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Case Study

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AYURVEDIC MANAGEMENT OF AUTISM – A CASE REPORT

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ABSTRACT

Autism spectrum disorder (ASD) 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] Based on clinical characteristics, ASD can be correlated with Unmada mentioned in Ayurveda classics. In clinical practice, there is a paucity of standard treatment protocols and effective care for the prevention of ASD. The present case report discusses a 5year-old male patient who presented with poor eye contact, no communication, no social skills, poor speech, repetitive play activity and hyperactivity reported at Kaumarabhritya outpatient department. Diagnosis of ASD was established using the Indian Scale for Assessment of Autism (ISAA) test manual. [2] Unmada is associated with Vata and Pitta 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. We advised Deepana, Pachana Oushadhi's for 3day. Then planned for the Sarvanga Abhyanga, Sheero Pichu, Matra Basti, Sheerodhara, Nasya and along with these procedures we advised Shamanoushadhi's. Remarkable improvement was noted in overall ISAA scores as well as clinical improvement noted in poor eye contact, hyperactivity, and peer relationship. No adverse effects were reported during the treatment period and follow-up.

INTRODUCTION

On examining its clinical characteristics, ASD can be categorized under *Unmada* and can be related to Pitta - Vataja Unmada as most of the signs are almost similar to Pitta and Vata type, such as they prefer to live in one place, prefers alone time, do not like to socialize, prefer not to speak or communicate, motor mannerism, frequent self-stimulating emotions, and imitation or repetition of sounds or words (Echolalia). The estimated global prevalence of autism spectrum disorder (ASD) is approximately 1 in 100 children. ^[3] The number of cases is increasing significantly. There is no standard treatment protocol or effective care for the prevention of ASD in clinical practices. The present case study will discuss a 5-year-old male patient with ASD and the management of the condition with Ayurveda interventions.

CASE REPORT

A 5-year-old male patient reported at *Kaumarabhritya* (KB) outpatient department (OPD). According to informant(mother) the patient even after 5year, the child had lack of attention, pronouncing only one word, hyperactivity, poor eye contact, lack of fear from hit injuries or touching fire, recognises the objects with smell.

Vedana Vrittanta (History of present illness)

A 5-year-old male patient reported at *Kaumarabhritya* OPD, according to informant(mother) the patient is first child of nonconsanguineous couple conceived after 3 years of marriage (30 year). mode of delivery was LSCS, baby Cried immediately after birth, birth weight was 2.9kg. By the age of 2 and half year, parents noticed that the child had lack of attention, no speech, afraid of loud noise, hyper activity, recognises the objects with smell, poor eye contact, not sitting in one place, try to jump from staircase or balcony, lack of fear from hit injuries or touching fire, holding one toy whole day, not interacting even with his age children. For that they visited Parijma institute of neuroscience hospital, they advised Cap omega 3, Tab Intellect, after that they visited Idam Ayurvedic hospital they advised *Saraswatarishta*, no *Ayurvedic* procedures was conducted. At the age of 3year they took speech therapy for 9month and occupation therapy for 2 and half month, little bit speech was improved (monosyllables). At the age of 4 years they visited homeopathy hospital, documentation about the treatment were not available No H/o NICU admission, seizures, pathological jaundice, hypoglycaemia, meningitis.

Poorva Vyadhi Vrithantha- No history of any major illness.

Kula Vrithantha: Non-Consanguineous marriage, No other person in family with history.

Treatment history: At the age of -2 and half years -

At Parijma institute of neuroscience – Cap Omega 3, Tab Intellect

At Idam ayurveda hospital - Saraswatarishta 3ml bd

At 3 years - speech therapy -9 months, occupation therapy -2 and half month

Birth History

	Gross motor	Fine motor	Social	Language and speech
3 rd month	Neck holding achieved			Make noise
5 th month	Rolls over achieved		No social smile	
6 th month	Sit with support achieved	Reach for object		Make sound
8 th month	Crawling of abdomen achieved	Turns to sounds		
9 th and 10 th month	Stand with support achieved			
12 th month	walk with support achieved			No speech
15 th month	Walk without support achieved	Building tower with blocks not attained		
18 th month	Climbing steps not achieved			No speech

Antenatal - Regular ANC, folic acid, taken 2- TT dose

Natal

Term AGA male baby with thick meconium stained

Emergency LSCS done with S.A at private hospital,

Baby cried immediately after birth, birth weight. – 2.9 kg

Postnatal – No H/O neonatal jaundice, seizure and NICU Admission.

SAMSKARAS CONDUCTED

- Jatakarma
- Namakarana
- Annaprashana
- Karnavyadana
- Chudakarma

IMMUNIZATION HISTORY

• At BIRTH: BCG, OPV0, HepB0

- 6 WEEKS: OPV1, HepB1, DTwP1
- 10 WEEKS: OPV2, DTwP2, HePB2
- 14 WEEKS: OPV3, DTwP3, HePB3
- 9 MONTHS: MMR, Vitamin A

Developmental history

Pramana: Anthropometry measurement

Weight- 18 kg

Height- 110cm

 $BMI - 14.73 \text{ Kg/ m}^2$

Personal history

Bowel: 1 times / day

Micturition: 4-5 times /day

Appetite: Reduced

Sleep: Sound sleep (Particular circadian rhythm)

General Examination

Built: Lean, Appearance: Hyperactive, Nourishment: Moderate

- ➤ Pallor Absent
- > Icterus -Absent
- ➤ Edema Absent
- ➤ Clubbing Absent
- Cyanosis Absent
- ➤ Lymphadenopathy Absent

Vitals

- > Temperature 98.4 F (Afebrile)
- Respiratory rate -20 c/min
- > Pulse rate- 80 bpm
- ➤ SPO2-99%

Systemic Examination

- > RS NVBS
- > CVS S1 S2 heard

- **P/A** Soft, no tenderness
- > CNS Patient was conscious, inattentive, poor eye contact, not obeying the commands, irritable, monosyllables speech, recognises the object with smell, poor social smile.
- ➤ Gait was normal, Muscle tone and texture was normal.

Ashtasthana Pareeksha

Nadi - 100 bpm

Mootra - Prakruta (4-5 times/day)

Mala – Prakruta (Once daily)

Jihwa- liptata

Shabda – Aspashta

Sparsha-Anushnasheeta

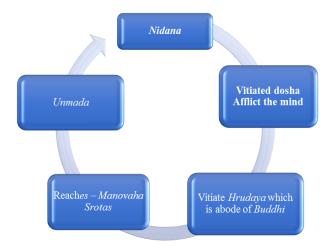
Druk – Prakrutha

Akruti – Madhyama

Nidana Panchaka

Nidana: Beejadushti

Roopa: Mano Vibhrama, Buddhi Vibhrama, Jnana Vibhrama, Smruthi Vibhrama, Sheela Vibhrama, Cheshta Vibhrama, Achara Vibhrama.



Samprapti Ghataka

Dosha: Vatapitta

Dushya: Rasa, Manas

Srotasa: Manovaha Srotas

Srotodushti Prakara: SangaUdbhavasthana: Pakvashaya

• Adhishthana; Shiras

Rogamarga: AbhyantaraSadhyaasadhyata: Yapya

Vyakta Sthana: Sarva Shareera

	INCLUSION CRITERIA	EXCLUSION CRITERIA
Global Developmental Delay	GDD presenting as broad delays across multiple developmental domains like cognitive, motor, and language skills, but GDD show better social skills	social interaction, poor eye contact`communication, and repetitive behaviors
Expressive language disorder	Speech delay	Nonverbal, communication, social skills
Social communication disorder	Poor Social communication	Repetitive or restricted pattern of behavior
ADHD	Hyperactivity, deficit social communication	ADHD have difficulty focusing on any task, interests repetitive behaviors
Autism	DSM 5 criteria- diagnosed	-

Vyavachedhaka Nidana - Differential diagnosis

	INCLUSION CRITERIA	EXCLUSION CRITERIA
Vataja Unmada	Wandering continuously, trying to ride a vehicle that are not in vogue, Roughness of body	
Pittaja Unmada	Excitement towards inappropriate things	
Kaphaja Unmada	Sluggish speech	Hyperactive, poor eye contact

$India\underline{n}\;scale\;of\;assessment\;of\;Autis\underline{m}\;test\;manual^{[4]}$

Domains	Number of Questions	Bt score On 05/10/2024	
Social Relationship and reciprocity	9	39	
Emotional Responsiveness	5	13	
Speech and language	9	33	
Behaviour patterns	7	19	
Sensory Aspect	6	15	
Cognitive component	4	16	
Total	40	135	

Vyadhi Vinischaya

Autism (AUTISM SPECTUM OF DISORDERE)

Classification According to DSM criteria	No	Mild	Moderate	Severe
	Autism	Autism	Autism	Autism
Scores	<70	70 - 106	107 - 153	>153

Chikitsa - Treatment

Date	Panchakarma given	Shamana aushadhi
2/10/24 to 4/10/24	Purva karma - Deepana Pachana	-
	Tab <i>Chitrakadi Vati</i> (1-0-0)	
6/10/24 to	Abhyanga with Maha Masha	Saraswatarista with gold
15/10/24	Taila	(5ml-0-5ml)
	Shiro Abhyanga and Shiropichu	Bramhi Vati (1-0-1)
	with <i>Brahmi taila</i>	Kalyanaka Avaleha churna
		with honey 1tsp B/F $(1-0-$
		0)

Date	Panchakarma given	Shamana aushadhi
16/10/24 to	Matra Basti Brahmi grutha	Saraswatarista with gold (5ml-
22/10/24	First day - 10 ml	0-5ml)
7 days gap	F/B- 20 ml For 7days	Bramhi Vati (1-0-1)
		Kalyanaka Avaleha churna with
		honey 1tsp B/F $(1-0-0)$
30/10/2024 to	Abhyanga with Maha Masha Taila	Saraswatarista with gold (5ml-
08/11/2024	Shiro Abhyanga and Shiropichu	0-5ml)
	with <i>Brahmi Taila</i>	Bramhi Vati (1-0-1)
		Kalyanaka Avaleha churna with
		honey 1tsp B/F $(1-0-0)$

Date	Panchakarma given	Shamana aushadhi
09/ 11/2024 to 18/11/2024	Shirodhara – Yashti Madhu Ksheerapaka	Saraswatarista with gold (5ml-0-5ml)
5 days gap	<i>Маана</i> К <i>sneerapa</i> ка	Bramhi Vati (1-0-1) Kalyanaka Avaleha churna with
24/11/2024 to 30/11/2024	Nasya done with Kalyanaka ghrita (4 drops) For 7 days	honey 1tsp B/F (1 – 0 – 0) Saraswatarista with gold (5ml-0-5ml) Bramhi Vati (1-0-1)
		Kalyanaka Avaleha churna with honey 1tsp B/F $(1-0-0)$

Indian	scale of	accecement	of Autism	test manual
HIIGHAH	Scale of	4556551116111	OI AULISIII	i test manuar

Domains	Number of Questions	Bt score	At Score
Social Relationship and reciprocity	9	39	26
Emotional Responsiveness	5	13	11
Speech and language	9	33	24
Behaviour patterns	7	19	15
Sensory Aspect	6	15	12
Cognitive component	4	16	14
Total	40	135	102

Observation on 05/10/2024

Total score- 135

Observation on 30/10/2024

Total score 120

Observation 24/11/2024

Total score 104

Observation 09/12/2024

Total score - 102

DISCUSSION

- ➤ Unmada is associated with Vata and Pitta 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.
- ➤ We advised *Deepana*, *Pachana Oushadhi's* for 3day. Then planned for the *Sarvanga Abhyanga*, *Sheero Pichu*, *Matra Basti*, *Sheerodhara*, *Nasya* and along with these procedures we advised *Shamanoushadhi's*.

Probable mode of action of the treatment are as follows

➤ *Matra Basti*: According to *Acharya Charaka*, *Basti* is considered as *Ardha Chikitsa* which is the prime treatment for *Vata Rajoguna* which is predominant in *Unmada* is controlled by *Vata*.^[5]

- > Basti acts on whole body through gut brain axis and acts on brain which helps in reducing the stress, anxiety and depression.
- Matra Basti given with Brahmi grutha. [6]

Shirodhara

- > शिरो धारा परं सुखदा, मनश्चित्त प्रसादिनी। निद्राजनकं स्मृतिप्रदं, दोषानां शमनं शुभम् ॥ (ashtanga hrudaya)
- As Shira is considered as to be *Uttamanga*, which controls the functions of body, so we planned for Shirodhara. When Dhara falls over forehead and head, in a continues oscillatory manner, it activates the local cells. It stimulating nerve endings, producing chemicals that lower blood pressure, and creating a state of meditation.
- **Chemicals** The vibrations create chemicals like acetylcholine, which can lower blood pressure.
- > Meditation like state The rhythmic pouring of oil can create a state of tranquillity and relaxation.
- > Benefits- Shirodhara can help with stress, anxiety, insomnia, headaches, and hypertension. It can also help nourish the brain and soothe nerves.

Nasya

- Nasa is the Dwara of Shiras. So, advised the Nasya with Kalyanaka Ghrita which has Medhya property.^[7]
- Mode of action of Nasya- As the olfactory nerve cells are in direct contact with both the environment and the CNS anatomically. This unique connection of nose and the CNS, the intranasal route can deliver therapeutic agents to the brain bypassing the BBB i.e. if drug substances can be transferred along the olfactory nerve cells, they can bypass the BBB and enter the brain directly.

Enters into head and reaches the brain



Then it reaches Shrungataka Marma which is formed by union of Shira supplying to nose, ear, eye and tongue and it is located at middle part of the head

Spreads into Murdha, Netra, Shrota, Kanta

Drags the aggravated *Dosha*



Shamana Aushadi

- > Saraswatarista it containing gold which act on the brain cells and helps in increasing the concentration and memory power.^[8]
- > Brahmi vati it contains Medya Dravya's like Vacha, Shankapushapi, Maricha, and Jathiphal. According to Baishajya Ratnavali it has Phalashruthi that Medhya, Smruthideepthikara, Rasayana.^[9]
- Kalyanaka Avaleha Churna contains Haridra, Vacha, Kushta, Vishwabheshaja, Ajamoda, *Yashtimadhu, Saindhava* in equal quantity. It will help in improving speech. [10] (Reference - Baishajya Ratnavali 17th chapter Swarabheda Rogadhikara).

CONCLUSION

According to Ayurveda, Autism spectrum of disorder we can be nearly co-related to *Unmada* based on the sign and symptoms. Based on Doshas involved and Lakshana -Chikitsa is planned. As Autism is Yapya Vyadhi an attempt was made to increase the quality of life of child as well as for the family and it gave the satisfactory results.

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