



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2023; 7(1): 479-482

Received: 06-10-2022

Accepted: 11-11-2022

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Efficacy of homoeopathic remedies in the treatment of attention deficit hyperactivity disorder

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DOI: <https://doi.org/10.33545/26164485.2023.v7.i1h.793>

Abstract

Attention Deficit Hyperactivity Disorder is affecting approximately 5% of children and adolescents, it is a developmental disorder characterised by inappropriate degrees of inattention, impulsivity, and hyperactivity. It arises in early childhood, also it is chronic and pervasive in nature. It is not accounted or based on gross neurological, sensory, language, motor impairment, mental retardation, or severe emotional disturbance. 30 cases have selected from the Outpatient Department, especially the age group is below 7 yrs. Mainly used the diagnostic criteria as Useless overactivity, Inability to sit still, restlessness without any purpose, short attention span and involuntary ready distractibility. Out of thirty randomly selected cases, the highest number of patients belongs to the age of 6-7. Males (73.33%) are more effected than females (26.67%).

Keywords: Attention deficit hyperactivity disorder, inattention, impulsivity, and homoeopathy

Introduction

Our society is fast changing and becoming gradually better materially but the same time is leading to deterioration in ethical & spiritual set up among people. Children are either being affected with environmental circumstances and present deterioration in social values are greatly responsible for making them bad.

Homoeopathy being an alternative system of medicine is capable enough to bring about a positive change in mental attitudes. Hence Attention Deficit Hyperactivity children can be well treated by Homoeopathic system of medicine, and we can achieve a good citizen or a criminal child to an obedient good boy or girl.

Along with Homoeopathic medication in these children, other intervention approaches may be necessary. Behavioural modification is useful in controlling some of the poor classroom & home behaviour. Most important the successful management of the child requires the involvement of his entire family. The family along with the child must be taught the nature & phenomenology of the disease. Blame & guilt must be dissipated. The siblings can also be encouraged to act as surrogate therapists, helping the child gain new skills, increase desirable behaviour & decrease maladaptive behaviour.

A negative social impact of the behaviour in children will results in emotional abnormalities. Parents and teachers generally punish & criticize such children instead of that they need special attention. This will affect their performance, tends to fall both in studies as well as in sports. They have a poor self-image and low self-esteem, low scoring in school and frequently suffer from depression. In such type of children, we can see a high incidence of learning disabilities like difficulty in reading, writing, spelling & especially in mathematics.

The problems can be identified in the early months, like difficult to persuade the child to get in to bed quietly and go to sleep. Developmental milestones are generally normal as usual as other children. As toddlers these children run in to everything, are constantly instructive and demanding, and need constant supervision and they need special attention to reduce mischief and danger.

Aims and objectives

1. To study the clinical manifestation of Attention Deficit Hyperactive Disorder.
2. To find the efficacy of Homoeopathic remedies in the treatment in Attention Deficit Hyperactive Disorder.

Review of literature

Attention Deficit Hyperactive Disorder ^[4] is a symptom complex characterized by low ability to attend to a task motor over activity and impulsivity. These children are fidgety, have a difficult time remaining in their seats in school, they are easily distracted, restless and have difficulty awaiting their turn, impulsively blunt out answers to questions, they will never follow the instructions and sustain attention, easily they shift rapidly from one uncompleted activity to another talk excessively, intrude on others, they will not listen to what is being said. They may misplace or loose items frequently and often get into dangerous physical activities and some children may have exceptional cognitive abilities⁶. In most of the children moderate to severe level of disorder are accompanied by poor school performance and social performance resulting in easy distractibility. It is important to know that they will have short attention span it is said to be 3-5 minutes. They are constantly on the move, fidget, squirm, aimlessly touch and poke the fingers into everything. They are unable to sit still, always complaints will be there with teachers and are perpetually “on the go”.

Background and historical perspective

Attention Deficit Hyperactive Disorder has a great significance in clinical, scientific, and public attention in recent years ^[2]. Margarat Weiss and Gabrielle Weiss point out between 1957 and 1960, thirty-one article were published on hyperactivity in children whereas since 1996 there have been about 400 article a year on Attention Deficit Hyperactive Disorder. The increase in the rate of publication is continuing.

Etiology

The cause ^[11] of Attention Deficit Hyperactive Disorder is unknown. Despite the lack of a specific neurophysiological or neurochemical basis for the disorder it is predictable associated with a variety of other disorders that affect functions of brain such as learning disorders. The suggested contributory factors for Attention Deficit Hyperactive Disorder include prenatal toxic exposures, prematurity, and prenatal mechanical insults to the fatal nervous system. Food additives ^[4], preservatives and sugar have also been suggested as possible cause of hyperactive behaviour.

Methodology

This study was conducted in the outpatient department of Father Muller Homoeopathic Medical College and in peripheral centres.

Inclusion Criteria

Both sexes
Paediatric age group 2-7 years
Diagnosed cases of ADHD

Exclusion criteria

Cases other than ADHD
Scoring below 7

Thirty cases are screened and selected based on the diagnosis criteria like useless over activity, Inability to sit still, Restlessness without any purpose, short attention span and Involuntary ready distractibility. Detailed recording and through examination of the associated complaints were done. Relevant systemic examination has done before the treatment.

After getting sufficient data each case is analysed based on homoeopathic principle. Final selection was with the reference to various repertories and Homoeopathic Materia Medica. Potency is selected mainly based on susceptibility and sensitivity; repetition of the doses have done after taking the proper follow up with the scoring criteria and also according to the demand of the case. Vanderbilt ADHD Diagnostic Parent Rating Scale is used before and after the treatment.

Here in this study no control group is used, all the children were treated on the outpatient basis. Detail history and examination findings were sufficient to diagnose the case. Patients were not put on any dietary restrictions. Instructions were given to avoid other medicinal agents during the mode of treatment.

Research Hypothesis

Is there any difference between Vanderbilt ADHD Diagnostic Parent Rating score before and after the treatment.

H₀, Null hypothesis: Homoeopathic remedies are not effective in ADHD

H₁, Alternative hypothesis: Homoeopathic remedies are effective in ADHD

Assessment of effectiveness were done with the follow up based on following criteria.

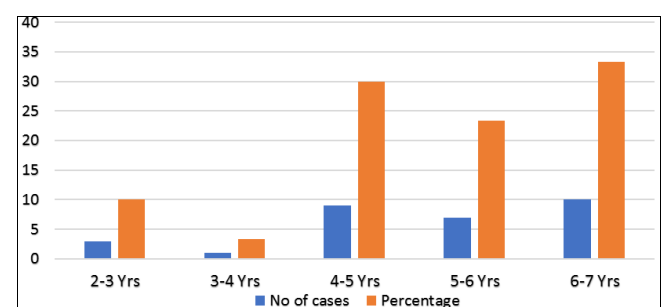
1. Clinical assessment: disappearance of symptoms, improvement of general health and psychological factor.
2. A scoring chart was formulated to assess the efficacy of the treatment. All the cases were followed for a minimum period of 6 months. After completion of treatment the post treatment Vanderbilt ADHD Diagnostic Parent Rating scores were compared with the pre-treatment intensity scores. After the collection of sufficient data, the values are statistically evaluated by using “paired t” test.

Result

Thirty diagnosed cases of Attention Deficit Hyperactivity Disorder was included in the study. All these thirty cases were observed from six months to one year. Scoring criteria is taken before and after the study in each case. The following results are obtained from this study.

Table 1: Based on Age

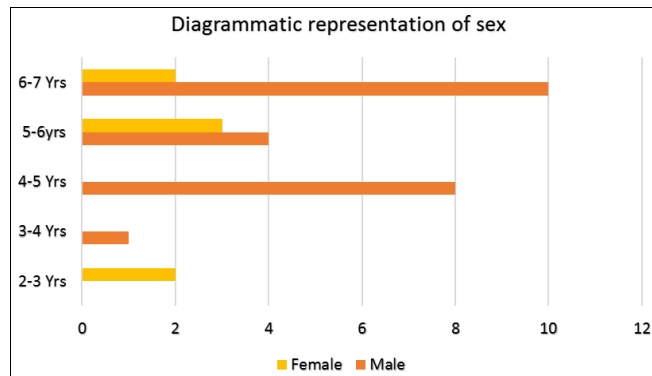
Age	Case Number	Percentage
2-3 Yrs	3	10
3-4 Yrs	1	3.33
4-5 Yrs	9	30
5-6 Yrs	7	23.33
6-7 Yrs	10	33.34



Graph 1: Diagrammatic representation of age group

Table 2: Distribution of Sex

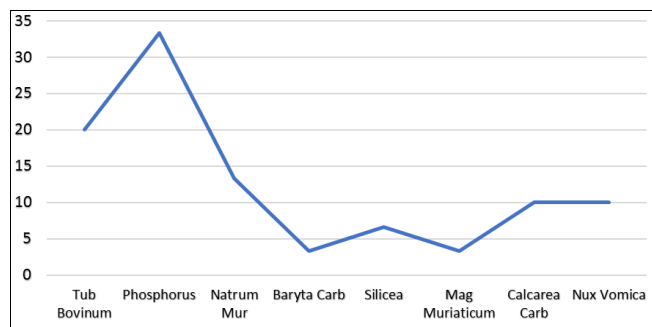
Age group	Male	Female
2-3 Yrs	0	3
3-4 Yrs	1	0
4-5 Yrs	9	0
5-6 Yrs	4	3
6-7 Yrs	8	2



Graph 2: Diagrammatic representation according to Sex

Table 3: Distribution of Drugs in the treatment of ADHD

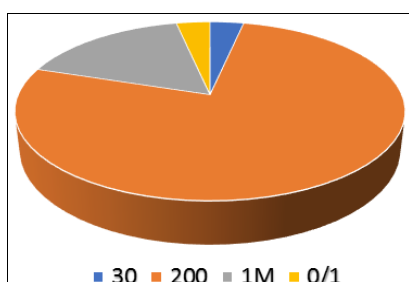
Name of Medicine	No of cases	Percentage
Tub Bovinum	6	20
Phosphorus	10	33.33
Natrum Mur	4	13.35
Baryta Carb	1	3.33
Silicea	2	6.66
Mag Muriaticum	1	3.33
Calcarea Carb	3	10
Nux Vomica	3	10



Graph 3: Diagrammatic Representation of Remedy Prescribed

Table 4: Distribution of Potency

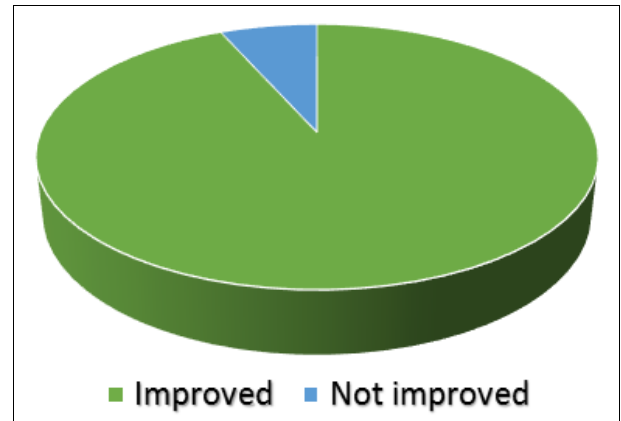
Potency	No of Cases	Percentage
30	1	3.33
200	23	76.68
1M	5	16.66
0/1	1	3.33



Graph 4: Diagrammatic Representation of Potency used

Table 5: Treatment Outcome

Treatment Outcome	No of Cases	Percentage
Improved	28	93.33
Not improved	2	6.67



Graph 5: Diagrammatic Representation of Outcome of Treatment

Table 6: Vanderbilt ADHD Diagnostic Parent Rating Scale

Case no	Scoring before treatment	Scoring after treatment
1	14	2
2	12	3
3	12	4
4	11	4
5	15	4
6	12	1
7	11	2
8	11	1
9	10	3
10	8	1
11	10	2
12	11	4
13	12	5
14	9	2
15	12	3
16	11	2
17	14	2
18	12	3
19	10	1
20	12	10
21	9	4
22	14	4
23	15	5
24	10	3
25	10	8
26	9	3
27	12	4
28	11	2
29	12	4
30	10	1

Statistical analysis

Paired t test results

Confidence interval

The mean of Before minus After equals 8.13.

95% confidence interval of this difference: From 7.25 to 9.01

Intermediate values used in calculations:

t = 18.8793

df = 29

standard error of difference = 0.431

Table 7: Review of data

Group	Before	After
Mean	11.37	3.23
SD	1.77	1.99
SEM	0.32	0.36
N	30	30

P value

The two-tailed P value is less than 0.0001.

By conventional criteria, we can see this difference, it is statistically significant.

When compare with the table value:

This critical ratio, t follows a distribution with n-1(29) degree of freedom. The 5% level is 2.045 and 1% level is 2.756 for 29 degrees of freedom. Since the calculated value is 18.87 is more than the table value at 5% and 1% level.

Since the P value is less than 0.0001 by conventional criteria, here we can see the difference which is statistically significant and reject null hypothesis.

Discussion

ADHD occurs mostly in children below 7 years of age. It effects approximately 5% of children, characterised by developmentally inappropriate degree of inattention, impulsivity, and hyperactivity. It starts in early childhood, is relatively chronic and pervasive in nature, and is not accounted for since gross neurological, sensory, language or motor impairment, mental retardation or severe emotional disturbance.

The study was done in patients who attended the outpatient department in Father Muller Homoeopathic Medical College and the peripheral centers like Chethana. The children under 7 years were considered for this study and the patient belonging to both sexes and to different socio-economic groups were selected based on inclusion criteria. 30 cases were selected from the Outpatient Department, minimum duration of the study was 6 months.

Out of thirty randomly selected cases, most of the patient belongs to the age group of 6-7 years. Males (73.33%) are more effected than females (26.66%). When the clinical feature is considered it is found that most of the cases are presented with Hyperactivity, Restlessness, Short attention span, Irritability, as a presenting complaint. 78% of the cases it is showing that there is some problem in the family area, after the birth of the second child, the elder child is developing ADHD. 23.33% it is showing that both parents are either working or the child is with servant or grandparent. 10% of the cases shows that the shifting of the house which takes time for the child to adapt a new place.

When it is considered with the Homoeopathic remedies 33.33% of the cases Phosphorus has acted well, 20% Tub bovinum, Natrum Mur, Nux Vomica, Cal Carb, Silicea, Mag Mur and Baryta Carb. Medium potency 200 is used in 76.66% of the cases. 93.33% of the cases has shown the improvement which shows that Homoeopathic remedies are very effective in ADHD.

Conclusion

This study provides evidence to say that there is significant reduction in the intensity scores after administering the Homoeopathic treatment. Therefore, the well selected Homoeopathic remedies are very effective in the treatment of Attention Deficit Hyperactive Disorder.

- Out of thirty randomly selected cases, most of the

patient belongs to the age group of 6-7 yrs.

- Males are more effected than females.
- According to the statistical analysis The P value is less than 0.0001 by conventional criteria, this shows that the difference is extremely statistically significant and rejected the null hypothesis.
- From this study it is showing that well selected Homoeopathic medicine is very effective in Attention Deficit Hyperactive Disorder.

Institutional Review Board Statement

This work is done during PG studies under the guideship of Dr Sunny Mathew.

Acknowledgments

My Guide Dr Sunny Mathew for the timely support and FMHMC&H along with RGUHS University.

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How to Cite This Article

Mini IV, Mathew S. Efficacy of homoeopathic remedies in the treatment of attention deficit hyperactivity disorder. International Journal of Homoeopathic Sciences. 2023;7(1):479-482.

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