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Role of Ayurveda in ADHD - A Case Study Report

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Abstract

In childhood period number of disorders is seen and many times it may be undiagnosed as childhood naughty activities one of them is ADHD (Attention deficit hyperactivity disorders). ADHD is a neurobehavioral disorder which affects the social, learning and behavioral abilities¹. In Ayurveda according to pain, psychiatric and behavioral disorders are described under heading of Unmada and Apasmara explain with treatment.

This is a case study report 6 years male child who was suffering from ADHD signs e.g. hyperactive behavior in social place as well as in classroom. Parents were feeling embracing movement in many times due to kid behavior. Parents were psychological pressure when kid had shouting for small work and activities sine 2 years.

Rasayan is source of boosting the Rasadidhatus (body tissue) which increase life span, improves Medha (intelligence), stabilizes youthfulness cure disease, so Brahmi Ghrita with gold is selected as choice of drug as best rejuvenator as it promotes memory² and intelligence improves speech and promotes health. It also provides nourishment to body tissue and also acts on mind. This case was successfully treated with help of internal medicine and behavior therapy.

Introduction

Attention deficit hyperactive disorder (ADHD) is

one the most prevalent neurobehavioral disorder of childhood, which affects the social, learning and behavioral abilities with a prevalence rate in India 1:3 per³. The main characters of ADHD are hyperactivity, inattention and poor control on social behavior. Many times genetic cause was responsible and in some cases dopamine, dobutamine receptor are responsible but in lot of cases it is a behavior disorder⁴. Sometimes history of birth complication such as prolonged labor, toxemia and complicated delivery. Drug abuse and addition of mother (e.g. Alcohol, smoking during ANC period⁵).

Criteria are considered to be the criteria of diagnosis for ADHD explain in textbook⁶ according predominately hyperactive or predominately imitative – impulsive. Interview of class teacher and parents noted in 2 setting for better history and knowing complaints. According to this the child was suffering from more than 6 symptoms of it. The symptom may vary according to age such as motor, aggressive and disrupting behavior is frequently seen in preschool children. Unmada was said to be sadhya⁷ by treating it with internal medication along with therapeutic procedures such as Snehan, swedana

and Shirodhara but according to age I chosen internal medication.

Case Report

6 years male child come to college OPD with complaint of poor concentration as well as hyperactive behavior in school and difficulty in complete sentences during talking to him i.e. unable to speak proper sentence since last 2 years as associated complaint unable to control hunger period and unable to sustain in school activity. Parents were embarrassed due to their son's naughty behavior many times. Mother history told that after 3 years of age he was starting to shouting for small things e.g. toys, food.

Parents work out on investigation EEG and MRI brain were absolutely normal with Neuro physician opinion done. Also birth history insignificant and development were appropriate for age and no NICU admission. Mother history during ANC was insignificant so no any clue in history this was a case of neurobehavioral disorder ADHD.

Treatment

Day 1:- Genral examination + systemic examination followed by oral medication strated

Brahmi Ghrita two times a day with warm water

Day15:- same complaint as it

Day 30:- same complaint as it

Day 45:- same complaint as it

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Day 60:- same complaint as it

Day 75:- shouting of child and hyperactivity nature

start decreases

Day 90:- child control hunger time up to lunch

appropriate time after brake fast

Day 135:- shouting completely stop

Day 160:- hyperactive nature much control no

embarrassing movement for parents

Day 180:- As routine nature as other child of its age

child no fresh complaint

Observation and Result

The observation based on clinical picture noted before and after the course of treatment. Follow up every 15 days and observation noted also interview by parents. No any adverse reaction of drug and no any other supported treatment given for ADHD.

Result

On the 1st day of OPD child presented with sign of ADHD e.g. hyperactive nature, unable to sustain in classroom, playing in groups. Shouting for small things, naughty behavior, careless mistake anywhere, unable to control hunger time after breakfast. After complete 6 months treatment all symptom reduced and child behavior absolutely normal and no any complaint of parents about him. Again interview of class teacher and parents taken lot of changes in behavior noted with apprehension.

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