



Case Study

AYURVEDIC MANAGEMENT OF COMORBID STATE OF AUTISM WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER W.S.R UNMADA

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ABSTRACT

Unmada a term used in Ayurveda, refers to a condition characterized by mental instability, restlessness and abnormal behaviors. It similar to modern day autism spectrum disorder (ASD) and attention deficit hyperactive disorder (ADHD). ASD and ADHD are neuro developmental and neuropsychiatric disorder. These disorders have shared genetic heritability and are both associated with shared impairment in social functioning and executive functioning. However, in the phenotypic presentation of the impairment which characterized ASD and ADHD. The fundamental principles of Ayurvedic management are to restore the balance of the *Doshas*. In the case of *Unmada*, particularly when comorbid with autism and ADHD, the focus on pacifying the aggravated *Vata dosha*. This can be achieved through a combination of dietary modification, lifestyle changed, *Balpanchkarma* and *Marma* therapies and *Medhya Dravya*. **Aim and Objective:** A case study of Ayurvedic management of comorbid state of Autism and Attention Deficit Hyperactivity Disorder w.s.r *Unmaad*. **Material and Method:** A 5-year-old female patient was come to the OPD of Kaumarbhritya Department, Rishikul Campus, UAU, Haridwar. With complain of difficulty in speaking as per development age, poor eye contact, hyperactive in nature with addiction of mobile in the last three year. This condition can be understood as *Unmada*. Treatment including with some *Balpanchkarma* and *Marma* therapies, and Ayurvedic formulations for 2-3 months. **Result:** There significant improvement in the condition of the patient. Ayurvedic intervention in this case reveals the true potential and efficacy of our Ayurvedic science.

INTRODUCTION


In Ayurveda, *Unmada* is classified under the group of mental disorders known as “*Manasa Roga*”.[1] It is primarily associated with the vitiation of the *Vata dosha*, which governs movement, cognition, and nervous system function[2]. The excessive accumulation or aggravation of *Vata* leads to an imbalance in mental and behavioral patterns, closely resembling the symptoms seen in ASD and ADHD. These disorders is the most common neurobehavioral disorder of children. It is the most commonly diagnosed psychiatric disorder in children, it is

diagnosed 2 to 4 times more frequently in boys than in girls.

ADHD affecting about 3 to 5% of children globally and diagnosed in about 2 to 16% of school aged children. It is a chronic disorder with 30 to 50% of those individuals diagnosed in childhood continuing to have symptoms into adulthood. ADHD is characterized by difficulty in paying inattention, difficulty in controlling behavior (impulsivity), hyperactivity [3].

ASD prevalence in the USA approximately 1 in 88; in south Korea it is as high as 1 in 38 children. The prevalence rate of autism in India is 1 in 250, currently India appears to be having 10 million people with autism. ASD is characterized by impaired social interaction, communication and imagination [4].

Vibhramsha (impairment) of *Manas* (mind), *Buddhi* (intellect), *Smriti* (memory), *Bhakti* (desires),

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Sanghya (sensory perception), *Sheela* (manners and behaviors), *Chesta* (activities), *Achara* (learned skills) to manifest with hyperactivity, the deficit in social interaction, communication, intellect, behaviour and abnormal mannerisms, etc as *Unmada*^[5].

Ayurveda recognizes the unique constitution of each individual, known as *Prakriti*. A personalized approach is essential in determining the appropriate treatment plan.

Case History

A 5-year-old female patient with her mother was brought to the Out Patient Department of Kaumarbhritya, Rishikul Campus Haridwar, with complaints of

- Difficulty in speaking as per development age.
- Poor eye contact for three years.
- Hyperactive in nature for three years.
- Unaware of the situation of danger (like- jump from height, running fast, vehicles in road, fire etc.)

He was Hindu by religion and was the second child born to an upper middle class with O+ve blood group, birth weight- 3kg, not admitted in NICU and immediate cry at birth.

History of Present Illness

A female patient was a full-term baby delivered by lower segmental cesarian section (LSCS) due to obstructed labor. According to her growing age her parents noticed that she has difficulty in speaking as per development age, poor eye contact, hyperactive in nature, most of time used mobile, not play and behave like other normal child and she was doing same at home and school, Unaware of the situation of danger, that condition of her progressive with time. Then patient came with parents for better treatment and management in the Rishikul Campus, U.A.U, Haridwar on 10 May 2023. After a thorough interrogation with the patient and her parents regarding the diet, life style and habits of the child and the history of present illness and after a proper evaluation regarding the present condition of the child, was planned for treatment with internal and external medications.

Developmental History- Gross motor and fine motor was attained as per development age, but delay in some social milestone and language skills were noted.

Social Milestone

- Social smile: 3rd month.
- Response to name: Attained
- Indicates his wants: Attained
- Dry by day: Attained
- Dry by night: Attained
- Dresses unassisted: Not attained

Language Skills

- Bi syllable words: attained at 1year of age
- Small sentence: attained
- Story telling: attained with unclear words and difficulty in speaking.

Immunization History: Immunization was complete up to date.

Family History: There was no relevant family history.

Personal History

Diet was non-vegetarian and child had normal appetite. Bowels and micturition were normal. Sleep was Sound. The child had a habit of making a peculiar sound repeatedly. Allergies of any kind were not reported.

Systemic Examination

- No abnormalities were detected in examinations of respiratory, cardiovascular, gastro-intestinal, urogenital systems.
- Central nervous system was affected. in the domain of higher mental functions of the child, appearance and behaviour were noted as hyperactive, inattentive child, and with poor socialization and communication. The child was conscious and she was oriented to time and place. A deficiency was noted in memory and Intelligence. Verbal and nonverbal communication was impaired noted. The cranial nerves, motor system, reflexes, sensory system and gait were normal with absence of cerebellar signs.

Treatment Protocol

Treatment Duration

Level of study- OPD and IPD level

Period of assessment- assessment was done at interval of 15 days

- Powder combination of *Yasthimadhu* powder- 500mg, *Giloy satva*- 65mg, *Brahmi vati*- 65mg, and *Shishu bharan rasa*- 35mg. This powder combination given to patient in twice a day with honey.
- *Sarswataristha* with gold- 5ml, twice a day with same amount of water.
- *Kalyank ghrita*- 5ml once a day, empty stomach.
- Syrup Brento forte- 5ml twice a day.
- *Yasthimadhu ghrita*- 2 drops in each nostril once a day.

Panchkarma Therapy

- *Shiropichu* with *Brahmi* oil for 7 days at an interval of 15 days.
- *Matra Basti* with *Brahmi* oil for 7 days at an interval of 15 days.

Marma Therapy

Kshipra, Kurchkshipra, Talhridya, Urvi, Ani, Indrabasti Marma, and Adhipati Marma, pressure apply on these *Marma* for 0.8 Sec and each *Marma* stimulation 12 times in trice a day.

Advice: Avoid fast food and packed food, stop use of mobile.

OBSERVATION

The improvement in the condition of the patient was observed after using the treatment protocol which has mention above:

Features	Day-1	Day-15	Day-30	Day-45
Difficulty in speaking	+++++++	+++++	++++	+++
Poor eye contact	+++++	+++	++	+
Hyperactivity	+++++++	+++++++	+++++	+++
Inattention	+++++++	+++	++	+
Addiction of mobile	+++++++	+++	++	+

DISCUSSION

Unmada can be managed in children by Ayurveda. If treatment can be initiated in early stages, we can observe satisfactory results. In this case patient having the symptoms of *Unmada* which is correlated with autism spectrum disorder comorbid ADHD, and improvement was observed with gradually subside the symptoms of the patient.

The powder combination of *Yasthimadhu powder, Giloy satv, Brahmi vati, and Shishu bharana rasa*, all these drugs are boosting the mental power and helps to rejuvenation process. *Shishu bharana rasa* have the ingredients *Kumarkalyan ras, Sitopladi churan, Sanshamni vati and Madhumalini vasant, Kumar kalyan rasa* helps in the proper physical and mental development of child. *Madhumalini vasant* improves *Bala* and *Pushti* of *Balaka* by enhancing *Manas pusthi* and *Jatharagni vardhan karya*.

The gold in *Saraswatarishtham* helps in effectively delivering the therapeutic qualities of the drugs to the brain cell. It strengthens nerves and the central nervous system. *Saraswatarishtham* is an Ayurvedic nerve tonic containing herbal remedies.

With the goodness of *Brahmi (Bacopa monnieri), Satavari (Asparagus racemosus), Ashwagandha* and other Ayurvedic herbs. It improves the intellect, memory, attention and focus; helpful in supportive treatment for dementia and psychomotor retardation, and speech defect like slurring and stammering. *Kalyanak ghrita* is a *Medhya rasayan* which possess multi-dimensional mode of action ranging from its utility in *Unmada chikitsa*. Syrup brento forte it enhances memory and learning capacity. Brento improves motor performances and exhibits neuroprotective, anxiolytic and anti-depressant action.

Panchkarma therapy- *Nasya* with *Yasthimadhu ghrita, Shiropichu* with *Brahmi* oil, and *Matra Basti* with *Brahmi. Murdhni taila* and *Matra basti* have a tremendous effect on controlling *Vayu*. *Vayu* is the driving force of all the activities of the body and mind [6].

Marma therapy: Help sustain the flow of energy throughout your body. Stimulation of these points is said to affect everything from the health of your organs to the production of hormones and more.



CONCLUSION

Present review article shows the important role of Ayurvedic management in *Manas roga (Unmada)*. The line of treatment is decided on base of patient symptoms. In general ASD & ADHD is to be treated with therapies which work at the physical, psychological and spiritual aspects. Therefore, the

basic treatment principle in Ayurveda, consisting of *Yukti vyapasraya chikitsa* (rational medical management), *Satwavajaya* (mind or self-control techniques) and *Daivavyapasraya chikitsa* (confidence building treatment) are adopted in the management of *Mansika vikara*. In Ayurveda it may correlated to

Unmada disease which is *Vatika vikara*. So, line of treatment according to *Vatika* disorders such as neuro-protective medication along with *Panchkarma* therapies have definitely shows outcome on the disease and thus pave way to further researches in employing Ayurvedic method towards the management of comorbid state of autism with ADHD. Understanding the comorbid state of autism with ADHD is crucial for providing appropriate support to individuals who face unique challenges stemming from the interaction of these two conditions. By recognizing the overlapping challenges and implementing tailored strategies, individuals with the comorbid state of autism and ADHD can be empowered to reach their full potential and lead fulfilling lives.

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