IJFANS INTERNATIONAL JOURNAL OF FOOD AND NUTRITIONAL SCIENCES
ISSN PRINT 2319 1775 Online 2320 7876
 Journal UGC CARE Listed (Group-I) Volume 14, Issue 05 2025

A NARRATIVE REVIEW ON USE OF HOMOEOPATHIC SIMILIMUM IN INATTENTIVE TYPE OF ATTENTION DEFICIT HYPERACTIVITY DISORDER.

Dr.Gnnanaprakasham Muthukamu[1]*, Dr.Sunny Mathew[2], Dr.Mohan Narivelil Devasia [3]

[1]*Associate Professor, Ph.D Scholar, Faculty of Homoeopathy, Vinayaka Missions Research Foundation (DU), Salem, Tanilnadu, India.

[2]Professor & Ph.D Guide, Department of Materia Medica, Vinayaka Missions Homoeopathy Medical College,, Salem, Tamilnadu, India

[3]Senior Consultant, Department of Psychiatry, National Homoeopathy Research Institute in Mental Health,Kottayam, Kerala, India

ABSTRACT:

Background: Attention deficit Hyperactivity Disorder (ADHD) is one of the most common neuropsychiatric condition in children. Around 9.8% of children and adolescence population from 03 – 17 years of age receives the diagnosis of ADHD. With the progress of this illness, many children are at risk of developing other behavioural problems during adolescence like early substance abuse, unsafe sex, conduct disorder, antisocial behaviour, etc., Conventional medication has its related drug effects on prolonged use with limited change. Although behavioural therapies help the child in different aspects, it compels the need of complementary therapies. Homoeopathy the second best-considered system of medicine provides multiple openings in treating such conditions with potentized minute drug substances.

Methods: An Integrative Research has been carried out to derive a short review of the ADHD literature through various studies conducted and collection of literature in homoeopathic sources. On converting the disease symptoms into reportorial language (rubrics) derived group of most indicated homoeopathic remedies which help children presenting with only disease symptoms and in cases facing uncertainty in arriving totality or individualisation. Integrating such ADHD inattentive symptoms with RADAR 10 homoeopathic software a group of characteristic similimum were derived. The top ten predominantly indicated medicines received after repertorisation were discussed with characteristic drug pictures.

Results: The most appropriate remedies for the inattentive type of ADHD derived after repertorisation using RADAR Homoeopathic Software were Phosphorus, Nux. Vomica, Alumina, Helleborus, Silicea, Anacardium, Lycopodium, Nat. Carb, Sulphur, Baryta. Carb, etc., the review also presented a key constitutional picture of the indicated remedies.

Conclusion: Homoeopathic medicines can be prescribed for positive results to children with ADHD, supported by its literature background and also suitable for cases reporting only with disease symptoms of ADHD &cases where arriving totality or individuality is unconvinced.

KEYWORDS:

Inattention in ADHD, Homoeopathy, Individualization, RADAR Homoeopathic software.

1. INTRODUCTION:

Attention deficit hyperactivity disorder (ADHD) with inattention type is the most commonly diagnosed neuropsychiatric condition in early childhood, school-going children, and adolescents which is signalized by diminished attention and increased impulsivity or hyperactivity. The biological causes were suggesting the presence of family history, genetic mapping, MRI findings, neurotransmitters etc[1]. According to the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-V)[2], ADHD is characterized by: Inattention, Hyperactivity, and Impulsivity. In ICD–10, ADHD is used as the term "Hyperkinetic disorder" and the cardinal features are impaired attention and hyper activity.[3]

The estimated prevalence of ADHD in India was 1.3 per count of 1000 children.[4,5] The estimated prevalence is 5% to 10% in school-aged children and males are affected more than females.[6] The risk to first-degree relatives of ADHD individuals is 15–60% (2–6 relative risk).[7] Many studies reveal that there is 100% heritability in monozygotic twins and 50% heritability in dizygotic twins.[8,9] There are studies showing evidence for the association of ADHD with several genes involved in dopaminergic (DRD4, DRD5, DAT1), serotonergic (SLC6A3 and 5-HTT/SLC6A4, HTR1B serotonin receptor gene).[9]

The risk factors attributed to ADHD behaviors in children are low paternal education, prenatal smoking, prenatal illicit drug use, and maternal depression.[10] Many studies have shown that low birth weight and a decreased Apgar score is the most important perinatal risk factor for ADHD.[11] A study conducted by Rutter showed that adversity factors like severe marital discord, low social class, large family size, paternal criminality, maternal mental disorder, and foster care may led to ADHD and impairment in children.[12] Many studies reveal that genetic variations are the main risk factor for ADHD and potential gene–environment interactions increase the risk for the disorder.[13]

1.1.NeuroAnatomy of ADHD:

A study conducted by Durston et al found that there is reduction in the cerebral volume and changes in cortical thickness in specific regions like the right hemisphere, frontal lobe, parietal lobe, basal nuclei in the right caudate and putamen, right globuspallidus, corpus callosum in the splenium, cerebellum hemispheres and vermis.[14,15]

In a meta-analysis study conducted by Cortese et al in 2012 evidenced, the following changes,

1. Frontal lobe – Hypoactivation in all the major motor areas like supplementary motor area, bilateral middle superior frontal gyrus, precentralgyrus, and inferior frontal gyrus.
2. Temporal lobe – Right superior temporal gyrus hypoactivation.
3. Parietal lobe – Increased activity in the right angular gyrus and right sub-parietal sulcus and decreased activity in the right frontal area and right post central gyrus.
4. Occipital lobe – Right middle occipital gyrus hyperactivation.[16,17,18]

Many studies point to the involvement of front striatal network as a common contributor to the pathophysiology of ADHD. The front striatal network includes the lateral prefrontal cortex, the dorsal anterior cingulate cortex, the caudate nucleus, and the putamen.[19]

Curatolo et al suggested there was evidence of marked delay in brain maturation in children with ADHD, the delay was most prominent in prefrontal regions which were important in the control of cognitive processes including attention and motor planning and the grey matter peaks were about 3 years later in ADHD children than the normal children.[20,21,22] Studies have shown that the most consistent findings in functional neuroimaging studies were hypoactivity of the frontal cortex and subcortical structures, usually on the right side.[23] Ernst et al. found significant brain dysfunction for girls than boys with ADHD.[24]

1.2.Diagnosis:

According to DSM V, ADHD is a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. For diagnosis, the symptoms must be present at least for 6 months in two different settings. It is characterized by Inattentive type, Hyperactive type, and Combined type.

The Inattentive type in DSM V classified under 314.00 and in ICD 10 under F90.0 is characterized by the presence of six or more of the following symptoms in the past 6 months. The Children usually fail to give close attention to details or make careless mistakes in schoolwork or during other activities. Difficulty in maintaining sustained attention in tasks or play activities. Remain in their own world and don't seem to listen when spoken to directly. Don't follow any instructions and fails to complete school-works and duties. Difficulty in doing organized tasks and activities. Reluctant to engage in tasks that require sustained mental effort. Lose things easily. Easily distracted by external stimuli. Forgetful in day-to-day activities.

The Hyperactivity/Impulsivity type in DSM V is classified under 314.01 and in ICD 10 under F90.1 is characterized by the presence of six or more of the following symptoms in the past 6 months. The children cannot remain silent and always fidgets or taps with their hands and feet. Frequently leave the situation where they are expected to be seated. Run about or climb walls where it is inappropriate. Difficult to play or engage in leisure activities. Often act as if driven by a motor. Talk excessively in every situation and they usually blurt out the answer before completion of questions. Cannot wait for their turn. Interrupt or intrude on others.

The combined presentation in DSM V is classified under 314.01 and in ICD 10 under F90.2 is characterized by both the behavioral patterns of inattention and the hyperactive/impulsive type.

For a final diagnosis, the presentation must be fulfilled with, the inattentive or hyperactive-impulsive or combined symptoms present before age 12 years in two or more settings, with a significant reduction in quality of social, academic, or occupational functioning and the symptoms which are not associated with any other psychiatric disorders.

The current severity is marked by

- Mild: Few symptoms which result in minor impairments in social or occupational functioning.
- Moderate: Symptoms or functional impairment between "mild" and "severe" are present.
- Severe: Many symptoms which result in marked impairment in social or occupational functioning.[25]

1.3.Assessment tools:

The commonly used reliable rating scale is ADHD Rating Scale-IV. It is an 18-item norm-referenced rating scale with both home and school version used with school children between 5-18 years of age. It reflects the diagnostic criteria for ADHD from the DSM-IV and consists of two subscales: Inattention with 9 items and Hyperactivity/Impulsivity with 9 items. Another scale for ADHD is Conner's Rating Scales-Revised (CRS-R). It is a norm-referenced rating scale useful in assessing ADHD and related problem behaviors in children and adolescents of age group 3 to 17. It includes long and short versions of parent (for ages 3–17), teacher (for ages 3–17), and self-report (for ages 12–17) rating scales.[26]

The Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS) has good internal consistency, factor structure, and concurrent validity for the assessment of ADHD.[27,28] The VADPRS includes the 18 DSM-IV ADHD symptoms rated on a 4-point scale that indicates how frequently each ADHD symptom occurs (0 = never, 1 = occasionally, 2 = often, 3 = very often). In addition, the VADPRS includes ODD (8 items), CD (14 items), and ANX/DEP (7 items) comorbidity screening scales.

The rating scale used to assess inattention symptoms of ADHD specifically is DSM-5 Parent/Guardian- Rated Level 1 Cross-Cutting Symptom Measure – Child Age 6-17 and Level 2-Inattention- Parent/Guardian of Child Age 6-17 Swanson, Nolan, and Pelham, version IV (SNAP-IV) which is reliable and validated. The most prominent domain is assessed in DSM V Level II scale.[29]

The psychometric assessment used to characterize attentional functioning in preschool children include performance-based tests, rating scales (parent, teacher, clinician), and structured interviews. Continuous performance-based tests to assess the attention span in children like Kiddie Continuous Performance Test (K-CPT), Auditory Continuous Performance Test for Preschoolers (ACPT-P), Continuous Performance Task for Preschoolers (CPTP), Zoo Runner, Children's Continuous Performance Test (C-CPT), Gordon Diagnostic System (GDS), Preschool Vigilance Task (PVT) are used which are reliable and 100% accuracy has been obtained from these tests. Visual cancellation tasks like Picture Deletion Test for Preschoolers (PDTP), NEPSY Visual Attention, and Visual Search Task are used which require the child to search a visual array of targets and non-targets to locate and mark the targets as quickly as possible.[30]

1.4.Management:

Medications are considered if ADHD symptoms are moderate to severe and not responsive to behavioral therapy and the common medications used are psycho-stimulants (e.g., methylphenidate [Ritalin], dextro-amphetamine, and mixed amphetamine salts such as dextro-amphetamine / amphetamine [Adderall]).[31,32]

The management of children with ADHD is also focused on behavioral therapies including parent training, classroom management, and peer interventions.[33]A study by SonugaBarke found that behavioral therapies like neurofeedback, cognitive training, and restrictive elimination diets had a positive effect on the management of ADHD.[34] Psychoeducation educate about illness and its treatment to teachers create a therapeutic relationship that may

improve children's social behavior and the development of skills in coping with troublesome events.[35]

Certain herbal medicines like Rhodiola (Rhodiolarosea), Chamomile (Matricariachamomilla), St John's Wort (Hypericum perforatum), Valerian (Valerianaocinalis), Bacopa (Bacopamonniera) have shown beneficial effects in the treatment of ADHD. These medicines have CNS-stimulating effects and are said to be neuro-protective, improves cognitive abilities, and work against fatiguing and anxiolytic actions.[36]

It has been observed that ADHD children have an imbalance between omega-3 and omega-6 elements resulting in abnormal brain and body functions. Diets that correct the imbalance are advised for ADHD children like nuts, vegetables, linseed oil, fatty fish (salmon, tuna), and chia seeds. Impaired cerebral dopaminergic neurotransmission results in symptoms like inattention and impulsivity and zinc-rich foods such as oysters, shellfish, beef, chicken, legumes, and yogurt supplement its action in dopaminergic neurotransmission.[37]

Iron-rich foods such as lean red meat, turkey, chicken, shellfish, beans, and lentils are also involved in the production of dopamine and help in controlling the symptoms of ADHD. Leafy greens, cereals, nuts, and fish which are rich in magnesium helps in controlling the neurotransmitter pathways which are involved in executive functions such as attention in ADHD. The foods that must be avoided by children with ADHD are high-sugar diets such as white bread, sugary drinks, or beverages which affect behavior and aggression. A positive correlation has been studied between high carbohydrate intake and hyperactivity index in children with ADHD. The exclusion of artificial food additives and food coloring has improved the behavioral characteristics of ADHD children.[38]

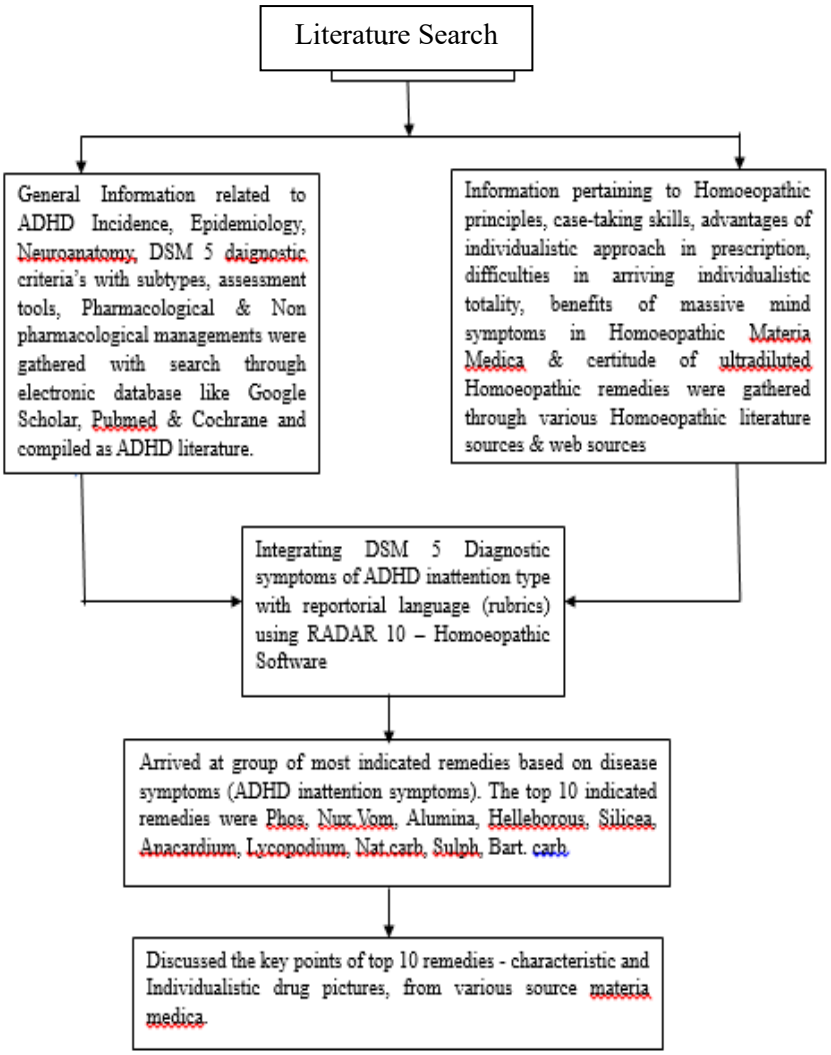
Adverse effects of stimulant medication are generally dose-dependent and include reduced appetite, abdominal discomfort, headache, irritability, anxiousness, sleep problems, and may reverse after discontinuation of the treatment.[39,40.] A study has shown the effectiveness of homoeopathic management, with the results of all the cases showing positive results after the administration of homoeopathic medicines.[41]

Studies conducted by Frei et al (2001) interpreted that the reported results of homoeopathic treatment appear to be similar to the effects of Methylphenidate (MPD). In preschoolers, homoeopathy appears to be useful treatment for ADHD. A randomized, double-blind, placebo-controlled crossover trial by Frei et al suggested the scientific evidence of homoeopathy in the treatment of ADHD, particularly in the areas of behavioral and cognitive functions.[42,43,44] A study was conducted at National Homoeopathy Research Institute in Mental Health (NHRIMH), Kottayam to evaluate the usefulness of individualized homoeopathic medicines in the treatment of ADHD and showed evidence to support the therapeutic effects of individualized homoeopathic medicines in children with ADHD.[45]

2. METHODS:

A literature search has been conducted using electronic database like Google Scholar, pubmed and Cochrane to gather the general information regarding the ADHD presentation, its neuroanatomical background, diagnostic criteria's, pharmacological & non pharmacological managements with its benefits and disadvantages. Similarly the DSM 5 diagnostic inattentive

symptoms were converted to reportorial language (rubrics) and repertorized using RADAR 10 Homoeopathic software to arrive at group of medicines indicated for ADHD children presenting with inattention type. This new method has been employed with the practical experience of facing inconvenience to setup a most individualised constitutional rubrics even after skilful case taking.



Flowchart 1 – Methodology

3. RESULTS:

Schroyens F.synthesis 9.0 English (SE 90) using RADAR Homoeopathic software[52] original version 10 has been used to repertorize the symptoms of ADHD – Inattentive expressions. The group of symptoms considered and remedies arrived through Repertorisation based on the Inattentive symptoms has been shown in Fig 1.

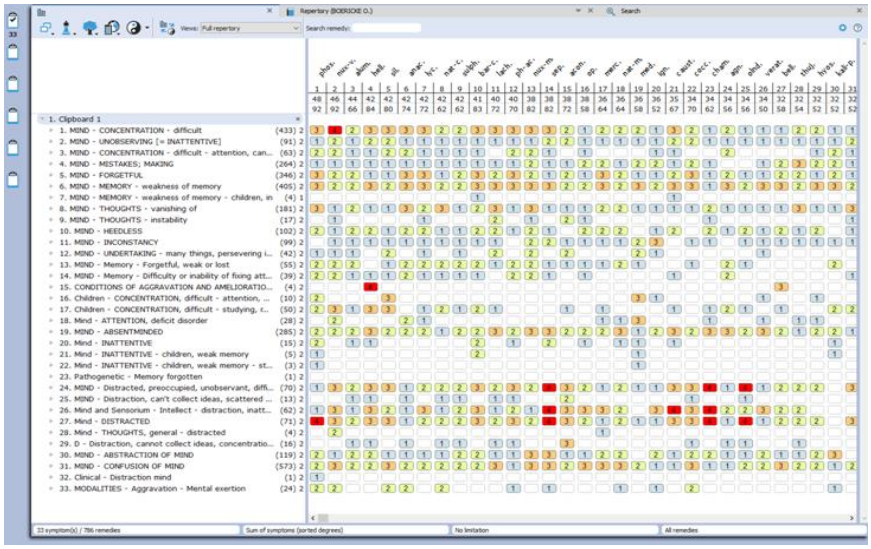


Figure - 1. Investigation window for remedies.

The top ten remedies derived considering the Inattentive traits of ADHD symptoms after repertorization were Phosphorus, Nux Vomica, Alumina, Helleborus, Silicea, Anacardium, Lycopodium,Natrum carb, Sulphur, Baryta carb, etc.,

4. DISCUSSION:

Homoeopathy is a safe method with its unique advantage of action of potentized medicine at dynamic resulting in beneficiary effects in physical and psychiatric disorders with no side effects.[46]

Case-taking in homoeopathy is a unique art of observation, collection, and interpretation of the symptoms from the patient as well as the bystanders to define the patient as a whole. The Homoeopathic physician with his best knowledge of practice should be vigilant and cautious in gathering the information, interpreting every symptom, and integrating the most reliable information.

It is mostly impractical to get a reliable source of symptoms and right way of interpreting patients with psychiatric disorders. Based on these difficulties during case taking, the formation of totality and the prescription may vary according to the available symptoms. In cases, where the totality is complete with correct interpretation with suitable rubrics, constitutional medicine can be arrived easily and prescribed based on the individualization of the patient. If the obtained totality is incomplete, then the prescription has to be made with present intensified disease symptoms. Hahnemann provided a lot of mental symptoms in his work to all homoeopathic physicians which helps a homoeopath to select the most appropriate similimum with available information or symptoms.

The method of conventional prescription based on biological cause with crude pharmacological effects is beneficial to few cases. A study conducted by Currie et al (2013) inferred the negative effects of stimulant medications in ADHD children. Even though there is little evidence of positive effects on schooling attainment, there is a deterioration in important academic outcomes like grade repetition and math scores.[47]. Study conducted by Claire

Advocat (2013) reveals that conventional stimulant medications "promote risky behavior" in ADHD children when they grow as adults.[48]

Homoeopathy with its ultra-diluted micro molecules carries only the energy products of drug substances. These minute invisible drug energy substances produce a positive effect and produce no harm in prolonged administration.[49] Homeopathic system of medicine is comparatively advantageous with initiation of drug effect observed within 24 hours, easy administration to children, and no risk of medicinal abuse.[50,51.]

A similar review has been conducted earlier in Hyperactive type of ADHD children and a group of medicines received for Hyperactive expressions were Medorrhinum, NuxVomica, Carcinosinum, Hyoscyamus, Anacardium,etc[53]. Based on various MateriaMedica the key indications, characteristic symptoms, drug picture of the first ten indicated remedies for inattention ADHD symptoms were discussed. The symptoms explained below were gathered from different source of Homoeopathic MateriaMedica[54-58]

4.1.Phosphorus:

These children attract others by their charming, dynamic, and extroverted personalities, emit the light of warmth and intelligence. They are sensitive, impressionable, and finely attuned to other's wavelengths. Active and engage in creative works but exhausted quickly. They have a strong desire for creative activities like clay model making, crafts, drawing, painting, etc. All their senses are oversensitive to external impressions like light, noise, odors, and touch. The Phosphorus child does not get attention and love from the people in his own house and therefore makes a lot of friends with all age groups. He is open to everyone and precocious. Carefree children who do not study much concerning their intelligence level. Fidgety and cannot sit in one place. School for these children is a place of fun and excitement where they can talk and enjoy themselves with many friends. They dislike anything that requires a sustained mental application. Mentally keen but their physique doesn't support their mental keenness. They lose their interest in a subject after getting the knowledge and do not complete the work. Well-behaved and good-mannered in the clinic. They escape reality by inviting fancies and daydreaming. They forget all the commitments undertaken and get distracted by other work. They find it difficult to organize their rush of ideas. These children fear being alone and have a fear of dark & ghosts. The child wakes up at night scared of the dark and lies along with his parents like Pulsatilla and Stramonium. They used to show temper tantrums like knocking their head against the wall on getting angry. Funny and strange gestures when they are emotionally disturbed or in the presence of strangers. Aversion to warm foods and sweets, craving for salt, cold food, and drinks. They are mostly left-sided. Aggravations from lying on the left side, thunderstorms, changes of weather, and twilight to midnight. Cold air relieves the head and face symptoms but aggravates those of the chest, throat, and neck. Better by lying on the right side, being rubbed or magnetized, cold air, and cold food.

4.2.Nux Vomica:

Careful, ambitious, and meticulous child. Easily annoyed in the presence of a disorder. They have the quality of achieving their best and are ambitious in nature. The child always wants to be independent, dominates their younger siblings. Impatient in nature and want everything to

be done quickly. Like Lachesis & Hyoscyamus, they are envious of nature and cannot tolerate other children performing better in academic achievements. They show increased sensitivity to external impressions and get irritable easily, easily distracted even by the slightest noise. Disobedient, mischievous, obstinate, sly, and defiant with behavioral problems. They become violent with a destructive tendency on getting angry. Slow in learning to write, make mistakes in writing, speaking, and differentiating objects, poor in calculations. These children behave well with strangers but are rude to their family members. They are prone to get digestive disturbances and portal venous congestions with hypochondriacal states. Generally aggravated in early morning, cold, open air, mental exertion, vexation, anger, noise, odor, touch, spices, narcotics, stimulants, dry weather, and overeating. Better by wrapping the head, lying on the sides, free discharges, moist air, and rest. Nux Vomica antidotes Coffea, Cocculus, and Ignatia.

4.3.Alumina:

Alumina children are those who lose their identity due to parental pressure. His identity is so much suppressed that he doesn't know who he is. Children with history of domination in their childhood. These children get easily moulded by their parents. They are generally very slow and sluggish in all the activities, cranky and low spirited especially in the morning on waking. Weeps constantly against his will. Everything reaches the mind with a marked degree of slowness. Delicate children, dark in complexion. Children grown with artificial baby foods or bottle fed which aggravates their complaints. They have low intellect and are always confused in nature. Lack of concentration in studies and difficulty sustaining attention. Easily make mistakes in reading and writing and are poor in calculations. The Alumina child is always in a hurry. The child easily forgets what he has read before. The child gets tired easily and wants to lie down even after the slightest exertion. The child's thinking ability is very low in difficult situations. Craving for indigestible things like chalk, starch, charcoal, dry rice, and other unnatural and indigestible substances. Generally aggravated in full moon, new moon, eating potatoes, cold air during winter, the warmth of the room, warmth of bed (though chilly), on waking. Better while eating, in summer, warm drinks. Alumina is one of the chief antidotes for lead poisoning, painter's colic, and ailments from lead.

4.4.Helleborus Niger:

Adapted to weak, delicate, psoric children who are prone to get brain troubles, with serous affections. Semi-idiotic and sluggish in nature. Their acute senses are deficient. Children forget things easily, and couldn't recollect or slightly remember the past. Slow in answering, thoughtless, and absent-minded, and tend to pick their lips, clothes, or bores into the nose with his finger constantly. Children usually answer slowly when questioned, waits for a long time before answering, or cannot answer at all. The child gets easily distracted while studying, unable to fix his thoughts on one thing. Irritable child, easily gets angered, consolation aggravates, and doesn't want to be disturbed. The muscles refuse to obey the will and need strong concentration before the muscles act. Indifference to loved ones. The children are prone to get hydrocephalus after scarlatina or tubercular infection which develops rapidly with automatic motion of one arm and leg. The child bores his head into a pillow, rolls from side to side, and beats his head with his hands. General aggravation from cold air, dentition,

suppressions, exertion, evening, 4 p.m. to 8 p.m., touch, stooping, uncovering. Better when thinking of complaints or when the mind is diverted.

4.5.Silicea:

It is suitable for growing children who suffer from malnutrition due to imperfect assimilation. Children who are physically drained and mentally strong. They look emaciated, abdomen distended, large-headed with open fontanelles and sutures and weak ankles. Children who decide their profession on their own at a very young age with an inclination to become an artist, doctor, engineer, lawyer, and mathematician. They are usually very timid and bashful and lack self-confidence, especially in school. Children who find it difficult to concentrate on their studies, and maintain attention while studying. They have confusion of mind with dullness and forgetfulness on waking in the morning and feel better after eating. The child lacks the initiative to do anything. Obstinate, headstrong, and quarrelsome children who tend to cry and whine all the time. Desire to be magnetized. Children who are conscientious about trifles and are particular about cleanliness and things must be in place. Fear of being alone, darkness, dogs, lightning, pins and injections, strangers, strong wind, and thunderstorms. The child feels difficult to do mental work, gets fatigued easily while reading or writing, and postpones every work to the next day. The child cries when kindly spoken to, the slightest words bring tears in them. The child has anticipatory anxiety with fear of failure before every exam even when he is well prepared for the exam. Sensitive to all external impressions. Offensive foot sweat and perspires profusely all about the head. General aggravation from new moon, full moon, a draft of cold air, washing, uncovering, lying down. Better by warmth, warm wraps, wrapping up the head, covering, and profuse urination.

4.6.Anacardium Orientale:

Anacardium is commonly known as marking nut and is available in sub-Himalayan and tropical parts of India. The nuts are hard and dark which tastes sweet. The remedy expresses the same kind of behavior like maliciousness externally and good-heartedness internally. It is indicated for child abuse bought up by strict parents, who impose their desires on the child and doesn't allow them to think and treat with cruel punishments. They usually feel controlled by two wills from both sides. Children express violent anger, an irresistible desire to curse and swear, expresses cruelty towards animals or people, hatred, malicious and destructive. Tendency to use violent language, senseless talks, and absence of all moral restraints. Children with poor self-control, are impulsive, misbehave easily, and have a destructive tendency. Offended easily. Obstinate and malicious child. Sudden loss of memory and forgetfulness, everything seems to be in a dream, cannot remember names and right words, finds difficult to fix attention on one thing, thoughts vanish while reading and writing, with difficulty performing all kinds of intellectual activities. Contradictory impulses laugh at serious events and serious at laughable events. Lack of self-confidence with an inferiority complex, fear to appear in public and on stage, fear of examinations. Indecisive nature and finds difficulty in differentiating between right and wrong decisions. General aggravation from motion, mental work, empty stomach, anger, drafts, and open air. Better by heat, hot bath, eating.

4.7.Lycopodium clavatum:

ISSN PRINT 2319 1775 Online 2320 7876
 Journal UGC CARE Listed (Group-I) Volume 14, Issue 05 2025

Children look older than they are. The parents of Lycopodium children are very strict and demand achievements at an early age. Ambitious, competitive child who tries in every way to achieve. Aversion to playing outdoors and prefer to play indoors. Does not mingle with strangers easily and has an aversion to company. Children are usually lazy, and tendency to procrastinate any work or duty. Selfish, greedy, possessive of their things, and do not share with anyone. Dominate other children in their group. Conscious about their looks, try more patchy and fluffy dresses, and likes to groom them. Fear of being alone, failure, ghosts, insects, narrow places, noise, taking up new pursuits, thunderstorms. Make mistakes while writing and reading words. Tendency to write mirror images or skips words in between, and misplaces the words. Weak in mathematics, and calculations. Children lack confidence in their abilities and fear undertaking new things expecting failure from it. Extremely hungry, feels hunger even after eating but a few mouthfuls fill the stomach. Children tend to take food at midnight with constant hunger. Thirstless with dry mouth. General aggravation from 4 p.m. to 8 p.m., right-sided affections, heat, warm air (except throat and stomach). Better by warm food and drinks (except throat and stomach), uncovering the head, loosening garments, and open air.

4.8.Natrum Carbonicum:

Children with aversion to open air and dislike to both mental and physical exertion. Children are emaciated with pale faces and blue rings around the eyes with dilated pupils, have dark urine, are anemic, and have milky, watery skin with great debility. Irritable and cross child. The predominant mental condition of Natrum carb is characterized by profound sadness, depression, and melancholy; constantly occupied with sad thoughts. Children are unable to think and perform any mental labor. They cannot sustain their attention on one thing for a long time. Weak recent memory, forget the first line after going to the second line. Confused easily with weakness of memory and gets brain fag. Slow in comprehension and imbecility. Poor in calculations. Unable to combine ideas while writing or reading. Sensitive to noise, cold, and change of weather. Anxious and restless during a thunderstorm. Aversion to milk and gets diarrhoea from it. Great debility and gets exhausted from the least mental and physical effort. Music causes great sadness and weeping. Aversion to people and expresses timidity, aversion to society and to their own family. Weakness in limbs more in the morning. General aggravation from music, sun, excessive summer heat, gaslight, mental exertion, physical exertion, thunderstorm, alternate days, full moon, 5 am. Better by moving about, by boring in ears and nose.

4.9.Sulphur:

Children with stooped shoulders, emaciated limbs with big heads, big bellies, and dry flabby skin. The child looks like a dried old man, dirty and filthy constitution prone to get skin affections. Extremely inquisitive and curious children. Feels insecure if they do not understand things and theorize to compensate themselves. Sulphur children are boastful and capricious. Impatient, cannot wait for their turn, everything should be done immediately or they become irritable. Children who like to read books about civilization, culture, history, and philosophy. Monomania is to study about strange, occult, and abstract things. Studies different things without any basis to figure upon, dwelling upon strange and peculiar things. Sensitive to atmospheric changes. Children are very manipulative in that they know how to flatter and

please to get the work done. They love to be the centre of attraction as they need a lot of love or approval from friends or groups. The uncontrollable desire to touch things and put everything in their mouth. Lack of confidence and always self-depreciates them. Mischievous with a tendency to tease and wink at other children. Mechanical and wants to be treated like adults and enjoys being in contact with adults. Children are very messy and not bothered about their clothes if they are dirty. Lazy and indolent to all exertion both mentally and physically. Children are selfish and don't have regard for anyone. Sensitive to slight noise and wakes up from the least noise. The children usually cannot remain hungry and feel hungry even after eating. Burning sensation like fire all over the body. Standing is the worst position for Sulphur children. General aggravation from suppression of skin diseases, sun's heat, overexertion, the warmth of bed, washing, bathing, suppressed eruptions or discharge, and change of weather. Better by dry warm weather, lying on the right side.

4.10.Baryta Carbonicum:

Children who suffer from marasmus, enlarged glands, and emaciation of the tissues and limbs. General growth is retarded and mentally and physically dwarfish. Children are inattentive in class, can never concentrate on what the teacher says in class, and forgetful. The child finds it difficult to learn or grasp anything new. Weak memory and remains inattentive and stupid, weak-willed children. Lack of attention span, couldn't stick to one toy at a time for more than a few seconds or minutes. Difficult to memorize and maintain a flow of thought in mind. Absent-minded while reading and when spoken to, does not like to read or write. Do not undertake any activities in school and ends up doing nothing. Sensitive to reprimands and gets offended easily. Children feel nervous and panic to do things on their own and are dependent on others. Excessively shy, hiding behind the mother or the furniture, or clinging to the mother covering his face with his hands and looking through his fingers. Children constantly bite or pick their nails to hide their shyness. Poor participation in games, sports, cultural or social activities. Not interested in playing and usually sits in one place and observes others playing. Desires only routine work with familiar surroundings. Fear of busy and noisy streets, crossing or going across bridges, narrow and closed places. Fear of people, opinion of others, open spaces, strangers, and undertaking any new activities. An irresolute child can't decide on his own and always wants help from his parents or teachers in doing things. The tendency towards glandular enlargement with induration, especially tonsils, cervical, and prostate gland. Children with offensive foot sweat. General aggravation from the company, thinking of symptoms, cold damp weather, cold to feet and head, the heat of the sun, of the stove, lying on painful part, left side, odours, after eating, washing affected parts. Better by cold food, and warm wraps.

5. CONCLUSION:

Homoeopathy, the world second preferred alternative system of medicine stands felicitous due to its holistic approach and therapeutic applicability. Hahnemann in his vast work, bestowed us with an ocean of mental symptoms which can be utilized in many psychiatric conditions where there is incomplete information and difficulty in arriving constitutional picture. With its minimal drug substances and maximized potentized energy, it has a definite impact on the brains of developing children, especially in child psychiatric conditions. On the ground of its fewer side effects and no drug dependence, it's always in safe hands to treat

children with behavioural problems. This article highlights the advantages and method of direct prescription of single homoeopathic medicine at a time based only on intensified disease symptoms of the inattentive type of ADHD children where there are multiple barriers to obtaining an exact constitutional medicine.

6. REFERENCES:

1. Benjamin James Sadock, Virginia Alcott Sadock, Synopsis of Psychiatry, Behavioral Sciences/Clinical Psychiatry, Eleventh Edition, Wolters Kluwer Publications, Philadelphia, Pg - 1169)
2. American Psychiatric Association Staff. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Washington, DC: American Psychiatric Association; 1994:59-60.
3. World Health Organisation, the ICD Classification Of Mental And Behavioural Disorders 10thed), A.I.T.B.S Publications& Distributors,2007
4. Fayyad J, Sampson NA, Hwang I, Adamowski T, Aguilar-Gaxiola S, Al-Hamzawi A, et al. The descriptive epidemiology of DSM-IV Adult ADHD in the World Health Organization World Mental Health Surveys. AttenDeficHyperactDisord2017;9:47-65.
5. Polanczyk G, de Lima MS, Horta BL, Biederman J, Rohde LA. The worldwide prevalence of ADHD: A systematic review and metaregression analysis. Am J Psychiatry 2007;164:942-8.
6. Scahill L, Schwab-Stone M. Epidemiology of ADHD in school-age children. Child and adolescent psychiatric clinics of North America. 2000 Jul 1;9(3):541-55.
7. Akutagava-Martins GC, Salatino-Oliveira A, Kieling CC, Rohde LA, Hutz MH. Genetics of attention-deficit/hyperactivity disorder: current findings and future directions. Expert Rev Neurother. 2013;13(4):435–45.
8. Faraone SV, et al. Molecular genetics of attention-deficit/hyperactivity disorder. Biol Psychiatry. 2005;57(11):1313–23. [PubMed: 15950004]
9. Schachar R. Genetics of attention deficit hyperactivity disorder (ADHD): Recent updates and future prospects. Current developmental disorders reports. 2014 Mar 1;1(1):41-9.
10. Sagiv SK, Epstein JN, Bellinger DC, Korrick SA. Pre-and postnatal risk factors for ADHD in a nonclinical pediatric population. Journal of attention disorders. 2013 Jan;17(1):47-57.
11. Hanć T, Szwed A, Słopień A, Wolańczyk T, Dmitrzak-Węglarz M, Ratajczak J. Perinatal risk factors and ADHD in children and adolescents: a hierarchical structure of disorder predictors. Journal of attention disorders. 2018 Jul;22(9):855-63.
12. Schmitt J, Romanos M. Prenatal and perinatal risk factors for attention-deficit/hyperactivity disorder. Archives of pediatrics & adolescent medicine. 2012 Nov 1;166(11):1074-5.
13. Banerjee TD, Middleton F, Faraone SV. Environmental risk factors for attention-deficit hyperactivity disorder. Actapaediatrica. 2007 Sep;96(9):1269-74.
14. Durston, S., De Zeeuw, P., &Staal, W. G. (2009). Imaging genetics in ADHD: A focus on cognitive control. Neuroscience and Biobehavioral Reviews, 33(5), 674–689. doi:10.1016/j.neubiorev.2008.08.009
15. Valera, E. M., Faraone, S. V., Murray, K. E., &Seidman, L. J. (2007). Meta-analysis of structural imaging findings in attention-deficit/hyperactivity disorder. Biological Psychiatry, 61(12), 1361–1369. doi:10.1016/j. biopsych.2006.06.011
16. Cortese, S., Kelly, C., Chabernaud, C., Proal, E., Di Martino, A., Milham, M. P., & Castellanos, F. X. (2012). Toward systems neuroscience of ADHD: A meta-analysis of 55 fMRI sudies. American Journal of Psychiatry, 169(10), 1038– 1055. doi:10.1176/appi.ajp.2012.11101521
17. Vieira de Melo BB, Trigueiro MJ, Rodrigues PP. Systematic overview of neuroanatomical differences in ADHD: Definitive evidence. Developmental neuropsychology. 2018 Jan 2;43(1):52-68.

18. Rubia, K. (2011) 'Cool' inferior frontostriatal dysfunction in attentiondeficit/hyperactivity disorder versus 'hot' ventromedial orbitofrontal– limbic dysfunction in conduct disorder: a review. Biol. Psychiatry 69, e69–e87
19. Emond V, Joyal C, Poissant H: [Structural and functional neuroanatomy of attention-deficit hyperactivity disorder (ADHD)]. Encephale. 2009;35:107-114.
20. Shaw P, Lerch J, Greenstein D, Sharp W, Clasen L, Evans A, Giedd J, Castellanos FX, Rapoport J: Longitudinal mapping of cortical thickness and clinical outcome in children and adolescents with attention-deficit/hyperactivity disorder. Arch Gen Psychiatry. 2006, 63: 540-549.
21. Shaw P, Eckstrand K, Sharp W, Blumenthal J, Lerch JP, Greenstein D, Clasen L, Evans A, Giedd J, Rapoport JL: Attention-deficit/hyperactivity disorder is characterized by a delay in cortical maturation. ProcNatlAcadSci USA. 2007, 104: 19649-19654. 10.1073/pnas.0707741104.
22. Curatolo P, D'Agati E, Moavero R. The neurobiological basis of ADHD. Italian journal of pediatrics. 2010 Dec;36(1):1-7.
23. Faraone SV, Biederman JO. Pathophysiology of attention deficit hyperactivity disorder. Neuropsychopharmacology: The Fifth Generation of Progress. 2002:577-96.
24. Ernst M, Liebenauer L, King A, et al. Reduced brain metabolism in hyperactive girls. J Am Acad Child Adolesc Psychiatry 1994; 33:858–868
25. Diagnostic and Statistical Manual of Mental Disorders DSM 5, Fifth Edition, Washington, DCLondon, England. 2013;55-60
26. Demaray MK, Elting J, Schaefer K. Assessment of attention-deficit/hyperactivity disorder (ADHD): A comparative evaluation of five, commonly used, published rating scales. Psychology in the Schools. 2003 Jul;40(4):341-61.
27. Wolraich ML, Lambert W, Doffing MA, Bickman L, Simmons T, Worley K. Psychometric properties of the Vanderbilt ADHD diagnostic parent rating scale in a referred population. Journal of pediatric psychology. 2003 Dec;28(8):559-68.
28. Wolraich ML, Lambert EW, Bickman L, Simmons T, Doffing MA, Worley KA. Assessing the impact of parent and teacher agreement on diagnosing attention-deficit hyperactivity disorder. Journal of Developmental & Behavioral Pediatrics. 2004 Feb 1;25(1):41-7
29. Aboul-Ata MA, Amin FA. The prevalence of ADHD in Fayoum City (Egypt) among school-age children: depending on a DSM-5-based rating scale. Journal of attention disorders. 2018 Jan;22(2):127-33.
30. Mahone EM, Schneider HE. Assessment of attention in preschoolers. Neuropsychology review. 2012 Dec 1;22(4):361-83.
31. Floet AM, Scheiner C, Grossman L. Attention-deficit/hyperactivity disorder. Pediatr Rev. 2010;31(2):56–69.
32. Feldman HM, Reiff MI. Attention deficit–hyperactivity disorder in children and adolescents. New England Journal of Medicine. 2014 Feb 27;370(9):838-46.
33. Felt BT, Biermann B, Christner JG, Kochhar P, Van Harrison R. Diagnosis and a management of ADHD in children. American Family Physician. 2014 Oct 1;90(7):456-64.
34. SonugaBarke, Brandeis, Cortese, et. al. – Nonpharmacological Interventions for ADHD: Systematic Review and Meta-Analyses of Randomized Controlled Trials of Dietary and Psychological Treatments, Am J Psychiatry. 170:3,2013:275–289
35. Oberai P, Gopinadhan S, Varanasi R, Mishra A, Singh V, Nayak C. Homoeopathic management of attention deficit hyperactivity disorder: a randomised placebo-controlled pilot trial.
36. Pellow J, Solomon EM, Barnard CN. Complementary and alternative medical therapies for children with attention-deficit/hyperactivity disorder (ADHD). Alternative Medicine Review. 2011 Dec 1;16(4):323.

37. Fotoglou A, Moraiti I, Diamantis A, Stergios V, Gavriilidou Z, Drigas A. Nutritious Diet, Physical Activity and Mobiles. The Game Changers of ADHD. TechniumBioChemMed. 2022 Jul 15;3(2):87-106
38. Montoya A, Colom F, Ferrin M. Is psychoeducation for parents and teachers of children and adolescents with ADHD efficacious? A systematic literature review. European psychiatry. 2011 Apr;26(3):166-75
39. Wolraich M, Brown L, Brown RT, et al.; Subcommittee on Attention-Deficit/ Hyperactivity Disorder; Steering Committee on Quality Improvement and Management. ADHD: clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. Pediatrics. 2011;128(5):1007–1022.
40. Cortese S, Holtmann M, Banaschewski T, et al. European ADHD Guidelines Group. Practitioner review: current best practice in the management of adverse events during treatment with ADHD medications in children and adolescents. J Child Psychol Psychiatry.2013;54(3):227–246.
41. AbhijithRanjan S. A Clinical Study on the Homoeopathic Management of Attention Deficit Hyperactivity Disorder (Doctoral dissertation, Sarada Krishna Homoeopathic Medical College, Kulasekharam).
42. Frei H, Thurneysen A. Treatment for hyperactive children: Homoeopathy and methylphenidate compared in a family setting. Br Homeopath J 2001;90:183-8.
43. Frei H, Everts R, von Ammon K, Kaufmann F, Walther D, Hsu-Schmitz SF, et al. Homeopathic treatment of children with attention deficit hyperactivity disorder: A randomised, double blind, placebo controlled crossover trial. Eur J Pediatr2005;164:75867.
44. Frei H, Everts R, Ammon KV, Kaufmann F, Walther D, Schmitz SF, et al. Randomised controlled trials of homoeopathy in hyperactive children: Treatment procedure leads to an unconventional study design. Experience with open-label homeopathic treatment preceding the Swiss ADHD placebo controlled, randomised, double-blind, cross-over trial. Homoeopathy 2007;96:35-41.
45. Powell L, Parker J, Harpin V. ADHD: Is There an App for That? A Suitability Assessment of Apps for the Parents of Children and Young People With ADHD. JMIR MhealthUhealth. 2017 Oct 13;5(10):e149. doi: 10.2196/mhealth.7941. PMID: 29030325; PMCID: PMC5660294
46. Rotella F, Cassioli E, Falone A, Ricca V, Mannucci E. Homeopathic remedies in psychiatric disorders: a meta-analysis of randomized controlled trials. Journal of clinical psychopharmacology. 2020 May 1;40(3):269-75.
47. CurrieJ, Stabile M, Jones L. Do stimulant medications improve educational and behavioral outcomes for children with ADHD?. Journal of health economics. 2014 Sep 1;37:58-69.
48. Advokat CD, Scheithauer M. Attention-deficit hyperactivity disorder (ADHD) stimulant medications as cognitive enhancers. Frontiers in neuroscience. 2013 May 29;7:82.
49. Tapan Chandra Mondel, Spirit of the Organon, A Treatise on Organon of medicine, 2nd revised edition Part I, B. Jain Publishers. 2006:41 – 42
50. Frei, H. &Thurneysen, A. 2001. Treatment for hyperactive children: homeopathy and methylphenidate compared in a family setting. British Homeopathic Journal, 90:183-188.
51. Jones M. The efficacy of homoeopathic simillimum in the treatment of attention-deficit/hyperactivity disorder (AD/HD) in schoolgoing children aged 6-11 years (Doctoral dissertation).
52. Roger Van Zandvoort's, Complete Repertory 2003, Den Hague, Archibel's RADAR Homeopathic Software, Assesse, Belgium.

ISSN PRINT 2319 1775 Online 2320 7876
 Journal UGC CARE Listed (Group-I) Volume 14, Issue 05 2025

53. Gnnanaprakasham M, Mathew S, Mohan ND. Homoeopathic Perspective of Attention Deficit Hyperactivity Disorder-Hyperactive Type–A Review. Journal of Complementary and Alternative Medical Research. 2021 Sep 7;16(2):11-22.
54. Farokh J. Master, Clinical observations of Children Remedies, First Indian edition. 3rd Expanded edition (New Remedies included), B. Jain Publishers (P) Ltd, New Delhi; 2010.
55. Pravin. B. Jain, Essence of Pediatric MateriaMedica, Nithya Publications, MadhyaPradesh.
56. Catherine R. Coulter, Homoeopathic Sketches of Children's types, Ninth House Publications, Berkeley Springs, West Virginia; 2001.
57. William Boericke, Boericke's New Manual of Homeopathic MateriaMedica with Repertory, Third Revised and Augmented edition based on Ninth Edition, B.Jain Publishers (P) Ltd, New Delhi.
58. Allen HC. Keynotes and characteristics with comparisons of some of the leading remedies of the MateriaMedica with Bowel Nosodes. B. Jain Publishers; 2002.