ADHD (Attention Deficit Hyperactivity Disorder) & Its Homoeopathic Therapeutics

Dr. Kanchan Atoliya

Abstract: Attention deficit hyperactivity disorder (ADHD) 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.

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

- Class 1: 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 inattentiveness, 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 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)

3. Leading Remedies in Homeopathic for ADHD

1) Tarentula hispanica: Restlessness cannot keep quit in any position, must keep in motion thought walking aggravates all symptoms. Keep constant movement of leg, arm, trunk, with inability to do anything. Very sensitive to music. It relieves all symptoms, but sometimes it excites violently. (4)

2) Veratrum album: Melancholy, with stupor and mania. Sits in a stupid manner, notices nothing, sudden indifference, frenzy of excitement, shrieks curses, violent mania alternates with silence and a refusal to talk. Cannot bear to be left alone, yet persistently refuses to talk. (4) Violent and destructive. Mania with desire to cut and tear everything especially clothes. (4)

3) Stramonium: Loquacious, talks all the time, sings, make verses and raves, nonstop talk. The mania more acute, Disposed to talk continually, incessant and incoherent talking and language, praying beseeching, entreating. (4) Desire light and company cannot bear to be alone, worse in dark and solitude cannot walk in a dark room. Rapid changes from joy to sadness. (6)

4) Arsenic album: Melancholic, indifferent, anxious, fearful, restless, full of anguish, irritable, sensitive, Mentally restless but physically too weak to move, cannot rest in any place, changing places continually, Wants to be moved for one bed to another, great prostration, cannot bear the smell or sight of food , great thirst for cold water, drinks often but little at a time. (6)

5) Chamomilla: Child exceedingly irritable, fretful, quiet only when carried, impatient, wants this or that and become angry when refused or when offered, petulantly rejects, peevish, cannot return civil answer. (6)

6) Iodium: Loss of flesh with great appetite. anxiety when quiet , sudden impulse to turn and get violent , forgetful, must be busy, forget what he was about to say or to do. He wants to do something hurriedly. (4) and fear of people Suffer from hunger, must eat every hours, anxious and worried if he does not eat, fear> while eating or after eating, when stomach is full, profound debility and great emaciation. (6)

7) Tuberculinum: child always tired, motion causes intense fatigue, rapid emaciation, nervous children, Mentally deficient children, fear of dogs, animals especially desire to use foul language, curse swear. The child is naturally of a sweet disposition, but now turned peevish , irritable. (4)

8) Hyoscyamus niger: Intense sleeplessness of irritable, delirium with restlessness, jumps out of bed, tries to escape, make irrelevant answer, fears being alone, suspicious, with jealousy, rage, incoherent speech or inclination to laugh at everything, will not be covered, kicks off the clothes, exposed the person. (6)

4. Acknowledgement

Thanks to Neeraj Kumar Sharma to help me to edit the article.

References


Author Profile

Dr. Kanchan Atoliya, B.H.M.S, M.D.(HOM.) Paediatrics, Swasthy Kalyan Homoeopathic Medical College, Jaipur (Rajasthan).