

**Review Article**

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## **An Overview and Approach towards Autism Spectrum Disorder in Children and its Management through Siddha**

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### **Abstract**

Autism is a complex neurodevelopmental disorder that tremendously impacts the normal functioning of brain, challenging child development particularly in the field of language and communication, social and emotion with presence of unusually strong narrow interest and personal occupation by the repetitive stereotype mannerism.

The disorder that usually becomes evident during the first three years of life. In Siddha literatures throws light on etiopathogenesis, presentation along with prophylactic and some specific measures for management of such disorders.

After summarizing scattered references on Autism, it is clear that previous deeds the time of conception, the mind of parents, position of parents during coitus, followed lead to deranged mental growth leads to impaired development of brain and mind vitiation of kabam and thamogunam as well as vadham and rajugunam, also predominance of Pitham and sathvam leads to genetic abnormality. The mental status of mother plays an important role for both physical and mental development of child. Currently available treatment in conventional system of medicine is Palliative, while in Siddha medicine can play a vital role in treatment of autism.

### **Keywords**

Autism;  
Pervasive  
developmental  
disorder;  
Siddha medicine;  
Genetic;  
Parents Karma.

## Introduction

Autism is also called autism spectrum disorder characterised by involvement of lack of communication, Social interaction and repetitive behaviour. Children with autism might have problem in talking with you or they might not look at you in the eyes when you talk to them [1]. They may have to line up their pencils before they can pay attention, or they may say the same sentence again and again to calm themselves down [2]. Autism is the prototype disorder for pervasive developmental disorder which is believed to be a complex genetic and neurological disorder that generally lasts throughout a person life. Current statistics shows that autism occur in all racial ethnic and social groups and recently there have been reports of an increase in the number of children receiving a diagnosis of autism or receiving public services for autism [3].

Autistic children however show several skills and an excellent repetition memory. Those who are educable gain high scores in their scholastic subjects but will not be able to abstract these learnt materials at a functional level [4].

## Literature Review

### Diagnostic criteria for autism

1. Qualitative impairment in social interaction as manifested by at least two of the following.

- Marked impairment in the use of multiple non-verbal behaviours such as eye to eye gaze, facial expression, body gestures and postures to regulate social interaction.
- Failure to develop peer relationships appropriate to developmental level.
- A lack of spontaneous seeking to share enjoyment, interests or achievements with other people.
- Lack of social or emotional reciprocity.

2. Qualitative impairment in communication as manifested by at least one of the following.

- Delay in or total lack of development of spoken language.
- In individual with adequate speech marked impairment in the ability to initiate or sustain conversation with others.
- Repetitive use of language.

3. Restricted repetitive and stereotyped patterns of behaviour, and interest and activities as manifested by at least one of the followings.

- Restricted pattern of interest that is abnormal either in intensity or focus.
- Stereotyped and repetitive motor activity.

4. Delays or abnormal functioning.

- Social interaction.
- Language as used in social communication [5].

### Parents karma related to development of brain

It is important for development of brain. In Autism it says the role of deranged brain so that the vitiation leads to the referred problem likewise Parents action, thoughts and words can cause impairment of function of mind.

In Siddha, number of causative factors include Parents actions past deeds of life. Abnormal thoughts and abnormal preconceptionally activities leads to these problem, likewise brain development, retention, thinking is depending on proper development of self-respect, also role of the environmental and ill thinking nature of mother seriously affect the mental function of the child. The predominance of kabam and thamogunam can contribute development of symptoms of children with Autism also predominance of Vatham and Raju gunam, also predominance of Pitham and sathvam give rise to emotional, social, communicational, learning problem of children. It is clear that genetic factor and improper diet during pregnancy leads to autistic behaviour.

Mind is essential for acquisition of knowledge through sensory perception experience or learning. The objective of sense is perceived through mind. The mind analyses the nature of the perception received and buddhi determines specific properties of objects.

### **Etiopathogenesis**

As separate description of Autism has not been described in any of the classics only scattered information about this disease can be found. These causes can be Classified as inherited causes and acquired, genetic, congenital and in pregnancy [6,7].

### **Clinical manifestation**

Most children with autism exhibit restricted range of interest, activities, playing behaviour and motor co-ordination abnormalities manifested as stereo types, preservation and lack of social interaction. Autism spectrum disorder are heterogenous in nature, severity and clinical manifestation as well as etiology [13,14].

### **Management**

In Modern medicine line of treatment include speech therapy, psychotherapy, occupational therapy, behaviour training and, dietary modification. Special education is given to children in their early ages and integrated education is now provided by different educational protocol. Trained mothers play key role in early detection can facilitates well timed stimulation resulting in improved cognitive and language development of these children ensuring early school. Early detection of autism facilitates early intervention identification of abilities, easing of parental anxiety and greater acceptance of child in the community.

### **Preventive aspects**

They can be further subdivided

**Before conception:** In Siddha the consanguineous marriages have been prohibited but biologist have described it. It clearly mentioned that to prevent the psychological disorders the consanguineous marriages should be avoided. Siddha gives prime importance in preconceptionally activities followed by father and mother, the time of conception, position of parents during coitus, bad diet leads to mental disorder. Preconception counselling should be taken [15].

**Prevention during pregnancy:** In the context of mind when deranged can cause autism like disorder, also has advised to avoid various faulty dietic regimes, trauma otherwise they can lead to absorption of birth of a child and various psychological disorder e.g. Excessive sleep, an excessive consumption of alcohol by a pregnant woman may deliver with low IQ, poor memory or hyperactive[16].

**Prevention during delivery:** During the second stage of labor, pointed out that the instruction for bearing down the pains by an labor women may lead to psychological abnormality.

**Prevention during neonatal period of child:** In this respect in Siddha Neonatology the absolute first line care of newborn is to facilitate respiration called as resuscitation method in the form of cleaning and physical stimuli along with oxygen with the help of oallow tube with the aim to prevent the birth Asphyxia which is worthy cause of autism.

Three Types of treatment Play Significant Role in Treating Autism spectrum disorder.

### **Treatment**

Different types of internal medication especially Ghrita preparations, Choorams and external procedures like Nasyam, thuvalai, fumigation and varma therapy, tailam and oil application to head region to reduce symptom should be adopted.

Siddha uses various psychological measures for getting the desired effect of a therapy or condition not responding to treatment. All this practice acts at the psychological level, as we know that faith is the part and parcel of psychology. It is true that treatment is a play of faith, moreover diseases in Siddha is said to be due to deeds of past life and this type of treatment is intended for pacification of such deeds.

This include behaviour therapy which help to control senses from harmful objects and controlling temper tantrum. This also include providing awareness to the parents regarding nature of the disease and providing environmental modification for encouraging desired behaviour.

Apart from that Tablet and choornam should aim in correction of maladaptive behaviour, reducing hyperactivity, and improvement in area of attention, memory, and motor skills. External acts on which correct correction cognitive functions.

## Discussion

### Specific treatment

In Siddha various remedies have been described by physicians to correct cognitive, adaptive behaviour functions, memory.

**Internal medication:** Amukkura choornam, Vallarai choornam, Braminei these should be selected based on the Severity of Autism spectrum disorder.

**External medication:** Sambranithuvalai, Nasiyam, Mysatchi fumigation are found to be effective in this disorder.

## Conclusion

Direct references regarding autism like disorder are not available in Siddha, after understanding this disorder from Siddha aspect the principal of treatment aspect seems to be the most appropriate. Autism is a manifestation having its deep root in parents karma activated by

favourable environment. The condition requires a long-term intervention and the improvements soon after each course of management. Siddha opens a large door in the management of autism and similar condition and shows the ray of hope to those in dark.

## References

1. Gillott A, Furniss F, Walter A (2001) Anxiety in high-functioning children with autism. *Autism* 5: 277-286.
2. Pellicano E, Jeffery L, Burr D, Rhodes G (2007) Abnormal adaptive face-coding mechanisms in children with autism spectrum disorder. *Curr Biol* 17: 1508-1512.
3. Green VA, Pituch KA, Itchon J, Choi A, O Reilly M, et al. (2006) Internet survey of treatments used by parents of children with autism. *Res Dev Disabil* 27: 70-84.
4. Happe FG (1995) The role of age and verbal ability in the theory of mind task performance of subjects with autism. *Child Dev* 66: 843-855.
5. Murray D, Lesser M, Lawson W (2005) Attention, monotropism and the diagnostic criteria for autism. *Autism* 9:139-156.
6. Belmonte MK, Allen G, Beckel-Mitchener A, Boulanger LM, Carper RA, et al. (2008) Autism and abnormal development of brain connectivity. *J Neurosci* 24: 9228-9231.
7. Joshi RR (2004) A biostatistical approach to Ayurveda: Quantifying the tridosha. *J Altern Complement Med* 10: 879-889.
8. Vyse TJ, Todd JA (1996) Genetic analysis of autoimmune disease. *Cell* 8: 311-318.
9. Fletcher PC, Happe F, Frith U, Baker SC, Dolan RJ, et al. (1995) Frith CD other minds in the brain: A functional imaging study of "Theory of Mind" in story comprehension. *Cognition* 57: 109-128.
10. Shu BC, Lung FW (2005) The effect of support group on the mental health and quality of life for mothers with autistic children. *J Intellect Disabil Res* 49: 47-53.

11. Happe F (1999) Autism: Cognitive deficit or cognitive style? Trends Cognitive Sci 3: 3216-3222.
12. Rapin I (1991) Autistic children: Diagnosis and clinical features. Pediatrics 87: 751-760.
13. Constantino JN, Gruber CP, Davis S, Hayes S, Passanante N, et al. (2004) The factor structure of autistic traits. J Child Psychol Psychiatry 45: 719-26.
14. Spiker MA, Lin CE, Van Dyke M, Wood JJ (2012) Restricted interests and anxiety in children with autism. Autism 16: 306-320.
15. Leuzzi RA, Scoles KS (1996) Preconception counselling for the primary care physician. Medical Clinics 80: 337-374.
16. Brambilla E, Felloni A, Gagliani M, Malerba A, Garcia-Godoy Fr, et al. (1998) Caries prevention during pregnancy: Results of a 30-month study. J Am Dent 129: 871-877.

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