

TABLE OF CONTENTS

ABBREVIATIONS	7	2	HOMEOPATHIC TREATMENT OF ADHD/ADD ...	39	
PREFACE.....	8	2.1	PROBLEMS WITH CONVENTIONAL HOMEOPATHIC TREATMENT	39	
1	MEDICAL PRINCIPLES OF ADHD/ADD	11	2.1.1	HIT RATE, EFFICACY AND PERIOD OF IMPROVEMENT FOR TREATMENT WITH SINGLE DOSES.....	39
1.1	THE HYPERACTIVE CHILD – FROM FIDGETY TO HYPERACTIVE.....	11	2.1.2	DIFFICULTIES IDENTIFYING THE CORRECT REMEDY	41
1.2	CURRENT THERAPEUTIC AND SOCIAL PROBLEMS..	11	2.2	OPTIMISATION OF ADHD/ADD TREATMENT: A NEW TREATMENT CONCEPT	44
1.3	DEFINITION OF ATTENTION DEFICIT HYPER- ACTIVITY DISORDER.....	12	2.2.1	STANDARDISED CASETAKING.....	44
1.4	SYMPTOMS.....	13	2.2.2	IDENTIFICATION OF UNRELIABLE SYMPTOMS.....	46
1.4.1	THE SUBJECTIVE EXPERIENCE OF PATIENTS	13	2.2.3	SIGNIFICANCE OF PATHOGNOMONIC SYMPTOMS	47
1.4.2	EARLY SYMPTOMS.....	14	2.2.4.	WEIGHTING OF SYMPTOMS ACCORDING TO BOENNINGHAUSEN.....	50
1.4.3	COMPLETE CLINICAL PICTURE OF ADHD/ADD	15	2.2.5	POLARITY ANALYSIS.....	51
1.4.4	AETIOLOGY.....	16	2.2.6	EXAMPLE CASE: CASETAKING TECHNIQUE.....	52
1.5	PATHOPHYSIOLOGY OF ADHD/ADD.....	17	2.2.7	EVALUATION OF OPTIMISATION MEASURES.....	55
1.5.1	PRINCIPLES OF NEUROANATOMY, PHYSIOLOGY AND BIOCHEMISTRY	17	2.2.8	OPTIMAL DOSING WITH Q POTENCIES.....	56
1.5.2	DISTURBANCES OF PERCEPTION	18	2.2.9	ASSESSMENT OF PROGRESS.....	57
1.5.3	SECONDARY PSYCHOLOGICAL SYMPTOMS.....	22	2.2.10	DEALING WITH INTERCURRENT ILLNESSES	63
1.6	FREQUENCY OF ILLNESS.....	22	2.2.11	STIMULANTS AND HOMEOPATHY	63
1.7	DIAGNOSIS.....	23	2.3	OVERVIEW OF THE METHOD.....	63
1.7.1	HYPERKINETIC DISTURBANCES ACCORDING TO ICD-10	24	2.4	QUIZ 2.....	65
1.7.2	HYPERKINETIC DISTURBANCES ACCORDING TO DSM-IV.....	26	3	TOOLS.....	69
1.7.3	DIFFERENTIAL DIAGNOSES	27	3.1	THE BOENNINGHAUSEN SOFTWARE.....	69
1.8	TREATMENT OPTIONS.....	27	3.2	ADHD/ADD ASSESSMENT SHEET (CONNERS’ GLOBAL INDEX).....	73
1.8.1	EDUCATIONAL THERAPEUTIC MEASURES.....	27	3.3	QUESTIONNAIRE FOR DISTURBANCES OF PERCEPTION AND ADHD/ADD	73
1.8.2	TREATMENT WITH MEDICATION	31	3.4	QUESTIONNAIRE FOR ADDITIONAL COMPLAINTS	74
1.8.3	OTHER TREATMENTS.....	34	3.5	ADMINISTERING Q OR LM POTENCIES.....	74
1.9	PROGNOSIS.....	35			
1.10.	QUIZ 1.....	36			

3.6	ADVICE ON EDUCATIONAL MEASURES, NUTRITION AND SPORT	74
-----	---	----

4 TEN PRACTICE CASES 83

4.1.	HOW TO FIND THE REMEDYA REMEDY.....	83
4.2.	THE SIGNIFICANCE OF CONTRAINDICATIONS.....	87
4.3	NUANCES WHEN JUDGING THE EFFECT OF A REMEDY.....	90
4.4	TOTALITY OF SYMPTOMS OR KEYNOTES?	93
4.5	THE SIGNIFICANCE OF ADDITIONAL COMPLAINTS	98
4.6	TREATING RITALIN PATIENTS.....	102
4.7	THE EFFECTS OF POORLY MOTIVATED PARENTS..	105
4.8	JUDGING PROGRESS AND EXTERNAL CONDITIONS	108
4.9	HOMEOPATHY AND INTELLIGENCE.....	112
4.10	HOMEOPATHY AS THE FINAL CHANCE OF CURE...	115
4.11	WHAT NEXT?	118
4.12	QUIZ 3.....	119

5 COMPARATIVE MATERIA MEDICA OF THE MOST COMMON REMEDIES FOR CHILDREN WITH ADHD/ADD 123

5.1	CHARACTERISTIC PATIENT SYMPTOMS AND THE GENIUS OF THE REMEDIES	124
	ACONITUM	126
	AGARICUS	128
	ARGENTUM NITRICUM.....	130
	ARNICA.....	132
	ARSENICUM ALBUM.....	134
	AURUM METALLICUM.....	136
	BARIUM CARBONICUM.....	138
	BELLADONNA.....	140
	BRYONIA.....	142
	CALCIUM CARBONICUM	144

CAPSICUM.....	146
CAUSTICUM.....	148
CHAMOMILLA.....	150
CHINA	152
COCCULUS	154
FERRUM METALLICUM.....	156
HEPAR SULPHURIS.....	158
HYOSCYAMUS.....	160
IGNATIA.....	162
IODIUM	164
LACHESIS.....	166
LYCOPODIUM.....	168
MAGNETIS POLUS ARCTICUS.....	170
MERCURIUS SOLUBILIS.....	172
NATRIUM CARBONICUM.....	174
NATRIUM MURIATICUM	176
NUX VOMICA	178
PHOSPHORUS.....	180
PHOSPHORICUM ACIDUM.....	182
PULSATILLA	184
SEPIA	186
SILICEA.....	188
STAPHISAGRIA	190
STRAMONIUM.....	192
SULPHUR	194
VERATRUM ALBUM.....	196

6 SCIENTIFIC EVIDENCE FOR THE EFFICACY OF HOMEOPATHIC REMEDIES IN PATIENTS WITH ADHD/ADD199

6.1	HOMEOPATHIC TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER	199
6.1.1	INTRODUCTION.....	199

6.1.2	METHODS.....	199	6.3.2.6	STATISTICAL CONSIDERATIONS	210
6.1.3	RESULTS.....	200	6.3.2.7	ETHICS	212
6.1.4	DISCUSSION.....	200	6.3.2.8	PILOT TEST.....	212
6.2	COMPARISON OF HOMEOPATHY AND METHYLPHENIDATE IN THE TREATMENT OF HYPERACTIVE CHILDREN (PRE-STUDY).....	201	6.3.3	RESULTS.....	212
6.2.1	INTRODUCTION.....	201	6.3.3.1	RECRUITMENT, PARTICIPANT FLOW CHART AND BIOMETRIC PARTICIPANT DATA.....	212
6.2.2	METHOD.....	201	6.3.3.2	TREATMENT RESULTS FROM THE SCREENING PHASE.....	214
6.2.2.1	STUDY AIMS AND QUESTIONS.....	201	6.3.3.3	COMPARISON BETWEEN SUBOPTIMAL AND OPTIMAL HOMEOPATHIC PRESCRIPTIONS.....	215
6.2.3	RESULTS.....	202	6.3.3.4	PREREQUISITES FOR AN RCT WITH PRIMARY BLINDING	216
6.2.3.1	DEMOGRAPHIC PARAMETERS OF STUDY PARTICIPANTS.....	202	6.3.3.5	RESULTS OF THE CROSSOVER PHASE.....	217
6.2.3.2	RESPONSE RATES TO HOMEOPATHIC TREATMENT.....	202	6.3.3.6	RESULTS AFTER 1 ½ YEARS OF TREATMENT	221
6.2.3.3	DEGREE OF IMPROVEMENT WITH HOMEOPATHY AND METHYLPHENIDATE.....	202	6.3.3.7	RESULTS OF LONG-TERM FOLLOW-UP.....	221
6.2.3.4	TIME REQUIRED.....	203	6.3.4	COSTS OF HOMEOPATHY VS. COSTS OF ALLOPATHY.....	222
6.2.3.5	REMEDY LIST.....	205	6.3.5	DISCUSSION.....	222
6.2.4	DISCUSSION.....	205	6.4	QUIZ 4.....	225
6.3	HOMEOPATHIC TREATMENT OF CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER: A RANDOMISED, PLACEBO CONTROLLED DOUBLE-BLIND STUDY WITH CROSSOVER.....	206	EPILOGUE.....		226
6.3.1	INTRODUCTION.....	206	APPENDIX		228
6.3.2	METHODS.....	207	QUIZ ANSWERS.....		229
6.3.2.1	STUDY DESIGN.....	207	LIST OF TABLES		238
6.3.2.2	STUDY AIMS.....	207	FIGURES.....		239
6.3.2.3	INCLUSION CRITERIA.....	208	LIST OF PICTURES OF REMEDY.....		240
6.3.2.4	TREATMENT INTERVENTIONS	208	BIBLIOGRAPHY		241
6.3.2.5	MEASUREMENTS: OUTCOME PARAMETERS.....	209	REMEDY INDEX.....		248
			SUBJECT INDEX.....		249
			ABOUT ME.....		254

PREFACE

Attention deficit hyperactivity disorder (ADHD) and the associated syndrome without hyperactivity, attention deficit disorder (ADD), constitute one of the major challenges of our time. The affected children and their families often suffer greatly. In conventional medicine, patients are frequently treated with stimulants, i.e. amphetamine derivatives. These substances have a high potential for abuse and are subject to narcotics legislation in many countries. The exponential increase of stimulant treatment in the West is a major cause of concern since the long-term effects are not well understood. Therefore, it is no surprise that there is a search for effective alternative treatments.

In this book we would like to present our extensive experience with homeopathic treatment of hyperactive children, gathered over many years. In the majority of patients homeopathy leads to impressive results and – with continuing treatment – to enduring improvement. The prerequisite is that the doctor and the family observe the child's symptoms closely and have the patience to reach a successful outcome.

The aim of this work is to assist *homeopathic practitioners* in the treatment of hyperactive children, pointing out the potential pitfalls and thereby enabling more affected children to enjoy the benefits of this premium treatment, tailored precisely to their individual needs. The book contains clear guidelines for taking the case effectively as well as hints on the reliability and weighting of symptoms. It describes dosing regimes that lead to stable improvement, and how to fine-tune the treatment. Yet it is not a self-help manual: homeopathy is demanding and the treatment of ADHD/ADD especially so. It requires considerable experience to achieve the results presented here.

Paediatricians, child psychiatrists and general practitioners who do not currently use homeopathy and who are looking for alternatives to treatment with stimulants will find here details of the scientific work

concerning the effects of homeopathy on ADHD/ADD together with the necessary basic knowledge to start using this method of treatment.

For *parents and patients* interested in homeopathy, it is important to appreciate the kind of observation a practitioner requires to achieve successful treatment, how the casetaking proceeds, and the kinds of obstacles that may crop up. At the same time, we would like to encourage you to request homeopathy for your child. The results are well worth it: with ongoing treatment, the child's perception returns to normal. And there is a cumulative effect over the years, which can lead to considerable and long-lasting reduction of the ADHD/ADD symptoms, even after treatment has ceased. It is often a cause of great joy for all concerned to see how children master their difficulties and are able to live a normal life once more.

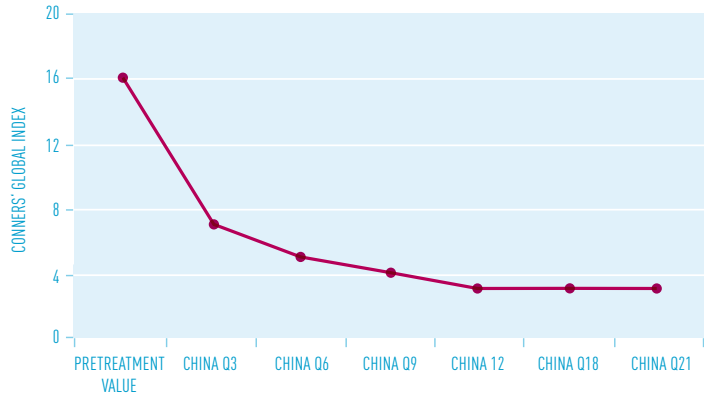
I would like to extend my warmest thanks to all those who have helped with this work. This includes my friends Dr Klaus-Henning Gypser and Dr Dominik Müller, who have supported me in word and deed, critically appraising the manuscript, correcting the errors and clarifying the weak points. Many thanks also to Dr Franz Kaufmann for the scientific checking of the neuropsychology sections and to Aidan Constable for the careful translation. And a big thank you to all in the team at Narayana Verlag, especially Dr Katrin Sigwart, for the harmonious collaboration resulting in this work.

I would also like to thank my wife and children from the bottom of my heart. It is they who have accompanied me most closely on the long and winding path of the homeopathic treatment of hyperactive patients with all its ups and downs, occasionally suffering from my tenacity to reach the goal of this book. Their patience and empathy have been an invaluable support to me during this work — indeed, without them it would scarcely have been possible.

Laupen, Switzerland, December 2014

Heiner Frei, MD

Figure 18:
P.S., CGI Improvement under
Homeopathic Treatment



4.2. THE SIGNIFICANCE OF CONTRAINDICATIONS

URBAN H., 10 YEARS OLD

Urban is a stocky lad who has been noticeably impulsive, restless and fidgety since early childhood. His teachers constantly criticise his poor attentiveness and lack of concentration, slow thinking and weak memory. He therefore finds it hard to learn things. Urban's fine motor function is also impaired, reflected in his poor drawing ability, which is well below average for his age. A treatment attempt with Ritalin® was stopped after one year because he reacted by developing severe difficulties in falling asleep.

The child was given a diagnosis of ADHD as the result of a neurological and neuropsychological examination at kindergarten age, and this was confirmed in a follow-up examination before starting homeopathic treatment. When examining him, I notice only his low muscle tone and rough, sensitive skin (but without any actual rash).

In the Questionnaire for Disturbances of Perception and ADHD/ADD, his parents mark the following symptoms:

Reliable symptoms

Looking at something close-up: worse **P**

Uncovering: better **P**

Writing: worse **P**

Understanding difficult **P**

Irritable, aggressive, fits of rage **P**

Muscles: flabby **P**

Reduced reliability

Smell: hypersensitive **P**

Memory weak

On the *Questionnaire for Additional Complaints*, they only mention *nose bleeds with bright red blood*, once to twice a month. They have not noticed any modalities for this. They rate his *Connors' Global Index* before treatment as 15.

REPERTORISATION

Once again we proceed step by step:

1. The repertorisation of reliable polar symptoms of perception reduces the selection to eight remedies, two of which are discarded due to contraindications.
2. By adding the less reliable symptoms smell: hypersensitive and memory weak, only *Lycopodium*, *Sulphur* and *Bryonia* remain.
3. If we additionally repertorise the symptom nosebleeds with bright red blood, *Lycopodium* falls out of the differential diagnosis (*Table 10*).

Table 10:
Repertorisation U. H.
eP = extended polarity is an
experimental function that
does not concern us here.

	Calc.	Sulph.	Puls.	Bry.	Lyc.	Sep.	Phos.	Chin.
Number of hits	9	9	9	9	8	8	8	8
Sum of grades	26	21	17	14	29	21	19	14
Polarity difference	20	8	1	6	16	5	8	9
< looking, at something close-up (p) [85]	4	2	2	1	4	3	3	1
> uncovering (p) [37]	3	2	2	1	4	1	2	2
< writing (p) [76]	4	2	1	1	3	3	2	2
understanding, difficult (p) [74]	3*	2	1	1	4	4	1	1
irritability (anger, aggression) (p) [64]	2	3	3	3	3	3	3	2*
muscles, flabbiness (p) [53]	4	3	2	1	3			2
smell, hypersensitive (p) [49]	2	3	2	1	4	4	4	3
memory, poor, weak (eP) [60]	2	3	2	3	4	2	1	
nose, bleeding, bright blood (p) [39]	2	1	2	2		1	3	1
> looking, at something close-up (p) [5]								
< uncovering (p) [56]			1	1		2	1	2
> writing (p) [2]								
understanding, easy (p) [17]		1			1	1	1	
mildness (p) [37]		3	4(CI)		3			
muscles, tense (p) [34]		2	2			4(CI)	4(CI)	1
smell, lost, weak, diminished (p) [46]	4(CI)	2	4(CI)	2	3	4	3	
nose, bleeding, dark, black blood (p) [41]		2	3(CI)	2	2	3(CI)	1	2



Sulphur crystal

This repertorisation is ambiguous because the two remedies that cover everything without contraindication are noticeably less specific for the patient's symptoms than the remedies with the highest polarity difference, *Calcium carbonicum* and *Lycopodium*. It is therefore very important to ask again about the contraindications of *Calcium carbonicum*. The mother, however, explicitly confirms the symptom *smell hypersensitive: Urban will immediately protest about some smell or other that everyone else finds inoffensive*. The *nose bleeding with bright blood* is confirmed by the mother too, which also makes *Lycopodium* an unlikely remedy.

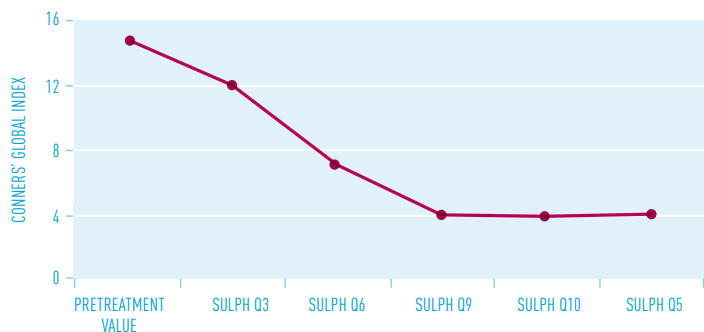
Definitive Remedy Selection

The final choice of remedy in this case is neither from a materia medica comparison nor from the mind symptoms. By including the finding *rough skin*, which is only covered by *Sulphur*, it is possible to make a decision.

REMEDY AND PROGRESS

Urban is given *Sulphur* Q3, initially every two days and then daily after two weeks. Even with the dose given only every two days, his Conners' Global Index falls from 15 to 12, where it remains two weeks later. At the first checkup, Urban's mother says he is more reasonable and pleasant than before homeopathic treatment. We continue with *Sulphur* Q6 daily for the next four weeks, during which time his CGI falls to 7. Now he is generally doing very well and his performance at school has also improved noticeably. With *Sulphur* Q9, his CGI twelve weeks after the start of treatment is 4, where it remains on a long-term basis (Figure 19).

Figure 19:
U.H., CGI Improvement under
Homeopathic Treatment



**CALCIUM
CARBONICUM**

Frequency: with 14 % of prescriptions, *Calcium carbonicum* is the most frequently prescribed remedy for hyperactive children.

MAIN SYMPTOMS	Physical restlessness Distractedness
SIGHT	Light worse Looking at something close-up worse Reading worse
HEARING	Hearing hypersensitive Hearing keen (sensitive) Noises worse
SPEECH	Talking worse
SMELL	Smell hypersensitive
TASTE	Sense of taste diminished
BALANCE	Travelling in car worse
TOUCH	Touch worse
TEMPERATURE	Warmth worse Warm room worse Uncovering better Cold worse
MOVEMENT	Desire for movement Movement better Dislike of movement
FINE-MOTOR MOVEMENTS	Writing worse
MUSCLE TONE	Muscles flabby
TIME OF AGGRAVATION	After sleep, while waking up worse Before sleep, while falling asleep worse
MIND	Understanding difficult Memory weak
MOOD	Sadness Irritability

SUMMARY OF THE
HIGH-GRADE ADHD/ADD
SYMPTOMS FOR
CALCIUM CARBONICUM
GENIUS ACCORDING TO BPB 2000

PERCEPTION

Light, looking at something close-up,
reading, noises, talking worse
Hearing hypersensitive, sense of taste
diminished

**TEMPERATURE
MOVEMENT**

Uncovering better
Physical restlessness, writing worse,
muscles flabby

TIME OF AGGRAVATION

After waking up and while falling
asleep worse

MIND

Understanding difficult

MOOD

FURTHER
CHARACTERISTIC
CALCIUM
CARBONICUM
MIND SYMPTOMS

Hering

- Forgetfulness. Misplaces words, and tendency to express himself wrongly. Thinking is difficult.
- Disinclination for every kind of work.
- Depression and melancholy; tearfulness.
- Apprehensive mood; as if some misfortune were about to happen.
- Shuddering and dread as evening draws near.
- Great anxiety and palpitation of heart.
- Irritable without cause; peevishness and obstinacy.
- Restless mood, with gloominess and anxiety.
- Excessive obesity of young people.

Lippe

- Easily frightened, or offended. Inclination to weep. Children are self-willed. Apprehensive anxiety about his health, or of some future misfortune.
- Despairing mood with fear of disease and misery. Thinking is difficult.

Guernsey

- Pale skin with a chalky look, and (in infants) open fontanelles.

REMEDY INDEX

- Aconitum 126
 Agaricus 128
 Argentum nitricum 95, 96, 97, 130
 Arnica 132
 Arsenicum album 116, 134
 Atropa belladonna 114
 Aurum 116, 118
 Aurum metallicum 116, 136
 Barium carbonicum 138
 Belladonna 113, 114, 140
 Borax 54
 Bryonia 91, 142
 Calcium carbonicum 54, 89, 93, 94, 95, 97,
 98, 105, 106, 144
 Capsicum 146
 Carcinosinum 93
 Causticum 99, 100, 101, 148
 Chamomilla 84, 85, 106, 107, 150
 China 84, 85, 86, 91, 105, 152
 Cina 199
 Cocculus 154
 Ferrum metallicum 156
 Ginkgo biloba 33
 Hepar sulphuris 103, 104, 158
 Hyoscyamus 160
 Hyoscyamus niger 199
 Hypericum perforatum 33
 Ignatia 110, 162
 Iodium 62, 164
 Lachesis 166
 Lycopodium 54, 84, 85, 88, 89, 91, 92, 94, 105,
 106, 116, 168
 Magnetis polus arcticus 107, 108, 170
 Matricaria chamomilla 107
 Mercurius solubilis 172
 Natrium carbonicum 174
 Natrium muriaticum 113, 176
 Nux vomica 51, 110, 113, 178
 Phosphoricum acidum 110, 111, 182
 Phosphorus 62, 180
 Platinum 54
 Pulsatilla 184
 Sepia 61, 99, 100, 106, 113, 186
 Silicea 103, 104, 188
 Staphisagria 190
 Stramonium 192, 199
 Sulphur 54, 88, 89, 93, 105, 194
 Tarentula hispanica 199
 Tuberculinum 93
 Veratrum album 196, 199

SUBJECT INDEX**A**

Absences 24
 Additional complaints, significance of 98
 ADHD / ADD Assessment Sheet 57
 ADHD / ADD Prevalence 23
 ADHD / ADD questionnaire 44
 Adolescence 16
 Adults 16
 Aetiological factors 16
 Affolter 35
 American Psychiatric Association 24
 Amphetamine derivatives 11
 Apraxia 20
 Asian Martial Arts 30
 Assessment of progress 57
 Atomoxetine (Strattera®) 32
 Attention deficit 12
 Attention Deficit Hyperactivity Disorder 7
 Attention disorders 24
 Auditive symptoms 20
 Autogenic Training 35
 Ayres 35

B

Bax 11
 Bender 11
 Benzedrine 11
 Boenninghausen 39
 Boenninghausen Software 69, 71
 Boenninghausen's Therapeutic Pocket Book
 1846 52, 69

Boenninghausen Working Group 71
 Brown 17
 Bryonia 85, 86, 88

C

Casetaking technique 52
 Child psychiatry, development 11
 Child psychologists 28
 Child psychology 27
 Chlorpromazine 18
 Coaching 35
 Common remedies, materia medica for 123
 Complementary medicine 12
 Complete repertory 69
 Computer tomography 24
 Concentration, poor 75
 Conners' Global Index (CGI) 23, 40
 Contraindications 51
 Conventional homeopathic treatment,
 problems with 39
 Cough 78
 Counselling, for parents 30
 Crossover 200

D

Dealing with ADHD / ADD Children 30
 Definition, ADHD / ADD 12
 Depression 78
 Diagnosis 12
 Diagnosis of ADHD / ADD 23, 26
 Diagnostic and Statistical Manual of Mental
 Disorders (DSM-IV) 24
 Diarrhoea 78

Differential diagnoses 27
 Differentiation of attention deficit disorders 24
 Difficulties, remedy identification 41
 Dissociated symptoms 69
 Disturbances of perception 12, 18
 Dopamine 18
 Dopamine antagonists 18
 Double-blind 200
 DSM-IV 26
 DSM IV criteria 201
 Dunham, C. 48
 Dyslexia 19

E

Early symptoms 14
 Educational therapeutic measures 27
 Electroencephalography (EEG) 24
 Electronic media 30
 Emotional intelligence 27, 28
 Emotional transformation 29
 Empathy 29
 Epileptic-like fits 24
 Essential fatty acids 34
 External Influences 43

F

Ferritin levels 34
 Filtering of stimuli 12, 18
 Fine motor function 22
 Frequency of ADHD / ADD in adults 16
 Frostig 35

G

Genius of the remedy 51, 124
 Genius symptoms 124
 German Boenninghausen Working Group 52
 Gilles de la Tourette syndrome 27
 Goleman, Daniel 28
 Granuloma annulare 93
 Gross motor function 22
 Gustatory symptom 21

H

Hahnemann 39, 41
 Haloperidol 18
 HAWIK-III 24
 Hearing 20
 Hering 41
 Holzapfel, K. 48
 Homeopathic casetaking 18
 Homeopathic Treatment of ADHD/ADD 32, 39
 Hyperactivity 12
 Hypotheses 17

I

Impulsivity 12
 Incorrect prescriptions 41
 Infancy 14
 Initial aggravation, Q potencies with 58
 Intercurrent illnesses 63
 International Classification of Diseases 24

IQ 24
 IQ improvement, homeopathy, with 115
 Ireland 11
 Iron deficiency 34
 Iron supplementation 34

K

K-ABC 24
 Kent 39
 Kent repertory 69
 Keynotes 95
 Kindergarten and School, symptoms 15

L

Lamont, J. 199
 Landau reflex 20
 Late-onset aggravations 59
 Lazyness 76
 Leitmotif 124
 Lou 17

M

Magnetic resonance imaging (MRI) 17, 24
 Materia Medica 123
 McKeith 11
 Methylphenidate 11
 Methylphenidate, compared with homeopathy 201
 Methylphenidate (Ritalin®) 31
 Mind symptoms 110
 Monoamine oxidase (MAO) 17
 Mood swings 77
 Mother-child relationship 19

Motor Function 22
 Motor symptoms 22
 Multiple warts 93
 Multivitamin and multiminerall supplements 34

N

Narcotics legislation 31
 National Ritalin® consumption 32
 Naville 35
 Neuroanatomical Changes 17
 Neurochemical Findings 17
 Neurofeedback 35
 Neurophysiological Changes 17
 Neuropsychological tests 23
 Norepinephrine reuptake inhibitor (NRI) 32
 Nutrition 34

O

Olfactory symptom 21
 Omega-3 and omega-6 fatty acids 34
 Optimisation of ADHD / ADD treatment 44
 Origin of ADHD / ADD are confirmed 16
 Oversensitive hearing 20
 Overview of the method 63
 Oxford-Durham study 34

P

Panizzon 11
 Parents, poorly motivated 105
 Passivity 12
 Pathognomic Symptoms 49
 Pathognomonic symptoms 48, 49

Pathognomonic symptoms, significance of 47

Patient symptoms 124

Perception therapy 35

Perception Training 35

Pestalozzi, Johann Heinrich 28

Physical examination 23

Phytotherapy 33

Placebo 199

Polarity analysis 51

Polarity difference 51

Polar symptoms 77

Positron emission tomography (PET) 17

Practice Cases 83

Prenatal 14

Pre-school 14

Pre-study 201

Prevalence rates 22

Processing Disturbances 21

Processing of sensory stimuli 18

Professional Help 30

Prognosis 35

Progress, assessment of 42

Progress problems 59

Proprioception 19

Psychomotor function 35

Psychotherapy 11

P-value 200

Q

Q potencies, dosage advice 57

Q potencies, optimal dosing with 56

Questionnaire 23

Questionnaire, disturbances of perception 76

Questionnaire for Additional Complaints 44

R

Randomisation, homeopathy trials in 200

Refined flour (white flour) 34

Regional cerebral blood flow (RCBF) 17

Relationship skills 29

Remedial teachers 30

Response rate, Ritalin® 31

Restlessness 76

Ritalin® 11

Rules of parenting 29

S

Sargant 11

Scientific evidence, homeopathy for 199

Secondary hypoglycaemia 34

Secondary psychological symptoms 22

Self-awareness 28

Self-motivation 28

Self-perception 28

Self-regulation 28

Sensory integration 35

Shekim 17

Side effects, Ritalin® 31

Sight 19

Single photon emission computed tomography (SPECT) 17

Smell 21

Sneezing 79

Standardised casetaking 44
 Stewart 11
 Still 11
 Stimulants 11
 Stimulants and homeopathy 63
 St. John's Wort 33
 Stoff 17
 Structured Approach 29
 Sugar 34
 Swiss health ministry 31
 Sydenham's chorea 27
 Symptoms 13, 22
 Symptoms, lack of 102, 104
 Symptoms of reduced reliability 49
 Symptoms, reliable 41, 49
 Synthesis repertory 69
 Synthetic symptoms 69

T

Tactile perception 19
 Tactile symptom 19
 TAP 24
 Taste 21
 Thioridazine 18
 Thyrotoxicosis 27
 Tics 77
 Time-out 29
 Touch 19
 Toxicology tests 24

Treating Ritalin patients 102
 Treatment options 27
 Treatment with medication 31
 T-value 200

U

Unreliable symptoms, identification of 46

V

Verum 199
 Vestibular disturbances 20
 Visual perception 35
 Visual symptoms 19
 Vitamin deficiencies 34

W

Weighting of symptoms 50
 Wilks, Frances 28
 World Health Organization (WHO) 12, 24

Y

Young 17

Z

Zametkin 17