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## Role of individualised homoeopathic approach in management of attention deficit hyperactivity disorder: A prospective observational study

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### Abstract

ADHD is estimated to affect about 6–7% of people aged 18 and under, but such statistics are widely believed to be underestimated, due to poor diagnosis and low reporting rates. If ignored, untreated children of ADHD can have problems into adulthood. The stimulating (eg. Amphetamines, Dexedrine etc.) & the non-stimulating (eg. Strattera), medications which the modern medicine offers for treating ADHD, leaves behind deleterious effects as a result of which the parents are opting for Complementary & alternative medical (CAM) therapies for such childhood problems. Homoeopathy plays a vital role in managing such childhood disorders.

**Aims and Objective:** To study the usefulness of homoeopathic medicines in managing Attention Deficit -Hyperactivity Disorder in Children (5-12 yrs of Age) based on homoeopathic principles of Individualization.

**Methodology:** 30 patients were selected from various geographical locations, where patients were already diagnosed by a Psychiatrist. Detailed history about the child was received, which started from the day of conception, along with mother's history during antenatal period, child's behaviour in infancy and in childhood duration, developmental milestones, past history, family history, and objective signs were noted down by the parents and by me. To determine the outcome of the treatment, regular follow ups were taken and the status of each patient was canalized with the help of symptom intensity score (based on CGI-P). Centesimal scale potencies were administered to the cases according to the symptoms & susceptibility of the patient.

**Results:** Out of 30 patients of ADHD, 26 patients were male (86.66%) and 4 patients were female (13.34%). Maximum no. of patients out of those 30 cases were found between age group of 7 to 8 years of age i.e 8 patients (26.6%). In cases of 30 patients of ADHD most commonly used potency was 1M i.e. in 18 cases (50%). In cases of 30 patients of ADHD, after giving homoeopathic treatment maximum no. of patients i.e. 21(70%) were improving, 3 patients had significant improvement (10%), 3 patients (10%) were Status quo, and 3 patients (10%) patients had left treatment.

**Conclusion:** Auxiliary therapies play a major role in neurobehavioural disorders & from my study I conclude that Homoeopathy can make the process of healing faster when it is combined with auxiliary therapies. The 30 cases on which I have worked were already on auxiliary therapy for considerable period of time and after introduction of Homoeopathic medication the process of improvement was evidently faster.

**Keywords:** ADHD, homoeopathy

### Introduction

Worldwide there is an enormous increase in the incidences of psychological disorders among which attention deficit hyperactivity disorder popularly known as ADHD is very common both in Western as well as Asian countries. ADHD is estimated to affect about 6–7% of people aged 18 and under but such statistics are widely believed to be underestimated, due to poor diagnosis (especially in Asian countries without affordable access to mental health services) and low reporting rates. There is no overall prevalence documented in India for ADHD, however, in study conducted in Primary School Children of Navi Mumbai, India, the prevalence was found to be 12.3% with boy-to-girl ratio of 3:2, while in a study conducted at Delhi, it was 17.7%. If ignored, untreated children of ADHD can have problems into adulthood like: criminal activities, bad academic performances, greater substance abuse, increased car accidents etc. The deleterious effects of modern medicine leaves behind side effects like: appetite loss, weight loss, sleep disorders, headaches, jitteriness & suicidal thoughts in young children.

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Homoeopathy plays a vital role in managing such childhood disorders as Dr Hahnemann in the Organon of Medicine points out (apho.211) "That the state of disposition of one patient often chiefly determines the selection of the homoeopathic remedy". Holistic, individualistic approach & the treatment with the help of potentized medicines open the doors to document adequate research & treatment evidence to support appropriate homoeopathic therapeutics of this group of childhood problems.

### Aims objectives

To study the usefulness of homoeopathic medicines in managing attention deficit hyperactivity disorder in Children (5-12 yrs of Age) based on homoeopathic principles of individualisation.

To evaluate the usefulness of the homoeopathic medicines in the management of attention deficit hyperactivity disorder in Children of age group between 5 to 12 yrs.

To observe the progressive changes in Attention Deficit hyperactive cases.

### Review of literature

#### Definition

ADHD is neurobehavioral developmental disorder defined by the existence of three core characteristics of inattention, impulsivity and hyperactivity, (the "holy trinity" of ADHD, according to Barkley, 1998<sup>[2, 4, 5]</sup>).

- Inattention is observed in behaviours such as seeming not to listen and failing to complete tasks.
- Excessive impulsiveness means that the child acts, speaks or has an excessive emotional reaction without thinking.
- Hyperactivity refers to excessive or developmentally inappropriate levels of activity, whether motor or vocal. These movements, often irrelevant to the task, have been described as "knee-jiggling, toe-tapping hyperactivity."
- The diagnosis should not be made without some or all of these essential features being manifested on more than one occasion.

#### Aetiology

- There is no one single cause of ADHD. It is believed that ADHD is caused primarily by neurological dysfunction. Research studies into ADHD have found particularly low levels of activity in the neurotransmitters in the frontal lobes of the brain which control impulses and regulate the direction of attention.
- The causes of this particular brain dysfunction in most cases appear to be genetic, with approximately 70% of cases being inherited.
- Environmental factors such as brain disease, brain injury or toxin exposure may be the cause of 20 to 30% of cases.
- Others suggested risk factors for ADHD include pregnancy and delivery complications, prematurity leading to low birth weight, and foetal exposure to alcohol and cigarettes. Most children diagnosed with ADHD have a close relative (usually male) affected to some degree by the same problem. In studies of identical twins, both have ADHD in almost 90% of cases, and siblings carry a 30-40% risk of inheriting the disorder.
- Environmental influences are currently under

investigation to determine if parental disciplinary practices, family stress, or other influences occurring in home such as poor nutrition, exposure to chemical source of recreational drugs may elevate the severity of the problem.

#### Diagnosis

Diagnosis is made by a qualified clinician using one of two sets of diagnostic criteria currently in use. Traditionally in Europe and the UK the International Classification of Diseases (ICD-10), which refers to "Hyperkinetic Disorder" (HKD) rather than ADHD, has been the preferred classification system (World Health Organisation (WHO), 1990).

In recent years there has been more use of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)<sup>[33]</sup> system which is widely used in the USA, Australia and other countries. In the DSM-V system the behavioural characteristics associated with ADHD do not represent three primary symptoms but two, with hyperactivity forming a single symptom group with impulsivity. This system is capable of identifying three main subtypes of ADHD: the predominantly inattentive type, the predominantly hyperactive-impulsive type and the combined type.

A rigorous assessment is based on the child's past medical history, educational history, family history, physical examination and information from other professionals, including teachers and educational psychologists.

#### Prevalence

Internationally, prevalence rates are conservatively estimated at between 3% and 6% among children from a wide variety of cultures and geographical regions" (Cooper, 1999).

More recent international estimates suggest that between 4% and 10% or 8% and 12% of children worldwide are affected by ADHD<sup>[4, 14]</sup>. Symptoms emerge more clearly between the ages 6 and 9. The disorder is considered to be more prevalent in the age range 6 to 11 years with a reduction in prevalence with maturation.

#### Homoeopathic approach

According to Homoeopathic philosophy<sup>[1, 6]</sup>, it put in order the interior of the human economy and not merely the disease results. The fundamental condition which underlies the disease of the human race is understood, thereby increasing its scope in neurobehavioral disorders like ADHD. Following the individualistic approach, the constitutional medicine is the remedy of choice.

#### Homoeopathic repertory

Consists<sup>[12, 27, 29]</sup> of quite a few rubrics which depict salient symptoms of ADHD: MIND-ACTIVITY-general hyperactive: (40) alum, bell, con, hyos, ign, lach, med, nux-v, op, phos, sep, stram, tarent.

- **Mind-un-observing:** (34) alum, bell, carc, caust, cham, gels, hell, puls, sep, sulph.
- **Mind-impulsive:** (46) alum, anac, arg-n, ars, aur, aur-m-n, cham, cic, ign, lach, nat-m, nux-v, phos, puls, sep, stram, tarent.
- **Mind-heedless careless:** (115) alum, anac, bell, cham, coff, con, gels., hell, cham, ign, lach, lyc, nat-m, nux-v, phos, puls, sep, stram, tub, verat.

### Homoeopathic Materia Medica's

Vast enriching literature paves the way to this research as we can see the number of remedies covering the symptoms of ADHD.

### Material and Methodology

#### Study setting

The study was conducted at I.P.D, O.P.D & P.O.P.D of Bakson Homoeopathic Medical College & Hospital, 36-B, Knowledge Park, Phase -1, Greater Noida (U.P)-201306.

#### Study duration

18 months.

#### Selection of samples

Selection of 30 samples was done in the study (n=30), on the basis of inclusion and exclusion criteria as stated below.

#### Inclusion criteria

- Patients meeting the diagnostic criteria of the DSM-V.
- Patients of age between 5-12 yrs.
- Patients of both the sexes & different socio-economic statuses.
- Patients/attendants who are thoroughly interested in follow-up visits.
- Patients/attendants willing to give consent for the study.

#### Exclusion criteria

- Patients below 4 years & above 14 years.
- Patients suffering from any other neurological/behavioural disorder other than ADHD.
- Patients having any history of drug abuse.

### Scoring

		Not true at all (never, seldom)	Just a little true (occasionally)	Pretty much true (often, quite a bit)	Very much true (often very frequent)
1	Restless or overactive	0	1	2	3
2	Excitable, impulsive	0	1	2	3
3	Fails to finish things he/she starts	0	1	2	3
4	Inattentive, easily distracted	0	1	2	3
5	Temper outbursts	0	1	2	3
6	Fidgeting	0	1	2	3
7	Disturbs other children	0	1	2	3
8	Demands must be met immediately – easily frustrated	0	1	2	3
9	Cries often and easily	0	1	2	3

#### Data collection

Data was collected by interview method.

#### Instructions before case taking

The patients were instructed to be free and frank in providing us fullest information possible. The importance of each question asked and its importance in selection of the correct Homoeopathic remedy was stressed upon. They were assured about the confidentiality of the information.

#### Statistical analysis

Data analysis was done by Data sorting, statistical and computer programming.

#### Statistical techniques

Statistical test, paired t-test was used for the analysis of the study.

- Patients under regular treatment for chronic ailments like: Hyperthyroidism, Epilepsy, Asthma, Congenital Heart Disease or Diabetes.
- Patients on anti-ADHD or psychoactive medication in the past two weeks.

#### Study design

A prospective observational non-randomized study.

#### Intervention

- Selection of final medicine was done after consulting H.M.M and principles laid down by Dr. Hahnemann in Organon of Medicine
- Homoeopathic medicines were administered on the basis of individualisation of each case after proper case taking.
- Centesimal scale potencies were administered to the cases according to the symptoms & susceptibility of the patient.
- The minimum dose was repeated according to the homoeopathic principles, only when there was recurrence or aggravation of symptoms. No psychotherapy was used during the study to observe the effects of only homoeopathic medicines.

#### Selection of Tools

Detailed case taking Performa as approved by Bakson Homoeopathic Medical College & Hospital. Conners global index. P as per DSM-IV.

#### Outcome Assessment

It was done on the basis of the scoring of the clinical status of the patients with the help of CGI-P<sup>[8]</sup>.

#### Result criteria

##### Clinical Global Impression

Global Improvement (CGI-I) Scale

- Patient Name.
- Date.
- Clinician Name.
- Clinical Global Impression - Global Improvement (CGI-I) Scale.
- Rate total improvement whether or not, in your clinical judgment, it is due entirely to drug treatment.
- Compared to his/her condition at baseline, how much has he/she changed?
- 0 = Not assessed.
- 1 = Very much improved.
- 2 = Much improved.
- 3 = minimally improved.
- 4 = No change.

- 5 = minimally worse.
- 6 = Much worse.
- 7 = Very much worse.

**Observations and Results**

Following observations were seen during the study:

1. In 30 cases under study maximum no. of patients were registered between age group of 7-8 yr. *i.e.* 8 patients (26.67%), and minimum no. of patients were noted in between 5-6 yr. age group, *i.e.* 4 patients, (13.33%).

**Table 1:** Distribution of cases according to the age group:

Age Group (In year)	No. of Cases	Percentage
5-6	4	13.33
7-8	8	26.67
9-10	5	16.66
11-12	6	20
13-14	7	23.34
Total	30	100

2. In 30 cases of ADHD 26 patients were male (86.66%), and 4 patients were female (13.34%).

**Table 2:** Gender distribute ion among ADHD patients:

Gender	No. of Cases.	Percentage
Male	26	86.66
Female	04	13.34
Total	30	100

3. In 30 cases of ADHD, maximum no. of patients exhibit symptoms of Restlessness *i.e.* 28 patients (93.33%), which is commonly found in ADHD patients,

Aggressive Behaviour (Biting, Beating and Anger) which is not pathological symptom of ADHD.

**Table 3:** Common observations found in ADHD patients:

S. No.	Observations	No. of Patients	%
1.	Restlessness (Patho Logical General, Mind.)	28	93.33
2.	Hyperactivity (Pathological General, Mind.)	24	80
3.	Aggressive behavior (Biting, Beating and Angry.) (Mental General.)	17	56.66
4.	Speech Delayed &/Difficult. (Pathological General, muscular system.)	17	56.66
5.	Destructive behavior. (Mental General.)	17	56.66
6.	Difficulty in study (in writing, in reading, etc.) (in attentive) (Pathological General, Mind.)	16	53.33
7.	Making noises (shouting, shrieking) (Pathological General, Mind.)	4	13.33
8.	Curious (Mental General.)	6	20
9.	Desire for music &/Dancing &/Painting (Mental General)	6	20
10.	Stubborn (Mental General.)	13	43.33
11.	Teasing behavior (Mental General.)	3	10
12.	Desire for travelling. (Mental General.)	6	20
13.	Affectionate behavior. (Mental General.)	10	33.33
14.	Mimicking behavior. (Mental General.)	1	3.3
15.	Laughs Immoderately. (Mental General.)	4	13.33

**Probable Causes/Exciting Factors for ADHD**

**Table 4:** Probable causes/exciting factors for ADHD

S. No	Factors/Probable cause	No. Of Cause	%
1.	Unplanned/ACCI dental pregnancy	3	6.25
2.	Mother’s history of fall down during pregnancy.	3	6.25
3.	Mother’s age out of range of normal for pregnancy.	2	4.16
4.	Emotional shocke. g. Death of relatives) to Mo. During pregnancy.	6	12.5
5.	Persistent Spotting During pregnancy.	3	6.25
6.	Family history of Psychiatric illness (Genetic).	8	16.6
7.	Epilepsy.	8	16.6
8.	L.B.W.	2	4.16
9.	Apgar score delayed.	9	1.75
10.	Past history of Jaundice in child.	2	4.16
11.	Premature Birth	2	4.16

**Peculiar, striking and rare symptoms seen during the study: P, Q, R, S, observations**

S. No.	P, Q, R, S, Observations
1.	Clinging behavior.
2.	Want of attention.
3.	Teasing others.
4.	Attachment to mother.
5.	Laugh immoderately.
6.	Biting to him & /others.

7.	Beating.
8.	Breaking things.
9.	Teasing.
10.	Constantly demanding.
11.	Possessiveness for his things and his relatives.
12.	Taking bribe for any work.
13.	Fastidious, all things want neat and clean.
14.	Cunning behavior.
15.	Liar.
16.	Using Bad/Absurd words during talking.
17.	Fear ghosts
18.	Fear of snakes.
19.	Fear of dogs.
20.	Fear of insects
21.	Fear of spiders
22.	Fear of loud noide.
23.	Fear of dark
24.	Fear of doctors
25.	Desire for company.
26.	Want to communicate.
27.	Likes presence of stranger.
28.	Mimicking.
29.	Imitate as if playing manjira.
30.	Imitates all things.
31.	Imagination power good esp. in paintings.
32.	Likes to do computer work.
33.	Aversion to tight clothing.
34.	Likes Open air.

**Exact etiology behind ADHD is not known**

Still some of the factors are there which can be considered as a Triggering factors or Fundamental factors for ADHD.

One single factor couldn't be pinpointed in those 30 ADHD cases, 2 or 3 factors may remain present in the cases. These 18 factors only can give us a range of factors for ADHD.

**Table 6:** probable cause or triggering factor for ADHD

S. No	Causes	No. of cause	%
1	Unplanned/Accidental pregnancy	3	6.25
2	Mother's History of fall down during pregnancy.	3	6.25
3	Mothers age out of normal range for pregnancy.	2	4.17
4	Emotional Shock during pregnancy.	6	12.50
5	Persistent spotting during pregnancy.	3	6.25
6	Genetic History.	8	16.67
7	Epilepsy.	8	16.67
8	L.B.W.	2	4.17
9	Apgar score Delayed.	9	18.75
10	Past History of Jaundice in child.	2	4.17
11	Premature Birth.	2	4.17

**Association of stress during pregnancy in mother and ADHD**

In these 30 cases, 17 no. of patients (*i.e.* 56.7%) have shown co-relation between history of stress during pregnancy in mother and ADHD in children.

Stress during pregnancy among mother of ADHD patient.	No. of cases	%
Present	17	56.7
Absent	13	43.3
TOTAL	30	100

**Association between past history of convulsion and ADHD**

In these 30 cases only 7 patients *i.e.* 23.3% of patient has past history of convulsion and afterwards they had developed ADHD. And 23 patient *i.e.* 76.7% cases have past history of convulsion is absent and Still they developed ADHD

Past H/O of Convulsion	No. of Patient (ADHD)	(%)
Present	7	23.3
Absent	23	76.7
Total	30	100

**Distribution % of objective signs on which bases cases are treated**

In these 30 cases of ADHD, maximum no. of patients *i.e.* 20 patients (66.7%) were prescribed on the basis of uncommon observations.

Types	No. of patients	%
Common	10	33.3
Uncommon	20	66.7
Total	300	100

**Remedies used in ADHD:** In 30 cases of ADHD maximum no. of patients *i.e.* 6 patients (20%) are prescribed with Stramonium.

S.No	Remedy	No. of patient	%
1.	Phosphorus	3	10
2.	Lac.can.	1	3.3
3.	Belladonna	2	6.7
4.	Stramonium	6	20
5.	Pulsatilla	1	3.3
6.	Merc.sol.	1	3.3
7.	Tarentula Hispania.	3	10
8.	Lyssinum	2	6.7
9.	Lycopodium	3	10
10.	Baryta carb.	2	6.7
11.	Cal.carb.	2	6.7
12.	Tuberculinum	2	6.7
13.	Carcinosin	2	6.6
	Total	30	100

### Potencies used in ADHD cases

In 30 cases 1 M potency is used in maximum no. of patients *i.e.* 18 patients (60%).

Potency	No. of cases	%
200	10	33.4
1 M	18	60
10M	01	3.3
0/1	01	3.3
Total	30	100

### Outcome

Out of 30 cases of ADHD, maximum no. of patients *i.e.* 21 (70%) were in improving stage

S. No.	Results	No. of Patients	%
1.	Significant improvement	3	10
2.	Improving.	21	70
3.	Status quo	3	10
4.	Left treatment.	3	10
	Total	30	100

### Discussion and Conclusion

- Out of 30 patients with ADHD, 26 were male (86.66%) and 4 were female (13.34%). It can be inferred from the outcome that the prevalence of ADHD is higher in males and they are more likely to suffer from ADHD.
- Maximum no. of patients out of 30 were found between the age group of 7 to 8 years *i.e.* 8 patients (26.6%) overall.
- Restlessness came as a most common observation *i.e.* in 28 cases (93.33%) out of 30 cases, and 2nd most common observation was hyperactivity *i.e.* in 24 cases (80%). These are general observations. Others like, Aggressive behaviour- 17 cases (56.66%), destructive behaviour -17 cases (56.66%), curiosity in 8 cases (26.67%), desire for music/paintings and dance found in 6 cases (20%), etc also were also observed. Apart from these, through keen observation, wide range of uncommon, peculiar & rare symptoms were found *e.g.*, fastidiousness, fear of doctors, fond of music, desire for dancing, , likes water and bathing, fear of dogs, fear of ghosts, loves travelling, fear of dark, clinging behaviour ,violent behaviour, affectionate behaviour etc.
- There were 17 cases (*i.e.* 56.70%) out of 30 cases in which mother had Stress during pregnancy. So, it showed that mothers who face stress during pregnancy had more chances of having ADHD in the child.

- Uncommon symptoms have been proved as the basis of prescription for case solving process in 20 cases (66.7%) and 10 cases (33.3%) were solved on the basis of common symptoms. It showed that in spite of grievous pathology of ADHD, through observations, maximum no. of cases were prescribed on the basis of individuality.
- In cases of 30 patients of ADHD most commonly prescribed medicine WSA Stramonium *i.e.* in 6 patients (20%).
- In cases of 30 patients of ADHD, most commonly used potency was 1M *i.e.* in 18 cases (50%).
- In cases of 30 patients of ADHD, after giving homoeopathic treatment maximum no. of patients *i.e.* 21 (70%) were improving, 3 patients had significant improvement (10%), 3 patients (10%) were Status quo, and 3 patients (10%) patients had left the treatment.
- This shows the efficacy of homoeopathy in ADHD cases.
- So, awareness for ADHD and such Psychiatric Disorders is required among people. Its occurrence, its course and its outcome can be modified if parents have a proper knowledge about child development, Common disorders and its manifestation, any deviation from health in child and Efficacy of Homoeopathy in complex disorders like ADHD, where Homoeopathy can be proved far beyond expectations.

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