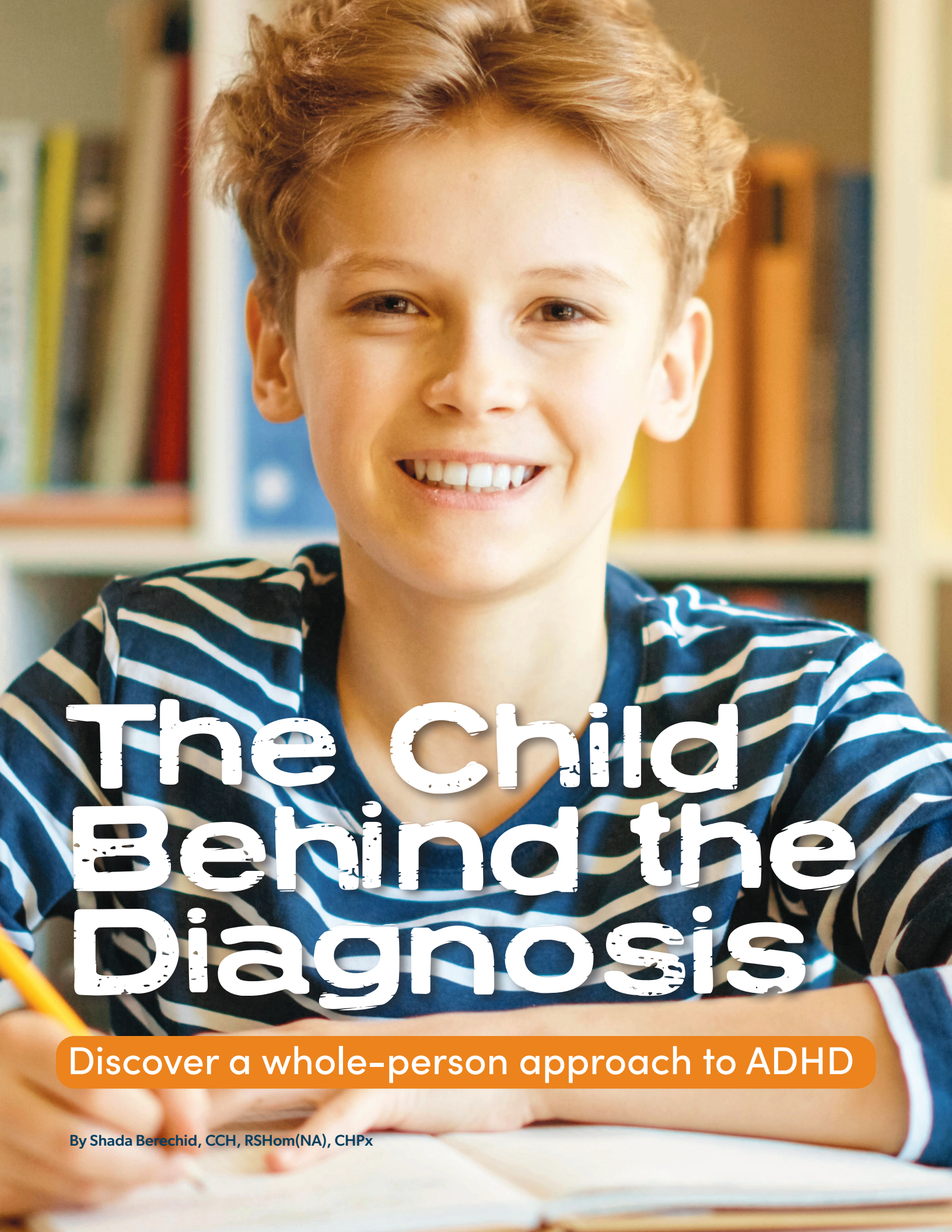

The Child Behind the Diagnosis

Discover a whole-person approach to ADHD

By Shada Berechid, CCH, RSHom(NA), CHPx

Every child with attention deficit and hyperactivity disorder (ADHD) has a diagnosis, but no diagnosis can tell the whole story.

ADHD is one of the most diagnosed neurodevelopmental conditions in children today, and it's on the rise.[1,2] According to the U. S. Centers for Disease Control and Prevention, an estimated seven million U.S. children ages three to 17 have a current ADHD diagnosis.[3]

As our knowledge of ADHD evolves, it has become clear that no diagnosis can fully explain a child living with ADHD. Therefore, the question regarding how to support a child with ADHD isn't, "What is the answer?" but rather, "What combination of supports will help this unique child thrive?" This shift toward individualized, whole-child care[4] mirrors one of homeopathy's primary principles: understanding the "totality" of a person. (See page five to learn more about the Totality of Symptoms homeopathy principle.) Rather than focusing on a diagnosis, homeopathy looks beyond the label to understand the unique individual.

Many faces of ADHD

ADHD can look remarkably different from one child to another. Some children seem to have endless energy. They interrupt conversations, blurt out answers, and react before they've had a chance to think. Others are quiet daydreamers who stare out the classroom window and miss half of what the teacher says. Some can spend hours building with LEGO®, creating art, or reading about a favorite subject, but find it difficult to complete twenty minutes of homework. Still others work incredibly hard to hold themselves together throughout the school day, only to release all their pent-up emotions once they're home or with people they trust.

The question regarding how to support a child with ADHD isn't, "What is the answer?" but rather, "What combination of supports will help this unique child thrive?"

Healthcare professionals generally recognize three presentations of ADHD: "predominantly inattentive," "predominantly hyperactive-impulsive," and "combined."[5] These categories help describe common patterns, but they don't capture the essence of the whole child. For instance, two children with the same ADHD presentation may have entirely different personalities, emotional expressions, sensitivities, fears, sleep habits, physical symptoms, and ways of interacting with the world.

The three children you'll meet in this article all have an ADHD diagnosis. Yet each family reported different issues related to their child's ADHD, illustrating that understanding how a child experiences ADHD is just as important as recognizing that they have it.

Peter's story: When attention works differently

One of the biggest misconceptions about ADHD is that children with the diagnosis "can't pay attention" or "have little to no attention span." Today, many clinicians describe ADHD as more of a challenge of regulating attention than a lack of ability to pay attention.[6,7] Understanding how Peter's attention worked, rather than emphasizing whether he could pay attention or not, helped me to more easily identify a homeopathic remedy for him.

Peter, 14, was friendly and outgoing when I first met him. During the homeopathic appointment, he shared that he had been failing all his classes despite understanding the material. His biggest challenge came during exams, which Peter described as "dreaming with my eyes open." He sat in the classroom fully intending to begin his test, only to realize twenty minutes later that he hadn't written a single word.

What fascinated me was that during group projects, Peter said he stayed fully engaged. The same was true when he played soccer or worked on chores alongside friends. He told me his brain felt "lazy" when he was bored, but came alive when something really interested him.

It wasn't that Peter couldn't concentrate. His attention simply worked differently depending on the situation. When he was interested, connected to others, or actively engaged, his concentration was excellent. When the task felt repetitive or unstimulating, his attention drifted almost immediately. That behavior pattern, together with his open, warm nature, which I learned became depleted and unfocused when not interacting

Attention Deficit Hyperactivity Disorder (ADHD)

For years, ADHD was often described in simple terms: children who couldn't sit still, couldn't pay attention, or acted without thinking. While those challenges are certainly part of ADHD, our understanding has grown considerably. Today, researchers recognize that ADHD can affect far more than attention. It can influence how a child regulates emotions, controls impulses, shifts attention, manages daily tasks, and responds to the world around them.[1,2,3,4]

This growing understanding has also changed the conversation about care. Rather than asking only whether medication is appropriate, many families are looking for comprehensive ways to support their children. They are exploring many different approaches, including the following:

- behavioral therapy[5]
- nutrition[5]
- regular physical activity[5]
- mindfulness practices[5]
- healthy sleep habits[6]
- executive function coaching[7]

In addition, families have long sought complementary approaches as part of a comprehensive plan for supporting children with ADHD, reflecting a desire to address the child's overall well-being in addition to core symptoms. That's where I come in as a homeopathic practitioner.

References:

1. Shaw, P., Stringaris, A., Nigg, J., & Leibenluft, E. (2014). Emotion dysregulation in attention-deficit/hyperactivity disorder. *American Journal of Psychiatry*, 171(3), 276–293.

2. Graziano, P.A. & Garcia, A. (2016). Attention-deficit hyperactivity disorder and children's emotion dysregulation: A meta-analysis. *Clinical Psychology Review*, 46, 106-123.

3. Mayo Clinic Staff. (2025, March 7). *Attention-deficit/hyperactivity disorder (ADHD) in children: Symptoms and causes.* Mayo Clinic.

4. Orban, S.A., Rapport, M.D., Friedman, L.M., Eckrich, S. J., & Kofler, M.J. (2018). Inattentive behavior in boys with ADHD during classroom instruction: The mediating role of working memory processes. *Journal of Abnormal Child Psychology*, 46(4), 713-727.

5. Sibley, M. H., Bruton, A. M., Zhao, X., Johnstone, J. M., Mitchell, J., Hatsu, I., Arnold, L. E., Basu, H. H., Levy, L., Vyas, P., Macphee, F., Gonzalez, E. S., Kelley, M., Jusko, M. L., Bolden, C. R., Zulauf-McCurdy, C., Manzano, M., & Torres, G. (2023). Non-pharmacological interventions for attention-deficit hyperactivity disorder in children and adolescents. *The Lancet Child & Adolescent Health*, 7(6), 415–428.

6. Lamberg, L. (2014, September 15). Children with ADHD benefit from sleep-focused treatment. *Psychiatric News*, 49(18), 1.

7. Shuai, L., Daley, D., Wang, Y.-F., Zhang, J.-S., Kong, Y.-T., Tan, X., & Ji, N. (2017). Executive function training for children with attention deficit hyperactivity disorder. *Chinese Medical Journal*, 130(5), 549–558.

with others, suggested *Phosphorus* 200c. *Phosphorus* suits children who are bright and perceptive but can quickly become unfocused when not engaged in an activity that interests them.

Six weeks after starting the remedy, Peter reported that his periods of daydreaming had become much shorter. As improvement continued, I later increased the remedy potency to *Phosphorus* 1M to support his ongoing healing progress. Over time, he was able to complete exams, make better grades, and even sit through an entire class without drifting off. The class subjects hadn't suddenly become more interesting. Peter had just developed a greater ability to direct and sustain his attention. His parents were thrilled about their son's new interest in getting his schoolwork (and chores!) done.

Jenny's story: More than hyperactivity

Today, researchers recognize that many children with ADHD also struggle to regulate their emotions.[7,8] Small frustrations can feel enormous. A simple request to stop playing, get dressed, or turn off the television may trigger an emotional response that seems much bigger than the situation itself.

No single diagnosis or presentation fits every child. Homeopathy has embraced this perspective since its beginning.

When six-year-old Jenny first came to see me, her mother described her as always "on." Jenny constantly moved, talked, and looked for something to capture her attention. However, she could definitely be still and quiet when absorbed in her favorite activities, such as drawing or developing elaborate stories involving her stuffed animals. The difficulty occurred when someone interrupted her or asked her to do something she didn't want to do. Her response was instant and intense. She screamed, shoved her younger sibling, sought negative attention through silly antics, and reacted in other ways that overwhelmed the entire family.

Bedtime brought more challenges. Jenny needed a parent nearby to settle down, wiggled constantly, and wet the bed most nights. When tired, she often soothed herself with early childhood habits, such as putting her fingers in her mouth. Her family had also noticed that when she ate sugary snacks, poor behavior always followed.

During Jenny's appointment with me, I listened for unique characteristics outside of her diagnosis. Repeatedly, I heard the same pattern: her emotions erupted almost the instant she felt them. There seemed to be very little space between frustration

and reaction. This pattern, along with other symptoms, including a genuinely affectionate and playful demeanor that immediately dissolved when she became overstimulated or frustrated, indicated *Hyoscyamus niger* 200c. Children who need this remedy are typically loud, emotionally expressive, and impulsive. They seek attention with their whole bodies, and their behavior can seem unchecked and, sometimes, inappropriate.

Within a month of taking the remedy, her mother reported that the outbursts had become less frequent and much shorter. Jenny followed directions more easily, and bedtime became less stressful. As she continued to improve, I increased the potency to *Hyoscyamus* 1M to boost her progress. Over time, Jenny played more peacefully with her younger brother, began helping around the house, and even her longstanding bedwetting habit happened less frequently.

What impressed me most about her healing response was that Jenny didn't become a different child. She remained lively, imaginative, and affectionate. Jenny just seemed better able to pause between feeling and reacting, allowing more space for her delightful personality to shine through.

Emily's story: Not all ADHD shows

Emily's story demonstrates that not all ADHD-related behaviors are strongly expressed. As awareness of ADHD in girls and women has grown, clinicians have recognized that many of their female patients work hard to mask their struggles.[9] They may appear calm, responsible, and capable while carrying emotional burdens that others never see.

Emily, 16, rarely caused problems at school. Teachers described her as quiet, respectful, and cooperative. At home or in other places, such as her grandparents' home, however, it was a different story. Small corrections from her parents could trigger hour-long explosions of anger, leaving everyone wondering how such a minor moment had become such a major conflict.

WHAT TO EXPECT IN A HOMEOPATHY CONSULTATION

Many other homeopathic remedies relevant to attention, behavior, and emotional regulation are available to address different ways a child may experience ADHD-related challenges. However, to achieve the type of healing results experienced by Peter, Jenny, and Emily, your child will need homeopathic constitutional (whole-person) care provided by a homeopathic practitioner with the knowledge, skills, and training to address complex health concerns with homeopathic remedies. To find a practitioner, visit the HomeopathyCenter.org/find-a-homeopath directory. And here are a few tips to help you prepare for a homeopathic consultation:

DURING THE CONSULTATION

Homeopathy regards symptoms as a person's healthy attempt to restore balance. A practitioner listens carefully, takes notes, and asks clarifying questions to choose a homeopathic remedy that matches the client's symptoms and can restore their health.

MAIN HEALTH CONCERN(S), SPECIFIC SYMPTOMS, AND MEDICAL TREATMENTS

Mind: clarity, memory, dreams, etc.
Emotions: feelings, triggers, reactions, etc.
Body: location, sensation, what helps or worsens, etc.

GENERAL TENDENCIES

Temperature: warmer or chillier, prefer heat or cold, etc.
Time: hours, time of day, etc., when a condition improves or worsens
Food: likes, dislikes, intolerances, etc.
Sleep: quality, position, duration, etc.

OTHER PHYSICAL SYMPTOMS AND CONVENTIONAL MEDICAL TREATMENTS

Head: scalp/hair, eyes, ears, nose, etc.
Skin: rashes, hives, perspiration, etc.
Muscles and bones: injuries, weakness, etc.
And so on ...

AFTER THE CONSULTATION

The practitioner recommends a homeopathic remedy and provides dosing instructions.
The client schedules a short follow-up appointment, usually four to six weeks later.

Early in our consultation, Emily quietly said, "I'm just an angry person. I wake up angry. I go to sleep angry."

As we continued talking, I became less interested in the outbursts and more interested in what happened before them. Emily described carrying hurt feelings for months. Thinking about a teacher who had corrected her publicly still brought her to tears. She replayed the incident repeatedly, convinced she had been humiliated. Emily rarely expressed her strong feelings. Instead, they accumulated until something seemingly insignificant caused them to spill over. Her sensitivity to criticism and tendency to suppress difficult emotions, plus recurring migraines, digestive complaints, and low energy, all helped guide my remedy selection process.

Looking at Emily as a whole person, the symptom picture most closely matched *Staphysagria* 200c. Children who benefit from this remedy can be deeply sensitive to criticism and humiliation. They suppress their hurt feelings, then release the emotional tension in sudden, disproportionate outbursts. The emotional symptoms are often accompanied by headaches or physical tension.

Six weeks later, Emily's parents described their home as peaceful for the first time in years. Her migraines had nearly disappeared, and her energy, digestion, and sleep all improved. During our follow-up visit, I observed something even more meaningful. Emily no longer seemed guarded. She smiled more easily, engaged openly in conversation, and appeared comfortable being herself. Her parents told me they finally felt they were seeing their daughter, who had been there all along.

Seeing the child behind the diagnosis

As we continue to learn more about ADHD, one message is becoming increasingly clear: no single diagnosis or presentation fits every child. Effective care begins through recognizing individuality. Homeopathy has embraced this perspective since its beginning. Rather than asking, "What remedy is used for ADHD?" a homeopathic practitioner asks, "Who is this child?"

For families with a child diagnosed with ADHD, there is rarely a single solution. Many children benefit from a thoughtful combination of educational support, healthy lifestyle habits, behavioral strategies, counseling, medical care, and, of course, homeopathy. When we begin by seeking to know the child behind the diagnosis, we open the door to care that is as individual as they are and the possibility of restored health.

References

1. Li, Y., Yan, X., Li, Q., Li, Q., Xu, G., Lu, J., & Yang, W. (2023). Prevalence and trends in diagnosed ADHD among US children and adolescents, 2017–2022. *JAMA Network Open, 6*(10), e2336872.

2. Cortese, S. (2026). Incidence of ADHD diagnoses on the rise—Good or bad news? *JAMA Network Open*, 9(4), e265784. https://doi.org/10.1001/jamanetworkopen.2026.5784

3. Centers for Disease Control and Prevention. (2024, November 19). *Data and statistics on ADHD*. U.S. Department of Health and Human Services. https://www.cdc.gov/adhd/data/index.html

4. Sibley, M. H., Bruton, A. M., Zhao, X., Johnstone, J. M., Mitchell, J., Hatsu, I., Arnold, L. E., Basu, H. H., Levy, L., Vyas, P., Macphee, F., Gonzalez, E. S., Kelley, M., Jusko, M. L., Bolden, C. R., Zulauf-McCurdy, C., Manzano, M., & Torres, G. (2023). Non-pharmacological interventions for attention-deficit hyperactivity disorder in children and adolescents. *The Lancet Child & Adolescent Health, 7*(6), 415–428.

5. Mayo Clinic Staff. (2025, March 7). *Attention-deficit/hyperactivity disorder (ADHD) in children: Symptoms and causes*. Mayo Clinic.

6. Orban, S.A., Rapport, M.D., Friedman, L.M., Eckrich, S. J., & Kofler, M.J. (2018). Inattentive behavior in boys with ADHD during classroom instruction: The mediating role of working memory processes. *Journal of Abnormal Child Psychology, 46*(4), 713-727.

7. Groves, N. B., Wells, E. L., Soto, E. F., Marsh, C. L., Jaisle, E. M., Harvey, T. K., & Kofler, M. J. (2022). Executive functioning and emotion regulation in children with and without ADHD. *Research on Child and Adolescent Psychopathology, 50*(6), 721–735.

8. Graziano, P.A. & Garcia, A. (2016). Attention-deficit hyperactivity disorder and children's emotion dysregulation: A meta-analysis. *Clinical Psychology Review, 46,* 106-123.

9. Hinshaw, S. P., Nguyen, P. T., O'Grady, S. M., & Rosenthal, E. A. (2022). Annual research review: Attention-deficit/hyperactivity disorder in girls and women: Underrepresentation, longitudinal processes, and key directions. *Journal of Child Psychology and Psychiatry, 63*(4), 484–496.

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Shada Berechid, CCH, RSHom(NA), CHPx, is a Board-Certified Classical Homeopath, Naturopath, and Holistic Practitioner. She is registered with the North American Society of Homeopaths (NASH), certified in Homeoprophylaxis (FHCi), and sits on the board of the Florida Homeopathic Society. Her practice focuses on children and families navigating behavioral and emotional health challenges, including ADHD, anxiety, and developmental concerns. She co-founded and moderates Homeopathy Support for ADHD, one of the largest Facebook communities of its kind, bringing together over 4,500 families seeking homeopathic guidance for attention and behavioral challenges.

POINTS to PONDER

Take a moment to reflect on these ideas and check out the new Homeopathy & Health Readers Guild at **HomeopathyCenter.org/readers-guild-program** for more opportunities to learn and discuss together.

- **The article suggests that no diagnosis can fully describe a child. How might focusing on the individual rather than the diagnosis change the way we think about health and healing?**
- **Which of the three children's stories resonated with you most, and why?**