



Homoeopathic Management Of Stachtophagia: A Case Series Exploring An Uncommon Subtype Of Pica

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Abstract: Stachtophagia is a condition characterized by incessant desire and consumption of Ash by an individual. It is classified as a subtype of pica and has same diagnostic criteria as of pica (in which non food substance is ash). Despite its clinical significance, this rare condition is frequently underreported and often goes undiagnosed. This case series highlights three paediatric cases of stachtophagia successfully managed with individualized homoeopathic treatment. The efficacy of the interventions was objectively assessed using the Pica, ARFID, and Rumination Disorder Interview (PARDI) score, comparing pre- and post-treatment outcomes.

Index Terms - Stachtophagia, Pica, Homoeopathy, PARDI

INTRODUCTION

Pica is the persistent eating of non-nutritive, non-food substances (e.g., paper, soap, plaster, charcoal, clay, wool, ashes, paint, earth) over a period of ≥ 1 month. ^[1] It must be inappropriate for the developmental level, is not part of a culturally sanctioned practice and is sufficiently severe to warrant independent clinical attention. ^[2] This disturbance must occur outside of the context of culturally sanctioned practices or pre-existing medical or psychiatric conditions that would cause this behaviour (e.g., developmental delays) unless the behaviour is so impairing that it requires additional, specific clinical attention. ^[3]

Most of the subtypes of pica contain the suffix phagia, which is derived from the Greek word for eating or swallowing. ^[4] Stachtophagia is one of the many subtypes of Pica which is defined as persistent desire and consumption of Ash for more than 1 month, not being a part of culturally sanctioned practice nor in other psychiatric illnesses. ^[5] Ingestion of Ash is a socially normative or culturally accepted practice in various parts of India, for example, in many rural parts of India, pregnant females consume mud, clay, ash, lime, charcoal and brick in response to cravings. Nonfood substances are believed to have positive health or spiritual effects. In North India, cravings for pica substances are used as a means to predict the sex of an unborn child. If a woman craves ash, people believe she will have a girl, whereas dust cravings indicate that she is pregnant with a boy. ^[6] Stachtophagia is said to be associated with zinc and iron deficiency, hyperkalaemia, hypokalaemia, hypercupraemia, hypercalcaemia and hypocalcaemia. ^[5]

CASE-1

A 13 year old female child visited OPD on 30/03/2023 with following complaints-

Presenting Complaints

- 1) Pain in abdomen. Continuous dull aching pain in lower abdomen since 1-2 months.
- 2) Habit of eating ash almost every day. If she does not get ash than she eats paint chips from wall. Eats when she is hungry also since 8-9 months. No. of episodes- 6-7 times/ day; almost everyday.
- 3) Sudden blackening in front of eyes with weakness since 1 month.
- 4) Pain and fatigue in both legs especially during menstruation but is persistent throughout.

Personal and Family History

Patient was exclusively breastfed till 6 months of age after which complementary feeding was started along with breastfeeding. Milestones were achieved on time.

Mother- Hypertensive, Hypothyroidism

Father- Diabetes

Physical Generals

Appetite- She eats ash when she is hungry. Appetite decreased. 2 meals/day 1- 2 chapati/ meal	
Thirst- Decreased. Approx 1 l/day	
Desire- Spicy food, ash	Aversion- Sweet
Urine- D ₃₋₄ N ₀₋₁ Pale yellow	Stool- D ₁ Regular
Perspiration- Especially on palms	Thermal reaction- Towards Hot
Sleep- Sound. 6-7 hours.	Dreams- Does not remember
Sleep position- Not Specific	

Menstrual History

Menarche- 11 years of age

LMP- 20/03/2023

Cycle- Regular; 30-35 days

Duration- 6-7 days

Quantity- Profuse. 5-7 pads in a day for first 3 days

Character- Bright red, without clots

Associated complaints- Pain in legs and fatigue aggravates during menses.

Leucorrhoea- Whitish and thick, before and after 5-6 days of menses.

Mental Generals

- 1) Narrating her symptoms well without any hesitation.
- 2) Also anxious about her health. Asked if the medicine will produce any adverse effect.
- 3) Concentration difficult due to pica behaviour, thinks about procuring ash whenever trying to concentrate.
- 4) Weeps easily but does not like consolation

Physical Examination- Height-151 cms, Weight-50 kgs, BMI-21.9 kg/m², Pallor- Present

Analysis and Evaluation of Case- 1

Mental Generals

1. Anxious about her health
2. Concentration difficult
3. Weeping easily

Physical Generals

1. Profuse and bright red menstruation
2. Appetite decrease
3. Desire- spicy food, ash
4. Aversion- Sweets
5. Perspiration- on palms
6. Thermal reaction- Towards Hot

Particulars

1. Pain in both legs and fatigue especially during menstruation
2. Pain in abdomen. Continuous dull aching pain in lower abdomen

Repertorial Analysis

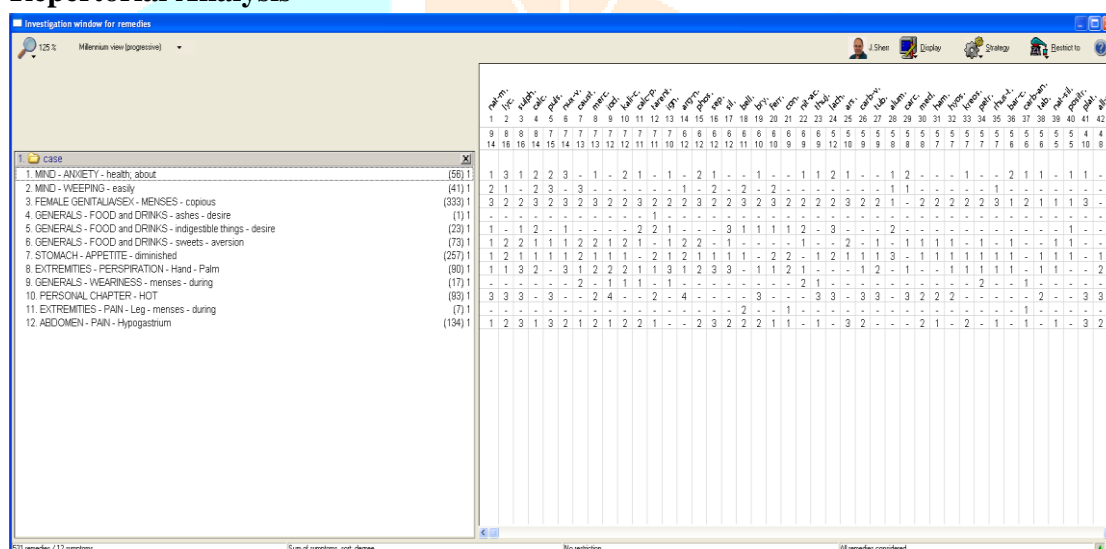


Figure 1- Repertory sheet of Case-1

Prescription

 \mathbf{R}_x

Natrum Mur. 30

1 Dose/ Stat

Rubrum 200

BD×15 days

FOLLOW-UP

Date	Symptoms	Prescription
30/03/2023	Pain in Abdomen Habit of eating ash Sudden blackening in front of eyes Weakness Menses- Profuse with fatigue and pain in legs PARDI Score- 4.25	Rx Natrium Mur. 30 1 Dose/ Stat Rubrum 200 BD×15 days
14/04/2024	Has not shown any pica behaviour since 5-6 days Relief in abdominal pain Blackening in front of eyes persistent	Rx Rubrum 200 BD×15 days
29/04/2024	Desire for having ash has decreased considerably. Weakness persistent. Blackening in front of eyes persistent	Rx Rubrum 200 BD×15 days
15/05/2024	Has had pica item but lesser than before, now skips eating ash for 1-2 days but then desire is uncontrollable and she eats again and on the day she eats ash, she has it 5-8 times but then desire is very less for 1-2 days, which she is able to control. Feels less lethargic & weak now But sudden blackening in front of eyes persistent. PARDI Score- 1.75	Rx Rubrum 200 BD×15 days

Before
Assesd - 30/03/2023
Oct 2020

PARDI Rating Sheet

PICA DIAGNOSTIC ITEMS

18. ☐ Yes
☐ No - If no, move on to the ARFID section.

18a. List Items: Ash, paint chips

18b. Are these items BOTH non-nutritive and non-food?
☐ Yes
☐ No (However, the rater can feel free to continue rating if the item consumed might previously have counted as a pica item, e.g., ice)

19. ☐ Yes
☐ No

19a. 0 - 6 rating: 0.5

20. Number of episodes per day: 6-7 times/day

21. ☐ Yes
☐ No

22. ☐ Yes
☐ No

23. ☐ Yes
☐ No

24. 0 - 6 rating: 0.6

25. ☐ Yes
☐ No

26. ☐ Yes
☐ No

27. 0 - 6 rating: 0.4

28. 0 - 6 rating: 0.2

Are Criteria met for pica? ☒ Yes
☐ No

Pica Severity Scale: Add ratings for 19a, 24, 27, and 28 and divide by 4
4.25

Current or in Remission: ☒ Current
☐ In Remission

Age of onset of Pica: 1.5 years

Figure 2- Pre PARDI Score of Case-1

After
Assesd - 15/05/24
Oct 2020

PARDI Rating Sheet

PICA DIAGNOSTIC ITEMS

18. ☐ Yes
☐ No - If no, move on to the ARFID section.

18a. List Items: Ash, paint chips

18b. Are these items BOTH non-nutritive and non-food?
☐ Yes
☐ No (However, the rater can feel free to continue rating if the item consumed might previously have counted as a pica item, e.g., ice)

19. ☐ Yes
☐ No

19a. 0 - 6 rating: 0.3

20. Number of episodes per day: 5-8 times/day

21. ☐ Yes
☐ No

22. ☐ Yes
☐ No

23. ☐ Yes
☐ No

24. 0 - 6 rating: 0.2

25. ☐ Yes
☐ No

26. ☐ Yes
☐ No

27. 0 - 6 rating: 0.2

28. 0 - 6 rating: 0.0

Are Criteria met for pica? ☒ Yes
☐ No

Pica Severity Scale: Add ratings for 19a, 24, 27, and 28 and divide by 4
1.75

Current or in Remission: ☒ Current
☐ In Remission

Age of onset of Pica: 1.5 years

Figure 3- Post PARDI Score of Case-1

CASE-2

A 5 year old male child visited OPD on 10/11/2023 with following complaints-

Presenting Complaints

- 1) Habit of ingestion of ash since 3-3.5 years, which he gets from chulha (stove) or from where they wash dishes.
- 2) General weakness is felt by the patient, is lazy and dull in physical aspect.

Personal and Family History

Patient was exclusively breastfed till 6 months of age after which complementary feeding was started along with breastfeeding. Milestones were achieved on time.

Mother- Healthy

Father- Healthy

Physical Generals

Appetite- Hungry soon after eating, eats approximately half to one chapati at a time.	
Thirst- Decreased. 1 glass water/ day	
Desire- Curd, buttermilk	Aversion- N/S
Urine- D ₄₋₅ N ₀₋₁	Stool- D-1, regular and satisfactory
Perspiration- On nose, especially while eating	Thermal reaction- Chilly
Sleep- Grinding of teeth during sleep (Bruxism), otherwise sound sleep	Dreams- Not Specific
Sleep position- Not Specific	

Mental Generals

- 1) Memory sharp but not too well in studies, likes watching cartoons on mobile phone.
- 2) Lazy+
- 3) Talkative++

Physical Examination- Height-106.4 cms, Weight-18 kgs, BMI-15.9 kg/m², Pallor- Absent

Analysis and Evaluation of Case- 2

Mental Generals

1. Memory sharp
2. Lazy
3. Talkative

Physical Generals

1. Appetite- Hungry soon after eating.
2. Thirstless
3. Desire- Ashes, curd, buttermilk
4. Perspiration on nose, especially while eating
5. Thermal reaction- Chilly
6. Grinding of teeth during sleep

Particulars

1. General weakness, lazy and dull in physical aspect

Repertorial Analysis

Symptom	LACHESIS	RUBRUM	...
1. MIND - LAZINESS - children, in	1	1	...
2. MIND - LOQUACITY - children, in	1	1	...
3. GENERALS - FOOD and DRINKS - ashes - desire	1	1	...
4. STOMACH - APPETITE - ravenous - eating - after eating, soon	1	1	...
5. STOMACH - THIRSTLESS	1	1	...
6. NOSE - PERSPIRATION on	1	1	...
7. TEETH - GRINDING - sleep, during	1	1	...
8. GENERALS - FOOD and DRINKS - buttermilk - desire	1	1	...

Figure 4- Repertory sheet of Case-2

Prescription

R_x

Lachesis 200

1 Dose/ Stat

Rubrum 200

TDS×15 days

Follow-Up

Date	Symptoms	Prescription
10/11/2023	Desire and ingestion of Ash General weakness Hungry soon after eating Talkative PARDI Score- 1.75	Rx Lachesis 200 1 Dose/ Stat Rubrum 200 TDS×15 days
24/11/2023	Desire mildly decreased. Behaviour of patient is also different, previously he was very restless, but now is calmer than before, as told by attendant.	Rx Rubrum 200 TDS×15 days
04/12/2023	Much lesser desire than was initially present. PARDI Score- 0.75	Rx Rubrum 200 TDS×15 days

Figure 5- Pre PARDI Score of Case-2

Figure 6- Post PARDI Score of Case-2

Figure 5- Pre PARDI Score of Case-2

Figure 6- Post PARDI Score of Case-2

CASE-3

A 3 year old female child visited OPD on 02/02/2024 with following complaints-

Presenting Complaints

- Habit of eating indigestible things like pencil, chalk, sand, paper, coal, brick etc. since 2 years
- Abdominal pain around umbilicus occasionally.
- Moles on face since birth

Past History

H/o Neonatal Jaundice

Personal and Family History

Patient was exclusively breastfed for 4-5 months after that bottle feeding till 7-8 months after which complementary feeding initiated. Milestones were achieved on time.

Mother- Asthma, Renal stone

Father- Heart complaint

Physical Generals

Appetite- Increased. Hungry soon after eating. Half chapati 5-6 times/ day	
Thirst- Small quantity at short intervals	
Desire- fast food, potato	Aversion- bottle gourd
Urine- D ₃₋₄ N ₂₋₃ . Offensive	Stool- 3-4 times/ day. But not watery stool. Formed stool
Perspiration- Profuse, generalized	Thermal reaction- Chilly
Sleep- Refreshing sleep	Dreams- Not Specific
Sleep position- Not Specific	

Mental Generals

1. Very naughty child, is restless, cannot sit in one place, wanders here and there.
2. Anger ++ - Throws things in anger
3. Haughty
4. Weeping ++

Physical Examination- Height-89 cms, Weight-12 kgs, BMI-15.1 kg/m², Pallor- Absent

Analysis and Evaluation of Case-3**Mental Generals**

1. Very naughty child & restless
2. Anger - Throws things in anger
3. Haughty
4. Weeping

Physical Generals

1. Appetite- Increased. Hungry soon after eating.
2. Thirst- Small quantity at short intervals
3. Desire- indigestible things, potatoes
4. Urine- Offensive
5. Thermal reaction- Chilly

Particulars

1. Abdominal pain around umbilicus occasionally.
2. Moles on face since birth

Repertorial Analysis

Investigation window for remedies

125% Interview view (progressive)

Case

1. MIND - RESTLESSNESS - children, in (57) 1

2. MIND - ANGER - throwing things around (17) 1

3. STOMACH - APPETITE - ravenous - eating - after eating, soon (38) 1

4. STOMACH - THIRST - small quantities, for - often, and (30) 1

5. GENERALS - FOOD and DRINKS - indigestible things - desire (23) 1

6. ABDOMEN - PAIN - Umbilicus (91) 1

170 remedies / 6 symptoms

Sum of symptoms, sort: degree

No restriction

All remedies considered

Figure 7- Repertory sheet of Case-3

Prescription

R_x

Calcarea Carb 30

1 Dose/ Stat

Rubrum 200

TDS×15 days

Follow-Up

Date	Symptoms	Prescription
02/02/2024	Habit of eating indigestible things like pencil, chalk, sand, paper, coal, brick etc. Abdominal pain around umbilicus occasionally. Moles on face since birth. Very naughty child & restless. Appetite- Increased. Hungry soon after eating. PARDI Score- 4.25	Rx Calcarea Carb 30 1 Dose/ Stat Rubrum 200 TDS×15 days
09/02/2024	Improvement. Lesser intake of pica item than before. Improvement in behaviour of patient.	Rx Rubrum 200 TDS×15 days
23/02/2024	Desire for pica item increased again and went back to previous state.	Rx Calcarea Carb 1M 1 Dose/ Stat Rubrum 200 TDS×15 days

01/03/2024	Improvement in pica intake, has decreased. Now patient obeys parents sometimes. Little quieter than before	Rx Rubrum 200 TDS×15 days
15/03/2024	Has only taken pica item once or twice since last follow up, that too in the starting. Has not had any desire or intake of pica item.	Rx Rubrum 200 TDS×15 days
22/03/2024	No desire or intake of pica item at all since last follow up. Patient also appears much more behaved than before. PARDI Score- 0	-

PARDI Rating Sheet
Case-3
Date: 01/03/2024

PICA DIAGNOSTIC ITEMS

18. ☒ Yes
☐ No -- If no, move on to the ARFID section.

18a. List Items: Rusty, chalk, sand, paper, candy stick etc.

18b. Are these items BOTH non-nutritive and non-food?
☒ Yes
☐ No (However, the rater can feel free to continue rating if the item consumed might previously have counted as a pica item, e.g., ice)

19. ☒ Yes
☐ No

19a. 0 - 6 rating: 0.6

20. Number of episodes per day: 5-7 times in a day

21. ☒ Yes
☐ No

22. ☐ Yes
☒ No

23. ☒ Yes
☐ No

24. 0 - 6 rating: 0.6

25. ☒ Yes
☐ No

26. ☐ Yes
☒ No

27. 0 - 6 rating: 0.3

28. 0 - 6 rating: 0.2

Are Criteria met for pica? ☒ Yes
☐ No

Pica Severity Scale: Add ratings for 19a, 24, 27, and 28 and divide by 4
4.25

Current or in Remission: ☒ Current
☐ In Remission

Age of onset of Pica: 3 years

Figure 8- Pre PARDI Score of Case-3

PARDI Rating Sheet
Case-3
Date: 22/03/2024

PICA DIAGNOSTIC ITEMS

18. ☒ Yes
☐ No -- If no, move on to the ARFID section.

18a. List Items: Ash, paint chips

18b. Are these items BOTH non-nutritive and non-food?
☒ Yes
☐ No (However, the rater can feel free to continue rating if the item consumed might previously have counted as a pica item, e.g., ice)

19. ☒ Yes
☐ No

19a. 0 - 6 rating: 0.0

20. Number of episodes per day: 0

21. ☒ Yes
☐ No

22. ☐ Yes
☒ No

23. ☒ Yes
☐ No

24. 0 - 6 rating: 0.0

25. ☒ Yes
☐ No

26. ☐ Yes
☒ No

27. 0 - 6 rating: 0.0

28. 0 - 6 rating: 0.0

Are Criteria met for pica? ☒ Yes
☐ No

Pica Severity Scale: Add ratings for 19a, 24, 27, and 28 and divide by 4
0.0

Current or in Remission: ☒ Current
☐ In Remission

Age of onset of Pica: 3 years

Figure 9- Post PARDI Score of Case-3

CONCLUSION-

The cases presented in this series demonstrate the efficacy of individualized homoeopathic remedies in managing paediatric pica, specifically the subtype, stachtophagia. The three paediatric cases presented demonstrate significant improvement in both the frequency of pica behaviours and associated symptoms through homoeopathic treatment. Homoeopathic remedies were tailored to each case, addressing both the physical and mental health aspects of the patients. Over the course of treatment, a noticeable reduction in pica behaviour was observed, with patients demonstrating greater control over their cravings and improved overall behaviour. Additionally, the PARDI scores, which were used to assess progress, showed a marked decline, further indicating the effectiveness of the individualized approach. The individualized approach in homoeopathic treatment provides a promising alternative to conventional management, highlighting its potential in addressing paediatric pica. While further studies with larger sample sizes are needed to confirm these findings, the results of this case series suggest that homoeopathic remedies can offer effective and sustainable support for managing and treating stachtophagia in children.

References-

- [1] Yadavendra A. Definitions in paediatrics. 1st ed., New Delhi, 2018.
- [2] Carter, Stacy L., et al. "Pica: A Review of Recent Assessment and Treatment Procedures." *Education and Training in Developmental Disabilities*, vol. 39, no. 4, 2004, pp. 346–58. JSTOR. <http://www.jstor.org/stable/23880214>
- [3] Sadock B, Sadock VA, Ruiz P, editors. Kaplan and sadock's comprehensive textbook of psychiatry. 9th ed. Philadelphia, PA: Lippincott Williams and Wilkins; 2009.
- [4] Kelly, Michelle. (2010). Pica: A literature review. *The Irish Psychologist*. 36. 41-47.
- [5] Orozco-González, C. N., Cortés-Sanabria, L., Márquez-Herrera, R. M., & Núñez-Murillo, G. K. (2019). Pica in end-stage chronic kidney disease: Literature review. *Nefrologia*, 39(2), 115–123. <https://doi.org/10.1016/j.nefro.2018.08.001>
- [6] Bhatia, M.S. and Kaur, J. (2014). Pica as a Culture Bound Syndrome. *Delhi Psychiatry Journal*. Vol. 17(1). Retrieved from <http://medind.nic.in/daa/t14/i1/daat14i1p144.pdf> (Bhatia and Kaur 2014)

