

AYURVEDIC MANAGEMENT OF ADHD W.S.R. TO UNMAAD IN CHILDREN: A CASE STUDY

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ABSTRACT

Attention deficit and hyperactivity disorder (ADHD) is neurobehavioral and psychosomatic disorder of unknown etiology in majority of cases, with strong genetics component in some cases. ADHD characterized by inattention, increased distractibility and difficulty sustaining attention, poor impulse control, decrease self inhibitory capacity; motor restlessness. It is detected in childhood which continues in adulthood with varying manifestations. It affects processing like Attention, Basic social behaviours, Interaction with the environment, learning etc. In Ayurveda there is no direct reference for ADHD but some references about abnormal behaviour it can be considered under unmaad i.e. mansik vikara. **Aim and Objective:** To access the efficacy of Shirodhara and ayurvedic drugs treatment in the management of ADHD w.s.r to Unmada in children. **Setting:** Kaumarbhritya OPD & IPD, Govt. Ayurveda hospital, Osmanabad, Maharashtra. **Method:** Shirodhara was done after admission of patient in IPD. Assessment was done before and after each 20 days up to 60days of Shirodhara and Ayurvedic treatment. **Result:** Shirodhara procedure and ayurvedic drugs treatment is effective in the management of ADHD (*Unmada*) and improve the quality of life of the affected children. Ayurvedic intervention in this case reveals the true potential and efficacy of our science. ADHD (*Unmada*) can be treated through Ayurveda by accurate dosha identification and a structured protocol.

KEYWORDS: ADHD, Unmada, Shirodhara, Ayurveda.**INTRODUCTION**

Children are the world's most valuable resource and its best hope for the future by John Fitzgerald Kennedy (American 35th US President (1961-63), 1917-1963) Every incidence in the childhood has an influence on the adult life, so a healthy childhood is mandatory for expecting a healthy adulthood. It is a chronic disorder with 30 to 50% of those individual diagnosed in childhood continuing to have symptoms into adulthood. It is diagnosed 2 to 4 times more frequently in boys than in girls. ADHD is a neurodevelopment disorder characterised by persistent hyperactivity, impulsivity and inattention that significantly impairs educational achievement (i.e. school performance is often poor while one having normal intelligence) and/or social function.^[1] ADHD is having only limited treatment that too with great side effects. Basic drugs which are used in ADHD are psycho stimulants, tricyclic antidepressants and tranquilizers its side effect given in Nelson's text book of paediatrics. The psycho stimulant drugs used to treat ADHD may be associated with an increased risk of adverse cardiovascular events, including sudden cardiac

death, myocardial infarction, and strokes in young adults, rarely in children. Methylphenidate the psycho stimulant drug widely used in ADHD. Methylphenidate causes mild sleep disturbances, irritability, moderate appetite suppression, transient weight loss, emergence of tics. Tricyclic antidepressants causes nervousness, fatigue, stomach upset, dizziness, dry mouth, accelerated heart rate, confusion, sometimes severe liver injury or suicidal ideation.^[2] In Ayurveda it can be considered under term *unmada*. *Unmada* is manasik vikara characterised by symptoms like *Mano vibhrama*- mental confusion, *Buddhi vibhrama*- impaired intelligence, *Sangya vibhrama*-impaired consciousness, *Gyana vibhrama*-impaired knowledge, *Smruti vibhrama*- impaired memory, *Bhakti vibhrama*- loss of desire, *Shila vibhrama*-inappropriate manner, *Cheshta vibhrama*-abnormal activities, *Achara vibhrama*-impaired socialization skills, unable to follow commands.^[3]

Diagnostic criteria: The diagnosis is based on the criteria of DSM V on hyperactivity, impulsivity and attention deficit –(at least 6 symptoms required).^[5]

SCORING OF CLINICAL SYMPTOMATOLOGY OF ADHD- Inattention, hyperactivity and impulsivity will be measured by obtaining a four point rating of the DSM-V items. The scoring will be done ranging from 'never' to 'very often' as given below.

**DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDER
INATTENTION & HYPERACTIVITY,
IMPULSIVITY**

Never	0
Often	1
Quite often	2
Very often	3

INATTENTION SYMPTOMS

1. Fails to give close attention to details/makes careless mistakes in schoolwork, work etc.
2. Difficulty sustaining attention
3. Does not seem to listen when spoken to directly
4. Does not follow through on instructions and fails to finish schoolwork, chores, etc.
5. Difficulty organizing tasks and activities
6. Avoids tasks requiring sustained mental effort
7. Loses things necessary for tasks or activities
8. Easily distracted by extraneous stimuli
9. Forgetful in daily activities

HYPERACTIVITY-IMPULSIVITY SYMPTOMS

10. Difficulty playing or engaging in activities quietly
11. Always "on the go" or acts as if "driven by a motor"
12. Talks excessively
13. Blurts out answers
14. Difficulty waiting in lines or awaiting turn
15. Interrupts or intrudes on others
16. Runs about or climbs inappropriately
17. Fidgets with hands or feet or squirms in seat
18. Leaves seat in classroom or in other situations in which remaining seated is expected

CASE STUDY

A 3.5 years old boy KCO – ADHD with mild Autism was admitted in IPD of Kaumarabhritya department with Complaints of – Unable to pay attention, Not obeying his parent, Throws objects towards parents, Laughs without any reason, Not sitting in a place for few minutes.

Associated complaints - Poor eye contact, Stubborn, Unable to speak clearly and completely age appropriate.

History of Presenting Complaints: A 3.5 yr male child born to no consanguineous married parents as a full term baby through normal vaginal delivery who is diagnosed as ADHD at the age of 3 yrs in private hospital Aurangabad brought by parents with complaints of, Unable to pay attention, not obeying his parents, not sitting in a place for few minutes and slurred speech since appropriate age. For same complaints came to our OPD and for further management admitted in Kaumarabhritya IPD GAH, Osmanabad.

History of Past illness: - No history of any major illness
Family History: - Nothing relevant.

Antenatal History: - Age of mother at the time of conception was 28 years and the father was 33 years. The mother took regular antenatal checkups and took medicine on time. No history of any kind of infections, fever, seizures. Mother was irritable during ANC of 3-5 months due to some family issue.

Perinatal History: 3.75 kg Full term normal hospital delivered cried immediately

Postnatal History: NICU admission for 1 day (for observation).

Developmental History: All milestones attained at the appropriate age, but unable to speak some words clearly and completely at appropriate age

Immunisation History: - Given as per Schedule up to present age.

Personal History: Diet – Mixed, Appetite – Reduced, Bowel – Twice/day, Micturition – 5-6 times/day, Sleep – Not well /Sound

General Examination:

General condition – fair. T -Afebrile (98.7 f)

(Alert, active, well nourished child with normal sensorium.)

Vital signs - HR – 98/min RR – 26/min

Anthropometry:- Ht – 88.5 cm , Wt – 13kg

HC-51 cm, CC-53 cm, MAC- 15 cm

CNS Examination – Higher mental functions – Alert, active, oriented to place & person Speech – Speaks some words with meaning but not clearly, **Gait** – Normal, Cranial Nerves: no apparent cranial nerve palsy.

Motor System Examination: - Muscle tone: - Normal, Muscle power: - G5 Reflexes: Normal on both sides.

Ayurvedic View - Vata-kaphaja Doshadushti, Diagnosis K.C.O. Vata-kaphaja *unmada*. Ayurvedic diagnosis is Vata-kaphaja *unmade*.

Assessment Criteria- DSM-5

- INATTENTION – 1. Fails to give close attention to details a makes careless mistakes
2. Has difficulty in sequential task
3. Does not seems to listen when spoken directly
4. Talks excessively
5. Interrupts others

Setting: Kaumarabhritya OPD & IPD, Govt. Ayurved Hospital, Osmanabad.

METHOD

Shirodhara with Teel taila was done after assessing dosha involved. Assessment was done before treatment and after each 20 days up to 60 days of treatment. Treatment Plan for better and further case management patient had been consulted and after assessing strength, prakriti, agni etc.

- Sarvanga abhyanga with Teel taila
- Shirodhara with Teel taila

- Orally - Brahmi ghruta 5ml OD with madhu
- Saraswatarishta + Kumarkalyan rasa (5tab) + Suvarna bhasma (50mg) -5 ml OD for 30 days For these patient admitted IPD of Kaumarbritya and then discharged.

Improvements after treatment

1. Give response when calling him
2. Completes a task when he is told to do so
3. Memory power increased – he can repeat incidence
4. Informs parents when he goes out with someone
5. Sits quietly in a place when he is said to
6. Improvement in speech
7. Eye contact improve

Score before treatment –Inattention - 19, Hyperactivity & Impulsivity -17

Score after treatment – Inattention - 9, Hyperactivity & Impulsivity -10

DISCUSSION

After looking into the symptoms of ADHD, it can consider as *Unmada* in Ayurveda as both are related to mana and having similar symptoms. In which both sharika and mansik doshas are involved which leads to symptoms like inattention, hyperactivity and impulsiveness according to predominance of vata, pitta, kapha, raja and tama dosha involvement. Which can be managed by principles of shaman, shodhan chikitsa which are explained in Ayurveda. But some other therapies like music therapy, some dietary interventions, behaviour analysis also helps in treating this disease.

CONCLUSION

ADHD is a manasik vyadhi and can be considered under the term UNMADA, so treatment can be planned according to the doshas involved like vata, pitta and kapha. Accordingly the selection of drugs is done as per dosha involved. Ayurvedic treatment will enable the child to fit better in the society and helps in improving quality of life. Shirodhara along with oral Ayurvedic medication shows promising result in the management of not only psychological but also somatic disorder too.

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