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"A STUDY ON HOMOEOPATHIC MANAGEMENT OF OPPOSITIONAL DEFIANT DISORDER IN CHILDREN"

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENT

FOR THE AWARD OF THE DEGREE OF

DOCTOR OF MEDICINE IN HOMOEOPATHY: M.D. (Hom.)

IN

PAEDIATRICS

By

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SUBMITTED TO

THE TAMILNADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI

2019

ENDORSEMENT BY THE HEAD OF THE DEPARTMENT AND THE INSTITUTION

This is to certify that the Dissertation entitled **" A STUDY ON HOMOEOPATHIC MANAGEMENT OF OPPOSITIONAL DEFIENT DISORDER IN CHILDREN"** is a bonfide work carried out by **Dr. REVATHI TR,** a student of M.D.(Hom.) in **DEPARTMENT OF PAEDIATRICS** in the SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE under the supervision and guidance of**.DrPR SISIR,MD (Hom) & Professor& Head Department of Paediatrics** in partial fulfillment of the Regulations for the award of the Degree of **DOCTOR OF MEDICINE (HOMOEOPATHY)** in **PAEDIATRICS.** This work confirms to the standards prescribed by THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI.

This has not been submitted in full or part for the award of any degree or diploma from any University.

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DECLARATION

I, **Dr. REVATHI T R** do hereby declare that this Dissertation entitled **"A STUDY ON HOMOEOPATHIC MANAGEMENT OF OPPOSITIONAL DEFIENT DISORDER IN CHILDREN"** is a bonafide work carried out by me under the direct supervision and guidance of **Dr.P.R SISIR, M.D. (Hom.)** Professor & Head Dept. of Paediatrics, in partial fulfillment of the Regulations for the award of degree of **DOCTOR OF MEDICINE (HOMOEOPATHY)** in **PAEDIATRICS** of The Tamil Nadu Dr. M.G.R Medical University, Chennai. This has not been submitted in full or part for the award of any degree or diploma from any University.

Place: Kulasekharam **Dr. REVATHI T.R**

Date:

ABSTRACT

BACKGROUND

Oppositional defiant disorder comes under disruptive behavioural disorder. In DSM IV- TR it is mentioned as behavioural disorder. The population undertaken for this study are students with oppositional behaviour in children.

AIM AND OBJECTIVES

- To study the efficacy of homoeopathic management of oppositional defiant disorder in children.
- To assess the clinical course of oppositional defiant disorder during homoeopathic treatment.

METERIALS AND METHOD

The awareness program has conducted and screening has done to identify oppositional defiant disorder. The screened students are taken to unit in college. About 500 cases of behavioural problems were recorded since last 6 months of which 50% of cases are affected with oppositional defiant disorder.

Awareness program was conducted in all the schools in Kanyakumari district, for both parents and teachers. Clear instruction regarding screening was given to them. The students are screened by the performer with Vand erbilt parent rating scale. Thereafter, select ted students with oppositional defiant disorder. Pre-assessment was done using Vanderbilt parent rating scale. Thereafter, homoeopathic case taking was done. Medicine was prescribed based on individualization. Post assessment was done after 6 months.

RESULT

Homoeopathic medicine are effective in treating oppositional defiant disorder. calcarea carbonicum was the remedy which came first as constitutional medicine

DEDICATED TO MY

BELOVED PARENTS

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LIST OF ABBREVIATIONS

SL. NO	ABBREVIATION	EXPANSION
1.	%	Percentage
2.	<	Aggravation
3.	>	Amelioration
4.	=,A/F	Ailments from
5.	D	Dose
6.	Dr	Doctor
7.	F	Female child
8.	M	Male child
9.	H/O	History of
10.	mnths	Months
11.	No.	Number
12.	OPD	Outpatient department
13.	IPD	In patient department
14.	SL	SaccharumLactis
16	yrs	Years
17	Kgs	Kilograms
18	i.e.,	That is
19.	NR	Nothing Relevant
20.	∑	Sum
21.	m	Meter
22.	LD	Learning Disability

23.	Sl.No	Serial Number
24.	ADHD	Attention Deficit Hyper Active Disorder
25.	NE	Nocturnal Eneuresis
26.	AD	Anxiety disorder
27	ODD	Oppositional Defiant Disorder
28	CD	Conduct Disorder
29	&	And

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1.0 INTRODUCTION

Behavioural problems is defined as the symptomatic expression of emotional inadequate adjustment especially in children.[1]

Oppositional defiant disorder is one of the behavioural problems under descriptive behavioural disorder. Oppositional defiant disorder is one of the mental health problems in children and adolescents.

Evidence suggests that between 1 and 16% children have oppositional defiant disorder .It is a pattern of disobedient, hostile, argue with adult,[2]

Child is angry, irritable, recent ful, they blamed other for her mistakes ,non obedient, arguementative ,and defiant behaviour,repeated tantrum throwing, verbal aggression, spiteful or vindictive. This type of behaviour may be due to certain factors such as hereditary, emotional, pre natal factors. [3]

If oppositional defiant disorder is not treated it can progress to conduct disorder and child can changes to an anti social adult.

DEFINITION

In DSM-IV-TR oppositional defiant disorder is defined as a recurrent pattern of negativistic ,Oppositional , defiant, disobedient and hostile behaviour towards authority figures.[6]

In oppositional defiant disorder can be occur due to hereditary factors, lack of parental care, emotional factors. Lack of awareness of parents.

Oppositional defiant disorder is a repetitive and persistent pattern of opposition, defiant, disobedient and disruptive behaviours towards authoritative figures for at least 6 months [9]

Prevalence:

Defiant Disorder is one of the most common behavioural problems and in tamilnaduabout 11% of children present the symptoms of oppositional defiant disorder. Males are more prevalence than female. latest researches in India observed that children had an oppositional behavioural rate of 33.3% and grade retention rate of30.7% psychatrists have conducted a survey recently and observed that approximately 1in 10 children under 5 yrs of showed signs of oppositional defiant disorder. A study published in journal of child psychology and psychiatry shows the prevalence of oppositional defiant disorder is estimated to be 10.2% Another study published in journal of abnormal psychology vol 119,Nov 2010 states that a great smoky mountain study a longitudinal data with over 8,000 observation of 1,420 individuals 56% males covering age 9 -18 yrs.[12]

Risk factiors:

Oppositional defiant disorder can be due to genetic cause leading to some neurological changes in brain.[3]

- lack of proper parental supervision, discipline, child abuse, or child neglect can also cause oppositional defiant disorder in children.[3]
- certain pregnancy and birth problems are also linked with oppositional defiant disorder. Malnutrition, protein deficiency, lead poisoning, alcohol or nicotine by mother during pregnancy are also linked with oppositional defiant disorder.[3]

1.1 NEED OF THE STUDY:

Essential features of oppositional defiant disorder are a recurrent pattern of negativistic, defiant ,and hostile behaviour towards authoritative figures. Whereas the essential features of conduct disorder are a repetitive and persistent pattern of behaviour in which the basic rights of others and rules are violated. [23]

If Oppositional defiant disorder is not treated properly the personalities will be changed in to conduct disorder. Oppositional defiant disorder and conduct disorder continue to be predominant juvenile disorders in mental health. Research in recent years shows that the course of antisocial behaviour from child hood through adult hood.[23]

1.1 AIMS AND OBJECTIVES

- To study the efficacy of homoeopathic management of oppositional defiant disorder in children.
- To assess the clinical course of oppositional defiant disorder during homoeopathic treatment.

3.0 REVIEW OF LITERATURE

Disruptive behavioural disorders are common and are associated with impairment for both children and their families. Disruptive behavioural problems are also associated with increased cost to society, it is estimated that individual with antisocial behaviours in child hood.[5]

Behavioural problems is defined as the symptomatic expression of emotional inadequate adjustment especially in children.[1]

Oppositional defiant disorder is one of the behavioural problems under descriptive behavioural disorder. Oppositional defiant disorder is one of the mental health problems in children and adolescents. Evidence suggests that between 1 and 16% children have oppositional defiant disorder .It is a pattern of disobedient, hostile, argue with adult.[2]

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If oppositional defiant disorder is not treated it can progress to conduct disorder and child can changes to an antisocial adult.

3.1 DEFINITION:

According to Diagnostic Statistical Manuel (DSM-IV-TR) oppositional defiant disorder is defined as a recurrent pattern of negativistic, defiant, disobedient and hostile behaviour towards authority figures.[6]

Oppositional defiant disorder is a repetitive and persistent pattern of opposition, defiant, disobedient and disruptive behaviours towards authoritative figures for at least 6 months.[9]

3.2 ETIOLOGY:

- Dysfunction of brain plays an important role in disruptive behavioural disorders. All mental process is derived from operations of brain. Genes and their protein products are important determinants pattern of interconnections between neurons in the brain. genes contribute to behaviour. So behaviour and social factors can exert action on the brain and its function by modifying the expression of genes.[6]
- Way of upbringing: lack of proper parental supervision, discipline, child abuse, or child neglet can also cause oppositional define disorder in children.[3]
- Emotional factors: certain pregnancy and child problems are also linked with oppositional defiant disorder. Mal nutrition, protein deficiency, lead poisoning, alcohol or nicotine by mother during pregnancy are also linked with oppositional defiant disorder.[3]
- Neuro biological factors also played a role in the initiation of the disruptive behavioural disorders. and also play a role in maintenance of this disorder [6]

3.3 EPIDEMOLOGY:

- Oppositional defiant disorder is one of the common childhood disorder. With an estimated prevalence of 2% to 10%. Data from world health organisation and world mental health survey indicates that prevalence of oppositional defiant disorder widely across country.

- It is more common in boys than girls.
- Symptoms are stable between the age of 5 and 10.
- According to British child and adolescent mental health survey (2000-2003) age group between 5-10 yrs out of this boys 4.8% and in girls 2.1%. the great smoky mountain study (Costello et al,2003- three month prevalence age group between 9 -16 yrs, boys 3.1% girls 2.1%. the Bergen child study(munkvold et al, 2009) age group between 7-9 years, boys 2.0% girls 0.9%. [5]

3.4 PATHOGENESIS:

Various researches assume that this condition is caused by a combination of brain dysfunction and bio chemical imbalance.

Specific areas of brain impairment include amygdale (emotional control centre) pre frontal lobes of neo cortex and right caudate and globuspallidus which form the main neural circuit by which the cortex inhibit behaviour.

Oppositional defiant disorder also linked with abnormal amount of several neurotransmitters, including serotonin, nor epinephrine, and dopamine. Neurotransmitters help nerve cells in the brain communicate with each other. If these chemicals are not working properly messages are not comes out properly thus leads to the symptoms of oppositional defiant disorder and emotional problems. [7]

3.5 CLINICAL FEATURES:

Sometimes it's difficult to recognize the difference between a strong-willed or emotional child and one with oppositional defiant disorder. It's normal to exhibit oppositional behaviour at certain stages of a child's development.

Signs of Oppositional defiant disorder generally begin during preschool years. Sometimes Oppositional defiant disorder may develop later, but almost always before the early teen years. These behaviors cause significant impairment with family, social activities, school and work. [13]

DSM –IV OPPOSITIONAL DEFIANT DISORDER SYMPTOMS: [5]

- Angry and resentful.
- Argues with adults.
- Easily annoyed with others.
- Loses temper.
- Deliberately annoys and irritates others.
- Blames others for his/her mistakes.
- Often spiteful and vindictive.

3.5 DIAGNOSIS:

DSM- IV criteria for oppositional defiant disorder require 4 or more symptoms to be present for at least 6 months. Key features of oppositional defiant disorder by ICD 10 includes persistent pattern of provocative, hostile and non complaint behaviour. [5]

DSM-5 DIAGNOSTIC CRITERIA FOR OPPOSITIONAL DEFIANT DISSORDER:

A pattern of angry/irritable mood, arguementative/defiant behaviour, or vindictiveness lasting at least 6 months by at least 4 symptoms from any of the following:

a. Angry/irritable mood

- Often losses temper.
- Often touchy or easily annoyed.
- Often angry and resentful.

b. Argumentative /defient behaviour

- Often argues with authoritative figures, for children, adolescence, with adult.
- Often deliberately annoyed by others.
- Blames others for his or her mistakes.
- Vindictiveness.

3.6 RISK FACTORS

Oppositional defiant disorder is complex problem possible risk factors for Oppositional defiant disorder includes:

- **Temperament** — a child who has a temperament that includes difficulty regulating emotions, such as being highly emotionally reactive to situations or having trouble tolerating frustration
- **Parenting issues** — a child who experiences abuse or neglect, harsh or inconsistent discipline, or a lack of parental supervision
- **Other family issues** — a child who lives with parent or family discord or has a parent with a mental health or substance use disorder

- **Environment** — oppositional and defiant behaviors can be strengthened and reinforced through attention from peers and inconsistent discipline from other authority figures, such as teachers

3.7 COMORBIDITY:

3.7.1 ATTENTION DEFICIT HYPER ACTIVE DISORDER

Attention Deficit Hyperactive Disorder (ADHD) is one of the comorbidities of oppositional defiant disorders. Attention deficit hyperactive disorders affects childrens and theenage groups.

The children may be hyperactive and unable control there impulses.it is more common in boys than girls[15]

Symptoms [15]

Inattention, makes careless mistakes.

- Forgets about daily activities.
- Often loses things.
- Easily distracted.

TYPES: [15]

Attention deficit hyperactivity disorder is divided in to three different types:

- Inattentive type
- Hyperactive –impulsive types
- Combination type.

3.7.2. LEARNING DISABILITY:

Learning disability is a neurological disorder. It results from a difference in the way a person's brain is "wired" [16]

Types of learning disorders include:

- reading (dyslexia)
- mathematics (dyscalculia)
- writing (dysgraphia)

The unknown factor is the disorder that affects the brain's ability to receive and process information. [17]

Causes:

Some causes of neurological impairments include:

- Heredity and genetics:

Learning disabilities are linked through genetics.

- Problems during pregnancy and birth:

Result from anomalies in the developing brain, illness or injury. Risk factors are low birth weight. these children's are more likely to develop a dis ability in maths or reading.

- Accidents after birth:

Learning disabilities can also be caused by head injuries, malnutrition, or toxic exposure.[17]

3.7.3 ANXIETY DISORDERS:

The word anxiety is derived from Latin" Anxietas" and comprises behavioural, effective and cognitive response to the perception of danger. Anxiety stimulates an anticipatory and adaptive responses to challenging or stressful events.

Classification:

In DSM IV includes the following major categories of anxiety disorders:

- Panic disorder (with or without agoraphobia)
- Social phobia (social anxiety disorder)
- Specific phobia (fear of strangers)
- Generalized anxiety disorder
- Post traumatic stress disorder
- Obsessive compulsive disorder.

3.7.4 STUDIES RELATED TO OPPOSITIONAL DEFIANT DISORDER IN CHILDREN

1. **Prevalence of oppositional defiant disorder in primary school children**
    - Duncan et al in 1990 reported that8.3% of 52 children with oppositional behaviours. School mental health survey provide an good opportunity for estimating prevalence of child hood psychiatric disorders.
    - Further interviewing children with parents, according to DSM-1V-TR 25.45% having psychiatric morbidities, of the total students in the study population, those who are found positive through parent rating scale

total males were 137 and females 93 the prevalence of oppositional defiant disorder was found to be 7.73%. [14]

- Lacuna of studies on oppositional defiant disorder the prevalence of oppositional defiant disorder among primary school children was found to be 7.73% and found to be equal among male and female.

2. A study published in journal of child psychology and psychiatry shows the prevalence of oppositional defiant disorder is estimated to be 10.2%
3. DSM IV disorder these result supports the study of oppositional defiant disorder prospective and experimental study are needed [11].
4. Another study published in journal of abnormal psychology vol 119,Nov 2010 states that a great smoky mountain study a longitudinal data with over 8,000 observation of 1,420 individuals 56% males covering age 9 -18 yrs. [12]
5. Another study published in journal of J Fam med2019 ,A comparative study on effectiveness of individual and group play therapy on symptoms of oppositional defiant disorder result shows marked decrease in oppositional defiant disorder symptoms in experimental group based on parent rating scale.

   This research shows the efficacy of individual and group play therapy for oppositional defiant disorder the effects at 2 month follow-up.
6. Another study published in the journal child and adolescent mental health 2015 states that the prevalence of oppositional defiant disorder dimention and subtypes in a highly disturbed adolescence offender sample, in DSM 5, findings confirm the effectiveness of oppositional defiant disorder.

7. Another study published in journal child psycho psychiatry 2014,this study shows four classes of oppositional defiant problems in two latent class analysis irritable, defiant symptoms class had increased frequency of childhood diagnosis of oppositional defiant disorder.
8. Another study published in journal Hamilton SS,Am Fam physician2008 the research supports the effectiveness of parent training and collaborative problem solving its aims to develop child's skill in tolerating frustration.

3.8 HOMOEOPATHIC PRESPECTIVE:

According to Hahnemann, the aphorism 225 of organon of medicine states that, A few emotional diseases which have not mearly been developed in to corporeal disease, but which an inverse manner, the body slightly indisposed originate and are kept up by emotional cause, such as anxiety, worry, this kind of emotional diseases destroy corporeal health. [11]

3.9 RUBRICS RELATED TO VARIOUS REPERTORIES:

REPERTORY OF HOMOEOPATHIC MATERIAMEDICA by DR JT KENT

DR JT KENT had coined mind rubrics f rom these can be considered in case of oppositional defiant disorder.[19]

MIND-ANGER violent

MIND- CONTRADICT disposition to

MIND- MALICIOUS

MIND-QUARRELSOME

SYNTHESIS- REPERTORIUM HOMOEOPATHICUM SYNTHETICUM [20]

MIND-ANGER-violent

MIND- ANGER, throwing things around

MIND-CONTRADICTION-disposition to

MIND- MALICIOUS

MIND-QUARRELSOME

MIND- REPROCHING OTHERS

3.10 BEHAVIOURAL PROBLEMS AND MATERIA MEDICA

Modern medicine has no treatment in case of behavioural problems. But homoeopathy has specific remedies which acts in dynamic plane. The few important drugs for behavioural problems they are:

Calcarea carbonicum:

- Obstinacy, slight mental effort produce hot head.[22]

Lycopodium :

- Extremely sensitive,little things annoy, head strong.[22]

Silicea:

- Obstinate, head strong in children.[22]

Sulphur:

- Child peevish in growing people, irritable.[22]

Tuberculinum:

- Irritable, obstinate in children. [22]

Tarentula:

- Extreme restlessness, destructive impulses, easily angered. .[22]

Staphysagria:

- Marked irritability, peevish.[22]

Arsenicum album:

- Irritable,peevish, restless, full of anguish.[21]

Aurum metalicum:

- Anger , contradiction[21]

4.0 MATERIALS AND METHODS

4.1 STUDY SETTING

A sample of 30 cases presenting with oppositional defiant disorder obtaining from school health program conducted by Sarada Krishna Homoeopathic Medical College.and also from the OPD, IPD and rural centers of Sarada Krishna Homoeopathic Medical college.

4.2 SELECTION OF SAMPLES

- Sample Size - 30 cases
- Sampling Technique – Simple Random Sampling.

4.3 INCLUSION CRITERIA:

- Patients of age group between 3-17 years of age which are diagnosed as oppositional defiant disorder.
- Children of both sexes.

4.4 EXCLUSION CRITERIA

- Patients below 3yrs and above 17 years of age.
- Patients with chromosomal disorder.
- Patients of unwilling parents.

4.5 STUDY DESIGN

- Screening will be done in school based on Vanderbilt parent rating scale.

- The study will be carried out in Sarada Krishna Homoeopathic Medical College Hospital and rural centers of Sarada Krishna Homoeopathic Medical College.
- Data will be collected according to pre-structured SKHMC case format.
- Pre and post treatment analysis is done using Vanderbilt parent rating scale.
- Medicines will be prescribed according to the individualization of the case.
- The patients will be monitored before and after administration of medicine.
- It is a 6 month to one year study, therefore the data will be assessed at regular intervals.

Results will be subjected to statistical analysis and hypothesis will be tested using paired t- test.

4.6 INTERVENTION:

- Case taking, medicine selection and administration according to homoeopathic principles.
- Intervention will be constitutional management after totality of case and repertorisation.
- Potency will be selected according to susceptibility of the patient.
- Follow up should be done.

4.7 SELECTION OF TOOLS:

- Samples are selected by using Vanderbilt parent rating scale .
- Pre structured SKHMC case format.

4.8 BRIEF OFPROCEDURES:

- 30 cases are obtained for the study from patients, parents, and bystanders by physicians observation.
- Potency selection and repetition were prescribed according to principles of homoeopathy according to organon of medicine.
- Screening and improvement pattern are diagnosed through observation , symptomatology of the patient.
- Improvement was monitored after 6 months of the administration of the medicine by recording the variations of Vanderbilt parent rating scale.
- Pre and post treatment analysis was done according to Vanderbilt parent rating scale.
- Observations were noted in tables and graphical presentations.
- Statistical analysis was done and results were noted.

4.9 OUT COME ASSESSMENT:

- Oppositional defiant disorder improvement criteria
- Homoeopathic prescription based on improvement done by demographic test
- Over all performance of the patients is also assessed.

DATA COLLECTION:

- Selection of 30 cases which are collected from the OPD,IPD,RHC of SKHMC.
- Case taking based on according to organon of medicine.

STATISTICAL TECHNIQUESAND DATA ANALYSIS:

- Pre and post test assessment.
- Paired t- test
- Data presentation including ,charts ,diagrams and tables.

ETHICAL ISSUES (IF ANY):

Ethical clearance has been obtained from sarada Krishna homoeopathic ethical clearance committee

5.0 OBSERVATIONS AND RESULTS

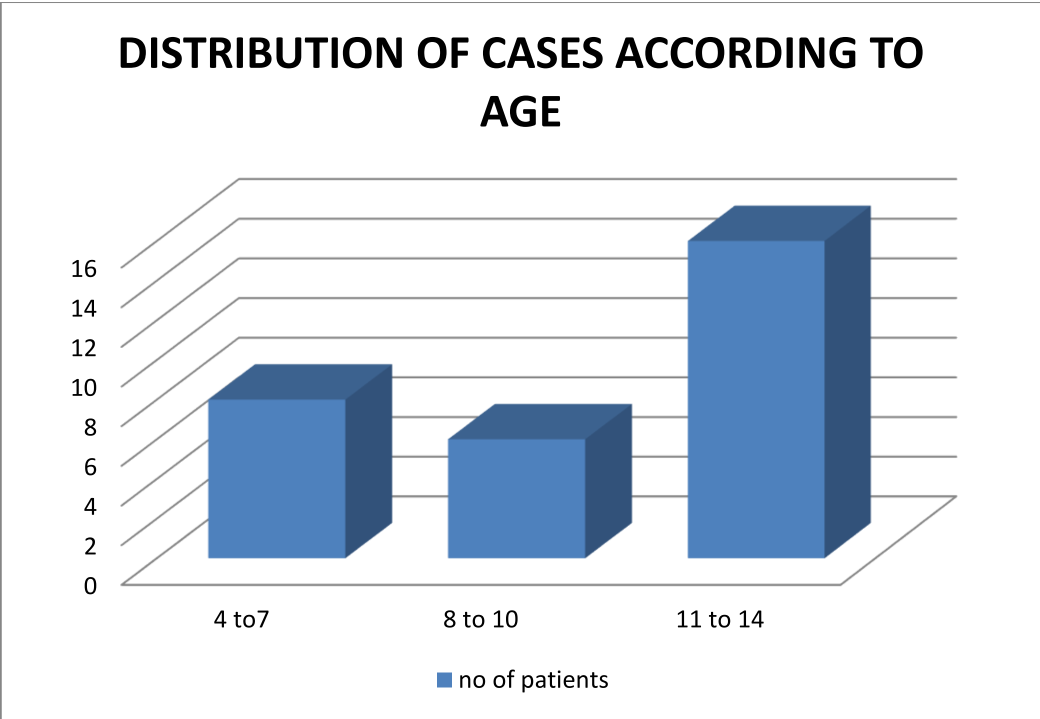
A sample of thirty cases obtained by screening the students from the patients who attend the OPD and IPD of Sarada Krishna homoeopathic medical college and hospital was taken for this study. The children with the positive result in Vanderbilt parent rating scale for screening of oppositional defiant disorder. And start constitutional medicine. Again screen for 6 months. All the thirty cases were follow up for a period of 6 months and were subject to statistical study. The results are presented on the basis of data obtained from study group. The following tables and charts reveal the observations and results of this study.

5.1 DISTRIBUTION OF CASES ACCORDING TO AGE

Out of 30 cases 8patients of 26.6% between the age of 4-7 years,6patients of 20% between the age of 8-10years, 16 patients of 53.3% between the age of 11-14 years.

Table No 1.0 – classifying cases according to the age

AGE	NUMBER OF PATIENTS	PERCENTAGE
4-7	8	26.6%
8-10	6	20%
11-14	16	53.3%



5.2 DISTRIBUTION OF CASES ACCORDING TO SEX

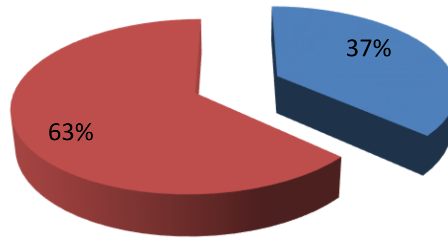
Among 30 cases 11 were (36.6%) are female19(63.3%) were male.

Table No- 1.1 Classify cases according to sex

GENDER	FEMALE	MALE	TOTAL
NUMBER OF PATIENTS	11	19	30
PERCENTAGE	37%	63%	

DISTRIBUTION OF CASES ACCORDING TO SEX

female male



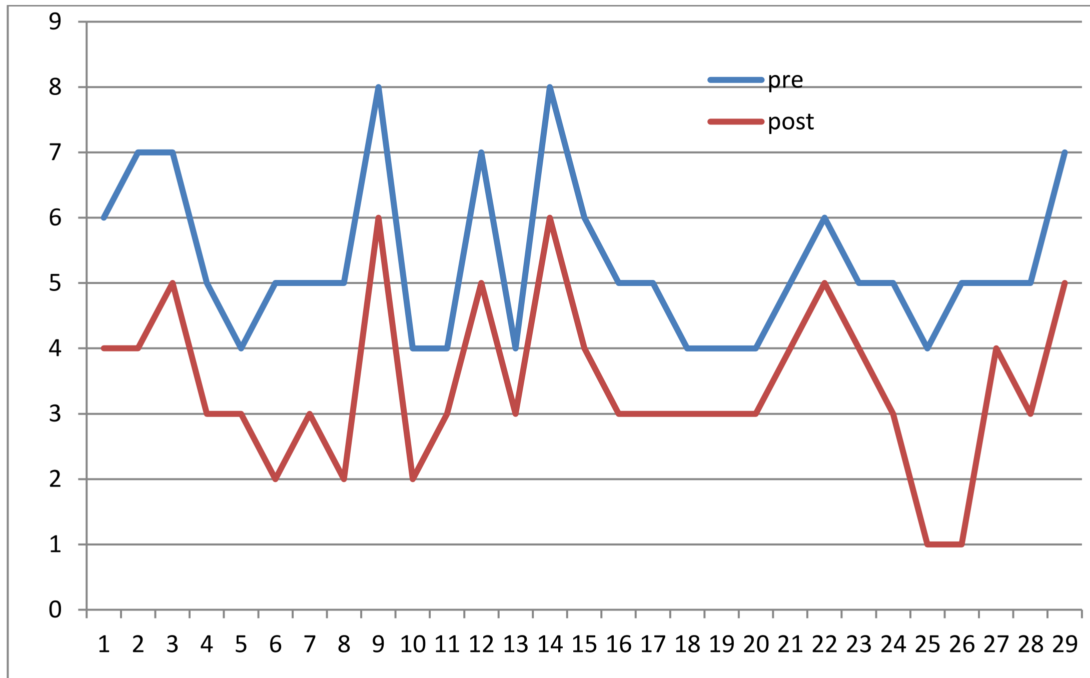
5.3 DISTRIBUTION OF CASES ACCORDING TO PRE AND POST ASSESSMENT OF VANDERBILT PARENT RATING SCALE

Table no -1.2 According to pre and post assessment of Vanderbilt parent rating scale

SL NO	PRE	POST
1.	6	4
2	7	4
3	7	5
4	5	3
5	4	3
6	5	2
7	5	3

8	5	2
9	8	6
10	4	2
11	4	3
12	7	5
13	4	3
14	8	6
15	6	4
16	5	3
17	5	3
18	4	3
19	4	3
20	4	3
21	5	4
22	6	5
23	5	4
24	5	3
25	5	3
26	4	1
27	5	1
28	5	4
29	5	3
30	7	5

DISTRIBUTION OF CASES ACCORDING TO PRE AND POST ASSESSMENT OF VANDERBILT PARENT RATING SCALE



5.4 DISTRIBUTION OF CASES ACCORDING TO COMORBID FACTORS

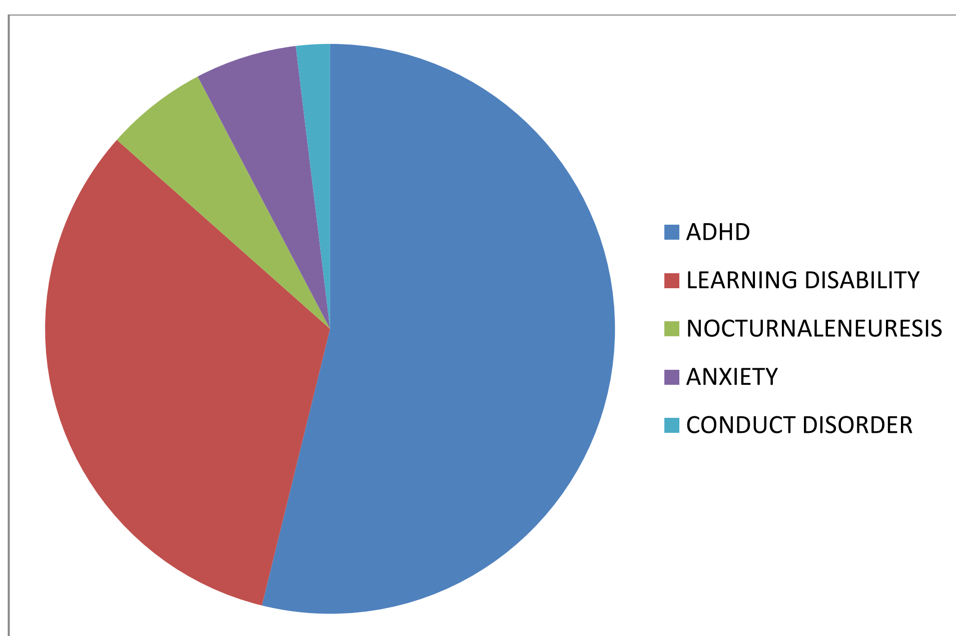
Out of 30 cases Attention deficit hyper active disorder was present in 26 percentage learning disability 18 percentage nocturnal eneuresis 4 percentage,anxiety disorder 2percentage.

Comorbidity	Number Of Patients	Percentage
ADHD	28	93%
LEARNING DISABILITY	17	56.6%

NOCTURNALENEURESIS	3	10%
ANXIETY	3	10%
CONDUCT DISORDER	1	3%

DISTRIBUTION OF CASES ACCORDING TO

CO-MORBID FACTORS



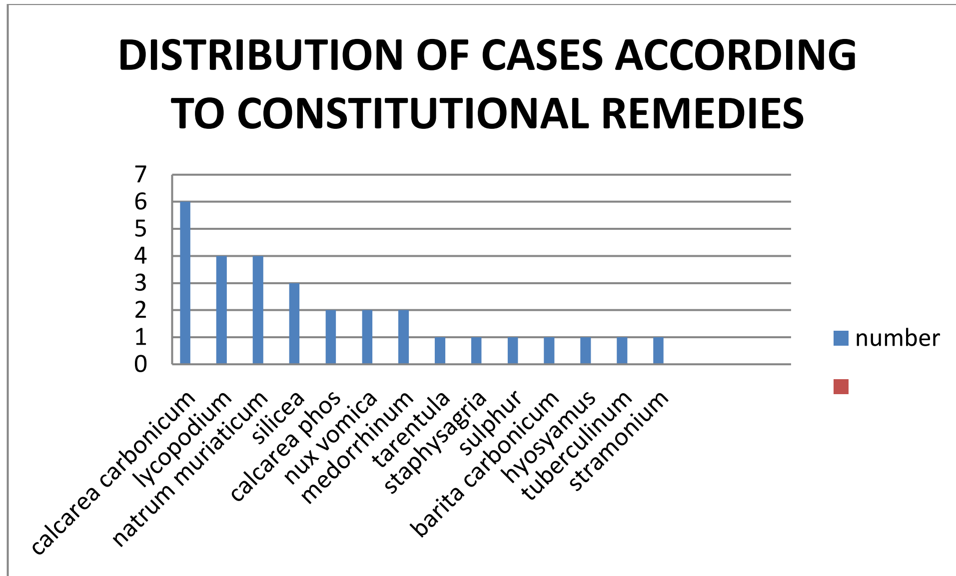
5.5 DISTRIBUTION OF CASES ACCORDING TO CONSTITUTIONAL REMEDIES

Out of 30 cases calcarea carbonicum in 6 patients and 20 percentage, lycopodium in 4 patients and 13percentage, natrum muriaticum in 4 patients and 13 percentage, silicea in 3 patients and10 percentage, calcarea phos in 2 patients and 6.6 percentage, nux vomica in 2 patients and 6.6 percentage, medorrhinum in 2 patients and 6.6 percentage, tarantula in 1 patient and 3 percentage, staphysagria in

1 patient and 3 percentage, sulphur in 1 patient and 3 percentage, barita carbonicam in 1 patient and 3 percentage, hyosyamus in 1 patient and 3 percentage, tuberculinum in 1 patient and 3 percentage. And stramonium in 1 patient and 3 percentage.

Table 1.3 Classify cases according to constitutional remedies

Constitutional remedies	Number of patients	percentage
Calcarea carbarbonicum	6	20
Lycopodium	4	13
Natrum muriaticum	4	13
Silicea	3	10
Calcarea phosphoricum	2	6.6
Nux vomica	2	6.6
Medorrhinum	2	6.6
Staphysagria	1	3
Sulphur	1	3
Baryta carbonicum	1	3
Hyosyamus	1	3
Tuberculinum	1	3
Tarantula	1	3
Stramonium	1	3

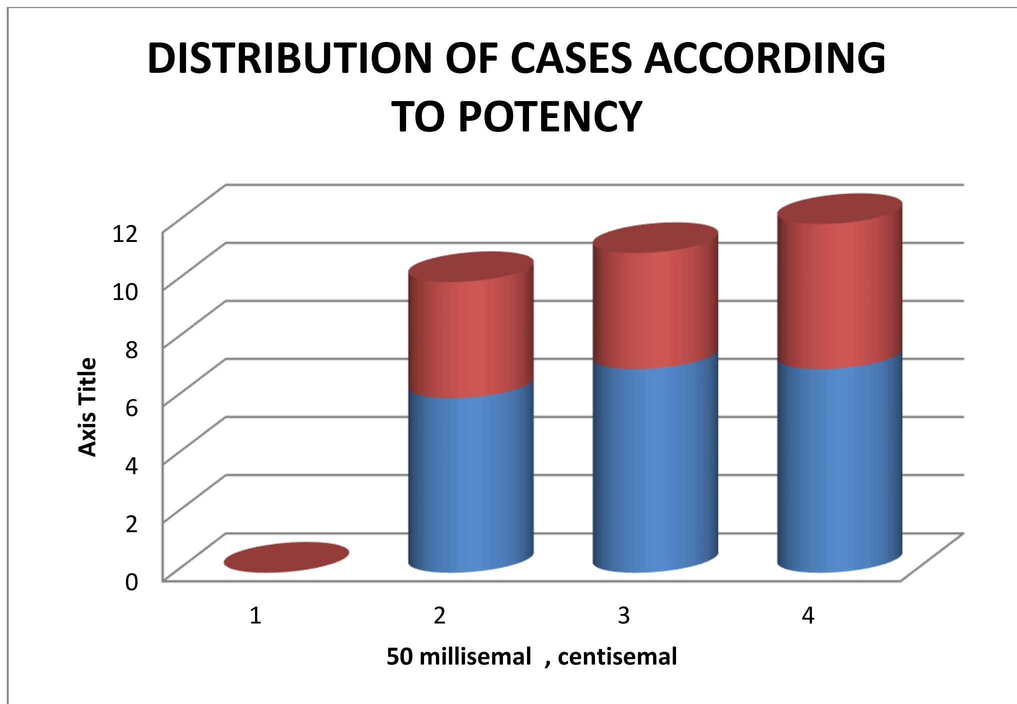


5.6 DISTRIBUTION OF CASES ACCORDING TO POTENCY

Out of 30 cases 6 casesof 20 % cases are50 millisimal scale11 cases are millisimal scale of 36.6% and 13 cases are centesimal scale of 43.3%

Table no 1.4 classify cases according to potency selected

Potency	50Millesimal	Centecimal
Number of patients	6	24
Percentage	20	80

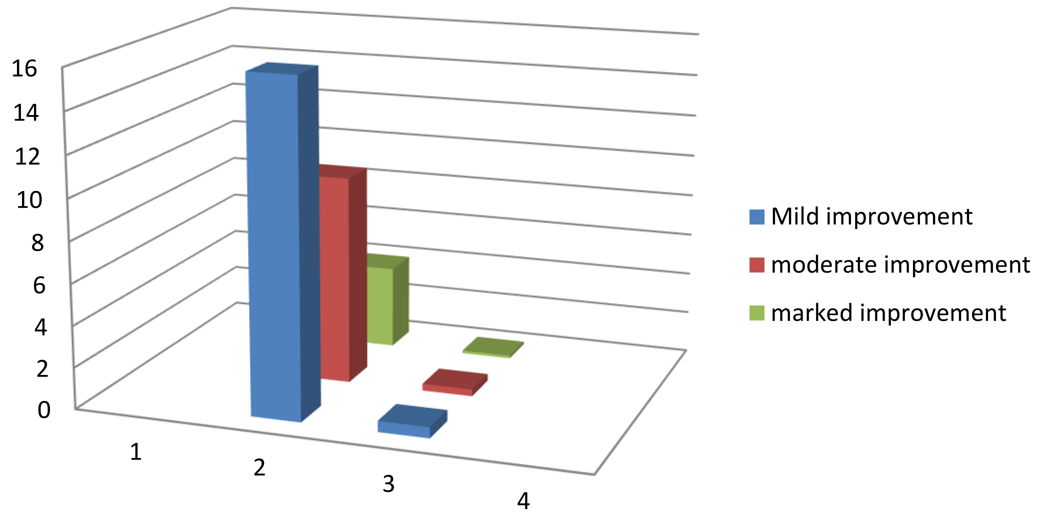


5.7 DISTRIBUTION OF CASES ACCORDING TO IMPROVEMENT OF THE STUDY

Out of 30 cases, 16 cases with mild improvement of 53%, 10 cases with moderate improvement with33% and 4 cases with marked improvement of 13% percentage.

Table no -1.5 Improvement status

MILD	MODERATE	MARKED
16	10	4
53%	33%	13%


DISTRIBUTION OF CASES ACCORDING TO IMPROVEMENT OF THE STUDY
16
14
12
10
8
6
4
2
0
1
2
3
4
Mild improvement
moderate improvement
marked improvement

5.1. STATISTICAL ANALYSIS

SL. No.	X	Y	d = x-y	$d - \bar{d}$	$(d - \bar{d})^2$
1	6	4	2	0.14	0.01
2	7	4	3	1.14	1.29
3	7	5	2	0.14	0.01
4	5	3	2	0.14	0.01
5	4	3	1	-0.86	0.73
6	5	2	3	1.14	1.29
7	5	3	2	0.14	0.01
8	5	2	3	1.14	1.29
9	8	6	2	0.14	0.01
10	4	2	2	0.14	0.01
11	4	3	1	-0.86	0.73
12	7	5	2	0.14	0.01
13	4	3	1	-0.86	0.73
14	8	6	2	0.14	0.01
15	6	4	2	0.14	0.01
16	5	3	2	0.14	0.01
17	5	3	2	0.14	0.01
18	4	3	1	-0.86	0.73
19	4	3	1	-0.86	0.73
20	4	3	1	-0.86	0.73
21	5	4	1	-0.86	0.73
22	6	5	1	-0.86	0.73
23	5	4	1	-0.86	0.73
24	5	3	2	0.14	0.01
25	5	3	2	0.14	0.01
26	4	1	3	1.14	1.29
27	5	1	4	2.14	4.57
28	5	4	1	-0.86	0.73
29	5	3	2	0.14	0.01
30	7	5	2	0.14	0.01

X = Score before treatment

Y= Score after treatment

D = Mean difference

A. Question to be answered:

Is there any difference between the scores taken before and after the Homoeopathic treatment?

B. **Null Hypothesis:**

There is no difference between the scores taken before and after the Homoeopathic treatment.

$\sum d = 56$

$\bar{d} = 56/30 = 1.86$

$\sum d-\bar{d} = 17.4$

$\sum (d-\bar{d})^2 = 17.18$

C. Standard error of the mean differences:

The mean of the differences, $\bar{d} = \Sigma d/n = 251/30 = 8.36$

The estimate of population standard deviation is given by,

$$SD = \sqrt{\Sigma(d1 - \bar{d}1)^2/n - 1}$$

$$= \sqrt{17.18/29} =$$

$$= \sqrt{0.5924} = 0.76$$

The estimate of standard error of mean, Standard error (S.E)

$$= S.D/\sqrt{n} = 0.76/\sqrt{30} = 13.89$$

D. The test statistics is Paired t:

Critical ratio, $t = \frac{\bar{d}}{S.D/\sqrt{n}}$

= 1.86/ 0.138

= 13.69565217

t-Test: Paired Two Sample for Means

	Variable 1	*Variable 2*
Mean	5.3	3.433333
Variance	1.458621	1.564368
Observations	30	30
Pearson Correlation	0.801251	
Hypothesized Mean Difference	0	
df	29	
t Stat	13.17411	
P(T<=t) one-tail	4.54E-14	
t Critical one-tail	1.699127	
P(T<=t) two-tail	9.08E-14	
t Critical two-tail	2.04523	

E. Interpretation of results:

Comparison with the tabled value:

On comparing the score before and after treatment the means were 5.3 and 16.43333 and the variances were 1.458621 and 1.56436830 respectively. The data showed a positive correlation of 0. Since the calculated value is greater than the

tabled value at 5% and 1% the null hypothesis is rejected at 95% significance and hypothesis that Homoeopathy is effective in treating Oppositional defiant disorder in children.

Inference:

This study provides an evidence to show that there is significant improvement in oppositional defiant disorder in children with Homoeopathy.

6.0 DISCUSSION

The study was conducted in a systematic way to achieve the aims and objectives of the study. A sample case of 30 cases were selected after proper screening from OPD and rural centers of Sarada Krishna Homoeopathic Medical College and also from different school health programmes conducted in and around kanya kumari district. The childrens were screened for oppositional defiant disorder using Vanderbilt parent rating scale and selected as per inclusion and exclusion criteria. Data collected were recorded in the pre –structured format. Cases were processed according to Homoeopathic principles followed by case analysis, evaluation and totality were constructed. Prescriptions were done with the reference of repertory, Materia Medica, Organon of medicine. Potency selection and repetition were done according to the demand of each case. Improvement of each case was assessed using the Vanderbilt parent rating scale during the follow up after 6 months. Pre and post assessment was done. Observations were recorded. Observations were recorded, before treatment scores were compared with after treatment scores were compared with after treatment with after treatment and paired t test was done to study the effectiveness of homoeopathic medicines in managing oppositional defiant disorders in children. Based on the analysis from 30 cases of oppositional defiant disorder following observations are made with comparison of available literature.

AGE AND SEX

In my study out of 30 cases 8 patients of 26.6% between the age of 4-7 yrs, 6 patients of 20% between the age of 8-10 yrs, 16 patients of 53.3% between the age of 11-14 yrs.

There is no gender difference in my study. Among the 30 cases 11 of 36.6% cases are females and 19 cases of 63.3% cases are males.

VANDERBILT PARENT RATING SCALE:

Out of 30 patients 16 patients of 53% mild 10 patients of 33% moderate,4 patients of 13% marked depending up on pre and post assessment scale. The tool consist of 19- 26 are oppositional defiant disorders according to DSM -IV classification criteria.

COMORBIDITY:

Majority of cases have learning disability, attention deficit hyperactive disorders, nocturnal eneuresis, and anxiety.

REMEDY:

Out of 30 cases were given 6 patients were calcarea carbonica, 5 patients were lycopodium, 4 patients were nux vomica, 3patients were silicea terra, 2 patients were staphysagria, 2 patients were sulphur, 1patient were stramonium, 2 patients were natrum muriaticum, 2 patients were terentula, 2 patients were calcarea phosphoricum.

According to remedy analysis, individualized homoeopathic medicines are effective in managing oppositional defiant disorder in children. Among these medicines calcarea carbonica, lycopodium, sulphur are mostly used remedies.

IMPROVEMENT CRITERIA:

The improvement was assessed after duration of 6 months after homoeopathic treatment using individualized Homoeopathic medicines.

Out of 30 cases 4 patients of 13% are marked improvement, 10 patients of 33.3% are moderate improvement, 16 patients of 53.3% are mild improvement.

7.0 LIMITATIONS

- Number of samples used in this study is very small. Therefore, generalization of the result and inferences of the study need to be done cautiously.
- Selections of cases were difficult since many of the cases were irregular for reporting, some of them even dropped out and the patients after relieving from complaint mostly will not get follow up.
- There was no control group since the sample size was small.

7.1 RECOMMENDATIONS

- Bigger sample size with extended time of research would provide better results.
- It will be always scientific if control (placebo) group would have been kept simultaneously to verify the effectiveness of treatment.
- Limited number of researches are reported in oppositional defiant disorder. so more research needed in this field.

8.0 CONCLUSION

A sample of 30 cases selected after screening studentsfrom different for school health programs and patients who visited the OPD of Sarada Krishna homoeopathic medical college and hospital were selected as per the inclusion criteria. Conclusions were made after a statistical analysis of cases with oppositional defiant disorders. The following conclusions were drawn from the study as follows:

- Majority of patients belong to age groups 11 years to 14 years
- Majority of screened students were males19 males and 11 were females.
- Calcarea carb is the most suited constitutional remedies
- Homoeopathy shows effectiveness in managing oppositional defiant disorder.
- Limited number of researches are reported in oppositional defiant disorder. so more research needed in this field.

9.0 SUMMARY

A sample of 30 cases from the patients who visited Sarada Krishna Homoeopathic Medical College and Hospital OPD and IPD were selected randomly as per the inclusion and exclusion criteria. The screening was done .consitutional prescribtion was given to student with positive oppositional defiant disorder. The cases were followed for a period of 6 months. The study was subjected to statistical analysis and results were made from the observations. On the basis of comparison of before treatment and after treatment scores in improvement criteria, it shows that homoeopathy is effective in managing oppositional defiant disorder.

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Appendix - V

"Case records are our valuable asset"

SARADA KRISHNA

HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

KULASEKHARAM, KANYAKUMARI DIST, TAMIL NADU- 629161

CHRONIC CASE RECORD

O.P. No: UNIT : Date:

Name:

Age: Sex: Religion: Nationality:

Name of father/Spouse/Guardian/Son/Daughter:

Marital status:

Occupation:

Family size:

Diet:

Address:

Phone No (Mobile):

FINAL DIAGNOSIS:

Homoeopathic	
Disease	

RESULT:	Cured	Relieved	Referred	Otherwise	Expired

2. **INITIAL PRESENTATION OF ILLNESS**

PATIENT’S NARRATION (in the very expressions used by him/her)	PHYSICIAN’S INTEROGATION (details Regarding symptoms narrated	PHYSICIAN,S OBSERVATION
.		

3. PRESENTING COMPLAINTS

LOCATION	SENSATION	MODALITY	CONCOMITANTS

4. HISTORY OF PRESENTING ILLNESS:

5. HISTORY OF PREVIOUS ILLNESS

6. HISTORY OF FAMILY ILLNESS

7. PERSONAL HISTORY

A. LIFE SITUATION

Place of birth:

Socio- economic status:

Nutritional status:

Dwelling:

Religion:

Educational status :

Marital status:

Family status:

Father:; Mother: Siblings: Male: Children:

B. HABITS & HOBBIES

Food:

Addictions:

Sleep:

Artistic:

C. DOMESTIC RELATIONS

With family members:

With other relatives:

With neighbours/friends/colleagues:

8. LIFE SPACE INVESTIGATION

9. MENSTRUAL HISTORY:

10. OBSTETICAL HISTORY:

11. GENERAL SYMPTOMS:

A. PHYSICALS

I. FUNCTIONAL

1. Appetite :

2. Thirst :

3.Sleep :

II. ELIMINATIONS

1. Stool :
2. Urine :
3. Sweat :

III . REACTIONS TO

1.Time :

2.Thermal :

3.Season :

4.Covering :

5.Bathing :

6.Desire :

IV . CONSTITUTIONAL

B. MENTAL GENERAL

12. PHYSICAL EXAMINATION

A) GENERAL

- Conscious :
- General appearance:
- General built and nutrition:
- Anaemia:
- Jaundice:
- Clubbing:
- Cyanosis:
- Oedema :
- Lymphadenopathy:
- Pulse rate: Resp rate: B.P:
- Temp:

B.SYSTEMIC EXAMINATION

1.Respiratory system:

2.Cardiovascular system:

3.Gastro Intestinal system:

4.Urogenital system:

5. Skin and glands :

6. Musculoskeletal system

7.Central Nervous system:

8 . Endocrine:

9.Eye and ENT:

10.Others:

C.REGIONALS

13. LABORATORY FINDINGS

14. DIAGNOSIS

- Provisional Diagnosis :
- Differential Diagnosis:

- Final Diagnosis (Disease):

15 .DATA PROCESSING

A . ANALYSIS OF CASE

COMMON	UNCOMMON

B. EVALUATION OF SYMPTOMS/TOTALITY OF SYMPTOMS

C.MIASMATIC ANALYSIS:

PSORA	SYCOSIS	SYPHILIS

D. TOTALITY OF SYMPTOMS

E. HOMOEOPATHIC DIAGNOSIS

16 .SELECTION OF MEDICINE

A. Non Repertorial Approach

B. Repertorial Approach

17. SELECTION OF POTENCY AND DOSE

A. Potency

B. Dose

18. PRESCRIPTION

19.GENERAL MANAGEMENT INCLUDING AUXILLARY MEASURES

A. **General/Surgical/Accessory:**

B. **Restrictions (Diet, Regimen etc.):**

Disease	Medicinal

20. PROGRESS & FOLLOW UP

Date	**Symptoms Changes**	**Inference**	**Prescription**

APPENDIX –II

VANDERBILT PARENT RATING SCALE:

Childs Name : Todays date:

Date of Birth: Age:

Grade:

Each rating should be considered in the context of what is appropriate for the age of your child.

Frequency code: 0= Never 1= occasionally 2= often 3=very often

BEHAVIOUR	NEVER	OCCASIONALLY	OFTEN	VERYOFTEN
Does not pay attention to details or makes careless mistakes				
Has difficulty sustaining attention to tasks or activities				
Does not seem to listen when spoken to directly				
Does not follow through on instruction				
And face to finish school work(not due to oppositional behaviour or failure to understand)				
Has difficulty organising tasks or activity				

Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort				
Loses things necessary for tasks andactivity(school assignments,pencil,or books.				
Is easily distructed by extraneous stimuli				
Is forgetful in daily activities				
Fidgets with hands or feet or squirms in seat				
Leaves seat when remaining seated is expected.				
Runs about or climbs excessively in situations when remaining seated is expected.				
Has difficulty playing or engaging in leisure/play activities quietly				
Is "on the go"or often acts as if "drive by a motor"				
Talks too much				
Blurts out answers before questions have been completed				
Has difficuly waiting				

his/her turn				
Interrupts or intrudes on others				
Argues with adults				
Loses temper				
Activity defies or refuse to complywith adults requests or rules				
Deliberately annoys people				
Blames others for his or her mistakesor misbehaviours				
Is touchy or easily annoyed by others				
Is angry or resentful				
Is spiteful and vindictive				
Bullies threatens,or intimidates others				
Initiates physical fights				
Lies to obtain goods for favours r to avoid obligations				
Is truant from school with out permission				
Is physically crual to people				
Has stolen items of non trivial value				
Deliberately destroy others				
Has used a weapon that can cause serious				

harm(bat,knife,brick,gun)				

SCORING

OPPOSITIONAL DEFIANT DISORDER:

Screened by 4 of 8 behaviours (scores of 2 or 3 are positive) 19 through 26

FORM - 4 : CONSENT FORM (A)

INFORMATION FOR PARTICIPANTS OF THE STUDY

1. The title of my study is "A study on Homoeopathic management of oppositional defiant disorder in children"
2. Name of the investigator/guide:

   Dr.P.R Sisir,
   Professor &Hod,
   Department of paediatrics,
   Saradakrishna Homoeopathic Medical College,
   Kulasekharam.

3. The purpose of my study : To study the effectiveness of Homoeopathic Medicines in managing oppositional defiant disorder in children.

4. The procedures include Patient presenting with Oppositional Defiant Disorder symptoms in any of the OPD and Peripheral Health Centers of Sarada Krishna Homoeopathic Medical College & Hospital will be subjected to detailed case taking after obtaining consent from their parents. Detailed case taking and recording of cases in standardized pre structured case record format. Clinical examination with investigations where-ever necessary. Erecting a totality of the case. Prescription will be based on the totality, with the aid of a suitable repertory (as per the case) after referring standard textbooks of MateriaMedica. Potency selection and repetition will be done according to the principles laid down in the Organon of Medicine 5th and 6th edition. Tabular representation of the observations. Pre-test and post-test assessment followed by statistical assessment will be done on monthly basis until symptom relief or for a period of 6months to one year.

5. **Expected duration of the subject participation**: 6- 1 year with follow up

6. **The benefits to the subjects or others, reasonably expected from research are** (1)The participants are investigated to find out whether he/ she is having Oppositional Defiant Disorder, (2)If a participant is identified to have Oppositional Defiant Disorder or is a known patient with Oppositional Defiant Disorder in both cases he/ she will be given an awareness about the risk factors of Oppositional Defiant Disorder, (3)Thus study is a benefit not only to the participant but also to the society as a whole.

7. **The records are maintained highly confidential**. Only the investigator has the access to the subject's medical records. Participants' identity will never be disclosed at any time, during or after the study period or during publication of the research. Securely store data documents in locked locations and encrypted identifiable computerized data. All information revealed by the patient will be kept as strictly confidential. Free treatment for research related injury is guaranteed. Compensation of the participants not only for disability or death resulting from such injury but also for unforeseeable risk is provided, in case situation arises.

Contact for trial related queries, rights of the subject and in the event of any injury:

8. Address and telephone number of the investigator and co-investigator/ guide:

Investigator**:** Dr.Revathi T.R, (P.G. Scholar)
Department of Paediatrics,
Sarada Krishna homoeopathic medical college and hospital,
Kulasekharam, Mobile no: 9489285632

Guide: Dr.P.R.Sisir

Professor & Head of paediatrics,
Sarada Krishna Homoeopathic Medical College,
Kulasekharam, mobile no:9443474941

There will not be any anticipated prorated payment to the subject for participating in the trial. The responsibilities to the participant in the trial are; they must disclose all about their complaints, participants must strictly stick on to the scheduled diet and regimen.

The participation is voluntary, that the subject can withdraw from the study at any time and that refusal to participate will not involve any penalty or loss of benefits to which the subject is otherwise entitled.

9. Signature of investigator:

CONSENT FORM (B)

Participant consent form

Informed Consent form to participate in a clinical trial

Study Title: "A Study on Homoeopathic Management of Oppositional defiant disorder ."
Study Number:
Subject's Initials: **Subject's Name:**
Date of birth/Age:

Please initial

Box (Subject)

i. I confirm that I have read and understood the information sheet dated [ ]
__________ for the above study and have had the opportunity to ask question.

ii. I understood that my participation in the study is voluntary and that I am [ ]
free to withdraw at any time' without giving any reason. Without my medical care or
legal rights being affected.

iii. I understand that the sponsor of the clinical trial,others working on the sponsor's [ ]
behalf the Ethics Committee and the regulatory authorities will not need my permission
to look at my health records both in respect of the current study and any further research
that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published.

iv. I agree not to restrict the use of any data or result that arise from this study [ ]
Provided such a use only for scientific purpose(s)

v. I agree to take part in the above study.

Signature (or Thumb impression of the subject/legally acceptable
Representative:___________________
Date _______/________/___________
Signatory's Name: ________________
Signature of the Investigator: ______________
Study Investigator's Name: DrRevathi T.R
Signature of the Witness______________ Date: _______/_________/_______
Signature of the Witness _______________Date _______/__________/______

Appendix – v

"case records are our valuable asset"

SARADA KRISHNA

HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

KULASEKHARAM, KANYAKUMARI DIST, TAMILNADU – 629161

CHRONIC CASE RECORD

OP.NO : 7153/17 UNIT: LEARNING DISABILITY

DATE: 9-9-17

Name: J. ASHMIKA

Age: 9yrs Sex: F Religion: HINDU Nationality: INDIAN

Name of father/spouse/guardian/son/daughter: Mr. R. JAYASINGH

Marital status:- -

Occupation: STUDENT

Family size: NUCLEAR

Diet: NON-VEG

Address: MATHOOR, ARUVIKKARAI

Phone no (mobile): 9855101858

FINAL DIAGNOSIS:

HOMOEOPATHIC	CHRONIC MIASMATIC DISEASE - PSORA
DISEASE	OPPOSITIONAL DEFIANT DISORDER

RESULT	Cured	Relieved	Referred	Otherwise	Expired

2. **INITIAL PRESENTATION OF ILLNESS**

PATIENT'S NARRATION (in the very expression used by him/her)	Physician's interrogation (details regarding symptoms narrated)	Physician's observation
The patient said that she is having weakness of memory, poor concenteration, she gets easily angered, argue with adult, and restless	What is your complaint?	Dark complexion restless

3. PRESENTING COMPLAINTS

LOCATION	SENSATION	MODALITY	CONCOMITANTS
(A) **Chief complaints** MIND	Easily angered Obstinacy Restless Argue with adult Weakness of memory forgetful Poor concentration Difficulty in understanding		

4. HISTORY OF PRESENTING ILLNESS:

The patient has the complaints of weakness of memory, poor in understanding, and also obstinate, easily get angered, argue with adults and also restless. She did not took any other treatment.

5. HISTORY OF PREVIOUS ILLNESS:

Nothing relevant

6. HISTORY OF FAMILY ILLNESS :

Grand mother – asthma

7. PERSONAL HISTORY:

A. LIFE SITUATION

Place of birth: Mathoor

Socio-economic status: Good

Nutritional status: good

Dwelling: Mathoor

Religion: Hindu

Educational status: 4th STD

Marital status: -

Family status: nuclear

Father:alive Mother: alive Sibilings:1 Male: - female: 1 Children: -

B. HABITS AND HOBBIES:

Food: Non Veg

Addiction: -

Sleep: good

Artistic: interest in drawing

C. DOMESTIC RELATIONS:

With family members: good

With other relatives: good

With neibours/ friends: good

8. LIFE SPACE INVESTIGATIONS:

9. GYNAECOLOGICAL HISTORY:NIL

10. OBSTETRICAL HISTORY: NIL

11. GENERAL SYMPTOMS

A. Physicals

FUNCTIONAL (i)	ELIMINATIONS (ii)
Appetite: Normal	Stool: Regular
Thirst: Normal	Urine: Normal
Sleep: Good	Sweat: increased on hands while writing
Dreams : not specific	Breath:
	Discharge:

(iii) Reactions to:

	Aversion	Desire	Intolerence	Aggravation	Amelioration
Season		rainy			
Fanning		✓			
covering		✓			
Food &drinks		Cold food & drinks, spicy food,sweets++			

Thermal : hot

B. MENTAL GENERALS:

- Obstinate
- Easily angered.
- Restless
- Interested in drawing
- Memory weak

12. PHYSICAL EXAMINATION:

- Dark complexion
- Ht : 130cm wt: 28 kg
- Anaemia : No pallor Clubbing: Nil
- Jaundice : Not icteric Lymphadenopathy:Nil
- Cyanosis: Nil Oedema: Nil

  PR: 78/min

  Temp: A febrile

  RR: 18/min

SCREENING TEST ADMINISTERED FOR ASSESSMENT

VANDER BILT PARENT RATING SCALE:

Scoring for questions: 19-26 =7

Score : 7/8

DIAGNOSIS :

Provisional diagnosis:

Oppositional defiant disorder

Differential diagnosis:

Aattention deficit hyper active disorder

A. ANALYSIS OF THE CASE:

COMMON	UN COMMON
Obstinacy Easily angered Restless	Desire rainy season Desire spicy food Desire cold food and drinks Desire sweets++ Sweat increased on palms

B. EVALUATION OF SYMPTOMS:

Mental generals:	physical generals
Easily angered	sweat: increased on palms
Obstinacy	desire: rainy season
Restlessness	desire: cold food and drinks.
Foreget fullness	Desire sweets++

C. **Miasmatic analysis:**

	PSORA	SYCOTIC	SYPHILIS	PSEUDO PSORA/TUBERCULAR
Mind	Easily angered, restlessness			obstinate
Body	Sweat increased Thermal: hot			

D. **Totality of symptoms**:

Easily angered

Obstinate

Restlessness

Interest in drawing

Concentration difficult

Sweat increased on palms

Desire cold food and drinks

Desire sweets++

E. Homoeopathic Diagnosis:

Chronic Miasmatic Disease - psora

REPERTORIAL TOTALITY:

MIND – RESTLESSNESS

MIND- FORGETFUL

MIND – DULLNESS

GENERALS –FOOD AND DRINKS – SWEETS

PERSPIRATION – PROFUSE

REPERTORIAL RESULT

SULPHUR 15/5, LYCOPODIUM 13/5, CALCAREA CARB 13/5, MERCURIUS 13/5,SEPIA 12/5, ARSENICUM ALBUM 11/5

THERMAL MODALITY: HOT

FIRST PRESCRIPTION:

Rx SULPHUR 200/1D

FOLLOW UP:

DATE	SYMPTOM CHANGES	INFERENCE	PRESCRIPTION
23-09-2017	Anger slightly better than before Obstinacy better than before Concentration slightly improved		Rx SAC. LAC
25-10-17	Obstinacy slightly reduced Anger slightly reduced Concentration slightly improved Obstinacy slightly better than before		Rx SAC LAC -1D
11-11-17	Anger slightly reduced Concentration slightly improved Obstinacy better than before		Rx SULPHUR 200/1D

03-01-18	Anger better than before Argue with adult better than before Concentration better than before		Rx SULPHUR 200/1D
10- 02-18	Obstinacy better than before Anger better than before Concentration better than before		SULPHUR 200/1D
15-03- 18			Rx SAC.LAC 1D
20- 5-18	Obstinacy better than before Anger better than before Concentration better than before		
	Concentration better		

04-08-18	Anger better than befo Obstinacy better than before Concentration better than before Anger better than before Obstinacy better than before Vanderbilt parent rating scale Post assessment: 04-08-18 Scoring for questions: 19-26 SCORE: 5/8 Score difference: 2 marks	Inference: improved	Rx SULPHUR 200/ 1D

APPENDIX V

MASTER CHART

SL No.	OPNO	AGE/SEX	PAST HISTORY	FAMILY HISTORY	SCORING		COMORBIDITY	PRESCRIPTION	POTENCY	INFERENCE
					Pre	Post				
1	1087/18	12/M	CHICKEN POX,MEASELS,DERMATITIS	F:DM,Mr: rheumatism	6	4	ADHD,LD,ANXIETY	Medorrhinum	1M	Moderate Improvement
2	7250/14	4/F	R/A COUGH &FEVER	F : EPILEPSY Mr: hypothyroidism	7	4	ADHD,NOCTURNAL ENEURESIS	Cal Carb	1M	Moderate Improvement
3	7153/17	10/F	NR	M.Grm asthma	7	5	LD,ADHD	Sulphur	200	Moderate Improvement
4	2594/16	10/M	R/A OF COLD	P.Grm DM	5	3	ADHD,CD	Medorrhinum	50 millisimal	Moderate Improvement
5	7805/16	12/M	NR	NR	4	3	LD,	Nux Vomica	1M	Mild Improvement
6	8379/16	10/F	NR	NR	5	2	LD,ADHD	Cal Carb	1M	Marked Improvement
7	7179/16	11/M	CHICKENPOX	NR	5	3	LD,	Silicea	50 millisimal	Moderate Improvement
8	8389/17	11/F	MEASELS	NR	5	2	LD,ADHD	Stramonium	200	Marked Improvement
9	10915/4	14/M	NR	Mr: hypertn	8	6	LD,ADHD,NOCTURNAL ENEURESIS	Tuberculinum	1M	Moderate Improvement
10	6028/17	13/M	CHICKEN POX	Mr: Asthma Fr: hypertn	4	2	ADHD,NOCTURNAL ENEURESIS	Calc Carb	50 millisimal	Moderate Improvement
11	6677/16	12/M	PRIMARY COMPLEX	M.grm: thyroid	4	3	ADHD	Barita Carb	200	Mild Improvement

12	6949/17	13/F	NIL	NR	7	5	ADHD,LD	Natrum Mur	1M	Moderate Improvement
13	5947/17	6/M	DENGUE	Gm: DM	4	3	ADHD,LD	Natrum Muriaticum	200	Mild Improvement
14	5970/18	12/M	MEASELS	NR	8	6	ADHD,LD	Lachesis	200	Mild Improvement
15	6305/18	6/M	CHICKENPOX	NR	6	4	ADHD	Calc Phos	200	Mild Improvement
16	6521/18	13/M	TYPHOID	Gmr: DM	5	3	ADHD	Calc Carb	200	Mild Improvement
17	7140/18	5/F	NR	NR	5	3	ADHD	Silicea	200	Mild Improvement
18	1517/18	7/F	MEASELS	Fr: hypertn	4	3	ADHD,LD	Calc Phos	200	Mild Improvement
19	6028/17	11/M	CHICKENPOX	Fr:DM	4	3	ADHD,LD	Calc Carb	50 millisimal	Mild Improvement
20	10502/16	12/M	PNEUMONIA	NR	4	3	ADHD	Hyosyamus	1M	Mild Improvement
21	6956/17	13/M	NR	NR	5	4	ADHD	Calc Carb	1M	Mild Improvement
22	8203/16	8/M	CHICKEN POX	Fr:DM	6	5	ADHD,LD	Tarentula	1M	Mild Improvement
23	11106/14	13/M	NR	Gr :GM	5	4	ADHD,LD	Nuxvomica	200	Mild Improvement
24	7478/18	4/F	TYPHOID	GM:DM	5	3	ADHD,LD	Lycopodium	200	Mild Improvement
25	5070/18	6/M	MEASELS	Mr: asthma	5	3	ADHD,LD	Lycopodium	1M	Mild Improvemenent
26	9403/16	8/F	NR	Fr: hypertn	4	1	ADHD	Silicea	200	Marked Improvement
27	12732/16	5/M	CHICKEN POX	Mr: hyper tn	5	1	ADHD,ANXIETY,LD	Natrum Mur	10M	Marked Improvement

28	7839/16	10/M	PRIMARY COMPLEX	Asthma, hypertension	5	4	LD,ADHD	Lycopodium	50 millisimal	Mild Improvement
29	6784/17	11/M	HEPATITIS	NIL	5	3	ADHD,LD	Lycopodium	200	Moderate Improvement
30	8449/16	13/F	CHICKEN POX	NR	7	5	ADHD	Staphysagria	1M	Moderate Improvement