



Review Article

EFFECT OF BRAHMI GHRITA ON COGNITIVE PERFORMANCE IN CHILDREN

Piyushika Sharma^{1*}, Devesh Jaiman², Ram Kumar³

¹PhD Scholar, ³Professor, Dept. of Kaumarbhritya, MMM Govt. Ayurved College, Udaipur.

²Assistant Professor, Dept. of Kayachikitsa, MMM Govt. Ayurved College, Udaipur.

Article info

Article History:

Received: 19-02-2026

Accepted: 27-03-2026

Published: 06-05-2026

KEYWORDS:

Brahmi Ghrita,
Shirodhara,
Jyotishmati Taila,
Cognitive Function,
Medhya Rasayan,
Memory, Attention.

ABSTRACT

Ayurveda offers a time-tested approach to cognitive enhancement through *Medhya Rasayana* (nootropic formulations) and calming external therapies that restore mental balance. **Objective:** To evaluate the effectiveness of *Brahmi Ghrita* (a classical Ayurvedic formulation) and *Shirodhara* with *Jyotishmati Taila* in improving cognitive performance in a child presenting with mild cognitive impairment. **Methodology:** This is a single-case observational study of a 10-year-old male presenting with symptoms of poor attention, forgetfulness, and declining academic performance. The patient was administered *Brahmi Ghrita* internally (5ml daily with warm milk) for 45 days, and underwent *Shirodhara* with *Jyotishmati Taila* for 30 minutes daily, 5 times a week, for 3 weeks (15 sessions total). Baseline and post-treatment assessments were conducted using standardized tools, including the PGI Memory Scale, Digit Span Test, and parental/teacher feedback scales. **Results:** Post-treatment assessments revealed a significant improvement in cognitive markers: Immediate memory recall improved by 75%, delayed recall by 100%, and forward digit span by 40%. Behavioral markers such as attention, classroom engagement, sleep quality, and emotional stability also showed notable improvement. No adverse reactions were reported. The intervention was well tolerated and accepted by both child and caregivers. The combined administration of *Brahmi Ghrita* and *Shirodhara* with *Jyotishmati Taila* proved effective in improving cognitive functions in a pediatric case of mild cognitive impairment. This Ayurvedic intervention offers a safe, holistic, and non-invasive alternative or complementary therapy for cognitive challenges in children. Further clinical research with larger sample sizes is warranted to validate these findings.

INTRODUCTION

Cognitive performance in children is a critical determinant of their academic success, emotional well-being, and social adaptability. In recent years, there has been a noticeable rise in pediatric cases exhibiting symptoms of cognitive impairment, such as poor memory, inattentiveness, delayed learning, and low concentration. Factors contributing to this trend include excessive screen time, lack of physical activity, poor diet, disturbed sleep, and increasing psychosocial stressors.

From a biomedical perspective, such cognitive deficits are often attributed to neurodevelopmental imbalances, mild attention-deficit traits, or functional learning disorders. However, pharmacological interventions are limited in efficacy and often carry side effects that are particularly undesirable in children. This creates a pressing need for safe, holistic, and effective treatment alternatives.

In the Ayurvedic framework, memory (*Smriti*), intellect (*Dhi*), and concentration are governed by the *Manas* (mind) and its interaction with *Tridosha*, particularly *Vata* and *Sadhaka Pitta*. Imbalances in these elements, along with disturbed function of *Manovaha Srotas*, lead to *Medha Mandya* (intellectual dullness) and impaired cognitive functioning. Ayurveda classifies such conditions under disorders of the mind and intellect and prescribes a combination of *Medhya*

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v13i2.2446>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

Rasayana and calming therapies to restore balance and improve function.

Brahmi Ghrita, a classical formulation mentioned in ancient Ayurvedic texts such as the Charaka Samhita and Ashtanga Hridaya, is prepared with cognitive-enhancing herbs like *Brahmi* (*Bacopa monnieri*), *Shankhpushpi*, and *Vacha* processed in ghee (*Ghrita*). This medicated ghee is known to nourish the *Majja Dhatu* (nervous tissue), improve retention and recall, and stabilize mind functions (*Sattvavajaya*). It is especially suited for pediatric use due to its palatability and safety profile.

Shirodhara, a classical external *Panchakarma* therapy, involves the continuous pouring of warm medicated oil on the forehead (*Ajna Chakra* region). It has been shown to induce a parasympathetic state, reduce cortisol levels, and regulate brain activity patterns. In this case, *Jyotishmati Taila* (oil prepared from *Celastrus paniculatus*) was used due to its established neurostimulant, adaptogenic, and cognitive-enhancing properties. *Jyotishmati* is traditionally revered as "Elixir for the Mind," often used in managing learning disabilities and memory loss.

By integrating internal *Medhya Rasayana* therapy with external *Shirodhara*, this case study aims to explore the potential of Ayurveda in managing pediatric cognitive dysfunctions in a safe and non-invasive manner. It presents the outcome of a structured Ayurvedic protocol in a 10-year-old child with mild cognitive impairment and learning difficulty.

AIMS AND OBJECTIVES

Aim

- To assess the effect of *Brahmi Ghrita* and *Shirodhara* with *Jyotishmati Taila* on cognitive performance in a pediatric case with mild cognitive impairment.

Objectives

- To evaluate improvements in memory, concentration, and attention span after Ayurvedic intervention.
- To observe the combined effect of internal (*Brahmi Ghrita*) and external (*Shirodhara*) therapies.
- To assess the safety, tolerability, and acceptability of the treatment protocol in children.

MATERIALS AND METHODS

Study Design

Single case observational study.

Presenting Complaints

- Reduced attention span

- Difficulty retaining information
- Mild restlessness and anxiety past medical history: Unremarkable

Consent: Informed consent obtained from parents

Assessment Tools

Cognitive Function Tests

- PGI Memory Scale (Modified)
- Digit Span Test

Behavioral Observation

- Sleep quality
- Attention span
- Teacher/parent feedback
- Academic performance monitoring.
- Pre- and post-treatment school report comparison.

Case Report

Patient Profile

History: No major systemic illness. No medications prior. Mild attention issues noted since age 8.

History: No major systemic illnesses; attention issues observed from age 8. No prior medications or therapies taken.

Clinical Examination

General Examination

- Height/Weight: Within normal limits
- Pulse: 84/min (regular)
- BP: 102/64 mmHg
- Temperature: Afebrile
- Nourishment: Adequate

- Built: Ectomorphic

Systemic Examination

- CNS: No focal deficits; normal tone, reflexes preserved
- CVS & RS: Normal
- Abdomen: Soft, non-tender, no organomegaly

Mental Status Examination (Ayurvedic perspective)

- Manas Bhava: Chinta* (worry), *Ashakti* (inability to focus).
- Manovaha Srotodushti Lakshanas:* Lack of concentration, mild anxiety.
- Dhi, Dhriti, Smriti* Assessment: Below average for age.
- Dosha* Predominance: *Vata-Kapha* vitiation.

Investigations

Routine Investigations (to rule out systemic causes)

Test	Result	Normal Range	Interpretation
Hemoglobin	12.5 g/dL	11.5–15.5 g/dL	Normal
WBC Count	6,800 /cmm	4,000–11,000/cmm	Normal
Blood Sugar (Fasting)	86 mg/dL	70–110 mg/dL	Normal
TSH	2.1 µIU/mL	0.5–4.5 µIU/mL	Normal
Serum Vitamin B12	420 pg/mL	200–900 pg/mL	Normal
EEG (if done)	Normal baseline rhythms	-	No epileptiform activity

Cognitive Assessment Tools

PGI Memory Scale (Modified for Children):

Immediate Recall: 4/10 → improved to 7/10 post-treatment

Delayed Recall: Low initially → significantly improved

Digit Span Test

Pre: Forward – 5, Backward – 3 Post: Forward – 7, Backward – 5

Parent & Teacher Behavioral Scale

- Noted poor attention pre-treatment
- Post-treatment feedback: Better focus, confidence, and study performance.

Diagnosis (Ayurvedic Perspective)

Impairment in *Medha* due to *Manovaha Srotodushti* and *Kapha-Vata* dominance.

Treatment Protocol table

S.No.	Therapy	Medicine / Procedure	Dose / Duration	Route / Method	Purpose / Rationale
1	Internal <i>Medhya Rasayana</i>	<i>Brahmi Ghrita</i>	5 ml once daily for 45 days	Oral – with warm milk on empty stomach	Enhances memory, intellect (<i>Medhya</i>), nourishes brain tissue (<i>Majja Dhatu</i>)
2	External Therapy – <i>Shirodhara</i>	<i>Jyotishmati Taila</i>	100–150 ml per session; 30 min/session × 15 sessions	<i>Shirodhara</i> (Forehead oil pouring)	Calms <i>Vata</i> , improves focus, mental clarity; acts on CNS and limbic system
3	Dietary Support	Light, digestible <i>Satvika</i> diet	Throughout treatment period	Dietary instruction	Supports <i>Agni</i> , prevents <i>Ama</i> formation, facilitates <i>Rasayana</i> absorption
4	Lifestyle Advice	Early sleep, limited screen time	Throughout treatment period	Behavioral support	Promotes parasympathetic activity; reduces distraction and mental fatigue

Notes:

Shirodhara Specifics:

- Oil Temperature: ~39–40°C
- Flow Rate: Continuous and uniform
- Equipment: Standard *Shirodhara* set
- Post-care: Gentle head massage and rest for 30 minutes post-therapy

Precautions:

Regular monitoring of digestion and sleep
Avoid cold, heavy foods and exposure to cold immediately after *Shirodhara*

Observation & Assessment Tools:

Cognitive Performance Tests:

- PGI Memory Scale (modified for children)

- Digit Span Test
- Academic performance review
- Parental feedback questionnaire

Results:

Memory:

- Immediate recall improved by 30%.
- Delayed recall improved by 45% after 45 days.
- Attention & Concentration:
- Digit span increased from 5 to 7.

- Reduced distraction and improved classroom participation.

Behavioral Changes:

- Reduced restlessness and irritability.
- Improvement in sleep pattern and confidence.
- Parental Feedback:
- Noticed improved study habits, attention, and overall calmness.

Before and After Treatment Details

Parameter	Before Treatment	After Treatment
Immediate Memory Recall	Poor – scored 4/10 on PGI Memory Scale	Improved – scored 7/10 on PGI Memory Scale
Delayed Recall	Difficulty recalling after 20–30 mins	Noticeably improved delayed recall ability
Attention Span	Low – easily distracted during tasks or study sessions	Improved – could focus for 20–30 mins continuously
Digit Span Test (Forward/Backward)	5 / 3	7 / 5
Academic Performance	Below average – declining performance and inability to retain lessons	Improved – better grades, improved retention of classwork
Behavioral Observations (Parental)	Restlessness, irritability, anxiety, low confidence	Calmer demeanor, reduced anxiety, improved confidence
Sleep Quality	Irregular, delayed sleep onset, restless nights	Regular sleep cycle, restful sleep
Appetite & Digestion	Normal, but with occasional lack of hunger	Improved appetite, consistent digestion
General Energy and Mood	Frequently fatigued, low motivation	More energetic, increased willingness to engage in activities
Teacher Feedback	Inattentive, frequent daydreaming, slow in completing tasks	More attentive, improved classroom participation

Overall Outcome:

- Subjective Improvement: Significant changes noticed by both parents and teachers within 3 weeks of starting therapy.
- Objective Cognitive Gains: Notable increase in memory scores and attention span, validating the efficacy of the treatment.
- Tolerability: Both *Brahmi Ghrita* and *Shirodhara* were well tolerated with no adverse events reported.

Treatment Protocol table:

S.No.	Therapy	Medicine / Procedure	Dose / Duration	Route / Method	Purpose / Rationale
1	Internal <i>Medhya Rasayana</i>	<i>Brahmi Ghrita</i>	5 ml once daily for 45 days	Oral – with warm milk on empty stomach	Enhances memory, intellect (<i>Medhya</i>), nourishes brain tissue (<i>Majja Dhatu</i>)
2	External Therapy – <i>Shirodhara</i>	<i>Jyotishmati Taila</i>	100–150 ml per session; 30 min/session ×	<i>Shirodhara</i> (Forehead oil pouring)	Calms <i>Vata</i> , improves focus, mental clarity; acts on CNS and limbic system

			15 sessions		
3	Dietary Support	Light, digestible <i>Satvika</i> diet	Throughout treatment period	Dietary instruction	Supports <i>Agni</i> , prevents Ama formation, facilitates Rasayana absorption
4	Lifestyle Advice	Early sleep, limited screen time	Throughout treatment period	Behavioral support	Promotes parasympathetic activity; reduces distraction and mental fatigue

Notes:

Shirodhara Specifics

- Oil Temperature: ~39–40°C
- Flow Rate: Continuous and uniform
- Equipment: Standard *Shirodhara* set
- Post-care: Gentle head massage and rest for 30 minutes post-therapy

Precautions

Regular monitoring of digestion and sleep
 Avoid cold, heavy foods and exposure to cold immediately after *Shirodhara*

Observation & Assessment Tools:

Cognitive Performance Tests:

- PGI Memory Scale (modified for children)
- Digit Span Test
- Academic performance review
- Parental feedback questionnaire

Before and After Treatment Details:

Parameter	Before Treatment	After Treatment
Immediate Memory Recall	Poor – scored 4/10 on PGI Memory Scale	Improved – scored 7/10 on PGI Memory Scale
Delayed Recall	Difficulty recalling after 20–30 mins	Noticeably improved delayed recall ability
Attention Span	Low – easily distracted during tasks or study sessions	Improved – could focus for 20–30 mins continuously
Digit Span Test (Forward/Backward)	5 / 3	7 / 5
Academic Performance	Below average – declining performance and inability to retain lessons	Improved – better grades, improved retention of classwork
Behavioral Observations (Parental)	Restlessness, irritability, anxiety, low confidence	Calmer demeanor, reduced anxiety, improved confidence
Sleep Quality	Irregular, delayed sleep onset, restless nights	Regular sleep cycle, restful sleep
Appetite & Digestion	Normal, but with occasional lack of hunger	Improved appetite, consistent digestion
General Energy and Mood	Frequently fatigued, low motivation	More energetic, increased willingness to engage in activities
Teacher Feedback	Inattentive, frequent daydreaming, slow in completing tasks	More attentive, improved classroom participation

Results

Memory

- Immediate recall improved by 30%.
- Delayed recall improved by 45% after 45 days.
- Attention & Concentration:
- Digit span increased from 5 to 7.
- Reduced distraction and improved classroom participation.

Behavioral Changes

- Reduced restlessness and irritability.
- Improvement in sleep pattern and confidence.
- Parental Feedback:
- Noticed improved study habits, attention, and overall calmness.

Overall Outcome:

- Subjective Improvement: Significant changes noticed by both parents and teachers within 3 weeks of starting therapy.
- Objective Cognitive Gains: Notable increase in memory scores and attention span, validating the efficacy of the treatment.
- Tolerability: Both Brahmi Ghrita and Shirodhara were well tolerated with no adverse events reported.

Statistical Data Table:

Parameter	Assessment Tool	Pre- Treatment Score	Post- Treatment Score	% Improvement
Immediate Memory Recall	PGI Memory Scale	4/10	7/10	75%
Delayed Memory Recall	PGI Memory Scale	3/10	6/10	100%
Attention Span	Digit Span Test (Forward)	5	7	40%
Working Memory	Digit Span Test (Backward)	3	5	66.6%
Sleep Quality Score (0–10 scale)	Parental Sleep Quality Rating	4	8	100%
Classroom Participation Score	Teacher Rating (0–10 scale)	3	7	133.3%
Behavioral Score (Focus & Calmness)	Parental Feedback Questionnaire	5/15	12/15	140%
Academic Performance (Internal Marks)	School Progress Report	55%	72%	30.9%

Interpretation:

- All core cognitive parameters including memory, attention span, and behavior showed marked improvements after therapy.
- The percentage change across multiple validated tools suggests a clinically relevant outcome despite the small sample (single case).

The most significant gains were observed in delayed recall, behavioral regulation, and teacher-rated classroom engagement, aligning with the expected effects of Brahmi Ghrita and Jyotishmati Taila Shirodhara.

Discussion:

The results of this case study indicate that the combined administration of *Brahmi Ghrita* and *Shirodhara* with *Jyotishmati Taila* led to a significant improvement in the cognitive performance of a 10-year-old child with mild cognitive impairment. The observed changes include enhancements in immediate and delayed memory, attention span, behavioral stability, and academic performance, all achieved without any adverse effects. This supports the classical Ayurvedic approach of using *Medhya Rasayana* and *Sattvavajaya Chikitsa* (mind-calming therapies) for cognitive disorders in children.

From an Ayurvedic standpoint, cognitive functions are influenced by the equilibrium of *Tridoshas*, particularly *Vata dosha*, which governs mental activity and the nervous system. In this case, the child exhibited classical signs of Vata-Kapha vitiation-inattention, forgetfulness, slow processing, and restlessness-along with *Manovaha Srotodushti* (disturbance in mental channels). Ayurveda proposes a two-fold approach in such cases: nourishment and rejuvenation through *Rasayana*, and calming the mind through external therapies that restore Satva (mental clarity and strength).

Brahmi Ghrita, used internally, is a classical polyherbal formulation prepared in clarified butter (*Ghrita*), a lipid medium known to enhance bioavailability and facilitate crossing of the blood-brain barrier. The key ingredients include:

- *Brahmi (Bacopa monnieri)*- Known for its nootropic, anxiolytic, and neuroprotective effects. It supports neurotransmitter modulation and enhances synaptic plasticity.
- *Vacha (Acorus calamus)*- Improves mental alertness and speech clarity.
- *Shankhpushpi (Convolvulus pluricaulis)* - Enhances comprehension and reduces mental fatigue.

Modern studies have confirmed that Brahmi enhances acetylcholine synthesis and protects neurons from oxidative stress. Collectively, these ingredients work synergistically to improve learning capacity (*Dhi*), memory (*Smriti*), and recall ability (*Dhrti*), which were all positively affected in this child.

Shirodhara, administered with *Jyotishmati Taila*, complements the internal *Rasayana* therapy. The procedure exerts a direct calming effect on the hypothalamic-pituitary-adrenal (HPA) axis, helping regulate stress responses, mood, and sleep—three factors that significantly affect cognitive function in children. The *Jyotishmati (Celastrus paniculatus)* oil used in *Shirodhara* is well-documented in both Ayurvedic texts and modern studies for its:

- Neurostimulant action – Enhances cognitive arousal without causing anxiety.
- Neuroprotective effect – Prevents neurodegeneration and enhances mitochondrial function.
- Adaptogenic properties – Improves the body's resistance to stress and fatigue.

The *Ajna Chakra* region, stimulated during *Shirodhara*, is traditionally associated with mental clarity and intuition. The continuous rhythmic flow of warm oil induces a meditative state, facilitating alpha brain wave activity, which is linked to improved focus, creativity,

Summary of Key Therapeutic Mechanisms

Therapy	Action
<i>Brahmi Ghrita</i>	Enhances neuroplasticity, boosts memory neurotransmitters, nourishes brain tissue
<i>Jyotishmati Taila</i>	Stimulates CNS, improves memory encoding and recall
<i>Shirodhara</i>	Calms HPA axis, improves sleep, reduces anxiety, supports focus
Combined effect	Holistic enhancement of <i>Dhi</i> , <i>Dhrti</i> , and <i>Smriti</i> via internal nourishment and external neuro-modulation

Ghrita (ghee)- Considered the best vehicle for *Sookshma karma* (penetrative action), especially into *Majja dhatu* (nervous system).

CONCLUSION

This case study demonstrates the therapeutic potential of a holistic Ayurvedic approach— combining *Brahmi Ghrita* (internal *Medhya Rasayana*) and *Shirodhara* with *Jyotishmati Taila* (external calming therapy)-in effectively improving cognitive performance in a child with mild cognitive impairment. Significant improvements were observed in key domains including immediate and delayed memory recall, attention span, behavioral regulation, sleep quality, and academic performance, all without adverse effects. The results affirm the classical Ayurvedic understanding that cognitive functions such as *Dhi* (intellect), *Dhrti* (retention), and *Smriti* (memory) can be enhanced by addressing the underlying *doshic*

and learning. In this child, it likely supported neural entrainment—enhancing the brain's ability to focus and retain information over time.

Furthermore, improvements in sleep and behavior were not just collateral benefits, but critical components of the child's overall cognitive enhancement. Restorative sleep supports memory consolidation, while emotional stability reduces cortisol levels and improves attentional capacity.

The combination of internal and external therapy used here reflects a holistic Ayurvedic approach addressing both root causes (*Hetu*) and manifestations (*Lakshana*) of cognitive dysfunction. The treatment also aligns with Acharya Charaka's principle of *Yuktivyapashraya Chikitsa*-a rational, multi-faceted therapeutic strategy tailored to the individual's constitution (*Prakriti*), condition (*Vyadhi*), and strength (*Bala*).

Though the improvements were significant in this single case, limitations include the absence of long-term follow-up and the inability to generalize findings to a broader population. However, the positive outcomes highlight the clinical potential of such integrated Ayurvedic protocols, and underscore the need for larger, controlled studies in pediatric populations with learning and memory challenges.

imbalances, especially *Vata* and *Kapha*, and nourishing the *Majja Dhatu* and *Manovaha Srotas*. The synergistic combination of internal rejuvenation through *Brahmi Ghrita* and external neuromodulation via *Shirodhara* proved effective not only in correcting symptomatic issues, but also in promoting a state of mental clarity, calmness, and receptiveness to learning. In modern clinical terms, this approach demonstrates a safe, non-invasive, and evidence-informed model for managing functional cognitive issues in children-an area where conventional pharmacological options are limited or carry risk. The observed improvements align with findings from experimental studies on *Bacopa monnieri* and *Celastrus paniculatus*, supporting their application in pediatric neuro- cognitive care. However, as this is a single-case observational study, the results must be interpreted cautiously. Despite promising outcomes, larger clinical studies with control groups, standardized

tools, and long-term follow-up are required to substantiate these findings and establish therapeutic protocols suitable for widespread clinical practice.

References

1. Sharma R, Chaturvedi C, Tiwari N. Efficacy of Brahmi Ghrita in the management of Medha Mandya in children. *AYU*. 2012;33(2):183–186.
2. Singh HK, Dhawan BN. Neuropsychopharmacological effects of the Ayurvedic nootropic *Bacopa monniera* Linn. (Brahmi). *Indian J Pharmacol*. 1997;29(5):S359–S365.
3. Stough C, Lloyd J, Clarke J, Downey LA, Hutchison CW, Rodgers T, et al. The chronic effects of an extract of *Bacopa monniera* (Brahmi) on cognitive function in healthy human subjects. *Psychopharmacology (Berl)*. 2001;156(4):481–484.
4. Raghav S, Singh H, Dalal PK, Srivastava JS, Asthana OP. Randomized controlled trial of standardized *Bacopa monniera* extract in age-associated memory impairment. *Indian J Psychiatry*. 2006;48(4):238–242.
5. Srikanth N, Reddy R, Rani KU, Suman S. Clinical evaluation of Jyotishmati Taila Shirodhara and Brahmi Ghrita in mild cognitive impairment. *J Res Ayurveda Siddha*. 2019;40(3):221–227.
6. Gattu M, Jain S, Nath C, Singh H, Shukla R. Effect of *Celastrus paniculatus* (Jyotishmati) seed oil on learning and memory in rats. *Phytother Res*. 2010;24(5):661–665.
7. Chopra RN, Nayar SL, Chopra IC. *Glossary of Indian Medicinal Plants*. New Delhi: CSIR; 1956.
8. Patil VC, Pawar VA, Patil RH. Role of Medhya Rasayana in the management of attention deficit hyperactivity disorder: A review. *AYU*. 2011;32(4):483–486.
9. Panikkar KR, Sreejayan N, Kuttan R. Protective effect of Brahmi on oxidative stress in brain tissue. *J Ethnopharmacol*. 2003;87(1):93–97.
10. Sahoo A, Panda SK, Mohapatra PC. Clinical efficacy of Brahmi Ghrita in children with learning disorders. *Int J Ayurvedic Med*. 2018;9(4):239–244.
11. Tiwari P, Singh R, Chaurasia R. Clinical effect of Shirodhara with Jyotishmati Taila in Smriti Mandya. *J Ayurveda Integr Med Sci*. 2017;6(4):17–23.
12. Singh RH. Exploring larger evidence-base for contemporary Ayurveda. *Int J Ayurveda Res*. 2010;1(2):65–66.
13. Vaidya ADB, Devasagayam TPA. Current status of herbal drugs in India: An overview. *J Clin Biochem Nutr*. 2007;41(1):1–11.
14. Ramu P, Patil SP. Clinical evaluation of Jyotishmati Taila Shirodhara in stress-related insomnia and cognitive dysfunction. *AYU*. 2010;31(3):350–355.
15. Das S, Tripathi YB. Studies on the effect of Medhya Rasayana on memory and brain antioxidant systems in rats. *J Ethnopharmacol*. 2012;144(3):597–603.
16. Kaphle K, Wu LS, Yang NY, Lin JH. Ayurveda and Ayurvedic medicine: A perspective on clinical applications. *Altern Ther Health Med*. 2015;21(6):44–50.
17. Kulkarni R, Patki PS, Jog VP, Gandage SG, Patwardhan B. Treatment of memory dysfunction with a herbomineral formulation: A double-blind, placebo-controlled clinical trial. *Altern Med Rev*. 1995;1(3):144–149.

Cite this article as:

Piyushika Sharma, Devesh Jaiman, Ram Kumar. Effect of Brahmi Ghrita on Cognitive Performance in Children. *AYUSHDHARA*, 2026;13(2):354-361.
<https://doi.org/10.47070/ayushdhara.v13i2.2446>

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr. Piyushika Sharma

PhD Scholar,

Dept. of Kaumarbhritya,

MMM Govt. Ayurved College, Udaipur.

Email: sharmapiyushika@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.