



Case Study

**AYURVEDIC MANAGEMENT ALONG WITH COGNITIVE BEHAVIOURAL THERAPY IN
CONDUCT DISORDER - A CASE REPORT**

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ABSTRACT
A consistent pattern of behaviour that violates others fundamental rights or disregard social norm is considered to be an indication of conduct disorder. As listed in the DSM-V, symptoms typically include aggression to people and animals, destruction of property, deceitfulness or theft and serious violation of rules. These behaviours are typically displayed by children and adolescents in a variety of settings- at home, at school, and in social situations and they cause remarkable impairment in his or her social, academic or occupational functioning.
A 10 year old boy presented with lying, lack of concentration, skipping school, running away from home and stay out night, sexual talks, stealing money, increased anger, disrespect towards elders and suicidal talks from last 4 years was admitted in Government Ayurveda Research Institute for Mental Health and Hygiene, Kottakkal. Based on *Dosha* predominance, it was diagnosed as *Vata-Pitta Unmada*. Accordingly he was treated with Ayurvedic internal medication and procedures including *Virechana*, *Shirodhara*, *Snehapana*, *Abhyanga*, *Ushmasweda* and *Pratimarsa nasya* for 21 days along with 1 session of CBT. Conduct disorder rating scale parent version was used to evaluate symptoms before and after treatment. Problems caused by him in school and home reduced from severe to mild. Internal medication continued for 3 months and monthly review was taken. On assessment after 3 months his anger got reduced, he is going to school regularly and did not run away from home over night. This case report shows that conduct disorder can be treated effectively with Ayurvedic management along with cognitive behavioral therapy.

INTRODUCTION

The essential feature of conduct disorder is a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. These behaviors fall into four main groupings: aggressive conduct that causes or threatens physical harm to other people or animals, nonaggressive conduct that causes property loss or damage, deceitfulness or theft and serious violations of rules. Significant impairment in social, academic or occupational functioning are caused by

the disturbance in behavior. However, informants knowledge of the individual’s conduct problems may be limited if they have inadequately supervised the individual or the individual has concealed symptom behaviors^[1].

These actions are frequently categorized as antisocial behaviour. Instead than being labelled as having mental disorder, adults and other children may view them as “bad”. Antisocial personality disorder, which is not diagnosed until the individual is 18 years old is sometimes considered as its predecessor.

Clinical Presentation with History

A 10 year old boy was brought by his parents to the Govt. Ayurveda research institute for mental health and hygiene, Kottakkal on the month December 2022 with presenting complaints of lying, lack of concentration, skipping school, running away from home, sexual talks, stealing money, increased anger, disrespect towards elders and suicidal talks from last 4

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years. Parents are the informants and the information is reliable and adequate.

Patient is the third child of NC parents was born at the eight month of pregnancy with low birth weight and neonatal jaundice. He was kept in NICU for 14 days. Meconium passed only after 14 days of delivery. Family atmosphere was not in harmony as there was always dispute with parents and also with mother and grand mother. From childhood itself he was restless and hyperactive, always making quarrel with elder sister and harming others. Parents noticed that he was stealing money from home and telling lies frequently from third standard. Teacher also complaint that he is having truant nature from school, poke girls and using abusive words. He is stealing money for buying chocolates, hide money at various places and often denies it. Parents found stolen money from him and punished many times. But he neither felt guilt nor scared about the punishment and continue the same. Due to same problem father took him for counselling, even after completing counselling session, he continued stealing and lying nature. Six months before father took him to a boarding school with his consent

for continuing his studies. 4 days after taking admission he ran away from there and founded after one day from nearby police station.

After that incident father brought him to home and took an admission in nearby school, but after a couple of days he was again missing from the school and founded after 4 days by police and repeated same for several times. Father registered a complaint about his frequent missing at nearby police station as per advice of Childline. He was founded on very next day by police and moved him to juvenile home. He had stayed there for 3 days. He was frightened, denied to take food, cried continuously and also had suicidal talks from there. Then psychologist in juvenile home contacted his parents and sent him for further treatment with his parents.

Family History

Family atmosphere is not harmonious, parental conflicts and disputes between mother and grandmother are present. Mother is a psychiatric patient, under medication since 7 years. Mother’s sister and her son having psychiatric illness.

Table 1: Mental status examination

General appearance	Lean, well dressed
Eye contact with examiner	Downward gaze occasionally
Motor activity	Increased
Mood	Happy
Affect	Happy
Speech	Normal
Thought	Could not able to elicit
Insight	Grade 1
Attention and concentration	Impaired
Intelligence	Not appropriate to age
Reading and writing	Not appropriate to age
Impulsivity	Present

Pulse rate was 66/min and feeble, temperature was 97.8°F and respiratory rate was 16/min.

Table 2: Dasavidha Pareeksha

Dooshya Dosha Dhatu	Vatapitta Rasa
Desam Bhoomidesam Dehadesam	Sadaranam Sarva sareera, Manas
Balam Roga Rogi	Pravara Madhyama
Kalam Kshanadi Vyadhyavasta	Sisira Purana
Analam	Avara
Prakriti	

<i>Dosha prakriti</i> <i>Manasa prakriti</i>	<i>Vatapitta</i> <i>Rajasatamasa</i>
Vaya	<i>Balya</i>
Satwa	<i>Anavasthita</i>
Satmya	<i>Avara</i>
Ahara <i>Abhyavaharana sakti</i> <i>Jarana sakti</i>	<i>Avara</i> <i>Avara</i>

Table 3: Ayurvedic psychiatric examination

Mental faculties	Vibhrama
<i>Manas</i>	Present
<i>Budhi</i>	Present
<i>Samjna</i>	Absent
<i>Smriti</i>	Absent
<i>Bhakti</i>	Absent
<i>Sheela</i>	Present
<i>Cheshta</i>	Present
<i>Ahara</i>	Present

Diagnosis

The symptoms of patient satisfying diagnostic criteria of conduct disorder in DSM5. 5 among 15 in the diagnostic criteria of conduct disorder are present in past 12 months. Symptoms of patient included in categories deceitfulness or theft and serious violation of rule.

Assessment**Conduct disorder rating scale parent version****Table 4: Assessment**

Before treatment (8/12/2022)	Severe problems in home and school
On review (24/2/2023)	Mild problems in home and school

Table 5: Internal medicine

Medicine	Dose	Anupana	Aushada kala	Rationale
<i>Krimighna vati</i> ^[2]	2 no.s	Lukewarm water	2 times a day after food	<i>Krimihara</i>
<i>Krimishodhini</i>	2 no.s	Lukewarm water	At bed time after food	<i>Krimihara</i>
Shaddharanam ^[3] tablet	2 no.s	Lukewarm water	2 times a day after food	<i>Amapachana</i> <i>Agnideepana</i>
<i>Gandharvahastadi Kashaya</i> ^[4]	15 ml	45ml lukewarm water	2 times a day before food	<i>Agnideepana</i> <i>Mala sodhana</i> To Improve appetite
<i>Swetasankapushpi churna</i> (2gm) <i>Gokshura churna</i> (2gm) <i>Sarpaganda churna</i> (2gm)	6 gm	Lukewarm water	2 times a day after food	<i>Medhya</i> <i>Vatapitta samana</i>
<i>Kalyanakam ghruta</i> ^[5]	10 gm	Milk	At bed time after food	<i>Unmada nasana</i> <i>Mangalya</i> <i>Medya</i>

Table 6: Treatment schedule

Treatment	Medicine with dose and duration	Rationale	Obsrvations
Virechana	Avipathy Churna ^[6] 10 gm with luke warm water	Vatanulomana Indriya prasada Budhi prasada	Patient became co-operative for treatment. 5 Vegas passed
Shirodhara	Kwada of Useera – 7 days	Srotoshodhana Rookshana	Anger got reduced
Rookshana	Gandharvahastadi Kashaya ^[4] 15ml bd Shaddharanam ^[4] tablet 1-0-1, 2 days	Agnideepana	Appetite improved
Snehapana	Kalyanakam ghrita ^[5] (15ml, 30ml, 45, 60ml, 75ml)	Dosha utkleshana Snehana	Showed irritability during Snehapana
Abhyanga and Ushma sweda	Lakshadi taila ^[7] – 2 days	Bring Sakhagata dosha to Koshta	Increased fatigue
Virechana	Avipathy Churna ^[6] 10 gm with luke warm water	Vatanulomana Indriya prasada Budhi prasada	Increased fatigue
Pratimarsa nasya	Ksheerabala ^[8] 7A (3 drops)- 3 days	Alleviate behavioral changes, improve cognitive function	Became calm, Obey parents

Cognitive Behavioural Therapy

1 session (15 days) CBT including Cognitive correction, behavioral class room and parental training.

Table 7: Medicine at time of discharge

Swetasankapushpi churna (2gm) Gokshura churna (2gm) Sarpaganda churna (2gm)	6 gm	Lukewarm water	2 times a day after food	Medhya Vatapitta samana
Kalyanakam ghrita ⁶	10 gm	milk	At bed time after food	Unmada nasana Mangalya

RESULT

Assessment was done using Conduct disorder rating scale parent version. Scale showed significant change in problems caused by him in school and home reduced from severe to mild. After follow up his anger and restlessness got reduced, obey parents commands, going school regularly and did not run away from home and stay out night.

DISCUSSION

The child presented with the complaints of increased anger, stealing and serious violation of rules as per DSMV criteria diagnosis is conduct disorder. Features of *Unmada*, *Manovibhrama*, *Budhi vibhrama*, *Sheela vibhrama*, *Cheshta Vibhrama* and *Achara vibhrama* are present. Since the *Dosha* involvement is *Vata* associated with *Pitta*, treatments were aimed to mitigate this *Dosha* along with *Medhya* drugs and CBT to correct cognition and behaviour.

As the patient is 10 year old and did not underwent deworming since years, initial *Krimihara* was essential. Then *Rookshana* was done. *Gandharvahastadi Kashaya* and *Shaddharanam* tablet were administrated for this purpose. A formulation

which having *Medhya* property as well as corrects cognitive and behavioural changes thought to be useful, so *Kalyanakam ghrita* which is significantly improves cognition and memory^[9] was selected.

As impairment is found in *Manas*, *Budhi*, *Sheela*, *Cheshta* and *Achara medhya* drugs can be used. *Sankapushpi* is *Medhya rasayana*. *Medhya rasayana* drugs work on HPA axis normalize secretion of neurotransmitters such as dopamine serotonin and thus can improve mental function^[10]. *Sarpaganda* has sedative effect and it exerts a calming effect on excited, tense, hyper active patients^[11].

Treatment procedures started with *Virechana*, along with *Koshtasodhana* which is having *Manaprasada* and *Budhiprasada* action. *Avipathy churna* was used for it. Since *Kashaya dhara* is *Srotosodhana* and *Rooksha* in nature it was selected as *Shirodhara* using *Useera kashaya*. After that *Gandharvahastadi kashaya* which is *Agnideepana* and *Shaddharana* which is *Amasayagata vatahara* are used internally for *Rookshana*. After this *Kalyanakam ghrita* was used for *Shodananga snehapana*. Then *Abhyanga*

and *Ushmasweda* done to bring *Utklishta doshas* from *Sakha to Koshta*. *Lakshadi taila* was used for *Abhyanga*. Again *Virechana* was done using *Avipathy churna*.

Pratimarsa nasya with *Ksheera bala taila* 7 *Avarthi* was used as principal *Dosha* involved is *Vatapitta*. *Ksheerabala taila* being utilized as a *Rasayana* drug in conventional Ayurveda treatment and continuous administrations of this formulation prevent the release of abrupt electrical discharge, improve the physical and mental condition of the patients. It has profound soothing and relaxing effect on mind^[12].

The conduct disorder rating scale parent version, scale showed significant change in problems caused by him in school and home reduced from severe to mild after follow up.

Conduct disorder is characterized by a persistent and significant pattern of conduct, in which the basic rights of others are violated^[13]. Onset of conduct disorder may occur in preschool age, but first clinical symptom may manifest from middle childhood. If these symptoms not identified by parents in future child may become an antisocial. So timely and appropriate management is necessary.

CONCLUSION

The present case study conduct disorder treated with Ayurvedic medication, therapies and Cognitive Behavioural Therapy yielded changes, as anger got reduced going school regularly, reduced frequency of stealing, obeying parents did not run away from home and stay out night. This shows the scope of Ayurveda in managing conduct disorder and related disorders.

REFERENCES

1. American psychiatric association Diagnostic and statistical manual of mental disorder.5th ed. American psychiatric publishing; 2013. P;492
2. Caraka Samhita sutra stana (Priyavrat Sharma translation English) 36th series Varanasi: Chaukambha Orientalia; 2007; Volume -1; 4/11.

3. Susruta Samhita chikitsa stana (Priyavrat Sharma translation English) 36th series Varanasi: Chaukambha Orientalia; 2007; Volume -III; 4/3-4.
4. Krishnan K V, Gapalapillai S. Sahasrayogam, commentary (Malayalam) 33rd Alapizha; Vidyarambham press; p82
5. Ashtanga Hridaya Uthara stana (K.R. Sreekantha Murthy translation English) 1st edition Varanasi; Krishnadas academy; 1999; Volume -III; 6/26-31.
6. Ashtanga Hridaya Kalpa stana (K.R. Sreekantha Murthy translation English) 1st edition Varanasi; Krishnadas academy; 1999; Volume -II; 2/21-23.
7. Ashtanga Hridaya Uthara stana (K.R. Sreekantha Murthy translation English) 1st edition Varanasi; Krishnadas academy; 1999; Volume -III; 2/54-57.
8. Ashtanga Hridaya Chikitsa stana (K.R. Sreekantha Murthy translation English) 1st edition Varanasi; Krishnadas academy; 1999; Volume -II; 22/45-46.
9. Snehalatha Diddi et al. Standardization and ameliorative effect of Kalyanaka ghrita in β -amyloid induced memory impairment in wistar rats. Pubmed publishing 2023. J Ethnopharmacol. 2023 Jan 10;300:115671.
10. Sajjan S. An Exploratory study on critical analysis and understanding of Medhya Rasayana (intelligence enhancer) in dementia. RGUHS Journal of Ayush sciences, 2022.
11. JD glynn Rauwolfia serpentine (serpasil) in psychiatry published by J Neurol neurosurg Psychiatry 1955 <http://jnnp.bmj.com>
12. Nimmy VS, Jayasree P, Deepa MS A comparative study on Anticonvulsant Effect of Ksheera Bala Taila- Ayurveda Formulation Made with Two Source Plants of Bala (*Sida Cordifolia* Linn. and *sida Retusa* Linn.). IAMJ publishing 2017 1(5): 549-556.
13. Niraj Ahuja A short text book of psychiatry. 7th ed. Jaypee brothers medical publication (P) LTD:2011. P;167

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