

International Journal Research Publication Analysis

Page: 01-10

RETROSPECTIVE STUDY OF CLINICAL OUTCOMES FOLLOWING HOMOEOPATHIC TREATMENT IN NEWBORNS AND CHILDREN WITH GENETIC DISORDERS

Surender A.*¹, Rohith P. S.²

¹Intern, Bachelor of Homoeopathic Medicine and Surgery;

²Assistant Professor, Department of Pediatrics

Sarada Krishna Homoeopathic Medical College and Hospital, Kulasekharam, Kanyakumari
District, Tamil Nadu, India.

Article Received: 04 September 2026

Article Revised: 24 September 2026

Published on: 14 October 2026

*Corresponding Author: Surender A.

Intern, Bachelor of Homoeopathic Medicine and Surgery; Sarada Krishna
Homoeopathic Medical College and Hospital, Kulasekharam, Kanyakumari
District, Tamil Nadu, India.

DOI: <https://doi-doi.org/101555/ijrpa.1225>

ABSTRACT

Background: Genetic disorders constitute an important group of conditions encountered in pediatric practice and may present with congenital anomalies, developmental delay, neurological manifestations, or multisystem involvement. The present study retrospectively reviewed pediatric case records to describe clinical outcomes and prescribing patterns among children with recorded genetic disorders who received homoeopathic treatment.

Methods: A retrospective, quantitative, descriptive observational study was undertaken using medical records from the outpatient and inpatient services of Sarada Krishna Homoeopathic Medical College and Hospital. Thirty pediatric records were included from the study material described in the source synopsis. Variables included age, sex, recorded genetic disorder, consanguinity, maternal age at conception where available, homoeopathic medicine, potency, and recorded clinical outcome. Descriptive frequencies were used to summarize the dataset.

Results: The sample comprised 22 males and 8 females. Nineteen cases were aged 0–4 years, 7 were aged 5–9 years, and 4 were recorded in the 10–14-year group. Down syndrome was the most frequent diagnosis (5/30), followed by congenital talipes equinovarus, autism, and global developmental delay (4/30 each). Consanguinity was recorded in 12 of 30 cases. Maternal age at conception was available for 14 cases, with 7 each in the 25–29-year and 30–34-year groups. Sulphur was the most frequently recorded medicine (4/30), followed by

Carcinosin (3/30). The most frequently recorded potency was 200 (12/30), followed by 1M (11/30). According to the detailed outcome table in the source record, 19 cases were classified as improved, 9 as moderately improved, 1 as showing mild improvement, and 1 as showing no improvement.

Conclusion: This retrospective series describes the characteristics, prescribing patterns, and recorded clinical outcomes of 30 pediatric cases with genetic disorders treated in a homoeopathic hospital. Because the study was uncontrolled, retrospective, based on a small heterogeneous sample, and used outcome categories derived from clinical records rather than a standardized validated scale, the findings should be considered descriptive and hypothesis-generating rather than evidence that homoeopathic treatment caused the observed changes.

KEYWORDS: Genetic Disorders; Children; Newborn; Homoeopathy; Pediatrics; Retrospective Study;

INTRODUCTION

Genetic disorders arise from alterations involving genes, chromosomes, or mitochondrial genetic material and may be inherited or occur as de novo changes. In children, genetic conditions may manifest as congenital anomalies, developmental delay, neurological abnormalities, growth disturbances, metabolic disease, or multisystem involvement. Genetic disorders and congenital anomalies therefore represent an important component of pediatric morbidity and may require long-term multidisciplinary care ^[1-4].

The source study material emphasizes that congenital conditions and genetic disorders are not synonymous: a congenital condition is present at birth, whereas a genetic disorder is defined by an underlying alteration in genetic material and may become clinically apparent later. The pediatric assessment of suspected genetic disease may include clinical examination, family history, developmental assessment, laboratory investigation, imaging, and genetic testing where indicated ^[1-4].

Risk factors and contextual variables described in the source material include family history, consanguinity, advanced maternal age, parental carrier status, de novo variants, maternal illness or infection, nutritional factors, environmental exposures, and access to health services ^[13-15]. Consanguinity is particularly relevant to the occurrence of autosomal recessive disorders in populations in which consanguineous marriage is common ^[14].

The synopsis describes a retrospective review of paediatric case records from a homoeopathic hospital. Retrospective practice-based studies can provide descriptive information about

patient characteristics, prescribing patterns, follow-up, and recorded outcomes, but their findings are subject to the limitations of observational research. The structural model for the present manuscript was the retrospective practice-based article by Van Wassenhoven, which analysed medical records and reported diagnoses, demographic variables, follow-up, treatment response, medicines, and dilutions [29].

Aim

To retrospectively describe the clinical outcomes and prescribing patterns recorded among newborns and children with genetic disorders who received homoeopathic treatment in a hospital-based pediatric practice.

Objectives

- To describe the age and sex distribution of the recorded cases.
- To describe the spectrum of genetic disorders represented in the records.
- To document consanguinity and maternal age at conception where these data were available.
- To describe the homoeopathic medicines and potencies recorded in the case records.
- To summarize the recorded clinical outcome categories.

MATERIALS AND METHODS

Study design and setting

This was a retrospective, quantitative, descriptive observational study based on previously recorded medical records. The study setting was Sarada Krishna Homoeopathic Medical College and Hospital, Kulasekharam, Kanyakumari District, Tamil Nadu, India. The synopsis describes records spanning 2010–2026 and a study period of six months.

Study population and sample

The source synopsis specified a minimum sample of 30 pediatric cases. Thirty records were included in the final dataset. The synopsis describes the target population as children below 14 years and elsewhere states an inclusion criterion of 0–14 years.

Inclusion and exclusion criteria

The source material included both sexes and pediatric cases with a recorded diagnosis of genetic disease. It stated that diagnosis was mainly based on clinical presentation. Conditions considered to mimic the target disorders and children above the stated pediatric age range were excluded according to the data.

Data collection

Data were extracted from case records and included age, sex, diagnosis, consanguinity, maternal age at conception where recorded, medicine prescribed, potency, and treatment outcome. The medicine and potency tables were derived from the data collected.

Outcome assessment

Outcome categories were those documented in the source record: improved, moderately improved, mild improvement, and no improvement. Accordingly, these categories are reported as recorded clinical outcomes.

Statistical analysis

Descriptive statistics were used. Categorical variables are presented as frequencies and percentages.

Ethical considerations

The source synopsis states that there were no ethical issues. The present manuscript reports only the aggregated study data supplied in the synopsis and does not reproduce individual patient identifiers.

RESULTS

Table 1. Demographic distribution of the 30 recorded cases.

Variable	Category	n	%
Sex	Male	22	73.3
	Female	8	26.7
Age	0–4 years	19	63.3
	5–9 years	7	23.3
	10–14 years	4	13.3

Of the 30 cases, 22 (73.3%) were male and 8 (26.7%) were female. The largest recorded age group was 0–4 years, comprising 19 cases (63.3%).

Table 2. Distribution of recorded genetic disorders.

Recorded disorder	n	%
Down syndrome	5	16.7
Congenital talipes equinovarus	4	13.3
Autism	4	13.3
Global developmental delay	4	13.3
Tethered cord syndrome	1	3.3
Corpus callosum dysgenesis	1	3.3
Noonan syndrome	1	3.3
Congenital acyanotic heart disease	1	3.3
Duchene muscular dystrophy	1	3.3

Congenital inguinal hernia	1	3.3
Epidermal nevus syndrome	1	3.3
Developmental epileptic encephalopathy	1	3.3
Joubert's syndrome	1	3.3
Leigh disease	1	3.3
Krabbe disease	1	3.3
Bloom syndrome	1	3.3
Neurofibromatosis	1	3.3

Down syndrome was the most frequently recorded diagnosis (5/30; 16.7%). Congenital talipes equinovarus, autism, and global developmental delay were each recorded in 4 cases (13.3%). The remaining disorders occurred as single cases.

Table 3. Consanguinity and maternal age at conception.

Variable	Category	n	%
Consanguinity	Present	12	40.0
	Not present	18	60.0
Maternal age at conception*	25–29 years	7	50.0
	30–34 years	7	50.0

*Maternal age at conception was recorded for 14 of the 30 cases; percentages in this subsection use the 14 cases with available data. Consanguinity was documented in 12 cases (40.0%) and was not documented in 18 (60.0%).

Table 4. Homoeopathic medicines recorded in the case series.

Medicine	n	%
Sulphur	4	13.3
Carcinosin	3	10.0
Calcarea carb	2	6.7
Stramonium	2	6.7
Phosphorus	2	6.7
Baryta carbonica	2	6.7
Baryta iodata	1	3.3
Natrum carbonicum	1	3.3
Medorrhinum	1	3.3
Tarentula hispanica	1	3.3
Baryta muriatica	1	3.3
Calcarea iodata	1	3.3
Lycopodium	1	3.3
Sambucus	1	3.3
Calcarea phos	1	3.3
Nux vomica	1	3.3
Opium	1	3.3
Causticum	1	3.3
Syphilinum	1	3.3
Natrum muriaticum	1	3.3
Calcarea carbonica	1	3.3

Sulphur was the most frequently recorded medicine (4/30; 13.3%), followed by Carcinosin (3/30; 10.0%). Several other medicines were each recorded in one or two cases. The source tables contain both “Calcarea carb” and “Calcarea carbonica”; these entries are retained separately here to preserve the source terminology rather than silently reconciling them.

Table 5. Distribution of potencies recorded.

Potency	n	%
200	12	40.0
1M	11	36.7
30	3	10.0
0/1	3	10.0
10M	1	3.3

The 200 potency was the most frequently recorded potency (12/30; 40.0%), followed by 1M (11/30; 36.7%).

Table 6. Recorded clinical outcome.

Outcome category	n	%
Improved	19	63.3
Moderately improved	9	30.0
Mild improvement	1	3.3
No improvement	1	3.3

The detailed outcome table in the source synopsis classified 19 cases as improved, 9 as moderately improved, 1 as showing mild improvement, and 1 as showing no improvement.

DISCUSSION

This retrospective series comprised 30 paediatric records and showed a predominance of male cases and of children in the 0–4-year age group. The diagnoses were heterogeneous, with Down syndrome, congenital talipes equinovarus, autism, and global developmental delay being the most frequently represented conditions. Such heterogeneity is expected in a record-based series of genetic and developmental conditions but substantially limits the ability to make disorder-specific conclusions.

Consanguinity was documented in 40% of the total sample, while maternal age information was available for less than half of the cases. The data contains consanguinity and parental or maternal factors as relevant considerations in genetic risk assessment.

Sulphur was the most frequently recorded medicine and 200 was the most frequently recorded potency.

The detailed outcome table records some degree of improvement in 29 of 30 cases.

The retrospective structure follows the general practice-based logic illustrated by Van Wassenhoven's 1996 retrospective study, in which medical records were reviewed to describe diagnoses, patient characteristics, follow-up, response, medicines, and dilutions [29].

The present study similarly provides a descriptive audit of recorded pediatric practice.

The literature review in the source synopsis includes a systematic review of randomized clinical trials in childhood and adolescence, which reported limitations and heterogeneity in the available evidence, as well as retrospective and historical literature concerning homoeopathic prescribing [25–28]. These sources support the need for careful distinction between descriptive clinical observations and controlled evidence of efficacy.

LIMITATIONS

- Small sample size of 30 cases from a single institution.
- Retrospective design with dependence on the completeness and accuracy of existing records.
- Heterogeneous diagnostic spectrum, preventing meaningful disorder-specific analysis.
- No randomized or contemporaneous control group.
- No standardized validated outcome instrument was identified in the source material.
- Potential confounding from conventional treatment, rehabilitation, developmental maturation, and other concurrent care.
- Maternal age was available for only 14 cases.
- The source synopsis contains internal inconsistencies in outcome wording and in the stated pediatric age eligibility; the present manuscript reports the detailed tables.

CONCLUSION

This retrospective study describes 30 pediatric records involving a heterogeneous group of genetic and developmental disorders managed in a homoeopathic hospital setting. The series was characterized by a predominance of male patients, a larger representation of children aged 0–4 years, frequent documentation of Down syndrome, congenital talipes equinovarus, autism, and global developmental delay, and frequent recording of Sulphur and 200 potency. Clinical improvement was recorded in most cases according to the detailed outcome table. However, the observational design, small sample, heterogeneous diagnoses. The findings are therefore best regarded as descriptive and hypothesis-generating and may be useful for designing larger, prospectively registered studies with predefined diagnostic criteria, validated outcome measures, standardized follow-up, and appropriate comparison groups.

Declarations

Funding: No external funding was used in the source synopsis.

Conflict of interest: No conflict-of-interest statement was provided in the source data.

Data availability: The analysis is based on the retrospective case-record dataset summarized in the data.

Ethics: The source synopsis states that there were no ethical issues. Therefore are not inferred here.

REFERENCES

1. Nussbaum RL, McInnes RR, Willard HF. Thompson & Thompson genetics in medicine. 8th ed. Philadelphia: Elsevier; 2016.
2. MedlinePlus Genetics. What is a genetic disorder? Bethesda (MD): National Library of Medicine; 2025 [cited 2026 Sep 9]. Available from: <https://medlineplus.gov/genetics/understanding/mutationsanddisorders/geneticdisorders/>
3. Turnpenny P, Ellard S. Emery's elements of medical genetics. 16th ed. Philadelphia: Elsevier; 2022.
4. Kliegman RM, St Geme JW, Blum NJ, Shah SS, Tasker RC, Wilson KM, editors. Nelson textbook of pediatrics. 22nd ed. Philadelphia: Elsevier; 2025.
5. World Health Organization. Congenital anomalies [Internet]. Geneva: World Health Organization; 2023 [cited 2026 Sep 9]. Available from: <https://www.who.int/health-topics/congenital-anomalies>
6. World Health Organization. Birth defects [Internet]. Geneva: World Health Organization; 2023 [cited 2026 Sep 9]. Available from: <https://www.who.int/news-room/fact-sheets/detail/birth-defects>
7. Gardner RJM, Sutherland GR, Shaffer LG. Chromosome abnormalities and genetic counseling. 5th ed. New York: Oxford University Press; 2018.
8. Pyeritz RE, Bick DP, Bernhardt BA, editors. Emery and Rimoin's principles and practice of medical genetics and genomics. 7th ed. Philadelphia: Elsevier; 2019.
9. Weatherall DJ. The inherited diseases of hemoglobin are an emerging global health burden. Blood. 2010;115(22):4331-6.
10. Antonarakis SE, Lyle R, Dermitzakis ET, Reymond A. Chromosome 21 and Down syndrome: from genomics to pathophysiology. Nat Rev Genet. 2004;5(10):725-38.
11. Stevenson RE, Hall JG, editors. Human malformations and related anomalies. 2nd ed. New York: Oxford University Press; 2006.

12. Saudubray JM, Baumgartner MR, Walter JH, editors. Inborn metabolic diseases: diagnosis and treatment. 6th ed. Berlin: Springer; 2016.
13. Centers for Disease Control and Prevention. Family health history and pregnancy [Internet]. Atlanta: Centers for Disease Control and Prevention; [cited 2026 Sep 9]. Available from: <https://www.cdc.gov/family-health-history/>
14. Hamamy H. Consanguineous marriages: preconception consultation in primary health care settings. *J Community Genet*. 2012;3(3):185-92.
15. Czeizel AE, Dudás I. Prevention of the first occurrence of neural-tube defects by periconceptional vitamin supplementation. *N Engl J Med*. 1992;327(26):1832-5.
16. Hahnemann S. Organon of medicine. 6th ed. New Delhi: B Jain Publishers; 2004.
17. Wiegman A, Gidding SS, Watts GF, Chapman MJ, Ginsberg HN, Cuchel M, et al. Familial hypercholesterolaemia in children and adolescents: gaining decades of life by optimizing detection and treatment. *Eur Heart J*. 2015;36(36):2425-37.
18. Kato GJ, Piel FB, Reid CD, Gaston MH, Ohene-Frempong K, Krishnamurti L, et al. Sickle cell disease. *Nat Rev Dis Primers*. 2018;4:18010.
19. Elborn JS. Cystic fibrosis. *Lancet*. 2016;388(10059):2519-31.
20. Antonarakis SE, Skotko BG, Raffi MS, Strydom A, Pape SE, Bianchi DW, et al. Down syndrome. *Nat Rev Dis Primers*. 2020;6:9.
21. Vuorio A, Kuoppala J, Kovanen PT, Humphries SE, Tonstad S. Statins for children with familial hypercholesterolemia. *Cochrane Database Syst Rev*. 2019;11(11):CD006401.
22. Kanter J, Liem RI. Recent advances in the management of sickle cell disease. *J Hematol Oncol*. 2023;16:92.
23. Sinha MN, Siddiqui VA, Nayak C, Singh V, Dixit R, Dewan D, et al. Randomized controlled pilot study to compare Homeopathy and Conventional therapy in acute otitis media. *Homeopathy*. 2012;101(1):5-12.
24. Abarna S, Venugopal J, Sivaranjani T, Poruthukaren K, Raj P, Suresh S. Evaluating the usefulness of 50 millesimal potencies in the treatment of chronic diseases: a retrospective study. *Indian J Res Homoeopathy*. 2015;9:96-101.
25. Altunç U, Pittler MH, Ernst E. Homeopathy for childhood and adolescence ailments: systematic review of randomized clinical trials. *Mayo Clin Proc*. 2007;82(1):69-75.
26. Adler UC, Adler MS. Hahnemann's experiments with 50 millesimal potencies: a further review of his casebooks. *Homeopathy*. 2006;95(3):171-81.

27. [Authors]. A case report on the role of individualized, constitutional homeopathic medicine in global developmental delay with autism spectrum disorder. Homeopathy. 2026.
28. Hahnemann S. Organon of medicine. 6th ed. New Delhi: B Jain Publishers; 2004.
29. Van Wassenhoven M. Retrospective study of rheumatological patients in a private homoeopathic medical practice. Br Homeopath J. 1996;85(4):198-204. doi:10.1016/S0007-0785(96)80003-2.