‘Cry’ and Homoeopathy

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'CRY' AND HOMOEOPATHY

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ABSTRACT

Crying is the fundamental language of communication. Crying is a natural, multifaceted physiological and emotional response that serves a fundamental role in human communication and health. This article delves into the intricate process of crying, addressing its definition, formation, pathophysiology, types, factors, and stages.

In addition, it examines the concept of miasmatic analysis from a homoeopathic perspective, providing insight into the causes and treatments for abnormal crying patterns. Crying, whether emotional or physiological, is a vital part of human life and can be indicative of deeper health conditions, necessitating an understanding of its mechanisms and remedies. Homoeopathy offers a holistic approach to treat crying, especially when it becomes excessive or symptomatic of underlying imbalances.

KEYWORDS

Crying, emotional release, physiological response, homoeopathy, miasms, homoeopathic remedies, infant crying, emotional expression, miasmatic analysis, stress.

SYNONYMS

- General Synonyms: Weep, Sob, Wail, Bawl, Whimper, Snivel, Blubber
- Loud Crying: Scream, Shriek, Howl, Wail, Yell, Yowl
- Soft Crying: Whimper, Sniffle, Mewl, Moan
- Emotional Crying: Lament, Mourn, Grieve
- Calling Out (Different Meaning of Crying Out): Shout, Exclaim, Call, Yell

DEFINITION OF CRYING

Crying is a universal, involuntary reaction to various emotional, physical, or social stimuli. It is primarily characterized by vocalizations and tears, which can occur in response to discomfort, joy, pain, or

frustration. While crying is especially common in infants who use it to signal their needs, adults also cry as an emotional release or response to stress, grief, or overwhelming happiness.

ANATOMY OF CRYING

The anatomical structures involved in crying include:

LARYNX (VOCAL CORDS)

The vocal cords are responsible for the sound produced during crying. The vibration of the vocal cords as air passes through them creates the characteristic cry.

LACRIMAL GLANDS

They secrete tears when stimulated by emotional or physical triggers. They play a significant role in emotional crying.

FACIAL MUSCLES

The muscles around the eyes, mouth, and forehead contribute to the facial expressions that accompany crying, such as wrinkling the forehead or squinting the eyes.

THE CONSTRUCTION OF CRYING

The physiological and emotional construction of crying involves the following processes:

RESPIRATORY SYSTEM

Crying begins with the contraction of the diaphragm and respiratory muscles. This produces the airflow necessary for vocalization, causing vibrations in the vocal cords.

VOCALIZATION

The sound of crying originates from the larynx, where the vocal cords vibrate as air is exhaled. The frequency and intensity of these vibrations contribute to the sound's pitch and volume.

FACIAL EXPRESSION

Crying is often accompanied by certain facial expressions, including furrowed brows, squinting eyes, and puckering of the lips. These facial signs are part of the emotional expression associated with crying.

TEAR PRODUCTION

Emotional crying triggers the lacrimal glands to release tears. The tears may serve not only as a physiological reaction but also as a means of emotional release, potentially helping in the regulation of emotional states.

PATHOPHYSIOLOGY OF CRYING

The underlying biological processes of crying can be broken down into several components:

ACTIVATION OF THE CENTRAL NERVOUS SYSTEM (CNS)

Emotional or physical discomfort is processed in the hypothalamus, which is responsible for emotional regulation. The brainstem controls motor responses necessary for vocalizing and crying.

AUTONOMIC NERVOUS SYSTEM (ANS)

Crying stimulates the sympathetic chain of the ANS, resulting in increased heart rate, blood pressure, and respiratory rate. These physiological changes contribute to the intensity and emotional charge of the cry.

NEUROENDOCRINE SYSTEM

Crying may lead to the release of stress hormones like cortisol. Emotional tears are thought to contain higher levels of stress hormones compared to non-emotional tears, suggesting a role in emotional processing.

TYPES OF CRYING

Crying can be categorized into different types, each with its underlying cause:

INFANT CRYING

This type of crying is primarily associated with basic needs, such as hunger, pain, discomfort, or the need for sleep. Each type of cry may have distinct characteristics, like a rhythmic or high-pitched sound for hunger.

EMOTIONAL CRYING IN ADULTS

Adults cry in response to emotional events, such as grief, joy, or frustration. The crying is often a way to release built-up tension or emotional pain.

PATHOLOGICAL CRYING

Crying can become excessive or prolonged, signaling an underlying psychological or neurological issue. This type of crying may occur in individuals with depression, anxiety, or neurological disorders such as stroke or dementia. Pathological crying may include several conditions like-

CRY ENCEPHALIQUE

Cry Encephalique is a high-pitched, shrill cry in infants, often indicating neurological impairment due to conditions like birth asphyxia, hypoxic-ischemic encephalopathy (HIE), meningitis, or genetic disorders. It signals possible brain damage or increased intracranial pressure, requiring urgent medical attention.

ASYMMETRIC CRYING FACIES

Asymmetric Crying Facies (ACF) is a congenital condition where an infant's lower lip appears asymmetric when crying due to underdevelopment or absence of the depressor anguli oris muscle on one side. This leads to a one-sided drooping of the mouth during crying, while the face remains symmetrical at rest.

It may be caused by congenital hypoplasia (underdevelopment) of facial muscles, perinatal Facial Palsy, cranial nerve VII (Facial nerve) anomalies or genetic syndromes (DiGeorge syndrome, Goldenhar syndrome, congenital heart defects). Its main clinical features include lower lip asymmetry appearing only while crying, normal facial movement at rest (differentiating it from facial palsy), and no upper facial involvement (eyebrows and eyelids remain unaffected).

CRI-DU-CHAT SYNDROME

Also called Cat Cry Syndrome, it is a rare genetic disorder caused by the deletion of chromosome 5p, leading to a characteristic high-pitched, cat-like cry in infants. Its key features are high-pitched cry (resembles a cat), microcephaly, low birth weight, growth delays, distinct facial features (wide-set eyes, low-set ears, small jaw), intellectual disability & developmental delays, hypotonia (low muscle tone) & speech difficulties.

LARYNGOMALACIA

IT IS A congenital airway disorder where the soft, floppy tissues of the larynx collapse during inhalation, leading to stridor (noisy breathing) and a weak, breathy cry. It usually resolves as the infant grows.

HYPOXIC-ISCHEMIC ENCEPHALOPATHY (HIE)

Hypoxic-Ischemic Encephalopathy (HIE) is a serious brain injury caused by oxygen deprivation and reduced blood flow to the brain, often occurring during birth (perinatal asphyxia). ITS Characteristics INCLUDE High-pitched, shrill, or weak cry due to neurological damage. ITS Key Features ARE Lethargy or seizures, Poor muscle tone (hypotonia or hypertonia), Feeding difficulties, Respiratory distress, Delayed reflexes and developmental issues.

DOWN SYNDROME

Down Syndrome (Trisomy 21) is a genetic disorder caused by an extra chromosome 21, affecting growth, cognition, and facial features. ITS characteristics ARE weak, hoarse, or low-pitched cry due to hypotonia and laryngeal abnormalities. Some infants may have a monotone or breathy cry due to vocal cord dysfunction. Other features INCLUDE Hypotonia, delayed speech, and motor development, Facial features WITH Flat nasal bridge, UP SLANTED eyes, AND Common congenital heart defects.

PRADER-WILLI SYNDROME

IT IS A genetic disorder caused by loss of function of paternal genes on chromosome 15, leading to severe neonatal hypotonia and a weak, low-pitched cry. Affected infants also have feeding difficulties, developmental delays, and later develop hyperphagia and obesity.

ANGELMAN SYNDROME

Angelman Syndrome (AS) is a neurogenetic disorder caused by the loss of function of the UBE3A gene on chromosome 15. It affects the nervous system and development. ITS Characteristics ARE Frequent, inappropriate laughter instead of crying WHILE Some infants may have a weak or high-pitched cry. THE Key Features INCLUDE Severe developmental delays & intellectual disability, Frequent smiling and laughter, Ataxia (poor coordination) and jerky movements, Minimal or absent speech, Seizures, and sleep disturbances, ETC.

CONGENITAL HYPOTHYROIDISM

IT IS A condition where the thyroid gland is absent or underdeveloped, leading to low thyroid hormone levels. Infants with this disorder often have a hoarse or weak cry, along with poor feeding, lethargy, and developmental delays.

SMITH-LEMLI-OPITZ SYNDROME

Smith-Lemli-Opitz Syndrome (SLOS) is a rare genetic disorder caused by a deficiency of the DHCR7 enzyme, leading to abnormal cholesterol synthesis. It follows an autosomal recessive inheritance pattern. ITS Characteristics ARE A Weak or high-pitched cry due to neurological impairment and hypotonia. ITS KEY Features INCLUDE Facial abnormalities (microcephaly, cleft palate, small jaw), Intellectual disability & developmental delays, Hypotonia (low muscle tone), Syndactyly (fused toes) and polydactyly (extra fingers/toes), Congenital heart and kidney defects, ETC.

Zellweger Syndrome

It is a rare, fatal metabolic disorder due to peroxisome biogenesis failure, leading to severe neurological dysfunction, hypotonia, and a weak cry. It is associated with liver dysfunction, facial abnormalities, and developmental delays.

Pelizaeus-Merzbacher Disease

A rare, genetic leukodystrophy caused by mutations in the PLP1 gene, affecting myelin formation in the central nervous system. Infants with this disorder have involuntary movements, nystagmus, hypotonia, progressive motor deterioration, developmental delays, and an abnormal high-pitched or weak cry due to brain dysfunction.

Pseudobulbar affect (PBA)

Pseudobulbar Affect (PBA) is a neurological condition characterized by involuntary, uncontrollable episodes of laughing or crying that are disproportionate to emotions. It is often associated with brain injuries or neurological disorders. Its characteristics are sudden, involuntary crying episodes unrelated to actual emotions, abrupt onset, difficulty stopping, and it can alternate with episodes of inappropriate laughter. The key causes & associated conditions include stroke, traumatic brain injury (TBI), multiple sclerosis (MS), Parkinson's disease, Alzheimer's disease, Amyotrophic lateral sclerosis (ALS), etc.

FACTORS INFLUENCING CRYING

Crying is influenced by a variety of biological, psychological, and social factors. Here are some key factors that affect crying:

BIOLOGICAL FACTORS

Hormones

Oxytocin and prolactin can increase tear production, while stress hormones like cortisol may trigger emotional tears.

Genetics

Some people may be more prone to crying due to inherited emotional sensitivity.

Age

Babies cry more due to their inability to communicate, while older adults may cry more due to emotional processing changes.

Gender
Women tend to cry more than men due to hormonal differences and societal expectations.

NEUROLOGICAL CONDITIONS
There are several neurological disorders which can cause uncontrollable crying.

PSYCHOLOGICAL FACTORS

Emotional Sensitivity
Highly empathetic or emotionally sensitive individuals cry more easily.

Mental Health
Conditions like depression, anxiety, and grief can increase crying episodes.

Stress Levels
High stress can lead to emotional outbursts and tears.

Personality Traits
Some personality types (e.g., neuroticism) are more prone to crying.

SOCIAL AND CULTURAL FACTORS

Upbringing
People raised in expressive families may cry more openly.

Social Norms
Some cultures accept crying, while others discourage it, especially in men.

Support System
People who feel safe and supported may cry more freely.

Situational Context
Public crying may be suppressed due to embarrassment, whereas private crying is more common.

ENVIRONMENTAL TRIGGERS

Music, Movies, and Art
Emotional content can evoke tears.

Memories and Nostalgia
Recalling past events, both happy and sad, can induce crying.

Pain (Physical or Emotional)
Severe pain can trigger tears as a reflexive response.

PHYSIOLOGICAL CAUSES

EYE IRRITATION
Wind, smoke, or onions can stimulate reflex tears.

FATIGUE
Being overly tired can lower emotional regulation, leading to crying.

HUNGER OR LOW BLOOD SUGAR
Especially in children, hunger can cause irritability and crying.

STAGES OF CRYING
Crying progresses through various stages:

PRE-CRY STAGE
The individual may exhibit signs of discomfort or agitation, such as restlessness or fidgeting, just before crying begins.

INITIAL CRY
The first sound of crying is typically sharp and loud. The person may also exhibit tense facial muscles and rapid breathing.

PEAK OF CRYING
This stage is marked by intense crying, with tears and a high level of emotional or physical distress.

RESOLUTION
Crying eventually diminishes as the underlying cause of distress is resolved, either through emotional release or the fulfillment of a need.

MIASMATIC ANALYSIS IN HOMOEOPATHY
In homoeopathy, miasms refer to chronic underlying conditions that predispose an individual to certain health issues. Crying can be understood through miasmatic analysis, which helps identify the emotional and constitutional factors that may contribute to abnormal crying patterns.

PSORIC MIASM – CRY DUE TO EMOTIONAL DISCOMFORT & INSECURITY
Individuals with a psoric constitution may cry as a response to emotional discomfort, insecurity, or dissatisfaction. The crying may be linked to an unmet emotional need or an unfulfilled desire for security and stability.

NATURE OF CRYING
- Crying results from emotional sensitivity, dissatisfaction, and insecurity.
- Individuals often cry when feeling neglected, rejected, or anxious about the future.

KEY REMEDIES
- **Pulsatilla** – Weepy, affectionate, and seeks consolation; cries easily when lonely.

- **Ignatia** – Sobbing with sighing; crying from emotional disappointment or grief.
- **Calcarea Carb** – Crying due to insecurity, fear of the unknown, or lack of stability.
- **Silicea** – Sensitive, introverted individuals who cry due to self-doubt and criticism.

SYPHILITIC MIASM – CRY DUE TO DEEP DESPAIR & HOPELESSNESS

In the syphilitic miasm, crying may be accompanied by deep despair, hopelessness, and emotional numbness. The cry may represent an intense internal conflict or a feeling of being overwhelmed by life's challenges.

NATURE OF CRYING

- Dark, brooding, despairing crying, often accompanied by self-destructive thoughts.
- May cry at night, feel a sense of doom, or have suicidal tendencies.

KEY REMEDIES

- **Aurum Met** – Intense weeping, feeling hopeless, deep melancholy, and suicidal thoughts.
- **Plumbum Met** – Crying with despair, fear of losing control, or mental decay.
- **Merc Sol** – Erratic emotional state, crying mixed with sudden aggression or confusion.
- **Syphilinum** – Nighttime crying, self-loathing, and feelings of being cursed or doomed.

SYCOTIC MIASM – CRY DUE TO SUPPRESSED EMOTIONS & EMOTIONAL OUTBURSTS

Crying in the sycotic miasm can be associated with suppressed emotions, especially feelings of guilt, shame, or frustration. Such individuals may experience emotional outbursts or erratic crying due to unresolved issues.

NATURE OF CRYING

- Crying comes in sudden, uncontrollable outbursts due to suppressed emotions.
- Emotional triggers may include guilt, shame, frustration, or hidden fears.

KEY REMEDIES

- **Thuja Occidentalis** – Crying due to hidden guilt, shame, or feeling of being flawed.
- **Natrum Mur** – Secretive crying; avoids crying in front of others, grieves alone.
- **Medorrhinum** – Alternates between crying fits and reckless behavior; deep-seated anxiety.
- **Anacardium** – Internal conflict leads to crying mixed with sudden outbursts of anger.

TUBERCULAR MIASM – CRY DUE TO RESTLESSNESS & EXISTENTIAL DESPAIR

Crying in those influenced by the tubercular miasm may be linked to restlessness, existential despair, or a sense of internal emptiness. The crying can appear sporadic, often reflecting a deeper sense of imbalance and unfulfilled needs.

NATURE OF CRYING

- Sudden, sporadic crying due to unfulfilled desires, a restless mind, or existential sadness.
- Individuals feel trapped, unsatisfied, or long for change and adventure.

KEY REMEDIES

- **Tuberculinum** – Restless, dissatisfied crying, especially in children with a desire to escape.
- **Phosphorus** – Sudden crying from nervous exhaustion, seeks attention and warmth.

- **Lachesis** – Crying when emotionally overwhelmed, suffocated by constraints or restrictions.
- **Tarentula** – Erratic emotional swings, laughing and crying alternately, highly restless.

CANCER MIASM – CRY DUE TO PERFECTIONISM, SUPPRESSION, AND DEEP-SEATED ANXIETY

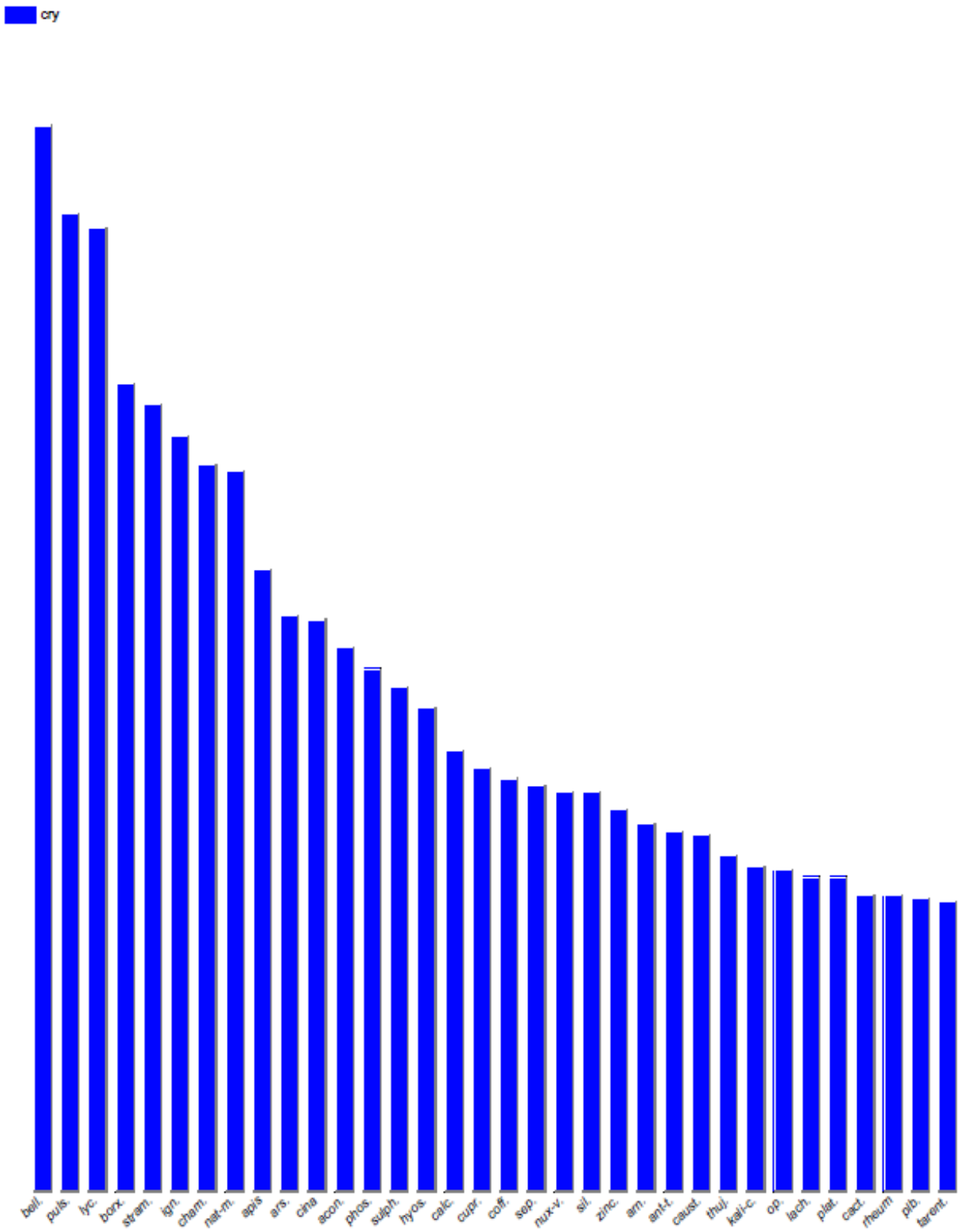
Crying in patients affected with cancer miasm has suppressed emotions, tears hidden from others, deep perfectionism, pressure to be strong and in control, fear of failure, loss, or abandonment, grief & self-blame, linked to past trauma or emotional suppression.

NATURE OF CRYING

- Crying in individuals with a cancer miasm arises from suppressed emotions, deep fears, and an overwhelming need for control or perfectionism.
- They may appear strong externally but break down under intense pressure, self-expectations, or suppressed grief.
- Crying is often silent, internalized, and mixed with feelings of despair, self-blame, or a sense of impending doom.

KEY REMEDIES

- **Carcinosin** – Perfectionist individuals who suppress emotions for years and suddenly break down. Silent crying with a sense of helplessness and emotional exhaustion. History of abuse, grief, or overburdened responsibilities.
- **Natrum Muriaticum** – Secretive crying, avoids crying in front of others, dwells on past grief. Suppressed emotions, desires solitude after emotional hurt. Develops physical ailments (headaches, allergies, digestive issues) from long-held sorrow.
- **Staphysagria** – Tears from suppressed anger, humiliation, or emotional abuse. Prefers not to express emotions openly, cries when alone. Extreme sensitivity but tries to appear composed and dignified.
- **Phosphoric Acid** – Crying due to deep exhaustion, apathy, and long-standing sorrow. Emotionally detached, feels drained and indifferent after a prolonged emotional struggle. Silent grief, cries with a blank or lost expression.
- **Ignatia** – Tearful sighing, crying immediately after emotional disappointment or shock. Highly sensitive, mood changes rapidly from weeping to laughter. Crying episodes triggered by grief, heartbreak, or loss.
- **Arsenicum Album** – Crying due to deep-seated anxiety, fear of death, and insecurity. Perfectionists who worry excessively and fear losing control. Restless crying at night, feels better with company but fears being a burden.
- **Aurum Metallicum** – Crying due to severe self-reproach, despair, and suicidal thoughts. Feels like a failure, especially in career or personal achievements. Weeps silently at night, thoughts of worthlessness dominate the mind.



Degree of Cry in various Homoeopathic Remedies in decreasing order

HOMEOPATHIC THERAPEUTICS FOR ABNORMAL CRY

Homeopathy can provide symptomatic relief for abnormal crying based on its cause. Below are key remedies for different cry-related conditions:

1. HUNGER CRY (DEMANDING CRY FOR FOOD OR MILK)

FEATURES

- Rhythmic, repetitive crying that stops after feeding.
- Baby may suck on fingers or move head searching for milk.

REMEDIES

- **Calcarea Phos** – Infant cries due to slow growth, weak digestion, or teething.
- **Silicea** – Weak babies who cry when feeding and struggle with digestion.

Lycopodium – Cries before feeding but refuses food due to gas and bloating.

2. COLIC CRY (INTENSE CRYING DUE TO GAS & ABDOMINAL PAIN)

FEATURES

- Loud, intense, inconsolable crying, usually in the evening.
- Baby draws legs up to the stomach and appears in pain.

REMEDIES

- **Chamomilla** – Irritable, angry cry; child calms only when carried.
- **Colocynthis** – Person loudly crying with relief from pressure on the belly.

Mag Phos – Sharp, cramping pains; pressure and warm applications relieve discomfort.

3. SLEEP CRY (CRYING BEFORE OR DURING SLEEP)

FEATURES

- Patient cries before falling asleep due to overtiredness or overstimulation.
- May cry out suddenly during sleep due to night terrors or dreams.

REMEDIES

- **Gelsemium** – Drowsy, weak, whining cry; sleeps but still seems tired.
- **Kali Phos** – Restless, crying in sleep due to nervous exhaustion.
- **Stramonium** – Sudden night terrors with screaming and fear.

4. PAIN CRY (CRYING DUE TO INJURY OR PHYSICAL DISCOMFORT)

FEATURES

- Sharp, loud, and persistent crying due to pain from illness, teething, or injury.

REMEDIES

- **Aconitum Napellus** – Sudden, intense crying from shock, fear, or acute pain.
- **Belladonna** – Crying with high fever, flushed face, and hot skin.
- **Arnica** – Crying after falls, bumps, or bruises.

5. ATTENTION-SEEKING CRY (CRYING FOR COMFORT OR CLOSENESS)

FEATURES

- Patient pauses to see if someone responds before crying louder.
- Cries stop immediately when picked up or comforted.

REMEDIES

- **Pulsatilla** – Clingy, affectionate person who cries when left alone.
- **Ignatia** – Crying from emotional sensitivity, sobbing with sighing.
- **Cina** – Irritable, fussy child who cries when touched or held.

6. HIGH-PITCHED, SHRILL CRY (NEUROLOGICAL OR BRAIN DAMAGE)

ASSOCIATED CONDITIONS

- Cri-du-Chat Syndrome (cat-like, high-pitched cry)
- Cry Encephalique (Cerebral Cry)
- Hypoxic-Ischemic Encephalopathy (HIE)
- Pelizaeus-Merzbacher Disease

REMEDIES

- **Opium** – High-pitched, cephalic cry; sluggish reflexes after birth asphyxia.
- **Cina** – Shrill, screaming cry with restlessness; often associated with worm infestations.
- **Stramonium** – Sudden, violent screaming; fear, night terrors, neurological damage.
- **Helleborus** – Moaning, whining cry with dullness; useful in brain affections.

7. WEAK OR HOARSE CRY (LARYNGEAL OR NEUROMUSCULAR CAUSES)

ASSOCIATED CONDITIONS

- Laryngomalacia (weak, stridorous cry)
- Congenital Hypothyroidism (hoarse cry)
- Prader-Willi Syndrome (weak, low-pitched cry)
- Zellweger Syndrome (weak cry due to severe hypotonia)

REMEDIES

- **Aconitum Napellus** – Weak, hoarse cry from shock or fright.
- **Causticum** – Hoarse, weak voice and cry due to laryngeal weakness or paralysis.
- **Gelsemium** – Weak, feeble cry with general muscle weakness and ptosis.

8. INVOLUNTARY OR UNCONTROLLED CRYING (NEUROLOGICAL OR EMOTIONAL CAUSES)

ASSOCIATED CONDITIONS

- Pseudobulbar Affect (PBA) (sudden involuntary crying)
- Angelman Syndrome (uncontrollable laughter, abnormal crying)
- Smith-Lemli-Opitz Syndrome (SLOS) (high-pitched or weak cry)
- Down Syndrome (weak or monotone cry)

Remedies

- **Ignatia** – Sudden crying spells, sobbing, alternating with laughter (PBA, grief).
- **Nux Moschata** – Crying fits with confusion, drowsiness, hysterical tendency.
- **Hyoscyamus** – Involuntary crying with laughter, nervous agitation (Angelman Syndrome).

9. CRY DUE TO FACIAL OR MUSCULAR WEAKNESS

Associated Conditions

- Asymmetric Crying Facies (ACF) (one-sided lower lip droop while crying)
- Down Syndrome (weak cry due to hypotonia)

Remedies

- **Baryta Carb** – Weak cry, delayed milestones, poor mental and physical development.
- **Calcarea Phos** – Cry due to failure to thrive, weak bones, slow development.

CONCLUSION

Crying is a multifaceted emotional and physiological process that serves as an important tool for emotional expression and communication. Understanding the mechanisms behind crying, including its pathophysiology and underlying causes, is essential for effective management and treatment. In homoeopathy, several remedies including *Chamomilla*, *Ignatia*, *Pulsatilla* etc. are tailored to the individual's unique emotional and physical needs. Moreover, miasmatic analysis helps uncover deeper constitutional imbalances that may contribute to chronic or excessive crying, enabling a more comprehensive and holistic treatment approach.

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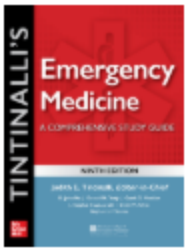

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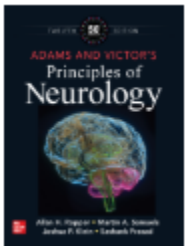
...CRYING TABLE 116-1 Conditions Associated With Inconsolable Crying, Irritability, and/or Lethargy in Neonates System Emergent Less Serious CNS Intracranial hemorrhage (neonatal alloimmune thrombocytopenia, birth trauma, nonaccidental trauma, vitamin K...



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...Pseudobulbar (Spasmodic) Laughing and Crying Table 24-2 CAUSES OF PSEUDOBULBAR AFFECTIVE DISPLAY Bilateral strokes (lacunes in the cerebral hemispheres or pons) most often after several strokes in succession Binswanger diffuse leukoencephalopathy (Chap. 34...

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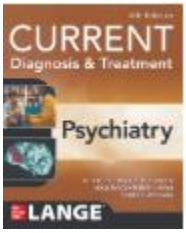
...COLIC Infant colic is characterized by severe and paroxysmal crying that occurs mainly in the late afternoon. The infant's knees are drawn up, and its fists are clenched, the facies appear strained, and there is minimal response to attempts at soothing. Although colic has traditionally been...



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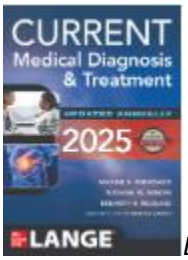
...D. Environmental Manipulation When the conversion symptom represents "a cry for help" because of environmental pressures, it may be necessary to manipulate these stressors in order to produce symptomatic relief. For example, the pseudoseizures of a teenage girl might be a cry for help because...



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Book: Current Medical Diagnosis & Treatment 2025

...B. Pseudobulbar Palsy Bulbar involvement predominates in this variety also, but it is due to bilateral corticobulbar disease and thus reflects upper motor neuron dysfunction. There may be a " pseudo-bulbar affect ," with uncontrollable episodes of laughing or crying to stimuli that would...

Chapter 6. Genetic Disorders > Cri-Du-Chat Syndrome

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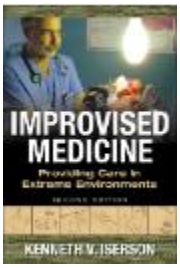

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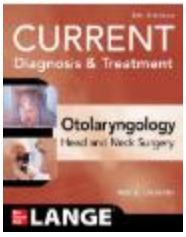
...ASSESSING PAIN TABLE 14-1 Pain Assessment for Children <4 Years Old If the child is asleep, no further assessment is needed. If the child is awake, check the following: Score 1. Cry? Not crying Crying 0 1 2. Body position...



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... are often referred to as "asymmetric crying facies" (see Figure 73–8). Causes may be traumatic, in either the intrauterine or perinatal period, or genetic. ...

Opus

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Radar 10