

## AN AYURVED MANAGEMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER WITH SHIROPICHU OF BRAHMI SIDDHA TAILA - A CASE STUDY

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### ABSTRACT

Attention Deficit Hyperactivity Disorder (ADHD) is commonest among school going children. It is neurobehavioral disorder characterized by inattention, hyperactivity, impulsivity which interferes the learning process of child, also has strong impact on their educational, professional, social and family life. Prevalence of ADHD is increasing and treatments are limited. Ayurveda has promising results in *Manas Vikara*. The symptoms of ADHD can be correlated to vitiated *Vata Dosha* and *Raja Tama Dosha* of *Mana*. *Murdhataila* described by *Charaka* and *Vagbhat*, has marked results on *Vata Pradhan Manas Roga*. A case study was done on a child of 8yrs suffering from ADHD by “*Shiropichu*” of “*Brahmi Taila*” for a period of one month. Gradations for all the symptoms were decided. After treatment of one month marked improvement in concentration, focusing abilities, following commands, independency in doing daily activities etc. was seen. This paper highlights the role of *Shiropichu* with *Brahmi taila* in ADHD.

**Keywords:** ADHD, Murdhataila, Shiropichu.

### INTRODUCTION

Today in this fast life the number of *Manas Vikara* are increasing due to stress, competition, peer pressure, hectic schedule etc. these *Manas Vikara* have very limited treatments which are available today. It is very necessary to develop and explore the theories of Ayurveda as it has promising results for *Manas Vikaras*.

Amongst all the *Manas Vikaras* ADHD is commonest disorder found in school going children - affecting their educational, social, family life. It is characterized by inattention, with increased distractibility and difficulty in sustaining attention, poor impulse control, and

decreased self-inhibitory capacity, as well as motor over activity and motor restlessness which interferes the learning process of child. In India about 5-10% of children suffer from ADHD. It is more common in boys than in girls.

The treatments for ADHD are very limited. The main factor which causes ADHD is vitiated *Vata Dosha*. Hence we decided to work on ADHD with *Shiropichu* of *Brahmi Taila*.

#### Aim

To study the efficacy of *Shiropichu* of *Brahmi Taila* in ADHD

## Objective

To study ADHD by modern and classical literature.

To study *Shiropichu* a type of *Murdhataila* in *Panchakarma* Procedure.

## Materials and Methods

### Place of study-

- Shree Saptashrungi Ayurveda College & Hospital, Panchavati, Nasik.

### Type of study-

- Single Case Study.

### Sample size-

- For this present case study, a single patient (Child) suffering from ADHD was taken.

### Aushadhi dravya:

- *Brahmi siddha taila*
- *Amalaki churna*

### Other material:

- Armed chair
- Cotton
- Gauze pieces
- Hot water bath
- Vessels
- Cotton band
- Plastic sheet

## SOP OF Shiropichu<sup>1</sup>-

### *Purvakarma*

*Abhyanga* should be done on head, neck and shoulders for about 5-10 min

Preparation of drug:

The oil used for *Pichu* should not be heated directly on fire. It should be heated by double boiler method or in a hot water bath. The temperature of the oil should be checked.

It should be lukewarm and not too hot.

**Preparation of *Pichu*:** Take sterile cotton and make a thick pad out of it such that it is square in shape. Make alternate layers of cotton and bandage cloth till the width is 1.5-2 cm. lock the cotton properly in bandage.

***Pradhana karma:*** Position-The patient is made to sit on a comfortable chair, facing East or North direction. Tie a cotton band around the forehead. Place the

*Pichu* over the vertex (anterior Fontanilla) of head. Cover the Head with a non-absorbable sheet with hole at centre. Again tie one round of cotton band around forehead so that the sheet gets fixed. Pour the lukewarm *Bramhi Taila* at the centre till the *Pichu* is soaked completely. Keep the *Pichu* for 4-5 hrs.

### *Paschat karma*

After the completion of time, remove the *Pichu* carefully and untie the bandage. The patient is asked to relax.

**Time** - Evening 5pm

**Duration**- 30 Days for 4-5 hrs. Daily.

**Dose**- approx. 30-40ml

**Follow up**- 1<sup>st</sup>, 15<sup>th</sup>, 30<sup>th</sup> day

### Case Report

A 12 yrs. boy was brought to the OPD of *Panchakarma* by his mother and grandfather with complaints of:

- poor concentration
- lack of attention
- difficulty in following 2-3 stage commands
- forgetfulness
- Needs help in accomplishing tasks
- Fails to sit at one place quietly
- Cannot maintain eye contact
- Cannot take sufficient self-care
- Irrelevant talking during night while sleeping
- Speech was not clear
- Poor memory

The boy could not sit quietly at one place in the OPD. He was already diagnosed with ADHD in 2009. Patient was on treatment since then and was taking allopathic treatment for the same. Parents of that boy had faith in Ayurveda and hence came for treatment.

**History of Patient:** The boy had history of premature birth in 8<sup>th</sup> month and baby was kept in incubator. He had history of delayed milestones specially delayed in speech, walking. During pregnancy his mother was victim of domestic violence, stress, malnutrition. His father and mother had issues in their married life. Also the child had mental torture from his father in past years. His parents are now divorced and now he stays with his mother and grandfather. Patient has taken occupational therapy, play therapy, behavioral therapy

from 2009 to 2013. He goes to a normal school. His grandfather accompanies him in the school.

Childhood Autism Rating Scale (CARS) – **24.5** (Falls in non-autistic range)

### Investigations

**Table 1:\***

TOTAL CARS SCORE	DIAGNOSTIC CRITERIA	DESCRIPTIVE LEVEL
15 - 29.5	Non Autistic	Non Autistic
30 - 36.5	Autistic	Mild to moderate Autism
37 - 60	Autistic	Severe Autism

(\*Note – Showing Score and autistic Range<sup>2</sup>.)

- Social quotient- 46.15 (social age /actual age)\*100
- I.Q. – 70

**Table 2: \***

Signs and symptoms	Predominant doshas
▪ poor concentration	<i>vata</i>
▪ lack of attention	<i>Vata, raja</i>
▪ forgetfulness	<i>vata</i>
▪ difficulty in following 2-3 stage commands	<i>Vata</i>
▪ throws objects	<i>Vata , tama</i>
▪ gets angry	<i>Vata , tama</i>
▪ Fails to sit at one place quietly	<i>Vata, raja</i>
▪ Cannot maintain eye contact	<i>vata</i>
▪ Easily distracted	<i>Vata, raja</i>

(\*Note – Showing Signs and symptoms Relations with Doshas.)

As the signs and symptoms indicate the vitiated *Vata, Raja, and Tama Doshas*. We decided to use *Murdha Taila Kalpana*. Among all, as *Shiropichu* was best suitable and comfortable for the patient we decided to do *Shiropichu*.

### Observations

Gradations were made for assessment of the data carefully.

**Table 3: \***

Very often or always	4
Often	3
Sometimes	2
Rarely or never	1

(\*Note – Showing Gradations for symptoms.)

The assessment was done before the treatment and after the treatment. The observations are as follows:

**Table 4: \***

Observations	Before	After
Makes careless mistakes in schoolwork.	4	3
Has difficulty keeping attention on tasks or play activities	4	4
Does not seem to listen when spoken to directly.	4	2
Does not follow instructions and fails to finish schoolwork	4	3

Has disturbed sleep and talks	4	1
Avoids tasks that require sustained mental effort (e.g., homework)	4	3
Is easily distracted by outside stimuli.	4	2
Is forgetful in daily activities.	4	3
Leaves seat in which remaining seated is expected (e.g. Classroom).	4	2
Has difficulty playing quietly	3	2
Fidgets with hands or feet or squirms in seat.	4	2
difficulty in following 2-3 stage commands	4	3
<b>Total</b>	<b>47</b>	<b>30</b>

(\*Note – Showing Subjective observations before and after therapy.)

### Result -

- ▶ Total Score (BT – AT) / BT X 100
- ▶ Result =35.41%
- ▶ 35.41% improvement was seen after the treatment

## DISCUSSION

In the presented case, the *Samprapti* can be given as, the mother of the child during her pregnancy was a victim of domestic violence, stress i.e. *Bhaya*, *Chinta*, *Shok* etc. and malnutrition which leads to *Rasavaha Srotas*, *Manovaha Srotas* Dushti<sup>3</sup>.

*Murdha* means *Shira*. *Shira* is the “*Uttamanga*” of body<sup>4</sup>. *Chakrapani* says that the *Prana* is situated at the *Murdha Sthana* which includes all the five types of *Vayu*. In ADHD the factor which is most affected is vitiated *Vata Dosha* and *Manovaha Srotas*. Also the *Vata Dosha* is deranged by *Ruksha*, *Chala Guna*. *Sneha* has *Snighdha*, *Sthira guna* which pacifies the *Vata Dosha*<sup>5</sup>. Due to *Tikshana*, *Vyavayi* & *Sukshma* property of Taila<sup>6</sup>, it penetrates easily into *Manovaha srotas* correcting vitiation of *Manas Dosha (Raja & Tama)*. At the same time the *Bhrimhana*, *Balya*, *Vaata Shamana*, *Medhya* properties of *Brahmi Taila* corrects all *Maanas vikaras*.

The human body can be compared to inverted tree<sup>7</sup>. The water given at the roots provide nutrition to all the other parts of the tree. Similarly in human body the *Shira* acts as roots of body. The *Sneha* applied over *Shira* pacifies the *Doshas* in the body. *Shira* is *Sthan* of *Indriyas*<sup>8</sup>, *Shiropichu* when applied over *Brahmarandhra* leads to *Indriyaprasadana*, which in turn helps in improving the daily activities in the patient of ADHD.

*Brahmi* is *Madhur Vipaki* hence pacifies the vitiated *Vata Dosha*. It works by its *Prabhav* which is *Medhya*. It works in nerve plexus hence leads to controlled movements of body.

One more reason behind choosing *Shiropichu* as choice of treatment was it is very convenient process for the patient and his parents. It is non-invasive.

## CONCLUSION

- *Shiropichu* of *Brahmi taila* is effective in pacifying *Vata dosha* and also the symptoms of ADHD.
- If developed properly it can prove a promising therapy for ADHD as the treatment options for this disorder are limited

### Scope for Research:

- The trial has been done only on single patient.
- It needs to be done on a large sample size to authenticate the data.

## REFERENCES

1. Ayurmitra Prof Prasad KSR, Prof Meena S Deogade, Technoayurveda's Practical SOP Panchakarma, sec II - Shiropakalpana (shiropichu, Talam), Technoayurveda Publication, First Edition 2018, pg. no. 177.
2. CARS was developed by Eric Schopler, Robert J. Reichler, and Barbara Rothen Renner. [https://en.wikipedia.org/wiki/ Childhood\\_Autism\\_Rating\\_Scale](https://en.wikipedia.org/wiki/Childhood_Autism_Rating_Scale)
3. Acharya Agnivesha, Charaka Samhita, Vimana Sthana, Chapter 5, Shloka no.13, Vaidya Yadavaji Trikamji Acharya, Chaukhamba Surbharati publication. Reprint Edition 2016.pg. no. 251

4. Acharya Agnivesha, Charaka Samhita, Sutra Sthana, Chapter 17, Shloka no.12, Vaidya Yadavaji Trikamji Acharya, Chaukhamba Surbharati publication. Reprint Edition 2016.pg. no. 99
  5. Vd. Vasant C Patil, Principles and practice of panchakarma, Chaukhambha publications, Snehana Karma.
  6. Vaidya Yadavaji Trikamji Acharya, Sushruta Samhita, Sutra Sthana, Chapter 45, Shloka No.112, Chaukhamba Surbharati publication.
  7. Ashtanga Hrudaya of Srimadvagbhata,nirmala hindi commentary by Brahmanand Tripathi, Utar Sthana, Chapter 24, Shloka No.58-59, Chaukhamba Sanskrit Pratishtan, Reprint edition 2013.pg. no.1064
  8. Acharya Agnivesha, Charaka Samhita, Siddhi Sthana, Chapter9, Shloka no.4, Vaidya Yadavaji Trikamji Acharya, Chaukhamba Surbharati publication. Reprint Edition 2016.pg. no.716
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