



AYURVEDIC MANAGEMENT OF ADHD (ATTENTION DEFICIT HYPERACTIVITY DISORDER) - A CASE STUDY

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ABSTRACT

Attention deficit hyperactivity disorder (ADHD), is a condition that makes it difficult for a person to pay attention and control impulsive behaviours. The person with ADHD may also be restless or constantly active. It is not a mental disorder, in fact it is a behavioural disorder that includes symptoms such as inattentiveness, hyperactivity and impulsiveness. ADHD is seen both in children and adults. Its symptoms get noticed at an early age and may become more noticeable when a child's circumstances change, such as when they start school. According to Indian Journal of Psychiatry, prevalence of ADHD in school going children is more and while comparing between gender, male are more prone than female. Here a male child aged 11 years, reported to the OPD of KB Dept, SJGAMC and Hospital Koppal, with the complaints of _ not sitting in a place for more than 5mins, not going to school unattended, sudden hyperactivity like throwing objects, hitting himself since 7 years. For the same complaints the child's parents consulted to a private hospital and there, he was diagnosed with ADHD. ADHD cannot be compared directly to any disease in *Ayurveda*, but it can be treated as *Vataja Unmaad*, as the symptoms appeared similar. After seeing the condition of the child *Takra Dhara*, *Matra Basti* and *Shamana oushadhis* were advised. After completion of the treatment, remarkable changes have been observed.

Keywords: ADHD, *Vataja Unmaad*, *Takra Dhara*, *Matra Basti*

INTRODUCTION: ADHD is a behavioural disorder which makes it difficult for a person to pay attention and control impulsive behaviours. Although the symptoms of ADHD begin in childhood, it can continue through adolescence and adulthood. Even though hyperactivity tends to improve as a child becomes teen, problems with inattention, disorganization and poor impulse control often continue through the teen years and into adulthood¹. They may also have problems with relationships, self-esteem and addiction. A number of factors may contribute to ADHD such as: ¹

- Genes
- Cigarette smoking, use of alcohol or drug by mother during pregnancy

- Exposure to environmental toxins, such as high levels of lead, at a young age
- Low birth weight
- Brain injury¹

Symptoms in children

Symptoms in children and adults are different, but here we will only discuss about child ADHD. As per DSM (Diagnostic and Statistical Manual of Mental Disorders) 'V' criteria, the symptoms in children are grouped into three categories²:

- Inattention
- Hyperactivity
- Impulsivity

In *Ayurveda*, there is no direct correlation for ADHD. But according to its symptoms, to some extent it can be compared with

Vataja Unmaad and *Anavasthita chittatwa* (*Vata vyadhi*). According to *Acharya Charak*, intake of *viriddha, dushta, asuchi ahara* (intake of incompatible, polluted food), *devata, guru, brahmana apamana* (insult to God and teacher), affliction of mind due to excessive fear and excitement, and other undesired activities leads to *Unmaad*. Due to intake of *vata vruddhikara ahara vihara*, the aggravated *Vata* adversely affect the heart afflicted with mental agony (including worry, passion and anger) and instantaneously perverts the intellect and memory. As a result of this, the following sign and symptoms are manifested:³

- Laughing, smiling, dancing, singing, speaking, moving limbs of the body and weeping in inappropriate place (inopportune moment)
- Along with this general *Unmaad* symptoms like intellectual confusion, fickleness of mind, unsteadiness of vision, impatience may also be seen⁴.

While explaining the treatment *Charakacharya* has told that, in *Vataja Unmaad* first *Sharpipana* should be given. In *Panchakarma snehana, swedana, vamana, virechana* and *samsarjana krama* should be followed according to the patient⁵.

Case Report: The parents of a 11-years-old male child came to the OPD of *Kaumara Bhrotya* Dept, SJGAMC Koppal, with the complaint of _ not sitting in a place for more than 5 mins, not going to the school unattended, sudden hyperactivity like throwing objects, hitting himself since 7 years.

As reported by the parents the child was apparently normal till 3yrs of age. Gradually they noticed some shorts of behavioural disturbances in the kid. The parents were not worried for that as it was

natural for a kid of that age. Then the kid joined school, in school the kid was not able to sit for a long time, and he used to go to school only when both of his parents go and sit with him. So, he is not regular to school and his performance at school also less than average. Later the parents noticed that, sometimes while playing with friends or at home also, suddenly the kid became hyperactive and started throwing objects and hitting himself. So, the parents stopped sending him out to play with friends. But according to the parents his behaviour towards his younger brother is good and enjoy playing with him. For above reasons they consulted to a doctor in Hubli in the year 2015, and there diagnosed with **ADHD (Attention Deficit Hyperactivity Disorder)** and he was under medication. After medication the parents notice some changes in the behaviour of the kid. But they were not satisfied with the results so they consulted to our hospital KB Dept. for further management.

Past history: Patient born to a non-consanguineous parent. During the time of birth, he aspirated amniotic fluid, so not cried till one hour. Born with clubbed foot (left), and got operated for the same at the age of 1 year in Bangalore.

Treatment received previously

Syp Zyzor- 2tsf BD BF, Tab Moracetam forte-V BD, Syp Movacobal 5ml BD, Tab Qutipin 25mg ½ tab at bed time, Ree D3 satchet once in a week.

Examination on the day of Report

General Examination: The general condition of the patient was good, moderate built and nourished, afebrile, Pt. was not stable in one place. Asked several questions but didn't respond to any of the questions, except telling his name.

Systemic Examination: In the systemic examination, findings of GIT, respiratory and cardiovascular system were within normal limit. CNS- Higher mental function- pt. was conscious and well oriented with time, place and person. As told by his father he has a very strong memory, (the examination of the pt. was not possible to record properly as he was not stable in one place).

Ashtasthana Pareeksha

The patient was having *Nadi- vatapitta Pradhan, mutra- prakrut, mala- prakrut, Jihwa- nirlipta*(uncoated), *Shabda- prakrut, Shaparsha- Anushnasheeta, Druk- prakrut, Akrti- madhyama* (medium built).

Samprapti Ghataka

- **Dosa:** *vata* (vyana vata), *pitta*
- **Dooshya:** *Rasa, ashta mano bhava* (Cha. Ni 7/5)
- **Agni:** *Vishamagni*
- **Udbhavasthana:** *Pakwashaya*
- **Adhithana:** *shira*
- **Vyaktasthana:** *sarva shareera*
- **Srotas:** *Rasavaha srotas, manovaha srotas* (Cha. Vi 5/3, Cha. I 5/41 Chakrapani commentary)
- **Srotodusthi:** *sanga*
- **Rogamarga:** *abhyantara*
- **Roga Swabhava:** *chirakari*
- **Sadhyasadyata:** *Krichhrasadhya*

Nidana Panchaka

- **Nidana:** (probable *nidana*)

1. *Adivala pravrutta-*
2. *Janmavala pravrutta-* brain injury due to hypoxia
3. *Daiva*
4. *Sahaja-*
5. *Matruja bhava-* (maternal behavior, mental status, and food during pregnancy affect the fetus)
6. *Rasaja-* (*Rajasika* and *tamasika ahara* affect *manasika bhavas*)

The above discussed points are the probable *nidana*. So, the *nidana* for this patient is

- Brain injury due to hypoxia after birth.
- **Purvarupa:** *Avyakta*
- **Rupa:** inattentiveness, hyperactivity
- **Upashaya:** Nothing significant
- **Anupashaya:** Nothing significant

Diagnosis

ADHD (Attention Deficit Hyperactivity Disorder)

Treatment followed:

Panchakarma (8+8= 16days, 2 sittings with 1-month gap)

- *Takra dhara* for 8 days (*Jatamamsi + Musta + Amalaki + Yashtimadhu churna + butter milk*)
- *Abhyanga, Swedana* followed by *Matra basti* with *Kalyanaka ghrita*⁶ for 8 days

Shamana Oushadhi (for 1-month in gap period)

- Tab Cognium 1-tab BD
- *Kalyanaka ghrita* 2-tsif BD with milk
- *Manasamitra vataka* 1-tab BD

Table no.1 Observation and results

Signs and symptoms	Before treatment	After treatment
Hyperactivity- throwing objects beating himself	Doing very often in a day	Episode reduced to 2-3/day only
Inattention	Not sitting in one place for 5min Not obeying commands	Sitting for 10-15min in a place Obeying his parents command

Along with the above, the patient got sound sleep and started going to school after completion of the 2 months treatment.

DISCUSSION: In *Ayurveda*, much importance is given to Brain, it is called as “*Uttamanga*”. The body is like an inverted tree i.e. its root lies in *Shiras*. So, all the functions of the body are controlled through *Shira* only. Here the treatment followed is *Sthanika Takra Dhara* and *Matra basti* with *Shamanoushadhis*.

Takra dhara- The medicated butter milk was prepared by adding *Amalaki*, *Jatamansi*, *Musta* and *Yashtimadhu churna*. *Dhara* done to the body acts in two ways- 1. By procedure effect- the *Dhara* falls over forehead and head in a continuous oscillating manner, it activates the local cells, drug effect- it has *sheeta virya* and *pittahara* properties. Due to *sheeta virya*, it gives a cooling effect to the head, constrict the local blood vessels, by which the increased blood flow to the brain during hyperactivity and impulsivity reduces. Which in turn reduces the hyperactivity and impulsivity, induce sound sleep. The drugs used here like *Amalaki* acts as *rasayana*, and *yashtimadhu* and *jatamansi* are *medhya* drugs, which increases the cognitive power, boost memory and helps in concentration.

Matra basti- *basti* is considered as *Ardhachikitsa*⁷ by *Charakacharya*. *Basti* is the prime treatment for *vata dosha*. Along with *vata*, it controls *pitta*, *kapha*, *rakta*, *samsargaja* and *sannipataja vyadhis*⁸. *Basti* acts on the whole body, through the gut brain axis it acts on brain and helps reducing stress, anxiety and depression. *Basti dravya* may activates the Neuro humoral transmission by stimulating the Gut brain, regulating changes in behaviour

and emotions. And also, *Rajoguna* is more predominant in ADHD/*Manasavikara*. This *guna* usually controlled *Vata dosha*⁹. So ultimately when *Vata* controlled auto correction of *Rajo guna* occurs. Hence *Basti* has been planned.

Kalyanaka ghruta is described in *Ashtanga Hrudaya*, according to *Vagbhatacharya* it is *Balya*, *Ayushya*, *mangala*, cures *Graha rogas*, *unmaada*, *apashmara*, boost memory and intellect. As we all know *Kalyanaka ghruta* is indicated in *Unmaad prakarana* and also *Uttama matra snehapana* is advised in *Unmaada* by *Charakacharya*. So, *Kalyanaka ghruta* is given 15-20ml for each time for thrice in a day. Even *ghrita* is heavy to digest, majority circulation may go to stomach which leads to decreased flow to hyperactive brain, resulting in calmness of mind. And also, *ghrita* will have Omega-3 and 9- essential fatty acids which are useful for cortical expansion and maturation¹⁰.

Shamanaushadhis- the drugs present in the *shamanushadhis* like *Shankhapushpi*, *brahmi*, *vacha*, *aswagandha* are *medhya* drugs, they increase the cognitive functions, stops the degeneration of the neurons, increases memory and intellect, gives concentration and sound sleep, *triphala* acts as *tridosha shamaka* and *rasayana*, *Bala*, *rasna*, *nirgundi*, *musta* etc acts as *vata shamaka*, and the *bhasmas* present in the medicines enhances the quality of the drug, *Swarna bhasma* also improves memory and intellect. *Manasmitra vataka*¹¹ advised here is also one of the effective drug to treat convulsion and behavioural disorders.

CONCLUSION:As we have discussed earlier, ADHD is not a mental disorder, it is a behavioural disorder. So, along with the symptomatic treatment, child

counselling and rehabilitation is needed. Family support, parents love and affection will boost up the recovery. Child should be encouraged to do the activities which they like the most, by that the hyperactivity can be used in a good way. The person with ADHD can lead a normal life. There are many famous personalities who had childhood ADHD. So, here we conclude that, ADHD cannot be cured completely but with proper medication and counselling, the number of episodes can be reduced, or the child may get a long relief period. Here only two sittings of *panchakarma* and one month of *shamanaushadhi* was advised. We can advised for few more sittings with internal medication, to see the long-lasting effect of the treatment.

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