

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

Review Article
ISSN 2394-3211
EJPMR

ATTENTION DEFICIT HYPERACTIVITY DISORDER AND ITS AYURVEDIC MANAGEMENT – A REVIEW

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Article Received on 06/02/2020

Article Revised on 26/02/2020

Article Accepted on 16/03/2020

ABSTRACT

In the context of neuro-developmental disorders such as Attention Deficit Hyperactivity Disorder (ADHD), there is a real need to understand the role of mind along with bodily factors in its psychopathology, leading to the manifestation. Characteristic descriptions of symptoms of ADHD including hyperactivity, inattention and impulsivity can be incorporated under the various areas in Ayurveda such as $unm\bar{a}da$ spectrum disorders, $m\bar{a}nasika$ doṣa and $m\bar{a}nasika$ prakṛti (psychic constitution and trait) and $sar\bar{i}ra$ doṣa and $sar\bar{i}ra$ prakṛti (bodily constitution and trait). The basic psychopathology in ADHD can be explained as the derangement of the mental functions and the faculties related with manas such as $dh\bar{i}$, dhṛti and smṛti. Ācārya Caraka explained mano vyāpāra or the functions of manas as indriyābhigraha and svanigraha. ADHD symptoms when critically analyzed can be linked to the disease $unm\bar{a}da$ with various neuro-behavioural symptoms categorised under the eight factors known as ashta vibrama. Causative factors, prodromal features, symptoms and treatment modalities are being explained as per the Ayurveda context. ADHD is characterized by the three core symptoms such as inattention, hyperactivity and impulsivity, which is to be explained as per the concepts of Ayurveda manifesting as $v\bar{a}ta$ -pitta $pradh\bar{a}na$ $vv\bar{a}dhi$ with $dh\bar{i}$, dhrti and smriti vibrama

KEYWORDS: ADHD, Ayurveda, *Manas*, *Prakṛti*, *Unmada*.

INTRODUCTION

Ayurveda asserts that health or ill health, comfort or discomfort arises primarily in the mind, since it is considered to be the controller of all the senses as well as the body. The term *manas* is used in preference to mind in Ayurveda classics but it has broader functions as compared to mind and it processes. The *manas* is having core importance in the pathophysiology of any disease manifesting in our body or mind and both are interrelated as if hot vessel containing ghee transfers it's heat causing the ghee to melt.^[1] Thus in the context of neurodevelopmental disorders including Attention Deficit Hyperactivity Disorder (ADHD), the prime importance should be given to understand the role of mind along with bodily factors so as to explain the psychopathology.

In Ayurveda, variety of psychiatric conditions have been dealt under the term *Unmāda* spectrum disorders and is said to be the excited state of mind caused by aggravated *sarīra dosa* as well as the *manasika doṣa*.^[2] *This* results in impaired functions of mind, intellect, consciousness, knowledge, memory, desire, manners, behaviour and motor functions of an individual collectively known as

aṣta vibrama (eight alterations in normal functions leading to causation of any psychiatric disease). [3]

Pathophysiology of ADHD

Satva (mind), ātma (soul) and śarīra (body) are considered to be the tripods of life. Among them satva synonymous to manas, which is mentioned first in the sequential order, occupies very important place in this tripod and is considered to be the interlink that connects ātma and śarīra, resulting in their appropriate functioning. Also manas is said to be 'ubhayātmaka' it is a dual faculty which has both sensory and motor functions. It can control as well as co-ordinate all other faculties and can get hold of it being connected to the soul. The basic psychopathology involved in the context of ADHD can be explained as the derangement of mental functions and the faculties related with manas such as dhī, dhṛti and smṛti. Caraka explained manovyāpāra or the functions of manas as indriyābhigraha, svanigraha, which means controlling the senses as well as itself.

Mānasaprakṛti and ADHD

Manasa prakrti or the satva is formed right through the conception itself. [7] Śarīra and mānasa prakṛti both influences each other. The description of sātvika mānasa prakrti is that of an ideal and socially accepted behavior. Ācārya Caraka has opined sātvika prakṛti as śuddha satva while that of rājasika and tāmasika mānasa prakṛti involves a description of abnormal behaviors [8] such as raudra (terrifying temperament) in asura satva, amarsina (intolerant/ impatience) in rāksasa satva, sahasa privata (fond of adventures) in paisāca satva, anavasthitatva (instability) in matsva satva are some of the features of psychological traits which is relevant in the context of ADHD. Even though we couldn't correlate ADHD directly to a specific disease, glimpses of features of manasa prakrti can be considered so as to understand the symptoms.

Sarīra doṣa and ADHD

Vāta is considered as the most important dosha as far as *manas* is concerned, among the three bodily humors.

Ācārya Caraka while describing the normal functions of $v\bar{a}ta$ opines that ' $v\bar{a}ta$ is the controller and facilitator of manas.^[9] In the manifestation of ADHD, the vitiation of $pr\bar{a}na$, $ud\bar{a}na$ and $vy\bar{a}na$ $v\bar{a}ta$ is being traced out considering their functions in the body.

Pitta which is related to the functions of medha^[10] and among the components of pitta, sādhaka pitta is mainly responsible for medha (intellect), buddhi (intelligence), abhimāna (self esteem) and the capacity that enables one to achieve one's own aspirations.^[11] Caraka describes the functions of sādhak apitta as śaurya (courage), bhaya (fear), kṛodha (rage), haṛṣa (elation of spirit), moha (delusion) etc.^[12] The functions such as concentration, response and other cognitive functions can also be attributed to pitta.

Table 1: Major features of doşa prakṛti that can be considered in ADHD.

Vāta Prakriti	•	
Adhṛti	Lack of control of mind	Su.Sa 4/63
Atana	Wandering too much	Su.Sa 4/63
Avyavasthitamati	Disorganized mind	Su.Sa 4/65
Anavasthitātma	Unsteady mind	Su.Sa 4/64
Drutagati	Quick walking	Su.Sa 4/64
Alpasmṛti	Short memory	Ca.Vi 8/98
Anavasthita śira, pāṇi, pāda	Unsteady head, hands and legs	Ca.Vi 8/98
Atibahupralāpa	Delirious, talkative	Ca.Vi 8/98, Su.Sa 4/63, A.H.Sa 3/85
Sīgrasaṃraṃbakṣobha	Quick action, getting irritated	Ca.Vi 8/98
Sīgrarāgavirāga	Lack of emotional control	Ca.Vi 8/98
Cala dhṛti, smṛti, buddhi	Unstable psychic faculty	A.H.Sa 3/85
Na jitendriya	Without self control	A.H.Sa 3/85
Na dṛḍha	Indefinite	A.H.Sa 3/85
Pitta prakriti		
Kṣiprakopa-prasāda	Short tempered, Mood swings	Su.Sa 4/64
Kleśaasahiṣnuta	Diminished adaptability	Ca.Vi 8/97
Sāhasabudhi	Impulsive nature	Su Sa 4/70, A H Sa 3/90

Caraka opines that 'kapha is concerned with jñānam' and controls feelings, emotions, concentration, calmness, stability. Tarpaka and avalambaka kapha in their normal state confer knowledge and intelligence and it seems vitiated in ADHD. Due to their significant contribution in many of the higher intellectual functions, the śārīrika doṣa when vitiated eventually vitiates functions of mind.

Sarīra prakṛti and ADHD

All the Acāryas have explained the symptoms of *deha prakṛti* which includes physical, psychological symptoms. *Deha prakṛti* of the parents also exerts its influence on the psychic constitution of the child. Except *sama prakṛti* ie, constitution with equivalence of doshas, Ācārya has described that all the other six variants of *prakṛti* to be abnormal as there is definite predominance

of particular *doṣa* in them.^[15] Thus on the symptom wise analysis, psychic traits along with *sarīra doṣa*, *sarīra prakṛti* play an important role in the manifestation of disease.

Unmāda and ADHD

ADHD symptoms when critically analyzed can be correlated to the disease *unmāda* with various neurobehavioural symptoms. When we scrutinize the symptoms of *unmāda*, in a child with ADHD, symptoms such as loss of control over senses in the form of reaction to an unwanted stimulus, loss of inhibitory functions is characteristic of mano *vibhrama*. When child has perverted intellect by which he cannot take right decision leading to impulsive or hyperactive behavior, it is resulting from *buddhi vibhrama*. Inability to perceive

experience of physical burns etc can be due to samjňajňāna vibhrama.

Due to smṛti vibhrama child doesn't remember past learned experiences and does things without control of senses and mind. Due to bhakti vibhrama the child shows excessive odd interests like pica, biting nails, watching TV etc. Due to chesṭa vibhrama, the child has abnormal, excessive activity like fidgeting, runs about in inappropriate situations. When the child has acāra vibhrama he/she may be having impaired learned socialization skills, following commands etc. [3] Thus the cardinal symptoms of ADHD resemble features of unmāda with the doṣa predominance as vata-pitta.

CAUSATIVE FACTORS

The causative factors have to be explained under various headings:

1. Diet and behaviour of mother during conception

Carakā has mentioned $m\bar{a}tur\bar{a}h\bar{a}ra$ (diet of the mother) and $m\bar{a}tuvih\bar{a}ra$ (conduct of the mother) as the antenatal factors which may lead to deformities in the foetus. The foetus is nourished through upasweda and upasneha ie. the essence of diet which mother adopts. [16] Therefore whatever diet the mother is having, affects the foetus directly. Especially when the pregnant women eats food which vitiates $v\bar{a}ta$, the vitiated $v\bar{a}ta$ in turn causes jadata, deafness, dumbness and other $disorders\ due\ to\ aggravated\ v\bar{a}ta$ in the fetus. [17]

Behaviour of the mother (vihāra) at the time of pregnancy definitely has its own role on the psychological development of the child. Various unwholesome regimens during pregnancy (garbhopaghātakara bhāvā) and their adverse effects are clearly at the psychological level. For example mother who is śoka nitya (incessant stress during pregnancy) the child may develop fearful personality in adulthood or bhīta. Similarly if the mother consumes alcohol on daily basis ie, *madya nitya* the born child may become anxious or prone to various psychiatric disorders resulting from the reduced mental strength. [18]

2. Dauhrda Vimānana

When the *indriya* develops in the fetus, the *manas* of the growing *gaṛbha* starts revealing its desire through the mother and this phenomenon is explained as *dauhṛda*. In case of non- fulfilment of *dauhṛda*, woman gives birth to a child who would be affected by deformities such as lameness, defective vision, blindness or mental deficiency. Antenatal stress is proven to be one of the important causes in developing ADHD.

3. Breast milk

Vāgbhaṭa has instructed that a woman with psychological abnormalities should not feed the child. [20] Among the *panca kṣīra doṣa* mentioned by Ācārya Hārīta, *alpa kṣīra doṣa* can cause *alpa satva* in the child and *uṣṇa kṣīra doṣa* may lead *alpatva* at both physical and mental level in the child. It has been proved by

various research studies that breast milk plays a major role in the mental development of the infant since it offers a high tryptophan to neutral amino acid ratio, which controls brain serotonin synthesis.^[21]

4. Dietary factors

 $\bar{A}h\bar{a}ra$ has been also included among one of the *upastambha* at which health depends. Carakā explains *prajña*, *medha*, *tushti* etc. as to be dependent on food. Modern researchers have recently established the relationship between diet and ADHD, as diet modification have been observed to provide better results in controlling the hyperactivity. [22]

5. Environmental factors

Among the $\dot{s}\bar{a}r\bar{\imath}rika$ $nid\bar{a}na$ different types of $abhigh\bar{a}ta$ are mentioned as the causative factors for mental illness e.g. injury to $s\bar{\imath}manta$ marma is have a chance to result in $unm\bar{a}da$. Among the $m\bar{a}nasika$ $nid\bar{a}na$ generally negative emotions such as $\bar{\imath}rsya$, $\dot{s}oka$, bhaya, krodha, $m\bar{a}na$, dvesa are considered as exogenous causative factors leading to the mental illness. [24]

DISCUSSION

ADHD is characterized by 3 core symptoms such as inattention, hyperactivity and impulsivity, which is to be explained as per the concepts of Ayurveda.

Inattention

Dhṛti is the controlling factor of manas. In ADHD, due to the dhṛti bhṛamśa, manas is unable to sustain focus on particular indriyāṛtha and it is frequently shifting from one indriya to another, attending unwanted or irrelevant stimuli. Due to the impairment of the controlling factor (dhṛti) over the manas, the person may move to indulging irrelevant tasks and dangerous activities leading to inattention. [25] Vāta is having the guṇa such as calatva (alteration) and anavasthitatva (instability). Due to these properties in the exaggeration of vāta, 'manovibhrama' takes place, resulting in losing the control over the indriyās in sustaining the perception for a specified time so as to perceive a cognizable knowledge.

Hyperactivity

Hyperactivity includes behaviour described as restless and fidgeting, is denoted by the term of 'ceṣṭa' in Āyurveda. Arunadatta explains Ceṣṭa as activity of body, mind and speech. Cakṛapāṇi comments ceṣṭa vibhrama as improper activities. These movements or activities are the properties of vāta and it is the originator and executor of bio-motor functions through vyana vata. So when it becomes vitiated, calatva increases and it causes excessive ceṣṭa of manas, resulting in excessive kāya ceṣṭa and vāk ceṣṭa and coupled by the impairment of dhṛti resulting in undesirable acts depicting ceṣṭa vibhrama. This can also explained by aṭana śīlata (wandering) and bahu bhāṣitvam (increased speech) characteristic of rajo doṣa. [26] So vāta mainly vyāna vāta

and *rajo doṣa* are the predominant factors responsible for the hyper activity of the child.

Impulsivity

Impulsivity is a sudden action that without careful thought and can be explained by the term as autsukyam. Hemadri explains as indulging in activities without thinking of what is good or bad and appropriate or inappropriate to the situation. In the case of buddhi vibhrama, the person gets lost himself in the visavā and takes sudden decisions without considering the consequences and situations i.e., a proper decisive cognition doesn't occur in response to a sensory stimuli. It is associated with the impairment of *dhrti* that should control the particular karmendriva from performing the impulsive act. Smrti vibhramśa leads to inability of the child to learn from past experiences resulting engaging in dangerous activities etc. Thus vāta along with pitta mainly sādhaka pitta gets disturbed, resulting in the impulsivity.[25]

PATHOPHYSIOLOGY

The *nija nidāna or the endogenous factors* of ADHD mainly the *sahaja* and *gaṛbhaja nidāna* leads to *sthāna vaiguṇya* or the initiation of pathogenesis at the site of *manovahasrotas*. Among the five functional types of *vāta doṣa, prāṇa vāyu* controls the functions of *buddhi* and *mana*, while *udāna vāyu* controls speech and helps in recalling the past experiences and *vyāna vāyu* that governs the motor activities of the body, which are vitiated leading to the inattention, hyperactivity and impulsivity.^[27] Simultaneously *buddhi vaiśeṣika ālocaka* and *sādhaka pitta* gets vitiated which is the controlling factor of emotions such as *krodha*, *baya* etc.^[28] Vitiation of *kapha doṣa* mainly that of *taṛpaka kapha* which is responsible for *indriya taṛpaṇa* leading to abnormalities of the functioning of various *indriyas*.^[29]

Due to the *sthānavaigunya* which is already in existence in the *manovaha srotas*, along with the vitiated *doṣa* gets localised at *hṛdaya*, which is explained as the *cetanā sthāna*. This leads to the vitiation of *rajo doṣa* predominantly associated with *tamo doṣa* of *manas* leading to alter the *manovaha srotas* which in turn leads to vitiation of sareera *doṣa* as well. So these factors atogether lead to manifestation of the disease ADHD, with core symptoms of inattention, hyperactivity and impulsivity. [30]

ASPECTS OF MANAGEMENT

Basic pharmacological measures are considered according to disease nature as ADHD is *sannipata vyādhi* with predominance of *vata and pitta*. Initially, the role of agni needs to be kept in mind and medicines that are agni deepana and pacana such as guloochyadi kwatha, ashta choorna etc are ideal. Role of *śodhana*, *śamana* and *rasāyana* therapy do have an imperative role in the management of ADHD. The use of *medhya rasāyanā* and *sneha dravyā* especially *ghṛta* are also beneficial in the management. Various studies have

proven the importance of ghṛta in the management of ADHD especially *naladādi ghṛta*, *kūshmanda swarasa ghṛta etc.*^[31] *Nasya* is being in use effectively due to its direct effect on the *indriyas* and the drugs which are *vata-pitta samana* such as *kshīrabala* is in practise for *nasya*.

The *medhya rasāyana* which includes $ma\underline{n}d\bar{u}kapar\underline{n}i$, madhuyasht'i, gulooci and sankhapushpi that are specifically indicated for improving the intellectual abilities are also advisable. [32] $B\bar{a}hya$ prayogas such as $m\bar{u}rdhataila$, and $sarv\bar{a}nga$ abhyanga is also capable of pacifying the $v\bar{a}ta$ and pitta dosa.

The specific treatment for mental disorders is being described as $j\tilde{n}\bar{a}na$, $vij\tilde{n}\bar{a}na$, dhairya, smṛti and samādhi under the category - the satvāvajaya cikitsa. This proves the basis for incorporation of behaviour modification therapy or training measures in the management of ADHD. Counselling of the parents, family members, teachers and child itself is of great impact. The basic steps to be followed in the management of ADHD includes physical energy reduction method, followed by making the child to involve into group therapy, making them to play a role thereby improving attention, concentration, awareness about surroundings.

CONCLUSION

ADHD is one of the most common paediatric mental illnesses, with an estimated prevalence of 5–8% in children and often persisting into adulthood with impaired inhibition, attention and executive functions, as well as altered sensitivity to reward contingencies, all of which may contribute to impulsivity, risky behaviour, poor social, academic and occupational skills, increased rates of substance abuse, and traffic accidents. Ayurveda is having an effective management strategy in addressing various neuro-behavioural and developmental disorders including ADHD. Various clinical trials have been conducted in addressing the symptoms of ADHD including pharmacological and non-pharmacological measures.

CONFLICT OF INTEREST

Nil.

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