



Original Article

A Case report on Oppositional Defiant Disorder (ODD) through Ayurveda

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ABSTRACT

Oppositional Defiant Disorder (ODD) is a group of psychiatric disorder marked by persistent pattern of angry, irritable, argumentative, defiant and hostile behavior toward authority figures lasting at least six months, significantly impairing social and academic functioning. Ayurveda describes Unmada (Insanity) as a disorder involving neurobehavioral and psychosomatic disturbances caused by Tridosha (originated from three regulatory functional factors of the body) vitiation in individuals with Alpasatva (little purity goodness), affecting components such as Mana (mind), and Buddhi (intelligence).

A 14-year-old boy came to outpatient department with complaints of excessive anger, aggressiveness, poor academic interest, and impaired average memory disturbed sleep and having while physical growth and systemic examinations were normal. The Child Behavior Checklist (CBCL) score was 102, above the clinical threshold. He was managed with Ayurveda medicines both internal and panchakarma treatment with Manasamitra Vataka and Shirodhara with Bala Ashwagandha Lakshadi taila for 7 days followed by Kusthadi ghrita for 42 days. After one week of therapy, the patient showed 25% reduction in anger and aggressiveness, improved sleep quality, and a renewed interest in studies. He developed better differentiation between desirable and undesirable activities. Mother reported progressive behavioral improvements.

Keywords: Bala ashwagandha Lakshadi taia, Manasamitra Vataka Oppositional Disorder, Shirodhara, Unmada.

INTRODUCTION

Oppositional Defiant Disorder is defined as a recurrent pattern of angry, irritable mood, argumentative/defiant behavior/vindictiveness lasting at least six months, exhibited during interaction with at least one individual who is not a sibling, and causing significant impairment in social, educational, or occupational functioning. ODD is a behavioral condition commonly diagnosed in childhood, characterized by a persistent pattern of angry or irritable mood, argumentative or defiant behavior, and vindictiveness toward authority figures that lasts for at least six months and is developmentally inappropriate⁽¹⁾. It often manifests in home or school environments and can significantly impair social, academic, and family functioning⁽²⁾.

According to the DSM-5-TR, the prevalence of oppositional defiant disorder is 3.3%. In the literature, the prevalence of oppositional defiant disorder in children and adolescents is between 28% and 65% in clinical samples and 2.6% and 15.6% in community samples⁽³⁾. The exact etiology of oppositional defiant disorder is complex and likely results from an interplay between genetic, environmental, and psychosocial factors. Several models of oppositional defiant disorder exist, with 2 of the most prominent outlined in the DSM-5-TR. Bifactor model: Irritable and defiant/headstrong. Its etiology is believed to be multi-factorial. Genetic & environmental factors probably combine in the expression of the disorder. Child's inherent temperament, Family's response to the child's style, a biochemical or neurological factor, Family instability, Poor quality child care & lack of supervision⁽⁴⁾.

Unmada(Insanity) is a disorder described in Ayurveda where in various neurobehavioral and psychosomatic symptomology is seen. The pathological changes involve vitiation of *Tridosha* in a person having *Alpasatva* (less purity or goodness), affecting the emotional status and intellectual activity. This in turn affects the psychological mechanisms, ultimately presenting with the derangement of various components such as *Mana* (Psyche), *Buddhi* (intelligence), *Sanjna* (Consciousness), *Jnana* (Knowledge), *Smriti* (Memory), *Bhakti* (Likes & Dislikes), *Sheela* (Mood), *Cheshta* (Physical activity) and *Acharya* (Habits)⁽⁵⁾.

Patient information

A 14-year old male child was reported to Pediatric outpatient department by the parents due to complaints of excessive anger and aggressiveness since 1 year. Associated with not active in day-to-day activities, not able to differentiate between desirable and non-desirable activities not showing interest in studies since 1 year.

Medical, family and psychological history:

As per the statement of the child, he has no complaints and as per the statement of the informant child was apparently asymptomatic before 2 years. After that, He began displaying an excessive eagerness to help others in unnecessary situations and gradually drifted away from his earlier friend circle. Instead, he started forming bonds with peers who exhibited arrogant behavior and had concerning habits. During this period, his mother became less attentive, as she was also caring for her ailing mother-in-law. Initially, she was quite strict and didn't allow him to mingle with these new friends, but over time, his social interactions with them slowly increased. Eventually, he began to lose interest in his studies. In an effort to reduce his association with these peers, his mother decided to send him along with his father to work. Since his father works as a driver, the child developed an interest in driving. Following this shift, the family noticed more concerning behavioral changes. He became unusually aggressive towards his family, showed a lack of mental sharpness, and struggled to distinguish between right and wrong. Due to these changes, the family brought him to our hospital for further evaluation and management.

Physical examination and Clinical findings:

On examination, the child was active, inattentiveness, aggressiveness, having average memory disturbed sleep and had a lack of concentration. Memory was average and not oriented to questions we were asked. The neuromuscular, Cardiovascular, respiratory, and abdominal examination was within the normal limits. Anthropometry measurements were taken. The patient's height was 178 cm, weight 55Kg, head circumference 50cm, chest circumference 66cm, mid upper arm circumference 26 cm and mid-thigh circumference was 46 cm.

Timeline:

The patient was well before 2 years. After that parent observed he is having excessive anger and aggressiveness since 1 year. Associated with Not active in day-to-day activities, not able to differentiate between desirable and non-desirable activities since 1 year. Not showing interest in studies since 1 and half years. The patient was taking Ayurveda treatment from our OPD since March 2025 and did not take any other treatment from elsewhere. Both internal medicines and Panchakarma therapy were prescribed. Anger issues and aggressiveness slightly reduced. Quality of sleep improved. The patient is still under follow-up.

Diagnostic assessment :

The CBCL is one of a family of screening tools developed by Thomas M. Achenbach starting in the 1960's. The CBCL can be used as a general screening tool whenever there is a suspicion of an emotional / behavioral problem with a child 6-18 years of age. Forms and computer scoring materials are available at aseba.org. it consists of 113 questions with a scoring option of 0, 1 & 2 with not true (as far as you know), somewhat or sometimes true & very true or often true respectively. In this we got a score of 102 - Percentile scores above the 98th percentile (approximate t score of 70 and above) are considered to be in the clinical range.

Therapeutic Intervention:

Internally *Manasamitra vati* and *Panchakarma* i.e. *Shirodhara*(pouring oil over forehead) was given for 7days. After that 42 days *Kusthadi Ghrita* was given internally with regular monitoring and counselling as mentioned in Table 1.

Follow up and outcomes:

After first course of treatment, there was improvement seen in quality of sleep and 25% reduced in anger issues and understanding in desirable and non-desirable things in his day-to- day activities of life. (as per the informant) At the end of the treatment concentration and developed interest in studies.

The follow up period was done on 7th day and 50th day. Regular counselling and assessed quality of sleep, concentration of child and anger issues. The details of follow up with clinical outcome are mentioned in Table 2.

There is no adverse reaction during and after the treatment.

Table :1 List of Therapeutic intervention with detail administration

Sl.No.	Therapeutic intervention	Dose & Timing	Anupana	Duration
1.	<i>Panchakarma therapy: Shirodhara with Bala ashwagandha lakshadhi taila</i>	-		7days
2.	<i>Manasamitra vataka (250mg)</i>	1-0-1 after food	water	7days
3.	<i>Kusthadi Ghrita</i>	5ml BD after food	Luke warm water	From 8 th day to 49 th day

Table:2 Details of follow up and outcome

Sl.no	Follow up	Clinical outcome
1.	After 7days	Quality of sleep improving day by day after the procedure of <i>Shirodhara</i> . He has developed an understanding in desirable and non-desirable things in his day-to-day activities of life. (as per the informant) 25% of anger issue was reduced
2.	After 50 th day	Quality of sleep and concentration improved. Developed interest in studies and continued the studies as he dropped studies.

DISCUSSION

Present case is a diagnosed case of ODD with a symptom of Angry/irritable mood Argumentative/defiant and Vindictiveness (Spiteful or vindictive behavior 2 or more times within 6 months). These symptoms can clinically represent the features of *Pitta dosha* dominance, *Unmada*, which are characterized by qualities such as intolerance, agitation, terror, excessive moments, anger, a yellowish luster, and a desire for dense, shady places and cold food.

There is a concept of *Manasika prakruti*(mental constation) in Ayurveda that differentiates the person to person along with *Daihika prakruti*(Body constation) As per the classics, the treatment includes *Dravyabhuta* (with drugs), *Adravyabhuta* (without drugs). In modern the symptoms are towards ODD⁽⁶⁾. It is a behavioral disorder characterized by a persistent pattern of uncooperative, defiant, and hostile behavior toward authority figures. This pattern includes behaviors like frequent anger, arguing, and refusal to comply with rules or requests. ODD causes are both genetic and environment. In this case as his father had anger issues, it supports genetic predisposition and in case of environment he was neglected for some time by his mother and he had a friends who are having arrogant behaviour and concerning habits in the context of psychology and mental health, ODD assessment often involves using rating scales to quantify the severity and frequency of related behaviors. These scales help professionals determine if an individual meets the diagnostic criteria for ODD. Examples of rating scales are, Clinical rated severity of oppositional defiant disorder, Disruptive Behavior Rating Scale (DBRS), Child Behaviour Checklist (CBCL) & Conduct and Oppositional Defiant Disorder Scales (CODDS)

Manasasamitra vataka is a classical formula contains 58 ingredients, many of which are chosen for their *medhya* (nootropic) and anxiolytic properties. The main ingredients are *Brahmi*(*Bacopa monnieri*), *Vacha*(*Achorus calamus*), *Shankapushpi*(*Convolvulus prostrates*), *Jatamansi*(*Nardostachys Jatamansi*), *Ashwagandha*(*Withania Somnifera*), *Tagara*(*Valeriana wallichii*), *Guduchi* (*Tinospora cordifolia*), *Sarpagandha*(*Rauvolfia serpentina*), *Abhraka Bhasma* (Black mica), *Swarnamakshika Bhasma*(Copper iron sulphide), *Rasa sindoor*(*Mercury sulfide*). These drugs are having the qualities such as antioxidant property⁽⁷⁾. *Brahmi* is having its proven effect on improving memory, preventing neurodegeneration, effect on ADHD in improving the areas of areas of sentence repetition, logical memory and pair associative learning in children⁽⁸⁾. *Vacha* is having its proven effect in improving sleep. *Shankapushpi* is having anti addictive, neuroprotective and anti- inflammatory effects⁽⁹⁾. *Jatamansi* is having sedative action particularly in sleep latency and sleep quality⁽¹⁰⁾ and *Ashwagandha* is having beneficial effect as an Anti-stress agent⁽¹¹⁾ The alcohol extract of *Guduchi* exhibits significant anti stress activity at 100mg/kg compared with diazepam at 2.5mg/kg⁽¹²⁾ *Shirodhara* is one of the unique forms of therapy methods, therapeutic oils, milk, continuously poured on the front head for a designated fixed period in this procedure. This is beneficial for treating psychological illnesses. Naturally releases serotonin, dopamine, and melatonin, which reduces stress, anxiety, sadness and sleeplessness. It helps with attention and mental focus. Enhances sleep habits, and reduces anxiety, restlessness, impatience, nervousness, fear, and excessive thinking while calming the *Vata* and enhancing mental focus and attention.^(13,14) In ayurveda *Ashwagandha bala Lakshadi taila* is directly indicated in *Unmada*⁽¹⁵⁾.

Kusthadi Ghrita is mentioned as *Medha Jananamuttamam* (The best for enhancing intellect) in Ayurveda and in this formulation containing 9 ingredients along with *Ghrita*.

Basically, *Ghrita* is also act as *Medha* and palatability is also good in children. It has most of the ingredients other than *Medhya Dravya* that are commonly mentioned in classical texts and day to day practice⁽¹⁶⁾.

CONCLUSION

In this case is towards *Pittaja Unmada* in Ayurveda and ODD in modern. ODD in school- aged children typically involves a combination of therapies, including parent management training (PMT), individual therapy (like CBT), and potentially

school-based interventions. Medications are generally not the first line of treatment for ODD itself, but may be used to address co-occurring conditions like ADHD or anxiety. This case was managed by supportive medications and therapies with regular follow up and evaluation. Long term follow ups and counselling would be beneficial for better recovery.

Patient perspective

Patient feels lightness and smoothening effect after the treatment. His sleep quality improved. His aggression reduced. His interest towards studies slightly increased. His cognition and memory also improved – As per the patient.

Informed consent:

The authors certify that they have obtained all appropriate patient consent forms. In the form, the guardian has given his consent for the clinical information to be reported in the journal. The patient's guardian understand that names and initials will not be published, and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Conflicts of interest: Authors declare no conflicts of interest.

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