



# Autism Spectrum Disorder: Holistic Homeopathy

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Abbreviations: CARS: Childhood Autism Rating Scale; ATEC: Autism Treatment Evaluation Checklist; VSMS: Vineland Social Maturity Scale; SQ: Social Quotient

## Introduction

In the first part of this article (LINKS 1/2011) the approach to treating autism at the Spandan Holistic Multidisciplinary Institute and a study of the results was presented. In this second part of the article a case example will be given in detail (Fig. 1).

Reduction of autistic features and rehabilitation into mainstream society of the child can be achieved through the classical homeopathic approach. We take into account sensory pattern, kinetic state, regressive state, features pertaining to affects and mood and qualified aspects to ascertain the totality of the cases. Autism is a multifactorial phenomenon, wherein psychological, psychodynamic factors, mother's state during pregnancy as well as suppression and vaccination can contribute to the emergence as well as maintenance of the disorder. Associated organic dimensions with autism, evolutionary study of the disease, developmental patterns and dispositional features will also contribute in perceiving the totality.

## Illustrative Case: Childhood Autism

Name: Master. S.T.  
Age (DOB): 12/11/1999, (3 yrs)  
Sex: M  
Caste: Malayali  
Language spoken at home: Malayalam  
Father: Businessman  
Mother: Housewife

### Chief complaint

S appeared as a sweet child. He was quietly sitting in his chair, but had constant fidgeting of the lower limbs, marked restlessness, sometimes makes a humming sound; a lot of self talk ++. Kept on murmuring words which were not comprehensible.

Periodical smile and laughter on face, always remained in his own world, did not respond to anyone even after being called by his name several times. Nothing aroused him, whether his grandfather's affectionate call or his mother's anxious words or the neighbourhood boy's loud calling. He remains in his own world. Constantly putting a Plastic Square on his cheek and spinning it to and fro with tireless monotony.

Complaints can be listed as below:

1. Speech – speaks nonsense, irrelevant talk, not comprehensible, only the words- papa, mama are clear. Mutters to himself occasionally, keeps on repeating the same words again and again. If asked any question, he would repeat the same question (Echolalia). He expresses his needs by pointing and by dragging the person or at times throwing tantrums especially if hungry.
2. Does not interact with people or children. Does not play with other children. Will not talk to strangers and will not pay heed to them. He has very poor eye contact. He will keep playing by himself or with inanimate objects. He imitates his father and grandfather.



Fig. 1 Class at Spandan Holistic Institute 2004 (photo by Harry van der Zee).

3. He is unable to follow commands and responds to his name very rarely. He recognizes only family members and only one or two friends. He understands very few words.
4. He does a repetitive whirling movement in a circle. Occasionally he keeps on hitting things together to make a banging noise; with a spoon, etc. He makes various facial expressions and eye expressions repeatedly.
5. He is very restless and will not sit in one place. His attention span is very poor.
6. He has good urine and bowel control.
7. Child has recurrent cold and cough for which homoeopathic treatment was ongoing.

The Child was seen by Developmental Pediatrician at Jaslok Hospital, Mumbai and was diagnosed as suffering from Autism, CARS – 34 and SQ carried out was 60. The child was diagnosed as Moderate Autism with Mild mental retardation. They had obtained a certificate from JJ Hospital, Public Institute.

Over the last few months he is rapidly deteriorating. His ATEC score was 63 in June which has gone up to 76 now.

### Obstetric history

The child was born after eight years of marriage. This is a consanguineous marriage. Mother was operated for a fibroid and ovarian cyst prior to conception.

## SUMMARY

In this article a case is presented to illustrate the treatment of autism by a team of experts at the Spandan Holistic Multidisciplinary Institute, where up until November 2010, 123 autistic children were treated.

**KEYWORDS** Autism, Carcinosinum, Stramonium, Borax



### Birth details

Full term Caesarean delivery. Cried immediately after birth.

Birth weight – 3 kg.

No immediate post natal problems.

### Developmental details

- Teething: 1st teeth at eight to nine months
- Walking: After one year without support
- Speech: monosyllables at two yrs
- Echolalia: repetitive speech
- Bladder and bowel: normal
- Social smile: less
- Response to name: occasional
- Understanding simple instructions: 2
- Vaccination: N (no problems)

### School history

H/O going to play school.

Would not play with children. Would not interact with others. Plays by himself only.

### Physical Generals

- Appetite: fussy about eating yet cannot remain hungry (2)
- No specific craving, likes cold water
- Perspiration: profuse (2)
- Sleep: deep sleep, changes position frequently. Occasionally smiles in his sleep, dislikes light while asleep
- Thermal: ambithermal to hot

### Life situation

This child was born after eight years of marriage and he is a precious child.

The Father runs a printing press. He is a very anxious person. He gets spells of anxiety and nervousness and is dependent on many tranquilizers as well as homoeopathic treatment. He had faced a lot of problems in adjusting with the family and he gets irritated very fast. He is very fond of his child and is quite attached to him. The Mother is very quiet and docile. She has adjusted very well with her husband and the family. Both the parents are very affectionate and loving towards their child.

The child has developed a good relationship with both his parents. But he recognizes other family people with great difficulty. He does not talk to strangers and in fact fears them. He is shy and does not interact easily with his peer group. His eye contact is very poor. He often returns home beaten by other friends. He is timid when scolded and his response is to keep quiet and cry.

He remains in his own world and plays with inanimate objects. He does not obey com-

mands and his response to anyone calling his name is also delayed or absent. Occasionally he may laugh without reason.

He has fear of sudden and loud noises (3). He fears the noise of crackers, whistles of the pressure cooker, sound of the airplanes, etc. On hearing such sounds, he will run and cling to his parents. He has fear of moving objects. He has fear of jumping from heights, walking on stools and sliding down slides in the park. He will not stand on a stool because of the fear of falling down. He will cling to his mother while getting down staircases. He fears animals and persons who may harm him.

He is very restless and cannot sit at one place. He likes to go out and can be easily diverted. He likes to listen to music and watch TV. He imitates his father and grandfather. He does not like to be touched and dislikes wearing long sleeved shirts and trousers. He dislikes washing his face or hair and also dislikes brushing his teeth and having a haircut.

He expresses his needs by pointing or dragging the person towards them and at times throws tantrums when hungry.

**Mother's state during pregnancy:** Husband's neurotic nature created lots of pressure on her. There used to be constant fighting among the in-laws. The family environment was very tense. Hence during pregnancy she was under constant stress. The house was also very small and she was not able to talk freely to her husband. She used to feel angry but never expressed it in front of MIL and had lot of agitation inside. She was very anxious about her husband. During pregnancy she had the fear that something would happen to the husband. She had dreams of an accident involving her husband; would get up frightened and feeling insecure.

### Investigations

23/8/2002: Psychology Assessment Report

**Testing Done:** VSMS, CARS and ATEC.

**Conclusion:** On VSMS, IQ is found to be 68 which falls in the range of (50–70) indicating mild retardation in social functioning. His social age is 22 months which is below his chronological age.

A CARS score of 34 indicates a moderate degree of autism in child.

## TOTALITY of the Case for Repertorial Analysis

### Fearsome:

- Fear of falling down (3)
- Fear of downward motion (3)
- Fear of sudden noise (3)
- Fear of loud noise

### Clinging

- Restlessness in children (3)
- < Hunger (2)
- Ambithermal to hot

### Repertorial result:

- *Borax*
- *Silica*
- *Gelsemium*
- *Lycopodium*
- *Stramonium*

Observation of the child and interview with the parents are correlated with the test findings.

ATEC REPORT – 76

### Recommendation

- Parental counselling
- Special school for autism
- Occupational therapy
- Speech therapy
- Homoeopathic treatment
- Reassessment after one year

### Clinical diagnosis

Moderate degree of autism

### Homeopathic management

*Analysis: The case resolves around Sensory Pattern and Motor Pattern*

Apart from the diagnostic symptoms, the child is very timid and comes home beaten by other children. He is very fearful but the fears are quite characteristic. There is a very specific fear of falling down and downward motion. This fear will not allow the child to enjoy playing on swings, slides, etc. in the park. He will not jump and needs assistance while going downstairs. Also his sensitivity to sound is very intense and he runs and clings to his parents. This response is to sudden sounds and not routine sounds. The sensitivity to touch however is found in many autistic children. He is also very restless and will not sit in one place.



Table 1 Follow-up synopsis 1.

| Date              | Restlessness | Fears         | Speech  | Eye contact | Repetitive action/imitation | Interaction/Response to commands | Cold/cough                                | RX  |
|-------------------|--------------|---------------|---|-------------|-----------------------------|----------------------------------|---|---|
| 15/11 to 20/12/02 | >>           | >>90%         | Speech clear<br>Tries to make sentences<br>Will talk what he wants, will not answer questions | >           | +/+                         | >/s                              | One attack which was > with Puls 200C     | Borax 200 C 1dose                           |
| 17/1/03           | >            | >             | Repeats ++  | >           | +                           | Plays alone                      |   | Borax 200 C                                 |
| 21/2/03           | >            | >             | Limited to need, makes sentences  | >           | +                           | mixing                           | Cough ++ intermittently                   | Borax 200 C is given almost every fortnight |
| 7/3 to 4/4/03     |              |               |   |             |                             |                                  | Cold cough ++                             | > with <i>Cocculus</i> 200 C                |
| 11/4/             | >            | > but screams | Not clear<br>Stammering<br>Irrelevant talking   |             | Car movement >              | fluctuating                      | >>  | Borax 1 M, 1 dose                           |
| 23/5              | >2           | >2            | Speaks sentences repeats  | >           | +/>                         | Songs TV/ follows instructions   | Had cold cough > with <i>Cocculus</i> 200 | Borax 1 M, 1dose                            |
| 23/5 to 22/8      | >>           | >>            | Makes sentences<br>Echolalia >><br>Gives answer +   | >>          | >/>                         |                                  | Advice CARS and ATEC                      | Borax 1 M, 4 doses are given in this period |

Table 2 Follow-up synopsis 2.

| Date                  | Restlessness | Fears      | Speech         | Eye contact | Repetitive action/imitation | Interaction/Response to commands | Cold/cough | RX                      |
|-----------------------|--------------|------------|----------------|-------------|-----------------------------|----------------------------------|------------|-------------------------|
| 3/04 to 6/04          | N            | ↑ 2        | Asks questions | ↓           | >                           | Shy                              | Recurrent  | Borax 1 M, 3wkl given   |
| Started normal school |              | Swimming 2 |                |             |                             |                                  |            |                         |
| Hence 23/7/04         |              |            |                |             |                             |                                  |            | Borax 10 M, 1 dose      |
| 7/04 to 11/04         | N            | >>         | N, talkative   | N           | Occ                         | N                                | >>         | Borax 10 M, single dose |

*Borax* is the only drug which stands very high in the repertorization and which covers the qualified mental state of the child: the sensory pattern is perfectly covered by *Borax*.

Miasmatic Diagnosis – Tubercular

**Susceptibility assessment**

- Qualified characteristics are present at mind
- Sensitivity is very high
- Vitality is good
- Hence susceptibility falls into a moderate to high zone
- Hence potency selection is 200C

**15/11/02 – Borax 200C single dose was given**

**Follow-up synopsis**

ATEC REPORT – 65

Patient has shown improvement in three areas:

- Speech-echolalia has decreased
- He responds to name and instruction
- Imitation has improved

**Overall follow-up after 1 year**

- Restlessness > 80%
- Repetitive movement occasional
- Speech- makes sentences, no echolalia
- Eye-contact – (N)
- Fearless but occasionally fluctuating

**Follow-up after 2 years**

- Understanding normal
- No repetitive movement
- Mild fear of noise
- Remarkable improvement in communication and social functioning
- ADV: normal school

**17/7/2004: Psychological assessment report**

**Conclusion:**

Patient shows dull – normal intelligence according to his IQ of 80 – 85. There is adequate social functioning. He shows curiosity and asks meaningful questions.

He expresses his need properly, Remarkable improvement in his communication and social interaction,

**Advice:**

Normal school, speech therapy, sensory integration therapy, homoeopathic medication.

Within one year, there was marked improvement in his autistic features and the report also showed progress. He was sent to a normal school for an admission interview. He passed the interview well and since March 2004, he started attending a normal school routinely.

He is doing well academically. He won the prizes for spelling also. He takes part in extracurricular activities. All his Autistic features have been considerably reduced by December 2004.

Two doses of *Borax* 50M were given in the entire year.



Table 3 Figure showing improvement in ATEC and CARS scores.

| Date       | ATEC Scores | CARS Scores |
|------------|-------------|-------------|
| 8/6/2002   | 63          | 34          |
| 8/11/2002* | 76          | 34          |
| 23/8/2003  | 65          | 31          |
| 17/4/2004  | 37          | 26**        |
| 13/7/2006  | 15          | 21          |
| 20/9/2007  | 4           | 19          |

\* Homeopathic treatment started, \*\* CARS below 30 is considered as non-autistic

#### Subsequent reports

13/7/2006 – S has attained a full scale IQ of 111 (Bright normal intelligence)  
Educational Test – Test Of Achievement  
Woodcock – Johnson Iii Standard Form A  
(Wj Iii) Date Of Testing 20/9/07

#### Conclusion:

In the standardized educational assessment test, S's performance was found to be average. His test of achievement was found to be eight years eight months. S has shown progress in speech. He explains what he wants and asks meaningful questions. As can be seen in his scores in the above test, which have significantly reduced. He shows desire to interact with children of his age.

#### Recommendation:

Continue studies in regular school.

#### Excerpts from Father's video recorded interview-March 2005

"When he was 2½ years old, he was diagnosed as Autistic. He was hyperactive. He would not look nor respond when spoken to. I met Dr. Barvalia and spoke to him about this problem. He said that he would have to diagnose in the Foundation. A Psychologist diagnosed his problem as Pronounced Autistic.

In fifteen days of starting the medication his hyperactivity went down and he started reacting, addressing, reacting to certain commands/inputs. That was a very crucial time, a very happy moment as he was reacting now. Medicines were working on him. His eye contact also improved as the medication started. As far as we are concerned, Dr. Barvalia is God for us. He was able to diagnose him properly. In fact, S's mother went to J.J. Hospital for IQ test, where he was found to be pronounced mentally retarded. That was the shocking moment at that time for me. Over a period of two years, he has improved like anything.

Table 4 Improvement in cognitive ability.

| Sr. No. | Date       | Psychometry Test   | IQ Scores | Mean IQ Score | Intelligence cognitive ability         |
|---------|------------|--|-----------|---------------|--|
| 1       | 6/8/2002   | Vineland social maturity scale (VSMS)                        | 68        | 68            | Mild retardation in social functioning |
| 2       | 29/11/2003 | Kamat Binet Test of intelligence                             | 75–80     | 77.5          | Borderline intelligence                |
| 3       | 17/7/2004  | Kamat Binet Test of intelligence                             | 80–85     | 82.5          | Dull-normal intelligence               |
| 4       | 18/7/2006  | Wechsler intelligence scale for children (WISC-By Dr. Bhatt) | 111       | 111           | Bright-normal intelligence             |

I can't say that he was the same child, as he was two years back. Earlier, a famous paediatrician of Jaslok Hospital, in the report said the child is Autistic. Then we went to same doctor in January, this year and she could not believe on her eyes nor her ears. She was absolutely stunned to see the improvement and remarked that S was the first child with so many changes, with so much improvement and I believe Dr. Praful Barvalia has had a very major part to play in this improvement which S has made.

We are thankful for the cooperation and the sensibility the Foundation has shown for S. Also S had many fears. He had fear of height and darkness. He was hypersensitive. All these things have reduced to almost NIL. Now he is not afraid of heights. Now, if he goes to the Park, he can play with all kinds of ladders and behaves as normal. In school, his teachers are telling that he is almost normal. He has almost lost his autism and here also, Dr. Vijaya has told same thing. We are quite happy about it.

Once upon a time, S used to speak one or two words and he used to show by gestures, whatever he wanted. Now, we are able to speak to him and understand everything. 95% of the time, he can answer. He has become humorous. He can play games, even naughty games. Verbally, he can communicate things and now he can almost communicate everything, whatever his feelings are, whatever he is thinking, whatever his actions are. All these things he can communicate. At home, tremendous changes have taken place. Interacting with me, his mother, his grandparents, his cousin sisters. He loves people. He wants everybody to be in his house. Now he can feel these emotional things which were not there before. If his cousin sister comes home, he does not go away. He wants her to stay so that he can play with her. He hugs and kisses her. This interaction he never

had before. There was a time, when he was aloof. If the person says him "Hi", he would not look at him. Now, he talks to everybody. He will go and say "Hi, how are you?" and his name, which school he is going. He started going to normal school in Junior K. G., last year. During that period, what happened, he had a training session (swimming lesson). They used to tie him and push him in the pool. He was happy to go to the school and used to love it. After that, when they pushed him to the pool, he started getting scared of it. He took very long time to get out of that fear. We spoke to the School Administration and we told them that he is refusing to go to school because of the swimming lesson. So they gave permission not to go to Swimming Pool. Now he is promoted to Sr. K.G. and happily goes to school. Now he has lots of friends. He is very happy. There are certain small things which are lacking and I believe that it will become normal. Grandfather and he are very good friends now."

Subsequently no medicines were given. His case was observed. By and large, he was totally relieved of the core Autistic features.

Eye contact and communication *absolutely normal*. Now he was quite sweet, affectionate and imaginative child. On the negative front, the following features were observed

- He still comes down with spells of acute fears, especially in the dark and while staying alone. He blinks his eyes in such spells and there is photophobia. For this feature, *Stramonium* 1 M was given and he responded very well.
- He gets excited at times and rebels against any kind of perceived dominance.
- Sometimes egoistic.
- He demonstrated peculiar tendency to fantasies. He become Hero/leader related to cricket, games and other activities in his fantasies.



- He got along well with grandfather and became affectionate towards him.
- He developed a marked craving for spicy, highly seasoned food.

Case was reviewed on 6th July, 2007 and *Nux Vomica* C200, 1 dose daily for three days, were given infrequently till 6th December, 2008. No medicines later as he was alright. Occasional acutes.

Case reviewed on 22nd February, 2010.

Academically, he is doing excellently. He has won several awards.

Communication: Fairly good.

He establishes quite affectionate relationships with friends and people around and is quite selective in making friends.

Following traits were perceived during review:

- Quite impatient
- Affectionate
- Choosy/selective in building up relationship
- Extremely sensitive to hurt and insult with brooding
- Refuses to be flexible, rigid, obstinate
- Conscientious
- At times obsessive, will go on reading same book to ensure his thorough grasp of the topic
- Exaggerated self image – extremely conscious about slightest remark from others
- Quite slow
- Intolerance of injustice
- Mood fluctuation – at times, feels neglected by friends, feels sad that I am slow
- Fantasies ++ but not so pronounced as it was in 2007
- Competitive ++
- At times, he is quite assertive. Teacher and parents feel that he is perceived as quarrelsome
- Self esteem coming up well, self-image ++
- Thermal state distinctly – chilly

We are seeing the profile of the boy, who is entering his teenage years. We can see a fragile ego and refined sensitivity. Based

on appreciation of his irritability, selectivity, affectionate attitude and strict rebellion against injustice, *Natrum* was perceived as similar to core.

His immunity, socialization, communication and psychosocial adaptation has significantly improved. He was quite excited when he saw me on 1st August, 2010. To show wonderful animation work which he had done, he gave me the CD and insisted that I must see it soon and speak to him.

*Every child has divine potential. It is up to us how we work to realize this treasure of hidden potential. A sweet autistic child was rejected by the family doctor who said he was good for nothing. Parents were shocked and they cried day and night.*

*Tiny pills of Borax have restored the smile.*

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## References

- <sup>1</sup> DSM IV American Psychiatric Association. Diagnostic and Statistical Manual. 4th ed.; 1999
- <sup>2</sup> Rutter M. Infantile Autism and other Pervasive Developmental Disorders. In: Rutter M, Hersov L, eds. Child and Adolescent Psychiatry: Modern Approaches. 2nd ed. Oxford: Blackwell Scientific Publications; 1985
- <sup>3</sup> Barvalia P, Oza P, Daftary A, Patil V. Report on autism research project to Central Council of Research in Homoeopathy, Department of AYUSH, Government of India. New Delhi; 2009
- <sup>4</sup> Barvalia P et al. Manuscript submitted to Central Council of Research in Homoeopathy based on the project "Exploring Effectiveness of Homoeopathy Therapeutics in the Management of Childhood Autism Disorders".
- <sup>5</sup> Sircus M. Multiple Causes of Autism Spectrum Disorders. Online: [http://gordonresearch.com/articles\\_autism/multiple\\_causes\\_of\\_autism\\_spectrum\\_disorders](http://gordonresearch.com/articles_autism/multiple_causes_of_autism_spectrum_disorders) [accessed January 18, 2011]
- <sup>6</sup> Hahnemann S. Chronic Disease Theory and Practice. Vols I and II. New Delhi, India: B. Jain Pvt. Ltd.; 1992
- <sup>7</sup> Hering C. The Guiding Symptoms of Material Medica. Vvols 1 to 10. New Delhi, India: B. Jain Pvt. Ltd.; 1989
- <sup>8</sup> Foubister D. Carcinosis. In: Foubister D, ed. Tutorials on Homeopathy. Beaconsfield, England: Beaconsfield Publishers; 1989
- <sup>9</sup> Barvalia P. Role of Homoeopathy in Attention Deficit Hyperactivity Disorder and Autism. Presented at National Workshop on Homoeopathy for Healthy Mother and Happy Child held on 5th and 6th November 2007 at India Islamic Cultural, New Delhi, India

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