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To Show the Efficacy of Homoeopathy in Treatment of Failure to Thrive

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ABSTRACT:
The aim of this study is to make an in-depth study of Failure to Thrive (FTT) in children and to understand its causes and effects on growth. It also aims to show the effectiveness of Homoeopathic medicines in treating children with FTT by improving their appetite, digestion, weight gain, and overall development.
BACKGROUND: Failure to Thrive (FTT) is a paediatric condition used for infants and children up to 5 years of age whose physical growth is significantly less than their peers of same age and sex. suboptimal growth in weight and/or height, often accompanied by developmental delay, recurrent infections, and poor nutritional status. Despite conventional nutritional and medical interventions, many children experience unsatisfactory improvement.
METHODS: A two-year prospective observational study was conducted at JSPS government homoeopathic medical college involving paediatric patients aged 0–5 years diagnosed with FTT according to WHO growth standards. Individualized homeopathic prescriptions were given after detailed case-taking. Anthropometric parameters (weight, height, HC) were recorded at baseline and at each follow-up. Outcomes included changes in weight-for-age, height-for-age percentiles, and clinical improvement categories (marked, moderate, no improvement).
RESULTS: Thirty children (n = 30) completed the study. After 24 months, marked improvement was observed in 36.6% (n = 11), moderate in 53.3% (n = 16), and no improvement in 10% (n = 3). Significant reduction in recurrent infections and gastrointestinal complaints was noted. No adverse events were reported.
CONCLUSIONS: Individualized homeopathic treatment demonstrated positive effects on growth and clinical outcomes in children with FTT. Controlled trials are warranted to confirm these findings.

Keywords: Failure to Thrive, Pediatric Growth Disorders, Homeopathy, Anthropometry, Nutritional Deficiency, Growth Faltering, Weight-for-Age, Height-for-Age, Recurrent Infections.

INTRODUCTION

Children are the future of a nation. Every child has the right to survive and thrive.[1] Regular assessment of growth and monitoring of growth parameters assumes paramount importance in assessment of child health.[2]

One of the basic and important aspects of paediatrics deals with the processes of growth and development. Linear growth and appropriate weight increase are sensitive indicators of the health and well-being of an individual. Stature is one of the most heritable of all genetic traits and linear growth rate is a more consistent reflection of normal health. While stature is a one-dimensional variable increasing about 3.5 times from birth to maturity, weight is a three-dimensional variable increasing more than twenty times after birth. With good nutrition and relative freedom from disease, infants and children can achieve their full genetic growth potential for adult size.[3]

Failure to thrive (FTT) is a common and often perplexing concern for parents and paediatricians. Symptoms of failure to thrive are noticed usually from infant up to 5 years of age, may be seen in any of the parameters such as long-term effects on stature, recurrent infections impaired growth, development and cognitive functions etc. It has been observed that nearly 80% of children with failure to thrive present in the first 18 months of life.[4]

The word 'thrive' is defined by New Webster's Dictionary as to grow and function well; to have good health.[5] Paediatricians have described malnourished children with the words "failure to thrive" (FTT) since at least the nineteenth century. The term 'FAILURE TO THRIVE' was mentioned as early as 1915 by a distinguished American Paediatrician, Dr Henry Dwight Chapin of New York who was a pioneer in alerting paediatricians to failure of growth and development associated with poverty and with contemporary institutional care of infants and young children.[6]

As per Nelson text book of paediatrics, Failure to thrive (FTT) results from inadequate usable calories necessary for a child's metabolic and growth demands. No single set of growth parameters provides the criteria for a universal definition. FTT has classically been grouped into organic and nonorganic types; this construct is outmoded and not useful to clinicians seeking to address underlying causes, which are often multifactorial. Many would consider a weight for height ratio less than 2 SD (or <3 or < 5 percentile) for age and gender diagnostic of FTT; others would use weight crossing 2 major percentiles on the growth curve. patient with FTT may either have growth deceleration, faltering growth, or even weight loss.[7]

EXPECTED GROWTH PATTERNS AT DIFFERENT AGES [4,8]

Growth patterns			
Ages	**Approximate daily weight gain (gm)**	**Growth in length (cm/month)**	**Growth in HC (cm/month)**
0-3 month	30	3.5	2
3-6 months	20	2	1
6-9 months	15	1.5	0.5
9-12 months	12	1.5	0.5
1-3 years	8	1	0.25
4-6 years	8	3 cm/year	1 cm/year

DERIVATION AND INTERPRETATION OF GROWTH CHARTS

Use of growth charts – "road to health" cards help in identifying diseases in early stages, status of the child regarding immunization, growth and nutritional levels. Weight should be checked at monthly intervals during first year, every two months during the second year and every three months thereafter upto the age of 5 – 6 years. The growth curve helps in early diagnosis of growth failure and its etiology.[4] WHO 2006 standards have been widely accepted world-over for monitoring growth of under-five children. The Government of India has endorsed these standards for under-five growth monitoring. It is important to realize that while interpretation of growth in a child may vary depending on the reference standards used for comparison, and will therefore have implications at community/national level, choice of a specific growth reference chart may not be critical for growth monitoring of a particular child in clinical practice. It is more important to be accurate in assessment and plotting and to be consistent with the type.[8] (Image1)

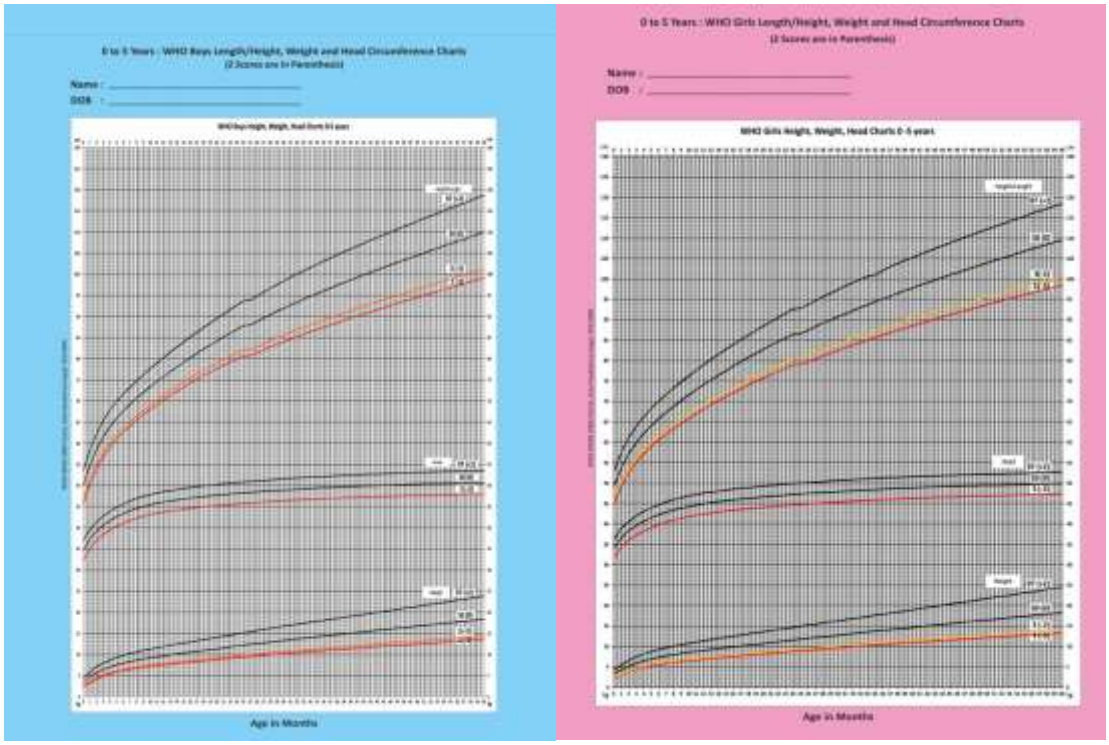


Image-1: 0-5 years WHO Growth charts

While modern management focuses primarily on dietary and medical interventions, homeopathic therapeutics offer a unique approach. The Materia Medica and Repertories enumerate numerous symptoms associated with defective growth, emaciation, weak digestion, delayed milestones, and poor assimilation—all of which correlate closely with FTT presentations.

AIM & OBJECTIVE OF STUDY:

1. To make an in- depth study of failure to thrive.
2. To show the effectiveness of homoeopathic medicines in treating failure to thrive in children.

NULL HYPOTHESIS (H0): There is no difference in the improvement scores before and after homoeopathic treatment in children with failure to thrive.

RESEARCH HYPOTHESIS (H1): There is difference in the improvement scores before and after homoeopathic treatment in children with failure to thrive.

MATERIAL AND METHODS

The clinical study was done on 30 children from the Outpatient and Inpatient departments of Dharma Kiran Government Homoeo Hospital, attached to J.S.P.S. Government Homoeopathic Medical College, Ramanthapur, Hyderabad.

Inclusion criteria:

- Children male and female up to 5 years age group.
- Cases under the scope of homoeopathy and relevant to study.

Exclusion criteria:

- Children who require surgical interventions.
- Children with any gross irreversible pathological changes with complications are excluded.

Assessment of results: Assessment of result was based on prognosis of the patient after administration of the remedy. For interpreting results the patients were categorized into 3 groups obtained after treatments.

Marked improvement:

- Significant improvement in physical and developmental milestones, along with increased appetite and energy levels
- Weight, Height & Head circumference percentile: Increased from below the 3rd percentile to the 50th percentile or above.

Moderate improvement:

- Noticeable improvements in growth, appetite, and developmental milestones, though the child may still fall behind age-appropriate norms.
- Weight, Height & Head circumference percentile: Increased from below the 3rd percentile to a point between the 3rd and 50th percentile.

No improvement:

- Minimal or no improvement in physical health, appetite, or developmental milestones.
- Weight, Height & Head circumference percentile: Remains below the 3rd percentile with little or no increase.

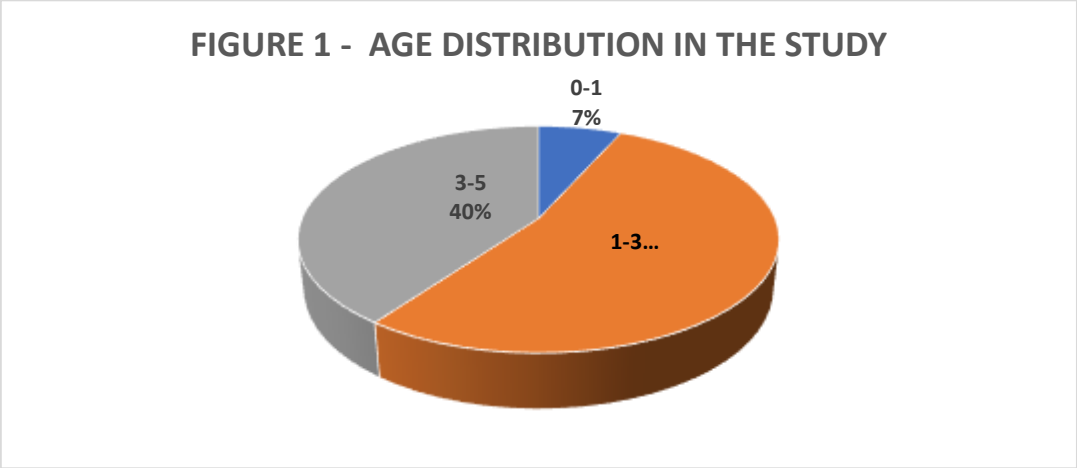
STATISTICAL ANALYSIS

The collected data were analyzed using appropriate statistical methods to assess the effectiveness of homoeopathic treatment in children with Failure to Thrive. Since the sample size was limited ($n = 30$), a **paired t-test** was employed to compare pre-treatment and post-treatment growth parameters. The level of significance was set at $\mathbf{p < 0.05}$. Statistical analysis was carried out to test the null hypothesis and to determine whether the observed improvement after treatment was statistically significant.

OBSERVATION AND RESULT

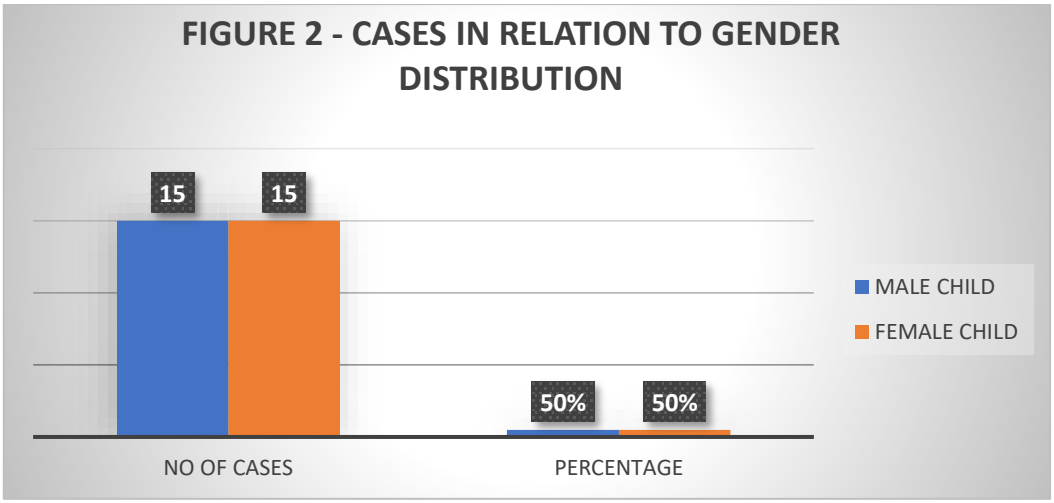
AGE DISTRIBUTION

In the present study, the majority of children belonged to the 1–3 years age group (53.33%), followed by 3–5 years (40%), while only 6.66% were below one year of age (**Figure 1**).



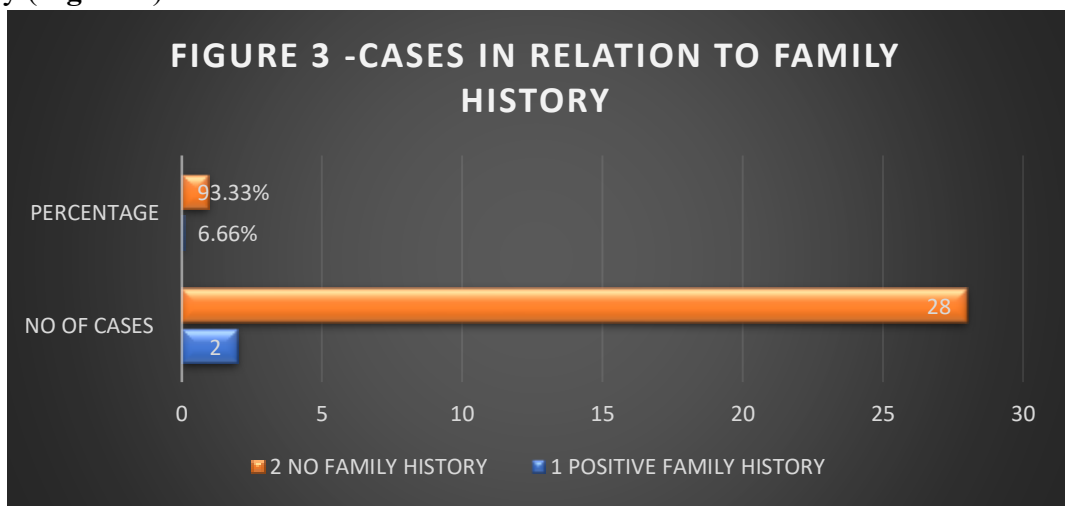
GENDER DISTRIBUTION

The study population showed equal gender distribution, with males and females constituting 50% each (**Figure 2**)



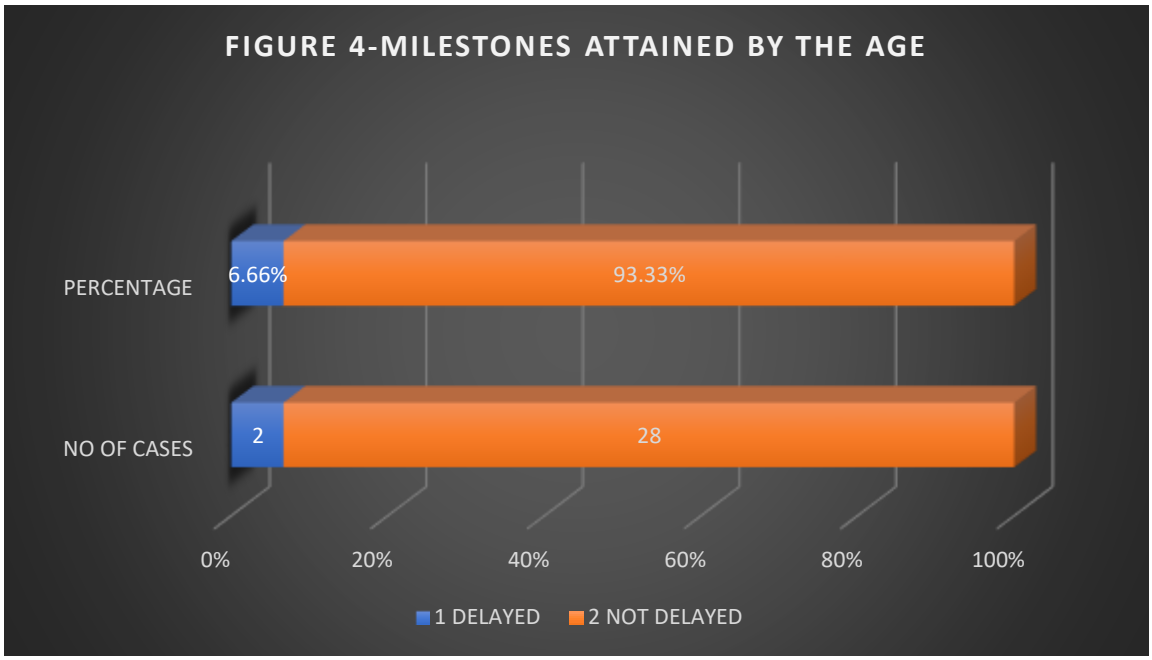
FAMILY HISTORY

A positive family history of short stature was observed in only 6.66% of cases, while the majority had no such history (**Figure 3**).



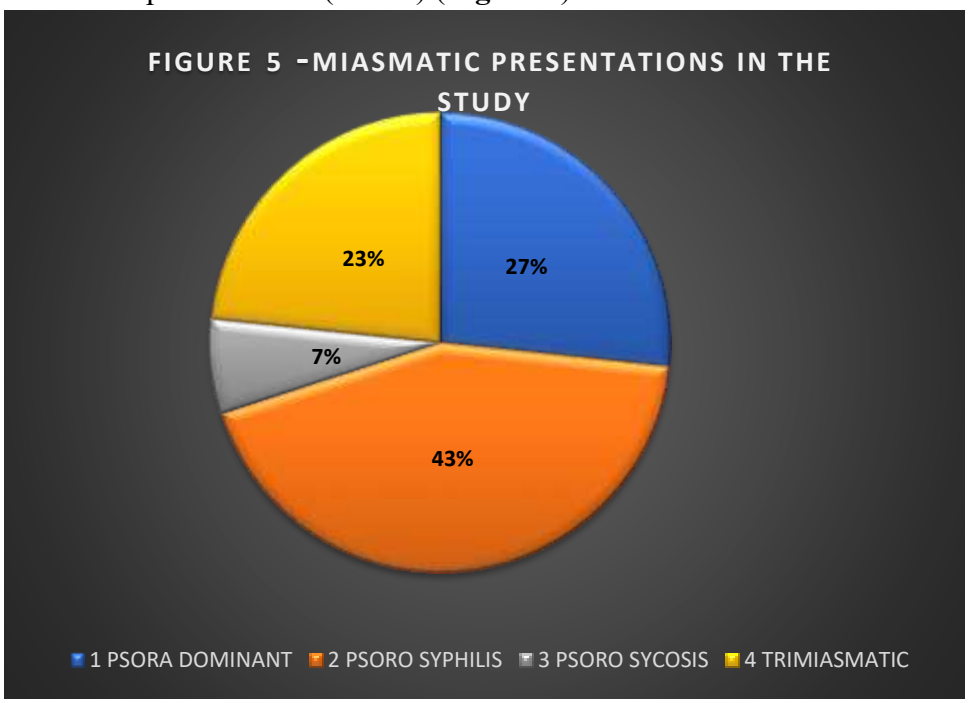
THE MILESTONES ATTAINED BY THE AGE

In this present study among 30 subjects delayed developmental milestones were noted in 6.66% of children, whereas 93.33% had attained milestones appropriate for age (**Figure 4**).



MIASMATIC PRESENTATIONS

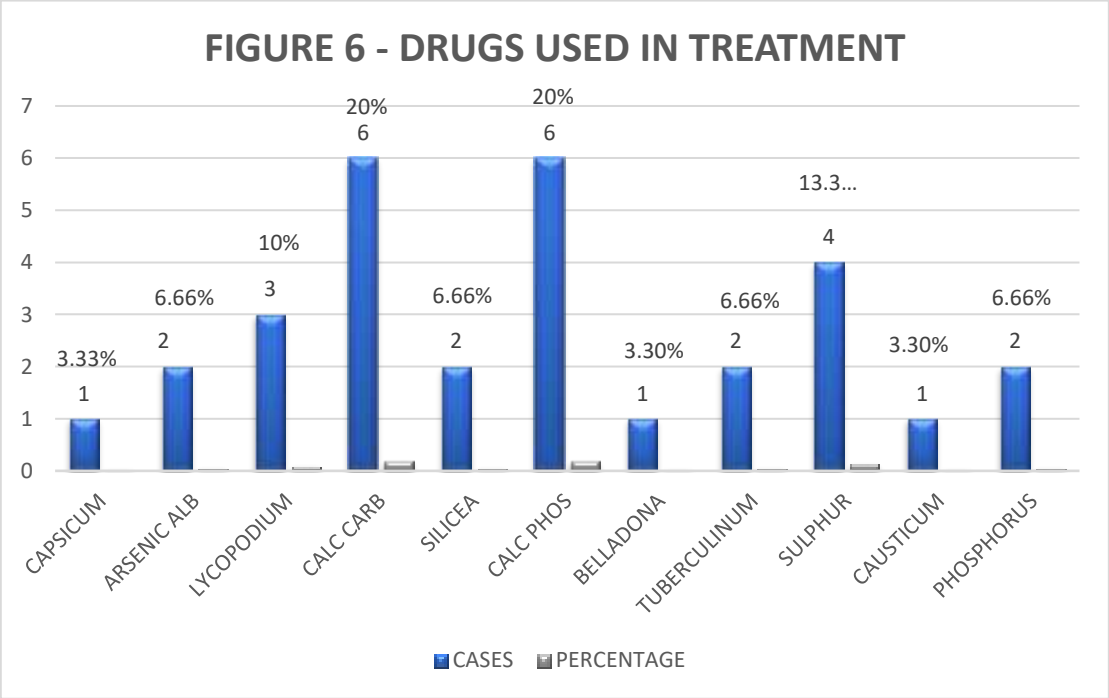
In the present study of 30 cases Psoro-syphilitic miasm was predominant (43.3%), followed by psoric (26.6%) and trimiasmatic presentations (23.3%) (**Figure 5**).



DRUGS USED IN TREATMENT

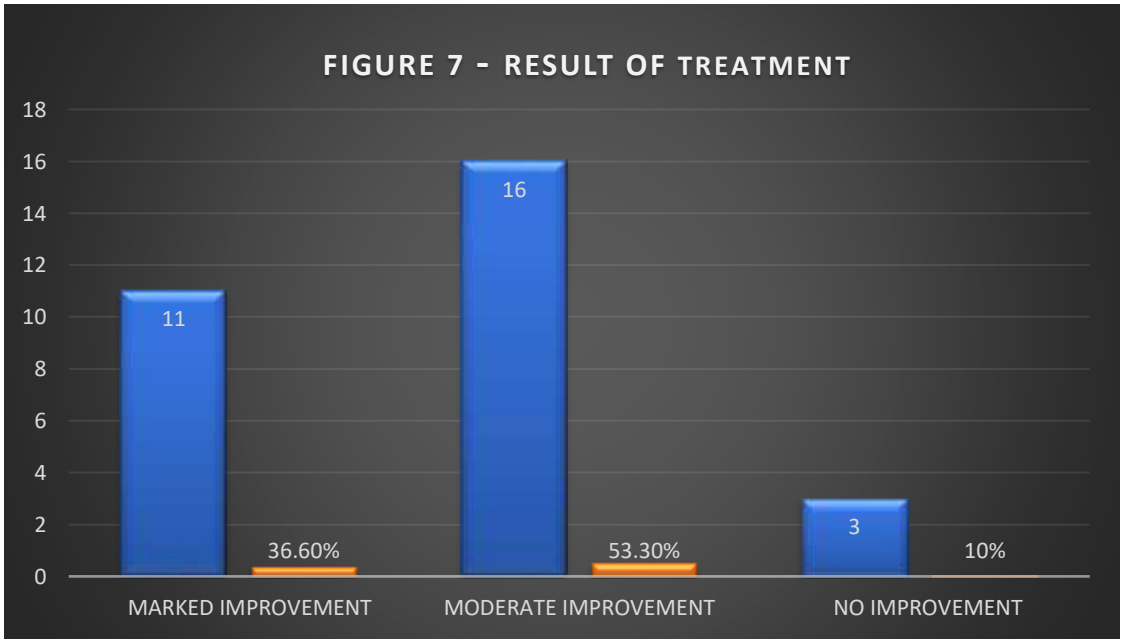
In the present study of 30cases there are 1 case of capsicum (3.33%), there are 2 cases of Ars alb (6.66%

), 3 cases of Lycopodium (10%), 6 cases of calc carb (20%), 02 cases of Silicea (6.66%), 6 cases of calc phosphorus (20%), 1 case of Belladonna (3.3%), 2 cases of Tuberculinum (6.66%), 4 cases of Sulphur (13.33%), 1 case of Causticum (3.33%), 2 cases of Phosphorus (6.66%%).(**Figure 6**).



RESULT OF TREATMENT

In the present study of 30cases marked improvement was observed in 36.6% of cases, moderate improvement in 53.3%, and no improvement in 10% (**Figure 7**).



DISCUSSION AND INFERENCE

The observations made during this study highlight the impact of Failure to Thrive (FTT) in children and show the usefulness of Homoeopathic medicines in its management. The present study was undertaken to evaluate the effectiveness of individualized homoeopathic treatment in children suffering from Failure to Thrive (FTT). Failure to Thrive is a multifactorial condition that significantly affects physical growth, immunity, and overall development during early childhood, particularly in the critical age group of 1–3 years. In this study, the majority of children belonged to this age group, emphasizing the vulnerability of this period to growth faltering.

Both male and female children were equally affected, indicating that FTT is not influenced by gender. Most children did not have a positive family history of short stature, suggesting that environmental, nutritional, and constitutional factors played a greater role than genetic predisposition. The majority of children had normal developmental milestones, indicating that growth failure was primarily related to nutritional and constitutional imbalance rather than severe developmental pathology.

Miasmatic analysis revealed a predominance of psoro-syphilitic and psoric miasms, reflecting a deep-seated constitutional disturbance affecting nutrition, assimilation, and resistance to infections. Remedies such as *Calcarea phosphorica*, *Calcarea carbonica*, *Sulphur*, and *Lycopodium* were frequently prescribed, as they correspond well with clinical features of FTT such as poor weight gain, delayed growth, weak digestion, and recurrent infections. The selection of remedies was based on totality of symptoms and constitutional similarity, following classical homoeopathic principles.

The outcome assessment showed that a majority of children exhibited either marked or moderate improvement in growth parameters, appetite, vitality, and general well-being. Statistically, the paired t-test demonstrated a significant difference between pre-treatment and post-treatment growth parameters. The calculated t-value (10.79) exceeded the table value (2.045) at 29 degrees of freedom and 5% level of significance, leading to rejection of the null hypothesis. This confirms that the improvement observed after homoeopathic treatment was not due to chance and indicates a real therapeutic effect.

CONCLUSION

There is a definite role of Homoeopathy in the management of Failure to Thrive (FTT) in children. Homoeopathic treatment, when given on a constitutional basis, helps to improve growth, appetite, and overall development. The study shows that the constitutional approach gives the best results in children with FTT. The use of 200th potency with suitable repetition was found satisfactory in most cases, though in a few resistant cases, a more frequent repetition or change of potency may be required. The prescribed remedies brought about significant improvement in growth parameters, physical activity, and general well-being. Thus, the combined clinical and statistical findings suggest that individualized homoeopathic treatment has a positive impact on growth and overall health in children with Failure to Thrive. Early intervention, constitutional remedy selection, and regular monitoring using anthropometric parameters play a crucial role in achieving favourable outcomes. Although the results are encouraging, studies with larger sample sizes and controlled designs are recommended to further validate the efficacy of homoeopathy in the management of Failure to Thrive.

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