

## AYURVEDIC MANAGEMENT OF AUTISM SPECTRUM DISORDER WITH FEATURES OF JADATWA: A CASE STUDY

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### ABSTRACT

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental condition characterized by impairments in social interaction, communication, and repetitive behaviors. Recent studies estimate the prevalence of ASD among children in India to range from 1 in 68 to 1 in 100, highlighting an urgent need for early and effective intervention strategies. Children with ASD often require multidisciplinary care, yet conventional approaches offer limited solutions for long-term cognitive and behavioral regulation. *Ayurveda*, provides a comprehensive framework to understand and manage such conditions through the lens of *Unmada* and *Jadatwa*, primarily involving *Vata* and *Pitta Dosha* imbalance, along with derangement of *Manovaha Srotas*. This case study documents the integrative Ayurvedic management of a 12-year-old child diagnosed with ASD, through four phases of inpatient

treatment involving *Panchakarma* procedures, internal medications, and *Rasayana* support. Significant improvements were noted in behavioral parameters, social engagement, attention span, and Indian Scale for Assessment of Autism (ISAA) scoring. This case emphasizes the importance and effectiveness of early Ayurvedic intervention in pediatric neurodevelopmental disorders, especially when individualized according to dosha

involvement and *Dhatu* status. The role of *Kaumarabhritya* in understanding and addressing childhood neuropsychiatric conditions is crucial, and this report illustrates how *Ayurveda* can offer sustainable outcomes when integrated thoughtfully.

**KEYWORDS:** ASD, Autism, *Jadatwa*, Speech delay, Panchakarma, Rasayana, Children.

**INTRODUCTION:** Autism Spectrum Disorder (ASD) is characterized by persistent deficits in social interaction, verbal and non-verbal communication, and restricted, repetitive patterns of behavior. The global prevalence has been rising, with varying expressions in each individual. In *Ayurveda*, such conditions are described under *Manasika Vikaras* like *Unmada* and *Jadatwa*, involving derangement of mental faculties due to *Vata* imbalance and *Dhatu* depletion. Ayurvedic diagnosis and therapy provide unique insights and approaches to improve quality of life in such children through individualized, *Dosha*-based interventions.

### CASE REPORT

A 12-year-old male child presented with a history of hyperactivity, echolalia, repetitive movements, poor attention span, and aggression, with symptom onset noted around 1.5 years of age. The patient was a full-term baby delivered through assisted vaginal delivery after prolonged second-stage labor. There was a brief period of cyanosis and non-responsiveness at birth, along with meconium aspiration. On day two of life, Group B Streptococcal infection was diagnosed, and treatment with intravenous antibiotics and phototherapy was administered.

Developmentally, delays were observed in speech and social milestones, with repetitive behaviors like hand flapping and poor eye contact. The patient had multiple food allergies, including reactions to dairy, wheat, and gluten, often presenting as loose stools and hypochondrial swelling. A history of three seizure episodes was noted, with the last one reported in 2019. The child was previously managed with speech and behavioral therapies (ABA), and modern medications for seizures.

**Birth History:** Term baby, prolonged second stage of labor, assisted vaginal delivery, neonatal complications including cyanosis, meconium aspiration, sepsis, and neonatal jaundice.

**Family History:** Non-consanguineous marriage. No significant hereditary neurological or developmental disorders reported.

**Personal History:** Picky eater with food allergies; sleep disturbances; socially isolated; avoids peer interaction; moderate physical activity.

**Assessments scales:** A single case of ASD was treated and documented for changes in clinical manifestations of ASD for the four subsequent Inpatient (IPD) visits; this case was already diagnosed on DSM V Scale as ASD earlier to admission. Assessment was done using ISAA Scale before and after treatments for each of the visits. Treatment was planned based on classical *Unmada Chikitsa*, incorporating *Basti*, *Nasya*, *Shirodhara*, *Sarvanga Abhyanga*, *Nadi Swedana*, along with *Dosha*-specific internal medications.

### General Examination

- **Height:** 137 cm
- **Weight:** 31.5 kg
- **Head Circumference:** 54 cm
- **Chest Circumference:** 60 cm
- **Mid-arm Circumference:** 18.5 cm
- **Heart Rate:** 98/minute
- **Respiratory Rate:** 22/minute
- **Temperature:** Afebrile

### Systemic Examination

- **Cardiovascular system:** Normal
- **Respiratory system:** Clear
- **Gastrointestinal system:** No palpable abnormalities
- **Gait:** Normal
- **Muscle tone and texture:** Normal

### Central Nervous System Examination

- **Appearance:** Symmetrical, age-appropriate structure
- **Behavior:** Hyperactive, irritable, frequent outbursts
- **Speech:** Echolalia, delayed, uses few meaningful words
- **Attention and concentration:** Severely impaired
- **Memory:** Poor short-term retention/ long term memory is good

- **Orientation:** Oriented to familiar persons like -parents, younger sister, grandparents and his school teachers and friends in UK, familiar places in UK, but not time as per the clock.
- **Sleep:** Disturbed, fragmented.

#### *Ashtha Sthana Pareeksha (Table 1).*

<i>Nadi</i>	<i>Vata-Pittaja</i>
<i>Mala</i>	<i>Drava</i> , increased frequency post allergen intake
<i>Mutra</i>	<i>Prakrita</i>
<i>Jihwa</i>	<i>Alipta</i>
<i>Shabda</i>	<i>Vikrita</i> (echolalic, delayed)
<i>Sparsha</i>	<i>Anushna</i> , touch-sensitive
<i>Drik</i>	<i>Prakrita</i>
<i>Akruti</i>	<i>Madhyama</i>

#### *Samprapti Ghataka (Table 2).*

<i>Dosha</i>	<i>Vata-Pitta</i> predominant
<i>Dushya</i>	<i>Rasa, Majja, Manas</i>
<i>Agni</i>	<i>Mandagni</i>
<i>Srotas</i>	<i>Manovaha, Rasavaha</i>
<i>Srotodushti</i>	<i>Sanga, Atipravrutti</i>
<i>Udbhavasthana</i>	<i>Hridaya, Shirah</i>
<i>Sanchara Sthana</i>	<i>Sarvasharira, Indriya</i>
<i>Vyakta Sthana</i>	<i>Manas</i>
<i>Rogamarga</i>	<i>Madhyama</i>
<i>Vyadhi Swabhava</i>	<i>Chirakari</i>
<i>Sadhyasadhyata</i>	<i>Yapya</i>

**Ayurvedic Management:** A total of four visits were recorded, with IP *Panchakarma* and internal medications administered each time. *Panchakarma* included *Sarvanga Abhyanga*, *Mridu Nadi Sweda*, *Shirodhara*, *Pratimarsha Nasya* with medicated *Ghrita* or *Taila*, and *Yoga Basti* using combinations of *Brahmi Taila*, *Mahapaischachika Ghrita*, *Dashamoola Kashaya*, and *Kushmanda Swarasa*.

Internal medications were individualized and included: *Sitopaladi Churna*, *Haridra Khanda*, *Guduchi Satva*, *Narayana Kalpa*, *Manasamitra Vati*, *Jatamamsi Churna*, *Abhraka Bhasma*, *Kamadudha Rasa*, and *Medhya Rasayana*.

#### **TREATMENT PROTOCOL (Table 3).**

Visit	ISAA Score	Internal Medications	Panchakarma Procedures	Improvements Noted
First Visit 10/12/2021- 17/12/2021	105 (Moderate Autism)	<p><i>Sitopaladi Churna</i> + <i>Haridra Khanda</i> + <i>Chitrakadi Vati</i>+ <i>Guduchi Satva</i> + <i>Narayana Kalpa</i> (<i>Churna</i> combination) ½ teaspoon + 1 teaspoon honey BD, half an hour before food.</p>	<p>1. <i>Sarvanga Abhyanga</i> with <i>Ashwagandha Bala Lakshadi Taila</i> + <i>Nalpamaradi Taila</i>/b <i>Nadi Sweda (Mridu)</i> for 8 days 2. <i>Shirodhara</i> with <i>Brahmi Taila</i> for 8 days 3. <i>Yoga Basti</i>: - <i>Anuvasana Basti</i> with <i>Brahmi Taila</i> - <i>Niruha Basti</i> with <i>Dashamoola Kwatha</i>. 4. <i>Pratimarsha Nasya</i> with <i>Panchabhoutika Taila</i>, 2 drops in each nostril, empty stomach</p>	Reduction in impulsivity, hyperactivity; improved eye contact
		<p>On discharge(for 2 months): 1. <i>Sitopaladi Churna</i> + <i>Haridra Khanda</i> + <i>Abhraka Bhasma</i>+ <i>Yashtimadhu Churna</i> + <i>Guduchi Satva</i> + <i>Narayana Kalpa</i> + <i>Kamadudha Rasa</i> + <i>Kabasura Kudineer</i> (<i>Churna</i> combination): ½ teaspoon + 1 teaspoon honey BD, one hour after breakfast and lunch 2. <i>Brahmi Taila</i> for head massage, weekly twice 3. <i>Pratimarsha Nasya</i> with <i>Panchabhoutika Taila</i>, 2 drops in each nostril, empty stomach</p>		
Second Visit 20/07/2022- 27/07/2022	100 (Moderate Autism)	<p><i>Sitopaladi Churna</i> + <i>Haridra Khanda</i> + <i>Samshamani Vati</i> + <i>Guduchi Satva</i> + <i>Narayana Kalpa</i> (<i>Churna</i> combination) 1 teaspoon +1 teaspoon honey TID, half an hour before food.</p>	<p>1. <i>Sarvanga Abhyanga</i> with <i>Ashwagandha Bala Lakshadi Taila</i> + <i>Nalpamaradi Taila</i> for 8 days 2. <i>Nadi Sweda (Mridu)</i> for 8 days 3. <i>Shirodhara</i> with <i>Brahmi Taila</i> for 8 days 4. <i>Yoga Basti</i>: - <i>Anuvasana Basti</i> with <i>Mahapaischachika Ghrita</i> - <i>Niruha Basti</i> with <i>Erandamoola Kwatha</i> 5. <i>Pratimarsha Nasya</i> with <i>Panchabhoutika Taila</i> 2 drops in each nostril, empty stomach</p>	Reduction in impulsivity; improved social interaction

		<p>On discharge (for 3 months)</p> <ol style="list-style-type: none"> <li>1. <i>Brahmi Taila</i> for head massage, weekly twice</li> <li>2. <i>Guduchi Satva + Vidanga Churna + Triphala Churna + Pippali Churna + Haridra Khanda + Sitopaladi Churna + Tab. Immugen (Churna combination)</i> 1teaspoon with 1 teaspoon honey BD (before breakfast and lunch)</li> <li>3. <i>Narayana Kalpa +Tab. Ashwagandha (Churna combination)</i> 1teaspoon with 2 teaspoon honey at bed time</li> <li>4. <i>Pratimarsha Nasya with Panchabhoutika Taila</i>, 2 drops in each nostril, empty stomach</li> </ol>		
Third Visit 31/03/2024- 07/04/2024	90 (Mild ASD)	<p><i>Manasamitra vati-</i> 1 at bed time</p>	<ol style="list-style-type: none"> <li>1. <i>Sarvanga Abhyanga with Ashwagandha Bala Lakshadi Taila + Yashtimadhu Taila (1:1)</i> for 8 days</li> <li>2. <i>Shashtika Shali Panda Sweda</i>for 8 days</li> <li>3. <i>Shirodhara with Brahmi Taila</i> for 8 days</li> <li>4. <i>Yoga Basti:</i> - <i>Anuvasana Basti with MahapaischachikaGhrita</i> - <i>Niruha Basti with Dashamoola Ksheera Kashaya</i></li> <li>5. <i>Pratimarsha Nasya with AshtamangalaGhrita</i>, 2 drops in each nostril, empty stomach.</li> </ol>	Reduced aggression and hyperactivity; improved eye contact and command following
		<p>On discharge (for 3 months):</p> <ol style="list-style-type: none"> <li>1. <i>Brahmi Taila</i> for head massage, weekly twice or thrice</li> <li>2. <i>Haridra Khanda + Narayana Kalpa + Manasamitra Vati + Guduchi Satva + Jatamamsi Churna + Tab. Immugen (Churna combination)</i> - 1teaspoon with 1 teaspoon honey BD (after food, on alternate days)</li> <li>3. <i>Pratimarsha Nasya with Ashtamangala Ghrita</i>, 2 drops in each nostril empty stomach.</li> </ol>		
Fourth Visit 18/12/2024- 25/12/2024	85 (Mild ASD)	<i>Manasamitravati-</i> 1 at bed time	<ol style="list-style-type: none"> <li>1. <i>Sarvanga Abhyanga with Ashwagandha Bala Lakshadi Taila</i> for 8 days</li> <li>2. <i>Shashtika Shali Panda Sweda</i>for 8 days</li> </ol>	Hyperactivity almost absent, reduced echolalia, improved responses,

		<p>3. <i>Shirodhara</i> with <i>Brahmi Taila</i> for 8 days</p> <p>4. <i>Yoga Basti</i>:</p> <ul style="list-style-type: none"> <li>- <i>Anuvasana Basti</i> with <i>Brahmi Taila</i> + 2 pinch of <i>Saindhava lavana</i></li> <li>- <i>Niruha Basti</i> with <i>Dashamoola Kashaya</i> (<i>Kushmanda Swrasaas Avapa</i>)</li> </ul> <p>5. <i>Pratimarsha Nasya</i> with <i>Jeevaniya ghrta</i>, 2 drops in each nostril, empty stomach</p>	began crafts and self-play
		<p>On discharge (for 3 months):</p> <ol style="list-style-type: none"> <li>1. <i>Brahmi Taila</i> for head massage, weekly twice or thrice</li> <li>2. <i>Haridra Khanda</i> + <i>Narayana Kalpa</i> + <i>Kamadudha Rasa</i> + <i>Guduchi Satva</i> + <i>Jatamamsi Churna</i> + Tab. Immugen + Tab. <i>Dhatri Lauha</i> + Tab. Liv-On (<i>Churna</i> combination) - 1teaspoon with 1 teaspoon honey BD (after food, on alternate days)</li> <li>3. <i>Pratimarsha Nasya</i> with <i>Jeevaniya Ghrta</i>, 2 drops in each nostril empty stomach.</li> </ol>	

## RESULTS

The patient exhibited consistent improvement across four distinct phases of treatment, as evidenced by a progressive reduction in ISAA scores- decreasing from 105 to 100, then to 90, and finally to 85. These changes were observed following the completion of each treatment session and subsequent follow-up assessments, with intervals of 6–8 months between each follow-up. Notably, these quantitative findings were corroborated by parental reports, further supporting the positive outcomes achieved during treatments.

## DISCUSSION

The present case aligns with classical descriptions of *Jadatwa* and *Unmada*, primarily involving vitiation of *Vata* and *Pitta Doshas*. The behavioral manifestations such as hyperactivity, aggression, echolalia, and repetitive motor actions, along with developmental delay and poor eye contact, indicate a deep-rooted disturbance of *Manovaha* and *Rasavaha Srotas*. According to Ayurvedic pathophysiology, the derangement of *Prana Vata* and the depletion of *Sadhaka Pitta* and *Tarpaka Kapha* play a pivotal role in neurocognitive and emotional dysfunction, which is clearly visible in such presentations.

*Jadatwa* is understood as dullness or stupor, leading to delayed or absent responses and cognition. The symptomatology overlaps significantly with core features of Autism Spectrum Disorder. *Ayurveda* recognizes that such conditions can be *Yapya* (palliative but not curable), hence the therapeutic approach focuses on improving quality of life and symptom management by pacifying *Doshas*, enhancing *Agni*, nourishing *Dhatus* (tissues), and unblocking *Srotas*.

In this case, the *Panchakarma* interventions including *Sarvanga Abhyanga* and *Shashtika Shali Pinda Sweda* contributed to neuromuscular relaxation and sensory integration.

*Shirodhara* calmed the nervous system and improved sleep. *Yoga Basti* served as a systemic therapy targeting gut-brain axis regulation, a key emerging concept in both *Ayurveda* and modern neurogastroenterology. *Pratimarsha Nasya* with *ghrita*-based formulations worked through the nasal-brain axis (*Nasahi Shiraso Dwaram*), supporting higher mental faculties.

Internal medications were carefully selected to address immune hypersensitivity (e.g., *Haridra Khanda*, *Guduchi Satva*), strengthen *Medhya* (intellect) function (e.g., *Brahmi*, *Jatamamsi*, *Manasamitra Vati*), and correct *Agni* and metabolism (e.g., *Chitrakadi Vati*, *Sitopaladi Churna*). *Rasayana* support through *Abhraka Bhasma* and *Kamadudha Rasa* aimed to improve long-term vitality and mental clarity.

The steady improvement across four treatment phases, reflected through reduced ISAA scores and parental observations, validates the integrative efficacy of Ayurvedic principles when applied in a case-tailored manner. Importantly, interventions were well tolerated with no adverse events. This underscores the potential of *Ayurveda* as a primary line of support in pediatric neurodevelopmental conditions like ASD, where mainstream approaches offer limited pharmacological solutions. Clinical presentation and Ayurvedic assessment of the patient correlated with classical descriptions of *Jadatwa* and *Unmada*. The vitiation of *Vata* and *Pitta* in *Manovaha srotas* and *Dhatu Kshaya* contributed to behavioral and cognitive deficits. Ayurvedic therapies focused on pacifying *Doshas*, supporting *Dhatu* regeneration, and enhancing *Medhya* functions. The improvements in ISAA scores, along with qualitative behavioral changes, highlight the effectiveness of *Ayurveda* in managing ASD.

## CONCLUSION

The present case underscores the potential of *Ayurveda* in the comprehensive management of Autism Spectrum Disorder with clinical features overlapping *Jadatwa*. The individualized treatment plan, employing *Panchakarma* therapies, *Medhya* and *Rasayana* medications, and supportive interventions was effective in modulating behavioral challenges, improving cognitive response, and enhancing social engagement. The progressive decline in ISAA scores across clinical visits substantiates the clinical efficacy of the adopted protocols.

The Ayurvedic approach, with its emphasis on normalizing the status of *Doshas*, *Dhatu* nourishment, and *Srotas* integrity, offers a multidimensional strategy particularly relevant in chronic and complex pediatric conditions. This case demonstrates that timely and sustained Ayurvedic interventions can bring about measurable improvements in quality of life and functional capacity in children diagnosed with ASD.

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