



Autism – a homeopathic approach

Ritu Raj Agarwala BHMS,PGCHFWM (INDIA)

INTRODUCTION

Since early years Autism was thought to be the psychiatric disease. It was also confused with childhood schizophrenia or childhood psychological disorders or childhood personality disorders. Researches round the globe have resolved much of the past confusion.

About Autism

Autism is a disorder characterized by impairment in social interaction, communication, and behavior of a child in varying degrees. This severe developmental disorder begins at birth or within the first two-and-a-half years of life.

Most autistic children are perfectly normal in appearance. In the early age of life of child it is difficult to diagnose this developmental disorder. Parents are the first one to notice. Nonresponsive behavior along with withdrawal from social interactions losing that little amount of speech that he had gained initially, may lead the parents to get their toddler screened for this disorder.

Autism is nowadays called as autism spectrum disorder as there is huge variation of symptoms that the child might suffer from. This disorder could be from mild to severe. The mild form is called as asperger syndrome. It could be classified as the Pervasive development disorder (PDD) affecting children and the autistic spectrum disorders (ASD) affecting the adults.

Its occurrence round the globe

For many years autism was rare - occurring in just five children per 10,000 live births. However, since the early 1990's, the rate of autism has increased exponentially around the world with figures as high as 60 per 10,000. Boys outnumber girls four to one. In 2007, the Centers for Disease Control reported that 1 in 150 children are diagnosed with autism. In recent times there is has been an increase in the incidence of autism both in the U.S. as well as in India.

The American Academy of Pediatrics (AAP) published an updated guide for the "*Management of Children with Autism Spectrum Disorders.*" In this publication, both background information and management choices are reviewed. In addition the AAP's approved "*Surveillance and Screening Algorithm: Autism Spectrum Disorders (ASDs)*" is introduced. Currently this translates into the following: All children should be screened for autism at 18 months and again at 2 years of age, and at any time a parent raises a concern about autism spectrum disorders (even if they have no signs of developmental delay).

What is the Outlook? Age at intervention has a direct impact on outcome--typically, the earlier a child is treated, the better the prognosis will be. In recent years there has been a marked increase in the percentage of children who can attend school in a typical classroom and live semi-independently in community settings. However, the majority of autistic persons remain impaired in their ability to communicate and socialize.

Causes of autism

The actual cause for autism is not clear. Although researches are being made .Researchers still has not come to the conclusion for its specific causes. As we know today no disease occur due to one an only single cause.

There are factors relating to the origin or the cause of a disease. Whether it diabetes, hypertension, thyroidism, etc .all the diseases are multifactorial in its origin. The multifactorial cause of the disease or the so call the Epidemiological triad of the diseases(agent, environment and host).Here we could also throw light to Hahnemannian cause of the disease triad(Exciting cause ,fundamental cause and maintaining cause) in aphorism 5 of Organon of medicine 5th & 6th edition by Dr Hahnemann.

Researchers are focusing towards:

The genetic cause (Hahnemannian fundamental cause – miasmatic disorders) .

An inherited disorder.

The fragile X syndrome.

Cerebral dysgenesis (abnormal development of the brain),

Rett syndrome.

And some of the inborn errors of metabolism (biochemical defects).

Symptoms of autism

The current Diagnosis and Statistical Manual of Mental Disorders-Fourth Edition, Treatment Revision (DSM-IV-TR) identifies three features that are associated with autism:

- 1) Impairment in social interaction - Firstly there are the social skills impairment such as poor eye contact and poor interaction with peers.
- 2) Communication- - Secondly there are the speech, language and communication issues that are a major concern for parents. and
- 3) Behavior - Thirdly there are the behavioral issues such as hyperactivity, temper tantrums, poor attention span, decreased concentration and poor focusing.

Learning is not possible when the child is hyperactive or is not able to focus or concentrate. Also the behavioral and communication problems may stem from an *internal* rather than an *external* cause that needs to be rectified.

Deficits that could be seen in Autistic Spectrum Disorder

In toddlers and preschoolers

Things your baby should be doing: Smiling back at you when you laugh or smile .Making babbling sounds .Interested in looking at your face. Gaining weight appropriately .Typically can roll over .No apparent weakness on either side .Head is straight – not always tilted to one side .Eyes should now be straight .Having regular bowel movements .

By the age of 6months he sits with assistance for a short time. Beginning to show interest in food .Rolling over.

Crawling starts by the age of 9months. He also I able to sit unassisted. Sleeping through most nights on a regular basis. Looking at your eyes when you speak to him/her. Able to understand most of what is said to him/her. By the age of about 9 to 12 months baby develop gaze –monitoring and social –referencing skills. This is the ability to focus on things and observe attention on other. This is his ability of reading the face of the stranger, whether the man in front of him would do any harm to him or he is safe, Starting to stand unassisted, some even walking .Saying at least one word .Able to understand yes and no .Pointing to objects .

Around 18months, they can read others communicative intentions through eye gaze and gestures. Walking steadily unassisted. From 18 to 24 months, children have an explosive increase in their vocabulary and understanding communication.

By the second birthday the toddler increases his communication skill in Laughing, smiling, interacting with others, Playing with toys etc.

This predictable development progression goes away in ASD. Most toddlers who have ASD have poor communication skills. There is weak eye contact. There may be any change in the facial expression when looking to them. Babbling and other vocalizations that are present are often unusual in tone. Echolalia can be immediate or delayed and most children who have ASD who speak use echolalia early in language acquisition, but its frequency decreases with time. It is not uncommon for a child who has ASD with little or no spontaneous language to repeat commercials or large chunks or dialogue from movies. There may great sensitiveness to all the stimuli. Children with ASD are more prone for infection and food intolerance.

Has crossed eyes or other visual disturbance may be present in children with ASD. Cries frequently for no reason. There may be hypertonic with rigid muscles or there may be hypotonic where muscles are weak and relaxed. The child with ASD either has no interest in play or he may be obsessed with one kind of thing to play with. There may tantrum for certain things. His activities may be hyperactive with aggressive behavior. Obviously ASD child have large head as compared to his body. ASD child may performs some unusual behaviors like licking in air or certain objects or floor, kicks or bangs his head etc.

ASD child in school and beyond

By the time a typical child enters the school, they are able to speak fluently, have acquired a rich vocabulary and have developed a good communication skill. Many children with ASD still at this age have limited language and communication skill. This deficit in social communication has a marked drawback in development and learning in an ASD child. The speech of children and adults having ASD usually sounds odd and or unusual and this oddity is one of the immediately recognizable clinical signs of disorder.

Differential diagnosis

- Seizures.
- Landau-Kleffner Syndrome.
- Epilepsy.

Investigation

EEG (electroencephalogram) - These children often, but not always, have a characteristic pattern of electrical brain activity seen on EEG during deep sleep called electrographic status epilepticus during sleep (ESES). The usual age of onset of language loss or regression is around four years of age, which makes the Landau-Kleffner syndrome distinguishable from autism on these grounds, in that autism usually is first exhibited in younger children. However, in recent years, some children (very, very few) who did not exhibit overt (observable) seizures were found to have Landau-Kleffner syndrome. The importance of these findings is although rare this association between the Landau-Kleffner syndrome and autism has led many clinicians and families to search for the typical EEG pattern (ESES) in autistic individuals. This unusual EEG pattern is seen only in deep sleep, which usually requires prolonged recordings of up to 12 hours.

Few Rubrics from repertories

- (BN) (Mind) Repeat same thing.
- (KT) (Mind) Answers; repeats the question first.
- (Boericke) (Mind) Propensity to repeat everything.
- (KT) (Mind) Playful; Indisposition to play, in children.
- (BN) (Mind) Play; indisposition to.
- (KT) (Mind) Speech: babbling.
- (BOENING) (Mind) Gossiping, babbling, etc.
- (BOGER) (Speech) Speaking etc; babbling.
- (PHATAK) (Phatak A-Z) Speech ;babbling.
- (BN) (Mind) shrieking, screams, cries out.
- (BN) (Mind) Insanity, irrational, obsession with .
- (BOENING) (Mind) Sighing.
- (KT) (Mind) Sighing.

(BOERICKE) (Mind) (Mood,disposition,sad,sentimental,sighing).

Treatment and recommendations of Autism

Autism, unfortunately, is a very serious condition and is not an easy task to cure. The earlier a child is treated, the better the prognosis will be. As we treat human beings the most complex system on the universe and treating this difficult disease, needs a lot more attention, dedication and sincerity to the work. Classical Homeopathic intervention is needed for faster recovery. Dramatically and perhaps save thousands of dollars

It needs Hahnemannian approach of treatment. Valuable symptoms including reaction to vaccines, family medical history, thermal sensitivities and sleep postures form a part of the very detailed information that a physician would need. As the autistic child experiences stress, he responds with a reaction. This reaction becomes a symptom or a sign of characteristic importance. Although abnormalities may not be noted unless regression occurs or language skill lag behind. The real challenge is to understand what the child is expressing both verbally (if he is articulate) and nonverbally. Numerous studies have show significant delays from first parental concern that "something is wrong" to refer to a physician for evaluation and diagnosis. Studies also show some other more factors leading for disparities in age of diagnosis are socioeconomic factors including rural residence, ethnicity, unawareness and health education.

Although some studies also shows dropping in the interval between the recognition of symptoms and diagnosis. A number of screening tools have been developed to identify ASD before 24 months. The most recent guidelines for screening for ASD were published by American Academy Of Neurology and child Neurology Society. By fully perceiving the patient, one may learn to understand the individual's cycle of stress and response. It is only through such a deep understanding that a homeopath is able to prescribe effectively. The improvement following such intervention also needs to be evaluated regularly on the autism-rating scale. The extent to which the cure can occur has a great degree of variability associated with it.

By promoting the sense of urgency of early diagnosis and routine visit to Homeopathy Clinics may lead to better outcome. There should be awareness not only among the lay but also the professional communities .The people should also be made aware about Homeopathy and its efficacy in this disorder. They should be told that Homeopathy isn't a "take this for that" medicine. Ten different autistic children might need ten different remedies. While homeopathy is over 200 years old, its wide spread use in treating autism is in its infancy. The retrospective studies of parental report and home video about the behavior ,the decreased range of facial expression of child, less social smiling fewer vocalization and other activities of the child may proof of immense help.

References

[Repertory of Homeopathic Meteria Medica – Kent J T](#)
[Boenninghausen's Characteristics and Repertory – Boger C M](#)
[Therapeutic Pocket Book – Boenninghausen](#)
[Boericke's Repertory – Boericke G W.](#)
[Concise Repertory Of Homeopathy – Phatak S R.](#)
[Organon of Medicine 6th edition –by Samuel Hahnemann..](#)
[Preventive and Social Medicines by Park K.](#)
[Pediatic Clinics Of North America – Robert L.Russel,Mark D.](#)
www.medicinenet.com
www.ispub.com

Correspondence: mail@drrituraj.com