

REVIEW ARTICLE

An Analysis of the Relationship between Attention-Deficit Hyperactivity Disorder and *Unnmad*

Harun Patel^{1*}, Sandip Daberao², Sunil Changle³, Deepak Khawale⁴

¹Post Graduate Student, Department of Kaumarbhritya, Dr. D. Y. Patil College of Ayurved and Research Centre Pimpri, Dr. D. Y. Patil Vidyapeeth Pune (Deemed to be University), Pune, Maharashtra, India.

²Associate Professor (PhD Scholar), Department of Kaumarbhritya, Dr. D. Y. Patil College of Ayurved and Research Centre Pimpri, Dr. D. Y. Patil Vidyapeeth Pune (Deemed to be University), Pune, Maharashtra, India.

³Professor and Head, Department of Kaumarbhritya, Dr. D. Y. Patil College of Ayurved and Research Centre Pimpri, Dr. D. Y. Patil Vidyapeeth Pune (Deemed to be University), Pune, Maharashtra, India.

⁴Professor, Department of Kaumarbhritya, Dr. D. Y. Patil College of Ayurved and Research Centre Pimpri, Dr. D. Y. Patil Vidyapeeth Pune (Deemed to be University), Pune, Maharashtra, India.

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ABSTRACT

One kind of *mansik - vyadhi*, the most prevalent type of mental illness, is *unnmad*. Attention-deficit hyperactivity disorder (ADHD), or attention deficit hyperactivity disorder, and *unnmad* may be connected. In the contemporary period, the number of children affected by psychosocial disorders on a daily basis has increased in pediatric clinics; Attention-deficit hyperactivity disorder is one such disorder. This disorder is brought on by a decrease in self-inhibitory capacity, an increase in distractibility and difficulties maintaining focus, poor impulse control, motor hyperactivity, and motor restlessness, among other factors. It is the most prevalent neurological condition affecting children. Many of these issues are momentary in nature and frequently go unrecognized. That being said, about half of the children who are referred to child psychiatrists, behavioral pediatricians, and neurologists have attention-deficit/hyperactivity disorder. It is typified by inattention, which includes diminished self-inhibitory capacity, increased distractibility, and trouble maintaining focus, as well as motor hyperactivity and restlessness. It was discovered that 11.32% of elementary school students have ADHD.

1. INTRODUCTION

In Ayurveda, all mental illnesses are categorized under the term “*manasvyadhi*.” The one line that captures the essence of *Unnmada*’s distinct individuality is “*unnmadam punah mano buddhi sadnya dhyana smruti mati bhakti shil chesta acharvibhram vidhyat*.”^[1] Because of the vitiation of *dhee*, *dhruti*, and *smriti*, which results in an imbalance of *kala* and *karma*, the senses are unable to properly connect with their goals (*Asatmendriyartham samyoga*), which leads to impulsivity, hyperactivity, and inattention.^[2] It was discovered that 11.32% of elementary school students have attention-deficit hyperactivity disorder (ADHD).^[3] Although ADHD and *Unnmada* are not specifically related in Ayurveda, their symptoms point to a possible relationship.

Acharya Charaka asserts that *unnmada* results from mental tension brought on by recurrent excitement or terror, eating unwholesome or unsuitable food, and experiencing spiritual disruptions such as being possessed by a deity. These elements cause mental instability by upsetting the intellect and *Doshas*, especially in people with low *Sattva* Guna. Confusion, emotional instability, anger, hyperactivity, illogical speech, a sense of emptiness, and worry are all signs of *unnmada*.

2. MATERIALS AND METHODS

2.1. Ayurvedic Grantha

1. *Charak samhita*
2. *Shusruta samhita*
3. *Astanga hridaya*.

Other:

1. Journals, article
2. Internet-Wikipedia.

Corresponding author:

Harun Patel,

Post Graduate Student, Department of Kaumarbhritya, Dr. D. Y. Patil College of Ayurved and Research Centre Pimpri, Pune; Dr. D. Y. Patil Vidyapeeth Pune (Deemed to be University), Pimpri, Pune 18.

Email: patelharun.786@gmail.com

3. DISCUSSION

3.1. Unnmad

According to Acharya Charak *Unnmad*, also known as the *manas vyadhi*, is defined as the unsatisfied state of the following: *Gnana* (perception), *Samjna* (consciousness), *Buddhi* (understanding), *Sheela* (character), *Chesta* (behavior), *Achara* (conduct), and *Smriti* (memory).^[4]

Causative factor:^[5]

1. *Aaharaj Nidana*
2. *Viharaj Nidana*.
 - *Aaharaj Nidana*: Consuming a lot of non-vegetables, *dhadhi*, *bekari* items, and other unclean, unfit food—such as fruits and milk—increases the risk of developing *tridoshas*.
 - *Viharaja-Hetu*: Excessive *bhaya* (fear), *Harsha* (joy), and disdain for Dev (God), Guru (teachers), *Brahmins* (learned) to produce *manobhigata*, disrupting all regular mental activities and increasing *tamas* and *rajas mansik doshas*. *Himsa* (cruelty), *Rati* (lust), and *Abhyarchana* (extortion) arise in *Agantu Unmaadas*.^[6]

Samprapti:^[7]

Acharya have spoken upon the subsequent *Samprapati* of the diseases mentioned below in flow chart in Figure 1.

3.2. ADHD

Attention-deficit/hyperactivity disorder is the most common childhood behavioral disorder. It is a long-term condition that could hinder growth and development into adolescence and maturity. The American Psychiatric Association defines attention deficit as a pattern of hyperactive-impulsive behavior that is either inattentive or hyperactive-impulsive and out of step with developmental level, making it difficult to operate in social, occupational, or educational contexts. There are six neurodevelopmental disorders listed:

1. Communication disorder
2. Attention-deficit hyperactivity disorder
3. Intellectual disabilities
4. Specific learning disorder
5. Motor disorders.

Many of these issues are momentary in nature and frequently go unrecognized. On the other hand, children with attention deficit account for approximately 55% of referrals to child psychiatrists, behavioral pediatricians, and neurologists. It is typified by inattention, which includes diminished self-inhibitory capacity, poor impulse control, increased distractibility, and trouble maintaining focus, as well as motor hyperactivity and restlessness.^[8,9]

3.3. Clinical Features

Several distinct mental problems, such as anxiety disorders, mood disorders, and some forms of schizophrenia, are reported to have this disorder as a precursor.^[10] Preschool and early childhood years are when ADHD symptoms typically manifest. The average age at which symptoms of ADHD appear is 7 years old.^[11] ADHD symptoms often get better for many people as they become older in adolescence, although the condition can also linger into adulthood.

3.4. Symptoms of Inattention

Inability to pay close attention - This refers to a tendency to overlook and make thoughtless errors in assignments, jobs, or other activities.

Inability to maintain focus - frequently struggles to maintain focus whether working on projects or engaging in recreational activities. Frequently appears not to listen when something is said directly (e.g., appears to have other thoughts going on even in the absence of any overt distraction). Disregards directions - Frequently disregards instructions and abandons unfinished coursework. Difficulties planning activities and tasks; dislikes, avoids, or is unwilling to take on chores (e.g., difficulties keeping materials and possessions organized; sloppy, disorganized work).

3.5. Symptoms of Hyperactivity and Impulsivity

Unable to play or participate - frequently finds it difficult to play quietly and gets up from their seat when it is required that they stay seated frequently fidgets, taps hands or feet, wriggles in a seat, or runs or climbs when it is inappropriate. Talks too much and is constantly “on the go,” behaving as though they are “driven by a motor” (e.g., finds it difficult to sit motionless for long periods of time). d. Having trouble waiting for their turn to speak, and frequently answering before a question is fully asked e. interrupting or invading others frequently (child may begin using other people’s property without permission).

3.6. Reasons of ADHD

Although the exact cause of ADHD is uncertain, several factors are thought to be involved.

Genetics: ADHD is known to run in families, and it is generally accepted that a person’s genetic makeup, primarily derived from their parents, plays a major role in the development of the disorder. Brain structure and function, brain scan research has found that people with ADHD may have smaller brain regions, while larger regions may also exist. At-risk groups include those who were underweight at birth or prematurely born (before the 37th week of pregnancy).

3.7. Diagnosis- dsm-5 Diagnostic Criteria

ADHD is categorized into three distinct types based on nine symptoms of inattention and nine symptoms of hyperactivity/impulsivity:

- Predominantly inattentive presentation: Diagnosed when a child exhibits six or more symptoms of inattention but fewer than six symptoms of hyperactivity/impulsivity.
- Predominantly hyperactive/impulsive presentation: Diagnosed when a child displays six or more symptoms of hyperactivity/impulsivity and fewer than six symptoms of inattention.
- Combined presentation: This type is identified when the diagnostic criteria for both inattention and hyperactivity/impulsivity are fully met.

3.8. Management

ADHD is managed with pharmacological and behavioral therapies.

3.9. Ayurvedic Management

The three doshas that are present in the brain—*tarpaka kapha*, *sadhaka pitta*, and *prana vayu*—are adjusted or balanced as part of the Ayurvedic therapy of ADHD.

Herbs considered nootropics: *Ashwagandha*, *Shanka pushpi*, *bramhi*, *Jatamanshi*, and *Vacha* (*Acoruscalamus*) may have an effect on psycho-neurological deficiencies. These may serve as a light stimulant and sedative too depending on what mood state has to be balanced.

Panchakarma Therapy such as *Abhyanga*, *shirodhara*, *mantra Chikitsa*, *Sehana*, *swedana*, *Shiro picho* these treatment may be beneficial to ADHD.

4. CONCLUSION

Studies demonstrate the effectiveness of modern medication therapy for ADHD in kids, however, caution must be exercised while administering these medications due to their poor side effects and drug interaction profiles. Texts on Ayurveda make no explicit mention of this condition. While some academics link it to anavasthitachittatva, this name solely takes the disorder's inattention component into account. While certain Unmāda symptoms are similar to those of ADHD, Unmāda does not experience phases of aggravation or remission such as ADHD does. Since it is impossible to correlate ADHD with a single Ayurvedic disease entity, it is best to think of it in terms of doṣaprādhanya, which is sometimes translated as Vāta-pitta. The aggravation of pitta causes impulsivity, whereas the aggravation of vāta causes inattention and hyperactivity. Planning the Ayurvedic treatment of this condition using vāta pitta shāmakadravyas is recommended.

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6. AUTHORS' CONTRIBUTIONS

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7. FUNDING

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8. ETHICAL APPROVALS

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9. CONFLICTS OF INTEREST

Nil.

10. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

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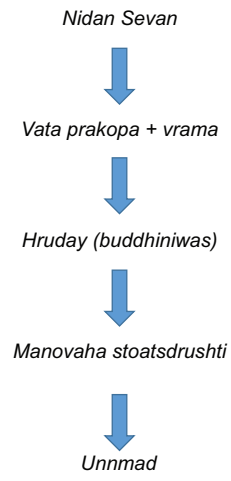


Figure 1: Flow chart of Samprapti of Disease Unnmad