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# Gentle medicine for restless minds: Homoeopathy in management of ADHD

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**Abstract**
Inattention, impulsivity, and hyperactivity are ensign of Attention Deficit Hyperactivity Disorder (ADHD), which causes emotional, social, and academic challenges in both children and adults. Homoeopathic treatment which is given constitutionally to the children with ADHD, by taking into account their mental, emotional, and physical symptoms are cured from the inception. This article is intended to focus on the ADHD and its management through the homoeopathic treatment.

**Keywords:** ADHD, homoeopathy, attention deficit, hyperactivity

### Introduction
A pattern of inattention and/or hyperactivity-impulsivity that lasts for at least six months and directly impairs social, professional, or academic functioning is what defines attention deficit hyperactivity disorder. Symptoms by early to mid-childhood, usually before the age of twelve.

### Prevalence
According to population surveys, roughly 5% of children and 2.5% of adults worldwide suffer from ADHD.

### Risk factors
- Attention deficit hyperactivity disorder is linked to a higher likelihood of obsessive-compulsive disorder and with raised incidences of epilepsy.
- Substantial heritability; more prevalent in males. Females are more prone than males to mainly exhibit inattentive characteristics.
- ADHD is linked to diminished behavioural inhibition, effortful regulation, or restraint; heightened negative emotionality; and/or increased novelty seeking. These characteristics could make some children more likely to develop ADHD, but they are not exclusive to the condition.
- Low birth weight (<1,500 grams)
- Correlated with smoking during pregnancy.
- There could be a background of child maltreatment, neglect, numerous foster care placements, exposure to neurotoxins (like lead), infections (like encephalitis), or prenatal alcohol exposure.
- Visual and auditory impairments, metabolic issues, sleep disturbances, nutritional shortages, and epilepsy should be recognized as potential factors affecting ADHD symptoms.
- Literature reports suggest that September is a high month for births of children diagnosed with ADHD, both with and without accompanying learning disorders. The implication is that being exposed to winter infections in the first trimester may play a role in the development of ADHD symptoms in certain vulnerable children.

### Diagnostic requirements
**Previously, there existed two subtypes:** Inattentive type and hyperactive/impulsive type. In DSM-5, subtypes have been substituted with three specifiers that mostly represent the same categories:

1) Combined presentation
2) Predominantly Inattentive Presentation And
3) Predominantly hyperactive/impulsive presentation.

**Inattention**
- Difficulty sustaining attention to tasks that do not provide a high level of stimulation or reward or require sustained mental effort.
- Easily distracted by extraneous stimuli.
- Appears to be day dreaming.
- Loses things; is forgetful in daily activities.
- Neglects to focus on specifics or commits unintentional errors in academic tasks, play activities professional duties, or other pursuits.
- Not seem to listen when spoken to directly.
- Difficulty organizing tasks.
- Distaste for, or is hesitant to participate in activities that demand prolonged mental effort.

**Hyperactivity**
- Excessive motor activity
- Gets up from seat when supposed to remain seated
- Often runs about
- Physical restlessness
- Talks too much.
- Fidgets with or taps hands or feet
- Unable to play or engage in leisure activities quietly
- Uncomfortable being still for extended time
- Answer before a question has been completed
- Difficulty waiting his or her turn
- Interrupts or intrudes on others
- Low frustration tolerance

**Impulsivity**
- Impulsive decisions made on the spot without consideration, which hold a significant risk of causing harm to the person
- Desire for immediate rewards or an inability to delay gratification
- Social intrusiveness
- Makes important decisions without consideration of long-term consequences

**Clinical evaluation**
- A continuous performance task is a computer test where a child presses a button when certain letters or numbers appear. It's not a reliable tool to diagnose ADHD but can help compare performance before and after medication. Inattention leads to errors of omission (missing the target). Impulsivity leads to errors of commission (pressing the button at the wrong time).
- **EEG:** Studies in ADHD children and adolescents over the last several decades have found evidence of increased theta activity, especially in the frontal regions. Some show elevated beta activity
- A review of MRI, Positron Emission Tomography (PET), and Single-Photon Emission Computerized tomography (SPECT) suggests that populations of children with ADHD show evidence of both decreased volume and decreased activity in prefrontal regions, anterior cingulate, globus pallidus, caudate, thalamus, and cerebellum

**Development, course and prognosis**
- In 60 to 85 percent of instances, symptoms continue into adolescence, and around 60 percent of cases carry into adult life. The other 40 percent of cases might resolve during puberty or in early adulthood
- First observe excessive motor activity when the child is a toddler. Difficult to distinguish before age 4 years
- Inattention becomes more prominent during elementary school
- In adolescence, indications of hyperactivity are rarer and might be limited to fidgeting or a sense of nervousness, unease, or impatience
- In adulthood, aside from inattention and restlessness, impulsivity can continue to be an issue even as hyperactivity lessens
- Overactivity is usually the first symptom to remit, and distractibility is the last
- When remission occurs, it is usually between the ages of 12 and 20

**Comorbidity**
- Oppositional defiant disorder appears alongside ADHD in nearly 50% of children with the combined presentation and around 25% with the primarily inattentive presentation
- Conduct disorder co-exist in 25% of children
- Specific learning disorder, Obsessive-compulsive disorder, Tic disorders, Autism spectrum disorder, Anxiety disorders, Mood disorders, and Disruptive behaviour disorders

**Psychosocial interventions**
- Psychoeducation, academic organization skills remediation, behaviour modification in the classroom and at home, CBT, and social skills training
- Consistent contingency management across home and school, breaking down tasks, reducing distraction
- Parent management training

**Homoeopathic approach**
**Repertory**
- Mind - concentration - difficulty
- Mind - absent minded
- Mind - memory - weakness of memory
- Mind - forgetful
- Mind - mistakes - making
- Mind - restlessness - children, in
- Mind - impatience
- Mind - impulse - morbid
- Mind - destructiveness - children, in
- Mind - overactive
- Mind - anger - easily
- Mind - indifference - everything, to

***Materia medica***
***Hyoscyamus***
Talks more than usual, more animatedly and hurriedly. Desire to run away from the house at night. Irritable and

contentious disposition. Rage, with desire to strike and to kill. Loss of memory. The homeopath might nearly have to exit the room himself to persuade the talkative hyoscyamus patient to rise from her chair, and she will keep on talking quickly as she walks out

***Lycopodium***
Irascibility. Obstinacy. Frenzy, which reveals itself through jealousy, pride, and domineering behaviour. Memory weak. Tiredness from cognitive effort, and inability to commit to mental tasks. Inability to express oneself accurately; improper use of words and syllables. Incapability to recall what is read. Irritable on trifles.

***Nux vomica***
Disposition to be angry (habitual), to give in easily to emotions, to judge, and to express blame. Vindictive, malevolent. Every harmless word offends. Irritability, frustration, and rage, erupting in violent actions. Inability to meditate; habit of misusing words in conversation; challenges in locating appropriate phrases; confusing weights and measurements; recurring disarray in writing, leading to the omission of syllables or complete words

***Chamomilla***
Mischievous disposition in children. Patients do not tolerate being spoken to by others or being interrupted during conversations. Condition of mental detachment and unawareness, resembling deep contemplation, with reduced understanding. Desire for different things, which, when once possessed, are no longer cared for. Tendency to misapply words when speaking or writing. Whining restlessness. Impatient, intolerant of being spoken to or interrupted, always complaining. Malevolent, irritable

**Calcarea carbonica**
Great weakness of memory and of conception, with difficulty in thinking. Tendency to make mistakes in speaking, and to take one word for another. Obstinacy. Reluctant to put in effort or engage in tasks. Even the most intelligent of the calcarea individuals may struggle with extended cognitive tasks, and their attention span might be insufficient for sustained focus. Effective at rejecting requests, if you aim to alter calcarean's behavior, you're more likely to achieve success by advising him to act contrary to your desired outcome

***Androctonus amoreuxi hebraeus***
Patient is able to concentrate on one subject only with extreme single-mindedness. Quarrelsome. Unsympathetic. Rebellious. Malicious with desire to injure. Cruel and unfeeling. Lack of control. Fear of one's own impulses. Accident-prone. Extremely straightforward, even quite blunt language use. Loquacity; great fluency. Impatience

**Carcinosin**
Stubbornness. Restive kids prone to breaking things, exhibiting destructive temper tantrums. Defiance; rejection of parental authority. Tics; nail biting. rejection of authority. Irritability stemming from challenges in focus resulting from memory lapses

**Tuberculinum**
Need for change. Often altering. Impulse to run. Wickedness, harmfulness. Extremely agitated, eager to confront; no reluctance in hurling objects at others, even without reason. Longing to roam, restlessness, his yearning to explore fuels his restlessness. When things aren't in his favour, he tends to be not just restless but also irritable. There is a lot of aggressive energy. Frequently, he is hyperactive. He gets bored easily at school and may annoy others by distracting classmates in the classroom.

***Salix fragilis***
Talkative. Respond with witty and sarcastic remarks. Easily annoyed when others intrude on his personal space. fidgety and enthusiastic. Unable to focus on studying. Look at the words but don't absorb any of it. Smallest things cause frustration. Oblivious. Focusing was quite challenging**.**

## Conclusion
As ADHD involves a range of mental symptoms and often has a hereditary predisposition, homoeopathy offers a valuable approach to its management by considering the totality of symptoms. By prescribing a constitutional remedy individualized to the patient's unique symptom picture, homoeopathy aims to improve overall well-being and functional outcomes. Thus, there exists significant therapeutic scope for homoeopathy in the management of ADHD.

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## References
1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Washington (DC): American Psychiatric Publishing; 2013.
2. Bailey PM. Homeopathic psychology. Berkeley (CA): North Atlantic Books; 1995.
3. Boericke W. Pocket manual of homeopathic materia medica. New Delhi: Jain Publishers; 1927.
4. Carlat DJ. The psychiatric interview. 2nd ed. Philadelphia: Lippincott Williams & Wilkins; 2005.
5. Clarke JH. Dictionary of practical materia medica. Vols. 1-3. London: The Homeopathic Publishing Co.; 1904.
6. World Health Organization. International classification of diseases, 11th revision (ICD-11). Geneva: World Health Organization; 2019.
7. Sadock BJ, Sadock VA, Ruiz P. Kaplan and Sadock's synopsis of psychiatry: behavioral sciences/clinical psychiatry. 11th ed. Philadelphia: Wolters Kluwer Health; 2015.
8. Sankaran R. The soul of remedies. 1st ed. Mumbai: Homoeopathic Medical Publishers; 1997.
9. Schroyens F. Synthesis: repertorium homeopathicum syntheticum. 9th ed. London: Homeopathic Book Publishers; 2001.

10. Semple D, Smyth R. Oxford handbook of psychiatry. 4th ed. Oxford: Oxford University Press; 2019.
11. Stirling P. The homeopathic proving of Crack Willow: Salix fragilis. 1st ed.; 1998.
12. Vermeulen F. Synoptic materia medica. Haarlem: Emryss Publishers; 1992.

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