

Blending Traditional School Health Services with Individualized Homeopathic Care for Holistic Student Wellness

Dr. Srinivas Babu Kathi¹, Dr. D.Mastanvali², Dr. Deevi. Tejasri³, Dr. Sahithi.Pindrathi⁴, Dr. Srivani Maddela⁵, Dr. Thammala Pallavi⁶, Dr. Bairoju Sai varshini⁷

¹ *Corresponding Author, Medical Superintendent, Head of The Department of Homoeopathic Pharmacy, Hamsa Homeopathy Medical College, Hospital & Research Centre, Siddipet (Dist.), Telangana State 502279, <https://orcid.org/0009-0000-9121-6162>*

² *Assistant Professor Hamsa Homeopathy Medical College, Hospital & Research Centre*
^{3,4,5,6,7} *Internee. Hamsa Homeopathy Medical College, Hospital & Research Centre*

Abstract - School health services (SHS) is a vital component of the educational system, WHO aims to protect, promote and maintain the well being of school aged children health and WHO contribute to students academic performance, reducing children absenteeism, enhancing concentration and encouraging healthy lifestyle. In India, Government initiatives like Ayushman Bharat, Rashtriya Bal Swasthya Karyakram, Poshan Abhiyaan.

According to MINISTRY OF EDUCATION:
GOVERNMENT OF INDIA (2023-24)¹

No. of schools :- 1471891

Government schools:- 10.22 lakh

Other aided schools :- 0.82 lakh

No of students:- In (2022-23) published in 2024

Government schools:- 136 million students

Private schools:- 98 million students

Total:- 234 million students.¹

Homeopathy can play a supportive and preventive role in school health services, since school going children. Common Homeopathic remedies are Calcarea phosphorica, Baryta carbonica, Aconitum napellus, Belladonna, Pulsatilla, Silicea, Argentum nitricum.

Key Words: Absenteeism, Sickness, School dropouts, Malnutrition, School health programmes, Mental health, health centres, Health education.

INTRODUCTION

School Health Services (SHS) are organized programs within educational settings designed to promote, protect, and maintain the health of students. They aim

to ensure that health-related issues do not interfere with learning and development.

Common diseases:

1. Respiratory System Disorders:-⁶

Upper Respiratory Tract Infections (URTI):

Common cold

Pharyngitis

2. Lower Respiratory Tract infections):⁶

Pneumonia

Tuberculosis

2. Gastrointestinal Disorders:⁶

Acute diarrhea and dehydration

Worm infestations

Constipation

Gastro esophageal reflux disease

3. Infectious Diseases:⁶

Measles, Mumps, Rubella

Chicken pox

Typhoid fever

4. Nutritional Disorders:⁶

Protein energy malnutrition

Vitamin A deficiency

Rickets

Iodine deficiency

5. Genitourinary Disorders:⁶

Urinary Tract Infections (UTI)

Acute glomerulonephritis

6. Neurological disorders:⁶

Febrile seizures

Epilepsy

7. Hematological disorders :⁶
 - Iron deficiency Anemia
 - Thalassemia
8. Skin disorders :⁶
 - Scabies
 - Atopic dermatitis
 - Fungal infections (Tinea)
9. Endocrine & Metabolic Disorders:⁶
 - Type 1 Diabetes Mellitus
 - Hypothyroidism
10. Developmental & Behavioral Issues:⁶
 - Attention Deficit Hyper activity Disorder(ADHD)
 - Autism Spectrum Disorder (ASD)
 - Learning disorders

OBJECTIVES:

1. To study the impact of recurrent Sickness on school -going children and assess how individualized Homeopathic remedies can reduce the frequency and severity of common illness.
2. To evaluate how absenteeism due to health issues affects academic performance, and how constitutional Homeopathic treatment can enhance immunity and reduce School absence
3. To analyze the role of Homeopathy in preventing school dropouts by improving overall physical and mental well- being of children through safe and cost effective intervention.

SCHOOL HEALTH SERVICE

School health is an important branch of community health. According to modern concept, school health service is an economic and powerful means of rising community health and more important in future generation. School health service is a personal health service. It has developed during the past 70 years from the narrower concept of medical examination of children to the present day broader concept of comprehensive care of the health and well being of children throughout the school year.¹⁰

HISTORICAL DEVELOPMENT

The beginning of school health service in India dates back to 1909, when for the first time medical examination of school children was carried out in Baroda City. The Bhole committee (1946) reported

that school health services were practically non existence in India, and where they existed, they were in an under developed state. In 1953, the secondary education committee emphasized need for medical examination of pupil and school feeding programmes.¹⁰

HEALTH PROGRAMS OF THE SCHOOL CHILD

Surveys carried out in India indicate that the main emphasis will fall in the following categories: Malnutrition, tradition infectious diseases, interstitial parasites of skin, eye and ear and dental caries.¹⁰

OBJECTIVES OF SCHOOL HEALTH SERVICE

Program of school health service are as follows:

- (1) The promotion of positive health
- (2) The prevention of diseases
- (3) Early diagnosis treatment and follow up
- (4) Awakening health consciousness in children
- (5) The provision of healthful environment ¹⁰

ASPECTS OF SCHOOL HEALTH SERVICE

Some aspects of school health service are as follows:

1. Health appraisal of school children and school personnel
2. Remedial measures and follow up
3. Prevention of communicable diseases
4. Healthful School environment
5. Nutritional services
6. First aid and emergency care
7. Mental health
8. Dental health
9. Eye health
10. Health education
11. Education of handicapped children
12. Proper maintenance and use of school health records.¹⁰

1.HEALTH APPRAISAL

The health appraisal should cover not only the students but also the teachers and other school personnel.¹⁰

- (a) Periodic medical examination: The school health committee (1961) in India recommended medical examination of children at the time of entry and their after every four years.The initial

examination should be thorough and unhastened and should be the study and physical examination of the child, with tests for vision, hearing and speech. A routine examination of blood and urine should be carried out. Clinical examination for nutritional deficiency and examination of faeces for interstitial parasitosis are particularly important in India. Tuberculin testing or mass screening should not be withheld. The parents should be persuaded to be present at these examinations. The teacher should help in the medical inspection by recording the medical history, regularly recording of height and weight, annual testing of vision and preparing children for the medical examination, by helping them understand the “how” and “why” of health appraisal.¹⁰

- (b) School personal: Medical examination should be given to teachers and other school personnel as they form part of environment to which the child is exposed.¹⁰

Daily morning inspection: The teacher is in a unique position to carry out the “daily inspection” as he is familiar with the children and can detect changes in the Child’s appearance or behaviour that suggest illness or improper growth and development.¹⁰

- (1) unusually flushed face
- (2) Any rash or spots
- (3) symptoms of acute cold
- (4) coughing and sneezing
- (5) sore throat
- (6) rigid neck
- (7) Nausea and vomiting
- (8) Red or watery eyes
- (9) headache
- (10) chills or fever
- (11) listlessness or sleepiness
- (12) inclination to play
- (13) diarrhoea
- (14) pains in the body
- (15) skin conditions like scabies and ringworm
- (16) pediculosis.¹⁰

2. REMEDIAL MEASURES AND FOLLOW UP

Medical examinations are not an end in themselves; they should be followed by appropriate treatment and follow up. Considering the high prevalence of dental,

eye, ear and nose and throat effect in the school children in India, special clinic should be secured or provided for the exclusive use of school children for examination and treatment of such defects. There should be provision for beds in existing referral hospitals for the investigation and treatment as and when required.¹⁰

3. PREVENTION OF COMMUNICABLE DISEASES

Communicable diseases control through immunization is the most emphasized school health service function. A well planned immunization programme should be drawn up against the common communicable diseases.¹⁰

A record of all immunization should be maintained as a part of school health record. When a child leaves, the health record should accompany him.¹⁰

4. HEALTHFUL SCHOOL ENVIRONMENT

The school building, site and equipment are part of environment in which the child grows and develops. A healthful environment therefore is necessary for the best emotional, social and personal help of the pupils. School should also serve as demonstration centers of good sanitation to the community.¹⁰

5. NUTRITIONAL SERVICES

The diet should contain all the nutrients in proper proportion, adequate for maintenance of optimum health. Widely prevalent among school children particularly deficiency is related to proteins, vitamin C and riboflavin, calcium and iron.¹⁰

Mid-Day School meal: In order to combat malnutrition and provide health of the school children, it is now an accepted procedure in all advanced countries to provide a good nourishing meal to school children. The school help committee recommended that school children should be assured of at least one nourishing meal.¹⁰

Those who can afford may bring their lunch from home and during lunch hours take their meal in school. Otherwise, school should have some arrangement for providing mid day meal through a one cafeteria on a no profit no loss basis.¹⁰

Applied nutrition program: UNICEF is assisting in implementing of apply nutrition program in forms of implements sales manure and water supply equipment. Whenever land is available, the facilities provided by the UNICEF should be utilized in developing School gardens. The produce maybe utilized in school feeding programs as well as nutrition education.¹⁰

Specific nutrients: Dental carries, endemic goiter, night blindness, protein malnutrition, anaemia and most of other nutrient disorders are eminently preventable. Use of specific nutrients is indicated way such nutrient disorders at problems in a community.¹⁰

6. FIRST AID AND EMERGENCY CARE

Responsibility of giving first aid and emergency care to the people who becomes sick or injured on school premises with the teacher and rests with the teacher.¹⁰

7. MENTAL HEALTH

Juvenile delinquency, Mal adjustment and drug addiction are becoming problems among school children. The school is the most strategic place for shaping the child behavior and promoting mental health. The school teacher has both a positive and preventive role he should be concerned with helping all children attain mental health so that they may develop into mature responsible and well adjusted adult. No distinction should be made between raise religion, cast, for community between the rich and poor, between the clever and the dull. It is now increasingly realized that there is a great need for vocational counsellor and psychologist in school for guiding the children into careers for which they are suited.¹⁰

8. DENTAL HEALTH

Dental caries and periodontal disease are the two most common dental diseases in India. School health program should have provision for dental examination at least once a year.¹⁰

9. EYE HEALTH SERVICES

School should be responsible for the early detection of refractive errors treatment of squint and amblyopia and detection of treatment of eye infections. Administration of vitamin a to the children gives the gratifying results.¹⁰

10. HEALTH EDUCATION

The most important element of school help program is held the goal of health education should be to bring about desirable changes in health knowledge in attitude and in practice and not nearly to teach the children asset of rules of hygiene.¹⁰

- (1) Personal hygiene: The need for hygiene of skin, hair, teeth and clothing should be impressed upon them. Children often adopt bad postures while sitting and standing. Such tendencies should be observed and it is increasingly recognize that the major degenerative diseases of adults have their origin in poor health habits formed early in life.¹⁰
- (2) Environmental health: Visits to observe community health programs and even better participation in community action programs example vaccination fly control campaigns, construction of sanitary Wells and late rains are excellent opportunities for health education.¹⁰
- (3) Family life: family Life education is being increasingly recognised as a priority in both developed and developing countries. The school health service is concerned not only with the development of health life but also with health attitude towards human reproduction.¹⁰

11. EDUCATION OF HANDICAPPED CHILDREN:

The ultimate goal is to assist the handicapped child and his family so that the child will be able to reach his maximum potential to lead as a normal a life as possible to become as independent as possible and to become a productive and self supporting number of society. It requires the population of health welfare social and educational agency.¹⁰

12. SCHOOL HEALTH RECORDS

Accumulative health record of each student should be maintained. The school health record should contain identifying data name date of birth parents name and address etc. past health history record of findings of physical examination and screening test and record of services provided.¹⁰

School health administration

(a) Primary health center

The primary health centers are changed with the responsibility of administration school health service within their jurisdiction. It requires a whole time medical officer to cover 5000 to 6000 children a year. The school health committee has said for recommended that the staff of primary health centers should be augmented by additional staff to carry out efficiently the school health program. ¹⁰

(b) School health committees

The school health committee in India recommended the formation of school health committees at village level, block level, district level, state level, and national level. The national school health council will be an advisory and coordinating body. ¹⁰

HOMOEOPATHIC APPROACH

1. COUGH IN GENERAL :

ARSENICUM ALBUM, BRYONIA ALBA, DROSER, PULSATILLA. ¹¹

2. SORE THROAT :

ACONITUM NAPELLUS, ALUMINA, ARGENTUM NITRICUM, BARYTA CARBONICA. ¹¹

3. EYE (redness) :

ACONITUM NAPELLUS, AGARICUS, ALLIUM CEPA, APIS MELLIFICA, ARSENICUM ALBUM. ¹¹

4. EYE (lachrymation):

BELLADONNA, EUPHRASIA OFFICINALIS ¹¹

5. HEAD PAIN(migraine):

APIS MELLIFICA, ARGENTUM METALLICUM, ARSENICUM ALBUM, BELLADONNA. ¹¹

6. CHILL IN GENERAL :

APIS MELLIFICA, ARNICA MONTANA, ARSENICUM ALBUM, PULSATILLA. ¹¹

7. FEVER IN GENERAL:

ACONITUM NAPELLUS, APIS MELLIFICA, ARNICA MONTANA, ARSENICUM ALBUM, BELLADONNA. ¹¹

8. SKIN (Ring worm):

NATRUM MURIATICUM, DULCAMARA, SEPIA OFFICINALIS, TELLURIUM. ¹¹

9. MALNUTRITION :

BARYTA CARBONICUM, CALCAREA PHOSPHORICA, NATRUM MURIATICUM. ¹¹

10. RECTUM WORMS :

CINA MARITIMA, SULPHUR, SPIGELIA ¹¹.

Rectum tape warms:

CALCAREA CARBONICA ¹¹

11. TEETH CARIES, DECAYED:

ANTIMONIUM CRUDUM, BELLADONNA, KREOSETUM, MERCURIUS SOLUBILIS., THUJA. ¹¹

12. FACE DISCOLORATION -red

APIS MELLIFICA, BELLADONNA, BAPTISIA TINTORIA, CAPSICUM ANNUM. ¹¹

13. SKIN -DISCOLOURATION -Spots

SILICEA ¹¹

14. HEAD- LICE – STAPHYSAGRIA ¹¹

HOMEOPATHY FIRST AID REMEDIES ^{1 2 3 4 6 7 9}

REMEDY	CLINICAL INDICATIONS	FORMS AVAILABLE
Arnica Montana	Bruises, shock, fall, trauma, post-surgery, sore muscles	Internal: pellets, tablets, Dilutions 30C/200C External: oil, Gel, Ointment, spray
Calendula officinalis	Open lacerations, wounds, ulcers, surgical cuts, antiseptic effect	Internal: Tincture Q, 6C, 30C, External: Cream, lotion, spray, gel
Hypericum perforatum	Nerve injuries, punctured wounds, crushed fingers, spinal concussion	Internal: pellets, 30C, 200C External: Oil, Tincture
Cantharis vesicatoria	Burns, scalds, blistering with intense burning pain	Internal: Pellets, 6C, 30C, External: Ointment, Gel, Lotion
Ledum palustre	Puncture wounds, (nails, insect bites) tetanus prevention	Internal: pellets, 30C, 200C, External: Ointments
Ruta graveolens	Strains, over used tendons, ligament injuries, eye strains	Internal: pellets, 30C External: cream, oil
Symphytum officinale	Bone fractures (after setting) bruised bones, periosteal injury	Internal: 6C, 30C, External: Tincture (for compress)

Rhustoxicodendron	Sprains, muscular stiffness, over exertion better by motion	Internal: pellets, 30C, 200C External: cream, gel
Aconitum napellus	sudden fever, shock, exposure to cold dry winds, fear after accidents	Internal: pellets 30C ,200C External – not used
Belladonna	High fever with heat, throbbing pains, redness, sudden onset	Internal: pellets, 30C ,200C External: not used
Chamomilla	Teething pain, infant colic, extreme irritability	: pellets 30C, 200C External: occasionally in creams
Apis mellifica	Bee stings, urticaria, allergic swelling, red and hot skin	Internal: pellets ,30C ,200C External: ointment, gel

GENUS EPIDEMICUS

Genus epidemicus is the word coined by Hahnemann which denotes homoeopathic remedy that is similar to totality of symptoms found in majority of suffering in an epidemic disease and which if given to patient before the onset of the disease prevents the epidemic disease or when given during the disease cures the patient.¹²

HOMOEOPATHIC PROPHYLAXIS

Diphtherinum 30c	Diphtheria
Petrussin 30c or Drosera 30c	Whooping Cough
Hypericum 30c or Ledum 30c	Tetanus
Lathyrus sativa 30c	Polimyelitis
Varicosinum 30c	Chickenpox
Pulsatilla 30c or Morbillinum 30c	Measles
Tuberculinum Bov 30c	Cholera
Camphor 30c or Baptisia 30c	Typhoid
Lyssin 30c or Hydrophobinum 30c	Rabies

CONCLUSION

Integrating homoeopathy with school health services can strengthen disease prevention, improve immunity, and reduce absenteeism among students. This integrated approach supports physical and mental well-being, enhances academic performance, and promotes healthier lifestyles, helping shape a stronger and healthier future generation. The cases are treated by individualising in both physical and mental planes of the Students with the principle of “like cures like”.

ACKNOWLEDGMENT

The authors would like to express sincere gratitude to Director Dr. Umesh Akkaladevi, Principal Dr. Nurus Saher Khan. Dr. Boini Kavya Assistant Professor, Hamsa Homeopathy Medical College, Hospital and

Research Centre, Siddipet for their unwavering support and encouragement.

CONFLICT OF INTEREST: Authors declare no conflict of interest.

REFERENCE

- [1] Ministry of Education, Government of India. Ministry of Education [Internet]. New Delhi: Ministry of Education; [cited 2025 Aug 5]. Available from: <https://www.education.gov.in/>
- [2] Allen HC. *Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica*. New Delhi: B. Jain Publishers; 1995.
- [3] Boericke W. *Pocket Manual of Materia Medica with Repertory*. 9th ed. Philadelphia: Boericke & Tafel; 1927.
- [4] Boger CM. *Boenninghausen's Characteristics and Repertory*. New Delhi: B. Jain Publishers; 2002.
- [5] Clarke JH. *A Dictionary of Practical Materia Medica*. 3 vols. New Delhi: B. Jain Publishers; 1993.
- [6] Ghai OP, Paul VK, Bagga A. *Essential Pediatrics*. 9th ed. New Delhi: CBS Publishers & Distributors; 2024.
- [7] Hering C. *Guiding Symptoms of Our Materia Medica*. 10 vols. New: B. Jain Publishers; 2000.
- [8] Kent JT. *Lectures on Homoeopathic Materia Medica*. New Delhi: B. Jain Publishers; 1990.
- [9] Nash EB. *Leaders in Homoeopathic Therapeutics*. New Delhi: B. Jain Publishers; 1996.
- [10] Park K. *Park's Textbook of Preventive and Social Medicine*. 23rd ed. Jabalpur: M/s Banarsidas Bhanot; 2015.
- [11] Archibel S.A. *RADAR: Rapid Aid to Drug Aimed Research* [computer program]. Version X.X.

Belgium: Archibel S.A.; [cited 2025 Aug 7].

Available from: <https://www.radaropus.com>

[12] Hahnemann S. Organon of medicine. 6th ed. New Delhi: B. Jain Publishers; 2011. Aphorism 102.