



Autism Spectrum Disorder: Holistic Homeopathy

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Introduction

In this first part of the article the approach of treating autism at Spandan Holistic Multidisciplinary Institute and a study of the results will be presented. In the second part of the article, to be published in the next issue of LINKS, a case example will be given in detail.

The Deterioration into Autism

“Saloni was so beautiful. Rare deep blue irises, chubby cheeks, long eyelashes, well delineated eye brows and an enchanting smile on her face. She was absolutely sweet. After the chickenpox she changed. We hoped against hope that over a period of time, everything would go well. This would be only a passing phase. But to our dismay this phase never ended. She went on deteriorating.”

This is the story we receive from many autistic children's parents. These children begin their life quite often fairly well. Suddenly some event occurs and they regress. Saloni was growing well. She spoke few words. After an attack of chickenpox, at the age of fourteen months, she lost her speech totally. She always had been an active child. But after chickenpox she became extremely hyperactive, totally mute, making humming sounds. She screams, shouts and runs amok. If somebody presses the bell, she immediately closes her ears; becomes unmanageable whenever there are thunderstorms or she hears shrilling sounds of trains passing by.

The family impatiently awaited this child in its midst for many years, and was extremely eager to greet her, to play with her; one would die to get her smile. But at

the age of 14 months, Saloni was totally lost in her own world. She would never look at anyone. No eye-to-eye contact.

This is typical of autism.

All other children with developmental issues may present with serious, obvious defects/dimorphic face. Autistic children may not look “disabled”; in fact this aggravates the parents' agony.

All the symptoms are because of impaired sensory processing, defects in socialization, communication and defective behaviour.

Parents are terribly worried because otherwise sweet children will never be alright. They are terribly distressed as they do not know to deal with the hyperactivity and oversensitivity. Therapists and educators feel frustrated as the child does not learn since behaviour and sensory issues do not improve.

Autism and Homeopathy

What role does homeopathy play? What meaning does the homeopath give to every changing spectrum of expression? How does he relate to the child who is in his own world? Can autism be cured by homeopathy? If not cured, how can homeopathy help to ensure harmony within the child for his co-existence with “AUTISM”?

SUMMARY

Spandan Holistic Multidisciplinary Institute treated 123 autistic children and showed that reduction of autistic features and rehabilitation of the child into mainstream society can be achieved through classical homeopathy.

KEYWORDS Autism, Multidisciplinary treatment, Integrative medicine, *Carcinosinum, Lachesis, Natrum muriaticum, Opium, Syphilinum*

For almost a century, the medical profession has struggled to comprehend and work out ways to handle childhood disorders like ADHD as well as autism. Stimulants, tranquillizers, hypnotics etc. have been used from time to time to deal with these disorders with varying degrees of results, but mainly short-term or temporary gains.

Homeopathy offered a definite approach, made deep inroads into the minute recesses of the tender psyche and modified the behaviour of all concerned for good; not only of the child but parents, teachers as well as the whole society. *Dorothy Shepherd's* “Tuberculinum” or *Borland's* “Stunted children” are the solid testimonies of homeopathic intervention.

A quick review of homeopathic literature gives ample evidence of the efficacy of homeopathic therapeutics in the management of special children; what was missing in the literature was an adequate standardized approach, comprehensive evaluation and thorough documentation. We took up this challenge at Spandan and evolved a holistic multidisciplinary approach, keeping homeopathy as the central therapeutic modality. We encountered a number of children suffering from ADHD and autism. We are presenting a distillation of our clinical experience from July 1998 when Spandan was born, with special focus on autism.

Retrospective analysis of the following children has been carried out.

1. 150 cases of ADHD and/or learning disorders were registered, studied and managed at Spandan from July 1998 onwards.
2. 63 cases of autism disorder were registered and managed at Spandan from July 1998 to June 2006.
3. 60 cases of autism disorder were registered, studied and managed at Spandan under the auspices of an AYUSH-funded extramural research project from October 2006 to September 2009.



Approach to Autism Spectrum Disorder

Autism is also known as pervasive developmental disorders. It is a deep-seated chronic disease. For homeopathic management we need to appreciate the cases from the clinical perspective as well as from the homeopathic individualization perspective.

Clinical approach

It is essential to document the cases; we need to diagnose by taking into account the clinical parameters listed in DSM-IV and ICD-10. Clinical psychologists help to arrive at the diagnosis. They carry out the following tests which give us comprehensive understanding of the clinical state.

(1) CARS: Childhood Autism Rating Scale

This test helps to reach the diagnosis and determines the degree of autism, i.e. severity depending on the score as in Table 1.

(2) ATEC (Autism Treatment Evaluation Check-list)

A scoring system, developed by Dr. Bernard Rimland of the Autism Research Institute, United States, is an internationally recognized scoring system to measure changes in the autistic features after any treatment. It has four sub-sets and each sub-set has a certain range of scores.

Any child who is evaluated through this score system will obtain a total score in the range of 0 to 180, while individual sub-sets have their own range of scores as in Table 2.

Each score reflects impairment quantitatively in this aspect of autism. We can further decide the degree of impairment in each component. This test is repeated periodically to assess the impact of treatment.

(3) Determination of SQ (Social Quotient) by VSMS (Vineland Social Maturity Scale)

This gives us an idea of the cognitive ability of the child. We can classify children whether they pass as of normal intelligence or a slow learner or mentally retarded. Accordingly we classify them as:

- High functioning
- With mental retardation; mild, moderate, severe and profound.
- In order to assess cognition and perception of high functioning children, other psychological tests are used like: WISK, Woodcock Johnson etc.

Table 1 Childhood Autism Rating Scale (CARS).

CARS	Category	Range
1	Nonautistic	Below 30
2	Mild-Moderate	30-36.5
3	Severe	37-60

Each case is investigated for EEG, BERA (Brainstem Evoked Response Audiometry), Audiometry, Serum Serotonin, Genetic karyotyping etc.

All these investigations will allow us to come to a comprehensive diagnosis of autism along with comorbidity. This will have implications in perceiving susceptibility and the underlying miasmatic state.

Homeopathic approach

Components of totality

When we study the symptomatology of Autism Spectrum Disorder we see various patterns. Some children present with predominant features pertaining to behaviour like extreme restlessness, impulsiveness, while some children present with intense sensory disturbances, like oversensitivity to noise, touch etc. Some children also demonstrate a marked degree of regressive features like involuntary urine, stool, eating filth, low cognition etc. Accordingly, we could see distinct repertorial totality and repertorial syndrome, i.e. distinct groups of collected symptoms as well as group of medicines.

Based on this study and clinical experiences we have, depending on the dominant pattern, highlighted a group of medicines in Fig. 1.

Sensory pattern:

Impairment in receiving and processing of sensory input with intensity as well as qualified aspects – touch, sound, smell, vision etc. These sensory inputs bring about marked aggravation. Parents report that the child startles from sudden sound, closes ears, etc.

This aspect is a hallmark of autism and is responsible for a variety of symptoms and states. Similarly, our Materia Medica and Repertory provide rich information of these aspects. *Borax, Stramonium, Asarum, Theridion, Carcinosinum, Nux vomica, Opium, China*, etc. are the most important drugs which come up for the management of autism where a sensory pattern is predominant.

Table 2 Autism Treatment Evaluation Check-List (ATEC).

ATEC	Component	Score
A	Communication	0-28
B	Sociability	0-40
C	Sensory	0-36
D	Health and Behaviour	0-75

Kinetic state:

The majority of children belonging to Autism Spectrum Disorder present with a hyperactive state. They show marked impulsivity. Here we get two sub-types: One with aggression, destructiveness and violence and the other group without aggression.

The group of drugs that come up are *Tarentula, Stramonium, Tuberculinum, Medorrhinum, Nux vomica* etc.

[Saloni, to whom we referred at the outset, had tremendous preoccupation with moving objects; she genuinely loved travelling. Her craving for salt and meat was fixed by *Tuberculinum* which brought down her hyperkinesia.

When self-injurious behaviour is pronounced we get *Lyssinum, Stramonium* etc.

Regressive state:

For children presenting with poor sphincter control, leading to involuntary evacuation of stool, and/or urine, quite often associated with a dull and passive state with lasciviousness, lustful behaviour, tendency to masturbation, genital rubbing, eating faeces, dust etc. we can consider drugs like *Hyoscyamus, Bufo, Baryta carbonica* etc.

Features pertaining to affects and mood:

If there is characteristic expression in an autistic child that shows the child's affectionate nature, his desire to be associated with people or a group, this can be considered as a characteristic disposition. We have seen drugs like *Phosphorus, Carcinosinum, Lycopodium* etc. coming up with these features.

Qualified aspects of fears: associated fears also help us to appreciate the drug. For example, gravitational fear in *Borax*; profound impact of fears in *Opium* etc.

In fact, the qualified aspect is always important as even hyperactivity can also show PQRS (peculiar, queer, rare, strange-charac-

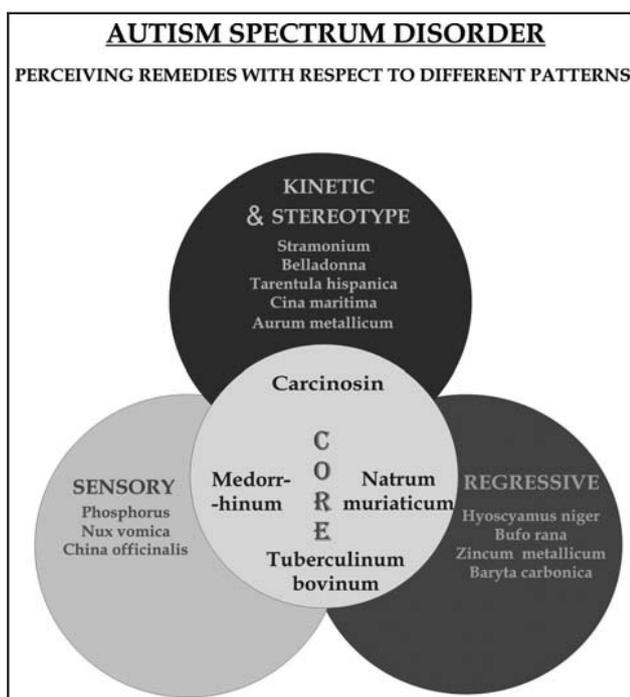


Fig. 1 Perceiving remedies with respect to different patterns. (When we classify autistic children from the standpoint of the dominant symptom complex, it becomes easier to travel to the similimum. In our clinical study, we have identified a group of drugs that come up for the particular aspect dominates totality. Nosodes and polychrests have come up when *dispositional* features or *constitutional* profile dominate the scene.)

7. Gross motor skills are excellent. He can swing and slide. He swims independently under water at a depth of twelve feet without being taught and without any fear.
8. He skates with terrific speed and balance without helmet and without getting injured. However he cannot understand a whistle and competition.
9. He bicycles on the road with excellent avoiding skills.
10. **He possesses unusual, unexplained ability to read his mother's mind:** We conducted an experiment: On six different slips, six mobile numbers were written. A list of the owners of these mobiles was shown only to mother who read them privately. Now, the mother asked, "S, pick up sir's number" He picked up absolutely the correct number. Accordingly he picked up all the numbers correctly. He was asked to pick up numbers randomly and he had never heard those names.

teristic aspects of the symptom i.e. hyperactivity). For example, Master A., a four-year-old child, reported with autism and tremendous hyperactivity; climbing in high places with lack of fear, delayed speech, withdrawal into self and lack of interaction with other children. What was most peculiar was his great impulse to jump, hence he would tirelessly take up the high position and climb at the earliest opportunity. Impulse to jump pointed to *Nux vomica* and *Silica*. Other coordinates of oversensitivity to noise and pica clinched the diagnosis of *Nux vomica*. Mother reported that fifteen days later the child spoke his first word!

Autism is a spectrum disorder. Some children showing gravitational fears would be scared of jumping from even a little height, while some would love to climb high places to jump like this child! Both are qualified features.

Islets of ability for autistic savant and its reflections in the homeopathic case anamnesis:

The autistic savant is one of the most fascinating cognitive phenomena in psychology. "Autistic savant" refers to individuals with autism who have extraordinary skills not exhibited by most persons.

There are many forms of savant abilities. The most common forms involve mathematical calculations, memory feats, artistic

abilities, and musical abilities. A mathematical ability which many autistic individuals display is calendar memory.

We need to perceive and integrate characteristics of these aspects in our totality. The following examples will explain this.

Case: Master S.S. is a great example. This eight-year-old boy came to us from southern India and presented with amazing abilities.

1. He can comprehend complex passages. We take S's finger to trace along the lines of the passage. He will finish in a few seconds and can pick up answers amidst twelve to fifteen variables. He even understands the moral of the story which is not explicitly stated in the stories.
2. He reads faster than the time we take to read the newspaper.
3. He can understand *The Upanishads* and answer questions, *Passages of John Milton*, *RK Laxman stories*, etc. when read out to him. He is 95 to 100 percent accurate in providing the answer.
4. Mathematically he can multiply by up to 20 and can derive square roots. No teaching is required; a minute or two's explanation would suffice.
5. He knows the Hindu epic stories *Ramayana* and *Mahabharata*. He has only heard them once while reading and can remember and answer.
6. Using the analogy of $a+b$ whole square he expanded $p+q$ whole square at four and half years.

He is extremely hyperactive with hardly any eye-to-eye contact. He suffers from severe autism as per the scale.

When we perceived these extraordinary capacities, the quickness, tremendous restlessness and intense sensitivity to slightest noise, **Opium C200** was prescribed, which helped the child immensely. There was significant reduction in hyperactivity and eye contact improved a lot. There was no change in the special abilities which he possessed. **ATEC** dropped from 131 to 86 in 18 months.

Case: Nine-year-old Bengali boy came with the parents to our institute as he suffered from autism with severe hyperactivity. His aggression and restlessness were unmanageable. While travelling once in a suburban train it was very difficult to hold him. His mother was struggling terribly to keep him in one place. One fellow passenger felt suspicious that the mother was kidnapping the child. Hopeless and helpless, the parent cried in despair. School also threatened to remove the child. What is interesting to note is that the boy has **an unusual, inexplicable knowledge of many languages** that the parents claimed he was never exposed to and that even they are unaware of. The child reads well in nine languages: five Indian, four foreign, (Gujarati, Bengali, Marathi, Telugu, Malayalam, Hindi and English, Chinese, Japanese, etc.) Really A DIFFERENTLY ABLED CHILD.

When we co-related the boy's hyperactivity, aggression, early emerging sexuality (touch-



ing teenaged girls anywhere on the street and in the school) along with his special ability of reading multiple languages which is represented in our Repertory as “Speaking, foreign languages”, *Lachesis* was prescribed with great benefit.

Skilful study of our Materia Medica, repertory and homeopathic literature demonstrates that numerous remedies can be thought of for such disposition. In our study, we found *Carcinosinum*, *Coffea*, *Opium*, *Lachesis*, *Phosphorus*, *Calcarea phosphorica*, *Lycopodium*, *Belladonna*, *Agaricus*, *Stramonium*.

Aetiological – Contributing Factors

We get good insight about the remedy as well as treatment planning from our understanding of factors responsible for the genesis and maintenance of autism (see Fig. 2). We need to integrate these causative factors into our totality.

Strong history of emotional trauma in the child before the onset of autism

Psychological/Psychodynamic factors

Deprivation, rejection, separation from parents or foster parents – parental substitute. Sudden withdrawal from social environment.

Although review of the literature does not indicate emotional factors as causation for autism, in our study we observed in 29 cases (out of 123 cases) the child having passed through severe emotional trauma before the onset of autism. Illustrations cited below of Baby S. regarding emotional trauma can have far-reaching implications in understanding autism as a phenomenon and its therapeutics.

Bereavement from death or separation from a close relative can make deep inroads in the inner recesses of the psyche and can aggravate or may even precipitate autistic disorder. Similarly, rejection can also be considered as an aggravating factor. In three cases, the mother did not want the pregnancy and in Baby S. the mother had made several desperate efforts to abort the foetus.

Case: Sakshi was born in an extremely poor family comprising a schizophrenic mother and alcoholic father who had attempted suicide and later died while the mother aban-



Fig. 2 Autism causation.

doned Sakshi on the tenth day after birth and ran away. The child was brought to Mumbai by her grandparents when she was twenty days old. She was in a miserable state as described by them. (She was like a skeleton – with only eye movement.)

Her development to 1½–2 years was described as normal with only delayed speech. She was quite affectionate and had a strong bond with her grandparents.

When she was two, she was playing in her grandmother's lap. The grandmother had a heart attack and died instantly. No one was around for an hour. Sakshi was stunned, was shocked. For days together she searched for her grandmother.

The sudden death of her grandmother due to cardiac arrest while Sakshi was in her lap proved extremely traumatic and she came down with severe autism with profound retardation.

Rejection, deprivation and grief when correlated with desire for music and salt: *Natrium muriaticum* was selected.

After three years of treatment Sakshi is quite comfortable and the family is quite happy in bringing up this sweet tender child. She gave an excellent performance in an auditorium packed with 500 people.

Emotional state and other health related issues in mother during pregnancy

In our study, we found significant emotional disturbances as evaluated through the following checklist in nine mothers of autistic children out of 60. So 15% of children fall into this category

- Sleeplessness
- Restlessness/Agitation/Aggression
- Depressed mood

- Frequent spells of weeping
- Significant impairment in social adaptation
- Unexplained intense anxiety and fears

We need to integrate this state in our totality.

Suppression

The theme of suppression has strong therapeutic implications in the management of autism. Such history indicates a strong miasmatic role. Some such cases present with severe autism and poor reaction with paucity of symptoms. They may demand phasic medicine to deal with the acuteness but afterwards will need a deep acting anti-miasmatic remedy to improve the reactivity and to enhance the process of cure.

Quite often you may find *Carcinosinum*, *Me-dorrhinum*, *Tuberculinum* indicated in such instances. Later on we may see the emergence of other chronic or constitutional medicines coming up while the autistic features reduce and the dispositional features emerge.

In our study of 60 cases of autism, we found 15 cases with a strong history of severe fulminant acute infection before the emergence of autism. They suffered from one of the following illnesses: lower respiratory tract infections, pneumonia, cerebral malaria, acute gastroenteritis, chicken pox, hepatitis etc. Some children also had a history of skin infection, or secondary suppurative infection.

Vaccinations

Numerous authors have pointed out the role of vaccination in precipitating material. Mercury adjuvant, thermersol, could be toxic and responsible for the disorder.

- In case no. 55, the child used to wave bye-bye, and clap hands when mother recited Ram Sita Ram. But after the MMR vaccination around twenty months of age, there was regression and she stopped waving, clapping and did not respond to calling.
- In case no. 17, the parents noticed definite changes in the child after MMR vaccines had been given at twenty months: restlessness and no development of speech.
- In case no. 35, after MMR vaccines the girl developed fever and vomiting which continued for one month and there was regression of speech and development of autistic features.



Associated organic dimensions with autism

Children present with varieties of organic conditions along with Autism Spectrum Disorder. For example we have some children presenting with epilepsy, some with post-infective encephalopathy, leading to various neurological complications; some children with spasticity and some with marked hypotonia; diseases like tuberous sclerosis, agenesis of corpus callosum and Bardet Biedl Syndrome¹. In such cases, organicity helps immensely to appreciate totality as well as helps to travel to simillimum.

Children with significant genetic disorders associated with marked dimorphic features will invariably demand the administration of very deep acting drugs like *Carcinosinum*, *Medorrhinum*, *Syphilinum* etc. The following examples will illustrate this point well.

Case: Master V.P. presents with severe autism and severe mental retardation at nine years of age. He presented with clinical autistic features of poor eye contact, no interest in any activity and extremely poor communication and social skills. He had an intense desire for music and suffered from very frequent spells of an extremely passive and withdrawn attitude.

His telltale face gives us good insight into the depth of destruction as well as about his miasmatic background. Dimorphic (Dysmorphic) features were characteristic with Bardet Biedl Syndrome. The followings were morphological features:

- Polydactyl (Both feet and left hand)
- Squint, left gaze preference – Nystagmus
- Tall skull with flat occiput
- Low set ears
- Irregular lowness of teeth and high palate

His family history – elder brother, polydactyl and suffering from congenital heart disease, died at a young age. He presented with a psoric, sycotic, syphilitic background. All these were co-related with marked aversion to fruits. This knowledge helped us to the diagnosis of *Carcinosinum*. He took one dose of *Carcinosinum* C30 every week for five months followed by infrequent doses.

¹ (Lawrence-Moon)-Bardet-Biedl Syndrome is a rare autosomal recessive genetic disorder associated with retinitis pigmentosa, polydactyly, obesity, spastic paraplegia, hypogonadism and mental retardation. (Wikipedia)

His ATEC came down from 110 to 65. Besides a marked reduction in autistic features there was also a significant improvement in his immunity.

Understanding the evolution of disease, its developmental pattern and its application in homeopathic case anamnesis

Critical appreciation of the march of events should be carefully analysed from the standpoint of what is happening to the underlying tissues and systems and what kind of symptoms are thrown off from time to time. Comprehensive correlations of structure as well as pathophysiological processes along with the forms and the time-scale give us great insight about the miasm, susceptibility as well as the remedy portrait.

Case: Another special child who was apparently healthy suffered from mumps leading to post-mumps encephalopathy and developed complex partial seizures with tendency to status epilepticus. MRI revealed bilateral hippocampus sclerosis.

She became extremely dull and destructive. Tempo, fury and direction of symptoms indicated the syphilitic miasm with poor state of susceptibility. This awareness helps immensely to differentiate various remedies coming up for the case. Pronounced night aggravation and washing mania fixed the diagnosis of *Syphilinum*.

Constitutional profile

There are some cases, especially in what we consider as high-functioning autistic children without any significant organic component, that may present directly with peculiar individualizing features at the dispositional plane; mentals as well as physical generals. In such instances, we can identify indicated constitutional medicine based on the characteristic profile.

Clinical Research in Autism

We conducted a research project with the title “Exploring the effectiveness of homeopathic therapeutics in the management of childhood autism disorder” from November 2006 to November 2009.

The project was conducted under the auspices of the Central Council of Research in homeopathy, under the Ministry of Health, Government of India. Sixty cases were enrolled from November 2006 to March 2008. Follow-ups were studied for the period of one year.

Cases were recorded in the specially designed Case Record Format with clinical and homeopathic perspectives.

The following team members participated:

- Dr. Praful Barvalia – Principal Investigator
- Dr. Amit Daftary M.D. (Hom.) – Research Associate
- Dr. Vijaya Patil M.D. (Hom.) – Senior research assistant
- Mrs. Vinita Agarwal (M.A.) – Psychologist
- Dr. Ashish Mehta M.S. DNB – Neurologist
- Dr. Piyush Oza – Clinical coordinator

All the investigations mentioned earlier were carried out.

ATEC Scores were studied at the time of entry in the project, then every three months and at the end of one year.

We also have readings of previous ATECs six months prior to homeopathic intervention. Some children were receiving regular traditional therapies but none of them received homeopathic medicines. When we examined the profile of some children in the previous six months, we could see that there were some children who were not doing well. Many of them showed deterioration in their autistic features. In some cases, special educators specifically requested us to examine and help these extremely hyperactive children, to whom they could not give any special input. After homeopathic intervention, we could see the graph drastically changing. This was true for mild, moderate as well as severe autism. Homeopathic intervention brought about significant relief in autism and we could certainly see a reversal in scores.

The study was extensive enough to include children of both sexes as well as being evenly distributed in age groups. It covered the entire range of autism – mild, moderate and severe (Fig. 3) – while from the standpoint of cognitive ability we had a sufficient number of children who were high functioning as well as enough with mental retardation (Table 3).

Across this range, changes achieved in the scores are statistically significant and the homeopathic intervention has definitely helped to bring down the autistic load.

The entire experience definitely demonstrated a significant reduction in the autistic features of the children (mean change in

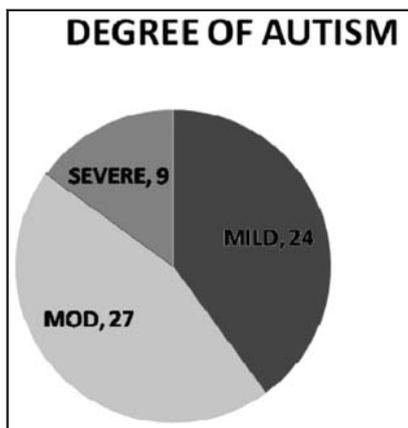


Fig. 3 Number of cases based on degree of autism.

Table 3 Number of cases – degree of impairment of cognitive ability based on SQ.

Criteria	High functioning	Mild	Mod.	Severe
Cognitive ability	13	30	11	6

ATEC 15.12 and ATEC mean percent change 19.72, p value < 0.05) (Fig. 4).

Homeopathic intervention brought about modification in the behaviour quite rapidly followed by changes in other aspects. Children who were gradually regressing and showing a trend towards deterioration showed marked reversal in the autistic features (AHS₁ 36 to AHS₅ 14.30; p value < 0.05) (Fig. 5). (AHS = Autistic hyperactivity score. Scale measures hyperactivity expressed in the form of restlessness, object fixation, spinning, fidgety etc. Range 0 to 59.)

There was sharp decrease in the ATEC score after starting homeopathic treatment. When we examine mean scores, there also we can see that almost 34% improvement take place in the first quarter, and 60% by six months (Fig. 6).

Patients from Case Nos. 1, 9, 31, and 33 definitely showed their surprise to the changes in the behaviour, which was perceptible to them in the first six weeks. Also in some cases, we saw the special educator or therapist express their surprise at the sharp improvement in behaviour.

A significant change in the first quarter after a new treatment is introduced implies the definite positive role of intervention.

Carcinosinum, *Nux vomica*, *Stramonium*, *China* are the important drugs which came up in bringing about this amelioration (Ta-

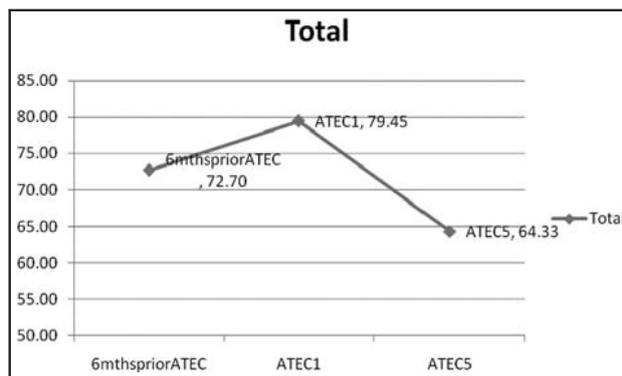


Fig. 4 ATEC graph (before, at start and after homeopathic treatment).

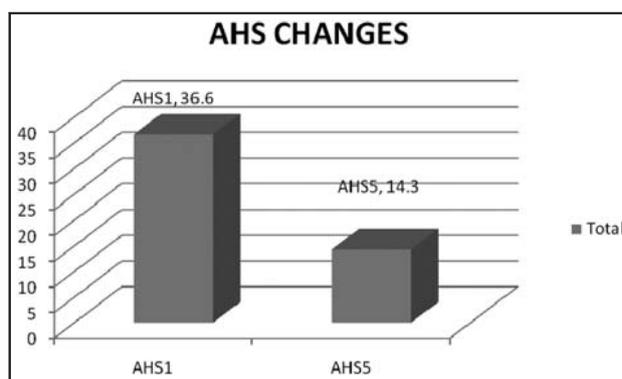


Fig. 5 AHS changes (before and after one year of treatment).

ble 4). Thus, they can certainly be considered as the most important drugs in the management of autism while dealing with a sensory component.

Thus, we could improve autism management, taking into consideration which aspect is dominant, i.e. sensory, behaviour etc.

Dr. Dan Rossignol from the Autism Research Institute has highlighted in a paper published in the Archives of General Psychiatry that younger children with PDD tend to get worse over time and almost all are diagnosed with autism at a later age. An improvement on its own in children with autism is very uncommon.

Rutter mentions that cognitive and language skills are the most powerful indicators of the prognosis in autism.

He mentions that when the child is more than three years old, and SQ is below 50–60, the child will remain severely handicapped throughout life, while those with SQ 50–60 with gross language impairment, may make some social adjustment but a good outcome is unlikely.

Many authors concluded that even in an autistic child with the most favourable prognosis, there is only a very small chance of

the child becoming completely normal – **In this context, the results obtained prove the efficacy of homeopathic treatment.**

We could see that in nine out of 60 cases the scores obtained through the Childhood Autism Rating Scale showed a total reversal after one year's intervention when the score came down to below the 30 level, which is the nonautistic zone.

Pronounced sensory issues

In collaboration with the department of occupational therapy, we studied 32 cases of autism spectrum disorder treated for eighteen months with pronounced sensory issues. (These 32 cases were within the 60 mentioned earlier and were selected as they had moderate to severe sensory impairment.)

They were not doing so well before homeopathic treatment in spite of therapy and other rehabilitation measures because of intense behavioural issues. The scenario changed after homeopathic intervention.

Six months before treatment ATEC was around 70.67 and went up to 73.68 at the time of starting homeopathic treatment. After 12 months of homeopathic intervention, it came down to 55.47 and after 18 months to 46.41.



Table 4 Medicines prescribed in 60 cases autism.

Medicine	Number of cases	Medicines which often followed well	
<i>Carcinosinum</i>	17	Opium	Calcarea carbonica
<i>Stramonium</i>	11	Borax	Veratrum album
<i>Hyoscyamus</i>	07	Cina	Medorrhinum
<i>Nux vomica</i>	07	Lyssin	Syphilinum
<i>Tarentula</i>	05	Plumbum Met	–
<i>Phosphorus</i>	05	Iodum	–
<i>Tuberculinum</i>	06	Lachesis	–
<i>Natrum muriaticum</i>	02	Mercuris solubilis	–

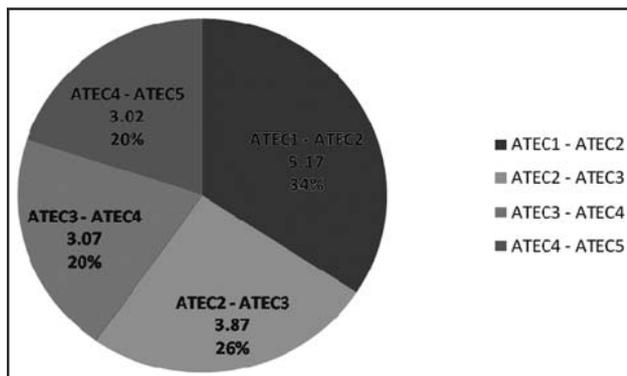


Fig. 6 Improvement in autistic features with respect to timescale: mean changes in ATEC quarterwise.

The team studied changes in sensory index by evaluating the sensory component score in ATEC (Table 2)

Sensory index per ATEC recorded 43% change, while compared to six months prior to treatment and the start of treatment the mean change was around 9%. The occupational therapists clearly expressed their happiness, since after homeopathic treatment, they could carry out sensory integration well.

Mean change in ATEC was 27.27 while the change in sensory component was 43% in one and a half years. Homeopathic medicines have profound impact on sensory issues and bring about its correction fast.

Following e-mail received from one autistic child's father speaks volumes about homeopathy's potential in correcting impaired sensory processing.

"Dear Dr Praful Barvalia,

As discussed, sending you a consolidated summary of Master R's dominant symptoms before and after China.

R. was showing promising signs at the beginning of 2007 (after seven months with you on homeopathy). His anxiety and fear started mounting up around mid 2007 but

still was manageable. This became unmanageable at the beginning of 2008 after seven days consecutive Calc. phos. 200C twice a day. We visited you during this time and he was not good at all. At the end of Feb 2008 *Stramonium* was given for three consecutive days and fear became worse. That time his main complaints were:

1. Irresistible fear and anxiety. He would not go with us to any shopping mall, temples, new places – nothing. Would not tolerate any new situation, crowd, trains, airport, hotels etc.
2. Sound sensitivity was very high
3. Extremely oppositional, resisting everything, throwing tantrums

China was given in March and things started changing after couple of weeks. Without this remedy it was impossible to travel to the USA. *China* continued to do wonders after we came to the USA. He started going to every shopping mall, new places with us with minimum to no objections. He started going to school from September and everyone commented that although non-verbal he is a very manageable child with nice mood and minimal behaviour issues. His sound sensitivity, fear and anxiety were very low for last eight months.

Last remedy given was two consecutive days of *China* 1M in water on 3rd and 4th Jan."

Master R came down with very severe exacerbation of autism with pronounced sensory issues in Feb 2008; *China* brought about dramatic relief.

Integrated Approach

The focus is on building up homeopathic correlations. We have evolved a unique dynamic model (Fig. 7) to comprehend the portrait of the child as well as qualified aspects of the diseased state. The model appreciates the child from the standpoint of various patterns described earlier along with the background so as to have an integrated understanding of the child from a homeopathic perspective.

Sequential use of indicated homeopathic medicines

Homeopathic medicines lessen the state of susceptibility. They also bring about a change in the state of reactivity. When reactivity improves, other characteristics emerge. This leads to the second prescription (Fig. 8).

Thus cure takes place through sequential use of indicated homeopathic medicines in a judicious way.

We observed this phenomenon in 22 instances. Thus, out of 60 cases, in 22 cases two remedies were required in sequence, for example *Opium* followed by *Causticum*, *Stramonium* followed by *Hyoscyamus*. While in four cases three remedies were required in sequence. For example *Nux vomica* – *Stramonium* – *Carcinosinum* and *Medorrhinum* – *Lycopodium* – *Lachesis*, while in 34 cases, only one remedy was required.

Opium, *Carcinosinum*, *Tuberculinum*, *Medorrhinum* are the well-known medicines in our literature, which are deep acting and are known to improve the reactivity of the individuals. This is what we see in our patients.

Autism is a deep-seated disorder and hence cure takes place through layers. As one layer improves, autistic features reduce. Thorough recognition of these phases will demand sincere application of the knowledge of susceptibility, miasm, materia medica and repertory.

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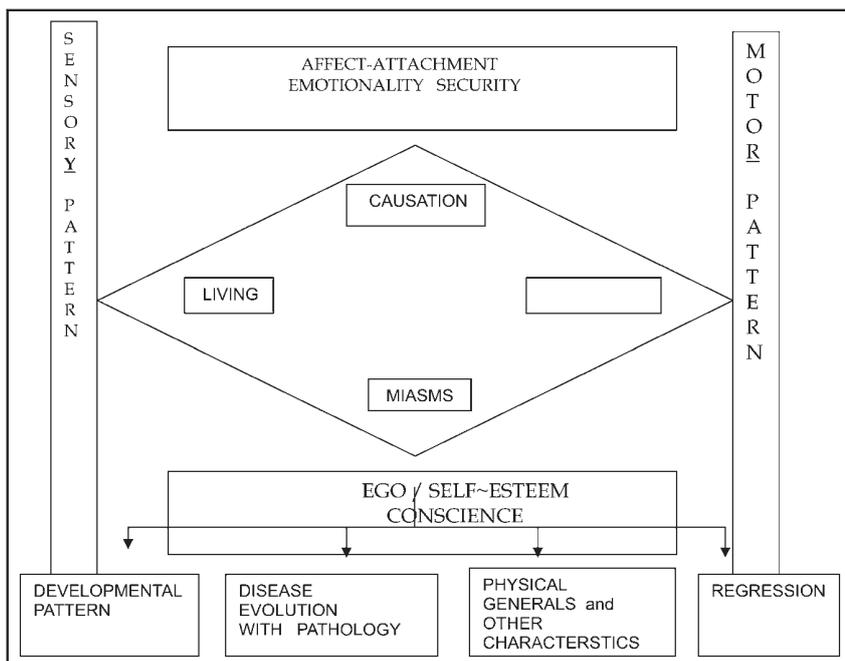


Fig. 7 Autistic child's dynamic portrait.

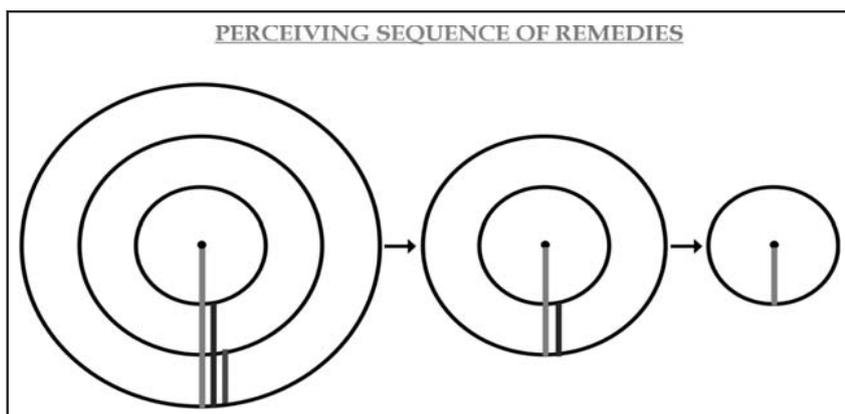


Fig. 8 Perceiving sequence of remedies.

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