

A COMPARATIVE STUDY OF ADHD (ATTENTION DEFICIT HYPERACTIVITY DISORDER): AN AYURVEDIC AND MODERN SCIENTIFIC PERSPECTIVE

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ABSTRACT

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by hyperactivity, impulsivity, and inattention. Ayurveda describes similar patterns under Vata-related Manasika Vikara such as *Chanchalata*, *Avyavasthita Chitta*, *Alpa Smriti*, and *Manovaha Srotodushti*. This study presents a comparative analysis of ADHD from Ayurvedic and modern scientific perspectives and proposes an integrative treatment protocol.

KEYWORDS: ADHD, Vata Dosha, Manovaha Srotas, Medhya Rasayana, DSM-5 criteria, Integrative Management.

INTRODUCTION

ADHD affects approximately 5–7% of children and persists into adulthood in many cases. Ayurveda recognizes behavioural, emotional, and cognitive disturbances under *Vata Prakopa*, *Manas Dosha*, and *Dhee-Dhriti-Smruti* dysfunction. Modern science attributes ADHD to neurochemical imbalance and structural brain variations. This article compares both

systems to highlight evidence-based integrative approaches.

AIM AND OBJECTIVES

Aim

To provide a comparative analysis of ADHD based on Ayurvedic texts and modern scientific literature.

Objectives

1. To study the etiopathogenesis of ADHD in Ayurveda and modern science.
2. To compare clinical features and diagnostic criteria.
3. To evaluate therapeutic strategies in both systems.
4. To propose an integrative management model.

METHODOLOGY

- Ayurvedic references reviewed from *Charak Samhita*, *Sushruta Samhita*, *Kashyap Samhita*, and commentaries.
- Modern data reviewed from DSM-5, ICD-11, PubMed and recent clinical guidelines.
- Comparative table-based analysis prepared.

Etiology (Nidana / Causes)

Ayurvedic Perspective

- **Vata Prakopa**
- Beeja-dushti (genetic factors)
- Garbhavastha diet & maternal stress
- Rajas & Tamas imbalance
- Agnimandya → Dhatu Kshaya → Manovaha Srotodushti

Modern Perspective

- Genetic predisposition (70–80%)
- Dopamine & norepinephrine deficiency
- Prefrontal cortex dysfunction
- Prenatal toxins, premature birth
- Psychosocial stressors

Clinical Features

Ayurvedic Description	Modern DSM-5 Features
Chanchalata (hyperactivity)	Hyperactivity
Avyavasthita Chitta	Inattention
Alpa Smriti	Poor working memory
Ashakti	Task avoidance
Vata-dushti lakshana	Impulsivity
Emotional instability	Emotional dysregulation

Pathophysiology

Ayurveda

- Disturbed **Vata Dosha**
- Dysfunction in **Manovaha Srotas**
- Weak **Dhee–Dhriti–Smriti**
- Majja Dhatu Kshaya

Modern

- Neurotransmitter deficiency
- Fronto-striatal network dysfunction
- Executive function impairment
- Neurodevelopmental delay

Diagnosis

Ayurveda

- Prakriti Pariksha
- Manasika Bala Pariksha
- Dashavidha Pariksha
- Observational analysis of behaviour

Modern

- DSM-5 / ICD-11 criteria
- Conners Scale, Vanderbilt Assessment
- Clinical interview
- Behavioural evaluation

Treatment & Management

Ayurvedic Management

A. Shamana Therapy

- **Medhya Rasayana:** Brahmi, Mandukaparni, Shankhapushpi, Jyotishmati, Vacha
- **Vata-shamaka herbs:** Ashwagandha, Jatamansi, Yashtimadhu

B. Panchakarma

- Shirodhara
- Nasya (Brahmi ghruta, Kalyanaka ghruta)
- Abhyanga + Swedana
- Basti (important for Vata disorders)

C. Diet & Lifestyle

- Vata-pacifying diet
- Warm, nourishing food, ghee
- Yoga, Pranayama, Meditation

Modern Management

1. Pharmacological therapy

- Stimulants: Methylphenidate, Amphetamines
- Non-stimulants: Atomoxetine, Guanfacine

2. Behavioural Therapy

Cognitive Behavioural Therapy (CBT)

3. Occupational Therapy

4. Parent Training Programs

5. Educational Support

COMPARATIVE

DISCUSSION

Ayurveda	Modern Science
Treats root cause (Vata, Manas)	Focus on neurobiology
Holistic approach	Symptom-oriented approach
Panchakarma improves emotional stability	Medication gives rapid symptom control
No major side effects	Possible side effects (sleep loss, appetite loss)
Improves long-term cognition	Needs continuous monitoring

Integrative model shows the highest improvement in behaviour, attention, sleep, and school performance.

CONCLUSION

ADHD can be effectively addressed using a combined Ayurveda–Modern approach. Ayurvedic Medhya Rasayana and Panchakarma enhance cognition and emotional control, while modern therapy provides rapid behavioural stabilization. Integrative treatment may offer safer, long-term benefits with minimal side effects.

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