

**Depression(Mood disorder) and Violence in Children and its
Holistic Homoeopathic Management:**

Mental health , Miasms and Mainstream schools

**Title: Depression(Mood disorder) and Violence in Children and its Holistic Homoeopathic
Management: Mental health , Miasms and Mainstream schools**

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Abstract:

21st century has witnessed tremendous turmoil among children and teenagers leading to mood imbalance, negative ideation and suicidal thoughts. Number of children commit suicide due to depression every year. Similarly violence among children is equally important social problem. Paper demonstrates effectiveness of Homoeopathy's holistic approach in improving mental health of children and considerably reducing these disorders. Spandan carried out Homoeopathic intervention in main stream schools and urban slums/community under Ayush supported Public Health Initiative.

Screening and assessment was undertaken in three phases. During phase 1 and 2, 942 School children in the age group of 9-16 years, studying in BMC schools of two localities of Mumbai city; Ramabainagar and Deonar were screened for depression using childhood depression inventory.

Out of this 581 children were from Ramabai Nagar School it was found that 53 children had depressive traits. Besides reported physical complaints, poor self-esteem and low confidence, Children also expressed lot of aggression, hostility and anxiety. In third phase, Children from local school at Ramabai Nagar were interviewed and went through detailed assessment for mood disorder. Manifestations on Thematic Apperception Test and Bender Gestalt test were recorded.

Cases of childhood depression were studied in details using special child care case record and were managed thro Homoeopathy.

Changes achieved in the scores are statistically significant and the Homoeopathic intervention has definitely helped to bring down Depression (Mean change in CDI SCORE 30.13 and CDI mean percent change 46.97% p value <0.05).

Remedies came up with following themes: Conscience, Self image, Insult/Mortification, Deprivation/Rejection.

61 children with violent behavior due to complex neuro-psychiatric disorders were also studied and impact of Homoeopathic medicines were explored.

Introduction

Every child has divine potential. Even then why many children fail to realize their potential. Various factors work as obstacles and do not allow these children to achieve their goal. Obstacles could be due to emotional difficulties, serious behavioural dysfunctions or problems of perceptions.

In order to deal with these obstacles, we at Spandan undertook challenging project of carrying out Holistic Psycho Educational Intervention for children in mainstream schools and community of urban slums in last 10 years. With the support of AYUSH, under Public Health Initiative Scheme, it was intensified in last 3 years.

Well structured strategy/action plan was taken up.

We evaluated 10,300 children and identified 3105 children suffering from learning disorders, developmental disability and/or mental health disorders. They all were treated with Homoeopathy. Psychologists helped to evaluate them while social worker coordinated for orientation of teachers and parents and in securing their compliance.

Current paper focuses on those children who suffered from either

1. Child hood depression(mood disorders) or
2. Serious psychopathology leading to VIOLENT/DISTRUCTIVE Behavior.

Child hood depression is mood disorder. It is a condition characterized by persistent feeling of sadness or irritable mood, decreased interest or pleasure in daily activities. It includes range of symptoms related with hypo or hyper psychomotor activities /sleep pattern or eating pattern. It also includes self defeating thoughts/concentration and decision making difficulties.

In children and adolescents the symptoms may be irritable mood, significant weight loss or marked change in appetite may be substituted by a failure to make expected weight gain in children and adolescents. Insomnia or hypersomnia, psychomotor agitation or retardation, loss of energy, feelings of worthlessness or excessive guilt are mood symptoms for children and adolescents

Auditory hallucinations and somatic complaints appear with greater frequency among pre pubertal children with major depressive disorder than among adolescents and adults whereas delusions and psychomotor retardation are endorsed more often by depressed adolescents.

Reports of suicide by children and adolescents due to Depression have increased over the last decade. Suicide is the 4th leading cause of death in children between the ages 10 & 15 years, and the 3rd leading cause of death among adolescents and young adults between the ages 15-25 years. Roots of the behaviour lie in the element of psychopathology in the early formative age. Thus it is most ignored and sinister problem.

Aim: To document the prevalence and pattern of clinical manifestation with respect to co-morbidity, psychological and medical health in children with mood disorder and explore impact of homoeopathic treatment.

- Prevention

Consent and ethical approval

- Consent from the school authorities was taken.

- Ethical approval was taken from the Ethical Committee of Barvalia Foundation

Method: Screening and assessment was undertaken in three phases

- Screening
- Clinical interview
- Evaluation

Strategies adopted were as follows:

Phase I – Orientation and Screening: (942 children)

Orientation

- Our target was secondary school children from standard 5th to 7th.
- Initially teachers were informed regarding the project to increase awareness regarding mental health.
- A workshop was conducted for Principal, Teachers and Parents on depression.
- The clinical psychologist administered Childhood Depression Inventory scale to each student in a group setting. The children answered the scale themselves.

Screening

- During phase one, 942 children and adolescents in the age group of 9 to 16 years were screened using childhood depression inventory.
- The screening was carried out in two local school of Mumbai city; Ramabai nagar and Deonar.

- 581 children were from Ramabai Nagar School and 361 children were from Deonar local school.
- Out of 942, total number of children scoring above 55 on child depression inventory was 305.(163 from Ramabai school and 142 from Deonar school)
- Children with cut off score of 55 and above were further evaluated.

Phase II- Structured Interview: (163 children)

163 children from local school at Ramabai Nagar were found to have scores above 55 on Child depression Inventory. They were interviewed using self designed scale based on DSM-IV TR and ICD 10 criteria.



(To account for the possibility of random responding each item on CDI was reassessed.

For E.g.: Many children interpreted loneliness as ‘feeling lonely when nobody is at home’.)

Based on information from other sources, Child’s overall level of reported symptomatology

(I.e. one child reported that she cries while going to sleep without any reason) and overall impact on day to day functioning and education. Children were identified for detailed evaluation.



Phase III – Detailed Evaluation:(53 children)

During Phase 3, the clinical psychologist administered projective test such as Children's Apperception test (CAT)/ Thematic Apperception Test (TAT), Child Behavior checklist (CBCL) and Bender Gestalt (BG).

53 cases of children were defined by homoeopathic practioners. Diagnostic framework was formulated based on DSM-IV TR, Thematic Apperception Test and Bender gestalt test.

Child behavior checklist was used for recording behavior manifestation and other co morbid conditions

Diagnosis of Depression:

- The homoeopathic doctors took a detailed clinical history and life space. The socio-demographic characteristics of each child were noted.
- Each child's academic and behavioral problems, as described by the school principal/ classroom teacher and mark sheets were documented. Parents were interviewed for emotional problems, stress at home and relationship issues.
- The diagnosis was confirmed by ascertaining that the child's specific behaviors met the diagnostic and statistical manual of mental disorders-IV-revised (DSM-IV-R) criteria.

Diagnostic criteria for clinical depression

- For past two weeks at least one of the symptoms either: Depressed mood/ mood irritability or Loss of interest
- 4 or more symptoms out of 7 symptoms have been present
- Weight loss/ Gain/ loss of appetite
- Sleep loss
- Psychomotor agitation/retardation
- Fatigue/loss of energy

- Feeling of worthlessness
- Indecisiveness
- Recurrent thoughts of death
- Impairment in social and /or academic functioning

This was recorded during the semi structured interview using the self devised questionnaire based on DSM-IV criteria.

Tools and material

Psychological evaluation:

- Childhood Depression Inventory
- Semi structured interview using Self designed scale based on DSM-IV TR and ICD 10 criteria
- Children's Apperception test (CAT)/ Thematic Apperception Test (TAT)
- Child Behavior checklist (CBCL)

Childhood Depression Inventory

Symptom oriented scale used between the ages 7 to 17 years.

- The basic version consists of 27 items and the shorted one consists of 10 items. It is a self rating test. The CDI: S correlates $r=.89$ and its alpha reliability coefficient $=.80$ indicating that it approximates the overall content of the full CDI at an acceptable level. Specificity is 80% and sensitivity is around 84%.

It quantitatively measures the following symptoms:

- Mood disturbance
- Capacity for enjoyment

- Depressed self evaluation
- Disturbance in behavior
- Vegetative symptoms
- Passivity or inactivity

Children’s Apperception test (CAT)/ Thematic Apperception Test (TAT):

- CAT is used for children between the ages 3 to 10. TAT is used for people 11 years and above.
- This is a projective test in which subject project through the medium of these cards his own underlying needs and fantasies. Cards are shown and stories have to be made as to what is happening, what has led to it and what will happen in the future. The stories are analyzed based on the needs, relationship of the characters, anxieties, feelings and emotions, psychological defenses and personality traits.
 - It consists of 9 cards assessing Visual motor integration, emotional factors and organicity.
 - The qualitative analysis of the protocol includes studying the individual performance in reference to factors relating to organization, positioning, use of space, size of the drawing, changes in gestalt, curvature problem, angulations, distortions etc which indicates perceptual dysfunctioning and motor difficulty.

Child Behavior checklist (CBCL):

- | |
|---|
| <p>Syndrome Scale</p> <ul style="list-style-type: none"> • Social Withdrawal • Somatic Complaints • Anxiety/Depression • Social Problems • Thought Problems • Attention Problems • Delinquent Behavior • Aggressive |
|---|

- | |
|---|
| <p>DSM Oriented Scale</p> <ul style="list-style-type: none"> • Affective Problems • Anxiety/Depression • Somatic Complains • Attention Deficit/Hyperactive • Oppositional Defiant Behavior • Conduct Problems |
|---|

Other Tools and material

- Homoeopathic interview: Cases of childhood depression were studied in details using special child care case record
- Life Space evaluation based on, Family history, Scholastic performance, Inter personal relationship
- Activity of daily living
- Teacher's observation
- Peer's remarks
- Personal history

Selection of cases

- The study sample was randomized sample. 581 children from Ramabai Nagar School of 5th, 6th and 7th grade between age group 9 to 16 years from were included in the study.
- The initial screening was carried over a period of one month in September 2010.
- Clinical interview and Assessment were conducted from October 2010 to May 2011.

Follow up Evaluation:

Cases were studied for follow up every 15 days using proper criteria.

Psychologist's evaluation was taken up every 3 months.

Detail evaluation using relevant scores was carried out at the end of year.

Analysis

- Data was qualitatively and quantitatively analyzed
- Qualitative analysis for Children apperception test/ Thematic apperception test and bender gestalt test was done using categorical descriptions.
- Statistical Package for the Social Sciences program, version 11.0 for Windows (SPSS Ltd., Chicago, Illinois, USA) was used for quantitative analysis.

Results and analysis

Table 1.1: demographic information: Gender wise distribution

Age group:	Phase 1	Phase 2	Phase 3
9-16 years	Out of 942	Out of 581 (Boys: 281, Girls:300)	Out of 163
Number of children	942	163	53
Boys	480 (50.95)%	92	27
Girls	462 (49.04%)	71	26

Table 1.2: Demographic Information: Age-wise distribution

Methods	Phase 1	Phase 2	Phase 3
No. Of Children	942	163	53
Age in years competed (%)			
9-12	498 (85.71%)	132 (80.98%)	43
13-16	83 (14.2%)	31 (19.01%)	10

Table 1.3: School-wise distribution

BMC Schools	MALES	FEMALES	TOTAL
BMC School I	15	15	30
BMC School II	12	11	23
Total			53

Table 1.4 : Standard-wise Distribution

	5th	6th	7th
BMC School I	6	10	14
BMC School II	7	6	10

Total	13	16	24
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Table 3: Number of children in different diagnostic categories

Diagnosis	Number of children	Percentage of children out of 581 cases
Depressive traits (0)	29	4.9%
Clinically depressive symptoms (1)	15	2.5%
Clinically depressive symptoms with other behavioral problem (2)	6	1.03%
Other conditions with depressive traits (3)	3	0.52%
N	53	9.12%

Figure 1: Different Diagnostic Categories

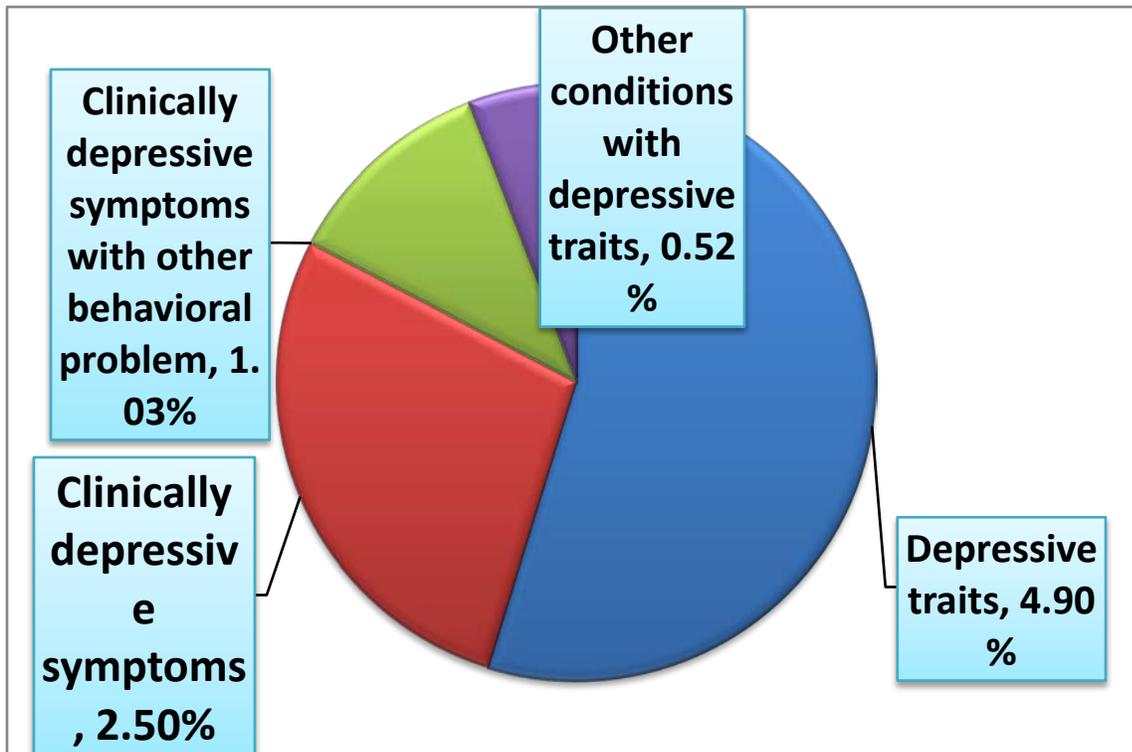


Table 4.1
Number

of children with perceptual dysfunction on Bender Gestalt test

Table 4.2 Emotional indicators on Bender Gestalt test

Emotional Indicators						
Dysfunction	depressive traits	clinically depressive symptoms	Clinically depressive symptoms with other behavioral problem	Other conditions with depressive traits	Total number of cases	
Aggression	5	5	1	7	18	33.96%

Anxiety	7	3	1	8	19	35.84%
Hostility	8	3	1	7	19	35.84%
Confusion	1	1	0	1	3	5.66%
Low-confidence	1	4	0	1	6	11.32%
Dissatisfaction	2	1	0	0	3	5.66%
Fantasy	1	0	0	0	1	1.88%

Bender Gestalt test

- Difference between Chronological age and age of visuo motor skills on bender Gestalt is found to be statistically significant ($t= 8.85, p<.01$)
- 60% of the children show perceptual dysfunction on bender gestalt test.

Children with emotional and perceptual dysfunction on Bender Gestalt test

- 60% of the children show perceptual dysfunction on bender gestalt test.
- 67% of the children had embellishment error on bender gestalt test.
- 40-50% of children had errors of rotation and absence of erasure seen on bender gestalt test.
- 10-20% of children had errors of Partial omission, Overlap, Added angles, Separation, Perseveration, Distortion.
- 30-35% of the children had anxiety, hostility and aggressive traits seen on bender gestalt test -emotional indicator.

Table 5.1: TAT Profile across diagnostic category: self image, superego

Themes	Depressive Traits	Clinically Depressive symptoms	Clinically Depressive symptoms with other conditions	Other condition with depressive traits	Total	%
Self image						
Positive	16	4	3	2	25	47.16%
Negative	7	12	3	0	22	41.50%
Super-Ego						
Well Integrated	13	8	2	3	26	49.05%
Dominating	1	2	2	0	5	9.43%

Table 5.2: TAT Profile across diagnostic category: Interpersonal relationships

Interpersonal Relationship	Depressive Traits	Clinically Depressive symptoms	Clinically Depressive symptoms with other conditions	Other condition with depressive traits	Total	%
Good	10	3	1	3	17	32.07%
Conflict	11	7	5	0	23	43.39%
Neglect	0	4	0	0	4	7.54%
Sibling Rivalry	1	2	0	0	3	5.66%

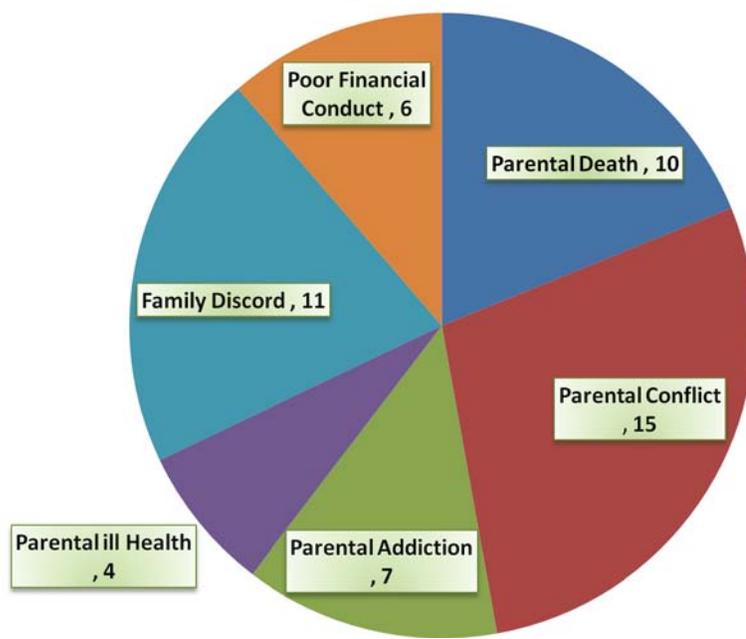
Children with different TAT Themes

- 41% of the children had negative self image on Thematic Apperception Test.
- 43% of the children have conflict in interpersonal relationship.
- 45% of children had well integrated super ego control
- 35-40% of the children had high needs of achievement and nurturance.
- 17-18% of children had need for aggression and play
- 18% of the children used repression as their main defense.
- 70 % of children with only depressive symptoms had negative self image
- High need for achievement and nurturance was seen in depressive children

Table 6: Familial Causes of Depression

1	Parental Death	10
2	Parental Conflict	15
3	Parental Addiction	07
4	Parental ill Health	04
5	Family Discord	11
6	Poor Financial Conduct	06
	Total	53

Figure 2: Familial Causes of Depression



ummary:

- 9.1 % of children in the age group of 9-16 years show depressive features
- 3.6% of children were in clinically active phase of depression
- Self depreciatory remarks were prominent in the children of low socio economic group
- 60% of the children show perceptual dysfunction on bender gestalt test.
- On emotional indicators on bender gestalt test anxiety, hostility and aggression was prominent
- Dominant needs reflected on TAT were fear of physical harm, need for achievement, nurturance, aggression, dominance, play and succorance
- Need for aggression was high in children with depressive traits
- Need for nurturance was dominant in clinically depressed group.
- Children with depression projected negative self image and conflictual interpersonal relation.

Summary

- Feelings expressed by children were of anger, anxiety, fear, rejection, affection, guilt, jealousy, pity and inferiority
- Feeling of anger, fear and affection were more dominant
- Feeling of rejection was strong among depressed group
- Main defenses used were repression, withdrawal, isolation, projection and rationalization.
- Repression was used more prominently
- Parental conflict was commonly present in lives of children with depression.
- Majority of children presented with somatic complaints.

Management

Cases of childhood depression were studied in details using special child care case record.

They were processed thro symptom analysis, evaluation and conceptualization.

Cases were repertorised using homoeopathic software.

Many children presented with severe irritability, lot of tantrums & aversion to pleasurable activity. Some required phasic medicine to deal with this acute phase followed by chronic medicine.

Sometimes depression is masked by irritability and defiance. Children can present with lot of tantrums, irritability and withdrawal symptoms indicating marked aversion to pleasurable activities Behavioural component is quite pronounced. We have to make extra efforts to unearth underlying sea of sorrow. Similimun must cover deeper layer of despair.

Following case example illustrates it well.

Once a young child was brought to us with a complaint of severe irritability and refusal to go to school since 4 months. Child did not get along with parents too. Total lack of concentration with poor attention span. They consulted number of experts who labeled the child suffering from behavioral disorder like hyper activity, ADHD etc.

Careful enquiry revealed that child had become absolutely averse to these most favorite activities that is watching carton network. This aroused clinical suspicion of depressed mood.

There was wrong diagnosis of behavioral disorder like hyper activity, ADHD. Depression was masked by tantrums.

The Case was thoroughly investigated. The background revealed big tragedy child had experienced and its aftermath.

When the boy was in 2nd STD, he lost his father. Father was 32 years old who had gone to Surat for some business. He came back home late evening, took dinner with family and went to sleep. He never woke up. He suffered from Cardiac arrest. Mother discovered this at 5.30 A.M. She cried bitterly. It was a joint family. When boy woke up, he saw lot of people and soon discovered

that Father was no more. He was stunned, paralyzed for a moment, but he decided to go to School since there was examination. He went to School; his Uncle dropped him at 7.30 A.M... When the examination was over, he started crying. Teacher came to the boy and asked him what happened my child, why are you crying? He slowly told the teacher that I lost my father. The teacher was shocked and asked him, then why did you come? He said I don't want a red mark in the book and my mother does not like it nor my class teacher likes it.

Family took lot of care. After six months, boy and mother had also gone out for trips for little relaxation of mind. Family insisted for remarriage of boy's mother since she was quite young. Mother was reluctant. In-Laws as well as parents pressurized. Mother spoke to the boy about this. He met stepfather and finally told his mother to go ahead with the marriage.

Remarriage took place 8 months back. Boy could never adjust with stepfather and stepsister. He never called him father. Wherever he went he used his old Surname. For the last 4 months the situation worsened, and lot of tantrums with a strong refusal to go to School.

This is the case of mood disorder – childhood depression; which came up because of repressed grief.

When tears don't find vent through eyes they take devious form.

His attitude towards exam in second standard shows great peculiarity. Such conscientious attitude evolves because of rigid parental expectations. We need to read in between the lines.

Homoeopathic medicines are selected on the basis of understanding of personality. Conscientious attitude and Repressed Grief permitted me to prescribe CARCINOSIN. Few doses in 200 potency brought about great relief and restored his desire for carton network and other enjoyments.

Homoeopathy works effectively to reduce intense emotional disturbances like fears, sadness, depressed state of mind etc.

STATISTICAL ANALYSIS:

The entire experience definitely demonstrated significant reduction in distressful symptoms of depression as well as violence in children. Homoeopathic intervention

brought about modification in the behavior quite rapidly followed by changes in other aspects.

In mood disorder, Study was extensive enough to cover up children from both the sexes as well as evenly distributed in age groups.

Across this range, changes achieved in the scores are statistically significant and the Homoeopathic intervention has definitely helped to bring down Depression (Mean change in CDI SCORE 30.13 and CDI mean percent change 46.97% p value <0.05).

Remedies which came up for childhood depression

Natrum mur	Ferrum met
Calcaria Silica, Silica	Lycopodium clavatum
Carcinosin Burnett	Lachesis
Aurum metallicum	Arsenicum album
Hura brazilienses	Natrum sulph
Lac caninum	Ignatia, Coffea
Causticum Hahnemanii Magnesium mur	Sepia

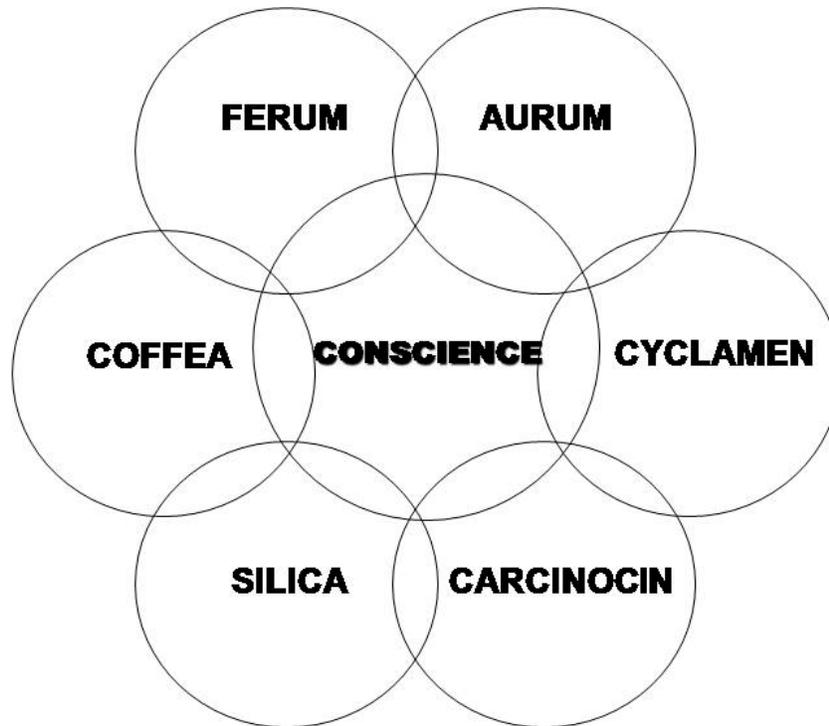
REMEDIES IN SEQUENCE: Number of instances Ignatia followed by Natrum mur, Staphysagria followed by Natrum mur and in other case Mag mur came up

Remedies came up with following themes:

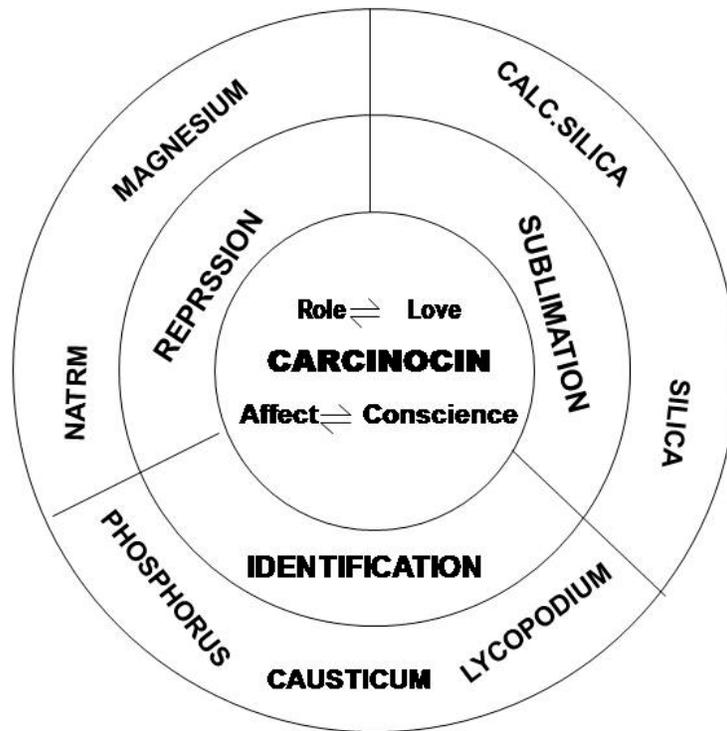
- Conscience
- Self image
- Insult/Mortification

- Deprivation/Rejection

Differential World of Materia Medica: Remedies of Conscience



CARCINOSIN – PSYCHO DYNAMIC APPRECIATION



HOMOEOPATHIC MANAGEMENT OF VIOLENT CHILDREN;

VIOLENT BEHAVIOUR is another significant manifestation of mental health dysfunctions in children. It may be due to organic or functional disorders in children.

Harmful, devastative and damaging are all words to describe this behavior. Parents often hope that the young child will “Grow out of it.” This never happens. Manifestations include a wide range of behaviour like explosive temper tantrums, physical aggressions, fighting, threats or attempts to hurt others (including homicidal thoughts) use of weapon, cruelty towards animals, for setting, intentional destruction properly and vandalism.

We identified 61 children who were showing this behavior, which was interfering in their Psycho-social adaptation & scholastic performance.

They belonged to following clinical conditions.

1. Attention Deficit Hyperactivity Disorder
2. Conduct Disorder
3. Disruptive Behaviour Disorder
4. Oppositional Defiant Disorder
5. Asperger's Syndrome
6. Autistic Disorder
7. Learning Disorder
8. Mental Retardation
9. Personality disorder

All the cases were examined by team of clinical psychologist and Homoeopathic physicians.

Cases were subjected to appropriate psychometric tools like, ADHDT SCORE, CBCL, TAT ETC.

Only those cases were selected which had 1 years follow up. Violent behavior emerges thro deeper psychopathology. Thorough knowledge of disease process is must.

39 Cases showed significant improvement (60 % reduction) while 10 cases showed 40 % reduction, 5 cases showed 30% reduction while 7 cases did not show any change.

Medicines Coming up for Management for violence and destructiveness		
	Group1	Group2
1	Belladonna	Natrum mur
2	Nux vomica	Baryta carb
3	Stramonium	Anacardium
4	Carbo vegetabiles	Lyssin
5	Veratrum album	Tarentula Hispania
6	Iodum	Lycopodium

7	Cina	Lachesis
8	Bufo	Sulphur
9	Hyoscymus	Medorrhinum
10	Theridion	Syphyllinum
11	Opium	Aurum met

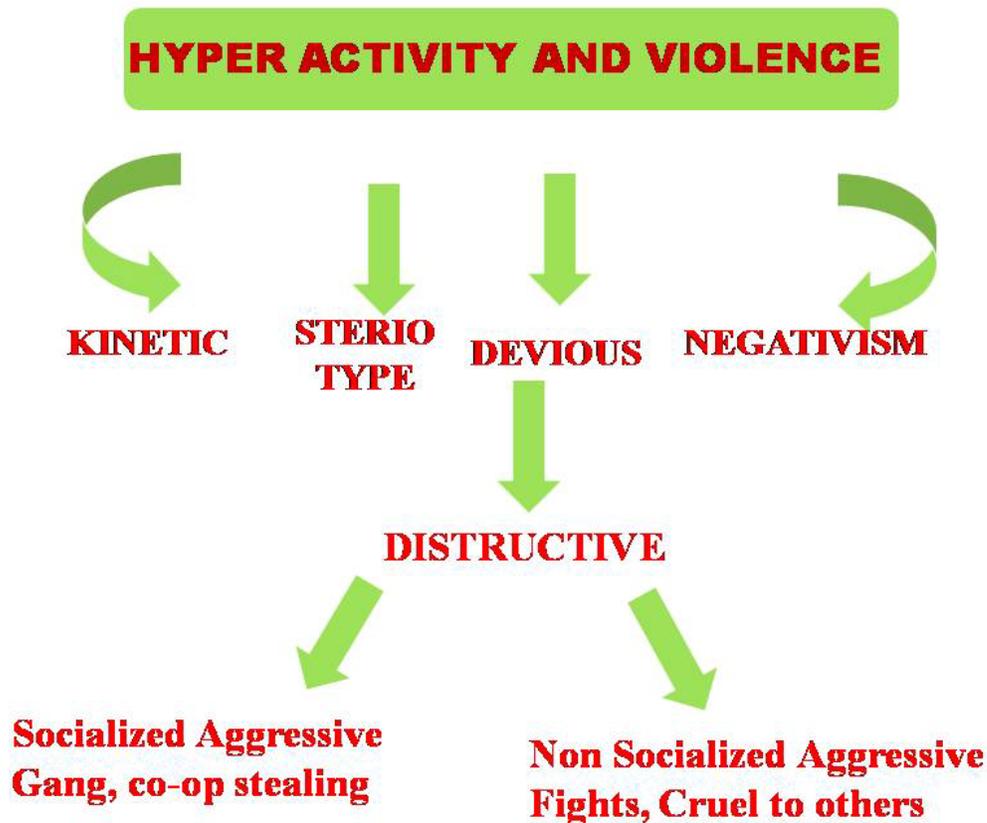
Disease classifications from homoeopathic angle

Various childhood developmental disorders must be studied from homoeopathic phenomenological point of view.

- (1) Evolutionary perspective - characteristic of the onset of the disease as well as its pace allow us to classify diseases from evolutionary angle.
- (2) Stage of the disease : from the stand point of structural changes as well as disease process we study childhood disorders.

We have evolved a functional model to classify hyperactivity, it takes into account following points.

- 1) Characteristic qualified state emerging through hyperactive behaviour.
- 2) Associated other disturbances of mood, affect, conduct etc
- 3) Depth of dysfunction.

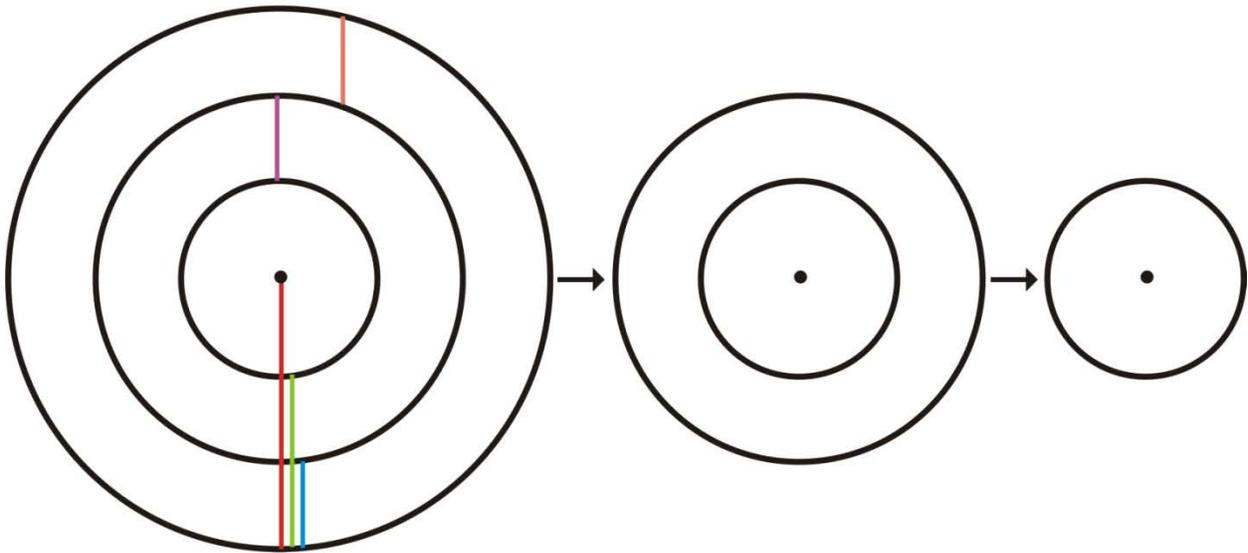


PERCEIVING TOTALITY

Totality was perceived by taking into account Sensory Pattern, Kinetic State, Regressive State, Features pertaining to affects and mood, qualified aspects. Etiologically such disorders show Multi-factorial Phenomenon, wherein Genetic, Psychological, Psychodynamic factors, mother's state during pregnancy as well as suppression and vaccination can contribute to the emergence as well as maintenance of the disorder. Associated Organic Dimensions, Evolutionary Study of the disease, Developmental Patterns and Dispositional features will also contribute in perceiving totality.

Sequential use of indicated Homoeopathic medicines Homoeopathic medicines improve the state of susceptibility. It also brings about change in the state of reactivity. When reactivity improves, there is emergence of other characteristics. This leads to 2nd prescription

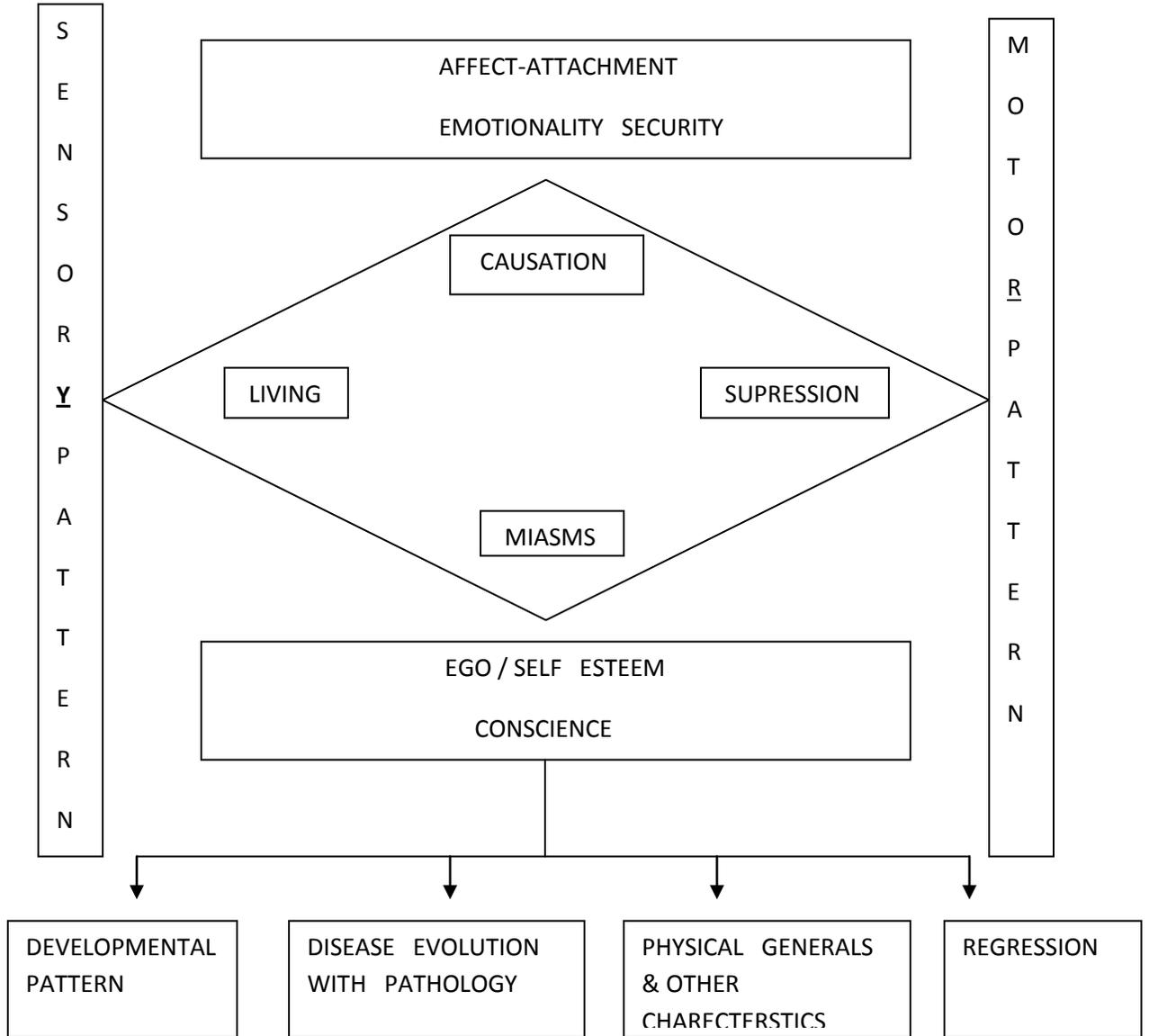
PERCEIVING SEQUENCE OF REMEDIES



INTEGRATED APPROACH:

Focus is on building up Homoeopathic correlations. We have evolved unique dynamic model to comprehend portrait of the child as well as qualified aspects of the diseased state. Model to appreciate the child from the stand point of various patterns described earlier along with background so as to have integrated understanding of the child from homoeopathic perspective. EVERY CHILD HAS DEVINE POTENTIAL SAYS SWAMI VIVEKANANDA. Homoeopathy helps to realize that potential resident in the child.

SPECIAL CHILD'S DYNAMIC PORTRAIT



Conclusion:

Spandan believes in concept of inclusion. Accordingly, Spandan makes hard efforts to ensure that children with varying degree of disabilities are integrated well in mainstream over last 10 years it has been working with several mainstream schools municipal as well as other Private. We intensified this work over last 3 years with the support of AYUSH – Ministry of Health, Government of India

The emotional, intellectual social and physical growth of the child is dependent on various factors. The PSYCHOSOCIAL inputs, which the child receives in the early formative years, are crucial amongst them. Any childhood disorder, whether intellectual, emotional or behavioral, would demand a holistic approach dealing also with the parents and the school. This in turn will demand a multidisciplinary approach.

Homeopathy's humane approach essentially focuses on positive health.

What is most important is concept of CARE & CURE which this science propounds and teaches its practitioner to be FRIEND, PHILOSOPHER & GUIDE.