

THE MANAGEMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER BY HOMEOPATHIC PRACTITIONERS IN SOUTH AFRICA

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Durban University of Technology

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Date : August 2026

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ABSTRACT

Background

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition defined primarily by developmentally unsuitable and enduring symptoms of inattention and/or hyperactivity that initiate in childhood, persist through numerous settings and lead to substantial impairment in academic, social, occupational or other functional aspects. ADHD is diagnosed in predominantly, predominantly hyperactive/impulsive or combined presentations and it is heterogeneous. Although conventional pharmacological treatments remain widely used, increasing interest has emerged in complementary and alternative approaches such as homeopathy. This study explored how homeopathic practitioners in South Africa understand and manage ADHD, with the aim of providing insight into their conceptual frameworks, consultation processes, treatment strategies and long-term management perspectives. A qualitative, exploratory approach was utilized and semi-structured interviews were conducted with practicing homeopaths across different settings. Data was analysed thematically.

The findings revealed that practitioners conceptualise ADHD largely in alignment with orthodox biomedical definitions, recognising core symptoms such as inattention, hyperactivity and impulsivity, while integrating holistic interpretations that consider emotional, behavioural and contextual influences. Consultation approaches were found to be highly individualised and comprehensive, with practitioners employing detailed case-taking methods that incorporate family dynamics, environmental factors, and lifestyle patterns. Treatment strategies reflected a multimodal approach combining constitutional remedy selection; adjunctive therapies such as dietary and behavioural guidance; and adaptive potency and dosage decisions tailored to the child's evolving presentation. Long-term management emphasised sustained lifestyle modification, parental support, and the creation of stable routines to promote lasting behavioural and emotional improvement.

Overall, the study demonstrates that homeopathic practitioners adopt a holistic,

integrative, and child-centred approach to ADHD management, complementing orthodox diagnostic perspectives while addressing broader determinants of behaviour and wellbeing. These findings highlight the potential contribution of homeopathy within multidisciplinary ADHD care, especially in contexts where families seek personalised and non-pharmacological support options.

Key words

ADHD, Homeopathy, Management, Treatment

DEDICATION

With a heart full of gratefulness, this dissertation is dedicated to God, the Heavenly father for granting me wisdom, grace and perseverance to indulge in this journey. His guidance and unfailing love sustained me throughout. As his word says in Proverbs 16 vs 3: “Commit to the Lord whatever you do, and he will establish your plans”.

My dissertation is dedicated also to my beloved parents: Mom (Mrs. R.S. Malati) and Dad (Mr. D. Malati), who have remained my endless source of love, support and inspiration during this academic journey. I appreciate the sacrifices, patience, encouragements and beliefs in my abilities and dreams that gave me strength and enthusiasm to continue even when it felt impossible. Thank you for reminding me about my purpose when the road felt long. Your prayers have shaped the person I am today.

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GLOSSARY OF TERMS

Allopathy is the treatment of disease by conventional means, i.e., with drugs having effects opposite to the symptoms. Or, a system of medical practice that aims to combat disease by use of remedies (as drugs or surgery) producing effects different from or incompatible with those produced by the disease being treated (Mondal and Mondal 2022).

Attention-Deficit /Hyperactivity Disorder (ADHD) is defined as a neurodevelopmental disorder marked by persistent inattention, hyperactivity, and impulsivity that affects daily life (Guy-Evans 2024).

Constitutional remedy refers to a particular remedy that addresses the individual's overall physical, mental, and emotional state, rather than treating a specific symptom or disease (Joulfaian 2025).

Dopamine is a hormone and a type of neurotransmitter, or chemical messenger, made in your brain. Your nervous system uses it to send messages between nerve cells. These messages also travel between your brain and the rest of your body (Mitchell *et al.* 2024).

DSM-5 known as the 'Diagnostic and Statistical Manual of Mental Disorders', Fifth Edition, is a book published by the American Psychiatric Association (APA) to help mental health providers diagnose mental disorders (Bailey 2025).

Homeopathy is a therapeutic medical system founded by Dr S. Hahnemann that follows the principle of the Law of Similars. The word homeopathy is derived from the Greek words *homoios*, meaning like, and *pathos*, meaning suffering. (Homeopathic Associate of South Africa 2025).

Law of Similars means 'like cures like' (*similia similibus curentur*), which is based on the observation that substances that are capable of causing diseases of the mind or body in healthy people can be used in the dilute form as remedies to treat the similar disorder in someone who is ill (Nagle, 2007) (Bloch and Lewis 2003).

Miasm is defined by Hahnemann as an adverse influence or the underlying principle that, upon entering the organism, could trigger a specific ailment (Murphy 2025).

Homeopathic repertorisation is the systematic process of analysing and comparing a patient's symptoms with rubrics in a homeopathic repertory to identify the most suitable remedy based on the totality of symptoms (Boericke 2013)

Serotonin is a neurotransmitter that, like dopamine, regulates mood and other bodily functions (Mitchell *et al.* 2024).

Totality of symptoms is the complete symptom picture of a person that includes not just the physical manifestations but also the mental, emotional, and concomitant symptoms. It is the integrated symptom analysis that allows a homeopath to see the patient as a whole, rather than focusing on isolated symptoms (Kumar 2025).

ACRONYMS

Acronym	Full word/sentence
ADHD	Attention Deficit Hyperactivity Disorder
AHPCSA	Allied Health Professions Council of South Africa
BCG	Bacillus Calmette-Guérin
BG	Basal ganglia
BPT	Behavioural Parent Training
CAM	Complementary and alternative medicine
CBT	Cognitive Behavioural Therapy
CC	Corpus callosum
CFU	Colony-Forming Unit
DHA	Docosahexaenoic Acid
DNRI	Dopamine and Norepinephrine Reuptake Inhibitor
DSM-5	Diagnostic and Statistical Manual of Mental Disorders
EPA	Eicosapentaenoic acid
FDA	Food and Drug Administration
FRC	Faculty Research Committee
GABA	Gamma-aminobutyric acid
GP	General practitioner
HPA	Hypothalamic-pituitary-adrenal
HSA	Homeopathic Association of South Africa
ICD	International Classification of Diseases
IOD	Indoleamine 2,3-dioxygenase
IQ	Intelligence quotient

IREC	Institutional Research Ethics Committee
IU	International unit
KZN	KwaZulu-Natal
MedDRA	Medical Dictionary for Regulatory Activities
MTFHR	Methylenetetrahydrofolate reductase
NAC	Nucleus accumbens
NMDA	N-methyl-D-aspartate
NRI	Norepinephrine Reuptake Inhibitor
OT	Occupational therapy
PFC	Prefrontal cortex
PQRS	Peculiar Queer Rare and Strange
PRR	Pattern Recognition Receptor
QEEG	Quantitative Electroencephalogram
SIBO	Small Intestine Bacteria Overgrowth
TSH	Thyroid-Stimulating Hormone
VTA	Ventral tegmental area
WHO	World Health Organization
5-HT	5-hydroxytryptamine (Serotonin)

CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND TO THE STUDY

Attention-Deficit/Hyperactivity Disorder (ADHD) is a hyperkinetic disorder that predominantly impacts children and adolescents, though it can also affect adults, and is marked by symptoms of inattention, hyperactivity, and impulsivity (Khobragade *et al.* 2024). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), ADHD is divided into three presentations, namely: inattentive, primarily hyperactive-impulsive, and a combination type. Especially in childhood and adolescence, ADHD is known to affect social, intellectual, and professional functioning. While the symptomatology of ADHD varies by age group, the condition's fundamental core symptoms are always persistent. ADHD has a diverse aetiology that includes both environmental and genetic causes.

In South Africa, approximately 1 million adults aged 20-50 were estimated to have ADHD (Schoeman and Liebenberg 2017). It is a particularly vulnerable population when it comes to mental health (Walsh, Furry and Malho 2021). ADHD is the most prevalent condition associated with clinically significant functional impairment in health practice, leading individuals/parents to pursue treatment for their children/family members. Since the ability to pay attention and concentrate is a basic prerequisite of human development, forming the foundation of all learning and thinking as well as of emotional and social interaction, the suffering of those affected as well as siblings, parents, teachers, and fellow pupils is considerable (Frei 2015:11-12).

According to Medina (2012), individuals with ADHD face a significant social burden that can last for at least a decade. There are numerous learners with ADHD who struggle and never finish school. Many individuals struggle to maintain employment and relationships. Those with ADHD have significantly more hospital visits than

individuals without ADHD. Parents of ADHD children divorce more often than those whose children do not have ADHD because of inability to maintain and understand the child's condition (Frei 2015:11-12). Since the actual source of ADHD symptoms is still unknown, it is generally believed that there are multiple contributing elements rather than a single root cause.

Various medicines are available or have been evaluated for the treatment of attention-deficit/hyperactivity disorder (Snyman and Truter 2010). According to Nagle (2007), the conventional form of treatment used by neurologists and doctors is the prescribing of the stimulant Methylphenidate Hydrochloride (the active ingredient in Ritalin®, Adaphen® and Concerta®). Management may also involve a multidisciplinary team including psychologists, occupational therapists, speech and language therapists, and dietitians, depending on patient's presentation (Nagle 2007). Furthermore, there are complementary treatments that may be used as an alternative or in addition to conventional medical treatment, including Homeopathy, Chiropractic, meditation, and relaxation.

Complementary and alternative medicine (CAM) involves a range of healthcare practices and products that are used alongside, or in some cases instead of, conventional medical care. According to Ernst and Berman (2002), CAM encompasses primary care systems of medicine (including traditional Chinese medicine and Ayurvedic medicine, which have unique diagnostic criteria and diverse therapeutic options), discrete therapies (shark cartilage, bee pollen, ozone therapy, etc) and almost everything in between. CAM approaches have been explored and used by individuals with ADHD and may include homeopathy, dietary interventions, nutritional supplements, herbal medicines and other non-pharmacological approaches. However, the evidence regarding the effectiveness and safety of these interventions for ADHD varies across modalities, and further research is required to establish their clinical value. Despite the widespread use of conventional pharmacological and behavioural interventions, interest in complementary and integrative approaches, including homeopathy, has increased (Venter 2006).

Research on homeopathy for ADHD management in South Africa is limited, with conflicting evidence on its efficacy. A scoping review suggests potential benefits in reducing ADHD symptoms, particularly inattention and hyperactivity (Khobragade et al. 2024). Heirs and Dean (2007) highlight that homeopathy, based on individualized treatment principles, is increasingly considered for ADHD, although, current evidence does not support its efficacy for core symptoms.

Homeopathic practitioners are registered with Allied Health Professions Council of South Africa (AHPCSA) and therefore have knowledge on anatomy, physiology, pharmacology as well as psychology and behaviour of conditions such as ADHD. Homeopathic practitioners in South Africa report using a range of homeopathic and adjunctive approaches in the management of ADHD. Overall, while homeopathy is promoted as a safe treatment option, further research is needed to establish effective protocols and compare its outcomes with conventional treatments (Heirs and Dean 2007) (Jacobs *et al.* 2005).

1.2 PROBLEM STATEMENT

ADHD prevalence has been increasing in recent years (Chung et al. 2019) (Wentzel 2022). Whilst accurate prevalence statistics for South Africa are lacking, ADHD is estimated to affect at least 5% of children and around 1.09% of adults (Schoeman and Liebenberg 2017) (Oliveira et al. 2022). This has significant negative impacts on individuals' development, as well as their academic, home, and family lives. The current allopathic approach to ADHD is aimed at reducing patients' symptoms by manipulating their dopaminergic and noradrenergic systems through stimulant therapy, non-stimulant therapy, antidepressant therapy, and alpha-agonist therapies (Riley 2022). These techniques minimize the condition's symptoms but are not used to cure the patient's condition. Anorexia, weight loss, sleeplessness, headaches, irritability, mood swings, anxiety, aggressiveness, hypertension, hallucinations, tics, and dysphoria are some of the side effects linked to allopathic ADHD medical treatments.

While conventional treatments like methylphenidate are common, parents are increasingly seeking alternative therapies due to concerns about side effects (Nagle 2007). Homeopathic practitioners in South Africa have reported managing ADHD using homeopathic interventions in conjunction with dietary, lifestyle and other adjunctive approaches, with research examining its management in both children and adults (Nagle 2007) (Wentzel 2022). With multiple factors contributing to the onset of ADHD, homeopathy offers a holistic solution aimed at helping individuals with complex disorders such as ADHD. This research seeks to explore the role of homeopathy in managing ADHD in South Africa, exploring practitioners' percepts and management approaches in improving behavioural and emotional outcomes and supporting individuals in integrating more effectively into society.

1.3 AIM OF THE STUDY

The aim of the study was to explore the perceptions of registered homeopathic practitioners in South Africa and their management approaches of people with ADHD.

1.4 OBJECTIVES OF THE STUDY

The objectives of the study were to:

- To explore homeopathic practitioners' understanding and management of ADHD disorders from an orthodox diagnostic perspective.
- To explore homeopathic practitioners' understanding of ADHD in terms of homeopathic and/or complementary medical philosophy, and their approach to its management.
- To explore the predominant understanding and approach to long-term treatment of ADHD by homeopathic practitioners.

1.5 SIGNIFICANCE OF THE STUDY

People frequently turn to alternative medicine because they are unsure of conventional medicine and its side effects. Individuals with ADHD often struggle with reading difficulties (approximately 33% of cases) and may exhibit aggressive behaviour. If these issues are not addressed, they may persist into adulthood. The study delivers insight into how homeopathic practitioners conceptualise and manage ADHD in clinical practice including, treatment approaches and adjunctive therapies. Therefore, the importance of this study is in contributing to the limited South African literature on the clinical approaches used by homeopathic practitioners in the management of ADHD and in classifying areas for further research concerning the effectiveness, safety and application of these approaches (Wentzel 2022). The study will also help individuals and families realise that ADHD is more complex than just deliberate misbehaviour (Frei 2015:11-12) (Nagle 2007).

Homeopathic remedies not only enhance overall health in children, but also aid in their development into healthy adults. Complementary and alternative medicine (CAM) offers parents various treatment options for this condition, including dietary modifications, nutritional supplementation, herbal medicine, and homeopathy (Pellow, Solomon and Barnard 2011). According to Patil (2024), the homeopathic approach is highly individualized, meaning that two children with ADHD might receive different remedies based on their unique symptoms, personalities, and triggers. Rather than targeting the disorder directly, according to homeopathic principles, treatment is individualized and aims to stimulate the body's self-regulatory mechanisms. This study aims to help patients, families, students or other practitioners to gain insight, knowledge, and understanding in the various ways of treating ADHD.

1.6 OUTLINE OF THE DISSERTATION

Table 1.1 Outline of Dissertation

CHAPTERS	EXPLANATION
Chapter 1: Overview of the study	This chapter presents an overview of the study context covering the background of the study, aims, and objects.
Chapter 2: Literature review	This chapter presents a comprehensive review of the literature aligned to the topic under the study.
Chapter 3: Research Methodology	This chapter outlines the type of study including the research design and methodology that guided the data collection. It also provides a detailed explanation of the study population, sampling processes and data analysis.
Chapter 4: Findings of the study	This chapter provides findings of the study relative to the available literature and accrued data.
Chapter 5: Discussion of findings	This chapter discusses and evaluates the findings of the study that were presented in Chapter 4.
Chapter 6: Summary, limitations, recommendations and conclusion	This is the ultimate chapter of the study. It sums up the findings of the study, explores limitations, and highlights recommendations for further research. It also concludes the study.

1.7 SUMMARY OF THE CHAPTER

This chapter offered and indicated the background of the study, problem statement, aims and objects that highlight the importance to regulate further research pertaining to the management of ADHD by homeopathic practitioners in South Africa. It also gave the structure of the dissertation in order to know what is discussed in following chapters.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter presents a comprehensive review of existing literature appropriate to the management of ADHD, with particular attention to the role of homeopathic practitioners in South Africa. The literature review explores key themes such as: Aetiology of ADHD; global view of ADHD; ADHD context in South Africa; the management of ADHD in South Africa, including conventional management of ADHD, and the growing interest in CAM, particularly homeopathy. This review aims to identify gaps in the existing body of knowledge and provide a foundation for understanding how homeopathic practitioners approach the care of individuals with ADHD in the South African setting.

2.2 AETIOLOGY OF ADHD

ADHD is a neurodevelopmental condition affecting individuals of all ages - associated with difficulties in concentration, controlling impulses, and managing hyperactivity (Taragi 2023: 333). The disorder presents in three presentations: predominantly inattentive, predominantly hyperactive-impulsive, and combined (da Silva *et al.* 2023). A common belief is that it is a genetically based physiological disorder of the brain. According to Biederman (2005), ADHD is a complex and clinically heterogeneous disorder with several causes and symptoms that is associated with tremendous financial burden, stress to families, and adverse academic and vocational outcomes. While all individuals occasionally struggle with focus or self-control, those with ADHD experience persistent and pervasive symptoms that interfere significantly with academic, occupational, and social functioning (Guy-Evans 2024). As shown in Figure 2.1 below, ADHD arises from the interaction of genetic, neurobiological, and environmental factors, with evidence

supporting a strong heritable component influencing brain structure, neurotransmitter function, and treatment response (Zayats and Neale 2020) (Yacoub *et al.* 2025).

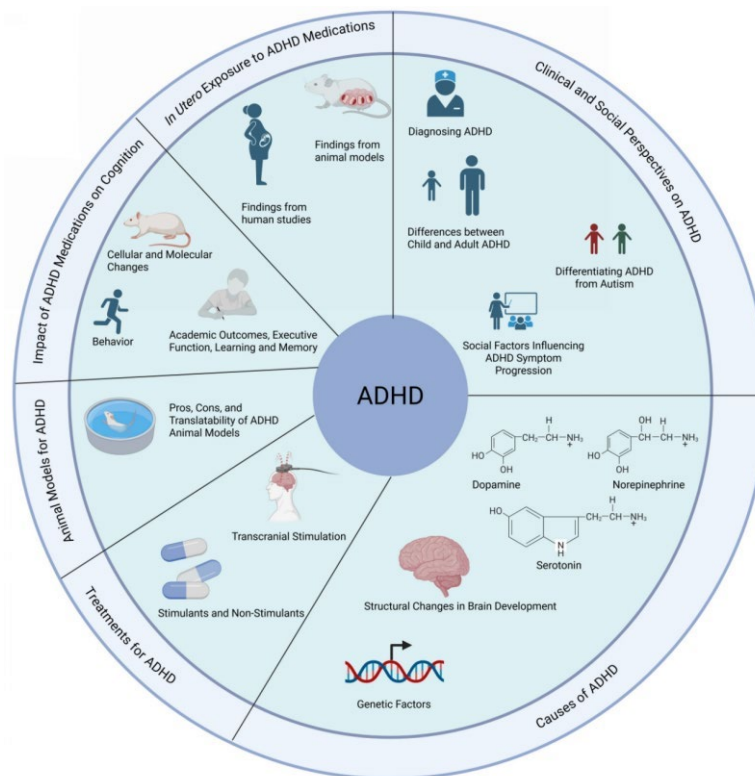


Figure 2.1 Contributing factors of ADHD in children (adapted from Yacoub *et al.* 2025)

Genetic contributions to ADHD are well established, with twin and family studies estimating heritability at approximately 70–80% (Yacoub *et al.* 2025). Variations in genes regulating monoaminergic signalling, particularly dopamine, norepinephrine, and serotonin (5-HT) play a pivotal role in the disorder's expression. These neurotransmitters control attention, motivation, and emotional regulation, and disturbances in their signalling have been identified in both human and animal studies of ADHD (Biederman 2005) (Yacoub *et al.* 2025). Figure 2.2 below illustrates the primary monoamine pathways involved: dopaminergic projections from the ventral tegmental area (VTA) to the prefrontal cortex (PFC) and nucleus accumbens (NAc) regulate reward and attention; while noradrenergic and serotonergic systems modulate arousal, memory, and mood stability (Yacoub *et al.* 2025).

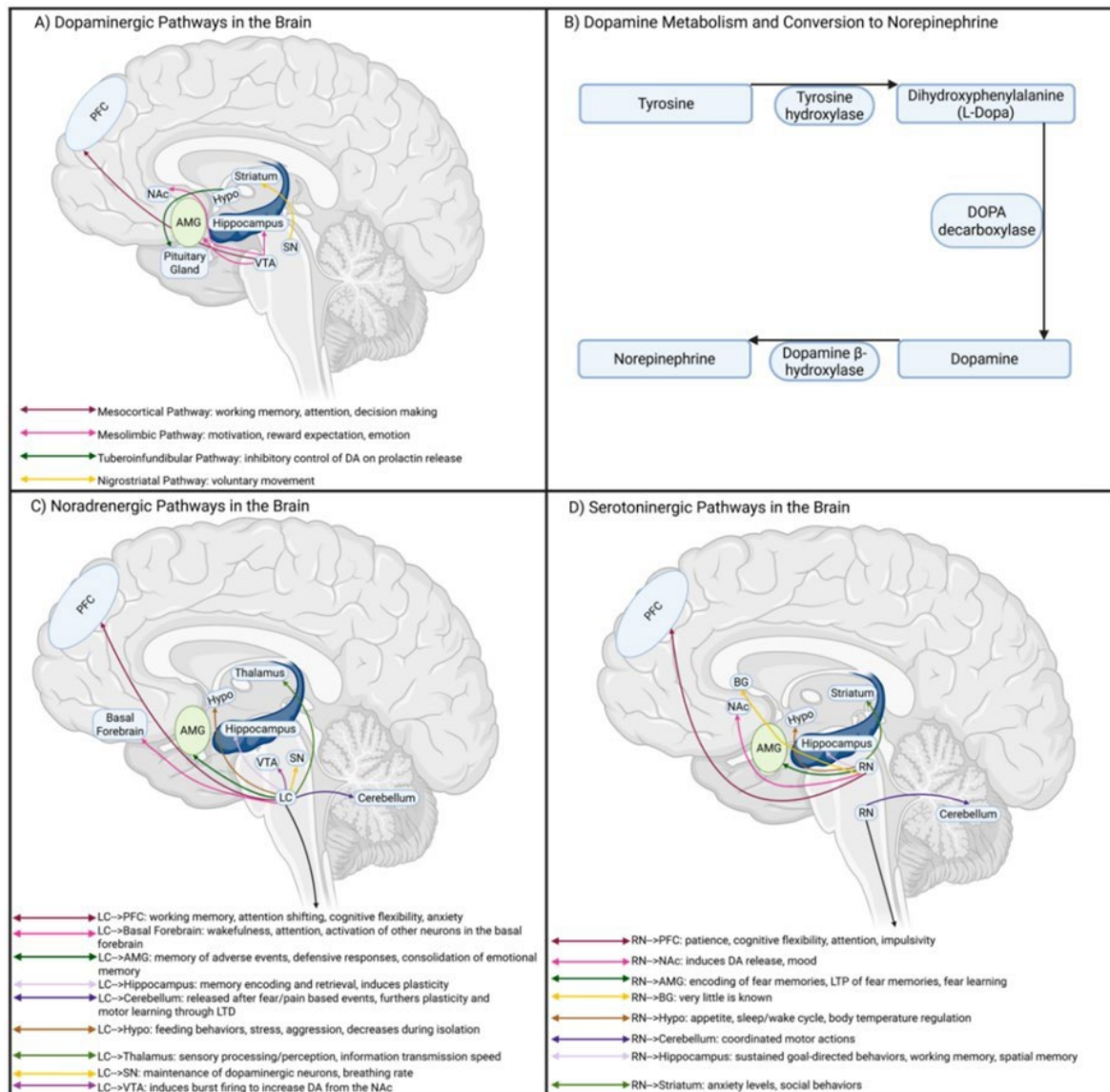


Figure 2.2 Monoaminergic pathways in the central nervous system showing dopaminergic (A), dopamine mechanism (B), noradrenergic (C), and serotonergic (D) circuits (adapted from Yacoub *et al.* 2025)

As depicted in Figure 2.2 (A -D), each monoaminergic system contributes distinct yet interrelated mechanisms of ADHD pathophysiology. Dopamine, norepinephrine, and serotonin each contribute to the neurobiology of ADHD through interconnected pathways that regulate attention, emotion, motivation, and behavioural control. To begin with, Figure 2.2 (A) illustrates the major dopaminergic circuits arising from the VTA and substantia nigra. These include: the mesocortical pathway to the PFC, supporting working memory and decision-making; the mesolimbic pathway to limbic structures, involved in reward and impulsivity; the nigrostriatal pathway governing

movement; and the tuberoinfundibular pathway influencing hormonal regulation. Consequently, ADHD is not explained by a simple dopamine deficiency, but rather by dysregulated signalling across these networks (Yacoub *et al.* 2025).

Furthermore, Figure 2.2 (B) shows dopamine metabolism, beginning with tyrosine and progressing through L-DOPA to dopamine, with norepinephrine synthesized downstream. This biochemical progression therefore highlights the close functional interaction between dopaminergic and noradrenergic systems (Yacoub *et al.* 2025).

Similarly, Figure 2.2 (C) depicts noradrenergic pathways originating from the locus coeruleus, which projects broadly to the PFC, hippocampus, amygdala, thalamus, and cerebellum. Through these circuits, norepinephrine supports attention, arousal, cognitive flexibility, and emotional memory. As a result, variations in norepinephrine metabolism and transporter function are thought to contribute to attentional deficits and hyperactivity (Yacoub *et al.* 2025).

In addition, Figure 2.2 (D) illustrates serotonergic projections from the raphe nuclei to cortical and subcortical regions, including the PFC, hippocampus, amygdala, and basal ganglia (BG). Serotonin modulates emotional regulation, behavioural inhibition, appetite, and mood. Thus, disturbances in serotonin metabolism may contribute to irritability and emotional instability in ADHD (Yacoub *et al.* 2025).

Taken together, these four panels demonstrate that ADHD reflects a multidimensional imbalance across dopaminergic, noradrenergic, and serotonergic networks, rather than dysfunction within a single neurotransmitter system. The interactive model shown in Figure 2.2 therefore supports a shift from linear ‘dopamine deficiency’ theories to a multidimensional framework in which dopaminergic, noradrenergic, serotonergic, and glutamatergic pathways jointly influence cortical maturation and attentional control (Yacoub *et al.* 2025).

Neuroimaging studies further support structural and functional abnormalities in several brain regions. As depicted in Figure 2.1, children with ADHD show delayed maturation of the PFC, approximately three years behind typically developing peers, resulting in deficits in executive control and impulse regulation. Additional volumetric reductions are seen in the cerebellum, BG, and corpus callosum (CC), contributing respectively

to motor dysregulation, hyperactivity, and impaired interhemispheric communication. The overall brain volume in ADHD is estimated to be approximately 3% smaller than average, reflecting widespread neurodevelopmental delay rather than focal damage (Yacoub *et al.* 2025).

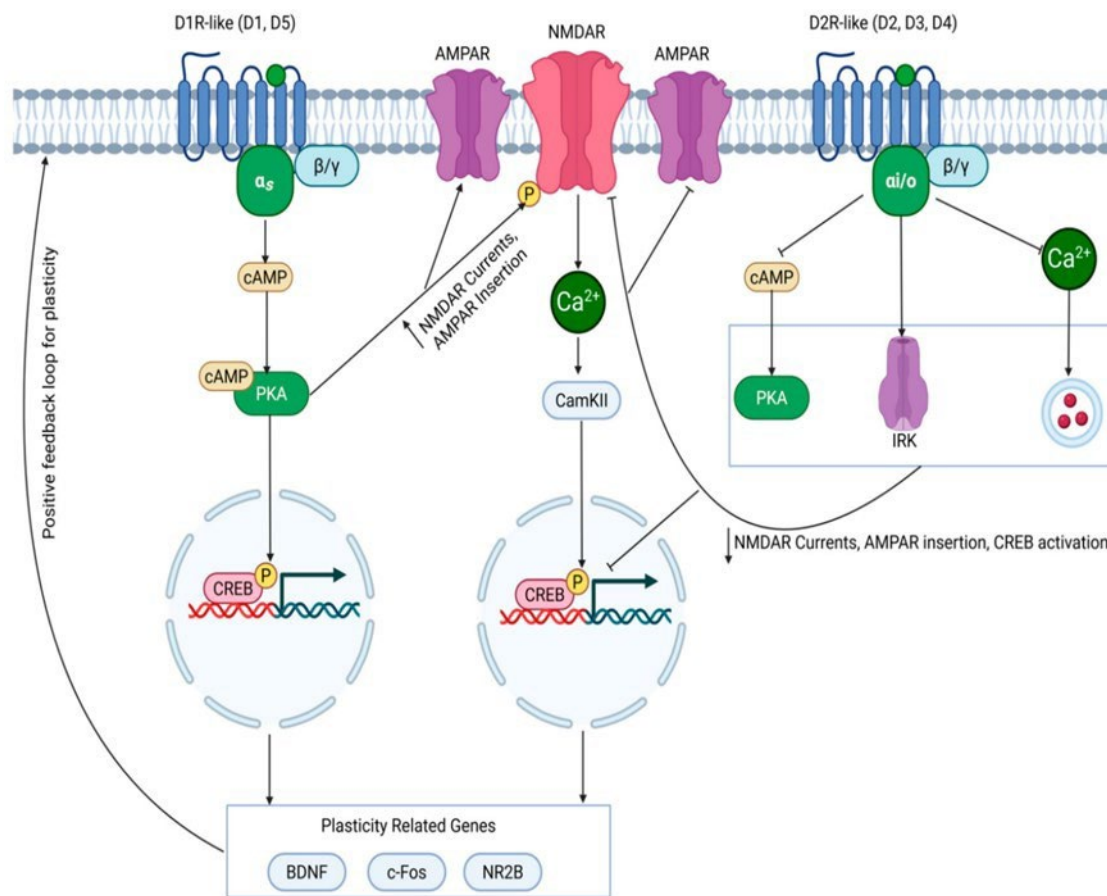


Figure 2.3 Interactions between dopamine and NMDA receptor signalling highlighting the molecular basis of synaptic plasticity and learning deficits in ADHD (adapted from Yacoub *et al.* 2025).

From a neurochemical standpoint, ADHD has historically been associated with reduced dopaminergic and noradrenergic activity in the PFC and striatal regions. However, recent findings indicate that both hypo- and hyper-dopaminergic states can manifest, depending on individual neurogenetic and environmental profiles. Figure 2.3 schematically represents the interaction between dopaminergic and glutamatergic signalling using N-methyl-D-aspartate (NMDA) receptors, suggesting that synaptic plasticity and cortical learning processes are also impaired in ADHD. This complex neurobiological model supports the understanding of ADHD as a disorder of network

connectivity and neurotransmitter imbalance rather than a single neurotransmitter deficit (MacDonald et al. 2024) (Yacoub *et al.* 2025).

Importantly, environmental and psychosocial influences act as modulators of symptom severity. Prenatal exposure to toxins, sleep dysregulation, dietary deficiencies, and early-life stress have all been implicated as aggravating factors of ADHD (Olatunji *et al.* 2023) (Shrestha, Lautenschleger and Soares 2020). As illustrated in Figure 2.1, these environmental triggers may further disrupt cortical development, highlighting the importance of integrative approaches that consider both biological and environmental determinants in ADHD aetiology (Yacoub *et al.* 2025),

The notion that ADHD is a disorder of childhood prevailed until the 1990s. ADHD frequently persists into adulthood and is associated with numerous comorbidities, including impulse-control, anxiety, as well as substance use disorders. Individuals with ADHD frequently experience conflicts with peers, suffer from lack of friendships, unpopularity, and rejection by peers due to these comorbidities (Schoeman, Albertyn and De Klerk 2017).

Inattention, hyperactivity, and impulsivity are the three core symptoms characterized by ADHD. The inattentive indications include: failure to pay attention when playing or completing tasks; mistakes made in day-to-day activities; regularly avoiding or being reluctant to engage in mentally taxing activities; absent-mindedness; frequently failing to complete or follow through on assignments; having trouble keeping things, activities, and surroundings organized; forgetfulness; frequently losing items necessary to finish tasks and other activities; and being easily distracted by any unnecessary provocation (Chandler 2005)

The hyperactivity symptoms include: difficulty in keeping still with the frequent moving of hands or feet; the tendency to get up from their chair regularly; running and climbing objects in unsuitable ways or at inappropriate times; the inability to play or carry out tasks in silence; constantly seeming energetic, occupied, or restless; and talking excessively.

The impulsivity symptoms in children include: difficulty in waiting for their turn; a propensity to interrupt or intrude into others conversations and activities; and often responding before the question is concluded. In adults, these symptoms manifest as difficulty maintaining focus, restlessness, impulsive behaviour, with disinhibition being a central feature (Mabe 2008).

Although biomedical literature mainly conceptualises ADHD as a neurodevelopmental condition influenced by genetic and neurobiological factors, other perspectives place greater emphasis on environmental, psychosocial and individual factors. These differing clarifications propose that the understanding of ADHD is influenced by the theoretical framework through which the condition is observed. However, limited literature appears to explore how South African homeopathic practitioners conceptualise the aetiology of ADHD within their own professional philosophy. This represents an important gap, particularly given that practitioners' understanding of the origins of a condition may influence how they assess and manage it.

2.3 GLOBAL VIEW OF ADHD

Millions of people worldwide are impacted by ADHD, a complicated and frequently misunderstood disorder. The global perspective on ADHD has evolved significantly, with the disorder now recognized worldwide despite variations in interpretation across cultures (Smith 2017). Research on ADHD's long-term outcomes has increased globally, with most studies emerging from North America and Europe (Hodgkins *et al.*

2012). Considering its high prevalence, different countries have quite different methods in diagnosing, managing, and prompting public opinion on ADHD. Cultural attitudes, the healthcare system, and the general level of understanding and acceptance of neurodevelopmental conditions all have an influence on these disparities. For instance, the global adoption of ADHD diagnosis and treatment has led to changes in its definition and management across different psychiatric professions and medical systems (Bergey *et al.* 2018). Globally, ADHD prevalence varies with estimates fluctuating from 5% to 7% of children and adolescents (Taragi 2023: 333). Kennedy, Figueiro, and Law (2024) state that according to recent estimates, approximately 366 million people worldwide have ADHD. This figure represents about 5.29% of the global population, although prevalence rates can vary significantly between countries and regions.

2.4 ADHD CONTEXT IN AFRICA

Africa and the Middle East encounter substantial challenges in diagnosing and reporting ADHD. ADHD remains under-documented and under-treated in many African contexts because of cultural beliefs, insufficient public awareness, and systemic obstacles within healthcare and education. Behaviours accompanying the condition are often credited to poor discipline, spiritual origins, or moral imperfections rather than understanding them as neurodevelopmental symptoms. This lends to stigma and delayed intervention. The prevalence of ADHD among African children ranges from 1.5% to 8.7%, with higher rates in special populations (Bakare 2012). Some studies have been conducted in countries like Egypt, Saudi Arabia, and South Africa, suggesting prevalence rates ranging from 1.3% to 8.4%, depending on the specific population and diagnostic criteria used (Kennedy, Figueiro, and Law 2024). Recommendations include public awareness campaigns, strengthening mental health services, integrating care into primary healthcare systems, and addressing treatment affordability. However, awareness is gradually growing in urban areas, and efforts are proceeding to improve diagnosis, treatment, and public education about ADHD in culturally suitable means (Olatunji *et al.* 2023).

2.5 ADHD MANAGEMENT STRATEGIES IN SOUTH AFRICA

Research on ADHD management in South Africa reveals significant challenges and areas for improvement. ADHD is recognised but frequently misunderstood. While awareness is growing, many individuals, predominantly in rural and underprivileged regions, remain undiagnosed or misdiagnosed due to limited access to mental health care services and cultural misconceptions (Olatunji *et al.* 2023). Its high prevalence in South Africa, estimated around 10% of the child population, highlights the importance of understanding effective management strategies for ADHD in this context (Amod, Vorster and Lazarus 2013). Limited access to diagnosis and treatment for adults with ADHD contributes to the disorder's burden (Schoeman, Albertyn and De Klerk 2017). While psychiatrists and paediatricians demonstrate adequate knowledge of ADHD, differences exist in their management approaches and interdisciplinary collaboration (Venter *et al.* 2004). A clinical audit found low compliance with evidence-based guidelines, particularly in physical monitoring, with centrally located clinics offering more treatment options and safer monitoring compared to peripheral locations (Vrba, Vogel and de Vries 2016). These studies highlight the need for increased awareness, improved access to care, and standardized protocols to enhance ADHD management in South Africa. Collaborative efforts among stakeholders are crucial for advancing research, training, and treatment strategies in this context.

Although pharmacological treatment remains an essential component of ADHD management, the literature shows that management is not limited to medication and may involve behavioural, educational and psychosocial interventions. However, much of the existing literature is grounded in the biomedical understanding of ADHD, with moderately less attention given to complementary approaches to management. While pharmacological treatments are available, access remains unequal, and there is increasing interest in complementary approaches, including homeopathy. Addressing ADHD in South Africa requires a multifaceted approach that considers cultural sensitivity, healthcare access, and educational reform (Schoeman and Voges 2022). This creates a gap in understanding how practitioners who work within complementary healthcare systems conceptualise and manage ADHD. In the South

African context, this gap is particularly relevant because healthcare practices may involve multiple approaches to health and illness.

2.5.1 Conventional management for ADHD

ADHD treatment management in South Africa primarily involves pharmacological and non-pharmacological treatment interventions, such as behavioural and psychosocial therapy involving educational professionals, psychologists, and occupational therapists (Jongh and Wium 2021).

2.5.2 Pharmacological Interventions

Pharmacological treatments for ADHD primarily consist of two main classes: stimulants and non-stimulants (Groom and Cortese 2022) (Mechler *et al.* 2022). Stimulants include methylphenidate and amphetamines, these are considered the gold standard due to their high efficacy in treating ADHD symptoms. These medications are accessible in both immediate-release and extended-release preparations. Methylphenidate stimulants are the first-line pharmacological intervention for ADHD. They act primarily by increasing dopamine and norepinephrine levels at the synaptic terminals through reuptake inhibition, while also inhibiting monoamine oxidase (MAO) enzymes, which are responsible for the metabolic breakdown of these neurotransmitters. This dual action prolongs neurotransmitter activity in the synaptic cleft, enhancing attention and cognitive control (Reeves and Schweitzer 2004).

Non-stimulant options for ADHD management include atomoxetine, guanfacine, and clonidine (Groom & Cortese, 2022; Mechler *et al.*, 2022). According to Wentzel (2022), these medications primarily consist of selective norepinephrine reuptake inhibitors (SNRIs) and alpha-2 adrenergic receptor agonists. Atomoxetine acts as a selective norepinephrine reuptake inhibitor, increasing the availability of norepinephrine in the prefrontal cortex to enhance attention and impulse control (Figure 2.4). In contrast, guanfacine and clonidine are alpha-2 adrenergic receptor agonists, which reduce

sympathetic nerve activity and improve working memory, emotional regulation, and behavioural inhibition by modulating prefrontal cortical circuits (Figure 2.4). These agents are particularly useful for patients who experience side effects from stimulants or who have comorbid conditions such as tics, anxiety, or sleep disturbances (Pliszka, 2003). While stimulants generally show larger effect sizes, non-stimulants provide alternative options for patients who do not respond well to stimulants or have contraindications. Treatment choice should reflect individual factors such as daily schedules, existence of aggressive symptoms, and risk of diversion. Possible side effects may include diarrhea, anorexia, nausea, vomiting, mood changes, fatigue, and vertigo but these may diminish with continuous usage (Mechler et al. 2022).

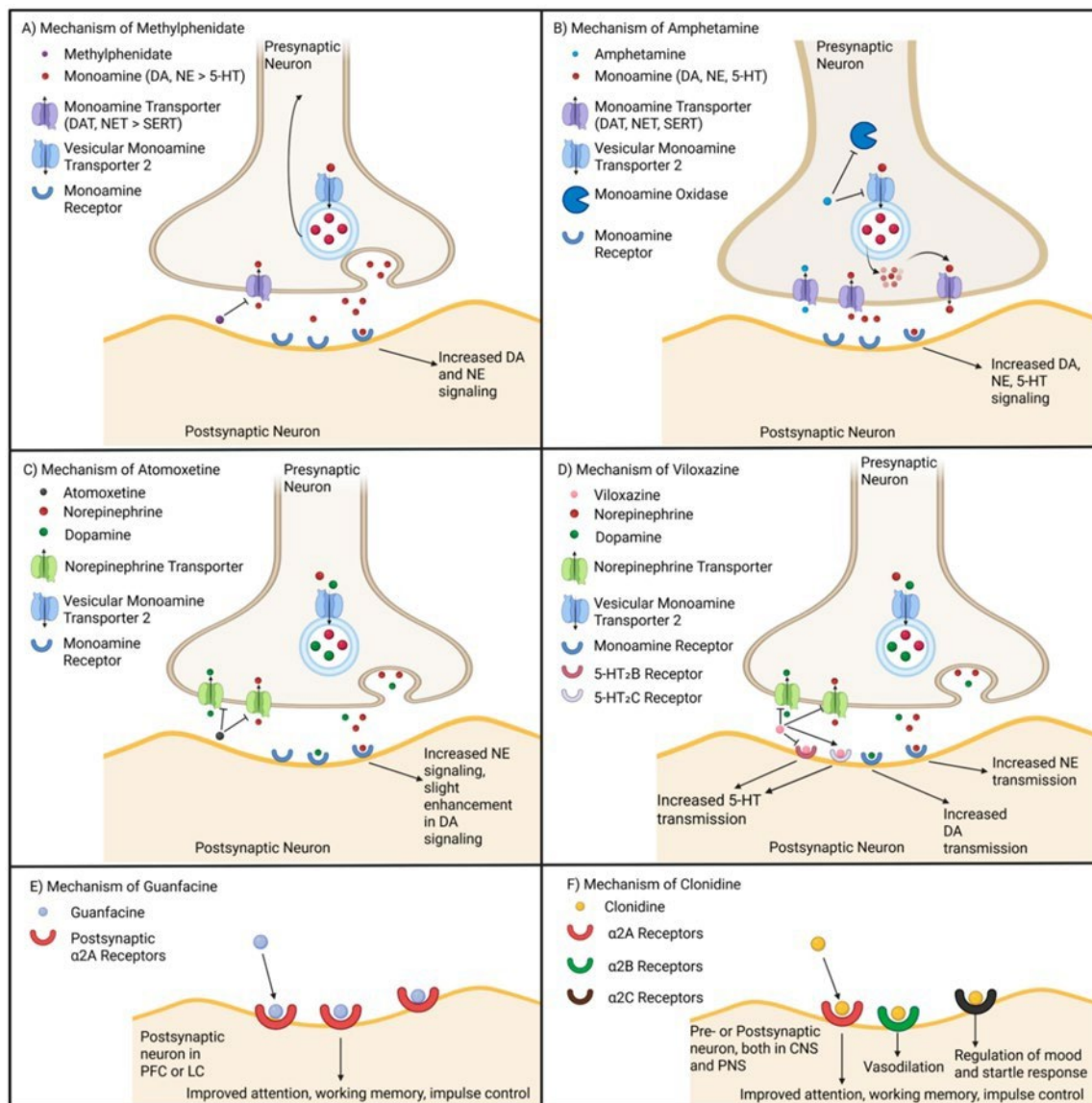


Figure 2.4 Mechanisms of action of major ADHD pharmacotherapies (A) Methylphenidate; (B) Amphetamine; (C) Atomoxetine; (D) Viloxazine; (E) Guanfacine; (F) Clonidine (adapted from Yacoub *et al.* 2025).

The mechanisms of action of the ADHD pharmacotherapies are clarified thoroughly in the table 2.1 underneath:

Table 2.1 Summary of Major ADHD Medications and their mechanism of action

Drugs/Class	Mechanism of action	Long term side effects	References
Methylphenidate	Blocks reuptake of dopamine and norepinephrine in presynaptic neurons, increasing synaptic levels	Growth delay (height/weight), rare cardiovascular events, mild tolerance	Wei <i>et al.</i> 2023 Catalá-López <i>et al.</i> 2017
Amphetamines e.g. Lisdexamfetamine Dimesylate (LDX)	Promotes dopamine and norepinephrine release and inhibits reuptake; LDX is a prodrug yielding sustained d-amphetamine release	Rare psychosis, emotional lability, cardiovascular strain, mild tolerance over time	Wei <i>et al.</i> 2023 Luan <i>et al.</i> 2017
Atomoxetine	Selective NRI	Possible liver enzyme elevation, increased suicidal ideation risk in youth	Cortese <i>et al.</i> 2018 Wei <i>et al.</i> 2023

Guanfacine XR	α 2A-adrenergic receptor agonist - reduces norepinephrine hyperactivity in PFC	Sedation and hypotension at higher doses	Bello 2015
Clonidine XR	Non-selective α 2-adrenergic receptor agonist	Hypotension, rebound hypertension on withdrawal	Catalá-López <i>et al.</i> 2017
Bupropion	Dopamine and norepinephrine reuptake inhibitor	Rare seizures (dose-dependent), contraindicated in eating disorders	Elliott <i>et al.</i> 2020
Viloxazine XR	Selective norepinephrine reuptake inhibitor with serotonergic modulation	Limited long-term data, low abuse risk	Robinson <i>et al</i> 2022

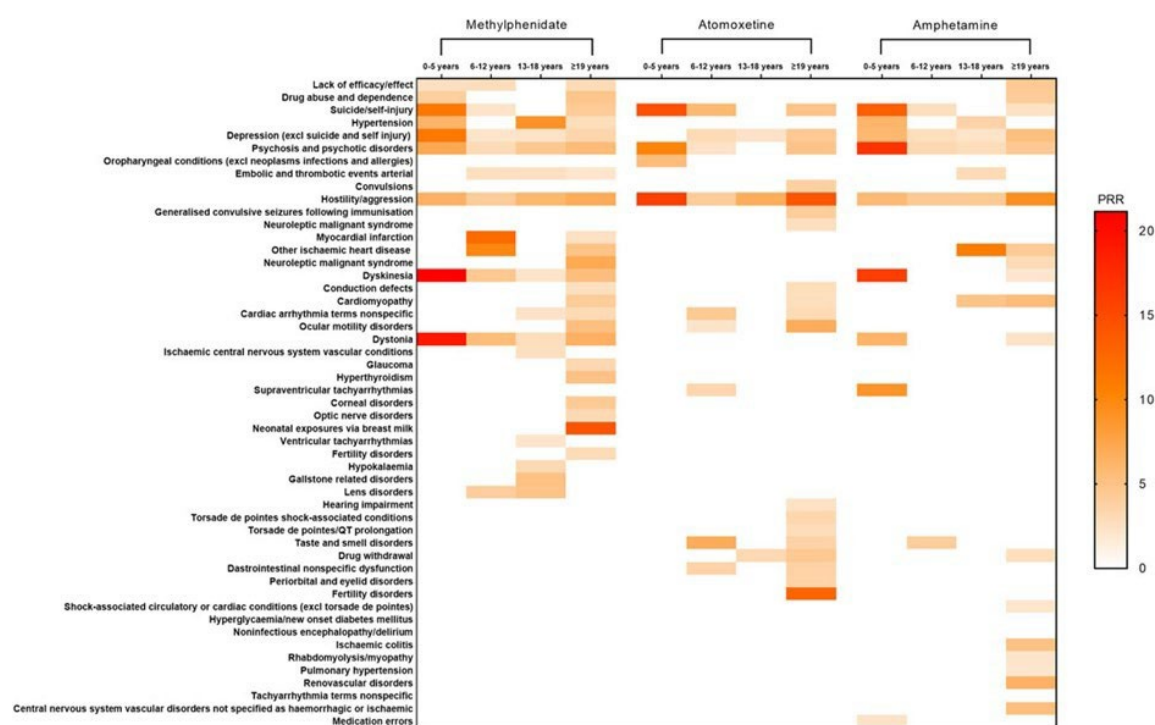


Figure 2.5 Positive signal distribution for methylphenidate, atomoxetine, and amphetamine using standardized MedDRA queries (adapted from Wei *et al.* 2023).

The pharmacovigilance analysis, shown in Figure 2.5, by Wei *et al.* (2023), identified suicide and self-injury as one of the most frequently reported psychiatric adverse events in children using ADHD medications, particularly atomoxetine and methylphenidate. In the Food and Drug Administration (FDA) Adverse Event Reporting System dataset, both drugs demonstrated clear age-related clustering of suicidal ideation signals. Among children aged 6 - 12 years, atomoxetine showed stronger signal intensity in the Pattern Recognition Receptor, with values in the 5 - 10 range), whereas, methylphenidate displayed moderate but consistent reporting of suicide- and self-harm-related adverse events across childhood and adolescence. The amphetamine group showed fewer paediatric suicide-related reports.

Importantly, atomoxetine carries a FDA black box warning for increased suicidal ideation risk in children and adolescents, a finding reinforced by the results of Wei *et al.* (2023) and by prior clinical data demonstrating that suicidal thoughts occur in approximately 0.4% of paediatric atomoxetine users versus none in placebo (Capuano

et al. 2014). Conversely, stimulant medications (methylphenidate and amphetamines) have shown mixed patterns. While rare cases of self-harm and suicidal ideation have been reported, sometimes linked to treatment initiation or dose escalation, long-term population studies suggest that stimulant treatment may reduce suicide attempts by improving impulse control and comorbid depression (Chang *et al.* 2020) (Öhlund *et al.* 2023).

These medications efficiently reduce ADHD symptoms, resulting in improved social skills, enhanced alertness, attention, and academic performance. Possible side effects of stimulant therapies include anorexia with weight loss, nausea, gastroenteritis, insomnia, headaches, behavioural rebound, tics exacerbation, tachycardia or a hypertensive state. Irritability, psychosis, mania and severe depression are more serious adverse effects associated with the use of stimulants (Wentzel 2022)

2.5.3 Non-Pharmacological Interventions

Non-pharmacological interventions for ADHD include psychological and psychoeducational treatments, which vary in efficacy across age groups. These interventions include behavioural interventions, neurofeedback, cognitive training, and/or restricted or elimination diets (Riley 2022). Behavioural therapy given by parents with active teacher involvement is the most effective and best researched non-pharmacological intervention, while cognitive training, neurofeedback, and dietary interventions required more comparative research to determine their efficacy (Riley 2022) (Catalá-López *et al.* 2017). School-age children with moderate impairments may benefit from group parent training and classroom behavioural interventions, while those with severe impairments often require integrated treatment packages combining non-pharmacological approaches with pharmaceutical medication (Young and Amarasinghe 2010). Multi-nutrient supplementation and polyunsaturated fatty acids may have modest effects on ADHD symptoms and related outcomes. While non-pharmacological treatments are generally safe, their efficacy is often limited compared

to pharmaceutical medication, and they may delay proven treatments (Sibley *et al.* 2023).

According to Riley (2022) cited in Schellack *et al.* (2017), it is important that parents and caregivers of ADHD children understand that conventional pharmacotherapy does not cure ADHD, and that it only aims to alleviate the core symptoms of the condition. Complementary and alternative medicine tends to be safer, whereas, allopathy may have major adverse effects that more severe than the advantages it provides (Naidoo 2024) (Ahmad *et al.* 2023).

2.5.4 The integrative care of ADHD

Integrative care for ADHD emphasizes the identification and correction of underlying biological imbalances such as nutritional deficiencies, oxidative stress, inflammation, and gut dysbiosis rather than relying solely on symptom management. This systems-oriented model focuses on restoring equilibrium within interconnected physiological networks through nutrition, micronutrient therapy, herbal supplementation, and lifestyle modification (Noland and Raj 2019). Practitioners adopting this approach assess root causes including genetic predispositions, environmental toxin exposures, and nutrient insufficiencies to develop individualized care plans targeting neurochemical and metabolic dysfunctions (Toygar and Bakırhan 2023).

Micronutrient therapy plays a central role in the functional medicine management of ADHD. Deficiencies in zinc, magnesium, iron, and vitamin D have been consistently associated with impaired dopamine metabolism, oxidative stress, and hyperactivity symptoms. Studies indicate that supplementation of these nutrients can improve attentional performance and emotional regulation, with zinc and magnesium particularly effective for reducing impulsivity and aggression (Nguyen, Oughli and Lavretsky 2022). Iron is critical for dopamine synthesis, and low ferritin levels correlate with symptom severity. Additionally, vitamin D regulates neurotrophic factors and

synaptic plasticity, suggesting a neuroprotective role when adequately maintained. Evidence supports combining these nutrients in tailored formulations rather than isolated mega-doses, consistent with functional medicine principles of biochemical individuality (Alkhatib 2020).

Herbal and botanical therapies are also integral components of functional ADHD management, particularly for modulating stress response, cognition, and inflammation. Adaptogenic herbs such as *Withania somnifera* (Ashwagandha) and *Panax ginseng* enhance cognitive resilience and reduce cortisol dysregulation, supporting the hypothalamic-pituitary-adrenal (HPA) axis implicated in ADHD pathophysiology (Hou, Deng and Mao 2019). *Ginkgo biloba* has demonstrated improvements in working memory and sustained attention, while *Bacopa monnieri* (Brahmi) has been shown to enhance neuronal communication and antioxidant capacity, particularly when combined with micronutrients (Mudondo *et al.* 2025). *Mentha* spp. (Mint), rich in iron and flavonoids, has also been identified as a functional ingredient that supports neurotransmitter balance and digestion, which is important in gut-brain optimization (Arshad *et al.* 2023).

Gut health modulation through probiotics and functional herbal teas is increasingly recognized as a pathway for addressing neurobehavioral dysregulation. The gut-brain axis plays a central role in dopamine and serotonin signalling, and dysbiosis may exacerbate inattention and mood instability. Probiotic strains such as *Bacillus coagulans* have demonstrated the ability to survive intestinal transit and promote microbiome balance when incorporated into herbal tea formulations (Polo *et al.* 2022). Furthermore, polyphenol-rich herbs such as thyme, rosemary, and echinacea exhibit anti-inflammatory and antioxidant effects that can mitigate neuroinflammation and support gut integrity (Ozturk *et al.* 2024).

Despite promising results, integrative ADHD care remains heterogeneous and occasionally controversial. Variability in herbal composition, nutrient bioavailability, and patient genetics can lead to inconsistent clinical outcomes (Umaru *et al.* 2020).

Some studies caution that herbal-drug interactions, particularly with stimulant medications, necessitate professional oversight and individualized titration (Nguyen, Oughli and Lavretsky 2022). It for this very reason that homeopathic medicines have become a safer and efficient alternative because of their safety and minimal interactions with chronic medications (Bornhöft *et al.* 2006).

2.5.5 Complementary and alternative management of ADHD

Complementary and alternative medicine therapies for ADHD have gained popularity among parents seeking alternatives to conventional treatments (Shanjuvigasini, Pitchai and Staten 2022). In rural African communities, access to conventional ADHD treatments can be limited, leading families to seek alternative approaches, such as traditional African and homeopathic medicines. Existing research on ADHD management in South Africa has primarily focused on conventional medical interventions, such as pharmacological treatments and behavioural therapies (Schoeman and Liebenberg 2017). ADHD has been associated with academic underperformance and social difficulties, particularly in economically deprived areas (Amod, Vorster and Lazarus 2013). Quite often, ADHD patients and their families turn to alternative or complementary medicine, such as homeopathy, to seek relief from the symptoms and to address the underlying causes (Shrestha, Lautenschleger and Soares 2020). For this reason, homeopathic practitioners have emerged as an alternative to conventional ADHD management in South Africa, offering a unique perspective on addressing the disorder (Schoeman and Liebenberg 2017).

2.5.6 Homeopathic management of ADHD

Homeopathy is a holistic system of complementary medicine that treats patients based on the principle of 'Similia Similibus Curentur', the homeopathic Law of Similars which translates to 'Let likes be cured by likes' (Kent 1904). In homoeopathic philosophy, the Law of the Minimum Dose states that the smallest possible quantity of a medicine capable of eliciting a therapeutic response should be administered to the patient. This principle aims to stimulate the body's vital force gently, avoiding aggravation while promoting self-healing (Hahnemann 1842; Kayne 2006). The term miasm was introduced by Samuel Hahnemann in his seminal work *The Chronic Diseases, Their Peculiar Nature and Their Homoeopathic Cure* (1842). Hahnemann proposed that chronic diseases arise from underlying "miasmatic" influences specifically Psora, Sycosis, and Syphilis which represent inherited or acquired predispositions affecting the patient's susceptibility to illness. Contemporary homoeopaths use miasmatic analysis to individualise treatment, identifying dominant miasmatic expressions and prescribing accordingly (Hahnemann 1842; Coulter 1982).

According to Patil (2024), the homeopathic approach is highly individualized, meaning that two children with ADHD might receive different remedies based on their unique symptoms, personalities, and triggers. Rather than targeting the disorder directly, homeopathy works by stimulating the body's natural healing mechanisms to restore emotional and mental balance.

The literature suggests that homeopathic practitioners in South Africa often take a more holistic approach to ADHD management, considering the individual's physical, emotional, and environmental factors contributing to the disorder (Panchal 2016). The purpose of this holistic approach is to offer procedures that can enhance the patient's quality of life and deliver clinical advantages (Wentzel 2022). Homeopathic treatments are typically tailored to the specific needs and symptoms of each patient, with the goal of addressing the root causes of ADHD rather than treating only the symptoms (Gaertner, Teut and Walach 2022). Unlike conventional treatments that may have

undesirable side effects, homeopathic remedies are reported to have a gentler, more natural impact on the body and mind. The general homeopathic strategy for healing is to 'treat the patient, not the disease' (Jamal and Sisir 2023). To effectively manage ADHD in some individual, homeopathic practitioners can provide a range of homeopathic medicines, health supplements, and modifications to diet and lifestyle. One open-label observational study indicated that individualized homeopathic treatment significantly improved focus, inattentiveness, impulsivity and hyperactivity in ADHD children as tested over eighteen months (Wentzel 2022).

Furthermore, homeopathic practitioners in South Africa emphasize the importance of parental involvement and family support in the management of ADHD, recognising the significant role that environmental factors play in the disorder's manifestation and treatment (Mahomed, Alexander and Maree 2021). For instance, one study found that homeopathic practitioners often utilise family therapy and parental counselling as part of their ADHD management approach (Gaertner, Teut and Walach 2022). However, the existing research also highlights the need for more rigorous, scientific evaluation of the efficacy of homeopathic interventions for ADHD in the South African context. It is as imperative to nurture the creative spirit, innovative thinking, enthusiasm, and the curiosity that these children often show as it is to eradicate the lesser behaviour patterns. Homeopathic treatment balances these qualities allowing the individuals to reach their full potential (Goyal and Singh 2022).

While anecdotal reports and case studies suggest potential benefits of homeopathic treatments, there is a lack of large-scale, controlled studies that can conclusively demonstrate the efficacy of these approaches (Schoeman and Liebenberg 2017). For instance, Dhawale *et al.* (2014) found that while homeopathic remedies showed some promise in improving learning disabilities, the improvements were not sustained over time. Thus, while homeopathic practitioners in South Africa offer a unique and potentially valuable perspective on ADHD management, further research is needed to establish the clinical effectiveness and long-term outcomes of these alternative

approaches within the South African healthcare system. As such, the literature review underscores the need for further research to establish the effectiveness of homeopathic management of ADHD in South Africa, particularly in comparison to or in combination with conventional medical interventions.

Some studies suggest potential benefits in reducing ADHD symptoms, particularly inattention and hyperactivity. Individualisation is the key in homeopathic management, every child/adult is treated as a unique individual instead of being classified into a type (Khobragade *et al.* 2024). However, there are some commonly used homeopathic remedies for concentration, hyperactivity, aggression, and impulsivity that are used for ADHD. According to Sharma (2024), these are: *Baryta carbonica*, *Lycopodium*, *Hyoscyamus niger*, *Veratrum album*, *Tarentula hispanica*, and *Tuberculinum bovinum*. Khan (2024), also mentions *Datura stramonium*, *Cina officinalis*, *Ignatia amara*, *Anacardium orientale*, and *Phosphorus*. Table 2.2 below highlights these remedies and their indications in ADHD.

Table 2.2 Outline of commonly used remedies for ADHD and their mental symptoms

Homeopathic Remedy	ADHD symptoms presentation
<i>Baryta carbonica</i>	Works wonders in treating concentration difficulties in children having ADHD. Children who need <i>Baryta carbonica</i> cannot concentrate or pay attention to any work. Difficulty in concentrating during studies is also pronounced in such cases. The affected children cannot fix their attention while reading, thereby forgetting the lesson (Sharma 2024).
<i>Cina</i>	Irritability, fidgeting, teeth grinding, abdominal discomfort (often linked to parasitic infections), and inability to

	concentrate. The child dislikes being touched and reacts angrily to correction. Frequently used in cases of ADHD accompanied by digestive or parasitic issues (Khan 2024).
<i>Carcinosium</i>	Perfectionism, anxiety, and exhaustion following prolonged emotional suppression or familial stress. ADHD symptoms arise from rigidity and internalized pressure. Noted for effectiveness in complex constitutional cases when ADHD occurs alongside anxiety or obsessive traits (Khobragade <i>et al.</i> 2024)
<i>Datura stramonium</i>	Sudden outbursts of aggression, fear of darkness, nightmares, violent behaviour, extreme hyperactivity, and terror after trauma. The child may cling to others and display alternating fear and rage. Used for severe hyper-arousal and emotional instability in children sensitive to sensory overload (Khobragade <i>et al.</i> 2024).
<i>Hyposcyamus niger</i>	Restlessness, constant talking, impulsivity, attention-seeking, inappropriate laughter, and inability to control speech or behaviour. Often prescribed for children with exaggerated social disinhibition. Reported as one of the most frequently used remedies in individualized homeopathic ADHD trials (Brule <i>et al.</i> 2023).
<i>Lycopodium clavatum</i>	Helps in cases where children show difficulty with concentration during reading whereby he/ she cannot read what he wrote. They also tend to have confusion over daily affairs and display traits of loss of self-confidence (Phatak 1999).

<i>Nux vomica</i>	Irritability, overstimulation, poor sleep, and frustration intolerance. Ideal for children reacting to excessive stress, screen exposure, or academic pressure. Helps balance the sympathetic nervous system, complementing other integrative ADHD therapies (Khobragade <i>et al.</i> 2024).
<i>Phosporus</i>	Easily distracted, hypersensitive to stimuli (light, sound, emotion), sociable but quickly exhausted. Often prescribed for empathetic, creative children overwhelmed by stimulation. Frequently chosen in clinical trials due to its broad neurological and emotional coverage (Fibert and Relton 2018).
<i>Sulphur</i>	Disorganized, forgetful, daydreaming, and oppositional. The child resists authority, prefers creative or imaginative play, and dislikes routine. Often prescribed for inattentive-type ADHD with creative but scattered mental energy (Khan 2024).
<i>Tarentula hispanica</i>	Extreme restlessness, rapid speech, destructive impulses, love of music and dancing, and jealousy. Responds well to rhythm and movement therapy. Highlighted in clinical observations as beneficial for children exhibiting sensory hyperactivity and intense impulsivity (Khobragade <i>et al.</i> 2024).
<i>Tuberculinum bovinum</i>	Restless, rebellious, desire for change, destructiveness, and aversion to restriction. ADHD symptoms manifest with dissatisfaction and constant movement. Reported in observational studies to improve frustration tolerance and impulsivity (Brule <i>et al.</i> 2023).
<i>Veratrum album</i>	Hyperactivity with deceitful or attention-seeking behaviours, obsessive lying, and extreme competitive drive. Physical

	coldness, diarrhoea, and sudden mood swings may be present. Suitable for children whose ADHD presents with mania-like overexcitement (Vithoulkas 2017).
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The table 2.2 above illustrates some of the remedies that were indicated for ADHD. A 2023 double-blind, placebo-controlled trial involving six 16-year-olds with ADHD found that individualized homeopathic consultations regardless of remedy were associated with improved symptom scores compared to standard care, suggesting that therapeutic consultation may contribute significantly to the observed effect (Brule *et al.* 2024). In 2024, a scoping review confirmed modest benefits from individualized homeopathic prescriptions, especially in reducing hyperactivity and impulsivity, but highlighted inconsistent results and methodological weaknesses (Khobragade *et al.* 2024). Earlier feasibility studies also found parent-reported improvements in emotional regulation and school performance with individualized treatment (Fibert and Relton 2018).

Table 2.3 Homeopathic potency type and level of action (Hahnemann 1842)

Potency type	Dilution ratio	Common notation	Level of action
Decimal	1:10	1DH, 2DH or 1D, 2D	Physical or organ-level issues
Centesimal	1:100	6CH, 30CH, 200CH or 6C,30C, 200C	From physical (low) to emotional/mental (high)

Millesimal	1M:1000	1M, 10M, 50M	Deep constitutional or chronic mental cases
Quinquagemillesimal	1:50,000	LM1, LM2, LM3 or Q1, Q2, Q3	Sensitive patients; gentle, continuous dosing

In homeopathic prescribing, potency is selected according to the depth of pathology and the completeness of the symptom picture, a principle articulated by Hahnemann in the *Organon of Medicine* (Hahnemann 1842). Hahnemann observed that when the disturbance lies mainly in the physical sphere, such as localized symptoms or functional restlessness, lower potencies (Decimal D6 - D12 or Centesimal 6CH - 12CH) suffice, as they act more materially on the body. As the disturbance extends into emotional regulation, such as irritability, anxiety, or behavioural hypersensitivity, medium potencies (12CH - 30CH) are chosen to address both somatic and emotional layers. Finally, when the case exhibits mental and constitutional involvement including impulsivity, cognitive rigidity, or personality-level traits a higher potency (200CH - 1M or LM) may be justified, reflecting a remedy intended to act dynamically upon the entire organism rather than any single symptom (Hahnemann 1842) (Bhatia 2009).

Hahnemann's introduction of LM potencies refined this philosophy further by allowing frequent, gentle dosing suited for sensitive individuals, especially children or emotionally reactive patients. LM potencies, made on a 1:50 000 scale, enable subtle stimulation without excessive aggravation, maintaining therapeutic continuity while respecting the patient's susceptibility. Later clinicians such as Bhatia (2009) and Ananthakrishnan (n.d.) reaffirmed that higher potencies are suitable when the totality is clear and the vitality is strong, whereas lower potencies are reserved for incomplete or largely physical cases. This stratified approach remains central to classical

homeopathy, emphasizing that the clearer and deeper the case, the higher the potency that can be safely used.

2.6 SUMMARY OF THE CHAPTER

This chapter defined ADHD and contributed a detailed view of literature and the prevalence of ADHD in South Africa. ADHD is a complex disorder with multiple aetiologies that were explored together with the various treatment protocols that are currently being used to treat ADHD. An in-depth review of both pharmacological and non-pharmacological interventions was done. This chapter highlighted the different management strategies of ADHD and highlighted the significance to engage in the study of the management of ADHD by homeopathic practitioners in South Africa.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter illustrates the methodological process for gathering, interpreting, and analysing data in order to enhance one's knowledge on the management of attention-deficit/ hyperactivity disorder (ADHD) by homeopathic practitioners in South Africa.

3.2 RESEARCH DESIGN

A qualitative exploratory research design was employed. Qualitative research is defined as 'the study of the nature of phenomena', in order to understand how and why something has occurred. This includes the quality, patterns, themes, and the context in which a phenomenon appears or the perspectives from which they can be perceived. Qualitative research does not observe the range, frequency, or place in an objective manner, but is rather subjective in its viewpoint (Busetto, Wick and Gumbinger 2020:14). The researcher utilized this approach because it employs non-numerical data collecting and thematic analysis to explore and comprehend homeopathic practitioners' beliefs, attitudes, actions, and experiences. It looked at subjective data from sources, including semi-structured interviews in an effort to provide answers to the research question. A qualitative approach was appropriate for this study because it enabled the researcher to get detailed, in-depth aspects from homeopathic practitioners in order to gain satisfactory insight into ADHD management in South Africa.

Qualitative research is used to gain insights into people's feelings and thoughts, which may provide the basis for a future stand-alone qualitative study or may help researchers to map out survey instruments for use in a quantitative study (Sutton and Austin 2015:231). A better understanding of the significance that people attribute to their experiences can be developed by using qualitative research. This study

employed the use of qualitative method because it gave the participants the chance to discuss in depth their professional experiences managing ADHD.

Semi-structured interviews are characterized by open-ended questions and the use of an interview guide in which the broad areas of interest, sometimes including sub-questions, are defined (Busetto, Wick and Gumbinger 2020:14). This research used semi-structured interviews because the study question in nature was exploratory and thus allowed a free-flow conversation to take place to ensure that the research question was covered fully. Participant responses helped formulate more rigorous research questions and build a more solid knowledge base.

The study was guided by an interpretivist paradigm, which is more concerned with in depth variables and factors related a context, it considers humans as different from physical phenomena as they create further depth in meanings with the assumption that human beings cannot be explored in a similar way to physical phenomena. (Alharahsheh and Pius 2020). The interpretivist paradigm was appropriate for this study because the research sought to explore homeopathic practitioners' understanding of ADHD and their approaches to its management. Rather than measuring predetermined variables, the study aimed to obtain an in-depth understanding of participants' perspectives and experiences. The interpretivist paradigm therefore informed the qualitative research approach and the use of interviews to obtain rich descriptions of participants' views and clinical experiences.

3.3 STUDY SETTING

The setting of a research study is the physical, social, and cultural site in which the researcher conducts the study. In qualitative research, the setting is typically where participants experience the issue under study (Creswell 2014:189). This study was conducted in South Africa, with careful consideration given to geographical diversity. To ensure balanced representation, the study included practitioners from both urban

and rural areas, as ADHD management practices may vary significantly across these settings. Additionally, the study addressed potential variability in ADHD diagnosis and treatment that may arise due to socio-economic differences across regions. This approach enhanced the study's depth by capturing a broader range of practices and challenges in ADHD management within South Africa.

3.4 STUDY POPULATION

The study population consisted of AHPCSA registered Homeopathic practitioners who met the required inclusion criteria.

3.5 SAMPLING PROCESS

Purposive sampling was used to identify participants or practitioners best suited to provide superlative information to achieve the objectives of the study and answer research questions. Purposive sampling is a non-probability sampling technique in which the researcher uses their own judgment to select participants who are most probable to deliver relevant and rich information aligned with the objectives of the study. It is also referred to as judgmental, selective, or subjective sampling (Etikan, Musa and Alkassim, 2016; Palinkas *et al.* 2015). The intention was to identify and engage participants capable of contributing deep, contextually grounded insights to support the results of the research. Potential participants were recruited by sending invitations through the AHPCSA and the Homeopathic Association of South Africa (HSA) community groups to invite interested practitioners to engage (Appendix 2a and 2b).

Data saturation is a key concept in qualitative research and refers to the point at which no new information, themes, or insights emerge from the data (Fusch and Ness 2015; Guest, Bunce, and Johnson 2006). The researcher achieved data saturation through an iterative process of concurrent data collection and analysis, continuing interviews

until redundancy was reached and no new themes were identified. The researcher achieved data saturation during the process of concurrent data collection and analysis. Interviews continued until no new themes or information was discovered from the data. As this was a qualitative research, 12 people were interviewed until data saturation. According to Namey (2017), 6-12 interviews are sufficient in achieving data saturation.

3.5.1 Inclusion criteria

- AHPCSA registered homeopaths who have at least three years of clinical practice in South Africa.
- AHPCSA registered homeopaths who have managed patients with ADHD, including cases where ADHD is accompanied by comorbid conditions such as anxiety, depression, or learning disabilities.
- AHPCSA registered homeopaths who are willing to participate in this study, can provide insights into their approach to treating ADHD, and have provided informed consent.

3.5.2 Exclusion criteria

- AHPCSA registered homeopaths with fewer than three years of clinical experience in South Africa.
- AHPCSA registered homeopaths who have not managed patients with ADHD.
- AHPCSA registered homeopaths who are not willing to participate in this study.

3.6 DATA COLLECTION PROCESS

Following the receipt of full ethics approval from the Institutional Research Ethics Committee, potential participants were recruited by sending invitations through the AHPCSA and the Homeopathic Association of South Africa (HSA) community groups to invite interested practitioners to engage. The researcher provided the letter of information that outlines the details of the study to interested practitioners. Those homeopathic practitioners that agreed were sent a consent form to sign. The time of

the online or in-person meeting was established depending on the practitioner's preference and location and the meeting was recorded with their prior consent. Demographic data was collected by using a guide (Appendix 5a). A semi-structured interview guide was used to facilitate the discussion (Appendix 5b). The participant anonymity was ensured through a coding system (HP1-HP12). The interview was recorded using a voice recorder only, to ensure confidentiality of the participants' identity. The interview was recorded in order to maintain accuracy in the data collection process. The interviews took an average time of 40 minutes. The participants were allowed to talk freely on the topic and used as much time as they needed to discuss the topic. This study was completely voluntary with no remuneration or coercion to participate. The participant was allowed to leave the study at any point with no negative repercussions. In addition, the primary researcher was the only one with access to the audio recordings and interview transcripts during the study to further demonstrate compliance with confidentiality and data protection requirements.

3.7 PRE-TESTING OF THE DATA COLLECTION TOOLS

Although not mandatory in qualitative research, a pilot study was undertaken as a good methodological practice to assess the clarity, relevance and feasibility of the interview guide. However, to guarantee the effectiveness and clarity of the semi-structured interview guide, a real-world applicability test was conducted prior to the main data collection. One AHPCSA-registered homeopath who meet the inclusion criteria was involved in a 'pilot interview' but did not participate in the main study. The purpose of this was to evaluate the relevance, clarity, and flow of the interview questions in a practical setting. During the pilot interview, attention was paid to any occurrences of hesitation, confusion, or responding difficulties, and feedback was requested from the participant regarding the overall structure and content of the guide. Based on the observations and feedback attained, no necessary adjustments were prepared to improve the guide as the interview was able to elicit rich, meaningful data that aligns with the study's objectives. The data collected throughout the test was not included in the final analysis.

3.8 DATA ANALYSIS

The researcher recorded all participant interviews (with consent) and subsequently transcribed the data verbatim to ensure accuracy and to preserve the authenticity of participants' narratives (Creswell and Poth, 2018; Nowell *et al.*, 2017). Transcribing interviews verbatim allows for a detailed, context-rich analysis that captures the full meaning of participants' responses (Braun and Clarke, 2006).

Thematic analysis was conducted using Tesch's eight steps of qualitative data analysis as described by Creswell (2014). This method was adopted to identify themes and subthemes relevant to the management protocols employed by homeopaths, and to determine whether there were shared patterns, correlations, or common approaches among practitioners.

The following Tesch's eight steps of data analysis was employed:

- 1) The researcher read through each transcription carefully, making notes on recurring ideas and preliminary themes.
- 2) Transcripts were then reviewed at random to reflect on their underlying meaning rather than just surface content, noting emergent ideas in the margins.
- 3) After several transcripts were examined, a list of significant topics and themes was compiled.
- 4) Related topics were clustered and organised into columns labelled as major topics, unique topics, and miscellaneous.
- 5) The researcher revisited the data, marking segments with appropriate codes and noting any newly emerging categories.
- 6) Categories were refined and grouped under broader themes, establishing relationships among them.
- 7) The researcher alphabetised the codes and developed abbreviations for ease of reference.
- 8) Finally, all data within each category were collated for preliminary thematic interpretation and synthesis (Tesch, 1990; Creswell, 2014).

To enhance the trustworthiness of the analysis, the coding process and the development of themes were reviewed by the research supervisor, with discrepancies discussed until consensus was reached.

3.9 TRUSTWORTHINESS

Trustworthiness refers to the degree of confidence in the data collected, the methodology used, and the interpretation of the findings (Forero et al. 2018: 2) (Polit and Beck 2021: 559). The content of the trustworthiness in qualitative research analysis is always presented by using terms such as credibility, dependability, conformability and transferability (Korstjens and Moser 2018: 121). The Lincoln and Guba's criteria for trustworthiness is viewed as the 'gold standard' for qualitative research (Alexander 2019).

3.9.1 Credibility

Credibility establishes whether or not the research findings represent plausible information drawn from the participant's original data and is a correct interpretation of the participant's original views (Lincoln and Guba 1985). Credibility is the degree to which the study's data and conclusions are reliable, accurate, and credible. It is the extent to which the perspectives and experiences of the participants are reflected in the research findings. Credibility is guaranteed by ensuring that the researcher has sufficient knowledge in the field of study and fully comprehends the phenomena being researched, performing a thorough study of the data, which includes topic identification, classification, and coding. Credibility ensures that there was maintained communication by the researcher and supervisor throughout the data collection process of the study, indicating that updated information was communicated to the supervisor accordingly (Lincoln and Guba 1985; Shenton 2004). Credibility in this study was ensured by completing in-depth evaluations of the literature on homeopathy, ADHD, and South African healthcare systems to show that the researcher has an adequate understanding of the research topic. A strict methodical approach to data collecting and analysis was employed, which involved member verification and data

triangulation. The results were presented with supporting data from the current literature to ensure accuracy.

3.9.2 Dependability

Dependability is the stability of the study findings over time. It involves participants evaluating the findings and the interpretation of the data to make sure that it is accurate and supported by the participants. To guarantee dependability, the methodology and research design need to be transparent, logical, and well-defined; the research process, from data collection to analysis, needs to be recorded thoroughly; and the data collection and evaluation needs to be standardized (Anney 2015) (Tobin and Begley 2004). Dependability in this study was achieved through an understandable and systematic study design that thoroughly explained the sampling plan, data collection methods, and data analysis protocols. Field notes, interview procedures, coding techniques, among other components of the study process were recorded. All the data was properly organized and preserved securely. To ensure the study's reliability, an audit trail of the original data was maintained by storing the raw data, including audio recordings and interview transcriptions. The transcribed files were kept separate from the analytical documents to avoid any modification of the original information.

3.9.3 Confirmability

Confirmability refers to the degree to which the results of an inquiry could be confirmed or corroborated by other researchers. It is possible to guarantee confirmability by ensuring that the study's methodology and research question are well understood by all of the researchers engaged; ensuring thorough documentation of every step involved in the research process, promoting the triangulation of researchers (Anney 2015). Confirmability was ensured by making certain that the researcher was fully knowledgeable about homeopathy, ADHD, and South Africa's healthcare systems. Thorough records of every step of the research process, such as coding methods, field notes, and interview protocols were supplied. To capture the interview information in

an authentic format, the researcher recorded the interview to transcribe the participant's direct words. The audio recordings serve as a reference to the researcher when transcribing the information. Following the transcription process, each participant was permitted to review the field notes and interpret the data. Thus, incorporating several researchers in the analysis and interpretation of data to promote researcher triangulation.

3.9.4 Transferability

Transferability is the degree to which the results of qualitative research can be transferred to other contexts. Transferability is the capacity to apply results from one environment or population to another. Transferability can be ensured by carrying out an extensive literature review to find knowledge gaps as well as selecting a varied sample size and presenting research results in a manner that makes them applicable to other people or circumstances (Tobin and Begley 2004). Transferability in this study was ensured by carrying out an in-depth literature review to find sufficient information on the management of ADHD by homeopathic practitioners in South Africa. This study used a broad sample of homeopathic practitioners of different backgrounds who have dealt with ADHD patients from various parts of South Africa, emphasizing the best practices and making recommendations for future research. Findings have been presented so they may be applied to other groups or circumstances.

3.10 ETHICAL CONSIDERATIONS

Ethical consideration in qualitative research is the process of ensuring that research is conducted with respect, responsibility, and care for participants' rights, confidentiality, and emotional well-being (Orb and Wynaden 2001). They are principles that guide the research designs and practices. The researchers must adhere to a certain code of conduct during the data collection from human subjects to protect the rights of research subjects, enhance research validity, and maintain scientific integrity. Research, participants, and society need to be respected and protected against harm (Fleming and Zegwaard 2018:209).

The study proposal was reviewed by the Faculty of Health Sciences Research Committee (FRC) and the IREC. Ethical clearance approval to conduct the study using human participants and study records was provided (Appendix 1).

The researcher provided the letter of information that outlines the details of the study to interested practitioners (Appendix 3). Those homeopathic practitioners that agreed were sent a consent form to sign (Appendix 4). The time of the online meeting was established and the meetings were recorded. The participant remained anonymous as there were no video recordings but just voice recording which remained confidential. This procedure or interview was at a time and place convenient for the participant. The interview took approximately about 40 minutes long. If the participant wanted to talk more, they were given freedom. They were also allowed to leave anytime as participation was voluntary.

As detailed in the participants' information sheet, strict data management procedures were monitored to ensure participant confidentiality. Hard copies of signed consent forms and research notes or answers are stored in a locked cupboard/filing cabinet in the researcher's institutional office. Electronic data/e-copies are stored on Cloud or on a computer through a protected password, encrypted university drive that accessible only to the primary researcher and study supervisor. The confidential data will be retained for approximately 5 years and it will be disposed of once the retention period has passed and the data is no longer valuable or does not meet ethical requirements. Digital data will be disposed by deleting or modifying information, purging magnetic media via destroying the physical media and hard copies will be shredded.

Any qualitative study, like all forms of research, is subject to a code of ethics and good practice or the protection of the participants. Ethical codes are based upon a few generally accepted moral values of respect for individual beneficence, respect for

human dignity, and justice. To ensure ethical consideration, these three broad principles, on which standards of ethical conduct in research are based, were used, namely, beneficence, respect for humans, and justice (Polit and Beck 2021:152).

3.10.1 Beneficence

Beneficence refers to the moral obligation of researchers to promote the welfare and well-being of research participants (Toxigon 2025). In this particular study, beneficence was ensured by making sure that the research does not physically or emotionally offend participants who are homeopathic practitioners. The researcher fully informed participants about the purpose, procedures, and any risks involved with the study. The participants had the freedom to withdraw from the research trial at any time without penalty or loss. The study findings were used for good, particularly in improving ADHD management by homeopathic practitioners. So that the beneficence of the study is ensured, the researcher provided the participants with verbal and written informed consent before any interviews or data was collected. All collected data was kept anonymous, so no individual could be identified in order to protect the participants' privacy. The data was stored in a secure holding, accessible only to those who are authorized to see it.

3.10.2 Respect for humans

Respect for humans is the concept of treating participants with dignity and respect (Beauchamp and Childress 2019). Regarding this study, respect for humans was upheld by ensuring that participants, the homeopathic practitioners, were respected as independent beings with unique experiences, attitudes, and views. The researcher ensured that the participants were not forced or persuaded into taking part in the research, and the participants' privacy and confidentiality were respected. Regarding human decency, the researcher ensured that participating homeopathic practitioners were aware of their rights and entitlements prior to taking part in the study. Throughout the interview and data collecting process, the researcher treated each participant with

decency and respect.

3.10.3 Justice

This principle refers to the obligation to treat people fairly and equitably (Maheux-Pelletier, Frake-Mistak and Popovic 2016). Within the framework of this study, justice was upheld by guaranteeing a fair and equal chance for every participant to engage in the research. No participating homeopathic practitioner was excluded from the study because of their gender, age, origin, sex, religion, or any other reason. To guarantee justice, the researcher ensured that the selection process was impartial, inclusive, and without any bias regarding any particular group or person. A fair and equal approach to data gathering was followed, free from prejudice against homeopathic practitioners. The study's resources were distributed equally and fairly to each and every participating homeopathic practitioner in the research process. Impartiality and accuracy in the reporting of findings was conducted by avoiding prejudice and manipulation.

3.11 SUMMARY OF THE CHAPTER

This chapter presented and deliberated the methodology, study design, and sampling process of a qualitative research technique that was utilized by the researcher on the approach to the management of ADHD by homeopathic practitioners in South Africa. This chapter also discussed the thematic analysis that was used as well as the ethical considerations that were adhered to in order to conduct interviews with participants and ensure that they were kept confidential and respectful.

CHAPTER 4: FINDINGS OF THE STUDY

4.1 INTRODUCTION

This chapter presents the findings from the process of data collection, which involved qualitative interviews conducted with homeopathic practitioners across South Africa. The study explored how these practitioners manage ADHD, concentrating on their clinical approaches, treatment or remedy selection, understanding of causation, and adjunctive recommendations. For an enhanced understanding of the findings, the interpretation of the data collected was alienated into themes and subthemes, which will contribute to the discussion of the findings in chapter 5. Thematic analysis was utilized to ascertain key themes emerging from the data, and the results are prepared according to these themes (Table 4.2). Research participants were labelled as Homeopathic Practitioner (HP), in the format of HP1, HP2, HP3...etc. to ensure anonymity.

4.2 DEMOGRAPHIC PARTICIPANT PROFILE

A total of 12 AHPCSA-registered homeopathic practitioners participated in this study. As outlined in Table 4.1 below, their years of clinical experience ranged from 3 to 45 years, and they were located in various regions, including Gauteng, Kwa-Zulu Natal (KZN), Eastern Cape and Western Cape. All participants had experience managing ADHD in children and adolescents, and had treated adult patients.

Table 4.1 Demographic profile of participants

Category	Sub-category	Frequency (n)	Percentage (%)
Gender	Female	10	83.3%
	Male	2	16.7%
Age group	25-34 years	3	25%
	35-44 years	2	16.7%
	45-54 years	6	50%
	55+ years	1	8.3%
Race	Black	2	16.7%
	White	8	66.6%
	Indian	2	16.7%
Years of Experience	3-5 years	2	16.7%
	6-10 years	4	33.3%
	10+ years	6	50%
Province	Gauteng	3	25%
	KwaZulu-Natal	7	58.3%
	Western Cape	1	8.3%
	Eastern Cape	1	8.3%
Area of Practice	Rural	2	16.7%
	Urban	10	83.3%

Sample Size (n)= 12

4.3 EMERGING THEMES

Four key themes emerged after analysing the data collected from the interviews and they reflected the participants' perspectives and experiences regarding the management of ADHD in South Africa. These themes signify the core patterns recognized through the coding and thematic analysis procedure. Each theme was sustained by relevant quotations from participants and was deliberated in relation to existing literature. The thematic analysis that was led to the creation of these four major themes:

- Understanding and conceptualisation of ADHD from an orthodox diagnostic perceptive.
- Homeopathic consultation approach in the management of ADHD.
- Homeopathic treatment approaches in the management of ADHD.
- Long-term perspectives on ADHD management.

The researcher combined these themes from the main data and further derived subthemes. Direct excerpts that were delivered by the study's participants were implanted to aid as evidence for the themes and subthemes that were made. A sample of a transcript is attached (Appendix 6). Table 4.2 below summaries the themes and subthemes of the study.

Table 4.2 Themes and Subthemes of the study

	THEMES	SUBTHEMES
THEME 1	Understanding and conceptualisation of ADHD from an orthodox diagnostic perspective.	1.1 Definitions and conceptualisation of ADHD. 1.2 Causes of ADHD. 1.3 Diagnostic perspectives of pre-diagnosed and diagnosed ADHD
THEME 2	Homeopathic consultation approach in the management of ADHD	2.1 Homeopathic case-taking process. 2.2 Family involvement, environment, and parental guidance
THEME 3	Homeopathic treatment approaches in the management of ADHD	3.1 Approach to treatment. 3.2 Homeopathic remedies. 3.3 Adjunctive therapies. 3.4 Potency and dosage.
THEME 4	Long-term perspectives on ADHD management	4.1 Lifestyle, diet and non-remedial interventions. 4.2 Guidance to parents

4.3.1 Theme 1: Understanding and conceptualisation of ADHD from an orthodox diagnostic perspective

In consonance with the first research question, the data focused on the understanding and diagnosis of ADHD from an orthodox diagnostic perspective. The practitioners who were participants shared certain opinions but also expressed differing viewpoints. This overarching first theme comprised subthemes as follows: (4.3.1.1) Definition and conceptualisation of ADHD, (4.3.1.2) Causes of ADHD, and (4.3.1.3) Diagnostic perspectives of pre-diagnosed and diagnosed ADHD.

4.3.1.1 Subtheme 1.1: Definition and conceptualisation of ADHD

Participants expressed varied understandings of ADHD, with some aligning closely with biomedical definitions while others adopted broader, holistic views. Several practitioners referred to ADHD as a ‘disorder characterized by inattention, hyperactivity, and impulsivity’. While these characteristics were recognized, participants differed in how they interpreted the underlying influences. The following excerpts demonstrate the participants' opinions in this regard:

“As a clinician, I view attention-deficit/ hyperactivity disorder, as a complex neurodevelopmental condition that affects far more than just attention. It influences how individuals regulate focus, impulses, mood, and even their ability to navigate social and professional relationships. ADHD is not simply a behavioural issue — it’s a brain-based condition that requires careful, individualised understanding.” [HP1; Female; Urban]

The above participant observed that ADHD is a brain-based condition that has an impact not only on the mental but also on the physical and emotional levels. Echoing similar sentiments, other participants explained in detail the characteristic changes causing individuals to be disruptive and unable to complete tasks:

“They are able to concentrate for a few minutes at a time and are very easily distracted. And then they find it difficult to focus on one task for a long period of time. So, the slightest bit of noise, talking, their own thoughts will distract them and they'll find it difficult to stay on topic. If they are talking, they may jump from topic to topic and they're unable to stay on one focused area. Hyperactivity makes it difficult for them to sit still. They are very energetic. They, in your consult room, may be touching everything all over the place.” [HP6; Female; Rural]

“The children that have been diagnosed, and even adults that have been diagnosed with ADHD, because it is not only children that have it, are considered to be on the low level of the autism spectrum. Their behaviour is obviously problems with attentiveness, problems with completion of tasks, cannot focus, learn difficulties, and social disruption.” [HP9; Male; Urban]

“Even if you ask the child to sit down and write an exam, he has a hard time finishing a paragraph. He has a hard time sitting down the whole test. And by doing that, he disturbs other children. He wants to talk. He wants to move to other children. We are talking. He's interrupting. We are talking to someone else. He's already answering.” [HP12; Female; Rural]

One practitioner mentioned that ADHD is a proper behavioural issue and routine structured condition. In the practitioner's own words:

“ADHD is not a discipline issue. It's a proper behavioural issue. But there's also discipline/ routine issues. And young children with ADHD, I also find they tend to do better when it's structured routine. So not necessarily discipline, but when they know that they have to wake up at this time, they eat at this time, they must go to school, do their homework, sleep. They prefer the structured routine where they tend to have a

very erratic routine and they don't know where they're eating, where they're sleeping. Some days they're allowed to do this. Some days they aren't allowed to do that. So, it's like it tends to feed those types of behaviours. So, I think it's definitely making it more prominent and more presentable because of a lack of discipline and routine that's been implemented in households.” [HP5; Female; Urban]

Overall and drawing from participants' interpretation and/or understanding of ADHD, it can be surmised that ADHD is identified by inattention, hyperactivity and impulsivity.

4.3.1.2 Subtheme 1.2: Causes of ADHD

In line with Theme 1, Subtheme 1.2 observes the triggers, aetiology, or causes of ADHD in children and/or adults. Practitioners highlighted multiple and interrelated causes such as genetics, vaccines, discipline, family dynamics, lifestyle, and environment. Numerous practitioners' emphasised diet, particularly sugar, artificial additives, and processed foods, as being a major contributor. Many participants also claimed that the main problem starts from the gut and diet issues. Their responses were as follows:

“Diet alone doesn't cause ADHD, but certain artificial colourants, preservatives, and highly processed foods can worsen hyperactivity or attention difficulties in susceptible children.” [HP1; Female; Urban]

“Diet, sugar, fizzy drinks. lack of correct nutrition and lack of structure in a child's life and in an adult's life can create the situation.” [HP8; Female; Urban]

“The amount of foods that they are eating - processed foods, high colourants, flavourants, highly processed, and the high sugar content is obviously leading to what

we have now found to be leaky gut symptoms.” [HP9; Male; urban]

Although some factors were commonly mentioned, participants differed in explanations they provided. Other participants identified gastrointestinal factors linked to the brain as stated:

“I also find that there's a whole gut-brain axis theory, so we know that the gut is responsible for a large portion of our neurotransmitter release and regulation, our immune system and things like that. So, I also find that if there are these gut symptoms or this compromised gut, it can definitely fuel that. And again, the lifestyle that we lead, we all tend to have compromised gut health...” [HP5; Female; Urban]

“...there's a link between the vagus nerve and the gut...So, a lot of it's got to do, number one, with gut dysbiosis.” [HP9; Male; urban]

“The other thing is gut problems. It's a common, common issue. And we do see some microbiome issues. I definitely think that seems to be playing a role somehow. Either minimally making it worse, or compounding it, or taking it to the next level. So, I often find that that is a concomitant issue in the mix. And we know about the gut-brain axis, and the link between gut health and emotional health. So, I think that is very valid.” [HP11; Male; Urban]

One participant demonstrated in detail gut-brain axis, the involvement of small bacteria overgrowth and childhood illness as contributing factors:

“Definitely guts. Certain children might have ventilation problems. So, we realize right now on the patients that we've treated, we've asked them to do DNA analysis and we find that 9 out of 10 of them has a gene deficiency called the MTFHR gene, where they can't methylate certain foods. And research has shown that if you can't methylate polycacetamide (various polymer types), and the brain is getting polycacetamide instead of folate, there's a hyperactivity issue. When there's a

dysregulation between the vagus nerve, so the gut-brain axis is disrupted, and SIBO (Small Intestine Bacteria Overgrowth) is involved there, then that also contributes to the problem itself. But it's ongoing research. I found that the children that suffered from ADHD had very bad childhood illnesses. A lot of them had grommets and certain adenoids removed, tonsils removed, numerous courses of antibiotics, which I suspect damaged the gut and caused the leaky gut and worsened the SIBO.” [HP9; Male; Urban]

Numerous practitioners noted that genetic predisposition was one of the aetiologies of ADHD. The following excerpts are evidence of these:

“There’s a strong hereditary component - having a first-degree relative with ADHD raises risk. We also see higher risk with prematurity, low birth weight, birth complications, prenatal tobacco or alcohol exposure, and early head injuries. These factors can influence the frontal networks that manage attention, impulse control, and emotional regulation.” [HP1; Female; Urban]

“At this point in time, I think it's mainly genetics. On a genetics level, there might be some alterations that take place whilst the baby is still in the mother's womb. And also, they actually involve alcohol and all the other types of drugs in the system. So, that's one of the things that also causes, that may be a resulting factor for ADHD in this case. It can be hereditary. Sometimes I assume, because sometimes you see how the patient, how the mother is like, and they wouldn't see the problem themselves. But you actually can see that maybe they took some of the genetics, they took some of whatever genes from their parents and then it actually went down on them. But I think there are still other things that need to be explored, which would be interesting at this point in time, exploring the effects also of contraceptives...” [HP2; Female; Urban]

“ADHD falls on a spectrum of a lot of mental disorders, which share a lot of common characteristics, and I think there is often a genetic predisposition. I think with all mental disorders, there is a predisposition. And something happens, whether it is a stress or a traumatic incident, to break that chain, to trigger that disorder. So, I think often the children who experience their parents going through a divorce is a big trigger. It can be a genetic predisposition that lies on a wide spectrum of mental disorders, that is triggered by a causative factor like a trauma, or a parent going through a divorce, or an unstable home at the time.” [HP6; Female; Rural]

“I do see it running in families. So, for example, you know, you will see a parent who is retrospectively diagnosed or who has similar characteristic traits. So, you, for example, in an impulsive hyperactive child, you will often see that one of the parents might have a particular father, perhaps, or maybe a family history. So, there's definitely that element. I do think there are other things that worsen it. Obviously, if you add on top of some sort of hereditary or genetic factor, a bad diet and that, you're going to make it worse. Or other, you know, traumas or stresses, perhaps in the family unit.” [HP11; Male; Urban]

Whilst they were focusing on the genetic aspects, one practitioner also mentioned that personality plays a role as well:

“I think there are three major causes. One is genetics. Sometimes genetically it is father to child, and it seems to be more on the male side than the female side. Definitely lifestyle, with food, exercise and that. And then personality. Sometimes the kids are just naughty. They have a defined personality that they're not interested in.” [HP10; Female; Urban]

In addition, family dynamics, lifestyle and environmental factors, toxins, and psychosocial stressors were frequently mentioned. This is revealed in the narrative below:

“Modern children grow up surrounded by more chemical exposures than previous generations. We know that lead exposure, even at relatively low levels, can contribute to attention and behavioural problems. In addition, there are growing concerns about organophosphate pesticides, phthalates, parabens, and phenols, all of which may interfere with healthy neurodevelopment. We also know from environmental studies that umbilical cord and placental blood can contain numerous industrial chemicals, indicating that exposure starts before birth.” [HP1; Female; Urban]

“...if parents are going through a divorce, those are external situations that are going to hinder the healing of that ADHD child...” [HP3; Female; Urban]

“I believe if there is a lack of structure in the family, even the diet will go haywire because you will eat fast food, you do not have time to do that. You do not have time to look after the children, to study, you have got to work, you have got to do that and this and that. So, the structure of the family is highest. The diet, the vaccinations, that is my opinion.” [HP12; Female; Rural]

Spoiling children, excessive screen time, and overstimulation in schools were also identified as contributors. The following reflects this in detail:

“Our current digital culture contributes to overstimulation. Constant exposure to screens, fast-paced media, and video games can train the brain to seek instant gratification and make it harder to sustain focus on slower, real-world tasks. In children

and adolescents, excessive screen time can mimic or intensify attention difficulties. I guide families to set clear boundaries for technology use and ensure children have time for real-world play, creativity, and rest.” [HP1; Female; Urban]

“I think also our school system. If you look at children in school, they try to sort of fit all children into one sort of box. I have seen children where they come in and they're really sort of out of control. Schools threaten to expel them. And their parents actually make the decision to put them in a different school. Especially if they can afford it, like a school where there's small numbers in a class and that sort of thing. I think the child does better. So, I definitely think our schooling system is also something to look at as well.” [HP7; Female; Urban]

“I guess children don't have the attention of their parents, so they develop strategies to receive that attention. Or they spoil. I find a lot of cases recently that the kids are just really spoilt and they cannot function without getting what they want immediately. They throw tantrums and present in that way because parents are unable to manage children. There's no family support. There's no connection. There's no conversation. There's no time spent with children. All the time that's spent is in front of the TV. Their personal connection is not there. Therefore, they create this sort of behaviour to ensure they receive particular attention. They want to stick their attention to the behaviour so that they can get what they want...” [HP8; Female; Urban]

“... children are hyper-stimulated. there's a lot of cell phones, and I find that their neurons are overworked. ...children are not active. They have no sense of creativity, in the sense of, they want instant gratification, so there's no grounding as such. They are not playing on the grass, they are not building things, they're not using their imagination, they're not reading books. Everything has got to do with the cell phone. Today, people don't pick up a book to read. Everything has got to do with the cell phone. So, it's multifactorial from that point of view. The other aspect is, I find that, from the education system and what is going on at the moment, there is far too much

that is asked of a child. So, a lot of these kids tend to not like what they do when they get bored, and that also worsens the age.” [HP9; Male; Urban]

Other practitioners mentioned that vaccines play a role in causing ADHD:

“I wouldn't exclude vaccines in that trigger. Because often parents would say, my child was absolutely fine when he was born, he was a happy baby, he was relaxed. And then somewhere along the line, something will drop.” [HP4; Female; Urban]

“I do believe that there's over-vaccination as well. I mean, we're all aware of physical sort of aspects of the vaccination. But I do believe that the early childhood vaccines definitely play a role.” [HP7; Female; Urban]

The homeopathic practitioner 7 continues to state that over-prescription of medication sustains the disorder:

“I think also definitely the over-prescription of allopathic medication for very young children. Things like the cortisone, antibiotics.” [HP7; Female; Urban]

Taken together, these responses demonstrate that participants held varied understandings of the factors contributing to ADHD. Genetic factors appear in some participants, while others referred to diet, gut-health, environmental factors and vaccinations. These differences suggest that participants understood the causes of ADHD in different ways and different factors emphasized by different practitioners.

4.3.1.3 Subtheme 1.3: Diagnosis perspectives of pre-diagnosed and diagnosed ADHD

Practitioners described different approaches to understanding the diagnosis of ADHD among patients who had been either diagnosed or were presenting possible symptoms of ADHD. There were some practitioners who followed the DSM-5 or International Classification of Diseases (ICD) diagnostic criteria in order to diagnose ADHD. The below excerpts support this regard:

“I would just follow the DSM-5 criteria, which is sort of a psychology manual for it, and that includes ADHD, obviously looking at the attention deficit side and then the hyperactivity side. So, in the DSM-5, you have got criteria for inattention and for hyperactivity, and you are looking at about five to six of those signs on each side, on inattention and on hyperactivity that you have to take off to actually diagnose the condition.” [HP3; Female; Urban]

“The diagnosis is usually made by a paediatrician or a child psychologist in conjunction with each other, and they would use DSM-5 criteria, as far as I'm aware. Those diagnoses are normally already made by the time the patient comes to see me, and normally I'll just verify some of the symptoms.” [HP11; Male; Urban]

In contrast, one of the participants stated the use of American Diagnostic method with emphasis in engaging with patient:

“So, when a child comes to us and parents say that this child is very naughty, very disruptive, and they do not know what is wrong with him, whether he has got some behavioural issues, then we have a questionnaire that we ask him to follow out. I think it is the American Diagnostic where they can actually answer the questions and then we score them on that system to find out whether they are ADHD or do they have some learning difficulties. Some of the things that we need to figure out from a

diagnostics point of view is we have to rule out if they are having petit mal seizures. Because certain kids are diagnosed with ADHD or having attention deficit, but are actually suffering with petit mal seizures where they blank out and that is how they go. So, these criteria need to be met.” [HP9; Male; Urban]

While some practitioners acknowledged the value of DSM-5 or ICD diagnostic criteria, most placed greater emphasis on clinical observation and individual case histories. They stressed the importance of recognising behavioural patterns within a broader constitutional and familial context rather than relying solely on labels to diagnose the patient. The practitioners noted:

“At the pre-diagnostic stage, my approach is highly observational. I focus on identifying consistent behavioural patterns that persist over time and across different environments. Many individuals display concentration or emotional regulation difficulties that.” [HP1; Female; Urban]

“So, I will always start with the normal case-taking, regardless of the diagnosis and regardless of the patient. I think with ADHD patients, it's important to keep it short, because you can't keep mom and their attention for a long time anyway. But then various general things are important. The sleep and perspiration and weather things are those symptoms, so that I can find a remedy. And then also whether it's a physical restlessness or whether it's a mental and emotional restlessness.” [HP4; Female; Urban]

“...I tend to evaluate from the appearance like what sort of symptoms are they currently exhibiting in terms of behavioural. Are they having outbursts in terms of aggression? Are they having difficulties following instructions, commands? Are they very restless, fidgety? How are they performing academically? How do they do in terms of following instructions and things like that? And then after that I also then

explore their sleep patterns, how they are sleeping, how they are eating, what sort of things that they are doing in terms of external activities.” [HP5; Female; Urban]

“Most come pre-diagnosed, I would say. Now, I am not certain if it's an official diagnosis or school or parents, but they come through with, ‘my child has ADHD’. For me, as a homeopath, the case is not going to be taken any differently. I am still going to ask everything I would, past medical history, current medication, any surgical issues, family issues, if there's any link with the family having the same symptoms, and how that child presents. Because coming with a diagnosis means nothing, I did not need to know how that child presents with their symptoms.” [HP10; Male; Urban]

One practitioner shared that she uses quantitative electroencephalography (qEEG) to diagnosis patients. The practitioner stated that:

“In my practice, I perform in-house qEEG recordings to capture each patient’s unique brain activity. The raw data is then sent to a clinic in Switzerland, where it is interpreted by a qualified medical specialist rather than a computerised system. Each analysis is compared against a normative database specific to the patient’s age group, ensuring a high level of accuracy and clinical relevance. The qEEG provides insight into areas of underactivity or overactivity within the brain, helping to identify whether attention challenges stem from prefrontal hypoactivation, emotional dysregulation, or excessive sensory input. These findings are then integrated with behavioural, cognitive, and environmental assessments to form a personalised diagnostic profile.” [HP1; Female; Urban]

Other practitioners prefer to refer their patient to appropriate specialists. The excerpts below provide evidence to this:

“If I see red flags: developmental regression, self-harm risk, seizures, severe sleep-disordered breathing, or unexplained neurological signs, I refer promptly to the appropriate specialist. This aligns with mainstream guidance and keeps care safe.” [HP1, Female; Urban]

“If they went to see me for the first time and they are exhibiting behavioural issues and attention or hyperactivity issues that I am now suspecting could possibly be ADHD. I then refer them on to have an educational evaluation and assessment done there. I may refer them on for the diagnosis but I do treat them for the ADHD.” [HP5; Female; Urban]

“If it's not diagnosed, I will usually take a case and follow the normal homeopathic approach. For me also, from a homeopathic perspective, the diagnosis is not all important because I do sometimes feel it's perhaps over-diagnosed as well. But if I feel that it's perhaps a reason that they need to be diagnosed, I will usually refer to a psychologist. Usually someone with expertise in the field might be particularly working with children with behavioural problems.” [HP7; Female; Urban]

Participants exhibited an understanding of the orthodox diagnostic approach to ADHD recognizing DSM-5, clinical observation and case histories as important components in understanding the diagnosis of ADHD.

4.3.2 Theme 2: Homeopathic consultation approach in the management of ADHD

The researcher asked the participants what their approach when consulting with ADHD patients is. In addition, the researcher asked how many patients come pre-diagnosed, and how they take their case if they are not diagnosed. Theme 2 is further categorised by two subthemes as follows: (4.3.2.1) Homeopathic case-taking process, and (4.3.2.2) Family involvement, environment, and parental guidance.

4.3.2.1 Subtheme 2.1: Homeopathic case-taking process

This subtheme was derived from Theme 2 regarding the practitioners' approach to consulting with patients with ADHD. Practitioners emphasized the need to gather detailed information as a whole, not only on physical symptoms but also emotional, behavioural, familial, and social contexts. They described spending significant time with parents and children, often in longer consultations than those typically offered in conventional settings with the goal to find root cause. This is demonstrated by the following excerpts:

“Good case-taking means differential diagnosis: sleep problems (including restless legs), anxiety, depression, trauma, learning disorders, vision/hearing issues, thyroid/iron problems, and substance use in teens. I specifically screen sleep and iron status because they can mimic or magnify ADHD symptoms. Homeopathic ‘whole person’ profile, the part only a deep case can reveal, beyond checklists, I focus on the individual’s inner landscape: Mind/emotion - anxieties, irritability, sadness, frustration, worries before sleep. Sleep: onset, night-waking, bruxism, nightmares, preferred positions. Story and stress timeline: triggers, setbacks, turning points. This is classic case-taking craft of respecting the unique, subjective experience that guides individualised prescribing and adjunctive supports.” [HP1; Female; Urban]

“My approach to consultation, it's the same as how I would approach any other case and homeopathically, we are always trying to get the whole picture. We are always trying to get to the root cause of any issue.” [HP3; Female; Urban]

“So, I will do a full case history. I will do an examination. I will go spend a fair amount of time actually on their diet, lifestyle, sleep. What do they do after school? How many hours do they spend at school? What do they do on their weekends? I find a

big area that's not looked at often allergies where these kids are highly allergic and they've been medicated for it. And a lot of these medications are sedatives. So, it's a side effect of other medications causing these symptoms.” [HP10; Female; Urban]

“So, obviously standard, detailed case history, as you will know, homeopathic history, give as many constitutional symptoms as possible. We would take a comprehensive case, look for the PQRS (Peculiar, Queer, Rare, and Strange) things, because a lot of ADHD children will have similar symptoms, so we're looking for what stands out, makes them unique, and that helps us to choose our prescriptions, so we're always looking for what's unusual. And so, the case-taking and then a comprehensive assessment of their diet, particularly what they eat in the morning before school, what they take in their lunch boxes, what's eaten at school. So, diet is always a critical part of my case-taking.” [HP11; Male; Urban]

One of the practitioners used standardised ADHD rating scale along with Conner's check list to capture symptoms. The following supports this:

“I use standardised ADHD rating scales alongside my narrative intake to anchor the picture. Common tools I draw on include Vanderbilt and Conner's checklists to capture symptoms and impairment across settings. I document persistent patterns of inattention, hyperactivity/impulsivity, and crucially how this affect daily life at home, school/work, and socially, not just on 'bad days'. This aligns with mainstream guidance that diagnosis rests on history plus impairment across settings, not brief lapses under stress. I ask, for example: When did the attention problems first become noticeable? Are there 'good focus' islands? What tasks collapse first homework, reading, playing, tasks? Where is the real-world cost grades, school work output, self-esteem, friendships?” [HP1; Female; Urban]

In addition, practitioners mentioned the importance of knowing medical history as far back as the pregnancy of the child. The practitioners pointed out the following:

“I take a thorough developmental, perinatal, and family history: pregnancy exposures, birth events, milestones, early temperament, and any family ADHD/learning differences. These details matter because prematurity, low birth weight, prenatal smoking/alcohol, and early head injury can raise risk.” [HP1; Female; Urban]

“I take a normative case. I try to find the triggers. If it's a child, I specifically look at the mother. I take the mother's case and her case for pregnancy and look at the milestones of the child. Even in an adult, I would ask about if their parent was still alive, their mom especially, to look at the upbringing, the birth, any trauma or problems in pregnancy and explore that further. And then take the mental symptoms into account as well as the modalities, what assists or doesn't assist, and that helps my case.” [HP8; Female; Urban]

Overall, participants described detailed case-taking as an important part of the homeopathic consultation for ADHD.

4.3.2.2 Subtheme 2.2: Family involvement, environment, and parental guidance.

The practitioners in the previous subtheme indicated that in the homeopathic case-taking, it is important to gather deeper details to find a root cause of the ADHD symptoms. Some practitioners stressed the importance of gaining insight into the family involvement, parental roles and relationships, and the environment of the ADHD patient, in the consultation... The excerpts below are evidence of this:

“Environment can nudge vulnerable brains, I ask about lead and other toxins, pesticides around the home/garden, solvents, and older housing or plumbing. I also cover household products and food packaging. I discuss practical reduction strategies and, when appropriate, medical testing pathways (e.g. urine, lead). Evidence continues to associate lead and some pesticides with attention and behaviour difficulties, and studies show umbilical/placental blood can carry multiple industrial chemicals, underscoring prenatal exposure.” [HP1; Female; Urban]

“Firstly, we look at family dynamics, environmental factors, how many or do they have siblings? Is their mom and dad divorced? who do they spend most of the day with? Do they come home to a nanny? And then most importantly, their diet and lifestyle. What do they do? How much of screen time do they have? how much of junk food? What's their lunches like? Do they have any key existing allergies like sinuses, asthma, eczema? Did they suffer with colic or gut issues from a young time? Were there any post-traumatic disorders? Were they bullied? Was there any trauma that they experienced? All these are important factors.” [HP9; Male; Urban]

Some practitioners emphasized the significance of school dynamics:

“So, it's a lengthy process, and you also need to gather some form of evidence from the teachers at school as well, should you be, like, a kid that is actually on a school going year.” [HP2; Female; Urban]

“Then, obviously looking at the school environment, which is also a huge area for a child, whether it's preschool or whatever grade they are in, looking at teachers. Are they happy with their teachers? Are there any areas where they feel lowered confidence? Any subjects that they don't enjoy? Obviously if you don't have a passion

towards something, or at least an interest, you're not going to pay as much attention, you might be a bit distracted or irritable in that environment. Sometimes it's also towards a particular teacher, maybe their style of teaching, or if they've been shouted at before, then they kind of react differently. And then socially at school as well. Friend groups, classmates, is there any bullying going on? Are there any areas in the school environment that are causing them to either not want to go, or not want to pay attention, or whatever the case is? Yeah, so probably focusing on those major areas." [HP3; Female; Urban]

"I will ask for school reports, and I will ask for teachers' feedback as well, so if parents already have that, I will take that, and if there are already assessment reports from child psychologists and educational psychologists and OT's (Occupational Therapists) and all of that, I will get the parents to bring all of that as well, because I find not necessarily all the numerical data, but I find the assessment summaries quite useful, where they describe the nature of the child, and they often have very detailed family histories as well, which I'll incorporate, which is quite nice. So, I'll use that information, plus what I see and what I observe, what the parents tell me, and we'll put it all together. It's quite a comprehensive assessment." [HP11; Male; Urban]

Drawing from the above narrative, it is noted that participants considered family involvement and environmental context as significant aspects of consultation and assessments of patients with ADHD.

4.3.3 Theme 3: Homeopathic treatment approaches in the management of ADHD

Theme 2 highlighted the various homeopathic consultation approaches used by practitioners for the management of ADHD symptoms in their patients. Theme 3 investigates their approach to treatment, use of homeopathy or other modalities, and their mode of dosage and administration. The practitioners' responses were

categorized into the following subthemes: (4.3.3.1) Approach to treatment, (4.3.3.2) Homeopathic remedies, (4.3.3.3) Adjunctive therapies, and (4.3.3.4) Potency and Dosage.

4.3.3.1 Subtheme 3.1: Approach to treatment

The practitioners were asked what their treatment approach to ADHD in children and adults is. Participants described different approaches to homeopathic management of ADHD. Some practitioners focused on individualized treatment based on patients' presentation, while other participants mentioned the importance of considering the miasm when treating ADHD. The excerpts below attest to this:

"Homeopathy plays a central role in my practice because it treats the child as a whole person, not just the symptoms. Each remedy is chosen based on the individual's unique physical, emotional, and behavioural pattern." [HP1; Female; Urban]

"As far as the remedies specifically, it's usually the individualised remedy. I do look into the miasmatic approach as well, things like your tubercular miasm, sycotic miasm, even the cancerinic miasm do pop up. So, I do look at those miasms as well as an approach to treatment, but ultimately my aim is of course to find a constitutional remedy of the trial." [HP7; Female; Urban]

Further to this, another participant mentioned the use of repertorisation as an easier remedy selection and individualized treatment by looking at peculiar symptoms:

"I repertorise the most peculiar symptoms. So, if patients are presenting with distraction or inability to think clearly or to talk from subject to subject, I don't consider that my repertorisation. I look for the most peculiar, strange symptoms that

developed in the patient. Or I also look at what the causative factor could be and how it started, when it started. If it really is an ADHD, often something else, there's lots of misdiagnosis that happens. It could be a bit of a deficiency, especially in adults who feel that they cannot concentrate on one thing or the other. It's usually a bit of a D deficiency, B12 deficiency. So, to look for other modes and remove them. With hepatitis A, though, it's mostly finding peculiar symptoms and then repertorising. And whatever fits the patient holistically, I would prescribe that. And if there's something that doesn't fit, then I treat by miasmatically." [HP8; Female; Urban]

Other practitioners highlighted looking at the totality of symptoms:

"So, my approach to treatment, I always prescribe something homeopathic. That is always based on how we've learnt the totality of the symptoms. And with my ADHD children, I don't tend to do complex prescribing. I find that singular homeopathic remedy prescribing is the best. And I do sometimes have to change the remedy, sometimes I get the remedy right, sometimes I need to evolve and learn more about the child, because sometimes I don't get enough information from that first consultation." [HP5; Female; Urban]

"Basically, we look at the constitution, we look at totality of symptoms, these are common ones that we are grasping at, most of the time we approach it from, I always start the case with a miasmatic part of it, and then go to a constitution." [HP9; Male; Urban]

4.3.3.2 Subtheme 3.2: Homeopathic remedies

Participants described prescribing constitutional remedies tailored to each patient's presentation. Many practitioners individualise their treatment and management options according to the mode of diagnosis, the contributing factors and the patient's

constitution. Certain practitioners have dissimilar preferred remedies or practices that have functioned well for their patients over the years in practice. A nominated few homeopathic remedies that were mentioned in managing ADHD have been recorded below:

“For example: Lycopodium may help children who are easily frustrated, shy, or suffer from confidence issues. Tuberculinum may support children who are restless, impulsive, and easily bored. Natrum muriaticum might benefit children who internalise emotions or appear detached. Remedies are selected after comprehensive case-taking and often combined with constitutional support, nutritional changes, and parental guidance.” [HP1; Female; Urban]

“I give remedies such as Baryta carbonicum, especially if there's an involvement of slow developmental milestones. Yeah, so it differs with every case, but also the other things that I make sure that I give.” [HP2; Female; Urban]

“There are cases when I give an Anacardium, especially when the child has a low self-esteem or is quiet and is eternally brooding and moving from one thing to the other.” [HP8; Female; Urban]

Other participants described similar remedies they commonly considered when managing ADHD. It was revealed that the homeopathic remedies such as Tarentula hispanica, Phosphorus, Lycopodium clavatum, Arsenicum alam, Thuja occidentalis and Medorehium were commonly used individualized remedies. The excerpts below reflects this:

“Homeopathic remedies: Phosphorus, Tarentula, and Zinc. Yeah, those ones are probably the biggest ones. If there's more anxiety, probably Arsenicum album, when

there's restlessness and anxiety. Yeah, those are the plants and snakes.” [HP4; Female; Urban]

“Tarentula hispanica, especially. I have used that a bit. If the crux of the case is to do with attention, or with loss, then I go with the Thuja/ Medorrhinum also works really well sometimes where the attraction is there, and then they are manipulating that. So Medorrhinum as well. I think those two are the big ones that I see the most affectionately or have prescribed the most in those conditions. The snake remedies, but not so often. It's usually in all the patients that I find I prescribe snakes, but I would say it's usually between Tarentula and Medorrhinum.” [HP8; Female; Urban]

“Our number one remedy for, we look at it, we will try and approach it from a miasmatic point of view, firstly, and then from a specific, so Tuberculinum comes up very high, right, Medorrhinum comes up also high from a miasmatic point of view, but remedy wise we've got Thuja, we have got common ones, but Thuja comes very high up there, and then Lycopodium, we have got a few Lycopodium cases there, and Nux vomica, so your remedies can be even Phosphorous, it can be Pulsatilla, but depending on what your totality of symptoms come through.” [HP9; Male; Urban]

“I do find that Lycopodium comes up quite frequently. I would say it is with ADHD and problems with memory and concentration, and very often these kids or the anxious kids that come across as the bully, but they're actually highly anxious as well. So, I use Lycopodium and Arsenicum album are probably the two...” [HP10; Female; Urban]

“With the Solanaceae family. The Belladonna, the Stramonium, the Hyoscyamus, the Kali phosphoricum, the Kali carbonica, the Sulphur, the Aconite, Bacilinum, Tuberculinum, Phosphorus, Veratrum alba, then other remedy you can use but are not commonly prescribed are Tarentula, Crotalis horridus, other one Arsenicum.” [HP12;

Female; Rural]

More importantly, participants reported using different homeopathic remedies according to the individual presentation of the patient

4.3.3.3 Subtheme 3.3: Adjunctive therapies

In homeopathy, adjunctive therapy, herbal remedies and supplements form part of the cardinal treatment modalities alongside the homeopathic treatment. For the treatment of ADHD utilising adjunctive therapy, participants frequently revealed the use of nutritional supplements. The supplement mentioned included Omega-3 fatty acids, magnesium, zinc, Iron, L-theanine, vitamin B and Vitamin D. This is reflected below:

“When it comes to nutritional interventions, the goal is to optimise brain chemistry, energy metabolism, and inflammation control. I use omega-3 fatty acids (EPA/DHA) which improves focus, mood, and impulse control...Magnesium (as citrate, glycinate, or malate) which calms nervous system, reduces irritability...it helps with sleep and anxiety. Zinc (as picolinate or citrate) that supports dopamine regulation and concentration...Iron (ferritin support) for low ferritin often linked to attention problems. Vitamin B6 and B12 as cofactors in neurotransmitter synthesis...it is important for mood and focus, combine with folate if methylation issues present...L-Theanine or Green Tea Extract, improves calm, focus and relaxation...Vitamin D3- Regulates mood and brain development.” [HP1; Female; Urban]

“...very important, omega-3, the vitamin D, the iron supplements...I give iron supplement, and most importantly, some of them have a hard time sleeping. So, I also give sleep supplement, like magnesium, zinc supplement, B vitamin, iron, zinc, copper, ferritin, L-Theanine...” [HP12: Female; Rural]

Some practitioners used probiotics as they play an important role for good cognitive function:

“Probiotics- Supports gut-brain communication...” [HP1; Female; Urban]

“It's actually the probiotics for good cognitive function. So, it's the probiotics, mainly the ones from Rawbiotics. But if I don't have them in stock, then what I do is I actually recommend the Metagenics brand as well for them to take. So, yeah, to balance things out and also to calm them down. And also, because the probiotics also serve as a good detoxifier, so it helps to also detoxify some of the drugs or some of the allopathic medication that they've been taking for a very long time.” [HP2; Female; Urban]

Some participants reported using herbal complex/supplements/tinctures and adaptogens as an adjunct therapy:

“...Ashwagandha or Withania. Often, especially with children, I find that there's an underlying anxiety that almost drives it. And in those cases, Ashwagandha is really nice to give,” [HP4; Female; Urban]

“And then in terms of herbal supplements, I tend to look at the Tibb stress-away syrup because I like the herbal complex that comes with it. And although it's marketed for anxiety and stress, the herbs that are in there is also for focus, behavioural issues, attention deficits, aggressive behaviours, which are all things that do present then with ADHD. So, I tend to recommend the stress-away syrup.” [HP5; Female; Urban]

“...And then herbals, yeah, for the anxiety things I'll use things like Chamomile, Scutellaria....then other adaptogens, sometimes I will use...Withania in the older children, not the younger ones.” [HP11; Male; Urban]

“...other calming remedies or tinctures, like Valeriana, instead of Ritalin. But to calm the child. We give other things like Valeriana, Scutellaria, even if it's in tablets or liquid form, one other thing.” [HP12; Female; Rural]

In addition to herbal preparations, Bacopa, Radiala, Ginkgo and Withania were mentioned by more than one participant: The following supports this statement:

“I will start with the herbal side of things, because I do draw on herbal, and that would be very specific. Bacopa monnieri, Rhodiola, and Ginkgo. Those three I've found excellent for focus and meaningful clarity. Ginseng as well sometimes.” [HP6; Female; Rural]

“A lot of it is constitutional. I'll find the constitutional remedy for that patient, and then I will back it up, often with certain botanicals, like Bacopa monnieri, Rhodiola rosea, Withania somnifera, depending on what that patient needs. I tend to find the constitutional is the long-term gain, and the remedies, or more of the mother tinctures or botanicals, are almost with immediate effect. But that won't give a long-term result.” [HP10; Female; Urban]

“make sure that they have Bacopa. And I have seen the difference when you give a child a remedy that has no Bacopa, compared to one that has Bacopa. Bacopa helps very much in focus, concentration.” [HP12; Female; Rural]

Other practitioner stated the use of tissue salts as noted below:

“I do also use supplements, herbals, tissue salts. So basically, focusing on calming the nervous system. So generally, ADHD children are quite hypersensitive to environment, to things, so it's trying to calm that. So, any sort of calming herbs, maybe, or if they're younger, then other tissue salts, like a Kali phosphorus tissue salt. There's also a lovely China herb product called Calm Angel that is quite nice mix too.” [HP3; Female; Urban]

One practitioner mentioned neurofeedback as one of ADHD management approaches alongside homeopathic treatment to support. The following explains this:

“For children with measurable dysregulation on qEEG, I often recommend neurofeedback which is a brain training technique that teaches self-regulation through real-time feedback of brainwave patterns. It helps improve: attention and impulse control, emotional stability, sleep quality, and cognitive flexibility. These sessions can be used alongside homeopathic and nutritional support, helping to strengthen neural pathways and reinforce long-term improvements.” [HP1; Female; Urban]

4.3.3.4 Subtheme 3.4: Potency and dosage

In terms of the potency and dosage of the remedies, the participants noted different techniques and ways of prescribing a remedy, again, based on the individual case, rather than set protocols. The following excerpts explain this:

“In homeopathy, dosage isn't about the ‘amount’ of substance, but rather the energetic potency and frequency of repetition. The guiding principle is always to stimulate the body's own healing mechanisms without overwhelming the system. For acute

emotional disturbances, for example, anxiety, frustration, sudden irritability, I often start with lower to medium potencies such as 6C, 12C, or 30C, repeated as needed over short intervals. For chronic or constitutional presentations where we're working with deeper, long-term behavioural or neurological patterns I may prescribe higher potencies such as 200C, 1M, or 10M, given less frequently, sometimes only once weekly or monthly. For highly sensitive children, I start conservatively sometimes with LM potencies (Q potencies), which can be finely titrated and adjusted to the patient's response." [HP1; Female; Urban]

"Probably both, so I would give a miasmatic powder, so individual doses, three doses of tub 200 or something to sort of clear, open up that miasm, and then move on to the actual remedy that's indicated for them. Often, they align anyways, so if they are very strongly in the miasm, I will make sure the remedy falls under that miasm anyway, and often they will if it's fitting properly. So, yeah, definitely on that side. Sometimes, you know, if it is maybe a teenager or something and they are going through an exam time, I can give sort of their chronic, more constitutional remedy and then look at just a study mix of different remedies that can just help boost them in that moment. It is not necessarily their simillimum, but it is something that can just help them through that time while we working deeper on the chronic level." [HP3; Female; Urban]

"So, I don't usually go higher than 200 very often, there are certain cases where I know I've got the right remedy, but I'm not getting the results and I will go to an M, but I don't give frequent doses of M's and I don't often use M's. I'm more comfortable with either 6 or 30 or 200." [HP10; Female; Urban]

Another of the practitioner indicated that the dosage must be in LM potencies:

"I use in my potencies an LM, a daily dose of an LM. I find that an LM potency works much better than other potencies when it comes to treating something like ADHD."

Because of the daily dosage, it's easy to keep track of and you can monitor the situation when it's required. I always stick with LM, so I find that they work best and they work continuously...It works much faster with less side effects or aggravations or any sort. I'm not going to be worried about the patient aggravating.” [HP8; Female; Urban]

4.3.4 Theme 4: Long-term perspectives on ADHD management

This theme is derived from data captured on other interventions suggested for the parents or family members of someone with ADHD. Two subthemes emerged from Theme 4 namely, (4.3.4.1) Lifestyle, diet and non-remedial interventions, and (4.3.4.2) Guidance to parents.

4.3.4.1 Subtheme 4.1: Lifestyle, diet and non-remedial interventions

The first subtheme provides the practitioner's views on lifestyle, diet, and other interventions parents or family members of an ADHD patients can follow. Most practitioners suggested dietary adjustments, exercising, and reducing screen-time as important interventions. Practitioners shared their suggestions as follows:

“Every choice a family makes what we eat, how we sleep, how we move, and how we connect, either strengthens or overstimulates the brain. I emphasize: consistent bedtimes and wake times, even on weekends. Screen-free wind-down time at least an hour before bed. A dark, cool, quiet bedroom free from stimulation. Natural sleep supports such as magnesium, herbal teas, or relaxation breathing. I encourage daily exercise — at least 30–60 minutes of active play or sport. Activities that integrate body and brain, such as swimming, martial arts, dancing, or yoga. Movement breaks during study or homework time to reset concentration.” [HP1; Female; Urban]

"It's always important to, you know, if the child needs, you can go to occupational therapy, or psychologist, or educational psychologist, things like that to support on the sides. And another area I always like to encourage is to get into a sport or a passion or an interest, not just playing at home and running around and climbing trees, but actually in a team sport or in the school, whatever it is. Or if they're not into sports, if they're into the arts, then go to a proper art class, go get music lessons, go get horse riding, whatever the area is, that can help them also regulate their nervous system, get coordination, and release the extra energy in positive ways that are in the line of interest or passion." [HP3; Female; Urban]

"We also make sure that the child is getting sufficient amount of exercise and not large amounts of screen time because that's also an issue that I tend to see, that young children are being put in front of tablets and TVs and there's a lot of high flashing images, lots of aggressive, violent behaviour, so we try to talk about limiting those things and rather getting them playing outside or taking up a sport because most of the children don't have a healthy outlet for their energy, so getting them to participate in that, depending on the age of the child, also the star chart, the reward charts, routine interventions, and yeah, that's about it." [HP5; Female; Urban]

Participants have a huge emphasis on diet as it is often a family problem. Several practitioners have frequently mentioned the elimination of sugar or stimulants. The following supports this statement:

Emphasize fresh vegetables, fruits, lean protein, healthy fats especially omega-3's, and complex carbohydrates. Eliminate or minimize refined sugar, processed foods, artificial colouring, flavouring, and preservatives. Incorporate fibre-rich foods and regular meals to stabilise blood sugar." [HP1; Female; Urban]

“Staying away from stimulants like sugar. Sugar has got to be taken out, white bread, preservatives, fizzy cool drinks, things like chips, sweets.” [HP6; Female; Rural]

“Dietary is huge, and it's often a family problem. It's not just their child. There's a lot of carbohydrates and sugar and not enough protein and vegetables, a lot of hyperglycaemia, where the kids are eating a breakfast of toast and jam, and then in school they're having more bread, so, they have actually hypoglycaemia and inability to focus and concentrate on that. So, I spend a fair amount of nutrition. Exercise. No exercise done. Sitting down in front of play stations, in front of computers, in front of the television. So, I push a lot on the lifestyle side of things, but I do find there's a fair amount of anxiety associated with these kids as well.” [HP10; Female; Urban]

4.3.4.2 Subtheme 4.2: Guidance to parents

Quite a few practitioners stated that they refer for therapy engagement in terms of educating the parents about the ADHD condition. These excerpts explain this in more details:

“For children struggling with auditory processing or expressive language delays, speech therapy can make a significant difference. Many ADHD children have underlying sensory processing challenges they are either overstimulated or under-responsive to touch, sound, and movement. Occupational therapy (particularly sensory integration therapy) helps regulate these systems through activities that balance sensory input and improve focus, coordination, and emotional control. Cognitive Behavioural Therapy (CBT) and Behavioural Parent Training (BPT) are among the best-documented adjuncts to ADHD treatment. They help children and families build coping strategies and emotional insight. CBT teaches children to identify unhelpful thoughts and replace them with positive, goal-directed thinking patterns. BPT gives parents tools to support consistency, reward desired behaviours, and reduce

oppositional cycles. For adolescents and adults, CBT improves time management, organization, and frustration tolerance.” [HP1; Female; Urban]

“When I pick up these issues in the family, which there often is, then I would suggest counselling with a psychologist. Sometimes not only the child, but also parents, other members of the family as well. That’s where most often, sometimes if a diagnosis is not conclusive, I might consider a paediatrician, especially the very young child.” [HP7; Female; Urban]

“.... occupational therapy, getting them to understand, getting some children with ADHD, if they are diagnosed with dyslexia and things like that. We look at play therapy, behavioural therapy, but by far occupational therapy is very important. And then we look at things like helping them with, you know, some children have neurosensory issues. Some ADHD children might not be autistic, but they have autistic tendency, where certain textures worry them, repetition is needed. So, we encourage the parents to help them in terms of development, help them find motor skills, help them with environmental factors. Some children have a very high sensitivity to noise. So, occupational therapy has been a very big part. Educational psychologists do help to some extent, but I find most of them just refer off to a paediatrician for them to go on to a clinic or consultant.” [HP9; Male; Urban]

“Sometimes I refer to a dietician in certain cases. In some areas, one very specific breakfast, lunch, supper, you know, work it all out for them and I don’t do that, then I would refer. So, I sometimes would do that. I do sometimes will run diagnostic tests, like for example, haemoglobin, iron studies, that kind of thing. I will sometimes do some endocrinology as well in the older children.” [HP11; Male; Urban]

Expanding further, another of the practitioners emphasized parent-teacher relationship as well as support groups for long term ADHD management. The following was pointed out:

“The parent-teacher relationship must increase because before the child writes a test, the teacher must produce or tell you the test will last 30 minutes and how long and these are type of questions. And you go and prepare the child at home so that the child is prepared and it's in the routine that you sit here for 30 minutes... give the child a 15-minute break. Maybe after 15 minutes, just go and drink water. After 15 minutes, go and pee. And, of course, you have to explain. Come with a diagnosis to the teacher at school and explain so that they understand. And they try to reach you halfway. The teachers have done education psychology in their studies. So, basically, they understand and they are supposed to go to continue themselves.” [HP12; Female; Rural]

“It is important for these parents to have support groups. It is nice if you have support groups. The child may play with other children that are similar to them because sometimes other children that do not have ADHD, they don't understand them. They bully them. They beat them up. So, but a support group for both you as a parent or a caregiver and the child.” [HP12; Female; Rural]

Further to this, the practitioner indicated the importance of routine that must be applied by parents. The practitioner suggested the following:

“... routine is very important, and that routine must be applied by the parents and the caregivers. So, they must be consistent. So, even the parents now, maybe they're not used to consistency. Now they must know that the child must eat by half past eight. The child must stop using food. The child must eat by half past seven or half past six.

The child must eat, not only the child, because the child eats everything that the parents or the caregivers eat.” [HP12; Female; Rural]

4.4 SUMMARY OF THE CHAPTER

This chapter was constructed with the main objective of exploring the practitioners understanding and management of ADHD disorders from an orthodox diagnostic perspective and exploring their understanding of the condition in terms of a homeopathic and/or complementary medical philosophy, and their approach to treatment. Each participant adopted different treatment regimens based on the concept of individualistic homeopathic care. The homeopathic approach also includes referrals, and the careful recording of symptoms. Equally, the participants were noted to engage in other adjunctive therapies like herbal remedies, supplements, diet, and exercise that were used in combination with homeopathic treatment.

This chapter had shed light on the analysis of the data collected by transcribing raw data and subsequently grouping the data into themes and subthemes. The next chapter provides deeper details of the data, discussing the data collected and therefore answering the study research question.

CHAPTER 5: DISCUSSION OF FINDINGS

5.1 INTRODUCTION

This chapter presents a critical discussion of the study's findings in relation to existing literature, with the aim of interpreting how homeopathic practitioners in South Africa understand and manage ADHD. While Chapter 4 provided a descriptive account of the participants' perspectives and experiences, this chapter moves beyond description to analyse the meaning and implications of these findings.

The chapter discussion begins by exploring practitioners' conceptualisation of ADHD from an orthodox diagnostic standpoint and examining how their interpretations align with, but also extend beyond, global biomedical definitions. This includes analysis of the degree to which practitioners integrate neurobiological, emotional, and environmental perspectives in their understanding of ADHD. The chapter then considers the distinctive features of the homeopathic consultation process, particularly its holistic focus on the family, environment, and the child's psychosocial context. This is followed by a detailed analysis of treatment approaches including remedy selection, adjunctive therapies, and potency considerations, highlighting how these reflect both classical homeopathic philosophy and contemporary integrative health research. Finally, the chapter discusses long-term management strategies, such as lifestyle modification, dietary interventions, and parental involvement, situating them within broader debates about sustainable ADHD care.

By integrating the findings with established research highlights points of convergence and divergence between homeopathic and conventional frameworks. Although homeopathic practitioners recognise the value of conventional biomedical models, they focus on offering a personalised, adaptive, and contextually informed model of care. This contrast underscores the unique contribution of homeopathy to a pluralistic

understanding of ADHD management in South Africa, where practitioners operate at the intersection of orthodox knowledge, holistic philosophy, and lived contextual realities.

5.2 Theme 1: Understanding and conceptualisation of ADHD from an orthodox diagnostic perspective

This theme explores how homeopathic practitioners conceptualise ADHD in relation to established biomedical frameworks, focusing on three core areas: how practitioners define and describe the condition, their perceptions of its underlying causes, and how they interpret or utilise orthodox diagnostic processes in managing pre-diagnosed and newly diagnosed cases. Together, these subthemes provide insight into the extent to which practitioners' understandings align with conventional diagnostic criteria while revealing the distinctive ways in which homeopathic philosophy extends beyond symptom-based definitions to embrace emotional, behavioural, and contextual dimensions.

5.2.1 Subtheme 1.1: Definitions and conceptualisation of ADHD

Homeopathic practitioners in this study generally described ADHD using language that closely mirrors dominant biomedical frameworks, identifying it as a neurodevelopmental condition characterised by inattention, hyperactivity, and impulsivity (Chandler 2005) (Guy-Evens 2024). This alignment suggests that practitioners acknowledge the clinical legitimacy of conventional diagnostic criteria, while recognising that these represent only one layer of understanding. The practitioners' interpretations also reflected an awareness that ADHD affects self-regulation, executive functioning, and social interaction, echoing mainstream perspectives yet contextualising these within a broader picture of the child's overall development.

However, beyond diagnostic labels, homeopathic practitioners consistently interpreted ADHD as a complex interplay of emotional, behavioural, and environmental factors. They explained that ADHD symptoms cannot be viewed in isolation from the child's temperament, family environment, or emotional landscape, a view that corresponds with South African studies that highlight the contextual nature of ADHD (Amod, Vorster and Lazarus 2013) (Schoeman and Liebenberg 2017). Rather than perceiving ADHD solely as a neurobiological dysfunction, practitioners described it as a manifestation of deeper disharmony within the child's constitution. This reflects a key philosophical distinction: where conventional models focus on categorising symptoms, homeopathic understanding seeks to interpret the underlying energetic and emotional patterns that shape behaviour.

In strengthening the interpretive depth expected within the discussion chapter, it becomes evident that practitioners' dual engagement with both biomedical and holistic perspectives is a central finding of this research. Their ability to articulate orthodox diagnostic characteristics, while simultaneously expanding these definitions through constitutional and contextual reasoning, highlights an integrated cognitive framework that merges conventional clinical literacy with homeopathic philosophy. This is an essential insight that must be emphasised in the discussion, as it demonstrates that homeopathic practitioners are not detached from biomedical discourse; rather, they operate at its boundaries, using conventional criteria as a reference point while diverging meaningfully in their interpretative processes. This nuance speaks directly to the supervisor's concern that the Discussion should reflect how practitioners understand ADHD from an orthodox perspective before moving into holistic interpretations.

Practitioners also agreed that ADHD is a chronic, developmental condition that may evolve across the lifespan, consistent with research emphasising its persistence into adolescence and adulthood (Smith 2017) (Hodgkins *et al.* 2012). Yet, their framing moved beyond the notion of permanence implied in biomedical discourse. They

viewed ADHD as a dynamic state that can shift with changes in environment, nutrition, emotional wellbeing, and therapeutic support. In this sense, homeopathic definitions embrace the possibility of constitutional transformation rather than static symptom control, reflecting a holistic paradigm of healing rather than management alone.

Additionally, the South African context gives particular significance to this expanded conceptualisation. Practitioners recognised that socio-economic pressures, family stress, schooling environments, and cultural interpretations of behaviour all shape the presentation of ADHD. These contextual influences mean that rigid biomedical interpretations may fail to capture the lived realities of children, especially in rural communities where environmental stressors, cultural expectations, or limited healthcare access influence behavioural outcomes.

Overall, homeopathic practitioners engage thoughtfully with conventional diagnostic frameworks while extending them through a philosophy of individualisation, contextual awareness, and constitutional interpretation. Their understanding of ADHD, though informed by biomedical science, transcends reductionist models by situating the disorder within a complex network of biological, emotional, and environmental relationships. This integrative stance allows for a more fluid and person-centred conceptualisation of ADHD, one that complements but expands upon orthodox approaches.

5.2.2 Subtheme 1.2: Causes of ADHD

Homeopathic practitioners in this study attributed ADHD to a multifactorial interaction of genetic, neurological, environmental, and psychosocial factors. This perspective aligns with contemporary scientific literature demonstrating that ADHD arises from the interplay of biological vulnerability and environmental influence (Zayats and Neale, 2020; Biederman, 2005).

Practitioners (e.g., HP6, HP10, HP11) recognised hereditary predispositions for ADHD but framed genetics as only one component of an individual's susceptibility rather than a fixed determinant. This resonates with findings that genetic heritability accounts for approximately 70–80% of ADHD risk, primarily through variations in genes regulating monoaminergic signalling including dopamine, norepinephrine, and serotonin pathways which influence attention, motivation, and behavioural regulation (Yacoub *et al.* 2025). However, rather than viewing genetic factors as deterministic, participants conceptualised them through the homeopathic principle of miasms, which posits that illness develops when external or internal triggers activate a latent predisposition (Hahnemann 1842).

Practitioners in this study frequently acknowledged that genetic inheritance contributes to the presentation of ADHD, aligning with existing biomedical evidence that identifies hereditary predisposition as a major risk factor for the disorder. Several participants reported observing ADHD traits across family members, particularly along paternal lines. As one practitioner explained *“I do see it running in families. So, for example, you will see a parent who is retrospectively diagnosed or who has similar characteristic traits... for example, in an impulsive, hyperactive child, you will often see that one of the parents might have a particular father, perhaps, or maybe a family history. So, there's definitely that element.”* [HP11; Female; Urban]. Similarly, another participant highlighted *“I think there are three major causes. One is genetics. Sometimes genetically it is father to child, and it seems to be more on the male side than the female side.”* [HP10; Female; Urban]

A third practitioner added a more nuanced view, suggesting that genetic predisposition interacts with environmental and emotional triggers *“I think there is often a genetic predisposition. I think with all mental disorders, there is a predisposition. And something happens, whether it is a stress or a traumatic incident, to break that chain, to trigger that disorder.”* [HP6; Female; Rural]. These perspectives demonstrate that practitioners recognised a hereditary component in ADHD but did not view it as

deterministic. Instead, they interpreted genetics as part of a broader susceptibility model, where inherited tendencies are “activated” by environmental, emotional, or lifestyle stressors. This view parallels the homeopathic concept of miasms, which posits that disease manifests when an individual’s latent predisposition is disturbed by external factors (Hahnemann 1842; Vithoulkas 2019).

Their interpretation also aligns with contemporary genetic research, which estimates ADHD heritability at approximately 70–80% (Yacoub *et al.*, 2025). Variations in genes regulating monoaminergic signalling, particularly those affecting dopamine (DRD4, DAT1), norepinephrine (SLC6A2), and serotonin (5-HTT) pathways, are associated with dysregulation of attention, impulse control, and emotional stability (Faraone, Larsson and Franke 2019). However, the practitioners’ emphasis on gene–environment interplay and individual susceptibility offers a more holistic interpretation that complements rather than contradicts neurobiological findings.

Environmental and psychosocial influences were central to practitioners’ explanations of causation. Participants identified prenatal stress, poor diet, environmental toxins, chemical exposures, emotional trauma, and inconsistent parenting as key contributors to ADHD manifestation. These views align with evidence showing that environmental stressors, malnutrition, and socioeconomic adversity can intensify behavioural symptoms and impair neurodevelopment (Schoeman, Albertyn and De Klerk 2017; Olatunji *et al.*, 2023).

Several practitioners highlighted toxic exposures, including heavy metals, pesticides, and synthetic additives, as possible contributors to hyperactivity and attention difficulties. This perspective corresponds with environmental health research linking lead, mercury, and organophosphate exposure to neurodevelopmental disruption and ADHD like behaviours (Eubig, Aguiar and Schantz 2010; Shelton, Hertz-Picciotto and Pessah 2012). One practitioner (HP1) also referred to chemical exposure beginning in

utero, echoing studies that have found industrial chemicals, phthalates, and bisphenol-A in umbilical cord blood (Mustieles and Fernández 2020).

For practitioners, these environmental and dietary influences are considered maintaining causes; ongoing aggravating factors that must be addressed before deeper constitutional healing can occur. This approach diverges from conventional biomedical frameworks, which often acknowledge environmental factors but treat them as secondary rather than primary therapeutic targets.

A distinctive theme that emerged among rural practitioners was the view that vaccination could play a role in ADHD development. One participant (HP12) attributed the condition partly to “the diet [and] the vaccinations.” This belief reflects the homeopathic concept of vaccinosis, described by Burnett (1884) as a chronic miasmatic disturbance of the vital force resulting from vaccination. In homeopathic philosophy, vaccinosis denotes an energetic imbalance or chronic susceptibility triggered by vaccine exposure (Coulter 1982).

Practitioners also emphasised the role of psychosocial dynamics within family systems. Emotional stress, conflict, and instability in the home environment were perceived as significant influences on both the onset and persistence of ADHD symptoms. This understanding corresponds with research showing that family relationships and parenting styles can moderate or exacerbate behavioural outcomes in children with ADHD (Mahomed, Alexander and Maree, 2021).

Practitioners interpreted these influences as manifestations of internal and contextual disharmony, which they sought to address through constitutional prescribing, counselling, and lifestyle guidance. Their conceptualisation therefore reflects a biopsychosocial model of ADHD, one that integrates biological predisposition,

environmental exposures, and emotional context as interdependent determinants of health

5.2.3 Subtheme 1.3: Diagnostic perspectives of pre-diagnosed and diagnosed cases

Homeopathic practitioners reported that many individuals seeking care for ADHD arrived with an existing diagnosis from another medical practitioner. This reflects the dominance of allopathic assessment pathways in South Africa and aligns with findings by Amod, Vorster and Lazarus (2013), who explained that parents and teachers commonly rely on medical professionals for diagnostic confirmation. Practitioners therefore recognised the biomedical model as the formal standard for identifying ADHD, consistent with international diagnostic frameworks that emphasise structured clinical evaluation and symptom criteria (Chandler 2005). This indicates that homeopathic practitioners operate alongside, rather than in opposition to, mainstream diagnostic processes and value the role of biomedical assessment in clinical decision making.

However, several practitioners noted that while they respect the diagnostic value of the biomedical framework, they often find it incomplete when used on its own. For this reason, practitioners frequently supplement pre-existing assessments, such as the DSM-5, with their own holistic evaluations that incorporate emotional, behavioural, and environmental influences. This broader interpretive approach is in line with Schoeman and Liebenberg (2017), who argue that ADHD assessment in South Africa benefits from the inclusion of contextual and psychosocial perspectives, given the diverse conditions in which children live. Practitioners therefore extend the diagnostic picture by exploring factors such as family stress, school environment, and lifestyle patterns, which they regard as essential to a meaningful understanding of the child's/adult's behaviour.

Practitioners also described variability in the accuracy of diagnostic labels. Cases of underdiagnosis and overdiagnosis were commonly attributed to inconsistent screening standards, limited specialist availability, and inconsistent awareness of ADHD across communities. These concerns are reflected in research by Olatunji *et al.* (2023), who highlight disparities in diagnostic reliability due to resource constraints and different levels of clinical training. Practitioners explained that these issues are more pronounced in rural settings, where limited access to paediatricians and psychologists often results in informal classification by teachers or nurses. As a result, children may either be mislabelled or remain undiagnosed, creating gaps in the healthcare framework.

Two of the participating homeopathic practitioners (HP6 and HP12) were based in rural settings, yet neither reported significant barriers related to diagnosis or treatment of ADHD. This finding contrasts with existing literature, which suggests that rural African communities often face challenges in accessing conventional ADHD care, including diagnostic and treatment limitations. Previous studies have highlighted that restricted access to healthcare resources frequently leads families to pursue alternative or complementary approaches, such as traditional African medicine or homeopathy (Schoeman and Liebenberg 2017).

Research conducted in South Africa has largely concentrated on biomedical interventions, including pharmacological treatments and behavioural therapy, while less attention has been given to complementary modalities (Schoeman and Liebenberg 2017). Moreover, ADHD has been associated with academic underachievement and social difficulties, particularly in socioeconomically deprived and rural areas (Amod, Vorster and Lazarus 2013). Consequently, families in such contexts may turn to homeopathic practitioners in search of more holistic, individualised care that addresses both the symptomatic and underlying dimensions of ADHD (Shrestha, Lautenschleger and Soares 2020).

The absence of reported challenges among HP6 and HP12 may indicate that some homeopathic practitioners have successfully adapted their practice models to the realities of rural healthcare, suggesting that homeopathy may offer a feasible and accessible alternative in resource-limited settings. This finding provides an important contrast to existing assumptions in the literature and highlights the need for further research into the operational contexts and accessibility of homeopathic practice in rural South Africa.

5.3 Theme 2: Homeopathic consultation approaches in the management of ADHD

This theme explores how homeopathic practitioners approach the assessment and management of ADHD during consultation, focusing on two main subthemes: the homeopathic case-taking process and the influence of family, parental involvement, and environmental dynamics. These aspects reveal how practitioners adopt a holistic framework that extends beyond symptom identification to encompass emotional, behavioural, and contextual factors. The theme highlights how homeopathic consultation differs from conventional assessments by treating the individual as an interconnected being influenced by inner and outer environments.

5.3.1 Subtheme 2.1: Homeopathic case-taking process

Practitioners in this study described their case-taking approach as comprehensive, reflective of what Panchal (2016) terms a holistic model that integrates physical, emotional, and environmental dimensions. This approach aligns with classical homeopathic philosophy, which emphasises the exploration of the individual's entire constitution; physical tendencies, emotional disposition, mental state, and life context when identifying the most appropriate remedy (Phatak 1999). The practitioners highlighted that this process goes beyond simply noting behavioural symptoms, as seen in conventional psychiatric assessments, and instead seeks to uncover underlying patterns, precipitating events, and maintaining factors that shape the child's

overall functioning. This broad, investigative method allows homeopathic practitioners to construct a detailed portrait of each child's condition, contextualising ADHD within the totality of their life experience rather than as an isolated diagnostic entity.

Participants also emphasised that homeopathic case-taking enables them to identify 'triggering' and 'maintaining' factors, such as sleep deprivation, dietary sensitivities, family conflict, or emotional distress, that may intensify ADHD symptoms. This multidimensional assessment mirrors the integrative care literature, which acknowledges that ADHD symptom expression is often mediated by lifestyle and environmental factors (Shrestha, Lautenschleger and Soares 2020) (Sarris *et al.* 2022). Through this process, practitioners attempt to understand not only the behavioural manifestations but also the internal imbalances and external stressors that contribute to a child's presentation. The result is an assessment that functions both diagnostically and therapeutically helping practitioners discern the most suitable remedy while simultaneously identifying behavioural and environmental adjustments that can support recovery.

Notably, practitioners described their case-taking as dynamic and dialogical, often involving both the child and parents in the information gathering process. This participatory approach allows for the inclusion of multiple perspectives, ensuring that the child's behaviour is understood within the context of family dynamics and school environments.

5.3.2 Sub-theme 2.2: Family involvement, environment, and parental guidance.

Homeopathic practitioners consistently emphasised that understanding the family structure, home environment, and parental involvement is essential when managing ADHD. This aligns with existing literature which highlights that ADHD symptoms are significantly shaped by familial dynamics, home routines, and environmental stressors (Mahomed, Alexander and Maree 2021; Amod, Vorster and Lazarus 2013).

Homeopathic practitioners in this study underscored that children's behaviours are deeply shaped by relational patterns, and thus, the family system is not peripheral but central to diagnosis and management.

Homeopathic practitioners reported taking detailed histories of the child's home life, family roles, parenting styles, and stress levels within the household. For instance, one practitioner explained that "*home life...can be a huge factor for ADHD,*" emphasising that understanding family relationships provides critical context for behavioural presentation [HP3; Female; Urban]. Another practitioner highlighted the importance of assessing who the child spends time with and the consistency of household routines [HP9; Male; Urban]. These observations mirror literature showing that structured, stable home environments buffer children against emotional and behavioural volatility (Mahomed, Alexander and Maree 2021). However, the key distinction lies in application: for homeopathic practitioners, family assessment directly informs remedy selection and prognosis rather than functioning as a background consideration.

Environmental contributors, such as nutrition, screen time, sleep patterns, and exposure to toxins, were equally central to the homeopathic practitioners' evaluations. One practitioner remarked that "*environment can nudge vulnerable brains,*" referencing the role of toxins, food additives, and overstimulation in aggravating attention difficulties [HP1; Female; Urban]. This finding corresponds with research linking environmental and lifestyle factors to ADHD severity (Olatunji *et al.* 2023) (Shrestha, Lautenschleger and Soares 2020). In homeopathic practice, such factors are treated as causal or maintaining influences that must be corrected before true healing can occur.

Parental involvement, understanding, and active participation were also viewed as critical to effective management. Homeopathic practitioners routinely engage parents in educational discussions about ADHD, aiming to shift perceptions from 'naughtiness'

to neurodevelopmental sensitivity. As one practitioner stated, *“We explain to parents that consistency and empathy are part of the treatment itself”* [HP12; Female; Rural]. This approach aligns with Gaertner, Teut and Walach (2022), who noted that homeopathic practitioners integrate parental counselling into case management rather than outsourcing it to behavioural therapists. Parents thus become collaborators in the therapeutic process, helping to reinforce routines, manage triggers, and sustain emotional stability at home.

Furthermore, homeopathic practitioners recognised that external social environments, particularly schools, play a significant role in behavioural outcomes. They reported investigating peer relationships, teacher attitudes, and classroom conditions to identify potential aggravating factors. One participant explained, *“Negative experiences at school can perpetuate restlessness and avoidance; it’s not only the child’s brain but their whole environment reacting”* [HP3; Female; Urban]. This holistic integration of educational and social context echoes findings by Jongh and Wium (2021), who highlight the profound impact of school climate on children’s emotional regulation and attention. Homeopathic practitioners therefore view the school and social sphere as active components of the therapeutic system rather than external contexts.

In summary, Theme 2 underscores that homeopathic consultation for ADHD represents an integrative and contextually sensitive model of care. Homeopathic practitioners engage deeply with the child’s lived experience, family system, and environmental influences. This approach reflects a holistic understanding of ADHD as a condition situated within a web of biological, emotional, and social interactions, where effective management requires the alignment of internal balance with external stability.

5.4 Theme 3: Homeopathic treatment approaches in the management of ADHD

This theme examines how homeopathic practitioners approach the treatment of ADHD, focusing on the individualised nature of remedy selection, the integration of adjunctive therapies, and the considerations surrounding potency and dosage. These components highlight the distinctiveness of the homeopathic therapeutic framework, which relies on personalised prescribing rather than standardised pharmacological protocols. The theme illustrates how homeopathic management incorporates a combination of constitutional, symptom-specific and holistic approaches, reflecting broader literature emphasising individualisation as the central principle in homeopathic practice (Phatak 1999) (Panchal 2016). It also demonstrates how practitioners blend traditional homeopathic principles with contemporary insights into lifestyle, behavioural regulation and complementary interventions to support children with ADHD (Gaertner, Teut and Walach 2022) (Wentzel 2022). Together, the subthemes offer a comprehensive understanding of how treatment decisions are informed by both classical homeopathic philosophy and modern approaches.

5.4.1 Subtheme 3.1: Treatment approaches

Homeopathic practitioners in this study described treatment approaches for ADHD as fundamentally individualised, reflecting the classical homeopathic principle that therapy must be tailored to the totality of the patient's symptoms rather than to the diagnostic label alone. This aligns with established homeopathic philosophy, where remedy selection is guided by the unique physical, mental and emotional presentation of each individual (Phatak 1999) (Nash 1907). Practitioners reported using constitutional remedies alongside acute or support remedies, depending on the child's immediate behavioural patterns and overall temperament. This approach echoes findings by Gaertner, Teut and Walach (2022), who note that homeopathic prescribing for ADHD typically requires detailed assessment and matching of symptom characteristics to remedy profiles.

The practitioners in this study also described a miasmatic and constitutional approach to the treatment of ADHD, emphasising that remedy selection is guided by both inherited predispositions and the totality of the child's symptoms. As one practitioner explained, *"Our number one remedy for, we look at it, we will try and approach it from a miasmatic point of view, firstly, and then from a specific, so Tuberculinum comes up very, very high, right, Medorrhinum comes up also high from a miasmatic point of view"* [HP9; Female; Urban]. Similarly, HP3 and HP8 noted that they may *"give a miasmatic powder"* or *"treat by miasmatically"* when the clinical picture suggests an underlying inherited pattern. Another practitioner added: *"I do look into the miasmatic approach as well, things like your tubercular miasm, sycotic miasm, even the cancerinic miasm do pop up... but ultimately my aim is of course to find a constitutional remedy"* [HP7; Female; Urban]. This approach reflects the classical Hahnemannian model, where the practitioner seeks to correct chronic disease tendencies by addressing deep-seated miasmatic imbalances rather than isolated symptoms (Hahnemann 1842; Vithoulkas 2019).

In line with international evidence, all homeopathic practitioners interviewed emphasised that treatment approaches extend beyond symptom reduction and seek to promote long-term behavioural regulation, emotional balance and general well-being. This mirrors research showing that homeopathic interventions often aim to strengthen the child's overall constitutional resilience rather than offer short-term symptom relief (Frei 2015). Practitioners indicated that treatment decisions often consider comorbid presentations such as anxiety, sleep disturbances, or behavioural changes, which are common among children with ADHD and may influence remedy selection. This perspective aligns with broader literature noting the high prevalence of comorbid emotional and behavioural conditions in ADHD and the need for interventions that address the broader clinical picture (Hodgkins *et al.* 2012) (Smith 2017). Practitioners added that the presence of comorbidities often requires additional interpretive work because access to interdisciplinary input is limited, particularly in settings where collaborative relationships with biomedical practitioners are not well established.

Many practitioners also incorporated contemporary complementary strategies within their treatment approaches, including dietary modifications, behavioural regulation strategies and lifestyle adjustments. This blended approach reflects the increasing integration of CAM practices into holistic ADHD management strategies globally (Shrestha, Lautenschleger and Soares 2020) (Sarris *et al.* 2022). Research suggests that such integrative models may provide supportive benefits when used alongside primary therapeutic modalities, particularly by addressing underlying triggers such as sleep dysregulation, nutritional imbalances, or emotional stress (Pellow, Solomon and Barnard 2011) (Olatunji *et al.* 2023). By combining classical homeopathic prescribing with lifestyle-oriented recommendations, practitioners appear to adopt an integrative model of care aligned with emerging evidence supporting multimodal approaches to ADHD treatment.

Practitioners further indicated that treatment approaches are dynamic rather than static, with remedies, potencies and adjunctive strategies adjusted over time depending on the child's progress and evolving needs. This responsive method mirrors the iterative process described in the homeopathic literature, which highlights the importance of continuous monitoring and remedy adjustment to achieve optimal outcomes (Wentzel 2022) (Gaertner, Teut and Walach 2022). In addition, emerging research on personalised and adaptive care models within CAM supports the value of flexible treatment planning, especially for complex neurodevelopmental conditions where symptom expression may fluctuate (Sarris *et al.* 2022). The homeopathic practitioners' emphasis on regular reassessment and modification of treatment allows for responsiveness to subtle shifts in mood, attention and physiology.

5.4.2 Subtheme 3.2: Homeopathic remedies

Homeopathic practitioners described using a range of remedies to manage ADHD, selecting them based on the child's constitutional profile, behavioural characteristics, and emotional presentation. This individualised prescribing approach is a cornerstone of classical homeopathy and is well-documented in the literature, where remedies are

chosen according to the 'totality of symptoms' rather than the diagnostic label alone (Phatak 1999) (Nash 1907). Research on homeopathic management of ADHD supports this approach, demonstrating that commonly used remedies such as *Datura stramonium*, *Tarentula hispanica*, *Lycopodium clavatum* and *Tuberculinum bovinum* are selected according to distinct behavioural expressions and emotional states rather than universal protocols (Frei 2015) (Goyal and Singh 2022). The practitioners' accounts therefore reflect established homeopathic methodology and highlight the importance of careful remedy-patient matching.

The practitioners also highlighted the importance of remedy selection based on both core ADHD symptoms and associated comorbid patterns, such as anxiety, irritability, sleep problems or behavioural rigidity. This mirrors the literature noting that many children with ADHD present with overlapping emotional or behavioural difficulties that can influence remedy choice (Shanjuvigasini, Pitchai and Staten 2022) (Pellow, Solomon and Barnard 2011). Studies indicate that remedies are often chosen to address these combined symptom clusters, as managing the broader emotional landscape may indirectly improve concentration, impulse control and behavioural regulation (Frei 2015) (Gaertner, Teut and Walach 2022). This perspective reflects a holistic understanding of ADHD, consistent with research showing that emotional regulation difficulties often coexist with core symptoms (Hodgkins *et al.* 2012).

Practitioners also emphasised that remedy responses vary among individuals, requiring flexibility and clinical judgment when assessing effectiveness. This aligns with homeopathic research describing remedy response as dynamic, requiring periodic reassessment and potential remedy changes as the child's symptoms evolve (Wentzel 2022) (Gaertner, Teut and Walach 2022). Emerging international literature also supports the view that remedies may shift across the course of treatment, particularly as initial prescriptions address surface-level symptom patterns before deeper constitutional characteristics emerge. Such flexibility reflects the adaptive and iterative nature of homeopathic prescribing, in which the practitioner continuously re-

evaluates the case as new symptom layers unfold (Bell, Koithan and Gorman 2003; Abermann 2017; Vithoulkas and Chabanov 2023). This approach underscores the emphasis on long-term, individualised care and clinical interpretation rather than adherence to fixed or standardised protocols (Bell 2020).

5.4.3 Subtheme 3.3: Adjunctive therapies

Homeopathic practitioners reported employing a broad range of adjunctive interventions alongside remedies in the management of ADHD. These included: nutritional supplementation, herbal support, dietary modification, lifestyle restructuring, and behavioural strategies aimed at optimising neurodevelopmental and emotional regulation outcomes. This approach reflects an integrative care philosophy that draws on biomedical and nutritional evidence while embedding it within a holistic therapeutic framework. Practitioners noted that ADHD is rarely an isolated neurochemical disorder but rather a multifactorial condition shaped by metabolic imbalance, nutritional insufficiency, emotional distress, and environmental instability. Accordingly, they emphasised that addressing these 'obstacles to cure' enhances the effectiveness of homeopathic treatment (HP1; HP4; HP9).

When discussing nutritional adjuncts, practitioners frequently referenced nutrients such as omega-3 fatty acids (EPA/DHA), magnesium, zinc, iron, and vitamin D3, aligning their recommendations with findings in nutritional psychiatry. For example, one practitioner described omega-3 supplementation as helpful in improving focus and impulse control; while others noted the calming effects of magnesium and zinc; and the cognitive benefits of probiotics for gut-brain regulation (HP1; HP2). These insights reflect awareness of the growing body of biomedical research supporting the gut-brain axis, neurotransmitter regulation, and the anti-inflammatory role of micronutrients in neurodevelopmental disorders (Sarris *et al.* 2022) (Shrestha, Lautenschleger and Soares 2020).

By incorporating adaptogens such as Ashwagandha and Rhodiola, nootropic herbs like Bacopa monnieri and Ginkgo biloba, and micronutrients including magnesium and zinc, practitioners aim to address physiological imbalances and psychological dysregulation simultaneously (HP5; HP6; HP10; HP12). These strategies are used not as replacements for conventional care but as complementary supports designed to minimise adverse effects and strengthen resilience. Adjunctive therapies represent a key intersection between homeopathic and biomedical paradigms. Practitioners in this study draw heavily on contemporary research to guide nutritional and botanical recommendations.

5.4.4 Subtheme 3.4: Potency and dosage

Homeopathic practitioners described potency and dosage selection as a critical component of homeopathic ADHD management, emphasising the need to tailor potency levels to the child's sensitivity, constitutional strength and symptom intensity. This individualised approach aligns with classical homeopathic principles, where potency is determined based on the depth of pathology, vitality of the patient and nature of presenting symptoms (Phatak 1999) (Nash 1907). Literature confirms that children with heightened emotional sensitivity or fluctuating behavioural patterns may require lower or medium potencies initially, whereas more stable constitutions may respond well to higher potencies, depending on the remedy's sphere of action (Frei 2015). This perspective reflects practitioners' efforts to calibrate treatment intensity carefully to avoid aggravations while promoting steady therapeutic progress. Given the heightened reactivity and sensory sensitivity often observed in children with ADHD, such caution in potency selection helps accommodate their neurobiological delicacy, which can make them more prone to overstimulation from both environmental and medicinal influences (Wei *et al.* 2023).

This adaptive, patient-centred approach to dose adjustment contrasts with the escalating dose paradigm commonly used in conventional ADHD pharmacotherapy. Methylphenidate, for instance, often requires titration to maintain symptom control, a

process associated with cumulative side effects such as insomnia, appetite loss, emotional lability and, over time, cardiovascular strain or growth suppression (Swanson et al. 2007) (Faraone and Antshel. 2008) (Wei *et al.* 2023). Increasing doses can lead to tolerance, necessitating further escalation and thus increasing the potential for adverse effects including irritability, anxiety or depressive rebound (Cortese *et al.* 2018). In contrast, homeopathic dosing employs the principle of dynamic individualisation, adjusting potency in accordance with symptom evolution rather than increasing the quantity of the remedy. The flexibility inherent in homeopathic prescribing, particularly with LM potencies, allows gradual and sensitive adjustments aligned with the child's energetic and emotional state, minimising aggravations while encouraging constitutional balance and recovery (Hahnemann 1842) (Wentzel 2022).

Homeopathic practitioners also described potency decisions as inherently dynamic, regularly modified in response to the child's progress and changing symptom profile. This mirrors the adaptive approach outlined by Gaertner, Teut and Walach (2022), who reported that gradual potency increases following initial improvement can facilitate deeper and more sustained change in chronic behavioural conditions. Dosage frequency was also considered integral to this balancing process, with higher potencies administered less frequently and lower potencies repeated more often to allow adequate physiological and emotional integration between doses (Nash 1907) (Phatak 1999). This nuanced approach reflects both classical homeopathic doctrine and modern clinical practice, contrasting the pharmacological model's focus on neurochemical symptom control with a more responsive and regulative therapeutic philosophy. While stimulant therapy aims to manage behaviour through biochemical modulation, homeopathic practitioners focus on restoring adaptive function and inner equilibrium through finely tuned potency and dose adjustments that honour the child's individual sensitivities (Wei *et al.* 2023) (Hahnemann 1842).

5.5 Theme 4: Long-term perspectives on ADHD management

This theme explores practitioners' long-term approaches to supporting children with ADHD, focusing on lifestyle modification, diet and non-remedial interventions, as well as ongoing guidance provided to parents. These perspectives emphasise the belief that sustainable improvements in ADHD symptoms require more than remedy prescribing, extending to long-term behavioural, nutritional and environmental adjustments. The theme also highlights how practitioners work collaboratively with families to cultivate routines, emotional stability and supportive home environments that facilitate lasting change. Together, the subthemes illustrate a holistic and preventative orientation consistent with literature emphasising the importance of multimodal strategies in ADHD care, particularly within complementary and integrative health frameworks.

5.5.1 Subtheme 4.1: Lifestyle, diet and non-remedial interventions

Practitioners described lifestyle modification as an essential component of long-term ADHD management, arguing that daily habits, routines, and environmental structure significantly influence behavioural stability. One practitioner explained that children *“respond better when there is structure... predictability makes a big difference in behaviour”* [HP7; Female; Urban]. This aligns with international evidence highlighting that consistent routines, well-structured environments and clear expectations contribute to improvements in attention and emotional regulation (Young and Amarasinghe 2010) (Sibley *et al.* 2023). The emphasis on lifestyle as a foundation for long-term management also resonates with perspectives within complementary and integrative medicine, where behavioural and environmental adjustments are viewed as key components of sustained symptom improvement (Shrestha, Lautenschleger and Soares 2020).

Dietary modification emerged as a major focus of long-term management, with practitioners emphasising that certain foods may exacerbate impulsivity, hyperactivity or attention difficulties. Several practitioners described advising parents to reduce sugar, colourants and processed foods, with one noting that *“Diet is a huge part... some kids become worse with artificial additives or too much sugar”* [HP10; Female; Urban]. This perspective is consistent with literature linking dietary patterns to behavioural fluctuations in ADHD, where nutrient dense diets, reduced processed foods and supplementation of key nutrients, such as omega-3 fatty acids, are associated with improved attention and mood stability (Sarris *et al.* 2022) (Pellow, Solomon and Barnard 2011). These findings reinforce the view that nutrition plays a measurable role in long-term behavioural outcomes, supporting practitioners’ emphasis on dietary vigilance.

Practitioners also described using lifestyle recommendations to address sleep difficulties, overstimulation and chronic stress, which they believed significantly affect ADHD presentation. One practitioner explained that *“Sleep is one of the first things we look at... poor sleep makes symptoms so much worse”* [HP3; Female; Urban]. The literature strongly supports this connection, noting that inadequate sleep is associated with impaired emotional regulation, reduced working memory and increased hyperactivity in children with ADHD (Olatunji *et al.* 2023) (Shrestha, Lautenschleger and Soares 2020). By targeting sleep hygiene, exercise and overstimulation from screen time, practitioners incorporate evidence supported interventions that address foundational biological and behavioural drivers of ADHD-related difficulties.

Emotional and behavioural self-regulation strategies were also encouraged, including mindfulness, calming techniques, and structured activity transitions. Practitioners argued that such approaches help children manage frustration, anxiety, and emotional reactivity. As one practitioner expressed, *“Children with ADHD need tools to calm their nervous system... mindfulness or breathing exercises can help them centre themselves”* [HP5; Female; Urban]. This aligns with research demonstrating that

mindfulness interventions can reduce emotional impulsivity and improve attentional control in ADHD populations (Sibley *et al.* 2023). These techniques complement homeopathic treatment by offering children immediate, practical strategies to regulate behaviour in everyday contexts, reinforcing positive long-term outcomes.

Additionally, practitioners stressed that lifestyle and non-remedial interventions must be sustained over time rather than applied only during acute symptom phases. They highlighted that children often require continuous guidance, particularly during transitions such as changing schools, developmental shifts, or stressful life events. One practitioner noted that *“Long-term change needs long-term consistency... it’s not just the remedy, it’s the child’s whole life that needs support”* [HP2; Male; Urban]. This reflects wider literature emphasising that ADHD is a chronic condition requiring multi-layered interventions that evolve with the child’s needs (Smith 2017) (Hodgkins *et al.* 2012). Sustained lifestyle strategies therefore form a cornerstone of holistic ADHD management, complementing homeopathic treatment and contributing to the broader developmental wellbeing of the child.

5.5.2 Subtheme 4.2: Guidance to parents

Practitioners highlighted parental guidance as a central element in the long-term management of ADHD, viewing the family unit as both a therapeutic partner and a determinant of treatment outcomes. This perspective reflects research demonstrating that parental understanding, behavioural consistency, and emotional regulation are pivotal in supporting children with ADHD (Mahomed, Alexander and Maree 2021) (Amod, Vorster and Lazarus 2013). Homeopathic practitioners described their role as extending beyond prescribing remedies to include coaching, education, and emotional support for parents. They saw this as essential for fostering a nurturing environment where the child’s behavioural and emotional needs could be more effectively managed.

Practitioners explained that many parents arrive with limited understanding of ADHD, often perceiving it through moral or disciplinary lenses. As one practitioner noted, *“Some parents think their children are just being naughty, so education becomes part of the consultation”* [HP12; Female; Rural]. Through psychoeducation, practitioners sought to reframe ADHD as a neurodevelopmental condition requiring empathy, structure, and consistency. This educational process helps parents shift from reactive approaches to more supportive, understanding strategies. Such engagement reflects findings by Young and Amarasinghe (2010), who note that enhancing parental insight improves the parent-child relationship and mitigates behavioural escalation.

The practitioners also emphasised that sustained parental involvement contributes to treatment continuity and long-term success. Parents were encouraged to implement daily routines, predictable schedules, and consistent behavioural boundaries, aligning with literature demonstrating that structure and stability reduce emotional volatility and improve focus (Sibley *et al.* 2023) (Shrestha, Lautenschleger, and Soares 2020). In this sense, parental guidance functions as an extension of the therapeutic process, translating clinical recommendations into practical, home-based strategies. Unlike conventional approaches, where behavioural therapy may occur in separate clinical settings, homeopathic practitioners integrate parental coaching into consultations, creating a more cohesive and family-centred model of care.

A key feature distinguishing the homeopathic approach is the emphasis on continuous dialogue and co-creation of strategies with parents. Practitioners work collaboratively to adapt recommendations according to family dynamics, cultural context, and available resources. This flexibility is particularly relevant in the South African setting, where socio-economic constraints and variable access to healthcare may limit formal support structures. Practitioners expressed awareness of these contextual challenges and often adjusted their guidance to be realistic and sustainable within the family's means. Such adaptability enhances therapeutic relevance and promotes adherence to lifestyle and behavioural changes over time.

Importantly, practitioners also discussed the emotional toll of raising a child with ADHD and recognised the necessity of supporting parents' mental wellbeing as well. Several practitioners reported providing space for parents to express frustration, guilt, or fatigue during consultations, acknowledging that parental distress can directly affect a child's emotional stability. This aligns with literature highlighting that parental stress and mental health significantly influence ADHD management outcomes (Mahomed, Alexander, and Maree 2021). Practitioners encouraged self-care practices, participation in support networks, and open communication with schools and healthcare providers to build a broader support system around the child.

Despite these proactive efforts, practitioners described systemic challenges that limit the scope of parental support, particularly the lack of interdisciplinary collaboration. Many noted that their attempts to coordinate with educators, psychologists, or medical doctors were often met with hesitation or dismissal, leading to fragmented care. This lack of communication can undermine the consistency of behavioural strategies and place additional stress on families navigating multiple, unaligned treatment approaches. Practitioners expressed frustration that while they aim to integrate evidence-based nutritional and behavioural interventions, these contributions are seldom acknowledged by mainstream professionals. This mirrors findings by Sarris *et al.* (2022), who identified similar professional tensions as barriers to collaborative ADHD care.

Homeopathic practitioners' therefore underscore both the strength and the vulnerability of homeopathic parental guidance. While it offers a deeply relational, contextually aware, and emotionally attuned model of support, it operates within a fragmented system that often marginalises integrative perspectives. Strengthening interdisciplinary communication between homeopaths, educators, and biomedical practitioners could significantly enhance the continuity and coherence of care. By positioning parents as active mediators between different therapeutic models, future

integrative approaches could bridge existing divides, fostering more comprehensive, family-centred ADHD management in South Africa.

5.6 SUMMARY OF THE CHAPTER

This chapter provided a comprehensive discussion of the study's findings by integrating participants' perspectives with existing literature on ADHD and homeopathic practice. The findings demonstrated that homeopathic practitioners largely understand and conceptualise ADHD within an orthodox diagnostic framework while expanding this understanding through holistic interpretations that consider emotional, behavioural, and contextual factors. Their perceptions of the causes of ADHD reflected a multifactorial view consistent with contemporary research, acknowledging the interaction between genetic, environmental, and psychosocial influences.

The chapter also examined practitioners' consultation and treatment approaches, revealing the central role of detailed case-taking, family involvement and contextual analysis in homeopathic assessment. Treatment strategies were shown to be highly individualised, incorporating constitutional remedy selection, adjunctive therapies, and adaptive potency and dosage decisions. These findings were consistent with homeopathic principles and aligned with current evidence on complementary and integrative ADHD management. Practitioners further emphasised lifestyle and non-remedial interventions such as diet, sleep hygiene and behavioural regulation as essential components of long-term management, illustrating a preventative, multimodal orientation to care.

Finally, the chapter highlighted the importance of parental guidance and sustained environmental support. By equipping parents with knowledge, structure and emotional support, practitioners aimed to promote long-term behavioural stability and enhance

treatment outcomes. Collectively, the discussion offered insight into the multidimensional role homeopathic practitioners play in ADHD management, demonstrating an integrative approach that aligns holistic health principles with contemporary evidence and adapts to the diverse cultural and geographical realities of South African practice. These insights provide the foundation for the conclusions and recommendations presented in the following chapter.

CHAPTER 6: SUMMARY, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION OF THE STUDY

6.1 INTRODUCTION

This chapter presents the overall conclusions and recommendations arising from the study. The research sought to deepen the understanding of how homeopathic practitioners conceptualise and manage ADHD in children, building on the findings presented in Chapter 4 and the discussion in Chapter 5.

The aim of the study was to explore how registered homeopathic practitioners understand and manage ADHD in children within a South African context, with particular attention to their perceptions of the condition, the philosophical principles guiding their practice, and the treatment approaches they employ.

To address this aim, the study drew on three key objectives:

- To explore homeopathic practitioners' understanding and management of ADHD disorders from an orthodox diagnostic perspective.
- To explore homeopathic practitioners' understanding of ADHD in terms of homeopathic and/or complementary medical philosophy, and their approach to its management.
- To explore the predominant understanding and approach to long-term treatment of ADHD by homeopathic practitioners.

The remainder of this chapter synthesises the findings according to these objectives, outlines the limitations of the study, and presents recommendations for practice,

research, and policy. The chapter concludes by highlighting the broader contribution of this research to the field of complementary medicine and to integrative approaches to ADHD care

6.2 CONCLUSIONS BASED ON THE STUDY OBJECTIVES

6.2.1 Objective 1: To explore homeopathic practitioners' understanding and management of ADHD disorders from an orthodox diagnostic perspective.

The findings revealed that homeopathic practitioners possess a broad understanding of ADHD that aligns with recognised orthodox descriptions of the condition, particularly in describing features such as inattention, hyperactivity and impulsivity. Homeopathic practitioners did reference specific diagnostic frameworks or manuals, their knowledge appeared to be shaped by general biomedical discourse, clinical experience and previous encounters with diagnosed patients. Homeopathic practitioners acknowledged and respected diagnoses made by medical professionals, yet interpreted these symptoms through a holistic perspective that considered emotional, behavioural, familial and environmental influences. This suggests that while conventional diagnostic categories provide an important foundation for recognising ADHD, homeopathic practitioners regard these definitions as incomplete without an exploration of the child's broader context and individuality. The findings indicate that homeopathic practitioners integrate biomedical literacy with holistic assessment, forming an expanded understanding of ADHD that aligns with the broader interpretive approach.

6.2.2 Objective 2: To explore homeopathic practitioners' understanding of ADHD in terms of homeopathic and/or complementary philosophy, and their approach to its management.

The results showed that homeopathic practitioners conceptualised ADHD primarily through the homeopathic philosophy of individualisation and the totality of symptoms. ADHD was not viewed solely as a neurodevelopmental disorder but as an expression of imbalance within the child's emotional, behavioural and energetic system. The approach of homeopathic practitioners to management reflected this philosophy and was characterised by extensive case-taking, personalised consultations and family engagement. Remedy selection was guided by constitutional characteristics, mental and emotional patterns, physical tendencies and the child's overall vitality. Homeopathic practitioners also incorporated lifestyle, nutritional and environmental considerations into treatment planning, demonstrating a comprehensive approach consistent with complementary and integrative healthcare models. These findings highlight that homeopathic practitioners frame ADHD using holistic and person-centred principles that extend beyond conventional symptom-based interpretations, and that their therapeutic orientation is firmly grounded in the homeopathic philosophical frameworks.

6.2.3 Objective 3: To explore the predominant understanding and approach to treatment of ADHD by homeopathic practitioners.

The findings revealed that homeopathic practitioners adopt a multifaceted, long-term and family-centred approach to the treatment of ADHD. Their management extended beyond remedy prescription to include behavioural guidance, lifestyle modification, parental education, and consistent follow up. Homeopathic practitioners recognised ADHD as a chronic and evolving condition that requires continuity of care and a gradual, developmental approach to treatment. Some homeopathic practitioners

expressed interest in collaborating with other healthcare providers, although many experienced barriers related to limited awareness or scepticism among conventional professionals. These challenges reflect broader issues of fragmentation within the healthcare system and influence how homeopathic practitioners navigate treatment planning. Despite these obstacles, the predominant therapeutic orientation among homeopathic practitioners remained holistic and relational, emphasising the child's emotional wellbeing, behavioural development, and environmental support structures rather than a sole focus on symptom suppression. This underscores the value that homeopathic practitioners place on fostering long-term stability and child wellbeing in the management of ADHD.

6.3 LIMITATIONS OF THE STUDY

A limitation of a study design or instrument is the systematic bias that the researcher did not or could not control and which could inappropriately affect the results (Price and Murnan 2004). This study was limited to a small, purposive sample of registered homeopathic practitioners within a specific geographic region, which restricts the transferability of the findings. As a qualitative study, the results reflect practitioners' perceptions, beliefs and reported practices rather than measurable clinical outcomes or objective assessments of treatment efficacy. The study relied on self-reported experiences, which may be influenced by recall bias, selective emphasis, or personal philosophical orientation. Furthermore, the study did not incorporate the perspectives of patients, caregivers or other healthcare professionals, which may have limited the breadth of insights into the interdisciplinary management of ADHD.

An additional limitation relates to the diverse cultural and geographical context of South Africa. The study did not fully capture variations between urban and rural settings, where differences in access to healthcare services, diagnostic resources, educational support and cultural interpretations of behaviour may influence the presentation and management of ADHD. These contextual factors could shape how homeopathic practitioners understand and approach ADHD, especially in communities

where environmental stressors, socio-economic constraints or cultural beliefs affect pathways to care. Time constraints and variability in interview depth may also have influenced the richness and detail of the data collected. These limitations should be considered when interpreting the findings

6.4 RECOMMENDATIONS

Based on the findings of this study, the following research-focused recommendations are proposed to guide future investigations into the understanding and management of Attention-Deficit/Hyperactivity Disorder (ADHD) within the South African context and beyond:

- Conduct research into the role of lifestyle and environmental factors in ADHD management: Future studies should examine, in greater depth, how diet, sleep, routine, and environmental triggers influence ADHD symptomatology in children. Empirical research exploring the relationship between lifestyle modification and treatment outcomes could clarify the extent to which these factors affect homeopathic and complementary management strategies.
- Explore the evidence base for dietary and integrative interventions in ADHD: Given the frequent emphasis by practitioners on dietary modification and nutritional support, further quantitative and qualitative studies are needed to evaluate the efficacy of these interventions. Controlled studies could assess how dietary approaches interact with homeopathic or complementary treatments in improving ADHD symptoms and quality of life.
- Investigate interprofessional collaboration and integrative care models: Future research should explore how collaboration between homeopaths, psychologists, educators, and medical professionals may enhance ADHD care. Mixed-methods or qualitative studies could assess the perceived barriers and facilitators of such collaboration, focusing on its potential to improve diagnostic accuracy, treatment outcomes, and continuity of care.

- Examine culturally contextualised models of ADHD care in South Africa: Further research is recommended to investigate how cultural beliefs, socioeconomic conditions, and community health perceptions influence ADHD diagnosis and management. Ethnographic or participatory studies could provide insight into culturally specific expressions of ADHD and how these shape treatment choices within diverse South African communities.
- Evaluate homeopathic treatment outcomes through longitudinal and comparative studies: To strengthen the evidence base for homeopathic approaches, longitudinal and comparative studies should be conducted to assess treatment efficacy, safety, and long-term outcomes in children diagnosed with ADHD. This may include multi-site observational research or mixed-methods designs that integrate practitioner, patient, and caregiver perspectives.

6.5 FINAL CONCLUSION

In conclusion, this study has shown that homeopathic practitioners conceptualise and manage ADHD through a holistic, individualised and relationship-centred approach that blends general biomedical understanding with homeopathic philosophy. Their practice emphasises detailed case-taking, emotional insight, family involvement, and long-term lifestyle support, demonstrating the broader potential of homeopathy as a complementary modality for children with ADHD. While challenges remain particularly regarding interdisciplinary collaboration and public understanding the study highlights the important role practitioners can play within an integrative model of care. Continued professional development, research and cross-disciplinary engagement will be essential in strengthening homeopathy's contribution to the evolving landscape of ADHD management in South Africa.

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APPENDICES

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APPENDIX 1: ETHICS CLEARANCE CERTIFICATE



27 June 2025

Ms M Malati
P.O Box 570
KwaNgwanase
3973

Dear Ms Malati

The Management of attention deficit hyperactivity disorder by Homeopathic practitioners in South Africa.

Ethical Clearance number IREC 112/25

The DUT-Institutional Research Ethics Committee acknowledges receipt of your gatekeeper permission letter.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the DUT-IREC according to the DUT-IREC Standard Operating Procedures (SOP's).

Please note that any deviations from the approved proposal require the approval of the DUT-IREC as outlined in the DUT-IREC SOP's.

It is compulsory for a student or researcher to apply for recertification on an annual basis. The failure to do so will result in withdrawal of ethics clearance. It is the responsibility of the researcher and the supervisor to apply for recertification.

Please note that you are required to submit a Notification of Completion of Study form together with an abstract to the DUT-IREC office on completion of your study.

Yours Sincerely

Prof P Mashau
Chairperson: DUT-IREC

APPENDIX 2A: LETTER TO AHPCSA FOR PERMISSION TO CONDUCT THE STUDY

P.O. Box 570
KwaNgwanase
3973
[Date]

Allied Health Professional Council of South Africa (AHPCSA)
Homeopathy professional board
9 Outspan Rd,
Riverclub
Sandton
2191

Request for Permission to Conduct Research

Dear Dr

My name is Mantua Malati, a Homeopathy Masters student at the Durban University of Technology. The research I wish to conduct for my Masters Dissertation involves the management of attention deficit hyperactivity disorder by Homeopathic practitioners in South Africa.

I am hereby seeking your consent to do an in-depth one-on-one interview to collect data from AHPCSA registered homeopathic practitioners with a purpose to explore their understanding of the condition in terms of homeopathic and/or complementary medical philosophy, and their management or approach to treatment. I believe that AHPCSA registered Homeopaths are essential for my study because the primary focus is to explore the management of homeopathic practitioners towards ADHD because South Africa appears to be overly diagnosed with ADHD due to a lack of awareness, or that impoverished groups are not diagnosed at all due to a lack of access to healthcare and adequate treatment. Participants will remain anonymous so, there will not be any video recording but just voice recording which will remain confidential. This procedure or interview will be at a time and place convenient for the participant and I anticipate it will take approximately 40 minutes to complete.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the DUT-Institutional Research Ethics Committee (DUT-IREC).

If you require any further information, please do not hesitate to contact me 0661566358 or 21811259@dut4life.ac.za. Thank you for your time and consideration in this matter.

Yours sincerely,

.....
Mantua Malati (Ms)
Durban University of Technology

APPENDIX 2B: APPROVAL LETTER TO CONDUCT RESEARCH AND INVITATIONS THROUGH AHPCSA AND HSA



The Allied Health Professions Council of South Africa
Ensuring quality complementary and alternative healthcare of choice

17 June 2025

Dear Ms Mantua Malati

RE: PERMISSION GRANTED TO CONTACT PARTICIPANTS FOR MASTER'S RESEARCH DISSERTATION

We refer to the above-mentioned matter and thank you for the opportunity to engage in this regard.

Your request to contact participants, for your master's research dissertation **Provisional Title:** The Management of attention deficit hyperactivity disorder by Homeopathic practitioners in South Africa, has been granted.

We wish you all the best.

Yours faithfully

MS ESTHER PILLAY-NAIDOO

REGISTRAR: ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

CASTELLI SUITE, IL VILLAGGIO, 5 DE HAVILLAND CRESCENT SOUTH, PERSEQUOR TECHNOPARK, PRETORIA
TEL: 012 349 2331
EMAIL: REGISTRAR@AHPCSA.CO.ZA WEBSITE: www.ahpcsa.co.za

APPENDIX 3: LETTER OF INFORMATION



Title of the Research Study: The management of attention deficit hyperactivity disorder by Homeopathic practitioners in South Africa.

Principal Investigator/s/researcher: Ms Mantua Malati, MHSc: Homoeopathy Candidate.

Co-Investigator/s/supervisor/s: Prof M.N. Sibiya, D Tech: Nursing.

Brief Introduction and Purpose of the Study: In South Africa, an estimated 1 million adults and 1 in 20 children suffer with write in full first (ADHD). It is particularly a vulnerable population when it comes to mental health. Attention deficit hyperactivity disorder is the most prevalent major psychosocial issue in health practice, leading individuals/parents to pursue cure for their children/family members. Since the ability to pay attention and concentrate is a basic prerequisite of human development, forming the foundation of all learning and thinking as well as of emotional and social interaction, the suffering of those affected as well as siblings, parents, teachers, and fellow pupils is considerable. Individuals with ADHD face a significant social burden that can last for at least a decade. There are numerous learners with ADHD who struggle and never finish school. Since the actual source of ADHD symptoms is still up for question, it is generally believed that there are multiple contributing elements rather than a single root cause. Therefore, the purpose of the study is exploring ways of management of ADHD by Homeopathic Practitioners in South Africa as Homeopathy treat the patient as a whole rather than simply the ailment based on the idea that like cures like. There are numerous structures that will lead to ADHD and homoeopaths can treat these children or adults so that they do not grow up being different individuals from others.

Greeting: Good morning/Good Day. How are you?

Introduce yourself to the participant: I am a Mantua Malati, a Masters Homeopathy student at DUT doing research for my Master's degree in Homeopathy.

Invitation to the potential participant: I would like to invite you to participate in the research.

What is Research: Research is a systematic search and the creation of new knowledge and/or the use of existing knowledge in a new and creative way so as to generate new concepts. Participants are entitled to discuss the study with their family and friends and are under no obligation to commit at this stage. For this purpose, a copy of the Letter of Information document is given to the potential participant to take home.

Outline of the Procedures: Those homeopathic registered practitioners that agree will be sent a consent form to sign. The time of the online meeting will be established and the meeting will be recorded. The participant will remain anonymous so, there will not be any video recording but just voice recording which will remain confidential. This procedure or interview will be at a time and place convenient for the participant. The interview should be about 40 minutes long. If the person wants to talk more they will be given freedom. They may also leave anytime so they are not coaxed in that participation as it's voluntary.

Risks or Discomforts to the Participant: There will be no risks or discomfort involved in the participants.

Explain to the participant the reasons he/she may be withdraw from the Study: Participating in this study is voluntary and you are under no obligation to consent in participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. Though you have an absolute right to withdraw from the study at any time and without giving a reason, you are encouraged to stay on until the end of the study. Also, if you miss your interview or if you refuse to actually answer the questions which may feel uncomfortable, you are permitted to withdraw. The researcher is also capable to cancel the interview and withdraw the participant from the study if ever the person is becoming obstructive and does not answer any questions.

Benefits: The benefits of participating in this study aims to share more knowledge on the subject.

Remuneration: The participant would not receive any monetary or other types of remuneration because the research study is voluntary.

Costs of the Study: No cost the participant be expected to cover towards the study.

Confidentiality: You have the right to insist that your name will not be recorded anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research OR your name will not be recorded anywhere. No one will be able to connect you to the answers you give. Exception will only apply in instances where you become a co-author or allow the authors to acknowledge your contribution by name. Even so, your name will not be linked to the specific sections of the data or findings but only by pseudonym. Therefore, your answers will be given a code number or a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings.

Results: There will be involvement of stockholders whereby each one receives an email in order to disseminate the results of the research. If any significant new findings developed during the course of the research, it will be conveyed to the participant by flyers, guides and even live recordings.

Research-related Injury: There would not be any injuries because our research interview will take place online.

Storage of all electronic and hard copies including tape recordings: Either hard copies of your answers will be stored for a period of five years in a locked cupboard/filing cabinet, or e-copies will be stored on Cloud or on a computer through a protected password for a period of five to seven years. Note also, that due to the requirements of the grant which I have applied for, the librarians of the participating institutions will also be engaged in data management and storage. The future use of the stored data will be subject to further Research Ethics Review and approval if applicable. Hard copies will be shredded and/or electronic copies will be permanently deleted from the hard drive of the computer or Cloud.

Persons to contact in the Event of Any Problems or Queries: For any inquiries please contact the researcher (066 1566 358), my supervisor (031-907 7219) or the DUT-Institutional Research Ethics Administrator on 031 373 2375. Complaints can be reported to the Acting Director: Research and Postgraduate Support on researchdirector@dut.ac.za

APPENDIX 4: CONSENT



Full Title of the Study: The management of attention deficit hyperactivity disorder by Homeopathic practitioners in South Africa.

Names of Researcher/s: Mantua Malati.

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Mantua Malati about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____	_____	_____	_____
Full	Name	Time	of
Participant	Date	Signature	/
	Right Thumbprint		

I, Mantua Malati herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

_____	_____	_____
Full Name of Researcher	Date	Signature
_____	_____	_____
Full Name of Witness (If applicable)	Date	Signature
_____	_____	_____
Full Name of Legal Guardian (If applicable)	Date	Signature

APPENDIX 5A: DEMOGRAPHIC DATA OF PARTICIPANTS

Participant code:

Date of interview:

Please answer the following questions in the spaces provided by placing X in the most appropriate option.

1. **Gender**

Male	
Female	

2. **Age**_____

3. **Race**

Black	
White	
Indian	
Coloured	
Other specify	

4. **Education**

Masters in Homeopathy	
PHD in Homeopathy	

5. **Year of experience**

3-10 years	
10 years and above	

6. **Province**

KwaZulu-Natal	
Gauteng	
Free State	
Limpopo	
Mpumalanga	
Eastern Cape	
Western Cape	
Northern Cape	
North West	

7. **Area of practice**

Urban area	
Rural area	

APPENDIX 5B: INTERVIEW GUIDE

- What is your understanding and diagnosis of ADHD disorders from an orthodox diagnostic perspective?
- How many patients come pre-diagnosed, how do you take their case if they are not diagnosed?
- Why do people choose homoeopathic or complementary and alternative medicine (CAM) approach for ADHD?
- How often do you see children and/or adults with ADHD?
- Have you noticed an increase in ADHD in children and/or adults in the past three years? If so, what are your thoughts and reasons why?
- What is your approach when you consult with them?
- What is your approach to the treatment of these disorders?
- What other interventions do you suggest for the parents and/ family members?
- Do you give any adjunctive therapy such as herbs, supplements? If yes, which ones have you found to be the most beneficial?
- What do you think sustains the disorder or what do you think causes this ADHD in children and/or adults?
- Any other probing questions will be asked to facilitate the discussion.

APPENDIX 6: A SAMPLE OF A TRANSCRIPT

Participant Nine

The purpose of this study is to explore the practitioners understanding of the ADHD condition in terms of Homeopathy/ complementary medicine and their management/ approach to treatment.

This Interview procedure consists of the following sections:

Section A: Demographic Data

Section B: Interview questions

Section A: Demographic Data

Please answer the following questions by selecting the most appropriate option.

Participant Code:

HP9

Date of Interview:

23/07/2025

Gender:

Male

Age:

45 years' old

Race:

Indian

Highest degree or level of education you have completed:

Masters in Homeopathy

Year of experience:

10 years and above

Do you currently practice in an urban or rural area?

Urban area

Section B: Interview Questions

What is your understanding and diagnosis of attention deficit hyperactivity disorder (ADHD) disorders from an orthodox diagnostic perspective?

“ADHD, from my understanding, and from research that has come about, initially there were two different sub-diagnoses. There was attention deficit disorder and there was attention deficit hyperactivity disorder. They have now changed it and it is now attention deficit hyperactivity disorder. The children that have been diagnosed, and even adults that have been diagnosed with ADHD, because it is not only children that have it, are considered to be on the low level of the autism spectrum. Their behavior is obviously problems with attentiveness, problems with completion of tasks, cannot focus, learn difficulties, and social disruption. So kids that have ADHD, they tend to disrupt the class, they do not follow through with instructions, even at home. And it is almost like a neurosensory reaction. What we as homeopaths know of it is that there is a disruption between gut pain and stress. But we will come to that diagnosis when we are talking further. So that is ADHD from my side in a nutshell.”

How many patients come pre-diagnosed, how do you take their case if they are not diagnosed?

“So, a lot of the patients that come to us are diagnosed either by a pediatrician, an educational psychologist, or the GP basically says they have that. Very few of them actually follow the diagnostic criteria, diagnostic questionnaire, or even look at the criteria from the DSM-5. So, when a child comes to us and parents say that this child is very naughty, very disruptive, and they do not know what is wrong with him, whether he has got some behavioral issues, then we have a questionnaire that we ask him to follow out. I think it is the American Diagnostic where they can actually answer the questions and then we score them on that system to find out whether they are ADHD or do they have some learning difficulties. Some of the things that we need to figure out from a diagnostics point of view is we have to rule out if they are having petite mouth seizures. Because certain kids are diagnosed with ADHD or having attention deficit, but are actually suffering with petite mouth seizures where they blank out and that is how they go. So, these criteria need to be met.”

Why do people choose homoeopathic or complementary and alternative medicine approach for ADHD?

“So, a lot of the patients try the Ritalin and the Concerta, and the first thing they notice is that they lose their child. The child becomes very, very, you know, withdrawn. The child becomes anorexic. The child becomes depressed, talks about things like suicide, lots of weight and massive things about it. And then some children, I've had two cases where the physician put the patient on Ritalin and the child ended up with a twitch in the eye and a tick. So, it was a permanent damage to the brain where that child didn't recover from that day. So, the parents were very upset. The other thing is a lot of parents talk to other parents whose kids were on it, wanting to find out that these children end up with major depressive disorders, bipolar disorders, delinquencies, or they tend to turn towards drugs and alcohol in

the early stages. So obviously, prescribing a Schedule 6 drug, it's going to have some damage to the brain, and most parents don't want that."

How often do you see children and/or adults with ADHD?

"So, on a daily basis, we see patients like this, and we've got very big, because we treat a lot of ADHD patients, we've got a very big pediatric practice, autistic children, ADHD children, and children with learning difficulties is a very big part of our practice."

Have you noticed an increase in ADHD in children and/or adults in the past three years? If so, what are your thoughts and reasons why?

"There's definitely an increase. There's an increase in autism. There's an increase in ADHD. The increase, from my point of view, has to do a lot with the fact that children, firstly, have gut issues. The amount of foods that they're eating, processed foods, high colorants, flavorants, highly processed, and the high sugar content is obviously leading to what we have now found to be leaky gut symptoms. And we know that there's a link between the vagus nerve and the gut. So, we see a condition called SIBO, which is small intestine bacterial overgrowth. So, a lot of it's got to do, number one, with gut dysbiosis. The second thing is, children are hyper-stimulated. So, there's lots of TV, there's a lot of cell phones, a lot of video games, and I find that their neurons are overworked. And the third thing is, children are not active. They have no sense of creativity, in the sense of, they want instant gratification, so there's no grounding as such. They're not playing on the grass, they're not building things, they're not using their imagination, they're not reading books. Everything has got to do with the cell phone. Today, people don't pick up a book to read. Everything has got to do with the cell phone. Today, people don't pick up a book to read. So, it's multifactorial from that point of view. The other aspect is, I find that, from the education system and what's going on at the moment, there's far too much that is

asked of a child. So, a lot of these kids tend to not like what they do when they get bored, and that also worsens the age.”

What is your approach when you consult with them?

“Firstly, we look at family dynamics, environmental factors, how many/ do they have siblings, is their mom and dad divorced? who do they spend most of the day with? Do they come home to a nanny? And then most importantly, their diet and lifestyle. What do they do? How much of screen time do they have? how much of junk food? What's their lunches like? Do they have any key existing allergies like sinuses, asthma, eczema? Did they suffer with colic or gut issues from a young time? Were there any post-traumatic disorders? Were they bullied? Was there any trauma that they experienced? All these are important factors. And then, obviously, we can send for certain blood tests if we find that there's symptoms of deficiencies. So, a common thing that we find in ADHD children is low vitamin D and low iron levels. So, we need to find out that that's, you know, on the diagnostic point of view, that's fine.”

What is your approach to the treatment of these disorders?

“Our number one remedy for, we look at it, we will try and approach it from a miasmatic point of view, firstly, and then from a specific, so Tuberculinum comes up very, very high, right, Medorrhinum comes up also high from a miasmatic point of view, but remedy wise we've got Thuja, we've got common ones, but Thuja comes very high up there, and then Lycopodium, we've got a few Lycopodium cases there, and it comes to mind, Nux vomica, the one that's eluding me right now, but basically we look at the constitution, we look at totality of symptoms, these are common ones that we are grasping at, most of the time we approach it from, I always start the case with a miasmatic part of it, and then go to a constitution, so your remedies can be even Phosphorous, it can be Pulsatilla, but depending on what your totality of symptoms come through.”

What other interventions do you suggest for the parents and/ family members?

“So, occupational therapy, getting them to understand, getting some children with ADHD, I have a, you know, they are not diagnosed with dyslexia and things like that. We look at play therapy, behavioral therapy, but by far occupational therapy is very important. And then we look at things like helping them with, you know, some children have neurosensory issues, you know. Some ADHD children might not be autistic, but they have autistic tendency, where certain textures worry them, repetition is needed. So, they verbal and they, you know, polytrain and things like that, but they have symptoms on the spectrum. So, we encourage the parents to help them in terms of development, help them find motor skills, help them with environmental factors. Some children have a very high sensitivity to noise and, you know. So, occupational therapy has been a very big part. Educational psychologists do help to some extent, but I find most of them just refer off to a pediatrician for them to go on to a clinic or consultant.”

Do you give any adjunctive therapy such as herbs, supplements? If yes, which ones have you found to be the most beneficial?

“Pine bark and Cephroline combination, If they are deficient in vitamin D, we supplement them with vitamin D. If they are deficient in iron, we supplement them with iron. But we also get to correct the gut, so probiotics and those sorts of things are important”

What do you think sustains the disorder or what do you think causes this ADHD in children and/or adults?

“Definitely guts. Controversial topic is vaccines, child vaccines. Certain children might have ventilation problems. So, we realize right now on the patients that we've treated, we've asked them to do DNA analysis and we find that 9 out of 10 of them has a gene deficiency called the MTFHR gene, where they can't methylate certain foods. And research has shown that if you can't methylate polycacetamide, and the

brain is getting polycacetamide instead of folate, there's a hyperactivity issue. When there's a dysregulation between the vagus nerve, so the gut-brain axis is disrupted, and SIBO is involved there, then that also contributes to the problem itself. But it's ongoing research. I found that the children that suffered from ADHD had very bad childhood illnesses. A lot of them had grown-ups in certain adenoids removed, tonsils removed, numerous cause of antibodies, which I suspect damaged the gut and caused the leaky gut and worsened the SIBO."

APPENDIX 7: CERTIFICATE FROM THE PROFESSIONAL EDITOR

Dr Sarah Tandy

Registered Homeopath

MTech Hom (DUT)

AHPCSA no.: A12361 | Practice no. 0979422

drsarahtandy@gmail.com | 0615282129



For the proof reading of Master's dissertation:

**THE MANAGEMENT OF ATTENTION DEFICIT
HYPERACTIVITY DISORDER BY HOMEOPATHIC
PRACTITIONERS IN SOUTH AFRICA**

By: Mantua Malati (MTech Hom DUT)

165 pages

(Including headings, references and content)

My work on this dissertation included the following:

- Ensuring that spelling, grammar, punctuation, line spacing and font is consistent and correct.
- Ensuring the consistency of the overall layout and formatting of the document from title page to the end of the appendices is correct.
- Ensuring that the references are done according to the DUT referencing guidelines.

Sign:

Date: 17/12/2025

APPENDIX 8: TURNITIN REPORT

Malati-THE MANAGEMENT OF ATTENTION DEFICIT
HYPERACTIVITY DISORDER BY HOMEOPATHIC PRACTITIONERS
IN SOUTH AFRICA

ORIGINALITY REPORT

13%

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Technology

Student Paper

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3

Wentzel, Elani. "A Delphi Study on the
Management of Attention Deficit
Hyperactivity Disorder in Children by
Homeopathic Practitioners in South Africa.",
University of Johannesburg (South Africa),
2024

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Disorder in Children Amongst Paediatricians

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