Original Article

Homoeopathic approach to Disruptive Mood Dysregulation Disorder (DMDD): Bridging Psychiatry and Homoeopathy

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ABSTRACT

Disruptive Mood Dysregulation Disorder (DMDD) is a childhood-onset psychiatric diagnosis, introduced in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) to curb the overdiagnosis of paediatric bipolar disorder. It is primarily characterised by chronic, severe irritability, frequent temper outbursts grossly disproportionate to the situation, and a persistently angry or irritable mood between outbursts. The aetiology of DMDD is multifactorial, involving a complex interplay of genetic predisposition, environmental influences, neurodevelopmental abnormalities, and psychosocial stressors. There are no definitive biomarkers, as the diagnosis relies on clinical observation and detailed case history. Conventional treatment typically includes cognitive-behavioural therapy (CBT), parent training, and in some cases, pharmacological interventions such as stimulants or antidepressants. However, alternative therapeutic modalities like Homoeopathy are gaining attention for their individualised, holistic approach. This article delves into the diagnostic criteria, differential diagnosis, clinical challenges, and various treatment options, with a special focus on the principles and application of homoeopathy in managing children diagnosed with DMDD.

Key words: disruptive mood dysregulation disorder, Homeopathy, repertory, Mental Disorders, pediatric psychiatry

Disruptive Mood Dysregulation Disorder (DMDD) is a relatively recent diagnosis introduced in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) to address severe and chronic irritability in children that was previously misdiagnosed as pediatric bipolar disorder [1]. It is characterised by severe, recurrent temper outbursts that are grossly out of proportion in intensity or duration to the situation, along with a persistently irritable or angry mood between outbursts [2]. These symptoms must be present for at least 12 months, occur in multiple settings, and onset must be before the age of 10 [3].

The etiology of DMDD is multifactorial, involving genetic predisposition, early life adversity, and neurobiological dysfunctions affecting emotional regulation circuits [4]. Children with DMDD often face significant impairment in academic, social, and family settings [5]. Current conventional management includes cognitive-behavioural therapy (CBT), parent training, and pharmacological treatment with stimulants, antidepressants, or mood stabilisers [6]. However, concerns regarding medication side effects and the need for individualised care have led families to explore complementary systems of medicine.

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Homoeopathy, with its holistic and individualised approach, offers a promising avenue for addressing behavioural and emotional disturbances in children. Based on the principle of "like cures like," homoeopathy seeks to treat the root cause of disease by selecting remedies based on the totality of symptoms and the patient's mental-emotional constitution. The foundational aphorisms of the Organon of Medicine (Aphorisms 210–213) emphasise the importance of treating mental and emotional disorders with a deep understanding of the patient's inner state. Moreover, miasmatic analysis offers insights into the chronic tendencies and inherited susceptibilities that underlie behavioural patterns in children with DMDD [7].

The present study aims to explore the homoeopathic approach to managing DMDD by bridging classical principles with modern psychiatric diagnosis. This present narrative review is presented based on selected literature from peer-reviewed journals, materia medica texts, repertories, and the Organon of Medicine. It also includes clinical insights relevant to remedy selection, case analysis, and repertorization.

AETIOLOGY

The exact cause of DMDD is not fully understood, but

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research suggests multiple contributing factors:

- **Genetic Factors**: Family history of mood disorders increases the risk.
- **Neurological Factors**: Abnormalities in the amygdala and prefrontal cortex, areas involved in emotional regulation, may contribute to symptoms.
- **Environmental Influences**: Exposure to trauma, inconsistent parenting, and chronic stress are linked to DMDD.
- **Neurochemical Imbalances**: Dysregulation in neurotransmitters such as serotonin, dopamine, and norepinephrine may play a role in mood instability and behavioural outbursts.
- **Cognitive and Behavioural Factors**: Impaired emotional processing, impulsivity, and poor frustration tolerance contribute to the disorder.

SYMPTOMS

DMDD primarily manifests in children before the age of 10 and includes severe mood dysregulation that significantly disrupts daily life. The core symptoms include chronic irritability, frequent outbursts, and difficulty managing emotions.

Severe, Frequent Temper Outbursts: Outbursts can be verbal (yelling, screaming, cursing) or behavioural (physical aggression, throwing objects, hitting, kicking). These tantrums occur at least three times a week and are disproportionate to the situation. The child may struggle to calm down, remaining agitated for an extended period after an outburst. The intensity of these outbursts is excessive compared to peers of the same age.

Persistent Irritability and Anger: The child remains chronically irritable, easily annoyed, or in a persistent bad mood most of the day. Unlike normal mood fluctuations, this irritability is consistent for at least 12 months. The anger is not limited to specific triggers but occurs in various settings (home, school, with peers). Parents and teachers may notice that small frustrations lead to extreme emotional reactions.

Symptoms Present in Multiple Settings: DMDD is diagnosed only if symptoms appear in at least two settings (e.g., home, school, social situations) and are severe in at least one. The child may have trouble making and keeping friends due to irritability and aggressive behaviour. Academic performance can suffer due to difficulty concentrating, frustration intolerance, and emotional instability.

Prolonged Duration and Stability of Symptoms: Symptoms must persist for 12 months or more without a break of longer than three months. Unlike bipolar disorder, there are no distinct episodes of mania or hypomania—the irritability is chronic. DMDD is not diagnosed before age 6 or after age 18, though symptoms usually emerge in early childhood.

Emotional Dysregulation and Poor Impulse Control: Children with DMDD struggle to regulate emotions, leading to impulsive and inappropriate reactions to minor problems. They may react aggressively to frustration, making it hard to form positive relationships. Emotional responses are more extreme than expected for their developmental level.

Overlapping Symptoms with Other Disorders:

- *DMDD vs. Bipolar Disorder:* DMDD lacks manic or hypomanic episodes.
- *DMDD vs. Oppositional Defiant Disorder (ODD):* ODD involves defiant and oppositional behaviour but does not require severe mood dysregulation.
- *DMDD vs. Attention deficit hyperactivity disorder (ADHD):* Both conditions involve impulsivity and emotional dysregulation, but DMDD features more pronounced irritability and outbursts.
- *DMDD vs. Anxiety/Depression:* While mood disorders include irritability, DMDD is characterised by extreme, frequent outbursts and chronic anger.

Social and Academic Impairment: Children with DMDD often have strained relationships with family members, teachers, and peers. They may face social rejection due to aggressive behaviour. Academic challenges arise due to difficulty concentrating, emotional outbursts, and a lack of frustration tolerance. Increased risk of developing anxiety or depressive disorders in adolescence.

DIAGNOSIS

Diagnosis of DMDD is based on careful adherence to DSM-5 criteria. Key features include outbursts that are markedly disproportionate to the context and deviate from expected developmental norms. These symptoms must be evident in at least two different environments (home, school, social), with significant severity in at least one. The disorder must have an onset before age 10 and can only be diagnosed between the ages of 6 and 18. Importantly, DMDD symptoms must be distinct from those better explained by other mental health conditions like bipolar disorder, oppositional defiant disorder, intermittent explosive disorder, or autism spectrum disorder. Clinical interviews, parent and teacher reports, and psychological assessments play a crucial role in diagnostic confirmation.

TREATMENT

Management of DMDD involves a combination of therapeutic interventions:

- **Cognitive Behavioural Therapy (CBT)**: Helps children develop emotional regulation skills and coping mechanisms.
- **Parent Training Programs**: Educate parents on strategies to manage disruptive behaviours, reduce conflict, and reinforce positive behaviours.

- **Medication**: While there are no FDA-approved medications specifically for DMDD, stimulants, selective serotonin reuptake inhibitors (SSRIs), and atypical antipsychotics (e.g., risperidone) may be prescribed to manage symptoms.
- **Social Skills Training**: Helps children improve peer interactions and manage frustration more effectively.
- **Lifestyle Modifications**: Proper sleep, balanced nutrition, regular physical activity, and mindfulness practices can help regulate mood and stress levels.
- **School-Based Interventions**: Individualised Education Plans (IEPs) or classroom accommodations can support academic success.

HOMOEOPATHIC APPROACH TO DMDD

Homoeopathy, as established by Dr. Samuel Hahnemann in the Organon of Medicine, is based on the principle of "Similia Similibus Curentur" (Like Cures Like). According to Hahnemann, diseases, whether physical or mental, are disturbances of the vital force, and cure is achieved by restoring balance using the most similar remedy (Simillimum).

Behavioural disorders in children, such as ADHD, ODD, DMDD and ASD, are understood in homoeopathy as manifestations of disease of the vital force affecting both the mental and emotional planes. In Aphorisms 210–230 of the Organon, Hahnemann specifically addresses mental and emotional diseases, emphasising the need for individualisation and constitutional treatment.

1. Nature of Behavioural Disorders According to the Organon

Aphorism 210–211, Organon of Medicine, 6th edition: The Connection Between Mind and Body

Hahnemann states that mental and emotional disorders are not separate from physical illness but arise due to the same miasmatic disturbances affecting the whole organism. In children with behavioural disorders, symptoms such as aggression, irritability, and hyperactivity stem from deeper constitutional imbalances rather than being merely external behaviours. Hence, behavioural issues must be treated at their source, the disordered vital force, rather than just suppressing external symptoms.

2. Individualized Treatment and the Totality of Symptoms

Aphorism 213–214, Organon of Medicine, 6th edition: The Importance of the Totality of Symptoms

Hahnemann, each child is unique, and no two cases of the same diagnosis are identical. A homoeopathic case-taking involves understanding. The emotional triggers (anger, frustration, anxiety, social withdrawal). The child's temperament (introverted, aggressive, overactive, fearful, etc.). The modalities (what improves or worsens symptoms). Any physical ailments associated with behavioural issues. An example for this is stated here when two children is stated with DMDD may receive different remedies; one needing Belladonna (violent anger with redness and heat) and another needing Stramonium (rage with extreme fear and terror).

3. Suppression vs. True Healing

Aphorism 220, Organon of Medicine, 6th edition: Dangers of Symptom Suppression

Hahnemann warns against suppressive treatments (e.g., stimulant medications in ADHD, antipsychotics in ODD) that mask symptoms rather than cure the disease. In modern medicine, children with behavioural disorders are often given medications that suppress hyperactivity, aggression, or mood swings, but these do not correct the underlying imbalance of the vital force. This is supported by an example where a child with frequent temper tantrums prescribed antipsychotics, had controlled aggression but had dullness, fatigue, and emotional suppression. Contrasting to this in homeopathy, remedies like Chamomilla or Nux Vomica addresses the root emotional imbalance without suppressing natural emotional expression.

4. Miasmatic Influence on Behavioural Disorders

Aphorism 78–81, Organon of Medicine, 6th edition: The Role of Miasms in Chronic Diseases

Hahnemann introduced the concept of miasms (Psora, Syphilis, Sycosis) as the underlying causes of chronic diseases, including mental and behavioral disorders.

- Psoric Influence: Children with anxiety, insecurity, hyperactivity, restlessness (ADHD, sensory issues) often have Psoric tendencies. Remedies: Silicea, Arsenicum Album, Calcarea Carbonica.
- Syphilitic Influence: Children with violent behaviour, self-destructive tendencies, severe rage (DMDD, Conduct Disorder) often show Syphilitic traits. Remedies: Belladonna, Stramonium, Mercurius Solubilis.
- Sycotic Influence: Children with obsessive behaviour, repetitive rituals, impulsivity (Autism, OCD) often exhibit Sycosis. Remedies: Thuja, Medorrhinum, Carcinosin.

Miasmatic treatment is essential in homoeopathy, as removing the miasm leads to deeper healing rather than temporary relief.

5. Homoeopathic Remedies

Each child's mental disposition, temperament, fears, and emotional responses determine the remedy selection.

A) Chamomilla

Extreme irritability and sensitivity to pain. Inconsolable child; wants to be carried but still remains fussy. Angry and violent outbursts over trivial matters. Great aversion to being spoken to or touched. Symptoms are worse at night, especially during teething. Face flushes on one side during anger. Chamomilla is a top remedy for temper tantrums in children. The child is

restless, moody, and difficult to please. They cry loudly, throw things, and may even hit or scratch when angry. They demand things, but once given, they reject them. These children cannot tolerate pain or discomfort and may scream excessively during illness.

B) Stramonium

Violent behaviour, sudden outbursts of rage. Fear of darkness, being alone, or imaginary figures. Tendency to talk excessively or laugh inappropriately. Uncontrollable tantrums; may hit, bite, or scream. Desire for light; terrified of being in the dark. Clingy yet aggressive behaviour. Stramonium children experience extreme fears and hallucinations, often fearing monsters or ghosts. Their anger can turn into violent and destructive behaviour. Some children under this remedy exhibit split personalities.

C) Tuberculinum

Extreme defiance and destructiveness. Mood swings—ranging from extreme joy to deep irritability. Restless nature; always wants change, easily bored. Tendency to throw things and break objects. Strong craving for milk and cold foods. Irritation from being restricted or controlled. Tuberculinum children are hyperactive, rebellious, and hard to discipline. They resist authority and may display cruel or malicious tendencies. These children often seek adventure, dislike routine, and can be extremely unpredictable in their emotions.

D) Hyoscyamus Niger

Hyperactivity with inappropriate, excessive talk and laughter. Impulsive behaviour, acting without thinking. Jealousy-driven anger, especially among siblings. Strong desire for attention; may behave provocatively. Fits of rage with shrieking and cursing. Hyoscyamus children can be overly mischievous, sexually inappropriate, or shameless in their behaviour. They may display excessive jealousy, leading to attention-seeking tantrums. The remedy is often indicated in cases where a child is acting out due to emotional neglect or jealousy.

E) Cina

Irritable, ill-tempered child; does not want to be touched. Constantly fidgeting, restless, or throwing tantrums. Grinds teeth at night; picks nose frequently. Desires to be rocked or carried, but remains unsatisfied. Angry when disciplined or corrected. Cina is commonly prescribed for children who are never happy. They dislike being held or cuddled and often react with anger when someone tries to console them. These children may have worms, leading to excessive hunger and irritability.

F) Nux Vomica

Easily angered, impatient, and highly sensitive. Competitive, ambitious children are prone to frustration. Gets extremely irritated when things don't go their way. Short-tempered, aggressive, and may even throw things. Sensitive to light, noise, and strong odours. Nux Vomica children are perfectionists, easily frustrated when things don't go as planned. They tend to be overstimulated, especially due to excess screen time, study pressure, or artificial stimulants like caffeine or sweets. They often wake up irritable in the morning.

G) Anacardium Orientale

Split personality is one with good and bad sides of behaviour. Tendency to be cruel, revengeful, and violent. Feels disconnected from emotions; may exhibit a lack of empathy. Self-doubt and an inferiority complex. Sudden bursts of anger with destructive tendencies. Anacardium is useful for children who struggle with internal conflict. They may have a dual personality, feeling torn between right and wrong. These children may become cruel or aggressive, especially when feeling powerless or controlled.

H) Medorrhinum

Hyperactive, aggressive, fearless child. Tends to lie, steal, or manipulate. Unapologetic after outbursts or misbehaviour. Craving for excitement and thrill-seeking behaviour. Sleep disturbances, nightmares, or talking in sleep. Medorrhinum is suited for children who are reckless, impulsive, and show a lack of remorse. They often display extreme behaviours, such as lying, breaking rules, or excessive risk-taking. These children tend to be highly intelligent but lack self-control.

6. The Role of Diet, Lifestyle, and Family Support

Aphorism 259–260, Organon of Medicine, 6th edition: Importance of Lifestyle and External Factors

Hahnemann emphasised proper diet, fresh air, and a calm environment to aid in homoeopathic treatment. In behavioural disorders, the following are essential:

- Avoid artificial food additives, refined sugar, and processed foods (which aggravate hyperactivity).
- Encourage outdoor activities, creative play, and structured routines to balance the child's nervous system.

Provide a stable emotional environment—homoeopathy works best when parents remain patient and supportive rather than punitive.

DISCUSSION

Disruptive Mood Dysregulation Disorder (DMDD) is a chronic condition seen in children, marked by persistent irritability and severe temper outbursts. Conventional management includes behavioural therapies and pharmacological interventions, which often address symptoms but not the root cause.

Homoeopathy offers an individualised approach, focusing on the child's emotional state, constitution and miasmatic background. Remedies like *Anacardium*, *Stramonium*, and *Tuberculinum* have shown relevance when selected based on

totality. The integration of Organon principles and repertorial analysis aligns with the holistic nature of homoeopathic treatment.

While larger clinical studies are limited, case-based evidence suggests homoeopathy may play a crucial role in managing emotional dysregulation in DMDD, offering a gentle, side-effect-free alternative or adjunct to conventional treatment.

CONCLUSION

Homoeopathy, based on Dr. Hahnemann's Organon of Medicine, provides a holistic and individualised approach to treating behavioural disorders in children. Instead of suppressing symptoms with medications, homoeopathy balances the vital force, removes miasmatic influences, and restores emotional harmony. With careful case-taking and proper constitutional remedies, children suffering from ADHD, ODD, DMDD, autism and anxiety disorders can experience deep and lasting healing, allowing them to thrive both emotionally and socially.

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