The “Family Factor” in the Treatment of Children

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Introduction
In a previous article [6] on the position of remedies of the Carbon group, some attention has been given to human development, with a special focus on “body moulding” and the properties of the Carbons in curing disorders related to disruptions in the “moulding” process, either in the physical context or in the mental/psychological context. In this article I will look at human development from another perspective, focusing on problems during child development and disorders in children related to the parental situation.

At birth, the very close relationship of the baby with the mother is physically severed when the cord of the placenta, which for months has provided the only source of food and oxygen for the foetus, is cut, and the baby is on his own in the world. Due to parental instincts, the mother (and father) will take care of the baby, a responsibility that in humans usually lasts until adulthood. In the developmental journey of the child, several distinct phases can be determined beginning with the very early period after birth when the infant is completely dependent on the mother, through adolescence when the bonds with the parents are partially severed and the young person finds his or her own way into adulthood. The way this development takes place is closely connected to the quality of the care and to the role models the parents provide.

The mother’s experience of carrying her child, giving birth, feeding and protecting her infant creates a profound impact on her life. Her biological “être”, i.e. the propagation of life, is fulfilled during this process and this will change her for life.

Of course the changes which occur during pregnancy, birth and the afterbirth period, contribute greatly to the mother’s personal well-being and will influence her physical condition considerably. Many health problems are either directly related to pregnancy and the period shortly after giving birth, or can be traced back to the situationed predication the mother had experienced during pregnancy and the afterbirth period.

For the homeopath treating mothers, children or adults whose ailments are rooted in childhood, an understanding of both the developmental processes in children and the reaction of the parents to the child’s gradual separation of him/herself from the parents is essential to finding the right simillium for illnesses correlated to growth and development. During one’s lifetime, every individual develops one or more weak points, sometimes related to misasms, sometimes not. These weak points might be caused or triggered by an obstruction or hindrance in development thus causing an illness; the symptoms of the illness often direct the therapist toward the developmental problem. But sometimes a weak point may derive from an outside source: the family constellation and the family history being one example. Hence, next to analyzing the mental and physical symptoms, when treating children the therapist must keep an open eye for clues about the parental situation.

Understanding development in depth helps to “view” the patient as a complete homeopathic picture when looking for the right simillium as a remedy in the treatment. For the therapist this means creating a personal vision based not only on pathology and materia medica but on the context of the patient, and based upon clear observation of changes in the patient with regard to self-identity, self-need, and moral sense. Additionally the homeopath must be capable of discriminating between internal processes and external, environmental and situational influences on the patient. To resolve the situational condition of a patient, the therapist can use the Family Constellation technique (introduced by Hellinger [2]) as a tool. The therapist uses persons to represent the members of the patient’s family, thus confronting the patient with the “hidden” energy fields in the family and creating openings for the patient to review his/her own position vis-à-vis the family members.

SUMMARY

Child development is closely related to the social environment of the child as provided by the parents, the siblings and relevant other persons in the family history. In the homeopathic treatment of children, the exploration of hidden and unconscious factors that may influence health is of great significance. These hidden factors might well relate to circumstances in the lives of other family members, and may even include family members who have passed away. Therefore one must consider not only apparent symptoms, but also the child’s relationships with members of the family circle in the search for the right simillium. Moreover, the child will often attempt to take on him or herself the burden of the parents’ past, resulting in ailments that derive from situational factors rather than from actual physical circumstances. The two cases presented will explore the “family factor” in the treatment of children. The first case illustrates the relationship between a child and both parents, while the second case exemplifies a more complex system of relationships, including siblings, parents and other family members.

KEYWORDS Development stages, Sensate self, Unconscious sensations, Family constellations, Alumina, Magnesium sulphuricum, Lachesis, Magnesium iodatum

Dynamics between parents and child

In the relationship between mother and child, security is a central issue. From the security in the womb, via the protection of the mother, and later the protection of the father, a child is bound to create his/her own security, outside the sphere of influence of the parents (Fig. 1).

In this process a certain antagonism arises, when the young child terminates the symbiotic functions and strives for independence.

The experience of security goes from the early childhood (pre-moral/autistic) via the symbiotic phase, through the impulsive and pre-conventional phase toward a situation where the young adolescent becomes self-protective and independent from the mother and father [3,4]. Parallel to the development of security comes the drive to discover oneself, to find what distinguishes oneself from the other, and, in the end, to exceed oneself. In this way, the sensate self develops.

The child’s symptoms can easily reflect part of the parent/child relationship, either in positive or in negative way. The child’s symptoms may reflect the unconscious situation in the parents or other family members such as siblings or even grandparents. The homeopathic remedy should therefore address both the child’s symptoms as well as the parents’ situation on a conscious or unconscious level. A child can act on and adapt to factors “excluded” or obscured in the family; by doing so taking on himself or herself the burden of irregularities in the family system. Living the role and or feelings of the obscured or vanished person(s) creates in the child the transformed sensate self.

So, with proper treatment, one can observe the following sequence:
- aggravation of symptoms (expression of the problem in the body)
- surfacing the truth (symptoms emerge to the “conscious” level
- relieving the pain (starts the learning process
- start of the healing process (starts a better relationship between parent/child)

Hence, the healing process must include reviewing the position of the child in the family context. A solid treatment of the child requires the observation of the family and the positioning of each family member vis à vis the child.

As said before, children tend to burden themselves with the problems of the family, whether they are explicit problems or hidden, as yet unsurfaced problems. In this, the child is truly faithful to the family, and he or she will take, out of love, the burden of the problem on him/her/self. For the therapist it is extremely important to look for “unconscious sensations”; they can be the true key toward healing the child and eventually the other family members. Observing hidden and suppressed sensations will deliver insight into the real problem, and so show the road toward the remedy needed and the path toward health. The proper remedy will help the problem to surface into the conscious level, thus enabling the start of the healing process.

The two following exemplary cases illustrate the relationship between disorders in the child and the parental and family situation.

The Truth is in the Body: a Case Illustrating the Dynamics between Child and Parents

Case of a boy (from Eastern Europe): four years old. Major complaint: constipation

History: The mother relates that the main complaint is constipation from birth. The boy’s anus starts to smell, sometimes he holds the stool for more than 3 days. He has a tension in his abdomen which becomes distended.

He walks and runs in circles for at least three hours before he lets go of the stool. He starts crying because his anus becomes so painful. He is scared to go to the bathroom. Nobody is allowed to look at him. He does not want to be touched when in the bathroom.

He has also a coryza, a red throat and swelling of lymph nodes.

Observation: He has an intelligent look, makes jokes and is quite restless, sitting on his mother’s lap. They seem to have good contact and a warm relationship. The mother has tears in her eyes when talking about the pain the child goes through. In school his learning is developing well.

There is also another problem: when speaking, he was pronouncing the words quite clearly, but lately he has become less clear in his pronunciation. He also forgets words, or says apples instead of pears. The mother cannot always understand clearly what he says. He does not realize this problem himself and is angry when he gets criticised. The mother does not understand what is happening, because earlier he was talking very well and he did not forget words. He often sits on his mother’s lap and is very competitive toward his younger brother; he sometimes beats him. He can be very obstinate and will not listen to the advice of others.

Dreams: he sometimes dreams about a “leg” not connected to the body. Or of male figures who want to attack him and take him away. He has a fear of water, and also does not want water on his face. As most children he likes sweets, cookies and ice-cream.

He also “sees” things from another world, when walking in the woods. He then becomes frightened and begins to shriek. He sometimes tells stories in school which are not from this reality. He talks with interest about death and has a fascination with it.

At the end of the consultation the mother expresses again the problems with the stool and the unclear pronunciation of words.

The child’s parents are not patients in the practice. The mother is healthy. The father has had cancer of the intestines and has recovered. Both tell that they have no need for any kind of treatment.
The remedy choice is Alumina C 1000/4 (means four rounds of trituration and then potentized to C 1000).

The symptoms used were:
- Constipation from birth
- Unclear expression and loss of memory for words
- Dreams about disconnection of body-parts

For the rubrics for Alumina see appendix 1.

The question remains: how did the boy come into the Alumina state?

In homeopathy we have the beautiful situation that the substance can teach us the unknown parts of the case. As Hahnemann says, the symptoms do NOT represent the disease, but constitute the possibility to show the healing path. When we do a proving, we learn what the substance can heal, but it also teaches us, bringing us insight into the healing process of diseases related to the substance.

The learning from our proving of Alumina: (proving 2005 Hahnemann Institute Netherlands).

We have three “bodies” located in our body, and they all have an effect; the vital force, the soul and the spiritual force. These three entities give us the outline of our destination in life. Alumina brings these three “bodies” together thereby creating one working entity, and it enables us to let these bodies make contact with each other. Alumina unifies the different entities, which before were strangers to each other: Alumina brings the integration of the three bodies. Thus forming a new being out of pre-existing beings. This new being will develop in his or her own way and become the person's identity. With Alumina a communication process is taking place. Alumina helps us to find our path.

Therefore Alumina is effective for all forms of disintegration. When parts have been split off and behave as independent parts, Alumina can reintegrate the sundered parts. Alumina can reorganize and create a cohesive being.

First follow-up after five months

After Alumina C 1000/4:

The first two weeks the pronunciation of words was worse, so much worse that the mother could not understand him. Also the constipation was not better. After two weeks both pronunciation and stool became better.

For months now the constipation is better. Talking and expressing words are also significantly better.

Second follow-up after one year

The constipation has become worse again: he has now diarrhoea alternating with constipation.

The boy gets very angry when he does not get his own way.

In school the teacher complains about the lack of empathy the child shows.

He is boasting and bossy in school. He has lots of good friends in school, he is always the boss. He says: I am the fastest and I make the rules. He is hiding his difficulty with the stools from his surroundings.

He cannot understand the viewpoint of another, resulting in lots of quarrelling with his friends. He is manipulative and jealous. He shows a lack of flexibility. He is fighting against the rules and wants to tell others how to behave. He finds it difficult to concentrate. But he is intelligent and the best in school.

Dreams about small birds: he is feeding them small worms because the small birds are dying. Lots of dreams about animals which are dying. Cries in his sleep because of the animals dying.

He is very angry at his father now and again, when he has to listen to his father.

He then sits with his hands over his ears: not listening.

He keeps on shouting especially to his father: “You are not my friend any more”: he can continue for hours, without changing his mind. When he is angry he would also say: “You are not my father any more.” He is thinking in black and white, in extremes.

His father who came with him to the practice was very hurt by his son saying that. He could not understand his son’s behaviour. He is very kind and acts lovingly towards his son. The father told me that his children are the most important thing in his life. He said so with tears in his eyes.

He also added that his career did not matter so much to him. He would rather stay home to take care of his children. He looked a quite simple man. Then “out of the blue” the father told me that he had cancer and that his parents did not want to see him any more after he developed this disease. The reason was that soon after he developed cancer, he married his wife. Before this, his mother took care of everything for him, and he was totally dependent on her. During his disease his mother nursed him day and night.

When he met his wife, his mother stopped the relationship, and he became a stranger to her. As they live in the same village, she spread the word that he is not her son anymore.

His brother and sister took the mother’s side. Consequently his mother also says that her grandchildren are not her grandchildren. He got over it now, because he feels so happy with his sons and wife; he lives in paradise with them. When by chance he meets his parents, he tries to speak to them, but they never reply, turning their heads. Now he does not care about it any longer.

One day his mother gossiped in the village that his children are not his. He became very angry, went to his mother and threatened her: if ever she should say such a thing again, he would do something bad to her. After this action he felt very strong. The action rebuilt his confidence and self-esteem. Then we talked about the son and he mentioned how painful it is when his son says: “You are not my friend any longer.”

Analysis I

Here we see the child expressing the un-lived sensate self of the father. The grandmother has disgraced the father, resulting in the feeling of being forsaken (Magnesium: for both the father and the child!). The shouting: “You are not my friend anymore!” (Magnesium). In the father, the self is suppressed and disgraced (Sulphur). The son relives the split part of the sensate self of the father, thus creating the opportunity for healing of both the father and himself. For the child, sensitivity to dying animals is a clear symptom belonging to Magnesium sulphuricum.

The prescription became: Magnesium sulphuricum C 1000. For the rubrics for Magnesium sulphuricum see appendix 1.

Question: why was there the need for Alumina for the confusion and forgetting and
lack of expressing words, which also re-
acted and helped beautifully?

Alumina allows the split-off parts to in-
egrate and function together again.

Third follow-up, four months after the
Magnesium sulphuricum
The boy reacted well on the Magnesium
sulphuricum C1000.

The quarrelling and shouting has stopped,
the boy never scolded his father again. The
constipation is better. The concentration is better.

Consultation of the father
Six months after the boy’s third consulta-
tion, the father comes to the practice. He
has a swelling in his left testicle. The hospit-
suspects something severe (probably

cancer), his question is whether I can give
him a remedy for the painful swelling.

He only has five minutes for the consulta-
tion and immediately starts to cry as he
has never done before. In the following con-
versation it became clear that the informa-
tion given by the family during the second
follow-up was not complete. When the fa-
ther was treated for cancer (some ten years
before the present consultations) the hospi-
tal forgot to save his sperm and he subse-
quently became sterile. The boy was con-
ceived by IVF, with donor-sperm. That was
before the present consultations) the hospi-
tal.

In this case Alumina refers to confusion,
lack of coordination (in stool, in language).

Magnesium refers to the forsaken feeling of
the father transferred to the son and to the
suppressed senescence self. Sulphur refers to
the denial part in the case.

Ancestral burdens: Case
of Two Foster Brothers

Case of two boys: Jack and his foster
brother John (Their names have been
altered for confidentiality, but the boys’
names are actually that similar.)

First consultation with Jack, who entered
the practice at nine years old
Primary complaints:
• Headaches and migraine, nausea, vom-
iting. Due to his complaints, he misses
school quite often.
• Complaints often start at about 11 a.m.,
in school
• Sometimes respiratory problems, pain
on the chest, wants to sleep with his
mother when it hurts.
• At parties always sick, nausea, vomit-
ing, fever
• Depressed, down, no interest in any-
thing when feeling symptomatic
• Prays often, thinks it will help him.
• Dreams about witches.

Observations during the first consultation
Jack presented himself as a rather clever
boy, speaking fluently, with great determi-
nation in his behaviour. Speaks freely and
in a rather adult way about himself and the
problems he experiences with his younger
brother. His younger brother is a foster
brother, taken into the family a little over
a year earlier. As Jack tells his own story,
we learn that he used to be a very popular
boy in school, making jokes all the time
and flourishing in his role as one of the
most popular boys during playtime. Now,
in his opinion, nobody likes him anymore,
a situation that he blames on his brother
John, who, although four years younger,
has been stealing the show with his charm-
ing behaviour and his skills in sports.

Jack thinks that “earlier”, everything was
better, “earlier” meaning before his foster
brother joined the family. Jack thinks that
his little brother is always treated better
than he is, and that is why he feels jealous
of his brother. He recalls the time before
his brother was brought into the family as
a time when, both in school and at home,
he was the central person, so that his older
sister and mother were taking care of just
him. Now he feels that he can only talk to
his mother and his cat, and he thinks his fa-
ther has no time for domestic problems.
During the consultation, when asked to
draw a picture, he draws a rather nice-look-
ing picture of an owl. When I asked him to
act funny, he displayed quite impressive
humour, acting as a clown, and he tells me
that he misses being admired for it.

Jack looks down on John’s macho behav-
iour, but he is very proud of himself when
telling the story how once he attacked his
younger brother and threw him on the
floor.

Family history
The father’s family suffered very much dur-
ing the Second World War. When young,
the father also had had some problems
with an older brother.

Compassion for the needs of others brought
the family to the decision to adopt a foster
child. The idea was that as they were well
off, they should try to give something back
to humanity out of gratitude for their fortu-
nate situation.

The decision was taken by the whole family,
the son (Jack) and the daughter were con-
sulted by the parents as equal partners.
The parents now find it appropriate that
Jack learns to cope with his feelings of jeal-
ousy and learns to look at the broader pic-
ture. But they (especially the mother) also
want to protect Jack, and help him to over-
come his jealousy and frustrations. They
want to create room for both boys, in their
hearts and in the physical and social world
inhabited by the boys.

Analysis I
As previously demonstrated, the pain of
parents, grandparents and other ancestral
persons in a family often repeats itself
(although most of the time manifesting dif-
ferently) in the young.

Jack tries to suppress his feelings of jeal-
ousy, of being lost and lonely. That causes
the pain to divert itself inward, resulting in
the complaints mentioned above. When there are many complaints, as in the present case, one should observe that the different complaints individually are less important than the overall picture, meaning that one can see the complex of complaints as one. In this case, the entry of the foster brother as an act of conciliation of the family toward the outer world, triggered Jack’s mental situation, resulting in the complaints mentioned above. The child feels that the parents act out of compassion for others, and he agrees with it. But at the same time, on a very personal level, he feels abandoned and tries to create room for his personal needs for love and attention. The child is willing to sacrifice himself in order to make it possible for the parents to act as they see fit. When the result is a lesser station for himself, the reaction is the development of illnesses, which is the consequence of the outside stress having turned inside. Illness in this sense is the result of the child, often subconsciously, taking the burden of previous generations on his or her shoulders.

Remedy: Lachesis

Lachesis relates to the opposition Guilty/Not Guilty.

Lachesis can feel an emptiness inside, talks too much to compensate and draw attention. Feeling guilty about this behaviour. Lachesis can look at his/her own acts and acknowledges guilt if necessary. Feeling of being left out, but desires to be part of the inner circle. This opposition is a crucial theme in his/her life. Lachesis can express him/herself very well, often in more than one language, is creative (also in creating admiration by the peers for him/herself).

Lachesis are teachers, professors, artists. When they cannot express themselves properly, this results in complaints similar to Jack’s.

Acknowledging the needs of others (especially when the other is abandoned or deprived of primary needs), Lachesis wants to help, but cannot cope with the situation when the attention for the other leads to less attention for themselves. They struggle to find a balance between satisfying the self and satisfying the other.

One will see this phenomenon most often in children in the age between six and twelve, when the child is learning to look outward and at the same time beginning to come to a better understanding of the self, including the “bad” sides. As children of this age long to be part of a peer group, competition with peers and/or siblings will also begin to strongly manifest during this stage.

For the rubrics for Lachesis see appendix 1.

First consultation with John, who entered the practice as a six-year-old boy

Observations:

John came to the consultation as a result of the parents’ decision that the therapist should also observe him more directly. John, a charming coloured boy, was taken by the authorities from his mother, a prostitute, when he was two years old. His father was unknown. When he was still living with his mother, they often had too little food. When John was taken into his foster family, he had already displayed a nearly “adult” attitude, finding ways to provide food for himself and to manipulate his environment in a manner that would profit him. At present he likes to play with other children, and wants to be in the centre of events. Restless, he draws attention to himself whenever he feels he is in charge. Yet when someone else exercises power over him, he starts to bully and sabotage. If he feels that he cannot win, he totally withdraws.

At the consultations he sits on his foster father’s lap, totally withdrawn, doesn’t look at the therapist, cries and only utters that he is afraid to be abandoned again and that he will have to leave his foster family. He radiates tension. He dislikes the consultation and doesn’t want to come back.

His father relates that in normal life he is noisy and sometimes rather violent, quarrelling. Anger and laughter go hand in hand; at home more angry, outside more laughter and cowering behaviour. He doesn’t like to play alone, needs the attention of others. Can be very charming, good in sports (soccer), when playing with others often initiates the game himself.

He doesn’t like vegetables, especially spinach and cauliflower, but he eats everything on his plate, as if afraid to waste food or as if afraid the next day there will be not enough food. Hoards food (under his bed).

Remedy: Magnesium iodatum

Fear to be given away, shutting up when felt as if under attack are typical symptoms for Magnesium, as is aversion to vegetables. Also bossiness, dominant behaviour (when you are the boss, you cannot be thrown out), demanding attention, sitting on the parent’s lap are part of the Magnesium picture.

Anxious one will starve, finishing off food one dislikes, and hoarding food are part of the Iodatum picture, just as are sudden mood changes, aggression, and anger.

Magnesium iodatum has bullying, nagging. Magnesium iodatum relates to situations where children, at the beginning of their lives, didn’t feel welcomed and loved.

For the rubrics for Magnesium iodatum see appendix 1.

Analysis II and summary of the cases:

Jack and John

Jack’s and John’s problems are closely linked, but derive from completely different sources. Jack is part of a family which suffered heavily in World War II, resulting in the parents’ feeling that, now that they are successful in life, they should do something in return to mankind, to give security and love to one originally deprived of these “luxuries”. That is why they took John into their family and want him to really feel welcomed and supported. In this way they seek to heal the family circle of love disrupted by the war. Jack understands this rationally,
but on a more emotional level he struggles with the position of his foster brother, and feels abandoned by family and friends. The foster brother John’s aggression and anger occurs in the open in moments when he feels threatened in his new situation of security and love. When he feels that this will not help him to get the upper hand in a particular situation, he retracts and closes up.

Conclusion

To sum up, when case taking in complex and generational situations, one should not focus primarily on superficial symptoms, but one should try to discover what is suppressed or excluded. The simillimum must help the children and their families to regain the equilibrium that has been lost, to reclaim the vitality – love – the energy circle that has been lost in the relationships. Homeopathic treatment aims at restoring the vital force, both in the individuals and in the family as a whole.

Appendix 1

Rubrics for the remedies discussed:

**Alumina**

- Delusions, imaginations: says something, somebody else has said it, when he
- Delusions, imaginations: sees anything, as if another person had seen it, or as if he could transfer himself into another and only then could see
- Delusions, imaginations: spectres, ghosts, spirits, sees
- Delusions, imaginations: talking: someone else is, when he speaks
- Delusions, imaginations: body, body parts: head: belongs to another
- Delusions, imaginations: body, body parts: head: separated from body, is

**Magnesium iodatum**

- Delusions, imaginations: body, body parts: legs: long, too
- Memory: weakness, loss of: thought, for what he just
- Memory: weakness, loss of: words, for
- Constipation: children, in: nursing

**Magnesium sulphuricum**

- Delusions, imaginations: disgraced: he is (addition author)
- Delusions, imaginations: stranger, strangers: sees (addition author)
- Dreams: animals, of: vermin
- Dreams: dead: bodies
- Dreams: animals, of
- Forsaken feeling: beloved by his parents, wife, friends, feels is not being

**Lachesis**

- Delusions, imaginations: deserted, forsaken
- Delusions, imaginations: despised, is
- Delusions, imaginations: wrong: he has done
- Delusions, imaginations: wrong: suffered, has

**Magnesium iodatum**

- Restless and angry before eating (addition author)
- Irritability before eating (addition author)
- Fear of being forsaken and excluded (addition author)
- Forsaken feeling: beloved by his parents, wife, friends, feels is not being (addition author)
- Company: aversion to, agg.: avoids the sight of people (addition author)
- Company: aversion to, agg.: friends, of intimate (addition author)

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References

1. Rubrics from Roger van Zandvoort’s Complete Millenium Repertory, 5.1 and Alize Timmerman’s Maine Seminars on Magnesiums. References: as a footnote under the 1st column?

Vita

Alize Timmerman started her career in biochemical research working in hospitals in The Netherlands and Norway and at the University of Amsterdam. In the 1970s she studied Naturopathic Medicine and Homoeopathy and started practising in 1982 and lecturing in 1986. She is the founder (1988) and director of The Hahnemann Institute of The Netherlands. The Institute organizes practical training for students at the end of their study and in-service training for practising homoeopaths. Alize lectures now all over the world, combining her unique insights in Homoeopathy and Psychology with a very special talent in didactics and presentation.

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