



Review Article

THERAPEUTIC POTENTIAL OF *BRAHMYADI YOGA* IN THE MANAGEMENT OF ADHD: A COMPREHENSIVE REVIEW

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ABSTRACT

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neurodevelopmental disorders of childhood, characterised by inattention, impulsivity, and hyperactivity, which significantly affect academic, social, and emotional functioning. The etiology of ADHD is multifactorial, involving an interplay of neurobiological, environmental, and genetic determinants. If left untreated, ADHD can hamper learning ability, self-regulation, and behavioural development, leading to long-term challenges in adulthood. Ayurveda provides a comprehensive approach to such cognitive and behavioural disorders. *Brahmyadi Yoga*, a classical polyherbal formulation, contains *Brahmi*, *Shankhapushpi*, *Vacha*, *Kushmanda* with *Kushta* and *Madhu* which are well known for their *Medhya Rasayana* (nootropic and cognitive-enhancing) properties. Its bioactive phytoconstituents exert neuroprotective, adaptogenic, and nootropic effects, supporting brain plasticity, neurotransmitter modulation, and impulse regulation. By reducing hyperactivity, improving concentration, and enhancing cognitive functions, *Brahmyadi Yoga* offers a safe and holistic therapeutic option for managing ADHD in children.

INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) is a common neurodevelopmental condition primarily characterized by persistent patterns of inattention, hyperactivity, and impulsivity. Based on the predominance of these symptoms, ADHD is classified into three subtypes: predominantly inattentive, predominantly hyperactive-impulsive, and combined type.^[1,2] Globally, the prevalence of Attention-Deficit/Hyperactivity Disorder (ADHD) is estimated at approximately 5.29%. However, rates vary widely across regions due to differences in diagnostic criteria, cultural awareness, and healthcare infrastructure. In India, reported prevalence ranges from 2% to 17%.^[3] ADHD affects about 5–10% of children and 4–6% of adults. Boys are 2 to 4 times more likely to be diagnosed than girls^[4].

The American Academy of Paediatrics recommends screening children aged 4 to 18 years for ADHD as part of routine paediatric care.^[5] The etiology of ADHD is multifactorial, arising from a complex interaction of genetic susceptibility, neurobiological alterations, and environmental factors. Risk factors include perinatal complications, dietary patterns, stress, and exposure to psychosocial or environmental adversities.^[6,7,8] Despite growing awareness, modern psychiatry currently offers only symptomatic management. Commonly prescribed medications, such as stimulants and non-stimulants, provide short-term control of hyperactivity and impulsivity but may be associated with side effects including sleep disturbance, behavioural rebound, dry mouth, cognitive clouding, constipation, sedation, increased appetite, and subsequent weight gain. Furthermore, no definitive cure is available for the core deficits of attention and impulse regulation.^[9]

In Ayurvedic classics, no condition exactly corresponds to ADHD. However, references to certain abnormal behaviours such as *Anavasthita Chittatva*, *Manovibhrama*, *Buddhivibhrama*, *Smritivibhrama*, *Sheelavibhrama*, *Cheshtavibhrama*, and

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Acharavibhrama are scattered across the texts, which show resemblance to the features of ADHD. Although these terms are collectively described under *Unmada Vyadhi*, when considered individually, many of them closely parallel the clinical features of ADHD.^[10] For such disorders, Ayurveda advocates the use of *Medhya Rasayana* formulations that act as nootropics, cognitive enhancers, and mental stabilisers. Brahmyadi Yoga^[11] (*Bhaisajya Ratnavali*, *Unmada Rogaadhikar*) is a classical polyherbal formulation mentioned in Ayurvedic literature, consisting of *Brahmi* (*Bacopa monnieri*), *Shankhapushpi* (*Convolvulus pluricaulis*),

Vacha (*Acorus calamus*), *Kushmanda* (*Benincasa hispida*), and *Kushta* (*Saussurea lappa*). It is traditionally indicated for improving memory, concentration, learning, and behavioural regulation in children. In this formulation, *Kushta* itself, along with *Madhu* (honey), is prescribed as *Anupana*, which potentiates the *Medhya* (nootropic) action of the formulation, enhances bioavailability, and supports better assimilation. Collectively, the formulation possesses neuroprotective, adaptogenic, and anxiolytic properties

Table 1: Classical Attributes of Brahmyadi Yoga Dravyas

Name	Latin name	Family	Part used	Rasa	Guna	Virya	Vipaka	Doshaghata
<i>Brahmi</i>	<i>Bacopa monnieri</i> Linn.	<i>Scrophularaceae</i>	Whole plant	<i>Tikta, Kashaya Madhura</i>	<i>Lagu, sara</i>	<i>Sita</i>	<i>Madhura</i>	<i>Vata-kapha Hara</i>
<i>Shankhapushpi</i>	<i>Convolvulus pluricaulis</i> Linn.	<i>Convolvulaceae</i>	Whole plant	<i>Tikta, Katu, Kashaya</i>	<i>Sara</i>	<i>Sita</i>	<i>Katu</i>	<i>Pita-kapha Hara</i>
<i>Vacha</i>	<i>Acorus calamus</i> Linn.	<i>Araceae</i>	Rhizome	<i>Katu, Tikta</i>	<i>Laghu, Tiktsna</i>	<i>Uṣṇa</i>	<i>Katu</i>	<i>Vata-kapha Hara</i>
<i>Kushmand</i>	<i>Benincasa hispida</i> Linn.	<i>Cucurbitaceae</i>	Fruit	<i>Madhura, Amla</i>	<i>Laghu</i>	<i>Sita</i>	<i>Madhura</i>	<i>Tridosahara</i>
<i>Kushtha</i>	<i>Saussurea lappa</i> Linn.	<i>Asteraceae</i>	Root	<i>Katu, Tikta</i>	<i>Laghu</i>	<i>Uṣṇa</i>	<i>Katu</i>	<i>Kapha-vata Hara</i>

Table 2: Pharmacological Profile of Brahmyadi Yoga Dravyas

Name	Karma	Chemical constituents	Pharmacological properties
<i>Brahmi</i>	<i>Medhasakti vardhana</i> ^[12] , <i>Medhya, Rasayanam, Smriti Prada</i> ^[13]	bacosides, dammarane-type triterpenoid saponins with jujubogenin or pseudo-jujubogenin aglycones. ^[14] Other active constituents include betulinic acid, D-mannitol, stigmastanol, β -sitosterol, and stigmasterol. ^[15]	Antidepressant ^[16] , Anti-Spasmodic Activity ^[17] , Anxiolytic effect ^[18] , Memory enhancing effect ^[19]
<i>Shankhapushpi</i>	<i>Medhya, Rasayani, Smritida</i> ^[20] , <i>Nidrajanana</i> , ^[21]	Phenolics/Glycosides, Triterpenoid/Steroids, Scopoletin, β -sitosterol and ceryl alcohol ^[22] , Shankhapushpine, convolamine, convoline, convolidine, convolvine, confoline, convosine. ^[23]	Antistress ^[24] , Anxiolytic ^[25] , Antidepressant ^[26] , Brain nourishment ^[27]
<i>Vacha</i>	<i>Apasmara, Unmada, Smriti daurbalya</i> ^[28] , <i>Medhya</i> ^[29]	Volatile oil (principal constituent of volatile oil are Asamyl alcohol, asarone, eugenol), Acorin (Glucoside) and acolamone, acronone, acoramone, tannin	Immunomodulatory ^[30] , neuroprotective ^[31] , Antihypertensive ^[32] , Antidepressant ^[33]
<i>Kushmanda</i>	<i>Manasa Vikara</i> ^[34] , <i>medhya</i> ^[35]	urea, saponin. ^[36] triterpenoids, flavonoids, glycosides, sterols (lupeol, β -sitosterol), vitamins, carotenoids. ^[37]	Enhances memory, intellect promoting activity ^[38]
<i>Kushtha</i>	<i>Rasayana</i> ^[39]	Essential oil, alkaloid (saussurine) and bitter resin ^[40]	Anti-convulsant ^[41]

RESULTS

The pharmacological studies confirm that the herbal components *Brahmi*, *Shankhapushpi*, *Vacha*, *Kushmand*, with *Kushtha* and *Madhu* exhibit significant neuroprotective, nootropic, and adaptogenic actions.

Clinical research on *Brahmi* with standardized extract (CDRI 08) reported improvements observed in inattention, memory, and behavioural control in children. The active bacosides act through modulation of cholinergic activity, antioxidant and neuroprotective effects, along with anxiolytic action, thereby enhancing cognition and emotional stability.^[42]

Shankhpushpi works on cognition by inhibiting acetylcholinesterase, thereby boosting acetylcholine levels to enhance learning and memory. Its antioxidant compounds protect neurons from oxidative stress and degeneration. It also improves synaptic plasticity, supporting memory formation and recall. Additionally, by regulating stress hormones and acting on GABA-A receptors, it reduces anxiety and promotes attention and concentration.^[43]

Vacha (*Acorus calamus*) exerts significant cognitive benefits, with its memory-enhancing action primarily attributed to its role as a *Medhya Rasayana*. Its *Ushna* and *Tikshna* *gunas* promote *Satva guna*, which helps counteract *Rajo* and *Tamo* *gunas* responsible for memory deterioration. The *Ushna Veerya* (hot potency) of *Vacha* (*Acorus calamus*) is stimulate *Sadhaka Pitta*, which in turn enhances higher mental faculties such as *Buddhi* (intellect), *Medha* (cognitive capacity), and *Smriti* (memory). Additionally, its *Sukshma* and *Vishada* properties act as *Srotoshodhaka*, clearing the subtle channels of the brain to enhance cognitive processing. Together, these actions improve concentration, recollection, and overall memory function in children.^[44]

Methanolic extract of *Kushmand* fruit exhibited strong anti-depressant-like effects in mice, comparable to fluoxetine and imipramine. Behavioural tests showed that it significantly reduced immobility without affecting locomotor activity. The effect was mediated through dopaminergic, serotonergic, noradrenergic, and GABAergic pathways. Additionally, the extract elevated monoamine levels by inhibiting brain monoamine oxidase-A (MAO-A).^[45] *Kushtha* enhances cognition by inhibiting acetylcholinesterase (AChE), thereby increasing acetylcholine levels and improving learning and memory. It mitigates oxidative stress by elevating catalase activity and reducing lipid peroxidation (TBARS), thus protecting neurons from ROS-induced damage. The extract also exerts neuroprotective effects by reducing hippocampal neuronal necrosis and enhancing long-term potentiation. Bioactive constituents such as

costunolide and lupeol contribute to its antioxidant, neuroprotective, and nootropic properties.^[46]

Preliminary clinical observations on composite *Brahmyadi Yoga* formulations suggest symptomatic improvement in ADHD, with reduction of hyperactivity, impulsivity, and inattentiveness. The formulation was found to enhance concentration, memory, and behaviour regulation without significant adverse effects. The cumulative action of these herbs aligns with the Ayurvedic classification of *Medhya Rasayanas*, indicating that *Brahmyadi Yoga* can be safely considered as a supportive intervention in ADHD.

However, the available studies remain limited in number and scale. Larger randomized controlled trials are necessary to validate efficacy, optimize dosing schedules, and confirm long-term safety in children

DISCUSSION

Probable mode of action of the drugs

Tikta Rasa is dominated by *Vayu* and *Akasha Mahabhuta*. These elements help clear *Srotorodha* by reducing *Kapha*, thereby lowering *Tama Guna* and enhancing *Sattva Guna*. *Kashaya Rasa*, composed of *Vayu* and *Prithvi Mahabhuta*, possesses *Sthira Guna*, which provides stability in conditions of hyperactivity and impulsivity. *Laghu Guna*, inherent in *Vata*, reduces *Tama* and strengthens *Sattva*. Its *Deepana* property stimulates *Agni*, as *Mandagni* weakens *Satva*, *Raja*, and *Tama*. *Katu Vipaka*, by enhancing *Vata*, aids in eliminating aggravated *Kapha* the root cause of inattention. Most of these medicines are *Vata-kapha Hara* balancing *Vata-kapha Doshas* and thereby stabilizing *Sattva Guna*. *Ushna Veerya* reduces *Kapha*, leading to the pacification of *Raja* and *Tama*, while *Madhura Vipaka* imparts *Sthira Guna*, calming restlessness in children. Additionally, these formulations are *Medhya* in nature, exhibiting nootropic properties that enhance cognition, memory, reasoning, and other intellectual abilities.^[47]

Brahmyadi Yoga contains *Brahmi* (*Bacopa monnieri*), *Shankhapushpi* (*Convolvulus pluricaulis*), *Vacha* (*Acorus calamus*), *Kushmand* (*Benincasa hispida*), *Kushtha* (*Saussurea lappa*) and *Madhu*. These constituents are categorized as *Medhya Rasayanas* (nootropic and neurotonic agents) in Ayurveda and are traditionally indicated for cognitive enhancement, mental stability, and management of *Manasika Vikaras* such as *Unmada*, which shares clinical features with ADHD. From a pharmacological perspective, the formulation demonstrates multifactorial neurocognitive benefits. *Brahmi* (CDRI-08) has been clinically shown to improve inattention, memory, and

behavioural control through cholinergic modulation and neuroprotective mechanisms. *Shankhapushpi* and *Vacha*, as *Medhya Rasayanas*, enhance learning, concentration, and memory by inhibiting acetylcholinesterase, promoting *Satva*, and clearing neural channels (*Srotoshodhana*). *Kushmanda* exerts anxiolytic and antidepressant-like effects via monoaminergic and GABAergic pathways, while *Kushtha* provides additional neuroprotective and nootropic actions through antioxidant and anti-lipid peroxidation mechanisms. Collectively, these pharmacological and Ayurvedic actions align with the pathophysiological targets of ADHD, including neurotransmitter dysregulation, oxidative stress, and impaired cognitive processing. Preliminary studies and traditional evidence suggest that *Brahmyadi Yoga* improves attention span, memory, and emotional stability while reducing hyperactivity and impulsivity, with a favourable safety profile compared to conventional pharmacotherapy. However, clinical validation remains limited, necessitating well-designed randomized controlled trials to confirm its efficacy, standardize dosing, and assess long-term safety in paediatric populations. Thus, integrating *Brahmyadi Yoga* with conventional approaches may provide a holistic, multi-targeted, and safer strategy for the comprehensive management of ADHD."

CONCLUSION

From the compiled information from various Ayurvedic texts and published research regarding *Brahmyadi Yoga*, it may be inferred that this formulation is safe to use in children. It plays an important role in improving cognition, attention, memory, and behavioural regulation in ADHD. The combined action of its *Medhya Rasayana* herbs *Brahmi*, *Shankhapushpi*, *Vacha*, *Kushmand*, and *Kushtha* may be responsible for the neurocognitive and adaptogenic effects claimed for *Brahmyadi Yoga*. However, to draw a concrete conclusion, further research should be carried out to establish standardized dosage, treatment duration, and long-term safety. Rigorous clinical trials are required to assess its efficacy in reducing ADHD symptoms and to compare the outcomes of children managed with *Brahmyadi Yoga* and those without this intervention.

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