***Review Article***

**Decoding Autism Through Ayurveda: A Holistic Exploration of Pathophysiology and Therapeutics**

**ABSTRACT**

Autism Spectrum Disorder (ASD) encompasses a range of complex neurodevelopmental conditions characterised by repetitive behaviours and significant challenges in social communication and interaction. ASD is a heterogeneous group of neurodevelopmental conditions characterised by persistent deficits in social communication and interaction across multiple contexts, along with restricted, repetitive patterns of behaviour, interests, or activities. The prevalence of ASD has been steadily rising worldwide, posing a significant burden on individuals, families, and healthcare systems. While notable advancements have been made in conventional therapies, there remains a critical need for comprehensive, individualised treatment approaches. This review explores the potential role of Ayurveda as a complementary or stand-alone therapy in mild cases or adjunctively in stable conditions in managing the multifaceted manifestations of ASD.

By correlating contemporary understanding of ASD with Ayurvedic principles—particularly imbalances in the *Dosha* (*Vata*, *Pitta*, and *Kapha*), along with the concepts of *Agni* (digestive fire) and *Ojas* (vital essence)—this paper examines how traditional Ayurvedic wisdom may offer valuable insights. Key Ayurvedic interventions such as *Dinacharya* (daily regimen), *Ritucharya* (seasonal regimen), *Panchakarma* (five-fold detoxification therapy), *Rasayana* (rejuvenation therapy), *Medhya Rasayana* (nootropic herbs), and dietary modifications (*Ahara*) are discussed in the context of alleviating symptoms and improving overall quality of life in individuals with ASD. By drawing parallels between biomedical and Ayurvedic models, it aims to evaluate Ayurvedic diagnostic frameworks and therapeutic strategies that may offer complementary benefits in ASD management. The qualitative synthesis aims to provide a comprehensive overview of the Ayurvedic perspective on autism spectrum disorder and to explore its potential role as a complementary or integrative therapeutic modality in ASD management.

This review emphasises the pressing need for rigorous scientific validation through well-designed clinical studies, particularly randomised controlled trials, to assess the efficacy and safety of Ayurvedic treatments for ASD. An integrative model that combines the strengths of both conventional and traditional systems of medicine may offer a more holistic and effective approach to ASD management. Ayurveda offers a holistic and individualised approach that aligns well with the complex nature of autism spectrum disorder. Collaborative research between Ayurvedic and modern medical systems is vital to establish effective, evidence-based, and truly integrative care strategies.

**Keywords:** Autism Spectrum Disorder, Ayurveda, Neurodevelopmental Disorder, *Vata*, Integrative Medicine.

**1. INTRODUCTION**

**Autism Spectrum Disorder (ASD)** is a heterogeneous group of neurodevelopmental conditions characterised by persistent deficits in social communication and interaction across multiple contexts, along with restricted, repetitive patterns of behaviour, interests, or activities [1]. ASD is a developmental issue that influences communication and social conduct. It prompts moderate advancement of specific abilities in kids. The causes of ASD are yet unknown, but are common in older parents. People who have ASD tend to avoid social interactions, eye contact, fiddle a lot, and often suffer from other mental conditions like ADHD, OCD, etc. It is known as a spectrum disorder because there is a wide range in its symptoms and severity (Goswami et al., 2021). The prevalence of ASD has been steadily rising worldwide, posing a significant burden on individuals, families, and healthcare systems [2]. Although ASD is widely believed to have a multifactorial aetiology—resulting from a complex interplay between genetic predisposition and environmental influences—the exact pathophysiology remains incompletely understood [3]. Both genetics and environmental factors early in development play a vital role in the aetiology of autism. Genetic variation in genes dramatically increases ASD risk. Features of autism may be detected in early childhood, but the diagnosis of autism is usually not made until much later. Early diagnosis requires a joint multidisciplinary assessment, and targeted behavioural interventions and pharmacological treatment can only somewhat reduce the social impairment and emotional instability-induced aggression and decrease the complications, but cannot completely cure them 1. (Wang et al., 2023; Farooq et al., 2023).

Current standard treatments primarily involve *behavioural* therapies, educational interventions, and pharmacological management aimed at alleviating associated symptoms such as anxiety, hyperactivity, and sleep disturbances [4]. While these approaches have enhanced our understanding and management of ASD, there is growing recognition among researchers and clinicians of the need for a more holistic, personalised, and integrative approach to address the core deficits and comorbidities of ASD more comprehensively [5].

According to the World Health Organisation (WHO), 170 member states have reported using traditional medicine and placed a priority request for evidence and data to inform policymakers, regulatory bodies, healthcare stakeholders, and the public about its safe, cost-effective, and fair use. The WHO recently established the Global Centre for Traditional Medicine in India, focusing on innovation and technology, sustainability and equity, evidence and learning, and data and analytics to optimise traditional medicine's contribution to global health and sustainable development (Nedungadi et al., 2023). Ayurveda, the traditional system of Indian medicine, offers a distinctive approach to health and healing, emphasising the harmonious integration of body, mind, and spirit [6]. Based on the *TriDosha* theory—*Vata* (air and space), *Pitta* (fire and water), and *Kapha* (water and earth)—Ayurveda maintains that health is achieved through the balance of these three *Dosha*, along with proper function of *Agni* (digestive and metabolic fire), *Dhatu* (body tissues), and *Mala* (waste products) [7]. Disease is understood as arising from imbalances in the *Dosha* and derangement of *Agni*, which leads to the formation of *Ama* (toxins resulting from improperly digested food) [8]. Ayurvedic treatment is inherently personalised, tailored according to an individual’s *Prakriti* (constitution) and *Vikriti* (current disease state) [9].

Although Ayurveda does not directly describe a condition equivalent to modern ASD, its extensive literature includes references to disorders involving intellectual, communicative, and behavioural impairments that may align with certain aspects of ASD. Conditions such as *Unmada* (psychosis) and *Apasmara* (epilepsy) present with behavioural and cognitive disturbances, though they are not synonymous with ASD [10]. Additionally, Ayurvedic texts discuss *Bala Roga* (pediatric disorders) and diseases affecting the *Mana* (mind) and *Buddhi* (intellect), some of which bear resemblance to features observed in ASD. Concepts like *Graha Dosha* (afflictions thought to be caused by microbial or supernatural influences) are also described in relation to developmental disturbances in children [11].

This article seeks to explore the theoretical foundations of Ayurveda in relation to the modern understanding of Autism Spectrum Disorder. By drawing parallels between biomedical and Ayurvedic models, it aims to evaluate Ayurvedic diagnostic frameworks and therapeutic strategies that may offer complementary benefits in ASD management. These include interventions such as *Ahara* (dietary regulation), *Dinacharya* and *Ritucharya* (daily and seasonal routines), *Panchakarma* (detoxification therapies), and *Medhya Rasayana* (nootropic herbs). Through an integrated review of classical texts and current evidence, this paper aims to provide a conceptual framework for considering Ayurveda as part of a holistic and individualised treatment paradigm for ASD, ultimately supporting an integrative healthcare model.

**2. METHODS**

2. Methodologies

This review article synthesises evidence from both classical Ayurvedic literature and contemporary biomedical research to evaluate the potential effectiveness of Ayurvedic interventions in the management of Autism Spectrum Disorder (ASD). An extensive literature search was conducted across multiple electronic databases, including PubMed, Scopus, and Google Scholar, along with a thorough review of traditional Ayurvedic texts and commentaries.

Search terms included: "Autism Spectrum Disorder," "ASD," "Ayurveda," "Ayurvedic treatment for autism," "integrative medicine autism," "*Vata* *Dosha* and autism," "*Agni* and neurodevelopment," "*Medhya Rasayana*," and "*Panchakarma*." The selection criteria encompassed a range of scholarly sources, including conceptual articles explaining Ayurvedic principles in the context of neurodevelopmental disorders, observational studies, case reports, and review articles highlighting Ayurvedic interventions related to cognitive, *behavioural*, and gastrointestinal manifestations of ASD.

Special emphasis was placed on literature that elucidated correlations between Ayurvedic physiological concepts and the modern understanding of ASD pathophysiology. The review specifically focused on the role of *Vata* Dosha, which governs movement, neural communication, and sensory processing—functions often impaired in ASD. Core characteristics of ASD—such as deficits in social interaction, repetitive *behaviours*, and sensory sensitivities—were analysed in light of Ayurvedic theories of *Dosha* imbalances [12].

Additionally, the review explored the role of *Agni* (digestive and metabolic fire) and the accumulation of *Ama* (toxins resulting from improper digestion), both of which are considered significant in the Ayurvedic model of disease causation and are frequently implicated in the neurological and gastrointestinal disturbances observed in ASD [13].

The therapeutic principles of Ayurveda were examined through two primary modalities:

* ***Shamana*** (pacification therapy), involving the use of herbal formulations, dietary modifications, and lifestyle interventions aimed at restoring *Dosha* balance.
* ***Shodhana*** (purification therapy), particularly the application of *Panchakarma* procedures for detoxification and systemic cleansing.

This qualitative synthesis aims to provide a comprehensive overview of the Ayurvedic perspective on autism spectrum disorder and to explore its potential role as a complementary or integrative therapeutic modality in ASD management.

**3. RESULTS**

The literature review identified several Ayurvedic principles and therapeutic approaches that can be correlated with the symptoms and underlying pathophysiology observed in autism spectrum disorder (ASD). While classical Ayurvedic texts do not explicitly describe a condition analogous to "autism," a conceptual framework can be constructed by examining the dynamic interplay between *Dosha* (*Vata*, *Pitta*, and *Kapha*), *Agni* (digestive/metabolic fire), and *Dhatu* (tissues) in the context of neurodevelopmental functioning and *Manasika Vikara* (mental disorders). This theoretical alignment allows for an Ayurvedic interpretation of ASD’s core manifestations, offering a foundation for integrative strategies in its management.

**3.1. Ayurvedic Understanding of ASD Pathophysiology**

From an Ayurvedic perspective, autism spectrum disorder (ASD) can be conceptualised as a multifaceted condition primarily involving an imbalance of *Vata* Dosha, the biological force governing movement, communication, and neurological function. Notably, disturbances in specific subtypes of *Vata*—*Prana* *Vata*, which regulates higher cognitive functions and sensory integration, and *Udana* *Vata*, responsible for speech and expressive capabilities—are especially relevant in understanding the *behavioural* and communicative challenges characteristic of ASD.[14] Symptoms such as erratic sensory responses, repetitive *behaviours*, and impaired verbal or non-verbal interaction closely mirror the classical features of aggravated *Vata*, including irregularity, dryness, instability, and restlessness.[15]

In addition to *Vata*, imbalances in other *Doshas* may contribute to the ASD symptom profile. Sadhaka *Pitta*, a subtype of *Pitta* *Dosha* linked with emotional regulation, cognition, and mental clarity, when disturbed, may lead to emotional dysregulation and impaired intellectual flexibility. Similarly, *Tarpaka* *Kapha*, which plays a nurturing role in the central nervous system, supports memory and maintains the stability of the mind. When imbalanced, it may manifest as cognitive rigidity, emotional attachment, or lethargy—traits sometimes observed in individuals with ASD [16].

A critical element in Ayurvedic pathophysiology is the condition of *Agni*, the digestive and metabolic fire. Many individuals with ASD experience chronic gastrointestinal disturbances, including constipation, diarrhoea, and food intolerances [17]. Ayurveda interprets such dysfunctions as indicative of impaired *Agni*, which leads to the accumulation of Ama—a toxic residue formed due to incomplete digestion [18]. Circulating *Ama* can obstruct bodily channels (*Srotas*), including the *Manovaha* *Srotas* (channels related to mental functioning), thereby impairing neurological health and contributing to neuroinflammatory responses—an emerging area of focus in ASD research [19].

Another important Ayurvedic concept is *Ojas*s, considered the refined essence of all bodily tissues (*Dhatu*) and the cornerstone of immunity and mental resilience. A depletion of *Ojas* compromises both physical vitality and psychological well-being, potentially increasing susceptibility to developmental and neuropsychiatric conditions such as ASD [20].

**3.2. Ayurvedic Diagnostic Principles in ASD**

In the Ayurvedic framework, the diagnostic process for individuals with autism spectrum disorder (ASD) involves a comprehensive and individualised assessment that goes beyond symptom observation. This begins with the evaluation of an individual’s *Prakriti* (innate constitution), *Vikriti* (current state of imbalance), and Sara (tissue quality and vitality). Two principal diagnostic tools guide this evaluation: *Ashtavidha Pariksha* (eight-fold examination), which includes the analysis of pulse, tongue, eyes, skin, speech, stool, urine, and general appearance; and *Dashavidha Pariksha* (ten-fold examination), which assesses factors such as body build, psychological strength, metabolic efficiency, and lifestyle habits [9].

This diagnostic approach enables the practitioner to identify the predominant *Dosha* imbalances, assess the strength of *Agni* (digestive/metabolic function), and detect the presence of *Ama* (toxins arising from undigested material). Rather than applying a one-size-fits-all treatment, Ayurveda emphasises an individualised plan tailored to the specific imbalance profile of the person.

For example, an individual presenting with a predominant *Vata* imbalance may exhibit features such as heightened anxiety, irregular speech patterns, sensory hypersensitivity, and restlessness—common traits in many ASD presentations. On the other hand, a *Pitta*-dominant imbalance might manifest as irritability, aggression, and emotional volatility [21]. This nuanced diagnostic model allows for a targeted therapeutic strategy, integrating dietary recommendations

**3.3. Ayurvedic Therapeutic Modalities for ASD**

In the Ayurvedic management of autism spectrum disorder (ASD), therapeutic strategies are grounded in restoring systemic balance and supporting neurodevelopmental health. The core focus lies in calming aggravated *Vata*, enhancing *Agni* (digestive and metabolic fire), eliminating *Ama* (endogenous toxins due to impaired digestion), nourishing the nervous system, and rebuilding *Ojas*s, the subtle essence responsible for immunity, strength, and mental resilience.

Treatment is inherently personalised, tailored to the individual's constitution (*Prakriti*), current imbalance (*Vikriti*), and clinical presentation. Ayurvedic interventions combine both internal (*Abhyantara*) and external (*Bahya*) therapies, aiming to promote neurological stability, improve behaviour and cognition, and enhance overall quality of life in children with ASD.

**3.3.1. *Ahara* (Dietary Modifications)**

In Ayurvedic treatment, diet (*Ahara*) holds a central role in both the prevention and management of disease. For individuals with autism spectrum disorder (ASD), dietary guidelines are carefully customised based on the individual’s *Prakriti* (constitutional type) and *Vikriti* (current imbalance). While personalisation remains key, certain general dietary principles are commonly recommended in the Ayurvedic management of ASD to support digestion, balance *Dosha*, and promote mental clarity.

* **Avoidance of Ama-Producing Foods:** Foods that are difficult to digest or that impair *Agni* (digestive fire) are discouraged. These include processed foods, refined sugars, genetically modified ingredients, and cold, heavy meals. Such items are believed to contribute to the formation of *Ama* (toxins), which can obstruct physiological channels and impair neurological function [22].
* **Inclusion of Sattvic Foods:** A *Sattvic* diet—comprising pure, fresh, and nourishing foods—is emphasised for enhancing cognitive function and emotional stability. This includes freshly prepared vegetables, seasonal fruits, whole grains, and lightly cooked legumes. These foods support clarity of mind, balance emotional states, and reduce hyperactivity and restlessness [23].
* **Dosha-Specific Dietary Adjustments:** To pacify aggravated *Vata*, which is often predominant in ASD cases, warm, moist, and grounding foods are recommended. Examples include cooked root vegetables, soups, stews, and healthy fats like ghee (clarified butter) and sesame oil. Cold, raw foods and chilled beverages are generally discouraged, as they can further destabilise *Vata* and weaken *Agni* [24].
* **Support for *Agni* with Digestive Spices:** Enhancing digestive strength is essential in preventing *Ama* formation. Culinary spices such as ginger, cumin, coriander, fennel, and turmeric are traditionally used to kindle digestive fire, reduce bloating, and improve assimilation of nutrients [25].

This dietary approach not only aims to alleviate gastrointestinal discomfort—commonly observed in children with ASD—but also contributes to improved *behavioural* regulation and cognitive function through the Ayurvedic principle of “food as medicine.”[43]

**3.3.2. *Dinacharya* (Daily Regimen) and *Ritucharya* (Seasonal Regimen)**

In Ayurveda, establishing a predictable and structured routine, *Dinacharya,* is considered essential for maintaining *Vata* balance, particularly in individuals with autism spectrum disorder (ASD). A regular daily schedule helps calm the nervous system, reduce anxiety, and foster a sense of security, all of which are particularly beneficial for those with ASD [26]. Key components of *Dinacharya* include:

* Fixed wake-up and sleep times
* Scheduled meals at consistent intervals
* A well-structured sequence of daily activities

Complementing *Dinacharya* is Ritucharya, which refers to the adaptation of one’s lifestyle and diet according to seasonal variations. Each season is associated with specific *Dosha* fluctuations, and timely adjustments in food, habits, and therapies help maintain *Doshik* harmony and prevent seasonal exacerbations of symptoms [27]. For children with ASD, aligning their routines with seasonal rhythms can support greater physiological and *behavioural* stability.

**3.3.3. *Panchakarma* (Five-Fold Detoxification Therapy)**

* For individuals exhibiting significant *Ama* accumulation and *Dosha* imbalance, carefully administered *Panchakarma* therapies may be considered, always under qualified medical supervision. These classical purification procedures aim to eliminate deep-seated toxins and restore systemic balance, making the body more receptive to rejuvenation and strengthening therapies.[44]
* Relevant *Panchakarma* modalities for ASD include:
* *Abhyanga* (Oil Massage): Regular application of warm, *Vata*-pacifying oils (such as sesame or medicated oils like *Ksheerabala* or *Ashwagandha Taila*) helps calm the nervous system, enhance tactile integration, and reduce symptoms of anxiety and hyperactivity [28].
* *Svedana* (Fomentation Therapy): Mild steam or warmth applied after oil massage helps open bodily channels (*Srotas*) and facilitates toxin elimination. It also supports circulation and muscle relaxation.
* ***Basti* (Medicated Enema**): Since the colon is the main seat of *Vata*, *Anuvasana* *Basti* (oil-based enema) or *Matra Basti* (low-dose oil enema) is particularly beneficial. These therapies nourish the nervous system, improve bowel regulation, and help in reducing *behavioural* volatility and digestive disturbances common in ASD [29].
* ***Nasya* (Nasal Administration):** The administration of medicated oils or herbal preparations through the nasal passages is known to directly affect Prana *Vata*, which governs brain and sensory functions. *Nasya* is often employed to support cognitive function, speech, and emotional regulation [30].
* ***Vamana* (Therapeutic Emesis) and *Virechana* (Therapeutic Purgation):** Though more intensive, these procedures may be considered in selected cases presenting with significant *Kapha* or *Pitta* imbalances. When administered under expert supervision, they can aid in detoxifying the body and mitigating more severe systemic or emotional symptoms.
* Together, *Dinacharya*, *Ritucharya*, and *Panchakarma* form a foundational triad in Ayurvedic therapy that not only addresses the root imbalances in ASD but also enhances resilience and long-term wellbeing when applied appropriately and safely.

**3.3.4. *Rasayana* (Rejuvenation Therapy) and *Medhya Rasayana* (Intellect-Promoting Herbs)**

* After the completion of purification therapies, *Rasayana*—Ayurveda’s rejuvenation therapy—is introduced to restore vitality, strengthen tissues (*Dhatu*), and enhance overall resilience. In the context of autism spectrum disorder (ASD), *Rasayana* therapy plays a crucial role in revitalising the nervous system, improving immune strength, and supporting long-term neurodevelopmental health.
* A specialised subset of *Rasayana*s, known as *Medhya Rasayana*s, focuses specifically on promoting intellectual capacity, cognitive stability, memory, and emotional balance. These herbs are recognised for their neuroprotective, adaptogenic, and nootropic properties, making them particularly relevant in the integrative management of ASD. Commonly used *Medhya Rasayana*s include:
* ***Brahmi* (*Bacopa monnieri*):** Widely regarded for its cognitive-enhancing effects, Brahmi supports memory retention, learning ability, and anxiety reduction. It is often used in pediatric formulations to enhance neuroplasticity and mental clarity [31].

1. ***Ashwagandha* (*Withania somnifera*):** A potent adaptogen that helps modulate stress, improve sleep quality, and strengthen nervous tissue. Its calming and nourishing effects make it suitable for managing hyperactivity and sensory overload in children with ASD [32].
2. ***Shankhapushpi* (*Convolvulus pluricaulis*):** Known for its calming action on the mind, *Shankhapushpi* is used to improve concentration, memory, and emotional regulation, while reducing mental agitation [33].
3. ***Jyotishmati* (*Celastrus paniculatus*):** Traditionally known as the "Elixir of Intelligence," this herb has been used to enhance intellect, comprehension, and mental alertness, making it valuable in addressing cognitive delays [34].
4. ***Vacha* (*Acorus calamus*):** Employed for its effects on speech development, neurological health, and clarity of thought, Vacha is particularly helpful in children exhibiting speech delays or communication challenges [35].

These *Medhya Rasayana*s, when appropriately selected and administered, not only support cognitive and emotional development but also act synergistically with other Ayurvedic therapies to promote long-term improvement in *behavioural* patterns, focus, and learning ability in individuals with ASD.

**3.3.5. Yoga and *Pranayama* (Breathing Techniques)**

In the holistic Ayurvedic framework, Yoga and *Pranayama* are integral components that complement therapeutic interventions for autism spectrum disorder (ASD).[45] The practice of gentle *Asanas* (yoga postures) and controlled breathing techniques serves to regulate the autonomic nervous system, improve body awareness, reduce anxiety, and modulate sensory processing—areas often affected in individuals with ASD [36]. Regular practice of simple, calming yoga postures can help children with ASD enhance their motor coordination, balance, and proprioceptive integration, while also promoting emotional regulation. When combined with *Pranayama* (breath control), these practices offer additional benefits in reducing hyperactivity, improving attention span, and creating a sense of inner calm. Among the various *Pranayama* techniques, *Nadi* *Shodhana* (alternate nostril breathing) is particularly effective. This technique works by balancing the flow of *Prana* (vital life force) through the energy channels (Nadis), thereby calming mental agitation and fostering a balanced state of mind. It can be especially helpful in managing stress, sleep disturbances, and emotional instability in children with ASD.

These gentle mind-body practices, when introduced appropriately and consistently, can significantly enhance the effectiveness of other Ayurvedic modalities by fostering **neurological balance**, **emotional stability**, and **overall well-being** in individuals on the autism spectrum.

**3.3.6. *Shirodhara* (Medicated Oil Drip Therapy)**

*Shirodhara* is a classical Ayurvedic therapy in which a continuous stream of warm, medicated oil is gently poured over the forehead, particularly over the *Ajna* *Chakra* or “third eye” region. This therapy is renowned for its calming effects on the central nervous system and has been traditionally used to address a variety of neurological and psychological disorders [37]. In the context of autism spectrum disorder (ASD), *Shirodhara* offers multiple potential benefits. The gentle, rhythmic flow of oil helps to soothe heightened *Vata* activity, promote deep relaxation, and reduce stress, anxiety, and sensory hypersensitivity—common features in many individuals with ASD. It can also contribute to improved sleep quality, enhanced mental clarity, and better emotional regulation.

The deeply rejuvenating and grounding experience of *Shirodhara* may aid in balancing *Prana* *Vata*, which governs mental and sensory functions, thereby supporting overall neuropsychological stability. As with all Ayurvedic treatments, the application of *Shirodhara* is highly individualised. The choice of medicated oils, duration, and frequency of therapy are carefully selected based on the individual's *Prakriti* (constitutional type), *Vikriti* (imbalance), and specific clinical features. This reflects the personalised and holistic nature of Ayurvedic medicine, which seeks to harmonise the body, mind, and spirit in an integrative manner.

**4. DISCUSSION**

The rising prevalence of autism spectrum disorder (ASD) necessitates broader exploration of complementary and integrative approaches, with Ayurveda offering a distinctive and holistic perspective. Rooted in the principles of *Dosha* balance, *Agni* regulation, and Dhatu nourishment, Ayurveda provides a systems-based framework that seeks to address the root causes of disease, rather than merely targeting symptomatic relief. The association between *Vata* aggravation and hallmark ASD symptoms such as sensory processing challenges, communication deficits, and repetitive *behaviours* offers a credible theoretical rationale for Ayurvedic interventions [14, 15]. Moreover, the frequent co-occurrence of gastrointestinal disturbances in individuals with ASD aligns well with Ayurveda’s emphasis on *Agni* (digestive fire) and the pathological role of *Ama* (toxic metabolic by-products) [17, 8]. The Ayurvedic proposition that digestive health significantly influences neurological outcomes is increasingly supported by contemporary research exploring the gut-brain axis, which demonstrates how gastrointestinal dysfunction can exacerbate *behavioural* and cognitive symptoms in ASD [38]. One of the most notable strengths of Ayurveda lies in its individualised approach. Unlike many conventional models that often adopt a standardised treatment strategy, Ayurveda tailors its interventions based on a person's *Prakriti* (constitutional type) and *Vikriti* (current imbalance) [9]. This personalisation is particularly relevant for ASD, which manifests in diverse and highly individualised ways. For example, a child presenting with *Pitta*-predominant symptoms such as aggression and irritability would require a different therapeutic approach than one exhibiting *Vata*-related traits like anxiety, restlessness, or speech delays [21].

Interventions such as *Ahara* (dietary modifications) and *Dinacharya* (daily routine) form the foundational pillars of Ayurvedic management. Dietary guidance emphasising light, nourishing, and Sattvic foods free from processed ingredients and rich in digestive spices can alleviate gastrointestinal symptoms and potentially reduce neuroinflammatory markers [22, 23]. Similarly, establishing a structured daily routine fosters predictability and security, which can be profoundly stabilising for individuals with sensory sensitivities and cognitive rigidity [26].

The inclusion of *Panchakarma* therapies, though requiring professional oversight, holds promise in detoxifying the system and addressing deep-rooted imbalances. Therapies such as Abhyanga (medicated oil massage) and *Shirodhara* (continuous oil stream over the forehead) are designed to pacify *Vata* *Dosha*, support nervous system regulation, and improve sensory integration and sleep quality [28, 37]. Furthermore, *Basti* (medicated enema) is particularly emphasised in *Vata*-dominant conditions and is believed to exert a regulatory effect on both gastrointestinal and neurological function, consistent with modern insights into the gut-brain relationship [29, 38]. The elimination of *Ama*, central to these detoxifying therapies, corresponds to the modern concept of reducing systemic toxicity and inflammatory load, both implicated in ASD pathophysiology [19].

Another promising area within the Ayurvedic framework is the use of *Medhya Rasayana*s herbs, traditionally classified for their cognitive-enhancing, adaptogenic, and neuroprotective properties. Botanicals such as *Brahmi*,[46] *Ashwagandha*, and *Shankhapushpi* have demonstrated potential in improving memory, focus, emotional stability, and sleep, which are often impaired in ASD [31-33]. Recent pharmacological studies support many of these traditional uses, revealing mechanisms involving neurotransmitter modulation, anti-inflammatory effects, and oxidative stress reduction [39-41]. However, the current body of evidence is limited, and rigorous clinical trials are essential to evaluate their safety, efficacy, dosing, and long-term effects, especially in paediatric and neurodivergent populations.

**4.1. Limitations and Future Directions**

While Ayurvedic interventions for autism spectrum disorder (ASD) present a compelling theoretical framework and are supported by anecdotal and preliminary clinical observations, the current scientific evidence remains limited. Most available studies are case reports, small-scale observational studies, or conceptual analyses, which, while valuable, lack the rigorous methodology and statistical power of randomised controlled trials (RCTs) required to establish definitive efficacy and safety profiles [42]. One of the primary challenges in conducting large-scale clinical trials lies in the individualised nature of Ayurvedic treatment. Ayurveda’s diagnostic and therapeutic processes are inherently personalised, taking into account each patient’s *Prakriti*, *Vikriti*, *Agni*, and other subtle factors. Against this backdropa strength in clinical practice, complicates the standardisation necessary for conventional research models.

Furthermore, the heterogeneity within the ASD population itself, ranging from mild to severe presentations, with varying comorbidities, adds an additional layer of complexity in designing uniform clinical studies. As a result, developing research methodologies that respect Ayurvedic principles while meeting scientific rigour is essential but challenging.

Looking forward, future research should prioritise:

* The development of Ayurveda-based treatment protocols that can be studied within controlled frameworks without compromising individualised care.
* Collaborative, interdisciplinary research models involving Ayurvedic practitioners, neuroscientists, and clinical psychologists.
* Integration of biomarkers, neuroimaging, and gut microbiome analysis to evaluate the mechanistic impact of Ayurvedic therapies on neurodevelopment and behaviour.
* **Longitudinal studies** assessing the safety and efficacy of key Ayurvedic interventions such as *Medhya Rasayana*s, *Panchakarma* procedures, and dietary regimens in well-characterised ASD populations.

By addressing these research gaps, it may become possible to more fully harness Ayurveda’s potential within an evidence-based integrative framework, contributing meaningfully to the multidimensional management of ASD.

**5. Conclusion**

Ayurveda offers a holistic and individualised approach that aligns well with the complex nature of autism spectrum disorder. Through dietary regulation, lifestyle modifications, detoxification therapies, and neuroprotective herbs, it addresses underlying systemic imbalances rather than just symptoms. While initial insights are promising, integration into mainstream ASD management requires robust scientific validation. Collaborative research between Ayurvedic and modern medical systems is vital to establish effective, evidence-based, and truly integrative care strategies.

Disclaimer (Artificial intelligence)

Option 1:

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, manuscript.

Option 2:

Author(s) hereby declare that generative AI technologies such as Large Language Models, etc. have been used during the writing or editing of manuscripts. This explanation will include the name, version, model, and source of the generative AI technology and as well as all input prompts provided to the generative AI technology

Details of the AI usage are given below:

1.

2.

3.

**References**

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Washington, DC: American Psychiatric Publishing; 2013.
2. Maenner MJ, Shaw KA, Bakian AV, Bilder DA, Durkin MS, Esler A, et al. Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years—Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2020. MMWR Surveill Summ. 2023;72(4):1–14. doi:10.15585/mmwr.ss7204a1
3. Geschwind DH, Levitt MS. Autism spectrum disorders: developmental disconnection syndromes. Curr Opin Neurobiol. 2007;17(1):103–11. doi:10.1016/j.conb.2007.01.001
4. Myers SM, Johnson CP. Management of children with autism spectrum disorders. Pediatrics. 2007;120(5):1162–82. doi:10.1542/peds.2007-2362
5. Wang J, Wang Y, Zhang J, Li J, Wang X, Zhu Q, et al. Complementary and alternative medicine for autism spectrum disorder: A systematic review. J Autism Dev Disord. 2020;50(10):3613–29. doi:10.1007/s10803-020-04470-3
6. Sharma H, Sharma M. The Ayurvedic system of medicine. Indian Medical Science Series; 2011.
7. Singh S, Bhardwaj S. The concept of *TriDosha* in Ayurveda and its relevance in modern medicine. Int J Res Ayurveda Pharm. 2019;10(6):184–8. doi:10.7897/2277-4343.1006190
8. Chakraborty A, Bhattacharya M, Mondal S, Dey A. Ama: A pivotal concept in the pathogenesis of various diseases and its management. J Ayurveda Integr Med. 2018;9(2):110–6. doi:10.1016/j.jaim.2018.01.005
9. Patil PA, Sontakke SD. Importance of *Prakriti* Parikshan (Constitution Analysis) in Ayurveda. Int J Ayurvedic Herbal Med. 2015;5(2):1774–9.
10. Dash KK, Mohapatra PC. A conceptual study on *Unmada* vis-à-vis Schizophrenia. J Drug Deliv Ther. 2019;9(1-s):561–4. doi:10.22270/jddt.v9i1-s.2241
11. Singh PK, Singh P. An Ayurvedic perspective on *Graha* Roga and its relevance to child psychiatry. Int J Ayurveda Pharma Res. 2014;2(2):1–6.
12. Rani S, Dwivedi SK. *Vata* *Dosha* and its relevance in neurological disorders: An Ayurvedic perspective. Int J Res Ayurveda Pharm. 2017;8(4):160–4. doi:10.7897/2277-4343.084224
13. Singh B, Yadav V, Gupta R, et al. *Agni* and its clinical importance in Ayurveda. J Pharmacogn Phytochem. 2017;6(6):1148–52.
14. Lad V. Ayurveda: The Science of Self-Healing: A Practical Guide. Twin Lakes, WI: Lotus Press; 1984.
15. Frawley D. Ayurvedic Healing: A Comprehensive Guide. Twin Lakes, WI: Lotus Press; 2000.
16. Joshi R, Mehta A. A critical review on Sadhaka *Pitta* and its role in emotional and cognitive functions. Int J Res Ayurveda Pharm. 2015;6(2):297–300. doi:10.7897/2277-4343.06260
17. Parracho HMRT, Bingham MO, Gibson GR, McCartney AL. Intestinal microbial flora in children with autism spectrum disorders. J Med Microbiol. 2005;54(Pt 10):987–91. doi:10.1099/jmm.0.46101-0
18. Thatte UM, Bhalerao SG. Ama: The Ayurvedic concept of pathogenesis. J Clin Diagn Res. 2013;7(10):2351–3. doi:10.7860/JCDR/2013/6787.3541
19. Pardo CA, Vargas DL. Neuroscience of autism: from the bench to the clinic. J Am Acad Child Adolesc Psychiatry. 2007;46(12):1640–3. doi:10.1097/chi.0b013e3181585721
20. Dwivedi SK, Dubey NK. *Ojas*s: The subtle essence of life in Ayurveda. Anc Sci Life. 2010;29(4):1–6. doi:10.4103/0257-7941.74558
21. Sharma SK, Dash R. *Prakriti* Parikshan and its clinical utility. Int J Res Ayurveda Pharm. 2014;5(5):1332–5.
22. Pole S. Ayurvedic Medicine: The Principles of Traditional Practice. London: Singing Dragon; 2006.
23. Svoboda RE. Ayurveda: Life, Health and Longevity. London: Arkana; 1993.
24. Lad V. Ayurvedic Cooking for Self-Healing. Albuquerque, NM: The Ayurvedic Press; 1990.
25. Chauhan V, Sharma M. Role of *Agni* in Ayurveda and its modern perspective. Int J Res Ayurveda Pharm. 2012;3(1):1–5.
26. Singh RH. Textbook of *Rasayana*: Fundamental Concepts and Practices. Varanasi: Chaukhambha Orientalia; 2015.
27. Yadav RJ. Ritucharya: An Ayurvedic approach to healthy living. J Ayurveda Holist Med. 2012;1(1):1–5.
28. Kumar P, Kumar A. Abhyanga (Ayurvedic oil massage): A review. J Ayurveda Integr Med. 2014;5(2):114–9. doi:10.4103/0973-7731.139682
29. Sharma R, Gaur B. Therapeutic efficacy of Basti in Ayurveda: A review. Int J Res Ayurveda Pharm. 2016;7(2):1–5.
30. *Agni*hotri AK, Sharma M. Nasya Karma: An Ayurvedic nasal therapy. Int J Res Ayurveda Pharm. 2013;4(4):585–8. doi:10.7897/2277-4343.04417
31. Stough C, Lloyd J, Clarke J, Downey LA, Hutchison CW, Rodgers T, et al. The chronic effects of an extract of Bacopa monniera (Brahmi) on cognitive function in healthy human subjects. Psychopharmacology. 2001;156(4):481–4. doi:10.1007/s002130100813
32. Chandrasekhar K, Kapoor J, Anishetty S. A prospective, randomized double-blind, placebo-controlled study of safety and efficacy of a high-concentration full-spectrum extract of Ashwagandha root in reducing stress and anxiety in adults. Indian J Psychol Med. 2012;34(3):255–62. doi:10.4103/0253-7176.105571
33. Debnath S, Dey P, Chattopadhyay S, Hazra AK, Das T. A comprehensive review on Convolvulus pluricaulis Choisy: A nootropic plant. J Tradit Complement Med. 2015;5(4):221–6. doi:10.1016/j.jtcme.2014.07.001
34. Singh B, Sharma R. A review on Jyotishmati (Celastrus paniculatus Willd.): A traditional Ayurvedic nootropic herb. Int J Green Pharm. 2013;7(1):1–5. doi:10.4103/0973-8258.111585
35. Mukherjee S, Kumar V, Mal M, Houghton PJ. Acorus calamus: A review of its phytochemistry and pharmacology. Fitoterapia. 2007;78(5):316–24. doi:10.1016/j.fitote.2007.02.007
36. Telles S, Singh N. Yoga for children with autism spectrum disorders: A systematic review. Front Psychol. 2013;4:976. doi:10.3389/fpsyg.2013.00976
37. Narayana Murthy ML, Kumar V. Shirodhara: A unique Ayurvedic therapy for mental disorders. J Ayurveda Integr Med. 2012;3(1):1–5. doi:10.4103/0973-7731.92160
38. Sharon G, Sampson TR, Geschwind DH, Mazmanian SK. The gut microbiota and the brain: Looking beyond the gut-brain axis. Nat Rev Neurosci. 2014;15(1):59–69. doi:10.1038/nrn3634
39. Kumar A, Dogra S, Prakash A. Neuroprotective and anti-amnesic effects of Bacopa monnieri in experimental models of Alzheimer's disease. Neurochem Res. 2015;40(9):1957–68. doi:10.1007/s11064-015-1678-8
40. Singh N, Bhalla M, de Jager P, Gilca M. An overview on Ashwagandha: A *Rasayana* (rejuvenator) of Ayurveda. Afr J Tradit Complement Altern Med. 2011;8(5 Suppl):208–13. doi:10.4314/ajtcam.v8i5S.9
41. Vohora SB, Dandiya PC. Herbal anxiolytic agents. J Ethnopharmacol. 1992;37(2):131–42. doi:10.1016/0378-8741(92)90042-4
42. Zink T, Gier S. Complementary and alternative medicine in autism spectrum disorder: A systematic review of randomized controlled trials. J Dev Behav Pediatr. 2019;40(1):60–73. doi:10.1097/DBP.0000000000000624
43. Singh S, Bhardwaj S. Ayurvedic diet and its benefits in various diseases. Int J Res Ayurveda Pharm. 2019;10(3):160–4. doi:10.7897/2277-4343.1003180
44. Rao PN, Kumar S. A critical review on *Panchakarma* as a therapeutic measure. Int J Res Ayurveda Pharm. 2015;6(1):164–8. doi:10.7897/2277-4343.06132
45. Gupta M, Sharma P, Singh D, Choudhary R. Role of Yoga and *Pranayama* in the management of stress. J Clin Diagn Res. 2013;7(11):2603–5. doi:10.7860/JCDR/2013/6666.3686
46. Sreeranjini PP, Suresh P, Indira Balachandran. Recent advances in research on Brahmi (Bacopa monnieri): A review. J Ethnopharmacol. 2016;192:198–213. doi:10.1016/j.jep.2016.07.031
47. Goswami, T., Arora, T., & Ranade, P. (2021). Enhancing Memory Skills of Autism Spectrum Disorder Children using Gamification. Journal of Pharmaceutical Research International, 33(34B), 125–132.
48. Wang, L., Wang, B., Wu, C., Wang, J., & Sun, M. (2023). Autism spectrum disorder: neurodevelopmental risk factors, biological mechanism, and precision therapy. International journal of molecular sciences, 24(3), 1819.
49. Farooq, M. S., Tehseen, R., Sabir, M., & Atal, Z. (2023). Detection of autism spectrum disorder (ASD) in children and adults using machine learning. scientific reports, 13(1), 9605.
50. Nedungadi, P., Salethoor, S. N., Puthiyedath, R., Nair, V. K., Kessler, C., & Raman, R. (2023). Ayurveda research: Emerging trends and mapping to sustainable development goals. Journal of Ayurveda and Integrative Medicine, 14(6), 100809.