ADHD

Or how carefree childhood can be

Emryss

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SECOND PART

Foreword

Why have we written this book?
Nowadays we hear and see more and more about the growing number of children with ADHD, whereas in the past, ADHD symptoms appeared during the school years, the 9-10 age group being the most likely to experience the first signs of attention deficit and hyperactivity disorder. Today parents are often warned very early, almost from the age of three, as soon as the child enters the community, leaving the home environment, that their child could have ADHD.

This is when testing begins to investigate if they really do have ADHD. If the tests confirm it, or if a specialist also identifies an ADHD problem, parents can start thinking about what kind of therapy to choose.

There are many therapies and methods to help bring the child's behaviour back to a harmonious state.

Our aim with this book is to describe the ADHD problem and its characteristics at different ages; and to highlight the effectiveness of homeopathy in the treatment of ADHD.

Most of us have heard a lot about the ADHD problem, but not everyone knows what the disorder is.

In the first part of our book, we will describe the general symptoms of ADHD; point out the symptoms that occur at different stages of life; describe the different types of ADHD; and list the associated disorders of ADHD.

We will offer ideas on how parents can use behaviour therapy at home, or teachers at school. This therapy will help us to understand and support the child with his/her altered behaviour; what tools to use in different stressful situations or when it is important to leave concentration undisturbed, and to teach the child how to use these tools.

However, ADHD is not just a childhood problem. In many cases, when a child has not been given the right support, or in cases where it is thought that ADHD has been outgrown, symptoms may yet persist into adulthood. Not at the same level as in childhood, of course - adult symptoms are more subtle - but they can make life just as difficult.

In our book, we have dedicated a special chapter to adult ADHD and its symptoms.

The second chapter is devoted entirely to homeopathy. We describe situations where the different type signs are very characteristic. In the first chapter of the book, we talk about general ADHD types, but in the second chapter we open up these types and bring them to a homeopathic level. We will show the issues within the types, what may be the basis of the problem; what is most characteristic of the child; what is most indicative of his or her true own self, individual behaviour. For each type, we have given a rubric suggesting how to find the symptoms in the homeopathic repertory.

In this second part, we will provide further help on how we can understand the case even better; how we can differentiate between an extroverted and an introverted character; and we will describe the most typical behavioural manifestations of the different characteristics and their rubrics in the repertory.

Just as in the first chapter we showed that ADHD has associated difficulties, in the second chapter we will show how a homeopathic approach can be used to obtain more precise and specific information about an associated problem by asking questions; and we also list the homeopathic rubrics for this information.

In homeopathic treatment, we always treat the whole patient, so we need to know other information about the condition, such as the mother's pregnancy, as well as infant development or recurrent illnesses.

Towards the end of the second chapter, we present the most common homeopathic remedies in the treatment of ADHD. We have endeavoured to present the remedies as they might be encountered in an ADHD child; and in the schema in which we have presented the homeopathic approach to ADHD.

We also present cases of ADHD, all of which are our own cases, and all of which have a case track record of several years.

In the final section of the chapter, we have collected questions that can be used in a case review. These questions are targeted at ADHD problems, as well as questions that we ask in our own case studies.

In the rubrics section, we have grouped together the rubrics that we use most often during repertorisation.

This book has been written based on many years of experience, and our aim is to provide a better understanding of the effectiveness of homeopathy in the treatment of ADHD. Every child deserves a natural remedy.

Viktória Németh & Dr. Roberto Petrucci

Introduction

Who is this book for?
This book is warmly recommended to anyone who is interested in learning more about ADHD and its homeopathic approach.

It will also be useful for anyone who wants to take a broader view of the problem. It will help parents and teachers, especially with the examples described in the Behavioural Therapy chapter, to manage and teach the child how to control and bring his difficulties to a positive level.

This book should not be missing from the bookshelves of any paediatric practice with a history of ADHD; or from practices that specifically treat children with ADHD with homeopathy or wish to introduce homeopathic therapy.

This book is a very comprehensive and detailed study based on many years of experience.

We recommend it to all advanced or novice homeopaths who want to study and understand the homeopathic approach to ADHD in more depth.

This book can be a textbook, a kind of s.o.s help, or even an educational study. The point is to pass on our knowledge and experience to anyone interested in ADHD.

Viktória Németh & Dr. Roberto Petrucci

FIRST PART

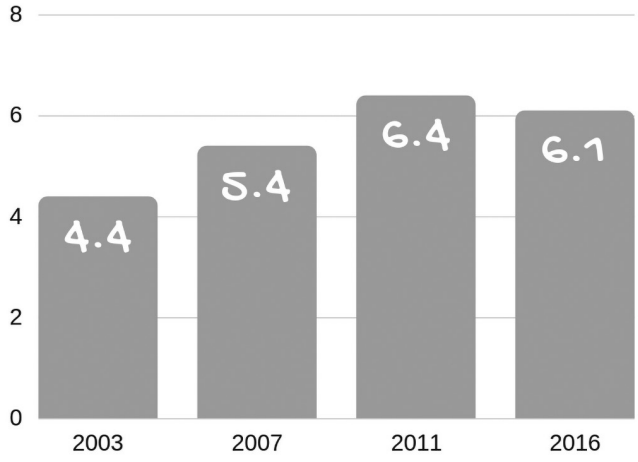
CHAPTER 1

Attention Deficit Hyperactivity Disorder – ADHD

ADHD is one of the most common neurodevelopmental disorders of childhood. It is usually first diagnosed in childhood and often persists into adulthood. Children with ADHD may have problems controlling attention, impulsive behaviour, which means they may act without thinking about the outcome and result of their actions, or they may be hyperactive.

It is perfectly normal for children to sometimes have difficulty concentrating and behaving. At all ages there are stressful days when you feel that you are somehow not yourself, but these days pass and everything returns to normal. There are years in children's lives that are more difficult for parents to cope with, starting with the early years of the stubborn, recalcitrant or toddler years, which if everyone gets through nervously, pass as the child develops. But this is not the case for children with ADHD; children with ADHD do not simply outgrow these behaviours; the symptoms may persist, be severe, and cause difficulties at school, at home, or in relationships with friends.

The child with ADHD in general:
• frequently daydreams • forgets or loses things • is fidgety or restless • talks too much • does not see risk or danger • has difficulty resisting temptation • has difficulty coping with change • has difficulty getting along with others



Approximate number of children diagnosed with ADHD in the world, in millions

Symptoms of Attention Deficit Hyperactivity Disorder (ADHD)

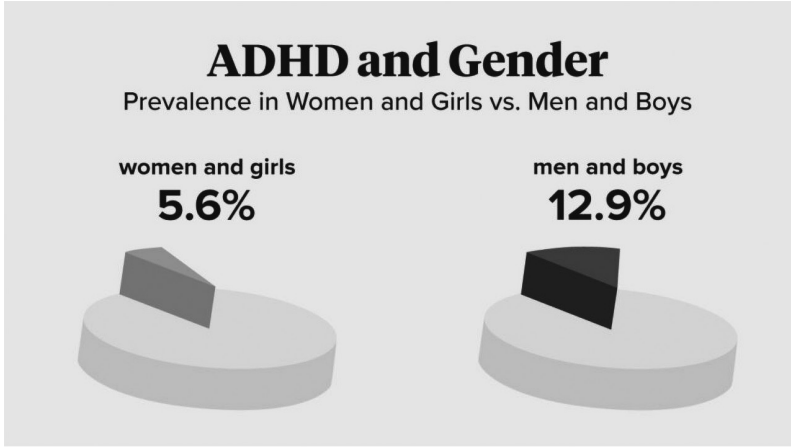
The symptoms of attention deficit hyperactivity disorder (ADHD) can be divided into two types of behavioural problems:

1. **inattention** (difficulty concentrating and focusing)
2. **hyperactivity** and **impulsivity**

Many children with ADHD have problems that fall into both categories, but this is not always the case. For example, two or three out of ten people have problems with concentration and focus, but not hyperactivity or impulsivity.

This form of ADHD is also called attention deficit disorder (ADD). ADD sometimes goes unnoticed because the symptoms may be less obvious.

ADHD is diagnosed more often in boys than in girls. Girls are more likely to have only symptoms of inattention and fewer disruptive behaviours, making ADHD symptoms less prominent. This means that girls with ADHD are not always diagnosed.



2016 data, but based on current studies, more girls/women are diagnosed with ADHD than men/boys. Source: https://psychcentral.com/adhd/adhd-and-gender#prevalence

Symptoms in children and teenagers

The symptoms of ADHD in children and teenagers are well-defined and usually occur before age six. They occur in multiple situations, such as at home and at school.

Children may show symptoms of inattention, hyperactivity and impulsivity, or only a group of these behaviours.

Inattention (difficulty concentrating and focusing)

The main signs of inattention are:
• shortened attention spans and easy distraction • inattention errors, such as in schoolwork • appearing forgetful or losing things • inability to concentrate for long periods on boring or time-consuming tasks • being unable to listen to or carry out instructions • constant change of activities or tasks • difficulty in organising tasks

Hyperactivity and impulsivity

The main signs of hyperactivity and impulsivity are:

- inability to sit still, especially in a quiet or calm environment
- constant fidgeting
- inability to concentrate on tasks
- excessive physical activity
- talking a lot
- inability to wait one's turn
- acting without thinking
- intervening by interrupting others' conversations
- little or no sense of danger

These symptoms can cause significant problems in the child's life, such as poor school performance, poor social interaction with other children and adults, and discipline problems.

Related conditions in children and adolescents with ADHD

There are situations in which some children may show signs of other problems or conditions besides ADHD, for example:

- **Anxiety disorder** - the child is anxious and nervous most of the time; it can also cause physical symptoms such as rapid heartbeat, sweating and dizziness

- **Oppositional-Defiant Disorder** (ODD) - this symptom is characterised by negative and disruptive behaviour, especially towards authority figures such as parents and teachers

- **Conduct disorder** - this often involves a tendency to engage in highly antisocial behaviour, such as stealing, fighting, vandalism and abuse of people or animals

- **Depression**

- **Sleep problems** - difficulty falling asleep at night and/or irregular sleeping patterns

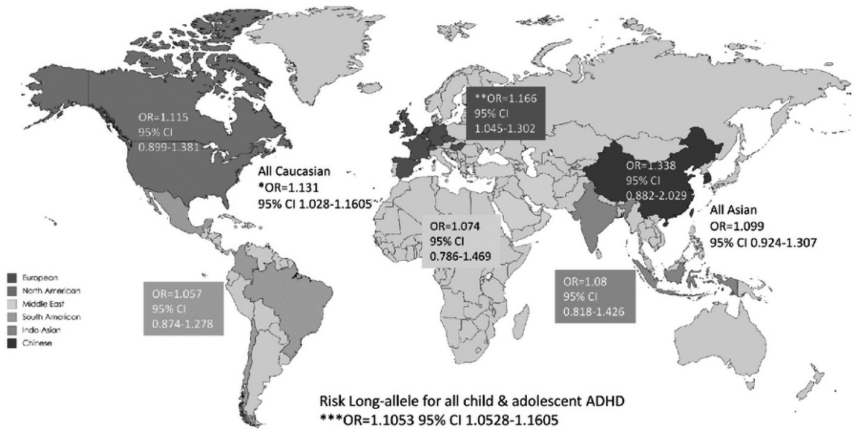
- **Autism Spectrum Disorde**r (ASD) - this disorder affects social interaction, communication, interest and behaviour

- **Dyspraxia** – a condition affecting physical coordination

- **Epilepsy** - a condition that affects the brain and causes recurrent seizures

- **Tourette's syndrome** - a condition of the nervous system characterised by a combination of involuntary noises and movements (tics)

- **Learning difficulties** - for example dyslexia, dyscalculia



World map overview of the countries that were included in the child and adolescent ADHD meta-analysis (DAT1 3′-UTR VNTR Long-repeat allele as risk allele) according to the various stratifications. The odds ratio (OR) and 95% CI are displayed for each ethnicity category. p value < 0.05; < 0.01**; < 0.001*** Source: https://www.researchgate.net/figure/World-map-overview-of-the-countries-that-were-included-in-the-child-and-adolescent-ADHD_fig1_332056991*

Five neuropsychological models of ADHD

1 - Delay aversion/under model - Children with ADHD cannot wait. Given a choice between getting a small reward immediately or a bigger one later, they prefer the small one. For example, when the family is planning to go somewhere, it is advisable not to tell the anxious child, so as to avoid those frequent awkward moments when he asks the question, "When are we going?"

2 - Behavioural inhibitor/activator model - in which it is hypothesised that in hyperactive children there is an underactive (avoidant) system and a hyperactive (activating) system. Underactivation of the avoidant system is indicated by the fact that hyperactive child's arousal (brain activation level) and skin resistance do not increase in the face of danger. The activating system encourages the brain to solve task problems.

3 - Inhibition model - views ADHD as a failure of the inhibition system. Poor behavioural inhibition is responsible for other executive dysfunctions.

4 - Executive function model - covers five areas: inhibition, delay, planning, fluency and working memory.

5 - Cognitive energy model - according to cognitive mechanisms, the energy system and executive behaviour control system are also responsible. Delay includes the patterns of disgust/aversion and inhibition/activation of behaviour as a disturbance of executive functions in the frontal cortex.

By itself, no model perfectly describes ADHD. The cognitive-energy model provides a comprehensive description of hyperactivity/arousal. Reward centre stimulation, delay reduction, and inhibition are important.

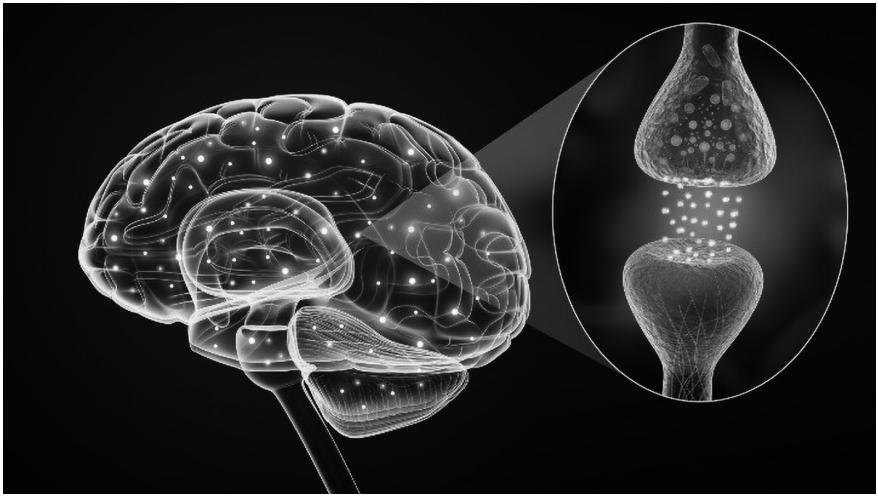


Image interpretation: in ADHD, the balance of dopamine and noradrenergic neurotransmitters is altered. These so-called neurotransmitters are important for the transmission of information in nerve cells. In ADHD, there is not enough dopamine in the space between the two neurons.

CHAPTER 2

Childhood symptoms of ADHD

Attention deficit and distractibility

This is the most prominent symptom, almost always present. Attention can be engaged only for short periods, and the child is easily distracted; forgets tasks or does not complete them, may remember them but refuses to do them. Suspends activities, does not keep things in order. Doesn't listen to his parents.

Children, of course, are usually not as attentive as adults and get bored more quickly. A child with attention deficit disorder does not have the same ability to pay attention as his peers.

Despite the attention deficit, these children may be able to pay attention for a period of time if they have the exclusive attention of an adult. For this reason, the teacher may notice the problem and suggest further evaluation, but it may be that the therapist or doctor will not find the child's attention span poor during the 20-minute individual evaluation. Also, some children may be able to perform a task of their choice for a long time without interruption (this may express itself in workaholism).

Hyperactivity/busyness

This is also a very common symptom. It manifests itself from early childhood, and it is immediately noticeable that such a child is different from others. It is as if he is constantly "charged" and never exhausts his energy. He runs a lot, climbs everywhere and exposes himself to dangers without perceiving them, so he often gets hurt. At school he may crawl during lessons, finding it hard to sit still. Later he may learn to stay in his place, but then he squirms, shakes his legs or drums with his hands.

Impulsivity

This is also a common symptom. Again, they seem to be more immature than their age. They cannot wait their turn; they want to get or do something immediately. They cannot foresee the obvious or very possible consequences of their actions. Their motto might be, "Give me the lion, but now!" They get hurt, they do unacceptable things; they may steal what they want. They abuse their peers if they don't play the game the way they want.

Attention-seeking behaviour

It involves an almost insatiable need for attention from the other person. It can manifest itself through teasing, harassment, antics, inappropriate or dangerous actions (screaming, tantrums).

School difficulties

It is important to know that attention deficit does not affect intelligence as measured by tests. It follows that these children can be bright, average, or low achievers. As ADHD is associated with other disorders, mainly dyscalculia and dyslexia, other serious problems (e.g., learning) need to be addressed in addition to the difficulties caused by the underlying problem (ADHD).

Coordination difficulties

Coordination difficulties occur in about half of all cases. It may be a subtle motor dysfunction, such as difficulty tying shoelaces or illegibility of writing. However, if eye-hand coordination is also poor, one may notice, for example, poor performance in ball games. However, those without this symptom may be very good at these games.

IMPORTANT: although the syndrome is commonly referred to as hyperactivity, not all hyperactive children have attention deficit disorder and not all children with attention deficit disorder are hyperactive!

Resistant and bullying social behaviour
A common symptom. Characteristics:
- Resistance to expectation. It may be because he consciously resists or because he forgets what he has to do.
- He does not learn from his mistakes and punishment.
- Excessive sense of independence, such as when he wanders far away as a child. Sometimes, on the contrary, there is a strong dependence: refuses to be left in kindergarten, almost clings to individuals.
- Characteristic attitude towards others. Annoys older peers and controls younger ones. This is usually not tolerated by his peers, so he tends to isolate himself.

Emotional difficulties
Rapid mood swings. Extreme and exaggerated reactions; or lack of reactions. Insensitivity. Exaggerated emotions (crying, tantrums, affection). The child may develop depressive problems or, over time, become increasingly withdrawn.

Immaturity
In this sense, their behaviour and attitudes are below what would be expected of them for their age.

DSM-5 criteria for ADHD

People with ADHD show a persistent pattern of inattention and/or hyperactivity - impulsivity that interferes with functioning or development:

Inattention:
Six or more symptoms of inattention up to age 16, or five or more for adolescents and adults 17 and older; inattention symptoms persist for at least six months and are developmentally inappropriate:

- Often does not pay attention to details or makes careless mistakes in school, work or other activities.
- Often has difficulty solving tasks or paying attention in play activities.
- Often seems not to listen when spoken to directly.
- Often does not follow directions and does not complete schoolwork,

household chores or duties (e.g., loses concentration, gets distracted).
- Often has difficulty organising tasks and activities.
- Often avoids, dislikes or is reluctant to do tasks that require prolonged mental effort (e.g. school or homework).
- Frequently loses items needed for tasks and activities (e.g., school supplies, pencils, books, tools, bags, keys, paperwork, glasses, mobile phone).
- Is often easily distracted.
- Often forgetful in daily activities.

Hyperactivity and impulsivity:
Six or more symptoms of hyperactivity-impulsivity in children up to 16 years of age, or five or more in adolescents and adults 17 years and older; symptoms of hyperactivity-impulsivity have been present for at least six months at a level of disturbance and inappropriate for the individual's developmental level:

- Frequent fidgeting or tapping of hands or feet, or wriggling when sitting.
- Frequent moving away from the chair in situations where sitting is expected.
- Frequently runs or climbs in situations where it is not appropriate (adolescents or adults may limit to restlessness).
- Often unable to play quietly or participate in leisure activities.
- Often behaves "on the go" as if he is "motor driven."
- Often talks too much.
- Often says the answer before the question is finished.
- Often has difficulty waiting his turn.
- Often interrupts or interferes with others (e.g. interferes in conversations or games)

In addition, the following conditions must be met:
- Occurrence of a certain number of symptoms of inattention or hyperactivity-impulsivity before age 12.
- Presence of many symptoms in two or more contexts (e.g., at home, school, or work; with friends or relatives; during other activities).
- Clear evidence that symptoms interfere with or reduce social, school, or work functioning.
- Exclusion of linkage of symptoms to other mental disorders (mood disorders, anxiety disorders, dissociative disorders, or personality disorders).

Types

There are three different types of ADHD, depending on the strongest symptoms in the individual:

Predominantly inattentive presentation:
The child has difficulty organising or completing a task, paying attention to details, following directions or conversations. The child is easily distracted or forgets details of daily routines.

Overly hyperactive-impulsive presentation:
The child fidgets and talks a lot. He has difficulty sitting for long periods of time (for example, while eating or doing homework). Younger children may run, jump or climb all the time. The child feels restless and has problems with impulsivity. Because of his impulsiveness, he may often interrupt others or talk at inappropriate times. The child has difficulty waiting his turn or listening to instructions. A child with impulsivity may suffer more accidents and injuries than others.

Combined appearance:
Symptoms of the two types described above are equally present in the child. Since the symptoms may change over time, the appearance may also change over time.

CHAPTER 3

Behaviour therapy

Children under 6 years
For young children with ADHD, behaviour therapy is an important first step because:

- Behaviour management parent training provides parents with skills and strategies to help their child.
- Behaviour management parent training has been shown to work as a treatment for ADHD in young children.
- Young children have more side effects from ADHD medications than older children.
- The long-term effects of ADHD medications on young children have not been thoroughly studied.

School-age children and adolescents
Several types of behavioural therapy are effective for children ages six and older, including:

- Parent training in behaviour management
- Behavioural interventions in the classroom
- Peer interventions that focus on behaviour
- Organisational skills training
- These approaches are often most effective when used together, depending on the needs of the individual child and family

Classroom management strategies for students with ADHD
A behavioural approach to classroom management encourages positive classroom behaviours through reward systems or daily report cards and discourages negative behaviours.

A teacher-led approach has been shown to constructively influence student behaviour by increasing school engagement.