International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
Impact Factor (RJIF): 5.96
www.homoeopathicjournal.com
IJHS 2025; 9(3): 695-698
Received: 09-05-2025
Accepted: 11-06-2025

Gowri B Hari
Intern, Sarada Krishna Homoeopathic Medical College, (Affiliated to the Tamil Nadu Dr. M.G.R. Medical University, Chennai), Kulasekharam, Kanyakumari, Tamil Nadu, India

Greeshma KR
Intern, Sarada Krishna Homoeopathic Medical College, (Affiliated to the Tamil Nadu Dr. M.G.R. Medical University, Chennai), Kulasekharam, Kanyakumari, Tamil Nadu, India

Gowtham S
Intern, Sarada Krishna Homoeopathic Medical College, (Affiliated to the Tamil Nadu Dr. M.G.R. Medical University, Chennai), Kulasekharam, Kanyakumari, Tamil Nadu, India

Dr. Sibin RA
Assistant Professor, Department of Organon of Medicine and Homoeopathic Philosophy, Sarada Krishna Homoeopathic Medical College, (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Kulasekharam, Kanyakumari, Tamil Nadu, India

Corresponding Author:
Gowri B Hari
Intern, Sarada Krishna Homoeopathic Medical College, (Affiliated to the Tamil Nadu Dr. M.G.R. Medical University, Chennai), Kulasekharam, Kanyakumari, Tamil Nadu, India

Clinical efficacy of homoeopathic treatment in ADHD management among children: An article review

Gowri B Hari, Greeshma KR, Gowtham S and Sibin RA

DOI: https://www.doi.org/10.33545/26164485.2025.v9.i3.K.1727

Abstract
Attention-Deficit/Hyperactivity Disorder (ADHD) is a common neurodevelopmental disorder marked by symptoms such as inattention, impulsivity, and hyperactivity. These symptoms often persist into adulthood, significantly affecting daily functioning. While conventional medications are commonly used, they may lead to undesirable side effects, especially in children. This integrative review examines available clinical studies on the effectiveness of individualized homoeopathic approaches in pediatric ADHD cases. The findings from various research designs—ranging from randomized controlled trials to observational reports—indicate notable improvements in attention, behavioral control, and hyperactivity following homoeopathic treatment. Remedies like Calcarea carbonica, Tarentula hispanica, and Lycopodium were frequently used, with minimal reported side effects. Nonetheless, challenges such as small sample sizes, lack of blinding, and control groups were observed in several studies. Overall, these studies suggest that homoeopathy could be a promising adjunct in managing ADHD among children, warranting further robust trials for confirmation and standardization.

Keywords: Behavioral disorders, classical homoeopathy, ADHD management, Calcarea carbonica homoeopathy, complementary and alternative medicine, individualized treatment, pediatric ADHD, Tarentula hispanica, Neurodevelopmental disorders

Introduction
Attention-Deficit/Hyperactivity Disorder (ADHD) is a multifaceted neurodevelopmental disorder marked by recurring symptoms of inattentiveness, restlessness, and impulsive behavior. These manifestations frequently lead to challenges in educational, professional, and interpersonal domains. While traditionally considered a childhood condition, ADHD is now understood to persist across various stages of life, with many individuals continuing to face its effects into adulthood. The origins of ADHD are attributed to a combination of genetic vulnerability, neurobiological deviations, and environmental exposures. Imaging studies have reliably shown both structural and functional alterations in brain regions central to executive control and behavior modulation, including the prefrontal cortex and basal ganglia [1]. Moreover, imbalances in key neurotransmitters—especially dopamine and norepinephrine—have been closely linked to the disorder's underlying mechanisms [2].
Epidemiological data suggest that ADHD impacts about 5-7% of the pediatric population and 2-5% of adults globally, although reported rates differ based on cultural and diagnostic variations [3]. Despite its widespread occurrence, many cases remain undiagnosed or inadequately treated—particularly in underserved communities—due to stigma, gaps in healthcare access, and cultural misunderstandings. ADHD often coexists with other mental health challenges like anxiety, depression, or learning disorders, complicating both diagnosis and treatment planning. Contemporary clinical guidance highlights the value of early detection and comprehensive care models that integrate behavioural therapy, pharmacologic support, and educational interventions to improve outcomes [4]. Within Canada, initiatives led by the Canadian ADHD Resource Alliance (CADDRA) have significantly contributed to advancing collaborative, evidence-based practices among clinicians and researchers [5].

Pathophysiology
Attention-Deficit/Hyperactivity Disorder (ADHD) emerges from a dynamic convergence of biological, genetic, and environmental determinants that influence cerebral development and functioning. Central to its neurobiological basis is the disruption of neurotransmitter systems, especially dopamine and norepinephrine—key modulators of attention, self-regulation, and

executive processes. These neurotransmitters orchestrate activity in critical brain structures like the prefrontal cortex, basal ganglia, and cerebellum, which govern cognitive control, motor coordination, and affective responses [6, 7].

Consistent findings from neuroimaging research have revealed both anatomical and functional deviations in these regions among those diagnosed with ADHD. Lower activity in the prefrontal cortex may hinder the filtering of irrelevant stimuli and sustaining attention, while irregularities in the basal ganglia have been associated with hyperactivity and impulsive behaviors [7, 8]. Delays in cortical development—particularly within the frontal lobes—also appear to contribute to symptom persistence during adolescence and beyond [8].

Clinically, ADHD is delineated by three core symptom clusters: inattentiveness, excessive motor activity, and impulsiveness. These are manifestations of neurodevelopmental impairments rather than mere behavioral tendencies. Inattentiveness may present as distractibility, poor organizational skills, and memory lapses. Hyperactivity includes continuous motion and difficulty remaining seated, whereas impulsivity is typified by premature decision-making, intrusiveness, and impatience [7].

Genetic research underscores the significant heritability of ADHD, implicating polymorphisms in dopamine transporter and receptor genes as notable contributors[9]. Furthermore, prenatal and early-life exposures—such as maternal smoking or alcohol consumption, insufficient birth weight, and traumatic brain insults—can potentiate these genetic risks [10].

Article review

- The 2017 clinical investigation conducted by S. Farheen, titled *"A Clinical Study to Evaluate the Efficacy of Homoeopathic Medicines in ADHD in Pediatric Age Group,"* examined the impact of individualized homoeopathic therapies on children diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD). Utilizing DSM-5 diagnostic criteria, the study employed an open-label, single-arm design, focusing on pediatric patients exhibiting hallmark symptoms—namely inattentiveness, hyperactive behavior, and impulsivity. Symptom progression was monitored through established clinical tools such as the Vanderbilt ADHD Diagnostic Parent Rating Scale and the Clinical Global Impression (CGI) scales. Each child underwent thorough case-taking and repertorization, facilitating the prescription of remedies based on unique symptom patterns and constitutional indicators. Commonly selected remedies included Calcarea carbonica, Tarentula hispanica, and Causticum. Results over the trial period indicated significant improvements in both behavioral presentation and cognitive functioning among most participants, with the treatment exhibiting a favorable safety profile and no recorded adverse effects [11].
- The study titled *"Clinical Study on Homoeopathy for Attention Deficit Hyperactivity Disorder (ADHD) in School Children"* by Sowndarya offers a methodical clinical evaluation of individualized homoeopathic treatments for managing ADHD among Indian schoolchildren. It underscores the rising incidence of ADHD in this demographic and draws attention to the drawbacks of conventional pharmacological approaches, particularly the occurrence of adverse effects in younger populations.

Grounded in classical homoeopathy and guided by Hahnemann's principles, the research adopted purposive sampling to enroll 30 children diagnosed with ADHD. Remedies were selected through comprehensive case-taking and repertorization, focusing on mental and behavioral symptomatology. Pre- and post-treatment assessments were conducted using the Vanderbilt ADHD Diagnostic Parent Rating Scale, and outcome data were analyzed using a paired t-test. The results indicated notable clinical improvement in 27 out of 30 participants, with Calcarea carbonica and Tarentula hispanica emerging as the most frequently prescribed remedies, typically administered in 50 millesimal potencies. Despite its strengths, the study's design had several methodological limitations—namely, the absence of a control group, limited sample size, short-term follow-up, and lack of blinding. The omission of detailed ethical approval and informed consent procedures also raises concerns regarding research transparency. However, the study contributes significantly to the evidence base surrounding homoeopathic management of ADHD in pediatric populations, presenting a compelling case for further investigation through larger, controlled trials. Its integration of materia medica references and statistical evaluation adds academic merit to the findings [12].

- In a randomized, placebo-controlled pilot study conducted by Oberai *et al*. (2013), the efficacy of individualized homoeopathic remedies was evaluated among children aged 6 to 15 years diagnosed with ADHD. Hosted by the Central Research Institute (Homoeopathy) in Kerala, the study spanned one year and involved a sample of 54 participants. Outcomes were measured using validated tools such as the Conners' Parent Rating Scale-Revised Short Form (CPRS-R[S]), Clinical Global Impression (CGI) scales, and academic performance metrics. Children receiving homoeopathic treatment demonstrated statistically significant improvements across key ADHD symptom domains, including oppositional behavior, attentional capacity, hyperactivity, and overall ADHD index scores, compared to the placebo group. Academic gains were also observed, with a reported improvement of 14.4%. Remedy selection adhered to classical homoeopathic protocols, with Calcarea carbonicum and Lycopodium frequently administered based on individual symptom profiles.The authors acknowledged that while the findings indicate promising therapeutic potential for homoeopathy in ADHD management, more extensive double-blind studies are warranted to substantiate these initial results [13].
- Dr. Nikunj Panchal's article, *"Role of Homoeopathic Remedies in Treatment of ADHD,"* examines the integrative potential of homoeopathy in managing Attention Deficit Hyperactivity Disorder (ADHD) among children. The piece outlines diagnostic criteria grounded in the DSM-5 framework and draws attention to the increasing incidence of ADHD within the Indian pediatric population. It attributes the disorder's origins to a combination of hereditary predisposition and environmental exposures. Central to the homoeopathic approach discussed is the principle of individualized remedy selection, achieved through meticulous case

analysis emphasizing behavioral and emotional markers. Frequently prescribed remedies include Tarantula, Tuberculinum, and Carcinosinum, all chosen based on constitutional alignment and symptom presentation.The article is supported by references to clinical research and underscores the synergistic value of psychosocial interventions—such as parental guidance programs and behavioral therapies—in enhancing treatment outcomes. Homoeopathy is thus positioned as a complementary modality within ADHD care, offering a holistic framework that aligns with the nuanced presentation of the disorder [14].

- Brule *et al*. (2024) conducted a rigorous randomized, three-arm, double-blind, placebo-controlled trial to evaluate the effectiveness of individualized homeopathic interventions for managing ADHD in children and adolescents. Published in the *Journal of Integrative and Complementary Medicine*, the 28-week study involved two intervention arms receiving homeopathy and one placebo group. Participants were assessed through validated instruments such as the Conners Global Index - Parent (CGI-P), Pediatric Quality of Life Inventory (PedsQL), coping efficacy measures, and the Clinical Global Impression - Improvement (CGI-I) scale. The findings revealed modest symptom improvements within the homeopathy groups relative to placebo, though the observed effect sizes were minimal and of limited clinical significance. The study's notable strengths included its extended duration, robust blinding protocol, and favorable safety profile, with no major adverse events documented. Nonetheless, several limitations were acknowledged—including a relatively small sample size, challenges in protocol reproducibility due to individualized prescriptions, and potential conflicts of interest [15].
- A consecutive case series compared individualized homeopathic treatment in 20 children aged 5-16 years diagnosed with ADHD to usual care provided to 10 children over a shorter duration of four months. The intervention group was monitored over one year, during which parents completed the Conners' Parent Rating Scale—Revised Long Version (CPRS-R:L) at four-month intervals. Additional data were collected using the Measure Yourself Medical Outcome Profile (MYMOP), allowing parents to track personalized outcomes. DSM-IV total t-scores in the homeopathy group declined substantially, from an initial mean of 85 to 76.2 at four months and 71.5 at twelve months ($p \leq 0.000$ for both CPRS-R:L and MYMOP metrics), reflecting statistically significant symptom reduction.The study indicated that individualized homeopathic treatment was both feasible and acceptable over the long term, with consistent improvement noted even in children presenting with comorbid Autism Spectrum Disorder or behavioral challenges like aggression and conduct issues. Despite limitations—such as non-randomized design, recruitment difficulties, and imbalanced follow-up durations between groups—the findings suggest that supplementing usual care with tailored homeopathic remedies may result in measurable benefits for ADHD-related symptoms [16].

Result

Across the reviewed literature, individualized homoeopathic interventions have shown promising outcomes in managing ADHD symptoms among pediatric populations. The majority of clinical and observational studies reported statistically significant improvements in hallmark domains such as inattention, hyperactivity, impulsivity, and behavioral regulation.

In Farheen's 2017 open-label trial, notable gains were observed in both behavioral and cognitive functioning, with remedies such as Calcarea carbonica, Tarentula hispanica, and Causticum frequently prescribed—all without documented adverse effects. Sowndarya's investigation involving 30 children demonstrated clinical improvement in 27 cases, guided by LM potencies and classical remedy selection rooted in Hahnemannian methodology.

Oberai *et al*.'s randomized, placebo-controlled pilot study further affirmed symptomatic progress across ADHD subtypes, along with a 14.4% boost in academic performance. Calcarea carbonica and Lycopodium emerged as dominant prescriptions. Meanwhile, Brule *et al*. (2024) conducted a robust double-blind trial that revealed modest but measurable symptom relief, though the clinical relevance remained limited.

A longitudinal consecutive case series supported the feasibility and acceptability of individualized homoeopathic treatment over twelve months, with significant reductions in DSM-IV ADHD scores and meaningful improvements even among children with comorbid Autism Spectrum Disorder or behavioral concerns.

Together, these studies suggest a favorable safety profile and therapeutic potential of individualized homoeopathy in pediatric ADHD care. Nonetheless, variations in methodology, sample size, and clinical impact underscore the necessity for larger, well-controlled trials to consolidate these preliminary findings

Conclusion

A comprehensive review of the selected literature suggests that individualized homoeopathic interventions may hold therapeutic promise in alleviating ADHD symptoms among children. Consistent improvements were noted in domains such as attention, behavioural regulation, and emotional stability, accompanied by a favourable safety profile across studies. Nonetheless, the limitations observed—including small sample sizes and methodological weaknesses—necessitate cautious interpretation of these outcomes.

Homoeopathy, as a complementary approach, may offer value particularly in cases where conventional pharmacological options present challenges due to side effects or poor tolerance. However, to establish clinical validity and facilitate broader implementation, there is a pressing need for more rigorous, large-scale research that adheres to standardized trial protocols and robust design frameworks.

Conflict of Interest

Not available

Financial Support

Not available

References

1. Seidman LJ, Valera EM, Makris N. Structural brain imaging of attention-deficit/hyperactivity disorder. Biol Psychiatry. 2005;57(11):1263-1272.

2. Faraone SV, Biederman J, Mick E. The age-dependent decline of attention deficit hyperactivity disorder: a meta-analysis of follow-up studies. Psychol Med. 2006;36(2):159-165.
3. Thomas R, Sanders S, Doust J, Beller E, Glasziou P. Prevalence of attention-deficit/hyperactivity disorder: a systematic review and meta-analysis. Pediatrics. 2015;135(4):e994-e1001.
4. Barkley RA. Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment. 4th ed. New York: Guilford Press; c2014.
5. Toplak ME. Introduction to Special Issue: ADHD Research in a Canadian Context. J Can Acad Child Adolesc Psychiatry. 2020;29(1):2-4.
6. Bélanger SA, Andrews D, Gray C, Korczak D. ADHD in children and youth: Part 1—Etiology, diagnosis, and comorbidity. Paediatr Child Health. 2018;23(7):447-453.
7. Simmonds D, Ingram L. ADHD - Pathophysiology - Management. TeachMePaediatrics; c2020.: https://teachmepaediatrics.com/community/neurodevelopmental-disorders/adhd/
8. Sharma A, Couture J. A review of the pathophysiology, etiology, and treatment of attention-deficit hyperactivity disorder (ADHD). Ann Pharmacother. 2014;48(2):209-225.
9. Purper-Ouakil D, Ramoz N, Lepagnol-Bestel AM, *et al*. Neurobiology of attention deficit/hyperactivity disorder. Pediatr Res. 2011;69:69R-76R.
10. Larsson H, Chang Z, D'Onofrio BM, *et al*. The heritability of ADHD: A meta-analysis of twin studies. Psychol Med. 2014;44(4):735-747.
11. Sowndarya S. Clinical study on homoeopathy for Attention Deficit Hyperactivity Disorder (ADHD) in school children [dissertation]. Kanyakumari (TN): Sarada Krishna Homoeopathic Medical College & Hospital; 2016.
12. Oberai P, Gopinadhan S, Varanasi R, Mishra A, Singh V, Nayak C. Homoeopathic management of attention deficit hyperactivity disorder: a randomised placebo-controlled pilot trial. Indian J Res Homoeopathy. 2013;7(4):158-167. doi:10.4103/0974-7168.123389
13. Panchal N. Role of Homoeopathic Remedies in Treatment of ADHD. Int J Indian Psychol. 2016;4(1):28-33.
14. Brule D, Landau-Halpern B, Nastase V, Zemans M, Mitsakakis N, Boon H, *et al*. A randomized three-arm double-blind placebo-controlled study of homeopathic treatment of children and youth with attention-deficit/hyperactivity disorder. J Integr Complement Med. 2024;30(3):279-287.
15. Fibert P, *et al*. A comparative consecutive case series of 20 children with a diagnosis of ADHD receiving homeopathic treatment, compared with 10 children receiving usual care. Homeopathy case-series. 2015. PMID 27211327.

How to Cite This Article
Hari GB, Greeshma KR, Gowtham S, Sibin RA. Clinical efficacy of homoeopathic treatment in ADHD management among children: An article review. International Journal of Homoeopathic Sciences. 2025;9(3):695-698.

Creative Commons (CC) License
This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.