Homeopathic Alternatives for Children with ADHD

In 2004, American physicians wrote over 28 million prescriptions for ADHD (attention deficit hyperactivity disorder) drugs, and by 2008 alone, this number increased substantially to over 39 million. Despite these scary-high numbers of powerful psychiatric drugs prescribed for our children, *The Washington Post* reported on a large, multi-center, federally funded study that "confirmed there were zero long-term differences between children who were continuously medicated and those who were never medicated" (Vedantam, 2009).

Hyperactivity and its related syndromes (attention deficit disorder, or ADD; and attention deficit hyperactivity disorder, or ADHD) have become America's number-one childhood psychiatric ailment. One of the common drugs to treat children with ADD and ADHD has been Ritalin, and its used has become so common that some people are calling it "vitamin R."

It is initially surprising and confusing to learn that Ritalin is an amphetamine-like drug. One would think that this type of drug would make hyperactive children even more hyperactive. However, when Ritalin is prescribed to children who are already hyperactive, it tends to slow them down. Ironically, the use of a drug that causes symptoms similar to those of the patient is actually the basic principle of homeopathic medicine (treating "likes with like").

Ritalin and a select number of conventional drugs (including digitalis, nitroglycerin, colchicine, allergy shots and vaccination) are all known to cause the various symptoms that they are known to treat. Despite this fact, none of these drugs is considered a true "homeopathic medicine" because homeopaths use much smaller and safer doses of their medicines; additionally, a homeopathic medicine is individualized to the patient and the unique syndrome of whatever disease the sick person experiences.

Although Ritalin and other psychiatric drugs given to children with ADD or ADHD may provide short-term benefits, research to date has found that these drugs do not provide long-term benefits. However, even scarier is the fact that even *Newsweek* noted, "There are no definitive long-studies to reassure parents that this stimulant isn't causing some hidden havoc to their child." And many people today believe these drugs do create havoc.

The most common side effects of ADD/ADHD medication are restlessness, anxiety, tremors, headaches, allergic reactions, dizziness, abdominal discomfort, heart arrhythmia, increased blood pressure and psychosis (including hallucination). Children who take these drugs are also known to experience a reduced appetite, and in part as a result of this, some children experience a dramatic reduction in height. When a drug can have such deleterious systematic effects as reducing a child's height, one has to acknowledge that such drugs can create other significantly serious impacts on the lives of the children who take them.

Clearly, it makes sense for parents and doctors to explore and even exhaust safer methods of treating ADD and ADHD before resorting to conventional drugs. Homeopathic medicines provide one viable alternative, and several double-blind studies published in medical journals have confirmed good results and much safer treatment. That said, it should be acknowledged that at present, there has been only a handful of studies testing homeopathic medicines, and not every study showed efficacy of treatment. However, because some studies have shown benefits of homeopathic care, and because these medicines are so safe, it is reasonable to consider homeopathic treatment before resorting to more risky therapeutic measures.

More research is certainly warranted. In the meantime, readers will benefit from knowing that there are different ways that homeopathic medicine is practiced, and although one style of prescribing these natural medicines may be shown to be effective in one or more studies,

these results do not necessarily mean that all methods of using homeopathic medicines are similarly effective. Likewise, when a study shows no obvious benefits from one strategy to using these medicines, this does not necessarily disprove the entire system of homeopathy.

In other words, just because one antibiotic is not effective in treating an infection does not mean that another antibiotic won't be effective.

The challenge that homeopathy presents is that, like acupuncture, it is largely dependent upon the clinician and his or her knowledge of their system of healing, and his or her ability to find the individually chosen treatment for patients and their idiosyncratic ailment. Despite the complexity of providing individualized homeopathic treatment, children will more likely benefit in the long run when their parents explore safer therapeutic measures.

A Study Comparing Homeopathic Treatment and Ritalin

Numerous studies testing Ritalin have found it to be effective in the short term. The question then becomes: how does homeopathic treatment compare with it?

A study in Switzerland evaluated 115 children (92 boys, 23 girls) with an average age of 8.3 years at diagnosis of ADD/ADHD (Frei and Thurneysen, 2001). The children were first treated with an individually chosen homeopathic medicine. Children who did not improve sufficiently on homeopathy were changed to Ritalin and evaluated after 3 months. After an average treatment time of 3.5 months, 75 percent of the children responded favorably to homeopathy, attaining an improvement rating of 73 percent. Twenty-two percent of the children were treated with Ritalin and attained an improvement rating of 65 percent.

The children were evaluated according to the Conners Global Index (CGI), which is the most respected scale that measures the degree of hyperactivity and attention deficit symptoms. The children who responded to the homeopathic medicine experienced a 55-percent amelioration of the CGI, while the children who responded to Ritalin experienced a 48-percent amelioration of the CGI. Three children didn't respond to homeopathy or Ritalin, and one child left the study before completion. The researchers concluded that homeopathic treatment was comparable in its benefits to Ritalin -- and homeopathic medicines simply do not have the side effects that Ritalin has.

Because this study was not placebo-controlled, one does not know if the good results are from the homeopathic medicine or from the homeopathic interview (or a combination of them both). In any case, this study showed that 75 percent of the children with ADD/ADHD benefited from the "package of care" provided by homeopaths, a better result than the "package of care" provided by conventional pediatricians. Although skeptics of homeopathy insist that homeopathic medicines are placebos, these skeptics unwittingly suggest the metaphysical thesis that each homeopath is magically endowed with special healing powers, especially since most people who seek homeopathic treatment experience chronic problems for which long-term conventional medical treatment has not provided adequate resolution.

A Major Study Published in the *European Journal of Pediatrics*

Although the previous study was not double-blind or placebo-controlled, this next study was both -- and even more. It included a sophisticated research design that included a "crossover" effect -- that is, half of the patients begin with a placebo treatment, while the other half begin with a homeopathic treatment, and then, after 6 weeks, the groups each receive the other treatment. This sophisticated design therefore seeks to compare each child under homeopathic treatment with that same child under a placebo.

The famed *European Journal of Pediatrics* published an article that included two studies: a clinical observation study followed by a randomized, double-blind trial. These studies concluded that homeopathy has positive effects in children with attention deficit hyperactivity disorder (ADHD) (Frei, Everts, von Ammon, *et al.*, 2005). A total of 83 children aged 6 to 16 years, with ADHD diagnosed using the Diagnostic and Statistical Manual of Mental Disorders-IV criteria, were recruited.

Prior to the randomized, double-blind, placebo-

controlled crossover study, the children were treated with individually prescribed homeopathic medications. The 62 patients, who achieved an improvement of at least 50 percent in the Conners' Global Index (CGI), participated in the trial. The responders were split into two groups and received either homeopathy for six weeks followed by placebo for six weeks (arm A), or vice-versa (arm B).

At the beginning of the trial and after each crossover period, parents reported the CGI and patients underwent neuropsychological testing. The CGI rating was evaluated again at the end of each crossover period and twice in long-term follow-up. At entry to the crossover trial, cognitive performance, such as visual global perception, impulsivity and divided attention, had improved significantly under open label treatment ($p<0.0001$). During the crossover trial, CGI parent-ratings were significantly lower (this means the child was "better") under homeopathic treatment (average 1.67 points) than under placebo ($p=0.0479$). Ultimately, the CGI and parent ratings showed a 37-percent and 63-percent improvement over the long-term observation period of 14 weeks ($p<0.0001$). The teachers also found an improvement in the homeopathic treated group vs. placebo in the CGI by 28 percent and in the teachers' rating scale by 37 percent.

An interesting feature of this study was that the homeopaths only met with each child once and carried out follow-up visits only with the child's parents. This strategy was to minimize the child's contact with the homeopath in order to minimize possible psychological support from the clinician.

A Double-Blind Study Using a New Unconventional Style of Homeopathy

It should be freely acknowledged that not all studies verify the efficacy of homeopathic medicines. Because the results of homeopathy are best evaluated when these medicines are individually selected to each patient, some clinicians are simply better and more accurate prescribers of these medicines.

A randomized, double-blind, placebo-controlled trial was conducted with 43 children between 6 and 12 years of age who met the DSM-IV criteria for ADHD (Jacobs, Williams, Girard, *et al.*, 2005). The 43 subjects were randomized to receive a homeopathic consultation and either an individualized homeopathic remedy or a placebo. Patients were seen by homeopathic physicians every six weeks for 18 weeks. In this pilot study, a new, unconventional style of homeopathy was practiced by the physicians, called the "Bombay method" (also known as the "Sensation method").

There were no statistically significant differences between homeopathic remedy and placebo groups on the primary or secondary outcome variables, including the Conner Global Index scale and various other scales. However, there were statistically and clinically significant improvements in both groups on many of the outcome measures.

This pilot study provided no evidence to support a therapeutic effect of individually selected homeopathic remedies in children with ADHD. The researchers concluded that a therapeutic effect of the overall homeopathic package of care (the homeopathic encounter and homeopathic medicine) was beneficial and warranted further evaluation.

A Double-Blind Study Comparing Homeopathy and Placebo

John Lamont, Ph.D., a psychologist in Southern California, conducted a trial of 43 children with attention deficit hyperactivity disorder (ADHD) (Lamont, 1997). He randomly assigned half of the children to receive a placebo and the other half to homeopathic treatment. The researcher, the parents and the children did not know which child was given the homeopathic medicine or the placebo.

The evaluations of improvement were based on parent or caretaker ratings of ADHD behaviors. A simple 5-point scale was used: Much worse (-2); a little worse (-1); no change (0); a little better (+1); much better (+2). Parents or caretakers were contacted by telephone 10 days after the remedy or placebo was taken and again after two months.

To avoid any potential influence from the homeopath, he had no further contact with children except during the initial testing and case-taking interview. Even the medicine was not given directly to the patient by the homeopath but was sent via the mail.

All children in the experiment came from foster homes or from parents under the supervision of social workers. The average age was 10, and there was a mixture of races: 47 percent Hispanic, 35 percent Black and 18 percent Caucasian.

The children were only accepted into the trial if they fit the specific criteria for ADHD, as determined by the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV). Children who were on medication for ADHD could be accepted for the study but only if they had been on this medication for at least six weeks. The latter condition was determined because Dr. Lamont didn't consider it wise to admit children new to medication in the trial, as it then could not be ascertained whether improvement was the result of their conventional or homeopathic medicine.

Half the children were given an individualized homeopathic medicine, and half were given a placebo that resembled a homeopathic medicine for 10 days. After this, the half that was given a placebo received an individualized homeopathic medicine. Neither the children nor their parents were told that they might be given a placebo, because the researcher did not want to influence the parent or the child with the knowledge that the second round of medicines would be the "real" ones.

Only the 200C potency of an individualized homeopathic medicine was used, based on the homeopath's small pilot study of 15 patients in which a trend was observed that the 200C was more effective than 30C.

The mean improvement scores after 10 days were .35 for the placebo group and 1.00 for the homeopathically treated group (p=.05). The greatest improvements were noticed by the third day, while a smaller number showed improvement after 10 days.

Children who were initially given a placebo were given a homeopathic prescription after 10 days and then compared with their earlier score. The mean improvement scores were .35 for the placebo group and 1.13 after a homeopathic medicine was given (p=.02).

When parents reported that improvement from the treatment was not obvious, the homeopath prescribed a second or a third remedy. When comparing the results after these remedies, improvement from the homeopathic group was 1.63 and from the placebo group was .35 (p=.01).

Besides the improvement 10 days after the homeopathic medicine, follow-up interviews observed that the majority of children treated homeopathically experienced sustained and increased improvement in their condition. In total, after two months, 57 percent of children experienced continued improvement; 24 percent showed improvement for several days or weeks following homeopathic treatment, but relapsed by the two-month interview; and 19 percent said that they only observed improvement while taking homeopathic treatment (one could guess that this improvement was primarily from the placebo effect).

A second homeopathic remedy was given to 18 of 43 subjects, and seven required a third remedy. Phone calls were made 10 days after each remedy, and if it seemed that the remedy was not working, a different medicine would be prescribed.

Only three children were dropped from the trial, and this was the result of changes in dosage of anti-ADHD prescription after homeopathic treatment.

In summary, this study showed that the effects of the homeopathic medicine were relatively rapid (usually within three days) and a two-month follow-up found that 57 percent of the children experienced sustained and increased improvement.

The Cochrane Collaboration Review

The Cochrane Collaboration is an internationally respected group of researchers who evaluate research. In their review of homeopathic treatment of children with ADD/ADHD, they concluded, "There is currently little evidence for the efficacy of homeopathy for the treatment of ADHD" (Coulter and Dean, 2007). It is important to note that they stated that there was "little evidence," not "no evidence," that homeopathic medicines have been shown to be effective in the treatment of children with ADD/ADHD.

Further, it should be noted that the Cochrane Collaboration maintains a very high standard for their definition of "efficacy," and they commonly note that there is "little" or "no" evidence for various commonly used conventional medical treatments, despite the billions and billions of dollars spent on them by individuals, insurance companies and governments.

The additional challenge to homeopathy and to homeopathic research is that various studies testing this system of medicine are often substantially different from each other, making it more difficult to evaluate them together. Because of this, the Cochrane researchers recommended "more targeted research to test different treatment protocols."

Because virtually no money is granted to homeopathic research by governments, and because the "homeopathic industry" is so small in comparison to Big Pharma, there is considerably less research conducted with homeopathic medicines.

Still, the Cochrane Collaboration's review of homeopathic research on children with ADD/ADHD rightly acknowledged the high-quality research in some of the above studies (Frei, *et al.*, 2005; Jacobs, *et al.*, 2006), and they acknowledged that various studies in homeopathy utilize different styles of homeopathic treatment.

Ultimately, both physicians *and* parents need to be reminded of Hippocrates' most famous dictum: "First, do not harm." Although Hippocrates directed this wisdom to physicians, it is certainly good advice for parents, too.

The Link Between Pesticides and ADHD

An article on this subject would be remiss if it also did not mention and reference some extremely new and important research that has suggested a strong connection between pesticide exposure in children and ADD/ADHD (Bouchard, Bellinger, Wright, *et al.*, 2010). Published in the famed journal *Pediatrics*, this group of Harvard researchers and others showed that organophosphate exposure, at levels common among U.S. children, may contribute to ADHD prevalence.

More specifically, using cross-sectional data from the National Health and Nutrition Examination Survey (2000-2004) that were available for 1139 children who were representative of the general U.S. population, the researchers found 190 children who met the criteria for ADHD.

Six concentrations of urinary dialkyl phosphate (DAP) were measured to determine body burden. The researchers uncovered the fact that one or more metabolites were detected in roughly 94 percent of the children tested. A common chemical called dimethyl alkylphosphate (DMAP) was present in 64 percent of the children studied. The children with the highest concentrations, especially of DMAP, were twice as likely to have ADHD as those with undetectable levels.

Ultimately, a *10-fold increase* in urinary concentrations of organophosphate metabolites was associated with a 55- to 72-percent increase in the odds of ADHD, which means that children with a higher concentration of these chemicals were 55- to 72-percent more likely to be diagnosed with ADHD.

Organophosphate pesticides have been linked to neurodevelopmental issues in the past, including memory problems, concentration difficulties and hyperactivity. Researchers have conducted similar studies on children regularly exposed to pesticides, like those living on or near commercial farms. This study was a first of its kind in that it did not isolate its research on children with a known exposure.

This new research did not investigate anything to do with homeopathy. However, previous research in animals and humans who were exposed to environmental poisons has shown benefits from homeopathic medicines (Ullman, 2011).

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