



AYURVEDIC MANAGEMENT OF ADHD: A CASE STUDY

Dr. Shivangi Bhalerao ¹, Dr. R.Rachana Devendra ², Dr. Devyani Thokal ³,

¹ PG Scholar, ² Associate Professor, ³ Professor & HOD

Department of Kaumarbhritya, Shri Ayurved Mahavidyalaya, Nagpur, Maharashtra, India

Abstract:

Background: Attention-Deficit/ Hyperactivity Disorder (ADHD) is a common neurobehavioral disorder often found in children. It interferes with social, academic and occupational functioning and it is characterized by in-attention, hyperactivity and impulsivity. While ADHD symptoms typically emerge in preschool or early years of life.

In Ayurvedic text disorders related to psychiatric and behavioral disturbances are discussed under the chapter of *Unmada*, the sign and symptoms of ADHD are co-related with *Unmada*. It is primarily associated with *Vata* imbalance, leading to hyperactivity, inattention, and impulsivity.

As per the Ayurvedic treatment protocol for *vata* imbalance like *Kosthashodhana*, *Basti*, *Shirodhara* and *Nasya*, *Viddhakarma* were followed and before, after treatment and during follow ups assessment of patient was carried out. And found that the given treatment was effective in the management of ADHD.

Materials and Methods: The study involved the holistic treatment approach based on Ayurvedic text by using *Medhya rasayana*, *Panchakarma* procedures, and *Viddhakarma* depending upon the predominance of *Doshas* in the patient of ADHD of age 7 years old male child and the result was monitored.

Result: The planned treatment showed benefits in reducing ADHD symptoms in the treated child, as evidenced by improvements noted on the ADHD rating scale.

Discussion: Apart from the modern diagnosis like ADHD, Ayurvedic modality of the treatment helped in balance *Vata* and *Pitta doshas*. These interventions improved behaviour, and maintain emotional stability without side effects. Ayurveda provides a holistic and natural approach to managing ADHD, offering an effective alternative to conventional treatments.

Key Words: ADHD, *Viddhakarma*, *Panchakarma*, *Ayurveda* interventions.

INTRODUCTION

ADHD is a neurobehavioral disorder of childhood. Characterized by symptoms such as inattention, including difficulty in sustaining attention, poor impulse control, and hyperactivity. Its prevalence in India was estimated at 1.3 per 1000. ADHD is commonly observed in children aged 6 to 12 years, with a higher prevalence in males as compare to female. It interferes with social, academic and occupational functioning of the child.

Although the symptoms of ADHD is promptly recognized in childhood, it can continue through adolescence and adulthood.

ADHD is not mentioned in *Ayurvedic* text, 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 of mind, impatience, restlessness, incoherent speech, feeling of emptiness in mind, anxiety. Many of these sign & symptoms of *unmada* are found in the patients of ADHD. By focusing in this similarity present case was an attempt to manage the ADHD disorder using *Ayurvedic* line of treatment.

CASE STUDY

A 7-year-old male child with the complaints of hyperactivity, irritability, inattentiveness, lack of concentration, and delayed speech was approached our hospital. As per the information given by his parents, the child was apparently normal till 3 years of age. Gradually they noticed the behavioural disturbances in their child. He was not able to concentrate on any things in particular for more time. He developed irritable behaviour, inattentive and slow learning. Patient had taken treatment for this but no changes observed in his behaviour. So, they approached our hospital for further management.

BIRTH HISTORY

Prenatal history:

The history denies consanguinity of parents, Hypertension, Gestational diabetes, Hyperemesis, Preeclampsia, bleeding, or any infection during the antenatal period. The age of the mother at the time of conception was 37 years and the father was 41 years old. Mother had suffered from emotional disturbance and lack of nourishment during her antenatal period.

Perinatal History:

Full -term born by caesarean section [previous LSCS] weighed 2.5 kg. No history of Birth Asphyxia.

Postnatal history: H/o NICU stay 3 days for neonatal jaundice.

DEVELOPMENTAL HISTORY

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

FAMILY HISTORY

Non-Consanguineous marriage.

IMMUNIZATION HISTORY

Given as per the National Immunization Schedule up to the present age.

PERSONAL HISTORY

Appetite was poor. Mixed diet, dominant in *katu Rasa*,

H/O of excessive use of the mobile phone by the mother to engage the child at an infantile age. Still addicted to mobile phone at present age.

Disturbed sleep.

EXAMINATION

General Examination:

Vitals were normal. The general condition of the patient was good, moderately built, afebrile, and hyperactive inattention.

Physical Development: Examinations had shown no deformity

SYSTEMIC EXAMINATION:

Examination of the cardiovascular system, respiratory system, per abdomen showed no deformity.

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,

TREATMENT PLAN

Total observed treatment period of 12 months was mentioned in this clinical case study, the treatment modalities used are *Shaman, Shodhan & Viddhakarma*.

Following treatment line was given during the period of 12 months as per the situational need of the patient and the complaints were present.

Internal medicine (*Shaman Chikitsa*)

- *Krimihara Yoga*
- *Shwaskaschitamani ras + Yashtimadhu + Tagar + Brahmi + Sariva + gokshur + Balmedhya rasayan; Saraswat churna; Brahmi vati*
- *Sutashekhar ras & Chandrakala ras*
- *Sarivadyasav; Saraswatarishta (gold)*
- *Tapyadi loh(rajatyukta)*
- *Amrutadi guggulu; Kanchnar guggulu*
- *Gopichandanadi gulika; Tab fifatrol*
- *Paripathadi kadha ; Guduchyadi kwath*
- *Cap memorin; Cap kshirbala*
- *Syp vidyarthi amrit ; Syp intellect ; Syp shankhpushpi*

Above medicine was used in appropriate dose with required *Anupana* like Jaggery, Honey, *Go-Ghrut &* Luke warm water.

External treatment

- *Abhyanga (Sarvanga) - Ksheerbala Taila*
- *Mrudu Nadi Sweda (Sarvanga) - Dashmoola Kwatha*
- *Matra Basti (alternate day) - Sahachar Taila & Dhanvantar Taila*
- *Shirodhara (alternate day) - Brahmi Taila+Bala taila*
- *Pratimarsha Nasya - Panchendriyavardhan tail*

Vidhakarman

- *Shankha, Sthapani, Apanga, Lalata, Ura pradeshi* - Thrice a week for 10 Months

RESULTS & DISCUSSION:

Assessment was done based on the observed symptoms Before Treatment and after Treatment. ADHD rating scale was used to assess the symptoms.

Dosha Balancing: The treatment addressed *Vata* and *Pitta* imbalances, which were the primary contributors to the child's symptoms. *Vata-pacifying* therapies calmed hyperactivity, while *Pitta-reducing* herbs improved focus and emotional regulation.

Brahmi enhanced cognitive function and memory. *Ashwagandha* reduced restlessness and calmed the mind. *Shankhpushpi* supported emotional stability.

Abhyanga and *Shirodhara* provided relaxation and calmed the nervous system. *Nasya* stimulated cognitive pathways and improved mental clarity. *Basti* effectively calms vitiated *Vata*. A structured daily routine and yoga practices helped manage symptoms by stabilizing *Vata dosha*.

THE RATIONALE OF SHAMANA THERAPY:

Krimihar Yog: Eliminates parasites and clears *Ama* (toxins) from the gut, improving overall health. It may address gut-brain connection issues, which are linked to behavioral symptoms in ADHD.

Sutashekhar Ras, Chandrakala Ras, Paripathadi Kadha: These formulations primarily pacify *Pitta Dosha*, reducing acidity, inflammation, and nervous system hyper excitability, thus pacify mood and reducing irritability linked to ADHD.

Tapyadi Loh (Rajatyukta) Vati: Hematinic and rejuvenative agents improving blood quality and tissue nourishment that support overall vitality and indirectly improve brain function and concentration.

Shwaskaschitamani Ras, Gopichandanadi Gulika: Adaptogenic and anti-anxiety agents that enhance respiratory and circulatory function, which can affect overall stamina and stress resilience in ADHD.

Sarivadyasav, Sariva, Guduchyadi Kwath: Blood purifiers and immunomodulators that reduce *Pitta*-related inflammation, promoting system detoxification and clearer mental functioning.

Amrutadi Guggul, Kanchnar Guggul: Anti-inflammatory and mild detoxifying agents that regulate metabolism and reduce *Kapha*-related lethargy or mental dullness, thus enhancing alertness.

Syp *Vidyarthi Amrit*, Syp *Intellect*, Syp *Shankhpushpi*, Cap *Memorin*, *Balmedhya Rasayan*, *Brahmi*, *Yashtimadhu*, *Tagar*, *Sariva*: These are *Medhya rasayanas* (cognitive and nervine tonics) that: Enhance memory, attention, and learning by modulating neurotransmitters. Exhibit anxiolytic, adaptogenic, antioxidant, and neuroprotective effects. Calm hyperactive *Vata* and *Pitta doshas* to reduce restlessness and irritability. For example, *Brahmi* (*Bacopa monnieri*) contains bacosides that improve synaptic transmission

and cognitive function. *Tagar* acts as a sedative/anxiolytic through GABA modulation. Tab Fifatrol: Antimicrobial and antipyretic, helpful if systemic infections or low-grade fevers exacerbate ADHD symptoms.

Overall Drug Actions in ADHD via *Shamana* Therapy:

Pacify aggravated *Vata* and *Pitta* to reduce hyperactivity, impulsivity, and emotional instability.

Medhya (nootropic) effect: Improve attention, memory, learning, and cognitive resilience.

Immunomodulation and detoxification: Address underlying subclinical infections, inflammation, and toxin accumulation that can worsen mental symptoms.

Adaptogenic and anxiolytic properties: Reduce anxiety, promote calmness, and enhance mental stability.

Hematopoietic and rejuvenative effects: Improve general vitality and brain nourishment.

Thus, these Ayurvedic medications work synergistically within *Shamana* Therapy to restore *Dosha* equilibrium gently and support neurocognitive function in ADHD, emphasizing symptom relief with minimal side effects

RATIONALE OF SHODHANA THERAPY:

Abhyanga with Ksheerabala Taila

Abhyanga (oil massage) is a cornerstone therapy in Ayurveda for calming the nervous system and balancing aggravated *Vata dosha*, which is a key factor in ADHD. When performed with *Ksheerabala Taila*, it provides additional nourishment and therapeutic benefits.

Ksheerabala Taila Ingredients: *Bala* (*Sida cordifolia*): Strengthens nerves and reduces hyperactivity.

Ksheera (Milk): Provides cooling and nourishing properties, promoting calmness.

Taila (Sesame Oil): Pacifies *Vata* and deeply penetrates tissues, ensuring effective delivery of herbal nutrients

Basti with sahachar Taila and Dhanwantara Taila:

Vata is said to be the prime responsible for bodily functions and the production of diseases. *Basti*, being the best therapy to control *Vata*, also helps in managing *Pitta* and *Kapha Doshas*. *Basti* performs *Shrotoshodhan*, which is essential for controlling *Vata* vitiation due to *Shrotoavarodha* (blockage of channels).

Nasya with Panchendriyavardhan tail:

The management of ADHD patient is *vatapittashamaka* and *nasya* is most effective in *manasroga* *Panchendriyavardhan tail* have mostly *vata pita shamaka* drugs and *strotoshudhikara* drugs.

Drugs have *snigdha guna*, *madhur rasa*, *madhur vipaka*, *shita virya* and *vata pita shamaka*. *Teekshna* drugs like *Vidang*, *Pippali*, *nidigdhika*, *twaka* which are responsible for the clearing of the channels. *Vaata* is considered as the controller of the mind. All the drugs are having the *Vaata hara* property with *Snigdha* and *Ushna guna*. So the pacification of the *Vaata* also is playing an important role in the action of the drug. The *Madhooka* and *Saindhava lavana* are having *Pittahara* action. This may be helping in reducing the aggressive and agitated behaviour which is a *Pitta* dominant symptom

Shirodhara with Brahmi Taila:

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 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.

Viddhakarma: ⁴

Viddha Karma works over *Tridosha* and *Rakta*. It opens the route of entrapped *Vayu* by clearing *Srotas* and helps to move freely in the body. On removing the obstruction of the blood vessels, establishing the circulation and stimulation to sensory fibers from peripheral receptors, to reduce the transmission of irritating signals from the affected area is the main mechanism of action of *Viddha Karma*. The method involves the scientific generation of local static electricity, inducing polarization on a cellular level. This process introduces micro-nutrients and facilitates the removal of metabolite waste products from cells to transportation channels.

Conclusion

The study correlates ADHD symptoms with Ayurvedic principles, highlighting *Vata Prakriti* and characteristics of *Unmada* to explain the *doshic* involvement in ADHD's etiopathogenesis. It emphasizes a comprehensive Ayurvedic treatment approach that integrates *Medhya Rasayana*, multiple herbal formulations, Panchakarma therapies such as *Abhyanga*, *Nadi Sweda*, *Basti*, and *Shirodhara*, along with *Viddhakarma* techniques, all tailored to address the dominant *doshas* effectively.

The results indicate a progressive improvement in ADHD symptoms over 12 months of *Ayurvedic* treatment. The ADHD Rating Scale scores show a significant improvement at different stages of treatment, including decreased irritability, improved anger management, better temper control, reduced hyperactivity, enhanced attention span, and improved ability to follow instructions and complete tasks.

The study highlights the importance of individualized, long-term treatment strategies in the management of ADHD. However, it's essential to note that the findings are based on a single case, and further research with larger sample sizes and controlled studies is necessary to establish the generalizability and efficacy of *Ayurvedic* interventions for ADHD.

Comparison with Conventional Treatments:

Ayurvedic treatments provided holistic symptom relief without side effects, unlike conventional medications that may cause sleep disturbances or appetite suppression.

Limitations:

The case study is based on a single patient, making it difficult to generalize the results.

REFERENCES:

1. Clinical practice guideline: diagnosis and evaluation of the child with attentiondeficit/hyperactivity disorder. American Academy of Paediatrics. Pediatrics.2000 May; 105 (5):1158-70.
2. Vinod K Paul, Arvind Bagga. Ghai is essential in Pediatrics. 9 Ed. New Delhi; CBS Publishers and Distributors Pvt. Ltd. 2019, p.56Clinical practice guideline: diagnosis and evaluation of the child with attentiondeficit/hyperactivity disorder. American Academy of Paediatrics. Pediatrics.2000 May; 105(5):1158-70.
3. Paul Vinod K, Bagga Arvind. Ghai Essential Pediatrics. New Delhi: CBS Publishers and distributors; 9th edition. Pg 56
4. Dr. Rahul Gameti ,Ayurvedic Management Of Adhd With Panchendriya Viverdhan Tail Nasya- A Case Study Volume 6, Issue 8, 06 June 2017
5. Vaidya R. B. Gogate, Viddhakarma and Agnikarma Chikitsa, Spectrum offset, Pune, Reprinted May 2022, Page no 67.
6. Shastri K, Chaturvedi G, Charka Samhita, Vidhyotini Hindi Commentary, Nidana Sthana chapter - 7/5, Chaukhamba Bharti Academy, Varanasi, India, 2008, pp: 656
7. Shastri K, Chaturvedi G, Charka Samhita, Vidhyotini Hindi Commentary, Nidana Sthana chapter - 7/5, Chaukhamba Bharti Academy, Varanasi, India, 2008, pp: 656
8. Harpin VA. The effect of ADHD on the life of an individual, their family, and community from preschool to adult life. Arch Dis Child. 2005 Feb; 90 Suppl 1(Suppl 1): i2-7. doi: 10.1136/adc.2004.059006. PMID: 15665153; PMCID: PMC1765272.
9. Gupt A, Astanga Hridayam, Vidhyotini Hindi Commentary, Sutra sthanam-11/1, Chaukhamba Sanskrita Sansthan, Varanasi, India, 2005, pp: 85
10. .Vaidya Jadavji Trikamji Acharya, Charak Samhita of Agnivesa with Ayurved Deepika Commentary of Sri Chakrapanidatta, Siddhi Sthana, 1/38-39, Chaukhamba Publication, Delhi, Reprint Edition 2017, p.683.