

AN INTEGRATIVE AYURVEDIC PERSPECTIVE ON VATAKAPHAJA UNMADA IN A CHILD WITH AUTISM SPECTRUM DISORDER: A CASE STUDY

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ABSTRACT

In *Ayurvedic* Classical texts, Autism Spectrum Disorder (ASD) is not described as a single specific and defined clinical condition. However, its symptom profile can be clinically correlated to specific disorders based on lakshana's, dosha involvement and Manovaha Srotas dushti. *Unmada* as mentioned in *Ayurvedic* Classics is a major *Manasika Vikara* marked by impairment of mental functions due to *Dosha* vitiation, presenting with overt psychotic features, not typical to Autism. Autism spectrum disorder is characterized by deficits in social interaction communication, language development, and combined with restricted and repetitive behaviours. Therefore, the correlation of *Vatakaphaja Unmada* to ASD is based on symptom similarity rather and definitive diagnosis. The present case is correlated to *Vatakaphaja Unmada* based on symptom similarity and highlights its management through *Ayurvedic* principles.

KEYWORDS: *Manasika Vikara*, *Unmada*, Autism Spectrum Disorder, Symptom similarity, Case Study.

INTRODUCTION

Autism is a neurodevelopmental disorder marked by deficits in social communication/ language development and repetitive, restricted behaviors and interests. Epidemiological data indicate that 1 in 68 children is affected, with a male-to-female ratio of 5:1, and a higher prevalence observed in upper socioeconomic groups. Sibling studies suggest a 10–18% risk if one child is affected, rising to 25% if two siblings are affected. The exact cause of ASD is unknown, although it is clearly biologically determined disorder.

An autistic infant does not cuddle and avoid eye contact, some of them may not show separation anxiety from parents. Older autistic children often prefer to play by themselves and often do not develop close interpersonal relationships, particularly outside family. Autistic children often speak with an unusual rhythm and pitch. They often repeat words spoken to them (echolalia). They are resistant to changing such new places, people, food, furniture, toys etc; They often exhibit stereotype behaviours in showing unusual attachments to objects. In children with ASD, neither there is *Rajas* or nor *Tamas* in entirety forming *avarana* to the *Buddhi*, a state of *Jadatwam*.

In *Ayurveda*, *Unmada* results from vitiated *Doshas* caused by improper diet (*Mithya Ahara*) or lifestyle (*Mithya Vihara*) in individuals with low mental resilience (*Alpa Satwa*). These *Doshas* lodge in the *Sthana of Buddhi (Hridaya)* and obstruct the *Manovaha Srotas*, producing characteristic symptoms. Classical treatment includes *Mridu Shodhana* to clear the srotases, followed by *Snehapana* for *Vataja*, *Virechana* for *Pittaja*, and *Vamana* for *Kaphaja Unmada*, tailored to the predominant *Dosha*.

MATERIALS AND METHODS

Case Study

Vedanta Vrittanta (History of present illness)

A 4-year 6-month-old male child had been born at full term by normal vaginal delivery in the United Kingdom (UK), had cried immediately after birth, and had a birth weight of 3070 g, with no antenatal, perinatal, or postnatal complications. Developmental milestones had been appropriate for age except for development of speech. At the age of 1 year and 6 months, the child had experienced an episode of febrile seizure, after which regression of previously attained milestones along with behavioral changes had been observed. He had been evaluated by a pediatric neurologist and diagnosed with Autism Spectrum Disorder in UK. At that time, the child had presented with complaints of speech delay, poor eye contact, lack of response to

name call, and reduced social interaction even with familiar people, for which he had been admitted to the Kaumarabhritya Department of Sri Sri College Of Ayurvedic Science and Research Hospital, Bengaluru for further evaluation and management.

Antenatal/Natal/Postnatal History

Antenatal care for the patient was consistently adequate and regular throughout the pregnancy, with no complications reported during this period. However, according to information provided by the father during the outpatient department (OPD) visit, the mother experienced a persistent depressive mood during both the second and third trimesters. Natal and immediate postnatal history were non contributory.

Assessments scales: A single case of ASD was treated and documented for changes in clinical manifestations of ASD; DSM V Scale was used for Diagnosis, followed assessment done using Childhood Autism Rating Scale (CARS-I) before and after treatments. Treatment was planned based on classical *Unmada Chikitsa*, incorporating *Basti* and *Nasya*, *Shirodhara*, *Sarvanga Abhyanga*, *Nadi Swedana*, along with *Dosha*-specific internal medications.

Development History According to age.

Gross Motor Development	Age of attainment	Actual age of attainment
• Head control	4 months	2 months
• Rolling over	6 months	4 months
• Sitting with support	8 months	6 months
• Sitting without support	9 months	8 months
• Standing with support	10 months	9 months
• Standing without support	11 months	10 months
• Walking with support	1 year	12 months
• Walking without support	1 year	15 months
• Running	2 years	18 months
Fine Motor Development	Age of attainment	Actual age of attainment
Grasping a rattle	4 months	4 months
Bidextrous	6 months	5 months
Undexterous grasp	8 months	7 months
Crude Pincer grasp	Not attained	9 months
Fine Pincer grasp	Not attained	12 months

Major Sensory Development	Age of attainment	Actual age of attainment
• Follows light	2 months	2 months
• Reaching out for the objects	4 months	4 months
• Transferring objects	7 months	6 months
• Response to sound	6 months	6 months
• Searching for sounds	7 months	4 months
Language Development	Age of attainment	Actual age of attainment
• Turning head to the sound	2 months	1 month
• Cooing	2 months	3 months
• Laughing	2 months	4 months
• Monosyllables	5 months	6 months
• Two words with meaning	Speaks only words- dad, mom words	1 year
• Simple sentence	Not attained	2 years
• Tells story/rhyme	Not attained	3 years
• Account of recent events	Not attained	4 years
• Enquire about meaning	Not attained	5 years
Social /Adaptive/Personal Development	Age of attainment	Actual age of attainment
• Social smile	3 months	2 months
• Recognizes mother	6 months	3 months
• Stranger anxiety	At times exhibits on meeting new people, but stays socially isolated	6 months
• Smiling at mirror	Around 6 months	6 months
• Waving bye bye	On prompting by mother by 3-4 years	9 months
• Playing simple ball	On prompting by mother 3-4years	1 year
• Copying parents	Not attained	1 year
• Group play	Not attained	3 years
• Asking for food, toys, toilet needs	Not attained speech to express them, shows or points to the objects he needs	4 years
• Assisting in households	Not attained	5 years

☐ *Darshana-Sparshana Pareeksha*

- *Bhara* – 17 kgs
- *Unnati* – 105 cms
- *Shirah parinaha*- 46 cm
- *Urah parinaha* – 70 cm
- *Madhya bahu parinaha* –18 cm
- *Shareera tapa* – 97.6⁰ F
- *Hridaya gati* – 82 bpm
- *Shwasa gati* – 22 cpm

❑ Systemic examination

- CVS- S1S2 Heard normal.
- RS- AEBE
- Per abdomen – Soft, non-tender, no organomegaly

❑ CNS**A. Higher Motor Function**

- Conscious and Oriented to time, place and person.
- Stranger anxiety
- Gait – Normal
- Attention and Concentration: Inattentive behaviour.
- Speech – Coos, shouts “aa”
- Responds to name when called
- Receptive language – present
- Form sentences of 2-3 words max. at times.
- CARS I Score – 36.5 [moderately Autistic] (done on the 1st day of admission)

B. Motor examination

- Bulk of Muscles: Normal
- Tone: Normotonic
- Power: Bilaterally U/L & L/L = 5/5
- Coordination of Movements: well-coordinated.
- Involuntary Movements: Absent.

❑ *Ashtavidha Pareekshya*

- *Nadi* – 82bpm
- *Jihwa* – *Alipta*
- *Mala* – once/day (*Prakruta*)
- *Mootra* – 5-6 times/day (*Prakruta*)
- *Shabdha* – *Aspashta*
- *Sparsha* – *Anushna sheeta*
- *Druk* – *Prakruta*
- *Akriti* – *Madhyama*

Differential Diagnosis -Intellectual Disability, Language Disorder, Social (Pragmatic) Communication Disorder, Attention-Deficit/Hyperactivity Disorder, Hearing Impairment, Childhood-Onset Schizophrenia, And Reactive Attachment Disorder.”

Diagnosis- *Vataja Kaphaja Unmada* (Autism)

Treatment protocol

SI. No	Treatments list	Medicines	Days
1	<i>Sarvanga abhyanga</i>	<i>Ashwagandha bala lakshadi taila</i> ^[3]	For 8 Days
2	<i>Mrudu Nadi Sweda</i>		For 8 Days
3	<i>Yoga Basti</i> * ^[4] <i>Anuvasana Basti</i> <i>Niruha Basti</i>	- <i>Kalyanaka ghrita</i> - 25ml ^[6] - <i>Dashmoola ksheerapaka</i> ^[5] [<i>Madhu</i> - 20ml <i>Saindhava Lavanna</i> - 2 gm <i>Sneha- Triphala Ghrita</i> - 20ml <i>Kwatha – Dashmoola Ksheerapaka</i> -45ml <i>Kalka dravyas-</i> [<i>Shatapushpa</i> (4gm) + <i>Brahmi churna</i> (4gm) + <i>Ashwagandha churna</i> (4gm) + <i>Vacha churna</i> (4gm)] Total quantity- 100ml	For 5 Days For 3 Days [Total -8 days]
4	<i>Pratimarsha Nasya</i>	<i>Panchabhoutika Ghrita</i> ^[8] 2-2 drops each nostril twice a day	For 8 Days
5	<i>Shirodhara</i>	<i>Tungadhrumadi Taila</i> ^[9]	For 8 days

Internal medicines

- I. *Brahmi Ghritam* {0-1tsp-0 after food}
- II. *Manasamitra vati* ½ tablet with honey at bedtime.
- III. *Brahmi Taila* for head massage [2 times a week].^[7]
- IV. *Pada-abhyanga* with *Himasagara Taila* at bedtime.

RESULTS

Following the completion of the treatment, there was a noticeable improvement in the child's ability to make eye contact. This positive change was accompanied by a reduction in irritability, which allowed the child to be more cooperative during the Panchakarma procedures.

The Childhood Autism Rating Scale (CARS-I) score showed a slight decrease, dropping from 36.5 to 36. This reduction is indicative of clinical progress and suggests that the interventions had a favorable impact.

Additionally, mild improvements were observed in the child's speech abilities. The child demonstrated an increased attention span and better engagement in social interactions, further highlighting the effectiveness of the treatment approach.

DISCUSSION AND CONCLUSION

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition that mainly affects communication, behaviour, and social interaction, especially in children, and its increasing prevalence highlights the need for early diagnosis and timely treatment during childhood. According to *Ayurveda*, the clinical features of autism can be compared with *Unmada*, where imbalance of *Vata Dosha* affects the mind and nervous system in children.

Basti is regarded as *Ardha Chikitsa* a cornerstone of *Ayurvedic* therapy due to its extensive systemic effects on both the body and mind. In the present case, *Yoga Basti*, considered the best therapy for *Vata* disorders, helped in regulating *Apana Vata*, eliminating accumulated *Doshas*, and restoring normal body functions. This led to improvement in the child's behaviour, attention span, and reduction in irritability.

Basti, administered via the rectal route, acts directly upon the *Pakvashaya*, which is recognized as the primary site of *Vata Dosha* in *Ayurveda*. This targeted approach allows *Basti* to influence the enteric nervous system, a complex network responsible for regulating gut function. Importantly, the enteric nervous system maintains continuous, bidirectional communication with the central nervous system through the gut–brain axis. By modulating the gut–brain axis, *Basti* facilitates systemic effects that support both physical and neurological wellbeing. This mechanism underscores *Basti's* capacity to impact mental and behavioural aspects, making it particularly relevant in managing neurodevelopmental and neurobehavioural conditions where *Vata* or and *Vatanubandha* imbalances are implicated.

The classical *Ayurvedic* text states, “*Nasa hi shiraso Dvaram*”, nose is considered as the gateway to the head. This fundamental principle underlines the rationale for using *Nasya karma* in disorders affecting the *Urdhvajatru* region, particularly neurological and psychological conditions.

Therapeutically, *Pratimarsha Nasya* exerts multiple beneficial effects. It supports the functioning of the *Indriyas*, *Shiras*, and *Kapala*. It also stimulates the *Shringataka Marma*, a vital point located at the junction of several important channels related to vision, hearing,

smell, and cognition. Through this stimulation, *Nasya* facilitates improved sensory-motor coordination, mental clarity, and neurological stability. Importantly, *Pratimarsha Nasya* acts both as a *Shodhana* and *Shamana*.

Shirodhara was planned as *Shira* is considered the *Uttamanga* in *Ayurveda*, which controls and regulates the overall functions of the body. The continuous and gentle oscillatory flow of medicated liquid over the forehead and scalp stimulates the local nerve endings and improves the functional activity of the higher centers of the brain. The drug used for *Shirodhara* are predominantly *Vata–Kapha hara* and possess *Sheeta* virya, which provides a soothing and stabilizing effect on the nervous system. The Medhya properties of the medicines help in improving higher mental functions such as speech development, attention, eye contact, and social interaction, thereby supporting better communication and behavioral responses in children.

In the context of *Unmada* and other conditions where vitiated *Doshas*, particularly *Vata* and *Kapha*, accumulate in the *Shiras* and act as *Sthana Samshraya*, this procedure aids in the gentle evacuation and pacification of these *Doshas*. Consequently, it plays a crucial role in restoring balance of *doshas*, supporting cognitive function, and maintaining overall mental and sensory health. The combined use of *Basti*, *Nasya* and *Shirodhara* showed positive changes in eye contact, speech, and social interaction. Therefore, continued *Panchakarma* treatment may bring further improvement and can be considered a prime therapeutic approach in the management of ASD, especially in children.

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