

II- The 'hyperactive' child : an opening for the future¹ ?

The homoeopathic approach is not the least as regards the new elements it can bring.

It can help understand the meaning of 'hyperactivity' in its link with 'Luèse' and what is linked to it at various levels to clarify certain aspects of it such as violence, instability and the difficulty in following a guiding line and submitting to certain constraints or rules - the paradoxical aspect of the backgrounds plays an indisputable role.

It can permit to clarify the approach of it : the circulatory and sclerosing component of many metals which are part of it prompts one to give an individualised response through a specific medication regarding the choice, doses or dilutions advocated.

It can shed light on certain aspects of it by referring to certain hypotheses advanced in research theses in pharmacy in which the following were shown :

- a form of analogy between the toxic signs and contraindications of certain molecules and certain homoeopathic types which correspond to them² ;
- the need to adjust the useful dose according to the capacity for elimination of the organism³ ;
- the presence of good 'responding types' who, as happens in 'pathogénésies' and after a rapid improvement, develop toxic signs more quickly and show a more marked iatrogenic power of the molecule.

There is an element which emerges from this and which sheds light in an altogether innovating manner on an aspect which remains confused, if not contradictory and problematic, for 'classics' :

The DSM classification⁴ of depressive states differentiates several types of disorders about which it seems difficult to distinguish the hyperactivity inherent in bipolar disorder from that of ADD.

Given the contraindications for Ritalin® or its by-products in bipolar children this has consequences and the distinction remains essential.

A form of response seems to appear from what emerges from both the DSM and the homoeopathic approach : it is possible to shed light in a different way on the frontier which is difficult to draw between depression, all types of bipolar disorder and organic ADD and which puzzles and divides 'classics'.

There is a link that links them together in an absolute manner : it is a medicine whose various levels of expression can be found in the various types of depression mentioned in the DSM and in 'hyperactivity', *Aurum*.

¹ From the book *De l'hyperactivité aux nouvelles pathologies* and the second part of an article entitled *Once upon a time, there was the hyperactive child*, Homeopsy.com, November 2015.

² Antidepressants, especially psychotropics.

³ And depending on whether the subject is more particularly of the sanguine, choleric, phlegmatic or melancholic temperament. See *De la psychiatrie à l'homéopathie*.

⁴ A North American classification of mental disorders also used in France since it was also made with European experts.

The obvious forms of bipolar disorder seem to be symptomatologically copied from the psychic signs of this type ; those which appear to be dysthymic, with anxiety hidden behind both fidgetiness and hyperactivity, in spite of the fact that they also correspond, although in a more moderate manner, to Lachesis, Liliun Tigrinum...

Moreover, it is important to note that Aurum is the only homoeopathic type whose 'pathogénésie' corresponds analogically in the most perfect manner to the toxic and side effects of Ritalin®. It is the only one to do so in such a marked way, especially as Ritalin® and its by-products all have vascular contraindications⁵.

Through Aurum and its circulatory component which underlies bipolar disorder, atypical and mixed disorders and ADD, what remained obscure about the link between ADD and bipolar disorder is thus clarified.

It is therefore possible to understand the reason why they have common features and blurred frontiers.

The homoeopathic approach is invaluable, as it reveals a link between two different pathologies which are nonetheless linked together by their psychic nature and ways of 'being in life'.

Several questions engender reflection :

They can be summed up in three suggestions :

- *Would Aurum correspond to the psychic type of the organic hyperactive child, who is customarily the only one to justify the taking of Ritalin® ?*

- *Is Aurum the 'responding type' to Ritalin® ?*

This is not an ordinary question as regards the dose and duration of the prescription of the molecule : emunctory trouble and the risk of iatrogenic effects after a shorter period should be taken into account.

- *Is Aurum the common remedy for bipolar disorder and ADD ?*

Does it constitute the response to one disorder whose variant occurs at various levels ?

One may ask oneself to which level of the primary 'depressive state'⁶ it is put into resonance and then which potency should be prescribed.

It is still very difficult to give an answer ...

A question, which is not the least, arises :

'As regards hyperactivity, which Aurum, or rather which level of Aurum, is it about ?'

Is it the one who is seen through the psychic signs-depression, impulsiveness and guilt⁷ more or less associated with the obvious 'mental' signs - a view of the world darkened to the

⁵ That can only remind one of the pathogenicity of 'Luèse', its difficulty in experiencing the initial 'Absence' and thus its link to depression more or less tinged with melancholy with its circulatory trouble and its impact on the behaviour (impulsiveness, depression, fidgetiness - in its relationship to insecurity and the wear and tear on the body).

⁶ Pression - de-pression ; press - de-press. The two terms are quite evocative of what bipolarity as well as ADD are about.

⁷ Which can be found in many other types.

point of melancholy, the refusal of the laws of reality, the expansion and then crushing of the Ego, feelings of unworthiness, delirium ?

Or one of whom only certain aspects expressed in the body remain ?

The question must be asked given its impact on the prescription and understanding of what was set up through the symptoms of ADD.

It is obvious that if in the first case, the useful potencies seem to fall into the bracket of 30C, that is different in the case of ADD : seen from this perspective, the pathogenic information transmitted over generations and situated at various levels must reach the tissue as well as the mind, which are very closely and profoundly connected :

Is not the fidgetiness which occurs in this case the one which, as protection against the fear of death and a way of fighting the anoxia of cells, shows an Aurum individual forced to the utmost defences of their organism ?

Are not the automated movement which permits to prevent it from emergence to consciousness - while accelerating its occurring - , the refusal of rules, constraints and limits - even those imposed by the body - one of its imprints ? One should bear in mind the impulsiveness and concentration difficulties linked to fidgetiness : combined with the analogies side effects of Ritalin®/Aurum, they accord primacy to the last to show ADD in its essence, at least in the description which has been provided.

In any case, it should be advanced that the prescription should remain extremely individualised and make way for research and clinical experimentation.

Although the aim of these reflections is not to confine oneself to intellectual speculation and in order to complete them, one thing is nonetheless sure : on certain points - without one being able to draw any general conclusion from it - , that might back Kent's point of view regarding a coded pathology in the distorting mind.

However, a question remains unanswered : how to approach it in a way which, while respecting the fragility of the body, will be able to reach the deep roots of it and take into account the psychosomatic and somatopsychic interrelationships which become intermingled in it ?

In spite of the complexity, that can only invite one to make way for multidisciplinary research on this point.

This is not without importance for the future : the knowledge of the impact of epigenetics and the role of stress on the behaviour of genes and therefore on the evolution of the generations to come are only in their early stages.

Homoeopathy is interesting at various levels :

Firstly, at the diagnostic level : ADD originating from organic causes is *the only one* that justifies the prescription of Ritalin® not from a pre-established protocol but according to the subject's sensitivity⁸ : only that will avoid iatrogenic effects and major risks to an already weakened subject.

⁸ Bearing in mind the synergetic effect of the two approaches if they are made simultaneously and therefore the greater effectiveness of the allopathic medicine and the necessity to give a lower dose of it.

Secondly, at the therapeutic level : it will be possible to determine and adjust the dose and therapeutic process either in allopathy or homoeopathy. It may be done in a more enlightened and appropriate manner by combining the two approaches. The draining of the emunctories and various modifications - from the lifestyle to the diet and relational mode - can facilitate a better balance.

Finally, at the preventive level : the determination of potential 'responding types' and a quicker spotting of possible toxic signs are not devoid of interest.

One can see that what is hidden behind the dis-order and apparent confusion may facilitate evolution and make way for research.

Homoeopathy can contribute to it by showing all the adaptive potentialities of living organisms and prevent the 'hyperactive' child, as a stage on the road to knowledge, from being either misunderstood or ill treated in the future.⁹

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⁹ Translated by Pascale Tempka.