Journal of Medical and Pharmaceutical Innovation
ISSN : 2347 - 8136

Review Article

Scope of Homoeopathy Constitutional Management in Hyperactivity Disorder in Children's - A Case Report

Govind Thote* and Abhijit Changdev Lawhate
Guru Mishri Homoeopathic Medical College and PG Institute, Shelgaon, Jalna

ABSTRACT
Hyperactivity Disorder is a neurodevelopmental disorder with symptoms of Inattention and Hyperactivity/Impulsivity. Hyperactivity Disorder is one of the most common meeting ground for pediatricians, pediatric neurologists & child psychiatrists. Over 50% of patients diagnosed with Hyperactivity Disorder meet the criteria for other disorders such as mood disorder, anxiety disorder, substance use disorder, learning disorder, or behavior disorder. There is paucity in literature from India on Hyperactivity Disorder and its psychiatric co-morbidity. The study will be an attempt to bridge the gap in the knowledge.
Keywords: Hyperactivity disorder, homoeopathy

Address for Correspondence:
Dr. Govind Thote
Guru Mishri Homoeopathic Medical College & PG Institute, Shelgaon, Jalna (MS) India
Conflict of Interest: None Declared!

QR Code for Mobile Users

(Received 01 September 2022; Accepted 15 August 2022; Published 25 September 2022) ISSN: 2347-8136 ©2022 JMPI

INTRODUCTION

Hyperactivity Disorder

Hyperactivity describes a person who intends to move about constantly, including in situations in which it is not appropriate; or excessively fidgets, taps, or talks. Many times, it may be seen as an extreme restlessness or wearing others out with constant activity.

Definitions

Hyperactivity Disorder

Hyperactivity describes a person who intends to move about constantly, including in situations in which it is not appropriate; or excessively fidgets, taps, or talks. Many times, it may be seen as an extreme restlessness or wearing others out with constant activity.

Etiology

Most children with Hyperactivity Disorder do not show evidence of gross structural damage in central nervous system. Despite lack of a specific neurophysiological or neurochemical basis for the disorder, it is predictable associated with a variety of other disorders that affect brain functions, such as learning disorders. This factors for Hyperactivity Disorder include prenatal toxic exposure, prematurity and prenatal mechanical harm to the fetal nervous system.

1. Genetic Factors: Twin Studies

Generally, twin studies have shown that monozygotic twins are much more concordant for Hyperactivity Disorder symptoms of inattention, hyperactivity, and impulsivity than same- sex dizygotic twins. Specifically, the concordance rate for these symptoms among monozygotic twins ranges from 59 to 92 percent, whereas the concordance rate of dizygotic twins ranges from 29 to 42 percent.

Adoption Studies

A number of adoption studies have shown that biological relatives of Hyperactivity disorder children are more likely to have Hyperactivity disorder or associated disorders and perform worse on standardized measures of attention than adoptive relatives of Hyperactivity disorder children.

Family Studies

Family studies of children with Hyperactivity disorder are based on the assumption that a genetic component in this condition is reflected in higher rates of the disorder in families of probands versus families of control or comparison subjects. Generally, first –degree

relatives of children with Hyperactivity disorder have a 20 to 25 present risk for Hyperactivity disorder compared with 4 to 5 percent for the relatives of control subjects.

In summary, twin, sibling, adoption, and family studies all suggest a strong genetic component in the development of hyperactivity, inattention, and impulsivity.

2. Traumatic injury:

Some children affected by Hyperactivity disorder received minimal and subtle brain damage to the CNS during their fetal and perinatal periods. The traumatic brain injury may lead to circulatory, toxic, metabolic, mechanical, and other effects such as stress and physical harm.

3. Neurological Factors:

As many transmitters have been associated with Hyperactivity disorder symptoms. It is well known from animal studies that the locus ceruleus, consisting of mainly noradrenergic neurons, play a major role in attention. The peripheral noradrenergic system is more important in Hyperactivity disorder.

4. Neurophysiological Factors:

The human brain normally undergoes major growths spurts at several ages 3 to 10 months, 2 .to 4 yrs., 6 to 8 years, 10 to 12 years, and 14 to 16 yrs. Some children's have a maturational delay in the sequence and manifest symptoms of Hyperactivity disorder which appears to normalize as the child grows up.

5. Psychological Factors:

Children in the institution are frequently overactive and have poor attention spans. These signs results from prolonged emotional deprivation, and they disappear when derivational factors are removed, such as through adoption or placement in a foster home. Stressful psychic events, disruption of family equilibrium, and other anxiety inducing factors contribute to the initiation or continuation of Hyperactivity disorder.

6. Environmental Factors:

Environmental factors such as high lead exposure, pregnancy and delivery complications, and maternal smoking during pregnancy have been implicated in increased rates of Hyperactivity disorder. For children who live in chronologically stressful multi problem circumstances, it is difficult to determine whether the symptoms reflect expression of underlying anxiety or depression, a problem with parenting or socialization, genetically influenced biological problems, or some interaction of a number of these factors.

Clinical features

In school, Hyperactivity disorder children may rapidly attack a test but answer only the first two questions. They have been unable to wait to be called on in school and may respond before everyone else. At home they cannot be put off for even minute. Children with Hyperactivity disorder are often explosive or irritable.

Most children with Hyperactivity disorder are referred between the ages 6 to 12. Therefore, symptoms of the disorders are described mainly for this age group. However, it should be noted that Hyperactivity disorder can be problematic in the preschool age group and continues into adolescence and adulthood. Generally speaking, hyperactivity, inattention, and impulsivity may continue to be problematic and may be evident in different forms- for example, driving infractions.

Case

1] Preliminary data

Name: ABC Age: 10 yrs. Sex: Male Religion: Hindu Address:

Date:

2] Chief Complaint

Since 2 year. Mischievous.

Timid lazy to do his works.

Forgets easily especially what he reads. Desires Company.

Hyperactivity seen in nature.

3] H/O Presenting complaint

Mischievous and hyperactivity seen in nature.

Timid lazy to do his works.

Forgets easily especially what he reads. Desires Company.

Obstinate do not listen to anyone. Craves egg.

Poor in studies.

This case is of 10yrs old child, he is very hyperactive. Laziness seen in his activity, he desires company Forgets easily whatever he reads.

4] PREVIOUS Rx TAKEN (if any) – No treatment previously taken.

5] PRENATAL HISTORY-

Obstetric history:

C-section delivery.

6] BIRTH HISTORY

C-section delivery.

7] POSTNATAL HISTORY

Birth weight: 3kg

Cried immediately after birth

Oral feeds started immediately after birth.

Discharged: After 8 days

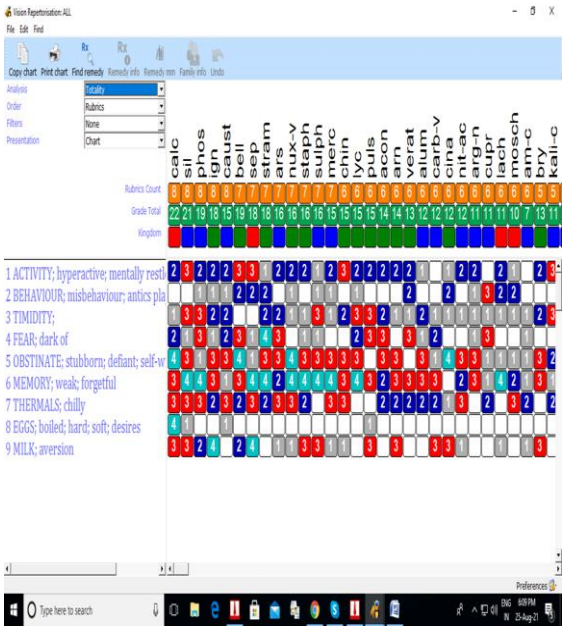
8] MILESTONES

Neck holding - 7month. Teething -1yrs

Walking – 14 month. Sitting – 11 month.

Vaccinations: done till date.
9] FAMILY HISTORY:
Paternal history: No Maternal history: No.
10] GENERALITIES:
Desires- crave egg, cold drinks. Aversion- milk and meat.
Stool- one/day Urine- 4-5/day Appetite- increased. Thirst- increased.
Sleep- sound Dreams- absent.
Constitution- Fatty and Flabby person,
Perspiration increased on forehead during exertion, Chilly patient.
11] SOCIO-ECONOMIC HISTORY
Marriage in close relation – NO. Maternal age-22
No stress before pregnancy period.
12] MENTAL STATE:
Fear of darkness. Hyperactivity seen in nature.
Forgets easily esp. what he reads. Always restless, Chilly patient.
Mischievous
13] ON EXAMINATION:
Physical examination- Pulse rate- 78/min WT- 35kg
Conjunctiva- White Tongue –Clean Throat - Clear
Lymph nodes-Not palpable. Cyanosis – Absent.
Clubbing – Absent.
Systemic examination- RS – AEBE clear
CVS – S1S2 Normal.
CNS- Conscious Oriented but Restless. P/A – Soft non-tender.
14] Provisional Clinical Diagnosis: Mood Disorder.
Hyperactivity Disorder. Anxiety Disorder.
15] Analysis of Symptoms: Child is poor in his studies.
Desires always company of friends and parents.
Fear of darkness, always needs light in his room.
Desires – egg.
Aversion – milk.
Obstinate does not listen to anyone.
16] EVALUATION OF SYMPTOMS:
Mischievous, lazy to do his work Hyperactivity seen in his nature. Timid, fear of darkness
Obstinate does not listen to anyone. Forgets easily whatever he reads.
Chilly patient.
Desire- for egg.
17] REPERTORIAL TOTALITY:
Hyperactivity seen in his nature. Mischievous, lazy to do his work Timid, fear of darkness.
Obstinate does not listen to anyone. Forgets easily whatever he reads.
Chilly patient.
Desire- for egg.
Aversion – milk.
18] Miasm – Psora
Hyperactivity seen in nature.
Forgets what he reads, forgetfulness.
Timid, fear of darkness.
Mischievous, but lazy do his work.
19] PROBABLE MEDICINES:
Phosphorus.
Calcarea Carbonica.
20] REMEDY PRESCRIBED:
Calcarea Carbonica 200 single dose in a week. Sac Lac once a day for 7 days
21] FOLLOW UPS

Date	Changes of Symptoms	Medicine
14/06/21	Mischievous condition improving. Fear of darkness continues. Improving in studies.	Calcarea carb 200 single dose in a week.
07/07/21	Mischievous condition improving. Fear of darkness continues. Child has Cured in studies.	Calcarea carb 200 two dose in a week. Increase in dose.
05/08/21	Mischievous condition better. Fear of darkness has reduced. Child Cured in studies.	Calcarea carb 200 two dose in week.
3/9/21	Mischievous condition better. Fear of darkness continue. Child Cured in studies	Calcarea carb 200 continue
8/10/21	Mischievous condition better. Fear of darkness continue	Calcarea carb 200 continue.



Hyperactivity

Two aspects of activity need to be addressed in Hyperactivity disorder, the quantity and quality of the activity. It has been clearly shown via actometer readings over 7 days that children with Hyperactivity Disorder have significantly more activity, both while awake and asleep, when compared with matched children. The quality of the activity has often been described as disruptive and purposeless. With age, the level of gross motor activity may decrease, and fidgetiness and restlessness may be seen instead.

Attention Difficulties

Attention problems may not always be evident and may not be seen when the child is exposed to highly novel, interesting, and rewarding material. However, concentration problems usually become evident under environmental conditions that include elements of boredom, distraction, fatigue, repetition, and low levels of reinforcement and motivation. Thus, children with Hyperactivity disorder are described as forgetful, disorganized, prone to losing things, daydreaming, being off-task, and failing to complete tasks without supervision.

Impulsivity

Impulsivity can be express in a number of ways. It may include engaging in physically dangerous activities, calling out in class, difficulty waiting once turn, and interrupting or intruding on others in conversations or games. Impulsive behaviour may also in difficulties with parents and teachers, with the escalation of frequent verbal and, at times, physical fights. Children with Hyperactivity disorder have impulsive cognitive styles, as seen in results of the matching familiar figures test (MEFT) or Embedded Figure Test (EFT). Such cognitive styles affect learning and school performance as the child has problems taking his or her time to figure thinks out systematically and tends to respond impulsively.

ASSOCIATED FACTORS

Children with Hyperactivity disorder may have areas of impairment that are not part of the key symptoms of hyperactivity, impulsivity, and inattention. The associated areas include behavioural, cognitive, affective and social spheres.

BEHAVIOURAL

Generally, children with Hyperactivity disorder do better in one to one settings with an adult than in group settings with peers. They need clear and immediate consequences and reinforcement and a good deal of supervision.

Children with Hyperactivity disorder often lack persistence. They start projects without finishing them. They begin a game of activity, become bored quickly and leave it impulsively. They often have problem with delayed gratification and do not persist if gratification is long in coming.

COGNITIVE

It has been shown that people with Hyperactivity disorder have an impaired sense of time and thus have problems in time-dependent task and tests. A poor sense of time results in problems with planning, waiting and playing. Short term memory also is affected. Impulsive cognitive styles also affect cognitive functioning.

EMOTIONAL

Hyperactivity disorder is often associated with deregulation of affect, resulting in temper outburst, mood liability, and reactivity. Moods can swing dramatically for no apparent environmental reason, and they can be explosive, intense and infectious. The reaction of others and the consequences are often not well understood by the individual with Hyperactivity Disorder, who has moved on to something else and does not see what all the fuss is about.

SOCIAL

Children with Hyperactivity Disorder often have problems with siblings, parents, and teachers. Individuals with Hyperactivity Disorder have problems accurately reading social cues; they tend to misinterpret social situations they often react inappropriately.

Children with Hyperactivity disorder are often described as bossy, intrusive, insensitive to the needs of other people. They have problems cooperating with other children, respecting social

hierarchies, and following rules. They may experience rejection and teasing and become verbally and physically aggressive. These children may overreact to situation. They are unable to let go of an argument or stay out of trouble with other children. They often do better alone with an adult or playing with children younger or older than themselves. These social problems may have significant long-term impact on development and self-esteem and thus need to be addressed.

CONCLUSION

According to the statistical analysis, this study provides evidence to say that, there is significant reduction in the disease intensity scores after the Homoeopathic treatment. Therefore, the Homoeopathic treatment using Constitutional remedies is effective in Hyperactivity Disorder.

REFERENCES

1. A Ghosh, A Ray, A Basu. Oppositional defiant disorder: current insight. Psychology Research and Behavior Management 2017:10 353–367.
2https://www.ncbi.nlm.nih.gov/books/NBK519712/table/ch3.t3/.
3. Prevalence of Attention Deficit Hyperactivity Disorder in primary school children (nih.gov) William Boericke. Pocket manual of homoeopathic material medica and repertory. 3rd revised and augmentededition based on 9thedition. New Delhi: B.Jain publisher's pvt.Ltd; 2007.
4. NIMH » Attention Deficit/Hyperactivity Disorder www.nimh.nih.gov
5. Robert A . Herbert, The principles and art of cure by Homoeopathy A modern text book, B. Jain Publishers pg-216-217.
6. Palmer ED, Finger S (May 2001). "An early description of ADHD (inattentive subtype): Dr Alexander Crichton and Mental restlessness' (1798)". Child and Adolescent Mental Health. 6 (2): 66–73.