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Pattern identifications of ADHD in traditional medicine and three presentations of ADHD defined in DSM-5

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Backgrounds and Objectives: Attention-Deficit Hyperactivity Disorder (ADHD) is a chronic neurodevelopmental disorder that begins in childhood and is characterised by a persistent pattern of inattention and/or hyperactivity-impulsivity beyond the range of developmental norms, which may impact on personal, academic, familial and societal functioning. In Traditional Korean and Chinese Medicine (TKM and TCM), ADHD patients are diagnosed and treated with the pattern identification diagnosis: kidney yin deficiency and liver yang ascendant hyperactivity, dual deficiency of the heart and spleen, phlegm-fire harassing the heart/spleen weakness and liver energy preponderance. Three presentations of ADHD are defined in DSM-5 based on the predominant symptom pattern for the past 6 months: Combined presentation, predominantly inattentive presentation, predominantly hyperactive/impulsive presentation. The purpose of this study was to investigate the relationship between pattern identifications in TKM and TCM and three presentations of ADHD defined in DSM-5.

Methods: The pattern identifications and symptoms for each pattern were extracted from 13 Korean and Chinese literatures and analysed. ADHD Symptoms of each pattern were classified into symptoms of hyperactivity/impulsivity, inattention and others. The characteristics of patterns for ADHD in traditional medicine were compared with three presentations of ADHD as defined in DSM-5 based on the predominant symptom pattern.

Results: In the pattern of spleen weakness and liver energy preponderance, both symptoms of hyperactivity and those of inattention were frequently showed, and those of impulsivity were rarely showed. In the pattern of dual deficiency of the heart and spleen, symptoms of inattention were predominant and those of severe hyperactivity and impulsivity were rarely showed. In the pattern of kidney yin deficiency and liver yang ascendant hyperactivity, both symptoms of hyperactivity/impulsivity and those of inattention were frequently showed. In the pattern of phlegm-fire harassing the heart, symptoms of hyperactivity/impulsivity were frequently showed while those of inattention were not severe and the forgetfulness in daily activities was seldom showed

Conclusions: The pattern of dual deficiency of the heart and spleen is related to predominantly inattentive presentation, and the pattern of phlegm-fire harassing the heart is related to predominantly hyperactive/impulsive presentation. The pattern of kidney yin deficiency and liver yang ascendant hyperactivity and the pattern of spleen weakness and liver energy preponderance is related to combined presentation defined in DSM-5. This study showed a significant relationship between three presentations of ADHD defined in DSM-5 and the pattern identifications of ADHD in TKM and TCM.

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