

## MANAGEMENT OF AUTISM WITH AYURVEDA- A SINGLE CASE STUDY

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### ABSTRACT

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental disorder characterized by impairments in social interaction, communication, and the presence of restricted, repetitive patterns of behaviour. This case report presents a 2.5-year-old female patient who visited Patanjali Ayurveda Hospital, Haridwar, exhibiting signs of developmental delay, poor eye contact, minimal verbal communication, and repetitive activities. Clinical assessment and standardized diagnostic tools confirmed the diagnosis of ASD. An integrated management approach, combining Ayurvedic therapies with supportive behavioural interventions, was initiated. The case underscores the significance of early diagnosis and the potential role of Ayurvedic medicine in complementing conventional treatment modalities to improve functional outcomes in children with ASD. This report aims to contribute to the growing interest in holistic approaches to neurodevelopmental disorders.

**KEYWORDS:** Autism Spectrum Disorder, Ayurveda, Developmental Delay, Early Intervention, Neurodevelopmental Disorders, Holistic Management, Case Report.

### INTRODUCTION

Autism Spectrum Disorder (ASD) is a condition that affects how a person communicates,

interacts with others, and behaves. It usually starts before the age of three and can continue throughout life.<sup>[1]</sup> Around 1% of people worldwide are affected by autism, which is accepted by WHO.<sup>[2]</sup> Autism is a neurodevelopmental disease that has not been directly mentioned in *Ayurvedic Samhitas* though some *Ayurvedic* physicians correlate it with *Unmada* as there is similarity in symptoms.<sup>[3]</sup> Ayurveda explains that problems with the body's channels and digestion (Agni) can lead to mental health issues like this. There is no standard protocol or effective care for the prevention of ASD in clinical practices. This article discusses a case of a 3.5-year-old girl with autism who showed good improvement after receiving *Ayurvedic* treatment at the Department of Kaumarabhritya, Patanjali Ayurveda Hospital, Haridwar.

### Case history

According to the informant (mother/father), is the first child of non-consanguineous couple. The child has birth wt. 3.5 kg and had no history of NICU admission. It was full term normal vaginal delivery. She had attained all her gross motor milestones on time but her social and language milestones were delayed. The parents noted at the age of 1.5 yrs speech was delayed, even no any monosyllabic words were spoken. Along with this, they found that child had poor eye contact, lack of attention, she was not following any command, repetitive movements, poor coordination or rare appearance of more unusual movements. Show typical interest in playing with toys, usually do sucking on toys. She was not adapting with the change in daily routine. Child stares in space, avoid people looking in the eyes, look objects from unusual angle. Response to sounds was delayed and sounds may need repetition to catch the child's attention. No meaningful speech may make squeals. Non verbally only some time indicates what she wants. Sometimes she had boundless energy and may not go to sleep readily at night.

Parents took the child to several paediatrics where she found to be diagnosed as autistic child. Her parents started speech therapy at the age to 2.5 year and occupational therapy since 2 years of age.

Natal history revealed full term vaginal delivery, cried soon after birth. her birth wt. was 3.5 kg.

Dietic History revealed 10 days breastfeeding only, lactogen for six months; for next upto 2 years along with formula milk, cow milk, semi solid food khichdi, dalia, mashed fruits were introduced to diet.

**Clinical findings**

The patient's bowel is regular, appetite is moderate, micturition is normal, sleep is sound, and no unknown allergy is there. On examination, the child was moderately built and nourished, with growth measurements at the 75th percentile. She appeared hyperactive, irritable, and had poor eye contact. He frequently made shrieking sounds and did not respond to instructions. Even when given toys, he refused to play. Her vital signs and growth parameters were normal. No abnormalities were found in the respiratory system. Examination of cranial nerves, motor system, reflexes, sensory system, and gait were normal, with no signs of cerebellar dysfunction.

Ashtasthana Pareeksha is follows: Nadi: drutham, Mootram: anavilam, Malam: Badham, Katinam, Jihwa: Anupalipatam, Sabda: Aspashtam, Sparsa: ushnam, Drik: Anavilam, Akruuti:madhyamam.

Dasavidha Pareeksha is as follows

Dooshyam: Dosham - Vata pradhana tridoshadushti Dhatu- rasam, rakta, majja

Srotas - pranavaha, pureeshavaha, rasavaharakavaha, majjavaha, manovaha

Desham: Deham - sarvasareeram

Bhoomi – Sadharanam

Balam: Rogam - pravaram

Rogi – avara

Kaalam: Kshaanadi - Sisira ritu

Vyaadhi avastha - puraanam

Analam: Avaram

Vaya: Baalam

Prakruti: Vaatapitta

Aharam: Abhyavaharana- avaram

Jaranam -avaram

**Timeline of symptoms**

The child had been showing symptoms since observed at the age of 1.5 yrs. These included inability to concentrate, not following instructions, no speech, making unnecessary noises and shouting, lack of initiation in social interactions, poor eye contact, not responding when called by name, impaired body postures and gestures, difficulty with toilet training,

constipation, and frequent temper tantrums.

### Investigations

Blood tests showed a haemoglobin level of 11.8 gm% within range, Vitamin D (25 hydroxy D) level of 37.7ngmol/l mildly low range, vitamin B12 -749pg/ml— all within ranges. An auditory test (BERA) was also normal.

### Diagnosis assessment

The CARS-2ST (Childhood Autism Rating Scale), indicating significant features of autism.

### Intervention

**Table 1: Treatment chikitsa.**

Date	Treatment principle	Medicines	Timeline
10/9/2024 to 16/9/2024	Sarvanga Abhyanga	Ksheer bala taila	7 days
10/9/2024 to 16/9/24	Nadi sweda	Dashmool kwath	7 days
-do-	Shiropichu	Brahmi Ghrita	7 days
17/9/24 to 18/12/24	Pratimarsha nasya (Shaman)	Brahmi Ghrita 2 drops each nostrils	Daily once at day
17/9/24 to 18/12/2024	Shaman	-Divya Medha Vati extra power 92 gm	Both 0.5 tablets 30 minutes before breakfast, before lunch, before dinner with lukewarm water or milk, for 30 days
17/9/24 to 18/12/2024	-do-	-Divya Ashwagandharisth 450 ml -Divya Saraswataristh 450 ml	Take 1 tea spoon of medicines with equal amount of water before 15 minutes of lunch and dinner, for 30 days

The provisional diagnosis was concluded as Vatika Unmadam and the final diagnosis was Vatapradhana Sannipata Unmada. In modern terms, the case was diagnosed as Childhood autism with CARS (Childhood Autism Rating \_ Scale) value obtained as 42.

### Improvements noted

Eye contact improved

Few syllabus words started to speak

Attention improved

Obeys some commands

Responds to sounds

Stopped licking objects

Irritability reduced

CARS Value reduced to 34

## DISCUSSION

Autism Spectrum Disorders are neuro- development conditions characterized by the impairment of social interaction, communication (both verbal and non-verbal) skills and associated stereotypic, restrictive behavioural patterns.

Here a 2.5 years girl came to Patanjali Ayurvedic Hospital, Haridwar. Here she was admitted to IPD for 7 days for *sodhan panchkarma* therapy. *Nadi swedan* was done with *ksheer bala taila* as it calms the Nervous System. *Ksheer Bala Taila*<sup>[4]</sup>, made with *Bala* (*Sida cordifolia*), *Ksheera* (milk), and *Tila Taila* (*sesame oil*), is known for its nervine and *vata*-pacifying properties. Since *vata* imbalance is considered to be associated with neurodevelopmental disorders in Ayurveda.

*Nadi Swedana* was done with *Dashmoola Kwath* as it is a type of *Ayurvedic* steam therapy where warm herbal steam is applied to the body using a tube. *Dashmoola*, a group of ten medicinal roots, is used in this process for its calming and healing effects. This therapy may help children with autism by calming the nervous system, relaxing muscles, and improving blood circulation.

*Shiropichu* with *brahmi ghrita* was done. *Shiropichu* is an *Ayurvedic* treatment where a sterile cotton pad soaked in medicated oil or ghee is placed on the bregma (Crown of the head) and kept for a certain duration. When *Brahmi Ghrita* is used for *shiropichu*, it enhances the treatment's benefits due to its *Medhya* (Nootropic) and calming properties.

After *shodhan chikitsa* *Shaman chikitsa* was followed for 3 months continuously. In *shaman chikitsa*, *Divya medha vati* was given; it has the property to enhance memory, reduce stress and support mental clarity through its herbal constituents like *brahmi*, *shankhpushpi*, *ashwagandha*, *vacha* and *jatamansi*.

*Ashwagandharishta*<sup>5</sup> and *Saraswatarishta* were given, they together help manage autism by calming the mind, improving speech, enhancing memory, and reducing hyperactivity. Their herbal ingredients like *Ashwagandha*, *Brahmi*, *Vacha*, and *Shankhpushpi* support brain

development, better focus, and emotional balance.

After three months continuous use of medicine, they were stopped as continuous use of medications are contraindicated in child. Follow up was taken after 4 months and again started same medications for 2 month. After 6 months from first follow up improvement is seen in patients. CARS SCORE reduced, from moderate to mild, she is less hyperactive, and much improvement is seen in eye contact.

## CONCLUSION

The present single case study highlights the potential benefits of Ayurvedic treatment in managing symptoms associated with Autism Spectrum Disorder (ASD). The integrative approach, including herbal formulations, Panchakarma therapies, and dietary/lifestyle modifications based on Ayurvedic principles, led to observable improvements in the patient's behaviour, communication, attention, and social interaction. Although the outcomes are encouraging, they are based on one individual's response and cannot be generalized. Further large-scale, controlled clinical studies are necessary to validate the efficacy and safety of Ayurvedic therapies in ASD management and to understand their mechanisms of action.

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