

Ayurvedic Management of ADHD - A Case Study

Dr. Tikina Padhan¹, Dr. Susmita Panda², Dr. Sangita Prusty³

^{1,2}MD Scholar, P.G. Department of Kaumarabhritya, Gopabandhu Ayurveda Mahavidyalaya, Puri, Odisha, India

³HOD & Reader, P.G. Department of Kaumarabhritya, Gopabandhu Ayurveda Mahavidyalaya, Puri, Odisha, India

ABSTRACT

INTRODUCTION: Attention-deficit hyperactivity disorder is the commonest neurobehavioral or neurodevelopmental disorder of childhood characterized by persistent hyperactivity, impulsivity and inattention that significantly impairs educational achievement and social functioning. In *Ayurveda* there is no direct reference for ADHD but some references about abnormal behavior it can be considered under *Unmada* i.e. *Manashika Vikara*.

AIM and OBJECTIVE: To access the efficacy of *Ayurvedic* drugs and therapy treatment in the management of ADHD in children.

SETTING: *Kaumarabhritya* OPD & IPD, Gopabandhu Ayurveda Mahavidyalaya, Puri.

METHOD: A 7 years old male child comes to OPD of *Kaumarabhritya* Department having complains of running to bite, climbing tree and fighting with others, anger, making careless mistakes in homework, inability to memories little things in schoolwork, not listening to anyone, improper speech was advised to admit in IPD for treatment. The Patient was advised for *Deepana-Pachana*, *Samsamana*, *Medhya* drugs and in therapies *Siroabhyanga*, *Siropichu* and *Matravasti*.

RESULT: After treatment of 3 months, the patient had shown remarkable changes like not running to bite, occasionally climbing tree, occasionally fighting with other, trying to focus in schoolwork, responding to others up to some extends.

INTRODUCTION

Attention deficit hyperactivity disorder (ADHD) is the most common neurobehavioral disorder in childhood, among the most prevalent chronic health conditions affecting, and one of the most extensively studied neurodevelopmental disorders of childhood. ADHD is characterized by inattention, including increased distractibility and difficulty sustaining attention; poor impulse control and decreased self-inhibitory capacity; and motor over activity and motor restlessness¹. Data indicates that 8-12% of school-going children have ADHD in western countries, but there is no data available from India². It is 3 times commoner in boys³.

Risk factors in children with untreated ADHD as they become adults include engaging in risk-taking behaviours, employment difficulties and relationship difficulties. It may leads to violence, crime, accidents, health risk, suicide and become the pathway to premature death.

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KEYWORDS: ADHD, *Deepana-Pachana*, *Samsamana*, *Medhya*, *Siroabhyanga*, *Siropichu*, *Matravasti*

The present case was carried out in *Kaumarabhritya* OPD with an aim to assess the efficacy of *Ayurvedic* treatment protocol in the management of ADHD in children.

ETIOPATHOGENESIS²

Recent functional MRI brain studies indicate that the disorder may be caused by atypical functioning in the frontal lobes, basal ganglia, corpus callosum and cerebral vermis.

Family studies have provided strong evidence that genetics plays a major role in conferring susceptibility to ADHD.

Studies have indicated that low birth weight and psychosocial adversity are predisposing risk factors for ADHD.

DIAGNOSIS-DSM-V CRITERIA²**HYPERACTIVITY IMPULSIVITY (9 Criteria)**

Fidgets with hands or feet or squirms in seat
Leaves seat when should be seated
Runs about or climbs excessively and inappropriately
Cannot play or engage in leisure activities quietly
Always 'on the go' or 'driven by a motor'
Talks excessively
Blurts out answer before question is completed
Has difficulty awaiting turn
Interrupts or intrudes others' conversation or games

INATTENTION (9 Criteria)

Careless with detail
Fails to sustain attention in tasks
Appears not to listen
Does not finish instructed tasks
Poor in organizing tasks
Avoids tasks that require sustained mental effort
Loose things
Easily distracted by extraneous stimuli
Forgetful in daily activities

CASE REPORT**Patient's Description**

A 7-year-old male child with complaints of -
➤ Hyperactivity like – Running and climbing tree excessively

TREATMENT PLAN-T1

Line of Treatment	No. of Days	Medication Used
<i>Deepana-Pachana</i>	30 days	<i>Saraswatarista</i>
<i>Medhya</i>	30 days	<i>Bramhi vati</i> <i>Smritisagara rasa</i> <i>Syp. Mentat</i>
<i>Siro abhyanga</i>	30 days	<i>Mahanarayana Taila</i>

TREATMENT PLAN-T2

Line of Treatment	No. Of Days	Medication Used
<i>Samshamana</i>	30 days	<i>Kumarakalyana rasa</i>
<i>Medhya</i>	30 days	<i>Bramhi vati</i> <i>Smritisagara rasa</i> <i>Syp.Mentat</i> <i>Syp.Medhya rasayana</i>
<i>Siropichu Talam</i>	12 days	<i>Mahanarayana Taila</i> <i>Rasnadi churna</i>
<i>Matra vasti</i>	12 days	<i>Mahanarayana Taila & Eranda Taila</i>
<i>Kaphahara (due to complain of kasa)</i>	7 days	<i>Siddhamakaradhwaja rasa</i> <i>Laxmivilash rasa</i> <i>Talisadi churna</i> <i>Byaghri haritaki</i>

TREATMENT PLAN-T3

Line of Treatment	No. Of Days	Medication Used
<i>Siropichu</i>	12 days	<i>Mahanarayana Taila</i>
<i>Matravasti</i>	12 days	<i>Mahanarayana Taila & Eranda Taila</i>

Run to bite and fighting with others

- Making careless mistakes in homework
- Inability to memories little things in school-works
- Not listening to anyone
- Improper speech had approached our Hospital.

HISTORY OF PRESENT ILLNESS

Before 2 years, the patient was apparently ok. Then during covid period, when stayed in home gradually he developed these sign and symptoms.

BIRTH HISTORY

- PERI NATAL- Mother age-36 year
- NATAL- Term-CS – Birth wt.-2.9kg, no history of Birth asphyxia
- POST NATAL- NAD

PERSONAL HISTORY

- Diet- Mixed
- Bowel-Clear
- Urine-Normal
- Sleep-Disturbed

IMMUNIZATION HISTORY

Properly done as per NIS

TREATMENT

The patient was taking treatment in Department of *kaumarabhritya* for 3 months.

OBSERVATION & RESULT BEFORE TREATMENT

- Forgetful in daily activities
- Easily distracted by extraneous stimuli
- Poor in organizing tasks
- Loses things
- Poor school performance
- Careless mistakes in homework
- Often does not seem to listen when spoken to directly
- Not sitting in one place constantly at least for 5 minutes
- Leaves seat in classroom
- Runs and climbs excessively
- Bites and fights with others
- Difficulty in playing or engaging in leisure activities
- Careless mistakes in homework
- Poor school performance
- Not listening to anyone
- Improper speech, Disturb sleep

AFTER TREATMENT

- Occasionally forgot
- Distracted by stimuli
- Organizing in task increase
- Losing things decrease
- Improvement in school performance
- Less mistakes in homework
- Responds to others
- Sits for 5-10 minutes in a place
- Sometimes leave classroom
- Not climbing but in running no changes
- Not biting but in fighting no changes
- Focus on playing in leisure time increase
- Often make mistakes
- Improvement in school performance
- Now respond to others
- Improvement in speech, Sound sleep

DISCUSSION

ADHD cannot be compared directly to any *vyadhis* of *Ayurveda*. But we can compare like, it occurs due to vitiation of *Dhee* (rational thinking), *Dhriti* (intellectual power of mind) and *Smriti* (memory) by vitiated *Vata*. That affects *Manoarthas* and *Manokarma* which results into improper contact of the sense with their objectives and give rise to inattention, hyperactivity, impulsivity⁴.

So the main method of treatment is to bring back *Prakupita vata* to normal state, increase intellectual power and maintenance of *agni*.

Ayurvedic therapies that will treat *vata* both in the mind, nervous system and cleanse *ama* were administered to patient. Treatment includes *Agni deepana*, *Vata shamana* and *Medhya rasayana*.

Bramhi vati – Used in *mastiska* and *hridaya dourbalya*, *buddhi pranja swarapittada*, *rasayani*⁵.

Saraswatarista – *Ayuvirya smruti medha bala kanti vibardhayet*, *vaksudhhikara*, *hridaya*⁶.

Kumarakalyana rasa- improves immunity, cures all disease of children⁷

Siropichu – Promotes strengths to *siro-kapala* and helps in *indriya prasad*⁸. The drug *Mahanarayana taila* have *sheeta virya* and *pittahara* properties which gives a cooling effect to the head, constrict the local blood vessels, by which increase in blood flow to brain during hyperactivity, inattention and impulsivity reduce and induce sound sleep⁹.

Vasti – a purification process by which all vitiated *doshas* are expelled from anal route and especially *vata* is pacified. *Vasti dravya* may activate the neuro-humeral transmission by stimulating the gut – brain, regulating changes in behaviour and emotions. Hence, *Vasti* has been planned with *Mahanarayana taila* that can be used in all therapies both externally and internally in *sakhasrita -kosthasrita vata*, pacifies all types of *vata vikara*¹⁰.

CONCLUSION

According to *Ayurveda*, ADHD can be nearly correlated to *Unmada* based on the sign and symptoms. On the basis of the case was diagnosed as *Vata-Pittaja Unmada* and accordingly treatment was given- *Deepana*, *Pachana*, *Shiropichu*, *Matravasti* followed by *Shaman Aushadhi* with *Medhya* drugs. By our *Ayurvedic* management, we can challenge the disease ADHD. It may be for some extend to make child streamline in social activities and make it a social well-being to make familiar atmosphere in home and also reduce hazards to bring our country in new light.

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