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AYURVEDIC MANAGEMENT OF ADHD – A CASE STUDY

Dr. Sudhamayee Shasani*, Prof. Dr. Bijayalaxmi Pattanaik, Dr. Sangita Prusty, Dr. Kshymamayee Priyadarsini Jati, Priyanka Priyadarsini Meher

India.

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***Corresponding Author**
Dr. Sudhamayee Shasani
India.

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ABSTRACT

Introduction: Attention-Deficit Hyperactivity Disorder (ADHD) is a commonest neurobehavioral or neurodevelopmental disorder of childhood characterized by persistent hyperactivity, inattention, and impulsivity, resulting in impaired academic and social functioning. Although ADHD is not directly mentioned in Ayurvedic classics, its symptomatology can be correlated with Unmada, a Manashika Vikara. **Aim & Objective:** To assess the efficacy of Ayurvedic drugs and therapeutic procedures in the management of ADHD in children. **Setting:** Kaumarabhritya OPD and IPD, Gopabandhu Ayurveda Mahavidyalaya, Puri. **Methods:** A 5-year-old male child presented with poor eye contact, hyperactivity, inattentiveness, impaired memory, lack of bladder and bowel awareness, improper speech, and poor scholastic performance. The child was admitted for treatment and managed with Deepana-Pachana, Shamana therapy, Medhya drugs, along with Shiroabhyanga, Shiropichu, sirodhara, nasya and Matravasti. **Results:** After three months of treatment, marked improvement was observed in eye contact, attention span, comprehension of commands, bladder and bowel control, hyperactivity, and scholastic performance.

KEYWORDS: *ADHD; Deepana-Pachana; Shamana; Medhya; Nasya; Shiropichu; Matravasti.*

INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) is the most common neurobehavioral disorder of childhood and one of the most prevalent chronic health conditions affecting

children worldwide. It is also among the most extensively researched neurodevelopmental disorders. ADHD is characterized by a persistent pattern of inattention, manifested as easy distractibility and difficulty in sustaining attention, along with impulsivity due to poor self-control and excessive motor activity or restlessness.

According to available data, approximately 8–12% of school-aged children in Western countries are affected by ADHD; however, reliable epidemiological data from India are limited. The disorder shows a clear male predominance, being nearly three times more common in boys than in girls.

If left untreated, ADHD may persist into adulthood and is associated with several adverse outcomes. Affected individuals are at increased risk of engaging in risktaking behaviors and may experience difficulties in education, employment, and interpersonal relationships. In severe cases, untreated ADHD can contribute to violence, criminal behavior, accidents, health-related risks, suicidal tendencies, and may ultimately lead to premature mortality.

The present case study was conducted in the Kaumarabhritya Outpatient Department with the objective of evaluating the efficacy of an Ayurvedic treatment protocol in the management of Attention-Deficit Hyperactivity Disorder in children.

ETIOPATHOGENESIS

Recent neuroimaging studies, including functional magnetic resonance imaging (fMRI), suggest that Attention-Deficit Hyperactivity Disorder is associated with atypical functioning of specific brain regions such as the frontal lobes, basal ganglia, corpus callosum, and cerebellar vermis, which are involved in attention, impulse control, and motor regulation.

Family and twin studies have demonstrated a strong genetic contribution to the development of ADHD, indicating that hereditary factors play a significant role in determining individual susceptibility to the disorder.

Additionally, various environmental factors have been identified as contributors to the etiopathogenesis of ADHD. Perinatal factors such as low birth weight, along with adverse psychosocial conditions, have been shown to increase the risk of developing ADHD in children.

DIAGNOSIS – DSM-5 CRITERIA FOR ADHD

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), Attention-Deficit Hyperactivity Disorder is diagnosed based on the presence of persistent symptoms of hyperactivity-impulsivity and/or inattention, which are developmentally inappropriate and interfere with functioning.

A.HYPERACTIVITY–IMPULSIVITY (Nine Criteria)

- Frequent fidgeting with hands or feet or constant squirming while seated
- Inability to remain seated when expected to do so
- Excessive running or climbing in inappropriate situations
- Difficulty playing or engaging in leisure activities quietly
- Appearing constantly active or behaving as if "driven by a motor"
- Excessive talking
- Giving answers before questions are completed
- Difficulty waiting for one's turn
- Interrupting or intruding on others' conversations or activities

B. INATTENTION (NINE CRITERIA)

- Making careless mistakes and lack of attention to details
- Difficulty sustaining attention during tasks or play activities
- Appearing not to listen when spoken to directly
- Failure to follow through on instructions and incomplete tasks • Poor organizational skills
- Avoidance or dislike of tasks requiring sustained mental effort
- Frequently losing items necessary for tasks or activities
- Easy distractibility by extraneous stimuli
- Forgetfulness in daily activities

CASE REPORT

Patient's Description

A 5 year old hindu male child with complaints of

- Hyperactivity like running and throughing things through the window
- No eye contact
- Not follow any commands

- Making careless mistakes in homework
- Inability to memories little things in school works
- Not listen to any one
- Improper speech had approached our hospital

HISTORY OF PRESENT ILLNESS

The child was apparently healthy and showed normal growth and developmental milestones until the age of 2.5 years. According to the parents, during this period the child was increasingly exposed to prolonged television viewing, often watching alone for extended durations. Following this phase, the parents gradually noticed the onset of the above-mentioned symptoms. The manifestations appeared insidiously and progressively became more evident, which eventually led the caregivers to seek medical evaluation.

BIRTH HISTORY

PRENATAL- Throughout pregnancy vomiting continue, due to some problem at 5 months cervical stitching done, and there was also a twin pregnancy, after that one baby girl die.

NATAL- Preterm i.e 6 month, NVD, 700 gm

No history of birth asphyxia or any associated symptoms

POST NATAL - NAD

IMMUNISATION HISTORY- properly done as per NIS

DEVELOPMENTAL HISTORY-

Social smile - 2 month

Neck holding - 4,5 month

Sitting - 8 month

Walking -1yr 3 month

Running - 1.5 yr after

Talking - baba, mama after 1 yr

PERSONAL HISTORY

Diet - Mixed

Bowel - Clear

Urine - Normal

Sleep – Disturbed

TREATMENT

The patient was taking treatment in department of Kaumarbhritya for 3 months.

TREATMENT PLAN -T1

Line of treatment	No of days	Medication used
Deepana - Pachana	3days	Saraswatarista Udvartana – kolakulathadi churna
Medhya	30 days	Kalyanaka ghrita Kalyanaka avaleha churna Manasmitravati
Abhyanga	7 days	Mahanarayana taila
Nasya	12 days	Jyotismati taila
Siro abhyanga		Mahanarayana taila

TREATMENT PLAN -2

Line of treatment	No of days	Medication used
Samshamana	30 days	Kumarkalyan rasa
Medhya	30 days	Kalyanaka ghrita Kalyanaka avaleha churna Manasmitravati
Siropichu	20 days	Mahanarayana taila
Matravasti	12 days	Prasarani taila

TREATMENT PLAN – 3

Line of treatment	No of days	Medication used
Medhya	30 days	Bramhi vati Smritisagara rasa Syp. Mentat
		Syp.medhya rasayana
Abhyanga	12 days	Mahanarayana taila
Matravasti	12 days	Prasarani taila & Eranda taila
Sirodhara	7 days	Mahanarayana taila

OBSERVATIONS AND RESULTS

Before Treatment

- Before initiation of treatment, the child exhibited marked symptoms of inattention, hyperactivity, and impulsivity.
- These included
- frequent forgetfulness in daily activities,
- easy distractibility by external stimuli
- poor organizational skills
- and a tendency to lose personal belongings.

- Scholastic performance was poor,
- with frequent careless mistakes in homework and difficulty in completing tasks.
- The child often appeared inattentive when spoken to directly and did not respond appropriately to instructions.
- Hyperactive behavior was evident in the form of frequent leaving of the classroom seat
- inability to sit at one place even for five minutes
- running and climbing
- and difficulty engaging in leisure activities quietly, speech, disturbed sleep, and lack of responsiveness to others were also noted.

  After Treatment
- Following the completion of the treatment protocol, noticeable improvement was observed in multiple domains.
- Forgetfulness reduced and distractibility to external stimuli decreased.
- Organizational ability improved,
- and the frequency of losing belongings was reduced.
- Scholastic performance showed improvement with fewer careless mistakes in homework. The child became more responsive when spoken to and could sit at one place for 5–10 minutes.
- Hyperactivity showed partial improvement, with reduced climbing behavior, though running tendencies persisted. The child demonstrated improved engagement in leisure activities, and sound sleep. Overall behavioral control, attention span, and social responsiveness improved after treatment.

DISCUSSION

Attention-Deficit Hyperactivity Disorder cannot be directly equated with any single disease entity described in Ayurvedic classics. However, based on symptomatology, it can be understood as a vata predominant Manovikara involving dysfunction of prana vata, udana vata,and vitiation of Dhee (intellect), Dhriti (self-control), and Smriti (memory), primarily due to aggravated Vata Dosha. This vitiation affects Manoarthas and Manokarma, leading to improper coordination between sense organs and their objects, resulting in inattention, hyperactivity, and impulsivity indicate derangement of manovaha srotas along with subtle metabolic imbalance(Agnimandya and Ama formation).

Therefore, the principal line of management in Ayurveda involves pacification of aggravated Vata, enhancement of intellectual functions, and maintenance of proper Agni. Accordingly, therapies aimed at Agni Deepana, Vata Shamana, and Medhya Rasayana were adopted in this case. Medhya formulations such kalyankar ghrita Vata Shamana and for enhancing Buddhi, Medha, and Smriti.

Bramhi vati Used in mastiska and hridaya dourbalya, buddhi pranja swarapittada, rasayani. Saraswatarishta - Avuvirya smruti medha bala kanti vibardhayet, vaksudhhikara, hridya known for improving intellect, memory, speech, strength, and mental clarity, was also used.

Kumarakalyana Rasa was administered to enhance immunity and promote overall health in children.

Among Panchakarma procedures, Shiropichu with Mahanarayana Taila was employed to strengthen the cranial region and promote Indriya Prasada. The cooling and Vata-Pitta pacifying properties of the oil help in calming the mind, improving sleep, and reducing hyperactivity. Nasya facilitated drug delivery to supraclavicular structures, enhancing cognitive clarity. Matravasti was planned to pacify Vata at its principal site. Vasti therapy influences the gut–brain axis and helps regulate behavioral and emotional disturbances by normalizing neuro-humoral transmission.

Mahanarayana Taila was selected due to its efficacy in pacifying all types of Vata and its suitability for both internal and external use. The combined effect of internal medications and saisabiya panchkarma procedures improvement in hyperactivity and impulsiveness, better sleep, and improved social interaction with out adverse effects. The holistic approach addressed both somatic and psychological components of the disorder.

CONCLUSION

Based on clinical features, Attention-Deficit Hyperactivity Disorder can be closely correlated with Unmada as described in Ayurveda. In the present case, the condition was diagnosed as Vata-Pittaja Unmada, and treatment was planned accordingly using Deepana, Pachana, Shiropichu, Matravasti, Nasya, Sirodhara and Shamana Aushadhi with Medhya drugs. The Ayurvedic management resulted in significant improvement in attention, behavior, sleep, speech, and scholastic performance. Although ADHD is a chronic condition, Ayurvedic

interventions may help in improving functional abilities, social behavior, and overall quality of life, thereby promoting better social well-being and reducing long-term hazards.

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