ADHD can be treatable with the newer method of LM scale of potency in homoeopathy: A randomized single blind comparative study

Dr. Nirav Rughani¹, Dr. Chirag Shah², Dr. Meera Rughani³

¹BHMS, MD (organon), Ph.D. Scholar - Shri Govind Guru University, Professor and Head of Department organon of Medicine at Vidhyadeep Homoeopathic medical college

²Guide, MD (Homoeopathic Psychiatric), professor & head of department of physiology, at Malini Kishor Sanghvi homoeopathic medical college

³Co-author, MD (Repertory), Associate professor in department of physiology at vidhyadeep homoeopathic medical college

Abstract - Hahnemann's last effort for discovering LM Scale potency and its utility in current time on cases of children with ADHD by randomized comparing single blind method

Keywords - LM Scale Potency, 50 millesimal scale potency, Homoeopathy, mental illness, children, Attention deficit, Hyperactivity, restlessness, ADHD

INTRODUCTION

In 6th edition of organon of medicine – Dr. Hahnemann has Discovered new method of preparation (§ 269 - 270)¹ for intending reduction of homoeopathic aggravation which he was experience with the usage of large dose in frequent repetition (§ 275 to 282)¹. He had discovered homoeopathic system with the experience of cinchona bark mother tincture and gradually he diluted the medicine and reduces the dose to avoid aggravation. From dilution he come to concept of dynamization and gradually increase the process of dynamization from decimal to centesimal scale and higher form of it with the only purpose of curtail the aggravation.

It's true that there is a need of Single simple and Similar remedy for effecting a cure but higher the dynamization and higher level of similarity gives effective results. Higher dynamization² can be discovered from every medicine which is there in their latent, slumbering, hidden dynamic form (§ 269-foot note 147) and it has much deeper level affection¹.

Master had discovered a new scale of Potency³ (LM Scale / 50 millesimal scale) for the purpose of rapid

and gentle cure. It gives higher and higher form of dynamization of crude substance which make it changed and subtilized at last into spirit like medicinal power (§ 270). This form of dynamization is most powerful and mildest in action as the most perfected in its individual spirit like essence (foot note 156 of § 270)¹.

This discovery of LM scale of potency was not practiced much by the disciples of homoeopathy after the death of Hahnemann, initially with the reason of diversity and disapproval of 6th edition since it was posthumous. But, as an advancement of practice and demand from physician of homoeopathic fraternity to curtail the aggravation⁴ in few cases it made them to use this scale of potency in few instances with better outcome. So, now its time to revoke and understand its utility in number of cases with the scientific experiment and authentic research⁵.

METHODOLOGY

This is a single blind prospective study design with the sample size of 30. The study population is all about school going children and study setting is from a private clinic (Harmony Homoeopathic Clinic, Surat) with randomized comparative trial. The inclusion criteria for sample selection are all about confirm clinical diagnosis of ADHD from psychologist and age group is from 4 year to 16 year of age. The samples which have any neurological complaints as a comorbidity or he / she is on any drugs and medication that affect the study were excluded from this trial.

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Detail clinical history about the main issue of child and the purpose of parents for seeking medical help get inquired in depth to understand the clinical aspect (disease diagnosis) and the present state of child. This includes many behaviors and the day-to-day activity of child which affect the child's growth as well as it interferes the environment.

Homoeopathic case history of patient was taken with consideration of all possible events i.e. biological inheritance in form of constitution of mind and body, hereditary aspect of a child with linkage of family history, socio cultural background where child lives and the type of people with whom they interact, family set up with mindset of each family members and their customs, perceptions, values, behaviors and their interaction with them, cultural values in form of the custom child has to adapt.

Inquiry of an evolutionary environment of a child since conception to the clinical set up and how does it affect in his growth and development and how one chooses the way of adaptation guided for the similarity. The reactivity, sensitivity and adaptability of child inquired and observed with utmost care for the understanding the individuality and judgement of susceptibility. Inquiry about exposure of child and available resources helped in analyzing the support system & using of other auxiliary therapies. Inquiry about family and working environment helped in

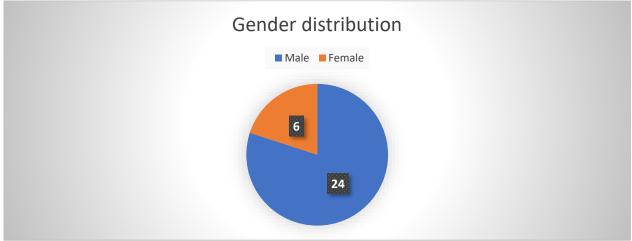
understanding the motivating factors in adapting hyperactivity and desire to keep attention.

Analysis of history helped in individualization and selection of similar remedy on individual base. It also helps in understanding the state of susceptibility child with the present state of ADHD. Children were given their indicated individualized similar remedy in LM scale potency to the randomized group and other group was given in same way of individualized remedy in centesimal scale potency for the comparative effectiveness. Repetition of dose was dependent of individual state of susceptibility centesimal scale but here in this study LM scale of potency were used in daily repetitions.

Parents and child were kept blind for the knowledge of which medication they were taking. Study was conducted for 1 year with follow ups of each on every month to understand the changes and record the progress report.

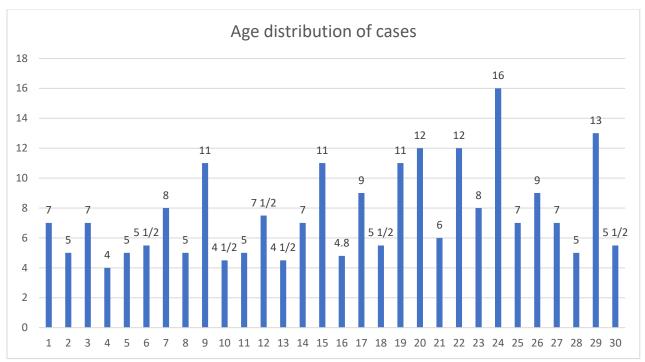
CONCLUSION AND RESULTS

it's astonishing to know from a randomized single blind research trial that only 6 female children out of 30 samples in a study. This suggests the prominent male dominant disease affection than the female. It gives clear conclusion that males are more affected than females with ADHD.



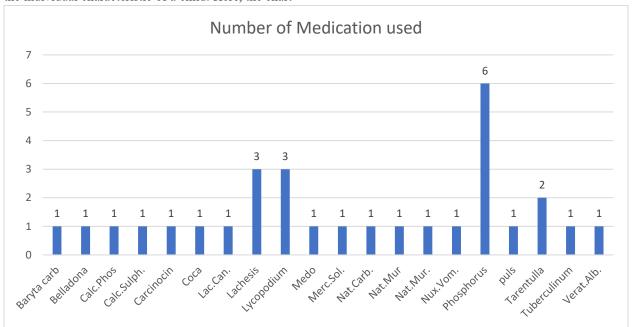
Age distribution reflected in chart shows that preschool and primary school going children age between 4 & 9 are more prone in development of ADHD. This gives and idea about early stage of life

have more neuronal excitement and they have difficulty in focusing and keeping attention and easily get distracted. They are more hyperactive and restless.



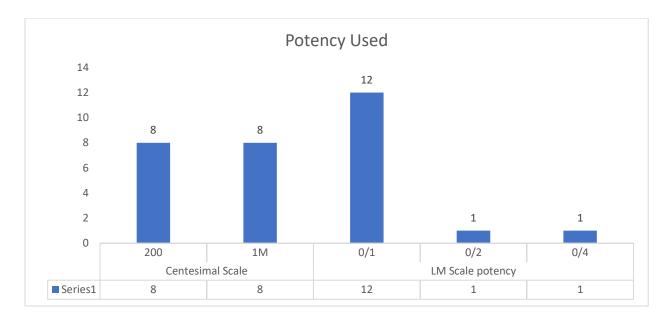
This experimental design with individualized homoeopathic treatment shows that there are number of medications helps in ADHD when it matches with the individual characteristic of a child. Here, the chart

represented that Lachesis, Lycopodium and phosphorus were used more with the indication of a child.



In this study of randomly selected potency scale to know about the comparative effect of different scale of

potency we can see that higher form of dynamization was useful in treatment of ADHD.



Follow ups study were shows that use of LM scale potency in daily repetition has helped a lot. Especially while requiring daily repetition of some deeper acting remedy like Lachesis, carcinocin & Tuberculinum etc. this LM scale of potency is the better tool in armamentarium.

Children have come out from their behaviour issues and they could focus on study by keeping attention. Their hyperactivity has reduced significantly. Their adaptation has improved a lot. There are children who were very obstinate and does not listen to the instruction they are now in a position to listen their parents and teachers and follow the command.

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