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UNDERSTANDING DELAYED MILESTONES IN CHILDREN: A HOMOEOPATHIC PERSPECTIVE.

Abstract:

Developmental milestones are key indicators of a child's neurological and physical maturation. Delay in achieving these milestones can result from a wide array of causes including genetic, neurological, metabolic, and environmental factors (1). Timely recognition is crucial for early intervention and better outcomes. Conventional pediatrics emphasizes structured evaluation and multidisciplinary rehabilitation; however, homeopathy offers an individualized, holistic approach which complements conventional management. This article reviews common causes and classifications of delayed milestones, highlights red flag signs, and provides a homeopathic perspective including remedy selection, miasmatic understanding, and clinical experiences. Remedies like Baryta carb, Calcarea carb, and Tuberculinum etc have been classically used in cases of neurodevelopmental delays (2,3). The aim is to bridge modern pediatric insights with classical homeopathic therapeutics, thereby promoting integrative and patient-centered care

Key words:

Homoeopathy, Apis Mellifica, Stye, Swelling, eyelid, Right eyec/o: Developmental delay, milestones, homeopathy, pediatric neurodevelopment, miasmatic analysis.

Introduction:

Developmental milestones are functional skills or tasks that most children can do at a certain age range, reflecting neurological and physical maturation. These milestones span multiple domains, including gross motor, fine motor, language, cognitive,

and social-emotional development [1]. A delay in achieving one or more milestones may indicate an underlying neurodevelopmental disorder, metabolic issue, sensory impairment, or environmental deprivation [4].

Global developmental delay (GDD) refers to significant delays in two or more developmental domains, commonly seen in children under the age of 5. It has an estimated prevalence of 1% to 3% in the general pediatric population [5]. Early identification of such delays is crucial, as it allows timely intervention, potentially improving long-term outcomes in cognition, behavior, and social integration [6].

While conventional pediatric practice focuses on diagnostic investigations and early stimulation therapy, the homeopathic approach emphasizes individualization, constitutional remedy selection, and miasmatic understanding of the child's state. Remedies such as Calcarea carbonica, Baryta carbonica, and Tuberculinum are often indicated in developmental delay when prescribed based on the totality of symptoms [2,3]. Homeopathy not only aims to address presenting symptoms but also seeks to improve the child's overall vitality and developmental pace.

METHODS: This article is a narrative review based on standard pediatric textbooks, classical homeopathic literature, and selected peer-reviewed journals. Sources included Nelson Textbook of Pediatrics, Ghai Essential Pediatrics, Boericke's Materia Medica, and articles from journals like Neurology and Indian Journal of Research in Homoeopathy. Relevant studies and literature were identified using keywords such as "developmental delay," "milestones," and "homeopathy."

RESULTS: Children may show delays in motor, speech, cognitive, or social milestones due to causes such as genetic disorders, birth injuries, or nutritional deficiencies. Early warning signs include absence of head control by 4 months, no babbling by 6 months, or not walking by 18 months. Homeopathic remedies like Calcarea carbonica, Baryta carbonica, and Tuberculinum, were frequently found mentioned in literature as effective when prescribed constitutionally.

DISCUSSION: Developmental delays can occur in one or more domains such as motor, speech-language, cognitive, or social and are often the earliest signs of underlying neurodevelopmental disorders. According to Nelson, causes of delayed milestones may include perinatal asphyxia, chromosomal anomalies, cerebral palsy, malnutrition, or congenital hypothyroidism [1].

Identifying red flag signs like absence of head control by 4 months, no babbling by 6 months, or not walking by 18 months is crucial for timely referral and intervention [1,4]. Ghai emphasizes the role of structured developmental screening tools such as the Denver II

and Trivandrum Developmental Screening Chart for early detection. Standard developmental screening tools such as the Denver II assess children from birth to 6 years across four domains they are gross motor, fine motor-adaptive, language, and personal-social development. The Trivandrum Developmental Screening Chart (TDSC), developed in India, is a simple and validated tool for identifying developmental delay in children below 2 years of age [4].The AIP textbook also highlights that while many delays are due to benign causes or environmental factors, a significant proportion may represent early signs of conditions such as autism spectrum disorder or intellectual disability [5].

Homeopathy approaches developmental delays with an individualized philosophy, addressing not just the delayed function but the child's overall constitution.

Baryta carbonica, as described in Allen's Keynotes, is suitable for mentally and physically underdeveloped children—those who are shy, fearful, and slow to speak and walk [3].

Calcarea carbonica, mentioned in Boericke's Materia Medica, is indicated in fair, plump children with delayed dentition, large head, excessive sweating on the scalp, and general sluggishness [2].

Tuberculinum is frequently prescribed in children who have a tubercular family history, weak immunity, restless nature, and fluctuating developmental progress [2].

Silicea may help timid children with lack of confidence, late milestones, and weak assimilation [2].

Aethusa cynapium is useful in children with poor vitality and digestive issues, especially when accompanied by mental dullness [2].

In most cases, the miasmatic background guides the remedy choice—psoric delays show slowness without much pathology; syphilitic delays are destructive in nature; tubercular ones are marked by inconsistency and recurring infections [3].

Though homeopathy does not replace structured pediatric therapies like physiotherapy or speech therapy, it can complement them by enhancing vitality and addressing the individual child's susceptibility. Remedy selection based on the totality of symptoms and miasmatic analysis is central to homeopathic practice, as stressed by Allen and Boericke [2,3]. When intervention begins early, especially in the first five years of life, the period of maximum brain plasticity [1,4,7], homeopathic treatment may support better developmental outcomes.

REFERENCES

1. Kliegman RM, St. Geme JW, Blum NJ, Shah SS, Tasker RC, Wilson KM. *Nelson Textbook of Pediatrics*. 21st ed. Philadelphia: Elsevier; 2020. Chapter: Developmental Disorders.
2. Boericke W. *Pocket Manual of Homoeopathic Materia Medica*. 9th ed. New Delhi: B. Jain Publishers; Reprint 2014.
3. Allen HC. *Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica with Bowel Nosodes*. New Delhi: B. Jain Publishers; Reprint 2010.
4. Ghai OP, Paul VK, Bagga A. *Ghai Essential Pediatrics*. 9th ed. New Delhi: CBS Publishers; 2019. Chapter 4: Development.
5. Shevell MI, Ashwal S, Donley D, et al. Practice parameter: Evaluation of the child with global developmental delay. *Neurology*. 2003;60(3):367-80.
6. Johnson CP, Myers SM. Identification and evaluation of children with developmental delay. *Pediatrics*. 2007;120(5):1183–215.
7. Parthasarathy A, Menon PSN, et al. *IAP Textbook of Pediatrics*. 7th ed. Jaypee Brothers Medical Publishers; 2019.

DR ANUPAMA C U MD PART 2
(DEPARTMENT OF PAEDIATRICS)

BENEFITS OF DRINKING WARM LEMON WATER

The way you start each day is incredibly important. Whether you're a mom, a coach, a writer, a small business owner or a yoga teacher, what you do first thing in the morning matters. According to Ayurvedic philosophy, choices that you make regarding your daily routine either build up resistance to disease or tear it down. Ayurveda invites us to get a jump-start on the day by focusing on morning rituals that work to align the body with nature's rhythms, balance the doshas and foster self-esteem alongside self-discipline.

Your mind may say you have to check emails, take the dog out, get the kids out the door, that you can't be late for work or that you just don't have enough time to cultivate your own morning rituals. But, if you can only make time for one ritual that will improve your health, let it be this..... Start the day out with a mug of warm water and the juice of half a lemon. It's so simple and the benefits are just too good to ignore. Warm water with lemon:

1. Boosts you're immune system

Lemons are high in Vitamin C and potassium. Vitamin C is great for fighting colds and potassium stimulates brain & nerve function and helps control blood pressure.

2. Balances pH

Lemons are an incredibly alkaline food, believe it or not. Yes, they are acidic on their own, but inside our bodies they're alkaline (the citric acid does not create acidity in the body once metabolized). As you wellness warriors know, an alkaline body is really the key to good health.

3. Helps with weight loss

Lemons are high in pectin fiber, which helps fight hunger cravings. It also has been shown that people who maintain a more alkaline diet lose weight faster. And, my experience is that when I start the day off right, it's easier to make the best choices for myself the rest of the day.

4. Aids digestion

The warm water serves to stimulate the gastrointestinal tract and peristalsis the waves of muscle contractions within the intestinal walls that keep things moving. Lemons and limes are also high in minerals and vitamins and help loosen AMA, or Toxins, in the digestive tract.

5. Acts as a gentle, natural diuretic

Lemon juice helps flush out unwanted materials because lemons increase the rate of urination in the body. Toxins are, therefore, released at a faster rate which helps Keep your urinary tract healthy.

6. Clears skin

The vitamin C helps decrease wrinkles and blemishes. Lemon water purges toxins from the blood which helps keep skin clear as well.

7. Hydrates the lymph system

This cup of goodness helps start the day on a hydrated note, which helps prevent Dehydration (obviously) and adrenal fatigue. When your body is dehydrated, or deeply dehydrated (adrenal fatigue) it can't perform all of its proper functions, which leads to toxic buildup, stress, constipation, and the list goes on. Your Adrenals happen to be two small glands that sit on top of your kidneys, and along With your thyroid, create energy. They also secrete important hormones, including Aldosterone. Aldosterone is a hormone secreted by your adrenals that regulates water levels and the concentration of minerals, like sodium, in your body, helping you stay hydrated. Your adrenals are also responsible for regulating your stress response. So, the bottom line is that you really don't want to mess with a deep state of dehydration! Adopting just this one practice of drinking a cup of warm water with lemon in the morning for a month can radically alter your experience of the day. Don't be surprised if you begin to view mornings in a new light. Like I said, the recipe is really simple - a cup of warm (not hot) water and the juice from half a lemon.

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DUCHENNE MUSCULAR DYSTROPHY AND ITS HOMOEOPATHIC MANAGEMENT

ABSTRACT: Muscular dystrophies are a group of inherited myopathies characterized by progressive muscle weakness and degeneration, followed by replacement of muscle tissue with fibrous and fatty deposits. These disorders are classified according to their pattern of inheritance and clinical features, including X-linked types such as Duchenne, Becker, and Emery-Dreifuss muscular dystrophies; autosomal dominant forms such as facioscapulohumeral, oculopharyngeal, and myotonic dystrophies; and autosomal dominant or recessive forms such as limb-girdle, sporadic, and congenital muscular dystrophies[(1)]. Among these, **Duchenne Muscular Dystrophy (DMD)** is the most common and severe form. This review aims to summarize the definition, classification, epidemiology, pathophysiology, clinical features, complications, differential diagnosis, and investigations related to DMD.

INTRODUCTION:

- Inheritance: X-linked recessive
- Age of onset: Between 3 and 10 years
- Proximal muscles of upper limbs and lower limbs are predominantly affected, later involving the diaphragm, neck muscles, extraocular muscles, and facial muscles. Patients may become bed bound within 1st decade of life.
- Pseudohypertrophy of the muscle is present (enlargement of calf muscle, quadriceps and deltoids)
- The associated features are macroglossia, absence of incisor teeth, low (less than 10% of normal) IQ, skeletal atrophy and deformity (long bones become pencil thin and fracture), and cardiac involvement (persistent tachycardia, tall R-waves in the right precordial leads and deep Q-waves in limb leads and left precordial leads).[(2)]

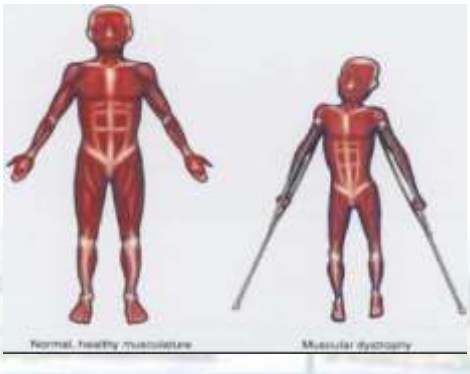
DEFINITION: Duchenne-type muscular dystrophy is an X-linked recessive disorder resulting from mutations of dystrophin gene located at Xp21.

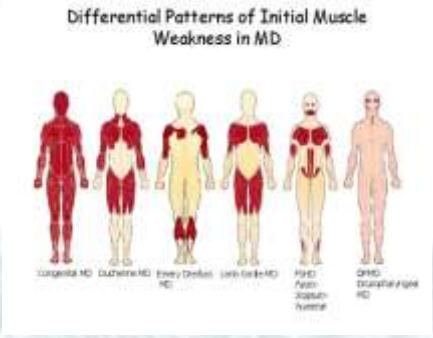
- The incidence of Duchenne-type muscular dystrophy is 1 in 3500 male births.[(1)]
- This condition is transmitted as X-linked recessive and hence females are carriers and males are symptomatic.
- It affects boys at the age of 3 to 4 years.[(3)]

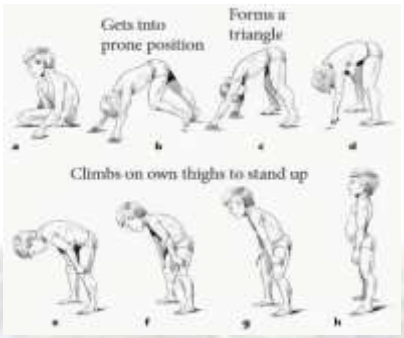
EPIDEMIOLOGY:

- Incidence: 1 in 3,500–6,000 live male births.
- Inheritance: X-linked recessive, ~30% new mutations.

- Gene: Dystrophin (Xp21), 79 exons.
- Mutations: deletions, duplications, point mutations [4,5] .







TYPES OF MUSCULAR DYSTROPHY:

- Becker Muscular Dystrophy (BMD) – Milder than DMD; onset 11–25 years; symptoms: toe walking, frequent falls, difficulty rising.
- Congenital Muscular Dystrophy (CMD) – Present at birth or before age 2; may be merosin-negative or positive; symptoms: contractures, scoliosis, breathing/swallowing difficulties, foot deformities.
- Distal Muscular Dystrophy – Affects distal muscles of forearms, hands, lower legs, feet; may involve heart and respiratory muscles; ventilator sometimes needed.
- Facioscapulohumeral Muscular Dystrophy (FSHD) – Affects face, shoulders, upper arms; progressive weakness in facial and upper limb muscles.
- Oculopharyngeal Muscular Dystrophy (OPMD) – Onset 40s–50s; symptoms: drooping eyelids, facial/tongue/throat weakness, swallowing/voice issues, possible retinal and heart problems.[6]

PATHOPYSIOLOGY:

Duchenne Muscular Dystrophy (DMD) is a genetic disorder caused by mutations in the DMD gene on the X chromosome. This gene produces a protein called dystrophin, which helps strengthen muscle fibers and protect them from damage during movement. Dystrophin connects the inside of the muscle cell to its outer membrane and the surrounding structures, keeping the cell stable when it contracts and relaxes. Over time, the body replaces the dead muscle tissue with fat and scar tissue, making the muscles appear larger (a condition called pseudohypertrophy) but much weaker.Because the damage continues throughout life, the muscles gradually lose their strength and ability to function. The heart and breathing muscles are also affected, leading to serious complications such as heart failure and respiratory

problems. In summary, the absence of dystrophin causes continuous muscle damage, poor repair, and progressive muscle weakness that worsen over time.

CLINICAL FEATURES:

- Duchenne dystrophy presents as early as age 2 to 3 years.
- Proximal muscles are affected more severely (limbgirdle pattern).
- The affected child has difficulty in running, jumping, and walking up steps.
- When arising from the floor, affected boys may use hand support to push themselves to an upright position (Gower's sign).
- Calf muscles may appear hypertrophied due to replacement of muscle fibres by fat (pseudohypertrophy).
- The disease is progressive and the child is usually wheelchair bound by the age of twelve.
- Paraspinal muscle weakness leads to progressive kyphoscoliosis.
- Respiratory function gradually declines.
- Most patients die of respiratory complications in their 20s.
- Cardiac muscle is also affected leading to dilated cardiomyopathy and conduction defects.
- The smooth muscle of the gastrointestinal tract is also involved, and intestinal pseudo-obstruction occurs.
- Children also frequently have varying degrees of mental retardation.[1]

Latest Updates on Muscular Dystrophy:

NIH Research: Supports basic, translational, and clinical studies. Gene sequencing has identified most genes involved, and understanding disease mechanisms is revealing new therapy targets. Promising progress is seen in myotonic and facioscapulohumeral muscular dystrophy.

Gene Replacement Therapy: FDA approved the first Duchenne MD (DMD) gene therapy in 2023; ongoing trials are assessing long-term effectiveness. Other therapies, like antisense oligonucleotides, help muscle cells produce functional dystrophin.

Utrophin Therapy: Increasing utrophin, a dystrophin-related protein, is a potential treatment approach. NIH supports both gene therapy and small molecule programs to boost utrophin in muscles.[6]

Use of Complementary and Alternative Medicine in Duchenne/Becker MD:

Pediatric patients use therapies like chiropractic care, herbal remedies, homeopathy, prayer, massage, special diets, megavitamins, acupuncture, and aquatherapy.

Factors influencing use include child age, disease severity, caregiver characteristics, maternal education, provider recommendations, and location.

Most common: aquatherapy, special diets, and prayer.

Note: Aquatherapy and nutritional guidance are often recommended as part of standard clinical care, not strictly alternative therapies. [7]

INVESTIGATIONS:

- Dystrophin gene defect can be detected by DNA analysis.
- Muscle biopsy can show dystrophin deficiency,muscle fibre degeneration and replacement with connective tissue and fat.
- Serum creatine kinase (CK) levels may be elevated but decrease when there is severe loss of muscle mass.
- Electromyogram (EMG) shows fibrillation potentials and myopathic motor units.[1]

DIFFERENTIAL DIAGNPOSIS:

- Beckers Muscular Dystrophy
- Intermediate form of Muscular Dystrophy
- Myotonic Muscular Dystrophy
- Limb-Girdle Muscular Dystrophy
- Congenital Myotonic Dystrophies

COMPLICATIONS:

- Respiratory failure (respiratory muscle weakness).
- Cardiomyopathy, arrhythmias.
- Orthopedic: scoliosis, contractures, fractures.
- Psychosocial/educational challenges.[4]

MIASMATIC ANALYSIS (Dr. S. K. Banerjee)

- Psoric Miasm: Constitutional weakness, delayed development, and fatigue, reflecting a general susceptibility to chronic degeneration.
- Syphilitic Miasm: Progressive muscular degeneration and fibrofatty replacement of muscle fibers, which aligns with Syphilitic tendencies.

- Sycotic Miasm: Pseudohypertrophy of the calves (enlarged but weak muscles) can be interpreted as sycotic influence—the body's attempt at abnormal compensation.[8]

HOMOEOPATHIC MEDICINES:

- Arnica Montana: For muscle soreness, bruised feeling, back and shoulder rheumatism, and pelvic pain; relief from muscle pain and spasms.
- Calcarea carbonica: For cramps in calves and lower limbs, joint swelling, weak extremities, and cold feet; supports muscle strength and relieves cramps.
- Calcarea phosphorica: For bone weakness, delayed growth, non-union of fractures, and fatigue; improves bone development and reduces stiffness.
- Phosphorus: For tall, thin individuals with muscular pseudo-hypertrophy, paralysis, and bone fragility; addresses degenerative muscular weakness.
- Ruta graveolens: For tendon and ligament strain, bruised muscles, back and leg pain, stiffness in hands and wrists, and sciatica; supports tendons and ligaments.
- Lathyrus sativus: For leg paralysis, tendon shortening, and Achilles pain; improves muscular strength and reduces contractures.
- Magnesium Phos: For muscle pain and spasm with cramps and severe, shooting pain.[9]

REFERENCES:

1. M. MANTHAPPA. Manipal Prep Manual in Medicine. CBS Publishers & Distributors Pvt Limited, India; 2018

2. R Alagappan. Manual of practical medicine. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2018.

3. Yash Pal Munjal, India. API textbook of medicine. Mumbai: Association of Physicians Of India; 2012.

4. Jameson JL, Fauci AS, Kasper DL, et al. Harrison's Principles of Internal Medicine, 21st edition.

5. AccessPediatrics, Chapter 208: Duchenne Muscular Dystrophy

6. www.ninds.nih.gov/health-information/disorders/muscular-dystrophy

7. Nabukera SK, Romitti PA, Campbell KA, F. John Meaney, Caspers KM, Mathews KD, et al. Use of Complementary and Alternative Medicine by Males with Duchenne or Becker Muscular Dystrophy. Journal of Child Neurology. 2011 Dec 7; 27(6):734–40.

8. Banerjee S.K.Miasmatic Diagnosis. New Delhi: B. Jain Publishers: 2002.

9. Kadam E. HOMOEOPATHIC APPROACH IN MANAGEMENT OF CASES OF DUCHENE'S MUSCULAR DYSTROPHY: A CASE STUDY. Journal of Population Therapeutics and Clinical Pharmacology. 2024 Jun 5.

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