

An Integrative Homoeopathic Approach To Childhood Behavioural Disorders Along With Psychotherapy

Dr. Priti Rastogi^{1*}, Dr. Manish Rastogi²

¹M.D. (Hom.), M.A. (Psychology) Professor & Head, Department of Organon of Medicine, Homoeopathic Philosophy and Fundamentals of Psychology Dayalbagh Homoeopathic medical college and Hospital, faculty of integrated medicine [AYUSH], Agra, India.

²Manish Rastogi M.D. (Hom.), Professor and HOD, Department of Practice of Medicine Dayalbagh Homoeopathic Medical College & Hospital, faculty of integrated medicine [AYUSH], Agra, India.

ABSTRACT

Background

Childhood behavioural disorders are increasingly prevalent and represent a significant public health concern. Unresolved emotional distress, early-life trauma, adverse psychosocial environments, and dysfunctional family dynamics contribute substantially to the development of behavioural and psychological disorders in children. If not identified and addressed at an early stage, these conditions may result in long-term cognitive, emotional, and social impairments.

Objectives

To explore the multifactorial nature of childhood behavioural disorders and to evaluate the role of an integrative homoeopathic approach, combined with counselling and psychotherapy, in addressing emotional and behavioural disturbances in children through individualized and holistic care.

Methods

This article adopts a conceptual and narrative review approach based on homoeopathic philosophy, principles of psychotherapy, and contemporary psychological understanding of childhood behavioural disorders. Clinical observations, existing literature, and theoretical correlations are utilized to analyse symptom patterns, psychosocial contributors, and therapeutic strategies within an integrative framework.

Results

Behavioural disorders such as anxiety disorders (including phobias and panic disorders), attention deficit hyperactivity disorder (ADHD), autism spectrum disorder, and conduct disorders are closely associated with psychosocial stressors including parental neglect, emotional abuse, disturbed family relationships, and sociocultural disparities. Homoeopathic treatment, when integrated with counselling and psychotherapy, addresses the root emotional disturbances through individualized prescriptions aligned with the child's temperament and constitutional makeup. This integrative approach supports holistic healing at mental, emotional, and physical levels.

Conclusion

An integrative homoeopathic model incorporating psychotherapy offers a rational, non-toxic, and individualized approach to managing childhood behavioural disorders. Grounded in the fundamental principles of homoeopathy—individualization, the law of similars, and the dynamic nature of disease—this approach bridges classical homoeopathy with modern psychological science. Such integration enhances therapeutic outcomes and provides a comprehensive, evidence-informed model of care for children suffering from behavioural disorders.

KEY WORDS: Psychotherapy, Counselling, Holistic Healing, Vital Force, Paediatric Mental Health, Childhood Behavioural Disorder, Integrative Approach and Homoeopathy

How to cite this article: Rastogi P, Rastogi M. An Integrative Homoeopathic Approach to Childhood Behavioural Disorders Along with Psychotherapy. *Int J Drug Deliv Technol.* 2026;16(25s): 381-384. DOI: 10.25258/ijddt.16.25s.46

INTRODUCTION

Childhood is traditionally perceived as a period of innocence, spontaneity, and emotional freedom. However, this idealized notion often fails to acknowledge the growing psychological burden faced by children in modern society. Rapid socio-economic changes, academic pressures, altered family structures, emotional neglect, exposure to violence, and unrealistic expectations have significantly increased stress levels in children. While transient emotional disturbances and occasional behavioural outbursts may be considered a part of normal development, persistent maladaptive behaviours warrant careful evaluation and timely intervention.

Children possess immature cognitive and emotional capacities and therefore lack the verbal sophistication required to articulate internal distress. As a result, psychological suffering frequently manifests through behavioural symptoms such as aggression, withdrawal, hyperactivity, fearfulness, disobedience, or regression. When these manifestations are repeatedly overlooked, misunderstood, or punished, the child's emotional turmoil deepens, often culminating in diagnosable behavioural or emotional disorders.

Behavioural disorders interfere with the acquisition, retention, and application of cognitive, emotional, and social skills. They impair attention, memory, perception, language development, problem-solving ability, impulse control, and interpersonal relationships.

*Author for Correspondence: udai.shankar@mangalayatan.edu.in

Depending on severity, these disorders may range from mild and manageable to severe and debilitating, requiring long-term multidisciplinary intervention. A comprehensive understanding of childhood behavioural disorders therefore demands an approach that transcends mere symptom suppression and seeks to uncover the deeper psycho-emotional and environmental roots of disturbance.

CLASSIFICATION OF CHILDHOOD BEHAVIOURAL DISORDERS

Childhood behavioural disorders encompass a broad spectrum of conditions, commonly observed during early childhood and school-going years. The most frequently encountered disorders include:

1. Anxiety Disorders
2. Attention Deficit Hyperactivity Disorder (ADHD)
3. Autism Spectrum Disorder (ASD)
4. Oppositional Defiant Disorder (ODD)
5. Nocturnal Enuresis
6. Learning Disorders
7. Childhood Depression

These conditions are not merely neurobiological abnormalities but are deeply embedded within the child's social, familial, and cultural context. Hence, the child must always be assessed in totality—considering internal predispositions, emotional experiences, family environment, and societal influences. These disorders cannot be fully understood through a purely biomedical lens. Instead, they must be viewed within a **biopsychosocial framework**, where biological predisposition interacts with psychological experiences and socio-environmental influences.

For instance, a child with a genetic vulnerability to anxiety may develop clinically significant symptoms only when exposed to adverse environmental conditions such as parental conflict or academic stress. Similarly, behavioural disturbances in children with learning disabilities may arise secondary to repeated experiences of failure and low self-esteem. Thus, classification serves as a diagnostic guide but should not replace individualized assessment.

Managing children with behavioural disorders is a demanding task that requires patience, empathy, emotional maturity, and cooperative engagement from parents, teachers, clinicians, and peers.

COMMON SYMPTOMS ACROSS BEHAVIOURAL DISORDERS

Although each disorder presents with its own characteristic features, several symptoms are commonly observed across conditions:

- Decline in academic performance despite adequate intelligence and effort
- Difficulty coping with daily routines and responsibilities
- Disturbances in sleep and appetite
- Frequent somatic complaints such as headaches, abdominal pain, or fatigue

- Emotional instability, irritability, or frequent anger outbursts
- Social withdrawal and loss of interest in previously enjoyed activities
- Persistent negative mood states accompanied by low self-esteem
- Aggressive, defiant, or oppositional behaviour
- Frequent temper tantrums and impulsive actions

These symptoms often represent external expressions of internal conflict. For example, aggression may mask underlying anxiety or insecurity, while withdrawal may reflect depression or fear of rejection. Therefore, symptom interpretation requires careful clinical insight.

DISORDER-SPECIFIC CLINICAL FEATURES

Anxiety Disorders

Anxiety disorders in children are characterized by excessive fear, apprehension, and physiological arousal disproportionate to actual threat. Manifestations may include restlessness, sweating, palpitations, gastrointestinal distress, and avoidance behaviours. Common subtypes include generalized anxiety disorder, phobias, and panic disorder.

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a chronic neurodevelopmental condition marked by inattention, hyperactivity, and impulsivity. Affected children struggle with sustained attention, organization, emotional regulation, and impulse control, often leading to academic difficulties and strained social relationships.

Autism Spectrum Disorder (ASD)

ASD comprises a group of neurodevelopmental disorders characterized by impairments in social interaction, communication deficits, and restricted or repetitive behaviours. Severity varies widely, ranging from profound disability to milder forms with preserved intelligence but impaired social functioning.

Oppositional Defiant Disorder (ODD)

ODD is marked by persistent patterns of defiant, disobedient, hostile, and vindictive behaviour towards authority figures. Emotional dysregulation and poor frustration tolerance are prominent features.

Nocturnal Enuresis

Nocturnal enuresis refers to involuntary urination during sleep beyond the age at which bladder control is expected. Psychological stress, emotional insecurity, and developmental immaturity often contribute to this condition.

Learning Disorders

Learning disorders involve deficits in reading, writing, or mathematical skills, despite average or above-average intelligence. These difficulties often lead to secondary emotional problems such as anxiety, low self-esteem, and behavioural disturbances.

Childhood Depression

Childhood depression manifests as persistent sadness, irritability, withdrawal, feelings of worthlessness, and loss of interest in activities. If left untreated, it may lead to serious consequences, including self-harm and suicidal ideation.

PSYCHOLOGICAL AND SOCIOCULTURAL ETIOLOGY

Major psychological and social factors contributing to childhood behavioural disorders include:

- Emotional and physical trauma
- Loss or prolonged separation from caregivers
- Parental neglect or emotional unavailability
- Marital discord and domestic violence
- Poor attachment patterns
- Socioeconomic disparities
- Cultural, caste, and communal hierarchies
- Academic pressure and unrealistic parental expectations

Attachment theory emphasizes the importance of early caregiver-child relationships in shaping emotional regulation and personality development. Insecure attachment patterns may predispose children to anxiety, behavioural problems, and interpersonal difficulties.

Furthermore, cultural and societal factors play a significant role. In competitive academic environments, children may experience excessive pressure to perform, leading to stress, anxiety, and burnout.

Children often express distress behaviourally rather than verbally. Therefore, careful observation by parents, teachers, and clinicians, along with standardized assessment tools such as rating scales and behavioural inventories, is essential for accurate diagnosis.

LIMITATIONS OF CONVENTIONAL TREATMENT

Conventional psychiatry largely relies on nosological diagnosis and pharmacological intervention, including stimulants, antidepressants, mood stabilizers, and antipsychotics. While medication may offer symptomatic relief, it often fails to address underlying emotional conflicts and may be associated with long-term side effects.

Psychotherapy and family counselling are valuable components of conventional treatment; however, an approach focused solely on symptom control may inadvertently suppress emotional expression rather than facilitate genuine healing.

HOMOEOPATHIC PHILOSOPHY AND HOLISTIC HEALING

Homoeopathy offers a fundamentally different perspective by viewing disease as a dynamic disturbance of the vital force, manifesting simultaneously at mental, emotional, and physical levels. Behavioural disorders are understood as outward expressions of internal disharmony rather than isolated brain dysfunctions.

Individualization, totality of symptoms, and constitutional assessment form the cornerstone of homoeopathic prescribing. By selecting a remedy that closely corresponds to the child's unique emotional and behavioural profile, homoeopathy seeks to restore balance gently and permanently.

MIASMATIC CONCEPT AND MODERN CORRELATIONS

The theory of miasms—psora, syphilis, and sycosis—represents inherited and acquired tendencies that predispose individuals to chronic disease. Modern scientific parallels may be drawn with epigenetics, immune dysregulation, and psychosomatic vulnerability.

Behavioural disorders often reflect deep-seated miasmatic influences interacting with environmental stressors. Homoeopathic treatment, by addressing miasmatic roots, aims to modify disease susceptibility rather than merely palliate symptoms.

INTEGRATION WITH PSYCHOTHERAPY AND COUNSELLING

Psychotherapy provides children with a structured and emotionally safe environment for expression and emotional processing. Techniques such as play therapy, behavioural therapy, cognitive behavioural therapy, and parental counselling complement homoeopathic treatment effectively.

Observation of the child's spontaneous emotional expressions during therapy sessions also assists the homoeopathic physician in accurate case analysis and remedy selection.

BENEFITS OF AN INTEGRATIVE APPROACH

An integrative homoeopathic and psychotherapeutic approach results in:

- Faster and more sustainable behavioural improvement
- Enhanced emotional resilience and coping skills
- Reduction in emotional suppression
- Improved family dynamics
- Better academic and social adjustment

This integrative model aligns with both classical Homoeopathy and modern psychotherapy

CONCLUSION

Despite its diversity, science is unified by universal principles such as causality, logical reasoning, and experiential validation. Homoeopathy, when practiced scientifically and integratively, represents a coherent therapeutic paradigm that aligns with these principles.

By bridging classical homoeopathic philosophy with modern psychological understanding, an integrative approach offers a compassionate, rational, and effective model of care for children suffering from behavioural disorders. Such a model not only heals symptoms but nurtures emotional well-being, resilience, and healthy development—thereby truly restoring the sick to health in the deepest sense.

REFERENCES

- Close S. The genius of homoeopathy: lectures and essays on homoeopathic philosophy. New Delhi: B. Jain Publishers; 2005.
- Hahnemann S. Organon of medicine. 6th ed. Translated by Boericke W. New Delhi: B. Jain Publishers; 2002.
- Sadock BJ, Sadock VA, Ruiz P. Kaplan & Sadock's synopsis of psychiatry: behavioral sciences/clinical psychiatry. 12th ed. Philadelphia (PA): Wolters Kluwer; 2022.
- Sharma H. Psychotherapy and counselling: a homoeopathic perspective. Indian J Res Homoeopathy. 2017;11(2):112–118.
- National Institute of Mental Health. Children and mental health [Internet]. Bethesda (MD): National Institute of Mental Health; c2025 [cited 2025 Jul 18]. Available from: <https://www.nimh.nih.gov/health/publications/child-ren-and-mental-health>
- McLeod J. An introduction to counselling. 5th ed. Maidenhead (UK): Open University Press; 2019.
- Oberai P, Bhuvaneshwari S, Khurana A. Homoeopathy in mental health: bridging traditional healing with modern psychiatry. Indian J Res Homoeopathy. 2019;13(1):3–9.