studies demonstrate the role/s of a homoeopathic physician and the scope of homoeopathy in various conflicts of adolescents
- Homoeopathy, as a holistic healing system of medicine, when applied with other ancillary measures, can bring

about positive transformations in individuals' lives, as is evident from all the cases in this study

- Further studies are required involving larger numbers of individuals from specific ages/sexes or certain geographical/sociocultural backgrounds with specific aspects of adolescent conflicts. These populations can then be assessed for the finer understanding of homoeopathic philosophy and Materia Medica in homoeopathic management.

#### Declaration of patient consent

Patient's consent not required as patients identity is not disclosed or compromised.

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Nil.

#### Conflicts of interest

There are no conflicts of interest.

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