



## Understanding Oppositional Defiant Disorder (ODD) in Children and Its Homoeopathic Approach: An Overview

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### Abstract

*Oppositional Defiant Disorder (ODD) is a type of behavior disorder. Children with ODD are uncooperative, defiant, and hostile toward peers, parents, teachers, and other authority figures. Developmental problems may cause ODD. Or the behaviors may be learned.*

*Oppositional defiant disorder (ODD) is a type of childhood disruptive behavior disorder that primarily involves problems with the self-control of emotions and behaviors. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), the main feature of ODD is a persistent pattern of angry or irritable mood, argumentative or defiant behavior, or vindictiveness toward others. However, several issues, such as symptom threshold, dimensional versus categorical conceptualization, and sex-specific symptoms, are yet to be addressed. Although ODD was found to be highly heritable, no genetic polymorphism has been identified with confidence. There has been a definite genetic overlap with other externalizing disorders. Studies have begun to explore its epigenetics and gene-environment interaction. Neuroimaging findings converge to implicate various parts of the prefrontal cortex, amygdala, and insula. Alteration in cortisol levels has also been demonstrated consistently. Although a range of environmental factors, both familial and extrafamilial, have been studied in the past, current research has combined these with other biological parameters.*

*Assessment and treatment decisions are also complicated by the introduction of disruptive mood dysregulation disorder, which markedly overlaps with the irritability dimension of ODD. Effective treatments for ODD are well established, but suffer from confounding with age and behavioral severity, such that fewer validated treatments are available for older individuals with ODD who do not develop conduct disorder. This is particularly true regarding the treatment of adult ODD, which has received almost no attention. Established treatments for ODD may also not give sufficient attention to irritability as a distinct aspect of the disorder.*

**Keywords:** Genetics, Externalizing Disorder, Oppositional Defiant Disorder ,Conduct problem, Argumentativeness ,Vindictiveness, Categorical conceptualization,.

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## Introduction

The diagnosis of oppositional defiant disorder (ODD) is broadly based on frequent and persistent angry or irritable mood, argumentativeness/defiance, and vindictiveness. It is “qualitatively” different from conduct disorder (CD), which talks about impingement of others’ rights and violation of age-appropriate social norms. Both of these together are known as disruptive behavior disorders (DBDs), the concept of which was conceived almost 50 years ago. Even the best-behaved children can be difficult and challenging at times. But oppositional defiant disorder (ODD) includes a frequent and ongoing pattern of anger, irritability, arguing and defiance toward parents and other authority figures. ODD also includes being spiteful and seeking revenge, a behavior called vindictiveness. These emotional and behavioral issues cause serious problems with family life, social activities, school and work. But as a parent, you don't have to try to manage a child with ODD alone. Your health care provider, a mental health professional and a child development expert can help.

## EPIDEMIOLOGY

**Prevalence** — A prevalence study conducted in India found that the prevalence of ODD among primary school children was found to be 7.73% with male and female being equally affected. 4 Srinath et al reported a point prevalence for conduct and oppositional defiant disorder to be . The reported prevalence rate of oppositional defiant disorder (ODD) varies from 1 to 10 percent. In a large, representative United States sample of 3199 individuals from the National Comorbidity Survey Replication, the lifetime prevalence of ODD was estimated as 11 percent in males and 9 percent in females .However, the prevalence of ODD in a representative sample of more than 10,000 5- to 15-year-old children from the United Kingdom was 3 percent in males and 1.4 percent in females .In general, the disorder is more prevalent in males than females prior to adolescence but not consistently thereafter.

## PATHOPHYSIOLOGY

Oppositional defiant disorder symptoms are commonly seen initially during preschool years and often precede symptoms of CD. In a large-scale study using retrospective age-of-onset reports, 92.4% of those who met ODD criteria also met criteria for at least one other mental disorder, including mood disorders (45.8%), anxiety disorders (62.3%), impulse control disorders (68.2%) and substance use disorders (47.2%).

ODD is a strong risk factor for the development of CD in boys, with atypical family structure being an important factor. In contrast, ODD does not increase the risk of later development of CD in girls. However, ODD does increase the risk of continued ODD symptoms, depression, and anxiety. The majority of children with ODD do not go on to develop CD despite the high rates of other.

## CAUSES

- **Biological factors:** Some studies suggest that changes to certain areas of your brain can lead to behavior disorders. In addition, ODD has been

linked to issues with certain [neurotransmitters](#), which help nerve cells in your brain communicate with each other. If these chemicals are out of balance or not working properly, messages might not make it through your brain correctly, leading to symptoms.

- **Environmental factors:** Having a chaotic family life, childhood maltreatment and inconsistent parenting can all contribute to the development of ODD. In addition, peer rejection, deviant peer groups, poverty, neighborhood violence and other unstable social or economic factors may contribute to the development of ODD.
- **Genetic factors:** Research suggests that genetics account for about 50% of the development of ODD. Many children and teens with ODD have close family members with mental health conditions, including mood disorders, anxiety disorders and [personality disorders](#). Further, many children and teens with ODD also have other mental health conditions, such as ADHD, learning differences, or depression and anxiety disorder, which suggests a genetic link between the conditions.

## RISK FACTORS

- Inconsistent parental attention and discipline.
- Low socioeconomic status.
- Marital conflict between parents.
- Child abuse or neglect.

## SIGNS AND SYMPTOMS

Most symptoms seen in children and teens with ODD also happen at times in other children without it. This is especially true for children around ages 2 or 3, or during the teen years. Many children tend to disobey, argue with parents, or defy authority. They may often behave this way when they are tired, hungry, or upset. But in children and teens with ODD, these symptoms happen more often. They also interfere with learning and school adjustment. And in some cases, they disrupt the child’s relationships with others

1. Having frequent temper tantrums
2. Arguing a lot with adults
3. Refusing to do what an adult asks
4. Always questioning rules and refusing to follow rules
5. Doing things to annoy or upset others, including adults
6. Blaming others for the child’s own misbehaviors or mistakes
7. Being easily annoyed by others
8. Often having an angry attitude
9. Speaking harshly or unkindly
10. Seeking revenge or being vindictive

These symptoms may look like other mental health problems. Make sure your child sees his or her healthcare provider for a diagnosis

## COMPLICATIONS

Children and teenagers with oppositional defiant disorder may have trouble at home with parents and siblings, in school with teachers, and at work with supervisors and other authority figures. Children and teens with ODD may struggle to make and keep friends and relationships.

ODD also may lead to other problems, such as:

1. Poor school and work performance
2. Antisocial behavior.
3. Legal problems.
4. Impulse control problems.
5. Substance use disorder.
6. Suicide.

Many children and teens with ODD also have other mental health conditions, such as:

- Attention-deficit/hyperactivity disorder (ADHD).
- Conduct disorder.
- Depression.
- Anxiety disorders.
- Learning and communication disorders.

## DIAGNOSIS

A child psychiatrist or qualified mental health expert can diagnose ODD. He or she will talk with the parents and teachers about the child's behavior and may observe the child. In some cases, your child may need mental health testing.

To determine whether your child has oppositional defiant disorder, a mental health provider does a thorough psychological exam. ODD often occurs along with other behavioral or mental health problems. So it may be difficult to tell which symptoms are from ODD and which ones are linked to other problems.

Your child's exam will likely include an assessment of:

- Overall health.
- How often the behaviors occur and how severe they are.
- Emotions and behavior in different settings and relationships.
- Family situations and interactions.
- Strategies that have been helpful — or not helpful — in managing problem behaviors.
- Issues experienced by the child and the family due to the problem behaviors.
- Other possible mental health, learning or communication problems.

## TREATMENT

Early treatment can often prevent future problems. Treatment will depend on your child's symptoms, age, and health. It will also depend on how bad the ODD is.

Children with ODD may need to try different therapists and types of therapies before they find what works for them. Treatment may include:

- **Cognitive-behavioral therapy.** A child learns to better solve problems and communicate. He or she also learns how to control impulses and anger.
- **Family therapy.** This therapy helps make changes in the family. It improves communication skills and family interactions. Having a child with ODD can be very hard for parents. It can also cause problems for siblings. Parents and siblings need support and understanding.
- **Peer group therapy.** A child develops better social and interpersonal skills.

## HOMOEOPATHIC APPROACH:

With the use of homeopathic medicines, the symptoms of oppositional defiant disorder seem to improve gradually. Various homeopathic medicines are used to treat oppositional defiant disorder, among which Chamomilla, Cina, Nux Vomica, and Anacardium Orientale are the top grade remedies. The significant advantages of using homeopathic medicines in ODD are that they are free from side effects and are not habit-forming. The homeopathic medicines to treat oppositional defiant disorder are prescribed after a detailed evaluation of every individual case.

### Homeopathic Medicines for Oppositional Defiant Disorder(ODD)-

**Chamomilla** is a top-ranked homeopathic medicine for treating oppositional defiant disorder. The key features to use Chamomilla are a very sensitive nature, excessive irritability, anger outbursts, sudden emotional outbursts and being spiteful. There may be violent outbursts of anger along with a tendency to use harsh language. The child remains extremely cross, irritable, unsatisfied and snappish. The child is hard to please and shows temper tantrums quite often. He/she can be very obstinate and demand many things.

### Cina

Cina is an effective homeopathic remedy for oppositional defiant disorder where a child gets easily annoyed. The child is very touchy, and every little thing tends to annoy him. He/She may be highly irritable and get angry very often. There is a tendency to strike and bite other people in anger. Such children are also obstinate and fretful and get easily offended.

### Nux Vomica

Nux Vomica is a well indicated homeopathic medicine for oppositional defiant disorder with marked anger. Such children are headstrong, get angry quickly and insult others. The child often gets into quarrels and resists the wishes of other people. There is also a tendency to be easily offended by little things along with the above symptoms.

### Anacardium Orientale

Anacardium Orientale is a medicine used to treat oppositional defiant disorder where a child uses foul and violent language. There will be the history of domination in the past. The children of these remedy are very cruel in nature There is a tendency to get angry suddenly along with the use of violent language. Such children tend to be cross and cruel. There is a

tendency to swear, and such children often have a history of humiliation or verbal/physical abuse in the past.

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