

Henny Heudens-Mast

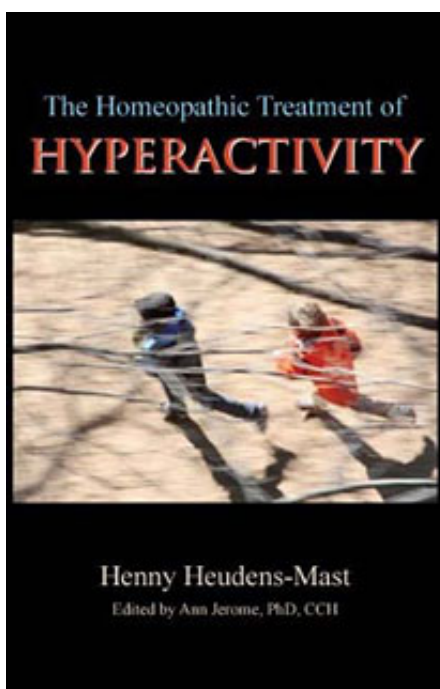
The Homeopathic Treatment of Hyperactivity

Extrait du livre

[The Homeopathic Treatment of Hyperactivity](#)

de [Henny Heudens-Mast](#)

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CHAPTER 4

Mathew, age 10

Introduction

Mathew's case provides an example of the shift from the first prescription to the second, defined as the next prescription after the first one that has acted curatively. With each subsequent prescription the case moves gradually toward cure. At every juncture we consider the whole picture, responding to its shifts with the appropriate remedy. But as every homeopath knows, there is an art to this process.

One lesson from Mathew's case is that it can be very difficult to see the picture even of familiar remedies when hyperactivity is present. The symptoms can be so dramatic as to seem characteristic when they are actually part of the syndrome, and the syndrome's symptoms vary widely enough to be potentially misleading as well. Mathew's hyperactivity has changeability instead of sustained restlessness, demonstrating again how important it is to base a prescription on the individual picture.

In treating children who have been labeled as hyperactive, the homeopath has to contend with parents' goals and expectations, and the parents of these children are often under tremendous pressure themselves. Managing the case includes managing the expectations of parents, teachers, and others in the child's life. A homeopath has to maintain clear focus on the case itself to avoid being misled by all these outside forces. In every case, we must respect the organism's pace and potential rather than the wishes of the wider world.

This case also contains examples of issues that we see in pediatric cases of all kinds, such as prenatal influences and discrepancies between chronological and functional age. Henny urges us to stay grounded in common sense about what is normal and healthy for human beings and to use this as a gauge to assess each aspect of the case. She reminds us to depend on our own judgment and observations to understand the child accurately, knowing that parents and even other homeopaths may have their own perspectives, and to listen above all to the child. Henny also notes that a destructive aspect of fear in our culture has been to normalize distorted perspectives that the homeopath must be unprejudiced enough to recognize.

The discussion of this case is full of useful tips for homeopathic practice based on Kenny's long clinical experience, including an especially rich conversation about her approach to treating infants in utero.



Background

This is another case from an earlier seminar, with Henny showing the video here. Henny reports the conversation so that the students can devote themselves to observing the patient closely.

H Now we will continue with a video case of a hyperkinetic child who I saw on an earlier seminar and is still in treatment, but who is already greatly improved. I have seen the child three times. The homeopath who was treating the child, reached the limit of his possibilities and he sent me large reports about every remedy that had been given and what had happened. I had so many pages from this case even before seeing the child. And I also have many faxes from the mother, asking me for a reply.

The child is ten and a half years old, and he is the only child of a mother who I find to be quite old. I cannot ask her age, but to me she seems old.

Before I saw him, the child had received Tuberculinum, Bufo, Medorrhinum, Mercurius solubilis, Veratrum album and many other remedies but there was no success. He had been presented at various seminars with other homeopaths as well. The presenting homeopath, who had treated the child for several years, wrote to me: "I don't know any more, I have given everything, and I don't know any more." Never judge a homeopath badly for this; we all have cases like this, including myself.

Here on the video, the homeopath is telling about the remedies that were given. After Veratrum album there was a brief amelioration, then again nothing.

Now here is the child. His name is Mathew. I will tell you what is being said on the video, so you can just watch the child.

Interview

H *[describing the video]* I asked, what is the problem for which you would like help? I am ashamed, he says.

On the video, what do we see with the child after just a few minutes?

C He holds back, he cannot open up, he withdraws. C

He does everything slowly. He goes slowly.

H The father threatens that if Mathew does not get the correct remedy, then he will get Ritalin®. It is a big fight to keep

Ritalin® from the child. The father has the medication ready and is just waiting to give it to him.

You can see in the video the similarities between the faces of the mother and the child.

[Mathew seems to be embarrassed. He stays back from Henny.]

H The mother is saying that he cannot do his schoolwork. He has private lessons, but his grades in school are bad, he cannot learn. When he is embarrassed because he is so ashamed that he makes so many mistakes, then he reacts with awful anger. But he can control it with the woman who gives him the private lessons.

Often we see the same behavior with ADHD, but there are also cases in which it is awful at home and a little better at school, or the other way around. The mother says that he is absolutely awful at home.

He is ten and a half years old and has a large interest in sexual things. He will lie naked on his mother's back, and she will allow this. (She does not tell this here in front of the child!) He will then make movements like in coitus. The mother fends this off, but he tries it again and again. For this he received Hyoscyamus, which did not work at all.

He sweats a lot at night and sleeps without clothes.

Up until one year old he was healthy, until he went into daycare and then he got many ear infections. He was given many antibiotics until he was about three years old. He then became allergic, had throat infections four or five times, and was treated homeopathically during which the awful behavior continued to get stronger.

So I go back with my questioning to before the first year

started pulling on his bicycle. Then he began immediately to hit the children, so that they were really injured. Their parents came and threatened with going to the police. We see here the changeability between the calmness and the strong response.

When I asked the mother, "Is he destructive?" I got the answer, "Definitely not!" But what I have seen, I have seen - and they were not delusions! The mother says that he often says: "I hate my life, why do I even live?"

With this, I have told you everything that I have discovered and observed in one and a half hours. It is not much.

C And the family history?

H One grandfather had cancer, and I could not discover anything else. Both parents have no contact with their families.

Analysis

H So, how do we analyze this case? How is his facial expression?

C Tired, dull.

H What comes across? What do we hear over and over? This calmness changing to frenzy, this changeability - yes, it belongs to the ADHD.

C Have these people consumed a lot of drugs?

H This mother does not look to me like the old fashioned 'flower power!' The mother looks like the child. If she were taking anything, we have the impression that it would

be a sleeping aid. A quiet voice, also very monotone. These observations are important in order to analyze this case accurately and to say: that is the remedy!

C The lack of interest is striking. C

The flight into dreamland.

C I have never heard of a child that came into the world sleeping.

H I was amazed to hear that. It took some time before I understood that: How was it? He slept? The mother did not understand why I made such a big deal. Then I asked once again, how was that exactly, he was unconscious? I could never have imagined it. But no, the mother said, he slept! She seemed a little puzzled as if I still did not want to understand it.

What else comes to mind?

C The mother's shock during the pregnancy.

C Were there medications during the childbirth?

H No, it was a normal birth.

C He dreams of monsters and that he is lame.

C Is there perhaps a reference to the
amniocentesis?

H Perhaps. The mother told spontaneously that he hid himself. Actually, the mother experienced a shock twice during the pregnancy, once during the amniocentesis and once during the accident. Amniocentesis can be a shock. Most mothers experience it as very uncomfortable, and they see the screen showing the child and the needle, and this

If only he had gotten Opium right after the birth! Perhaps he would have been as he was in the next consultation.

Follow up

Two months:

H The first follow up is two months after the initial interview. We will take away the sound from the video, that is perhaps even better, because then we will see something. I always believe my eyes. They are not good, but they can see well!

[Mathew's face is a bit more lively, and he is moving around a bit more. He laughs and engages in the conversation; in his eyes there is expression.]

H The question the homeopath poses is: "How is it in school - definitely not well!" And the child says: "It is better!"

"But you still do not have any friends, true?" asks the homeopath. Do we see what kind of negative questions he asks? For him it was clear: he only needed to send the video to show me that Opium did not act. It was like a fixed idea in his head. I have never needed to fight so much with a dear colleague so that he would not do anything. I constantly heard: The mother still says nothing is better, the father complains as well. The Ritalin® stands ready.

This boy is reacting! He has some expression!

[joking] I have the impression that he is now a bit like a pasha, the man in Eastern countries who is obese and lets others serve him.

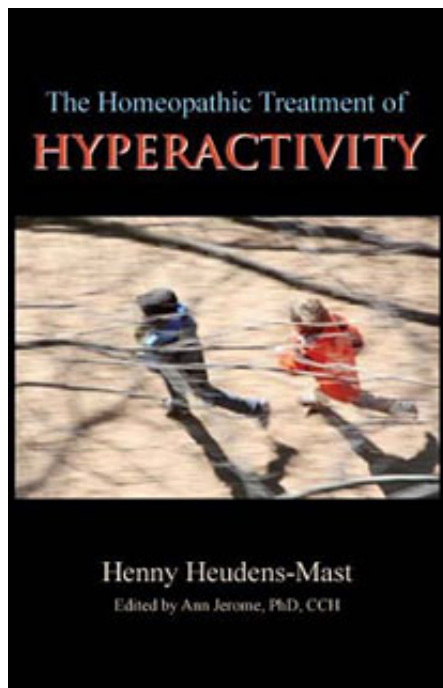
The homeopath did write to me with the video: He is doing a bit better than before the remedy. For a short while now he less often in his dreamland. The restlessness is a little better.

The boy says: "I like to write, but I still lose things!" He is somewhat more organized, the distractibility is better. He loves funny films the best. He loves peanut butter and bread with honey and sweets. He goes to bed at 8:30pm and falls asleep around 9pm. He still has no friends in school. In the end, the homeopath asks what differences the boy has felt. The boy says, "My mood is a bit better, and so is my concentration. I have a lot fewer problems with my parents. I no longer have any fears of anything."

The mother reports after the consultation: "He is doing much better! As a baby he had something sweet about him that now I see again!" Much more laughing, good mood, softer.

What do we have to do now? Wait! How do we know he is better? We see in this video that the expression from his eyes is much better, he is moving and speaking! That is enough for me to say that the remedy has worked. But the mother says: "Right after the remedy it was much better. And now I have the impression that it is no longer getting better." But that is very normal when someone comes back to the next consultation. Mostly patients say: It was good - until yesterday (before the consultation!). It was very good - until last Sunday (before the consultation!).

In the beginning of my homeopathic practice I always repeated the remedy. After some time I saw how this repetition of the remedy could send the case in the wrong direction. Then I began to think about why everyone said that it was better until yesterday or last week.



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