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ARTICLE

Title: ADHD- A different ability and its Homoeopathic management

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ABSTRACT

ADHD causes significant neurodevelopmental and behavioural changes both in children as well as in adults. it is not a disease but rather a group of symptoms which affects the behavioural, emotional, psychological and learning abilities thus affecting the quality of life. There have been various researches documenting how effectively homoeopathic medicines help in the management of ADHD alongside conventional therapies. There are various factors primarily responsible for the development of ADHD which includes genetic predisposition, environmental factors neurobiological and neuropsychiatric components.

Keywords: ADHD, Homoeopathy, Antenatal factors, Postnatal factors, HPA Axis

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INTRODUCTION

ADHD is a neurodevelopmental disorder in which there lies persistent patterns of inappropriate and impaired attention, hyperactivity and impulsivity associated developmentally. It usually affects pre-schoolers, children, adolescents and also adults around the world. ADHD today yields significant challenges in different domains like academic, social and emotional development. Meta-analyses estimate that approximately 5.29% of children suffer from ADHD globally. In India, studies have shown a wide range of prevalence rates, from 1.6% to 14%, varying according to the specific region and study methodology. Diagnosis is based on the DSM-5 (Diagnostic and Statistic Manual of Mental Disorders) or ICD-11 criteria. It includes persistent pattern of inattention and/or hyperactivity-impulsivity which interferes with functioning or development, present before age 12, and occurring in more one setting. For children, at least six symptoms must be present; for adolescents and adults, five count to be sufficient. Clinically significant impairment must be evident, and symptoms should not point towards or be better explained by another psychiatric or medical condition. Conventional treatment counts on various pharmacological intervention, behavioural therapies and stimulant medication.^[1,2,19,20]

PATHOLOGY OF ADHD

The specific etiology of ADHD remains unidentified but several hypothesis have been formulated regarding decreased efficiency of

the gray and white matter in the brain. This leads to a deficiency in cognitive processing, motor planning, speed of processing responses, attention, and other behavioral issues observed in ADHD. Moreover deficits in pre frontal cortex (PFC), caudate and cerebellum have been recognised in recent studies. These areas cumulatively contribute in attentional regulation, controlling thoughts, emotions, behavior, and actions and are interconnected by a network of neurons.^[3,4] Studies involving individuals with ADHD have revealed a delay in the development of the prefrontal cortex (PFC), or a decrease in both size and activity of the caudate nucleus, PFC or cerebellum. The interaction between these brain areas relies majorly on the neighboring neurochemical environment. It is controlled by the neurotransmitters dopamine (DA) and norepinephrine (NE). These neurotransmitters work synchronously through various receptors, which can be located either before (presynaptic) or after (postsynaptic) the synapse.^[5,6]

There are several studies which suggests that ADHD may involve an overactive norepinephrine (NE) and/or dopamine (DA) system. Typically certain genetic mutations in the dopamine transporter gene (DAT-1), such as A559V and R615C, have been found to be associated in some individuals with ADHD. These mutations either increase the dopamine release or decrease its reuptake into the presynaptic neuron, leading to an intensified dopamine activity. Research has unified hypoactive and hyperactive catecholamine

theories of ADHD by showing that dopamine and norepinephrine exhibit an inverted U-shaped dose-response curve, similar to vitamins, where both deficiencies and excess can lead to problems. Additionally, research has shown that the brain contains two distinct pools of both DA and NE. For the prefrontal cortex (PFC) to function properly, a balanced level of these neurotransmitters is essential.

Any imbalance occurring may lead to ADHD. Medications used to treat ADHD act by restoring this delicate neurotransmitter balance in the PFC. However, it's crucial to draw an accurate ADHD diagnosis before prescribing medications, in order to prevent unnecessary drug exposure in individuals without the disorder.^[7]

TABLE-1: SUBTYPES OF ADHD^[15]

INATTENTIVE	HYPERACTIVE	COMBINED
• Challenges in managing attention. • An inclination to commit unintentional errors. • Ignoring specifics, lack of focus. • Challenges in structuring and completing assignments. • Memory lapses. • Challenges in hearing. • Trouble arranging events in order or adhering to complex instructions. • Struggles with daily tasks	• Fidgeting with tapping of hands and feet. • Moving around or ascending in circumstances where it is unsuitable. (Note: In teenagers or adults, it may be restricted to experiencing restlessness.) • Incapable of participating in leisure activities or playing quietly. • Frequently “in motion,” behaving as though “powered by an engine.” • Speaking too much. • Responding before the question has been fully asked. • Struggles to wait for their turn (e.g., when standing in line). • Frequently disrupts or encroaches upon others.	• Combined type ADHD is identified when an individual exhibits six of the nine signs of both inattention and hyperactivity. ADHD-C frequently coexists with externalizing disorders like ODD (Oppositional Defiant Disorder) and CD (Conduct Disorder) at significant rates. • Individuals with ADHD-C frequently experience concurrent internalizing disorders (such as anxiety and depression).

RISK FACTORS

- Genetic predisposition
- Environmental factors
- Dietary factors
- Factors related to pregnancy

ANTENATAL RISK FACTORS ASSOCIATED WITH ADHD

Prenatal factors have garnered more focus as possible contributors to ADHD, primarily via fetal programming. Fetal programming describes a process wherein conditions in the

womb are believed to affect the typical growth of the fetus. ADHD often begins early in life, which leads to the growing interest of the prenatal environment contributing to the development of the disorder. Research has linked various prenatal risk factors to ADHD. Drug abuse during pregnancy, maternal stress, premature birth, low birth weight babies, and a range of complications during different stages of pregnancy until delivery. All these are found to be responsible as the pre-natal risk factors for the development of

the disorder.

Maternal Atopy Emerging research indicates that prenatal inflammation is found to be associated with an increased susceptibility to early childhood neurobehavioral disorders. This potentially results from an altered fetal immune responses during the fetal central nervous system development. Alternatively, elevated maternal inflammatory markers during gestation have been correlated with alterations in both functional and structural brain connectivity. Impairments in impulse regulation and working memory during early childhood has also been seen alongside. Additionally, maternal infections during pregnancy have been indicated in the etiology of various neurodevelopmental and psychiatric conditions. Notably, female offspring of mothers with active atopic disorders during pregnancy demonstrated a higher prevalence of behaviors characteristic of attention-deficit/hyperactivity disorder (ADHD) compared to their male counterparts from similarly affected pregnancies.^[8]

Low birth weight- It was found that low birth weight babies or born small for gestational age (SGA) had a high associated risk with ADHD. Further findings apparently suggested that there could be other factors responsible for it. A history of smoking in pregnant mothers was particularly seen as a responsible factor.^[9]

Alcohol abuse- Evidence from previous studies indicates a significant association between maternal alcohol consumption while being pregnant and an elevated incidence of ADHD symptoms in offspring. Additionally, research has demonstrated that individuals with a biological parent diagnosed with alcohol use disorder exhibit a substantially increased risk of exhibiting ADHD in comparison to those without such familial history. The risk was even greater when the parent's alcohol use disorder was diagnosed before the child's birth suggesting that germ cell mutations might contribute to increased ADHD risk.^[9]

Maternal anti-depressant use- Prenatal exposure to maternal stress has been implicated in altering fetal neurodevelopment which is considered a potential risk factor for

the subsequent development of ADHD in offspring. Maternal use of antidepressants at any point during pregnancy indicated a higher risk. The risk was particularly elevated when antidepressants were used in the three months before conception and during the first trimester. This was majorly attributed to the in utero anti-depressant exposure of the foetus.^[9]

Parental Age- ADHD is found to be highly associated with the parental age group at the time of conception. Not only maternal but paternal age group was studied too in many studies pondering upon the significance of the same. In a meta-analysis conducted it was found that the likelihood of ADHD was consistently increased for the parental age group of 35-39.^[10]

Nutritional deficiencies- The deficiencies of certain elements in our body also stand responsible for the development of ADHD. Magnesium is important for nerve transmission and neuromuscular conduction. It also serves as a protection against excessive stimulation that may result in neuronal cell death (excitotoxicity). Zinc, a trace metal, serves as a biofactor vital for the central nervous system throughout life, from early brain development in neonates to supporting brain function in adults.^[11,12]

POST NATAL RISK FACTORS ASSOCIATED WITH ADHD

The cognitive and behavioural aspects of a child develops in accordance to the social and emotional environment he has been brought up in. Several factors predispose the child to ADHD in early life. Hostile parenting practice or cold parenting, divorce/discord interparental relationship, birth of a sibling, postnatal exposure particularly to a natural disaster.

Impact of natural disaster- The post natal exposure to factors serving as a stress such as natural disaster may interfere with behaviour control and cognitive functions increasing the risk of ADHD in the offsprings. The impact on ADHD symptoms resulting from a severe cyclonic storm Aila, which struck the coasts of Bangladesh and India in 2009, has been investigated. The study postulated that Indian

children who suffered due to the disaster either before birth or shortly after had significantly higher levels of ADHD symptoms during preadolescence compared to children who were not exposed. Additionally, it was proposed that the time period of the exposure plays a crucial role in the assessing the severity of the effects.^[13]

Impact of divorce- A divorce can adversely affect a child's overall development, affecting areas such as family relationships, education, emotional health, and future financial stability. While children are at greater risk of adverse outcomes following parental separation, studies suggest that these effects can continue into adulthood. Although the distinctions between kids from divorced families and those from intact ones are generally minimal, and the majority of children do not experience lasting negative effects.^[14]

ROLE OF MATERNAL HPA AXIS

The HPA axis (hypothalamic-pituitary-adrenal) is believed to be crucial in influencing how maternal stress impacts the development of the fetus. The activation of the HPA axis is due to psychological as well as physical stress which leads to the release of cortisol into the bloodstream. In extremely stressful circumstances, increased maternal cortisol may surpass the placental ability to break it down, allowing it to cross the placenta and impact the development of brain of the fetus and/or 'program' its HPA axis accordingly. Maternal stress alternatively may result in a narrowing of the uterine artery, resulting in reduced blood flow to the developing fetus. This results in fetal hypoxia which can impede fetal development and increase the child's risk for issues later on.^[19]

DIAGNOSIS

Although numerous imaging studies have been explored but it becomes difficult to identify a reliable diagnostic marker for ADHD most likely due to the disorder's inherent complexity. As a result, the diagnostic criteria defined in the DSM-5 is used. Since ADHD includes three distinct subtypes, each with unique symptom profiles,

the diagnostic criteria require that children should exhibit a minimum of six symptoms (or five symptoms for individuals over 17) for a minimum duration of six months. Additionally, these symptoms must lead to noticeable impairment in functioning across multiple settings.

However, diagnosing ADHD accurately based on these largely subjective criteria can be challenging. This difficulty is further compounded by the presence of comorbid conditions; such as major depressive disorder (MDD), and anxiety disorders oppositional defiant disorder (ODD). These often present symptoms that overlap with those of ADHD.^[7]

RATING SCALES

The rating scales alone should not be utilized to identify ADHD, but they can be especially useful in confirming the existence of key ADHD symptoms across multiple environments. It possesses 90 percent specificity and sensitivity when applied to the appropriate population. Frequently utilized evaluation scales-

- Conners Rating Scales for parents (CPRS-R) and teachers (CTRSR),
- Conners Wells Adolescent Self-Report Scale,
- Vanderbilt ADHD Diagnostic Parent and Teacher Scales^[12]

CONVENTIONAL TREATMENT

Main goal of treatment is maximizing function, improving relationship enhance performance at school, decrease their disruptive behavior, promote safety, becoming self-reliant, enhancing self-esteem. Therapies used-

1. Psychotherapy
2. Cognitive Behavioural Therapy
3. Social skills training
4. Parental skills training

HOMOEOPATHIC MANAGEMENT^[16,17,18]

Calcarea Carbonica- Calcarea desires stability and security. Patient is mischievous, he desires company, nature is obstinate but

timid. Patient is very lazy in completing his work. Weak memory generally; forgets what he has just read. Thermal is chilly. Profuse perspiration present on scalp, craves for egg, desires cold things like cold drinks, ice cream; but averse to milk and meat.

Tarentula Hispanica- characteristic of Tarentula is the feeling of unreciprocated affection. Restlessness and threatening. They do not answer when questioned. Desire for music is a strong confirmation. They are extremely restless both physically and mentally.

Lachesis Mutus- anxiety, mental excitement and fear. This fear leads to nervous depression causing loquacity. Makes speeches in selective phrases— Suspicious. Anger is sudden and intense, short lived but powerful. When feeling restricted psychologically, he will avoid being touched. Irritable and quarrelsome. Even cannot bear touch of hand or from a finger. It becomes unbearable for him. He cannot bear tight clothes around waist and neck

Belladonna- In Belladonna the patient's memory is impaired. He is very forgetful, forgets what he was doing in a moment. He is absent-minded. Desire to escape or hide herself. Talkative, then mute. Breaks into fits of laughter, then gnashing the teeth. A disposition to bite and strike those around. Begins in fear at the arrival of others. He is intensely aware and overwhelmed by a surge of personal visual perceptions and imaginative delusions. Experiences hallucinations. There is acuteness of senses. Hyoscyamus Niger-It creates an ideal image of an outrageous and contentious mania. Tending to be indecent and improper in movements, actions and expressions. Extremely loquacious, and continues to undress herself, or revealing genitalia, capability to reason. Thoughts cannot be guided or managed. Foolishness, or misconceptions of the mind and perceptions. Fidgety, leaps from the bed, attempts to divert. Acts foolishly, behaves like a madman. Abuses people about him. Jealousy. Doesn't

answer the questions asked.

Medorrhinum- The main fear of medorrhinum is criticism when he is exposed. He is Ok as long as his weaknesses are covered up. Persistently loses the gist of the conversation. Challenges in focusing his thoughts or mind on theoretical topics. Reading and writing cause her anxiety and anger. Time moves too slowly, perpetually in a rush.

Tuberculinum- Patient has a feeling of being stuck, being shut in a place, caged, cramped and suffocated and desperation in order to get out of it endless desire. Always seeking fulfillment. A longing to journey. Desire for transformation and thrill. Regularly switching jobs. Desire to sprint. Compulsive behavior. Superstitious. Problem child in school, slow comprehension, dull, morose, sullen.

DISCUSSION

ADHD has been impacting many lives since childhood and is often poorly diagnosed in adults. the management and approach towards it should be individualistic and holistic as each patient differs in the scale of impact and quality of life. Homoeopathy with its individualistic approach has been giving assuring results in many research studies. Taking into account both the mental and physical aspects, it offers a holistic and unique approach in curbing the symptoms and offering significant improvements along with assistive therapies.

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