

## **Ayurvedic Management of Attention Deficit Hyperactive Disorder with Comorbid Conduct Disorder: A Case Report**

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### **ABSTRACT:**

Conduct Disorder (CD) and Attention-Deficit/Hyperactivity Disorder (ADHD) are complex behavioural conditions often co-occurring in children, impacting their social and academic functioning. Conventional management of ADHD and CD often involves the use of stimulants, antidepressants and antipsychotics which in due course cause insomnia, reduced appetite, headache etc. The article explores Ayurvedic management approaches, focusing on internal administration of medicines, external procedures and lifestyle modifications that aim to address the root causes of these disorders and improve the overall well-being. This is the case of a 9-year-old girl diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) and Conduct Disorder (CD), who underwent a one-month inpatient treatment program. The treatment such as *Shodhananga snehapana*, *virechana* and *matravasthi* focused on behavioural interventions, structured routines, and therapeutic support to address her symptoms including impulsivity, aggression, and defiant behaviours. Throughout her stay, her progress was monitored through both behavioural observations and clinical assessments using Conner's ADHD rating scale. Her anger outbursts, defiance and usage of abusive words got reduced after treatment. The article highlights the challenges and successes of Ayurvedic management of dual diagnoses in children, emphasizing principles from the *Unmada* and the value of an integrated approach for better behaviour and emotional regulation.

**Key words:** ADHD, Conduct Disorder, Conner's ADHD Rating Scale, Mental Disorder, *Unmada*.

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## INTRODUCTION:

Conduct disorder (CD) is a common and highly impairing psychiatric disorder that usually emerges in childhood or adolescence and is characterized by severe antisocial and aggressive behaviour. [1] CD significantly impairs their ability to function in social, academic, or occupational areas. It frequently co-occurs with Attention Deficit Hyperactivity Disorder (ADHD) which is a mental health condition that can cause unusual levels of hyperactivity and impulsive behaviours. This often leads to antisocial personality disorder in adulthood. CD, with a prevalence ranging between 0.6% to 3.8% is considered the leading cause of disability among mental disorders for children aged 0–14. [2,3] Children diagnosed with CD have a 3-fold increased risk for a premature death. [4] Conventional management of ADHD and CD is with stimulants, antidepressants and antipsychotics which on continuous use causes insomnia, reduced appetite, headache etc. [5]

In clinical practice the features of ADHD such as inattention, hyperactivity, compulsive behaviour, anger and aggressiveness resemble *sannipathaja unmada* with *vata* and *pitta* predominance as per *Charaka samhita nidana sthana*. Therefore, treatment alleviating *tridoshas* particularly the *vata* and *pitta dosha*, and having effects on *manas* should be preferred which was observed as clinically effective. Child behavioural issues are more likely to occur due to imbalance in *vata dosha*, as *Vata* governs movement, perception, and the whole nervous system. [6] It influences sensory and motor functions, speech, and tissue building. [7] When *pitta* gets associated, it can cause impulsivity, aggression, and restlessness. [8] Ayurveda offers a personalized approach by evaluating an

individual's clinical parameters and managing accordingly.

Line of Treatment in Ayurveda includes *Samsbodhana* which may involve mild *Panchakarma* procedures like *Nasya* and *Shirodhara* for calming the mind and balancing *Vata*, *Samsamana* with the use of *Medhya Rasayanas* such as *Ashwagandha* and *Shankhapushpi*, *Satvavajaya Chikitsa* like Behavioural therapies and counselling to improve attention and self-control along with proper *ahara* and *vihara*.

The case report highlights the importance of managing ADHD with comorbid Conduct disorder with dietary modifications, stress management, behavioural therapy, fostering emotional regulation techniques along with Ayurvedic managements.

## PATIENT INFORMATION:

The patient is the second child of non-consanguineous parents, born through full term normal vaginal delivery. Her mother was a known case of Schizophrenia; under medication. All developmental milestones were attained on time. Her parents got separated after her birth. She was living with her maternal family and her elder brother was with father.

She was not active in school and showed a lack of interest in mingling with classmates from her 6th *Standard*. She was below average in studies. She had increased anger outbursts and was stubborn. She used abusive language towards her friends and parents whenever she got irritated. She used to ask for mobile phones frequently, even from her neighbours. She often quarrelled with her mother and grandmother for the same. One day, while she was arranging dresses, her mother interrupted her, and she injured herself by causing a wound on her hand. She told her mother to go and kill

herself, saying there was no point in living. She frequently demanded chocolates and money, and when denied, she would become irritable and resort to stealing.

She does not have any emotional attachment to anyone in her family. She often goes to her aunt's home. After returning, she exhibited behavioural disturbances such as impulsivity, aggression, and defiance. Once, she asked to go to the beach, but her grandmother opposed it. She argued with her grandmother, who became frightened and gave her money to buy chocolates.

As her parents were fed up with her indifferent behaviour, they considered consulting a doctor about her condition. Since they were unwilling to give her allopathic medicine, they decided to seek Ayurvedic management and got admitted here.

#### Current medications:

The patient is not currently on any psychiatric medications and has no history of prior psychiatric medication use.

The *dosha* was assessed to be *Vata-Pitta*. Features such as increased mingling, emotional instabilities, not studying, increased spending of money were attributed to *vata dosha* and reduced sleep, increased anger, impulsivity, aggression, and defiance were confirming *pitta dushti*. *Dhatbus* affected were *Rasa and Raktha*. *Deha desa* affected was *sarvasareera* and *manas*. *Roga bala* was *Madhyama* and *rogi bala* was *Avara*. *Anala* was assessed to be *sama* and *sareerika prakrithi* was *vathapitta* and *manasika prakrithi* was *Rajasa-Tamasa*. *Vaya* was *bala* and *sattva* was assessed as *Avara*.

In Ayurveda psychiatric examination (Table-3) the domains of *Manas* (thoughts/mental faculties), *Budhi*, *Bhakti*, *Seela*, *Cheshta* and *Achara* were affected

#### TIMELINE

- Admission: 13/06/2024
- Internal and external therapies administered over 1 month
- Assessment: Pre-treatment and post-treatment using Conner's Rating Scale
- Discharge: 17/07/2024

#### Diagnostic Assessment

The patient exhibits persistent aggression, defiance and rule-breaking behaviours, including frequent tantrums, physical aggression, lying and property destruction. She shows little remorse or empathy. Family history, environmental stressors and inconsistent discipline also contribute. School performance is affected by defiance and peer conflicts. Observations indicate oppositional behaviour and emotional detachment from consequences. As per DSM 5 the diagnosis aligns with ADHD and Conduct Disorder, requiring behavioural therapy, parental guidance and school intervention. Early treatment is crucial to prevent escalation into antisocial tendencies.

The case was diagnosed as *paithika unmada* with *vatanubanda* and was managed with an integrated approach in an inpatient setting at Govt. Ayurveda Research Institute of Mental Health and Hygiene (GARIMH) Kottakkal for a period of one month. The outcome was assessed using Conner's parent rating scale for ADHD, in which the score reduced from 43 to 38. Patient showed marked decrease in anger, aggressive behaviours and defiance.

#### Assessments

- Conner's rating scale<sup>[9]</sup> – BT on 13/06/2024: 43

AT on 17/07/2024: 38

**RESULTS:**

Assessments were done using Conner's ADHD rating scale. CD was assessed using

clinical observations. After *snehapana* followed by *virechana* her symptoms like anger outbursts, using of abusive words, and harming reduced. By the end of *matravasthi* her affect changed from sad to euthymic.

**Table 1: Mental Status Examination**

<b>General appearance and behaviour</b>	
Grooming and dressing	Over dressed
Touch with surrounding	Maintained
Eye to eye contact	Maintained throughout the interview
Attitude towards examiner	Co-operative
Comprehension	Intact
Gait and posture	No abnormal gait/posture
Motor activity	Increased (wandering)
Rapport	Established easily
<b>Speech</b>	
Voice and speech Intensity and pitch	Increased
Reaction time	Reduced
Speed	Increased
Relevance and coherence	Relevant and coherent
Disorder of volition	Nil
Mood	Irritable
Affect	Sad
Perception	Nil
<b>Thought</b>	
Form/Process	Continuous
Content	Preoccupied with thoughts of not having enough money to buy preferred foods
Cognitive functions	Intact
Consciousness	Alert and aroused
Attention	Intact
Concentration	Intact
Orientation	Oriented to time place and person
Memory	Intact
Abstract thinking	Intact
Intelligence	Good
Insight	Grade 3
Judgement	Intact
Impulsivity	Present

**Table 2: Dasavidha Pareeksha**

<b>Dooshya</b>	<i>Dosa: Vata – Pitta</i> <i>Dhatu: Rasa, Raktha</i>
<b>Desha</b>	<i>Bhoomi desa: Anooṣa</i> <i>Deha desa: Sarva sareera, Manas</i>
<b>Bala</b>	<i>Rogam: Madhyama</i> <i>Rogi: Avara</i>
<b>Kala</b>	<i>Kshanadi: Sarath</i> <i>Vyadhyavastha: Purana</i>
<b>Anala</b>	<i>Sama</i>
<b>Prakrith</b>	<i>Deha prakrithi: Vata Ptta</i> <i>Manasa prakrithi: Rajasa – Tamasa</i>
<b>Vaya</b>	<i>Balya</i>
<b>Satva</b>	<i>Avara</i>
<b>Satmya</b>	<i>Sarvarasa satmya</i>
<b>Ahara sakthi</b>	<i>Abhyavaharana Shakthi: Madhyama</i> <i>Jarana Shakthi: Madhyama</i>

**Table 3: Ayurvedic Mental Status Examination (Ashta Vibrama)**

Faculty	Vibrama	Features
<i>Mana</i> (thoughts/mental faculties)	Present	Unable to control the increased thoughts
<i>Buddi</i> (intellect)	Present	Could not differentiate or decide over the good and bad things
<i>Samjna</i> (awareness/orientation)	Absent	–
<i>Smriti</i> (memory)	Absent	–
<i>Bhakti</i> (desire)	Absent	–
<i>Seela</i> (habits and temperament)	Present	Increased anger, harming, stealing
<i>Cheshta</i> (psychomotor activities)	Present	Wandering
<i>Achara</i> (routine activities of daily living)	Present	Using abusive words, disrespect to elders

**Table 4: Therapeutic Procedures**

Duration	Procedure	Drugs	Rationale
I Day	<i>Virechana</i> <sup>[10,11]</sup>	<i>Aipathy churna</i> 10 gms with lukewarm water – 2 vegas	<i>Pitta shamana</i>
7 Days	<i>Shirodhara</i> <sup>[12]</sup>	<i>Puranadbatri, usbeera, Guluchi</i> <i>Kashaya</i>	<i>Pitta shamana, nidrajanaka</i>

3 Days	<i>Rookshana</i>	<i>Pippalyasavam</i> 10 ml two times per day after food <i>Shaddharanam</i> Tab 1 two times per day after food <i>Ashta churna</i> 1 Tsp two times per day before food	To prepare body for <i>snehapana</i> , <i>Agni dipana</i>
7 Days	<i>Snehapana</i>	<i>Tikthaka Gbrita</i> <sup>[13]</sup> 20ml, 30ml, 45ml, 60ml, 70ml, 90ml, 110ml respectively	<i>Klama</i> , <i>snehadvesha</i> , <i>asambatha varchas</i> observed
2 Days	<i>Abhyanga</i> + <i>Ushmasweda</i>	<i>Dhamwanthara thaila</i>	<i>Dosha dravikarana</i> by which doshas brought to koshta
1 Day	Virechana <sup>[10]</sup>	<i>Avipathy churna</i> 10 gms with lukewarm water – 8 vegas	<i>shodbhana</i> <i>Mana prasada</i>
5 Days	<i>Matravasthi</i> <sup>[14]</sup>	<i>Tikthakam Gbrita</i> 35 ml	Addresses Vata imbalance, promote cognitive health

**Table 5: Therapeutic Intervention**

Medicine	Dose	Rationale
<i>Swetha sankhupushpi churna</i> + <i>Gokshura churna</i> + <i>Sarpagandha churna</i> 1:1:1	250mg two times per day after food with lukewarm	Reduce <i>krrodha</i> and aggression
<i>Swetha sankhupushpi</i> + <i>Yashti churna</i> 2:1 <sup>[15]</sup>	500 mg two times per day after food with luke warm water	Enhances memory, learning, and concentration Reduces anxiety and hyperactivity
<i>Tikthaka gbrita</i> <sup>[16]</sup>	1 tsp at night	<i>Vatapitta hara</i>
<i>Somalatha churna</i> <sup>[17]</sup>	500 mg at night with Luke warm water	Anxiolytic
<i>Manasamitra vataka</i> <sup>[18]</sup>	1 at night	Anxiolytic, <i>Medhya Rasayana</i>

## DISCUSSION:

ADHD and CD are multifactorial in origin. In the case, aetiological factors involved are, (a) familial such as type of family, interaction between family members, external factors that affect family directly and indirectly; (b) biological such as genetics, temperaments; (c) scholastic such as performance, social and physical capacity

and (d) socio-economical like low socioeconomic and low educational status of parents. In this case the relationship between mother and child was not harmonious. This also might have increased the risk of developing behavioural symptoms.

Ayurveda underscores behavioural disorders under *Manas Roga* as in *Unmada* and attributes them to an imbalance in *Tridoshas* with more of a predominance of *Vata* and

*Pitta doshas*, along with weak *Satva* (mental strength); Imbalance in its equilibrium, causes mental instability, irrelevant talks and overall distorts the children's mental ability. Although *vatadosha* is prominent but later on, higher levels of imbalance of it impairs the *pitta dosha*, which leads to persistent aggression, defiance, and rule-breaking behaviours, including frequent tantrums, physical aggression, lying, and property destruction which were the main complaints of the patient. *Shadbarana* tablet was given to correct *amashaya gatajata* and to improve digestion. *Swetha sankhpushpi churna*, *gokshura churna* and *sarpagandha churna* were given to reduce *krodha* and aggression.

Considering the *ashta vibhanga* [19] domains, she had *vibhanga* in *Mano* (mind), *Budhi* (intellectual errors), *Sheela* (behavioural tendencies), *Cheshta* (actions) and *Achara* (deviation in conduct). Therefore, the correction was aimed at normalizing these domains which further improves the quality of life of both the children and their parents. Studies [14] showed that *medhya* drugs such as *sankhpushpi*, *yashti*, *gokshura* and *sarpagandha* have properties to enhance memory, learning, and concentration as well as to reduce anxiety and hyperactivity. In this case, *Swetha shankhpushpi churna* which is *tiktha rasa pradhana*, *seeta virya* and *madhura vipaka* and hence *pittasamana* and *Yashti choorna* which is *vatapitta samana* and *medhya* was given.

Ayurveda emphasizes that diseases arise due to improper food habits [20]. Nowadays children are adhered to unhealthy eating habits which disturbs their gut microbiome and eventually mental health would get affected. Various food colouring agents and preservatives have been related to hyperactivity in previously hyperactive children. The increasing consumption of processed foods and sugary snacks has

further compromised their digestive well-being. Study showed that consuming junk foods, especially sweetened beverages/soft drinks, and sweets/candies is associated with ADHD symptoms.[21] So, the management should start aiming at implementing good food habits by introducing more quantities of *satvik ahara* eliminating *rajasa* and *tamasa ahara*. Correction of the gut should be the primary concern in management. *Virechana* can be effective in gut correction, reducing the symptoms and thereby balance *tridoshas*. [9] *Panchakarma* serves as an effective means to reset and rejuvenate mind and body. [10]

*Arahi* (restlessness) is an expression of *mano vibhanga*, which occurs due to impairment in *samana vata* which resides in *koshta* [6]. Imbalance in levels of neurotransmitters (e.g. dopamine, norepinephrine) are considered as a reason for behavioural issues. Most of the receptors of neurotransmitters are in the gut. Therefore, gut correction can impart significant changes in problematic behaviours of children. Clinicians opine that certain positive behavioural changes are attained by correcting *agni* itself. Correction of *agni* was done by giving *pachana-deepana* with *pippalyasava* and *ashtachurna*; *anulomana* with *avipathi churna* by which vitiated *doshas* attains normality to an extent.

The prevalence of children with behavioural problems is comparatively very less in whom good parenting is provided. [22] Effective parenting strategies ensures safe, assertive discipline with realistic expectations. [23] As per Caraka, Frightening the child, scolding, creating fear complex in child etc are not considered as good parenting. So her Parents were educated to communicate with love, affection, soft and sympathetic words. They were encouraged to spend quality time with children for

playing, talking, eating together and making them feel comfortable and proud.

### CONCLUSION:

The 9-year-old girl with ADHD and comorbid conduct disorder demonstrated notable improvements in behaviour following Ayurvedic management. On clinical assessment the case was managed with personalized treatment and internal administration of medicines. There was a reduction in aggression and defiance. Continued monitoring and behavioural therapies are essential for sustained progress and emotional development. Yoga and mindfulness-based interventions serve as effective complementary therapies in the management of ADHD and CD, thereby supporting overall cognitive and emotional development may be incorporated in future studies.

**Limitation:** Follow up was not done in this single case.

### Declaration of patient consent:

The authors certify that they have obtained appropriate patient consent forms. In the form, the patient's guardian has given consent for reporting of the case and associated images. The guardian understands that names and initials will not be published, and due efforts will be made to conceal identity.

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