



Case Report

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A Single - Case study on Siddha management of Mantha sannu (Autism Spectrum Disorder)

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Abstract

A male child patient aged about 10 years had consultation at Room. No: 25, PG- Kuzhanthai Maruthuvam, Arignar Anna government siddha medical college and hospital, Aggressiveness, Lack of eye contact, repetitive behaviour, Anger, speak only a monosyllable word like Amma, and appa. Not cooperating to play with other children. He didn't responding his parent's or other persons comments. He was treated in OPD level with Internal medicine named as Mantha thylam and Pugai treatment for external therapy. Patient got significant improvement in major symptoms like good eye contact, responding the parent's and Doctor's comment, mildly reduce hyperactivity and anger. Still only Siddha treatment was continued and got managed. After one and half months of treatment, there was noticeable improvement in the symptoms of Autism spectrum Disorder (Mantha sannu), the symptoms are assessed by Autism Clinical Assessment Parameters.

Keywords: Mantha sannu (Autism spectrum Disorder), Siddha treatment, Mantha thylam (Internal), Pugai treatment (External).

Introduction

The term autism comes from the Greek word aut (self) and ism (a state of being) and means 'living in oneself'. Autism is defined as a complex neurobiological disorder with symptoms apparent in children as early as two years of age. ASD prevalence across five States in north and west India was as high as one in 125 children between 2-6 years age group and one in 80 among them children 6-9 years age. Problem of social communication and interactions across a variety of contexts such as Early onset of symptoms

(typically in the first two years of life), Repetitive, restricted patterns of behaviour and Activities. The child does not smile at all. He spends hours playing by himself, performs compulsive ritualistic actions, if interrupted, indulges in an outburst of aggressive behaviour. His responsiveness are in extreme, either much too sensitive, he is totally unresponsive to any kind of stimulation, including pain. May speak late after (4 years) or never. May have odd parrot-like repetition of phrases, sentences or whole poems without apparent understand or meaning. Abnormalities of mood temper tantrum,

irritational fears, periods laughing for no apparent reason, lack of fear of real danger. In Siddha medicine explains Manthasanni (ASD) briefly in textbook named Balavagadam and also gives the suitable treatment for the disease. In this clinical study a combination of Mantha thylam (Internal) and Pugai treatment (External) line of treatment has been adapted to a male child aged 10 years for one and half months and got good results from symptoms related to ASD.

Case report

A male Child aged 10 years, the parent's noticed baby's Gross motor and social & language milestone are delayed, didn't walk and not able to speak after 1 year, so parents repeatedly giving occupational therapy on the baby's first year onwards. On 19.04.2022 patient came to room no:25, PG Kuzhanthai Maruthuvam, A.A.G.H.I.M hospital, Chennai with the complaints of aggressiveness and Lack of eye contact, not responding his parents comments, unable to speak for the appropriate age on 9 years associated with repetitive behaviours and not cooperating to play with other children.

History of present illness

A male child aged 10 years came with the c/o Aggressiveness, Lack of eye contact, not responding his parents comments, repetitive behaviours and unable to speak for the appropriate age on 9 years and not cooperating to play with other children. Patient has consulted OPD and explained the treatment procedure after getting parents concern internal and external treatment were done for 45 days. After one and half month resulted in symptomatic relief from good eye contact while speaking, reduce anger level, repetitive behaviour, baby sit in very quiet manner and responding his parent's and also doctors comments.

Past history

No h/o Trauma, Epilepsy, cardiac disease, Neonatal Jaundice.

Medical history

He was previously treated occupational therapy on baby's first year onwards for frequent intervals (from Jun 2013 to Jan 2019).

Family history

Nothing Significant

Immunization history:

Properly immunized to the appropriate age.

Habits:

Non vegetarian Diet.

Physical examination

Pallor – Not present
Icterus- Not present
Cyanosis- Not present
Clubbing – Not present
Lymphadenopathy – Not present
Oedema - Not Present

Antenatal history:

) Not consanguineous marriage,
) No treatment for infertility, on gestational time maternal age was , parental age .
) During gestational time the mother is booked & immunized .
) Proper taking the antenatal check up, folic acid , iron and calcium supplements.
) No P/H/O Fever, Diabetes Mellitus, Hypertension, Thyroid problem and Eclampsia.

Natal history:

) Full term baby after time of delivery the child weight is 3.200 kg weight,
) Cried soon after birth,
) No H/O sucking problem,
) No H/O Respiratory distress, Jaundice, Seizure and NICU admission.

Developmental history:

Social smile- 5months
 Head control- 8 months
 Crawling- 10 months
 Sitting with support- 1 year
 Sitting without support- one and half year
 Standing with support-one and half year
 Walking- 2 years
 Saying mono syllable- not yet attained
 Rides tricycle- not yet attained
 Use toilet by self- 4 years
 Dresses unassisted-4 years

Autism assessment:

Indian scale for assessment of Autism

Items	Rarely 20% Score 1	Sometimes 21 – 40% Score 2	Frequent 41-60% Score 3	Mostly 61-80% Score 4	Always 81-100% Score 5
Has poor eye contact		2			
Lack social smile				4	
Remains aloof			3		
Does not reach out to others		2			
Unable to relate to people				4	
Unable to respond to social/environmental cause			3		
Engages in solitary and repetitive play activities			3		
Acquired speech and lost it	1				
Has difficulty in using non- verbal language or gesture to communicate.					5
Engages in echolalic speech			3		
Produces infantile squeals unusual noises			3		
Unable to initiate or sustain conversation with others.				4	

Use jargon or meaningless words	1				
Unable to take turns in social interaction			3		
Does not maintain peer relationships				4	
Show inappropriate emotional response	1				
Show exaggerated emotions			3		
Engages in self stimulation emotions	1				
Lacks fear of danger		2			
Excited or agitated for no apparent reason	1				
Insists on sameness		2			
Unusually sensitive to sensory stimuli			3		
Stares into space for long period of time		2			
Difficult in tracking objects			3		
Has unusual vision		2			
Insensitive to pain			3		
Responds to object/people unusually by smelling, touching, tasting.			3		
Inconsistent attention and concentration				4	
Shows delay in responding				4	
Has unusual memory of some kind			3		
Has savant ability			3		
Uses pronoun raversals	1				
Unable to grasp pragmatic of communication (real meaning)				4	
Engages in stereotyped and repetitive motor mannerism.			3		

Shows attachment to in animate objects		2			
Shows hyperactivity/ restlessness					5
Exhibits aggressive behaviour				4	
Throws temper tantrum			3		
Engages in self injurious behaviour			3		

Classification	No autism <70	Mild 70 to 106	Moderate 107 to 153	Severe >153
Total			110	

Treatment:

S.no	Medicine	Dose	Anupanam
1	Mantha thylam (Internal)	5 drops – Bds / after food	Hot water
2	Pugai (External)	5 minutes	-

Mantha thylam (Internal medicine):

Ingredients

-) Murungai Pattai (Moringo tinctoria)
-) Vasambu(Acorus calamus)
-) Vellulli(Allium sativum)
-) Sesame oil (Sesamum indicum)

Pugai (External therapy):

-) Turmeric (Curcuma longum)
-) Milagu(Piper nigrum)
-) Thippili(Piper longum)
-) Sambrani(Styrax benzoin)
-) Camphor (Borneo Camphor)
-) Kuppaimeni juice (Acalypha indica)

After treatment Scoring:

Items	Rarely 20% Score 1	Sometimes 21 – 40% Score 2	Frequent 41-60% Score 3	Mostly 61-80% Score 4	Always 81-100% Score 5
Has poor eye contact	1				
Lack social smile		2			
Remains aloof			3		
Does not reach out to others		2			
Unable to relate to people			3		
Unable to respond to social/environmental cause		2			
Engages in solitary and repetitive play activities		2			
Acquired speech and lost it					5
Has difficulty in using non- verbal language or gesture to communicate.			3		
Engages in echolalic speech		2			
Produces infantile squeals unusual noises		2			
Unable to initiate or sustain conversation with others.		2			
Use jargon or meaningless words			3		
Unable to take turns in social interaction		2			
Does not maintain peer relationships			3		
Show inappropriate emotional response	1				
Show exaggerated emotions		2			
Engages in self stimulation emotions		2			
Lacks fear of danger		2			

Excited or agitated for no apparent reason		2			
Insists on sameness	1				
Unusually sensitive to sensory stimuli	1				
Stares into space for long period of time		2			
Difficult in tracking objects	1				
Has unusual vision	1				
Insensitive to pain		2			
Responds to object/people unusually by smelling, touching, tasting.		2			
Inconsistent attention and concentration	1				
Shows delay in responding		2			
Has unusual memory of some kind		2			
Has savant ability	1				
Uses pronoun reversals			3		
Unable to grasp pragmatic of communication (real meaning)		2			
Engages in stereotyped and repetitive motor mannerism.		2			
Shows attachment to inanimate objects	1				
Shows hyperactivity/restlessness		2			
Exhibits aggressive behaviour			3		
Throws temper tantrum		2			
Engages in self injurious behaviour	1				

Classification	No autism <70	Mild 70 to 106	Moderate 107 to 153	Severe >153
Total		78		

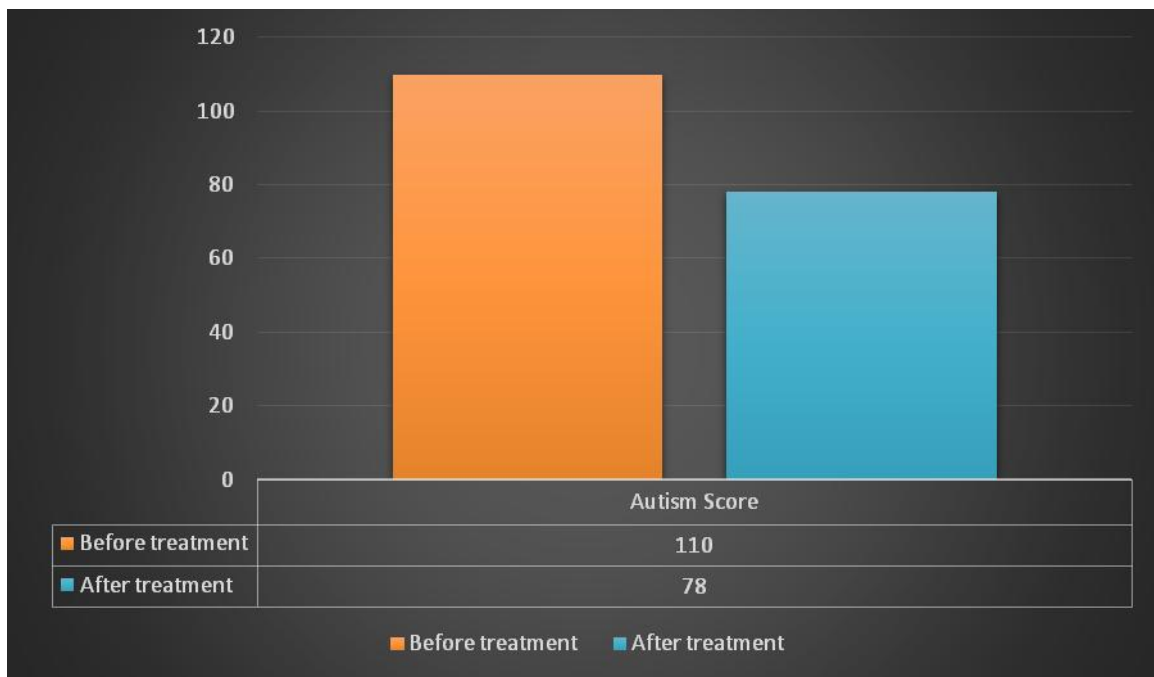
Summary of Case Study

After the treatment period of one and half months, the results were shown in all the ASD child is

-) Improvement in cognitive skills,
-) Improvement in eye to eye contact
-) Reduction in hyperactivity behaviour.
-) Improved in sitting tolerance.
-) Enhancing the mind calming activity.
-) Giving a good sound sleep
-) Able to try to reading, writing, drawing and sketching in school.
-) It also reduced the parents stress

Results

Patient has got significant improvements in the symptoms, as mentioned in table 1. Betterment in quality of health was evident with good eye contact while speaking, reduce anger level, repetitive behaviour, baby sit in very quiet manner and obey parents and also doctors comments. And Table 2 shows improvements of results after treatment. Below charts shows before and after treatment results, it explore a new pathway for Autism children using Siddha therapeutic management.



Discussion

) Siddha medicine various principles of treatments, combination of them will actively Good in ASD diseases. The effect of Mantha thylam is reduce the patient’s hyperactivity, Anger, and repetitive behaviours. Puga (External therapy) also helps the child for increase eye contact and good sleep.

) And comparative to this study paper “The efficacy of Siddha medicine Brahmi Nei with Varma Therapy in Mantha Sanni (Autism spectrum Disorder) in Children- A case report.” the study results shows reduce the symptoms were observed in 90 days of study.

Conclusion

Siddha has more treatment choices in treating the paediatric ailments. Here a case is discussed in which noticeable changes in symptoms and health status was observed. So Siddha is not merely an alternative medicine but it's a holistic approach and protector of paediatric health. So we can conclude that, with the help of siddha treatment, improve the the good lifestyle of ASD children.

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