

EFFECT OF BRAHMIGHRITHA AND COUNSELLING THERAPY ON DISOBEDIENCE IN CHILDREN WITH CONDUCT DISORDER – A CLINICAL STUDY

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ABSTRACT

Childhood behaviour and emotional problems with their related disorders have significant negative impacts on the individual, the family and the society. Behavioral noncompliance, also known as defiance or *disobedience*, refers to those instances when a child either actively or passively, but purposefully, does not perform a behavior that has been requested by a parent or other adult authority figure (eg, a teacher or school bus driver). Children who are persistently noncompliant are given intervention and monitored for evaluating the effectiveness of the intervention. Most treatments designed to reduce noncompliant behavior in children have focused on teaching parents' specific ways to interact with, and consequently alter, the behavior of their child. *Brahmighritha* is a polyherbal *Ayurveda* formulation that is widely used in the management of psychiatric disorders. Here, a study was conducted with the objective of evaluating the combined effect of *Brahmighritha* and *counselling therapy* on *disobedience* in children diagnosed with *conduct disorder*. A prospective clinical trial to evaluate the combined effect of *Brahmighritha* and *counselling therapy* on disobedience in children diagnosed with *conduct disorder* was conducted at Vaidyaratnam PS Ayurveda College Hospital, Kottakkal. The study design was non-randomised, pre and post-test study and selected 30 participants were administered *Brahmighritha* and *counselling therapy* for 30 days and assessment was done. Results obtained show that effects tested using F test P Value of 0.000 was obtained showing that symptoms of *disobedience* significantly changed due to the treatment. The intervention showed significant difference between before treatment and after treatment (after the first assessment) as given by the p value of 0.014. Hence, it is concluded that in this study the combined effect of *Brahmighritha* and *counselling therapy* on *disobedience* in children diagnosed with *conduct disorder* is found statistically significant. It is recommended that a long-term study may be done to find out the extent of effect as in this study follow-up was done only up to 45 days.

Keywords: *Brahmighritha, counselling therapy, Child disobedience, Conduct Disorder*

INTRODUCTION

Childhood behaviour and emotional problems with their related disorders have significant negative impacts on the individual, the family and the society¹. Practitioners and researchers regard *Child disobedience* and *noncompliance* as key elements of child and adolescent problem behaviour. The terms *noncompliance* and *disobedience* are usually used interchangeably. *Noncompliance* is a broader term that can include children's ignoring of parental commands or wishes². The diagnosis largely depends on the clinical skills of an integrated collaboration of multiple professional experts as there is no single gold-standard diagnostic tool available. Diagnosis relies on interpretation of subjective multi-source feedback from parents or carers, teachers, peers, professional or other observers provided through several psychometric questionnaires or screening tools¹.

Deivasigamani had reported the prevalence of *Conduct Disorder* to be 11.13%, Sarkar *et al.* reported the prevalence rate of antisocial behaviour to be 7.1% while recently Srinath *et al.* have reported a prevalence as low as 0.2%³. Behavioral noncompliance, also known as defiance or *disobedience*, refers to those instances when a child either actively or passively, but purposefully, does not perform a behavior that has been requested by a parent or other adult authority figure (e.g, a teacher or school bus driver)². The term defiance is described as “negativism for its own sake” and refers to overt behaviors such as temper tantrums and whining in response to parental requests⁴.

Children who are persistently noncompliant are given intervention and monitored for evaluating the effectiveness of the intervention. Most treatments designed to reduce noncompliant behavior in children have focused on teaching parents' specific ways to interact with, and consequently alter, the behavior of their child². This has become more and more relevant in the Indian social set up, as the urban and sub-urban society has mostly transformed in to the nuclear family structure. Support and care are found wanting in many cases where such families are involved. Hence, it could be understood that *counselling therapy* has im-

mense contribution in correcting behavioural problems.

Description of abnormal behavior are found scattered in *Ayurveda* texts like *Heenasatva*, *Anavasthita-Chittatva*, *Mano-vibhrama*, *Budhi-vibhrama*, *Smriti-vibhrama*, *Sheela-vibhrama*, *Cheshta-vibhrama*, *Achara-vibhrama* etc. *Ayurveda* considers imbalance of *sareera* and *mano-dosha* in response to different etiological factors or associated to any illness in personalities with *heenasatva* leading to the above states as the pathogenesis of conduct disorders in general.⁵ Thereby the *samprapti* constructed warrants a treatment approach in which *snehana*, especially, *ghritha-paana* is important.

*Brahmighritha*⁶ is a polyherbal *Ayurveda* formulation that is widely used in the management of psychiatric disorders. Multiple clinical and experimental studies have been conducted on *Brahmighritha* which has shown its results in improved learning and memory, anticonvulsant action, CNS depressant activity, anti-amnesic actions, antinociceptive action, its effect on depression and in ADHD children and many are on its neurocognitive actions⁷.

Objective

Here, a study was conducted with the objective of evaluating the combined effect of *Brahmighritha* and *counselling therapy* on *disobedience* in children diagnosed with *conduct disorder*.

Materials and methods

A prospective clinical trial to evaluate the combined effect of *Brahmighritha* and *counselling therapy* on *disobedience* in children diagnosed with *conduct disorder* was conducted at Vaidyaratnam PS Ayurveda College Hospital, Kottakkal. Ethical clearance was obtained prior to the study (IEC/Doc/25/2017 dt.21/04/2017).

Materials

Case record form: *Brahmighritha*

Ingredients: **Brahmi Swarasa* (*Bacopa monnieri*), **Ghritha* (Cow's ghee), **Trikatu* [*Sunthi* (*Zingiber officinale*), *Pippali* (*Piper longum*), *Maricha* (*Piper nigrum*)], **Trivrut* (*Operculina terpenanthum*),

**Shankhapushpi* (*Convolvulus pluricaulis*), **Sapthala* (*Ophiorrhiza mungos*), **Vidanga* (*Embelia ribes*)

This medicine prepared as per AFI guidelines was purchased from a GMP certified company.

- ICD 10 criteria for conduct disorders (F91)
- Informed Consent Form
- Participant Information Sheet
- Conduct disorder scale (CDS) (6-12years)

Methods

Study design - Non-randomised, pre and post-test study

Setting - Manassanthi Clinic of Vaidyaratnam PS Varier Ayurveda College Hospital Out-patient department

Sampling - Non-randomised

Sample size - 30

Diagnostic criteria - ICD 10 criteria for conduct disorders (F91)

Inclusion criteria - Satisfying diagnostic criteria, Given Informed Consent from parents, Age 6-12years, No discrimination of age, gender and economic status

Exclusion criteria-Epilepsy, Obsessive compulsive disorder, Schizophrenia, Congenital abnormalities, Organic disorders, Mental insufficiency. Validated structured counselling method was followed in the intervention.

Plan of study

The selected participants were administered *Brahmighritha* for thirty days along with *counselling therapy* and assessment was done pre and post study.

Dose of *Brahmighritha* : was fixed according to the age

Time of administration : 6AM & 6PM

Duration : 1month

Assessment criteria : Conduct disorder scale (CDS) (6-12years)

Data collection and analysis

Data was collected and recorded in the Case record form on 0, 15, 30 and 45th days of study. Statistical analysis was performed using SPSS 16.0 version and repeated measure anova test and Pair-wise Comparisons test were used to find out the effect.

Results and Analysis

Effect of therapy on *disobedience* within participants:

Table 1: showing the symptoms of *disobedience* by repeated measure anova

Source	Type III Sum of squares	Df	Mean Square	F	Significance
Sphericity Assumed	7.489	2	3.744	12.643	0.000
Greenhouse-Geisser	7.489	1.781	4.205	12.643	0.000
Huynh-Feldt	7.489	1.889	3.964	12.643	0.000
Lower-bound	7.489	1.000	7.489	12.643	0.001

The assumption of Sphericity was assumed due to the P value greater than 0.05 in Mauchly’s test.

Within participants, effects tested using F test P Value of 0.000 was obtained showing that symptoms of *disobedience* significantly changed due to the treatment.

Table 2: Effect of therapy by Pair-wise Comparisons:

(I) Disobey	(J) Disobey	Mean Difference (I-J)	Std. Error	Significance
1	2	0.433	0.141	0.014
	3	0.700	0.160	0.000
2	3	0.267	0.117	0.090

On pair-wise comparisons between the assessments, the intervention showed significant difference be-

tween before treatment and after treatment (after the first assessment) as given by the p value of 0.014.

The intervention significantly changed the symptom after the follow up given by a p value of 0.000. There was no significant difference in the symptom assessment after the treatment and the follow-up ($p = 0.090$).

DISCUSSION

Ghritha has *madhura rasa* which is *saptadhatu vardhaka*, *indriyaaa prasadaka*, *rasayana*, *smriti buddhi agni shukra oja vardhaka* etc. By applying the theory of similarity, it can be said *Mastishka* (brain) which resembles molten ghee can be supplemented with clarified butter in various therapies. *Go-ghritha* has a striking efficacy in crossing BBB (Blood Brain Barrier) which is very much needed for treating mental anomalies. Studies have observed the effect of *Brahmighritha* on emotional quotient as reported by Prabhakar et al.⁷, thereby have suggested possible influence of *ghritha* on limbic system.

Counselling Therapy acts as a supportive therapy to *Ghritha-paana* and *Ayurveda* practitioners dealing with conduct disorders have been incorporating *Counselling therapy* in the management of many psychiatric and psycho-somatic disorders. These counselling programs have shown to be effective at reducing child behavior problems including noncompliance within the first 3 years after treatment, with one study reducing noncompliance from a baseline of 65% to 15% after treatment².

Although this study and other programs aimed at reducing *disobedience* in children have demonstrated effectiveness, there has been a paucity of follow-up studies that have documented the long-term effects of these interventions.

CONCLUSION

Hence, it is concluded that in this study the combined effect of *Brahmighritha* and *counselling therapy* on *disobedience* in children diagnosed with *conduct disorder* is found statistically significant. It is recommended that a long-term study may be done to find out the extent of effect as in this study follow-up was done only up to 45 days. The current understanding of the *conduct disorder* affected individual and the socie-

ty implies that a holistic approach including *counselling therapy* chiefly is of prime importance.

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