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HOMOEOPATHY TREATED GROWING PAINS: A CASE REPORT

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ABSTRACT

Growing Pains are pains that affect the child's limbs. The pain typically occurs in shins, calves, thighs or behind the knees. The pain occurs in both legs at night and may awaken the children. It is the most common problems among children aged 3 to 12 years. In India, around 1 million children per year, complain pain in their legs at night to their parents. Growing Pains typically presents aching or throbbing feeling in the legs. It may be linked to a lowered pain threshold, or, in some cases, psychological issues.

Case Summary: A 6-year-old male child presented with pain in legs at night which is relieved by pressure and stretching limbs, a complete case history was taken and therapeutic approach was done. Based on the physical and mental totality of the symptom *GUAJACUM OFFICINALE* in potency 200 was selected and was given once a week. The case was closely followed for 2 to 3 months, which shows the effectiveness of *GUAJACUM OFFICINALE* in growing pains.

KEYWORDS: Homoeopathy, Keynote approach, Guajacum Officinale, Growing Pains.

INTRODUCTION

Growing pains referred to benign, recurrent limb pains that typically occur in children, often during evening or at night. These pains are characterized by their intermittent nature and lack of associated physical findings, such as swelling. Growing pains was first described by French physician Marcel Duchamp in 1823. These are recognised as the most common cause of musculoskeletal pain in early childhood. These pains usually occur in children aged 3 to 12 years of age and are often bilateral, affecting the shins, calves, thighs, or popliteal fossa. Despite their name, there is no direct correlation between these pains and periods of rapid growth. [1][2].

ETIOLOGY [3][4][5]

The exact etiology remains unclear, but they are thought to be related to physical activity, growth spurts, or familial factors. Several theories had been proposed, that includes:

- Lower Pain Threshold: Children with growing pains may exhibit a lower pain threshold compared to healthy peers.
- Genetic factors: A familial tendency has been noted, suggesting a possible genetic predisposition.
- Vitamin D deficiency: Some studies indicate that hypovitaminosis D may play a role in the pathogenesis of growing pains.
- Psychosocial Factors: Emotional and behavioural issues, such as anxiety and irritability, have been associated with children experiencing growing pains.
- Biomechanical factors: Localized biomechanical overload during physical activity may contribute to the onset of pain.

EPIDEMIOLOGY [6][7]

Growing pains affect approximately 10-40% of children, with varying prevalence rates reported in different studies. They are most commonly observed in children aged 3 to 12 years, with a slight predominance in females. The condition tends to self-limit as children grow older. Studies of the prevalence of growing pains have presented a wide range of estimates from 2.6 to 4.9%.

PATHOPHYSIOLOGY [8][9][10]

The pathophysiological mechanisms underlying growing pains are not well understood, but several hypotheses include:

- Non-Inflammatory Pain Syndrome: Growing pains are thought to be a non-inflammatory pain syndrome, possibly linked to muscle fatigue or overuse.
- Somatosensory Processing: Some evidence suggests that children with growing pains may have altered somatosensory processing, leading to a diffuse pain response.
- Bone Strength: Studies have indicated that children with growing pains may have reduced bone strength, which could contribute to the pain experienced.

THEORIES

The exact cause of growing pains is still unknown, but there are few theories that has been proposed regarding these pains.

- **THE ANATOMIC THEORY**: This theory was emerged in 1950s. According to this theory, the musculoskeletal variants such as generalized hypermobility, pes planovalgus, genu valgum, or scoliosis cause altered gait mechanics and subsequent pain. Research has not supported this theory, and a recent study comparing children with and without growing pains did not find any significant differences in hindfoot position between groups. [5][13]
- **THE MUSCULAR FATIGUE THEORY**: This theory was proposed in 1894 and postulates that increased levels of physical activity lead to growing. This can be upheld by the perception of numerous guardians that developing torments are more awful on days when children are particularly dynamic. The proposed instrument for torment can be isolated into muscular or skeletal weariness. Muscle weakness driving to consequent muscle issues could be a potential contributing calculate. No studies have assessed the muscular fatigue theory directly, and this postulate continues to be based on observation. [11][12]
- **THE LOWER PAIN THRESHOLD THEORY**: This theory postulates that children with growing pains that persisted for more than 5 years had a decreased pain threshold compared with healthy controls and children with resolved or resolving growing pains. Children with a prolonged course of growing pains were more likely to have family members with pain syndromes. [14][15]

✧ **THE PSYCHOLOGICAL THEORY**: This theory was introduced in 1951, which suggests that emotional disturbances may be more prevalent in children experiencing growing pains. Studies indicate that children with growing pains may exhibit different temperamental and behavioural profiles compared to their peers. [16]

✧ **THE FAMILIAL AND ENVIRONMENTAL FACTORS THEORY**: According to this theory, emotional and psychological factors within the family environment may contribute to the development of growing pains. Studies suggest that painful experiences in parent's childhoods could influence their children's pain syndromes. [17]

✧ **THE GROWTH-RELATED THEORIES**: Some theories have linked growing pains to periods of rapid growth, although evidence does not support a direct association between growth spurts and pain. [18]

✧ **OTHER THEORIES**: Additional hypotheses include decreased bone strength and altered vascular perfusion, but these have not been conclusively proven. [9]

CASE REPORT

A 6 year-old male child presented at OPD at Dr. M.P.K. Homoeopathic Medical College, Hospital and Research Centre, Saipura, Sanganer, Jaipur, OPD No. 13520 on 21/12/2024 with the following complaints:

Duration: Since 2 years
Location: legs
Sensation and Complain: Pain in legs: at night, while going to sleep, throbbing and stinging type of pain.
Modalities: Aggravation: Not Specific
Amelioration: massaging with a slight pressure.

Physical Generals

Thermal reaction: Sensitive to both heat and cold
Cravings: Fruits, specially apple
Aversion: Milk
Amelioration: Massaging legs with slight pressure
Appetite: 3 meals/day, 1 chapati/meal
Thirst: 5-6 glass/day
Stool: Constipation
Urine: 5-6 times/day
Perspiration: Scanty
Sleep: Irregular sleep, disturbed
Dreams: Undefined

Mental Generals

Irritable
Anger^{+}: Cry in anger
Forgetful
Loquacious

General Examination

Nutrition: Good
Cachexia/Emaciation: Absent
Tongue: Moist and white coated

Analysis of Case

Mental Generals	Physical Generals	Particulars
✧ Irritable ✧ Anger^{+}: Cry in anger ✧ Forgetful ✧ Loquacious	✧ Thermal reaction: Sensitive to both heat and cold ✧ Cravings: Fruits, especially apple ✧ Aversion: Milk ✧ Amelioration: Massaging legs with slight pressure ✧ Appetite: 3 meals/day, 1 chapati/meal ✧ Thirst: 5-6 glass/day ✧ Stool: Constipation ✧ Urine: 5-6 times/day ✧ Perspiration: Scanty ✧ Sleep: Irregular sleep, disturbed ✧ Dreams: Undefined	✧ Throbbing and stinging type of pain in legs; night, while going to sleep. >massaging with a slight pressure.

Evaluation of Case

- Irritable
- Anger^{+}: Cry in anger
- Forgetful
- Loquacious
- Thermal reaction: Sensitive to both heat and cold
- Cravings: Fruits, especially apple
- Aversion: Milk
- Amelioration: Massaging legs with slight pressure
- Appetite: 3 meals/day, 1 chapati/meal
- Thirst: 5-6 glass/day
- Stool: Constipation
- Urine: 5-6 times/day
- Perspiration: Scanty
- Sleep: Irregular sleep, disturbed
- Dreams: Undefined

➢ Throbbing and stinging type of pain in legs; night, while going to sleep. >massaging with a slight pressure.

Totality of Symptoms

☆ Irritable
☆ Forgetful
☆ Thermal reaction: Sensitive to both heat and cold
☆ Cravings: Fruits, especially apple
☆ Aversion: Milk
☆ Amelioration: Massaging legs with slight pressure
☆ Throbbing and stinging type of pain in legs; night, while going to sleep. >massaging with a slight pressure.

Prescription with Justification

The first prescription was 21/12/2024 *Guajacum Officinalis 200*/ 2 Dose/ EMES for 7 days. (Justification of remedy selection: According to the presenting totality and based on symptoms given in W. Boericke Materia Medica- Contraction of limbs, stiffness and immobility. Feeling that he must stretch. Forgetful. Desire for apple and other fruits. Aversion to milk. Growing pains. Ankle pain extending up the leg, causing lameness. Stinging pain in limbs; followed by contraction of limbs.) [19]

Follow-ups

Date	Follow- ups	Prescription
28/12/2024	Patient was feeling a slight increase in the intensity of pain	Rubrum 30/TDS Phytum 30/OD * 7 days
5/01/2025	Intensity of pain started declining. Patient was feeling a slight relief in his complaints.	Rubrum 30/TDS Phytum 30/OD * 7 days
12/01/2025	Intensity still the same. There was no further relief, the symptom was still the same as previous. Still feeling to stretch the lower limbs,	Guajacum 200/ 2 Dose/EMES Rubrum 30/TDS *14 days
27/01/2025	Patient now feeling a lot less pain in his legs. Started to sleep slight comfortable, but wakes up sometimes between sleep at night. Required massaging for again going to sleep.	Guajacum 200/ 2 Dose/ EMES Rubrum 30/TDS *14 days
11/02/2025	Patient feeling highly relief in his complaints. No stretching of lower limbs. Sound sleep without waking up between sleep.	Guajacum 200/ 1 Dose/EMES Phytum 30/OD * 14 days
26/02/2025	No pain in legs at night. No stretching of limbs. Sound sleep without being disturbed. No waking up in between sleep. No massaging required.	Rubrum 30/TDS Phytum 30/OD * 30 days

CONCLUSION

Homoeopathy is a specialized system of medicine that not only cures the disease but also treats the patient as a whole. In this case, the patient improves gradually after the prescription provided according to the symptoms. This case shows the effectiveness of Guajacum Officinalis, when prescribed/dispensed homoeopathically, in the case of growing pain. This case reflects the role of history taking and the keynote approach in the improvement of patient's complaints by improving his quality of life as well. Now the patient is satisfied as he got rid of his complaints.

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