



Conduct Disorder and Its Homeopathic Perspective

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Abstract: -

Behavioural disorders in children and adolescents can be classified as either internalizing disorders or externalizing disorders. Some of the most common behavioural disorders in children include disruptive, depression and anxiety disorders, as well as pervasive developmental disorder (PdD) and autism. The most common behavioural problems in children of preschool and school age include: Temper tantrums Attention deficit hyperactivity disorder Obsessive-compulsive disorder Defiant or conduct disorders

Keywords: -

Childhood behavioural disorders, Disruptive behaviour disorder, Conduct disorder, Challenging behaviour, Emotional disorder, Anxiety, Depression.

Introduction: -

Conduct disorder is a set of recurrent and long-term behavioral and emotional issues in young people. It is a condition in which children and adolescents have difficulty adhering to established rules, protecting others' rights, demonstrating empathy, and acting in a socially accepted manner. These individuals are often perceived as delinquent or delinquent by other children and adults, as well as social agencies, and are not considered to be mentally ill. A variety of factors may contribute to the development of conduct disorder in a child, such as brain damage, abuse or neglect of the child, genetic susceptibility, educational failure, and trauma.

The diagnosis of conduct disorder is based on a long-term and pervasive pattern of behavior that disregards the fundamental rights of others or disregards the norms of society. It is only when the conduct surpasses the level of juvenile delinquency that it is considered to be a disorder. The onset of the disorder typically occurs prior to the age of eighteen, and is more common in males than in females (approximately 5-10%). In the United States,

approximately 10% of male children aged under 18 have been diagnosed with conduct disorder.

The International Center for Disease Control (ICD-10) identifies four distinct types of conduct disorder: familial conduct disorder, socialized conduct disorder, and oppositional defiant disorder.

Causes: -

There is no definitive answer to the question of what causes conduct disorder, however, it is generally accepted that a complex interplay of biology, genetics, environment, psychology, and social factors is involved.

Biological causes: -

Research indicates that disorders or injuries to specific regions of the brain may result in behavior disorders. Behavior disorders have been associated with certain brain regions that are involved in the regulation of behavior, impulsiveness, and emotions. If nerve cell circuits in these brain regions are not functioning correctly, conduct disorder symptoms may manifest. Additionally, conduct disorder may be exacerbated in children and adolescents who have other mental health conditions, such as Attention Deficit Hyperactivity Disorder, Learning Disabilities, Depression, Substance Abuse, or an anxiety disorder.

Genetics causes: -

A significant proportion of children and adolescents with conduct disorder have a family history of mental illness, such as mood disorder, anxiety disorder, substance use disorder and personality disorder. This indicates that a predisposition to conduct disorder may exist, at least in part.

Environmental causes: -

The formation of conduct disorder may be influenced by a variety of factors, including family dysfunction, childhood maltreatment, traumatic events, a familial history of drug or alcohol abuse, and poor parental discipline.

Psychological causes: -

Some mental health professionals think that conduct disorders can be a sign of issues with moral clarity (like a lack of guilt or regret) and poor thinking skills.

Social causes: -

Being from a poor background and not fitting in with your peers seems to be a common risk factor for conduct disorder.

The risk of a child developing conduct disorder is increased by a variety of factors, including a lack of parental control over their behavior, and a lack of follow-through with consequences for inappropriate behavior. This can

include a parent threatening to take away a child's television set for a night, but not following through when the behavior persists.

Parents are often unable to monitor the whereabouts of their children or adolescents, leading to an unhappy family life with frequent disagreements. Poverty, large families, aggressive parenting, marital conflict, domestic violence, mental health issues, parents who break the law, child abuse, and living in an institutional care are all contributing factors to this situation.

Symptoms: -

This person has a range of behavioral issues, including frequent lying, theft or robbery, running from home and school, physical violence, cruelty towards others and animals, refusal to obey authority figures, a tendency to consume drugs, including alcohol and tobacco, at an early age, a lack of empathy for others, involvement in gangs, learning difficulties, low self-esteem, and suicidal tendencies.

Behavioral disorders typically fall into two categories: socialized and unsocialized. Socialized disorders demonstrate a strong sense of loyalty to a group, while unsocialized disorders are characterized by a more severe underlying psychopathy.

Many individuals with conduct disorder, particularly those with socialized type disorder, experience marked improvement and may lead successful lives. Conversely, some individuals, particularly those with more severe symptoms, experience a more prolonged course and may be classified as having antisocial personality disorder (APD) after the age of 18.

In addition to the classic signs of conduct disorder, there are other complications that can arise, like using or becoming addicted to drugs or alcohol, getting pregnant, having a criminal record, killing someone, or committing suicide.

Management: -

The management of conduct disorder is typically challenging. The most common approach is to place the child in a rehabilitation facility, usually after the child has experienced legal issues. Generally, behavioral, educational, and psychological interventions are employed to modify the behavior. Additionally, drug treatment may be necessary in the presence of epilepsy, ADHD, impulse control disorder, and episodes of aggressive behavior, as well as those with psychotropic symptoms.

Abrotanum

Ill-natured, irritable, and violent. Cross anxious and depressed. Exceedingly peevish, feels as if she would like to do something cruel, no humanity.

Belladonna

Individuals with impulsivity, impulsiveness, anger, aggression, biting and striking, spitting on other people's faces, hypersensitivity to touch, fluctuating moods, hallucinations, seeing monsters and distasteful faces, fear of imaginary objects, running away from them.

Chamomilla

Sudden bursts of anger due to conflict or hurt feelings. Peeved, ill-tempered, angry, violent, and hot. Can't stand being looked at. Kid wants a lot of things that he won't have again. Complaints about anger, like fever, cramps, diarrhea, and coughing.

Hyoscyamus Niger

Maniac: Erotic, revealing of the genitals, singing of love songs. Laughter, singing, talking, babbling, arguing. Speechative, obscenity, lustful mania, revealing of the body. Jealous. Insulting, laughing at everything. Highly suspicious. Insatiable, jump out of the bed, want to run away. Insatiable with the urge to attack, bite, struggle with insults, reprimand and kill.

Stramonium

He tears his clothes, curses and screams until he loses his voice. He wants light and companionship. He can't stand being alone. He's worse in the dark and alone. He can't go in a dark room.

Sulphur

He's very self-centered and doesn't care about anyone else. He's religious and has a dark side where he imagines giving bad things to people and causing them to die. He's very angry and depressed.

Tarentula Hispanica

She's destructive, she'll destroy anything she can get her hands on, she'll rip her clothes to shreds, she'll throw things away in a fit of despair. She has a kleptomania and is obsessed with music.

Tuberculinum

Have violent outbursts, want to fight, throw anything at anyone, even for no reason. Want to use profanity, swear a lot. Impatient, irritable, every little thing irritates her, worse comes the next morning. Disappointed, restless, always wants to change. Want to travel, doesn't like to stay in one place for long periods of time. Depression. Reversal behavior, mood swings. Fear of pets, especially dogs.

References:

1. Behavioral Disorders of childhood; National Health Portal of India, https://www.nhp.gov.in/Behavioral-disorders-of-childhood_mtl last accessed on 30.09.2020.
2. Central Council for Research in Homoeopathy, National Campaign on Homoeopathy for Mother and Child Care, 'Behavior problems in children and homoeopathy'- Department of AYUSH, Ministry of Health and Family Welfare, Government Of India.
3. Scott S. National Conduct Problems Clinic, Maudsley Hospital, and Institute of Psychiatry, King's College, London.
4. Deivasigamani TR. Psychiatric morbidity in primary school children: An epidemiological study. *Indian J Psychiatry* 1990; 32:235-40.
5. Sarkar AB, Kapur M, Kaliaperumal VG. The prevalence and pattern of psychological disturbance in school going middle childhood children. *NIMHANS J*1995; 13:33-41.
6. Srinath S, Girimaji SC, Gururaj G. Epidemiological study of child and adolescent psychiatric disorders in urban and rural areas of Bangalore, India. *Indian J Med Res*2005; 122:67-79.
7. American Psychiatric Association (APA). *Diagnostic and Statistical manual of mental disorders*. Fifth edition, special edition: 2017. Print
8. Kent J.T, *Lectures on Homoeopathic Materia Medica* New Delhi- B. Jain Publishers,Low price edition 2006- 2007
9. Boericke W. *Boericke's New Manual of Homoeopathic Materia Medica with Repertory*, New Delhi- B. Jain Publishers, Reprint edition 2007, 2008

