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A CASE STUDY- AYURVEDIC MANAGEMENT OF ADHD

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ABSTRACT

Attention Deficit Hyperactivity Disorder (ADHD) is the most common neurobehavioral disorder of childhood. ADHD is characterized by in-attention, hyperactivity and impulsivity. In addition, there are other secondary symptoms associated with ADHD such as insomnia, learning disabilities and delayed language development. The symptoms affect cognitive, academic, behavioural, emotional and social functioning. 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*. ADHD is a *Vata-Pitta* predominant disorder. The present case was carried out in Kaya Chikitsa OPD of Jammu Institute Of Ayurveda & Research Jammu with an aim to assess the efficacy of Ayurvedic treatment protocol in the management of ADHD.

KEYWORDS: ADHD, *Unmada*, Behavioral Disorder.

INTRODUCTION

ADHD is a neurobehavioral disorder of childhood. ADHD is characterized by in-attention, hyperactivity and impulsivity. Its prevalence in India was estimated at 1.3 per 1000. The American academy of pediatrics recommends evaluating any child between 4 – 18 years of age for ADHD, if he or she presents with academic or behavioral problems with symptoms of inattention, hyperactivity and impulsivity. It interferes with social, academic and occupational functioning. Its onset will be upto 12 years of age. 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 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.

CASE STUDY

ATURA PARICHARYA

- **NAME:** XYZ
- **AGE :**13 years
- **SEX:** Male
- **OPD NO.:** 7123
- **OCCUPATION:** Student
- **SOCIO ECONOMIC STATUS:** Upper middle class.
- **ADDRESS:** AGORE JAMMU

PRADHANA VEDANA

- Hyperactivity behavior since 3 years
- Aggressive nature since 3 years
- Lack of concentration since 3 years
- Low memory power and since 3 years
- Delayed speech since 3 years

❖ **VEDANA VRUTTANTA :-** A13 year old male child brought by his father with complaint of the hyperactivity behaviour, aggressive nature, lack of concentration, low memory power and delayed speech since 3 years.

❖ **POORVA VYADI VRUNTANTA**

No known case of Hypertension, Diabetes Mellitus, Thyroid.

❖ **KOUTUMBIKA VRUNTANTA**

All family members are said to be healthy.

❖ **VAIYAKTIKAVRUTTANTA**

Height-4 feet 4 inches. Weight-35 kg.

Sleep: disturbed. Appetite: Normal.

Bowel: Regular, 1 time a day. Micturition: 4-5 times a day.

❖ **ANTENATAL HISTORY:** - Age of mother at the time of conception was 28 years and the father was 34 years. The mother took regular antenatal checkups and took medicine on time. No history of any kind of infections, fever, seizures.

❖ **PERINATAL HISTORY:** 3.05 kg Full term normal hospital delivered cried immediately

❖ **POSTNATAL HISTORY:** NICU admission for 1 day (for observation).

❖ **DEVELOPMENTAL HISTORY:** All milestones delayed as per appropriate age, unable to speak some words clearly and completely at appropriate age.

❖ **IMMUNISATION HISTORY:** - Given as per Schedule up to present age.

❖ **PHYSICAL EXAMINATION**

- On examination, the child was moderately built and nourished.
- On observation, Patient having aggressive and hyperactivity behaviour.
- BP- 110/70mmhg.
- Pulse rate- 74/min
- Respiratory rate- 19/min.
- Temp- 99.4 F.
- There was no pallor, no clubbing, no cyanosis, no lymphadenopathy and no oedema

DASHVIDHA PARIKSHA

- *PRAKRUTI - Vata-pittaj.*
- *VIKRUTI: Rasaj, satva, raja, Tama Dushti.*
- *SARA : Madhyam*
- *SAMHANAN: Madhyam*
- *PRAMANA: avara*
- *SATMYA: Madhyam*
- *SATVA: Avara*
- *AHARA: Avara*
- *VYAYAM SHAKTI: Avara*
- *VAYA: baala*

▪ DIAGNOSIS

The guideline used for the diagnosis of ADHD are DSM-[5] criteria is followed because of its broader spectrum.

In making the diagnosis, children should have six or more symptoms of the disorder and people above 17 should have at least five symptoms.

Based on observation, Patient diagnosed with ADHD.

And as per ayurvedic classics, patient diagnosed with Unmada.

❖ INTERVENTIONS

TAB BRAHMI VATI 2 BD (A/M) WITH WATER.

*SARASWATARISHTA 15 ML WITH EQUAL AMOUNT OF WATER AFTER MEAL
TWICE A DAY*

❖ PANCHKARMA

SHIRODHARA WITH BHRAMI GHRITA

❖ PATHYA AND APATHYA AHARA

Pathya: Brahmi, Kakamachi, Vastuka, Tanduliyaka, Draksha, Narikel, Kushmanda, Dhatri, Haritaki, Kshira, Navarita, etc.

Apathya: overindulgence in meat, fish, heavy, hot and stale food articles, suppression of leafy vegetable intake, bitter food.

❖ **PATHYA AND APATHYA VIHARA**

Pathya Vihara: Sadvritta Palan, Achara Rasayana, Dincharya and Ritucharya Vihavaja regimes.

Apathya Vihara: Suppression of sleep, hunger, thirst and natural urges, excessive urges, excessive strain etc. Rude Acts which are not in accordance with the prescribed ethical code of conduct

ASSESSMENT

SYMPTOMS	DAY 0	DAY 15	DAY 30	DAY 45
Hyperactivity behaviour	PRESENT	PRESENT	PRESENT	ABSENT
Aggressive nature	PRESENT	PRESENT	PRESENT	PRESENT
Lack of concentration	PRESENT	PRESENT	ABSENT	ABSENT
Low memory power	PRESENT	PRESENT	PRESENT	PRESENT
Delayed speech	PRESENT	PRESENT	PRESENT	PRESENT

SYMPTOMS	DAY 60	DAY 75	DAY 90	DAY 105
Hyperactivity behaviour	ABSENT	ABSENT	ABSENT	ABSENT
Aggressive nature	PRESENT	ABSENT	ABSENT	ABSENT
Lack of concentration	ABSENT	ABSENT	ABSENT	ABSENT
Low memory power	PRESENT	ABSENT	ABSENT	ABSENT
Delayed speech	PRESENT	PRESENT	PRESENT	ABSENT

RESULT

Patient was examined every 15 days for 3 months and after each follow up patient shows marked improvement in signs and symptoms.

DISCUSSION**BRAHMI GHRITA USED IN SHIRODHARA**

Brahmi is obtained from the plant *Bacopa monnieri*. A majority of drugs used for mental illnesses are in the form of ghrita (clarified butter) as this form contains lipophilic (affinity for fats) properties. This enables them to cross the blood-brain barrier and act on the brain. Bacoside is one of the active ingredients of brahmi ghrita which may have some effects on conditions related to the brain.

Brahmi Grita can improve attention and concentration in individuals with attention deficit hyperactivity disorder (ADHD).

Brahmi Grita can enhance the production of certain neurotransmitters in the brain, such as serotonin and acetylcholine

BRAHMI VATI

Brahmi has neuroprotective, anxiolytic (anti-anxiety) and antidepressant properties. These properties may be useful in managing mental illnesses like anxiety, depression and insanity. Brahmi may be useful in promoting mental health, intellect and improving memory

SARASWATARISHTA

Saraswatarishta has been claimed to be useful in treating central nervous system disorders. It helps in treating acute anxiety, fatigue, insomnia, partial loss of memory, low grasping power, slurred speech,

According to Ayurveda, Saraswatarishta is rich in Vata balancing properties which aid in managing anxiety-related problems. Saraswatarishta is also known to have Medhya (improves intelligence) property which helps in improving cognitive function.

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