New Dimensions in the Treatment of Autism with Homeopathy
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Citation

Abstract
Disorders such as autism and mental retardation are developmental disabilities that occur in children. Of these, autism is much more enigmatic than mental retardation. This is because unlike mental retardation where there is global delay in development and reduced I.Q., autism is a developmental neurological disorder which affects brain functioning in specific areas of social and emotional skills and communication abilities with some behavioral stereotypes. This leads to impairments in speech, language and communication skills, impaired social skills and severe inconsistencies in their development. Training and remedial teaching in special schools along with behavior management are the conventional interventions. Using the homeopathic model, I hope to elaborate through this article that homeopathic treatment can help in restoring the internal functional integrity in order to get the best possible results by enhancing and shortening the response to remedial education. This study is an effort to demonstrate the unique modality of homeopathy in the treatment of autism. The study antedates another outcome study of homeopathy in autism conducted by me and published elsewhere (Rajalakshmi, M.A., 2008). Using this study and drawing on the conclusions of my other study along with some recent interesting research findings, I propose that homeopathy is a novel treatment dimension with significant implication in the approach to the management of autism. Six children with a confirmed diagnosis of autism were chosen for the study. Of this three were verbal and three were non-verbal. Two of the children had associated mental retardation. These children were receiving remedial teaching for four hours a day, six days in a week. The criteria used to map the progress of each child were the Autism Behavior Composite Checklist and Profile (ABCCP) along with clinical assessment.

INTRODUCTION
Autism is classically portrayed as including low intelligence, significant learning disabilities, and memory by rote, literalness and a rigid insistence on sameness. This is generally managed with a combination of speech therapy, psychological therapy with behavior modification and skills teaching. Although these are considered to be holistic they may not represent a truly holistic approach from the homeopathic viewpoint. The term holistic in essence means treating the person as a whole. In homeopathy, it is not merely the external behavior or the physical or mental manifestations, which have to be modified. There has to be an ‘internal’ change with treatment that will lead to the disappearance of the external manifestation.

Autism is a neurological disorder that affects the functioning of the brain. It is considered a lifelong developmental disability that becomes apparent in the first three years of life. The characteristic features of autism are:

1. Failure to relate to other people that are often apparent from birth. Delayed social smile or smile is absent completely and failure to form emotional attachments
2. Impaired or delayed language acquisition skills or comprehension skills (mutism/echolalia)
3. Sensory Dysfunction
4. Inappropriate or flat effect
5. Stereotypic or Self-stimulatory behaviors
6. Failure to develop normal appropriate play
7. Obsessive ritualistic behaviors

Research has not yet been able to identify the possible causative factors for autism. There are some genetic studies that suggest a possible gene influence but they cannot be generalized. It is found throughout the world among all social, racial and ethnic groups. There is at present
supposedly no treatment for autism because in conventional medical science treatment is dependent on the identification of a causative factor. In this respect homeopathy is ideally suited to treat autism because it is possible to start treatment based on the symptom picture presented by the child, which is matched with remedy pictures from the homoeopathic materia medica to bring about improvement in the child.

EVALUATION AND CASE HISTORY
Six children with confirmed diagnosis of autism attending a special school were chosen for the study. Four of them were categorized as high functioning autism and two were categorized as low functioning autism with associated mental retardation. Out of these six children, three were verbal and three were non-verbal. Since the children could not communicate, the symptoms were recorded on the basis of information given by parents, and observations by teachers and the homeopathic physician. The following table (Table 1) summarizes the key symptoms from the case histories of the children as elicited in the homeopathic format.

Figure 1
TABLE 1: Case Summaries of the Children Elicited in the Homeopathic Format

<table>
<thead>
<tr>
<th>Case No.</th>
<th>Age</th>
<th>Sex</th>
<th>Mental</th>
<th>Physical Generals</th>
<th>Physical Partition</th>
<th>Developmental History</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A</td>
<td>3, 5</td>
<td>M</td>
<td>Autism</td>
<td>Socially isolated; aloof; lack of eye contact; temper tantrums; attention difficulties;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>walking age: 3 years</td>
</tr>
<tr>
<td>2. B</td>
<td>12</td>
<td>M</td>
<td>PDD-NOS</td>
<td>Isolation; delayed speech; tantrums; visual/auditory sensitivities;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>walking age: 2 months</td>
</tr>
<tr>
<td>3. C</td>
<td>4, 5</td>
<td>M</td>
<td>ASD</td>
<td>Verbal autism; delayed speech; temper tantrums;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>walking age: 3 years</td>
</tr>
<tr>
<td>4. D</td>
<td>7</td>
<td>M</td>
<td>PDD-NOS</td>
<td>Delayed speech; bulk food;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>walking age: 1 year</td>
</tr>
<tr>
<td>5. E</td>
<td>6</td>
<td>M</td>
<td>ASD</td>
<td>Verbal autism; delayed speech;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>walking age: 1 year</td>
</tr>
<tr>
<td>6. F</td>
<td>8</td>
<td>F</td>
<td>PDD-NOS</td>
<td>Delayed speech; bulk food;</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>walking age: 1 year</td>
</tr>
</tbody>
</table>

Legend
f: frequent – behavior occurs 70-100% of the time, i: intermittent – behavior occurs 30-70% of the time, s: seldom – behavior occurs less-than 30% of the time, n: not applicable, a: absent, *Mode of communication: g: gesture, s: speech

SUMMARY OF PRE-TREATMENT ASSESSMENT
It can be seen from the above table that a majority of children have moderate to severe behavior problems. They all have difficulties in speech, language and communication skills. Apart from this even the children who were verbal were not able to use speech to initiate communication or indicate their needs. On an average the children had received at least 1-2 years of remedial teaching in a special school setting.

HOMEOPATHIC TREATMENT
Homeopathic remedies were administered after finding the proper similimum for each particular case. The details of administration of the remedy, period of repetition, remedies
used and so forth for each child are listed below. The remedies were repeated in low to medium potencies for 15 days to 1 month or even for 2 to 3 months based on the response. This frequent repetition was based on homoeopathic principles, where the same remedy is repeated till improvement ceases or the symptom picture changes to reveal a different layer that calls for a different remedy based on the current symptom picture. The specific details of remedies used for each child are as given below. Only a few important remedies that helped cause major improvements have been mentioned in each case. The potency used was 200 in most cases, unless where it had to be given only in higher potencies, like Tuberculinum, that is given in 1M potency and repeated only once a week. Sometimes, 30-potency was used, after the 200-potency, as some remedies work best in some particular potency.

Case 1: A, Male, 3.5 years

Case 2: H, Male, 12 years

Case 3: Sh, Male, 4.5 years

Case 4: Sd, Male, 7 years

Case 5: Vl, Male, 9 years

Case 6: Vd, Female, 4 years

POST TREATMENT ASSESSMENT

Post-treatment assessments were again evaluated using the ABCCP. Table 3 shows the summary of items of the ABCCP with the corresponding entries for the frequency of occurrence of the behaviors. The post treatment assessments were done after at least 6 months of treatment. During homeopathic treatment the children continued with the remedial education.
SUMMARY OF POST-TREATMENT ASSESSMENT

It can be seen from the post-treatment evaluation that the behaviors have come down from severe to mild and have disappeared in some cases. It can also be seen in Case 1, that the child who was non-verbal, has developed some speech. Also in Case 5, the child who was non-verbal has developed echolalia and jargon with words.

The improvements achieved were over what could be reasonably expected with remedial education alone.

BENEFITS AFTER TREATMENT

The reduction in severity of the symptoms and improvements seen are represented in the following graphs.

Summary of Results seen after Treatment

1. Improvement in social interaction
2. Sustained eye contact even with strangers
3. Better and appropriate facial expression and conveying feelings (showing anger or joy)
4. Improvement in fine and gross motor skills
5. Improvement in meaningful speech and in using communication with the appropriate context
6. Reduction in anxiety states and temper tantrums
7. Better interaction with peers
8. Better understanding and use of non-verbal cues to express feelings

DISCUSSION

As you can see, I have used different potencies from 30 to 200 and in some cases even 1M potencies. At that point of time I experimented with different potencies as I was not sure which would be most helpful and later from experience found that the 200 was most ideally suited to these children and they respond very well and faster without severe homeopathic aggravations.

I also had a lot of difficulty in finding the exact similimum as I had to really work through a maze of symptoms of the child and match it with homeopathic reportorial rubrics. It was like completing a jigsaw puzzle with no picture or clue for guidance. You may have noticed in the leading indications that some symptoms have continued to be present after the 1st or 2nd remedy, which should not be the case if the remedy is exactly matched. The children did not have any harmful effects nor were they affected in any way by the homoeopathic treatment, because first of all the potencies were low to medium and most of the remedies were derived from plant sources.

This has changed with experience and I have recently been able to reach a level where the remedy starts to become clear when I have finished taking the case. Of course it needs to be further verified and confirmed before treatment administration. I noticed that the original symptom picture would change to reveal the next layer that would require a different remedy. The symptoms would be different and were not the same when they first started the treatment unlike as mentioned in the previous paragraph. Better awareness is making the parents bring their children at earlier ages (2.5-3years). When the treatment is started at an earlier age the improvements are faster, more dramatic, and much easier to achieve.

An interesting observation was that some parents noticed that certain special skill or abilities (savant skill) that their children had, seemed to disappear once they started to speak or when there was overall improvement in other skill areas.
One parent said that her son used to be able to hear the sound of his father’s scooter when he was quite a distance away and he would be at the gate waiting for him, whereas she was not able to hear the sound. Later when his speech and communication improved he was no longer able to do this. Prof. Allan Snyder Director Centre for the Mind at The University of Sydney discusses his research on savant abilities where he demonstrates the presence or activation of savant skills in a normal person after switching of the higher brain centers through magnetic stimulation which was discussed in the second part of the episode of ‘My Brilliant Brain – Accidental Genius’ aired on the National Geographic channel. He also spoke about a 3 year old girl who was able to draw like Da Vinci, who later lost the skill when she began to develop language skills. He said that it was usually when the brain development is in the rudimentary stages that these kind of special abilities are noticed.

One of my thoughts at that time was to investigate if it was possible with homeopathic treatment to preserve or activate savant skills in spite of normal development and improvements in speech, language and communication skills, and other skills such as social skills so that the child will be able to make use of these special abilities. I recently saw this happen when a 7 year old boy with a diagnosis of Pervasive Development Disorder who I had been treating for sometime had developed the ability to mention the exact dates of all Saturdays in a month instantly. He did not have this skill when he first started treatment. He is currently in the first grade in a normal school and he is in a better position to use this skill. It may be possible that homeopathic treatment had somehow been able to not only improve his general condition but also brought out his latent savant ability. Further research studies are required to confirm whether this is actually possible through homeopathic treatment.

CONCLUSION

There has been a recent increase in the number of parents seeking homoeopathic treatment for Autism Spectrum Disorders. There is a lot of awareness about homoeopathy and also its effectiveness in treating autism. However there are a few things that have to be kept in mind before starting homoeopathic treatment. It is impossible to generalize the treatment as in allopathic medicine. Homoeopathy is highly individualized and one has to find a homoeopath who uses this approach to treat the child. Also the homeopath should have some amount of exposure and experience in dealing with children with autism, as it is a very complex syndrome. As these syndromes are developmental, the brains of the children are very sensitive and the dosage and potency needs to be adjusted accordingly.

The reason I mention this is because many parents read about anecdotal cases of improvement in autism through homeopathic treatment and start treatments on their own or make demands that a specific remedy be used. A homoeopathic remedy is specific to the child’s symptom picture and it will work only if the symptom picture matches the remedy picture. Also when a lay person reads about a homeopathic remedy, every remedy seems to match with the child’s symptom picture. It is only with experience that a qualified homoeopath can make out the subtle differences between different remedies and find the similimum for an individual case. Therefore, any remedy, whether it is Carcinosin or Belladonna, will work only if it is indicated in that particular case. That is to say, homeopathic treatments are highly patient specific and not autism specific. As homeopathic remedies are not classified as scheduled drugs and do not require a prescription, some parents have even started to administer homeopathic medicines to their child without consulting a qualified homeopath in the false belief that it will help their child. Such a practice can be harmful and even dangerous if certain remedies are given unsupervised and in high potencies. Therefore it is essential that a qualified homeopath with experience in seeing children with autism be consulted before starting homeopathic treatment.

NOTE

This is a modified version of the paper by the same name presented by me at the XII National Homoeopathic Congress in Khajuraho, India, in January 2001 organized by the National Homoeopathic Association of India.

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