



# CHILDHOOD AUTISM - AYURVEDIC PERSPECTIVE

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**Abstract:** Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by deficits in social interaction and communication and the presence of restricted interests and repetitive behaviours. It is a complex neurodevelopmental issue that impacts on the normal functioning of brain and challenging child development in language and communication. Ayurveda approaches this disease in different perspective from modern psychiatric and physiological theories. The condition may be due to *sahaja* (genetic), *jathaja* (prenatal, natal or postnatal causes) or *aganthuja* (epigenetic) factors. It can be understood by incorporating the pathophysiology of *unmada* and related psychiatric issues. Among the various treatment modalities, *sathvavachaya chikitsa* and *yuktivyapasraya chikita* plays an important role in managing the symptoms of autism in children.

**Index Terms:** Autism spectrum disorder (ASD), *unmada*, childhood autism

## Introduction

Autistic spectrum disorders (ASD) are a graving problem of the present era in the field of paediatrics. One of the most controversial topics with respect to ASD is about its prevalence. It has shown an alarming increase in the past decade. The centre for disease control & prevention (CDC) estimates 1 in 68 children in US have autism and in India its incidence rate is calculated as 1 in 90,666 or 11, 9141<sup>1</sup>. The prevalence has been steeply upwards since the early 90s globally. Increased awareness of autism has undoubtedly contributed to its rise in prevalence. Also, the improved diagnostic criteria and earlier diagnosis of the condition leads to the increase in the prevalence rate.

A precise correlation for ASD in Ayurveda is still exceptional. When psychiatry is considered all the authors give emphasis on *unmada*. References for psychiatric disorders in children in our classics are minimal. Only a few symptoms are mentioned in the context of *balagrahas* but they seem to be the systemic diseases of infective origin. Nevertheless, we get references of some of the regimen during pre-conceptual and antenatal period which influence the psychology of the child.

## Aims and objectives

To understand the concept of childhood autism in ayurvedic perspective.

## Materials and Method

Concepts related to the topics are compiled from ayurvedic literature, modern textbook and authentic internet sources. This article is based on the review of *nidana panchaka* and *chikitsa* of *unmada vyadhi* from available ayurvedic literature and relevant matter is compiled and critically analysed with modern aspects of autism spectrum disorders.

## Results

ASD is a neurobiological disorder influenced by both genetic and environmental factors affecting the developing brain. Ongoing research continues to deepen our understanding of potential etiologic mechanisms in ASD, but currently no single unifying cause has been elucidated<sup>2</sup>. A detailed survey in the symptomatology of ASD may serve as a torch to deduce the symptoms into classical understanding. The symptoms of ASD can be grouped under deficits in:

- Social interaction
- Communication skills
- Mannerisms
- Intellectual levels
- Acute emotional reactions
- Behaviours

These can be broadly incorporated under the specific domains of mind, loss of which results in the manifestation of *unmada*.

‘*Unmadam punar mano budhi samnjajnana smriti bakti seela chesta achara vibramam vidyat*’<sup>3</sup>

*Unmada* is defined as bewildering of individual with respect to the faculties namely:

**Manas**- lack theory of mind, **Budhi** (intellect)- can range from mental retardation to intelligence in specific areas, **Samnja jnana**- hyposensitivity or hypersensitivity to one or more sensory stimuli, **Bakti** (desire)- impaired will to communicate with others, **Seela** (manners)- inappropriate manners & adhering to specific rigid routines, **Chesta** (gestures)- stereotypes which are inappropriate & compulsive, **Acharya** (conduct)- impaired socialization skills, inability to follow commands, regression of language etc.

In the light of ayurvedic principles, pathophysiology of autism should be understood by thorough understanding of the concept of *manas* & *budhi* and its connection with *atma*. *Manas* & its attributes in its normalcy are essential for acquisition of knowledge through sensory perception, experience or learning. It is the *manas* that perceives the object or undergoes the experiences. *Budhi* determines the specific properties of input and drives the individual to speak or act accordingly. The three components of *budhi*- *dhee*, *dhriti* & *smriti* are crucial for the genesis of knowledge. Moreover, *tridoshas* have an effect on the level of *manas* and *budhi*. Since *hridaya* and *siras* are said to be the abode of *manas* and *budhi*, *prana vata*, *udana vata*, *sadhaka pitta*, *tarpaka kapha* and *avalambaka kapha* can be attributed to the function of mind and intellect. *Trigunas* of mind- *satva*, *raja* & *tama* determines the mental state of the individual<sup>4</sup>. Thus, autism can be attributed to the dysfunction of *manas*, *budhi* and its connection with *atma* and *indriya* due to impairments of *tridoshas* and *trigunas*.

## Nidana

Despite wide range, the etiology for *unmada* mentioned in classics is mainly for adults. As *unmada* (ASD) is a *sahaja* condition, one can infer that *beeja dosha* (genetic factors), *atmakarma* (deeds of previous life), environmental influences (*asaya dushti*) and influence of time and exposure (*kala*) along with dietetics and mode of life of mother especially those are not conducive to fetus (*garbopakathakara bhavas*) definitely play their part at physiological and psychological levels. In addition, the influence of disease in delicate children (*vyadhi vega samudhbramita upahata chetasa*) are also important<sup>5</sup>.

## Genetic contributions (sahaja)

The genetic encoding which is transmitted from generations is subjected to various changes due to food, activities and environment during each generation. The deranged *beeja* is responsible for the basic genetic susceptibility to develop the features of autism. Charaka explains that teratogenic abnormalities depend upon the condition of *beeja* i.e, what-so-ever part of *beeja* is defective the body part developing from that portion of *beeja* will be abnormal.

## Environmental contributions (garbaja)

In addition to the food and activities of the pregnant mother, her mental status plays an important role for the development of health and disease- both physical and mental in the child. Abnormal intra uterine environment can leads to growth retardation, developmental anomalies etc. that may cause autistic features in a genetically susceptible child.

## Lakshanas of unmada

The *unmada* symptoms explained for specific *doshas* in the literature explores its similarity with autistic features.

### Vatika unmada lakshanas

*Parisaranam ajasram* (constant wandering), *akshi bru oshta hanvagra hastapadanga vikshepanam akasmat* (sudden spasm of eyes, eyebrows, lips, shoulder, jaws, forearms and legs), *satatam aniyatanam giramutsarga* (constant and incoherent speech), *abeekshanam smita hasita nritya geeta vaditra samprayoga asthane* (smiling, laughing, singing and playing musical instruments in inappropriate time), *spurita anga sandhi* (involuntary movements of limbs and joints)<sup>6</sup>.

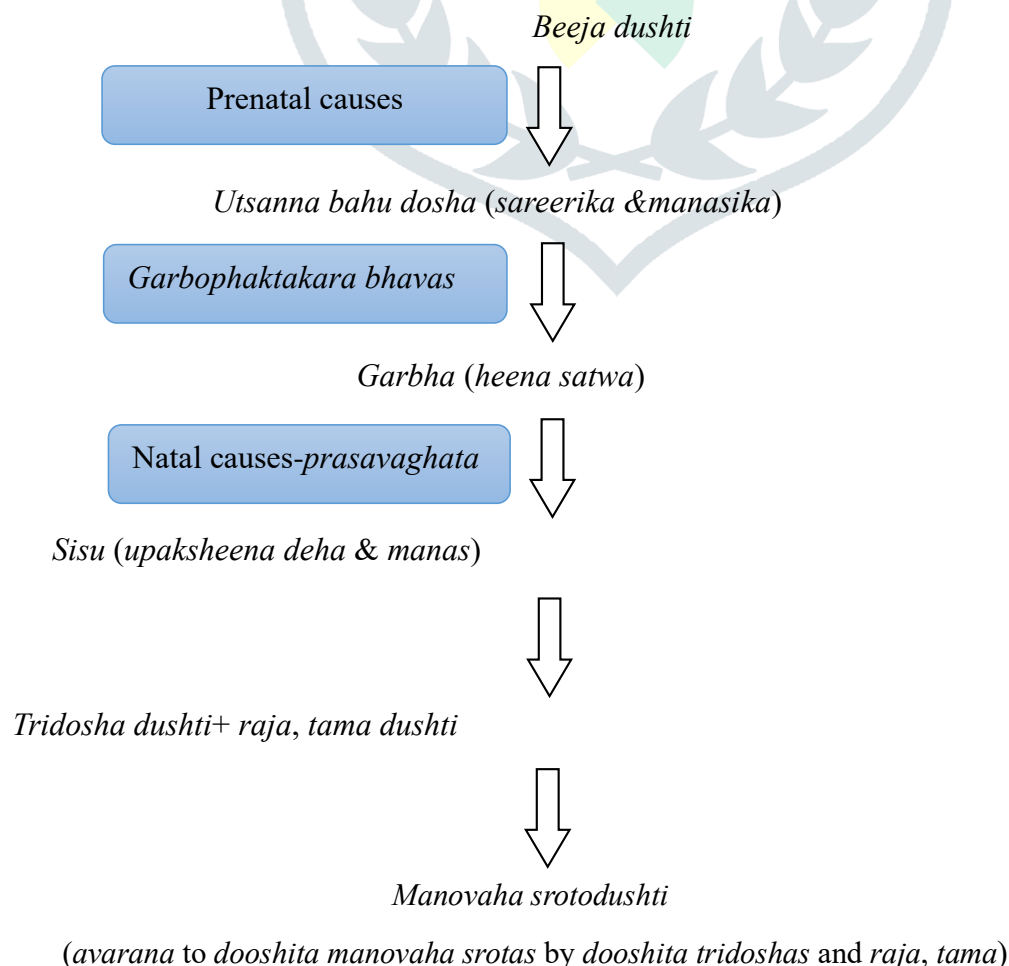
### Paitika unmada lakshanas

*Amarsha* (irritation), *kroda* (anger), *abidravanam* (fleeing), *sastra, loshtra, kasa, kashta, mushtibhi abihananam swesham padesham*<sup>7</sup>(inflicting injury on own people or on others with weapons, brick, whips, sticks and fist).

### Kaphaja unmada lakshanas

*Staanam ekadese* (staying in one place), *rahaskamata* (love for solitude), *tushnir bhava* (observance of silence), *alpasa chamkramanam* (occasional movement), *alpavak*<sup>8</sup> (reduced speech).

### Samprapthi<sup>9</sup>



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*Vibramsa of manas, budhi, smriti, bakti, samnjajnana, seela, chesta, achara*

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Childhood-  
*vyadhi vega samudbrama,*  
*upahata chetas*

Unmada (ASD) in child

## Management

The plan of management should be on lines of *unmada chikitsa sootra* with due considerations to age, strength and predominance of *dosha*. The method of treatment can be classified into 3 categories<sup>10</sup>:

1. *Daivavyapasraya chikitsa* (faith therapy)
2. *Yukti vyapasraya chikitsa* (rational therapy)
3. *Satvavajaya chikitsa* (psychotherapy)

As *unmada* affects both *manas* & *sareera*, all the three methods of treatment have an important role in its management.

### Daivavyapasraya chikitsa

It's a sort of faith treatment. Faith is a part of human psychology and this treatment is a play of faith wherein the patient should have full faith in the treatment to attain some positive results. The effective deployment of these will ensure a better outcome of the child.

### Yukti vyapasraya chikitsa

Here the treatment is based on reasoning and necessary planning and hence is scientific or rational. This treatment is further subdivided into 4 groups:

1. *Samsamana*
2. *Sodhana or panchakarma*
3. *Nidana parivarjana*
4. *Pathya ahara and vihara sevana.*

*Sodhana* and *samana* should be done with due considerations to age, strength and predominance of *dosha*. If *vata* predominant, *snehapana* followed by mild *sodhana*; in *pitta* predominant *virechana* and in *kapha* predominant *vamana* should be the mainstay of treatment followed by *basti karma* and *siro virechana*. As per necessity, modifications may be allowed. Owing to the ingrained pathology these measures have to be applied regularly and periodically. Apart from the modified *panchakarma* therapies *abhyangam*, *siropichu*, *sirodhara*, *sirolepam*, *thakra dhara* also can be incorporated. For *samana chikitsa* medicines should be selected on the basis of *doshas* involved. *Ashta choornam* (for *deepanam*), *Sankupushpi choornam* (broad spectrum), *Yashti & Jatamansi choornam* (if hyperactivity present), *Manasamitra vatakam*, *Vilwadi gulika*, *Dooshivishari agada (aama nirharana)* should be the choice of drugs. In *vata kapha* predominant cases (without hyperactivity), *Kalyanaka ghrita*, *Vatasani thailam*, *Kalyanakam kashayam* and in *vata pitta* predominant cases (with hyperactivity), *Thiktaka ghritam*, *Ksheerabala thailam*, *Chandanadi thailam*, *Brahmi drakshadi kashaya* are choices for treatment.

## Satvavajaya chikitsa

It includes all methods of *manonigraha*, *sadvrita* and modalities of *manodosha chikitsa*<sup>11</sup>. The applied aspects of *satvavajaya chikitsa* can be summarized as: assurance, refinement of emotions, cognitive behavioural therapies, reframing of ideas, correction of objectives and ideas, methods to improve concentration and mental temperament such as music intervention.

## Nidana parivarjana & pathya ahara viharas

All *aharas* & *viharas* that act as the precipitating factors should be strictly cut off. *Dinacharya* (Life style) of family should be tuned well with the biological rhythm and harmony of the affected individual. Parental care is the best medicine for the treatment of autism. All daily routines should be charted. Food should be preferably vegetarian, ensure absolute casein and gluten free diet, avoid pungent, spicy, junk food, fried items (*virudha aharas*). Ensure 8 hours of sleep during night. Practice *yoga* and *asanas*.

## Prevention

The *sahaja vyadis* are generally incurable as they show strong genetic association. Hence *ayurvedic garbinicharyas* & *navajata sisu paricharyas* have more importance in the prevention of such anomalies. The research-oriented approach on unexplored areas of ayurvedic antenatal care and pediatric management can give new hopes to these children.

Before concluding its worth remembering a beautiful quote of caution, given by our tradition regarding child care covering a far-reaching aspect:

“*Raajavat panchavarshani, Dasha varsham tu daasavat Prapte tu shodase varshe, Putram mitravat aachare*”<sup>12</sup>

## Conclusion

Ayurvedic approach to autism spectrum disorders is quite different from modern psychiatry and it can be included under the umbrella of *unmada*. So many factors can influence its origin but nothing one yet proved. Among that *Sahaja* (genetic) factor shows strong affinity towards its manifestation. But if the patient is belonging to *jathaja* or *aganthuja* factor rather than having *sahaja nidana* it will be well responds to our ayurvedic management therapies. We can effectively apply *sodhana* and *samana oushadhas* mentioned in *unmada* context to such children and can improve their quality of life.

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