

## The Perfect Child

*A case of situational Materia Medica?*

Three years ago, a boy aged 5 came to me for treatment. Q. was adopted and little was known about his natural parents. Since 3 years old he had had repeated kidney infections with pain and crying out after urination, night fevers, bed-wetting and restlessness. He had been treated with antibiotics three times. A scan and a reflux test both came back NAD (nothing abnormal detected). His appetite was poor.

He looked immaculate. He was extremely neat and wearing very smart clothes. He doesn't want to speak to me and his adoptive parents do nearly all the talking.

"He's slow to make a decision...even which cereal he wants in the morning...then he's sorry if it causes an argument". (His indecision annoys his mother).

"He is very particular about clothes. He likes 'cool clothes' with designer labels."

"He's better when there are lots of people around. He hates feeling he's being observed or the attention is on him." (This is why he finds the consultation difficult).

He hates anyone (doctors or us) looking at his genitals...he's very private."

His mother says: "He didn't want to go to school. It was a wrench." (initially).

The boy speaks for the one and only time "I just want to be with Mam and Dad".

"He cannot bear anyone to touch his toes. His feet just jump. He feels like he is being tickled when he is only being touched. He likes his boots really tight."

This child was paralysed by indecision even in the simplest of choices. In his father's words (my italics): "He wants to be *good*, but he really can't make a decision."

He wants to be "good" and we see this from his neat appearance. He likes to play, but if he gets dirty then he wants to clean himself up soon after. He is not at ease with himself.

He likes to have his boots laced very tightly. I found out only recently from a social worker that this is a common trait amongst children who are in care, fostered or adopted. They are also very reluctant to take their shoes or boots off. Even though I didn't know this I sensed his wanting the boots tight was a sign of his insecurity that was echoed by the reluctance to be separated from his mother and father.

Thuja has the following symptoms:

Urination, pain at close of

Thoughts: inconstancy of. (Jahr)

Irresolution, indecision: changeable (Jahr)

Looked at: cannot bear to be. (Bernice)

Feet, Sensitive, oversensitive: sensual impressions, to

In the Materia Medica Gray gives this description of Thuja:

"Present a manufactured image to the world which is calculated and formed from childhood. During childhood they had the experience [or delusion] of being neglected or abused. The message the child gets is that they can never be good enough". (Perhaps a deep memory of being given up by his natural mother).

"They feel UNLOVABLE.. Because they feel they can never be loved they make an extra effort to be liked. They look around to see what is most popular, how they walk, dress, what they do, etc., to see what is successful. Then they go about IMITATING this systematically

and scientifically, copying what they think works in the world and by adulthood they have the PERFECT IMAGE".

After the first remedy he had a nose bleed and came out in a lot of itchy spots. Thereafter, his indecision improved markedly and his urinary symptoms cleared. His feet became much less sensitive and he began to wear his boots in the trendy loose style! When his symptoms return (which is now rare) he repeats the remedy.

*His mother says he is in great form and that they are getting on extremely well. However she is now having difficulties in her relationship with her adopted daughter.*

The prognosis for Q seems good. There has been marked and sustained improvement on all levels. However, even at the last follow-up he spoke very little to me and used his parents as intermediaries, which I hope would change as he grows older and builds confidence.

His mother told me when he broke his arm and was waiting to have a cast put on he had a very fleeting twinge of pain in his penis (not related to urination). This was related to his anxiety and has not returned since.

He seemed slightly off form after the dental treatment he had so the remedy was repeated (Thuja 200c single dose) and his energy and mood improved.

From the outset the main obstacle appeared to me to be his mother. She is an immaculately turned-out, very precise woman who could be very demanding. This gave Q the sense that her love and approval were in some ways conditional and probably contributed to his mental and emotional disturbance. It is interesting to note how, since Q's treatment, her antipathy for her son has now switched to her older daughter who used to be "the favourite".

The mother began treatment just over one year ago and is doing well on Tarantula 200c . She hopes to bring her daughter to me at some point, but the daughter is not keen to come at the moment.

#### Situational Materia Medica – an observation

Some homeopaths believe that a set of circumstances can predispose someone to need a particular remedy. It is an interesting hypothesis (although the whole question of how people attract these situations is not raised).

I had a second case where an adult woman, who had been adopted as a baby, made contact with her natural mother and father and went into a marked Thuja state becoming obsessed about her appearance and her (scarcely noticeable) warts.

Her natural parents behaved quite inappropriately towards her, yet she still desperately craved their approval. Thuja helped her to regain her centre and she became more circumspect about her newfound parents.

I wonder if adopted children tend to need Thuja more than those who remain with their birth parents? It would be interesting to know if any one else has prescribed Thuja where the situation was similar.

