



TANTIA UNIVERSITY JOURNAL OF HOMOEOPATHY AND MEDICAL SCIENCE

www.tjhms.com

ORIGINAL ARTICLE

STUDY OF CASES OF ATTENTION DEFICIT HYPERACTIVITY DISORDER: ADHD TO ASCERTAIN THE EFFECTIVENESS OF HOMOEOPATHY IN ITS MANAGEMENT

Aditi Goyal¹, Muktinder Singh²

¹Department of Repertory, Bakson Homoeopathic Medical College, Greater Noida, ²Repertory Department, Sri Guru Nanak Dev Homoeopathic Medical College And Hospital, Ludhiana, Punjab.

Abstract

Received- 12/04/2022

Revised- 25/05/2022

Accepted- 30/05/2022

Key Word- ADHD,
Hyperactivity,
Homoeopathy,
Vanderbilt diagnostic
scale

Corresponding

Author:- Aditi Goyal,
Department of Repertory,
Bakson Homoeopathic
Medical College, Greater
Noida

ADHD is one of the most common neurodevelopmental psychiatric disorders of childhood where children have significant problems of inattention, controlling impulsive behaviour and hyperactivity which are not proportionate to the person's age. It is often diagnosed in childhood and can last in adulthood also. As per study, the pooled prevalence of ADHD among children and adolescents is 7.1% and overall worldwide prevalence among individuals below 18 yrs is 5.29%. Present study consisted of 50 cases of children below 12 yrs diagnosed ADHD by using Vanderbilt Diagnostic Scale. Patients were selected randomly as per inclusion and exclusion criteria from college OPD, IPD, POPD, and specialised health camps conducted by it. This study helps us to understand various types of ADHD. Its association with other behavioural or mental health disorders, its prevalence and to understand the effectiveness of homoeopathy in cases by proper detailed case taking and evaluation of cases. This study ultimately helps us to reach different homoeopathic remedies or groups of remedies which can help in treatment or management of these cases when prescribed on the basis of totality.

INTRODUCTION

Attention deficit hyperactivity disorder is one of the most common neurodevelopment psychiatric disorders found in children in which there are significant problems of inattention, hyperactivity or acting impulsively that are not appropriate for a person's age. These symptoms are pervasive and interfere with the individual's ability to function under normal circumstances. The most common behavior falls into two categories: inattention and or hyperactivity/impulsiveness.^{1,2}

Attention Deficit Hyperactive Disorder is a diagnosis applied to children and adults who consistently display certain characteristic behavior over a period of time.

- ADHD is among the top-most psychiatric disorder in children in present time. Given the relatively high prevalence of ADHD compared with other psychiatric disorders, clinicians should maintain a high index of suspicion and integrate screening for ADHD into all routine psychiatric evaluations. More research is needed to spread awareness among people.
- The symptoms, deficits, and consequences associated with ADHD have a profound negative impact on the lives of patients and their families. Adult ADHD can lead to criminology

in society or other adverse effects. Thus, it is necessary to have awareness, screening, early detection and treatment of this psychiatric disorder.

- Barriers in diagnosing ADHD include non-specificity of symptoms, high incidence of co morbid disorders that could mask or distract from the ADHD diagnosis, variation in presenting symptoms by gender and ethnicity, and lack of definitive diagnostic tools. Thus, more research is needed to explore this disorder.
- Ritalin, which is also popularly known as “Vitamin R” is the most common drug that is used to treat children suffering from ADHD and ADD but it is very surprising to discover that Ritalin (conventional medicine for ADHD) is an amphetamine-like drug which produce only short term benefits for children experiencing ADD or ADHD symptoms. Some of the other common side effects of ADHD/ADD drugs are anxiety, restlessness, headaches, tremors, dizziness, allergic reactions, abdominal discomfort, increased blood pressure, heart arrhythmia, and psychosis (including hallucination).^{4,5}

DSM-5 Criteria for ADHD³

People with ADHD show a persistent pattern of inattention and/or

hyperactivity–impulsivity that interferes with functioning or development:

1. **Inattention:** Six or more symptoms of inattention for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
- Often has trouble holding attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
- Often has trouble organizing tasks and activities.
- Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).

- Is often easily distracted
- Is often forgetful in daily activities.

2. **Hyperactivity and Impulsivity:** Six or more symptoms of hyperactivity-impulsivity for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person’s developmental level:

- Often fidgets with or taps hands or feet, or squirms in seat.
- Often leaves seat in situations when remaining seated is expected.
- Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- Often unable to play or take part in leisure activities quietly.
- Is often “on the go” acting as if “driven by a motor”.
- Often talks excessively.
- Often blurts out an answer before a question has been completed.
- Often has trouble waiting their turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or games)

In addition, the following conditions must be met:

- Several inattentive or hyperactive-impulsive symptoms were present before age 12 years.
- Several symptoms are present in two or more settings, (such as at home, school or work; with friends or relatives; in other activities).
- There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning.
- The symptoms are not better explained by another mental disorder (such as a mood disorder, anxiety disorder, dissociative disorder, or a personality disorder). The symptoms do not happen only during the course of schizophrenia or another psychotic disorder.

Type of ADHD

Based on the types of symptoms, three kinds (presentations) of ADHD can occur:

- **Combined Presentation:** if enough symptoms of both criteria inattention and hyperactivity-impulsivity were present for the past 6 months
- **Predominantly Inattentive Presentation:** if enough symptoms of inattention, but not hyperactivity-impulsivity, were present for the past six months
- **Predominantly Hyperactive-Impulsive Presentation:** if enough

symptoms of hyperactivity-impulsivity, but not inattention, were present for the past six months.

Because symptoms can change over time, the presentation may change over time as well.

Causes

- a) Genes
- b) Neurotransmitters
- c) Nutrition and food
- d) Chemicals and Substance Abuse
- e) Brain Injury
- f) Maturation lag, Low birth wt, premature birth and early adversity also increases the risk
- g) Infections during pregnancy, at birth and in early childhood. Toxic exposure (fetal alcohol syndrome or lead poisoning), maldevelopment, sequelae of infectious processes affecting CNS.
- h) **Non-congenial environment-** Family dysfunctions, early developmental psychodynamic factors, children experiencing violence, emotional abuse, parents disharmony are the main factors causing ADHD.

Changes in Brain MRI- Both morphologic and functional brain differences have been identified including a moderate reduction in size of the corpus callosum, basal ganglia and frontal lobes

and hypoperfusion of the frontal–striatal dopamine pathways.^{1, 2}

Homoeopathic Perspective⁶⁻⁹

Homeopathic medicines are a safer and better alternative. Dr Hahnemann have mentioned in 210-230 of ORGANON OF MEDICINE that Homoeopathy is very beneficial in Mental diseases or psychiatric disorders.

Homeopathic treatment

- Unlike conventional medicine, homeopathy seeks to treat each child as an individual. Each child is assessed as the unique person they are. A detailed history is fundamental to the correct choice of remedy.
- Homeopathy considers every factor, from the genetic component to specific possible causes.
- The aim of homoeopathic treatment is to stimulate healing at the deepest level, and to allow a gentle return to health. Ritalin and related drugs act by suppressing the symptoms.
- One common complaint is that the children feel and act doped-up from conventional drugs and they lose the good side of their hyperactivity. There is a positive side, which we aim to retain with homeopathy. Many of ADHD children are truly gifted in a creative way.

It is as important to nurture the creative spirit, the imagination, the energy,

and the curiosity that these children often show as it is to remove the unacceptable behaviour patterns.

Homeopathic treatment balances these qualities, so that the child can fulfil his or her true potential.

Homeopathy offers a safe gentle healing, and can be combined with other therapies and treatments such as diet, lifestyle, environment and family dynamics, psychological support for both child and parents, whether in a formal context such as Behavioural Therapy or Neuro-Linguistic Training, or informally with a support group can prove extremely beneficial for these patients or may be like a miracle in their lives.

MATERIALS AND METHODS

Study Design: A prospective interventional non- controlled, non-randomised study

Population : Cases reporting to the outpatient department, inpatient department, peripheral OPD'S and special medical camps on disability disorders of Homoeopathic medical college.

Age & Sex : Age eligible for study— 12yrs or below, Children of both sexes.

Duration of Study: 18 months

Sample size: 50 cases were taken

Inclusion Criteria:

- Children meeting the diagnostic criteria of Vanderbilt scale

- Children of 12yrs or below, presenting with signs and symptoms of ADHD irrespective of caste, religion, and socio-economic status.
- Children with ADHD associated with co morbid disorders like emotional, behavioural, language and learning disorders.

Exclusion Criteria:

- Children above the age of 12 yrs.
- If a child is under treatment for any other major chronic illnesses.
- If major pathological changes have occurred.
- If cognitive impairment is such that the individual is unable to give required consent, complete study data collection tools or required study visits.
- Children having congenital abnormalities
- Patients with less than 1 follow-up
- Children suffering from any other neurological hyper behavioural disorder other than ADHD.

Methodology:

Proper case taking, individualization, repertorisation of every case from Synthesis Repertory were done for the selection of similinum on the basis of totality. Repetition and change of potency of homoeopathic similinum was done according to guidelines of Homoeopathic philosophy. The

assessment and follow ups are done on the basis of severity of subjective and objective symptoms but max duration of every follow –up was 1 month. Patients with upto 3 follow-ups were enrolled for the study.

ANALYSIS AND OBSERVATION

Gender Incidence-

Table No. 1: Showing sex Incidence

Gender	No. Of Patients	% of Patients
Male	41	82%
Female	9	18%

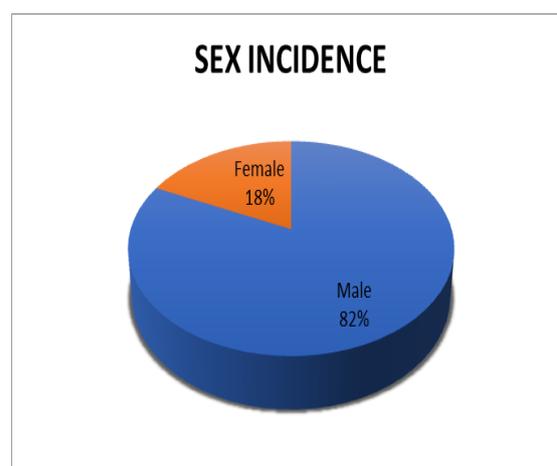


Fig 1 Sex Incidence Pie Diagram

Type of ADHD Incidence-

Table No. 2: Showing Types of ADHD

Types of ADHD	No.	%
Combined	21	42%
Predominantly Inattentive	17	34%
Predominantly Hyperactive/Impulsive	12	24%

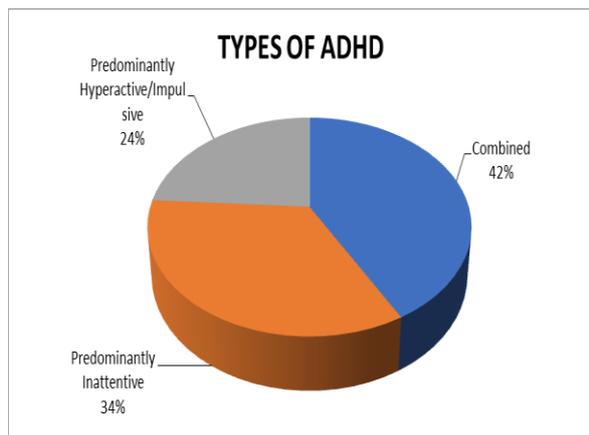


Fig 2 Type of ADHD

Co-Morbid Disorder with ADHD -

Table No. 3: Showing Associated or co-morbid disorders with ADHD

	Associated disorders with ADHD	No. Of Cases
1	Oppositional Defiant Disorder- ODD	14
2	Obsessive Compulsive Disorder- OCD	02
3	Global Developmental Delay, Specific Developmental Disorders esp. Speech/Learning Difficulties such as Dyslexia	13
4	Major Depressive Illness	8
5	Anxiety Disorder	7
6	Autism	3
7	Cerebral Palsy	1
8	Sleep Disorders	5
9	Tics (Motor or Verbal)	3
10	Enuresis	3
11	Conduct Disorder	1
12	Mental Retardation	2

Medicine Used In ADHD-

Table No. 4: Showing Statistical Data On Remedies Prescribed

S.No.	Predominant Remedies	No. of Patients
1.	Stramonium	4
2.	Baryta carb	4
3.	Lachesis	3
4.	Sulphur	3
5.	Calcarea carb	3
6.	Opium	2
7.	Hyoscyamus	2
8.	Tarentula	2
9.	Crotalus horridus	2
10.	Calcarea phos	2
11.	Medorrhinum	2
12.	Tuberculinum	2

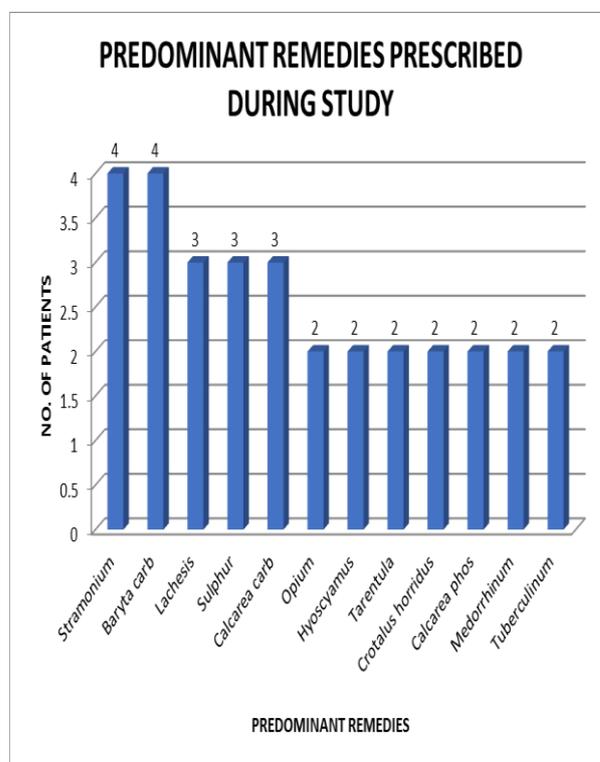


Fig 3 Medicine Used

Group of Medicine Used-

Table No. 5: Showing Predominant group of medicines coming in prescription

S.No.	Predominant Groups	No. of Patients	Total
1.	Drug Remedies (Stram+Hyos+Bell+Opium)	4+2+1+2	9
2.	Carbon Group (Calcarea carb+Baryta carb+Nat carb)	3+4+1	8
3.	Calcarea Group (Calc. carb+Calc. phos)	3+2	5
4.	Bartyta Group (Baryta carb+Baryta mur)	4+1	5
5.	Snakes group (Lachesis+Crotalus . h)	3+2	5
6.	Sulphur	3	3
7.	Spider Group (Tarentula. h)	2	2

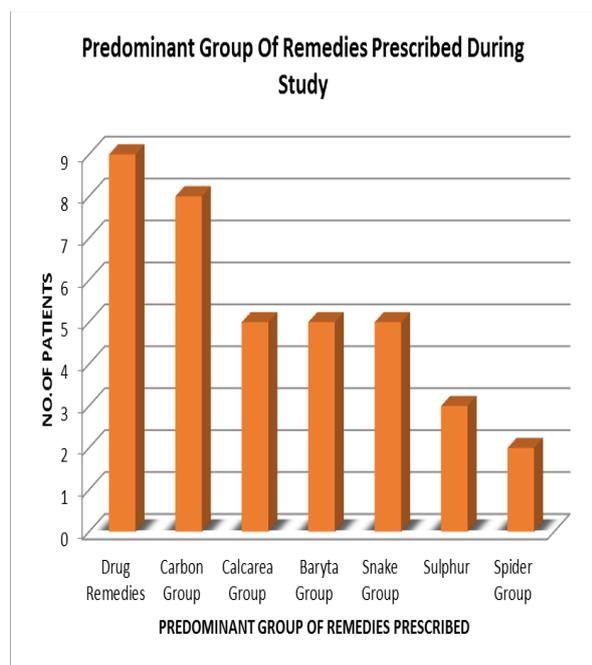


Fig 4 Group of Medicine used

Response after Treatment-

Table No. 6. Showing Improvement index

Improvement Index	No of Cases	Percentage of Cases
Marked Improvement	06	12%
Moderate Improvement	24	48%
Mild Improvement	15	30%
No Change	05	10%

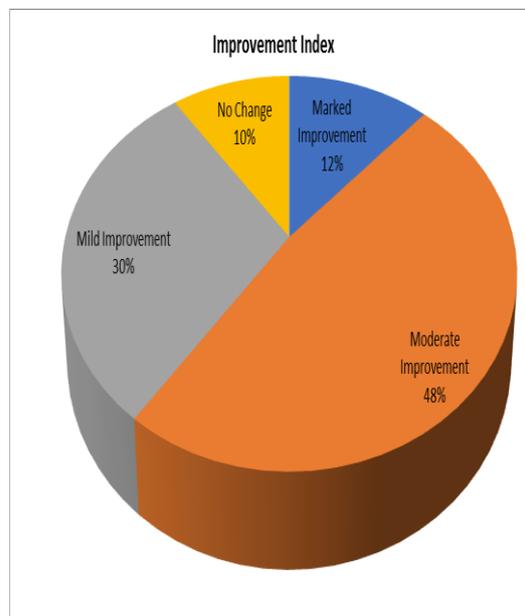


Fig 5 Response after Treatment

RESULT AND DISCUSSION

A total of 50 cases were selected and the selected cases were of 12 yrs and below age group. The cases were diagnosed based on Vanderbilt Diagnostic Scale (Parent informant).

All the cases were repertorized with synthesis and close running remedies were finally differentiated with further reference

to Materia Medica. Constitutional Remedies were prescribed to all patients after detailed, careful and thorough case-taking, analysis, evaluation and repertorisation of cases. Medicines were prescribed on Totality of cases, the essence found, and also keeping in view of sensitivities, susceptibilities and miasmatic cleavage. Cases were reviewed at regular intervals.

There was a significant difference in incidence of ADHD cases according to both the sexes. Majorities of cases of study group were Male children. Out of 50 cases studied, 41(82%) patients were found to be Males and 9 (18%) patients were Female children i.e. males were affected 4-5 times more than females.

In this study of 50 cases, we found that ADHD- Attention Deficit Hyperactivity Disorder is mostly found associated with other disorders.

ADHD is mostly found associated with Oppositional Defiant Disorder (14 patients, i.e. 28% of cases), then other most common association with - Global Developmental Delay, Specific Developmental disorders esp. speech, Learning difficulties such as Dyslexia/Dyscalculia (13 patients i.e. 26% of cases). Depression (8 patients i.e. 16% of cases) and anxiety disorders (7 patient's i.e. 14% of cases) are also common

associated disorders which are found mostly in Inattentive Type of ADHD.

Of the 50 cases treated based on constitutional totality, Stramonium and Baryta carb indicated in maximum number of 4 patients (8% of cases) each and proved to be effective. Lachesis, Sulphur, Calc. carb are indicated in 3 patients (6% of cases) each. Opium, Hyoscymus, Tarentula, Crotalus. h, Calc. phos, Medo, Tuberculinum were indicated in 2 (4% of cases) patients each.

Predominant groups of medicines were found to be Drug Remedies in 9 patients, mostly in Predominantly Hyperactive/Impulsive type of ADHD

Carbon group in 8 patients, mostly in Predominantly Inattentive type of ADHD Calcarea, Baryta and snakes Group in 5 patients each

After giving the Homoeopathic remedy, improvement was observed in the person as a whole- at the physical, emotional and mental level.

The result was following:

- Of the 50 cases, only 6 patients showed marked improvement (i.e. 12% of the cases), Maximum patients, 24 showed moderate improvement (i.e. 48% of the cases) and 15 patients showed mild improvement after treatment (i.e. 30% of the cases). There was no change in 5 patients (i.e. 10% of the cases).

- Marked Improvement was seen in those cases
 - Which have no other associated disorder
 - Which were not of very severe degree
 - Constitutional Remedy was given on considering all history, constitution, built, Susceptibilities, tendencies, sensitivities and Miasmatic cleavage.
- No change is seen in those cases
 - Which have severe intensity or have gone syphilitic in character
 - Which have other associated disorders like Autism which require combination of therapies.

CONCLUSION

The following conclusions were drawn from the study:

- Constitutional treatment approach is the most effective considering all history, constitution, built, Susceptibilities, tendencies, sensitivities and Miasmatic cleavage. A detailed case taking and evaluation is necessary to find out the correct remedy selection for the cases.
- After the administration of homoeopathic remedies, general

improvement in the condition of these patients was noted.

- The prevalence of ADHD is more in Males (82%) than in Females (18%)
- ADHD is mostly found associated with other disorders. The most common found to be Oppositional Defiant Disorder (14 patients, i.e. 28% of cases),
- Stramonium and Baryta carb indicated in maximum number of 4 patients (8% of cases) each. Lachesis, Sulphur, Calc. carb are indicated in 3 patients (6% of cases) each.
- Predominant groups of medicines were found to be Drug Remedies in 9 patients, mostly in Predominantly Hyperactive/Impulsive type of ADHD. Carbon group in 8 patients, mostly in Predominantly Inattentive type of ADHD
- If ADHD is associated with other disorders then, other therapies are also required in combination with Homoeopathic Treatment. speech therapy, physiotherapy, behavioural therapy together with parental support and specialized teaching methods are required along with medication.

REFERENCES

1. Ahuja N, Ahuja S. A short textbook of psychiatry.7th edition India. Jaypee brothers medical publishers;2011

2. Behrman RE, Kliegman RM, Jenson HB. Nelson textbook of paediatrics. 17th edition. Elsevier health sciences; 2003.
3. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th edition. Arlington VA, American psychiatric association; 2013.
4. Eagle R. What are the effects of Ritalin?: Nov 4, 2020 URL: <https://www.medicalnewstoday.com/articles/Ritalin-effects>
5. <https://www.rxlist.com/ritalin-side-effects-drug-center.htm>
6. Hahnemann S. Organon of medicine. 5th and 6th edition combined, New Delhi, India. B. Jain publishers pvt. ltd; 2001.
7. Herbert RA. The principles and art of cure by Homoeopathy. Reprint edition. New delhi, India. B. Jain publishers pvt. ltd; 2004.
8. Sadlock BJ, Sadlock VA, Kaplan and Sadock's comprehensive textbook of psychiatry. 8th edition, volume 1. Lippincott Williams and Wilkins; 2004.
9. Singh M. A manual of essential pediatrics. 2nd edition. Noida, U.P. Thieme medical and scientific publishers private limited; 2003

How to Cite this Article- Goyal A., Singh M., Study Of Cases Of “Attention Deficit Hyperactivity Disorder: ADHD” To Ascertain The Effectiveness Of Homoeopathy In Its Management. *TUJ. Homo & Medi. Sci.* 2022;5(2):02-12.

Conflict of Interest: None

Source of Support: Nil

