

Individualized Homoeopathic Treatment in Children with Attention-Deficit Hyperactivity Disorder: A Prospective Clinical Study Using the Vanderbilt ADHD Rating Scale

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Abstract—Background Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by persistent inattention, hyperactivity and impulsivity, with consequences for academic, behavioural and social functioning. The present study evaluated individualized homoeopathic treatment in children with ADHD using the Vanderbilt ADHD Rating Scale.

Index Terms—ADHD; individualized homoeopathic treatment; Vanderbilt ADHD Rating Scale; children; digital media exposure; prospective clinical study

I. INTRODUCTION

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by persistent patterns of inattention and/or hyperactivity-impulsivity that interfere with functioning or development. The condition may adversely affect academic performance, behaviour, social relationships and general well-being.

Contemporary childhood environments have also changed considerably, with increasing exposure to digital media and changes in family and parenting patterns. In the present study, digital media exposure was therefore recorded as a probable affecting factor during detailed case-taking. The study did not, however, attempt to establish a causal relationship between screen exposure and ADHD.

Within the homoeopathic framework used in this study, management is individualized according to the totality of symptoms and the constitutional characteristics of the child rather than the diagnostic

label alone. Detailed case-taking, repertorial analysis when required, non-repertorial assessment and miasmatic evaluation were incorporated into remedy selection.

II. AIM AND OBJECTIVES

Aim: To evaluate the efficacy of individualized homoeopathic treatment in children with ADHD using the Vanderbilt ADHD Rating Scale.

1. To evaluate the effectiveness of individualized homoeopathic treatment in children with ADHD.
2. To assess changes in the severity of ADHD symptoms following individualized homoeopathic treatment using the Vanderbilt ADHD Rating Scale.
3. To compare pre-treatment and post-treatment Vanderbilt ADHD Rating Scale scores.

III. MATERIALS AND METHODS

Study design and setting

This was a prospective, single-arm clinical study conducted at Shri B. G. Garaiya Homoeopathic College and Hospital, Rajkot, Gujarat. Thirty children diagnosed with ADHD were followed for nine months.

Participants

Children of both sexes aged 6–12 years with a diagnosis of ADHD according to DSM-5 criteria were eligible when parents/guardians provided informed consent and were willing to comply with follow-up.

Homoeopathic intervention

Detailed case-taking was performed according to the homoeopathic principles described in Aphorisms 83–104 of the Organon of Medicine and using the study case-record format. Remedies were selected individually on the basis of the totality of symptoms. Repertorial and non-repertorial approaches were used according to the requirements of individual cases. Potency and repetition were individualized according to the case and response. Miasmatic evaluation was also recorded.

Outcome assessment

The NICHQ Vanderbilt ADHD Parent Rating Scale was used to assess the core ADHD symptoms. The study instrument included 18 symptom items covering inattention, hyperactivity and impulsivity, scored from 0 (Never) to 3 (Very Often). Clinical observations relating to behaviour, academic functioning, social interaction and general well-being were also recorded. Follow-up assessments were planned at baseline, 3, 6 and 9 months.

Overall outcome was categorized as significant, moderate, mild improvement, status quo or left treatment according to the predefined study criteria.

Results

Table 1. Demographic and clinical distribution of participants.

Characteristic	N	%
Age 6–8 years	16	53.33
Age 9–12 years	14	46.67
Male	24	80.00
Female	6	20.00

Remedy distribution

Chamomilla was the most frequently prescribed remedy (13%). Tarentula hispanica and Silicea accounted for 10% each. Veratrum album, Tuberculinum, Arsenicum album, Belladonna, Lycopodium, Medorrhinum and Nux vomica each accounted for 6.67%, while Cina, Hyoscyamus niger, Stramonium, Lac caninum and Anacardium each accounted for 3.33%.

The dissertation reports 200C as the most frequently used potency, with other potencies selected according to individual case requirements.

Miasmatic and probable affecting-factor distribution

Psora was identified as the predominant miasmatic background in 17 cases (56.67%), followed by Tubercular miasm in 6 (20.00%), Sycosis in 4 (13.33%) and Syphilis in 3 (10.00%). Digital media exposure was the most frequently recorded probable affecting factor in 10 children (33.33%), followed by neonatal/birth-related complications in 8 (26.67%). Maternal health-related factors and no identifiable factor were each recorded in 4 cases (13.33%), family/psychosocial factors in 3 (10.00%) and head injury in 1 (3.33%).

Vanderbilt ADHD Rating Scale outcomes

Table 2. Comparison of pre-treatment and post-treatment Vanderbilt ADHD Rating Scale scores.

Parameter	Pre-treatment	Post-treatment	Change
Mean	38.63 ± 4.59	13.20 ± 11.59	–25.43 ± 12.04
Vanderbilt score ± SD			

The mean score decreased by 25.43 points, corresponding to a reported 65.83% mean reduction. The paired t-test demonstrated a statistically significant difference between pre-treatment and post-treatment scores ($t = 11.57$, $df = 29$, $p < 0.001$).

Table 3. Overall clinical outcome distribution.

Outcome category	N	%
Significant improvement	19	63.33
Moderate improvement	6	20.00
Mild improvement	2	6.67
No improvement	3	10.00

Figures

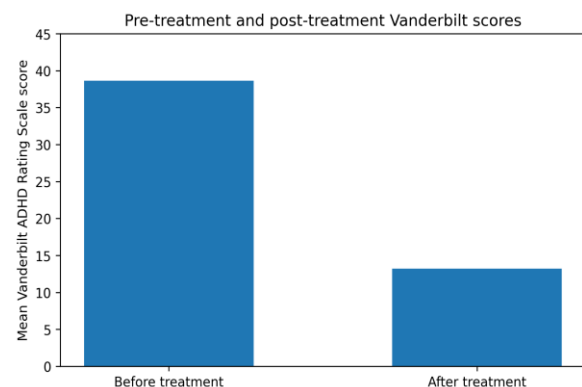


Figure 1. Comparison of mean Vanderbilt ADHD Rating Scale scores before and after treatment.

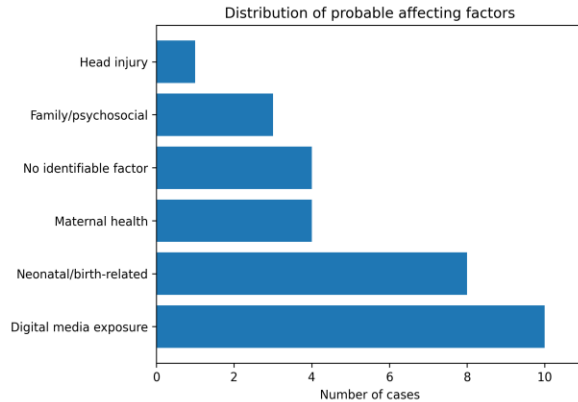


Figure 3. Distribution of recorded probable affecting factors.

IV. DISCUSSION

The present prospective clinical study evaluated individualized homoeopathic treatment in 30 children with ADHD using the Vanderbilt ADHD Rating Scale over a nine-month follow-up period. The study population consisted predominantly of male child (80%), and the hyperactive/impulsive presentation was the most frequently observed subtype (76.67%). The principal finding was a marked reduction in the mean Vanderbilt score from 38.63 to 13.20, with a mean reduction of 25.43 points. The paired t-test showed a highly statistically significant difference ($p < 0.001$). In addition, 63.33% of children were classified as having significant improvement and a further 26.67% had moderate or mild improvement. From the homoeopathic perspective adopted in the study, remedy selection was individualized rather than based on ADHD as a diagnostic label alone. Chamomilla, Tarentula hispanica and Silicea were among the more frequently prescribed medicines, while several other remedies were prescribed less frequently according to individual symptom pictures. The distribution of remedies therefore reflects case individualization and should not be interpreted as evidence that any single remedy is specifically indicated for ADHD.

Digital media exposure was the most frequently recorded probable affecting factor. This finding is clinically relevant in the context of the dissertation's discussion of changing childhood environments; however, because the factor was collected retrospectively and the study was not designed to test

causality, the finding should be interpreted as an observed association within the study sample rather than proof that screen exposure caused ADHD.

V. CONCLUSION

In this prospective single-arm clinical study of 30 children with ADHD, individualized homoeopathic treatment was associated with a substantial reduction in Vanderbilt ADHD Rating Scale scores over nine months. Significant improvement was observed in 63.33% of cases, while the paired comparison demonstrated a statistically significant reduction in scores ($p < 0.001$). The findings indicate favourable clinical observations within the study population.

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