

# Improvement In Attention-Deficit Hyperactivity Disorder (Adhd) Symptoms Following Homoeopathic Treatment with Bacopa Monnieri Evaluated Using the Snap-Iv Scale.

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**Abstract**—attention deficit hyperactivity disorder (ADHD) is a neuropsychiatric disorder affecting children of all ages, including pre-schoolers, adolescents, and adults worldwide. ADHD patients often face challenges in academic and social settings. The aim of this study was to obtain scientific evidence of the effectiveness of homeopathy in ADHD. Studies in India show a pooled ADHD prevalence among children and adolescents of approximately 7.1%, aligning with global rates, but with significant variations across regions and studies, ranging from 1.3% to over 17%. Prevalence rates are consistently higher in males compared to females. Recent 2024 and late 2023 research highlight a need for more studies to establish definitive figures and address the impact of factors like screen time and cultural stigmas. Conventional ADHD medications, such as stimulants and non-stimulants, have risks that include common, mild side effects like decreased appetite, sleep disturbances, headaches, and irritability, as well as less common, more serious risks such as increased blood pressure and heart rate, agitation, and potential for manic symptoms. A standardized extract of Bacopa Monnieri has been shown to be effective in reducing symptoms of ADHD and was well-received by the children. This case report demonstrates the treatment of ADHD in 14-year-old male using homoeopathic medicine Bacopa Monnieri 1X daily for three months. The homoeopathic treatment with Bacopa Monnieri (Brahmi) 1X resulted in improvement in his academic performance, interpersonal relationships, social interactions and behaviour, both at home and school. The SNAP-IV Rating Scale score also decreased gradually and there was no symptom relapse after recovery. Homoeopathic remedy Bacopa Monnieri led to significant improvement in ADHD symptoms, as objectively measured by the SNAP-IV scale, warranting further research.

**Index Terms**—ADHD, Bacopa Monnieri, Homoeopathy, SNAP-IV scale.

## I. INTRODUCTION

Attention deficit hyperactivity disorder is a prevalent neuro-developmental disorder marked by inattentiveness, impulsivity, and hyperactivity, affecting children worldwide and often persisting into adulthood. (1)

In India, attention deficit hyperactivity disorder prevalence rates align broadly with global figures, but there are significant disparities in diagnosis and treatment due to varying socioeconomic factors and regional differences. This viewpoint highlights the need for enhanced attention deficit hyperactivity disorder diagnosis and support systems within India, emphasizing the gaps in research, professional training, and healthcare infrastructure. Current data indicate a prevalence range of 1.3% to 28.9%, with regional variations and higher rates among males. (2) Attention Deficit Hyperactivity Disorder is defined by persistent inattention and/or hyperactivity-impulsivity for a duration of at least six months, leading to difficulties in social, academic, and occupational areas. Diagnosis relies on a combination of clinical evaluations using the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) or the International Classification of Diseases 11th Revision (ICD-11), along with rating scales and clinical interviews. (3)

In a highly populated nation such as India, timely identification and effective interventions for ADHD are crucial to support children and adolescents. These interventions may mitigate the progression of additional mental health conditions and minimize the long-term effects of ADHD bringing benefits to individuals, families, and society including reducing the costs associated with the treatment. (2) Traditional

treatment involves medications, psychotherapy, and psychoeducation, or a blend of these approaches. There are three primary categories of medications: stimulants, which replicate the effects of norepinephrine and dopamine; non-stimulants, which specifically inhibit the reabsorption of norepinephrine; and antidepressants, which enhance catecholamine levels in the brain by preventing their reabsorption. Despite the heightened risk of negative side effects linked to medications like clonidine, atomoxetine, antipsychotics, stimulants, and other drugs, these medications continue to be given to children. This is particularly alarming considering the rise in adverse effects following the use of methylphenidate and atomoxetine in children. Additionally, these children frequently face considerable challenges in their interactions with both adults and their peers. There are studies that provide evidence supporting the therapeutic benefits of personalized homeopathic medicine for children with ADHD. (4)

Bacopa Monnieri is a creeping perennial herb. CDRI 08 is a unique extract derived from Bacopa Monnieri that has undergone extensive scientific research and has been proven in human randomized controlled trials (RCTs) to enhance memory, focus, and mood.

It is proposed that long-term use of CDRI 08 will enhance attention, concentration, and behavior in children exhibiting high levels of hyperactivity and/or inattention. (5) A standardized extract of Bacopa Monnieri has been shown to be effective in reducing symptoms of ADHD and was well-received by the children. (6) The SNAP-IV inattention scores were the most reliable indicators for diagnosing attention-deficit/hyperactivity disorder. The SNAP-IV serves as a valid assessment tool for randomized controlled trials and clinical applications, and it is most effective as a screening instrument rather than a definitive diagnostic measure for ADHD. (7) In this analysis, the homeopathic formulation of Bacopa Monnieri was selected based on the principle of similia to evaluate the effectiveness of the homeopathic remedy Bacopa Monnieri in a case of ADHD, utilizing the standardized SNAP-IV rating scale. Notably, the patient demonstrated considerable improvement with ongoing follow-up and no occurrences of relapse. The singular treatment strategy utilizing homeopathic remedies has prompted us to think about publishing this case. Consequently, alternative and complementary medicine approaches, like

homeopathy, are increasingly desired as natural, holistic treatments.

## II. CASE PRESENTATION

A 14-year-old boy exhibits symptoms (inattention, hyperactivity, impulsivity) that have persisted since childhood. He is humorous, excels in math, assists his mother with household chores, is fond of dogs, and enjoys playing cricket. At school, he struggles with completing assignments, displays impulsive behavior, and faces social challenges (brief friendships, conflicts), described as having “poor self-control” and being “disorganized,” which affects his academic performance. At home, he argues with a sibling, experiences sleeping issues, maintains a disorderly room, has chaotic notebooks and backpack, frequently misplaces items, postpones homework, resists going to bed, is hard to wake up in the mornings, is sluggish with daily routines, has poor hygiene, and his diagnosis is ADHD, combined type, according to DSM-5/ICD-10 standards.

## III. THERAPEUTIC INTERVENTION

The patient was administered Indian homeopathic medicine, Bacopa Monnieri, 1X dose, as the first prescription two tablets daily.

## IV. FOLLOW-UP AND OUTCOMES

The evaluation of the case incorporated the signs reported by the parents, those observed by the doctor, and the behaviors described by witnesses. The overall assessment was developed by analyzing a range of symptoms, such as agitation, destructiveness, resistance to opposing views, noncompliance, stubbornness, cruelty to animals, and lack of focus, to identify the most suitable remedy through repertorization. The patient's follow-up information is shown in the table. 1

## V. DISCUSSION

ADHD has been an early emerging disorder since childhood, with causative influences from the genetic domain, conception, social context, and environmental factors. Its course and development are variable. The course of ADHD symptoms in a child depends on the cause and the support from the family. The role of the

bystander and the family in ADHD children is very crucial, as they are unaware of their behavioral changes and disturbances. The prognosis of symptoms into adolescence or adulthood may lead to the development of many comorbid conditions or other psychiatric conditions like antisocial behavior and delinquency. Hence, treatment for ADHD and its diagnosis is essential at the earliest. Since many studies have proved hyperactive type ADHD is more common in pre-school children than the inattentive type. In this case, the significant symptoms with his expression were considered to reach a simillimum. The patient was followed up regularly for three months and it helped to observe the child. The child was prescribed Bacopa Monnieri considering his extreme behavior, such as increased restlessness, disobedience, undertaking many things but persevering nothing, curious behavior and a tendency to hurt others. Table 2 and table 3 showed the evaluation results both in parent’s version and teachers’ version of SNAP -IV scale. This evidence-based case report shows the effectiveness of homoeopathic medicines in treating behavioral symptoms of ADHD in children of pre-school age.

After a careful evaluation of outcome by using SNAP-IV scale inattention, hyperactive and opposition subset score were gradually decreased over three months of continuous intake of Bacopa Monnieri 1X. Bacopa Monnieri is an herb from traditional medicine that shows promise as a complementary treatment for ADHD symptoms like inattention and impulsivity. While this research indicates potential benefits, more extensive clinical trials are needed to establish optimal dosing, confirm long-term safety, and determine its efficacy as an adjunctive therapy for ADHD.

VI. CONCLUSION

The administration of Homoeopathic remedy Bacopa Monnieri resulted in a significant and sustainable reduction of ADHD symptoms in this case, as evidenced by substantial decrease in SNAP-IV parent and teacher rating scales scored. This case supports the potential role of homoeopathic Bacopa Monnieri drug in the management of ADHD symptoms. It is imperative that future research, utilizing well-structured study designs, be conducted to establish the evidence supporting its use especially in children.

A. Figures and Tables

Table-1 Intervention & Follow-up	Treatment	Potency/ Repetition	Rationale	SNAP-IV Total Score Parent version (P) Teacher Version (T)	Clinical Improvement
Baseline	N/A	N/A	Initial Assessment	P -41 T -39	Baseline state
Day 1	Bacopa Monnieri	1X once daily	specific prescription	P -41 T -39	Initial follow-up scheduled in 4 weeks
Follow-up 1 (4 Weeks)	Placebo/ Wait & Watch	1X once daily	Observation. Clinical: Slight reduction in restlessness.	P -37 T -33	Increased focus noted in 2 subjects.
Follow-up 2 (8 Weeks)	Bacopa Monnieri	1X once daily	Continued improvement, but plateau in attention.	P -28 T -22	Teachers report better concentration, fewer impulsive outbursts.
Follow-up 3 (12 Weeks)	Placebo/ Wait & Watch	1X once daily	Observation. Clinical: Stable and significant improvement.	P -23 T -18	Near-normal behavior. Scholastic performance

Sr. No.	Table 2: Rating scale SNAP-IV– Parents version	Baseline score	1 <sup>st</sup> Month score	2 <sup>nd</sup> Month score	3 <sup>rd</sup> Month score
1	Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks	3	3	2	2
2	Often has difficulty sustaining attention in tasks or play activities	3	3	2	2
3	Often does not seem to listen when spoken to directly	2	2	2	1

4	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties	2	2	2	2
5	Often has difficulty organizing tasks and activities	2	2	2	1
6	Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort	2	2	2	2
7	Often loses things necessary for activities (eg, toys, school assignments, pencils or books)	2	2	1	1
8	Often is distracted by extraneous stimuli	3	3	2	2
9	Often is forgetful in daily activities	1	0	0	0
10	Often fidgets with hands or feet or squirms in seat	0	0	0	0
11	Often leaves seat in classroom or in other situations in which remaining seated is expected	2	2	1	1
12	Often runs about or climbs excessively in situations in which it is inappropriate	2	1	1	1
13	Often has difficulty playing or engaging in leisure activities quietly	2	2	2	1
14	Often is "on the go" or often acts as if "driven by a motor"	2	2	1	1
15	Often talks excessively	0	0	0	0
16	Often blurts out answers before questions have been completed	1	1	1	0
17	Often has difficulty awaiting turn	1	1	1	1
18	Often interrupts or intrudes on others (e.g., butts into conversations/games)	1	1	0	0
19	Often loses temper	3	3	2	2
20	Often argues with adults	1	1	0	0
21	Often actively defies or refuses adult requests or rules	1	0	0	0
22	Often deliberately does things that annoy other people	2	1	1	1
23	Often blames others for his or her mistakes or misbehaviour	0	0	0	0
24	Often is touchy or easily annoyed by others	1	1	1	1
25	Often is angry and resentful	2	2	2	1
26	Often is spiteful or vindictive	0	0	0	0

Table 3: Rating scale SNAP-IV– Teacher’s version		Baseline score	1 <sup>st</sup> Month score	2 <sup>nd</sup> Month score	3 <sup>rd</sup> Month score
1	Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks	2	2	2	2
2	Often has difficulty sustaining attention in tasks or play activities	3	3	2	2
3	Often does not seem to listen when spoken to directly	2	2	2	1
4	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties	2	2	2	2
5	Often has difficulty organizing tasks and activities	3	2	2	1
6	Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort	2	2	1	1
7	Often loses things necessary for activities (eg, toys, school assignments, pencils or books)	2	2	1	1
8	Often is distracted by extraneous stimuli	3	3	2	1
9	Often is forgetful in daily activities	1	0	0	0
10	Often fidgets with hands or feet or squirms in seat	0	0	0	0
11	Often leaves seat in classroom or in other situations in which remaining seated is expected	2	2	1	1
12	Often runs about or climbs excessively in situations in which it is inappropriate	2	1	1	1

13	Often has difficulty playing or engaging in leisure activities quietly	2	2	2	1
14	Often is "on the go" or often acts as if "driven by a motor"	2	2	1	1
15	Often talks excessively	0	0	0	0
16	Often blurts out answers before questions have been completed	2	1	1	0
17	Often has difficulty awaiting turn	2	1	1	1
18	Often interrupts or intrudes on others (e.g., butts into conversations/games)	1	1	0	0
19	Often loses temper	1	1	0	0
20	Often argues with adults	1	1	0	0
21	Often actively defies or refuses adult requests or rules	1	0	0	0
22	Often deliberately does things that annoy other people	2	1	1	1
23	Often blames others for his or her mistakes or misbehaviour	0	0	0	0
24	Often is touchy or easily annoyed by others	1	1	1	1
25	Often is angry and resentful	1	1	0	0
26	Often is spiteful or vindictive	0	0	0	0

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