

A CASE REPORT ON AYURVEDIC MANAGEMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER [ADHD] IN CHILDREN

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ABSTRACT

Attention Deficit Hyperactivity Disorder - ADHD is the most common neurobehavioral disorder of childhood. It interferes with social, academic and occupational functioning and it is characterized by in-attention, hyperactivity and impulsivity. In Ayurveda, disorders related to psychiatric and behavioral disturbances are discussed under the chapter of Unmada. So, according to the sign and symptoms it can be co-related with Unmada. **Aim:** To assess the efficacy of Ayurvedic treatment protocol in the management of ADHD in children. **Study Design:** Simple Single Arm Study. **Place:** Government Ayurvedic College and Hospital, Dharashiv, Maharashtra. **Duration of study:** 3 Month. **Methodology:** Ayurvedic treatment like Kosthashodhana, Basti, Shirodhara and Nasya were followed and assessment was done before and after treatment and during follow ups. The given treatment was found to be effective in management of ADHD. **Result:** After treatment of 3 months, the patient had shown remarkable changes like not running to bite, occasionally fighting with others, improvement in attention capacity, decreased irritability,

decreased hyperactivity, trying to focus on given tasks. **Conclusion:** It was concluded clinically Ayurvedic management including Deepan, Pachan, Basti, Shirodhara and Nasya are remarkably effective in management of ADHD.

KEYWORDS: ADHD, Unmada, neurobehavioral, Basti, Shirodhara.

INTRODUCTION

Attention deficit hyperactivity disorder (ADHD) is the most common neurobehavioral disorder in childhood. It is characterized by three core-groups of age-inappropriate symptoms like inattention, hyperactivity and impulsivity. ADHD leads to secondary problems, e.g. poor scholastic performance, conduct disorders, emotional and social maladjustment, etc. Its prevalence in India is estimated at 1.3 per 1000. The American Academy of Pediatrics recommends evaluating any child between 4 and 18 years of age for ADHD, with academic or behavioral problems with symptoms of inattention, hyperactivity and impulsivity. Although the symptoms of ADHD begin in childhood, it can continue through adolescence and adulthood.^[1] Mothers of children with ADHD are more likely to experience birth complications such as toxemia, prolonged labor and complicated delivery. Maternal drug use, smoking and alcohol during pregnancy, lead or mercury exposure are commonly linked to attentional difficulties associated with the development of ADHD.^[2]

In Ayurveda, there is no direct correlation for ADHD, but according to its signs & symptoms it can nearly be correlated with Unmada. According to Acharya Charaka, the causative factors for Unmada are, intake of incompatible, contaminated and unclean foods, possession by spirits like Gods, mental trauma due to recurrent exposure to fear or exhilaration. By these causes the Dosha gets vitiated in the person possessing low level of Sattva Guna and in turn vitiate the mind, which is the seat of intellect. Common features of Unmada are, intellectual confusion, unsteadiness off mind, impatience, restlessness, incoherent speech feeling of emptiness in mind, anxiety. Ayurvedic line of treatment has key role in managing neurobehavioral disorders like ADHD, Autism etc. Hence, present case was an attempt to manage the ADHD disorder using Ayurvedic line of treatment.

DIAGNOSIS-DSM-V CRITERIA^[4]

HYPERACTIVITY IMULSIVITY [9 CRITERIA]

1. Fidgets with hands or feet or squirms in seat.
2. Leaves seat when should be seated.

3. Runs about or climbs excessively and Inappropriately.
4. Cannot play or engage in leisure activities quietly.
5. Always 'on the go' or 'driven by a motor'
6. Talks excessively.
7. Blurts out answer before question is completed.
8. Has difficulty awaiting turn.
9. Interrupts or intrudes others conversation or game.

INATTENTION [9 CRITERIA]

1. Careless with detail.
2. Fails to sustain attention in task.
3. Appears not to listen.
4. Does not finish instructed task.
5. Poor in organising task.
6. Avoid task that require sustained mental effort.
7. Loose things.
8. Easily distracted by extraneous stimuli.
9. Forgetful in daily activities.

CASE STUDY

A 6-year-old male child with the complaints of hyperactivity like run to bite and fighting with others, irritability in attentiveness, and lack of concentration, low memory power and delayed speech had approached our hospital. As per the information by his parents, the child was apparently normal till 4 years of age. Gradually they noticed the behavioral disturbances in their child. He was not able to concentrate on any things in particular for more time. He developed irritability behavior, inattentive and slow learning. He had low memory power. Then he developed anxiety and fear towards people and the crowd where he became socially inactive. He also had the problem in his speech. Patient had taken treatment for this but no changes observed in his behavior. So, they approached our hospital for further management.

Birth History

Full term normal vaginal delivery. Baby cried immediately after birth. No history of Birth Asphyxia, MAS, RDS.

Developmental history

Gross motor & fine motor development were normal as per the chronological age but there was delay with Language and Social development.

Family History

Non-Consanguineous marriage. Elder child is healthy.

Personal History

Diet-Mixed

Bowel-Clear

Urine-Normal

Sleep-Disturbed

Immunization history

Properly done as per NIS.

General Examination, Anthropometry and Vitals

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

Height-110 cm

Weight – 18.2 kg

HC-50 cm

CC-56 cm

HR-102 bpm

MAC-14cm

RR-26 rpm

Temperature – Afebrile

Systemic Examination

RS – AEBE clear

CVS- S1S2 normal

P/A – soft NAD

CNS – Patient was conscious, inattentive, easily gets distracted, poor eye contact, not obeying the commands and irritable, can't speak even two words, unable to identify persons, body parts, numbers, colors, low memory power, not able to write.

Ashtavidh Pareeksha

Nadi - Vata-Pittaja

Mala Prakruta (twice daily, normal consistency, satisfactory)

Mutra - Prakruta (4-6 times a day / 1-2 times at night)

Jihwa - Aliptha (not coated)

Shabda-Aspashta (unable to speak)

Sparsha - Sheetha (Cold)

Drik-Prakrutha (normal)

Akriti-Leena (lean)

Samprapti Ghatak

Dosha Vata-Pitta Pradhana

Dooshya- Rasa, Manas

Agni- Vishamagni

Udbhavasthana - Pakwashaya

Adhisthana – Shiras

Vyakthasthana-Sarvashareera

Srotas - Manovahasrotas

Srotodushti - Sanga and Vimargagamana

Rogamarga - Abyantara

Rogaswabhava- Chirakari

Sadya Asadyata-Kricha Sadhya

Diagnosis – Attention Deficit Hyperactivity Disorder (vata-pittaj unmad).**Treatment Plan**

	ABHYANTAR CHIKITSA	BAHYA CHIKITSA	OBSERVATIONS
1 st cycle	1. Deepan pachan with amapachak vati 1-0-1 for 5 days 2. Syp. Saraswatarisht 5ml-0-5ml 3. Medhya rasayan+Kumarkalyan with madhu twice a day	1. Abhyanga with bala tail + til tail f/b nadiswed 2. Sadyovirechan with Gandharvahastadi tail 10 ml with warm milk on 3 rd day 3. Shirodhara – bramhi tail+til tail 4. Matra basti – til tail 20 ml 5. Jivha pratisaran – vacha +akkalkara churn with madhu twice a day	Mild decrease in hyperactivity. Slight increase in concentration
2 nd cycle	1. Medhya rasayan + Kumarkalyan rasa with madhu	1. Udwartan with kola kulatha churn + godhum churn f/b nadiswed 1 st day	Able to concentrate on particular thing for

	2. Suvarnsidh Bramhi vati 1-0-0 with milk E/s Bramhi ghrat 5ml-0-5ml	2. Sarvangabhyang with Ksheerbala tail f/b nadiswed 3. Takradhara with Bramhi, Yashtimadhu, Vacha, Ashwagandha churn Matrabasti with Ksheerbala tail -20 ml	more time. Able to spell few words. Social activness increased.
3 rd cycle	1. Bramhi vati suvarnsidha 1-0-0 with milk E/s Bramhi ghrat 5ml-0-5ml Syp.memorin 5ml-0-5ml	1. 1 st day Udwartan with kola kulatta churn + godhum churn f/b nadiswed 2. 2 nd and 8 th day- shirodhara with Bramhi tail Abhyanga with Mahanarayan tail 3. Matra basti with Mahanarayan tail	Irritability was decreased Able to spell more words than earlier
4 th cycle	1. Smriti Sagar Rasa 1-0-1 2. Bramhi ghrat 5ml bd 3. Medhya Rasayan +Kumarkalyan Rasa with madhu	1. 1 st day Udwartan with Kola kulatta churn + Godhumchurn f/b nadiswed 2. 2 nd day 8 th day Shirodhara with Bramhi Tail 3. Abhyanga with Mahanarayan Tail 4. Matra basti with Mahanarayan Tail 5. Jivha pratisaran with vacha + akkalkara churn	Able to spell more words than earlier. Fear towards stranger decreased. Concentration and memory increased than earlier.
5 th cycle	1. Smriti Sagar Rasa 1-0-1 2. Vani ghrat 5ml bd 3. Medhya Rasayan +Kumarkalyan Rasa with madhu	1 st day 7 th day Shirodhara with Bramhi tail Sarvang Abhyanga with Ksheerabala tail f/b nadiswed Matrabasti with Mahakalyanak ghrat - 20ml Pratimash nasya – goghrit and durva swaras on alternate day 1. Jivha pratisaran- Vacha + Akkalkara churn	Concentration on particular things has been increased a lot. Hyperactivity decreased. Able to attend school. Obeys commands. Socially friendly behavior and friendship developed.
6 th cycle	1. Syp. Saraswtarisht gold 5ml-0-5ml 2. Bramhi ghrat 5ml bd Medhya Rasayan +Kumarkalyan Rasa with madhu	1. 1 st and 2 nd day Udwartan with Kola kultta Churna + godhum churn f/b nadiswed 2. 3 rd to 9 th day Sarvang Abhyanga with Mahanarayan tail f/b Nadiswed 3. Matra basti with Bramhi tail 4. Jivha pratisaran with vacha+akkalkara churn twice a day.	Follow up advised after 15 days.

OBSERVATION AND RESULT

Before treatment

- Forgetful in daily activities
- Loses things
- Poor school performance
- Not sitting in one place constantly
- Low memory power

- Improper speech
- Disturbed sleep
- Runs excessively
- Bite and fights with others

After Treatment

- Occasionally forgot
- Frequency of losing things decreased
- Improvement in school performance
- Sit for 5-10 min in one place
- Attention capacity increased
- Improvement in speech
- Sound sleep
- Not fighting with others

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 the first admission we advised the Sadhyo Virechana with Gandarvahastadi Taila with milk for the purpose of Koshta Shodhana as well as it helps in further treatment by appropriate absorption of medicine. As he is 6 years old, the classical Virechan is contraindicated so, we planned for Sadhyo Virechana. Then in each sitting we had planned for the Sarvanga Abyanga, Nadi Sweda, Kashayadhara / Takradhara / Tailadhara, Matrabasti.

Probable mode of action of the treatment are as follows.

UDAWARTAN: In each sitting for 1st day along with Deepana Pachana drugs we conducted Udwartha for Avaranahara action.

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. With this the drugs used here like Dashamoola, Yastimadhu, Vacha, Brahmi 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. Shirodhara only acts as the Sthanika Chikitsa which helps in acute cases. So, for the further development in the condition, we added Matra Basti with this simultaneously.

MATRA BASTI: According to Acharya Charaka, Basti is considered as Ardha Chikitsa which is the prime treatment for *Vata*.^[3] Rajoguna 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 Tailas like Ksheerabala Taila and Mahanarayana Taila, as the Taila helps in controlling the *Vata* which in turn controls the hyperactivity which is the primary complaint in ADHD. Later on in the further sittings we advised Mahakalyanaka Ghrita, as Ghrita controls the Pitta and also this Ghrita helps in increasing the cognitive power. When *Vata Pitta* got controlled, we used Brahmi Taila which is having Medya property.

AUSHADHI: After purificatory measures, the morbid *Doshas* from the body will be eliminated. After that by giving the Shaman Aushadi containing gold which possess the Medya properties will act on the brain cells and helps in increasing the concentration and memory power. So, we advised Brahmi Vati Swarna Yukta, Brahmi Ghrita, Saraswataarista with gold, Smriti granules etc.

BRAMHI VATI: used in mastishka and Hridaya daurbalya.

KUMARKALYAN RASA: improves immunity cures disease of children.^[4]

JIVHAPRATISARAN: Speech is also matter of concern in ADHD and even in this case child was having the problem with speech, so we also planned Jivhapratisaran with Teekshna, Ushna and Medhya drugs which helped a lot more in her speaking abilities. Pratimarsha.

NASYA: Nasa is the Dwara of Shiras. So, we advised the Nasya with Anu Taila which increased her mental ability.

CONCLUSION

According to Ayurveda, ADHD can be nearly co-related to Unmada based on the sign and symptoms. Approach to *Doshas* involved, symptoms and Chikitsa are explained in the same.

On this basis the case was diagnosed as Vata-Pittaja *Unmada* and accordingly treatment has been planned. Treatment included Deepana, Pachana, Shirodhara, Matra Basti followed by Shaman Aushadi with Medya drugs, Asyapratisarana and Pratimarsha Nasya along with speech therapy. As ADHD is Yanya Vyadhi an attempt was made to increase the quality of life to child as well as for the family and it gave the satisfactory results for which even the parents are also happy.

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