



Review Article

**THE ROLE OF DIET IN THE MANAGEMENT OF AUTISM SPECTRUM DISORDER - A REVIEW
EMPHASIZING LOCAL DIETARY PRACTICES**

Jintu T Thomas^{1*}, Sohini S²

^{*1} PGD Scholar, ²Associate Professor, Department of Kaumarabhritya, Government Ayurveda College, Thiruvananthapuram, Kerala, India.

Article info

Article History:

Received: 13-02-2026

Accepted: 15-03-2026

Published: 10-04-2026

KEYWORDS:

Ahara, Autism Spectrum Disorder, Diet, Gut-Brain Axis, Nutrition.

ABSTRACT

Autism spectrum disorder (ASD) refers to a group of repetitive sensory-motor behaviors and early-onset social communication impairments. Reduced social interactions, lack of eye contact, repeated stereotypical sensory and motor behaviors, etc, are characteristics of children diagnosed with autism. According to the Child Development Centre's (CDC) Autism and Developmental Disabilities Monitoring (ADDM) Network, about one in every 36 children has been diagnosed with autism spectrum disorder. Epidemiological studies show that the prevalence of ASD has increased globally over the past few decades. Patients with Autism Spectrum Disorders report having a high prevalence of gastrointestinal (GI) symptoms, including bowel motility issues, adverse reactions to specific foods, and reduced nutritional absorption. Individuals with GI disorders tend to exhibit more behavioral impairments. (e.g., irritability, hyperactivity) and they may be linked to gut dysbiosis, which is an indication of the "gut-brain axis disruption." Numerous studies indicate that nutrition may have a special role in the development of ASD as well as its management by reducing symptoms. In children with ASD, it is essential to evaluate dietary necessities to prevent further nutritional deficiencies through appropriate dietary interventions. Thus, in addition to medicine and other therapies, diet has an important role in the management of autism.

INTRODUCTION

Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by impaired communication, socialization, and restrictive behavior patterns. Derived from the Greek word "autos," meaning "self," the word "autism" came into existence.^[1] It encompasses conditions like Asperger syndrome, Autism, Pervasive Developmental Disorder-Not Otherwise Specified, Childhood Disintegrative Disorder, and genetic disorders like Rett syndrome.^[2] Approximately one in every 36 children is diagnosed with ASD,^[3] with a 3:1 frequency in males and females.^[4] World Autism Awareness Day is celebrated on April 2 as ASD is the third most prevalent developmental disorder. Longitudinal analysis shows an increase in ASD prevalence over time.^[5]

Etiology of Autism

Although the exact etiology of ASD is unknown, several genetic and non-genetic risk factors have been identified that are either alone or in combination thought to contribute to the development of ASD. The significant genetic component of ASD is shown by epidemiological twin research. For identical twins, the concordance rate is 70–90%; for fraternal twins, it is 0–10%.^[6] Familial clustering is also present. ASD risk may be mediated by non-genetic variables such as parental age, the nutritional and metabolic health of the mother, prenatal stress, infection during pregnancy, and exposure to specific chemicals, heavy metals, or medicines. Numerous studies have been conducted in an attempt to determine the cause of ASD, and they have included toxic environments, toxic foods, nutritional deficiencies, immune system issues, oxidative stress, gastrointestinal issues, allergies, and emotional stress. In the context of ASD, a toxic environment or toxic food is defined as air pollution, soil containing lead, food production manipulation through chemical spraying, etc. ^[7]

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Access this article online | |
| Quick Response Code | |
|  | https://doi.org/10.47070/ijapr.v14i4.4091 |
| Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) | |

Clinical Features

It is a complex neurological disorder that affects how the brain functions, which affects different abilities. It usually starts before the age of three. Patterns of onset include early developmental delay and loss of social or language skills, which may be gradual or rapid. The first symptom of ASD frequently involves delayed language development, followed by a lack of social interest /unusual social interest. Usually, parents get concerned due to delayed language development by the age of 18 months. Also, odd play patterns and unusual communication patterns are noticed.

Diagnosis

Diagnosis of ASD mainly involves clinical history from a reliable person who has very close interaction with the child. Standardized criteria for diagnosing ASD are provided by the Diagnostic and Statistical Manual, Fifth Edition (DSM-5) published by the American Psychiatric Association. Other tools include the M-CHAT (Modified Checklist for Autism in Toddlers) Childhood Autism Rating Scale (CARS), and the Autism Treatment Evaluation Checklist (ATEC). Genetic testing is done to identify the risks associated with ASD.

Co-Morbidities

Sometimes ASD co-occurs with other disorders such as attention deficit hyperactivity disorder (ADHD), which is considered the most common comorbidity in people with ASD (~ 28%). Other comorbidities include anxiety and phobias, dissociative disorders, depression, bipolar disorder, mood disorders, sleep problems, sinusitis, headaches,

seizures, etc. In addition, 46–84% of children with ASD have comorbidities such as gastrointestinal issues (reflux, persistent constipation, and diarrhea).^[8]

Gut-Brain Axis

A greater spotlight has been given in recent years to the influence of the gut microbiota via this axis on neurodevelopment. Research has revealed the involvement of the microbiota-gut-brain axis in neurodevelopmental conditions such as Rett syndrome, attention deficit hyperactivity disorder, and autism spectrum disorder. The gut barrier may change as a result of dysbiosis of the gut microbiota, creating a "leaky gut", facilitating pathogen translocation into the portal and systemic circulation, which causes neuroinflammation in CNS conditions such as ASD. Through the components of its cell walls and the systemic circulation, the gut microbiota regulates neurodevelopment. They also influence social behavior, anxiety, and stress reactions, all of which are linked to autism spectrum condition, via modifying neurodevelopmental processes. Neurotransmitters and neuromodulators, which can both affect neurodevelopment, are released by the gut microbiota along with a variety of other metabolites.

Ayurvedic Perspective

Symptoms of autism are similar to *Unmada*. Ayurveda classics have elaborated on the etiology and pathogenesis of *Unmada* along with symptoms and management of each type of *Unmada*. By analyzing these symptoms, it can be seen that they closely resemble autism spectrum disorders, especially autism and Asperger syndrome (table 1,2,3).

Table 1: Vatika Unmada & ASD

| Symptoms of <i>Vatika Unmada</i> ^[9,10,11] | Feature of ASD |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <i>Parisaraṇamajasram</i> (constant wandering) | Hyperactive |
| <i>Akasmāt akṣhi bhru oṣṭa amsa hanu agrahasta pada anga vikshepana</i> (repeated movements of eyes, eyebrows, lips, shoulder, jaws, hands, feet) | Highly repetitive and stereotyped hand and eye movements. |
| <i>Satatam aniyatanam ca giram utsargah</i> (frequent utterance of uncontrolled sound and voice) | Monotonous speech, odd speech |
| <i>Phenaagamanam Aasyat</i> (frothing from mouth) | Drooling of saliva |
| <i>Abhikshna smita Hasita nrutya gita vaditra samprayogasca asthane</i> | Frequent smiling, laughing, dancing, singing, and playing musical instruments in improper places and situations. |
| <i>Vina vansa sankhasamyatala sabdanukaraṇam</i> (loudly mimicking the sound of the lute, flute, conch, <i>Samya</i> , and <i>Tala</i>) | Echolalia |
| <i>Yanam ayanaih</i> (riding non-vehicle toys/ objects) | Riding non-vehicle toys/ objects |
| <i>Alankaraṇam analankarikair dravyair</i> (adoration by non-ornamental objects) | Adoration by non-ornamental objects |
| <i>Abhyavahareṣu avalabdheshu lobham</i> | Eating disorder |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <i>Labdheshu cha avamanam</i> (The desire for rare edible food materials that are not available and not wanting what is available) | Selective eating |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------|

Table 2: Paithika Unmada & ASD

| Symptoms of <i>Paithika Unmada</i> [12,13,14] | Features of ASD |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <i>Amarsha</i> (Intolerance/impatience) | Intolerance/impatience, don't wait for his turn |
| <i>Krodha</i> (anger) | Temper tantrums |
| <i>Asthane samrambha</i> (aggression in improper situations) | Aggression in improper situations |
| <i>Sastra loshra kusha kaashta mushtibhir abhihananam swesham paresham va</i> (injures himself of others using weapons, bricks, fists, etc) | Harming himself and others |
| <i>Santapam cha atirekam</i> (excess anguish) | Excessive distress |
| <i>Bahubhuk</i> | Voracious appetite |
| <i>Anidra</i> | Insomnia |
| <i>Prachaya seta udaka anna Abhilasha</i> | Desire for shade, cold food & water |

Table 3: Kaphaja Unmada & ASD

| Symptoms of <i>Kaphaja Unmada</i> [15,16,17] | Symptoms of ASD |
|--------------------------------------------------------------------------|-----------------------------------------------|
| <i>Ekadese sthanam</i> (stay in one place or spot) | Solitary play |
| <i>Tuṣṇimbhavah</i> (silence, less talkative) | Reduced speech |
| <i>Alpasah camkramaṇam</i> (less mobility) | Reduced mobility |
| <i>Lala singhaṇaka sraṇam</i> (excessive salivation and nasal secretion) | Drooling of saliva |
| <i>Swapna nityata</i> (excess drowsy) | Less active |
| <i>Anannabhilasa</i> (aversion towards food) | Eating disorder |
| <i>Rahah kamata</i> (liking for loneliness) | Reduced attention to surroundings and people. |
| <i>Soucha dwesha</i> (dislike for bathing and cleanliness) | Dislike for bathing and cleanliness. |

Ayurveda aims to maintain health in a healthy individual and to cure disease. To achieve this goal various rules and regulations are told in various Ayurvedic classics. *Dinacharya* (daily regimens), *Ritucharya* (seasonal regimens), and *Sadvrutta* (ethical and moral guidelines) are said in Ayurveda classics for the same purpose. Rules related to *Ahara* (food) are one of the most important rules among these. Each food has its specific properties which play a significant role in the causation and curing of disease. *Pathyahara* (wholesome diet) plays a significant part in treating many diseases along with medication. This concept varies for each individual. A wholesome diet to one person may be unwholesome to another. Wholesome food can be taken regularly while others should be avoided. It varies according to disease also. The principles of Ayurveda are mainly based on the concept of *Tridoshas* (3 humors). For a person to be healthy these humors should be in equilibrium. Imbalance in these humors produces diseases of both body and mind. In the concept of *Trayopastamba* (3 pillars of life- *Ahara*, *Nidra*, *Brahmacharya*), food is regarded as the main one.^[18] *Acharya Charaka* has

mentioned that the intake of unwholesome, polluted, and unclean ingredients with mutually contradicting properties is one of the causative factors of *Unmada*.^[19] These factors may cause alterations in the gut-brain axis by disturbing digestion and metabolism. Due to these improper food habits, *Agni* (digestive fire) is affected resulting in indigested or semi-digested food leading to *Amavastha* (stage of indigestion). This may lead to inflammation in the gut causing increased gut permeability and finally leaky gut. Also, *Ama* along with *Agnimandya* (reduced digestive fire) affects *Dhatu Parinama* (digestion at micro level). The purity of food is needed for purity of mind. This explains the role food plays in *Unmada*. To tackle the gastrointestinal issues in autistic children, wholesome diet should be taken according to rules and regulations.

Management

Management for ASD includes non-biological as well as biological therapies. Non-biological therapies include applied behavioral analysis, discrete trial training, early intensive behavioral intervention, verbal behavioral intervention, pivotal response training, etc. Nowadays new therapies such as

horseback riding therapy, dolphin-assisted therapy music therapy also prevail. Biological therapies include symptomatic treatments, chelation, intravenous immunoglobulins, gastrointestinal therapy, etc. [20] Not every person with ASD responds well to a single therapy. Ayurvedic treatments have shown great effectiveness in the management of autism, and treatment includes both external and internal therapies. Internal therapies include the intake of medicated ghee, which may be a difficult task for parents due to palatability and sensory issues. In such situations, a diet that can be as useful as internal medication is beneficial to parents. *Acharya Kasyapa* considers food as *Mahaoshada*.^[21] while *Acharya Charaka* uses the term *Pathya* as a synonym for *Chikitsa* (treatment) itself.^[22] Individualized medical nutrition therapy should be used in conjunction with counseling, occupational therapy, speech therapy, and behavior management. The nutritional need of children with a disability varies from a normal child. Nutritional risk factors include obesity, underweight, growth deficiency, gastrointestinal disorders, metabolic disorders, feeding problems, dental cavities, allergies, and drug-nutrient interactions. Children with autism often experience extremes in their digestive systems. Digestion, absorption, and excretion- the three main parts of the system- are never in the right order. The child is a fuzzy eater as a result. Unusual eating habits are also a result of sensory integration problems. They might stop consuming many everyday items and start craving inedible like toothpaste, soap, paint, plastic, lotions, etc. They could like diets high in

sugar and processed carbohydrates. People frequently observe that the items they crave make their behavior worse and uncontrollable. Bowels also have an erratic pattern. Complementary Alternative Medicine (CAM) treatments usually include dietary interventions, vitamin supplements, and herbal remedies. Nutrition therapy can be either an additive or an elimination diet. Elimination diets, particularly those free of gluten and/or casein, are among the most widely used complementary and alternative medicine (CAM) for autism.^[23] According to studies, one out of every seven kids are placed on this diet. Dietary counseling regarding better carbohydrate food choices is often necessary in these cases. Although there has been relatively limited research, intolerance to gluten and casein has been related to intestinal inflammation and the development of brain opioids. As a result, parents of children with ASD are increasingly adopting gluten-free and casein-free diets, which are regarded as complementary and alternative therapies. Some studies have reported improvements in IQ and social quotients in children with ASD treated with magnesium and vitamin B6, as well as high-dose supplementation of vitamin C for enhancing clinical symptoms.^[24] Including a variety of fruits, vegetables, grains, etc according to the condition of the child may be beneficial to the child. Our traditional food, like avial, sambar, etc, including multiple vegetables, is very useful here (Table 4). Some of the main ingredients and their nutritive values are explained in Table 5.

Table 4: Properties of some local food

| | <i>Rasa</i> | <i>Guna</i> | <i>Virya</i> | <i>Vipaka</i> | <i>Karma</i> |
|--------------------------------------------|-------------------------------------------------------|------------------------------------------------|--------------|---------------|----------------------------------------------------|
| <i>Doshq</i> ^[25] | <i>Madura</i> <i>Lavana Kasaya</i> | <i>Guru</i> <i>Snigda</i> | <i>Ushna</i> | <i>Madura</i> | <i>Vata samana,</i> <i>Kapha vardana</i> |
| Idli ^[26] (a type of rice cake) | <i>Madura, Lavana</i> <i>Eeshat amla</i> | <i>Guru</i> <i>Snigda</i> | <i>Ushna</i> | <i>Madura</i> | <i>Vata samana,</i> <i>Kapha vardana</i> |
| Ariputtu ^[27] | <i>Madura,</i> <i>Lavana</i> | <i>Guru</i> <i>Ruksha</i> | <i>Seta</i> | <i>Madura</i> | <i>Kapha vardana</i> |
| Ragi puttu ^[28] | <i>Kasaya</i> <i>Madura</i> <i>Lavana</i> | <i>Guru</i> <i>Ruksha</i> | <i>Seta</i> | <i>Madura</i> | <i>Kapha haram, eeshat</i> <i>vata vardanam</i> |
| Ari upma ^[29] | <i>Katu, Madura</i> <i>Lavana</i> | <i>Guru</i> <i>Snigda</i> | <i>Seta</i> | <i>Madura</i> | <i>Kapha vardanam</i> |
| Rava upma ^[30] | <i>Katu, Madura</i> <i>Lavana</i> | <i>Guru</i> <i>Snigda</i> | <i>Seta</i> | <i>Madura</i> | <i>Kapha Pitta</i> <i>vardanam</i> |
| Coconut chutney ^[31] | <i>Katu, Madura</i> <i>Lavana</i> | <i>Laghu</i> <i>Snigda</i> | <i>Seta</i> | <i>Madura</i> | <i>Eeshat Kapha</i> <i>vardanam</i> |
| Kadala curry ^[32] | <i>Katu, Madura</i> <i>Lavana</i> | <i>Guru</i> <i>Ruksha</i> | <i>Ushna</i> | <i>Katu</i> | <i>Vata vardanam</i> |
| Cherupayar curry ^[33] | <i>Katu, Madura</i> <i>Lavana</i> <i>Kasaya</i> | <i>Eeshat</i> <i>Guru,</i> <i>Ruksha</i> | <i>Seta</i> | <i>Katu</i> | <i>Alpam vata</i> <i>vardanam</i> |

| | | | | | |
|---------------------------------------|-------------------------------------|----------------------|---------------------|---------------|------------------------------------|
| Vegetable stew ^[34] | <i>Madura Lavana</i> | <i>Guru Snigda</i> | <i>Seta</i> | <i>Madura</i> | <i>Kapha vardanam</i> |
| Sambar ^[35] | <i>Katu, Amla Lavana</i> | <i>Ushna Tikshna</i> | <i>Ushna</i> | <i>Katu</i> | <i>Vata pitta vardanam</i> |
| Avial ^[36] | <i>Sarva rasa amla rasa pradana</i> | <i>Guru Snigda</i> | <i>Anushna seta</i> | <i>Amla</i> | Doesn't aggravate any <i>Dosha</i> |
| Kanji ^[37] (Rice gruel) | <i>Madura rasa Kasaya anurasa</i> | <i>Laghu Snigda</i> | <i>Seeta</i> | <i>Madura</i> | <i>Agni dipti</i> |

Table 5: Properties of commonly used fruits and vegetables

| | |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Carrot ^[38,39] | <ul style="list-style-type: none"> • <i>Vata Pitta Samaka</i> (mitigates <i>vata</i> and <i>pitta</i>) • High in α- and β-carotene and is a rich source of provitamin A. Good source of dietary fiber, magnesium, and manganese, and the trace mineral molybdenum • It acts as an antioxidant and immune enhancer. |
| Drumstick ^[40,41,42] | <ul style="list-style-type: none"> • <i>Kapha Samana</i> • Rich in lipids, non – non-structural carbohydrates, fiber, protein, and fatty acids like oleic acid, palmitic acid, and linolenic acid, and a great source of vitamin C. • Helps to improve digestive health and boosts immunity. |
| Green gram ^[43] | <ul style="list-style-type: none"> • It has antioxidants vitexin and iso-vitexin, rich in potassium, magnesium, calcium, fiber, and vitamins A, B, D, and K. |
| Beans ^[44,45] | <ul style="list-style-type: none"> • <i>Kapha Pitta Samana</i> • Helps in fetal development & proper digestion. • Rich in calcium, magnesium, phosphorus, protein, iron, folic acid and vitamin C. |
| Ash gourd ^[46] | <ul style="list-style-type: none"> • <i>Vata Pitta Samana, Medya, Vak Vishudhikara</i> • It improves memory and is beneficial for intelligence • Rich in thiamine, niacin, calcium, potassium, vitamin C, and fiber. • Aids in digestive function • It is indicated in <i>Apasmara</i> (epilepsy) and <i>Unmada</i>. |
| Brahmi ^[47] | <ul style="list-style-type: none"> • Improves cognitive function and memory • It also has anti-stress activity • It is <i>Medya, Matiprada, Vatakapha Samana, Mohahara</i> |
| Gooseberry ^[48] | <ul style="list-style-type: none"> • It is rich in antioxidants, vitamins A & C, calcium, phosphorus, and fibers and is low in fat and calories. |
| Brown rice ^[49] | <ul style="list-style-type: none"> • Rich in Vitamin B1 (thiamine), Vitamin B6 (pyridoxine), Magnesium, Phosphorus, Selenium, and Manganese. A half-cup serving of brown rice contains: - Calories (108), Protein (3gm), Fat (1 gm), Carbohydrates (22 gm), Fiber (2 gm), and Sugar (0 gm). |

The diet should be taken by recommended dietary allowances (RDA). RDA varies according to patient and condition. Care should be taken not to cause excess intake.

DISCUSSION

Nutritional intervention and complementary and alternative medicine approaches are highly prevalent (about 74%) among children affected with ASD. In recent years, many types of diets, such as the ketogenic diet and gluten-free, casein-free diets, have grown in popularity. Many studies have been conducted to evaluate the effect of diet and probiotics in ASD children. Most studies have shown improvement in both systemic symptoms and

behaviors. Kerala's diet, which includes rice, avial, sambar, etc., shows an abundance of both macro and micronutrients. They should be able to compensate for nutrient deficiencies and tackle gastrointestinal issues since nutrient supplementation has proved to be effective in these conditions in ASD children. Additionally, in the causes of Unmada, improper food habits (including unclean, unwholesome, incompatible, and untimely eating habits, as well as neglecting dietary rules) have been identified as contributing factors to the disease. This improper food may lead to *Agnimandya* and the formation of ama/toxins in the gut, leading to gut inflammation and increased gut permeability. By correcting diet, the digestive fire will

increase, and there will also be a reduction in ama formation. This will also improve gut permeability and prevent leakage of toxins to the brain via the blood-brain barrier. Many of the food items included in the Kerala diet aid in digestion and are also rich in both macro and micronutrients.

CONCLUSION

Autism is a neurological condition that impairs behavior and social skills. Along with problems in communication and behavior, gastrointestinal symptoms including constipation, diarrhea, etc.

A nutritious diet can help reduce symptoms related to metabolism, digestion, and mental health. Many GI symptoms including constipation showed improvement by dietary interventions. To reduce the symptoms of ASD, various dietary approaches have been explored, particularly the prevalent digestive issues that those with ASD experience. Many dietary interventions have been developed with the relationship between gut health, brain processes, and microbiota in mind. Some of these interventions have been shown to have positive effects on the mental health of autistic children. Most of our local foods are rich in macro and micronutrients like calcium, magnesium, potassium, phosphorus, and many vitamins. They are also rich in fiber. These foods may help in improving digestion and removing *Amavastha*, thereby restoring gut permeability. Vitamin and mineral supplementation have shown positive changes in children with ASD. But long-term intake of medicines, even if they are vitamins and minerals, may not be good for the long-term health of these children, as there is the risk of hypervitaminosis, etc. Following a proper diet in proper quantity according to the condition of the child may be very effective in improving behavioral as well as gastrointestinal symptoms in these kids.

Acknowledgements

We are extremely grateful to our colleagues for their thoughtful suggestions. The databases Google Scholar, PubMed, and Ayurveda classics are also acknowledged for their invaluable help in gathering all the required literature for this review.

REFERENCES

- Golt J, Kana RK. History of autism. In: Kana RK, editor. *The Neuroscience of Autism*. 1st ed. Academic Press; 2022. p. 1-14. <https://doi.org/10.1016/B978-0-12-816393-1.00002-6>
- Ousley O, Cermak T. Autism Spectrum Disorder: Defining Dimensions and Subgroups. *Curr Dev Disord Rep*. 2014 Mar 1;1(1):20-8. doi: 10.1007/s40474-013-0003-1. PMID: 25072016; PMCID: PMC4111262. <https://pubmed.ncbi.nlm.nih.gov/25072016/>
- Maenner MJ, Warren Z, Williams AR, et al. Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years- Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2020. *MMWR Surveill Summ*. 2023; 72(SS-2): 1-14. <https://pubmed.ncbi.nlm.nih.gov/36952288/>
- Loomes R, Hull L, Mandy WPL. What is the male-to-female ratio in autism spectrum disorder? A systematic review and meta-analysis. *J Am Acad Child Adolesc Psychiatry*. 2017 Jun; 56(6): 466-74. doi: 10.1016/j.jaac.2017.03.013. Epub 2017 Apr 5. PMID: 28545751. <https://pubmed.ncbi.nlm.nih.gov/28545751/>
- Chiarotti F, Venerosi A. Epidemiology of Autism Spectrum Disorders: A Review of Worldwide Prevalence Estimates Since 2014. *Brain Sci*. 2020 May 1; 10(5): 274. doi: 10.3390/brainsci10050274. PMID: 32370097; PMCID: PMC7288022. <https://pubmed.ncbi.nlm.nih.gov/32370097/>
- Sauer AK, Stanton JE, Hans S, et al. Autism Spectrum Disorders: Etiology and Pathology. In: Grabrucker AM, editor. *Autism Spectrum Disorders* [Internet]. Brisbane (AU): Exon Publications; 2021 Aug 20. Chapter 1. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK573613/> / doi: 10.36255/exonpublications. Autism spectrum disorders.2021.etiology
- Duque-Cartagena T, Dalla MDB, Mundstock E, et al. Environmental pollutants as risk factors for autism spectrum disorders: a systematic review and meta-analysis of cohort studies. *BMC Public Health*. 2024; 24: 2388. doi: 10.1186/s12889-024-19742-w. <https://pubmed.ncbi.nlm.nih.gov/39223561/>
- Al-Biltagi M. Autism medical comorbidities. *World J Clin Pediatr*. 2021; 10(3): 15-28. doi:10.5409/wjcp.v10.i3.15. <https://pubmed.ncbi.nlm.nih.gov/33972922/>
- Susrutha. Unmada prathisheda Adyaya. In: Yadvji Trikamji Acharya, editor. *Susrutha Samhitha with Nibandha Sangraha Commentary of Dalhana Acharya*. Varanasi: Chaukamba Sanskrit Samsthan; 2005. P. 605-611
- Agnivesha. Unmada nidana adyaya. In: Sharma RK, Dash B, editors. *Caraka Samhita: Text with English Translation and Critical Exposition Based on Cakrapani Datta's Ayurveda Dipika*. Varanasi: Chowkhamba Sanskrit Series Office; 2003. p. 90.
- Vagbhata. Ashtanga Hridayam Uttaram. Revised ed. Varanasi: Chaukhamba Orientalia; 2010. Chapter 12, Unmada prathisheda Adyaya; p. 56-66.
- Susrutha. Unmada prathisheda Adyaya. In: Yadvji Trikamji Acharya, editor. *Susrutha Samhitha with Nibandha Sangraha Commentary of Dalhana*

- Acharya. Varanasi: Chaukamba Sanskrit Samsthan; 2005. P. 605-611
13. Agnivesha. Unmada nidana adyaya. In: Sharma RK, Dash B, editors. Caraka Samhita: Text with English Translation and Critical Exposition Based on Cakrapani Datta's Ayurveda Dipika. Varanasi: Chowkhamba Sanskrit Series Office; 2003. p. 90.
14. Vagbhata. Ashtanga Hridayam Uttaram. Revised ed. Varanasi: Chaukhamba Orientalia; 2010. Chapter 12, Unmada prathisheda Adyaya; p. 56-66.
15. Susrutha. Unmada prathisheda Adyaya. In: Yadvi Trikamji Acharya, editor. Susrutha Samhitha with Nibandha Sangraha Commentary of Dalhana Acharya. Varanasi: Chaukamba Sanskrit Samsthan; 2005. P. 605-611
16. Agnivesha. Unmada nidana adyaya. In: Sharma RK, Dash B, editors. Caraka Samhita: Text with English Translation and Critical Exposition Based on Cakrapani Datta's Ayurveda Dipika. Varanasi: Chowkhamba Sanskrit Series Office; 2003. p. 90.
17. Vagbhata. Ashtanga Hridayam Uttaram. Revised ed. Varanasi: Chaukhamba Orientalia; 2010. Chapter 12, Unmada prathisheda Adyaya; p. 56-66.
18. Agnivesha. Tisrashaniya adyaya. In: Sharma RK, Dash B, editors. Caraka Samhita: Text with English Translation and Critical Exposition Based on Cakrapani Datta's Ayurveda Dipika. Varanasi: Chowkhamba Sanskrit Series Office; 2003. p. 202.
19. Sharma RK, Dash B, editors. Agnivesha Unmada Nidana adyaya. In: Sharma RK, Dash B, editors. Caraka Samhita: Text with English Translation and Critical Exposition Based on Cakrapani Datta's Ayurveda Dipika. Varanasi: Chowkhamba Sanskrit Series Office; 2003. p. 89.
20. Brondino N, Fusar-Poli L, Rocchetti M, Provenzani U, Barale F, Politi P. Complementary and alternative therapies for autism spectrum disorder. Evid Based Complement Alternat Med. 2015; 258589. doi:10.1155/2015/258589. Epub 2015 May 7. PMID: 26064157; PMCID: PMC4439475. <https://pubmed.ncbi.nlm.nih.gov/26064157/>
- Kashyapa. Yooshanirdeshiya Adhyaya. In: Kashyapa Samhita, Khilasthana. Reprint ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2023. p. 468.
21. Charaka. Abhayamalakiya Rasayana. In: Charaka Samhita, Chikitsa Sthana, Rasayana Adhyaya. Reprint ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2013. p. 4.
22. Baspinar B, Yardimci H. Gluten-Free Casein-Free Diet for Autism Spectrum Disorders: Can It Be Effective in Solving Behavioural and Gastrointestinal Problems? Eurasian J Med. 2020 Oct; 52(3): 292-297. doi: 10.5152/eurasianjmed.2020.19230. Epub 2020 Jun 4. PMID: 33209084; PMCID: PMC7651765. <https://pubmed.ncbi.nlm.nih.gov/33209084/>
- Brondino N, Fusar-Poli L, Rocchetti M, Provenzani U, Barale F, Politi P. Complementary and Alternative Therapies for Autism Spectrum Disorder. Evid Based Complement Alternat Med. 2015; 258589. doi: 10.1155/2015/258589. Epub 2015 May 7. PMID: 26064157; PMCID: PMC4439475. <https://pubmed.ncbi.nlm.nih.gov/26064157/>
23. Amrita M S, Drishyadas V. Malayaliyude aharasheelangal Ayurveda sameepanam. 1st edition. Malappuram: Department of publications, Arya Vaidya sala, Kottakkal; 2017; p 28.
24. Amrita M S, Drishyadas V. Malayaliyude aharasheelangal ayurveda sameepanam. 1st edition. Malappuram: Department of publications, Arya Vaidya sala, Kottakkal; 2017; p 29.
25. Amrita M S, Drishyadas V. Malayaliyude aharasheelangal ayurveda sameepanam. 1st edition. Malappuram: Department of publications, Arya Vaidya sala, Kottakkal; 2017; p 29.
26. Amrita M S, Drishyadas V. Malayaliyude aharasheelangal ayurveda sameepanam. 1st edition. Malappuram: Department of publications, Arya Vaidya sala, Kottakkal; 2017; p 30.
27. Amrita M S, Drishyadas V. Malayaliyude aharasheelangal ayurveda sameepanam. 1st edition. Malappuram: Department of publications, Arya Vaidya sala, Kottakkal; 2017; p 34.
28. Amrita M S, Drishyadas V. Malayaliyude aharasheelangal ayurveda sameepanam. 1st edition. Malappuram: Department of publications, Arya Vaidya sala, Kottakkal; 2017; p 34.
29. Amrita M S, Drishyadas V. Malayaliyude aharasheelangal ayurveda sameepanam. 1st edition. Malappuram: Department of publications, Arya Vaidya sala, Kottakkal; 2017; p 35.
30. Amrita M S, Drishyadas V. Malayaliyude aharasheelangal ayurveda sameepanam. 1st edition. Malappuram: Department of publications, Arya Vaidya sala, Kottakkal; 2017; p 35.
31. Amrita M S, Drishyadas V. Malayaliyude aharasheelangal ayurveda sameepanam. 1st edition. Malappuram: Department of publications, Arya Vaidya sala, Kottakkal; 2017; p 36.
32. Amrita M S, Drishyadas V. Malayaliyude aharasheelangal ayurveda sameepanam. 1st edition. Malappuram: Department of publications, Arya Vaidya sala, Kottakkal; 2017; p 36.
33. Amrita M S, Drishyadas V. Malayaliyude aharasheelangal ayurveda sameepanam. 1st edition. Malappuram: Department of publications, Arya Vaidya sala, Kottakkal; 2017; p 39.

34. Amrita M S, Drishyadas V. Malayaliyude aharasheelangal ayurveda sameepanam. 1st edition. Malappuram: Department of publications, Arya Vaidya sala, Kottakkal; 2017; p 44.
35. Vagbhata. Ashtanga Hridayam sutrastana. Revised ed. Varanasi: Chaukhamba Orientalia; 2010. Chapter 7, Annaswaroopavijnaneeyam Adyaya; p.148.
36. Homoeopathy Research Institute for Disabilities. Compendium of Nutritional Data of Common Indian Food. Chennai: Homoeopathy Research Institute for Disabilities; 2023. Under Central Council for Research in Homoeopathy, Ministry of AYUSH. p 33.
37. Dias J. Nutritional and health benefits of carrots and their seed extracts. Food Nutr Sci. 2014; 5: 2147-2156. doi: 10.4236/fns.2014.522227. https://www.researchgate.net/publication/276499931_Nutritional_and_Health_Benefits_of_Carrots_and_Their_Seed_Extracts Assessed on 28th Nov 2024
38. Vagbhata. Ashtanga Hridayam sutrastana. Revised ed. Varanasi: Chaukhamba Orientalia; 2010. Chapter 7, Annaswaroopavijnaneeyam Adyaya; p.174.
39. Homoeopathy Research Institute for Disabilities. Compendium of Nutritional Data of Common Indian Food. Chennai: Homoeopathy Research Institute for Disabilities; 2023. Under Central Council for Research in Homoeopathy, Ministry of AYUSH. p 22.
40. Mani A, Roy S. Nutritional importance and medicinal properties of drumstick. [Journal Name]. 2020; 6: 52-53. https://www.researchgate.net/publication/339052510_Nutritional_importance_and_medicinal_properties_of_Drumstick Assessed on 28th Nov 2024
41. Homoeopathy Research Institute for Disabilities. Compendium of Nutritional Data of Common Indian Food. Chennai: Homoeopathy Research Institute for Disabilities; 2023. Under Central Council for Research in Homoeopathy, Ministry of AYUSH. p 14.
42. Amrita M S, Drishyadas V. Malayaliyude aharasheelangal ayurveda sameepanam. 1st edition. Malappuram: Department of publications, Arya Vaidya sala, Kottakkal; 2017; p 47.
43. Homoeopathy Research Institute for Disabilities. Compendium of Nutritional Data of Common Indian Food. Chennai: Homoeopathy Research Institute for Disabilities; 2023. Under Central Council for Research in Homoeopathy, Ministry of AYUSH. p 17.
44. Nimmy V S. A Comprehensive Review on the Nutritional and Medicinal Significance of Kushmanda or Ash Gourd as Per Ayurveda. International Journal of Ayurveda and Pharma Research. 2021; 9(12): 41-45 https://www.researchgate.net/publication/358065583_A_Comprehensive_Review_on_the_Nutritional_and_Medicinal_Significance_of_Kushmanda_or_Ash_Gourd_as_per_Ayurveda Assessed on 24th Nov 2024
45. Ministry of AYUSH, Government of India. Ayurveda Pharmacopoeia of India. Part 1 Vol 2. New Delhi: Ministry of AYUSH, Government of India; 2004. P 25.
46. Homoeopathy Research Institute for Disabilities. Compendium of Nutritional Data of Common Indian Food. Chennai: Homoeopathy Research Institute for Disabilities; 2023. Under Central Council for Research in Homoeopathy, Ministry of AYUSH. p 39.
47. Homoeopathy Research Institute for Disabilities. Compendium of Nutritional Data of Common Indian Food. Chennai: Homoeopathy Research Institute for Disabilities; 2023. Under Central Council for Research in Homoeopathy, Ministry of AYUSH. p 10.

Cite this article as:

Jintu T Thomas, Sohini S. The Role of Diet in the Management of Autism Spectrum Disorder - A Review Emphasizing Local Dietary Practices. International Journal of Ayurveda and Pharma Research. 2026;14(4):6-13.

<https://doi.org/10.47070/ijapr.v14i4.4091>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Jintu T Thomas

PGD Scholar,

Department of Kaumarabhritya,
Govt. Ayurveda College,

Thiruvananthapuram, Kerala, India,

Email: jintutthomas@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.