AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Review Article

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD): AN AYURVEDIC CORRELATION AND INTEGRATIVE PERSPECTIVE

Aayushi Shrivastav[1]*, Priyanka Wadhwa[2], N. Sujatha[3], Jaynarayan Sharma[4]

*[1]MD Scholar, [2]Professor, [3]Professor and Head, Dept. of Kaumarbhritya, Patanjali Bhartiya Ayurvigyan evam Anusandhan Sansthan, Haridwar.

[4]Medical Officer (Ayu), Govt. of Haryana, India.

Article info

Article History:

Received: 17-04-2026

Accepted: 13-05-2026

Published: 08-07-2026

KEYWORDS:

ADHD, Ayurveda, *Vata Dosha, Manovaha Srotas, Unmada, Graha Roga, Medhya Rasayana.*

ABSTRACT

Attention Deficit Hyperactivity Disorder (ADHD) is a common neurodevelopmental disorder characterized by inattention, hyperactivity, and impulsivity, affecting children and often persisting into adulthood. Modern medicine attributes ADHD to neurobiological dysfunction involving neurotransmitter imbalance and impaired executive function. Ayurveda, the ancient Indian system of medicine, does not describe ADHD as a single disease entity but explains similar symptomatology under disorders of *Manas* (mind), *Buddhi* (intellect), *Smriti* (memory), and *Chesta* (behavior). Conditions such as *Unmada, Graha Roga,* and *Manovikriti*, along with *Vata*-predominant *Dosha* vitiation, provide a conceptual framework for understanding ADHD. This article explores ADHD through both modern and Ayurvedic perspectives, emphasizing etiopathogenesis, clinical features, and integrative management.

INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most prevalent neurodevelopmental disorders of childhood, with a global prevalence of approximately 5–7%. It is characterized by persistent patterns of inattention, hyperactivity, and impulsivity that interfere with academic, social, and occupational functioning. ADHD is increasingly recognized as a lifelong condition, with symptoms continuing into adolescence and adulthood in many cases. [5]

Modern medical science explains ADHD primarily through dysfunction of the prefrontal cortex, altered dopaminergic and noradrenergic neurotransmission, and genetic and environmental factors.

Access this article online

Quick Response Code

https://doi.org/10.47070/ayushdhara.v13i3.2717

Despite the availability of pharmacological treatments such as stimulants, concerns remain regarding side effects, dependency, and incomplete symptom resolution. [1]

Ayurveda offers a holistic and individualized approach, focusing on mind–body balance. Although ADHD is not directly named in classical Ayurvedic texts, its features can be correlated with *Vata*-dominant *Manasika Vikara,* involving disturbances in *Dhee* (intellect), *Dhriti* (retention), and *Smriti* (memory). This article aims to correlate ADHD with Ayurvedic principles and outline an integrative understanding.

ADHD: Modern Medical Perspective

Definition

According to DSM-5, ADHD is defined as a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, with onset before the age of 12 years. [4]

Types of ADHD

Predominantly Inattentive Type

Predominantly Hyperactive-Impulsive Type

Combined Type

Etiology and Pathophysiology

Genetic predisposition [1]

Neurotransmitter imbalance (dopamine, norepinephrine) [1]

Delayed cortical maturation [1]

Prenatal and perinatal risk factors

Psychosocial stressors

Clinical Features

Poor attention span [7]

Forgetfulness [7]

Excessive motor activity [9]

Impulsivity

Academic underachievement

Emotional dysregulation. [6]

Concept of Mind and Behavior in Ayurveda

Ayurveda considers *Sharira* (body), *Indriya* (senses), *Satva* (mind), and *Atma* (soul) as pillars of life. Mental health depends on the equilibrium of:

Dosha (Vata, Pitta, Kapha)

Triguna (Sattva, Rajas, Tamas)

Manovaha Srotas (channels of mind)

Role of *Dosha*

Vata: Governs movement, cognition, speech, and nervous system.

Pitta: Governs intellect, comprehension, and perception.

Kapha: Governs stability, memory, and emotional calmness.

In ADHD, *Vata Dosha* predominance is most evident, often associated with *Rajas Guna* aggravation.

Ayurvedic Correlation of ADHD

ADHD as *Vata-Pradhana Manovikara*

The core symptoms of ADHD- restlessness, distractibility, impulsivity, and inconsistent attention- are classical features of *Vata* vitiation. *Chala* (instability), *Laghu* (lightness), and *Sheeghra* (quickness) qualities of *Vata* manifest as hyperactivity and inattentiveness.

Correlation with Classical Conditions

Unmada

Unmada is described as a condition involving derangement of *Manas, Buddhi, Smriti, Bhakti, Sheela*, and *Chesta*. Mild or partial expression of these features can be correlated with ADHD, especially cognitive and behavioral dysregulation.

Increased *Vata* leads to inattention, hyperactivity, increased *Pitta* leads to impulsivity and irritability. The condition due to *Dushta Dosha* caused by the *Mithya-ahara* or consumption by an *Alpa Satva* person, which gets lodged in the *Sthana* of *Buddhi*, that is *Hridaya* and later does *Marga-avarana* of *Manovaha Srotas* leading to different *Lakshanas* (manifestations).

उन्मादं पुनर्मनोबुद्धिसंज्ञाज्ञानस्मृतिभक्तिशीलचेष्टाचारविभ्रमं विद्यात्।

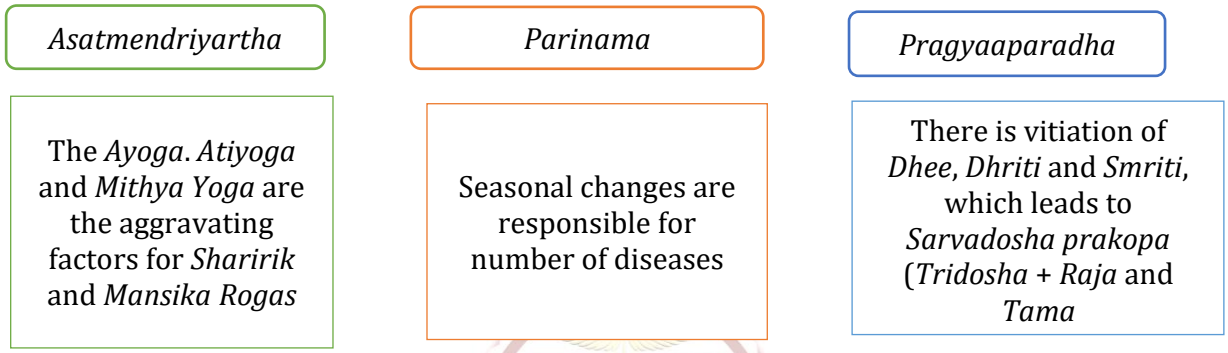
शोकचिन्मोद्वगादिभिर्भूयोऽभिघाताभ्याहतानां वा मनस्युपहते बुद्धौ च प्रचलितायामभ्युदीर्णा दोषाः प्रकुपिताहृदयमुपसृत्य मनोवाहीनि स्रोतांस्सावृत्स जनयन्मुन्मादम् ।। (चरक. नि. ७/५/४१) [15]

ADHD Symptom	**Unmada Pratyatm Lakshan (Ayurveda)**	**Dosha Suggestion**	***Mansik Prakriti* (Ayurveda)**
Fidgets/hands or feet (squirms when seated)	*Cheshta-Vibhrama*	*Vataja Unmada (Angavikshepana,* roaming*)*	—
Marked restlessness, difficult to control	*Cheshta-Vibhrama*	*Vataja Unmada or Pittaja Unmada (Abhidravan)*	—
Appears driven by a motor / often on the go	*Cheshta-Vibhrama*	*Vataja Unmada* (wandering)	Maybe *Anavasthita* and *Tikshna Swabhav* in *Rajasika/ Tamasika* types.
Difficulty engaging quietly in play	*Sheela-Vibhrama*	*Vataja* or *Pitta (Vata-Pitta* behavioral turbulence)	—
Incapable of staying seated in class	*Cheshta-Vibhrama*	*Vataja Unmada*	—

Overly talkative	*Achara-Vibhrama*	*Vataja Unmada* (excessive talking)	—
Difficulty waiting turn	*Cheshta-Vibhrama*	*Pittaja Unmada (Amarsha* – irritability*)*	Could reflect *Amarshina Rajasika Kaya*
Interrupts, intrudes on conversations	*Mana-Vibhrama*	*Pittaja Unmada (Amarsha)*	—
Impulsively blurts answers before question ends	*Buddhi-Vibhrama*	*Pittaja Unmada (Amarsha)*	—

Nidana

There are no specific *Nidana* (etiological factors which are responsible for occurring the disease) for ADHD because they are not explicitly listed in Classical Ayurvedic texts. *Nidanas* for ADHD could therefore be those that vitiate the *Tridosha* and *Raja-Tama*. Hence, grossly three factors are responsible for all *Manovaha srotas vyadhi*.



Asatmendriyartha – It means improper functioning of *Gyanendriya* (sense organs). The *Ayoga* (insufficient), *Atiyoga* (excess) and *Mithya* yoga (unsatisfactory) result of any sense organ may lead to disease. *Ayoga* can be explained as a person is not able to hear question clearly what another one is telling him; this will result into improper sensory impulse conducted to higher center and will be failed to answer properly to the question.

Same as when a person can listen very low frequency sound then sound of normal frequency for others, can cause hearing impairment to the former one. If there is problem in understanding or wrong perception of the words spoken by others, then there will be wrong interpretation of the words, it is *Mithya yoga*. All these activities are controlled by sense organs which is under control of *Mana*.

Parinama- It is the time factor which cannot be avoided by anyone. There are many diseases which are much more specific to a particular age group. Mana is the link between sensory stimuli and motor response as because to perceive knowledge, *Sannikarsha* of *Indriya, Indriya-artha, Atma* with *Mana* is must.

Pragyapradha- It includes *Dhee*, *Dhriti* and *Smriti vibhransh*. *Dhee vibhransh* indicates the derangement of wisdom, means the person misinterprets things to do and not to do. *Dhriti vibhransh* is loss of patience. The person is not able to stop himself indulging into unwanted things/ matters. *Smriti vibhransh* means vitiation of memory power. These all occurs when activities which are contraindicated to do, is done by the people. This leads to vitiation of *Sarvadosha prakopa* (*Tridosha+ Raja* and *Tama*) and thus leads to *Manovahasrotodushti*.

Probable Main Factors

Garbhaja hetu **(maternal factors)-** The physical-psychological growth and development of the child depend upon mother, what mother listens, eats, does all affect the child. For e.g., according to Acharya Charaka if a pregnant woman consumes more sweet food, may lead to diabetes in child. If mother is not sleeping properly at night and roams here and there at night, then the child will have *Unmada Vyadhi* in future. [15]

Jataja hetu **(acquired/environmental factors)-** The physical-psychological growth and development of the child depend upon *Ahara-Vihara* taken by him after birth

Sahaja hetu **(congenital factors)-** This includes all the factors involved in the morbidity of Shukra and

Shonita. Vitiation in *Beeja, Beeja Bhaga, Beeja-bhaga avayava* due to *Vata* can cause congenital deformities in the child which may be a factor in developing ADHD. If *Rajaswalacharya* (menstrual regimen) is not properly followed by woman, then it affects *Aartava (Stribija),* thereby affects the child. All the chromosomal, hereditary or genetic problem can be corelated with above explanation as.

***Purvajanmajata* hetu (Idiopathic factors)-** Deeds done in previous life, also have effect psychology of child.

Graha Roga (Kaumarbhritya)

Graha Roga primarily affects children and presents with abnormal behavior, poor attention, fear, irritability, and hyperactivity. Many scholars correlate ADHD with *Balagraha*-related *Manovikara*, particularly in early childhood.

Dhee-Dhriti-Smriti Vibhramsha

Charaka describes impairment of intellect, retention, and memory as central to mental disorders. ADHD closely reflects this triad, especially in inattentive and combined subtypes. [15]

***Samprapti* (Pathogenesis) of ADHD in Ayurveda**

***Nidana* (Etiological factors)**

Improper diet during pregnancy (*Vata-prakopaka Ahara)*

Mental stress of mother (*Garbhakala Manasika Bhava*)

Irregular lifestyle

Excessive sensory stimulation (*Ati-yoga* of *Indriya*)

Samprapti

Vata vitiation → *Manovaha Srotodushti*

Rajas Guna vriddhi

Impairment of *Dhee, Dhriti*, *Smriti*

Behavioral and cognitive abnormalities

Principles of Ayurvedic Management of ADHD

Ayurvedic management is multidimensional, focusing on correcting *Dosha* imbalance, improving mental faculties, and enhancing *Satva*.

***Ahara* (diet)**

Vata-shamaka diet (milk, ghee, whole grains).

Avoid junk food, excessive sugar, preservatives.

Inclusion of *Medhya* foods

***Aushadha* (Medications)**

Medhya Rasayana: [14]

Brahmi (Bacopa monnieri)

Mandukaparni (Centella asiatica)

Shankhapushpi

Guduchi

Ghrita preparations

Brahmi Ghrita

Kalyanaka Ghrita

***Panchakarma* (Selected therapies)**

Shirodhara – calming effect on CNS

Nasya – improves cognitive functions

Abhyanga – *Vata-shamana*

Satvavajaya Chikitsa

Behavioral counselling

Mind training

Positive reinforcement

Regulation of sensory inputs

Yoga and Meditation

Pranayama (Nadi Shodhana, Bhramari)

Dhyana

Simple Asanas to improve focus

Integrative Perspective

An integrative approach combining Ayurveda, behavioral therapy, dietary regulation, and *Yoga* offer promising results in ADHD management. Ayurveda emphasizes long-term improvement without adverse effects by addressing the root cause rather than symptom suppression.

CONCLUSION

ADHD is a complex neurobehavioral disorder that significantly impacts quality of life. Ayurveda provides a comprehensive framework to understand ADHD through *Vata Dosha* vitiation, *Manovaha Srotodushti*, and *Dhee-Dhriti-Smriti Vibhramsha*. Ayurvedic interventions, particularly *Medhya Rasayana, Panchakarma*, and *Satvavajaya Chikitsa*, offer a safe and holistic approach. Integrating Ayurvedic principles with modern diagnostic understanding can enhance therapeutic outcomes and provide sustainable management of ADHD. [14]

REFERENCES

1. Faraone SV, Bellgrove MA, Brikell I, Cortese S, Hartman CA, Hollis C, et al. Attention-deficit /hyperactivity disorder. Nat Rev Dis Primers. 2024; 10: 11.
2. Cortese S. Pharmacologic treatment of attention-deficit/hyperactivity disorder. N Engl J Med. 2020; 383: 1050-1056.
3. Wolraich ML, Wibbelsman C, Brown TE, Evans SW, Gotlieb EM, Knight JR, et al. Clinical practice guideline for ADHD in children and adolescents. Pediatrics. 2019; 144(4): e20192528.
4. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (DSM-5). 5th ed. Arlington, VA: APA; 2013.

5. Polanczyk GV, Salum GA, Sugaya LS, Caye A, Rohde LA. Annual research review: A meta-analysis of the worldwide prevalence of ADHD. J Child Psychol Psychiatry. 2015; 56(3): 345-365.
6. Sibley MH, Arnold LE, Swanson JM, Hechtman LT, Kennedy TM, Owens E, et al. Patterns of remission from ADHD in the Multimodal Treatment Study. Am J Psychiatry. 2022; 179(2): 142-151.
7. Biederman J, Newcorn J, Sprich S. Comorbidity of ADHD with conduct, depressive, anxiety, and other disorders. Am J Psychiatry. 1991; 148(5): 564-577.
8. Faraone SV, Glatt SJ. Comparison of efficacy of ADHD medications via meta-analysis. J Clin Psychiatry. 2010; 71(6): 754-763.
9. Swanson JM, Sergeant J, Taylor E, Sonuga-Barke E, Jensen P, Cantwell D. ADHD and hyperkinetic disorder. Lancet. 1998; 351(9100): 429-433.
10. Goodman R, Ford T, Simmons H, Gatward R, Meltzer H. Using the Strengths and Difficulties Questionnaire (SDQ) for ADHD screening. Br J Psychiatry. 2000; 177: 534-539.
11. World Health Organization. International Classification of Diseases 11th Revision (ICD-11). Geneva: WHO; 2018.
12. Amini A, Alijanpour M, Latifi B, Motie Nasrabadi A. ADHDeepNet from raw EEG to diagnosis: Improving ADHD diagnosis through deep learning. arXiv preprint. 2025; arXiv: 2509.08779.
13. Belacel N, Boulassel MR. Metabolomic biomarker discovery for ADHD diagnosis. arXiv preprint. 2026; arXiv: 2601.11283.
14. Kumar A, Singh M. Panchakarma in modern context. In: Prasad L, editor. Contemporary Ayurveda. New Delhi: Health Publications; 2024. P.145-167.
15. Charaka. Charaka Samhita. Translated by Sharma PV. 2nd ed. Varanasi: Chaukhambha Orientalia; 2023.

Cite this article as:
Aayushi Shrivastav, Priyanka Wadhwa, N. Sujatha, Jaynarayan Sharma. Attention Deficit Hyperactivity Disorder (ADHD): An Ayurvedic Correlation and Integrative Perspective. AYUSHDHARA, 2026;13(3):617-621.
https://doi.org/10.47070/ayushdhara.v13i3.2717
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Aayushi Shrivastav
MD Scholar,
Dept. of Kaumarbhritya,
Patanjali Bhartiya Ayurvigyan evam Anusandhan Sansthan, Haridwar.
Email: ayushishri987@gmail.com