

## Original Research

### Homoeopathy in management of A.D.H.D in children

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#### ABSTRACT:

ADHD: Attention Deficit Hyperactivity Disorder is a trio of:

1. Inattention
2. Impulsiveness
3. Hyperactivity

It is usually associated with specific learning disabilities (S.L.D) resulting in academic failure and abnormal behavior.

**Keywords:** ADHD, SLD, Hyperactivity, Inattention

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#### INTRODUCTION

ADHD in children was first described in early 20<sup>th</sup> century. It was called “Organic Drivenness” IV.

**The syndrome in the past has been described as 2 distinct entities:**

- a) Attention Deficit Disorder
- b) Hyperkinetic Syndrome

As the studies of two syndromes showed more and more overlap in the presenting symptoms, it was recognized that the two conditions are essentially one entity and were describes as “Attention Deficit Hyperactivity Disorder” or ADHD

**Actiology:** It can be considered under 5 main headings: X.

#### I. Genetic:

- a) Increased Incidence of disorder in children of parents with H/O similar disorder.
- b) Increased Incidence of disorder in the siblings of Index care reported.
- c) 100% concordance of ADHD in twin studies.

#### II.

#### III.

#### Neurochemical:

One or the other Catecholamine , more often dopamine than norepinephrine or interaction between them or serotonergic neurotransmission or the effects of actylcholine or aminobutyric acid have been

suggested to play a significant role in pathogenesis of ADHD.

#### Organic Cause:

- a) Minimal brain damage from birth injury/hypotia has been mentioned as a contributory factor.
- b) Delay in maturation of cerebral inhibitory pathways has been reported.

#### Psychosocial & Environmental Factors:

Increased incidence of the syndrome in the children of parents who have H/O personality disorder, Alcoholism/Neurotic illness has been reported.

**Food Allergies:** Salicylates, Lead exposure, Artificial food colors/flavors may be a contributory factor only

#### Palth – psycho – physiology

- ADHD is polymorphic genetic disorder involving CNS neurotransmitter and receptor regulation . No single gene , neurotransmitter , allured pathway or mechanism has been found to account for the observed patterns of dysfunction and comorbidities .

## CLINICAL FEATURES

### 1. Inattentiveness:

- Difficulty in keeping attention at work
- Engrossed in own thoughts
- Gets distracted easily
- Fails to finish work
- Forgetful in daily activities

### 2. Impulsiveness:

- Aggressive: Ill humored, cross, irritable, difficult to discipline.
- Accident Prone
- Impatient: Hurried, Abrupt, Intruding

### 3. Hyperactivity:

- Restlessness
- Unable to sit/stand at one place
- Fidgety with hands & feet
- Talks excessively

### 4. Insatiability:

- Never Satisfied
- Argues and Nags small things.

### 5. Social Clumsiness:

### 6. Poor Coordination:

- Coloring, Handwriting, Running etc

### 7. Disorganisation:

- Messy Clothes, Dirty.

### 8. Inadequate, Low Self Esteem, Timidity

### 9. Associated Disorders :

- SLD :
  - Specific Learning Disabilities
  - Dyslexia
  - Language problems
  - Difficulty in comprehension

## DIAGNOSIS AND CLASSIFICATION

American Psychiatric Association  
(DSM-IV) (Diagnostic & Statistical Manual IV)

### A. Either {1} or {2}

1. Six or more of the symptoms inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level .

2. Six or more of the symptoms of Hyperactivity-Impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level .

### 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 2 or more settings (Ex: School / Home)

### D. There must be clear evidence of clinically significant impairment in social, academic or occupational functioning .

- E. The symptoms don't occur exclusively during the course of a pervasive developmental disorder, schizophrenia or other psychotic disorder are not better accounted for by another mental disorder (Ex: Mood disorder , Anxiety disorder , Dissociation disorder or a Personality disorder)

## CODE BASED ON TYPE

1. ADHD - Combine type  
If both A1 and A2 are met for past 6 months
2. ADHD – Predominantly inattentive  
If A1 is met but A2 is not met for past 6 months
3. ADHD – Predominantly Hyperactive Impulsive  
If A2 is met but A1 is not met for past 6 months

## INVESTIGATIONS AND ASSESSMENT

### (1) Neuroimaging Studies – MRI Head-- PET

### (2) Psychometric Tests

#### A. Cognitive Functions – IQ {Intelligent Quotient} / D.A {Developmental Age}

- (i) Malins Intelligence Scale for Indian Children
- (ii) Stanford – Binet Scale etc.

#### B. Non-Cognitive Functions – Personality etc

- (i) Temperament Measurement Scale
- (ii) Children Personality Questionnaire
- (iii) ADHD comprehensive Teacher's Rating Scale

#### C. Neuropsychology Test: Frontal Lobe functions

- Stroop Color – Word test
- Word sorting tests etc.

### (3) Rating Scales : Prognostic

- A. Barkley -D U Paul - predominantly hyper active and impulsive type
- B. Edelbrock rating scale predominantly inattentive type

## MANAGEMENT

Psychological treatments

- a) psychotherapy
- b) cognitive behavior therapy
- c) remedial teaching and social skills training

## DIET

Diet modification by dr feingold

Bengalin -exclusive diet to avoid

- artificial colors
- flavors
- tea
- coffee
- chocolates
- spices'
- sauces
- pickles
- cakes
- ice creams etc.

## PHARMOCOTHERAPY

- Stimulant drugs
- Sedative drugs
- anti depressants

### **HOMOEOPATHIC MANAGEMENT**

Miasmatic diagnosis-- It is a predominantly PSORO  
PSYCHOTIC disorder

PSORA ---- Predominantly hyper active impulsive  
type of ADHD

prognosis is better

SYCOSIS----- predominantly hyper active impulsive  
type of ADHD

prognosis not so good

### **THERAPEUTICS**

#### **DRUGS AFTER REPERTORISATION**

#### **POLY CRESTS**

Hyosymus

Stramonium

Tarentula

Zincum met

Veratrum album

Ars iod

Iodum

Chamomilla

Nux vomica

Merc sol

Sanicula

Helliborous

Lachesis

Lycopodium

CIcuta virosa

Calcrea carb

### **INTERCURRENT REMEDIES**

Sulphur

Tuberculinum

Carcinosin

Thuja occidentalis

### **DRUGS WITH NUTRITIVE FUNCTIONS**

Brahmi

Avena sativa

Ginkgo biloba

### **DRUGS WITH PALLIATIVE ROLES**

Kali Phos

Rauwolfia serpentina

### **CONCLUSION**

HOMOEOPATHY may be a effective  
complimentary/ mainstream approach for reducing  
symptoms with ADHD

### **WHAT IS MORE LIKELY TO IMPROVE**

- Overactivity
- attention span
- impulsive and self control
- physical and verbal aggression
- Academic productivity and accuracy
- social interaction with peers family etc

### **WHAT IS LESS LIKELY TO IMPROVE**

- Reading skills
- social skills
- learning
- anti social behavior

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