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## A Conceptual Study on Prevention & Management of Behavioral Disorders in Children through Complimentary & Alternative Medicine

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### ABSTRACT

In India, behavioral problems are prevalent and estimated to the tune of 33.4%. Such a problem if untreated increases the risk of suffering children from various psychiatric illnesses. Around 6 million children are affected by Behavioral problems worldwide. There are few guidelines in Ayurveda which can prove beneficial in the prevention and management of behavioral problems. The present review is aimed at providing Ayurvedic guidelines in the form of *Sadvritta* (Code of conduct), *Acharrasayan-AR* (ethical principles) and few Ayurveda interventions correlating with recently developed interventions of Psychology which may prove helpful in prevention and management of behavioral problems in children. This review is based on data collected from classical Ayurvedic literature, published research works in various journals and counseling experiences. Observations and Results: Behavioral problems are generally multi-factorial in origin and arise as a result of conflict between the children's personality, attitudes of parents, teacher or peers. Counseling with family and adoption of Ayurveda principles can manage and prevent further progress of behavioral problems in children. *Satvavjay Chikitsa-SC* (non- drug psychotherapy), *Achar-Rasayana* and *Sadvritta, Yog* are Ayurvedic ways to balance Satva (good qualities of mind), (Passionate, agitated), *Tama* (Laziness, lack of concentration) applicable in the prevention of behavioral problems. Knowledge education and proper expressions of code, conduct or etiquettes along with Ayurveda interventions such as the use of *Medhya* (nervine tonic/nootropic) drugs, *Panchkarma* pre procedures can prove to be a significant therapeutic way to combat behavioral disorders. Ayurvedic principles such as AR, *Sadvritta* and SC are best non-pharmacological modalities required for early detection and prevention of behavioral problems.



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### INTRODUCTION

Behavioral problems of children are becoming com-

mon, and roughly 6 million children globally ([World Health Organisation, 2001](#)) and out of these, 33.4% in India are affected by different behavioral problems ([Sushma et al., 2013](#)). Poor parenting is one of the leading causes for the occurrence of behavioral

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problems ([Stormshak et al., 2000](#)). According to <sup>20</sup>  
World Health Organization, mental health disorders <sup>21</sup>  
are one of the leading causes of disability world- <sup>22</sup>  
wide ([Ogundele, 2018](#)), it is noted that ferocious- <sup>23</sup>

ness, impulsivity in children has increased as compared to a couple of decades ago. Research studies have proven that strong child-parent relationship, friendly family environment, good faith and understanding among family members, peers and teachers are key factors in the development of children's personality (Agnivesh, 1993a). The behavioral disorder is a mental ailment diagnosed in childhood age that presents a repetitive and persistent pattern that violates the basic rights or norms. They include aggressive, odd destructive behavior, lying, vandalism, anxiety etc (Agnivesh, 1993b). In *Charaka Samhita*, it has been categorically mentioned that all diseases cannot be named but need to understand its basic concepts and accordingly can be treated (Agnivesh, 1993c) Some interventions have been advised such as *Sadvritta*, *Achar-Rasayan AR* (right conduct) and *Satvavajaya Chikitsa SC* (mind control therapy) which can be applied in the prevention of psychological disorders including behavioral problems (Agnivesh, 2005). *Sadvritta* and AR are simple tips regarding how to behave with others and considered as an alternative to getting rejuvenation effects; described in Ayurvedic classics (Rathi, 2013) SC is a psychic therapy for withdrawal of the mind from harmful objects and thoughts. (Sushruta, 2002) It is the need of the hour to explore the role of Ayurveda in present circumstances. Before conception itself, Ayurveda has

emphasized balancing *Doshas* (three fundamental factors of the body, i.e. *Vata*, *Pitta* and *Kapha*) of parents through *Shodhan* (purificatory body measures) and *Rasayan* (immune modulatory measures) to ensure the healthy progeny. (Sastry et al., 2015) Thereby, the physical and mental health of parents and in turn, newborn's is also maintained. Improper care during pregnancy and delivery may seriously affect the physical as well as mental development of the child. Even if the mother is in stress during pregnancy, results in the low mental development of fetus which later develops into behavioral problems in children (Mudzielwana et al., 2016).

Nutrition plays an important role to maintain good growth and development during gestation and later in lactation period, which also improve the quality of breastfeeding, essential tool required for both physical and mental development of the child (Banyard et al., 2003). Childhood age is the appropriate time of personality building, development of manners, etiquettes and good habits. However, children are unaware of any of these; hence; it is the duty of parents to take utmost care during this period. Family members, peers, teachers as well as genetic, dietary and environmental factors are responsible for the development of child's personality. They must uti-

lize their potential to boost confidence, practical wisdom and inculcate good qualities in children by proper education and maintaining a healthy personality environment. To achieve these traits, some guidelines are a must. In present work, an attempt has been made to present a review of Ayurveda principles related to prevention and management for various behavioral problems.

## MATERIALS AND METHODS

This review is structured on data assembled from

Ayurvedic compendia, textbooks of psychology;

journals and researches related to depression, child

behavior & development. The study also includes

Ayurveda concepts related to Psychotherapy, SC and

personal counseling experiences of the last 20 years. A meticulous understanding, correlation with analysis has been carried out to highlight this issue.

## RESULTS AND DISCUSSION

Origin of psychosomatic disorder (PD) & behav-

ioral disorders (BD)

According to Ayurveda, the fetal expressions are

transformed to mother through sensory-motor

pathways and expressed in the form of various

desires of mothers (*Dauhrivadastha*); if their needs

are not fulfilled or use of *Garbhopghatkar bhavas*

(harmful measures to the fetus) then it may be a

cause of these disorders ([Baumrind, 1966](#)). It can

be interpreted that the desires of mothers towards various diet are for fulfilling the need of proteins,

vitamins and mineral supplements to facilitates

efficient organogenesis and mental development

too. Thus, if mother's desires are ignored during

*Dauhrivadastha* then it may result in a deficiency of vital requirements of the fetus; and such defi-

ciencies cause the malformation of the nervous

system in the born child and may have various

psychological problems ([Smith, 2010](#)).

Lack of proper awareness from parents or lack of

encouraging re-enforcement in kids to accomplish the task, results in distress, loss of self-confidence

and low-down self-respect, which may lead to

depression ([Singhal et al., 2010](#)). Traumatic inci-

dents like the sudden demise of near and dear, poor mental health due to nervousness, stress and strain,

need of societal and emotional support, poor parenting and prenatal stress cause to develop learning, behavioral and developmental disorders, these are

few key reasons for the origin of PD and BD ([Mandlik et al., 2019](#)). Excluding prenatal and traumatic

reasons, recurrent disappointment is common reason in all other causative factors. The brain is the

Table 1: Details of Behavioral Problems and its Management.

Behavioral Problems	Clinical Features	Causes	Complications	External Treatment	Internal Treatment
ADHD, Autism	Hyperactive, poor attention, slow in academics, defiant interpersonal relationship	Stress, prenatal, natal, postnatal origin, less quality time sharing by parents with wards.	Loss of confidence, frustration, inferiority, depression, low self esteem	Shiro Dhara, Abhang, Shirolepa, Shiro Pichu, Snehan, Swedan, Matrabasti	Medhya, Balya, Vatahar, Bruhan, Rasayan, Snehapan, counselling of parents, play, cognitive therapy to child
ODD- Oppositional Defiant Disorder	Negativistic attitude, disobedient, hostile behavior, Frequent arguments, annoyance, no physical aggression	The bad parent child relationship, no good parenting, insecurity, lack of love & care, wrong peer group, busy, overburdened parents, unfulfilled dreams of parents for child	Schizophrenia, addiction to drugs, may become criminal	Above all Rule out & avoid causes.	Psychologists positive enforcement Counseling,
Conduct disorder	Just above all features with an intense violation, aggression, physical harm to self & others	Lack of love & care by parents. Above all causes.	Psychiatric disorders, Above all	Above all pre procedures	Above all
Psychosomatic disorders like enuresis, pica, breath holding spell, thumb sucking, etc.	Different as per problem mentioned Impulsiveness, jitteriness	Lack of love & care by parents. Above all causes	Resolves automatically	Above all pre procedure	Above all

130 main site of <i>Mana</i> when gets vitiated with <i>Tri-</i>	wellness of mind, all sensual factors such as diet,	141
131 <i>dosha</i> and <i>Raja-Tama</i> obstruct the <i>manovah strotas</i>	words, visual objects, material objects etc. should	142
132 and creates different behavioral problems in child-	be within the limit of tolerance. Unwholesome	143
134 Role of Satvavajay Chikitsa (SC)	nance of mind, in turn, helps to preserve health.	145
135 SC may include Ayurvedic psychotherapy, coun-	Role of Achar Rasayan and Sadvritta	146
136 seling, play therapy, cognitive behavioral	It refers to those acts of parents which ensure	147
137 therapy- CBT, and Meditation, Mind control, problem-solving	safe, firm discipline with pragmatic expectations, creates	148
138 approach, assurance and measures to boost <i>Satva</i>	an affirmative learning environment, provides inter-	149

Table 2: Research work done on behavioral problems of children.

S No	Behavioral Problems	Research done	Outcome
1	*ADHD	Medhya (memory booster) medicines + Panchakarma pre procedures	Better results than an only conventional one.
2	Autism	*CAM+ Yogasanas & meditation	Multimodal therapy proved more beneficial.
3	Conduct disorders	Satvavajay, Achar Rasayan, Sadvritta	Improves the condition with other measures.
4	Psychosomatic & habit disorders	Achar Rasayana, Satvavajay – corrections in family environmental causes	Symptoms are slightly relieved.
5	Learning disabilities, developmental delay	Ayurveda drugs, Panchkarma	Mental health promoting effect.

\* ADHD=Attention Deficit Hyperactive Disorder, HIE=Hypoxic Ischemic Encephalopathy, NBID=Neurodevelopmental Behavioral Intellectual Disorders, CAM= Complementary & Alternative Medicine.

Table 3: Do's and Don'ts for parents.

S No	Do's	Don'ts
1	Remove the bad habits by soft words from time to time.	Punishment in front of others or be scolded them for their mistakes.
2	Try to excuse them for their mistakes. First, listen to them and then guide.	Rude or overexcited, so strict or over disciplined.
3	Give affirmative instructions than a negative one.	Stick so much with your principles.
4	Be relax and flexible according to situation.	Anticipate many task/ambitions at a time.
5	Motivate as per the child's capability.	Compare with one child to another.
6	Avoid pampering, explain the reason for deny.	Fulfill their all desires; otherwise, they will become impulsive.

152 failed to cultivate. Buckling under the pulls and 174 not appropriately adopted. According to  
 153 pressures of the fast-paced modern life, most of 175 Ayurveda,  
 the 176 all ailments develop due to three basic reasons-  
 154 parents often unintentionally commit the crime of 177 *Asatmyendriyarth* (incompatible contact  
 155 neglecting to cater to various needs of their chil- 178 of sense organs), *Pragyaparadha* (intellectual  
 dren. Fulfilling only the material needs of a child 179 blas-  
 157 and giving him/her a comfortable and luxurious life 180 phemy), *Parinama* (time factor for chronological  
 158 is just one part of the best child care program. On 181 error). It is the inducer of all pathological  
 159 the other hand, the prerequisite component of emo- 182 conditions  
 tional care and close bonding looks conspicuously 183 of body and mind, vitiates all *Sharirik* and *Manas*  
 161 missing in many cases. Spending time with the little 184 *Doshas* (*Charak Sharir*). Table 1 is showing details  
 162 one and engaging in conversations with the child 185 of  
 is 186 Behavioral disorders and its management and  
 163 more important than buying digital toys. Parenting 187 com-  
 164 is an art, so parents must master it with care 188 plications if left untreated or not treated soon.  
 which 189 There  
 165 is essential for better growth and development of 190 were few research works done in this regard.  
 their younger children. Few attributes of good par- 191 Table 2  
 166 192 is showing the current status of research work  
 193 done  
 194 regarding BD and PD with the outcome of  
 195 research  
 196 by Ayurveda interventions. BD and PD kind of 197 prob-  
 198 lems are involved in origin so require multi-modal 199  
 200

167 ents include an excellent role model who knows  
how  
168 to explore talent and skills to become a  
problem  
169 solver and responsible too. Ayurveda advocates  
*San-*  
170 *skaras* or etiquettes adoption to balance *Raja* and  
171 *Tama* and boost *Satva* to remain away from men-  
172 tal ailments. There are so many behavioral prob-  
173 lems occurs in childhood age if the code of conduct  
is

treatment strategy. 189  
Depicting different *panchakarma* and its pre 190  
procedural mode of action proven by research 191  
There is an essential role of *Panchkarma* if 192  
*Doshas*  
are more vitiated to eliminate ama/toxins with 193  
ease  
and pre-panchakarma procedures are helpful to 194

Table 4: Ayurvedic herbs and their role in psychological problems.

S No	Botanical name & Sanskrit name	Mode of action
1	<i>Mandukparni-Centellaasitica</i> Linn.	Neuroprotective, brain growth booster, Proven memory, learning enhancer, boost neuro-development, stimulant effect on an animal as well as a clinical study.
2.	<i>Bramhi-Bacopamonnieri</i>	Memory enhancement, cognitive function,
3.	<i>Madhuyashti/Yashtimadhu-Glycyrrhiza glabra</i> Linn	Improves learning, memory
4	<i>Jatamansi</i>	Role in brain and memory disorders in the elderly.
5	<i>Shankhpushpi-Convolvulus pluricaulis</i> Chois.	Nervine tonic, stimulant to the nervous system
6	<i>Guduchi-Tinosporacordifolia</i> Wild Miers.	Anti-oxidant, nervine cum general tonic
7	<i>Ashwagandha-Withania somnifera</i> Linn.	Anti-stress, anti-anxiety, anti-oxidant
8	<i>Jyotishmati-Celastrus paniculata</i>	Inhibition of Acetylcholine
9	<i>Vacha-Acorus calamus</i> Linn.	Sharpens IQ, memory, helps in neuro-development.

195 pacify comparatively less vitiated fundamental  
196 tors, respectively. Any disorder occurs when  
197 there is  
198 physical or mental *Doshic* imbalance. There are  
199 five  
200 purificatory/ *Shodhan* measures *Vaman* (medicated  
201 induced emesis), *Virechan* (scientific induced  
202 purga-  
203 tion), *Nasya* (medicine installation in nostrils), *Basti*  
204 (medicated oil/ decoction installation inside the  
205 rectum) and *Raktamokshan* (blood letting). Some  
206 important pre procedures are *Shirolep/ Talapodich-*  
207 *hil* (medicated external application on the scalp),  
208 *Shirodhara* (pouring of a stream of medicated liq-  
209 uid on the head) *snehan* (oleation therapy), *Swedan*  
210 (hot fomentation) etc. are meant for a rehabil-  
211 itative purpose and facilitate the major five pro-  
212 cedures. ([Kumar et al., 2017](#)) Depicting different  
213 *Panchakarma* pre-procedures with their mode of  
214 action helping to cure as well as prevent behav-  
215 ioral problems in children. According to Ayurveda,  
216 body and mind have symbiotic association; there-  
217 fore, diseases of body and mind affect vice versa to  
218 each other. *Raja* and *Tama* are the causative factors of psycho-  
219 logical problems, ancient seers have described  
220 various

and *Tama*. It is understood that *Satva* predomi-  
nant activity, i.e. work done with detachment from  
result can not affect individuals mind; hence, the  
focus should be on the accomplishment of deeds  
without fear of the outcome. Childhood age is the  
best time for development and lifelong dominance  
of  
these three attributes. Therefore, increasing  
*Satva*  
in childhood age can prove a strong preventive  
mea-  
sure from BD and PD. Growing children are  
contin-  
uously subjected to social, cultural and parental  
disci-  
pline. Hence, to increase their *Satva* attribute,  
there  
should be a gradual withdrawal of bad habits  
with  
adopting good habits suitable for making  
acceptable  
behavior, building patience, mental calmness  
and  
strength to overcome psychological or  
environmen-  
tal triggers. As the root causes of BD & PD are  
related  
to mind; hence focus should be given to correct  
men-  
tal health first by balancing *Satva*, *Raja* and *Tama*  
by SC. The management in such a situation con-  
sists of educating the parents to make them under-  
stand the developing psyche of the child as  
intel-  
lectual blasphemy (*Pragyaparadha*) is the  
leading



also. Toys play a significant role in boosting mental health, growth and development of the child. It can be made more pleasurable, effective, inexpensive and easy to execute to release their hidden frustration, forgetting burdens or disappointments. Play therapy addresses several problems like anxiety, anger, depression, distractibility and non-compliance. As play therapy involves both physical and mental discipline; hence, it can be considered as a novel way in the prevention of BD and PD. Violent toys help the release of anger, irritability, hostility and other emotions that can be freed through destruction. Real-life toys target withdrawn children that may be timid, shy, or introverted. Creative expression toys give a wide range of expressive emotions that promote creativity.

#### Application of Cognitive Behavior therapy (CBT)

The CBT model is based on a combination of the basic principles of behavioral and cognitive psychology. CBT is "problem-focused" and "action-oriented", meaning it is used to treat specific problems related to a diagnosed mental disorder and the therapist's role is to assist effective strategies to address the identified goals and decrease symptoms of the disorder. CBT is based on the belief that thought distortions and maladaptive behaviors play a role in the development and maintenance of psychological disorders and that symptoms and associated distress can be reduced by teaching new information-processing skills and coping mechanisms (Rathi *et al.*, 2020). CBT is based on behaviors and emotional regulation; hence, it is a developed part of SC.

#### Mode of action of Sadvritta

AR and SC is through avoidance of misbehavior as well as controlling indulgence of sense organs and mind with improper subjects (Asatmendriyarth-sanyog). Inappropriate knowledge of object leads to rude or offensive speech and physical activities. Improper intellect and perception both are objects of Prajna. (conscious) Good Intellect, Dhee (Adaptation of new things), Dhruvi (Controlling factor of mind) and Smruti (recalling power) are within the purview of mind which regulates mood, concentration, limits Raja-Tama and augment Satva dominance by inhibiting Pragyaparadh. Thus, SC works on attention, cognitive and emotional domain by working on self-care, compassion, ability to distract from negative thoughts, relaxation of body and mind, in turn, soothe anger, anxiety and irritability. SC an Ayurveda Psychotherapy facilitate mental well-being and strength Sadvritta and AR help

the child to develop mentally healthy as well as protect from psychosomatic, behavioral and psychiatric

separately in Sadvritta description (Jyoti, 2012).

Acharyas have described the role of *Asatmyendri- yartha Samyoga, Pragyaparadha* and *Parinama* in inducing the pathological conditions in body and mind. They are accountable for vitiating for *Sharirik Dosh* and *Manas Doshas-Pragyaparadha* means unbalanced act in less, excess or unusual way. For this inducer, control over the mind is necessary. It consists of preventing the mind from the desire of unwholesome objects with the right understanding and spirituality of all sense organs to avert PD and psychic diseases. Mental health is essential for a child's social and cognitive development. *AR*, i.e. code of conduct as described above, is the need of the hour. Also, Acharyas have explained Do's and Don'ts in terms of *AR*, which is mentioned in Table 3, thereby control the misbehavior at earliest and straightforward guidelines to parents.

**Role of Panchkarma and Ayurvedic formulations**

Number of herbal & herbo mineral formulations can be advised to curb the problems of children cited in Table 4 with their mode of action. Along with or without panchakarma, these medicines can work in this regard. Ashwagandha, Yashtimadhu, Guduchi, Mandukparni, Bramhi, Shankhapushpi, Jatamansi, Jyotishmati, Vacha. Medhya medicines may regulate the neuropsychological process, stimulate alpha waves, sensory motor centers of the brain, and correct the mental disturbances. *Kalyanaka Ghrit, Panchagavya Ghrit, Smrutisagar Rasa Vati, Medhya Rasayana*, etc (Rathi and Rathi, 2020).

*Ghrita kalpas* play an essential role in the prevention and management of psychic, psychosomatic and CNS issues. Several research studies have proven that *Panchakarma* pre procedures, major procedures with Ayurvedic medication have an excellent impact on conduct disorders by maintaining and preventing ethics negligence. *Doshik* imbalance can be taken care with the help of *panchakarma* to detoxify toxins, facilitate adequate nutrition to *Dhatu* and balance equilibrium in the brain. Stress plays a vital role in the equilibrium of *Dhee, Dhriti* and *Smriti*. Panchkarma, *Pranayam* (breathing techniques), *Yogasanas* (postures), *Bandha-Mudras* (postural relaxation and meditation ways) and *medhya* medicines relieve stress and maintain the proper function of neurotransmitters and in turn central nervous system (*Conelea et al., 2007*).

*Shirodhara* results in vasodilatation, transcutaneous penetration of oil, tactile and thermoreceptors stimulation to nerve endings. It stimulates to *Marmas* (vital areas of the body) increases

372 circulation and also enhances the action of neu-  
 373 rotransmitters like Serotonin, Nor-epinephrine  
 374 and metabolism of Dopamine and  
 375 catecholamines. The pressure of *Dhara* has an  
 376 effect on impulse conduction, removes  
 377 *Aam/toxins*, relieves *Stro- torodha* (channels  
 378 obstruction) and nourishes cells to relax and  
 379 gives a natural tranquillizing effect. *Shirodhara*  
 380 with *Medhya dravya* provides strength to *Prana*  
 381 & *Indriyas* which are mainly *Vata* vitiated in case  
 382 of psychological disorders- *Shirodhara* promotes  
 383 a decrease of noradrenaline and exhibits a  
 384 sympatholytic effect and immunopotentialiation  
 385 For enhancement in concentration, awareness  
 386 and self-esteem levels, the multi-therapy  
 387 approach is needed with good parenting which  
 388 would provide a sigh of relief toward the search  
 389 of ideal treatment for behavioral problems in  
 390 children. Limitation of this review is that there  
 391 are no RCTs or not many clinical studies could  
 392 be added as evidence to establish the role of  
 393 Ayurveda principles except *Panchakarma*  
 394 procedures, *yoga* and few herbs. Although,  
 395 principles (AR, SV, SC) are difficult to assess by  
 396 scales to measure their efficacy, therefore, need  
 397 to focus on this area to conduct research.  
 398 *Acharya* has been intended to practice them in  
 routine life ([Sharma et al., 2012](#)).

## CONCLUSIONS

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420

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## REFERENCES 424

- Agnivesh 1993a. Charaka Samhita. Vidyotini Hindi  
 425  
 commentary, Kashinath Sastri; G. Chaturvedi, 426  
 19th edition, Part 1, Sutrasthan, 7/54, p.126,  
 427  
 Chaukhambha Bharati Academy, Varanasi. 428
- Agnivesh 1993b. Charaka Samhita. Vidy- 429  
 otini Hindi commentary, Kashinath Sastri; G. 430  
 Chaturvedi, 19th edition, Part 1, Chikitsasthan, 431  
 Rasayan adhyay (1/4:33), p.58, Chaukhambha  
 432  
 Bharati Academy, Varanasi. 433
- Agnivesh 1993c. Charaka Samhita. Vidyotini Hindi  
 434  
 commentary, Kashinath Sastri; G. Chaturvedi, 435  
 19th edition, Part 1, Sutrasthan, Indriyopakra- 436  
 maniyodhyay (8:18), p.123, Chaukhambha Bharati  
 437  
 Academy, Varanasi. 438
- Agnivesh 2005. Charaka Samhita . Hindi commen- 439  
 tary H.S.Kushvaha, 1st edition, Part 1, Sharirasthan, 440  
 Khuddikam Garbhavkrantishariram (3:16),p-795, 441  
 Chaukhambha Orientalia, Varanasi. 442
- Banyard, V. L., Williams, L. M., Siegel, J. A. 2003.  
 The 443  
 Impact of Complex Trauma and Depression on Par- 444  
 enting: An Exploration of Mediating Risk and Pro- 445  
 tective Factors. *Child Maltreatment*, 8(4):334–349.  
 446
- Baumrind, D. 1966. Effects of Authoritative Parental  
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 Improvement of child behavior does not wholly  
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 depend on classroom educational teaching but mostly  
 relies on good conduct, practical wisdom which is  
 safe, can use long-term and of non- pharmacological  
 approach, thereby apt to behave correctly and tackle  
 day to day problems with ease. Ayurveda can act as  
 an excellent adjuvant in an advanced stage or alone  
 capable of dealing with PD and BD with the help of  
*Satvavajay*, *Achar- rasayan*, *Sadvritta*, *Yog* and no  
 tropic medicines with *Panchkarma* and its pre-  
 procedures. It is imperative to direct them through  
 elders to prevent behavioral and conduct problems  
 with adoption of Ayurved. The present study may  
 prove as a torchbearer for focusing on the importance  
 of Ayurved in defeating the behavioral problems in  
 children.
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The		447
autho	Control on Child Behavior. <i>Child Development</i> ,	448
rs	37(4):887–907.	449
decla	Conelea, C. A., Benjamin, T., Tucker, P., , <i>et al.</i>	
re	2007. <sup>450</sup> A Handbook of Clinical Psychology	
that	Competencies- <sup>451</sup> A comprehensive clinical	
they	assessment of Tics and <sup>452</sup>	
have	Habit disorders in children. pages 1403–	
no	1428. <sup>453</sup>	
fundi	Springer.	454
ng	Jyoti, S. T. 2012. Dimensions of Satvavajaya	
sup-	Chikitsa	455
port	(Ayurvedic psychotherapy) & their clinical	
for	appli-	456
this	cations. <i>Journal of Ayurvedic Medicine</i> , 1(1-	
study.	2):31–	457
Con	38.	458
§ ict	Kumar, N., Balaram, P., Janardan, N. 2017.	
of	Feasibil-	459
Inter	ity of Parent based Yoga intervention for a	
est	group	460
The	of Autism Spectrum Disorder children in a	
autho	partic-	461
rs	ular school: A Pilot Study. <i>International Journal</i>	
decla	<i>of</i>	462
re	<i>Research in Ayurveda and Pharmacy</i> , 8(2):56–60.	463
that	Mandlik, R., Ekbote, V., Chiplonkar, S.,	
they	Khadilkar, <sup>464</sup>	
have	V., Khadilkar, A. 2019. Parental Education,	
no	Chil- <sup>465</sup> dren’s Nutritional Status and Non-	
con91	verbal Intelli- <sup>466</sup> gence in Rural School-	
ict of	children. <i>Indian Pediatrics</i> , <sup>467</sup>	
	56(3):205–208.	468
	Mudzielwana, N. P., Makhwathana, R. M.,	
	Mudau, <sup>469</sup>	
	T. J., Mulovhedzi, A. 2016. Managing	
	Children’s	470
	Depression Behavior to Promote Mental	
	Health	471
	Wellbeing in the Classroom. <i>Journal of</i>	
	<i>Psychology</i> ,	472
	7(2):86–92.	473

- 474 Negi, K., Singh, Y., Kushwaha, K., Rastogi, C.  
475 2000. Clinical evaluation of memory-enhancing  
476 proper- ties of memory plus in children with  
477 attention deñicit hyperactivity disorder. *Indian*  
478 *Journal of Psychiatry*, 42(2).  
479
- 480 Ogundele, M. O. 2018. Behavioural and  
481 emotional disorders in childhood: A brief  
482 overview for pae- diatricians. *World Journal of*  
483 *Clinical Pediatrics*, 7(1):9–26.
- 484 Rathi, R. 2013. A Clinical study on  
485 Gokshursiddha Yavagu and Dhatriyavleha in  
486 the fetus in cases of Toxemia of pregnancy.  
487 *JNIMA*, 3.
- 488 Rathi, R., Rathi, B., Khatana, R., Sankh, S.  
489 2020. A Case Study on Management of Rett  
490 Syndrome by Wholistic approach. *International*  
491 *Journal of Ayurvedic Medicine*, 11(2):351–357.
- 492
- 493 Rathi, R. B., Rathi, B. J. 2020. Ayurveda perspec-  
494 tives toward prevention and management of nico-  
495 tine and alcohol dependence: A review. *Journal of*  
496 *Indian System of Medicine*, 8(1):14–20.
- 497
- 498 Sastry, C. H. S., Chavali, K., Gayatri, A. 2015.  
499 Chavali's Principles and Practice of Pediatrics  
500 in Ayurveda, 2nd edition. Chaukhambha  
501 Visvabharati, Varanasi, pp:70-77.
- 502
- 503 Sharma, A., Gothecha, V., Ojha, N. 2012.  
504 Dyslexia: A solution through Ayurveda evidences  
505 from Ayurveda for the management of dyslexia in  
506 chil- dren: A review. *International Quarterly*  
507 *Journal of Research in Ayurveda*, 33(4):486–486.
- 508
- 509 Singhal, H., Neetu, Kumar, A., Rai, M. 2010.  
510 Ayurvedic approach for improving reaction  
511 time of attention deñicit hyperactivity disorder  
512 affected children. *International Quarterly Journal*  
513 *of Research in Ayurveda*, 31(3):338–338.
- 514
- 515 Smith, M. 2010. Good parenting: Making a differ-  
516 ence. *Early Human Development*, 86(11):689–  
517 693.
- 518
- 519 Stormshak, E. A., Bierman, K. L., McMahon, R. J.,  
520 Lengua, L. J. 2000. Parenting Practices and Child  
521 Disruptive Behavior Problems in Early Elemen-  
522 tary School. *Journal of Clinical Child*  
523 *Psychology*, 29(1):17–29.
- 524
- 525 Sushma, B. V., Srinivasan, V., Khyrunnisa, B.  
2013. Prevalence of Behavioral Problems  
among School Children and their  
Demographic Correlates. *Guru Journal of*  
*Behavioral and Social Sciences*, 1(4):203–212.
- Sushruta 2002. Sushruta Samhita. Laxmikant  
Dwivedi, Edition 2nd, Sharirasthan,  
Garbhavkranti Shariram, (3:17), p.159  
Chaukhambha Sanskrit- series, Varanasi.
- Tiwari, R. P., Dwivedi, S. R. 2014.  
Psychological disorders in children and their  
therapy as per
- Ayurveda. *International Archives of Integrated* 526  
*Medicine*, 1(4):96–99. 527
- World Health Organisation 2001. World health 528  
report on mental disorders affects one in four peo- 529  
ple. 530