

INTEGRATIVE MANAGEMENT OF AUTISM THROUGH AYURVEDA- A SINGLE CASE STUDY

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ABSTRACT

Autism spectral disorder is a neurodevelopmental disorder characterized by persistent deficits in social communication and interaction, and presence of repetitive, restricted pattern of behaviours, interests and activities.^[1] *Unmada* in *Ayurveda* can be correlated with autism which is caused due to intake of mutual contradictory food, unwholesome physical & mental activities & other external factors. A 5-year-old boy diagnosed with autism, characterized by impaired speech, wandering, hand flapping, and poor attention since 18 months of age, was managed as *Unmada* in *Ayurveda*.^[2] The condition is attributed to intake of incompatible foods and unwholesome physical and mental activities leading to doshic imbalance. The child underwent integrated *Ayurvedic* management including *Shirodhara*, *Abhyanga*, *Nasya*, oral medications, along with physiotherapy and speech therapy for two years. Marked

improvements were observed in speech clarity with reduced hyperactivity and hand flapping. Progress was assessed using ISSA and CARS scales, showing positive outcome.

KEYWORDS: CARS, ISSA, *Unmada*.

INTRODUCTION

Autism typically manifests in early developmental period and significantly affects the functioning of child. Autistic disorder was diagnosed in the presence of qualitative

impairment in social interaction and communication, along with presence of restrictive, repetitive patterns of behaviours, interests or activities.^[3] Estimated global prevalence of autistic disorder is with the range of 2.8-94/10,000.^[4] Clinical presentation of autism can be co related to unmada in ayurveda. *Unmada* is a *manasika vikara* characterized by the derangement of *mana*, *buddhi*, *smriti*, *bhakti*, *sheela*, and *chesta*^[5] due to the vitiation of *doshas* affecting both *Manovaha* and *Rasavaha srotas*. Which closely parallels the core deficits seen in autism with impaired social interaction, communication difficulties, delayed or abnormal speech, poor emotional expression, and restricted or repetitive behaviors. This case involves a 5-year-old male child presented with delayed speech, poor social interaction, hyperactivity, hand flapping, excessive wandering, and lack of eye contact since 18 months of age. The child had difficulty sitting in one place, showed repetitive behaviors, and minimal response to verbal commands. The condition involves *Vata* predominance with associated *Kapha* vitiation affecting *Manovaha srotas*. *Vata prakopa* due to unwholesome diet and lifestyle leads to deranged mental and neural functions manifesting as communication and behavioral deficits. Features of *Rasavaha srotodushti* such as lack of mental stability, and *Rasa kshaya lakshanas* like restlessness, dryness, and emotional imbalance were evident, indicating impaired tissue nutrition and *Vata* aggravation.

Case history

The child was born to non consanguineous couples through emergency LSCS with birth weight of 3.5 kg & uneventful birth history. Gradually they noticed delay in milestones like sitting, crawling, standing, walking, speech etc. For this complaints they visited nearby hospital & advised them to wait till 18 months of age. Though child attained milestones by this age they also noticed wandering, handflapping, gazing at objects, repetition of words, unable to sit at a place along with aversion towards certain textures like sticky things. For this complaints they consulted nearby hospital & was advised to take occupational & speech therapy. From the age of 2 years 2 months child was taking this therapy. Then parents noticed reduced handflapping, gazing at objects & learn many things like spoon holding, solving puzzles etc. Though there is improvement in complaints like wandering. However handflapping, hyperactivity & echolalia still persisted. Child was screened using M- Chat & Was diagnosed using ISSA & CARS scale.

Clinical findings

The child had regular bowel and bladder habits with normal micturition. Appetite and sleep were reported to be good. The child was on a mixed diet and was breastfed until 3.5 years of age, after which weaning was done with foods such as ragi and white rice. Anthropometric measurements revealed a height of 117 cm and a weight of 29 kg, with a calculated Body Mass Index (BMI) of 21.19.

Cranial nerves, motor system, musculoskeletal system & respiratory system were normal.

Aṣṭa Sthāna Parīkṣā

Nadi: Vātakaphaja

Mūtra and mala were prakritha with occasional irregular bowel habits suggestive of manda agni.

Jihvā appeared slightly coated, reflecting Kapha dominance.

Sabda was abnormal in the form of echolalia and delayed expressive speech.

Sparśa showed sensory aversion, particularly towards sticky textures

Dṛik revealed reduced eye contact with occasional gazing at objects

Akriti was madhyama.

Daśa-vidha Parīkṣā

Vāta–Kaphaja prakṛti with Vāta predominance

Vikṛti marked by aggravated Vāta and Kapha affecting manovaha srotas,

Avara satva

Manda agni with moderate āhāra śakti,

Madhyama samhanana and pramāṇa, madhyama sara, asātmya to certain sensory inputs, Alpa vyāyāma śakti,

Vaya: Balya Avastha

Diagnosis Assessment

ISAA (Indian Scale for Assessment of Autism) and CARS (Childhood Autism Rating Scale).

Intervention

Table 1: Treatment.

Sl. no	Procedure	Medicine	Duration
1.	Shirodhara	Thungadrumadi taila + brahmi taila	7 days
2.	Abhyanga	Dhanwantaram taila	7 days
3.	Matrabasthi	Mahakalyanaka ghritha	7 days
4.	Nasya f/b	Mahapaishachika ghritha 4 drops	7 days

	ksheera dhooma	each nostril	
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Internal medications

Table 2: Shamana chikitsa.

Sl.no	Medicine	Dose
1.	Brahmi vati with gold	½ BD After food
2.	Saraswatatarishta	10 ML BD A/F
3.	Kalyanaka avaleha churna + rahmi ghritha	½ Tsp BD with Honey

Pathya

A diet that is light, easily digestible, minimally spicy or oily, and gluten-free was advised. Emphasis was placed on stabilizing *Agni*, reducing *Kapha* accumulation, and regulating *Vata*.

Improvements

Regular follow-ups were conducted every 60 days. Over the course of treatment, notable improvements were observed.

- Enhanced speech clarity and reduction in echolalia
- Improved communication and responsiveness
- Reduction in hyperactivity and stereotypic behaviors
- Improved sitting tolerance and attention span
- Reduced sensory hypersensitivity.

ISSA Score: Reduced from 97 to 51

CARS Score: Reduced from 34.5 to 25.5

These outcomes indicate a significant reduction in the severity of autism-related symptoms.

DISCUSSION

The present case of a 5-year-old child with delayed milestones, speech delay, repetitive behaviors, and sensory aversions can be understood in *Ayurvedic* terms as *Vataja Unmada*, where the vitiated *Vata dosha* disturbs *Manovaha* and *Pranavaha srotas*, leading to impairment in *Rasa dhatu*. The predominant *Vata prakopa* manifested as hyperactivity, hand flapping, and delayed speech, while associated *Rajasika* and *Tamasika doshas* contributed to poor concentration and social interaction.

Brahmi Vati with gold, *Saraswatatarishta*, *Kalyanaka Avaleha Churna*, and *Brahmi Ghrita* act synergistically to calm *vāta* and reduce *kapha* obstruction in the mind. *Brahmi Vati* with gold works as a *Medhya Rasayana*, strengthening the nervous system, clearing *manovaha srotas*, and stabilizing thought processes. *Saraswatatarishta* improves *agni*, reduces *kapha*-induced

mental dullness, and provides mild calming effects. *Kalyanaka Avaleha* helps balance emotional disturbances, enhances intellect, and removes *tamas* associated with *kapha*. *Brahmi Ghrita* nourishes *majja dhatu*, calms *vāta*, and enhances memory and mental clarity through its *ghrita*-based deep penetration. Together, these formulations improve cognition, stabilize the mind, reduce restlessness, and restore balanced mental functioning.

Shirodhara

Shirodhara with *Brahmi Taila* and *Tungadrumadi Taila* was used to pacify aggravated *Vata* and *Kapha doshas* associated with symptoms such as sluggishness, delayed speech, inattention, and emotional dullness. The continuous, rhythmic oil flow in *Shirodhara* exerts a gentle, uniform pressure and thermal stimulus on the forehead and scalp, which helps to calm the *manovaha srotas*, regulate hypothalamic and autonomic functions, and induce a state of deep relaxation. This process reduces excessive *Vata* activity while mobilizing and liquefying stagnant *Kapha*, thus restoring balance in mental and sensory pathways. The soothing stimulation of the forehead and *sira moola* (head nerve centers) harmonizes neural oscillations, stabilizes neurotransmitter levels such as serotonin and dopamine, and promotes parasympathetic dominance—leading to improved concentration, mood, and responsiveness. *Brahmi Taila* supports cognition and speech through its *Medhya* and *Vata–Kapha shamaka* properties, enhancing clarity, memory, and verbal initiation. *Tungadrumadi Taila* helps alleviate lethargy, stabilize emotions, and improve sensory coordination. Together, the procedure nourishes the brain and nervous system, promotes alert calmness, and fosters adaptive communication and behavior. Clinically, this integrative therapy resulted in improved speech initiation and clarity, enhanced focus, better emotional regulation, and a marked reduction in inertia or social withdrawal.

Abhyanga

Abhyanga with *Dhanwantaram Taila* was administered to pacify aggravated *Vata dosha*, the primary factor in neurological and developmental disorders like autism. The formulation, containing *Bala*, *Kola*, and *Prishniparni*, nourishes the nerves and muscles, improving coordination and stability. The gentle, rhythmic massage enhances circulation, sensory integration, and autonomic balance, thereby reducing hyperactivity and restlessness. The *Snigdha guna* of the oil counteracts *Vata's Roukshata*, promoting calmness, better sleep, and adaptability. Clinically, notable improvements were seen in sitting tolerance, focus, and reduced wandering, indicating effective *Vata* pacification and improved *manasika sthirata*.

Matrabasthi

Matra Basti with *Mahakalyanaka Ghrita* was administered to address the gut–brain axis involvement in autism, where disturbances in digestion and gut microbiota influence neurodevelopment and behavior. In Ayurveda, *Vata dosha* particularly *Apana Vata* governs both gut and nervous system functions, and its imbalance manifests as restlessness, poor focus, and speech delay. *Mahakalyanaka Ghrita*, a *Medhya Rasayana* rich in ingredients like *Brahmi*, *Shankhapushpi*, and *Yashtimadhu*, provides deep nourishment to the *Majjavaha* and *Manovaha srotas*, enhancing cognitive and behavioral functions. When administered as *Matra Basti*, it helps regulate *Vata* from its primary site in the colon, improves gut health, promotes better nutrient assimilation, and indirectly supports neurotransmitter balance through the gut–brain connection. Clinically, this results in calmer behavior, improved communication, and better attention span.

Nasya

Nasya with *Mahapaisachika Ghrita* was administered in this case to correct *Urdhva Jatrugata Vata Kapha* imbalance, which manifests as speech delay, poor social interaction, sluggish cognitive processing, and emotional dullness—common features observed in autism. According to *Ayurveda*, “*Nasahi shiraso dwaram*” the nose is the gateway to the head and *Nasya* enables direct delivery of medicated substances to the brain, influencing higher neural and mental functions. *Mahapaisachika Ghrita*, fortified with potent *Medhya Rasayana* herbs such as *Brahmi*, and *Shankhapushpi*, acts as a neurorestorative and *Vata Kapha shamaka* formulation. Its unctuous, lipid-based medium facilitates deeper absorption across neural tissues, lubricating dry *Vata* channels and clearing *Kapha* induced obstructions within the *manovaha srotas*. This dual action helps re-establish the rhythmic flow of neural impulses, enhances sensory integration, and promotes alertness and responsiveness. By improving cerebral circulation, optimizing neurotransmitter balance, and stimulating higher cortical functions, *Nasya* with *Mahapaisachika Ghrita* supports better speech initiation, mental clarity, emotional expression, and adaptive behavior in children with autism.

CONCLUSION

This case highlights the potential of Ayurvedic management in *Vata–Kaphaja Unmada* (Autism Spectrum Disorder) through a comprehensive approach involving *Panchakarma* procedures and *Medhya Rasayana* formulations. The pathogenesis reflects the aggravation of *Vata dosha*, leading to impaired neural communication and hyperactivity, along with *Kapha*

dushti, which manifests as sluggishness, withdrawal, and impaired sensory integration. The associated *Rasavaha srotas dushti* is evident through features such as *guru-gatrata* (heaviness of body and mind), *alasya* (laziness), indicating deficient nourishment and improper circulation of *rasa dhatu* to higher centers. Also it is evident that *Vata* suppressing the functional clarity of *Kapha*. The *Panchakarma* therapy, including *Abhyanga*, *Shirodhara*, and *Nasya*, helped restore balance by liquefying and channelizing *Kapha* while calming *Vata*, thereby promoting stable neural transmission and emotional regulation. *Medhya Rasayana* formulations provided nourishment to *manovaha* and *rasavaha srotas*, enhancing cerebral perfusion and promoting neuroregeneration. By pacifying *Vata–Kapha doshas* and improving *Rasa dhatu* quality, the treatment resulted in notable improvement in speech clarity, cognitive responsiveness, social interaction, and emotional stability without any adverse effects. Such integrative *Ayurvedic* management demonstrates the potential effectiveness of *Dosha Dhatu Srotas*-based interventions in improving the quality of life and functional outcomes in children with neurodevelopmental disorders.

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