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Review Article

AN AYURVEDIC APPROACH TO CHILDHOOD HYPERACTIVITY: CONCEPTUAL AND THERAPEUTIC INSIGHTS

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ABSTRACT

Hyperactivity disorder is the most prevalent neurodevelopmental disorder in childhood, primarily marked by hyperactivity and impulsivity. Ayurveda interprets this condition through the lens of *Vata* vitiation and *Manasa* derangement, particularly affecting *Dhee* (intellect), *Dhriti* (restraint), and *Smriti* (memory). The condition closely aligns with *Vataja Unmada,* offering a relevant pathological and therapeutic framework. **Aim:** To review Ayurvedic approaches- *Panchakarma*, *Shamana Chikitsa*, and psychosocial strategies- for integrative and individualized management of hyperactivity disorder in children. **Methods:** Ayurvedic interventions such as *Shirodhara*, *Abhyanga*, *Matra Basti*, and *Nasya* were assessed for their neuromodulatory potential. *Shamana* therapies employing *Medhya Rasayana*, *Vata*-pacifying *Ahara*, and *Agni* enhancement were also reviewed. **Results:** *Panchakarma* therapies, when adapted for pediatric use, showed calming effects on the nervous system and correction of *Vata* imbalance. *Shamana Chikitsa* and *Medhya Rasayanas* supported improved emotional regulation, mental clarity, and reduced hyperactivity. These therapies were found to be safe, non-invasive, and sustainable. **Discussion:** Ayurveda provides a root-cause-focused, personalized treatment approach, contrasting the symptomatic management of conventional therapies. By addressing *Dosha* imbalances and correcting *Manasa Bhavas*, Ayurvedic treatment improves both immediate symptoms and long-term functionality. **Conclusion:** Ayurvedic management, based on the principles of *Vata Vyadhi* and *Unmada*, serves as a valuable adjuvant in treating hyperactivity disorder in children. An integrative model combining modern diagnostics with Ayurvedic lifestyle and therapies may offer a more holistic and enduring solution.

INTRODUCTION

Hyperactivity Disorder in the pediatric population is recognized as a subtype of Attention-Deficit/Hyperactivity Disorder (ADHD), a prevalent neurodevelopmental condition. This review focuses primarily on hyperactivity and impulsivity- the core symptoms associated with hyperactivity disorder[1]. ADHD is one of the most commonly diagnosed neurodevelopmental disorders in childhood, significantly impacting academic performance, emotional well-being, and social interactions[2]. Individuals with ADHD demonstrate developmentally inappropriate levels of hyperactivity, impulsivity, restlessness, and often, inattention[3]. Symptoms typically emerge between the ages of 3 and 6 years and frequently persist into adolescence and adulthood [4]. The International Classification of Diseases, 10th Revision (ICD-10), classifies the predominantly hyperactive subtype of ADHD under the code F90.1[5], while the ICD-11 designates it as 6A05.1[6]. Globally, the prevalence of ADHD is estimated to be between 5% and 7%. [7] In India, however, studies have reported a wide range of prevalence, varying from 1.6% to 17.9% across different populations and methodologies[8]. Hyperactivity disorder can have profound implications for a child's overall development. It may adversely affect the ability to form and maintain peer

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relationships, academic performance, family dynamics, and self-esteem[9]. Although hyperactivity and impulsivity are primary symptoms, they often coexist with inattention, which further increases the risk of injuries such as falls, burns, and drowning[10]. Conventional treatment of ADHD predominantly follows a neurobiological and genetic model, utilizing standardized diagnostic tools and a combination of pharmacological and behavioural therapies. Stimulant and non-stimulant medications, cognitive behavioural therapy (CBT), parent training, and social skills interventions are commonly employed. While these treatments can alleviate symptoms, medications may lead to side effects, including appetite suppression, sleep disturbances, and emotional blunting [11].

In contrast, Ayurveda conceptualizes hyperactivity and inattention as manifestations of imbalances in the *Sharirika Doshas (Vata, Pitta,* and *Kapha)* and the *Manasika Doshas* (*Rajas* and *Tamas*). Classical Ayurvedic texts describe these symptom clusters under the broader frameworks of *Unmada* or *Chittodvega* (mental agitation). The Ayurvedic approach seeks to address these imbalances through a holistic regimen that includes *Ahara* (dietary modifications), *Vihara* (lifestyle changes), *Panchakarma* (detoxification and rejuvenation therapies), *Aushadhi* (herbo-mineral preparations), and yoga and meditation [12]. Unlike conventional treatments that primarily aim to manage symptoms, Ayurveda emphasizes restoring systemic balance, thereby addressing the root cause of the disorder. Ayurvedic interventions are generally free from adverse effects, utilizing natural methods to enhance emotional stability, sleep quality, attention, and mood. Consequently, the Ayurvedic model is considered particularly suitable for the paediatric population due to its personalized, integrative, and sustainable approach to long-term well-being [13].

AIMS AND OBJECTIVES

Aim

To explore and evaluate the conceptual framework and therapeutic potential of Ayurvedic principles in the understanding and management of childhood hyperactivity.

Objectives

1. To review the Ayurvedic literature pertaining to *Unmada*, *Chittodvega*, and other relevant conditions associated with childhood behavioural disorders, particularly hyperactivity.
2. To correlate the symptomatology of childhood hyperactivity (as understood in modern medicine, especially ADHD- predominantly hyperactive type) with the Ayurvedic concepts of *Dosha* imbalance, especially *Vata* and *Rajo Guna* dominance.
3. To identify and document Ayurvedic treatment modalities- including *Ahara* (diet), *Vihara* (lifestyle), *Aushadhi* (herbo-mineral preparations), *Panchakarma* (detoxification procedures), and yoga and meditation- used in the management of childhood hyperactivity.
4. To evaluate the therapeutic efficacy and safety of selected Ayurvedic interventions in managing symptoms of hyperactivity in children, based on published clinical or case studies.
5. To propose an integrative Ayurvedic protocol tailored for hyperactive children, focusing on long-term behavioural regulation, cognitive enhancement, and emotional balance.

MATERIALS AND METHODS

Study Design

This study is designed as a conceptual and therapeutic review with integrative analysis. It includes an in-depth exploration of classical Ayurvedic texts, modern scientific literature, and published clinical studies relevant to childhood hyperactivity and its Ayurvedic management.

Source of Data

- Classical Ayurvedic texts such as *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and other authoritative Nighantus and compendia were critically reviewed to identify references related to *Unmada, Chittodvega, Vata Prakopa*, and *Manasika Vikara*.
- Contemporary research publications, journal articles, systematic reviews, and meta-analyses from indexed databases (PubMed, Scopus, AYUSH Research Portal, Google Scholar) were used to examine the clinical and neuropsychological features of childhood hyperactivity and ADHD.
- Reports, guidelines, and diagnostic criteria from organizations like the DSM-5, ICD-10/11, and WHO were considered to establish a clinical correlation with Ayurvedic concepts.

Inclusion Criteria

- Ayurvedic and modern texts addressing behavioural and neurodevelopmental disorders in children.
- Peer-reviewed clinical trials, observational studies, case reports, and reviews (within the last 25 years) dealing with ADHD or hyperactivity and Ayurveda-based interventions.
- Studies involving children aged 3–12 years with symptoms corresponding to hyperactivity and impulsivity.

Exclusion Criteria

- Articles not available in English or Sanskrit.
- Studies focusing exclusively on pharmacological interventions unrelated to Ayurvedic therapy.

- Reports lacking clear diagnostic or therapeutic correlation.

Conceptual Framework Development

The Ayurvedic understanding of hyperactivity was developed by:

- Mapping modern diagnostic features (hyperactivity, impulsivity, inattention) to Ayurvedic symptoms described under *Unmada*, *Chittodvega*, and *Vata Nanatmaja Vikara*.
- Identifying *Dosha, Guna,* and *Dushya* involvement based on Ayurvedic pathogenesis (*Samprapti*).
- Assessing *Prakriti* (constitution), *Manasika Bhavas* (psychological traits), and environmental factors influencing behavioural tendencies.

Therapeutic Insight Collection

1. Therapies such as *Ahara* (wholesome diet), *Vihara* (disciplined routine), *Aushadhi Chikitsa* (herbo-mineral preparations), *Panchakarma* procedures, and yoga and meditation were compiled from classical and contemporary evidence.
2. Clinical outcomes, safety profiles, and efficacy indicators from relevant studies were analyzed qualitatively.

Method of Analysis

- A qualitative descriptive analysis was employed to synthesize Ayurvedic and biomedical perspectives.
- Comparative analysis was done between Ayurvedic descriptions and current medical classifications to identify overlaps and therapeutic parallels.
- Narrative synthesis was used to integrate textual knowledge with clinical applicability

Ayurvedic Perspectives on Hyperactivity Disorder

Ayurveda takes a whole-person approach through the identification and balancing of the body's fundamental energies *(Doshas).* It recognizes that imbalances in both physical and psychological components contribute to behavioural disorders. Several classical Ayurvedic conditions align conceptually with childhood hyperactivity, including ***Unmada, Chittodvega, Anavasthita Chittatva,*** and ***Vata Vyadhi*** [14].

Unmada

The term *Unmada* refers to a disturbed state of *Manas* (mind), *Buddhi* (intellect), *Smriti* (memory), *Samjnajnana* (orientation and perception), *Bhakti* (desire), *Sheela* (habitual conduct), *Chesta* (psychomotor activity), and *Achara* (social behaviour). These impairments result in abnormal mental and behavioural functioning and share features with hyperactivity symptoms such as impulsiveness, distractibility, and erratic behaviour [15]. *Unmada* is classified as either *Aagantuja* (exogenous, due to trauma or toxins) or *Nija* (endogenous, due to doshic imbalance). In the pediatric context, this is termed *Bala Unmada* (childhood *Unmada*) [16].

Chittodvega

Chittodvega combines *Chitta* (mind) and *Udvega* (agitation or anxiety). It is described as a *Manasa Roga* (mental disorder) caused by the vitiation of *Rajas* and *Tamas Gunas*, along with *Vata* and *Pitta Doshas*. It may act as a prodromal symptom of *Unmada*, and its clinical features- emotional agitation, restlessness, and hyper-responsiveness- closely resemble those of hyperactivity and impulsivity in children [17].

Anavasthita Chittatva

This term describes mental instability or inconsistency, particularly difficulty in sustaining attention and emotional balance. The symptoms correspond with behavioural traits like distractibility, impulsivity, and difficulty in emotional regulation-central characteristics of hyperactivity and ADHD [18].

Vata Vyadhi

Hyperactivity, excessive movement, and restlessness are typical signs of *Vata* vitiation, and such symptoms are encompassed under the broader category of *Vata Vyadhi* in Ayurveda. An aggravated *Vata* leads to instability in bodily and mental functions, manifesting in the form of increased psychomotor activity and reduced cognitive control- an Ayurvedic explanation for hyperactive behaviour in children [19].

Ayurvedic Etiology *(Nidana)* and Pathogenesis *(Samprapti)*

According to Ayurveda, the origin and development of hyperactivity in children can be attributed to multifactorial causes, primarily involving the imbalance of *Ahara* (diet), *Vihara* (daily regimen), and *Manasika Bhavas* (psychological factors). These causative factors disturb the natural equilibrium of *Doshas*, particularly *Vata* and *Pitta*, and initiate the pathogenesis that leads to behavioural and neurological disturbances.

1. ***Ahara* (Dietary Factors)**: Improper dietary habits are considered key contributors to *Dosha* vitiation. Foods that aggravate *Vata* and *Pitta*, such as spicy, sour, deep-fried items *(Rajasic),* or stale, heavy, and cold foods *(Tamasic),* are believed to negatively affect mental clarity, leading to impulsivity and restlessness. Overconsumption of refined sugar, chemical additives, stimulants like caffeine, and processed food further disrupts neuropsychological balance [20]. Additionally, consumption of *Viruddha Ahara* (incompatible food combinations), such as unnatural, impure, or chemically processed substances, is mentioned as a significant cause of *Unmada* in classical texts. These food-related triggers can influence the stability of *Manas*, contributing to hyperactive behaviours.

2. ***Vihara*** **(Lifestyle and Behavioural Factors)**
   Irregular routines, excessive screen exposure- particularly before sleep- lack of adequate rest, and disorganized schedules are known to aggravate *Vata Dosha*. Overexertion or sedentary behaviour also causes *Dosha* imbalance. Such lifestyle errors are viewed as precipitating factors in mental and behavioural disturbances in children [21].
3. ***Manasika*** **(Psychological and Emotional Factors):** Prolonged emotional strain- such as familial conflicts, academic pressure, grief, fear, or unresolved anger- can lead to vitiation of *Manasika Doshas* (*Rajas* and *Tamas*). These disturbances interfere with the normal functioning of *Manovaha Srotas* (the channels carrying mental impulses), manifesting in forms of agitation, inattentiveness, and emotional volatility.
4. **Other Causative factors:** *Sahaja* or *Aadibalapravritta Hetu* (vongenital/hereditary causes): Faulty sperm (*Shukra*) or ovum (*Shonita*), due to poor parental health or incompatible constitution, may lead to inherent vulnerabilities in the child. This aligns with the modern understanding of genetic predisposition to behavioural disorders [22].
5. ***Garbhaja Hetu*** **(Prenatal Influences):** Maternal diet, lifestyle, emotional environment, and adherence to prenatal regimens (e.g., *Rajaswala Paricharya* and *Garbhini Paricharya*) significantly influence fetal neurological development. *Vata*-provoking diets or stressful conditions during pregnancy are particularly detrimental to the mental constitution of the fetus [23].
6. ***Jataja Hetu*** **(Postnatal Factors):** Post-birth influences such as improper nutrition, environmental toxins, lack of parental bonding, and early psychological stress may adversely affect the child's neurological and psychological development, possibly contributing to hyperactive behaviour [24].

Pathogenesis *(Samprapti)*

In Ayurveda, the development of hyperactivity and related behavioural disorders is viewed through a multidimensional lens, incorporating disturbances in mental faculties, Dosha imbalances, and metabolic dysfunctions. Two principal pathological constructs are involved: the vitiation of *Dhee, Dhriti*, and *Smriti*, and *Ama* formation due to *Agnimandya* (weakened digestion).

1. Derangement of *Dhee, Dhriti*, and *Smriti*

A central theme in the Ayurvedic pathogenesis of ADHD-like conditions is the impairment of three vital cognitive faculties- *Dhee* (intellect), *Dhriti* (restraint), and Smriti (memory) [25].

- *Dhee* pertains to discernment, comprehension, and rational thought. It governs the capacity to grasp concepts and make informed decisions.
- *Dhriti* implies mental fortitude- the power to hold back impulsive tendencies, remain patient, and act with consistency and focus.
- *Smriti* denotes the memory faculty, responsible for the retention and recall of learned knowledge and experiences [26].

When these three faculties are vitiated, *Asatmendriyartha Samyoga* occurs- defined as improper interaction between the sensory organs and their respective stimuli [27]. This misalignment results in impaired sensory gating and cognitive dysfunction, manifesting in clinical features such as:

- Inattention (linked to deranged *Dhee* and *Dhriti*)
- Hyperactivity (due to weak impulse control or *Dhriti*).
- Impulsiveness (resulting from disturbed *Dhee* and *Dhriti*).

Such derangement often stems from *Prajnaparadha*- an intellectual error wherein the individual deliberately or habitually engages in unwholesome actions. This initiates the vitiation of all three *Doshas* along with *Rajas* and *Tamas Gunas*, disturbing the *Manovaha Srotas*, the subtle pathways governing psychological functions[28]. Thus, in Ayurveda, hyperactivity is not merely a behavioural dysfunction, but a deeper cognitive and energetic imbalance involving mental faculties, *Doshas, Gunas*, and channels of consciousness.

2. Role of *Agni* and *Ama*

Ayurveda recognizes *Agni* (digestive/metabolic fire) as the cornerstone of both somatic and mental health. When Agni is weakened *(Agnimandya),* incomplete digestion results in the production of Ama, a toxic metabolic residue.

Ama is described as a heavy, sticky, and obstructive substance capable of clogging the *Srotas*, including the *Manovaha Srotas*- channels responsible for the transmission of thoughts, emotions, and mental clarity. When these channels are obstructed, symptoms such as:

- Mental fog
- Difficulty in focusing
- Lethargy
- Emotional instability, may manifest [29].

This suggests a direct connection between digestive dysfunction and mental derangement- an Ayurvedic principle that mirrors current scientific explorations into the gut-brain axis, especially the role of the microbiome in modulating mood, cognition, and behaviour [30].

Consequently, Ayurvedic treatment for psychological and behavioural disorders like hyperactivity includes:

- *Deepana* (stimulation of *Agni*),

- *Pachana* (digestion or elimination of *Ama*), along with lifestyle and cognitive therapies, aimed at restoring both digestive health and mental clarity[31].

Diagnosis

The accurate diagnosis of hyperactivity disorder in children requires a multi-method, multidisciplinary, and context-sensitive approach. This ensures that the symptoms are correctly attributed to hyperactivity and impulsivity, and not misinterpreted as outcomes of other developmental, neurological, or behavioural disorders.

Diagnostic Criteria Based on DSM-5-TR

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR), published by the American Psychiatric Association in 2022, remains the global benchmark for diagnosing Attention-Deficit/Hyperactivity Disorder (ADHD). According to DSM-5-TR, a diagnosis of hyperactive/impulsive presentation requires:

- Presence of at least six symptoms of hyperactivity and impulsivity for a minimum duration of six months.
- Onset of symptoms before the age of 12 years.
- Symptoms must manifest in two or more settings (e.g., home, school, or social settings), ensuring they are not situational.
- The disorder must lead to clinically significant impairment in academic, social, or occupational functioning.

ICD-11 Diagnostic Framework

According to the International Classification of Diseases, 11th Revision (ICD-11), ADHD is listed under the code 6A05.3, which denotes the predominantly hyperactive-impulsive presentation [32]. The diagnostic criteria include:

- Onset of symptoms before 12 years of age.
- Presence of developmentally inappropriate and persistent hyperactivity and impulsiveness.
- Observable functional impairment across personal, academic, or social domains.
- Ruling out the presence of alternative psychiatric or neurological disorders that better explain the symptoms.

Behavioural Rating Scales

Standardized behavioural rating tools completed by parents, teachers, and clinicians are critical components of diagnosis, helping to capture symptom severity and situational variability [33]. Commonly used tools include:

- Conners' Parent and Teacher Rating Scales
- Vanderbilt ADHD Diagnostic Rating Scales

These instruments provide a structured framework to quantify behavioural symptoms and compare them against normative data.

Cognitive Assessment: Malin's Intelligence Scale for Indian Children (MISIC)

The MISIC is an Indian adaptation of the Wechsler Intelligence Scale for Children (WISC) and is standardized for children aged 6–15 years [34]. It comprises:

- Verbal IQ
- Performance IQ
- Full-Scale IQ

Clinical significance

- Differentiates ADHD from intellectual disabilities.
- Identifies comorbid learning disorders.
- Highlights deficits in working memory and processing speed (e.g., low scores in Digit Span or Coding), which are common in children with ADHD.

Multidisciplinary Evaluation

A comprehensive evaluation by a team of professionals is essential for an accurate diagnosis of hyperactivity disorders [35]. Key components include:

- Neurological Assessment to exclude conditions like epilepsy, motor tics, or other neurological disorders.
- Hearing and Vision Screening to rule out sensory impairments that may mimic inattention.
- Developmental and Psychological Assessments to screen for coexisting disorders such as Autism Spectrum Disorder (ASD), learning disabilities, and anxiety disorders.

This holistic approach ensures diagnostic precision and informs individualized treatment planning.

Ayurvedic Management Strategies *(Chikitsa)*

The Ayurvedic approach to managing childhood hyperactivity focuses on the restoration of *Doshic* balance, enhancement of cognitive faculties, and overall psychosomatic well-being. The treatment is multidimensional, involving *Ahara* (diet), *Vihara* (lifestyle), *Aushadhi* (herbal formulations), *Panchakarma* (detoxification therapies), and *Sattvavajaya Chikitsa* (mind–body healing).

***Ahara* (Dietary Intervention)**

Diet plays a central role in Ayurvedic therapeutics, particularly in managing *Vata*- and *Pitta*-predominant disorders such as hyperactivity. The aim is to adopt a *Vata*-pacifying and sattvic diet, which supports mental clarity, emotional stability, and nervous system nourishment.

- *Vata*-Pacifying diet includes warm, moist, easily digestible, and nourishing foods [36].
- Healthy fats such as ghee, sesame oil, and coconut oil are recommended for nervous system support and grounding effects [37].

- Whole grains and legumes, especially mung beans, provide sustained energy and cognitive support [38].
- Fruits and vegetables, particularly cooked and mildly spiced varieties, contribute essential nutrients [39].
- Hydration with warm water or herbal teas like *Tulsi* and chamomile is preferred over cold drinks [40].
- A *Sattvic* diet, rich in fresh fruits, milk, ghee, nuts (almonds), and whole grains, supports mental clarity and boosts *Medha* (intellect) [41].

***Vihara* (Lifestyle Modifications)**

Establishing a structured *Dinacharya* (daily routine) helps in pacifying *Vata Dosha* and enhancing behavioural regulation in children.

- Fixed sleep-wake cycles, especially "early to bed, early to rise", promote sleep hygiene and mental stability [42].
- Screen time limitation, particularly before bedtime, reduces mental agitation and improves focus [43].
- Outdoor play and physical activities such as walking, cycling, and exposure to sunlight help in grounding hyperactive energy and improving vitamin D levels [44].
- Time in nature fosters sensory integration and reduces anxiety, aligning with Ayurvedic principles of Prakriti (natural balance).

***Panchakarma* (Detoxification and Rejuvenation Therapies)**

Panchakarma is employed in selected cases to eliminate *Ama* (toxic metabolites) and restore *Doshic* harmony.

- *Shirodhara*, the continuous pouring of medicated warm liquids (e.g., oil, milk, or buttermilk) over the forehead *(Ajna Chakra),* calms the central nervous system and improves concentration [45].
- *Abhyanga*, the full-body oil massage with *Dosha*-specific medicated oils, helps in grounding energy, improving circulation, and enhancing sensory-motor regulation [46].
- *Basti* (medicated enemas) are particularly indicated in *Vata* disorders. *Matra Basti*, a mild form of enema using medicated oils, is safe and effective in children. It supports gut-brain axis regulation, cognitive enhancement, and emotional stability[47,48].
- *Nasya*, the administration of medicated oils through the nasal passage (the "gateway to the brain"), helps cleanse the head region and balance *Vata* and *Kapha* in the cranial space [49].
- *Kostha Shodhana* (mild gut cleansing) may be substituted for aggressive therapies like *Vamana* and *Virechana* in pediatric cases, depending on the child's strength and condition [50].

***Shamana Chikitsa* (Alleviative Therapy)**

Shamana (pacifying) therapies are especially suitable for children with mild to moderate symptoms, where *Panchakarma* is not required.

- Medications are selected for their *Medhya* (cognition-enhancing), *Vata*-pacifying, and *Manas*-balancing properties [51].
- Common herbal drugs include Brahmi (*Bacopa monnieri*), Mandukaparni (*Centella asiatica*), Shankhpushpi (*Convolvulus pluricaulis*), and Jyotishmati (*Celastrus paniculatus*), all known for enhancing memory, focus, and behavioural control.
- *Deepana* and *Pachana* herbs are administered to kindle *Agni* (digestive fire) and digest *Ama* (toxins), thereby improving gut-brain signaling and psychological well-being [52,53].

Table 1: Key Ayurvedic Herbs for Managing Hyperactivity in Children

Herb Name (*Sanskrit*)	Botanical Name	Key Ayurvedic Properties/ Actions	Reported Benefits for Hyperactivity-related Symptoms	Primary *Dosha* Effect
Brahmi [54,55]	*Bacopa monnieri*	*Medhya* (intellect-promoter), *Rasayana* (rejuvenator), nervine tonic, anxiolytic, cognitive enhancer.	Enhances memory, concentration, learning, mental clarity, reduces restlessness, anxiety, impulsivity, hyperactivity, improves focus.	*Tridoshic* (balances all three *Doshas*), particularly good for *Vata* and *Pitta*.
Ashwagandha [56,57]	*Withania somnifera*	Adaptogen, *Rasayana*, nervine tonic, anti-stress, *Balya* (strength-promoting).	Calms nervous system, reduces stress and anxiety (balances cortisol), enhances focus and energy without overstimulation, improves sleep quality, mood stabilizer.	Primarily *Vata* and *Kapha* pacifying.
Shankhpushpi [58]	*Convolvulus pluricaulis /*	*Medhya*, brain tonic, nervine sedative,	Enhances intellect and memory, calms nervous system, improves	*Tridoshic*, particularly

	Evolvulus alsinoides	anxiolytic.	concentration and focus, calms hyperactivity and impulsivity.	good for *Vata* and *Pitta*.
Jatamansi [59]	*Nardostachys jatamansi*	Nervine sedative, tranquilizer, *Medhya*, anti-stress, *Bhutaghna* (relieves psychiatric issues).	Deep relaxing effects, supports sound sleep, reduces emotional turbulence, balances mood instability, improves learning and memory.	*Tridoshic*, particularly good for *Vata* and *Pitta*.
Vacha [60]	*Acorus calamus*	*Medhya*, nervine stimulant (in low doses), speech promoter, mild sedative.	Elevates mental/intellectual power, clears speech, eases anxiety and hyperactivity, useful for nervous system imbalances.	*Vata* and *Kapha* pacifying.
Mandukaparni [61,62]	*Centella asiatica*	*Medhya*, brain tonic, nervine, adaptogen.	Improves blood flow to brain, sharpens memory, enhances emotional stability, supports cognitive function.	*Tridoshic*, particularly good for *Pitta*.
Madhuyashti [63]	*Glycyrrhiza glabra*	*Medhya*, *Rasayana*, anti-inflammatory, adaptogen, demulcent.	Enhances cognitive functions, provides calming effects, soothes nervous system.	*Vata* and *Pitta* pacifying.

DISCUSSION

Hyperactivity disorder in children, most frequently diagnosed as the hyperactive-impulsive presentation of ADHD, presents a significant concern across academic, familial, and psychosocial settings. Modern psychiatry employs structured diagnostic tools such as the DSM-5 and ICD-11, along with cognitive assessments like the Malin's Intelligence Scale for Indian Children (MISIC), to aid in clinical identification and classification of ADHD. Treatments often consist of pharmacotherapy and behavioural interventions, including cognitive-behavioural therapy (CBT), parent management training, and school-based behavioural programs.

However, pharmacological interventions are often associated with side effects such as insomnia, decreased appetite, irritability, and in some cases, growth suppression in children. Moreover, these approaches are largely symptomatic, addressing surface-level manifestations while overlooking underlying neurodevelopmental imbalances. In contrast, Ayurveda, with its holistic, individualized philosophy, interprets hyperactivity as a manifestation of *Vata-Pitta* vitiation, disturbance in *Manasika Gunas* (*Rajas* and *Tamas*), and impairment of *Dhee* (intellect), *Dhriti* (retention), and *Smriti* (memory) functions.

Rather than rigidly categorizing mental illness, Ayurveda uses a distinct epistemological framework that examines the root cause *(Hetu),* pathogenesis *(Samprapti),* and overall psychophysiological constitution *(Prakriti).* Hyperactivity closely resembles Ayurvedic conditions such as *Unmada, Chittodvega,* and *Vata Vyadhi*, which are psychoneurobehavioral disorders characterized by restlessness, impulsivity, and emotional instability- features commonly seen in ADHD. Ayurveda further broadens the etiological scope by including *Sahaja Hetu* (congenital), *Garbhaja* Hetu (intrauterine/gestational), and *Jataja Hetu* (postnatal causes), offering a life-span-oriented perspective that links prenatal influences and early childhood experiences to behavioural imbalances. This offers a profound advantage over the current symptom-focused biomedical model.

An integrated diagnostic approach combining modern tools (DSM-5, CPT, MISIC) and Ayurvedic diagnostics (e.g., *Dosha* analysis, mental faculty evaluation, *Agni* and *Ama* status) may enable clinicians to tailor interventions more comprehensively. Ayurvedic interventions such as *Ahara* (dietary regulation), *Vihara* (regimen/lifestyle), Shamana *Chikitsa* (palliative treatments), *Shodhana* (cleansing through *Panchakarma*), *Sattvavajaya Chikitsa* (mind-strengthening psychotherapy), and use of *Medhya Rasayana* herbs like *Brahmi*, *Mandukaparni*, and *Ashwagandha* can reduce hyperactivity gently but effectively.

Additionally, yogic practices, *Pranayama*, and mindfulness techniques have shown promise in regulating emotional processing and cognitive function, especially important during the sensitive neurodevelopmental phase of childhood. Ayurvedic therapies such as *Abhyanga, Shirodhara*, and *Matra Basti* help stabilize the nervous system, improve daily rhythmicity, and restore comfort- critical for improving behavioural outcomes in hyperactive children.

CONCLUSION

The Ayurvedic approach to childhood hyperactivity offers a profound, individualized, and constitutionally rooted alternative to contemporary biomedical models. While modern psychiatry addresses hyperactivity (primarily within the ADHD spectrum) through symptom-based classifications and pharmacological interventions, Ayurveda views it as a multifactorial disturbance involving *Vata-Pitta Dosha* vitiation, impairment of mental faculties *(Dhee, Dhriti, Smriti), Manovaha Srotas* dysfunction, and gut-mind imbalances rooted in *Agni* and *Ama* pathology. Conceptual correlations with conditions like Unmada, *Chittodvega*, and *Vata Vyadhi,* along with recognition of *Sahaja, Garbhaja*, and *Jataja Hetus*, provide a life-span framework to understand hyperactivity from preconception to childhood. Diagnosis integrates both modern tools (DSM-5, ICD-11, MISIC) and Ayurvedic principles (*Dosha Prakriti, Agni, Srotas* assessment), enabling a multidimensional evaluation. Ayurvedic management- incorporating *Ahara* (diet), *Vihara* (lifestyle), *Shamana* (palliative therapies), *Shodhana* (cleansing techniques), Sattvavajaya (psychotherapy), and *Medhya Rasayana* (nootropic herbs)- aims not just at symptom relief but holistic correction of the underlying imbalances. Therapies like *Abhyanga*, *Shirodhara*, *Matra Basti,* and *Nasya* reinforce neurophysiological stability and behavioural regulation, while herbs such as *Brahmi, Ashwagandha,* and *Shankhpushpi* enhance focus, memory, and emotional control.

Thus, Ayurveda provides a gentle yet effective approach in managing hyperactivity in children. It bridges the gap between behavioural symptoms and deeper constitutional imbalances, offering a sustainable, side-effect-free path toward mental wellness. Future interdisciplinary research and clinical validation can further strengthen its integration into global child mental healthcare frameworks.

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