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*Research Article*

# Ayurvedic Perspective of Attention-Deficit/Hyperactivity Disorder (ADHD): A Narrative Review with Scientific Correlation

**Dr. Preeti Harode [1], Dr. Nitin Urmaliya [2*], Dr. Zahida Nagori [3], Dr. Priti Hardeniya [4], Dr. Radha Gupta [5]**

[1] Assistant Professor, Department of Kaumarbhritya, Government Auto. Ashtang Ayurvedic College Indore, Madhya Pradesh, India

[2] Associate Professor & H.O.D., Department of Agadatantra, Government Auto. Ashtang Ayurvedic College Indore, Madhya Pradesh, India

[3] Associate Professor, Department of Kaya Chikitsa, Government Auto. Ashtang Ayurvedic College, Indore, Madhya Pradesh, India

[4] Assistant Professor, Department of Rasashastra, Government Auto. Ashtang Ayurvedic College, Indore, Madhya Pradesh, India

[5] Assistant Professor, Department of Agadatantra, Government Auto. Ashtang Ayurvedic College, Indore, Madhya Pradesh, India

**Corresponding Author:** *Dr. Nitin Urmaliya

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## Abstract

Attention-Deficit/Hyperactivity Disorder (ADHD) is a common neurodevelopmental disorder characterised by inattention, hyperactivity, and impulsivity, primarily affecting children and adolescents and often persisting into adulthood. Although ADHD is not explicitly described in classical Ayurvedic texts, its clinical features can be understood through the concepts of Manas Vikāra, Unmāda, and Vāta-pradhāna disorders, particularly involving Prāṇa and Vyāna Vāta. Ayurveda emphasises a holistic approach incorporating dietary regulation, lifestyle modification, Panchakarma procedures, Rasāyana therapy, and herbal formulations to restore mental balance. This narrative review explores the Ayurvedic conceptual framework of ADHD, correlates classical descriptions with modern neurodevelopmental understanding, and evaluates available clinical evidence on Ayurvedic interventions such as Brahmī, Ashwagandhā, Śirodhāra, and Nasya. The review highlights Ayurveda's potential as a complementary and integrative approach in ADHD management and identifies future research directions.

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**KEYWORDS:** ADHD, Ayurveda, Manas Vikāra, Vāta, Prāṇa Vāta, Brahmī, Panchakarma.

## 1. INTRODUCTION

Attention-Deficit/Hyperactivity Disorder (ADHD) is one of the most prevalent neurodevelopmental disorders of childhood, affecting approximately 5–7% of children worldwide. It is clinically characterised by persistent patterns of inattention, hyperactivity, and impulsivity that interfere with functioning or development. Conventional management includes behavioural therapy and pharmacological agents such as stimulants and non-stimulants; however, long-term use is often associated with adverse effects, leading to increasing interest in complementary systems of medicine.

Ayurveda, the traditional system of medicine of India, adopts a holistic biopsychosocial approach to health. Although ADHD is not directly mentioned in classical texts like Charaka Saṃhitā or Suśruta Saṃhitā, its symptomatology can be understood through Ayurvedic principles of Manas, Doṣa, Guṇa, and Manovaha Srotas. This review aims to analyse ADHD through the Ayurvedic lens and critically evaluate Ayurvedic therapeutic approaches in the light of modern scientific evidence.

### Ayurvedic Conceptualisation of ADHD

Manas and Manas Vikāra

According to Ayurveda, Manas (mind) is responsible for cognition, perception, memory, attention, and emotional regulation. Disturbances in mental functioning are categorised under Manas Vikāra. Classical texts describe mental instability (Chanchalatā), impaired intellect (Buddhi Vibhrama), poor memory (Smṛti Hāni), and lack of self-control (Dhairya Hāni), which closely resemble core features of ADHD.

### Dosha Involvement

ADHD is predominantly considered a Vāta-pradhāna disorder. Among the subtypes of Vāta, Prāṇa Vāta governs higher cerebral functions such as attention, concentration, and cognition, while Vyāna Vāta regulates motor activity. Aggravation of these subtypes results in hyperactivity, impulsivity, restlessness, and impaired attention. Associated involvement of Rajas Guṇa leads to excessive mental activity and poor inhibitory control.

### Correlation with Unmāda

Some scholars correlate ADHD with mild or partial manifestations of Unmāda, where behavioural dysregulation and impaired mental functions are evident without gross psychosis. Unlike classical Unmāda, ADHD lacks hallucinations or delusions but shares features of cognitive and behavioural instability.

### Etiopathogenesis (Samprapti)

Ayurvedic etiological factors contributing to ADHD include:

**Beeja Doṣa:** Genetic or congenital factors

**Garbha-avasthā Apachāra:** Improper maternal diet, stress, or toxin exposure during pregnancy

**Ahāra-Vihāra:** Irregular food habits, excessive intake of dry, light, incompatible foods

**Manasika Nidāna:** Psychological stress, emotional deprivation, excessive sensory stimulation

These factors cause aggravation of Vāta and Rajas, leading to dysfunction of Manovaha Srotas and impaired coordination between the mind and sensory organs.

### Clinical Features in Ayurvedic Terms

| Modern Symptom | Ayurvedic Correlate |
|---|---|
| Inattention | Alpa-Dhyāna, Smṛti Hāni |
| Hyperactivity | Chanchalatā |
| Impulsivity | Akrama Kriyā |
| Emotional instability | Rajas Pradhānatā |
| Poor academic performance | Buddhi Vibhrama |

Ayurvedic diagnosis is individualised, based on Prakṛti, Vikṛti, mental strength (Sattva), and associated somatic symptoms.

### Ayurvedic Management of ADHD

#### Principles of Treatment

Nidāna Parivarjana – Avoidance of causative factors

Śamana Chikitsā – Pacification of aggravated Doṣa

Śodhana Chikitsā – Detoxification, especially for Vāta imbalance

Rasāyana Chikitsā – Cognitive enhancement and neuroprotection

Satvavajaya Chikitsā – Psychological and behavioural modulation

Panchakarma Therapies

Śirodhāra: Calms the nervous system, improves attention and reaction time

Nasya: Clears Prāṇa Vāta disturbances in the head region

Abhyanga: Reduces Vāta and improves sensory-motor integration

Basti: Considered the best therapy for Vāta disorders, useful in chronic cases

### Herbal and Rasāyana Therapies

Brahmī (Bacopa monnieri): Improves attention, memory, and executive functions

Ashwagandhā (Withania somnifera): Reduces stress and anxiety

Śaṅkhapuṣpī: Enhances intellect and learning

Jatāmansi: Calms hyperactivity and emotional instability

### Scientific Evidence and Clinical Studies

Multiple clinical trials have demonstrated the cognitive-enhancing effects of Bacopa monnieri in children with attention deficits. Randomised controlled trials have shown improvement in attention span, reaction time, and impulsivity. Studies on Śirodhāra as an adjunct therapy reported a significant reduction in ADHD symptoms when combined with conventional treatment. Saffron (Crocus sativus) has shown comparable efficacy to methylphenidate in small randomised trials.

Despite promising results, limitations include small sample sizes, heterogeneous study designs, and a lack of long-term follow-up.

## 2. DISCUSSION

Ayurveda offers a comprehensive and individualised approach to ADHD, addressing not only symptoms but also underlying psychosomatic imbalance. The integration of Ayurvedic therapies with modern behavioural and pharmacological interventions may improve outcomes, reduce drug dependence, and enhance quality of life. However, standardisation of formulations, robust clinical trials, and safety monitoring are essential for wider acceptance.

## 3. CONCLUSION

From an Ayurvedic perspective, ADHD can be understood as a Vāta-pradhāna Manas Vikāra involving dysfunction of Prāṇa Vāta and dominance of Rajas Guṇa. Ayurvedic management through lifestyle regulation, Panchakarma therapies, Rasāyana drugs, and behavioural interventions shows promising potential as a complementary approach. Future large-scale, well-designed clinical studies are required to establish evidence-based integrative protocols.

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**About the corresponding author**

**Dr. Nitin Urmaliya** is an Associate Professor in the Department of Agadatantra at Government Autonomous Ashtang Ayurveda College, Indore, Madhya Pradesh, India. He is actively involved in teaching, clinical practice, and research in Ayurveda, with a special focus on Agadatantra and toxicology.