



**TANTIA UNIVERSITY JOURNAL OF HOMOEOPATHY
AND MEDICAL SCIENCE
ORIGINAL ARTICLE**

Volume 2 Issue 4 (Oct. - Dec. 2019)

**E-ISSN - 2581-8899
P-ISSN – 2581-978X**

**Chronic Pain Abdomen in School Going Children and Effect of
Homoeopathic Medicine**

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Abstract-

Background- Chronic pain abdomen in children most common problem in developing country and challenges to their parents and caregivers. It is a condition comprising both organic and functional disorders and is therefore clinically challenging to diagnose and treat. **Methodology-** 30 children (5 years – 12 years) suffering from chronic pain abdomen were included for study and were prescribed homoeopathic medicine on the basis of acute totality of symptoms. For this study the subjects were selected from OPD of Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar, as per inclusion and exclusion criteria. **Result-** Out of the 30 cases studied, 17 were male children and 13 were female children. From the study of 30 patients presenting with IBD, constipation, worm infestation, colic, indigestion, jaundice, colitis, diarrhoea, and recurrent UTI etc. Statistical evaluation of pre and post treatment showed that the Homoeopathic medicines prescribed according to the individual peculiarities of the patient was found to be effective in the treatment of chronic pain abdomen. From the response of patients, I found that 14 patients showed marked improvement, 11 patients showed moderate improvement and 5 patients showed mild improvement. **Conclusion-** This study showed a significant role of homoeopathy in the treatment of chronic pain abdomen in school going children & reducing the intensity of suffering and providing good quality of life.

Key word: Chronic Pain Abdomen, Organic, Functional, UTI, Recurrent etc

Received: 25/10/2019

Revised: 24/11/2019

Accepted: 28/12/2019

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How to cite- Yadav R R, Bhardwaj SS, Singh PK. Chronic Pain Abdomen in School Going Children and Effect of Homoeopathic Medicine. TU J. Homo & Medi Sci. 2019; 2(4):02-09

Introduction-

The most widely accepted definition of pain was stated 1975 by the International Association for the Study of Pain (IASP) and

claims that “Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage”.

There is no generally accepted definition of recurrent or chronic pain, but it has been suggested to be pain persisting beyond what is expected (usually taken to be 3 months) or what can be considered a useful function. Chronic abdominal pain in school going children has long been a diagnostic dilemma faced by physician and surgeon alike. The majority of childhood abdominal complaints are benign. However, if excessive delay in diagnosis and management occurs, serious complications and death can result.

In clinical practice, it is generally believed that pain that exceeds 1 or 2 months in duration can be considered chronic. A child who chronically complains of abdominal pain is often a formidable challenge; although the symptom usually indicates a benign problem, the parents may be terribly worried, the child may be in distress, the practitioner may be concerned about ordering tests to avoid missing serious occult disease, and the family may be enmeshed in psychosocial complexities.

In chronic pain abdomen organic pathology cannot be identified in 90% of children. During the last half century, new diagnostic methods have broadened the investigation of these children, and have contributed to improved knowledge of the pathophysiology of Recurrent Abdominal Pain. In some of the subsequent studies, the percentage of children with organic Recurrent Abdominal Pain was found to be higher than initially. The majority of these studies were carried out in secondary and tertiary care hospitals where patients were highly selected and it was therefore more

likely that an organic pathology was found. In some of these studies, the percentage of organic Recurrent Abdominal Pain was found to be as high as 82%. A recent epidemiological study in Sri Lanka has reported organic diseases in 23.6% of affected children.

Common causes for Recurrent Abdominal Pain among several etiological studies in India have recognised intestinal parasitic infections, including giardiasis, as the leading cause for Recurrent Abdominal Pain, while in Sri Lanka, commonest organic aetiology is constipation. In many developed countries, the common organic causes include chronic constipation and gastroesophageal reflux disease.

Few studies have demonstrated a contributory role of lactose malabsorption in the symptoms of Recurrent Abdominal Pain. In contrast to this, a large number of subsequent studies have neither demonstrated an association between Recurrent Abdominal Pain and lactose malabsorption nor a significant improvement in symptoms following lactose free diet.

Recurrent Abdominal Pain In Children is reported to be very high (70%) in Asian children with Recurrent Abdominal Pain but no causal association was found between the two conditions. Therefore, the diagnostic value of investigating Asian children with Recurrent Abdominal Pain for lactase deficiency is doubtful. The role of *Helicobacter pylori* in the aetiology of childhood Recurrent Abdominal Pain is controversial. Many researchers have shown an association between *Helicobacter pylori* infection and Recurrent Abdominal

Pain, while several others contradict this finding.

Rome criteria were defined to diagnose functional gastrointestinal disorders (FGID), According to **Rome II criteria**, abdominal pain related conditions in children were classified into five categories;

- 1) Functional dyspepsia,
- 2) Irritable bowel syndrome,
- 3) Abdominal migraine,
- 4) Aerophagia and
- 5) Functional abdominal pain

Even though functional bowel diseases are considered as a cause of Recurrent Abdominal Pain in children, so far very few studies have been done to detect their prevalence among affected children. **Walker, et al.** found that 73% of patients with Recurrent Abdominal Pain fulfilled Rome II criteria for FGID, and most of them had irritable bowel syndrome (44.9%). Using the same criteria, **Schurman, et al.** found FGID in 84-89% of Recurrent Abdominal Pain children attending a tertiary care center. In this study, functional dyspepsia was the commonest diagnosis (35-47%). Similarly, another study in Sri Lanka has reported FGID in 79% patients with functional Recurrent Abdominal Pain, Of them, 31% had functional abdominal pain. Unfortunately, 11-27% of the children with non-organic Recurrent Abdominal Pain could not be classified under any one of the FGID using Rome II criteria.

To overcome drawbacks in Rome II criteria, they were revised and modified in 2006, and Rome III criteria were developed. Validity and reliability of Rome III criteria in diagnosing

pediatric FGID have yet to be studied. Using Rome III criteria, a recent study in Sri Lanka has reported FGID in 93% of patients with non-organic Recurrent Abdominal Pain, Of them, 45.2% had functional abdominal pain. Therefore, it is important to consider FGID in the differential diagnosis of Recurrent Abdominal Pain early in the evaluation.

Rome III Diagnostic Criteria For Pediatric Functional Bowel Disorders -

H2a. Diagnostic criteria* for functional dyspepsia Must include all of the following:

1. Persistent of recurrent pain or discomfort centered in the upper abdomen (above the umbilicus).
2. Not relieved by defecation or associated with the onset of a change in stool frequency or stool form (i.e., not irritable bowel syndrome).
3. No evidence of an inflammatory, anatomic, metabolic, or neoplastic process that explains the subject's symptoms.

H2b. Diagnostic criteria* for irritable bowel syndrome Must include all of the following:

1. Abdominal discomfort (an uncomfortable sensation not described as pain) or pain associated with 2 or more of the following at least 25% of the time:
 - (a) Improved with defecation
 - (b) Onset associated with a change in frequency of stool; and
 - (c) Onset associated with a change in from (appearance) of stool.
2. No evidence of an inflammatory, anatomic, metabolic, or neoplastic process that explains the subject's symptoms.

H2c. Diagnostic criteria†for abdominal migraine Must include all of the following:

1. Paroxysmal episodes of intense acute periumbilical pain that lasts for 1 hours or more.
2. Intervening periods of usual health lasting weeks to months.
3. The pain interferes with normal activities.
4. The pain is associated with 2 or more of the following: anorexia, nausea, vomiting, headache, photophobia, pallor.
5. No evidence of an inflammatory, anatomic, metabolic, or neoplastic process that explains the subject's symptoms.

H2d. Diagnostic criteria* for childhood functional abdominal pain Must include all of the following:

1. Episodic or continuous abdominal pain.
2. insufficient criteria for other functional gastrointestinal disorders.
3. No evidence of an inflammatory, anatomic, metabolic, or neoplastic process that explains the subject's symptoms.

H2d1. Diagnostic criteria*for childhood functional abdominal pain syndrome Must include childhood functional abdominal pain at least 25% of the time and 1 or more of the following:

1. Some loss of daily functioning
2. Additional somatic symptoms such as headache, limb pain, or difficulty in sleeping

H1c. Diagnostic criteria* for aerophagia

Must include at least 2 of the following:

1. Air swallowing.
2. Abdominal distension due to intraluminal air.
3. Repetitive belching and/or increased flatus.

(* Criteria fulfilled at least once per week for at least 2 months before diagnosis; †Criteria fulfilled 2 or more times in the preceding 12 months.children with functional Recurrent Abdominal Pain (non organic Recurrent Abdominal Pain) and those with demonstrable organic cause for their pain.)

Objectives :

The objectives of the present study were:

1. The primary objective of this study was to ascertain the effect of Homoeopathic Medicine in Chronic Pain Abdomen in school going children.
2. To increase knowledge and understanding of recurrent abdominal pain conditions in children
3. Study the homoeopathic approach in case of pain abdomen in school going children.
4. To restore the health of the sick. Give faster, gentle permanent cure as mentioned by Dr Hahnemann in aph. 2 in organon of medicine 6th edition.

Methodology :

Type of Study - Experimental(Interventional) study without control

Sample Size and sampling method -Cases will be selected by random sampling method. Total 30 children (5 years – 12 years) suffering from chronic pain abdomen were included for study and were prescribed homoeopathic medicine on the basis of acute totality of symptoms. For this study the subjects were selected from OPD of Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar, as per inclusion and exclusion criteria.

Inclusion criteria :

1. Patients 5-12 years of age & Both sex would be selected..
2. With informed consent

Exclusion criteria :

1. Cases without three visits follow up will be excluded.
2. Patients with any complications of the suffering will be excluded or pathological complication will be excluded.
3. Patients who do not cooperate will be excluded.
4. Immunocompromised children are excluded.

Duration of study: Study will be undertaken for the period of 12 months.

Expected outcome: Favourable (Good, Moderate and Mild on basis of symptoms improved after intervention)

Ethical outcome: It was approved by Institutional Ethics Committee of Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar.

Remedy selection: Remedy will be selected after repertorization and confirmation by Materia Medica.

Source of remedy: Pharmacy of Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar.

Remedy application: Potency selection, application and repetition of medicine(s) will be done according to the case as per posology.

Investigation: All necessary investigations will be done at this institute.

Research hypothesis :

1. **Null hypothesis (H₀):** No homoeopathic medicine is effective in chronic pain abdomen in school going children.
2. **Alternative hypothesis (H₁):** Homoeopathic medicines are effective in chronic pain abdomen in school going children.

Statistical analysis – For Data analysis and presentation Appropriate statistical tools used.

Observation and Analysis with result-

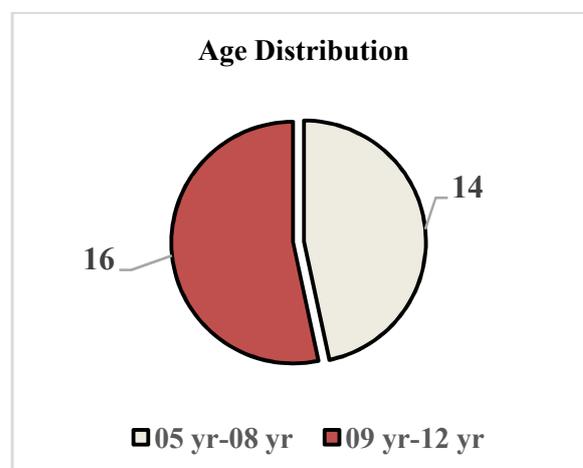
1. **Sex distribution:** - During my study, I had seen 17 case of male patient and 13 case of female patient.

Sex	Male	Female
No. of pt	17	13
Percentage	56.667	43.333

Table no- 1. Sex distribution

It is clear from the above mentioned table that male patients are in majority. It is also observed that percentage of number of male patients is more than female. So we say that chronic abdominal pain more common in male children than female.

2. **Age distribution during study: -**



Graph no. 1 – Pai diagram of Age distribution

The above graph shows the number of patients those fall under particular age criteria i.e. the number of patients of age between 5 – 8 are 14 whereas, number of patients lying under the age criteria 9 – 12 are 16.

3. **Disease Distribution:** - During my study of 30 cases i have seen following nosological diagnosis that can produce chronic pain abdomen in school going children.

Disease	No. of patients	Percentage
Abdominal Colic	4	13.333
IBD	4	13.333
Worm Infestation	4	13.333
Indigestion	1	3.333
Constipation	10	33.333
UTI	1	3.333
Pain Abdomen with Worm Infestation	1	3.333
Colitis	1	3.333
Abdomen Pain	1	3.333
Diarrhoea	1	3.333
Gastritis	1	3.333
Colic with Jaundice	1	3.333

Table no. 2 – Disease distribution

The different diseases found during the study of these 30 cases are Abdominal Colic, IBD, Worm Infestation, Indigestion, Constipation UTI, Colitis, Diarrhea, Gastritis and Jaundice. Most common cause of chronic pain abdomen was constipation in children during my study.

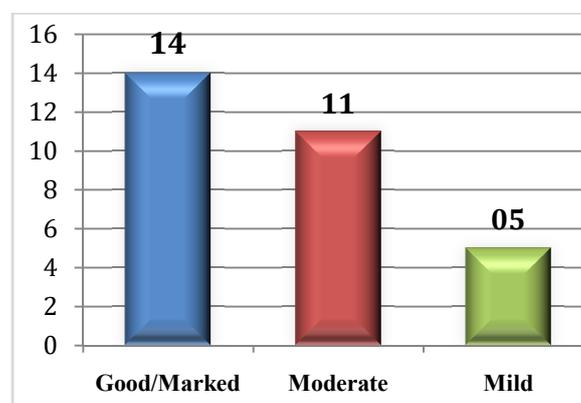
4. **Medicine Use during Study-** The following medicine used during my study, the selection of medicine based on totality of symptoms.

Name of Medicine	No. of Patient
Cina	4
Colocynth	3
Nux Vomica	3
Aethusa Cynapium	2
Aloes Soc.	2
Arsenic Album	2
Sulphur	2
Chamomilla	1
Thuja Occ.	1
Argentum Nit.	1
Silicia	1
Lycopodium	1
Alumina	1
Opium	1
Pulsatilla	1
Bryonia	1
Belladonna	1
Chelidonium	1
Calc. Flour	1

Table no 3. –Medicine use during study

Most used medicine Cina i.e. In 4 cases, Colocynth i.e. In 3 case. Nux vomica in 3 cases during my study.

5. **Response after Treatment:** - after the treatment following outcome were observed



Graph No. 2 – Bar diagram of Response after treatment

The above displayed graph helps us to understand about the responses of the patients after treatment, during the study of 30 cases presenting with Chronic Pain Abdomen, 14 cases i.e. 46.667% showed marked improvement, 11 cases i.e. 36.667% showed moderate improvement and 5 cases i.e. 16.667% showed mild improvement. 25 cases out of 30 cases show good improvement after giving homoeopathic medicine on basis of totality of symptoms.

Conclusion- This study showed a significant role of homoeopathy in the treatment of Chronic Abdominal Pain in reducing the intensity of suffering and providing good quality of life. The main focus of the study was to give the patient accurate remedy and to relieve complaints in shortest possible time. This study also established an important role of Homoeopathy in treatment of Chronic Pain in Abdomen, by which they were suffered from it. The study showed that the homoeopathic treatment was effective when the remedy was selected on the basis of totality of symptoms and individualization. In the study, emphasis was to give complete cure and to prevent recurrence of Abdominal Pain. So necessary anti miasmatic medicines were added at appropriate time. The predominant miasm found out in this study which was responsible for diseases which were psoro-Sycotic. There is no specific

remedy for the particular disease in our system Homoeopathy, but drugs selected on strict individualization only are found useful. In diseases, the true constitutional approach is the way of treatment because the drugs prescribed on the basis of the totality of the symptoms were able to give relief in 25 out of 30.

References-

1. Ghai OP. Essential Pediatrics 7th edition 2009. C. B. S. New Delhi ,
2. Colón AR, Colón PA 1999 Nurturing Children, a History of Paediatrics. Greenwood Press, Westport.
3. Abt AF 1965 Abt-Garrison History of Paediatrics. WB Saunders, Philadelphia
4. Harrison H.E.:The treatment of disease in infancy (Paed.clinics of North America, 1954
5. Ghai O.P. and M.K. Bhan: Practical implications of milk intolerance in diarrhoea. Ind. Ped. 19(1) : 89, 1982
6. IAP Textbook of Paediatrics, Jaypee Brothers Medical Publishers (P) LTD, New Delhi. 2nd edition, pg 414
7. Nelson Textbook Of Paediatrics, Volume 2, Part XVIII- XXXIII. 18th Edition, Saunders Elsevier India Private Limited Sri Pratap Udyog, 274, Capt. Gaur Marg Srinivaspuri, New Delhi- 110065
8. Hahnemanns organon of medicine by B.K.Sarkar, Birla publications PVT LTD. Pg.119
9. The Genius of homoeopathy Essay and Lecture on Homoeopathic Philosophy, by Staurtclose , M.D. (page 17, 31, 61

10. Lectures On Homoeopathic Materia Medica By James Tyler Kent,A.M., M.D, B.Jain Publishers PVT. LTD. MD, B.Jain Publishers (P) Ltd pg no 300, 301, 307-308, 310
11. Hahnemann's organon of medicine translated by R.E. Dudgeon, M.D., M Bhattacharya & co (P) Ltd edition 116, 160, 162, 324-371
12. Allen J.H., The Chronic Miasms of Psora and Pseudo-Psora volume 1, B.Jain publisher's pvt. Ltd New Delhi page-23,41
13. Patel R.P., Chronic miasms in Homoeopathy & their cure with classification of their rubrics/symptoms in Dr.Kent's repertory (Repertory of miasms)
14. Banerjee S.K., Miasmatic diagnosis Practical tips with clinical comparisons, B.Jain Publishers PVT.LTD.. New Delhi
15. Lillienthal Samuel, Homoeopathic therecurrent Abdominal Paineutics by
16. Boericke William, Pocket manual of homoeopathic material Medica 9th edition, Revised and Enlarged with the addition of repertory by Oscar E. Boericke. A.B., M.D. Indian books and Periodicals Publishers, New Delhi.
17. Murphy Robin Lotus materiamedica by, 3rd edition .B.Jain Publishers (P)LTD pg no 297

Conflict of Interest: None

Source of Support: Nil



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