

**EXPLORING AYURVEDIC MANAGEMENT IN ADHD WITH *BRAMHI*  
*TAILA SHIROABHYNGA* – A CASE REPORT****Ghorude N.<sup>\*1</sup>, Kale S.<sup>2</sup>, Kale M.<sup>3</sup>, Waykule V.<sup>4</sup>, Mane A.<sup>5</sup>**

<sup>1,3,4,5</sup>PG Scholar, Department of Kaumarbhritya, Yashwantrao Chavan Ayurvedic Medical  
College & Hospital, Chh. Sambhajinagar, Maharashtra.

<sup>2</sup>Associate Professor, Department of Kaumarbhritya, Yashwantrao Chavan Ayurvedic  
Medical College & Hospital, Chh. Sambhajinagar, Maharashtra.

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**\*Corresponding Author****Ghorude N.**

PG Scholar, Department of  
Kaumarbhritya, Yashwantrao Chavan  
Ayurvedic Medical College &  
Hospital, Chh. Sambhajinagar,  
Maharashtra.



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**ABSTRACT**

Attention Deficit Hyperactivity Disorder (ADHD) is a common neurobehavioral disorder of childhood punctuated with unacceptable behaviour. The prevalence of ADHD in primary school children was found to be 11.32%. ADHD is behavioural disorder marked by an improper inattention and hyperactivity-impulsivity that get involved in with functioning or development. A Special camp was arranged at Primary School at nearby village of Yashwantaro Chavan Ayurvedic Hospital on 26 October 2024 and some children were diagnosed with ADHD according to DSM-5 criteria. Children diagnosed with ADHD along with their parents were advised to visit OPD of Kaumarbhritya at Yashwantaro Chavan Ayurvedic Medical College and Hospital. A 7-year-old male patient visited to the OPD on 28 october 2024 who was diagnosed with ADHD at the camp. The patient was advised to do shiroabhynga with Bramhi taila at night before sleeping for about 900 matra~295 seconds~5minutes. The follow up was taken on 30<sup>th</sup>, 60<sup>th</sup> And 90<sup>th</sup> day. This study suggest that Ayurvedic management of ADHD in children presents effective results.

**KEYWORDS:** ADHD, Unmada, Bramhi Taila, Shiroabhynga, Kaumarbhritya, DSM-5.

## INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) is a common neurobehavioral disorder of childhood punctuated with unacceptable behavior.<sup>[1]</sup> It is a frustrating disorder and has turned out to be a rampant problem in the society as it leads to great deal of psychological and behavioural distress to the child, parents and the family members. It has the highest incidence among the developmental disorders in India about 7.5-10 % children's. The prevalence of ADHD in primary school children was found to be 11.32%.<sup>[2]</sup> **Inattention** means a person wanders off task, lacks of constant mind, has difficulty to sustaining focus and is not properly plan; and these problems are not due to defiance or lack of comprehension. **Hyperactivity** means a person move constantly, including in appropriate situations or excessively squirm, taps or excessive talks. It may be extreme restlessness. **Impulsivity** means a person makes quick actions that occur in the moment without thinking about them and that may have high potential for harm or a desire for immediate rewards. In Ayurveda neither this disease nor the symptoms of ADHD are described but some References about abnormal behaviour are discussed under features of vataprakriti *Anavasthita Chittatva Mano vibhrama, Buddh vibhrama, Smriti vibhrama, Sheela vibhrama, Cheshta vibhrama* and *Achara vibhrama* can be correlated with ADHD.<sup>[3]</sup> Though these terms have been mentioned collectively under the description of *Unmada Vyadhi*, when considered individually they closely resemble some of the clinical features and associated features of ADHD. According to Ayurveda, the main reason for ADHD is vitiation of these three *Dhee, Dhriti, Smriti* which causes abnormality and abnormal conduct resulting into improper contact of the senses with their objectives and give rise to inattention, hyperactivity and impulsivity.<sup>[4]</sup> According to Ayurveda, psychological problems start when fundamental imbalances develop in the biological intelligence that controls all bodily processes. *Vata* imbalance contributes to anxiety, fear, mental instability and insomnia, *Pitta* imbalance may give rise to anger and irritability and *Kapha* imbalance may lead to lethargy and depression. ADHD has no direct reference in Ayurveda, but looking at the pattern it can be considered under *vata* disorders.

## CASE STUDY

A 7-year-old male child with the complaints of hyperactivity, irritability in attentiveness, and lack of concentration, low memory power and delayed speech had approached our hospital. As per the information by her parents, the child was apparently normal till 4 years of age. Gradually they noticed the behavioral disturbances in their child. She was not able to concentrate on any things in particular for more time. She developed irritability behavior,

inattentive and slow learning. Then she developed anxiety and fear towards people and the crowd where she became socially inactive. She also had the problem in her speech. Patient had taken treatment for this but no changes observed in her behavior. So, they approached our hospital for further management.

#### Birth History

Pre-term delivery with caesarean section [previous LSCS]. No history of Birth Asphyxia.

#### Developmental History

Gross motor & fine motor development were normal as per the chronological age but there was delayed with Language and Social development.

#### Family History

Non-Consanguineous marriage. Elder sister has no any problem.

#### Personal History

Diet - Mixed Appetite

Bowel - Clear (once daily)

Urine - Normal

Sleep – Not proper

#### General Examination, Anthropometry and Vitals

General condition - Fair, Lean, Hyperactive and in-attentive.

Height - 110 cm

Weight - 17 kg

HC - 50 cm

CC - 56 cm

MAC - 13.5 cm

HR - 102 bpm

RR - 26 rpm

Temperature – Afebrile

#### Systemic Examination

Examination of Cardiovascular system, Respiratory system, Per abdomen shows no deformity. Gait was normal. Muscle tone and texture was normal.

## Central Nervous Examination

Patient was conscious, inattentive, easily gets distracted, poor eye contact, not obeying the commands and irritable, can't speak even two words, unable to identify body parts, numbers, colors, low memory power, not able to write.

Ashta Sthana Pareeksha

Nadi - Vata-Pittaja

Mala - Prakruta (once daily, normal consistency, satisfactory)

Mutra - Prakruta (4-6 times a day / 1-2 times at night)

Jihwa - Aliptha (not coated)

Shabda - Aspashta (unable to speak)

Sparsha - Sheetha (Cold)

Drik - Prakrutha (normal)

Akriti - Leena (lean)

Samprapti Ghataka:

Dosha - Vata- Pitta Pradhana

Srotas - Manovahasrotas

Dooshya - Rasa, Manas

Srotodushti - Sanga and Vimargagamana

Agni - Vishamagni

Rogamarga - Abyantara

Udbhavasthana – Pakwashaya

Rogaswabhava – Chirakari

Adhisthana – Shiras

Rogaswabhava - Chirakari

Vyakthasthana – Sarvashareera

Diagnosis: Attention Deficit Hyperactivity Disorder (*Vata-Pittaja Unmada*)

## INTERVENTION

Table No. 1.

| Drug Name              | <i>Bramhi Taila</i>   |
|------------------------|---|
| Time of Administration | Before sleep for 900 <i>matras</i> =295 seconds~5 minutes. <sup>[5]</sup> |
| Duration               | 90 days   |
| Follow Up              | 30 <sup>th</sup> , 60 <sup>th</sup> and 90 <sup>th</sup> day              |

## FOLLOW UP AND OBSERVATIONS

Table No. 2.

| TIMELINE                  | DATES      | CLINICAL OUTCOMES  |
|---------------------------|------------|--|
| ONSET OF TREATMENT        | 28/10/2024 | hyperactivity, irritability in attentiveness, lack of concentration, low memory power, delayed speech                              |
| 1 <sup>ST</sup> FOLLOW UP | 28/11/2024 | Very mild decrease in hyperactivity.<br>Very slight increase in concentration.<br>Able to spell few words.                         |
| 2 <sup>ND</sup> FOLLOW UP | 28/12/2024 | Able to spell more words than last admission<br>Social activeness increased.<br>Able to follow some instructions given by parents. |
| 3 <sup>RD</sup> FOLLOW UP | 28/01/2025 | Irritability was decreased.<br>Fear towards stranger decreased.  |

## DISCUSSION

ADHD is associated with *Pitta* and *Vata Dosha* and even in this case we observed predominant of *Vata* and *Pitta*. So, plan of treatment was mainly to bring *Vata-Pitta* into normalcy. As ADHD is a neurobehavioral disorder, drugs were used which is having the *Medya* properties.

| Dravya        | Action  |
|---------------|---|
| <i>Bramhi</i> | <i>Bramhi</i> is <i>parthiv dravya</i> having <i>snigdha</i> and <i>medhya gunas</i> . It balances increased <i>Chala Guna</i> of <i>Vayu</i> . It has peculiar smell ( <i>Gandha Guna Bahul</i> ) hence, it quickly acts on mind |

## Probable Action of *Shiroabhyanga*

The fluids of skin are drained to different parts of the body while doing *abhyanga* due to the osmotic pressure. *Abhyanga* causes hydrostatic pressure in the extracellular compartment of the skin. This pressure increases the blood circulation to a part where massage is done, causing splanchnic pooling of the blood to that surface, which leads to the absorption of the medicated oil/ghee and allows the passive entrance of the phytonutrients into the systemic circulation and then to the target structure.

Very good lymph drainage may occur during *abhyanga*. During and after massage amino acids like tryptophan may increase in the blood which may lead to increase in the production of the neurotransmitter serotonin, which is made from tryptophan at motor end plates. Massage may also cause increased acetylcholine production due to the action potential generated from the massage due to friction and pressure which are inserted during massage. The myelinated nerve fiber sheets are chiefly made up of lipids. This action potential with the association of serotonin is responsible for the pleasant and calming effect during massage.

## CONCLUSION

According to Ayurveda, ADHD can be nearly co-related to *Unmada* based on the sign and symptoms. Approach to *Doshas* involved, symptoms and *Chikitsa* are explained in the same. On this basis the case was diagnosed as *Vata-Pittaja Unmada* and accordingly treatment has been planned. Treatment included *Bramhi Taila Shiroabhyanga* which was given over a period of 90 days. As ADHD is *Yapya Vyadhi* an attempt was made to increase the quality of life to child as well as for the family and it gave the satisfactory results for which even the parents are also happy.

## Adverse drug reaction

No any adverse drug reaction found.

## Conflict of interest

None.

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