

AN AYURVEDIC APPROACH IN THE MANAGEMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER (PITTAJA UNMADA) IN CHILDREN: A CASE STUDY.

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ABSTRACT

Attention Deficit Hyperactivity Disorder (ADHD) is one of the common neurobehavioural disorder and one of the most prevalent chronic health conditions affecting school aged children.^[1] The prevalence of ADHD among children and adolescents in India (2009-2019) ranges from 7.6%–15%.^[2] Children with ADHD have poor social interactions; thus, they have poor relationships with parents, siblings and teachers. They are also poor in academics, thus, resulting in poor self-esteem, peer rejection, inability to evaluate self and have negative emotions.^[2] In Ayurveda there is no direct reference for ADHD but some references about abnormal behaviour can be considered under 'Unmada' spectrum of disorders i.e. Mansika Vikara.^[3] Research on treating pre-schoolers with ADHD is limited compared to older children. This case report illustrates the treatment of ADHD in a pre- schooler using individualised Ayurvedic approach.

INTRODUCTION

ADHD is a neurobehavioral disorder of childhood.^[4] Its

prevalence in India has been estimated at 1.3 per 1000.^[5] The American Academy of Pediatrics recommends evaluating any child between 4 and 18 years of age for ADHD if he or she presents with academic or behavioral problems along with symptoms of inattention,

hyperactivity, and impulsivity.^[6] It interferes with social, academic, and occupational functioning.^[7] Early onset and treatment play key roles in managing neurobehavioral disorders such as ADHD. Hence, the present case was an attempt to manage ADHD using an Ayurvedic line of treatment.

CASE STUDY

A 7 years old male child with complaints of Hyperactivity, reduced attention span, delayed speech and poor eye contact had approached our hospital. As per the information by his parents, the child was apparently normal till 1 year 8 months of age, gradually they noticed regression of speech from bisyllables to monosyllables at 1 year 8 months and behavioral changes at the age of 3 years. On consultation with an allopathic doctor at age of 3 years, patient was diagnosed with mild ADHD and few Autistic features, for which Occupational Therapy and Speech Therapy was advised, which did not contribute to any significant improvements in the child. Gradually patient parents noticed reduced eye contact in child. Hence, for the complaint of poor eye contact, delayed speech, reduced attention and hyperactivity parents approached our hospital for further management

Birth history

Full term delivery with caesarean section. No history of Birth Asphyxia.

Developmental history

- Gross motor, fine motor & Major sensory development were normal as per the chronological age but there was delayed with Language and Social development.

Family history

- Non-Consanguineous marriage. No h/o similar illness in family

Personal history

- Ahara - veg diet
- Vihara - Active and playful
- Appetite – Irregular
- Sleep- Disturbed

General Examination, Anthropometry and Vitals

General condition - Fair, Lean, Hyperactive and in attentive.

- Height - 115 cm

- Weight - 23 kg
- HC - 53 cm
- CC - 62 cm
- MAC - 19 cm
- HR - 103 bpm
- RR - 20 rpm
- Temperature – Afebrile.

Systemic Examination

- Examination of Cardiovascular system, Respiratory system, Per abdomen shows no deformity. Gait was normal. Muscle tone and texture was normal.

Central Nervous Examination

➤ Higher Functions

- Appearance: Normal (B/L Symmetrical anatomical structure)
- Attention and Concentration: Inattentive behavior, interrupts others activities.
- Behaviour: Irritable, hyperactive, jumping, keeps doing irrelevant activities.
- Consciousness level: Alert, conscious
- Orientation: Well oriented to person and place, but not oriented to time (i.e. not as per the watch/wall clock)
- Emotional state: Mood Swings, Low tolerance to stress.
- Memory - Short-term memory.
- Speech: Bisyllables, unable to speak two words at a time.
- Sleep: Disturbed (5 hours).

Ashta Sthana Pareeksha

- *Nadi - Vata-Pittaja*
- *Mala - Prakruta* (once daily, normal consistency, satisfactory)
- *Mutra - Prakruta* (4-6 times a day)
- *Jihwa - Aliptha* (not coated)
- *Shabda - Prakrutha*
- *Sparsha - Anushna*
- *Drik - Prakrutha* (normal)
- *Akriti – Krush.*

DOA-DOD	PANCHAKARMA GIVEN	SHAMANA AUSHADHIS	OBSERVATION
1 st sitting 11/11/2023 to 18/11/2023	. Sarvanaga Abhyanga with Ashwagandha Bala Lakshadi Taila * 8 days . Nadi Sweda * 8 days . Matra Basti with Brahmi Ghritam 40 ml * 8 days	1. <i>Triphala Churna + Brahmi Vati + Jatamansi Churna + Manasmitra Vati Plain + Vacha Churna + Jantughna Vati + Ashwagandha Churna</i> 0-1tsp-1tsp with ½ tsp Honey – before food * 2 months AFTER TWO MONTHS 2. <i>Saraswhatha Churna + Manasmitra Vati + Ashwagandha Churna + Yashti churna + Gorochanadi tab</i> ½ tsp-0- ½ tsp with 1 tsp ghee or ½ tsp Ghee- before food * 2 months	1. ADHD T2 SCALE – 71 (Possible- Mild ADHD) 2. Mild decrease in hyperactivity. 3. Slight increase in concentration. 4. Clarity in speech. 5. Regularity in sleep (undisturbed) for 5-6 hours 6. Irritability reduced
2 nd Sitting 22/03/2024 to 30/03/2024	1. Sarvanaga Abhyanga with Yashtimadhu Taila + Ashwagandha Bala Lakshadi Taila in 2:1 ratio * 8 days 2. Shashtika Shali Pinda Sweda * 8 days 3. Yoga Basti Anuvasana Basti with Brahmi Ghritam 50 ml & Niruha Basti with Dashmoola Ksheerpaka- 200ml	1. <i>Madiphala Rasayana</i> 10ml-10ml-10ml after food for 8 days 2. <i>Manasmitra Vati</i> 0-0-1 at bed time for 8 days 3. <i>Manasmitra vati + Brahmi Vati with Gold + Jatamansi Churna + Triphala tablets + Ashwagandha Churna + Vacha Churna + Saraswatha churna</i> 1tsp-1tsp-0 with 1 tsp honey on before food 4. <i>Shiroabhyanga with Brahmi taila</i> twice a week.	1. Able to spell more words than last admission 2. Able to concentrate on particular thing for more time 3. Social activeness increased. 4. Able to follow some instructions given by parents.
3 rd sitting 08/08/2024 to 17/08/2024	1. Sarvanaga Abhyanga with Ashwagandha Bala Lakshadi Taila + Sahacharadi Taila in 2:1 ratio * 8 days 2. Sarvanga Patra Pinda Sweda * 4 days 3. Sarvanga Shashtika Shalika Pinda Sweda * 4 days 4. Yoga Basti Anuvasana Basti with Mahapashachika Ghritam 50 ml & Niruha Basti with Dashmoola Ksheerpaka- 200ml	1. <i>Shishubharan Ras + Brahmi Vati with Gold + Giloy + Guduchi Satva + Jatamansi Churna + Saraswata Churna + Triphala Churna + Ashwagandha Churna</i> 1 tsp-0- 1 tsp with 1tsp of Honey- before food * 4 months 2. <i>Brahmi Taila</i> for head massage- 2-3 times a week	1. Irritability was decreased. 2. Fear towards stranger decreased. 3. Able to spell more words than earlier 4. Sleep hours increased. 5. Able to colour drawings. 6. Duration of sitting in class improved.
4 th sitting 09/01/2025	. Sarvanaga Abhyanga with Ashwagandha Bala	1. <i>Brahmi Vati with Gold + Jatamansi Churna + Triphala</i>	1. ADHD T2 SCALE – 65 Unlikely (very Mild)

to 18/01/2024	<p><i>Lakshadi Taila</i> * 4 days <i>. Sarvanga Patra Pinda Sweda</i> * 4 days <i>. Shiro Dhara</i> with <i>Brahmi Taila</i> * 8 Days <i>. Pratimarsa Nasya</i> with <i>Jeevniya Ghrita</i> * 8 Days <i>. Yoga Basti</i> <i>. Anuvasana Basti</i> with <i>Mahapaishachika Ghritam</i> 50 ml & <i>Niruha Basti</i> with <i>Dashmoola Ksheerpaka</i>- 200ml</p>	<p><i>Churna + Narayana Kalpa + Giloy Satwa + Ashwagandha Churna</i> <i>1/2 tsp-0-0 tsp with 1tsp of Ghee before food *</i> <i>2. Shiro Abhyanga with Brahmi Taila- 2-3 times a week</i> <i>3.Pada- Abhyanga daily with Brahmi Taila.</i></p>	<p>ADHD) 2. Able to recognize his family members and friends. 3. Hyperactivity decreased 4. He is able to attend the school Obeys the commands and does the assigned work properly. 5. Able to form sentence of 5-6 words. 6. Stranger anxiety had been reduced. 7. Able to recognize the body parts. 8. Socially friendly behavior and friendship developed.</p>
5th sitting 05/06/2025 to 13/06/2025	<p>1. <i>Sarvanaga Abhyanga</i> with <i>Chandana Bala Lakshadi Taila</i> + <i>Sahacharadi Taila</i>* 8 days 2. <i>Sarvanga Patra Pinda Sweda</i> * 8 days 3. <i>Shiro Dhara</i> with <i>Brahmi Taila</i> * 8 Days 4. <i>Yoga Basti</i> <i>Anuvasana Basti</i> with <i>BRAHMI TAILA</i> - 50ML50 ml & <i>Niruha Basti</i> with <i>Dashmoola Ksheerpaka</i>- 200ml</p>	<p>1. <i>Brahmi Vati with Gold + Jatamansi Churna + Deva Vati+ Narayana Kalpa + Vacha Churna 1/2tsp Daily with 1 Tsp honey on empty stomach once a day only</i> 2. <i>Shiro Abhyanga with Brahmi Taila- 2-3 times a week</i> 3. <i>Pada- Abhyanga daily with Brahmi Taila.</i></p>	<p>1. Concentration on particular thing has been increased a lot. 2. Hyperactivity decreased 3. Speaks 2-3 sentences in mother tongue Oriya 4. Stranger anxiety had been reduced. 5. Socially friendly behavior and friendship developed. 6. Sleep duration increased (10-12hours) 7. ADHD T2 SCALE – 65 Unlikely (very Mild ADHD)</p>
6th sitting 11/11/2025 to 23/11/2025	<p>1. <i>Sarvanaga Abhyanga</i> with <i>Ashwagandha bala lakshadi taila</i>* 12 days 2. <i>Shashtika Shalika Pinda Sweda</i> * 8 days 3. <i>Mrudu nadi sweda</i> * 4 days 4. <i>Chaturbhadra kalpa basti</i> - <i>Anuvasana Basti</i> with <i>Samvardhana ghrita</i> and <i>Niruha Basti</i> with <i>Dashmoola Ksheerpaka</i>- 200ml</p>	<p>1. <i>Shiro abhyanga with Brahmi tails For weekly 2 to 3 times</i> 2. <i>Padaabhyanga with himsagara taila or brahmi taila at bed time</i> 3. <i>Tab. Brahmi bati with gold + Tab Narayana kalpa + Vacha churna + yashti Churna + Tab Deva vati + Shankhapushpi churna ...1 tsp-0-0 with honey before breakfast</i></p>	<p>1. Speaks 2 to 3 sentences in mother tongue at a time. 2. Concentration in particular things (attending class) significantly improved. 3. Improvements in following commands 4. Able to identify colours, pictures, colors the figures within the boundaries. 7. ADHD T2 scale – 59 Unlikely.</p>

Samprapti Ghataka

- *Dosha – Sharirika Dosha - Pitta Pradhan Tridosha*

- *Manasika - Dosha – Raja, Tama*
- *Dooshya - Rasa, Manas*
- *Srotas- Manovaha Srotas*
- *Srotodushti - Sanga, Atipravrutti*
- *Udbhavasthana - Hridaya, Shirasa*
- *Sanchara Sthana - Sarvasharira, Indriya*
- *Vyakta Sthana- Manas, Sarvasharira*
- *Rogamarga – Madhyama*
- *Vyadhi Swabhava - Chirkari*
- *Sadhyा Asadhyā – Yanya.*

Treatment Plan

Diagnosis

DISCUSSION

ADHD is associated with *Pitta* and *Vata Dosha* and even in this case we observed predominant of *Vata* and *Pitta*. So, plan of treatment was mainly to bring *Vata Pitta* into normalcy. As ADHD is a neurobehavioral disorder, drugs were used which is having the *Medya* properties. In each sitting we had planned for the *Sarvanga Abhyanga, Nadi Sweda, Shirodhara, Matrabasti, Niruhabasti, Nasya*. **Probable mode of action** of the treatment is as follows: ***Shirodhara***: As *Shira* is considered to be *Uttamanga* in Ayurveda which controls the functions of body, we planned for ***Shirodhara***. When *Dhara* falls over forehead and head, in a continues **oscillatory manner it activates the local cells**, the drugs used here are *Vata Pitta Hara* and possess *Sheetavirya* which gives cooling effect to head, helping in reducing the hyperactivity and the *Medya* property in them increases the concentration and memory power. ***Matra Basti: Rajo Guna*** which is predominant in ADHD is controlled by *Vata*. So, if *Vata* is controlled then *Rajo Guna* also gets controlled. *Basti* acts on whole body through gut brain axis and acts on brain which helps in reducing the stress, anxiety and depression. Initially we advised *Matra Basti* with *Ghrita* as it helps in controlling the *Vata-Pitta* which in turn controls the hyperactivity. Later we used drugs which is having *Medhya* property. ***Shamana Aushadi***: After purificatory measures, the morbid *Doshas* from the body will be eliminated. After that by giving the *Shaman Aushadi* containing gold which possess the *Medhya* properties will act on the brain cells and helps in increasing the concentration and memory power. ***Nasya***: *Nasa* is the *Dwara* of *Shiras*. So, we advised the *Pratimarsha Nasya* with *Jeevaniya Ghrita* which as *Rasayana* and *Balya* help in increasing his mental ability. The

result showed a significant reduction in ADHD symptoms. The reduction in the ADHD T2 assessment scale score from 71 to 59 suggests that Ayurvedic interventions can play a significant role in neurodevelopmental disorders.

CONCLUSION

This case study highlights the effectiveness of Ayurvedic therapies, including *Panchakarma* procedures and *Shamana Aoushadis*, in managing ADHD symptoms. The observed improvements in attention, hyperactivity, speech, and sleep patterns indicates that *Ayurvedic* treatment can play a significant role in enhancing the quality of life for children with neurodevelopmental disorders. The steady progress seen in the patient suggests that *Ayurveda* could be a viable and complementary approach to conventional treatment methods.

REFERENCES

1. Kliegman R M, Behrman R E, Jenson H B, Stanton B. Nelson textbook of pediatrics(18th ed.). Vol 1: Chap 31. New Delhi: Elsevier, 2008; p.146.
2. Joseph J, Devu B. Prevalence of attention-deficit hyperactivity disorder in India: A systematic review and meta-analysis. Indian Journal of Psychiatric Nursing, 16(2): 118.[online] 2019; [Accessed on 2022 Sept 02]. Available from: https://doi.org/10.4103/iopn.iopn_31_19.
3. Acharya J T(Ed.).Cakrapani Datta, Caraka Samhita of Agnivesa with Ayurveda Dipika Commentary, Nidana sthana. Ch. 7. Ver. 5. Varanasi: Chaukhamba Surbharati Prakashan, 2008; p.223.
4. Dalwai S. Neurodevelopmental Disorders and Learning Disabilities - Attention deficit/ Hyperactivity Disorder In: Parthasarathy A, Gupta A, editors. Partha's Current Trends in Diagnosis and Management for Pediatric and Adolescent Practitioners. 1 st edn. New Delhi: Jaypee Brothers, 2021; 436-439.
5. Ramya HS, Goutham AS, Lakshmi V Pandit. Prevalence of attention deficit hyperactivity disorder in school going children aged between 5-12 years in Bengaluru. Available from: <https://www.currentpediatrics.com/articles/articles/articles/prevalence-of-attention-deficit-hyperactivity-disorder-in-school-goingchildren-aged-between-512-years-in-bengaluru.html>.
6. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. Available from:

https://publications.aap.org/pediatrics/article/144/4/e20192528/81590/Clinical-Practice-Guideline-for-the-Diagnosis?utm_source=chatgpt.com?autologincheck=redirected.

7. Samir H. Dalwai, Aradhana Rohil, Manish R. Garg, Supriya Mathur. Attention Deficit Hyperactivity Disorder In Children And Adolescents - An Update. Available from: https://www.ijpp.in/admin/uploadimage/Vol.23_No.4.pdf?utm.