



Screen Time, Sensory Overload and Mind: An Ayurveda Perspective on the Paradigm Shift from Classic to Virtual Autism

Dr. Visal S Kumar¹ Dr. Vaisakh K² Dr. Rajasree T R³ Dr. Shailaja U⁴

1. Associate Professor, Dept. of PG studies in Kaumarabhritya, JSS Ayurveda Medical College, Mysuru, Karnataka
2. Assistant Professor, Dept. of PG studies in Kaumarabhritya, JSS Ayurveda Medical College, Mysuru, Karnataka
3. Assistant Professor, Dept. of Kaumarabhritya, Atreya Ayurvedic Medical College, Hospital & Research Centre, Doddaballapura, Bangalore, Karnataka
4. Principal & Professor SDM College of Ayurveda, Hassan, Karnataka

Corresponding Author: Dr. Visal S Kumar

(Received: 27 September 2025 Revised: 05 October 2025 Accepted: 18 November 2025)

KEYWORDS

Ayurveda, Autism,
Virtual Autism,
Unmada

ABSTRACT:

Background: Autism is one among the major concerns of pediatrics in the present era. This neuro-developmental disorder of unknown etiology begins in early childhood and the main features include impairment in communication skills, social interactions and reciprocity, imagination, and play. The features of Autism are much like that of Unmada (disease of mind characterized by mental confusion etc.) mentioned in Ayurveda classical texts.

Virtual Autism, a newly recognized condition, presents a unique challenge in pediatric healthcare. Often mistaken for classic Autism, it is characterized by symptoms exacerbated by increased screen time. This article aims to differentiate between Virtual Autism and Classic Autism, highlighting their similarities and differences along with the Ayurveda interpretations. While both share social communication difficulties, sensory sensitivity, and repetitive behaviors, Virtual Autism stands out for its association with digital media exposure and potential reversibility.

Methods: Understanding the clinical presentations of both the conditions using the available references from Ayurveda literature.

Results: Ayurveda perspectives suggest Virtual Autism can be considered as an early stage of Unmada, emphasizing the need for holistic management.

Conclusion: Ayurveda perspectives offer a complementary view, suggesting that Virtual Autism may be considered as an early stage of Unmada, a condition characterized by disturbances in the mind and intellect. Understanding Virtual Autism through this lens highlights the importance of addressing excessive screen time as a causative factor.

INTRODUCTION

Autism Spectrum disorder (ASD) is a neurodevelopmental disorder, and the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines ASD as “persistent deficits in social communication and social interaction across multiple contexts”. Symptoms are typically visible around the age two but could be seen earlier. The symptoms are broken into three main categories: communication, emotional and social difficulties.¹

Autism is a lifelong disorder, though the impact can range from mild to severe and may improve or change across the person’s life.²

Autism is one of the most severe and difficult developmental disorders because it has an impact not only on the affected individual but also on the family and the community in which he lives.

A direct Ayurveda correlation of Autism is not available in classical literature. With the analysis and comparison



of classical and modern literature regarding the etiopathology and symptomatology, Autism can be included under the broad spectrum of *Unmada*, which comprises of a range of neuro-psychiatric conditions.³

The very definition of *Unmada* incorporates the features like disorders affecting the smooth functioning of *Manas* (mind), *Budhi* (intellect), *Samnja* (consciousness), *Jnana* (knowledge), *Smriti* (memory), *Bhakti* (desire), *Sheela* (manners), *Chesta* (behavior) and *Achara* (conduct).⁴

. Children with autism spectrum disorder (ASD) often face difficulty in understanding and navigating the world around them. Furthermore, children with Autism are prone to repeating specific patterns of behavior, which makes it difficult to interact with others. This is why digital devices provide an escape to Autistic children, where predictable outcomes allow them to perform according to their own pace and spend more time on screen than children who do not have autism. Many parents find that digital devices can be helpful in supporting communication, enhancing social skills and learning, and reducing stress in their children. But excessive screen time can cause sensory overload and impacts the children physically, mentally and emotionally.

Virtual Autism is a newly recognized phenomenon observed in paediatric population and a rising incidence of Autism-like symptoms linked to excessive screen time. Many parents, relying on information found online, are quick to self-diagnose their children with Autistic traits out of concern. However, they often fail to recognize that the issue stems from excessive screen time. The advent of social media and constant digital connectivity has led to sensory overload. Numerous studies have shown that excessive social media use can have a detrimental impact on social relationships, mental health, life satisfaction, and self-esteem.⁵

Detailed histories reveal that screen dependency can begin as early as six months of age. Hence, it is crucial to differentiate between Virtual Autism and Classic Autism to intervene early and effectively in both conditions.

VIRTUAL AUTISM VERSUS CLASSIC AUTISM: ⁶

Virtual Autism is a condition arises due to increased exposure to screen time, gaming, digital platforms etc. The symptoms are almost similar to that of Classic Autism, but can be more pronounced in an online setting. Such children find it difficult to connect with others, make conversations, and all other social interactions.

Classic Autism also known as Typical Autism or Kanner's Autism, is a neurological condition and affects interaction, communication, behaviour of the child. It is a "spectrum disorder" with varying degree of severity. It is generally diagnosed in early childhood i.e. less than 3 years of age. Children with Classic Autism often struggle to interpret social cues, such as tone of voice, facial expressions, body language etc which makes it difficult for them to socially interact.

Similarities:

Virtual Autism and Classic Autism may have distinctive characteristics, but they do share some similarities as well. They include:

- **Social communication difficulties:** Both forms of Autism are characterized by difficulty in social interaction and communication. They often find it difficult to comprehend social cues, initiate conversation or to maintain social relationships of any kind.
- **Sensory sensitivity:** Individuals with Classic and Virtual Autism may be hypersensitive or hyposensitive to certain sensory stimulations like touch, sound, light etc. This sensitivity can be overwhelming and may lead to social withdrawal and self-isolation. Sensory overload is often associated with the excess screen time as seen mainly in virtual Autism.
- **Repetitive behaviour:** Individuals with both Classic and Virtual Autism may engage in repetitive behaviour which may or may not be in a patterned motion. They may include actions like rocking, flapping hands, aligning toys in a certain wait etc.
- **Challenges in Transitioning:** In both forms of Autism, children often find it challenging to adapt to changes. It can be change in environment, change in activities which may lead to meltdowns and other



behavioural abnormalities. These children often prefer static environment and don't enjoy exploring.

- **Need for support:** Children with Classic and Virtual Autism often need an additional support from family, friends along with professional support. They will require help to assess and analyse social situations, interactions, and any other environment that requires cognitive abilities to function. These support systems may include assistive and adaptive strategies to enhance their social and communication skills.

Differences:

Though Virtual and Classic Autism have some similarities, they do have distinct differences that set them apart. They include:

- **Time of onset:** Classic Autism is usually diagnosed in early childhood, which is of neurological in origin, whereas Virtual Autism which is caused by Increased exposure to screen time can be diagnosed at any age depending on the level of engagement with gadgets.

- **Communication:** Classic Autism is characterized by delay or difficulty in spoken language whereas Virtual Autism is characterized not only by

speech impairment but also by other difficulties that involve comprehension of body language, facial expressions, tone of voice and other emotions

- **Sensory Processing:** While both forms of Autism may suffer from sensory sensitivity, individuals with Virtual Autism may show more severe and unpredictable response to sensory stimulations or inputs. This may cause behavioural abnormalities and challenges in everyday activities.

DISCUSSION

For management of any disease, proper diagnosis is the key. Hence it is very essential to take the clear history along with examination and assessments to differentiate whether the child is having Classic Autism or Virtual Autism. The clinical features of Autism can be compared to the features mentioned for *Unmada* in Ayurveda classics.

Unmada is the morbidity that originates due to *Dushta Dosha* caused by the *Mithya Ahara* or *Vihara* consumption by an *Alpa Satwa* person, which gets lodged in the *Sthana* of *Buddi*; that is *Hridaya* and later does *Margavarana* of *Manovaha Srotas* leading to different *Lakshanas*.⁷

Table 1: Showing symptoms of *Vataja Unmada*^{8,9,10,11}

Symptoms of <i>Vataja Unmada</i>	Charaka Samhita	Sushruta Samhita	Ashtanga Hridaya	Madhava Nidana
Hyperactivity Repetitive behaviour	<i>Asthana Nritya, Geeta, Vak</i>	<i>Gayati, Nritya Sheelo, Bhramati</i>	<i>Asthane Nartana, Geeta, Vaditra Vak</i>	<i>Asthana Nritya, Geeta, Vak</i>

Table 2: Showing symptoms of *Pittaja Unmada*^{8,9,10,11}

Symptoms of <i>Pittaja Unmada</i>	Charaka Samhita	Sushruta Samhita	Ashtanga Hridaya	Madhava Nidana
Frequent mood swings Irritability	<i>Asthana Hasya, Smita, Rodhana</i>	<i>Vikroshati</i>	<i>Asthane Rodhana, Akrosha, Hasati, Smita</i>	<i>Asthane Hasya, Smita, Rodhana</i>

Table 3: Showing symptoms of *Kaphaja Unmada* ^{8,9,10,11}

Symptoms of <i>Kaphaja Unmada</i>	Charaka Samhita	Sushruta Samhita	Ashtanga Hridaya	Madhava Nidana
Delayed speech and language development	<i>Manda Vak, Cheshta</i>	<i>Alpa Kathana</i>	<i>Alpa Vakyata</i>	<i>Vak, Cheshtitam Manda</i>
Low appetite	<i>Arochaka</i>	<i>Alpa Bhuk</i>	<i>Arochaka, Alpa Ahara</i>	<i>Arochaka</i>

In the framework of Ayurveda, both Classic Autism and Virtual Autism can be understood within the context of *Vata-Kaphaja Unmada*. Virtual Autism can be viewed as a preliminary stage or *Purvarupa* of *Unmada*, indicating a crucial phase where timely intervention could potentially halt or reverse the condition's progression towards more severe stages. For any disease *Purvarupa* must be given importance because hint of future disease may help cure disease at an early stage with minimal treatment or just with avoidance of etiological factors.

Viewing Virtual Autism in this light underscores the importance of recognizing and addressing it early. By identifying and managing it promptly, there may be a window of opportunity to prevent the development of Classic Autism/*Unmada*.

In Ayurveda parlance, this condition can be understood as the *Vibhrama* of *Manas, Smriti, Buddhi, Jnaana, Cheshta* etc. as stated in the definition of *Unmada*.

The *Nidana* or causative factors according to classical texts are *Vishama Cheshta* (inappropriate activities) which can cause *Vata Prakopa*. The child can neither efficiently separate sensory stimuli nor adjust their responses to it. This will make it difficult for the child to concentrate on their activities or react appropriately to their surroundings. Hence, they tend to show repeated stereotypical movements like head banging, hand flapping, temper tantrums, hyperactivity etc- especially when a task/command is given, or the device is taken off from them.

Kapha Prakopakara Vihara like absent/reduced physical activities, no socialisation and interaction with others etc. which is seen in children with excess gadget usage or screen time.

Manas (mind) is essential for acquisition of knowledge through sensory perception experience or learning. *Kapha* is *Tamo Guna Bhuyishtam* and excess *Tamas* in mind can contribute to impaired mental functions and knowledge perception. The clinical features like *Vishada* (grief), *Budhinirodha* (poor cognition/intellect) *Ajnana* (poor knowledge) can be seen in the child.

Likewise, the predominance of *Vata Dosha* and *Rajo Guna* contributes to development of *Tadana Sheelata* (Violent behaviour), *Krodha* (anger) in children.¹²

In the context of *Sadvrita* (proper codes and conduct),¹³ *Acharya* explained “*Na Peedayet Indriyaani*”; overburdening the sensory organs with excessive exposure to external stimuli must be avoided as it can adversely affect the mental health and physical well-being. Alongside, “*Na Ch Ati Lalayet*” is also mentioned, which reflects an innate affinity for seeking only pleasure and comforting experiences. It points to the dangers of sensory escapism in real life, and individuals tend to avoid anything that potentially causes emotional or mental discomfort. We can identify these patterns in Virtual Autism, where excess screen time causes overindulgence in sensory objects, and in Classic Autism, many children tend to escape from or hesitate to experience the uncommon sensory experiences (insistence on sameness).

The *Samprapti* or the pathogenesis of the Virtual Autism can be understood as –

Nidana Sevana - Excessive screen dependency leading to



Asatmya Indriyarthā Samyoga



Imbalance of *Rajas* and *Tamas*



Manovaha Sroto Dushti



Impairment in the development of *Mano Vrithi* like
Chintya, Vicharya, Oohya etc.



Ultimately causing *Mano-Vibhrama*.

Mano-Vibhrama in child can lead to *Asamyak Karma* of *Gnanendriya* like reduced eye contact, hyper/hypo sensitivity to touch, taste, intolerant to sound etc. There could also be features associated with *Asamyak Karma* of *Karmendriya* also like absence/improper speech, repetitive movements of hands, legs, head banging, lack of awareness about the act of urination or defecation.

Nidana Parivarjanam Eva Chikitsa – one of the main principles of treatment in Ayurveda is avoidance of the causative factors.

Children, in front of virtual environment are not a part of the experiences of common language, thinking and reflex stimulation by dialogue which parents, grandparents or family, or human environment generally provide. Auditory and visual stimuli perceived in front of screens are quite aggressive for brains in full development, move so quickly, so they overpass children capacity to control them. Invariably, the effect is the significant inhibition of some mental processes or the poor development of neuronal areas. Children get used to the virtual environment and they do not want to understand what is happening in the world around them and they are content only with sensations.

The experience of watching the virtual environment is not a real one, in space and time, distances, but a virtual one, suggested or only encouraged, within the virtual world. Children lack the possibility to learn, by touching and physical manipulation of materials, one of the conditions governing the process of knowledge and therefore

structuring neural pathways. Virtual environments deprive young children of peace and respite necessary to develop the internal language mechanisms of thinking and reflexivity. This does not favour an interactive participation into the process of knowledge, on the contrary, it encourages a passive and passivated experience for human mind. By the excessive consumption of virtual environment, children are deprived of the capacity of developing and imagining games and weakens their mental dynamism. After prolonged viewing, children tend to maintain the same status of passivity or non-involvement in the knowledge of real world. Hence there is a direct causal link between this excessive screen consumption and similar behaviors and elements to those found with Autism. The excessive consumption of virtual environment in children, cumulative with a genetic predisposition can produce even a neuro-cognitive structure typically for the children with Autism, affecting brain structures.¹⁴ On the long term, by the influence of the epigenetic factors, caused by sensory-motor and socio-affective deprivation, leading to high incidence of Autism, at global level through this new form called as Virtual Autism.

The etiopathogenesis of Classic Autism may predominantly evolve from *Kha Vaigunya* as consequence of various *Sahaja* (genetic) & *Agantuja Hetu* (epigenetic toxic insults & post-natal environmental factors). Vitiated *Dosha* (physical & mental) may exacerbate the *Kha- Vaigunya* leading to various core features of Autism.

In conditions like Virtual Autism, avoiding/reducing the screen time and gadget usage can bring a considerable improvement in the clinical features of Autism. It also prevents various associated health issues in children like sleep problems, vision issues, headache, dizziness, violent/irritant behaviour, mood swings, weight gain, poor academic performances and thereby facilitates a healthy status.

RECOMMENDATIONS:

i. For parents:

- Avoid the use of electronic devices with screens for children and keep it away from their reach.



- As children tend to imitate their parents avoid using electronic gadgets in front of small children and when not in use keep the device in switch off/shut down mode.

- For children less than 3 years, limit the usage of electronic devices to an hour/day and only in the presence of adults, to help children understand what intended, for children.

- For children between 3 and 6 years old, limit the screens to maximum an hour/day, select high quality programmes and avoid using them when eating or an hour before sleeping.

ii. For specialists (pediatrician, family physician, neurologists, psychologists etc.):

- Make the parents aware about the risks in children due to the excess exposure to electronic devices.

- Advise parents the maximum amount of use of screen devices, according to children's age.

- Advise parents to provide the child with quality alternative and recreational activities for proper physical and mental development, replacing time viewing screens.

iii. For Governing body, Public organizations, Media:

- Organizing educational and awareness campaigns/programs about the risks of use of virtual environment (mobile phone, TV, laptop, tablet, computer) in children.

CONCLUSION

Psychology and neuroscience advocate that human emotions are purely dependent on sensory perceptions. Therefore, the quality of sensory perception has a significant impact on mental and emotional states. An imbalance in sensory input, whether it is overstimulation or deprivation, can lead to a disturbance in one's mental health and overall well-being.¹⁵

Virtual Autism represents a novel challenge in Pediatric healthcare, stemming from increased screen time and often mistaken for Classic Autism. Recognizing the distinct features of Virtual Autism, such as its association with digital media exposure and its potential reversibility, is crucial for early intervention and management.

While Virtual Autism shares similarities with Classic Autism, including social communication difficulties, sensory sensitivity, and repetitive behaviours, it also presents unique characteristics. These include a broader age range for diagnosis, different patterns of communication challenges, and potentially more severe sensory processing issues.

Ayurveda perspectives offer a complementary view, suggesting that Virtual Autism may be an early stage of *Unmada*, a condition characterized by disturbances in the mind and intellect. Understanding Virtual Autism through this lens highlights the importance of addressing excessive screen time as a causative factor.

REFERENCES

1. DSM-5.5th Edition. Washington, DC: American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders.
2. Gupta Piyush, PSN Menon, Ramji Siddarth, Lodha Rakesh. PG textbook of Pediatrics, Volume 1, Autism Spectrum Disorder, first edition, New Delhi, Jaypee Brothers Medical Publishers (P) Ltd.; 2015. p.774.
3. Prasad, A. A. (2019). A Case Study on Ayurvedic Management of Unmadam with special reference to Childhood Autism. International Journal of Ayurvedic Medicine, 10(2), 211–219. <https://doi.org/10.47552/ijam.v10i2.1170>.
4. Vaidya Yadvaji Trikamji Acharya. Charaka Samhitha by Agnivesha. Chowkhamba Krishnadas Academy, Nidana Sthana, Chapter 7, Unmada Varanasi 2006.
5. Hoare E, Milton K, Foster C, Allender S. Depression, psychological distress and Internet use among community-based Australian adolescents: A cross-sectional study. BMC Public Health 2017;17:365.
6. "Classic Autism vs. Virtual Autism : A Comprehensive Comparison" <https://webautism.com/classic-autism-vs-virtual-autism/>
7. Dr. Padmanayna M., Dr. Prathviraj Puranik, & Dr. Sharashchandra R. (2021). A case study on Vatakaphaja Unmada : Autism Spectrum



- Disease. Journal of Ayurveda and Integrated Medical Sciences, 6(3), 188 - 191. <https://doi.org/10.21760/jaims.v6i3.1294>
8. Vaidya Yadvaji Trikamji Acharya. Charaka Samhitha by Agnivesha. Chowkhamba Krishnadas Academy, Nidana Sthana, Chapter 7, Unmada Varanasi 2006.
 9. “Unmada pratishedhadhyaya” from Sushruta samhitha, Uttara sthana. <https://niimh.nic.in/ebooks/esushruta/?mod=read>
 10. “Unmada pratishedhadhyaya” from Ashtanga Hridaya, Uttara sthana. <http://vedotpatti.in/samhita/Vag/chrudayam/?mod=read>
 11. “Unmada Nidanam” from Madhava Nidana. <https://niimh.nic.in/ebooks/madhavanidana/?mod=read>.
 12. Patil PL, Bonde PW (2018) An Overview and Approach towards Autism and its Management in Ayurveda. Ped Health Res Vol.3: No.1: 1. doi: 10.21767/2574-2817.100026.
 13. Dr. Tripathi Brahmanand, Charaka Samhitha with Charaka Hindi commentary, Sutra Sthana, Chaukhamba Surbharathi Prakashan. 2007.
 14. Marius Teodor Zamfir, The consumption of virtual environment more than 4 hours/day, in the children between 0-3 years old, can cause a syndrome similar with the Autism Spectrum Disorder, Journal of Literary Studies, March 2018.
 15. Roy, Anjana; Harti, Shivakumar Shankar. Navigating sensory overload to safeguard mental well-being in the digital age. International Journal of Ayurveda Research 6(1):p 72-74, Jan-Mar 2025. | DOI: 10.4103/ijar.ijar_317_24