

Journal of the American Academy of Child & Adolescent
Psychiatry: Volume 41(8) August 2002 p 895

ORAL FLOWER ESSENCES FOR ADHD

Mehta, Satwant Kaur B.S.

Penn State Hershey Medical Center

Monroeville, PA

See the Instructions for Authors for information about the preparation and submission of Letters to the Editor.

To the Editor:

Alternative and complementary medicine is a widely used and controversial field of practice. Oral flower essences, or Bach flower essences, are a form of complementary medicine sometimes classified as homeopathy and sometimes as herbal medicine. Our pilot study on the use of flower essences in children with a diagnosis of attention-deficit/hyperactivity disorder showed them to be efficacious in reducing inattention and hyperactivity as measured by the Childhood Attention Profile (CAP) ($p = .02$). It also found almost a doubling of improvement in global functioning over control subjects as measured by the Columbia Impairment Scale (CIS).

The flower essences used were as follows: rescue remedy or calming essence (a combination of impatiens, clematis, star of Bethlehem, cherry plum, and rock rose), vervain, crab apple, and walnut. The essences are available from www.ellonbotanicals.com, www.nelsonbach.com, and GNC and other health food stores. We randomly administered these essences or a placebo to 10 children aged 5 to 12 years who were being admitted to partial hospitalization at Penn State Hershey Medical Center. We chose to conduct this study in children instead of adults for several reasons. First, the remedies are very safe, having long been used in children and in pregnancy. The greatest adverse effect that has been reported is aggravation, that is, a worsening of symptoms before their clearing. To minimize or eliminate this effect, the children started by taking their solutions twice a day for the first week of their participation in the study. After that the dosage was increased to three times a day. Standard in flower essence therapy is four times a day. A second reason for conducting the study in

children is that children are thought to be more responsive than adults to homeopathic and flower essence therapies. Third, children seem to like taking this type of medication.

Standard allopathic therapies and medications, including stimulants, were delivered to all subjects. We followed up with parents by completing the CIS and CAP questionnaires at 3 weeks and 3 months.

At the end of the follow-up period, three of the five children in the placebo group had moved to inpatient hospitalization. In contrast, in the flower essence group, three of the five children were functioning well and off all medication. The remaining four children in the study (two in the placebo group and two in the flower essence group) were at intermediate levels of functioning, taking medication as outpatients. Furthermore, at first follow-up, which was 3 weeks from admission to partial hospitalization, two in the placebo group had stopped taking the placebo. None in the flower essence group had stopped taking the flower essence solution by the first follow-up. All 10 children had stopped taking the placebo or flower essence solution by the second follow-up, which was 3 months from admission to partial hospitalization.

The mean CIS and CAP scores decreased in both treatment groups by second follow-up, though these effects were significant only for CAP scores ($p = .02$). The differences between CAP scores for flower essence and placebo groups were 4.4 at baseline, 7.0 at first follow-up ($p = .03$), and 7.2 at second follow-up ($p = .03$).

Similarly, another recent double-blind, placebo-controlled study showed significant improvement in functioning in persons who received homeopathy for mild traumatic brain injury ($p = .009$) ([Chapman et al., 1999](#)). Studies of homeopathy have had mixed results. While our results and those of the traumatic brain injury study are compelling, further controlled studies need to be done to establish better the usefulness of these nontraditional treatments. The hope is that the psychiatric community can obtain results similar to ours in the areas of depression (Bach flower essences: crab apple, elm, gentian, gorse, larch, mustard, oak, pine, olive, star of Bethlehem, sweet chestnut, willow), anxiety and phobias (Bach flower essences: aspen, cherry plum, mimulus, red chestnut, rock rose), chronic fatigue syndrome (Bach flower essences: chestnut bud, clematis, honeysuckle, hornbeam, mustard, olive, white chestnut, wild rose), eating disorders, and weight reduction (a variety of essences including crab apple).

Satwant Kaur Mehta, B.S.

1. Chapman EH, Weintraub RJ, Milburn MA, Pirozzi TO, Woo E (1999), Homeopathic treatment of mild traumatic brain injury: a randomized, double-blind, placebo-controlled trial. *J Head Trauma Rehabil* 14:521-542

[\[Fulltext Link\]](#) [\[Medline Link\]](#) [\[Context Link\]](#)

Copyright 2002 © American Academy of Child and Adolescent Psychiatry

Psychiatry. All rights reserved.
Published by Lippincott Williams & Wilkins.
[Copyright/Disclaimer Notice](#) • [Privacy Policy](#)
 Subscribe to [RSS](#) feed