

A CASE REPORT OF AYURVEDIC MANAGEMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER [ADHD] IN CHILDREN**Jagdish Prasad Nama¹, Swati Goyal², Monika Sharma³, Rajkumar Sharma⁴**¹Assistant Professor, Dept. of Kaumarabhritya,²Assistant Professor, Dept. of Dravyaguna,³Assistant Professor, Dept. of Agad-Tantra evam Vidhi-vaidhyaka,⁴Assistant Professor, Dept. of Shalakya tantra, Government Ayurveda College & Hospital, Pratap Nagar, Jaipur, Rajasthan, India.**<https://doi.org/10.70057/ijaar.2025.70106>****ABSTRACT**

INTRODUCTION- Attention-Deficit Hyperactivity Disorder-ADHD is one among the most common neurobehavioral disorder of childhood. It interferes with the social and occupational functioning and it is characterized by inattention, Hyperactivity and impulsivity. In Ayurveda, disorders related to social, psychiatric and behavioral disturbances are discussed under *Unmada*. So, according to the sign and symptoms it can be co-related to *Unmada*. **MATERIAL AND METHOD-** The present case, 06-years old male child, was diagnosed with Attention-Deficit Hyperactivity Disorder and treated for 45 days in *Kaumarabhritya* OPD & IPD of Government Ayurveda Medical College & Hospital, Pratap Nagar, Jaipur, Rajasthan. **AIM AND OBJECTIVES-** To Assess the effect of Ayurvedic treatment in the management of ADHD in children. **RESULT AND OBSERVATION-** Ayurvedic treatment including medication and *samshodhan* like *Kostha-shodhana*, *nasya*, *Basti* and *Shirodhara* were followed and assessment was done before and after treatment and during follow ups. **DISCUSSION AND CONCLUSION-** The given ayurvedic management in *Kaumarabhritya* OPD & IPD of Government Ayurveda Medical College & Hospital, Pratap Nagar, Jaipur, Rajasthan, was found to be effective in management of Attention-Deficit Hyperactivity Disorder-ADHD.

Key words: *unmada*, Attention-Deficit Hyperactivity Disorder(ADHD), *Shirodhara*, *Kostha-shodhana*, *nasya*, *Basti*.

INTRODUCTION: Attention-Deficit Hyperactivity Disorder (ADHD) is one among the most common mental health issues affecting kids and teenagers, which is on the rise now a days.^[1] Children with ADHD may experience inattention, hyperactivity, and impulsivity as the behavioral issues.^[2] Deficient brain and nervous system processes are the hallmark of ADHD a neuro developmental disorder that often begins in early infancy and persists into adolescence and adulthood in a trait-like manner.^[3] Approximately 2.0–

7.0 percent of children and adolescents worldwide had ADHD in recent years.^[4] Males were more likely than females to be diagnosed with ADHD,^[5] and the frequency rises with age.^[6] It is a risk factor for long-term adverse consequences, such as diminished working memory and difficulties with everyday life activities, and it frequently lasts into adulthood.^[7] It also includes poor academic performance,^[8] interpersonal and job problems, and criminal activity.^[9] Additionally, it impacts household income,

leading to greater overall financial difficulties^[10] and heightened family stress on children's behavior.^[11] According to the findings of multiple longitudinal studies, children with ADHD who exhibit unresolved problem behavior at an early age are more likely to experience mental health issues later on.^[4]

Due to attention deficit and lack of executive skills, children with ADHD have limited awareness of their surroundings, which leads to behavioral issues.^[12] Children with ADHD who receive no treatment also endure hardships and obligations on their families. In the meantime, the family's financial situation was impacted by the use of treatment for children with ADHD. According to one study, the costs of raising children with ADHD were five times greater than those of typical households, especially when the children were on medication.^[10]

Attentional difficulties associated with the development of ADHD are frequently linked to maternal drug use, smoking and alcohol during pregnancy, and exposure to lead or mercury. ADHD symptoms can persist into adolescence and adulthood, even though they start in childhood.^[13] Mothers of children with ADHD are more likely to experience birth complications, such as toxemia, prolonged labor, and complicated delivery.^[14]

Before starting medication, non pharmacological treatment was used to treat ADHD in its early stages. It could be used alone or in conjunction with behavioral therapy, psycho-education, psycho-therapy, medication, mindfulness training and parent behavior training.^[15] Many families find it frustrating to deal with the child's aberrant behavior.^[11]

To deal with the behavioral issues of the children with ADHD, families have to modify or change their ways of acting. In order to reduce potential health risks and issues, it is crucial for all family members to monitor the behavioral issues of children with ADHD and assist in improving condition during the treatment process, as the family is the primary and closest environmental unit for childcare. The Ecological Theory, which describes the family as a crucial environment for children's development, including psychological, emotional and behavioral formation, is the foundation of the current study.^[16]

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* is intake of incompatible, contaminated and unclean foods, possession by spirits like Gods, mental trauma due to recurrent exposure to fear or exhilaration. *Dosha* gets vitiated by these causes 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 of mind, impatience, restlessness, incoherent speech, feeling of emptiness in mind, anxiety. *Ayurvedic* line of treatment has key role in managing Neurobehavioral disorders like ADHD etc., hence, present case was an attempt to manage the ADHD disorder using *Ayurvedic* line of treatment.^[17]

MATERIAL AND METHOD- The present case, 06-years old male child, was diagnosed with Attention-Deficit Hyperactivity Disorder and treated for 45 days in *Kaumarabhritya* OPD & IPD of

Government Ayurveda Medical College & Hospital, Pratap Nagar, Jaipur, Rajasthan.

AIM AND OBJECTIVES- To Assess the effect of Ayurvedic treatment in the management of ADHD in children.

RESULT AND OBSERVATION-

CASE STUDY- A 6-years old male child with the complaints of hyperactivity, 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 3 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 that he can't even recognize their parents. 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- Pre-term delivery with caesarean section [previous LSCS]. No history of Birth Asphyxia

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

Family History- Non-Consanguineous marriage. Elder sister has no problem.

Personal History

Diet - Mixed Appetite

Bowel - Clear (once daily)

Urine – Normal

Sleep – Sound

General Examination, Anthropometry and Vitals

General condition - Fair, Lean, Hyperactive and inattentive.

Height - 110 cm

Weight - 17 kg

HC - 50 cm

CC - 56 cm

MAC - 13.5 cm

HR - 102 bpm

RR - 26 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- 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.

Ashta Sthana Pareeksha

Nadi - Vata-Pittaja

Mala - Prakruta (once 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 - lean

Samprapti Ghataka

Dosha - Vata- Pitta Pradhana

Dooshya - Rasa, Manas

Agni – Vishamagni

Udbhavasthana – Pakwashaya

Adhisthana - Shiras

Vyakthasthana – Sarvashareera

Srotas – Manovahasrotas

Srotodushti - Sanga and Vimargagamana

Rogamarga – Abyantara

Rogaswabhaba – Chirakari

Sadya Asadyata - Krichra Sadhya

Diagnosis: Attention Deficit Hyperactivity Disorder (**Vata-Pittaja Unmada**)

Consent details: The patient acknowledged the use of his clinical information and other pertinent medical

data and provided written informed consent for this case report to be published. With the guarantee that all identifying information would be kept private and the patient's anonymity maintained in compliance with ethical guidelines for medical publications, the consent allowed the inclusion of these items in the report.

Table .1 Treatment Plan

S.N.-	Panchakarma	Shaman Aushdhi	Observation
1st sitting	<p>1st and 2nd day Krimimudga Rasa 125mg-0-125mg after meal Udhwarthana with Kola-Kulathadi Churna + Godhuma Churna Nadi Sweda – Dashamoola kwath 3rd day Sadhyo Virechana with Gandarvahastadi Taila - 10ml with warm milk for 1 day 4th to 10th day Shirodhara with Dashamoola Kwatha. Sarvangaabyanga with Ksheerabala Taila followed by Nadisweda Matrabasti with Ksheerabalataila-20ml</p>	<p>Brahmi Vati Swarn Yukt 125mg-0-125mg with milk before meal Syp Memorin = 5ml-0-0 with lukewarm water after meal in morning Smriti granules = 0-0-5gm with milk after meal bed time Asyapratisarana with <i>Trikatu</i>, <i>Yastimadhu</i>, <i>Vacha Churna</i>, twice Daily</p>	<p>Mild decrease in hyperactivity. Slight increase in concentration. Able to spell few words.</p>
2nd sitting	<p>1st day Udhwarthana with Kola Kulathadi + Godhuma churna followed by <i>Nadi Sweda</i> <i>Trikatu Churna</i> 5mg TID with lukewarm water 2nd to 8th day Sarvangaabyanga with Ksheerabalataila followed by <i>Nadi Sweda</i></p>	<p><i>Brahmi Vati Swarna Yukta</i> 125mg-0-125mg with milk before meal Mahakalyanak Ghrita = 5ml-0-5ml+ jyotismati Taila= 2ml-0-2ml after meal <i>Asyapratisarana</i> with <i>Trikatu</i>, <i>Yastimadhu</i>, <i>Vacha Churna</i>, twice Daily</p>	<p>Able to spell more words than First sitting Able to concentrate on particular thing for more time Social activeness increased. Able to follow some</p>

	Takradhara with <i>Brahmi</i> , <i>Yashtimadu</i> , <i>Vacha</i> , <i>Rasna</i> , <i>Ashwaganda</i> <i>Churna</i> <i>Matrabasti</i> with <i>Ksheerabala Taila</i> - 20 ml		instructions given by parents
3rd sitting	1st day <i>Udhwartana</i> with <i>Kola</i> <i>Kulatta Churna</i> + <i>Godhuma</i> <i>Churna</i> followed by <i>Nadi</i> <i>Sweda</i> 2nd day to 8th day <i>Shirodhara</i> with <i>Brahmi</i> <i>Taila</i> <i>Sarvanga Abyanga</i> with <i>Mahanarayana Taila</i> <i>Matra Basti</i> with <i>Mahanarayana Taila</i>	<i>Brahmi Vati Swarna Yukta</i> 125mg-0-0 with milk before meal <i>Mahakalyanak Ghrita</i> 5ml-0- 5ml+ <i>vyotismati Taila</i> = 2ml-0- 2ml after meal Syp Memorin = 5ml-0-0 with lukewarm water after meal in morning	Irritability was decreased. Fear towards stranger decreased. Able to spell more words than Earlier
4th sitting	1st day <i>Udhwartana</i> with <i>Kola</i> <i>Kulatta Churna</i> + <i>Godhuma Churna</i> followed by <i>Nadi Sweda</i> 2nd day <i>Sadhyo Virechana</i> with <i>Trivrut Leha</i> - 15gms with milk on empty stomach 3rd to 9th day <i>Shirodhara</i> with <i>Ksheerabala Taila</i> <i>Sarvanga Abyanga</i> with <i>Ksheerabala Taila</i> <i>Matra Basti</i> with <i>Kalyanaka Ghrita</i> - 20 ml	<i>Smriti Sagara Rasa</i> =125mg-0- 125mg with lukewarm water after meal <i>Mahakalyanak Ghrita</i> =5ml-0- 5ml+ <i>vyotismati Taila</i> = 2ml-0- 2ml after meal Syp Memorin = 5ml-0-0 with lukewarm water after meal in morning <i>Pratimarsha Nasya</i> with <i>Anu Taila</i> 2/2-0-2/2 drops for local use	Able to spell more words. Able to recognize the parents Concentration and memory are increased than the earlier
5th sitting	1st to 7th day <i>Shirodhara</i> with <i>Jyotismati Taila</i> <i>Sarvanga Abyanga</i> with <i>Ksheerabala Taila</i> followed by <i>Nadisweda</i> <i>Matra Basti</i> with <i>Mahakalyanaka Ghrita</i> - 20 ml	<i>Smriti Sagara Rasa</i> 125mg-0- 125mg With lukewarm water after meal <i>Gandhak Rasayan</i> =125mg-0- 125mg with lukewarm water after meal <i>Mahakalyanak Ghrita</i> =5ml-0- 5ml with lukewarm water after	Concentration on particular thing has been increased a lot. Able to recognize his family members and friends. Hyperactivity

		meal Pratimarsha Nasya with <i>Anu Taila</i> 2/2-0-2/2 drops for local use Asyapratisarana with <i>Trikatu</i> , <i>Yastimadhu</i> and <i>Vacha Churna</i> .	decreased he is able to attend the school Obeys the commands and does the assigned work properly. Able to spell his name and their family members. Able to recognize the body parts. Socially friendly behavior and friendship developed
6 th sitting	1st & 2nd day <i>Udhwartana</i> with <i>Kola Kulatta Churna</i> + <i>Godhuma Churna</i> followed by <i>Nadi Sweda</i> 3rd to 9th day Sarvanga Abyanga with <i>Mahanarayana Taila</i> followed by <i>Nadi Sweda</i> <i>Matra Basti</i> with <i>Brahmi Taila</i> 20ml Shiro Pichu with <i>Brahmi Taila</i>	Saraswataarista with gold =5ml-0-0 with milk empty stomach Brahmi Ghrita =5ml-0-5ml with lukewarm water after meal Brahmi+Vacha+Ashwagandha Chruna =0-0-5gm with honey at bed time	Follow up advised after 15 Days

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 balance *Vata-Pitta doshas*. 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* along with milk for the purpose of *Koshta Shodhana* as well as it helps in further treatment by appropriate absorption of medicine. As he is 06 years, the

classical *Virechana* 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:

Udwarthana: 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 continued 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 indicated as the prime treatment for *Vata*. *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 *Ghritha* controls the *Pitta* and also this *Ghritha* helps in increasing the cognitive power. When *Vata-Pitta* got controlled, we used *Brahmi Taila* which is having *Medya* 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 *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.

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

Nasya: *Nasa* is the *Dwara* of *Shiras*. So, we advised the *Pratimarsha Nasya* with *Anu Taila* which increased his 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, *Asyapratisharana* and *Pratimarsha Nasya* along with speech therapy. As ADHD is *Yapya 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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