

Role of Homoeopathy in the Management of Autism: Study of Effects of Homoeopathic Treatment on the Autism Triad

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Citation:

M.A. Rajalakshmi: Role of Homoeopathy in the Management of Autism: Study of Effects of Homoeopathic Treatment on the Autism Triad. *The Internet Journal of Alternative Medicine*. 2008. Volume 6 Number 1.

Abstract

Autism is a disorder with a wide range of severities. The major issues that come up while dealing with autism are in the following areas: Firstly there are the behavioural issues such as hyperactivity, temper tantrums, poor attention span, decreased concentration and poor focusing. Secondly there are the speech, language and communication issues that are a major concern for parents. Thirdly there are the social skills impairment such as poor eye contact and poor interaction with peers. It has been seen that it is not possible to manage the above mentioned problems with just training alone. Learning is not possible when the child is hyperactive or is not able to focus or concentrate. Also the behavioural and communication problems may stem from an *internal* rather than an *external* cause that needs to be rectified. In such a situation it has been observed that with homoeopathic treatment the child's understanding, eye contact and in the long run, communication also improve. For example: In one case, a parent mentioned that she was trying to train her son in self care activities that was very tedious, as she had to make him do it step by step and he would forget it immediately. She would then have to repeat the whole process everyday. But after homoeopathic treatment, she just had to ask him to do that activity and he would comply without making any mistakes as his understanding and receptive language skills had improved. Homoeopathy and other natural treatments have recently come into focus as possible effective treatment modalities for autistic spectrum disorders. The book, *Impossible Cure: The Promise of Homoeopathy* by Amy Lansky is a case in point. This study aims to throw light on how Homoeopathy can be used as an effective tool for the management of Autism.

In this paper I attempt to highlight the effectiveness of Homoeopathic treatment for autism with case studies, based on my experiences of treating Autism Spectrum Disorders in a special school setting where I worked as a consultant for four years and in my private practice.

Introduction

In recent times there has been an increase in the incidence of autism both in the U.S. as well as in India. The diagnosis of Autism leads to a kind of despair and feelings of hopelessness in the parents, as they are told that it is a lifelong developmental disability and that there is no treatment available for it except for training. Homoeopathy is a system of medicine that deals with treating the person as a whole. It is a system that treats the person with the problem rather than just the problem. That is to say, if there are two children with Autism, they may require totally different homoeopathic drugs based on their individualized symptomatology. Homoeopathy believes more in treating the person rather than the label that is attached to the person, such as Autism or Diabetes or Cancer. This is not to say that the disease is not cured but the treatment is tailored to that particular individual.

Homeopathy is based on the theory of *similia similibus curanter*, i.e. drugs that can cause symptoms in a healthy human being can cure the very same symptoms in a diseased individual. Symptoms of drug provings are recorded and these records are matched with the patient's symptom picture. When the similar drug is administered it neutralizes the patient's disease force. The homoeopathic remedies are prepared from natural substances. Also the potency is so low as to not cause any harmful side effects. Such being the case, homoeopathy is ideally suited for children with Autism.

Evaluation and Case History

Case histories of five children with a confirmed diagnosis of Autism or Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS) as per the American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, have been presented below. Three of them were high functioning with mild to major issues with communication or even non-verbal. Two of the children were low-functioning with probably associated mental retardation and non-verbal.

The case histories were taken in the homoeopathic way where all the circumstances leading up to the present condition are enquired into. Also care is taken to find the peculiar symptoms that occur in each child that are different from the common diagnostic symptoms, as these are the ones which help in finding the exact *similimum* for that particular child.

The tool used for assessing progress was the Autism Treatment Evaluation Checklist (ATEC) of the Autism Research Institute, U.S.A.

Case Histories

Case History 1

Name: Master S, Age: 4 years 6 months, Gender: Male

A. Obstetric history of the mother:

Pregnancy: (any major illnesses e.g. diabetes, hypertension or any viral infections, during that period): Gestational diabetes.

Delivery: (Normal or Caesarian, Full term or Premature, birth injuries if any due to forceps delivery): By Caesarian section.

Birth cry: (Immediate or Delayed): Immediate

B. Milestones:

1. *Normal or Delayed:* Normal

2. *Sitting* -7 months

3. *Crawling*-9 months

4. *Walking*-11 months

5. *Dentition*-Normal

6. *Speech:* Receptive / Expressive (or any regression was seen, if so at what age. Major events if any at the time of regression of Speech): Babbling at 10th month. Regression at 16 months; currently has a vocabulary of about 50-100 words, speaks in monosyllables, will answer- yes or no

C. Mental Symptoms

1. *Temperament of the Child:* (As for e.g.- Sensitive, weeping disposition, irritable, silent, destructive, revengeful, impatient, obstinate or sympathetic): Sensitive, Mild, Obedient, Crying, always needs somebody to be with him, especially the mother but will not interact

2. *Activity:* (Hyperactive, Hypoactive or Dull and Lethargic) Hypoactive, does not respond immediately when called or spoken to

3. *Sitting Tolerance:* 5-10 minutes

4. *Eye Contact:* Poor

5. *Response to Commands:* Takes long time & sometimes seems lost & will not respond

6. *Temper Tantrums:* Occasional with self injurious behavior

7. *Reaction to anger*: (As for ex: throwing things or crying or beating or- sitting in a corner weeping, Head banging)

8. *Feels better if left alone when angry or has to be consoled*: Has to be consoled

9. *Social Skills*: (Desire for Company or Prefers to be alone) Desires company but in the next room, needs reassurance that there is someone with him. Will keep checking to see if parents are there, shyness with strangers

10. *Fears*: (animals, dark or thunderstorms or loud sounds or anything specific) Pressure cooker whistle, drumbeats, certain songs

11. *Performance in School*

Good grasping power, does not respond immediately to commands, learns at his own pace.

12. *Activities preferred at work or Play*: Likes to play in swings, prefers playing with adults.

13. *Reaction to scolding and Insults* (In public and in private): Head banging, consolation ameliorates

14. *Obsessions/Gestures/Peculiarities*: Stop signals, round objects, spinning, opening & shutting doors

D. Past History: (any major illnesses either physical or mental)

Frequent tendency to catch cold with nose block, Nail bed infection at 1 month followed by yeast infection

E. Family history (Any major illness): Nothing significant

F. Physical Generals

1. *Appetite* - Average, Hunger pangs at night-wakes up to ask for milk at night

2. *Motion* - Regular

3. *Thirst*- Normal

4. *Desires*: (Spicy, salty, sweets, hot or cold food) - Sweets, oily fried, Curd, Wheat and milk products

5. *Aversions*: (To any particular food items) - Spicy food, vegetables

6. *Sleep*-Sound

7. *Perspiration*: (Less or more or on specific parts such as head or palms)- Normal

8. *Urine*: (Normal flow or bedwetting) - Normal

G. Treatment History-Is on chelation for Mercury toxicity

Case History 2:

Name: Master D, Age: 5 years, Gender: Male

A. Obstetric history of the mother:

1. *Pregnancy* (any major illnesses as for ex-diabetes or hypertension or any viral infections during that period/emotional state): Uneventful

2. *Delivery*-(Normal or Caesarian, Full term or Premature, birth injuries if any due to forceps delivery): Full-term normal delivery

3. *Birth cry*: (Immediate or Delayed): Immediate

B. Milestones:

1. *Normal or Delayed*: Normal

2. *Sitting*: 8 months

3. *Crawling*: 10 months

4. *Walking*: 12months

5. *Dentition*: 6months

6. *Speech* (Receptive or Expressive or any regression was seen, if so at what age. Major events if any at the time of regression of Speech): Poor receptive and no expressive language, started speaking small words at 2 years but stopped later.

C. Mental Symptoms:

1. *Temperament of the Child*: (As for e.g.- Sensitive, weeping disposition, irritable, silent, destructive, revengeful, impatient, obstinate or sympathetic): Impatient, Obstinate, throwing things when angry or forced to do things or when not given what he wants.

2. *Activity*: (Hyperactive, Hypoactive or Dull and Lethargic): Hyperactive, impatient, inquisitive, running about especially in new places, jumping.

3. *Sitting Tolerance/Attention Span*: Poor - lasts for only 2-3 minutes

4. *Eye Contact*: Poor

5. *Response to Commands*: No response; does not respond when called
6. *Temper Tantrums*-Present when not given what he wants
7. *Reaction to anger*. (As for ex: throwing things or crying or beating or sitting in a corner):

Throwing things, crying, biting himself
8. *Feels better if left alone when angry or has to be consoled*: Consolation ameliorates
9. *Social Skills* (Desire for Company or Prefers to be alone): Desires to be alone; previously was not distressed if mother left him alone.
10. *Fears* (animals, dark or thunderstorms or loud sounds or anything specific): Nothing significant
11. *Performance in School*: Not good, likes puzzles but gets impatient if he is not able to solve it soon; good grasping power and understanding but poor memory
12. *Activities preferred at work or Play*: Puzzles, Likes traveling in two wheelers and playing with toy bikes
13. *Reaction to scolding and Insults* (In public and in private): Weeping in public. Will hug parents to pacify them when at home
14. *Obsessions/Gestures/Peculiarities*: With light switches and light. Wants the lights on when he goes to sleep; switching on and off light switches.

D. Past history: (any major illnesses either physical or mental)

Seizure at 1 (1/2) years of age diagnosed as febrile convulsions; EEG was normal; was not on any anti-epileptic drugs

E. Family history (Any major illnesses): Nothing significant

F. Physical Generals

1. *Appetite*: Less
2. *Motion*: Constipation; will not go to the toilet in public or even in the presence of the mother
3. *Thirst*: Small quantities at small intervals
4. *Desires*: (Spicy, salty, sweets, hot or cold food): Spicy food-chat items, sour food

5. *Aversions*: To any particular food items
 6. *Sleep*: Disturbed; keeps playing up to 3 a.m.
 7. *Perspiration*: (Less or more or on specific parts such as head or palms): Past history of head-sweating at 2 years of age
 8. *Urine*: Normal flow or bedwetting-Bedwetting
- G. Treatment History: Was on allopathic treatment for sleep disturbance**

Case History 3

Name: Master Shr, Age: 5 years 7 months, Gender: male

A. Obstetric history of the mother:

1. *Pregnancy*: (any major illnesses as for ex-diabetes or hypertension or any viral infections during that period/emotional state): Uneventful
2. *Delivery*: (Normal or Caesarian, Full term or Premature, birth injuries if any due to forceps delivery): Normal Delivery
3. *Birth cry*: (Immediate or Delayed): Immediate

B. Milestones:

1. *Normal or Delayed*: At the correct age
2. *Sitting*: Don't remember
3. *Crawling*: 8 months
4. *Walking*: 9 months. Walks on toes when he is barefoot
5. *Dentition*: 6 months
6. *Speech*: (Receptive or Expressive or any regression was seen, if so at what age. Major events if any at the time of regression of Speech): Poor receptive & expressive language, started babbling at 1 year, used to say small words like "amma" (Mum), "appa" (Dad) at 11/4 years of age, followed by regression. At present he is non-verbal; does not use gestures or pointing but good receptive language, makes unintelligible sounds or hums tunes.

C. Mental Symptoms

1. *Temperament of the Child*: (As for example: Sensitive, weeping disposition, irritable, silent, destructive, revengeful, impatient, obstinate or sympathetic): Violent anger, destructive, wicked-in the sense that he will search out and break things that are the favorites of his mom or dad or anyone who scolds him.

2. *Activity*: (Hyperactive, Hypoactive or Dull and Lethargic): Hyperactive, Screaming, Jumping, clapping

3. *Sitting Tolerance/Attention span*: Low, Impatient if mental work is required

4. *Eye Contact*: Poor

5. *Response to Commands*: Does not respond; lack of response when called by name at 2.5 years. Will not take instructions

6. *Temper Tantrums*: Present, when refused things he wants or when given instructions

7. *Reaction to anger*: (As for ex: throwing things or crying or beating or sitting in a corner):

Throwing things, searching out & breaking things that are his parents favorites; screaming

8. *Feels better if left alone when angry or has to be consoled*: Has to be left alone, consolation aggravates

9. *Social Skills*: (Desire for Company or Prefers to be alone): Wants to be left alone

10. *Fears*: (Animals, dark or thunderstorms or loud sounds or anything specific): Nothing significant

11. *Performance in School*: Poor; avoids work by pretending not to hear or see what is being said or done by the teacher

12. *Activities preferred at work or Play*: Not specific; too impatient to carry out any activity

13. *Reaction to scolding and Insults*: (In public and in Private): Temper tantrums and destructive behavior

14. *Obsessions/Gestures/Peculiarities*: Clapping, hand flapping when excited or angry

D. Past history: any major illnesses either physical or mental: Nothing significant

E. Family history: Any major illness: Nothing significant

F. Physical Generals

1. *Appetite*: Normal

2. *Motion*: Normal

3. *Thirst*: Increased

4. *Desires*: (Spicy, salty, sweets, hot or cold food): Sweets, oily fried food, Ice cream, cold drinks

5. *Aversions*: (To any particular food items): None

6. *Sleep*: Sound

7. *Perspiration*: (Less or more or on specific parts such as head or palms): Normal, desires fanning

8. *Urine*: (Normal flow or bedwetting)-Normal

G. Treatment History - Not on any treatment at present

Case History 4

Name: Master A, Age: 8.5 years, Gender: Male

A. Obstetric history of the mother:

1. *Pregnancy*: any major illnesses as for ex-diabetes or hypertension or any viral infections during that period/emotional state): Uneventful

2. *Delivery*: (Normal or Caesarian, Full term or Premature, birth injuries if any due to forceps delivery): Full-term normal delivery

3. *Birth cry*: (Immediate or Delayed): Immediate

B. Milestones:

1. *Normal or Delayed*: Delayed

2. *Sitting*: 11 months

3. *Crawling*: 12 months

4. *Standing/Walking*: 1 year 6 months

5. *Dentition*: Delayed: 12 months

6. *Speech*: (Receptive or Expressive or any regression was seen, if so at what age. Major events if any at the time of regression of Speech): 9th month-babbling followed by regression at 1 year. At 2 years 3 months - Laughing continuously, staring, aimless wandering, unresponsive.

C. Mental Symptoms

1. *Temperament of the Child*: (As for example: Sensitive, weeping disposition, irritable, silent, destructive, revengeful, impatient, obstinate or sympathetic):

Irritable (even to change in the tone), short-tempered, beating others, throwing things, destructive, so much so that the mother wanted to put him in a residential facility, obstinate, breaking things

2. *Activity*: (Hyperactive, Hypoactive or Dull and Lethargic) Hyperactive, does not want to remain indoors

3. *Sitting Tolerance/Concentration*: Low sitting tolerance, very impatient, poor attention span

4. *Eye Contact*: Absent

5. *Response to Commands*: Does not respond.

6. *Temper Tantrums*: Present

7. *Reaction to anger*: (As for ex: throwing things or crying or beating or sitting in a corner): Throwing things, beating

8. *Feels better if left alone when angry or has to be consoled*: Has to be left alone

9. *Social Skills*: Desire for Company or Prefers to be alone: Wants to be alone

10. *Fears*: animals, dark or thunderstorms or loud sounds or anything specific: Of dark

11. *Performance in School*: Poor, impatience for individual work, good at mathematics

12. *Activities preferred at work or Play*: Likes beading, aversion to group work

13. *Reaction to scolding and Insults*: (In public and in private): Beating mother and throwing or breaking things

14. *Obsessions/Gesture/Peculiarities*: Likes strong odor like smoke, agarbathi (incense sticks) and will keep on smelling it, loud sounds like firecrackers or loud noises excite him, his scream sounds like a train whistle when excited or angry; spitting, playing with saliva, handling genitals, hand flapping, rolling paper with fingers.

D. Past history:

(any major illnesses either physical or mental): Bronchitis and pneumonia when he was 15 days old; even now gets frequent cough in paroxysms with rattling in the chest, watery coryza, dust allergy, constipation. Frequent urinary infections with scanty urine

E. Family history: Any major illness: Nothing significant

F. Physical Generals

1. *Appetite*: Less, few mouthfuls fill up
2. *Motion*: Constipation
3. *Thirst*: Less
4. *Desires*: (Spicy, salty, sweets, hot or cold food): Oily fried food, spicy food, sugar, salt
5. *Aversions*: (To any particular food items): None
6. *Sleep*: Sound
7. *Perspiration*: Less or more or on specific parts such as head or palms- Scanty, dry skin
8. *Urine*: Normal flow or bedwetting: Bedwetting

G. Treatment History:

Was on homoeopathic treatment in Hyderabad but stopped due to aggravation of bronchitis when mental symptoms were ameliorated.

Case History 5

Name: Miss R Age: 5 years 5 months Gender: Female

A. Obstetric history of the mother:

1. *Pregnancy*: Any major illnesses as for ex-diabetes or hypertension or any viral infections during that period/emotional state): Gestational Hypertension
2. *Deliver*: (Normal or Caesarian, Full term or Premature, birth injuries if any due to forceps delivery): Caesarian
3. *Birth cry*: (Immediate or Delayed) Immediate

B. Milestones:

1. *Normal or Delayed*: Normal
2. *Sitting*: 7 months
3. *Crawling*: was not crawling properly used to hop on both knees
4. *Standing/Walking*: Was not walking properly, improved after physiotherapy
5. *Dentition*: At the correct age

6. *Speech*: (Receptive or Expressive or any regression was seen, if so at what age. Major events if any at the time of regression of Speech): Speech-4 words at 9 months remained at the same level up to 2 years. Was put on the Deall program at 2 years 11 months and was continued upto 4 years 5 months. Receptive language on admission to Deall:12-14 months; Receptive language on discharge from Deall: 51 months; Poor expressive language, uses only small sentences

C. Mental Symptoms

1. *Temperament of the Child*: As for eg.- Sensitive, weeping disposition, irritable, silent, destructive, revengeful, impatient, obstinate or sympathetic): Mild yielding, obedient, impatient, sensitive, occasional crying; has to be told to do her work gently and in a low tone; will not tolerate loud voice. Stops doing her work if criticized

2. *Activity*: (Hyperactive, Hypoactive or Dull and Lethargic): Mildly hyperactive, restless, has to walk around the room even when classes are going on

3. *Sitting Tolerance/Concentration*: Poor

4. *Eye Contact*: Normal

5. *Response to Commands*: Has to be told in a nice way, otherwise will not respond

6. *Temper Tantrums*: If reprimanded she in turn scolds others & takes out her anger or frustration on them, otherwise no temper tantrums

7. *Reaction to anger*. (As for ex: throwing things or crying or beating or sitting in a corner): Cries

8. *Feels better if left alone when angry or has to be consoled*: Has to be consoled after being left alone for sometime

9. *Social Skills*: (Desire for Company or Prefers to be alone): Friendly, desires company

10. *Fears*: (animals, dark or thunderstorms or loud sounds or anything specific): Loud sounds and scolding; gets scared if anybody shouts at her

11. *Performance in School*: She is currently in a Montessori school; teachers say that her memory and other skills are good but she has a problem with understanding, takes time. She suddenly gets up and screams in the middle and disturbs the class

12. *Activities preferred at work or Play*: Puzzles; loves writing but needs support sometimes. Likes climbing walls and jumping

13. *Reaction to scolding and Insults:* (In public and in private): She will sit down wherever she is and will start crying

14. *Obsessions/Gestures:* Nothing significant

D. Past history: any major illnesses either physical or mental: Nothing significant

E. Family history: Any major illness: Nothing significant

F. Physical Generals

1. *Appetite:* Good

2. *Motion:* Regular

3. *Thirst:* Less

4. *Desires:* (Spicy, salty, sweets, hot or cold food): Salty food, cold food, sweets

5. *Aversions:* To any particular food items: Nothing significant

6. *Sleep:* Sound

7. *Perspiration:* (Less or more or on specific parts such as head or palms): Normal

8. *Urine:* Normal flow or bedwetting-Normal

G. Treatment History: Nothing significant

Baseline Assessment (Pre-treatment): Evaluation before treatment

Assessment Scale: Autism Treatment Evaluation Checklist (ATEC)

I. Speech/Language/Communication

Legend: Not True (N), Somewhat True (S), Very True (V)

Sl. No.	Question	Case 1	Case 2	Case 3	Case 4	Case 5
1	Knows own name	S	N	N	N	V
2	Responds to No or Stop	N	N	N	N	V
3	Can follow some commands	N	N	N	N	V
4	Can use one word at a time (No, Eat etc)	V	N	N	N	V
5	Can use 2 words at a time	N	N	N	N	V
6	Can use 3 words at a time	N	N	N	N	V
7	Know 10 or more words	V	N	N	N	V
8	Can use sentences with 4 or more words	N	N	N	N	N
9	Explains what he/she wants	N	N	N	N	N
10	Asks meaningful questions	N	N	N	N	S
11	Speech tends to be meaningful/relevant	N	N	N	N	S
12	Often uses several successive sentences	N	N	N	N	N
13	Carries on fairly good conversation	N	N	N	N	N
14	Has normal ability to communicate for his/her age	N	N	N	N	N
Total score		23	28	28	28	12

II. Sociability

Legend: (N)-Not Descriptive, (S)-Somewhat Descriptive, (V)-Very Descriptive

Sl. No.	Question	Case 1	Case 2	Case 3	Case 4	Case 5
1	Seems to be in a shell -You cannot reach him/her	V	V	S	V	S
2	Ignores other people	V	V	V	V	N
3	Pays little or no attention when addressed	V	V	V	V	N
4	Uncooperative and resistant	N	V	V	V	S
5	No eye contact	V	V	V	V	N
6	Prefers to be left alone	V	V	V	V	S
7	Shows no affection	N	S	V	V	N
8	Fails to greet parents	V	S	V	V	N
9	Avoids contact with others	V	S	V	V	S
10	Does not imitate	S	S	V	V	S
11	Dislikes being held or cuddled	S	N	V	V	N
12	Does not share or show	V	S	V	V	S
13	Does not wave 'bye bye'	V	V	V	V	N
14	Disagreeable/not compliant	S	V	V	V	N
15	Temper Tantrums	N	V	V	V	S
16	Lacks friends/companions	V	V	V	V	S
17	Rarely smiles	V	V	V	V	N
18	Insensitive to other's feelings	N	V	V	V	N
19	Indifferent to being liked	S	V	V	N	N
20	Indifferent if parents leave	N	V	V	S	N
Total Score		26	30	38	36	8

III. Sensory/Cognitive Awareness

Legend--(N)-Not Descriptive (S)-Somewhat Descriptive,(V)-Very Descriptive

Sl. No.	Question	Case 1	Case 2	Case 3	Case 4	Case 5
1	Responds to own name	S	N	N	N	S
2	Responds to praise	V	N	N	N	S
3	Looks at people and animals	N	N	N	N	S
4	Looks at pictures and T.V,	N	N	N	N	S
5	Does drawing, coloring, art	N	N	S	N	S
6	Plays with toys appropriately	N	N	N	N	N
7	Appropriate facial expression	N	N	S	N	N
8	Understands stories on T.V.	S	S	S	N	S
9	Understands explanations	S	S	N	N	N
10	Aware of environment	S	N	S	N	S
11	Aware of Danger	N	N	N	N	S
12	Shows imagination	N	N	N	N	N
13	Initiates activities	N	N	N	N	N
14	Dresses self	S	S	V	N	S
15	Curious, interested	N	S	N	N	S
16	Venturesome-explores	N	S	N	N	N
17	Tuned in-Not spacey	N	N	S	N	S
18.	Looks where others are looking	S	N	S	N	S
Total Score		25	31	28	36	24

IV. Health/Physical/Behavior

Legend: No Problem (N), Minor Problem (MI), Moderate Problem (MO), Serious (S)

Sl. No.	Question	Case 1	Case 2	Case 3	Case 4	Case 5
1	Bed-wetting	N	S	N	S	N
2	Wets pants/diaper	N	N	N	S	N
3	Soils pants/diapers	N	N	N	N	N
4.	Diarrhoea	N	N	N	N	N
5	Constipation	N	S	N	S	N
6	Sleep problems	N	S	N	N	N
7	Eats too much or too little	MO	S	S	S	N
8	Extremely limited diet	MI	MO	S	S	MO
9	Hyperactive	N	S	S	S	S
10	Lethargic	MO	N	N	N	N
11	Hits or injures self	S	S	N	N	N
12	Hits or injures others	N	N	S	S	N
13	Destructive	N	N	S	S	N
14	Sound-sensitive	MO	MO	N	S	S
15	Anxious/fearful	MO	MO	N	S	S
16	Unhappy/crying	N	S	MO	S	S
17	Seizures	N	MI	N	N	N
18	Obsessive speech	N	N	N	N	N
19	Rigid routines	MI	S	S	MO	S
20	Shouts or screams	N	N	S	S	S
21	Demands sameness	MO		S	S	S
22	Often agitated	N	S	S	S	S
23	Not sensitive to pain	N	N	N	S	N
24	Hooked or fixated on certain objects/	MO	N	MO	N	N
25	Repetitive movements (Stimming, rocking, etc.)	N	N	S	S	N
Total Score		23	41	34	47	22

Summary of Baseline (Pre-treatment) Assessment

Total ATEC Scores (in all 4 areas)-Baseline

Case1: 90

Case2: 130

Case3: 128

Case4: 149

Case5: 66

It can be seen from the above scores that all the children have high baseline scores with major impairments in communication, sociability, followed by

behavioral and sensory /cognitive issues in that order. The scores are less in Case 1 because of less of physical and behavioral issues and in Case 5, because she is already in a normal school setup, but still has communication and behavioral issues.

Treatment Approach

Homoeopathic remedies were administered after finding out the proper *similimum* for each particular case. The approach used was the classical homoeopathic approach where only one single remedy that is suited to the child will be given at that particular time. The children were reviewed once a month and the remedy was either continued or changed depending on the symptom picture. The possible reason for change according to homeopathic principles of remedy is that when one layer of the disease force has been removed, the symptoms would reveal the next layer that will require a different remedy as the previous remedy would have exhausted its action and will not be effective once the layer changes. The dosage was as per the guidelines for repetition of remedies given in the *homeopathic organon*.

Remedies used

The following are the remedies used for each particular child, with a brief note on indication for each remedy and changes seen after administration. Only few of the drugs which caused major changes in the child have been mentioned here to give a basic idea about the treatment protocol. These drugs have been used by the author with good results, although they are not commonly used in children with autism. The author has found these drugs to be effective after prolonged study and comparison of the symptom picture with the *materia medica* and the Repertory.

Case1: Master S.

1. Bell200 - 2 months

Leading Indications - Head Banging, Shyness, Obsession with round objects, speaking in monosyllables, less eye contact, probable apoplexy

Changes Seen - Improvement in social skills, reduction in head banging, screams instead, uses full sentences with 2 or 3 words to communicate, improvement in understanding.

2. Ars.alb200-10 Days - Belladonna stopped & given as acute remedy

Leading indications- Recurrence of Nasal block and cough seen in childhood

Changes seen - Improvement in symptoms.

3. Lyc200 - 5 months

Leading indications - Communication less with strangers, wants somebody but in the next room, sleeps late, cranky, appetite less-few mouthfuls fill up

Changes seen - Major changes in communication, appetite improved, social smile, has become more active and responsive

4. Sil200 - 1 week

Leading indications - As an acute remedy for fear of noise, extreme sensitiveness to certain ad jingles

Changes seen - Fear and sensitiveness reduced

The other remedies given were *Puls200*, *Natrum Mur 200*, etc.

Case 2: Master D

1.C.C.200 - 1 month

Leading indications: Delayed speech, restlessness, acknowledgement of understanding, head-sweating, sensitive, obstinate, curious, dullness of mind

Changes seen-Reduction in hyperactivity, trying to speak small words, sleep disturbance persists

2.N.V.200-15 days

Leading indications-Hyperactivity, sleeps at 3 am, jumping, irritability from lack of sleep

Changes seen-Sleep patterns not improved, but skin eruptions seen, reddish rashes

3.Coffea200-2months

Leading indications-Sleep disturbance upto 3 a.m., will keep on playing till that time, also mental Excitability

Changes seen-Improvement in sleep patterns, mother feels he has become calmer.

4.Staphysagria200-3 months

Leading indications-Irritability, throwing things when angry, shy and sensitive, burning micturition from past 1 week, dullness with swelling of frontal region of forehead, gets worse before full or new moon

Changes seen-Better social skills, Smiles & makes eye contact, talks & makes sound in front of the mirror when he is alone.

The other remedies given were *Stram200*, *Glonine200*, *Natrum Mur* etc.

Case3: Master Shr

1. Belladonna 200-2 months

Leading indications-Temper tantrums, violent anger, hyperactivity, speech wanting, destructive behaviour, toe walking, low attention span

Changes seen-Improvement in understanding, better eye contact, cooperative, calmer, slightly better social interaction, speech-small words on prompting.

2. Hyoscyamus 200-2 months

Leading indications-Gestures, jumping, clapping, humming to himself, makes meaningless sounds, toe walking, obsession with light

Changes seen-Speech on prompting, reduction in jumping & clapping, toe walking still persists, hyperactivity reduced

3. Staphysagria 200-2 months

Leading Indications-Screaming, throwing things when angry, screams when forced to speak, toe-walking; prefers playing with girls, anger from insults or when people talk about him

Changes seen-Reduction in temper tantrums, less sensitive to insults, improvement in writing skills/

4. Silicea 200-1 month

Leading indications-Has started licking walls, weeping instead of screaming, toe walking, peevishness

Changes seen-Has stopped licking walls, makes sounds, clapping when excited, improvement in peer interaction, less peevish

The other remedies given were *Stramonium 200*, *Kali carb 200*, *Lycopodium 200* etc.

Case 4: Master A

1. Hyos 200-2 months

Leading indications-Hyperactivity, hand flapping, screaming, handling genitals, spitting, destructive

Changes seen-Reduction in hyperactivity, but screaming persists, itching, makes gestures, but not as persistent as before

2. Ant. tart 200-2 weeks

Leading indications- As an acute remedy for recurrence of bronchitis with breathlessness & lung congestion

Changes seen-Improvement in lung symptoms

3. Staph200-2months

Leading indications-Temper tantrums, throwing things-reprimands from, screaming, sleeps late, recurrence of urinary symptoms seen previously, bedwetting

Changes seen-Is calmer but screaming persists, improvement in social interaction, better eye contact

4.Nux vomica200-2 months

Leading indications-Has become very irritable & violent after going on an outstation trip with family, beating mother, screaming, is not manageable at home or in school, the mother actually told the doctor that she wanted to put him in a residential school

Changes seen- Is calmer & has stopped beating the mother. Is doing regular activities in school, is less impatient, improvement in attention span

The other remedies used were *Stramonium, Coffea Cruda, Sil* etc.

Case 5: Miss R

1. Puls200-2months

Leading indications-Lack of understanding, Consolation ameliorates, attention seeking, screaming, will not do activities unless told nicely, weeping disposition, sensitive, prefers company

Changes seen-Age appropriate understanding, mother said that her school reports show improvement & it was reported that she has shown a sudden change in her understanding abilities

2. Calcarea Carb200-2months

Leading indications-Weeping, screaming when excited, slowness in calculating, head sweating, complementary to *Pulsatilla*

Changes seen-Speech improved in general but still some difficulty in narrative language, screaming still persists

3. Belladonna200-1months

Leading indications-Tendency to beat others when scolded, speech problems persist

Changes seen-Screaming decreased, improvement in speech and does dictation, spelling without help

4. Silicea200-2months

Leading indications-Adamant, refuses to do things when not in the mood, speech needs improvement, problems with attention and focusing

Changes seen-Improvement in attention and focusing, decrease in obstinacy

Post-Treatment Assessment

Assessment Scale: Autism Treatment Evaluation Checklist (ATEC)

I. Speech/Language/Communication

Legend: Not True (N), Somewhat True (S), Very True (V)

Sl. No.	Question	After 3months					After 6months					After 9months				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1	Knows own name	S	S	S	N	V	V	V	S	S	V	V	V	V	V	V
2	Responds to No or Stop	S	S	N	N	V	S	V	S	S	V	V	V	V	V	V
3	Can follow some Commands	S	S	S	N	V	S	S	S	S	V	V	V	V	V	V
4	Can use one word at A time(No, Eat etc)	S	N	N	N	V	V	S	N	N	V	V	V	V	S	V
5	Can use 2 words at a time	S	N	N	N	V	V	N	N	N	V	V	V	V	N	V
6	Can use 3 words at a time	S	N	N	N	V	S	N	N	N	V	V	V	V	N	V
7	Know 10 or more words	S	N	N	N	V	S	N	N	N	V	V	V	V	N	V
8	Can use sentences With 4 or more words	N	N	N	N	S	S	N	N	N	V	S	N	S	N	V
9	Explains what he/she wants	N	N	N	N	S	N	N	S	N	S	S	N	S	N	V
10	Asks meaningful questions	N	N	N	N	S	N	N	N	N	S	S	N	N	N	V
11	Speech tends to be Meaningful/relevant	S	N	N	N	S	N	N	N	N	S	S	S	N	N	V
12	Often uses several Successive sentences	N	N	N	N	S	N	N	N	N	S	S	N	N	N	S
13	Carries on fairly good conversation	N	N	N	N	N	N	N	N	N	N	N	N	N	N	S
14	Has normal ability to Communicate for his/her age	N	N	N	N	N	N	N	N	N	N	N	N	N	N	V
Total score		20	25	26	28	9	16	22	24	24	4	9	13	12	21	2

II. Sociability

Legend: (N)-Not Descriptive, (S)-Somewhat Descriptive, (V)-Very Descriptive

Sl. No.	Question	After 3mths					After 6mths					After 9mths				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1.	Seems to be in a shell- You cannot reach him/her	S	S	N	V	N	S	N	N	N	N	N	N	N	N	N
2	Ignores other people	S	S	S	V	N	S	S	S	S	S	N	N	N	N	S
3	Pays little or no attention When addressed	S	S	S	V	N	N	S	S	S	S	N	N	N	N	S
4	Uncooperative & resistant	N	N	S	V	S	N	N	S	S	S	N	N	N	S	S
5	No eye contact	S	S	S	S	N	N	S	N	S	N	N	N	N	N	N
6	Prefers to be left alone	S	S	S	V	S	N	S	S	S	N	N	S	S	S	N
7	Shows no affection	N	N	S	S	N	N	N	N	S	N	N	N	N	N	N
8	Fails to greet parents	S	N	S	S	N	N	N	S	S	N	N	N	N	S	N
9	Avoids contact with others	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N
10	Does not imitate	S	S	S	S	S	S	S	S	S	S	N	N	N	S	N
11	Dislikes being held or Cuddled	S	N	S	S	N	N	N	S	S	N	N	N	N	N	N
12	Does not share or show	S	S	S	S	S	S	S	S	S	S	S	S	N	S	N
13	Does not wave 'bye bye'	S	S	S	S	N	S	S	S	S	N	S	N	N	N	N
14	Disagreeable/not compliant	N	S	S	S	S	N	S	S	S	S	N	N	N	S	S
15	Temper Tantrums	N	V	V	V	N	N	S	V	S	S	N	N	S	S	N
16	Lacks friends/companions	S	S	S	V	N	S	S	S	S	N	S	S	S	S	N
17	Rarely smiles	S	S	S	V	N	N	N	N	S	N	N	N	N	N	N
18	Insensitive to other's feelings	N	N	V	V	N	N	S	S	S	N	N	N	N	S	N
19	Indifferent to being liked	S	S	V	V	N	S	N	S	S	S	N	N	N	N	N
20	Indifferent if parents leave	N	N	S	S	N	N	N	N	S	N	N	N	N	N	N
Total Score		15	14	20	30	6	7	12	16	19	9	3	4	4	10	4

III. Sensory/Cognitive Awareness

Legend: Not Descriptive (N), Somewhat Descriptive (S), Very Descriptive (V)

Sl. No.	Question	After 3mths					After 6mths					After 9mths				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1	Responds to own name	S	N	S	S	V	S	S	S	S	V	V	V	V	V	V
2	Responds to praise	V	S	N	N	V	S	V	S	S	V	V	V	V	V	V
3	Looks at people & animals	S	N	S	S	S	V	S	S	S	S	V	V	V	S	V
4	Looks at pictures & T.V,	S	S	S	S	S	V	S	S	S	S	V	V	V	S	V
5	Does drawing, coloring, art	N	N	N	N	S	S	S	S	N	S	S	S	S	S	V
6	Plays with toys appropriately	N	N	N	N	S	N	S	N	N	S	S	S	S	N	S
7	Appropriate facial expression	S	N	N	N	S	S	S	S	S	S	S	V	V	S	V
8	Understands stories on T.V.	S	S	S	N	S	V	S	S	S	S	V	V	V	S	V
9	Understands explanations	S	S	S	N	S	V	S	S	S	S	V	V	V	S	V
10	Aware of environment	S	S	S	N	S	V	S	S	N	S	S	V	V	S	V
11	Aware of Danger	S	S	S	N	S	V	N	S	N	S	V	S	S	S	S
12	Shows imagination	N	N	N	N	S	S	N	S	N	S	V	S	S	N	S
13	Initiates activities	N	N	N	N	S	S	S	N	S	V	V	V	S	N	S
14	Dresses self	S	S	S	S	S	V	S	V	S	V	V	V	V	V	V
15	Curious, interested	N	S	S	N	S	S	V	S	S	V	V	V	V	V	V
16	Venturesome-explores	N	S	S	N	S	S	V	S	S	V	V	V	V	S	V
17	Tuned in-Not spacey	S	N	N	N	S	S	S	S	S	V	V	V	V	S	V
18.	Looks where others are looking	S	N	S	N	S	S	V	S	S	V	V	V	V	S	V
Total Score		22	27	25	32	16	10	17	19	23	10	4	4	5	19	2

IV. Health/Physical/Behavior

Legend: No Problem (N), Minor Problem (MI), Moderate Problem (MO), Serious (S)

Sl. No.	Question	After 3 months					After 6 months					After 9 months				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1	Bed-wetting	N	MO	N	MO	N	N	MI	N	MI	N	N	N	N	N	N
2	Wets pants/diaper	N	N	N	MO	N	N	N	N	N	N	N	N	N	N	N
3	Soils pants/diapers	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
4.	Diarrhoea	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
5	Constipation	N	MO	N	MO	N	N	MI	N	MI	N	N	N	N	MI	N
6	Sleep problems	N	MO	N	N	N	N	MI	N	N	N	N	N	N	N	N
7	Eats too much or too little	MI	MO	MO	MO	N	N	MI	MI	MI	N	MI	MI	N	MI	N
8	Extremely limited diet	MI	MO	S	MO	N	N	MI	MI	MI	N	N	N	N	MI	N
9	Hyperactive	N	S	S	S	MO	N	MI	MO	MO	MI	N	N	MI	MI	MI
10	Lethargic	MI	N	N	N	N	MI	N	N	N	N	N	N	N	N	N
11	Hits or injures self	MI	MO	N	N	N	N	MI	N	N	N	N	N	N	N	N
12	Hits or injures others	N	N	S	S	N	N	N	MO	MO	N	N	N	MI	MI	N
13	Destructive	N	N	S	S	N	N	N	MO	MO	N	N	N	MI	N	N
14	Sound-sensitive	MI	MI	MO	MO	MO	MI	MI	MI	MO	MI	MI	N	N	MI	MI
15	Anxious/fearful	N	MI	N	MO	MO	MI	MI	N	MO	MI	N	N	N	MI	N
16	Unhappy/crying	N	MO	MO	MO	MO	N	MI	N	MO	MI	N	N	N	N	N
17	Seizures	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
18	Obsessive speech	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
19	Rigid routines	MI	MO	MO	MO	MO	MI	MI	MO	MI	MI	MI	MI	MI	N	N
20	Shouts or screams	MO	N	MO	S	MO	MI	N	MI	MO	MI	MI	N	MI	MI	N
21	Demands sameness	MI	MO	MO	MO	MO	MI	MI	MI	MO	MI	MI	MI	MI	MI	N
22	Often agitated	N	MO	MO	MO	MO	N	MI	MI	MO	MI	N	MI	N	MI	N
23	Not sensitive to pain	N	N	N	N	N	N	N	N	N	MI	N	N	N	N	N
24	Hooked or fixated on certain objects/topics	MI	MO	MO	MO	N	MI	N	MI	MO	N	N	N	N	N	N
25	Repetitive movements (Stimming, rocking etc.)	N	MO	S	S	N	N	N	MO	MO	N	N	N	MI	MI	N
Total score		12	29	31	40	16	7	13	14	26	10	5	5	8	9	2

Summary of Baseline and Post Treatment Assessments

Total ATEC Scores (in all 4 areas), Baseline and Post-Treatment

	Baseline	Post-Treatment		
		After 3 months	After 6 months	After 9 months
Case 1	90	68	40	26
Case 2	130	96	64	26
Case 3	128	102	74	29
Case 4	149	130	92	54
Case 5	66	47	33	10

It can be seen from the post treatment ATEC scores that there has been progressive decrease in the scores from the baseline to after 9 months of Homoeopathic treatment.

In case 1, the child has progressed to a normal school setup and is now in the 1st standard.

In case 3 the child has developed some meaningful communication.

In case 5, she is able to go and perform on stage in a school dance drama which she was never able to before Homoeopathic treatment. It was also seen that faster improvements were seen with sociability and health/physical/behavioral issues and still later, improvements in sensory/cognitive issues, speech and language and communication issues.

Summary of Overall Results seen after Homoeopathic treatment

- Reduction in hyperactivity
- Improvement in sitting tolerance/attention span
- Improvement in sensory perceptual skills
- Better & appropriate expression of emotions
- Improvement in both fine motor & gross motor abilities
- Improvement in social skills/eye contact
- Improvement in speech, language & communication skills
- Reduction in anxiety states/temper tantrums
- Better sleep patterns

Conclusion

To conclude it can be said that Homoeopathic treatment is a treatment modality that encompasses the following:

Able to bring about a change in the treatment paradigm of Autism from just a behaviour modification approach to the homeopathic principle of antecedent cause removal

Internal treatment with Homoeopathy that is dynamic in nature possibly helps bring a quick recovery of mild spectrum disorders, and offer a glimmer of hope for even the severe end of the spectrum (e.g., in children who are non-verbal/low-functioning)

Possible reduction in effort on the part of the child, the therapist and the parents with improved gains

Positive pointers towards a more lasting solution to the problem of autism, which in the long run may help showcase the potential of Homoeopathy and the larger role it can play in severe disorders.

Publication Note

This paper was presented at the '*South Asian Regional Conference on Autism: Building Bridges*', organized by Action for Autism - India, on January 15th and 16th 2008 at New Delhi, India

Acknowledgements:

I gratefully acknowledge the children and their parents for their kind cooperation in the long process of assessments and treatment. I am ever grateful to the Late Dr.Rama Rao, Senior Homoeopathic Physician, who has been my mentor and inspiration.

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