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## Role of Homoeopathic Remedies in Treatment of ADHD

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**H**omoeopathy is the system of medicine founded by Dr. Samuel Hahnemann (1755-1843) of Germany. It is based on the principle that “like cures like”. In practice, this means that a medicine capable of producing certain effects when taken by a healthy human being is capable of curing any illness that displays similar effects. In pediatric practice; attention deficit disorders (ADHD/ADD) are the most common serious psychosocial problems prompting parents to seek help for their children. Since the ability to pay attention and concentrate is a basis prerequisite of child development, forming the foundation of all learning and thinking as well as of emotional and social interaction, the suffering of these children as well as their siblings, parents, teachers, and fellow pupils is often considerable.

### **ADHD DEFINITION<sup>1</sup>**

The definition of attention-deficit/hyperactivity disorder (ADHD) has been updated in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) to more accurately characterize the experience of affected adults. This revision is based on nearly two decades of research showing that ADHD, although a disorder that begins in childhood, can continue through adulthood for some people. Previous editions of DSM did not provide appropriate guidance to clinicians in diagnosing adults with the condition. By adapting criteria for adults, DSM-5 aims to ensure that children with ADHD can continue to get care throughout their lives if needed.

ADHD is characterized by a pattern of behaviour, present in multiple settings (e.g., school and home), that can result in performance issues in social, educational, or work settings. As in DSM-IV, symptoms will be divided into two categories of inattention and hyperactivity and impulsivity that include behaviours like failure to pay close attention to details, difficulty organizing tasks and activities, excessive talking, fidgeting, or an inability to remain seated in appropriate situations.

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## INCIDENCE<sup>[4, 5, 6]</sup>

- The prevalence of ADHD in India has increased from 5.2% (2003) to 11.32% (2011).
- In approximately 80% of children with ADHD, symptoms persist into adolescence and may even continue into adulthood.
- Children and adolescents in the age group of 4-18 years are the sufferers of the condition. It is more common in males than females

## AETIOLOGY<sup>3</sup>

The etiology is unknown; however following causes may play a role in development of the disorder.

**Genetic:** Certain genes and neurotransmitters are responsible for its occurrence and plays a major role in the development of ADHD and may run in family. It is familial and highly heritable, and the disorder is being refined to identify phenotypes for use in the search for susceptibility genes (Thapar et al, 2006). Associations have been reported with variations in genes for the dopamine receptors 4 (DRD4) and 5 (DRD5) and a dopamine transporter (DAT1) (Collier et al, 2000). The most robust of these is the association between ADHD and a repeat within the coding region of DRD4 (Faraone et al, 2001).

**Environmental factors:** substance use and abuse (cigarettes, alcohol etc.) during pregnancy, exposure to high levels of lead.

**Brain injuries** in children, during pregnancy, delivery or immediately after birth

**Others:** Premature delivery and Low birth weight, consumption of certain food additives like artificial colors or preservatives, and sugar.

## DSM-5 CRITERIA-ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)<sup>1,7</sup>

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with function, as characterized by (1) and/or (2)

1) **Inattention**- six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level: a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.

b) Often has difficulty sustaining attention in task or play activities

c) Often does not seem to listen when spoken to directly

d) Often does not follow through on instructions and fails to finish schoolwork, chores or duties in the workplace

e) Often has difficulty organizing tasks and activities

f) Often avoid, dislikes, or is reluctant to engage in tasks that require sustained mental effort

g) Often loses things necessary for tasks or activities

h) Often easily distracted by extraneous stimuli

i) Often forgetful in daily activities

## Role of Homoeopathic Remedies in Treatment of ADHD

- 2) **Hyperactivity and impulsivity**- six (or more) of the following symptoms have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental levels:
- often fidgets with hands or feet or squirms in seat
  - Often leaves seat in classroom or in other situations in which remaining seated is expected
  - Often runs about or climbs excessively in situations in which it is inappropriate
  - Often has difficulty playing or engaging in leisure activities quietly
  - Is often “on the go” or often acts as if “driven by a motor”
  - Often talks excessively
  - Often blurts out answer before questions have been completed
  - Often has difficulty awaiting turn
  - Often interrupts or intrudes on others
- B.** Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
- C.** Some impairment from the symptoms is present in two or more settings (school, work, home)
- D.** There must be clear evidence of clinically significant impairment in social, academic or occupational functioning

### SUBTYPES OF ADHD<sup>7</sup>

1. **Predominantly hyperactive-impulsive:** if enough symptoms of both criteria inattention and hyperactivity-impulsivity were present for the past 6 months.
2. **Predominantly inattentive:** if enough symptoms of inattention, but not hyperactivity-impulsivity, were present for the past six months.
3. **Combined hyperactive-impulsive and inattentive:** if enough symptoms of both criteria inattention and hyperactivity-impulsivity were present for the past 6 months

### PSYCHOLOGICAL IMPACT OF ADHD ON THE CHILD

It is important to understand the emotions of each child with its presenting complaint, the behaviour of the child in school and at home. It is not necessary each child suffering from ADHD may show same type of emotion or feeling with the suffering. Child may experience anger, frustration and low self-esteem due to repeated failure in school. Child may feel ashamed because of because of poor performance in tasks and activities. So with homoeopathic point of view we have to individualise the case, as each case or child is different from every other.

### HOMOEOPATHIC MANAGEMENT OF ADHD

Homoeopathy treats a person suffering from disease, not only disease. It treats child as a whole along with diagnostic symptoms. Case taking includes detailed information of child – past medical history, medical history of parents, mental and physical constitution of the child, information regarding pregnancy and vaccination. Homoeopathic remedies have deep influence on emotional sphere of the patient. In homoeopathic case taking the emotions which the child is experiencing with the psychological problems are also given importance. Few remedies like

## Role of Homoeopathic Remedies in Treatment of ADHD

tarantula, tuberculin, veratrum album, carnosinum and many more are helpful in treating child suffering from ADHD along with psychosocial treatment. Whether ADHD/ADD is expressed as mild disturbance or severe disability depends on the child's personality, temperament, talents and abilities. Even today the usual treatment approach consists of educational and psychotherapy measures, increasingly combined with stimulants. Unsure which way to turn for help, parents often seek assistance from homoeopathy, which claims to offer an important contribution in addressing this issue<sup>15</sup>. Several researches<sup>8, 9, 10, 11, 12, 13, 14</sup> has been done which shows the positive results of homoeopathy in managing ADHD. However, together with calmness, patience, equanimity, and consistency, the following points deserve special attention<sup>15</sup>

1. Avoid a reproachful tone; more can be achieved with decisiveness and humor.
  2. Do not apply pressure to perform – the result is better achievement
  3. Lighten work and tasks with plenty of breaks.
  4. Prevent arguments by setting clear rules and boundaries
  5. Both parties should honour common agreements.
  6. Promote self-responsibility and accountability in a spirit of freedom since telling others mutual what to do generate much resistance.
  7. Foster mutual respect to achieve long-term improvement
  8. Offer recognition and praise at every opportunity
  9. Set a good example with positive behaviour.
  10. ADHD/ADD children should be able to spend at least one hour a day exercising outside in the fresh air. Preoccupation with electronic media such as laptops, TV, smart phones, gaming devices and so on should be kept to a minimum.
  11. Judo, karate, aikido and other Asian martial arts encourage the development of optimal self-control, body control and body perception. They are especially recommended for patients with ADHD/ADD.
  12. Profession Help: Parenting of these children can often only be accomplished with professional help. The first and very significant treatment option for young children should therefore be counseling of the parents in parenting. This can be obtained from parental counseling centers, child psychologists, child psychiatrists or pediatricians with the necessary training. Remedial teachers can also provide important support for the child and parents.
- Homoeopathy has large number of medicines referred for the symptomatology of ADHD such as “inattention”(mind, concentration, difficult) 535 medicines, for “Hyperactivity” (mind, activity, hyperactive) 67 medicines, and for “Impulsivity” (mind, impulsive) 57 medicines are available.

### **PSYCHOSOCIAL TREATMENT<sup>2</sup>**

Psychosocial treatment of children with ADHD refers to non-medication treatment one can include, such as psycho-education, academic organization skills and remediation, parent training and social skills training.

## **Role of Homoeopathic Remedies in Treatment of ADHD**

*Psycho-education* can refer to educating the child and family about ADHD and its possible etiology, presentation, treatments, side effects, and prognosis. This educational process may also address issues of co morbidity and deficits the child experiences, as well as stresses on the child, parents, and family as a whole.

*Psycho-educational interventions* can also refer to intervention at school designed to improve school behaviour, academic productivity, and achievement. These interventions, after a functional assessment, can have antecedent-oriented classroom management strategies, which are proactive and meant to prevent undesirable behaviour by optimizing conditions for appropriate adaptive behaviour. Such intervention can include reduction in task demands, making tasks more stimulating (e.g., via computers), and providing students with choices related to academic work, resulting in increased academic engagement. Classroom interventions also include consequent-oriented programs (e.g., token reinforcement and response cost to improve behaviour). A daily report card, listing desired behaviours and academic productivity, is completed by the teacher at school and rewarded by parents at home. In older children and adolescents, this can be replaced by contingency contracting, which still has to have tasks that are readily attainable and rewards that are meaningful to the adolescent and delivered with relatively short delays (within the day). Generally, these programs are effective when they are carried out. However, efficacy decreases when they are discontinued.

### ***Academic Organizational Skills and Remediation***

ADHD symptoms, such as inattention, impulsivity, and hyperactivity, affect school behaviour, learning, and academic performance. Furthermore, children with ADHD tend to be co morbid for learning disabilities, with rates ranging from 10 to 92 percent, with usual quoted rates of approximately 20 to 25 per cent. Thus, children with ADHD are known to have experienced poor academic achievement, more tutoring, more grade repetition, and more frequent placement in special education classes. The academic problems of children with ADHD have been well documented.

### ***Parent Training in Behaviour Therapy***

Parents of children with ADHD often have difficulty in effectively managing their child's behaviour. Parent training is an intervention that teaches parents how to implement a contingency management behavioural program. Training involves providing parents with an overview of social learning and behaviour management principles. Strategies of behavioural management, such as identifying target behaviours, instituting (with the child's input) a meaningful reward system, contingency attention, time-out, and response cost, are all taught. The intervention can be carried out with individual parents or groups of parents. Parent groups are more efficient and provide added group acceptance and support, but techniques and strategies learned in the group often need to be reinforced in individual parent sessions to be effectively used at home.

### *Social Skills Training*

Poor social functioning is one of the most disabling associated features of ADHD in children. Impaired social functioning and the accompanying peer and adult rejection significantly affect self-esteem and influence long-term outcomes. However, social impairment is very difficult to treat effectively.

Social skills programs are usually carried out in small groups, with the advantage of providing opportunities for peer modeling and practicing skills with peers. Social skills training combine both cognitive-behavioural and behavioural interventions. Techniques such as modelling, didactic instruction, symbolic play with puppets, in vivo practicing role play, and behavioural rehearsal are used. Positive reinforcement, self-management, and reinforced self-evaluation help reduce negative social interaction and increase positive social behaviour.

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### *Conflict of Interests*

The author declared no conflict of interests.

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## Role of Homoeopathic Remedies in Treatment of ADHD

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