Schoolchildren as Patients

with regard to dysfunctional achievement in school

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Our first task is briefly to stake out the boundaries within which this topic is to be developed. They may be defined fairly precisely with the help of two propositions. Proposition No. 1: School can make you ill. Proposition No. 2: Illness can have a negative effect on scholastic performance. In what follows, these propositions will be illustrated by the portrayal of two cases from practice.

First Case

An eight-year-old boy comes for consultation with unbearable abdominal cramps which are accompanied by diarrhœa and vomiting. These have been occurring sporadically for weeks. He is severely emaciated, his skin is pale and almost transparent and he has dark rings under his eyes. He gives a nervous, distracted impression, during case-taking he has difficulty in answering my questions and cannot concentrate. The mother is in no position to follow the conversation, being constantly busy admonishing and correcting the lad. He had the following history of previous treatment: Consultations with two pædiatricians and an internal medicine specialist, stool tests for ascarides, contrast X-rays of the colon, attempted building up of the intestinal flora. So far his illness has lasted six months. Homœopathically he has been given Phosphorus, allopathically Glutergen, plus vitamins, Abdomilon, Uzaraliquor. In the course of these six months various therapists have pronounced the following tentative diagnoses: irritable colon, Crohn's disease. food allergy, organ neurosis, pancreatic insufficiency, chronic recurrent gastro-enteritis. Solely on the basis of my experience as a psychological advisor, I followed up a new tentative diagnosis - and struck lucky. What we had here was a very pronounced - and admittedly very well concealed - case of school phobia.

In my ensuing discussions with the mother it came out that it was not the school that was responsible for the phobia, but rather the parental home. In his youth the father, a medium-level civil servant, had broken off his higher education and now was trying to project his life's unfulfilled wishes on to the child; during the second year of primary education he was already mapping his son's future for grammar school. The child allowed himself to be placed under so much pressure by his father's expectations of what he should achieve that, out of sheer dread of not being able to satisfy his father's wishes, he was no longer capable of meeting the school's requirements. Fortunately his body reacted in time with alarming signs. Proposition 1: School can make you ill.

Second Case

A girl aged 7 comes to the practice with her father and mother. Approaching the end of the first primary school year, she is to repeat the year on a voluntary basis, since her performance has rapidly gone downhill in the last few months. Her homework is carried out incompletely. Things needed for lessons are not in her school bag, nor does she tell her parents about important appointments. In lessons she gives the impression of lacking concentration and 'switching off'. Two pædiatricians and a psychologist have tried hard to find the cause, but without success. The solution to this puzzle was conceivably simple and came to light after a simple clinical examination: chronic Eustachian catarrh, severely affecting her hearing. Proposition No. 2: Illness can have a negative effect on scholastic performance.

From these two cases we can see the problems that lie hidden within the theme of this contribution: Schoolchildren as patients. And likewise we can see that the definition of the concept of "dysfunctional achievement" certainly needs to be broadened somewhat for the purposes of our daily work in practice. It follows that dysfunctional achievement is both a dysfunction which predominantly comes to light at school, or which influences the child's school life, and also a dysfunction which may have been created by the school. In this connection it is important to recognise that in all cases dysfunctional achievement will have a significant negative effect on the child's success at school in the course of time, and such children very quickly get into a vicious circle; that means that a child weakened by illness and adversely affected in its achievement very quickly gets into a situation where the entire school situation is experienced as burdensome.

Essentially there are two factors which are important for success at school. One is the mental ability, the other is social aptitude. Mental ability is an individual capability of the child. It can be adversely affected by physical and emotional deviations from the norm. Social aptitude is an ability which is apparent in the fact that a child can integrate into a community, can work together in a group of children of generally the same age and can develop its individual learning ability within this group. Social aptitude depends considerably on the composition of a group. Pupils who draw attention to themselves because of their disruptiveness in class, who do not reach the level of attainment of their fellow-pupils or who behave in such a way that they disturb themselves and their group, are suffering as a rule from impairment of one of these above-mentioned abilities, frequently from impairment of both abilities at the same time, since they relate to each other in a constantly alternating way. If we take into account the fact that, between its sixth and fourteenth years of life, a child is confronted with school for about a half of the day, then, in our daily practice, we must include this weighting in the diagnosis and treatment of children. We can be fairly certain that, by asking questions such as "Do you like going to school?" or "How are things at school?" we shall not obtain exhaustive information about the child's emotional state with regard to school. Nor is it necessarily reasonable to suppose that we can think of the school as a triggering factor when we are dealing with headaches, obesity, dizzy attacks or the extremely widespread craving for sweets.

In the area of adult work we have fewer problems in this respect. Here the relationship between sickness and the patient's working life often seems obvious. As in all aspects of treating children, here too it is very difficult to include what the child says in the diagnosis, especially as the mother frequently does not allow the child to speak, but rather tries to portray the case from her own viewpoint. Should that be the case, then we already have an initial starting point which will point the direction in which the family case-taking should move. You see, it is not infrequently the case that the disruptive factors certainly come to expression at school, but that they begin within the family situation. Not infrequently it may be the case that the sick child is brought by the mother, as needing to be cured, but it is the mother - sometimes the whole family - that should be treated.

The phenomenon of school phobia

We do not use the term "school phobia" until the entire school situation becomes so loaded with fear for the child that he/she can no longer overcome that fear and responds to the requirement to continue going to school with severe reactions of an emotional or psychosomatic nature. Not every aversion to going to school, nor fear of a particular teacher, can be included under the heading of school phobia, at least not, so long as - despite this fear - the child is able to go to school and not react with severe autonomic signs, such as sweats, palpitations, nausea and vomiting in the mornings or night terrors with sleeplessness. In less severe cases it is very problematic, complying with the child's wish and keeping him/her off school. This is the way that a child very quickly learns to respond to every future situation charged with conflict by withholding his work. In contrast, in difficult cases, forcing the child to continue going to school in spite of his/her fears can lead them into quite a dangerous situation. Now they have to choose between two fear-ridden situations: either the terror of going to school, or else the fear of punishment or withdrawal of love at home. These then become the cases which result either in severe flight reactions or even in suicide. The suicide rate of school pupils in Germany is still much too high. Frequently analysis of individual cases shows that children do not commit suicide just because of school, but because of the irretrievable conflict situation that has developed between the parental home and the school.

As therapists in such a situation we bear the responsibility - just as in the case of severe depressives - for the child's life, and we must not treat such cases lightly. Throughout the entire course of the treatment we must constantly be available for the patient to talk

to and in a position to contribute to influencing the parental home and the social domestic conditions through our advice. Treating a case of school phobia is often really difficult and time-consuming. If at all possible, after a short while the child should resume going to school, with close co-operation between parents, teachers and ourselves being necessary, so as to overcome the transition. In our practice we have had good results with a few homœopathic remedies; in treating school phobia they show a good supporting action, but are no substitute for intensive conversations with the child. Regarding the use of these homœopathic remedies:

1. There is a fear, directed above all at people or single events: an aggressive teacher, the all-powerful head-teacher, a dominant classmate, a particular school subject. If this targeted fear coincides with a full-figured person who trembles easily, then Gelsemium helps whenever fear overwhelms.

2. Argentum nitricum helps in situations where fear and excitement come surging up in stomach and bowels. Diarrhœa occurs when written assessments are part of the day's programme and the pupils, in most cases pale and slim with stomach cramps, are sent home from school.

3. Where strong palpitations predominate and there are serious problems of concentration, especially during written assessments in class, although the pupil knew it all at home, Strophanthus is indicated.

4. Pupils who are scared of their classmates and those who are denied social acceptance in the class community - they are often grumpy and full of contradictions - these require Aurum.

I must stress once more that the treatment of pronounced school phobia must be undertaken with great care, particularly in view of the flight reaction which in children can occur in a flash. At all costs we must avoid the creation of stress in the children resulting from a conflict between parental obligations and school obligations. Statistics show that some 10% of children in the German Federal Republic suffer from school phobias, which are certainly not all extremely pronounced. The most common cause of school phobia is the high degree of pressure arising from expectations, which the child picks up, both on the part of the school and of the parents. Linked to this is the fear of failure, which may be punished by withdrawal of love. For such children and parents it is very important to know how to cope with failures, and how to approach a child who has failed with particular love and affection.

The phenomenon of obesity

Obese children and young people are quite common. In almost every school class one such child can be found, or at least a child who exhibits the beginnings of obesity. Apart from the very rare cases of pituitary or adrenal cortex disorder, in most cases of juvenile obesity there is an imbalance present, meaning that the children eat more than their calorific requirement. The increasing obesity makes movement more difficult, influencing the child's physical activity. A secondary poverty of movement is created, which in turn further reduces the calorific requirement. Frequently it is observable that the parents too, particularly the mother, have a tendency to obesity. An incorrect assumption may then be made that there is a hereditary predisposition. When this is investigated more thoroughly, we often find in such families pathological eating habits with a large amount of snacking, unnoticed in most cases, consisting mainly of sweets and the like.

Children who are obese are frequently easily depressive. This does not always have to be outwardly visible. It seems that these children can give the appearance of being content. If we look more closely, however, we can often spot a restrained sadness or a fundamentally depressive mood. Within the class these children, right from the start, occupy a special position, on account of their external appearance. They are often exposed to teasing. By the time they are a bit older they have learned to ignore this teasing in a good-natured way. However, we need to be perfectly clear that, as a rule, this outwardly calm bearing is the end result of a long and often painful learning

process, which these children have had to endure.

Since particularly in schoolchildren obesity is very often connected with unprocessed frustration and emotional conflicts, the main homœopathic remedies that we can offer are Natrum muriaticum and Ignatia. In the case of a child who is outstandingly lymphatic it is well worth trying Calcarea carbonica. If a strong chocolate craving is present we can significantly reduce this with fairly frequent doses of Magnesium. The remedy MAPURIT does a great deal of good here, containing an adequate dose per capsule, accompanied by Vitamin E as well, which develops a favourable action particularly in mental and physical stress situations.

Since children are not very open to customary treatment procedures such as injections or acupuncture, I have found in my practice that Reflexology (massage of the reflex zones on the feet) has proved its worth. This covers two important aspects. One is that it stimulates renal, hepatic and intestinal activity; the other is that Reflexology is outstandingly suited to minor Psycho therapy, since very often it makes it easier for patients to talk. Children co-operate very well. It is also helpful, together with the child, to draw up an eating timetable, showing predetermined times for food intake and the type of snacks.

In connection with our theme of "dysfunctional achievement in school" it is not difficult to recognise that, when dealing with obesity, we are concerned with a disorder which can be present in two respects: firstly, achievement in school is dysfunctioning since severe mental restrictions in performance at school can occur, as a result of constant teasing and frustration from humiliation and being in an outsider role, particularly in the field of sport. Secondly, obesity can be a disorder which is directly provoked by school - that is the eating mechanism as a safety valve in the face of excessive performance demands made by the school.

The phenomenon of school headaches

A headache which occurs to a greater or lesser degree of intensity during school lesson-times is often observed in nervous but mentally active children whose powers of concentration are rapidly exhausted. Of course, it may also be an expression of hidden problems or worries. In my experience the causes of school headache are - in most cases - to be found in the organic and physiological areas. In the schoolchild they are primarily nutritional problems, a secondary cause is damage resulting from sitting and posture, and thirdly it may be the result of a magnesium deficiency, above all in children who might be called neurasthenic, judging by their external disposition. The many years of education across the whole Federal Republic regarding the composition of the school diet have sadly not resulted in a greater degree of responsibility on the part of parents. It is still the case that, mainly for reasons of convenience, children are given the wrong kind of „second breakfast" to take to school. In the forefront on the negative side are milk rolls (*made with milk and sugar*), white rolls with chocolate, Mars and Raider bars, which for some incredible reason always seem to be advertised with some allusion to good health.

Apart from the fact that children's diet includes too many sweet items, the following effect also has a bearing in school: a child who eats food with a high sugar content around nine o'clock, causing the pancreas to secrete an increased amount of insulin, experiences around eleven o'clock a state of relative hypoglycæmia, combined with an elevated tendency to fermentation in the gut; because of this he/she reacts with the typical headache. In most cases this headache wears off after lunch. In this case it is advisable to keep the „second breakfast" as free as possible from manufactured sugar, and to give the child an additional small snack to be eaten later in the morning (around eleven o'clock), which will help to prevent the headache from occurring.

The second aspect which must not be overlooked is the sitting position, often in a cramped fashion, especially when writing for a fairly long time. Controlled by the cervical spine, a vertebragenous headache occurs, which in most cases is easy to influence when children take part in gym-

nastic exercises at school, especially in their younger years. The third cause of school headaches is owing to the fact that, when the child is under stress and subject to mental exertion, his/her need of Magnesium rises greatly. Linked to the frequent problem of dietary insufficiency and, as already mentioned, the craving for chocolate, which is also an indication of Magnesium deficiency, a strong possibility of cure is offered by the taking of MAPURIT.

In connection with Magnesium, one should consider that the intestinal flora interferes with the assimilation of Magnesium; thus an intestinal cleansing should always be borne in mind when treating for school headaches. A part from the individualised nature of remedy selection in Homœopathy, I will make mention of Agaricus 12X, one dose twice a day for a fortnight, if the school headaches are accompanied by lapses in concentration, the child is easily distracted, chews its lips and pulls faces, as well as punctuating its school work with silly behaviour. Another remedy that is very useful for mental tiredness is Phosphorus 30X, one dose daily (as a rule not to be taken for longer than a week).

The gifted child who lacks concentration

This type of pupil is encountered very frequently. This is the pupil who, according to the parents, basically knows everything when at home, and then regularly fails at school under examination or other stressful conditions. Because of this, the case-taking is problematic, since the pupils in question are hardly in a position to assess their own situation, let alone to analyse it verbally. So once again we have to rely on the observations and experiences of the parents, with many parents like wise being incapable of judging the situation objectively: there are hardly any non-gifted children, but there is mass incompetence on the part of the teaching profession - that is, if we rely on the opinion of parents. At any rate, I have only met a very few children who sit for ages in front of the television, and there is hardly a child who eats sweet things. Stereotyped information frequently supplied by mothers: my child doesn't like any sweet stuff. How embarrassing when children correct their parents in the middle of the case-taking discussion and the difficult situation becomes clear to us! When it is a question of a child's performance, and particularly an assessment of academic performance, then in fact we cannot demand any objective judgement from parents.

Despite these facts, offered tongue-in-cheek, one thing is certain: there is such a thing as a child whose powers of concentration are dysfunctional, and who purely and simply because of the school situation forgets things that he/she knew at home. Certainly we do not give sufficient consideration to the flood-tide of stimuli these days, when dealing with sick children. Not only is there the television set, but there is the computer, in ever greater prominence, with those stressful and often nerve-rending computer games, there is the nerve-shattering bombardment from techno- and rock music, and there is the over-filled diary of a 14-year-old, looking something like this: Monday, violin lesson; Tuesday, extra lesson at school; Wednesday, ballet dancing; Thursday, private coaching; Friday, tennis. Everyone is trying to figure out why our children's concentration is so weak and trying to balance it out with excessive amounts of private coaching; it does not occur to anyone that the demands being made on our children are simply too high, with all the influences and desires that surround them and to which they are trying to do justice. The fact that arrangements for private coaching have blossomed more than ever before during recent years is not only a sign of ambitious and demanding parents, but sadly it is also a sign that the modern generation of teachers no longer submits to the challenge of the 1970's, when the motto was: It is the teacher's duty to lead the class to the achievement of its goal.

Frequently this school-related lack of concentration is augmented by a certain degree of hyperactivity, which makes the child appear to be a disturbing factor within the class and sets off a vicious circle which then turns basically gifted and intelligent children into scholastic failures. The solution to this problem is obvious and we have seen it confirmed in many cases:

1. Hyperactive children who lack concentration must have a regular daily rhythm which creates a good balance between time for work and leisure time. Of course, sufficient sleep and periods of relaxation have a part to play, particularly just after getting home from school.

2. Concerning hyperactive (ADHD) schoolchildren, it has repeatedly been pointed out that a diet free of phosphates and as low in sugar as possible combats this hyperkinesis.

3. In all forms of dysfunctional concentration and achievement in school we should investigate for focal infective foci in the head area and eliminate them with the use of SANUM treatments.

4. Particularly in the case of schoolchildren with disordered powers of concentration and compromised achievement, SANUM basic treatment, which will be presented here, guarantees conclusive success.

Isolated achievement disorders such as weakness in reading, poor numeracy, etc.

Diagnosis of a pronounced lack of numeracy or writing disorder is something that is not made in our practice, since there are special tests available for this purpose which are used in schools. In particular weaknesses in spelling and reading, long since known as dyslexia, are of relatively great social importance, since literacy has a disproportionately great importance in our educational system. There is no problem in excusing from physical education any child with mobility problems. However, it is next to impossible to get a severely dyslexic child who is otherwise gifted excused from the grading and marking of his spelling, however vividly written his/her essays may be. Because of the unavoidable and countless spelling mistakes, the essay will never achieve the grading appropriate to its content. The apparently unassailable prejudice still persists: someone who cannot spell cannot be gifted. Precisely in the case of dyslexia we can see the socially negative significance of such a partial dysfunction in achievement not being tolerated by society.

Even in the earliest years at school the affected child experiences a devaluing judgement. The child becomes unsure of itself and gets into a negative posture vis-à-vis the world around it. Thus it is entirely understandable that, among children in care and among criminals of both sexes, dyslexics are encountered with above-average frequency. In passing we may observe that we may only speak of dyslexia when it is a question of an isolated weakness in spelling and reading; in other words the child must display average ability in all other subjects. Sometimes it is even the case that a genuine dyslexic shows above-average aptitude in the natural sciences. There is also no doubt that a circumscribed weakness in mathematics can exist - in a less severe form this is probably very common. In most cases these children have problems in imagining numbers and numerals. However, it is apparent that many children who seem to lack ability in arithmetic perform very well in other individual mathematical areas such as algebra or geometry.

It is quite common for this partial dysfunction in achievement to be treated in our practice. Weakness at reading is tackled with Carcinosin 200X, which in some circumstances may be repeated after some months. We may attempt to treat an isolated arithmetical weakness with Syphilinum 200X, a weakness at writing is treated with Medorrhinum 200X, with the remedies Stramonium 12X and Agaricus 12X having a complementary role. In treating a weakness in speaking, Tuberculinum 200X has proved its worth.

The schoolchild and SANUM treatments

At first sight many people may regard SANUM treatments as being of little help in treating schoolchildren and their problems. However, that is only true so long as we think in terms of individual clinical disciplines or symptom-related concepts of disease set in stone. However, if we can perceive the more generalised order which nature prescribes when making judgements about disease and health is involved, then SANUM treatments offer an entirely stabilising alkaline treatment in all disorders which occur at school and have an influence on achievement. I

would go one step further: in treating the above-mentioned scholastic problems with SANUM remedies we have been able to achieve many lasting successes. How does this come about?

Casetaking		After 2 months of SANUM treatment with the treatment plan as described
		Improvement
Headaches	8	7
Disorders of concentration	10	8
Generally limited achievement	10	7
Susceptibility to infections	7	7
Reduced mental receptiveness	9	8

Observation of 10 children in the 5th and 6th grade of various types of school, with generally poor academic achievement and average intelligence.

1. Many of the problems that influence school life and achievement at school are rooted in a disordered endobiosis: headaches, lapses in concentration, underachievement and tiredness, obesity and the torpidity that accompanies it, disturbed sleep and a lack of mental receptiveness. What does the literature say? "All the higher valencies of the endobiont can favour or create diseases, occurring not only in the blood and in blood-cells, but also from certain evolutionary stages onwards, also in tissue cells and having a degenerative influence on the latter".

2. Since the upward development of the endobiont from the chondritic stage is significantly influenced by environmental factors and erroneous diet, many schoolchildren are predestined to develop a pathogenic endobiosis because of their absolutely incorrect diet - quite apart from the fact that they are mostly growing and between the ages of 6 and 12 are exposed to frequent doses of antibiotics.

3. In our experience the pronounced lympatism in many schoolchildren is very often associated with underachievement at school, and many of the disorders mentioned above have a deeper underlying cause in incorrect treatment by the school medical service of lymphatic children. Not only this, but such children often miss school because of illness. Sadly, many children are treated completely wrongly because their lymphatic regulatory mechanism is misjudged, and so they get sicker rather than healthier.

4. The metabolism of parasitic growth-forms (highly elevated production of Lactic acid) poisons the human bodily fluids and increasingly lowers the regulatory equilibrium of the autonomic nerve-centres, and disease manifests in substantial symptoms.

Therefore in our practice we have set ourselves the task of preceding every specific treatment of school disorders with a SANUM basic therapy; in this way we achieve success that is not only good, but lasting.

For 5 weeks the children are given one capsule of UTILIN 6X on Mondays, a capsule of LATENSIN 6X on Thursdays and, twice a week, 5-10 drops of SANKOMBI 5X. I cannot stress too much that SANUM therapy requires sensible elimination! Normally we think of kidneys and gut. May I remind you that the skin has always been and always will be one of the main organs of elimination. This is why, once a week, we prescribe a sauna, or once a week a Baunscheidt cupping treatment in the hepatic and renal segments.

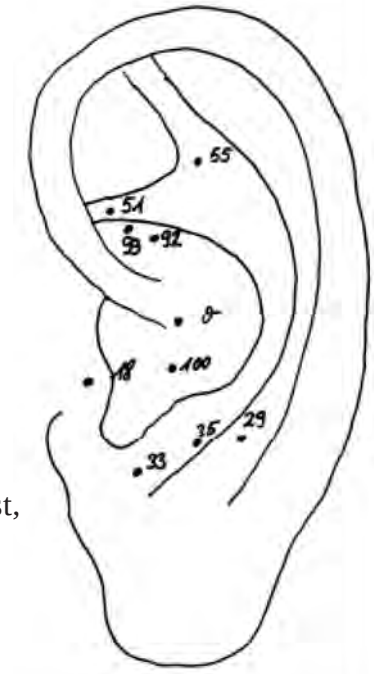
There are three adjuvant, ready-prepared medicines available to promote elimination: Phœnix Antitox, Toxex (by Pekana) and Derivatio H tablets (from Pflüger). Following on from the above-mentioned UTILIN-LATENSIN

School phobia:
51 / 0 / 55 / 29

Obesity:
Food craving / 18 /
Longing / Antiaggression

School headaches:
29 / 33 / 35 / 51 / 55

On principle we select the points where physical symptoms manifest, plus the autonomic points I & II, 0 points, 55, 29



Auricular Acupuncture points according to Nogier and Lange.

dose, on Tuesday, Wednesday, Friday and Saturday, 3 times a day we give 15 drops or 2 tablets. After the first five weeks have elapsed we repeat this curative course, this time using UTILIN 4X and LATENSIN 4X. In this second phase of treatment we reinforce the elimination and detoxification with NIGERSAN 5X, 8 drops a day before a meal on Tuesday, Wednesday, Friday and Saturday. We combine this alkaline plan with weekly Reflexology on the feet or auricular Acupuncture. The diagram shows the points in question. This basic treatment can now be varied according to the symptoms and how marked the individual disorders are in the schoolchild. Below I should like to pass on to you a few experiences:

In all forms of school phobia, whether it is generalised or related to individual events, dosing with MUCEDOKEHL 5X has proved effective. With children we choose a non-problematic use, massaging it into the hollow of the elbow twice a week, 5-10 drops. The action of MUCEDOKEHL on phobias can be explained by its range of action on the limbic system. The limbic system is the nerve centre of the endocrine and autonomic nervous regulatory systems directly superior to the hypothalamus. The limbic system is essentially responsible for the affective shading of overall behaviour and emotional reactions and probably also plays a part in the brain's memory and learning functions.

In treating school phobia, ZINKOKEHL 3X is likewise indicated, and this is because of its relationship to autonomic nervous dysfunctions. We give 5 drops once a day.

The remedy USTILAKEHL 5X has a good, soothing action on frequently occurring headaches, including those connected with school routine; in the way it acts it resembles ergotamine (alpha-receptor blocker), it has a contracting action on the vascular musculature and is often used where there are migraine-like symptoms. Combined with MAPURIT, USTILAKEHL is of great help with school headaches. In our experience, children who tire quickly in school and lose concentration after working for a relatively short time (apart from the lymphatic type) frequently suffer from moderately to markedly enlarged tonsils. Along with the already-mentioned alkaline treatment, the remedy BOVISAN 5X has shown itself to be very helpful.

Children suffering from general mental or physical developmental problems, and who frequently refuse to eat fruit and vegetables are treated with CITROKEHL - one injection weekly. We combine this treatment with RELIVORA Complex, 20 drops 3 times a day. We are aware of the influence exterted by the Citric acid cycle on cell respiration by reducing the speed of the fermentation metabolism. Children who frequently suffer from general ill-health respond very well to NOTAKEHL 5X (D5), 1 tablet twice a week.

The child with behaviour disorder

In recent years the more correct expression „child displaying behavioural problems" has