ADHD (Attention Deficit Hyperactivity Disorder) & Its Homoeopathic Therapeutics

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Abstract: Attention deficit hyperactivity disorder (ADHD) It is characterized by difficulty in paying attention, difficulty in controlling behavior and hyperactivity Children will be failing to pay close attention to details, appearing to not listen when spoken to directly, failing to follow through on instructions or finish assigned work, having difficulty sustaining attention during tasks or play, having, difficulty organizing tasks or activities, avoiding or disliking activities that require sustained mental effort (e.g., schoolwork), tasks. frequently losing things required for tasks and activities, becoming easily distracted, and experiencing frequent forgetfulness in daily activities. Often blurts out answer before the question has finished, has difficulty waiting turn, interrupts and butts in.

Keywords: Hyperactivity, impulsiveness and inattentiveness

1. Introduction

Attention deficit hyperactivity disorder (ADHD) is a neurobehavioral disorder in children, estimate to affect 3-5% of School – Aged children. It is characterized by difficulty in paying attention, difficulty in controlling behavior and hyperactivity Children will be failing to pay close attention to details, appearing to not listen when spoken to directly, failing to follow through on instructions or finish assigned work, having difficulty sustaining attention during tasks or play, having, difficulty organizing tasks or activities, avoiding or disliking activities that require sustained mental effort (e.g., schoolwork), frequently losing things required for tasks and activities, becoming easily distracted, and experiencing frequent forgetfulness in daily activities. 

Attention deficit hyperactivity disorder (ADHD) is a neurobehavioral disorder in children, estimate to affect 3-5% of School – Aged children; it is characterized by difficulty in paying attention, difficulty in controlling behavior and hyperactivity. Diagnosis of children up to the age of 16 years requires the presence of at least 6 symptoms of inattention or 6 symptoms of hyperactivity-impulsivity for at least 6 months in two or more environments. Based on the types of symptoms, three kinds (presentations) of ADHD can occur:

- Predominantly hyperactive impulsive: Most symptoms (6 or more) are in the hyperactivity-impulsivity categories, and less than 6 symptoms of inattention are present. 
- Predominately inattentive: The majority of symptoms (6 or more) are in the inattention category and less than 6 symptoms of hyperactivity-impulsivity may still be present to some degree. Parents or teachers may not readily recognize these children as having a problem.
- Combined hyperactive –impulsive and inattentive: these children have six or more symptoms each of inattention and hyperactivity – impulsivity. Most children have the combined type of ADHD.

2. Classification

- Class1: Hyperactivity , impulsiveness and inattentiveness(most common)
- Class 2: Hyperactivity and impulsiveness only
- Class 3: Mainly inattentiveness(uncommon)

Etiology
ADHD is multifactorial in origin, with genetic, neural, and Environmental contributions. Twin studies and family studies demonstrate high heritability (0.8) and greater risk of Developing ADHD in first-degree relatives. Candidate genes include those involving the dopaminergic and noradrenergic Neurotransmitter systems, Prenatal exposure to Substances (e.g., nicotine, alcohol) and damage to the Central nervous system. For most children, no etiology is identified. Both genetic and environmental factor play a role, studies have identified abnormalities in dopamine transporter and thyroid receptor beta genes in some patients. Brain damage, prematurity, Low birth weight and psychosocial factor have been blamed.

Epidemiology
U.S. prevalence rates for ADHD vary, depending on criteria used and population studied, with rates typically in the 5% to 10% range. The male to female ratio is 2 to 6:1, with greater. Male predominance for the hyperactive/impulsive and combined Types. Girls often present with inattentive symptoms and are more likely to be under diagnosed or to receive later diagnosis. Symptoms of ADHD, particularly impulsivity and inattention, persist into adolescence and adulthood in 60% to 80% of patients.

Diagnosis
Children with ADHD show a persistent pattern of inattention and hyperactivity-impulsivity that interferes with functioning or development. Revised DSM-5 criteria for ADHD are listed.

1) Inattentive behavior
- Often fails to give close attention to details or make careless mistake in schoolwork, at work or with other activities.
- Often has trouble holding attention on task 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 task and activities.
• Often avoids, dislike, or is reluctant to do that require mental effort over a long period of time (such as schoolwork, or homework). (3)
• Is often forgetful in daily activities. (1)
• Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones). (3)
• Difficulty in processing information as quickly and accurately as other. (1)
• Daydreams, become easily confused, and move slowly. (1)
• Is often easily distracted. (5)

2) Hyperactive behavior
• Runs about or climbs excessively in situations where it is inappropriate. (1)
• Fidgets with hand and feet and squirms in seat. (1)
• Talks nonstop. (1)
• Has trouble sitting still during dinner, school and story time. (1)
• Has difficulty doing quiet tasks or activities. (1)

Based on the types of symptoms, three kinds (presentations) of ADHD can occur:
• Combined presentation: if enough symptoms of both criteria inattention and hyperactivity – impulsive were present for the past -6 month. (3)
• Predominantly inattentive presentation: if enough symptoms of inattention, but not hyperactivity-impulsive, were present for the past -6 month. (5)
• Predominantly hyperactive-impulsive presentation: if enough symptoms of hyperactivity impulsivity, but not inattention were present for the past -6 month. (5)

3) Impulsive behavior
• Has difficulty awaiting turn in games or group situations. (1)
• Blurt out answers to questions. (1)
• Often interrupts conversation or others’ activities. (1)

References

4. Acknowledgement
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4. References

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