https://africanjournalofbiomedicalresearch.com/index.php/AJBR
Afr. J. Biomed. Res. Vol. 27 (September 2024); 733-741

Research Article

Evaluating the Role of Homeopathy in the Management of ADHD: A Scoping Review

Dr. Vaishali Khobragade[1], Dr. Parth Aphale[2*], Himanshu Shekhar[3], Shashank Dokania[4], Dr. Dharmendra B. Sharma[5]

[1]Professor & HOD, Department of Anatomy, Dr. D.Y. Patil Homoeopathic Medical College & Research Centre, Dr. D.Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune, Maharashtra, India, vaishali.khobragade@dypvp.edu.in, 0009-0008-4249-9766

[2]Professor & HOD, Department of Homoeopathic Pharmacy, Dr. D.Y. Patil Homoeopathic Medical College & Research Centre, Dr. D.Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune, Maharashtra, India parth.aphale@dpu.edu.in, [2]0000-0002-1004-2605*

[3] Department of Homoeopathic Pharmacy, Dr. D.Y. Patil Homoeopathic Medical College & Research Centre, Dr. D.Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune, Maharashtra, India hshekhar801@gmail.com, [3]0009-0000-5383-4226

[4] Department of Homoeopathic Pharmacy, Dr. D.Y. Patil Homoeopathic Medical College & Research Centre, Dr. D.Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune, Maharashtra, India shashankdokania20@gmail.com, 0009-0000-7781-9987

[5] Principal, Professor & HOD, Department of Forensic Medicine and Toxicology, Dr. D.Y. Patil Homoeopathic Medical College & Research Centre, Dr. D.Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune, Maharashtra, India principal.homoeopathy@dpu.edu.in

Abstract

Background: Attention Deficit Hyperactivity Disorder (ADHD) is a common neurodevelopmental disorder affecting children and adults, characterized by symptoms of inattention, hyperactivity, and impulsivity. Despite the effectiveness of conventional treatments, such as stimulants, side effects drive interest in alternative therapies like homeopathy.

Methodology: A comprehensive search of PubMed, SCOPUS, and Google Scholar was conducted to identify clinical studies evaluating homeopathic treatments for ADHD. After applying selection criteria, eight studies were reviewed.

Results: The review analyzed randomized controlled trials, observational studies, and clinical trials. Some homeopathic treatments showed potential in reducing ADHD symptoms, particularly inattention and hyperactivity.

Conclusion: Homeopathy offers a potential complementary approach to ADHD management. Further large-scale, rigorous trials are needed to confirm these findings. Integrating homeopathy with conventional ADHD treatments may provide a more holistic benefit.

Keywords: ADHD, Homeopathy, Complementary Medicine, Hyperactivity, Ultra High Dilution.

***Author for correspondence: Email:** parth.aphale@dpu.edu.in*

Received: 25/09/2024 Acceptance: 09/10/2024

DOI: https://doi.org/10.53555/AJBR.v27i3.2437

Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a hyperkinetic disorder that predominantly impacts children and adolescents, though it can also affect adults, and is marked by symptoms of inattention, hyperactivity, and impulsivity. [1] According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), ADHD is categorized into three subtypes: predominantly inattentive, predominantly hyperactive-impulsive, and a combined type. ADHD is known to impair academic, social, and occupational functioning, particularly during childhood and adolescence. In the United States, the estimated prevalence of ADHD among children aged 3 to 17 years is about 9%, which equates to roughly 5 million children. Notably, boys (12%) are more frequently diagnosed than girls (5%), with higher prevalence rates seen in children with fair or poor health compared to those in excellent or very good health [2,3].

The etiology of ADHD is believed to have a strong biological basis, with family history, genotyping, and neuroimaging studies supporting a neuropsychiatric origin. Dopamine, a neurotransmitter essential for processes like attention, working memory, decision-making, and inhibition, plays a significant role in ADHD[4]. In individuals with ADHD, the frontostriatal network—comprising the lateral prefrontal cortex, dorsal anterior cingulate cortex, and basal ganglia—exhibits abnormal activity. Reduced volumes in these brain areas, along with the cerebellum and corpus callosum, further highlight the neurological underpinnings of ADHD. Specifically, hyperactivity/impulsivity and inattention are associated with decreased activity in brain regions such as the right inferior frontal cortex, anterior cingulate cortex, and dorsolateral prefrontal cortex [5,6,7].

Management of ADHD traditionally revolves around pharmacological treatments, particularly psychostimulants like methylphenidate (MPD) and dextroamphetamine. These medications are considered highly effective in alleviating core ADHD symptoms, though side effects such as sleep disturbances, appetite loss, and potential growth suppression can limit their long-term use. Other pharmacological options include atomoxetine, guanfacine, and clonidine, though these are generally less effective than stimulants. Off-label use of antidepressants and atypical antipsychotics is sometimes explored, but these are not FDA-approved for ADHD and carry additional risks. [8]

Study Selection: Two independent researchers, Researcher A and Researcher B, reviewed all titles, abstracts, and full and following the removal of duplicates, the remaining articles were further assessed for eligibility. Discrepancies during the selection process were resolved by a third researcher, Researcher C. Ultimately, data from 8 selected studies were extracted and analyzed. The extracted data included information on homeopathic medications, dosages, control groups, study duration, outcomes, and results.

Limitations: Pooling the effects of various studies for a more detailed meta-analysis was not feasible due to the considerable variations in the study parameters across the selected studies.

Results: The database search yielded 45 initial records that examined the clinical effectiveness of homeopathic treatments for ADHD. After removing 15 duplicates, 30 studies were

Despite the efficacy of pharmacological treatments, compliance with stimulant medications like methylphenidate can be poor due to their side effect profiles and the perception that the risks may outweigh the benefits. This has led many caregivers to seek alternative or complementary treatments. Homeopathy, a system of alternative medicine, has emerged as one such option.[9] While earlier systematic reviews found inconsistent effects of homeopathic treatments for ADHD, more recent studies suggest the need for updated analyses. The growing interest in Complementary and Alternative Medicine (CAM), particularly among parents hesitant to pursue stimulant medications for their children, underscores the relevance of examining the potential role of homeopathy in ADHD management.

This review aims to critically evaluate the efficacy of homeopathic treatments for ADHD by assessing recent clinical trials and observational studies. It seeks to provide an updated perspective on whether homeopathy can serve as an adjunct or alternative treatment for ADHD, contributing to the broader discussion of multidisciplinary treatment plans for this neurodevelopmental disorder.

Methodology

The following criteria were applied to evaluate the articles related to Attention Deficit Hyperactivity Disorder (ADHD):

Inclusion Criteria: Clinical studies examining the efficacy of homeopathic treatments for ADHD were included in the review. Only studies published in English were considered. The search focused on Randomized Controlled Trials (RCTs), experimental studies, and well-documented observational studies that met the clinical relevance to ADHD management.

Exclusion Criteria: Certain types of articles were excluded from the review, including case studies, review articles, letters to the editor, conference proceedings, and comments. Additionally, unpublished data such as dissertations, non-peer-reviewed sources, and content from websites were not considered for inclusion.

Literature Search Strategy: A comprehensive search of electronic databases including PubMed, SCOPUS, and Google Scholar was undertaken to gather relevant studies. Reference lists from pertinent articles were also carefully examined to ensure no relevant studies were overlooked. The search was focused on keywords such as "Homeopathy" and "ADHD" and included experimental, observational, and clinical studies published up to September 25, 2024.

articles systematically. Duplicate studies were removed during this process. A total of 54 studies were initially screened, retained for primary evaluation. Of these, 16 studies were excluded due to insufficient data, non-relevant language, or irrelevance to ADHD. Specifically, 3 case studies, 2 non-clinical investigation and 2 review articles were excluded based on the predefined inclusion and exclusion criteria. As a result, 8 studies, consisting of r*andomized controlled trials, comparative studies, randomized open-label Pilot study, and clinical trials*, were included in the final review. A summary of the characteristics of these studies is provided in Table 1.

Figure 1: Prisma Chart

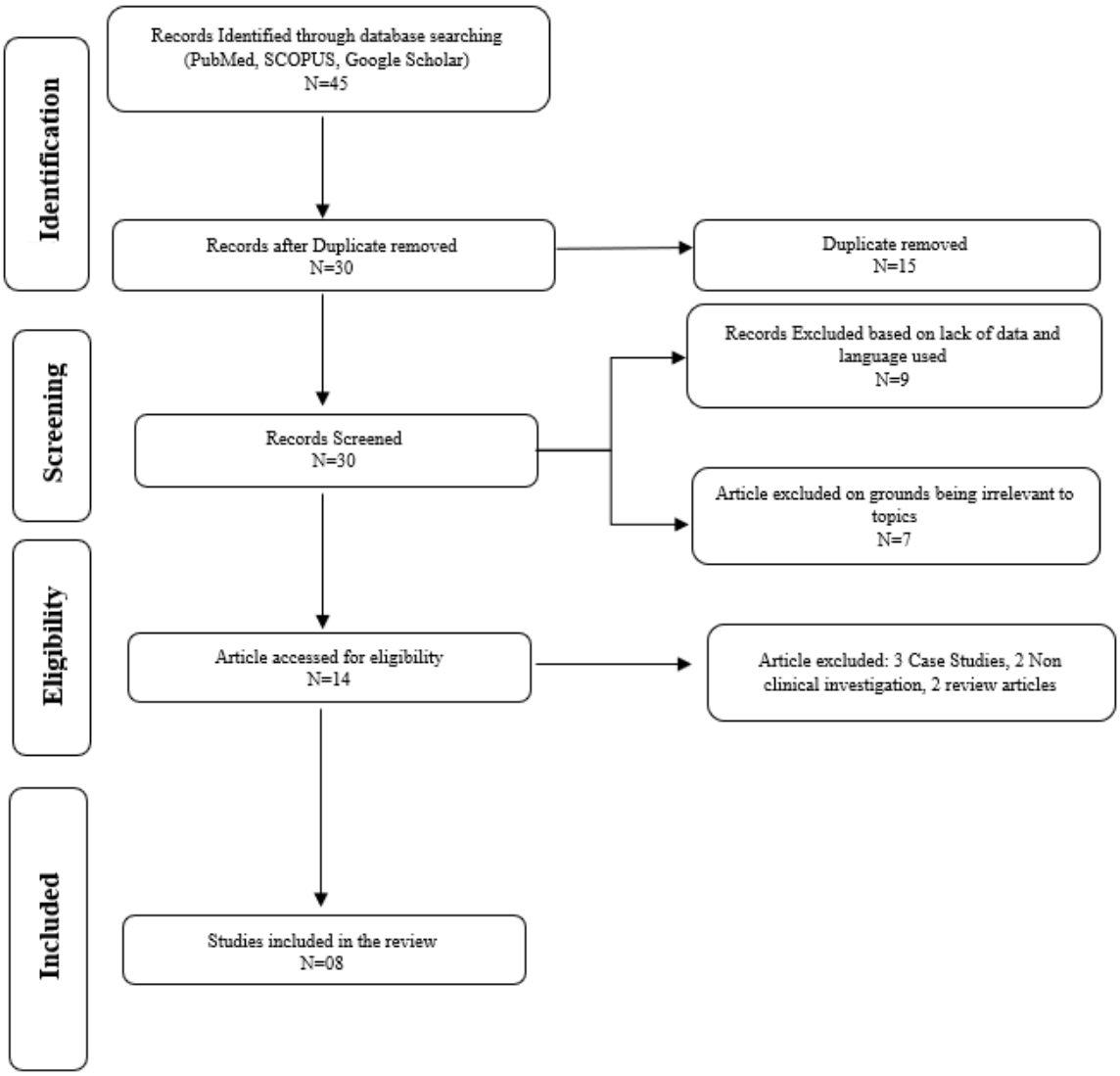

Table.1

Sr. No.	Title	Authors	Type of Study	Methodology	Medicine	Control	Parameter Tested	Result	Conclusion	Ref
1	Treatment for Hyperactive Children: Homeopathy and Methylphenidate Compared in a Family Setting	H Frei , A Thurneysen	Prospective trial	115 children, aged 3-17, treated with homeopathy; if improvement <50%, switched to MPD	Individualized homeopathy	Methylphenidate (MPD)	Conners Global Index (CGI), parental ratings	75% improved with homeopathy (55% CGI reduction); 22% needed MPD	Homeopathy can be an alternative to MPD for some children, particularly younger ones	10
2	Randomised Controlled Trials of Homeopathy in	Frei et al.	Randomized, placebo-controlled,	Open-label screening followed by randomization; 83	Individualized homeopathy	Placebo	Conners Global Index (CGI)	84% responded positively in screeni	Identifying the optimal homeopathic remedy is crucial for clinical	11

	Hyperactive Children: Treatment Procedure Leads to an Unconventional Study Design		double-blind, cross-over trial	children aged 6-16				ng; significant improvement during optimal treatment phase	improvement	
3	Homeopathy for Attention-Deficit/Hyperactivity Disorder: A Pilot Randomized-Controlled Trial	Jacobs et al.	Randomized, double-blind, placebo-controlled trial	43 children aged 6-12, followed for 18 weeks	Individualized homeopathy	Placebo	Conners Global Index (CGI-P), Continuous Performance Test (CPT)	No statistically significant difference between groups, both showed improvement	No specific effect of homeopathic remedies, but consultation process might benefit	12
4	Homeopathic Treatment of Children with Attention Deficit Hyperactivity Disorder: A Randomised Double-Blind Placebo Controlled Crossover Trial	Frei et al.	Randomized, double-blind, placebo-controlled cross-over trial	83 children aged 6-16; 62 moved to randomized phase	Individualized homeopathy	Placebo	Conners Global Index (CGI), neuropsychological assessments	63% CGI improvement in homeopathy group, significant behavioral improvements	Homeopathy shows effectiveness, but requires larger trials for confirmation	13
5	A Comparative Consecutive Case Series of 20 Children with ADHD Receiving Homeopathic Treatment Compared with 10 Children Receiving Usual Care	Fibert et al.	Comparative case series	20 children received homeopathic remedies, 10 received usual care	Individualized homeopathy	Usual care	Conners' Parent Rating Scale (CPRS-R), MYMOP	Significant improvement in homeopathy group after 4 months	Homeopathy may be effective, but larger studies are needed	14
6	Homoeopathic Treatment of Attention Deficit Hyperactivity Disorder: A Controlled Study	John Lamont	Double-blind, placebo-controlled trial	43 children alternately assigned to homeopathy or placebo	Stramonium, Cina, Hyoscyamus niger	Placebo	5-point scale for ADHD symptoms	Homeopathy group showed statistically significant improvement ($p < 0.05$)	Homeopathy could be effective, but further research needed	15
7	A Randomized Three-Arm Double-	Brulé et al.	Randomized, three-arm, double-	151 children aged 6-16, divided into 3	Individualized homeopathy	Placebo and Usual care	Conners Global Index (CGI-P)	Both homeopathy and placebo	Consultation process plays a major role, not just the	16

	Blind Placebo-Controlled Study of Homeopathic Treatment of Children and Youth with ADHD		blind, placebo-controlled trial	groups (homeopathy, placebo, usual care)				groups showed significant improvement compared to usual care	remedy	
8	Homoeopathic Management of ADHD: A Randomised Placebo-Controlled Pilot Trial	Oberai et al.	Randomized, single-blind, placebo-controlled pilot trial	61 children aged 6-15, 1-year duration	Individualized homeopathy (LM potency)	Placebo	Conners Parent Rating Scale (CPRS-R), CGI-SS, CGI-IS	Significant improvements in homeopathy group across multiple domains (p = 0.0001)	Homeopathy showed effectiveness, but larger trials needed	17

1. Treatment for hyperactive children: homeopathy and methylphenidate compared in a family setting

The study titled "Treatment for Hyperactive Children: Homeopathy and Methylphenidate Compared in a Family Setting" aimed to evaluate the effectiveness of homeopathy in treating ADHD compared to methylphenidate (MPD). Conducted in a pediatric practice, the prospective trial included 115 children aged 3 to 17 years, diagnosed with ADHD based on DSM-IV criteria. The primary objective was to assess how many children could be successfully treated with homeopathy, and how many required MPD. Children first received individualized homeopathic treatment. If their symptoms improved by 50%, based on parental reassessment, the treatment continued. If improvement was insufficient, the treatment was switched to MPD. The sample consisted of 92 boys and 23 girls, with a mean age of 8.3 years.

The results showed that 86 children (75%) responded positively to homeopathy, achieving a 73% improvement in clinical ratings as reported by parents. The mean Conners Global Index (CGI) score dropped from 20.52 to 9.27, representing a 55% reduction after an average treatment period of 3.5 months. On the other hand, 25 children (22%) required MPD after homeopathy proved insufficient. In this group, the mean CGI score decreased from 20.94 to 10.96, showing a 48% improvement, with an average treatment duration of 22 months before switching to MPD. Three children (3%) did not respond to either treatment, and one child withdrew from the study.

Statistical analysis revealed that the homeopathy group experienced slightly better improvement, with a CGI reduction of 55% compared to 48% for the MPD group. Parents reported a 73% improvement in the homeopathy group, versus 65% in the MPD group. The study concluded that homeopathy could be a viable alternative to MPD, especially for younger children or those not requiring urgent behavioral adjustments. However, MPD remained necessary for those unresponsive to homeopathy, particularly due to school pressure. Despite its success, homeopathy was considered palliative like MPD, with further studies needed to determine any long-term curative effects [10].

2. Randomised controlled trials of homeopathy in hyperactive children: treatment procedure leads to an unconventional study design

The study titled Randomised Controlled Trials of Homeopathy in Hyperactive Children: Treatment Procedure Leads to an Unconventional Study Design aimed to evaluate the effectiveness of homeopathic treatment for children with ADHD, while exploring the impact of the study's unconventional design. Conducted as a randomized, placebo-controlled, double-blind, cross-over trial, it was preceded by an open-label screening phase. The trial sought to identify the time and number of medications needed to find an optimal homeopathic remedy for each child, as this phase was considered crucial for the success of the treatment. The study included 83 children aged 6 to 16, diagnosed according to DSM-IV criteria. During the open-label phase, each child received individualized homeopathic treatment based on traditional homeopathic guidelines set by Hahnemann and Boenninghausen. The children were assessed using the Conners Global Index (CGI), and only those who showed an improvement of 50% or more in their CGI scores (or at least a 9-point reduction) moved on to the randomized phase. The median time to identify the optimal remedy was 5 months, with a median of three different homeopathic medications prescribed.

Results indicated that 70 children (84%) responded positively, achieving eligibility for the randomized phase after a median of 5 months, while 13 children (16%) were non-responders. Non-responders dropped out of the screening phase after a median of 8 months and a trial of up to nine different medications. There was a significant difference in CGI values between responders and non-responders after 5 months of treatment ($p=0.0006$). Responding patients had a median CGI improvement rate of 4.50 points per month during the optimal treatment period compared to 0.53 points during the suboptimal phase ($p<0.0001$). Children previously treated with stimulant medications, like methylphenidate, required more time (6 months vs. 5 months) and more medications to reach eligibility for the randomized phase ($p=0.023$ and $p=0.031$, respectively) [11].

The study concluded that the process of identifying the optimal homeopathic remedy is essential for clinical improvement. As a result, randomizing patients at the start of treatment without this screening phase risks failing to show a specific treatment effect. For an accurate comparison with placebo in homeopathic trials for ADHD, a long observation period of at least 12 months is recommended to ensure sufficient time for identifying the correct homeopathic remedy for each child.

3. Homeopathy for attention-deficit/hyperactivity disorder: a pilot randomized-controlled trial

The study titled "Homeopathy for Attention-Deficit/Hyperactivity Disorder: A Pilot Randomized-Controlled Trial" aimed to evaluate the effectiveness of homeopathy in treating ADHD. Conducted as a randomized, double-blind, placebo-controlled trial, it involved 43 children aged 6–12 years diagnosed with ADHD based on DSM-IV criteria. Subjects were randomly assigned to either receive individualized homeopathic remedies or a placebo. Follow-up visits with homeopathic physicians were conducted every 6 weeks over an 18-week period. The primary outcome measure was the Conners Global Index—Parent (CGI-P), supplemented by other parent and teacher assessments, as well as objective testing using the Continuous Performance Test (CPT).

The results showed no statistically significant differences between the homeopathy and placebo groups on any of the primary or secondary outcome variables. However, both groups showed statistically significant improvements over the course of the study in various measures, including the ADHD index and Hyperactivity scores on the Conners Parent Rating Scale. While no significant effect of homeopathic remedies was observed, the overall improvements in both groups suggest a therapeutic effect associated with the homeopathic consultation process itself. The authors concluded that this pilot study does not provide evidence for a specific effect of homeopathic remedies in the treatment of ADHD but highlighted the potential benefit of the homeopathic process, suggesting that larger, longer-term studies are needed to explore this further. [12]

4. Homeopathic treatment of children with attention deficit hyperactivity disorder: a randomised, double blind, placebo controlled crossover trial

The study aimed to evaluate the effectiveness of homeopathic treatment for children diagnosed with ADHD, utilizing a randomized, double-blind, placebo-controlled crossover design. A total of 83 children aged 6-16 were recruited based on DSM-IV ADHD diagnostic criteria, and 62 children who showed at least a 50% improvement in Conners' Global Index (CGI) during the initial treatment phase participated in the trial. The participants were randomly assigned to one of two groups: Arm A, which received homeopathic medication followed by placebo, and Arm B, which received placebo followed by homeopathic treatment. Each treatment phase lasted for 6 weeks. [13]

The methodology involved individualized homeopathic prescriptions for each child during a pre-trial phase, followed by a double-blind crossover phase where patients alternated between homeopathy and placebo. The primary measure of treatment effectiveness was the CGI, which rated ADHD symptoms such as impulsivity, inattention, and hyperactivity. Neuropsychological assessments were also conducted at various stages to evaluate cognitive performance.

The results indicated a significant improvement in ADHD symptoms during the homeopathic treatment phase compared to the placebo. Specifically, CGI scores were 1.67 points lower under homeopathy than placebo (P=0.0479). Additionally, long-term improvements in ADHD symptoms were observed, with a 63% improvement in CGI from the start of treatment to the end of the study (P<0.0001). However, there were variations in neuropsychological test results, with some improvements observed in attention and impulsivity, while visual-spatial abilities showed a slight decline under homeopathy.

In conclusion, the study provides evidence supporting the effectiveness of homeopathy in treating ADHD, particularly in behavioral and cognitive functions. However, the study acknowledged limitations such as possible carry-over effects and the need for more rigorous, larger-scale trials to confirm these findings.

5. A comparative consecutive case series of 20 children with a diagnosis of ADHD receiving homeopathic treatment, compared with 10 children receiving usual care

The study aimed to evaluate the effectiveness of homeopathic treatment in children diagnosed with ADHD through a comparative case series involving 20 children who received homeopathic remedies and 10 children who received usual care without homeopathy. The participants, aged between 5 and 16 years, were recruited through ADHD support groups and other community services. The homeopathic group underwent eight consultations over a year, with individualized remedies prescribed at each session, while the control group received similar time and attention but no remedies. Outcome measures included the Conners' Parent Rating Scale (CPRS-R:L) for assessing ADHD symptoms and the Measure Your Own Medical Outcome Profile (MYMOP), which allowed parents to track changes in their children's most bothersome symptoms and overall wellbeing.

The study found significant improvements in ADHD symptoms in the homeopathy group compared to the control group after four months ($p = 0.005$), with sustained improvements over one year. The mean DSM-IV ADHD scores in the treatment group decreased from 85 at baseline to 76.2 at four months and 71.5 at one year, while the control group showed minimal changes. These results suggest that homeopathic treatment was associated with statistically significant symptom reductions over time. The study concluded that homeopathy could be an effective and acceptable adjunctive treatment for ADHD, though further research with larger sample sizes and more rigorous designs was recommended to confirm these findings. [14]

6. Homoeopathic treatment of attention deficit hyperactivity disorder: A controlled study

The study conducted by John Lamont aimed to determine the effectiveness of homeopathic treatment for children diagnosed

with ADHD using a double-blind, placebo-controlled design. A total of 43 children were alternately assigned to receive either homeopathic medicine or placebo. After 10 days, the placebo group was given homeopathic medicine in a partial crossover design. The children's ADHD behavior was assessed through parent or caregiver ratings before and after treatment, with comparisons made between the placebo and homeopathic groups as well as the placebo group before and after receiving homeopathic medicine.

The methodology involved individualized homeopathic prescriptions selected for each child, with the potency of the remedies set at 200c. Parents administered the medication, and follow-up ratings were obtained 10 days and two months after the last medication. Children were rated on a 5-point scale ranging from "much worse" to "much better" based on observed changes in hyperactivity at home or reported by teachers.

Statistical analyses showed significant differences in improvement between the placebo and homeopathic groups. The mean improvement score was 1.00 for the homeopathic group compared to 0.35 for the placebo group, with a t-value of 2.16 ($p < 0.05$). In the crossover comparison, the placebo group showed a mean improvement score of 1.13 after receiving homeopathy, compared to 0.35 after placebo, with a t-value of 2.43 ($p < 0.02$). These results supported the hypothesis that homeopathic treatment was superior to placebo for ADHD. [15]

The most effective homeopathic remedies were Stramonium, Cina, and Hyoscyamus niger, each chosen based on specific behavioral characteristics of the children. In follow-up interviews, 57% of the children showed continued improvement, while 19% reported benefits only while taking the homeopathic medicines. The study concluded that homeopathy could be an effective treatment for ADHD, though it emphasized the need for further research to confirm these findings.

7. A Randomized Three-Arm Double-Blind Placebo-Controlled Study of Homeopathic Treatment of Children and Youth with Attention-Deficit/Hyperactivity Disorder

This randomized, three-arm, double-blind, placebo-controlled study aimed to assess the efficacy of homeopathic treatment in children and youth with ADHD. Conducted in Toronto, Canada, the trial involved participants aged 6 to 16 years, who were randomized into three groups: one received homeopathic remedies and consultations, another received a placebo with consultations, and the third continued with their usual care. The primary objective was to evaluate changes in ADHD symptoms over 28 weeks, using the Conners Global Index-Parent (CGI-P) T-score. Participants in both the remedy and placebo consultation groups showed a significant improvement in ADHD symptoms compared to the control group receiving usual care. In the remedy group, the CGI-P T-score dropped by 6.23 points, and in the placebo group, it decreased by 6.37 points, both statistically significant compared to the control group, which showed only a 2.18-point reduction. Interestingly, there was no significant difference between the remedy and placebo groups, suggesting that the consultation process itself, rather than the homeopathic remedy, contributed to the improvements. Parents of children in the consultation groups also reported better coping efficacy. The study concluded that while homeopathic consultations appeared to have a positive effect on ADHD symptoms, the benefit was not due to the remedy alone. The findings indicate that individualized care through consultations may play a critical role in managing ADHD symptoms, warranting further exploration into the therapeutic value of the consultation process itself. [16]

8. Homoeopathic management of attention deficit hyperactivity disorder: A randomised placebo-controlled pilot trial

The study aimed to evaluate the effectiveness of individualized homeopathic treatment in managing Attention Deficit Hyperactivity Disorder (ADHD) in children. It was a randomized, single-blind, placebo-controlled pilot trial conducted at the Central Research Institute (Homeopathy), Kottayam, Kerala, between June 2009 and November 2011.

Children aged 6-15 years who met the DSM-IV criteria for ADHD were recruited for the study. A total of 61 participants were randomized into two groups: 30 children in the homeopathy group and 31 in the placebo group. The intervention lasted for one year, with children in the homeopathy group receiving individualized remedies, starting with the LM potency, while the placebo group received an indistinguishable placebo. The primary outcomes were assessed using Conner's Parent Rating Scale-Revised (CPRS-R), Clinical Global Impression-Severity Scale (CGI-SS), and Clinical Global Impression-Improvement Scale (CGI-IS).

The sample size included 61 children, with 30 receiving individualized homeopathic remedies and 31 receiving a placebo. The most commonly prescribed homeopathic remedies included Calcarea carbonicum, Lycopodium, Phosphorus, and Hyoscyamus, among others. Children in the placebo group received an unmedicated sugar pill identical in appearance and administration to the homeopathic remedies.

The results, based on the modified intention-to-treat (mITT) analysis, included 54 participants (27 in each group) who completed the study. Statistical analysis using a General Linear Model (ANCOVA) showed significant improvements in the homeopathy group compared to the placebo group in multiple domains. The homeopathy group demonstrated a mean reduction in oppositional behavior (−16.4, 95% CI: −20.5 to −12.2, $p = 0.0001$), cognition problems (−15.5, 95% CI: −19.2 to −11.8, $p = 0.0001$), hyperactivity (−20.6, 95% CI: −25.6 to −15.4, $p = 0.0001$), and ADHD index (−15.6, 95% CI: −19.5 to −11.6, $p = 0.0001$). Academic performance improved by 14.4% (95% CI: 8.3 to 20.5, $p = 0.0001$), and the CGI-SS score decreased by 1.6 points (95% CI: −1.9 to −1.2, $p = 0.0001$). In contrast, the placebo group showed no significant improvements across these measures.

The study provided evidence supporting the effectiveness of individualized homeopathic treatment in improving ADHD symptoms in children. Significant improvements were observed in behavior, cognition, and academic performance in the homeopathy group, with no such improvements in the placebo group. However, the results need to be validated through larger, multi-center, double-blind, placebo-controlled trials. [17]

Discussion

The review of homeopathic treatments for ADHD has presented a variety of findings that indicate potential benefits of individualized homeopathy in the management of ADHD symptoms. Several randomized controlled trials, clinical trails, and pilot studies have explored the efficacy of homeopathy compared to conventional treatments like methylphenidate (MPD), as well as placebo-controlled trials. The findings suggest that homeopathy can lead to statistically significant improvements in symptoms such as inattention, hyperactivity, and impulsivity, with some studies reporting up to 75% of children responding favorably to homeopathic remedies.

A major theme that emerged across multiple studies is the individualized nature of homeopathic treatment, which contrasts with the standardized approach in conventional medicine. Identifying the optimal remedy appears to be crucial for clinical improvement. Studies like those by Frei et al. underscore the importance of a long observation period and personalized consultations to achieve better outcomes. This highlights the need for extended trials with careful follow-up to capture the full effects of treatment.

However, the results are not universally positive. Several studies showed no statistically significant differences between homeopathy and placebo, leading to the suggestion that the consultation process itself may contribute to the perceived therapeutic benefits. This was particularly evident in studies where both the homeopathy and placebo groups showed improvement, suggesting the importance of patient-practitioner interaction in ADHD management.

The limitations of the studies included small sample sizes, methodological inconsistencies, and lack of long-term follow-up. These challenges make it difficult to draw definitive conclusions about the efficacy of homeopathy in ADHD. Furthermore, the lack of large-scale, multicenter trials diminishes the generalizability of the findings, despite the promising results in specific cases.

Conclusion

Homeopathy, particularly individualized treatment, shows promise as an adjunct or alternative treatment for ADHD, especially for those children whose caregivers seek alternatives to stimulant medications. Studies report that homeopathic treatment can significantly improve ADHD symptoms in some children, particularly when the correct remedy is identified. However, the evidence is mixed, with several studies showing improvements that may be attributable to the consultation process rather than the remedy itself.

Given the increasing interest in Complementary and Alternative Medicine (CAM) among parents of children with ADHD, homeopathy may provide a valuable therapeutic option. Nevertheless, larger, more rigorous trials are required to confirm these findings and establish clear guidelines for its use in clinical practice. The potential for homeopathy to serve as an adjunct to conventional treatments, especially for younger patients or those intolerant to stimulants, remains an area worthy of further exploration.

Conflict of interest

None declared.

Financial support and sponsorship

Author(s) declare(s) that this study received no funding

References

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 [Internet]. 2007;164(6):942–8. Available from: http://dx.doi.org/10.1176/ajp.2007.164.6.942

Bloom B, Cohen RA, Freeman G. Summary health statistics for U.S. children: National Health Interview Survey, 2009. Vital Health Stat 10. 2010;(247):1–82.

Dopheide JA, Pliszka SR. Attention-deficit-hyperactivity disorder: an update. Pharmacotherapy [Internet]. 2009;29(6):656–79. Available from: http://dx.doi.org/10.1592/phco.29.6.656

Stephen V Faraone EM. Molecular Genetics of Attention Deficit Hyperactivity Disorder Psychiatr Clin North. Molecular Genetics of Attention Deficit Hyperactivity Disorder Psychiatr Clin North. 2010;33(1):159–80.

JN Vyas SRG. Textbook of Post Graduate Psychiatry. Jaypee Brothers Medical Publishers; 2016.

Emond V, Joyal C, Poissant H. Structural and functional neuroanatomy of attention-deficit hyperactivity disorder (ADHD). Encephale [Internet]. 2009;35(2):107–14. Available from: http://dx.doi.org/10.1016/j.encep.2008.01.005

Hart H, Radua J, Nakao T, Mataix-Cols D, Rubia K. Meta-analysis of functional magnetic resonance imaging studies of inhibition and attention in attention-deficit/hyperactivity disorder: exploring task-specific, stimulant medication, and age effects: Exploring task-specific, stimulant medication, and age effects. JAMA Psychiatry [Internet]. 2013;70(2):185–98. Available from: http://dx.doi.org/10.1001/jamapsychiatry.2013.277

Felt BT, Biermann B, Christner JG, Kochhar P, Van Harrison R. Diagnosis and management of ADHD in children. Am Fam Physician. 2014;90(7):456–64.

Article no.JOCAMR.72264 22 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. Subcommittee on AttentionDeficit/Hyperactivity Disorder; Steering Gnnanaprakasham. 2021;16:11–22.

Frei H, Thurneysen A. Treatment for hyperactive children: homeopathy and methylphenidate compared in a family setting. Br Homeopath J [Internet]. 2001;90(4):183–8. Available from: http://dx.doi.org/10.1054/homp.1999.0506

Frei H, Everts R, von Ammon K, Kaufmann F, Walther D, Schmitz S-FH, et al. Randomised controlled trials of homeopathy in hyperactive children: treatment procedure leads to an unconventional study design. Homeopathy [Internet]. 2007;96(1):35–41. Available from: http://dx.doi.org/10.1016/j.homp.2006.11.004

Jacobs J, Williams A-L, Girard C, Njike VY, Katz D. Homeopathy for attention-deficit/hyperactivity disorder: a pilot randomized-controlled trial. J Altern Complement Med [Internet]. 2005;11(5):799–806. Available from: http://dx.doi.org/10.1089/acm.2005.11.799von Ammon, Franz Kaufmann, Daniel Walther, Shu-Fang Hsu-Schmitz, Marco Collenberg, Katharina Fuhrer, Ralph Hassink, Maja Steinlin,

André Thurneysen, Heiner Frei , Regula Everts, Klaus. Homeopathic Treatment of Children with Attention Deficit Hyperactivity Disorder: A Randomised Double-Blind Placebo Controlled Crossover Trial. Eur J Pediatr. 2005;164(12):758–67.

Fibert P, Relton C, Heirs M, Bowden D. A comparative consecutive case series of 20 children with a diagnosis of ADHD receiving homeopathic treatment, compared with 10 children receiving usual care. Homeopathy [Internet]. 2016;105(2):194–201. Available from: http://dx.doi.org/10.1016/j.homp.2015.09.008

Lamont J. Homoeopathic Treatment of Attention Deficit Hyperactivity Disorder: A Controlled Study. Homeopathy. 1997;86(04):196–200

Varanasi R, Oberai P, Gopinadhan S, Mishra A, Singh V, Nayak C. Homoeopathic management of attention deficit hyperactivity disorder: A randomised placebo-controlled pilot trial. Ind J Res Homeopat [Internet]. 2013 [cited 2024 Sep 24];7(4):158. Available from: https://www.ijrh.org/journal/vol7/iss4/4/