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ROLE OF AYURVEDA IN CHILD MENTAL HEALTH: A CONCEPTUAL REVIEW OF PREVENTIVE, SUPPORTIVE AND INTEGRATIVE APPROACHES

***Dr. Shreya Tavhare**

Assistant Professor, PDEA's College of Ayurveda and Research Centre, Nigadi, Maharashtra, India.

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***Corresponding Author**
Dr. Shreya Tavhare
Assistant Professor, PDEA's College of Ayurveda and Research Centre, Nigadi, Maharashtra, India.

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ABSTRACT

Background: Child and adolescent mental health is influenced by biological, psychological, family, school, social and lifestyle factors. Ayurveda provides a holistic framework through the concepts of *Manas*, Sattva–Rajas–Tamas, Dinacharya, Ahara, Nidra, Vihara, Yoga, Sattvavajaya and Rasayana. **Objective:** To conceptually review the preventive and supportive relevance of Ayurvedic principles in child mental health and to identify areas where Ayurveda may be integrated safely with contemporary child mental-health care. **Methods:** A narrative conceptual review was prepared from the supplied academic presentation and supplemented with recent World Health Organization information, selected peer-reviewed literature and classical Ayurvedic references. The review did not involve human participants, intervention, primary data collection or meta-analysis. **Results:** The reviewed framework emphasizes regular routine, adequate sleep, age-appropriate nutrition, physical activity, emotional support, family participation and selected mind–body practices. Sattvavajaya may be interpreted in contemporary child-centred practice as supportive counselling, emotional education, coping skills and reduction of unwholesome mental engagement. Medhya Rasayana is traditionally associated with intellect and memory; emerging pediatric research on Brahmi and Mandukaparni is encouraging but does not justify indiscriminate use. Suvarnaprashana remains a traditional pediatric practice with heterogeneous evidence and requires attention to standardization, safety and appropriate supervision. Conclusion: Ayurveda can contribute a preventive and supportive framework for child mental well-being, but clinically significant disorders require evidence-

based assessment, monitoring and timely referral. Ayurveda should complement rather than replace indicated psychological, psychiatric or pediatric care.

KEYWORDS: Ayurveda; child mental health; *Sattva*vajaya; Yoga*Dinacharya*; Medhya Rasayana;

INTRODUCTION

Mental health during childhood and adolescence is fundamental to emotional development, learning, behaviour, relationships and healthy participation in family, school and community life. The World Health Organization estimates that approximately one in seven adolescents aged 10–19 years experiences a mental health condition globally, while depression, anxiety and behavioural disorders are among the leading causes of illness and disability in this age group. Supportive environments, healthy sleep, physical activity, emotional skills and timely access to care are important protective factors.

The academic presentation on which this review is based describes child mental health as a state of emotional, behavioural and psychological well-being appropriate to developmental stage and identifies biological, psychological, family, school, social and lifestyle influences. It also places the Ayurvedic concepts of *Manas*, Sattva–Rajas–Tamas and Mano-bala within a holistic understanding of mental well-being, with emphasis on Dinacharya, Ahara, Nidra, Yoga and Sattvavajaya.

Ayurveda does not use a single modern diagnostic category corresponding exactly to contemporary child mental-health disorders. Therefore, Ayurvedic concepts should be interpreted carefully and alongside developmental psychology, pediatrics and contemporary mental-health science. The present review explores the preventive and supportive potential of Ayurveda rather than proposing Ayurvedic measures as substitutes for established treatment of psychiatric or neurodevelopmental disorders.

AIM AND OBJECTIVES

AIM: To review the conceptual role of Ayurveda in promoting and supporting mental health in children and adolescents.

OBJECTIVES

- To describe major biological, psychological, social and lifestyle risk factors affecting child mental well-being.

- To explain relevant Ayurvedic concepts including *Manas*, Sattva–Rajas–Tamas, Prajnaparadha and Sattvavajaya.
- To examine the preventive relevance of *Dinacharya*, Ahara, Nidra, Vihara and Yoga.
- To discuss the traditional role and emerging evidence related to *Medhya Rasayana* and Suvarnaprashana.
- To propose a safe integrative care pathway emphasizing assessment, monitoring and timely referral.

MATERIALS AND METHODS

Study design: Narrative/conceptual review

Supplementary literature was identified from the World Health Organization, PubMed/PMC-indexed publications and relevant Ayurvedic literature available through scholarly sources. Particular attention was given to publications addressing adolescent mental health, *Medhya Rasayana*, yoga/mind–body practices and Suvarnaprashana. The approach was narrative rather than systematic; no formal risk-of-bias assessment, quantitative synthesis or meta-analysis was undertaken. The purpose was to contextualize the concepts presented in the source material and distinguish traditional claims from currently available clinical evidence.

Risk Factors Affecting Child Mental Health

The source presentation groups risk factors into biological, psychological, and social/environmental domains. Biological factors include maternal mental health around conception, genetic disorders, neurodevelopmental conditions, chronic illness or disability, sleep disturbance and nutritional deficiencies. Psychological factors include poor grasping skills, low self-esteem, excessive worry or fear, traumatic experiences and academic pressure. Social and environmental factors include family conflict or harsh parenting, bullying, peer pressure, social isolation, poverty or insecurity, unsafe digital/community environments, reduced exercise and addictive behaviours.

Lifestyle can act as a modifiable contributor. Irregular or inadequate sleep, excessive screen exposure, physical inactivity, irregular meals, poor dietary quality, weak family communication and persistent academic stress may adversely influence well-being. These factors should be explored before considering medicinal interventions. The WHO similarly emphasizes healthy sleep patterns, regular exercise, coping and interpersonal skills, emotional regulation and supportive family, school and community environments as important determinants of

adolescent mental health.

Ayurvedic Perspective Of Mental Well-Being

Ayurveda places *Manas* (mind) within an integrated framework involving body, senses, cognition, emotions and behaviour. The source presentation highlights Sattva, Rajas and Tamas as mental qualities and explains that excessive expression of Rajas or Tamas may traditionally be associated with agitation, instability, dullness or impaired functioning. It also identifies Prajnaparadha (errors of intellect/judgement), Asatmya-indriyartha-samyoga (unwholesome interaction between sensory faculties and their objects) and Kala/parinama (changes over time) as classical concepts relevant to health.

For pediatric practice, these concepts should not be used to label a child or replace developmental assessment. Instead, they may provide a culturally relevant framework for understanding routine, sensory exposure, emotional regulation, behaviour, family interaction and healthy habits. The child's age, developmental stage, temperament, school functioning and family environment remain essential to interpretation.

Sattvavajaya Chikitsa: A Supportive Mental-Health Framework

*Sattva*vajaya is classically described as regulation or restraint of the mind from unwholesome objects and engagements. Charaka Samhita, Sutra Sthana 11/54, is traditionally cited for the definition of *Sattva*vajaya. In contemporary child-centred application, the concept may be translated cautiously into supportive measures such as reassurance, emotional education, identification of thoughts and feelings, constructive coping strategies, positive reinforcement and strengthening of caregiver–child communication. The presentation similarly emphasizes teaching children to identify emotions, communicate needs and respond constructively to stress.

*Sattva*vajaya should not be equated simplistically with psychotherapy. Contemporary psychotherapy has defined methods, trained providers, diagnostic indications and outcome measures. The useful intersection is at the level of supportive mental skills, behavioural regulation and therapeutic communication. For children with clinically significant anxiety, depression, self-harm risk, severe behavioural disturbance, psychosis, eating disorders or substantial functional impairment, specialist mental-health care is essential.

***Dinacharya*, Nidra, Ahara And Vihara**

Ayurvedic preventive care emphasizes regularity of daily activities. In child mental health, a

practical *Dinacharya*-oriented approach includes a predictable waking and bedtime routine, regular meals, adequate hydration, age-appropriate physical activity, outdoor play, study and recreation periods, and reduced stimulating screen exposure before bedtime. The presentation links regular routine and age-appropriate sleep with improved routine, sleep and self-regulation, while balanced diet, hydration and outdoor activity are linked with energy and general well-being.

These measures are low-risk when individualized and can be incorporated into family counselling. They are particularly relevant because lifestyle modification can address several overlapping risk factors without immediately exposing children to pharmacological treatment. However, persistent sleep disturbance, nutritional problems, fatigue or somatic complaints warrant medical assessment for underlying disorders.

Pranayama And Relaxation Practices*Yoga*,

Age-appropriate yoga can combine movement, breathing, relaxation and attention training. The source presentation mentions Padmasana, Baddha Padmasana, Anuloma-Viloma and meditation, together with gentle practices such as *Abhyanga* and Padabhyanga. It emphasizes that practices should be child-friendly, non-competitive and suitable for age and health status, and that evidence is promising but variable.

The most appropriate clinical position is therefore adjunctive use. *Yoga* and relaxation may support self-regulation, body awareness and general well-being, but they should not be promoted as stand-alone treatment for established psychiatric disorders. Forceful breathing, prolonged practices or techniques unsuitable for the child's age or medical condition should be avoided.

Medhya Rasayana And Cognitive Well-Being

Medhya Rasayana is a classical Ayurvedic concept associated with intellect, memory, learning and mental functions. Charaka Chikitsa Sthana 1/3 describes four principal *Medhya Rasayana* preparations involving Mandukaparni, Yashtimadhu, Guduchi and Shankhapushpi. The source presentation lists these substances and stresses that pediatric use requires attention to dose, product quality, interactions, contraindications and contamination/adulteration.

Recent pediatric evidence provides a useful example of how this traditional concept can be studied scientifically.

A 2025 double-blind randomized study in healthy boys aged 8–10 years compared *Mandukaparni* over approximately 91 days and reported significant improvements in several memory domains and IQ measures in both groups. The authors concluded that *Mandukaparni* showed clinically equivalent efficacy to Brahmi for memory enhancement in the study population.

Earlier clinical work has also evaluated combinations of *Medhya Rasayana* and yogic practices for short-term memory in school-going children. However, these findings should not be extrapolated to treatment of ADHD, depression, anxiety, autism spectrum disorder or other diagnosed conditions without disorder-specific evidence. Product identification, dose,duration, age, contraindications and monitoring remain essential.

Suvarnaprashana: Traditional Pediatric Practice

Suvarnaprashana is a traditional Ayurvedic pediatric practice associated with administration of processed gold in specified formulations. Classical descriptions and modern reviews discuss its use in relation to nourishment, immunity, strength and intellect. A scoping review of studies in apparently healthy children reported that studies differed in age groups, methods and outcome reporting; the authors concluded that effects on immunity and IQ require larger, more specific studies before public-health recommendations can be made. A systematic review has reported potential effects on cognition, growth, development and immune-related outcomes, but these findings should be interpreted in light of study heterogeneity and the need for standardized preparations.

Accordingly, *Suvarnaprashana* should not be described as equivalent to modern vaccination or as a proven immunization programme. If used, it should involve a qualified practitioner, authenticated and appropriately prepared products, age-appropriate dosing, informed parental consent and pharmacovigilance.

Expected Outcomes Of An Integrative Approach

The expected outcomes described in the source presentation are primarily functional and preventive: better sleep and daily routine, improved emotional regulation and coping, better family communication, improved participation in school and play, support for nutrition and physical activity, and earlier recognition of persistent problems. Outcomes should be monitored rather than assumed.

For research purposes, these outcomes should be operationalized using validated age-appropriate measures.

Proposed Integrative Care Pathway

A practical pathway derived from the source presentation is: ASSESS → IDENTIFY CAUSES → PLAN → SUPPORT → MONITOR → REFER.

Assessment should cover symptoms, duration, developmental history, school functioning, family environment and safety. Causes should include sleep, nutrition, stress, bullying, family problems, chronic illness and neurodevelopmental factors. Planning may incorporate routine, *Ahara*, Nidra, physical activity, emotional support and age-appropriate yoga. Supportive Ayurvedic measures should be individualized. Monitoring should include sleep, mood, behaviour, school participation, family functioning and adverse effects. Referral should occur when symptoms are severe, persistent, worsening or unsafe.

When Referral Is Essential

Urgent or specialist assessment is essential when there is self-harm, suicidal ideation or attempts, immediate safety concerns, severe or persistent depression or anxiety, severe aggression or functional impairment, psychotic symptoms, severe behavioural disturbance, eating-disorder symptoms, substance misuse, developmental regression, significant developmental delay, suspected neurodevelopmental disorder, or deterioration despite supportive measures. These referral criteria are explicitly included in the source presentation.

DISCUSSION

The major strength of an Ayurvedic approach to child mental well-being is its preventive and whole-person orientation. Instead of concentrating only on symptoms, it encourages attention to routine, sleep, food, activity, emotional environment, family participation and individualized constitution and developmental context. Such a framework aligns with contemporary public-health emphasis on protective environments and healthy behaviours. The second strength is the possibility of integrating traditional concepts with measurable modern outcomes. *Sattva*vajaya-oriented strategies can be studied through validated measures of emotional regulation and coping. Yoga can be evaluated using standardized mental-health and quality-of-life outcomes. Medhya Rasayana can be investigated through cognitive testing, school functioning and safety monitoring. This approach allows traditional hypotheses to be examined without assuming that classical claims are automatically equivalent to modern clinical evidence.

At the same time, several limitations must be recognized. Much of the Ayurvedic literature on child mental health is conceptual, and clinical studies are relatively heterogeneous. Many interventions combine multiple components, making it difficult to identify the active element. Standardization of herbal products, formulations and dosing is another important challenge. For pediatric patients, the safety margin, developmental pharmacology, product contamination and drug interactions require particular attention. The current evidence does not support replacing established psychological or psychiatric treatments with Ayurveda alone.

The review is also limited because it is based principally on a conceptual academic presentation and selected supplementary literature rather than a systematic database review. Therefore, it should be considered a narrative conceptual review and not a systematic review or meta-analysis. Future research should use prospective, adequately powered and ethically approved pediatric studies, validated outcomes, transparent intervention protocols and long-term safety monitoring.

Research Gaps And Future Directions

- Develop standardized Ayurvedic pediatric mental-wellness protocols that define age, developmental stage, indications, contraindications and outcome measures.
- Conduct randomized controlled trials of individual Ayurvedic interventions and clearly defined multimodal packages.
- Study the effects of *Sattva*vajaya-oriented counselling using validated child and caregiver outcomes. *Dinacharya*, sleep hygiene, yoga and
- Investigate *Medhya Rasayana* with rigorous pharmacognostic authentication, standardized formulations, dose-finding and safety monitoring.
- Establish pharmacovigilance and quality-control systems for pediatric Ayurvedic products, especially products containing metals/minerals.
- Evaluate integrative care models in collaboration with pediatricians, psychologists, psychiatrists, educators and Ayurvedic physicians.
- Use long-term follow-up to determine whether improvements in routine, coping and functioning are sustained.

CONCLUSION

Child mental health is shaped by interacting biological, psychological, family, school, social and lifestyle factors. Ayurveda offers a holistic preventive and supportive framework through *Sattva*vajaya and selected Rasayana concepts. The most immediately applicable contribution is

strengthening healthy routines, sleep, nutrition, physical activity, emotional communication and resilience. Medhya Rasayana and Suvarnaprashana are traditional areas of interest, but their pediatric use requires standardized products, individualized prescribing, safety monitoring and stronger evidence. Ayurveda should therefore be positioned as a complementary and integrative approach. Children with severe, persistent or unsafe symptoms require timely assessment and evidence-based pediatric, psychological or psychiatric care. *Dinacharya*, Ahara, Nidra, Vihara, Yoga.

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