



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2018; 4(7): 98-100
www.allresearchjournal.com
Received: 23-05-2018
Accepted: 26-06-2018

Dr. Prashant Kumar Gupta,
Lecturer, Department of
Balroga, Lalit Hari State Post
Graduate Ayurveda Medical
College, Pilibhit Uttar
Pradesh, India

Autism and Ayurveda

Dr. Prashant Kumar Gupta

Abstract

Autism is a complex neurodevelopmental disorder characterized by delay or abnormal functioning in the areas of social interaction, communication & imagination and by restricted and repetitive behaviour with onset prior to age 3 years. Intellectual functioning can vary from intellectual impairment to superior intellectual functioning in select areas. ASD is best managed via a multidimensional and multidisciplinary approach. Here author has elaborated various approaches described in Ayurveda for management of autistic like disorders.

Keywords: Ayurveda, autism, unmada, behavioural disorders

Introduction

Autism is a complex neurodevelopmental disorder characterized by delay or abnormal functioning in the areas of social interaction, communication & imagination and by restricted and repetitive behaviour with onset prior to age 3 years.

The Greek word "autós" meant self and the word "autism" was used by Bleuler to mean morbid self-admiration and withdrawal within self. Latest global survey suggest that 1 per 68 children are being diagnosed with ASD Autism is reported to be five times more common in boys than girls.

Deficits in social-emotional reciprocity (the ability to engage with others and share thoughts and feelings) are evident early in children with ASD *autism spectrum disorder* who show little or no initiation of social interaction and little or no sharing of emotions or imitative behaviors. Children may present with abnormal social approach, failure of back-and-forth conversation, and difficulties processing and responding to complex social cues. Infants <6 mo of age may or may not demonstrate features typical of ASD.

Impairments in nonverbal social communication are manifested by absent, reduced, or atypical use of eye contact, gestures, facial expressions, body orientation, or speech intonation. Youth may fail to smile, orient to name, or use gestures to point or show.

Abnormal eye contact with failure to follow someone's pointing or eye gaze is characteristic. In patients with fluent language, poorly integrated verbal and nonverbal communication may result in odd, wooden, or exaggerated body language during social interactions (Table).

Intellectual functioning can vary from intellectual impairment (intellectual developmental disorder) to superior intellectual functioning in select areas (splinter skills, savant behavior) ("with or without accompanying intellectual impairment"). Some children show typical development in certain skills and can even show areas of strength in specific areas (puzzles, art, or music). The intellectual profile of an individual may be uneven, with gaps in verbal and nonverbal learning ability and intellectual and adaptive functional skills.

Motor deficits, including odd gait, clumsiness, dyspraxia, and other abnormal motor signs (e.g., walking on tiptoes) are often present. Stereotypic movement or tic disorders may go unnoticed given aforementioned restricted behavioral patterns. Self-injury (head banging, biting the wrist) may occur. Some youth develop catatonic-like motor behavior (slowing and "freezing" mid-action) though most do not go onto develop a full episode with mutism, posturing, grimacing, and waxy flexibility.

Autism Diagnostic Interview- Revised (ADI-R) and the Autism Diagnostic Observation Schedule (ADOS) are considered the gold standards for assessing Autistic children.

Correspondence

Dr. Prashant Kumar Gupta,
Lecturer, Department of
Balroga, Lalit Hari State Post
Graduate Ayurveda Medical
College, Pilibhit Uttar
Pradesh, India

Table 1: Signs and Symptoms of Possible Autism in Preschool Children (or Equivalent Mental Age)

Signs and symptoms of Possible Autism in Preschool Children (or Equivalent Mental Age)	
<p>Social interaction and reciprocal communication behaviors</p> <p>Spoken language</p> <ul style="list-style-type: none"> • Language delay (in babble or words—for example, using fewer than 10 words by the age of 2 yr) • Regression in or loss of use of speech • Spoken language (if present) may include unusual features, such as: vocalizations that are not speech-like; odd or flat intonation; • frequent repetition of set words and phrases (echolalia); reference to self by name or “you” or “she” or “he” beyond age 3 yr • Reduced and/or infrequent use of language for communication—for example, use of single words, although able to speak in sentences <p>Responding to others</p> <ul style="list-style-type: none"> • Absent or delayed response to name being called, despite normal hearing • Reduced or absent responsive social smiling • Reduced or absent responsiveness to other people’s facial expressions or feelings • Unusually negative response to the requests of others (“demand avoidance” behavior) • Rejection of cuddles initiated by parent or carer, although the child himself or herself may initiate cuddles • Interacting with others • Reduced or absent awareness of personal space, or unusually intolerant of people entering their personal space • Reduced or absent social interest in others, including children of his or her own age—may reject others; if interested in others, he or she may approach others inappropriately, seeming to be aggressive or disruptive • Reduced or absent imitation of others’ actions • Reduced or absent initiation of social play with others, plays alone • Reduced or absent enjoyment of situations that most children like—for example, birthday parties • Reduced or absent sharing of enjoyment 	<p>Eye contact, pointing, and other gestures</p> <ul style="list-style-type: none"> • Reduced or absent use of gestures and facial expressions to communicate (although may place an adult’s hand on objects) • Reduced and poorly integrated gestures, facial expressions, body orientation, eye contact (looking at people’s eyes when speaking), and speech used in social communication • Reduced or absent social use of eye contact (assuming adequate vision) • Reduced or absent “joint attention” (when 1 person alerts another to something by means of gazing, finger pointing, or other verbal or nonverbal indication for the purpose of sharing interest). This would be evident in the child from lack of: • Gaze switching • Following a point (looking where the other person points to—may look at hand) • Using pointing at or showing objects to share interest <p>Ideas and imagination</p> <ul style="list-style-type: none"> • Reduced or absent imagination and variety of pretend play <p>Unusual or restricted interests and/or rigid and repetitive behaviors</p> <ul style="list-style-type: none"> • Repetitive “stereotypical” movements such as hand flapping; body rocking while standing; spinning; finger flicking • Repetitive or stereotyped play—for example, opening and closing doors • Over focused or unusual interests • Excessive insistence on following own agenda • Extremes of emotional reactivity to change or new situations; insistence on things being “the same” • Over-reaction or under-reaction to sensory stimuli, such as textures, sounds, smells • Excessive reaction to the taste, smell, texture, or appearance of food, or having extreme food fads

From Baird G, Douglas HR, Murphy MS: Recognizing and diagnosing autism in children and young people: summary of NICE guidance. *BMJ* 343:d6360, 2011, Box 1, p. 901.

ASD is best managed via a multidimensional and multidisciplinary approach. The most efficient and effective approach is to assemble a team that works together in the best interest of the person and family of ASD. Not all of these need be done at once, but may be implemented on an as needed basis. These include a pediatrician with special training and expertise in ASD, an occupational therapist, behavioral therapist, speech therapist, physical therapists and a naturopathic physician. Risperidone and aripiprazole are the only FDA-approved medications for ASD, and they are approved only for the treatment of irritability in 5–16 year olds with ASD. No medications are currently established to treat ASD core symptoms

Autism and Ayurveda

Ayurveda has a 5,000-year-old treatment that is extremely effective, called Panchakarma which is a cleansing and rejuvenation program. The purpose of this process is to stimulate the layers of toxins from the body and bring them

to the places where they can be excreted. After Panchakarma, one is likely experience significant health improvements in a relatively short time.

Prevention

Ayurveda prohibits consanguineous marriages and clearly mentioned that prevents the psychological disorders. Ayurveda gives prime importance in preconceptionally activities followed by father and mother, the time of conception, position of parents during coitus, ashudh ahara and vihara etc. Very well defined Garbhoghathakarbhavas elicits Majja bhava and atmaj bhavas when deranged can cause autism like disorder e.g. Excessive sleep, an excessive consumption of alcohol by a pregnant woman may deliver with low IQ, poor memory or hyperactive. The wishes and desires of daurhrudini if not honoured and gratified may lead to autism like disorders. In Ayurveda Dhee dhairya atmadi vijnam manoaoushodham param. So, for that the

main treatment is proper counselling and use specific medhya rasayanas advocated.

Treatment

Medhya Rasayana or Brain Tonics are specifically grouped into 4 nootropic herbs, namely Mandukaparni (*Centella asiatica*), Yastimadhu (*Glycyrrhiza glabra*), Guduchi (*Tinospora cordifolia*), and Shankhapushpi (*Convolvulus pleuricaulis*). When used together, they have a pacifying effect on all 3 Doshas (Vata, Pitta & Kapha). Brain tonics reduce anxiety and stress, increase immunity, and mental ability. They prove useful in addressing the physical and mental ailments in autistic patients.

Out of three streams of treatment protocol described in Ayurveda (Daiva vyaprashya, Yukti vyaprashya and Satvavajay chikitsa), Satvavajay chikitsa is most advocated for the autistic disorder. Satvavajay includes cognitive, behavioural and spiritual knowledge and training methods to develop and maintain the mental faculties. The *Satvavajaya* aspects of Autism management include psychotherapy, social therapy, behaviour therapy, educational therapy, play therapy etc which improve the social and cognitive skills of the child. Many methods used in the achievement of *Satvavachaya* in Autistic children includes *Danam* (rewards, reinforcement.), *Harshana* (delighting), *Santwanam* (pacification), *Vismayam* (magic).

The treatment can be further divided into 4 parts i.e. *Dosha* pacifying therapy (*Samsamana*), Bio-cleansing therapy (*Samsodhana* or *Panchakarma*), Avoidance of causative factors (*Nidana Parivarjana*), Favourable diet and regimens (*Pathya Ahara vihara*).

Therapies such as *Shirodhara*, *Siropichu* (Head application of oil), *Sirolepam* (Head application of Medicated paste), *Takrasirodhara* (Pouring medicated butter milk over forehead) *Patra potliswedam* (Sudation with warm medicated sacks) are found beneficial in such cases.

Author also found some herbomineral medicines like *Unmada gajankush rasa*, *Krishra chaturmukh rasa* and *Rajat bhasma* beneficial for restoration of cognitive function.

Conclusion

Ayurveda has described many disorders similar to autistic like disorders, after understanding these disorders from Ayurveda, aspect of *Manoroga/Unmada* seems to be the most appropriate. The condition requires a long-term care and multi-dimensional approach. Ayurveda can open up a meadow in the management of autism and similar condition.

References

1. Charak samhita by Kashinath Shastri, Chaukhamba Bharati Prakashan, 2009
2. Sushruta Samhita by Ambika Datta Shastri, Chaukhamba Bharati Prakashan, 2009.
3. Green VA, Pituch KA, Itchon J, Choi A, O Reilly M, *et al*. Internet survey of treatments used by parents of children with autism. *Res Dev Disabil*. 2006; 27:70-84.
4. Murray D, Lesser M, Lawson W. Attention, monotropism and the diagnostic criteria for autism. *Autism*. 2005; 9:139-156.
5. Belmonte MK, Allen G, Beckel-Mitchener A, Boulanger LM, Carper RA, *et al*. Autism and abnormal development of brain connectivity. *J Neurosci*. 2008; 24: 9228-9231.
6. Leuzzi RA, Scoles KS. Preconception counselling for the primary care physician. *Medical Clinics*. 1996; 80:337-374.
7. www.nihm.nih.gov/health/topics/autism-spectrum-disorder-asd/index.shtml