

Adoption – A case of situational materia medica?

by Mary Aspinwall

Background information

Boy aged 5 at first visit

Adopted

Has a sister aged 7, also adopted

Little known about his natural parents

First came for treatment in April 97

Presented with a history of kidney infections

Medical history

At one and a half was wheezy and tended to get ear infections when teething which were > for changing to soya milk.

Since 3 years old has had repeated kidney infections with pain and crying on urination; night fevers; restlessness.

Has been treated with antibiotics three times for this symptom.

Has had a scan and a reflux test both NAD.

Suffers from involuntary nocturnal enuresis during infections.

Has a poor appetite.

Has also complained of tiredness in the legs, although less so recently.

Observation

I try to engage him by coming down to his level, making eye contact explaining that I am like a detective looking for clues and ask if he will help me. He says nothing and goes to sit with his sister and starts drawing. I say that I have to play Snap and try to find exactly the right medicine for him. Will he help? No answer. I say that I will ask Mum and Dad questions can he listen and tell me if they get something wrong? He nods. He looks immaculate. He is extremely neat and wearing very smart clothes.

In the hope that I can entice him to join in I start off by asking what food he likes / dislikes but he is happy just to listen and nod occasionally.

Please note where possible I have used the verbatim comments of his adoptive parents on the following pages. His mother did most of the talking.

Food?

Likes starchy food: cereal; bread; biscuits; potato; spaghetti; apples and pears.

	Dislikes meat.
Appetite, capricious	“ Food is a big issue. He craves biscuits and ice-creams and gets aggravated if we say no.
Mind, tantrums	He throws big tantrums. He could spot a sweet a mile away. He keeps saying I’m hungry but only for bread and biscuits.
Mind, averse.	He hates trying new food. He tried chicken nuggets and didn’t like them so he cleaned his tongue with a tissue! He likes potatoes but only with gravy – they have to be wet. He is very fussy his tomato ketchup must be in a particular place on the plate. When he was small, he ate anything. Now he’s hungry but he can’t eat when it comes”
Mind, indecisive	(Father) “He’s slow to make a decision. Doesn’t know what he wants. He wants to be good, but he really can’t make a decision. He spends ages trying to choose which cereal he wants in the morning...then he’s sorry if it causes an argument”. (His indecision annoys his mother).
Mind, image-conscious	“He is very particular about clothes. He likes ‘cool clothes’ with designer labels. He likes baseball caps and he loves footwear.”
Mind, fastidious	“Although he doesn’t mind getting dirty, he hates being dirty”
Mind, fearless	“He has no fear of danger!”
(Observation)	He is burying his head into the neck of his jumper.
Mind, timid	“He’s better when there are lots of people around. He hates feeling he’s being observed or the attention is on him.” (This is why he finds the consultation difficult).

Mind, indecisive	<p>He hates anyone (doctors or us) looking at his genitals ...he's very private.”</p> <p>“ He hates going to bed even if he is tired”.</p> <p>“He is fast on figures and sums. He has a brilliant memory for detail”.</p> <p>“We went to stay at a hotel. He was very excited about going, but he didn't go into the crèche even though he really wanted to... he just couldn't make the decision.</p>
Mind, fear of separation	<p>For the first time the child speaks he says: “I just want to be with Mam and Dad”.</p> <p>His mother says for him it was another “wrench like playschool...He didn't want to go to playschool”.</p>
Mind, competitive Mind, envious	<p>He's very competitive...has to win. He says to his sister ... you have more than me.</p> <p>He has marvellous co-ordination he learnt to ride a bike in one day. He's good at climbing and jumping he's very agile”</p> <p>“He has an infectious laugh.”</p>
Mind, sensitive, noise	<p>“He hates loud noises”.</p>
Feet, oversensitive	<p>“He cannot bear anyone to touch his toes. His feet just jump. He feels like he is being tickled when he is only being touched. He <u>likes his boots really tight.</u>”</p>
Generalities, Temperature	<p>“He's always hot, his cheeks are hot with a high colour...but during the kidney infections he complained of being cold.”</p>
Generalities, energy	<p>“He has good energy and never gets coughs or colds.”</p>
Bladder, urination stinging pain at close of	<p>“When he has an infection he cries out in pain after he's had a pee.</p>

Nose, blocked, on rising	“He says it feels dry < in the mornings. He picks it”.
Ears, waxy	
Legs, calves, eruptions	Very itchy slow to clear ... in a circle around the shin.
Hands/ feet, nails	“...soft and jagged”.
Stomach, nausea, on motion	He can get car sick depending on what he has eaten.
Bowels	He has two movements a day - very dry stools.

This was a strange case, because I never managed to get Q. (the boy) to talk to me. His (adoptive) mother did nearly all the talking.

What needed to be cured in this case?

This child was paralysed by indecision even in the simplest of choices. In his father’s words: “He wants to be good, but he really can’t make a decision.”

He wants to “be good” and we see this from his neat appearance and his desire for designer gear. He likes to play, but if he gets dirty then he wants to clean himself up soon after. He is not at ease with himself.

He likes to have his boots laced very tightly. I found out only recently from a social worker that this is a common trait amongst children who are in care, fostered or adopted. They are also very reluctant to take their shoes or boots off. Even though I didn’t know this I sensed his wanting the boots tight was a sign of his insecurity which was echoed by the reluctance to be separated from his mother and father (play school / crèche).

Why does he want to be so perfect?

One could speculate that he has a deep memory of having been abandoned by his natural mother and is terrified it will happen again if he makes a mistake, hence his terror of making the ‘wrong’ choice. However Hahnemann warns us against theorising in this way so sticking to what we know to be true...

If we take the presenting complaint, which has a clear modality we find:

BLADDER; PAIN; General; urination; close of, at (2) : apis, cann-s.

BLADDER; URINATION; dysuria; painful; urination; close of, at (1) : sars.

These rubrics are far too small to be reliable and none of the remedies cover the mental state of the child.

So I chose to broaden the rubrics above by including:

BLADDER; PAIN; General; urination; after (16) : berb., brach., calc-p., canth., Caust., echi., epig., equis., fab., lith-c., polyg., ruta, Sars., sep., thuj., uva.

Eliminating repetition by creating a combined rubric ensures no remedy is mentioned twice and given an unnecessarily high weighting:

pain at close or after urination (20) : Caust., Equis., Sars., berb., brach., canth., uva., apis, calc-p., cann-s., echi., epig., fab., lith-c., phos., polyg., rhus-t., ruta, sep., thuj.

I briefly considered Phosphorus because he had nausea after eating ice cream and Cannabis sativa as this remedy has fear of going to bed, but I had a strong inclination towards Thuja.

According to Vermeulen the nucleus of Thuja is that they have an ugly, unlovable feeling inside and so present a manufactured image to the world. His source for this is Gray:

"Present a manufactured image to the world which is calculated and formed from childhood. During childhood they had the experience [or delusion] of being neglected or abused. The message the child gets is that they can never be good enough"

Low self-esteem. "They feel UNLOVABLE. They think that if someone knew who they really were they could not possibly love them. Because they feel they can never be loved they make an extra effort to be liked. They look around to see what is most popular, how they walk, dress, what they do, etc., to see what is successful. Then they go about IMITATING this systematically and scientifically, copying what they think works in the world and by adulthood they have the PERFECT IMAGE". Feeling of UGLINESS inside. SELF-CONTEMPT (perfectly hidden).

Aside from this we have the tree itself with its split trunk highlighting the very marked duality that runs throughout the remedy, as we see from the following references.

All Materia Medica references below are from Complete Rep 4.5
(reversed)unless otherwise stated.

Confusion of mind: identity, as to his: duality, sensation of (Boenninghausen)
DELUSIONS, IMAGINATIONS: CUT: TWO, IN: COULD NOT TELL OF
WHICH PART HE HAD POSSESSION ON WAKING.

Delusions, imaginations: divided: two parts, into

Delusions, imaginations: double: he is

Inconstancy.

Thoughts: inconstancy of. (Jahr)

Irresolution, indecision: changeable (Jahr)

Even the smallest things seem to be major decisions:

Trifles: important, seem (Boenninghausen)

It covers his desire to “be good” and how he feels when he can’t decide:

Delusions, imaginations: wrong: he has done.

Reproaches: himself.

It covers his tantrums:

ANGER, IRASCIBILITY: TEMPER TANTRUMS: OPPOSED, WHEN AT
THE LEAST.

ANGER, IRASCIBILITY: WILL, IF THINGS DO NOT GO AFTER HIS.

His reluctance to answer me:

Answer, answering, answers: questioned, when: says nothing, indifferent, does
not answer. (Hering)

His desire for privacy:

Looked at: cannot bear to be. (Bernice)

His sensitive feet:

Sensitive, oversensitive: sensual impressions, to.

Formication: foot: sole of. (Hahnemann)

Formication: toes.

Also a confirmatory symptom for Thuja is:

Nose, Dryness: inside.

Prescription: Split dose Thuja 30c bedtime and rising. (Note – I have since
changed my prescribing habits and nearly always give a single dose these
days).

Follow-up (four weeks after remedy) on 13th May 97:

Nose, epistaxis	“After the bedtime remedy he had a nosebleed at 4am. He took the next remedy on rising and got another nose bleed. Since then his nose is running, but still feels blocked.” <i>(proving symptom)</i>
Feet, oversensitive>>	“Three days after the remedy his feet stopped jumping. For the first time ever he allowed me to cut his toe nails. He will wear other shoes now... it doesn't have to be certain boots.”
Generalities, energy	“...incredible he still wants to play at 10pm. Although one night he actually asked to go to bed at 7 or 7.30 which is a big change”.
Skin, eruptions, itching	“He came out in a lot of spots that started to get itchy. It was remarkable.” “He was very good for the first week or two, but...”
Sleep, difficult	The last three or four days he can't settle in bed. His fussiness about food is back, but not as bad”.
Face, heat>>	“His face has cooled down”.
Appetite>	“His appetite is good. He really likes raw carrots”.
Bladder, urination, pain	“Went of its own accord. It was itchy inside, but only for one day”.
Mind, indecisiveness ?	“...much improved”.
Mind, tantrums?	“That's disimproving over the last few days, but it's not in the same league ... before you couldn't reason with him”.

Prescription: Split dose Thuja 30c bedtime and rising

Decided to re-prescribe because some symptoms have returned in the past few days. He's having difficulty getting to sleep, he's more fussy about his food and the tantrums are returning.

Phone call (two weeks after remedy) on 3rd June 97:

Nose, blocked >

Face, redness >

Feet, sensitive?

“OK, but not as good as they were”

Sleep

“Getting him to go to bed is difficult.”

Mind,

“He's more aggressive than he was. Has to get the last puck in”

“Sometimes he wants his food on separate plates and sometimes he mashes it all together... He won't try anything not even a banana...”

Prescription: No remedy. Wait. Things are going backwards again but I don't want to repeat the remedy so soon. I hoped things would be clearer in a couple of weeks and since he has no return of the dysuria there is no great urgency.

Follow-up appointment (eight weeks after remedy) 24th June 97

Feet, jumping <

“Things haven't gone backward, except he won't let me cut his toenails. His feet are jumping again. He still wants his boots laced tightly... but not as bad as before.”

“There was a big overall improvement up to the second week after the remedy (mid-May) and since then his nose is less blocked up and his colour is less high. Otherwise no big change. He's a little bit more contrary, bullying ... uses his elbows a lot!”

Follow-up (eight weeks after Thuja 200c) on 21st August 97

Appetite, capricious<	“He wouldn’t eat a banana the other day because it was a bit black and ...
Feet, oversensitive<<	he can’t bear his feet to be touched again. He holds his breath. Everything else is fine though and if this was all he’d had wrong in the first place I wouldn’t have come to you.
Generalities, heat >>	One thing I notice is the redness in his cheeks has gone and he has less heat in his system generally ...
Perspiration, profuse>>	I remember (before the remedies) the sweat used to pour off him. He doesn’t complain of being sick.
Head, eruption	I notice he has crusty scabs on his head.
Generalities, energy >	He’s full of energy ...he leaves a trail of destruction... He doesn’t want to have his shoes tightened any more.
Nose, coryza	His nose runs a bit (< exertion). He’s had a growth spurt”.

Prescription: Thuja 200c at bedtime. Repeated because the extreme sensitivity of the feet has returned.

In a series of brief telephone follow-ups he has continued to improve and only very rarely had slight twinges on close of urination. The gaps between these incidents continues to widen. He is no longer indecisive. He recently broke his arm and had a tooth abscess and I treated him with first aid remedies. The remedy was repeated in February 1999 as it seemed to have been antidoted by the dentistry. He now wears his boots with the laces completely undone and is less concerned with his appearance. His feet can still be ticklish and he prefers to cut his toe

nails himself. His mother says he is in great form and that they are getting on extremely well. However she is now having difficulties in her relationship with her adopted daughter.

Prognosis and obstacles to cure

The prognosis for Q seems good. There has been marked and sustained improvement on all levels. However, even at the last follow-up he spoke very little to me and used his parents as intermediaries, which I hope will change as he grows older and gains confidence.

His mother told me when he broke his arm and was waiting to have a cast put on he had a very fleeting twinge of pain in his penis (not related to urination). This was related to his anxiety and has not returned since. He seemed slightly off form after the dental treatment he had so the remedy was repeated (Thuja 200c single dose) and his energy and mood improved.

From the outset the main obstacle appeared to me to be his mother. She is an immaculately turned-out, very precise woman who can be very demanding. This gave Q the sense that her love and approval were in some ways conditional and probably contributed to his mental and emotional disturbance. It is interesting to note how, since Q's treatment, her antipathy for her son has now switched to her older daughter who used to be "the favourite".

The mother began treatment just over one year ago and is doing well on Tarantula 200c. She hopes to bring her daughter to me at some point, but the daughter is not keen to come at the moment.

Situational Materia Medica – an observation

Some homeopaths believe that a set of circumstances can predispose someone to need a particular remedy. It is an interesting hypothesis (although the whole question of how people attract these situations, in the first instance, is not raised).

I had a second case where an adult woman, who had been adopted as a baby, made contact with her natural mother and father and went into a marked Thuja state becoming obsessed about her appearance and her (scarcely noticeable) warts.

Her natural parents behaved quite inappropriately towards her, yet she still desperately craved their approval. Thuja helped her to regain her centre and she became more circumspect about her newfound parents.

I wonder if adopted children tend to need Thuja more than those who remain with their birth parents? It would be interesting to know if any one else has prescribed Thuja where the situation was similar.

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