

REVIEW ARTICLE

Behavioral Disorders in Children – An Integrative Review of Ayurvedic and Modern Perspectives

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ABSTRACT

Background: Behavioral problems refer to improper expressions of conduct, code, or etiquette. Behavioral problems are generally multi-factorial in origin and arise as a result to diagnose and treat timely as if left untreated, increase the risk of developing psychiatric illnesses. Conventional pharmacological management of behavioral disorders primarily involves drugs such as atypical antipsychotics, tricyclic antidepressants, and sleep-enhancement drugs, which possess a wide range of side effects. Counseling with the family and adopting *Ayurveda* principles can help manage and prevent the further progression of behavioral problems in children. In *Ayurveda*, disorders related to psychiatric and behavioral disturbances are discussed under the chapter of *Unmada*.

Aim: This study aims to review existing evidence on *Ayurveda*-based and modern interventions for behavioral disorders in children.

Materials and Methods: Journal articles, clinical experiences, and traditional *Ayurvedic* textbooks were regarded as the information sources.

Results and Discussion: Multimodal management approach of *Ayurveda*, including *Medhya* drugs, *Panchakarma* procedure -*Shirodhara* (pouring liquids over the forehead), *Nasya*, *Siropichu* (placing herbs mixed with oils or decoctions placed on the vertex of the head), *Matra Basti* with medicated oil, along with *Sattvavajaya Chikitsa* (Occupational therapy) can help in preventing and resolving the condition.

Conclusion: Modern medicine offers diagnostic precision and symptomatic relief through pharmacotherapy and behavioral therapies. Knowledge education and proper expressions of code, conduct, and etiquette, along with *Ayurveda* interventions such as the use of *Medhya* drugs (nervine tonic/nootropic) and *Panchakarma* pre-procedures, can be significant therapeutic methods to combat behavioral disorders.

1. INTRODUCTION

Behavioral problems in children are a growing concern in both clinical and community settings. These disorders are characterized by a pattern of disruptive behaviors that significantly interfere with a child's academic, social, and emotional development. Commonly observed conditions include attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder (CD), and anxiety-related issues. Behavioral problems of

children are becoming common, and roughly 6 million children globally.^[1] In India, 33.4% are affected by different behavioral problems.^[2]

From the standpoint of modern science, these behavioral manifestations are attributed to a combination of genetic, neurobiological, and environmental factors. Early diagnosis and evidence-based interventions such as cognitive behavioral therapy (CBT), parental training, and pharmacotherapy form the cornerstone of conventional management.^[3] However, concerns regarding side effects of long-term medication use, overdiagnosis, and a symptom-focused approach often limit the effectiveness and acceptance of modern treatments in children.^[4]

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Behavioral disorders in Ayurveda can be broadly correlated with *Manasika Vikara* (mental disorders), particularly involving the imbalance of *Rajas* and *Tamas* (mental Doshas), and disturbances in the natural constitution (*Prakriti*) of the child.^[5] Emphasis is placed on the importance of *Ahara* (diet), *Vihara* (lifestyle), *Achara Rasayana* (conduct), and *Medhya Rasayanas* (nootropic herbs) to foster mental clarity and emotional stability.^[6] An integrative approach that combines the rapid interventions of modern pediatrics with the preventive and root-cause-oriented strategies of Ayurveda may offer a more sustainable and child-friendly solution.

1.1. Common Behavioral Problems in Children

Behavioral problems in children represent a wide spectrum of emotional and conduct-related disturbances that impact daily functioning, academic performance, and social relationships.

1.2. ADHD

One of the most frequently diagnosed neurodevelopmental disorders in children. It is characterized by persistent inattention, hyperactivity, and impulsivity that interfere with functioning or development.^[7]

1.3. ODD

Characterized by a frequent and persistent pattern of angry/irritable mood, argumentative/defiant behavior, and vindictiveness toward authority figures.^[8]

1.4. CD

This involves more severe behavioral issues such as aggression, destruction of property, deceitfulness, and violation of rules and societal norms.^[9] Although both CD and ODD deal with conflicts with authority figures, behaviors in ODD are less severe compared to those in CD.

1.5. Anxiety Disorders

These include generalized anxiety disorder, separation anxiety, and phobias. These conditions often go unnoticed but significantly impair social and academic functioning.^[10]

1.6. Autism Spectrum Disorder (ASD)

Although not primarily a behavioral disorder, ASD includes overlapping symptoms such as social withdrawal and repetitive behaviors.^[11]

1.6. Disruptive Mood Dysregulation Disorder

Characterized by frequent temper outbursts along with a persistently irritable mood in between outbursts. To meet the criteria, symptoms must persist for at least 12 months in multiple settings and have an onset before age 10.

2. MATERIALS AND METHODS

The present review article is compiled using data collected from multiple sources, including published journal articles, clinical experiences, and classical *Ayurvedic* textbooks. A comprehensive literature search was carried out through electronic databases such as PubMed, Google Scholar, Scopus, and ResearchGate to identify relevant peer-reviewed articles related to the topic. Keywords and

combinations of keywords relevant to the study subject were used to retrieve articles from both *Ayurvedic* and modern medical literature. Clinical experiences and observations from Ayurvedic practice were also incorporated to support practical applicability and therapeutic understanding. The collected information was critically analyzed, compared, and systematically organized to develop a comprehensive and evidence-based review of the subject.

2.1. Aim

The present article aims to review existing evidence regarding the management of behavioral disorders in children through both *Ayurvedic* and modern medical approaches. The review intends to explore the etiological factors, clinical manifestations, pathophysiology, diagnostic perspectives, and therapeutic interventions described in contemporary medicine as well as in classical *Ayurvedic* literature.

2.2. Etiology and Contributing Factors of Behavioral Problems in Children

The development of behavioral problems in children is multifactorial, involving a complex interplay of genetic, neurobiological, psychological, environmental, and sociocultural influences.

- I. Genetic and neurobiological factors: Children with a family history of behavioral or psychiatric disorders are at higher risk.^[12] Neurobiological abnormalities such as dopaminergic dysregulation, prefrontal cortex dysfunction, and altered connectivity in brain networks have been implicated, particularly in ADHD and ASD.^[13] In Ayurveda, such tendencies may be viewed as *Bija Dosha* (defects in genetic material or parental seed), often reflecting *Prajnaparadha* (errors in judgment or behavior) of parents during conception or gestation, thus affecting the *Garbha* (fetus).
- II. Psychological and temperamental traits: Traits such as impulsivity, low frustration tolerance, and high emotional reactivity may predispose a child to behavioral challenges. In Ayurveda, the *Prakriti* (constitution) of a child, especially *Vata*- or *Pitta*-dominant types, may manifest in behaviors such as restlessness, aggression, or mood instability.^[14]
- III. Parenting Style and Home Environment: Parental neglect, inconsistent discipline, harsh punishment, lack of emotional support, and excessive permissiveness are strongly associated with behavioral problems.^[15] From the Ayurvedic perspective, improper *Achara Rasayana* (code of conduct and family rituals) and lack of *Samskara* (positive cultural and moral imprints) impair the mental development of the child.
- IV. Nutritional Deficiencies and Lifestyle: Poor nutrition, especially deficiencies in iron, zinc, magnesium, and essential fatty acids, has been linked to hyperactivity and poor concentration.^[16] Ayurveda gives immense importance to *Ahara* (wholesome diet), *Nidra* (quality sleep), and *Vihara* (daily routine). Improper dietary practices disturb *Agni* (digestive fire) and lead to *Ama* (toxic accumulation), which in turn impairs cognitive and emotional functioning.

2.3. Modern Medicine Perspective

Modern medicine offers a structured, evidence-based approach to diagnosing and managing behavioral problems in children. It employs standardized diagnostic criteria, psychometric assessments, and a combination of pharmacological and non-pharmacological therapies aimed at symptom reduction and functional improvement.

2.3.1. Diagnostic approach

In modern pediatrics, behavioral problems are assessed using guidelines from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) and International Classification of Diseases (ICD-11). Clinical evaluation includes a detailed history from parents and teachers, behavioral observation, developmental screening, and the use of standardized tools such as:

- Conner's rating scales
- Child behavior checklist
- Vanderbilt ADHD diagnostic rating scale
- Autism Diagnostic Observation Schedule.

These assessments help differentiate between normal age-related behaviors and clinically significant disorders, ensuring appropriate categorization and targeted intervention.^[8]

2.3.2. Behavioral and psychotherapeutic interventions

- Behavioral therapy: Focuses on reinforcing positive behaviors and reducing undesirable ones using reward systems, time-out techniques, and structured routines
- CBT: Helps children recognize and manage distorted thinking patterns and maladaptive behaviors. Especially useful in anxiety and mood disorders
- Parent management training (PMT): Educates caregivers on consistent discipline, effective communication, and positive reinforcement strategies
- Social skills training: Particularly beneficial in conditions such as ADHD and ASD to enhance peer interaction and emotional regulation.

2.3.3. Pharmacological treatment

Medication is considered when behavioral symptoms are severe, significantly impair daily functioning, or are unresponsive to behavioral therapy alone.

2.4. Ayurveda Perspective

Ayurveda has more specifically applied the term *prakriti* to the constitution, encompassing both the physical and mental characteristics. Ayurveda documents that whichever *dosha* is dominant at the time of union of *shukra* (sperm) and *shonita* (ovum), determines the *prakriti* of an individual.^[17] Furthermore, the dominant *dosha* is not only in *shukra* and *shonita* but also due to the effect of *kala* (day of the menstrual period, age of parents, or the season), condition of the uterus (*Garbhashayaprakriti*), and due to the diet and lifestyle of the mother (*Matur-Ahara-Vihara*), together contributing to the formation of *Prakriti*.^[18]

Two types of *Prakriti* are described in Ayurveda:

1. *Deha Prakriti* (the psychosomatic constitution): Three biological constitutions of the body - *Vata*, *Pitta*, and *Kapha*.
2. *Manasika Prakriti* (the psychic constitution): *Manasika prakriti* is determined by the relative variation of the three fundamental attributes of *mana*, viz. the *Satva* (the pure), *Rajas* (the passion), and *Tamas* (the inertia), depending on the dominance of any one of these attributes. The concept of *manasika prakriti* introduces a distinct and new classification of the individual based on the pure psychic features of different types of persons. This classification takes into account the individual's attitude, orientation, urges, inclinations, temperaments, behavioral patterns, habits, conduct, likings and dislikes, and many other emotional and intellectual capabilities.

2.5. Ayurveda Interventions

To prevent and manage behavioral problems, Ayurveda recommends a combination of therapies including pharmacological interventions such as oral medication, local application medicines, and procedures such as *Snehana*, *Abyanga*, *Swedana*, *Shirodhara*, along with non-pharmacological interventions such as practicing breathing exercises (*Pranamayam*), *Yoga-Asana* (a form of physiotherapy). These are similar to the management protocol of contemporary science, which includes pharmacological and occupational therapies.

2.5.1. Pharmacological interventions

Medhya Rasayana (nervine tonics) can enhance cognitive function and emotional resilience. The mode of action of a drug depends upon its *Rasa*, *Guna*, *Virya*, *Vipaka*, and *Prabhava*. Key herbs used in *Medhya Rasayana* include:

- *Madhuyashti* (*Glycyrrhiza glabra*)^[19] is a significant herb with various therapeutic properties that make it particularly beneficial in managing behavioral disorders. The *madhura rasa* and *guru guna* of *Madhuyashti* work to stabilize and ground the mind, counteracting the erratic nature of *vata* imbalance. Its *sheeta virya* also soothes and calms the intense, fiery nature of *pitta*, which is often linked to irritability, frustration, and impulsivity. Its anti-inflammatory properties may reduce neuroinflammation, potentially improving cognitive function and behavior.
- *Brahmi* (*Bacopa monnieri*)^[20] the foremost *ayurvedic* herb that has been used for centuries as a nerve tonic. The mode of action of the drug may be, to a certain extent, understood based on *rasa - panchaka* and its effect over the *agni* and *manovaha srotas*. Known for its cognitive-enhancing properties, *Brahmi* helps improve memory, focus, and mental clarity. In several in-vivo studies on the murine brain, *Bacopa monnieri* was found to reduce oxidative damage and lipid peroxidation and increase activities of important enzymes such as SOD, CAT, GPx, and GSH in the prefrontal cortex, striatum, and also in the hippocampus.^[21]
- *Shankhapushpi* (*Convolvulus pluricaulis*)^[22] helps to relax the nervous system by balancing the levels of stress hormones such as cortisol and adrenaline. Pharmacological studies on *shankhapushpi* have demonstrated its varying degrees of hypotensive and tranquilizing effects.
- *Ashwagandha* (*Withania somnifera*) is widely used in *ayurveda* for its memory-boosting potential as a nerve tonic. Root extracts of *W. somnifera* were found to be neuroprotective in NGF-differentiated PC12 cells post-exposure. The effect of *ashwagandha* root extract was found to promote dendrite formation in human neuroblastoma cells in a dose-dependent manner.
- *Mandukaparni* (*Centella asiatica*), having *Shita Virya* and *Madhura Vipaka* promotes *Kapha* and enhances "Dharana Karma" (retention of cognition).^[23] Major constituents of *Mandukaparni* are saponins, such as medacosside, asiaticoside, medacassoside, Asiatic acid, and triterpenic acid. Asiatic acid in *Mandukaparni* have neuro-protective effects both *in vitro* and *in vivo*.^[24] This was revealed to assuage glutamate-induced cognitive deficits of mice.^[25] *Mandukaparni* acts on behavior in addition to being a brain growth promoter^[26] improve learning and memory^[27]
- *Jatamansi* (*Nardostachys Jatamansi*) is believed to work well for bringing the three *Doshas* into balance. Since it is classified pharmacologically as *Sangyasthapaka* (nervine stimulant), *Medhya* (nootropic), *Nidrajanaka* (sedative/sleep-inducing), and

Manasika doshahara (balancer of psychological imbalances), it is particularly useful in treating neuropsychological and stress-related problems.^[28]

- *Medhya Rasayana* promotes neuroprotection, lowers stress hormones, improves memory, and balances *Pitta* and *Vata*. Current research backs up their anti-inflammatory, antioxidant, and cognitive-boosting properties, which make them useful for promoting children's focus, behavior, and emotional control.

2.5.2. Procedural therapies

In more severe cases of behavioral problems, *ayurveda* recommends *Panchakarma* therapies to detoxify the body and restore balance to the *doshas*. These treatments help eliminate toxins and support the rejuvenation of both the mind and body. Key *Panchakarma* treatments for behavioral issues include:

- *Abhyanga*:^[29] *Abhyanga* may influence the emotional status of an individual by tactile stimulation. *Twak* or *Sparshendriya* is the seat of *Vata*, and *Abhyanga* (therapeutic oil massage) helps alleviate aggravated *Vata Dosha*. A slow rhythmic *Samvahana* with light stroke can induce tranquillity. *Abhyanga* increases the blood supply to the area of application. It is recorded that the amount of amino acids, such as tryptophan, fairly increases in the blood after performing a lymphatic massage. This increases the level of tryptophan in plasma, which may cause an increase in the level of several neurotransmitters, including serotonin, which helps an individual to fight anxiety, depression, etc.
- *Swedana*:^[30] Its main actions are *Stambhaghna*, *Gauravaghna*, *Shitaghna*, and *Swedakarakatva*. *Swedakarma* rectifies the function of *Medadhatwagni* and *Bhutagni* and fastens the *Pakakarma*, which causes *Srotomukhashodhana* and profuse *Sweda* production. That causes the displacement of exudates, hence relieves pain, and relaxes muscular spasm. By *Swedana*, due to arterial dilatation, the part gets more circulation
- *Shirodhara*:^[29] A continuous flow of medicated oil poured onto the forehead to calm the mind and reduce stress. *Shirodhara's* ability to reduce stress, activate the parasympathetic nervous system, improve sleep quality, and regulate mood aligns with the management of ADHD. The therapy may also influence neurotransmitter levels, particularly dopamine and serotonin, which are crucial for mood regulation and attention. Moreover, the repetitive, rhythmic nature of *Shirodhara* may enhance neuroplasticity, improving cognitive function and behavioral regulation. Overall, *Shirodhara* provides a non-invasive, complementary therapy that can be integrated into an *Ayurvedic* treatment plan to help manage ADHD symptoms, improve focus, reduce anxiety, and enhance overall quality of life.
- *Shiropichu*: Helps to provide *snehana* and *brimhana* effects to the shiras. Can be performed with medicated oil having properties of *Pitta Samana*, *Nidra Janana*, and *Shiro-Nayana Tarpana* properties, which may significantly help in improving the patient's sleep quality.
- *Nasya*:^[29] The administration of medicated oils or powders through the nasal passages to clear the mind and improve mental focus. *Nasya karma* is a means of delivering drugs preferentially to the brain. The olfactory nerves originate from the specialized olfactory epithelium present in the olfactory mucosa and pass through the cribriform plate to reach the olfactory bulb, which is situated beneath the frontal lobes. Axons of olfactory bulb neurons extend posteriorly and form the olfactory tract, which projects into a region called the lateral olfactory area, which is located on the inferior and medial surface of the temporal lobe. The olfactory nerves relate to the higher centers of the brain,

i.e., limbic system, consisting mainly of amygdaloid complex, hypothalamus, ganglia, etc. The limbic system is concerned with multifunctional capabilities, including behavioral aspects of human beings. Hence, the drugs administered through the nose may stimulate the higher centers of the brain, which might regulate the nervous system functions and may prove to be beneficial in neurobehavioral disorders.

- *Matra Basti*: *Basti*, a therapeutic intervention in Ayurveda, involves the administration of medicated oils or *ghrita* through the rectal route to control imbalances in the body. As per *Charaka Basti* is considered as *Ardha Chikitsa*, which is the prime treatment for *Vata*.^[31] *Basti* acts on the whole body through the gut-brain axis and acts on the brain, which helps in reducing stress, anxiety, and depression. *Rajoguna* is more predominant in *Manasavikara*. This *Guna* is usually controlled by *Vata dosha*, so when we control *Vata Dosh*, *Rajo Guna* stays in a normal state.

2.5.3. Non-pharmacological interventions

- Yoga therapy - *Pranayam* (breathing technique), *Asanas* (postures), *Bandhas* and *Mudras* (relaxation and meditation) promote physiological and psychological processes which can induce a calm state of mind. It provides an environment that improves sensory incorporation, attention, defensiveness, and increased verbal receptivity. Few research studies suggest practicing Yoga may have a positive effect on the central nervous system, such as improving the wave frequencies, glucose metabolism, neurotransmitter activity, and the autonomic nervous system, all of which are affected in disruptive behavior.^[32] Few examples of Yoga procedures that may help in ADHD include *Trikonasan*, *Veerbhadrasan*, *Shahsakasana*, *Parvatasana*, *Sukhasan*, *Shavasana*, *Makrasana*, *Singh Mudra* etc.
- Music therapy (MT): Over the past few decades, there has been an increasing amount of evidence about the use of musical intervention in clinical settings, including singing, listening to music, improvisation, and other musical activities, as well as more structured MT treatments. Musical therapies have been utilized to improve socialization and cognitive, affective, and neuro-motor performance because music activates many brain regions involved in emotion, motivation, cognition, and motor skills.^[33]
- CBT: Integrates a combination of both cognitive and behavioral learning principles to teach coping skills and encourage desirable behavior, emotions, and thought patterns. The therapy focuses on identifying maladaptive or distorted thoughts, challenging them through cognitive restructuring, and replacing them with more realistic and constructive thinking patterns. CBT also incorporates problem-solving skills training, anger management strategies, social skills training, and relaxation exercises to improve emotional regulation and impulse control. An important aspect of CBT in children is PMT, where parents are guided to maintain consistency in discipline, reinforce positive behaviors, and reduce coercive interactions.

Although these are beneficial in the management of behavioral disorders. However, in combination with the following practices of some *Ayurveda* principles, it may accelerate the improvement, such as *Sadvritta*, *Achara Rasayana*, *Satvavajaya Chikitsa*.

- *Sadvritta* (code of conduct): Adhering to ethical codes of conduct in daily life. These codes of conduct include truthfulness, non-violence, respect for others, and self-control. By following *Sadvritta*, children can develop positive social behaviors and maintain mental clarity, which can prevent the onset of behavioral

problems. Parents and teachers can encourage children to follow these ethical principles from an early age, which can help in shaping their personality and improving their mental health.

- *Achara Rasayana* (ethical rejuvenation): Practicing ethical and moral principles to rejuvenate the mind and body. By practicing compassion, humility, and self-discipline, children can develop emotional balance and resilience against stressors that may lead to behavioral issues. This form of *Rasayana* (rejuvenation therapy) enhances *Satva*, the clarity of mind, and supports the development of healthy coping mechanisms.
- *Satvavajaya Chikitsa*: *Satvavajaya* aids in achieving a harmonious balance between a child and his surroundings, which may lessen his susceptibility to behavioral disorders and enable him to live a more fulfilling and productive life.^[34] *Satvavajaya* includes five major techniques, namely *Chintya* – regulating thoughts, *Vicharya* – replacing negative ideas, *Uhya* – channeling assumptions, *Dhyeya* – refining goals, and *Sankalpa* – strengthening decision-making. It can be applied to children by reassuring them, providing them with appropriate direction and suggestions, quoting well-known references and morally uplifting mythical stories, substituting the patient's feelings, and providing recreational therapy.^[35]

3. DISCUSSION

Behavioral disorders in children constitute a significant neurodevelopmental and psychosocial health burden worldwide. The increasing prevalence of conditions such as ADHD, ASD, CD, anxiety disorders, ODD, and emotional dysregulation reflects the growing influence of genetic, environmental, nutritional, and psychosocial determinants on child mental health. These disorders adversely affect cognitive performance, executive functioning, adaptive behavior, academic achievement, interpersonal relationships, and overall quality of life. If not addressed during early childhood, these behavioral abnormalities may persist into adolescence and adulthood, leading to long-term psychological and social impairment.

From the modern biomedical perspective, behavioral disorders are considered multifactorial conditions involving complex interactions between genetic predisposition, neurochemical dysregulation, altered neurotransmitter activity, prenatal and perinatal insults, environmental stressors, and psychosocial adversities. Dysregulation of dopaminergic, serotonergic, and noradrenergic pathways, altered cortical connectivity, executive dysfunction, neuroinflammation, and hypothalamic-pituitary-adrenal axis disturbances have been implicated in the pathophysiology of several behavioral disorders. Diagnostic evaluation in contemporary psychiatry primarily relies on standardized classification systems such as DSM-5 and ICD criteria, along with neuropsychological assessment scales and behavioral observation. Although pharmacotherapy and behavioral interventions are effective in symptom control, concerns regarding adverse drug reactions, tolerance, relapse, and inadequate holistic rehabilitation continue to remain important clinical challenges.

Ayurveda conceptualizes behavioral disturbances under the framework of *Manasika Vikara*, involving derangement of *Manovaha Srotas*, *Dosha* imbalance, and impairment of higher mental faculties, including *Dhi* (intellect), *Dhriti* (retention and control), and *Smriti* (memory). Among the *Tridosha*, *Vata Dosha*, particularly *Prana Vata*, is considered predominantly responsible for higher neurological and psychological functions; therefore, its vitiation plays a major role in behavioral and cognitive abnormalities. Etiological factors

described in *Ayurvedic* literature, such as *Prajnaparadha*, *Garbhaja Nidana*, *Asatmya Ahara-Vihara*, psychological trauma, and disturbed environmental influences, exhibit significant parallels with contemporary bio-psychosocial risk factors. Unlike the categorical diagnostic approach of modern psychiatry, Ayurveda emphasizes constitutional susceptibility, psychosomatic interactions, and functional imbalance. Individualized approach involving *Dashavidha Pariksha*, assessment of *Prakriti*, *Satva Bala*, developmental status, *Nidra*, *Ahara*, behavioral pattern, and familial environment. The therapeutic approach described in Ayurveda primarily aims at neuropsychological stabilization, cognitive enhancement, emotional regulation, and restoration of *Dosha* equilibrium.

Both modern medicine and Ayurveda emphasize early diagnosis and multidisciplinary intervention for behavioral disorders. However, Ayurveda additionally focuses on preventive care through *Garbhini Paricharya*, *Suvarna Prashana*, *Dinacharya*, emotional nurturing, and behavioral conditioning, which may contribute to improved neurodevelopmental outcomes and psychological resilience. This preventive and promotive dimension of Ayurveda provides a broader public health perspective in the management of childhood behavioral disorders.

4. OBSERVATION AND RESULTS

Contemporary medicine offers swift symptomatic relief via pharmacological and behavioral interventions; however, adverse effects such as insomnia, appetite suppression, and dependency restrict their prolonged application in children. Ayurveda emphasizes the management of root causes by addressing *Dosha* imbalances, enhancing *Manasika* stability, and improving *Medha* (cognitive functions) through the use of *Rasayanas* and *Panchakarma*.

Ayurvedic treatments work in a way that is consistent with neurological processes. *Medhya Rasayanas* improve neurotransmitter equilibrium by acting as neuro-protectants, anti-inflammatory agents, and antioxidants. In order to alleviate hyperactivity and irritation, *Swedana* and *Shirodhara* lower sympathetic overactivity, control cortisol, and encourage parasympathetic dominance. In terms of enhancing emotional control, yoga and mindfulness are similar to CBT. Counselling with family and adoption of Ayurveda principles can manage and prevent further progression of behavioral problems in children. *Satvavajay Chikitsa-SC* (non-drug psychotherapy), *Achar Rasayana* and *Sadvritta*, *Yoga* are *Ayurvedic* ways to balance *Satva* (good qualities of mind), (Passionate, agitated), *Tama* (Laziness, lack of concentration) applicable in the prevention of behavioral problems.

5. CONCLUSION

A serious health concern, behavioral issues in children need to be identified early and treated thoroughly. Ayurveda provides holistic, safe, and lasting solutions based on *Dosha* balance, *Rasayana*, and *Panchakarma*, whereas modern psychiatry concentrates on behavioral and pharmaceutical therapies. Combining the best features of both systems, integrative pediatrics may be the answer to long-term, successful management that enhances a child's behavior as well as their general development and well-being.

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10. CONFLICT OF INTERESTS

The authors declare no conflicts of interest regarding the publication of this paper.

11. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies, and surveys accessible through databases.

12. DISCLAIMER/VIEW AND OPINIONS

The opinions expressed in this article are solely those of the authors and do not reflect the views of the *International Research Journal of Ayurveda and Yoga* or its editorial board.

13. AI-USE DECLARATION

The authors declare that no generative AI tools were used to create scientific content, interpret data, or draft any sections of this manuscript. AI-based tools were used solely for minor language and grammar refinements to improve clarity and readability. All scientific content, analysis, and conclusions remain the sole responsibility of the author.

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Drug class	Examples	Used in	Mechanism	Common side effects
Stimulants	Methylphenidate, amphetamine	ADHD	↑ Dopamine and Norepinephrine	Insomnia, appetite suppression, tics
Non-stimulants	Atomoxetine	ADHD	Serotonin-Norepinephrine Reuptake Inhibitors	Liver toxicity (rare), Sedation
Atypical antipsychotics	Risperidone, aripiprazole	ODD, CD, Autism	Dopamine and serotonin modulator	Weight gain, sedation, extrapyramidal symptoms
Alpha-2 agonists	Clonidine, guanfacine	ADHD (esp. hyperactive type)	Inhibit noradrenergic tone	Hypotension, bradycardia, sedation

ADHD: Attention-deficit hyperactivity disorder, ODD: Oppositional defiant disorder, CD: Conduct disorder