



**Case Study**

**AYURVEDIC MANAGEMENT OF AUTISM SPECTRUM DISORDER WITH COMORBID  
ATTENTION DEFICIT HYPERACTIVITY DISORDER**

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**ABSTRACT**

Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) are prevalent neurodevelopmental disorders characterized by deficits in social communication, repetitive behaviours, and hyperactivity. A 10-year-old male child diagnosed with ASD presented symptoms such as impaired speech, poor eye contact, poor name call response, repetitive behaviours by the age of 3 years, and hyperactivity was also noticed later in life. The sleep cycle was also impaired. The treatment regimen included internal medications, external therapies, and purificatory procedures. Internal management involved oral formulations aimed at systemic regulation. External therapies included topical applications, powder massage, oil massage, and other Kerala *Panchakarma* procedures. Purificatory measures comprised *Matra Vasti* (therapeutic enema) and *Virechana* (controlled purgation) as part of bio-purification. Post-treatment assessment showed measurable improvements: The Autism Treatment Evaluation Checklist (ATEC) score decreased from 116 to 104, the Childhood Autism Rating Scale (CARS) score from 40.5 to 38.5, and the ADHD T2 score from 87 to 75. Symptomatic improvements were also clinically evident. The treatment approach aimed to balance *Vata* and *Pitta doshas*, enhancing *Agni* (digestive fire) and eliminating *Ama* (toxins). Internal medications targeted cognitive and emotional functions, while external therapies helped calm the nervous system and improve sensory integration. Purificatory procedures aided toxin elimination and behavioural regulation. This case report shows that a comprehensive Ayurvedic treatment protocol can lead to measurable improvements in children with ASD and ADHD. The findings suggest Ayurveda can be a valuable adjunct in managing these complex neurodevelopmental disorders.

**INTRODUCTION**

Ayurveda has given utmost priority to the well-being of both body and mind. He, in whom the *Doshas* (regulatory functional factors of the body), *Agni* (digestive, metabolic factors), *Dhatus* (fundamental structural components), *Malas* (excretory products), and their activities are normal, whose soul, sense organs, and mind are calm and clear, is called *Swastha*<sup>[1]</sup>. A vivid description is available in Ayurveda classics regarding the importance of *Manas* (psyche) and body-mind relationships.

Just as physical *Doshas* (viz., *Vata*, *Pitta*, and *Kapha*), *Manasika bhavas* (psychological attributes) are also mentioned. *Sattva* (tranquility, harmony), *Rajas* (agitation), and *Tamas* (inertia) are the *Trigunas* (three primordial psychophysical attributes) of the mind. Among which *Satva guna* is pure and devoid of pathogenicity. *Rajadosha* possesses *Roshamsa*, and *Tamadosha* possesses *Mohamsa* <sup>[2]</sup>. *Rajas* and *Tamas* are the *Doshas* of *Manas*, and their derangement results in *Manasika vikaras* (psychological diseases).

According to Ayurveda, *Unmada* is the most elaborately described *Manasika vyadhi* involving misalignment of the *Manas* (mind), *Budhi* (intellect), *Samjna* (consciousness), *Smriti* (memory), *Bhakti* (desire), *Cheshta* (behaviour), and *Achara* (social conduct).<sup>[3]</sup> The classical texts identify the following as manifestations of *Unmada*- many of which mirror ASD traits: *Manovibhrama* is the disordered mind

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(inattention, “in their own world”), *Buddhi vibhrama* is the intellectual distortion, *Samjna-jnana vibhrama* correlates to impaired awareness/perception. *Smruti vibhrama* means memory issues, *Bhakti vibhrama* is the atypical emotional responses, *Seela vibhrama* relates to inappropriate manners or emotional outbursts, *Chesta vibhrama* relates to repetitive or unusual activities, and *Achara vibhrama* relates to the loss of learned or social skills. Based on the *Doshic* predominance, *Unmada* is classified into *Vatika*, *Paittika*, *Kaphaja*, and *Sannipatika*<sup>[4]</sup>.

Some features of *Vatika unmada* include constant wandering; continuous, incoherent speech; smiling, laughing, dancing, and playing with musical instruments in inappropriate situations; loud imitations; emaciation and roughness; red protruding eyes, etc<sup>[5]</sup>. The *Paittika unmada* features include irritation and anger outbursts; excitement on inappropriate occasions; inflicting injury on one's own people or on others; a continuous state of anguish; ferocious eyes; etc<sup>[6]</sup>. Features of *Kaphaja unmada* are staying in one place and observance of silence; salivary or nasal discharge; love for solitude; sleepy all the time; oedema in the face; etc<sup>[7]</sup>. If the insanity is caused by the simultaneous vitiation of the *Doshas*, all the above-mentioned symptoms will be simultaneously manifested<sup>[8]</sup>. Here, many of the features described under *Vatika* and *Paittika* types of *Unmada* can be correlated with many of the symptoms of Attention Deficit Hyperactivity Disorder (ADHD). So, ADHD may be compared to *Vata-Paittika Unmada*.

Autism spectrum disorder is a neurodevelopmental disorder characterized by persistent deficits in social communication and interaction, and the presence of repetitive, restricted patterns of behaviours, interests, and activities<sup>[9]</sup>. It typically manifests in the early developmental period and significantly affects the functioning of the child. According to DSM-5, the term ASD is the new term for the earlier nomenclature, pervasive developmental disorders<sup>[10]</sup>. According to a meta-analysis, 0.77% of children globally are diagnosed with ASD, with boys comprising 1.14% of this group<sup>[11]</sup>. The prevalence rate of autism in India is 1 in 250 children, and currently, India appears to have 10 million people with autism<sup>[12]</sup>.

ADHD is characterized by developmentally inappropriate motor hyperactivity, inattention, and impulsiveness, and is a neuropsychologically heterogeneous condition which is now one of the most common disorders of childhood. It is highly prevalent worldwide with a long-term course and pervasive effects. Prevalence rates of ADHD in the Indian subcontinent vary from 5 to 15.5%<sup>[13]</sup>. *Unmada* is a classical mental disorder incorporating imbalances in

*Manas*, *Buddhi*, *Smriti*, *Achara*, and *Cheshta*- domains profoundly implicated in both ASD and ADHD. When *Vata-Pitta doshas* are predominant, clinical features such as hyperactivity, inattention, impulsivity, repetitive behaviours, social communication deficits, and emotional dysregulation align closely with DSM-5 criteria for ASD-ADHD overlap. Ayurveda offers holistic integrated therapies for keeping the doshas in a balanced state and improving the quality of life of these children.

## Case Report

### Patient information

A 10-year 5-months-old male child reported to the outpatient department on 25<sup>th</sup> November 2024 with complaints of excessive hyperactivity, anger outbursts, repetitive behaviours like unnecessary hand movements and jumping, reduced attention span, poor peer interaction since the age of 3. Impaired speech (receptive and expressive speech not proper up to age) and no eye contact while talking were present. Parents complained that hurting and biting others had become severe in the past 2 months. His sleep patterns were also irregular- disturbed sleep at night, sleeping very late at night. He is the first child of non-consanguineous parents, born through full-term normal vaginal delivery, and had a birth weight of 3 kgs. He cried soon after birth, and sucking and feeding were good. The antenatal period of the mother was supervised, and she had no problems except some stress due to her family situation. The neonatal and infancy period of the child was also uneventful, except for a mild fever that was noticed soon after discharge from the hospital.

For 2½ years, the condition was unrecognized as the parents were not paying proper attention to the child's developmental milestones. He started saying meaningless words at 2½ years of age. He also had an inconsistent response to name-calling and an inconsistent eye contact. Certain stereotypical behaviours were also noted in the child. The child is currently on modern medications like risperidone and clonidine.

### Clinical findings

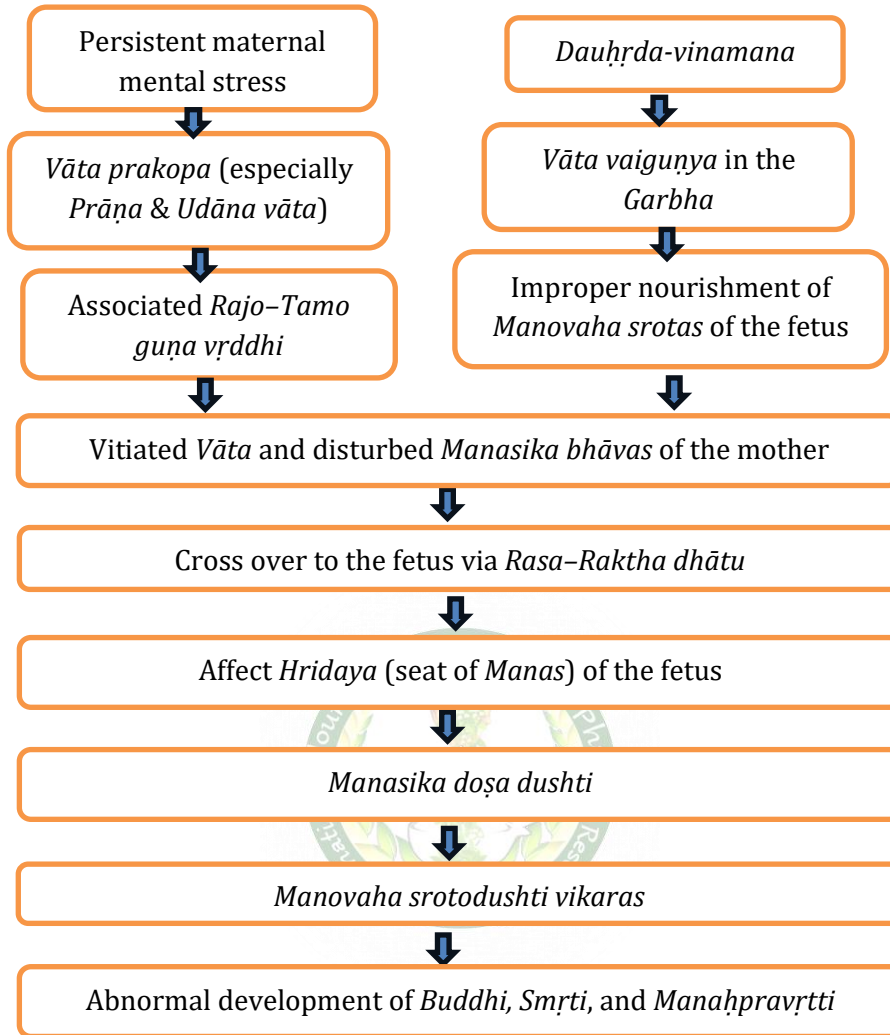
On general examination, the child was restless, inattentive, did not react to name calls, avoided eye contact, and was jumping and flapping his hands. The child is well built, with vital signs within normal range, and the height was 147 cm (>50<sup>th</sup> percentile), weight 38.5 kg (>50<sup>th</sup> percentile)<sup>[14]</sup>, and a BMI of 17.8. The higher mental functions, like memory, intelligence, and orientation to time and place, were difficult to assess as the child was not cooperating with the examination. After examining all other systems, the cranial nerves and motor system appear to be normal. Speech and language were impaired, mainly expressive speech -

only bisyllables, repeats after a prompt from the mother, vocabulary of less than 10 words.

**Samprapti**

The *Nidana* (etiology) of the disease is mainly maternal stress due to certain familial situations. *Garbini*

*manasika bhavas* like *Chinta* (excessive worry), *Bhaya* (fear), *Sokha* (grief), and other *Manasika abhigata* (psychological trauma) were present in the mother. *Dauhrda-vinamana* (non-fulfilment of cravings of pregnant women) was also an added *Nidana*.



**Diagnosis**

The child was diagnosed with autism spectrum disorder with a score of 116 in the Autism Treatment Evaluation Checklist (ATEC) [15] and with a score of 40.5 in the Childhood Autism Rating Scale (CARS) [16].

The hyperactivity-impulsivity and inattention were assessed with the ADHD T2 tool [17], and it showed a score of 87 (39 for the inattention scale and 48 for the hyperactivity scale).

**MATERIALS AND METHODS**

**Treatment given**

Date	Complaints/condition of patient	Therapeutic Intervention	Therapeutic Intervention
25-11-2024	Hyperactivity Anger outbreaks Repetitive hand movements and unnecessary jumping Impaired speech Poor eye contact Biting and hurting others	Internal medicine- <i>Chandanadi kashayam</i> 10ml + 20ml lukewarm water – BD, BF <i>Aswagandharishta</i> 10ml BD, AF <i>Manasamitra vatakam</i> 1 tab twice a day, AF <i>Tiktaka ghritam</i> 15ml BD, BF <i>Misrakasneha</i> 2.5 ml HS	Procedures done-

30-11-2024	Irregular sleep pattern Poor sitting tolerance		Started <i>Balasoahadi sirolepam</i> daily – 1 hour
02-12-2024 to 12-12-2024	Symptoms persist. Name call response improved. Excessive anger outbreaks reduced.	Internal medicine- <i>Chandanadi kashayam</i> 10 ml + 20ml lukewarm water – BD, BF <i>Aswagandharishta</i> 10ml BD, AF <i>Manasamitra vatakam</i> 1 tab twice a day, AF <i>Tiktaka ghritam</i> 25ml BD, BF <i>Misrakasneha</i> 2.5ml HS	Procedures done- <i>Udwartanam</i> with <i>Kolakulathadi choornam</i> for 3 days. <i>Abhyangam</i> with <i>Ksheerabala thailam</i> for 7 days. <i>Thalam</i> with <i>Kachooradi choornam</i> and <i>ksheerabala thailam</i> for 7 days.
13-12-2024 to 17-12-2024	Sleep pattern – Not improved. Child became calmer than before.	<i>Tagara</i> tab 1tab twice a day, AF Continue all other medicines	<i>Abhyangam</i> with <i>Balaaswagandhadi tailam</i> for 5 days. <i>Matravasti</i> done on 16/12/2024 with <i>Madhuyashtyadi taila</i> . Dose – 75 ml
18-12-2024	Sleep cycle improved. Hyperactivity persists.	Stopped all internal medicines	<i>Virechana</i> with <i>Misraka Sneha</i> and milk, dose – 5 ml. Increased the time of <i>Sirolepam</i> – 3 hr daily.
19-12-2024 to 04-01-2025	Eye contact improved Good name call response. Hurting others reduced. Unnecessary hand flapping and jumping have been reduced. Sleep pattern improved. Attention span improved. Mildly hyperactive	<i>Chandanadi kashayam</i> 10 ml + 20ml lukewarm water – BD, BF <i>Aswagandharishta</i> 10ml BD, AF <i>Manasamitra vatakam</i> 1tab twice a day, AF <i>Tiktaka ghritam</i> 30ml BD, BF <i>Misrakasneha</i> 2.5ml HS Tab. <i>Tagara</i> 1tab twice a day, AF	<i>Kashayadhara</i> with <i>Amruthotharam Kashaya</i> and <i>Panchatiktaka Kashaya</i> for 2 days. <i>Ksheeradhara</i> with <i>Panchatiktaka Kashaya choornam</i> for 10 days. <i>Sirodhara</i> with <i>Chandanadi thailam</i> and <i>Balahatadi thailam</i> for 5 days.

## RESULTS

The child was assessed using standardized tools to evaluate changes in ADHD severity and ASD domains. The child was assessed both before and after treatment using both the Autism Treatment Evaluation Checklist (ATEC) and the Childhood Autism Rating Scale (CARS). In ATEC, the score before treatment was 116, and after treatment, it decreased to 104. While evaluating with CARS, the score before treatment was 40.5 and after treatment was 38.5. The ADHD assessment using the ADHD T2 tool showed a reduction in the score from 87 to 75. The results indicate significant improvement in the child's complaints. Major improvements noted were reduced temper tantrums and hyperactivity, improved eye contact, reduced stereotypical movements like hand-flapping and jumping, reduced pinching and hurting others, and improved sleep patterns.

## DISCUSSION

After examining the child in the OPD, the treatment started with *Samana* (palliative) medicines. *Vata* and *Pitta samana* medicines were adopted.

*Chandanadi kashayam*<sup>[18]</sup>, with great *Pitta samana* properties were given to reduce the hyperactivity and temper tantrums. *Aswagandharishta*<sup>[19]</sup>, a brain tonic, enhances the brain's capacity to cope with mood swings and tension, and has a calming action. *Manasamitra vatakam*<sup>[20]</sup> is a herbomineral combination indicated in several psychiatric conditions in Ayurveda. It improves the intellect, cognition, and also helps in calming the nervous system. *Tikthaka grta*<sup>[21]</sup> helps to balance the *Pitta dosha* by reducing symptoms like hyperactivity, anger outbreaks, and hurting others. *Misraka sneham*<sup>[22]</sup> was advised to address the *Vata* imbalances. This medicine, with *Grta* as its base, calms both the *Vata* and *Pitta doshas*. *Tagara* tablet<sup>[23]</sup> (*Valeriana wallichii*) is used in psychiatric disorders and also to induce standard sleep patterns in children, as it calms the child and reduces hyperactivity.

External procedures started with *Balasoahadi sirolepam*<sup>[24]</sup> (*Bala*– *Sida cordifolia* and *Sohala*– *Portulaca oleracea*), where *Bala* and *Sohala* are mixed

with milk, butter, and kept over the scalp region. It helps balance *Vata* and *Pitta* in the head region, and it considerably reduces hyperactivity and insomnia. *Udwartanam* using *Kolakulathadi choornam* was performed to facilitate the removal of *Amadosha* (undigested metabolic waste or toxins) from the body's channels. Following this, *Abyangam* (oil application to the body) was done with *Ksheerabala tailam*.<sup>[25]</sup> *Thalam* (medicated paste or oil applied over the vertex) with *Ksheerabala tailam* and *Kachooradi choornam* was also started along with it. *Ksheerabala tailam* processed using *Bala* (*Sida cordifolia*), *Ksheera* (cow's milk), and *Tila taila* (sesame oil), the combined formula is meant to integrate nourishing, reduce excess *Pitta*, anti-*Vata*, and tissue-supporting effects. *Abyangam* with *Balawagandhadi Tailam*<sup>[26]</sup> is a *Vata-shamana* (*Vata*-pacifying), *Brimhana* (nourishing) medicated oil whose combination of herbs (*Bala*, *Ashwagandha*, *Laksha*, etc.) and an unctuous carrier (sesame oil + *Masthu* [supernatant of curds]) gives it qualities of *Snigdha* (unctuous), *Guru* (heavy), and *Ushna virya* (warming potency). Because it also has a mild balancing action on *Pitta* (through cooling herbs like *Laksha*, etc.), it is used safely in *Vata-Pitta* conditions.

After eliminating the *Ama* from the *Sakhas* (tissues of upper and lower limbs) and by removing *Srotorodham* (obstructive pathology in body channels), the internal purificatory procedures like *Matravasti* and *Virechana* were planned. *Matra Vasti* is a type of internal oleation (small quantity oil enema) mostly used when *Vata* needs pacification in the lower body or in systemic *Vata* imbalance. Using a medicated *Tailam* like *Madhuyashtyadi*<sup>[27]</sup> for *Matra Vasti* allows the formulation to act internally on *Vata* in the colon, which is a prime site for *Vata* accumulation. *Virechana* was done with *Misraka Sneha*. *Misraka Sneha* is a classic lipid-based herbal formulation that increases the internal movement of *Vata* and clears *Ama* (accumulated toxins) from the gastrointestinal tract. In the context of *Virechana* (therapeutic purgation), it helps to loosen and mobilize aggravated *Pitta* and *Vata* doshas toward the lower gut, while protecting the mucosa from excessive irritation.

After purificatory procedures, *Dhara* procedures were followed. *Kashayadhara* with *Amruthotharam*<sup>[28]</sup> and *Panchatiktakam Kashaya*<sup>[29]</sup> provides a continuous warm flow of the medicinal decoctions over the body and helps soften and mobilize *Ama* (metabolic wastes) from tissues and channels, facilitating their removal through skin and internal pathways. It also pacifies *Pitta dosha* and enhances *Agni* (digestion) and assimilation. It was followed by *Ksheeradhara*- using *Panchatiktakam kashayam*- with *Pitta samana* properties. *Sirodhara*, which means the steady pouring of warm medicated

oil over the forehead, acts powerfully to pacify aggravated *Vata* and *Pitta doshas*. By producing a gentle, rhythmic stimulation over the forehead, it soothes the nervous system. *Sirodhara* is believed to stimulate the secretion of calming neurotransmitters (like serotonin) and bring about equilibrium in brain function and mind so that disturbances like insomnia, restlessness, and hyperactivity are mitigated. *Chandanadi taila*<sup>[30]</sup> is primarily a *Pitta-shamana* (*Pitta*-pacifying) oil due to its cooling potency. It reduces mental agitation, temper tantrums, and calms the body and mind. *Balahatadi taila*<sup>[31]</sup> has also both *Pitta* pacifying and *Vata* alleviating properties, and helps in nourishing the scalp, nerves, possibly improving local strength and vitality.

## CONCLUSION

This case report demonstrates that a comprehensive Ayurvedic treatment protocol, including internal medicines, external therapies, purificatory procedures, and supportive diet and sleep interventions, can lead to measurable improvements in a child with Autism Spectrum Disorder associated with predominantly hyperactive-impulsive ADHD features.

These results suggest that Ayurvedic management can contribute positively to the behavioural, emotional, and social domains in ASD with ADHD comorbidity, possibly through balancing *Vata* and *Pitta doshas*, calming the mind, improving sleep, and stimulating neurological and sensory integrative functions through external therapies.

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