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Homoeopathic approach of hyperkinetic disorder with eczema: A case report

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Abstract

Attention-Deficit Hyperactivity Disorder (ADHD) or Hyperkinetic Disorder is a neuropsychiatric condition affecting preschoolers, children, adolescents, and adults around the world, characterized by a pattern of diminished sustained attention, and increased impulsivity or hyperactivity. Onset in childhood, probably mediated by decreased brain dopaminergic functioning. We present a case of 6 yrs. old boy reported to outpatient department of National Homoeopathy Research Institute in Mental health, Kottayam. Presenting complaints were restlessness, lack of attention and concentration in studies and impulsivity along with recurrent attack of eczema on feet, who was treated with homoeopathic medicines Tuberculinum and Sulphur. A significant improvement in Vanderbilt ADHD Diagnostic Parent and Teacher Ratings Scales were noted along with positive response in Eczema within one year. It is clearly apparent from this evidence-based case report that homoeopathy has a positive role in the treatment of Hyperkinetic disorder.

Keywords: Hyperkinetic disorder, eczema, homoeopathy, tuberculinum, sulphur

Introduction

Attention-deficit hyperactivity disorder (ADHD) is the most common neurodevelopmental disorder of childhood [1]. The diagnosis of ADHD depends on having a well-defined history of behavioral symptoms of hyperactivity, impulsivity, or inattention as well as impairment from those symptoms. Diagnosis depends heavily on parent and teacher reports; no laboratory tests reliably predict ADHD. The diagnosis of ADHD is frequently associated with comorbid conditions such as learning disability, conduct disorder, and anxiety disorder. Symptoms of these conditions may also mimic ADHD. The etiology of ADHD is not known but recent studies suggest both a strong genetic link as well as environmental factors such as history of preterm delivery and perhaps, maternal smoking during pregnancy. Children and teenagers with ADHD use health and mental health services more often than their peers and engage in more health threatening behaviors such as smoking, alcohol and substance abuse. No laboratory tests reliably predict ADHD. Therefore, teacher and parent rating scales or interviews about the children's behavior over the past 6 months continue to be the most important diagnostic procedures available. Attentional and behavioral problems are often seen in children who are bored, who have been abused, or who have various forms of psychopathology other than ADHD [2].

Rate of ADHD have been reported to be 7-8% in pre pubertal elementary school children. Epidemiological studies suggest that ADHD occurs in about 5 % of youth including children and adolescents and about 2.5 percent of adults. Rate of ADHD in parents and siblings of children with ADHD is 2-8 times greater than in the general population. ADHD is more prevalent in boys than girls, with ratio ranging from 2:1 to high as 9:1. first degree biological relatives are at high risk for developing ADHD as well as other psychiatric disorder. Siblings of children with ADHD are also at higher risk than general population for learning disorders and academic difficulties. Symptoms of ADHD are often present by age 3 years. Estimated prevalence in United States is found to be 5 million children (9% of this age group). Boys (12%) continued to be more affected than girls (5%) from ADHD. When compared with children who have excellent or very good health, children who have fair or poor health status are more likely to have ADHD (8% vs. 21%). It is more prevalent in nuclear type of families and in families where a single parent was working, especially where the father was the sole bread earner and doing semi-skilled or un-skilled type of work [3].

ADHD is represented by hyperkinetic disorders in ICD-10 [4]. Although ADHD was described by physicians many years ago, its frequency has been recognized only recently. ADHD is frequently accompanied by learning disorders in reading, spelling, or arithmetic,

and by other behavior and emotional disorders as well. Child psychiatrists used to believe that the symptoms of ADHD diminished and disappeared as children grew older, but it is now recognized that ADHD is not a passing childhood disorder but is serious and can often be lifelong, with the symptoms frequently persisting into adolescence and adult life [5].

Commonly used scales to assess ADHD are, Child Behavior Checklist (CBCL) and the Conners Parent and Teacher ratings scales, Vanderbilt ADHD Diagnostic Teacher and Parent Rating Scale [6].

Case proper

A 6 year old male child presented with the complaints of restlessness, obstinacy, lack of attention and concentration, impulsivity, lack of interest in studies, easily angered, screams when angered, disobedient to what is said to him. Mother noticed hyperactivity at the age of 4 years. Teachers also used to complain about his restlessness, lack of attention and concentration in studies.

Past history

Recurrent attacks of eczema on feet since early childhood and took conventional local application with timely relief.

Family history

Father and Paternal Grandmother having Diabetes and Hypertension. Maternal Grandfather having hypertension and cerebrovascular accident. Uncle is having Psoriasis.

Birth history

Full Term Normal Delivery. Birth cry present. Birth weight 2.8 kg. All milestones were normal except talk. Weaning at the age of 6 months. No prenatal and postnatal complications. Mother was physically and mentally stable during pregnancy.

Mental generals

Artistic+++ , Restlessness, lack of attention and concentration, obstinate

Physical generals

His appetite and thirst were reduced, desire sweets+,

chocolates++, pickle and spicy food. Aversion to vegetables. Bowel and bladder normal. Sweat –profuse, non-offensive. Thermal reaction of patient is ambithermic

General physical examination

Patient is moderately built and moderately nourished, No pallor, cyanosis, icterus, clubbing, oedema and lymphadenopathy. Temperature: 98.6° F. (Afebrile), Height: 130 cms, Weight: 30 kgs, Pulse rate: 70 bpm, Respiratory cycle: 18 cpm.bp-110/80 mm of hg

Mental status examination

Patient was conscious and co-operative. He was very restless and irritable during the time of interview. He was frequently getting up from his seat. Eye to eye contact maintained properly, Speech was normal in tone and volume but rate was increased. Prematurely answering before questions are completed. Affect-appropriate, mood-irritable. No delusions and hallucinations. He was well oriented to time, place and person. Memory was good. Attention and concentration reduced and judgement intact. Insight-grade 1.

Investigations

R/E Blood Examination - All parameters were within normal limit.

Clinical diagnosis

Hyperkinetic Disorder (F90)

Analysis of the case

The case was repertorised to select the similimum. As per the totality of the case TUBERCULINIM 1M single dose was prescribed followed by placebo with slight improvement of symptoms, but reappearance of eczema on both feet were noted. Eruptions were dry with severe itching <night. By considering the present symptomatology, SULPHUR 1M/1D was prescribed. There was progressive reduction in symptoms of hyperactivity along with symptoms of eczema. In this case Vanderbilt ADHD diagnostic parent and teacher scales were used and the results shown in the Figure 1 and follow up of the case given in table 1.

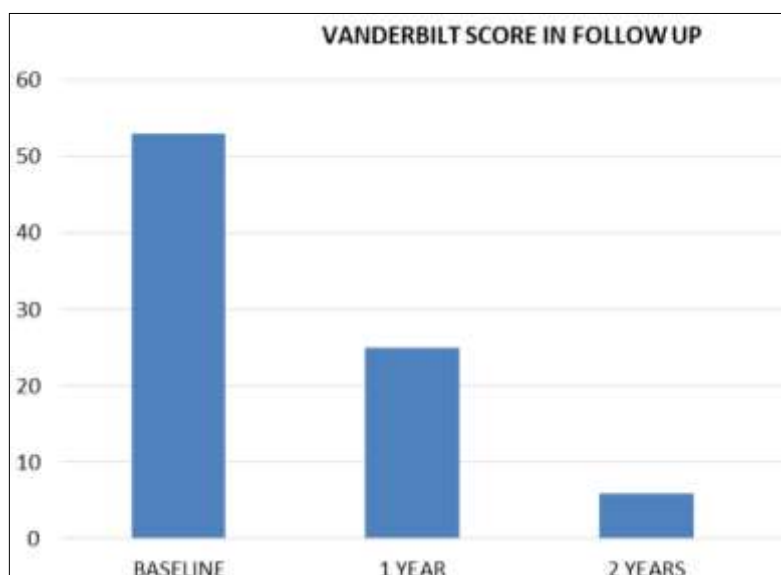


Fig 1: Scoring on vanderbilt ADHD diagnostic parent and teacher rating scales

Repertorial totality

- MIND- Concentration difficult, children in
- MIND- Art ability for
- MIND- Talking slow, learning to talk
- MIND- Obstinate
- STOMACH- Thirstless
- PERSPIRATION- Profuse
- GENERALS- Restlessness

- GENERALS- Food and drinks- pickles desire
- GENERALS- Food and drinks- chocolates desire
- GENERALS- Food and drinks- vegetables-aversion

Justification of repertory

Considering the above symptomatology, repertorisation done with RADAR Software, it is shown in figure 2.

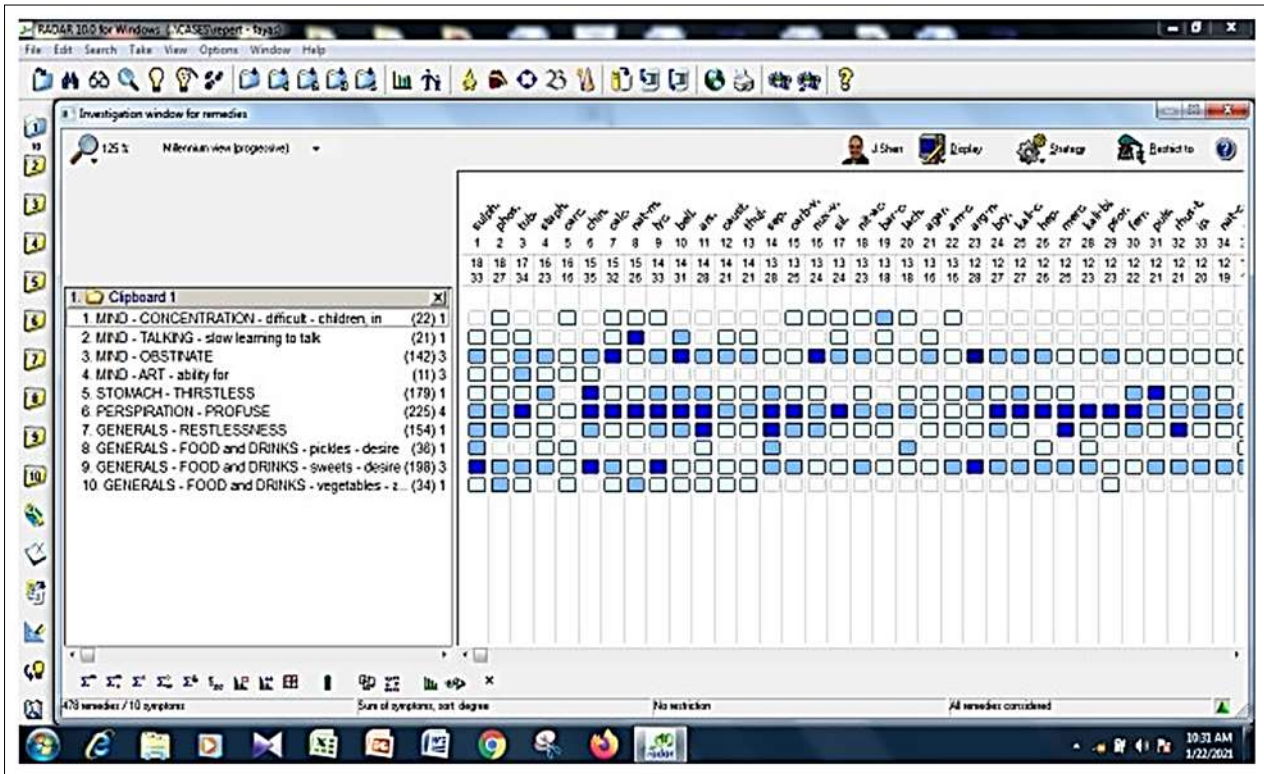


Fig 2: Repertory sheet

Reportorial analysis

- Sulphur- 33/18
- Phosphorus- 27/18
- Tuberculinum- 34/17
- Staphysagria- 23/16
- Carcinosinum- 16/16
- China- 35/15
- Calcarea carb- 32/15

Selection of medicine

After repertorization Tuberculinum selected as similimumby considering the materia medica also, which coversrestlessness, obstinacy, artistic ability, sweet desire and slow in learning to talk.

Prescription

Tuberculinum 1M/1Don 13/04/2018.

Table 1: Prescription with follow-up

Follow-up date	Indications for prescription	Medicine with dose
16/07/2018	Lack of concentration Restlessness Disobedient Lack of interest at studies Anger slightly reduced	Placebo
16/10/2018	Anger reduced Restlessness slightly decreased Appetite improved Interest in studies slight improvement Itching dry eruptions on feet reappeared.	Tuberculinum 1M/ 1 dose
30/01/2019	Anger reduced Restlessness slightly decreased Appetite good Interest in studies improved Concentration improved Itching, dry eruptions on feet increased	Placebo
03/04/2019	Dry skin eruptions on feet with black discoloration.	Sulphur 1M/1D

	<p>Itching <night. Restlessness decreased Appetite good Interest in studies improved Concentration improved</p>	
29/07/2019	<p>Itching slightly reduced. Black eruptions on dorsum of both feet. Restlessness decreased Appetite good Interest in studies improved Concentration improved</p>	Placebo
28/10/2019	<p>Itching reduced. Black eruptions on dorsum of both feet persist. Restlessness decreased Appetite good Interest in studies improved Concentration improved</p>	Placebo
01/01/2020	<p>Itching markedly reduced. Black eruptions on dorsum of both feet persist. Patient is restless Appetite good Interest in studies improved Attention and Concentration improved</p>	Placebo
04/04/2020	<p>Itching markedly reduced. Black eruptions on dorsum of both feet persist. Patient is restless Appetite good Interest in studies improved Attention and Concentration improved</p>	Placebo
15/07/2020	<p>Itching relieved. Black eruptions on dorsum of both feet persist. Restlessness reduced. Appetite good Interest in studies improved Attention and Concentration improved</p>	Placebo
14/10/2020	<p>No itching. Black discoloration and eruptions on dorsum of both feet disappeared. Restlessness reduced. Appetite good Interest in studies improved Attention and Concentration improved</p>	Placebo



Fig 3: Before treatment



Fig 4: After treatment

Discussion and Conclusion

Homoeopathy is a wholistic system of medicine and treating the patient based on totality of symptoms. In this case, TUBERCULINUM 1M^[7, 8] was prescribed as similimum^[9] by considering prominent mental symptoms such as restlessness, impulsivity, difficulty in concentration and artistic ability. Patient got improvement in hyperkinetic symptoms, but old skin symptoms re-appeared which were covered by SULPHUR 1M^[10, 11] followed by marked improvement in both the symptoms of hyperkinetic disorder and eczema.

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