

ORIGINAL PAPER

# A comparative consecutive case series of 20 children with a diagnosis of ADHD receiving homeopathic treatment, compared with 10 children receiving usual care



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**20 consecutively enrolled children age 5–16 with Attention Deficit Hyperactivity Disorder (ADHD) received treatment by a homeopath (8 consultations and individualized remedies) for one year. Ten subsequently enrolled children received similar time and attention for 4 months. The study explored optimum treatment protocols; the effectiveness, deliverability and acceptability of treatment; and the feasibility of outcome measurement and recruitment.**

**Parents completed Conners' Parent Rating Scale, Revised Long Version (CPRS-R:L) every 4 months, from which DSMIV total scores were extracted; and Measure Your Own Medical Outcome Profile (MYMOP) every consultation.**

**An interaction between time (baseline/4 months) and group (treatment/non-treatment) was found  $.756 F(1,28) = 9.06, p = 0.005$ . The intervention was associated with statistically significant improvements in treated children over the year: CPRS-R:L ( $t(18) = 4.529, p \leq 0.000$ ); MYMOP ( $t(18) = 6.938, p \leq 0.000$ ). Mean DSMIV total t scores decreased at each time point: baseline: 85 (SD 5.1); 4 months 76.2 (SD 10.9); and 12 months 71.5 (SD 12.77).**

**Recruitment of control participants was problematic. Recruitment to treatment was feasible via ADHD support groups, charities, police support agencies and social services, not schools or NHS services. Attending appointments was problematic for some participants, but home visits did not improve uptake. The best venue was a familiar clinic. Some participants took medicines inappropriately, but generally taking homeopathic remedies was acceptable and well implemented. CPRS-R:L (80 items) was problematic for some parents. MYMOP was preferred by parents but not acceptable to stakeholders. In this small consecutive sample the intervention was associated with improvements in criminality, anger and children with a concomitant diagnosis of Autism Spectrum Disorder ASD.**

**Treatment by a homeopath was associated with sustained, increasing improvements and the intervention was acceptable to participants. More methodically rigorous research is warranted. "We recommend that future research in this area uses compara-**

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**tive effectiveness randomised controlled trial designs. We also recommend that these trials measure outcomes of relevance to stakeholder needs – the people and services who care for those with ADHD – parents, teachers and social workers and the criminal justice system”. *Homeopathy* (2016) **105**, 194–201.**

**Keywords:** Attention Deficit Hyperactivity Disorder; ADHD; Autism Spectrum Disorder; ASD; Homeopathy; Treatment by a homeopath

## Introduction

There is a need to explore novel, cost effective, safe treatments for children with developmental disorders such as Attention Deficit Hyperactivity Disorder (ADHD) in order to improve outcomes.

ADHD is a significant strain on stakeholder services and at high risk of negative outcomes such as criminality (where it has been found to be the most important predictor of violent offending<sup>1</sup>), school disruption and exclusion (Of 526 UK families with an ADHD child, 11% were found to be permanently excluded ([www.addiss.co.uk](http://www.addiss.co.uk))). Children with ADHD and their siblings report being substantially less happy with their family, with life overall (levels of wellbeing 6% less than matched peers), and to experience elevated levels of intra-family bullying.<sup>2</sup>

Evidence suggests that currently recommended interventions (behavioural and pharmaceutical) are effective whilst implemented but not associated with long term improvements. Side effects of pharmaceutical medication include poor sleep, decreased appetite, dizziness and stomach pain.<sup>3,4</sup> A recent review found average treatment persistence with stimulants to be 136 days<sup>5</sup> with adverse effects the most commonly cited reason for discontinuation. Many discontinue medication in adolescence.<sup>6</sup>

Two-thirds of those with a child with ADHD report using Complementary and Alternative Medicine (CAM) treatments of some kind<sup>7</sup> with homeopathy one of the preferred options.<sup>8</sup> Reasons include minimizing symptoms, additional benefits when combined with conventional treatment and potentially avoiding side effects of prescribed medication.<sup>7</sup> However there is currently minimal high quality evidence regarding the clinical effectiveness of complementary and alternative therapies.<sup>9</sup>

The peer reviewed evidence base for homeopathy for ADHD to date consists of: six placebo controlled randomised controlled trials (RCTs) testing the efficacy of homeopathic remedies (of which two tested non-individualized remedies<sup>10,11</sup> and four tested individualized remedies<sup>12–15</sup>); two observational studies of treatment by homeopaths<sup>16,17</sup>; and one within subjects trial of treatment by homeopaths measuring ADHD symptoms in ASD.<sup>18</sup> The majority of RCTs of individualized remedies (3/4) showed statistically significant effects, as did the within subjects trial of treatment by homeopaths and the two observational studies; whilst neither RCT of non-individualized remedies showed any effects.

A 2007 systematic review assessing “*the safety and effectiveness of homeopathy for ADHD*” concluded that “*there is at present insufficient evidence*” and advised

that there is a need for “... *good quality observational studies documenting how homeopaths in the country of an intended trial actually practice, including [sufficient] time to see benefit*”.<sup>19</sup> This advice was mirrored by one of homeopathy’s detractors who has also suggested that “*studies of clinical effectiveness, describing the therapy as it is practiced in the real world may be a better means of informing stakeholders of the potential of homeopathic treatment*”.<sup>20</sup> This case series addresses these recommendations.

Such pragmatic studies of the effectiveness of complex interventions are also recommended by the Medical Research Council,<sup>21</sup> which suggests that only once the effectiveness of interventions has been established, should the efficacy of the separate components be explored. “The interacting components of the therapeutic system of homeopathy include: the remedy, the therapeutic consultation and the application of the principles of homeopathy (individualisation, the simillimum) (Relton et al. 2008). Despite MRC recommendations for testing complex interventions, 99% of current homeopathy trials test the efficacy of homeopathic remedies (mirroring drug trials), and not the clinical effectiveness of the whole intervention as it is usually practised (Relton et al 2008). It likely that such trials are underestimates (due to only testing one component (the remedy), and constriction of the complex interaction between components).”

Therefore this observational study documents the effectiveness of receiving treatment by a homeopath in the UK. It describes the progression of twenty children with a diagnosis of ADHD over the course of one year’s homeopathic treatment. Ten children were subsequently enrolled to receive similar time and attention for 4 months to control for any non-specific effects of spending time with an empathetic practitioner which have been suggested as an explanation for the positive effects of homeopathic treatment.<sup>22–24</sup> “Since the purpose of this study was to document the potential of treatment by a homeopath as experienced in clinical practice, not the specific effects of homeopathic remedies, no placebo remedies were compared.”

This study explores optimum treatment protocols; the effectiveness, deliverability and acceptability of treatment; the feasibility of outcome measurement; and the feasibility of recruiting a broad representative sample, particularly of those engaging with support services. Children’s treatment was paid for by Turner’s Court Youth Trust (an ex-borstal charitable foundation dedicated to prevention of criminality) and the Homeopathic Research Institute. It was

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