

ADHD : PSYCHOLOGICAL AND HOMOEOPATHIC PERSPECTIVE

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition that is characterised by *inattention*, *hyperactivity* and *impulsivity* that is problematic and affects the overall development of the child.

It is one of the most common childhood problems with a worldwide prevalence of 5.29% (Polanczyk et al., 2007).

Terms like “on the go” and “running on a motor” are common ways of describing such children.

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CAUSES

1. Genetic factors
2. Neuroanatomical factors
3. Role of neurotransmitters
4. Teratogens
5. ADHD is NOT DUE to bad parenting!

SIGNS & SYMPTOMS

ADHD mainly comprises of three features – *inattention*, *hyperactivity* and *impulsivity*. On the basis of these there are three subtypes of ADHD :-

1. Predominantly inattention type
2. Predominantly hyperactive and impulsive type
3. Mixed type

Symptoms of Inattention

- Is unable to complete the task that he/she started with
- Does not listen to or respond at once
- Seems to be in his/her own world at times
- Makes silly/careless mistakes like reading the question wrong or misreading the symbols
- Is unable to follow 2-3 instructions together
- Needs to be told the same thing repeatedly
- Does not pay attention to details
- Is easily distracted
- Is forgetful in daily activities
- Does not like tasks that require sustained attention

Symptoms of Hyperactivity and Impulsivity

- Fidgets with hands or legs
- Is unable to sit at a place for long; gets up from seat even when he/she is required to be seated
- Is always “on the go”
- Cannot play quietly
- Finds it difficult to wait for his/her turn
- Speaks or answers even before the question is completed

- Talks excessively
- Interrupts or intrudes on others
- Appears disorganised or messy

DIAGNOSTIC CRITERIA

- Manifests symptoms of either inattention or hyperactive-impulsive behavior
- Symptoms are developmentally inappropriate
- Have existed for at least 6 months
- Occur across settings (2 or more)
- Result in impairment in major life activities
- Developed by age 12 years
- Are not best explained by another disorder, e.g. Severe MR, PDD, Psychosis

COMORBID CONDITIONS

- Learning disability
- Conduct disorder (Sadiq, 2007)
- Anxiety or mood disorder (Rader et al., 2009)

Subsequently, the child might develop interpersonal issues, have low self-esteem and develop unhealthy coping mechanisms.

Even academically, the child might face lot of challenges due to over-emphasis on writing and presentation of the answer in our education system.

PSYCHOLOGICAL INTERVENTION

- Psychoeducating the parents and teachers of the child about the condition
- Modifications in terms of environment, way of giving instructions, task assignment, and organization modification at home and school for making it more conducive for the child to learn
- Behaviour modification and contingency management (rewards and punishment)
- Attention enhancement techniques (grain sorting, beading, letter/number cancellation, shading/colouring)

Sport or physical activity

CASES OF ADHD TREATED WITH HOMOEOPATHY

CASE NO. 1

Patient A.S, 5 year old female child, was brought by her mother to me with the complain of brittle teeth and behavioral disorders on **3rd Sept. 2016**.

I was told that she was an **adopted child** and since the age of 1 year and few months she was with her new parents.

According to the mother she was a very lean and thin child since the very beginning. She walked late at the age of almost 2 yrs and her speech was also delayed. Her teeth looked very pale and would chip off on its own at times.

The main concern for the mother was that the girl was extremely aggressive and reluctant to socialize with other kids of her age or younger to her.

She was though fine with people elder to her. But she would boss around the same age and younger ones. She was unable to sit in 1 spot for not more than few seconds and would constantly move about.

On being asked any question she would shout back and even hit the person at times. There was lack of focus and concentration in the young girl even when I tried to ask her simple question like “Where do you live?”, etc.

Her speech also was not well articulated and she would often ignore what is being asked from or told to her.

At times she would not even realize that she has peed or pooped inside her pants and would still keep playing.

There were many complaints about her from the school and the parents were forced to go to the Psychiatrist on the insistence of the school authorities.

The most remarkable thing that I observed during the entire case taking was that the girl would become angry or even cry once I looked at her.

She never looked straight into my eyes on her own and would run away if I tried to examine her. She would either hide behind my chair or go behind her mother and even if I tried to sneak an eye contact, she would immediately become angry.

She was diagnosed by the Psychiatrist to be suffering from **Attention Deficit Hyperactivity Disorder (ADHD)**

- R x 1. Antim Crud 200 / 3 doses at an interval of half an hour each
2. Calcarea phos 6x / 2 tablets 3 times a day

Why Antim Crud.?

In **Aphorism 153** of the Organon of Medicine, **Dr.Hahnemann** says – *“In this search for a homoeopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the list of symptoms of known medicines, in order to find among these an artificial morbific agent corresponding by similarity to the disease to be cured, the more **striking, singular, uncommon and peculiar (characteristic)** signs and symptoms of the case of disease are chiefly and most solely to be kept in view; for it is more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to, in order to constitute it the most suitable for effecting the cure.*

Child is fretful, peevish, **cannot bear to be touched or looked at**; sulky, does not wish to speak or be spoken to...(....**Allen’s Key Notes** by H.C.Allen)

FOLLOW-UPS

5th Oct. 2016 The girl’s appetite improved. She could now tell whenever she wanted to go to the toilet. The teeth appeared stronger and whiter though still not absolutely normal. According to mother her attention span had increased a bit. Very slight but definite change was noticed.

Rx Calcarea phos 6x / 2 tablets 3 times a day

20th Dec. 2016 This was the 2nd time ever that she had come to my clinic and the change was visible. She greeted and shook hands with me on being asked by her father while entering my chamber. The attention span had improved considerably. She was still very aggressive though, but a little less than earlier.

Rx Antim crud 200 / 1 dose

17th Feb. 2017 Much improved in general. The aggression much reduced. Speech better than before.

21st Apr. 2017 Behavior improving all through. Not hitting anyone now. Obeys the parents more often now. Sac lac was given throughout this period.

21st July 2017 Concentration much better. Looks into the eyes confidently while speaking. Aggression much reduced but still gets irritable at times. Writing has improved as well. Appetite much better. Teeth not brittle anymore and look shining white.

Note – Patient is still under treatment and throughout the treatment she has been visiting an occupational and Psychotherapist as well near her residence in Gurgaon.

CASE NO. 2

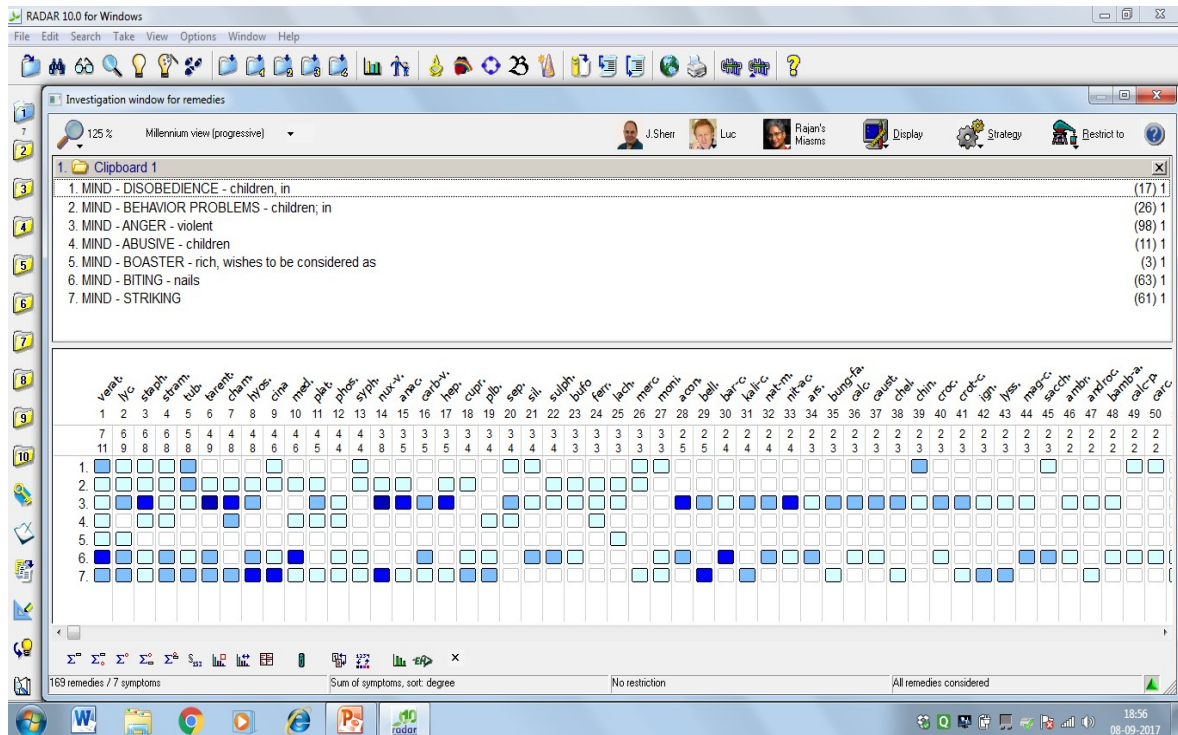
Patient Mr. L.P, 16 yrs old boy, already diagnosed with ADHD was brought to me on 3rd June 2014.

The parents complained that the boy was highly ill-behaved. Would get angry very soon on slightest of things. He had violent anger and would abuse and even beat his parents if things did not go according to his wishes.

He boasts a lot about himself though would never execute any plans as his concentration was extremely poor and he could not sit patiently for more than 5 minutes at a stretch. There was excessive nail biting as well.

He was brought from an orphanage at the age of 3yrs. When he was 5, his bicycle was stolen from outside their home after which the boy became extremely angry and aggressive and wanted his cycle back there and then at any cost. The father had to rush to the market and get a new cycle on that very day itself. This was the beginning of developing into ADHD.

He was very disobedient and extremely impulsive. He would never apologize on committing a mistake.



Repertorization showed:-

- Verat. Alb – 11/7
- Lycopodium - 9/6
- Staphysgaria – 8/6
- Strammonium – 8/6
- Tuberculinum – 8/5

As Verat Alb. covered all the symptoms and was the highest ranked remedy in the repertorial result, so he was given 1 dose of **Veratrum Album 200**.

There was not much change seen initially but gradually the patient started responding very well to Veratrum. There was a remarkable change in his behavior over a period of few months. There was much sensibility and subtlety in his overall personality. His anger levels came down over the course of treatment.

1 dose of Veratrum Album 200 was given every month to the 16yrs old boy.

The boy improved tremendously all over .

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