

# Managing Hyperactivity through Holistic Homoeopathy

**ABSTRACT:** This case makes us empathise the lives of the families involved wherein a child is diagnosed hyperactive. What is more important is we learn how with the holistic approach, cure is possible when right from the parent, teachers and therapist all are involved.

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*Editor: This is the presentation given in the ADHD seminar. It is printed in this issue as it was received late.*

*"My heart leaps when I behold  
A rainbow in the sky  
So it was when my life began  
So it is now I am a man ....  
The child is father of the man"*

**- William Wordsworth.**

Child is considered father of man. Child symbolizes spontaneity and innocence. All these have lot of implications with respect to *Nature And Nurture* of the child.

We enjoy innocent mischief and overactivity of the child. If there is dysfunction of this behaviour, what would be the plight of entire family? If family becomes dysfunctional, entire nation suffers. Hyperactivity becomes a serious issue of national significance.

The Homoeopathic physician needs to perceive Hyperactivity from various angles

- Individualization - peculiarities in behaviour: should perceive qualified state of mind
- Psychodynamic perspective
- Depth of disorder

We have classified Hyperactivity considering quality of expressions and depth of disturbances. (Refer chart on the next page)

We must explore characteristic individualising fea-

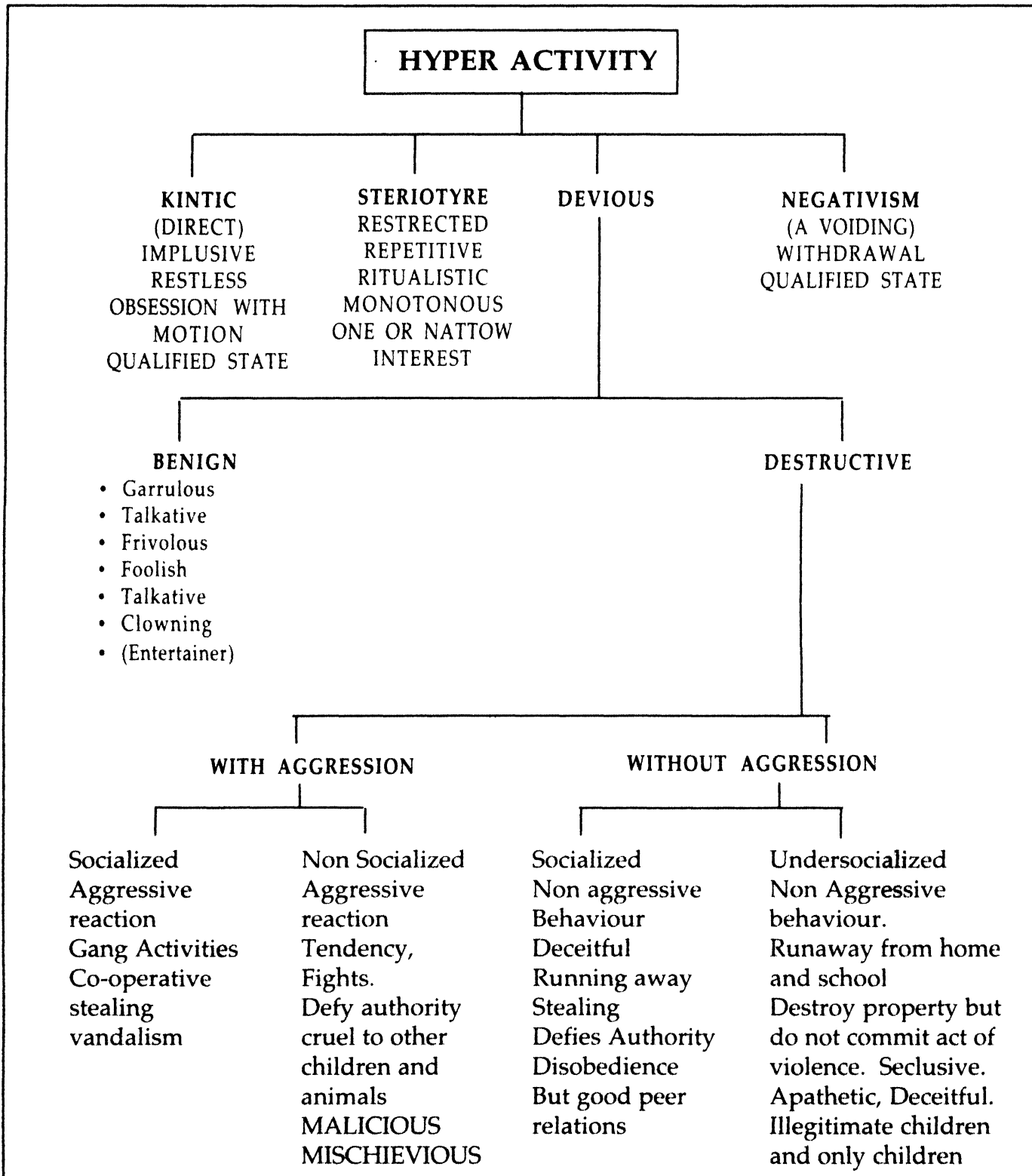
ture from various manifestations of Hyperactivity.

## CASE

- Master A, 4 yrs old, came with Autism and Tremendous Hyperactivity; climbing to high places without fear; had delayed speech, withdrawal into self and lack of interaction with other children. What was most peculiar was a great impulse to jump. He would tirelessly take up the high position and climb at the earliest opportunity. Impulse to jump pointed to *Nux-vomica* and *Silicea*. Other co-ordinate of oversensitivity to noise and pica clinched the diagnosis of *Nux-vomica*. Mother reported 15 days later – child spoke first word!
- Mast AM 13 yrs old child who was a slow learner with ADHD presented following behaviour.
- Child's Behaviour : Frivolous, Giggling, Keeps talking irrelevantly.
- Mischievous: Keeps spoiling things, which others have prepared. Taps children while moving.
- Audacity: Threatens in a typical tone; I will leave the home, when someone scolds him
- Affectionate: Loves to kiss and hug people especially plays with younger kids

These features helped us to arrive to *Crocus-Sativa*. For functional hyperactive syndrome we consider constitutional or indicated phasic medicines based on peculiarities of the case.

FOLLOWING CHART ILLUSTRATES THIS





Following phasic medicines are often encountered. When we consider associated destructive features or conduct disorder : *Stram, Mercuries, Lachesis, Anacardium, Spiders* etc

When there is Regressive Pathology: *Hyos, Bufo, Veratrum-alb* comes up

- Nosodes have played very significant role in the management of ADHD.
- What is important is sequence of medicines coming up at different phases. Resolution often demands administration of several medicines, one after another but only one phase, strictly based on indications.
- Holistic multidisciplinary approach is a must for perfect management of this disorder. When all experts work harmoniously in coordination, brings about excellent relief.

We continued *Nat-mur* 200 and later on 1M quite infrequently. It brought about almost total relief in hyperactivity in a period of 14 to 15 months.

Child's engagement pattern to learning situation improved substantially.

As given in the report, child's cognitive abilities are below average. Hence, some problems are always there. Perceptual errors bring difficulties related to language and maths. Child is clumsy, does lot of spelling mistakes and finds difficulty in calculations.

Child needed specific educational inputs. We provided that, but school refused to acknowledge hence child was kicked out eventually. We requested other school authorities. They finally agreed and admitted the child.

So we explained to the teachers the special needs of the child and requested to be tolerant. In spite of this, parents received memos/thrashing due to child's slow performance.

So we decided to launch Spandan's Holistic Child Care Centre auspicious of our trust: M B Barvalia Foundation.

Child studied well. Dedicated mother also contributed and he cleared SSC through NIOS (National

Institute of Open Schooling). Today, this boy has cleared his vocational course in Automobiles. Our society has received one automobile technocrat.

Recently, in our foundation, at our function the child was felicitated through Shaktiman, veteran actor Mukesh Khanna.

Every child has divine potential. Through divine contribution of Holistic Homoeopathy we can realize it.

#### CASE

Master RM, 5 years old, was referred for Hyperactivity, scholastic backwardness (Problems in perception, communication and socialization). Both the parents were working. They submitted following history and report on 28.5.1992.

#### HISTORY SUBMITTED BY THE PATIENT'S MOTHER

Master RM, Date of birth 26.11.1987, Hindu Brahmin, Veg, Passed Junior K G

#### DESCRIPTION OF CURRENT FAMILY SET UP

Hindu joint family consisting of

Grand father: 81 y is Heart patient, Father: 45 years working for ECGC, Mother: 37 years working for bank, Brother: 7 years studying in II Std.

#### CHIEF COMPLAINT

1. No concentration, Extremely restless
2. He is very weak and quite often getting cold, cough and fever Occ he gets boils.
3. We find him very dull, moody and very slow in grasping things. His performance in the school is very poor and has less understanding power. He mixes only with very few whom he likes. He never takes initiative in the school.
4. He gets irritation and scratches his head and body. At the same time he immediately says he does not want father or/and mother.

#### PERSONAL DATA

1. He is a breech caesarean baby. He started walking by one year and talking by 2 ½ years. He has been physically weak and was hospitalized thrice.

He writes only if somebody holds his fingers. He is writing only for the past 2 months.

2. He is very sensitive and adamant. He has poor appetite and we have to run after him for food. If he likes, he eats on his own. He always bites his lower lips. In the family he moves with all.
3. a) **FOOD:** Desire: Vegetables, soup, banana, chikoo and icecream which we give him only when he is alright.

**AVERSION:** Brinjal, potato, onion.

b) **GENERAL ENVIRONMENT:** He is not immune to the changes in climate, falls sick immediately. He likes to take bath and watch the surroundings. He likes to know if all the buses plying in our area and where they are going. He likes to travel by train and boats. He enjoys music.

c) **SLEEP AND DREAMS:** In his first two years, he was not having good sleep. He keeps his finger on the mother's mouth till he falls asleep.

**PREVIOUS ILLNESS:** 4 months: Bronchitis: Hospitalized.

2 years: Again bronchitis along with loose motion; Hospitalized.

2 years 4 months: Pneumonia. Hospitalized

2 ½: Boils through out the body.

After that I noticed that he is not willing to write in spite of giving him so much of training and tuition. On doctor's advice we consulted a child psychologist who expressed that he is only a slow developing child. He advised to take I Q Test. As per advice we allowed him to hear more music and allot more time to him.

**FAMILY HISTORY**

**Fa:** Good health. He was out of Bombay from Jan 90-Dec 91 on office transfer. He has good sleep not sensitive. **Mo:** Has iron deficiency always. She was managing two children with the help of her sister for 2 yrs. Very sensitive, cannot forget and take things easy which affects health and sleep. **GF:** Heart patient. Worries for everything and making noise always. **GM:** Very cool mind but does not like to look after children, never minds to do house work. **Br:** Had loose motions and minor problems upto 3 yrs. Now he is OK. He studies well, has good observations and does everything after

understanding, but innocent.

**PSYCHOLOGICAL EVALUATION REPORT:** Date: 26-2-92.

**TEST ADMINISTERED**

- (i) The Goddard – Seguin form Board
- (ii) The Vineland
- (iii) Social Maturity Scale VSMS

**RESULTS:** Social maturity: 3 years

**REPORT**

Master R, was a breech baby, born by caesarian. He started walking by one year, but talked at the age of two and half years. He had been a physically weak baby and had to be hospitalized thrice (i) for bronchitis at 5 months (ii) for dehydration at 2 years (iii) for pneumonia at 3 years. He was the younger of 2 sons. The school authorities have warned the parents for his low performance at School. He was found to be inattentive and poor in concentration and was not writing at all. The school authorities have informed the parents that they may not be able to allow him to continue in the school. Hence, the referral for intellectual assessment.

He was found to be restless and fidgety. English comprehension was difficult. He understood his mother tongue, Tamil very well and could comprehend instructions, though all were not obeyed. On the Form Board, nothing interested him. When the blocks were removed he helped in removing them but could not place them back in their respective places. When demonstrated he tried but later on showed disinterest and started piling them.

His social maturity as obtained on the VSMS was 3 years.

His maturity in area of development was as follow:

<b>Area</b>	<b>Age level</b>
Self help (general)	2-3 years
Self help (eating)	1-2 years
Self help (dressing)	2-3 years
Locomotion	4-5 years
Occupation	4-5 years
Communication	2-3 years



## Self Direction

## Socialization

1 - 2 years

He seemed to be a slow developer. Exposure to various tasks involving motor activity and cognitive skills and some remedial help, may help to put him back on the track. His gross motor co-ordination seemed to be developed. He could not hold the pencil and write the alphabet, though not in a line. He can continue in the school with extra help and understanding from teachers and parents.

## ADDITIONS IN THE CASE RECORD

Master RM comes from south Indian Brahmin family. His parents were married in 1982. It was a joint family comprising retired grand parents, parents, uncle and aunt. Mother is extremely reserved and sensitive. She had serious conflicts with husband and in laws during master R's pregnancy. In 1985 her mother died leaving behind 3 unmarried daughters. Her husband had promised her mother that he would take care of them after he finishes responsibility of his sister's marriage. Her sisters were young at that time, studying in IX, X, Later on he refused to keep the promise. She was terribly hurt. Finally she brought her sister to stay with her in 1987. This led to serious altercations between patient's mother, father and grand parents leading to terrible state of VEXATION, INDIGNATION and BROODING in mother.

In 1989, when RM was 1 year and 9 months, his father got transferred to Mathura. Grand parents refused to look after the children and preferred to join their son since he was shifting to a holy place. Patient's mother was forced to keep him with a baby sister since she was also working in a Bank. This period was quite traumatic for the child since he was missing his father as well as was quite upset with the baby sitter who was an old irritable lady.

He grew up as an extremely shy, reserved child who would run away if guest or strangers come home. At the same time, quite sensitive to comments/scolding etc.

After 2 years father came back. Mother's sister also got married. Relations between parents have im-

proved but still there is a significant gap. She broods on her grievances and it is quite critical about his obesity, diet and conduct. Father does not retaliate and dismisses this as feminine nature.

He is impatient and is over ambitious about his performance. Patient reacts and withdraws. When he gets irritated says "I do not want mother or father".

Every month he gets an attack of cold, cough with lot of rattling and fever. He craves **salty things and fruits**. He needs fan in all seasons and takes bed sheet to cover. In winter he needs blanket and at times woolen sweater. He takes warm water bath.

He was quite restless during consultation. He would interrupt at times. He did not respond to physician's question. He was administered BENDER GESTALT TEST for maturation (Reference Clinical Psychiatry: Kolb). In the consulting room, when instructed he just scribbled. When father drew and asked to imitate he showed half hearted attempts. He showed very brief attention span and easy distractability.

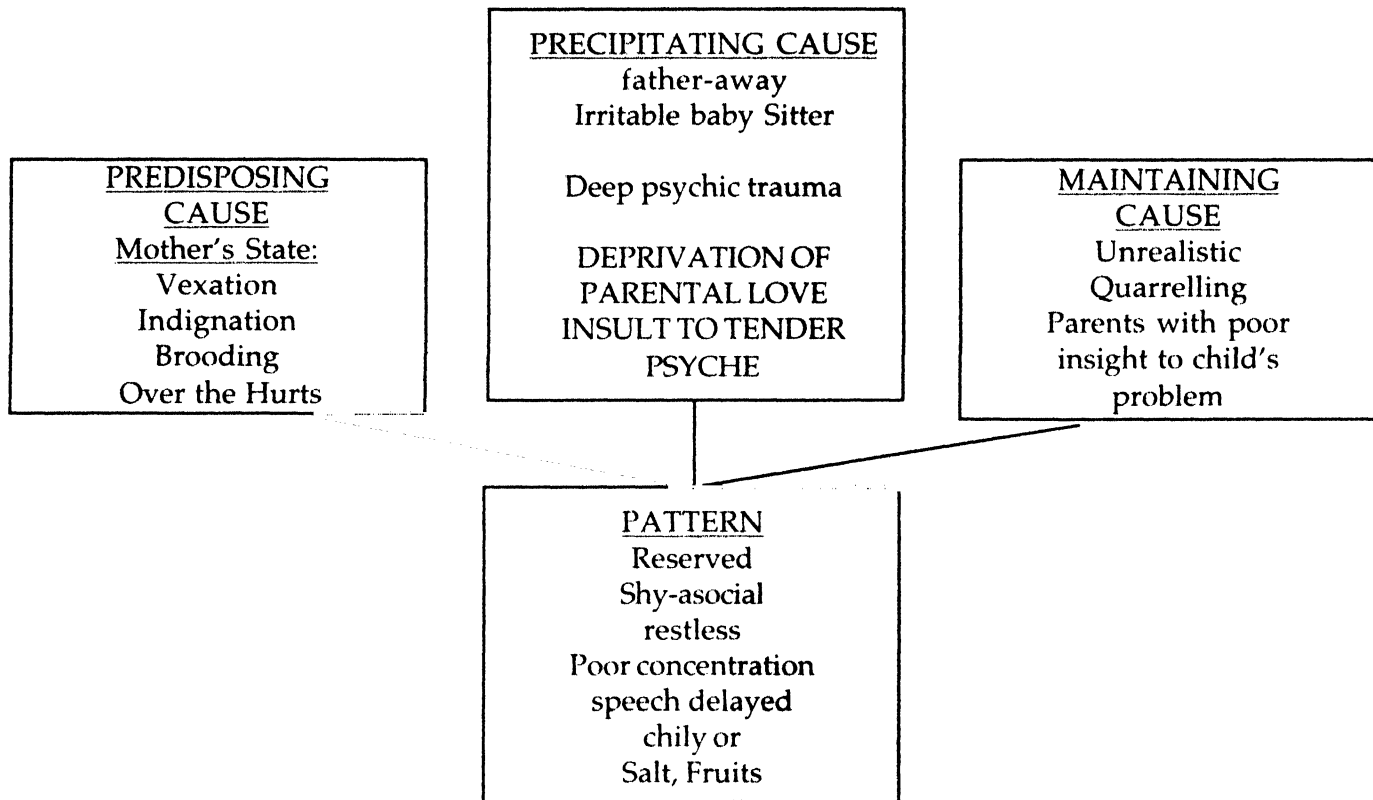
If we focus on the pattern, then *Natrum-mur* and *Baryta-carb*, both come up. Shy, reserved and reaction to strangers with only one milestone (speech) delayed indicates *Baryta-carb*. When we correlate with mother's state and also with the precipitating cause, *Natrum-mur* emerges which is also similar to sensitivity of the child. *Baryta* has the superficial similarity to the case. It is the psychic trauma which made deep inroads in to the system and arrested the total development. Once the emotional pathology is taken care of intellectual growth would ensue. Impact is quite deep seated miasmatic.

CURE is possible only if there are co-ordinated efforts of; PARENTS, TEACHERS and THERAPIST.

Accordingly parents were tackled first. Mother's oversensitivity, sensitization due to past leading to Husband's non acceptance was tackled first.

## CASE ANALYSIS

Husband had already changed and contributed in settling of his wife's sisters. Despite this, wife had



not moved from her earlier location, and only gradually got an insight. Father was made more realistic to accept child's current limitations. Perpetual threat from teacher to remove him from school was dealt with by convincing them to work out an individualized approach. Objective was to provide cohesive "structure" to child's environment which can meet with child's personal, academic and psychosocial needs.

Treatment was commenced with *Nat-mur* 200 IP bedtime for 3 consecutive days, followed by placebo. Following criteria were observed:

- 1) Restless, 2) Concentration, 3) Memory, 4) Socialization, 5) Frequency of respiratory attacks.

Within 4 months respiratory attacks reduced by 50% and restlessness also improved. Difficulties in PERCEPTION gradually improved. After 1 year school could accept the child problems of learning were centered on building up of concepts which improved by taking help of special teaching aids,

of course, his hyperkinesia was the first to improve and gradually started socializing. It goes without saying that mother had also submitted her case and MOTHER CHILD as unit was treated all through!

Perceptual difficulties substantially improved with the help of synergistic actions of all these 3 inputs. Recently this child has passed SSC exam and is doing vocational course in Automobile.

As he came in higher class, scholastic performance came down as he had significant cognitive impairment.

Proper counseling, remedial teachings and homoeopathic treatment further helped.

Child's hyperactivity impulsivity disappeared totally in the span of around 2 years.

Propensity for tantrums and spells of irritability were the residual features which took long time.