



Case Study

AYURVEDIC MANAGEMENT OF AUTISM SPECTRUM DISORDER

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ABSTRACT

Neurodevelopmental disorders (NDDs) are a group of heterogeneous conditions arising from impairments in brain development characterized deficits in cognition, language, motor function, behavior, and social communication. Among these, autism spectrum disorder (ASD) is associated with developmental deficits in social communication with repetitive, rigid, stereotypic patterns of behaviours. Though conventional management primarily focuses on behavioural and symptomatic interventions, its limited impact on addressing core symptoms and long-term functional outcomes, there is always a need of complementary approaches. A 7.5-year-old male child was brought by his parents, with complaints of repetitive hand movements, poor social interaction, poor concentration, poor eye contact, repetitive speech with reduced clarity, inadequate weight gain, hyperactivity prefers to play alone, and recurrent respiratory tract infections. Based on Ayurvedic assessment the condition was diagnosed with *Vatapithothara Saniipathika Unmadam*. The child underwent 21 days of in-patient treatment and 45 days of follow-up medications. Post follow-up assessment shows reduction in autism severity, along with improvements in social interaction, communication, hyperactivity, sleep, and overall well-being. This case report highlights the importance of the Ayurvedic interventions in managing ASD, with reduction of its severity and significant improvements in both the child's and parent's quality of life.

INTRODUCTION

Neurodevelopmental disorders (NDDs) are a group of heterogeneous conditions arising from impairments in brain development characterized deficits in cognition, language, motor function, behavior, and social communication.^[1,2] It includes disorders such as autism spectrum disorder (ASD), hyperactivity disorder (ADHD), sensory processing disorders, Intellectual disability (ID) and related conditions.^[2] These disorders contribute a major cause of lifelong disability and a considerable burden on affected individuals, their families, educational system and health care services.^[1] Autism spectrum disorder (ASD) is a group of heterogeneous genetic

neurobehavioral disorders associated with developmental deficits in social communication with repetitive, rigid, stereotypic patterns of behaviors.^[3,4] The etiology of ASD is completely unclear, but it involves a complex interplay between genetic susceptibility, environmental influences and epigenetic mechanisms.^[3] Recent research studies states that children with ASD exhibit distinct gut microbiota profiles and metabolic signatures relative to neurotypical peers. These alterations are associated with increased intestinal permeability (leaky gut), immune dysregulation, and abnormal production of microbial metabolites that can affect central nervous system function. As a result, the gut microbiome has now emerged as an important factor in ASD etiology and symptom severity, and as a novel target for therapeutic interventions.^[5] ASD is diagnosed according to DSM-5 criteria^[6] and symptom severity is assessed using ISSA scale^[7]. In India, now 1 in 65 children are affected by ASD between age group of 2-9. In South Asian Countries (India, Bangladesh, Sri Lanka)

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according to recent systematic analysis the prevalence rate aged 0-17 is ranges from 0.09- 1.07 %.^[8] Though modern management focuses on behavioural and symptomatic interventions, its limited impact on addressing core symptoms and long-term functional outcomes, there is always a need of complementary approaches. Integrating Ayurveda modalities that addresses gut microbiota, sensory regulation and individualized care can provide a better quality of life to the patient.

In Ayurveda, autism spectrum disorders does not have a direct correlation, but from its clinical manifestations it can be correlated with different types of *Unmada*, which arises due to *Manovahasrotodushti* (vitiation or obstructions of the channels of the mind) from various etiological factors. The *Poorvaroopa* (prodromal symptoms) and *Roopa* (clinical features) of *Unmada* includes *Abadhavaka* (unclear or incoherent speech), *Mandamarochaka* (poor appetite or loss of interest in food), and disturbances in emotional and cognitive faculties.^[9] This case report highlights the clinical outcomes and improvements observed in a child diagnosed with ASD with 21 days of inpatient Ayurvedic treatment and 45 days of follow-up medications managed based on the Ayurvedic principles.

Patient Information

A 7.5-year-old male child was brought by his parents, with complaints of repetitive hand movements, poor social interaction, poor concentration, poor eye contact, repetitive speech with reduced clarity, inadequate weight gain, hyperactivity, prefers to play alone, and recurrent respiratory tract infections.

Antenatal history: The child was born out of non-consanguineous parents. The mother was 30 years old and the father was 34 years old at the time of conception. Mother had a history of hypothyroidism during pregnancy and her nutritional status was found to be normal. She had some family related stress during the antenatal period and there was no history of other maternal illness or antenatal complications.

Natal history: Child was born full-term normal vaginal delivery (forceps assisted) at the hospital. The baby cried immediately after birth, with no history of fetal distress, and the birth weight was 2.75kg. There was no history of neonatal complications such as seizures, pathological jaundice, hypoglycemia, meningitis, etc. There was no relevant family history of similar developmental or neurological conditions.

Personal history: Child has constipated bowel with poor digestion and sleep pattern was reported to be normal. His immunization history was complete and appropriate for age.

Clinical findings

On general examination, the appearance of patient seemed to be irritated along with repetitive behaviours and unclear speech patterns, hyperactivity, impaired social communication, reduced eye contact, poor cognition, only concentrate in his interested areas and not fixing his gaze on a particular item or person. Inattentiveness and lack of concentration were evident during the assessment. Developmental history revealed that milestones were normal until 2 years of age, and later onwards became slow and regressive in nature. Fine motors skills, social interaction, communication, language and speech development were delayed. The speech was unclear, repetitive, very fast and on further evaluation, it is found that the patient has a tongue tie. The neuromuscular examination was abnormal, higher mental functions were impaired. Cardiovascular, respiratory, and abdominal examination were normal. Physical growth parameters for the age were below expected range. On evaluation BMI was found to be 11.8kg/m² (-15%, underweight, weight- 17.6kg, height- 122cm). Head circumference was 49cm, chest circumference was 62cm, and mid-upper arm circumference was 16cm. vital signs were within normal limits; pulse rate 92/min, respiratory rate 24/min, Blood Pressure 110/76mmHg, oxygen saturation 98%, and temperature 98.4°F. The appetite was good but had poor digestion and undigested food particles present in stools. The sleep pattern was normal. The immune system was weak and prone to respiratory tract infections often. On performing *Ashtasthana Pariksha* (eight folds examinations of the patients), it was observed that the patient's *Nadi* (pulse) was *Vata-Kaphaja*, *Mala* (bowel) was *Vibandha* (constipated), *Mutra* (urine) was *Peeta* (yellowish) and pale in color, *Jihwa* (tongue) was *Saama* (coated), *Shabda* (voice) was *Aspashta* (unclear), *Sparsha* (touch/skin) was *Ruksha* (dry), *Drika* (eye) was *Samanya* (normal), and *Akruti* (body built) was *Krishha* (lean).

Timeline

According to the parents, the child was apparently healthy and developmentally normal till 2 years of age. After that, parents gradually started noticing delays in developmental milestones, particularly in communication and speech. His speech was repetitive, unclear along with a slight hyperactive behavior. He had a history of umbilical hernia noted at the age of 1 month, which was subsided spontaneously by 1 year without any intervention. They consulted an ENT specialist for impaired speech and as there was a family history of delayed speech, no specific medication or therapies was advised. A noticeable change in child's behavior was observed around 2 years of age when his mother went to her native place

leaving him with father. During this period, his father noticed that he was not bothered of being without mother, did not show expected responses or distress and when she returned also, he was not responsive towards her presence. The parents gradually noticed the progression of other complaints like poor social communication, repetitive behavior, impaired social interaction, reduced responsiveness, poor cognition etc. The child was then reportedly diagnosed with autism spectrum disorder by an allopathic doctor, but no medical records or diagnostic assessment was available. Only a stool examination report was available which was later performed by an allopathic doctor. It revealed the presence of lactobacillus, e-coli, bifidobacterium, streptococcus, citrobacter, klebsiella and bacillus species.

Diagnostic Assessment

The parents came with the diagnosis of autism, but documentation for verification was not available. The diagnosis was confirmed using the Indian Scale for Assessment of Autism (ISAA) test manual. ISAA comprises 40 items across six domains; social relationships and reciprocity, emotional responsiveness, speech-language and communication, behavior patterns, sensory aspects, and cognitive components, which helps accurately assess the severity levels. [7] (Table-3) Another assessment scale, the Autism Parenting Stress Index (APSI) was also used to assess the stress level of the parent. [10] (Table-4)

In Ayurveda the diagnosis is made based on the clinical findings of the child with the types of *Unmada*. In this case, the patient's symptoms showed a predominance of *Vata paitika Unmada*, with associated features of *Kaphaja Unmada*. The child exhibited several characteristic features of *Vatika Unmada*, including hyperactivity (*Parisaraṇam*

ajasram), repetitive movements (*Akasmad anga vikṣepaṇam*), repetitive and unclear speech (*Satatam aniyataṁ giram utsargaḥ*), inability to remain seated with inappropriate motor activities (*Nṛtya-gita-vaditram asthane*), reduced digestive capacity and underweight (*Karsyam*), and poor eye contact (*Utpiṇḍitaruṇakṣata*). In addition, the child also had features suggestive of *Paittika Unmada*, such as excessive excitement towards objects and situations (*Samrambhah*), and repetitive excessive movements (*Atidravaṇam*). Features indicative of *Kaphaja Unmada* were also observed, including and inadequate speech (*Alpa vakyata*), preference for solitary play with poor social interaction (*Rahaḥ priti*). The main *Srotas* involved is *Manovaha Srotas*, with functional impairment of *Manas*, *Buddhi*, *Smṛti*, *Samjñā*, and *Cetṣā*, resulting in abnormalities of behaviour, communication, cognition, and social interaction. Based on these findings, the case was diagnosed as *Vatapithothara Sannipathika Unmada*. [11]

Therapeutic interventions

After analysing the *Doshas* involved in the pathogenesis the complete treatment was planned for 21 days of inpatient care followed by 45 days of follow-up medications. In the first 7 days a *Deepana*, *Pachana*, *Krimihara* medicines were administered internally to pacify the aggravated *Shareerika dosha* and to address the vitiated *Rasa dhatu*. Followed that, medicines to address the *Manasika doshas* and *Ropavipareeta* (antagonistic) to *Unmada* thereby aims to restore the *Dhi*, *Dhṛiti* and *Smṛithi* added. External therapies initiated with *Rookshana* procedures to later progressed to nourishing treatments for both *Shareera* and *Mana*. Table 1 and 2 elaborates the complete list of internal medications and external treatments administered in the patient for 21 days.

Table 1: Internal Medications

S.No	Formulation	Dose	Duration
1.	<i>Ashta choornam</i>	2.5g twice daily before food with hot water	First 7 days
2.	<i>Krimighna Vati</i>	1 tablet twice daily after food	First 7 days
3.	<i>Vilwadi Gulika</i>	1 tablet early morning	First 7 days
4.	<i>Avipathy choornam</i>	1.25g (1/4 tsp) twice daily after food	21 days
5.	<i>Drakshadi kashayam</i>	15ml prepared <i>Kashayam</i> twice daily before food	21 days
6.	<i>Gopichandanadi Gulika</i>	1 tablet twice daily after food	Next 14 days
7.	<i>Vachayashtyawahwadi choornam</i> + <i>Saraswatha ghritham</i> + honey	7.5g <i>Choornam</i> + 5ml <i>Ghritham</i> + 5ml honey- 3-4 times after 1 hour of each meal	Next 14 days

Table 2: External Treatments

S.No	Procedure	Medicines	Duration
1.	<i>Utsadanam</i> in mild pressure	<i>Kolakulathadi choornam + Dhanyamalam</i>	3 days
2.	<i>Abhyangam</i>	<i>Ksheerabala thailam + Lakshadi kera thailam (1:1)</i>	5 days
3.	<i>Shiropichu</i> - along with <i>Abhyangam</i> upto PPS	<i>Dhanwantharam thailam + Ksheerabala thailam (1:1)</i>	8 days
4.	<i>Patrapotala Swedam</i> (PPS)	Body oil - <i>Ksheerabala thailam + Lakshadi kera thailam (1:1)</i>	3 days
5.	<i>Sirodhara</i>	<i>Dhanwantharam thailam + Ksheerabala thailam (1:1)</i>	9 days
6.	<i>Saksheera Shashtika pinda Swedam</i>	With <i>Bala moolam</i> Body oil - <i>Ksheerabala thailam + Lakshadi kera thailam (1:1)</i>	9 days

After the completion of 21 days inpatient treatment noticeable improvements were observed in the behaviour of patient. The changes were assessed with the ISSA test manual and APSI scale for evaluating parental stress which is given in Table 3 and 4. The follow-up medications were,

1. Body oil- *Lakshadi kera thailam + Ksheerabala thailam (1:1)* for external application
2. *Siropichu* with *Dhanwantharam thaila + Ksheerabala thailam (1:1)*- 45 minutes daily.
3. *Vachayashthyahwadi choornam (7.5g) + Saraswatha ghritham (5ml) + honey (5 ml)* - 3-4 times daily, one hour after each meal.
4. *Swarna bhasma (25mg)* once daily along with *Saraswatha ghritham*.

This follow-up medications were continued to maintain the therapeutic benefits and support further

improvement in the patient's behavioural and functional outcomes.

Follow-up and Outcomes

The ISSA Scale was 127 before the treatment categorising the patient under moderate autism severity (Table 3), was reduced to 123 after the treatment and 113 after the follow-up indicating an overall 11% improvement in autism severity. A significant reduction in parental stress was also observed especially after follow-up, from 27 before the treatment to 21 after the treatment and 13 after the follow-up, indicating 51% reduction in parental stress. Other clinical improvements noted were, the poor digestion issue were completely resolved after follow-up, improvements in sensory aspects, eye contact and communication abilities. No adverse drug reactions were noted during the treatment and follow-up period.

Table 3: Indian Scale for Assessment of Autism Test Manual

Domain	No of questions	BT	AT	After follow-up
Social relationship and reciprocity	9	34	33	32
Emotional responsiveness	5	19	19	17
Speech-language and communication	9	24	24	23
Behavior patterns	7	28	26	24
Sensory aspects	6	12	11	8
Cognitive component	4	10	10	9
Total score	40	127	123	113

AT- After treatment, BT- Before Treatment

Table 4: Autism Parenting Stress Index

S.No	Checklist	BT	AT	After follow-up
1.	Your child's social development	3	2	2
2.	Your child's ability to communicate	3	3	2
3.	Tantrums /meltdowns	2	2	1
4.	Aggressive behavior (siblings and peers)	2	2	1
5.	Self-injurious behavior	1	1	0
6.	Difficulty making transitions from on activity to another	3	2	2

7.	Sleep problems	0	0	0
8.	Your child's diet	2	1	0
9.	Bowel problems (diarrhea and constipation)	3	2	0
10.	Potty training	2	1	0
11.	Not feeling close to your child	0	0	0
12.	Concern for the future of your child being accepted by others	3	3	3
13.	Concern for the future of your child living independently	3	2	2
	Subtotal	27	21	13

AT- After treatment, BT- Before Treatment

DISCUSSION

Autism is a neurodevelopmental disorder characterized by impairment in social communication along with presence of restricted, repetitive pattern of behavior, interest, and activities.^[12] In Ayurveda there is no direct correlation for ASD, but from the clinical features it can be categorized under *Unmada*. In this particular case the clinical features are consistent with *Vata pittothara sannipathika unmada*. *Unmada* is an excited state of the mind caused by the vitiated *Sarira* and *Manodoshas*, which in turn affect the *Manovaha srothas* (channels of mind). The very definition of *Unmada* explains the inappropriate actions exhibited as a result of distortion of mind, intellect, consciousness, desire, manners, activities and conduct.^[13] The treatment protocol was planned based on the *Prakrithi*, *Dosha* dominance, *Desha* and *Rogi bala*. The basic line of treatment focussed on *Deepana*, *Pachana*, *Krimighna*, *Vishaghna*, *Srotosodhana* and later *Balya* and *Rasayana chikitsa*. Along with Ayurvedic intervention, rehabilitation therapies like speech therapy, occupational therapy were also incorporated to optimize functional improvement and enhance the patient's quality of life.

In the initial phase main focus of treatment was correcting *Agni* through *Deepana-Pachana* intervention and addressing the gut dysbiosis by *Krimighna* medications. Impaired *Agni* (digestive fire) can be correlated with gastrointestinal dysfunction and altered gut microbiota is frequently observed in children with ASD. Restoration of *Agni* also helps to attain *Manovahasrotho sudhi* and thereby facilitating the optimal functions of the mind and brain.^[6] *Ashta churna* was administered initially, to enhance the metabolism, improves the intestinal absorption and restore gastrointestinal homeostasis. Emerging evidence suggests that the gut microbiota contribute to neurodevelopment by modulating the immune system and producing bioactive metabolites that influence neuronal proliferation, blood- brain barrier formation,

and myelination.^[14] Gut health in an autistic child plays a major role in the modification of behavioural abnormalities. *Krimighna Vati*, composed predominantly of drugs with *Katu* and *Tikta Rasa*, *Ushna Veerya*, and *Katu Vipaka*, is clinically found effective in addressing intestinal parasites. By reducing intestinal dysbiosis and supporting gut microbial homeostasis, it may positively influence the gut-brain axis, which is increasingly implicated in the pathophysiology of autism spectrum disorder. *Vilwadi gulika* which is mentioned in the context of *Visha* and is indicated in various gastrointestinal conditions. Studies have demonstrated the potential of *Vilwadi Gulika* in promoting a healthy gut microbiome^[15]. Before treatment, the stool examination shows the presence of multiple bacterial species indicating his gut dysbiosis. Following administration of these medications gradual restoration of gastrointestinal function was observed. This was clinically evident by improved appetite, absence of undigested food materials in stools, and gradual weight gain during the course of the treatment.

Avipathy churna was administered for 21 days to reduce the symptoms like hyperactivity and it also helps to improve metabolism and constipation. By promoting efficient digestion and regulating *Pitta*, it may have contributed to improved gastrointestinal function and behavioural regulation. *Drakshadi Kashaya*, described in the *Jwara Chikitsa* in *Ashtanga Hridaya*, was selected due to its *Vata-Pitta Shamana* properties, which may have contributed in regulating hyperactive behaviour and promoting neurophysiological stability. The drugs in the *Gopichandanadi gulika* is mainly dominant of *Tiktha rasa*, *Katu rasa*, *Kashaya rasa* and *Ushna veerya*. It has mild *Srotosodhana* property and helps to reduce the recurrence of respiratory infections there by supporting immune function and improving the child's overall health status during the treatment period.

Vachayashtyawahadi Churnam was administered along with *Saraswata Ghrita* and honey to improve speech and social interaction. This combination acts by supporting the normal functioning of *Prana* and *Udana Vayu*, thereby promoting *Buddhi* (intellect) and *Vak Pravritti* (speech). *Vachayashtyawahadi Churnam* is traditionally used to promote *Vak Shuddhi* (clarity of speech). It contains *Vacha*, *Yashtimadhu*, *Pathya*, *Saindhava*, *Shunti*, *Dipyaka*, *Kushta*, *Pippali*, and *Jeeraka*, which are found very effective to improve cognitive function and speech development. *Vacha* has been used as a memory booster and speech enhancer in various forms since ancient times. It also possesses anti-cholinesterase and neuroprotective activity.^[16]

Saraswata Ghrita is a polyherbal formulation mentioned in *Ashtangahridaya* is traditionally indicated for enhancing cognitive function, neuroprotection, and supporting psychological well-being.^[17] It contains a high proportion of *Brahmi* (*Bacopa monnieri*), a well-established nootropic herb that has demonstrated neuroprotective and memory enhancing properties in various experimental and clinical studies^[18,19,20]. In Ayurveda, *Ghrita* is administered either alone or in combination with various herbs for the management of different conditions, owing to its *Smrutivardhaka* (memory enhancing), *Medhavardhaka* (intellect promoting), *Vayasthapana*, and *Ayushya* (longevity promoting) properties.^[21] The lipid base ensure transportation of active ingredients across the blood brain barrier and the antioxidant property helps to act on the degenerative brain cells. The formulation also contains *Aja dugdha* (goat milk) which is rich in omega-3 fatty acids, eicosapentaenoic acid and docosahexaenoic acid, selenium, taurine, and sialyloligosaccharides which are associated with neuronal function, neuroprotection, and brain development. In current case, this formulation helped to improve the speech, social interaction and cognitive responsiveness. In the follow-up medications *Swarna bhasma* is added owing to its neurocognitive, immunomodulatory, and rejuvenative properties. It has antioxidant, neuroprotective, and immunomodulatory activities that may be relevant to the pathophysiology of autism spectrum disorder, particularly in mitigating oxidative stress and neuroinflammation thereby improvements in behavioural and cognitive outcomes.^[22]

The external treatment started with *Utsadanam* using *Kolakulathadi choornam* and *Dhanyamla* for 3 days with the purpose of mild *Rookshana* before starting *Bahya snehana*. Since not that much *Rookshana* was not needed, the procedure was performed with gentle pressure for improving the circulation, relaxing tight muscles and soothing

sensory processing tissues. The *Kolakulathadi choornam* and *Dhanyamla* with their *Vatahara* properties may facilitate neuromuscular relaxation, and may support rhythmic tactile stimulation of the child. *Abhyanga* is a kind of touch-based therapy that provides controlled tactile stimulation and functional magnetic resonance imaging shows it modulates brain regions associated with arousal and consciousness, including the insula, anterior cingulate etc., as well as areas involved in stress and emotion regulation like the amygdala, anterior cingulate cortex etc. thereby can provide improvements in autistic children.^[23] *Ksheerabala thailam* was used as the body oil and oil in *Siropichu* and *Sirodhara*, which have pacifying effects on *Vata dosha*. The continuous administration of this *Thaila* has been reported to stabilize neuronal activity by reducing abrupt electric discharges and improves the physical and mental condition of the patient. It has profound soothing and relaxing effect on mind. *Moordha Taila* with *Ksheerabala Taila* when applied on the head, promotes clarity of the sense organs, imparts strength to the voice, lower jaw and head.^[24] *Lakshadi kera thailam* with its *Vatahara*, *Brimhana*, *Balya* properties strengthen the muscles, improve the joint mobility, and helps in relaxing the mind.

Due to the *Teekshana*, *Vyavayi*, *Sukshma* property of *Thaila*, while doing *Siropichu*, it helps in mitigating the *Manovahasrotodushti* (balances *Raja* and *Tama*) by normalizing *Tarpaka Kapha*, *Sadhaka pitta* and *Prana vayu*.^[25] In ASD *Siropichu* is particularly effective as it enhances concentration, promote sensory regulation, reduces behavioural disturbances, especially in *Vata* dominant cases.^[26] *Sirodhara* has been studied for its effectiveness in reducing anxiety, improve mood stability, enhance emotional regulation, by acting on parasympathetic dominance. Also, it facilitates sensory integration through uniform and repetitive sensory stimulation, thereby addressing sensory processing difficulties common in ASD, and clinical observations indicate that when combined with Ayurvedic interventions it may also improve cognitive and communication deficits such as poor concentration, weak memory, and delayed speech.^[27] *Dhanwantharam thailam* in the *Moordhini thailam* offers a synergistic effect here to manage *Vata* disorders and psychosomatic imbalances, promoting autonomic balance and calming higher neurological functions.^[9] *Patrapotala swedam* administered for improving the circulation and enhancing the functional mobility. As a nourishing treatment *Saksheera Shashika pinda swedam* was administered for a period of 9 days as *Brimhana*, *Balya*, *Vatahara*, *Jeevaneeya* due to the properties of *Shashtika* rice, milk, *Balamoolam* and it nourishes the deeper tissues through *Romakupa*, *Bhrajaka agni* and

Tiryak dhamani.^[28] It also acts in muscle relaxation in children, reduction of sympathetic hyperactivity, provides improvement in proprioceptive and tactile sensory integration, and improvement in parent child interaction by the overall calming effects.^[29]

Thus, by integrating all the interventions noticeable changes were observed in the overall wellbeing of the child. This case report highlights the importance of the Ayurvedic interventions in managing autism spectrum disorder, with reduction of its severity and significant improvements in both the child's and parent's quality of life.

CONCLUSION

Autism Spectrum Disorder (ASD) is a heterogenous neurobehavioral disorder associated with abnormal or impaired developmental deficits in social communication with repetitive, rigid, stereotypic patterns of behaviours. The present case report has shown a good clinical improvement in the child with ASD. In the conventional management there is no standard treatment for ASD, the current interventions primarily focus on improving behavioural and symptomatic improvements. Therefore, there is a growing need for an alternative treatment approach which can provide improvements in multiple domains of the disorder. Integrating Ayurvedic principles of *Unmadam* with other contemporary therapies can definitely provide a much better result for the overall wellbeing of both the child and caregivers.

Patient perspective

The patient's parents observed gradual improvements in communication, eye contact, sensory responsiveness, and digestive health following the treatment, with further progress during the follow-up period. They also reported that the child appeared calmer and more responsive in daily interactions. The reduction in autism severity and the marked decrease in parental stress positively influenced the family's overall quality of life.

Declaration of patient consent

The authors certify that they have obtained informed consent from the patient's parents for publishing the case and other clinical information. The patient's identity has been kept confidential, and the family has assured for the same.

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