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Let me Hear your Voice:
A Homeopath's Triumph over Autism

Introduction

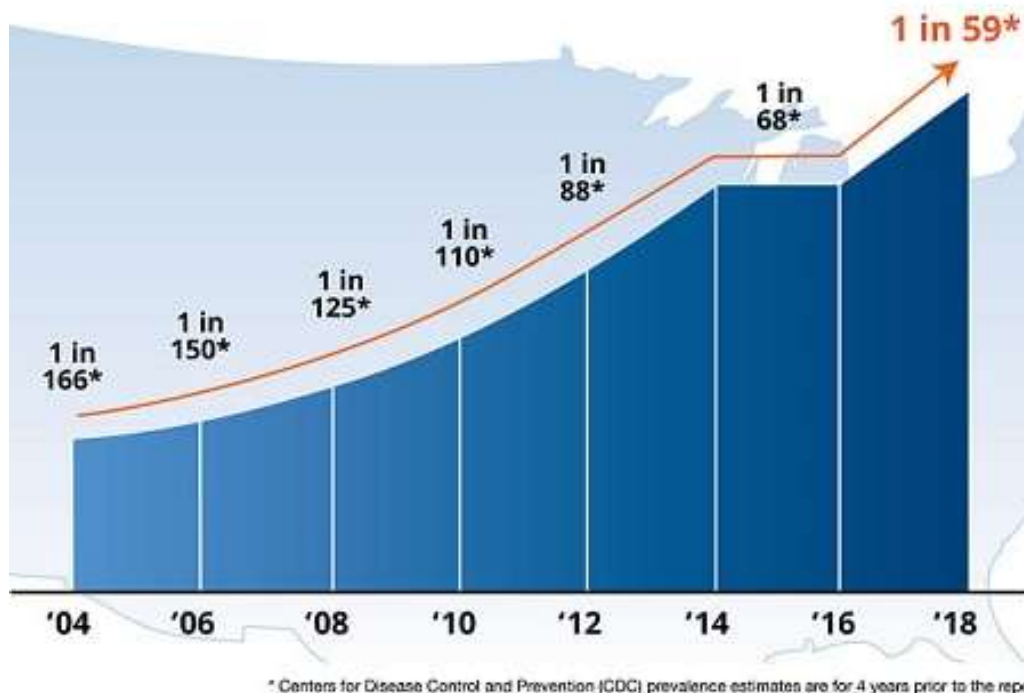
- Autism spectrum disorder (ASD) is a **neurodevelopmental** disorder that **impairs** the ability to **communicate**, **interact** socially with others, and **respond** to certain stimuli in their surroundings.¹
- Can be diagnosed at any age.
- Symptoms generally appear in the first two years of life.



The Rise of

AUTISM

Estimated Autism Prevalence 2018

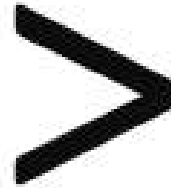


There has been an exponential rise in the prevalence of autism over the last 10 years. [\[2\]](#)

- Data released from the CDC (Centers for Disease Control and Prevention-national public health institute of the United States of America) in April 2018 placed the prevalence of autism in the U.S. at approximately 1 in 59 children.
- It has been estimated that more than 2 million people might be affected with ASD in India. [\[3\]](#)

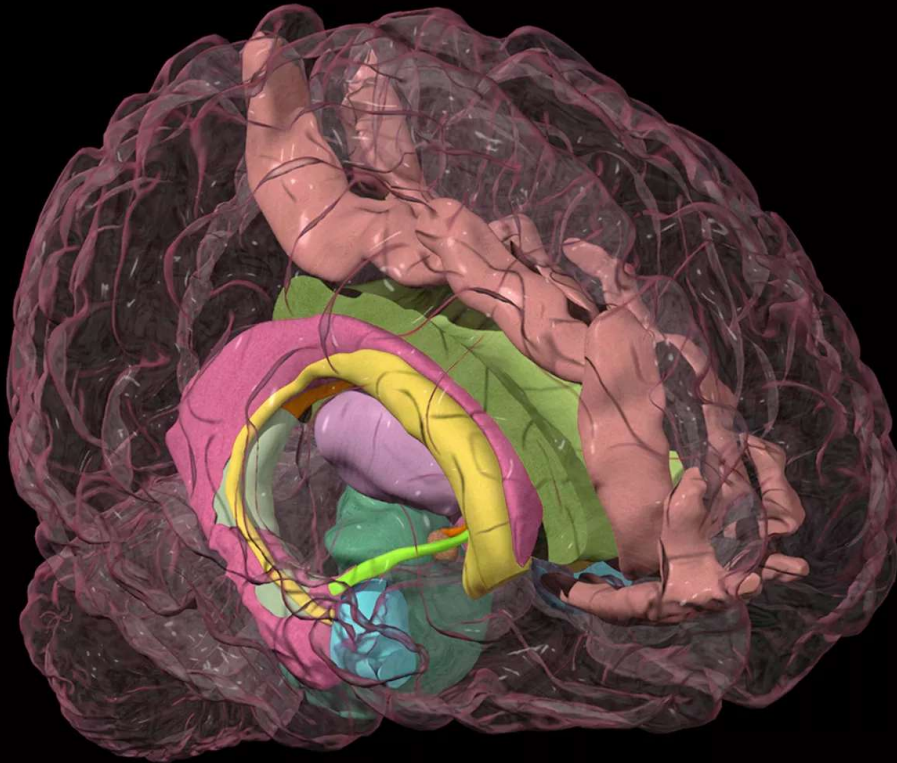
Risk Factors

ASD is more than 4 times more common among boys than among girls.



4 : 1

Parts of the Brain Affected by Autism



Malformations in the following areas of brain can lead to symptoms of autism.

Frontal lobe – planning

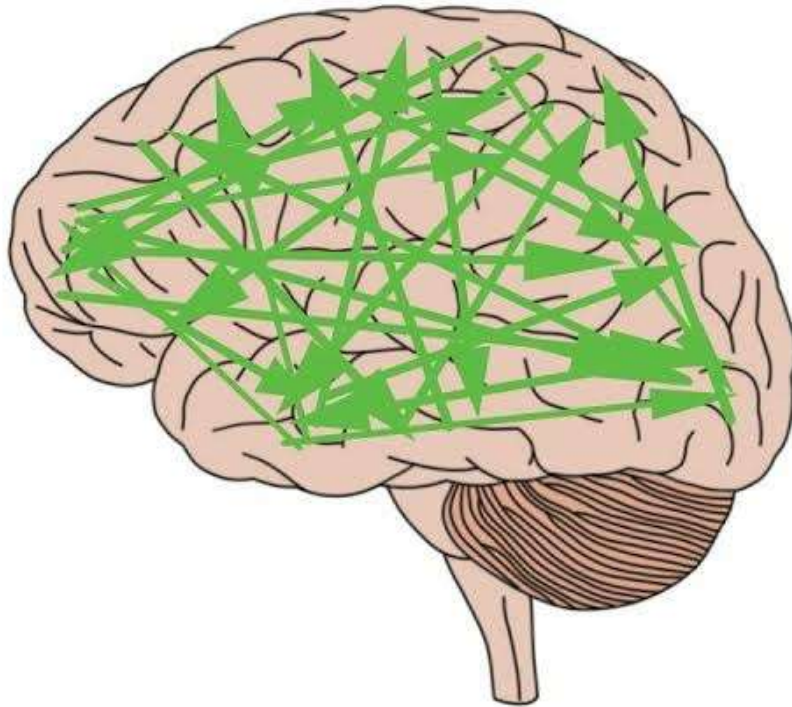
Hippocampus – memory and learning

Temporal lobe – auditory, speech and memory

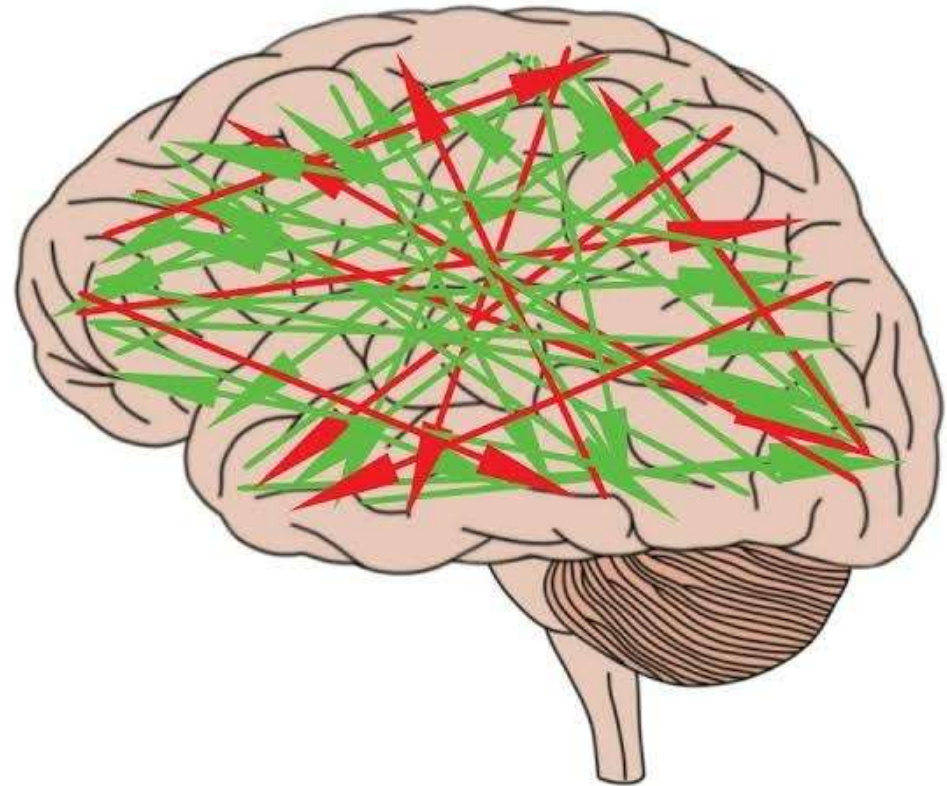
Amygdala – emotions

Cerebellum – motor skills, shifting attention

TYPICAL BRAIN

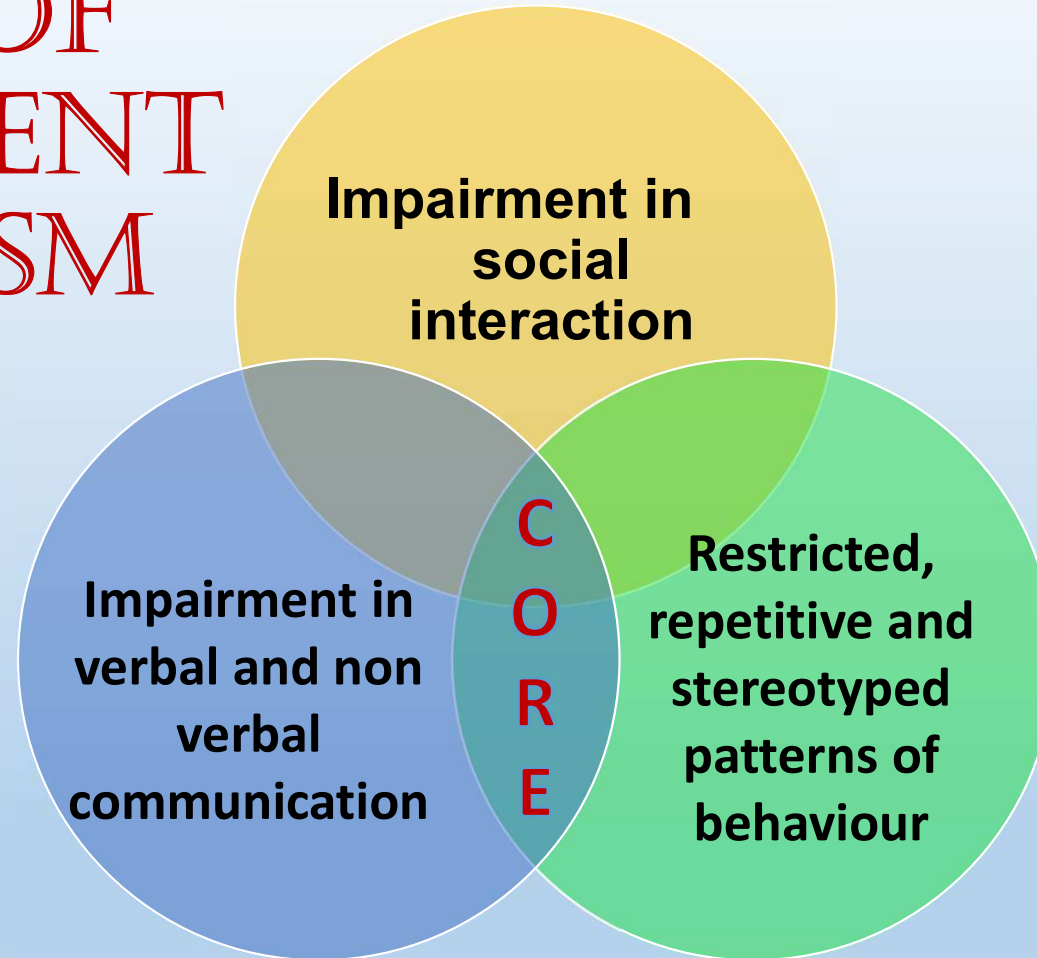


AUTISTIC BRAIN



- UNUSUALLY RAPID GROWTH
IN INFANCY AND EARLY CHILDHOOD
- ATYPICAL PATTERNS OF CONNECTIVITY

TRIAD OF IMPAIRMENT IN AUTISM



- The triad of impairment summarises the difficulties of the autistic child but the actual manifestation of these can vary.

The Triad Of Impairment

1. Impairment in social interaction.

- Difficulties in making sense of the world can lead to behaviour that appears bizarre and antisocial.
- May withdraw totally or may attempt to interact but may upset, bore or irritate others.
- Problems in forming relationships.

MIND- INDIFFERENCE- surrounding, to the
MIND- DULLNESS- children, in
FACE- EXPRESSION- vacant
MIND- MONOMANIA

The Triad Of Impairment

2. Impairment in verbal and non verbal communication.

- Difficulties in receptive language – may take everything literally.
- Difficulties with metaphor.
- Difficulties with pragmatics - don't easily understand facial expressions, tone of voice, gesture (Happè, 1993; Tager-Flusberg, 2001).

MIND-MISTAKES; making- speaking, in - letters

MIND- SPEECH-nonsensical

MIND- SPEECH- wandering

MIND- SPEECH- hesitating

MIND- CONVERSATION- difficulty to carry on

The Triad Of Impairment

3. Restricted, repetitive and stereotyped patterns of behaviour.

- Find change very difficult.
- Often develop obsessive interests.
- Rigid and restricted behavioural patterns – very set in their routines (Happè, 1993).
- Restricted repertoire of interests.

MIND- RITUALISTIC BEHAVIOR

MIND- GESTURES, makes - repeating the same

MIND- CHANGE - aversion to, in children

MIND- TOUCHING - impelled to touch- everything

Stimming is short for “self-stimulation”. Medically, stimming is known as a "stereotypic" behavior.

People who stim might appear as if they're intentionally moving or making noises in ways that don't serve an obvious purpose. However, stimming serves a purpose: People stim to communicate, self-soothe, or even just because it's enjoyable.

Stimming in Autism

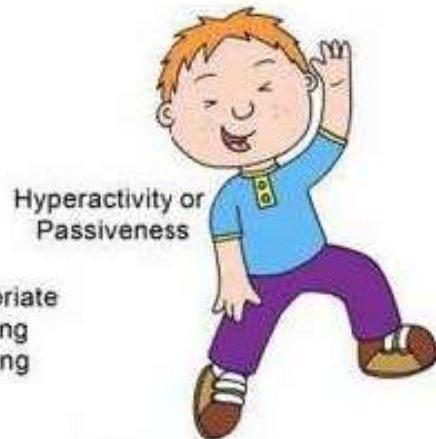
Some examples are:

- Flapping hands
- Rocking and bouncing
- Flicking or snapping fingers
- Hair pulling
- Walking on tiptoes and pacing
- Rubbing and scratching the skin
- Licking
- Sniffing
- Stroking objects
- Excessive blinking
- Staring at lights and moving objects
- Repeating words or phrases
- Repeating sounds and noises
- Rearranging objects and obsessions with ordering items

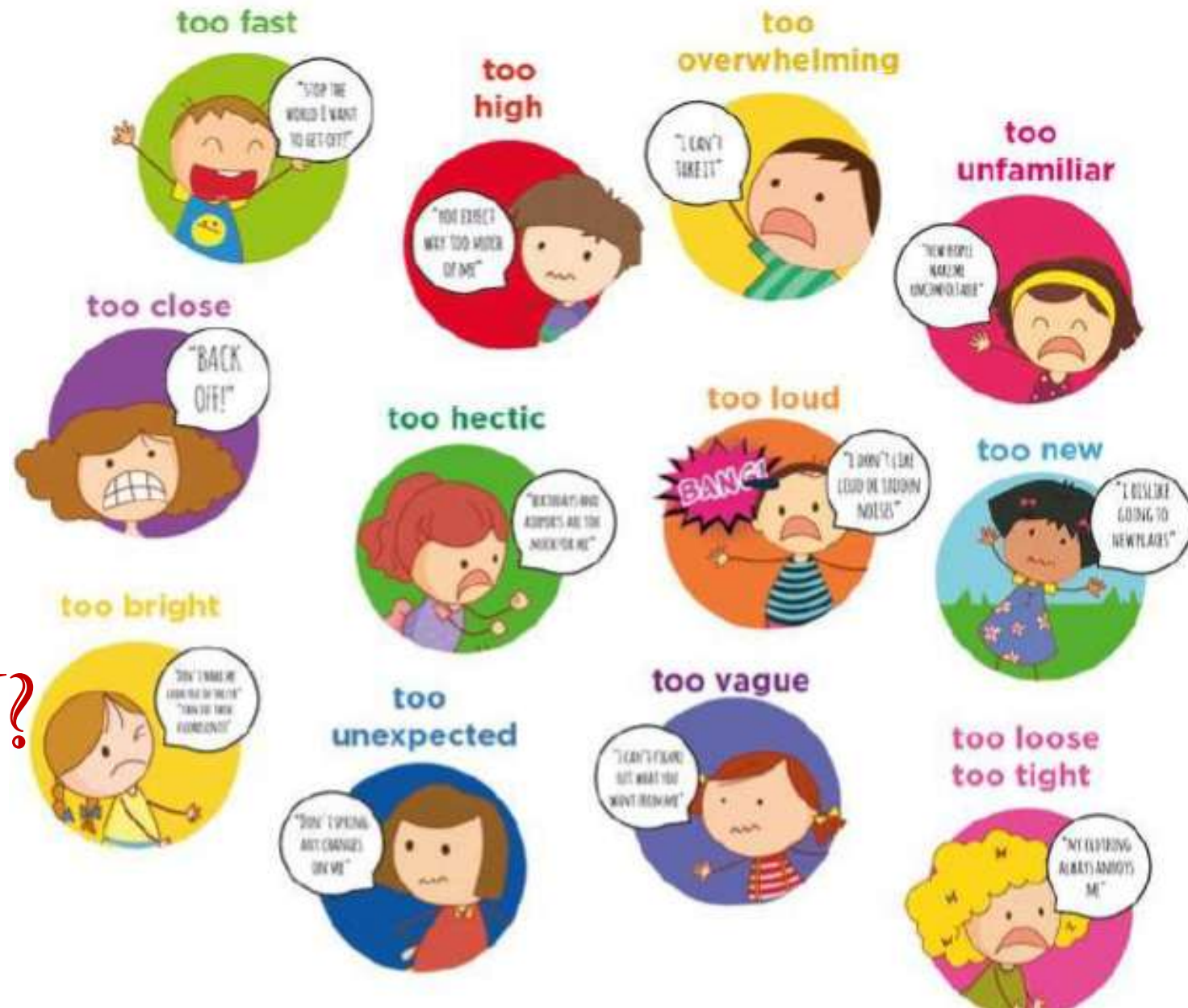
Harmful Stimming

- Headbanging
- Biting
- Punching
- Excessive rubbing or scratching at skin
- Picking at sores
- Swallowing dangerous items

CLINICAL FEATURES: COMMON SYMPTOMS

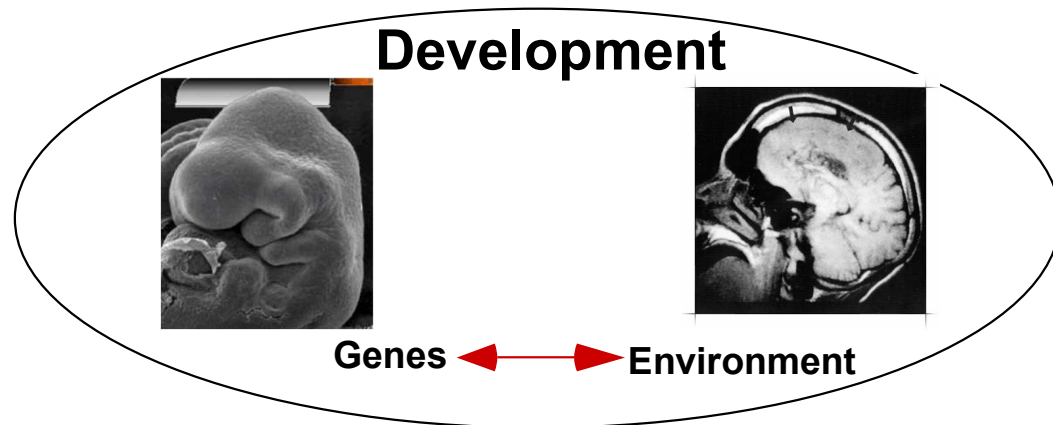


WHAT CAN TRIGGER ASD CHILDREN?

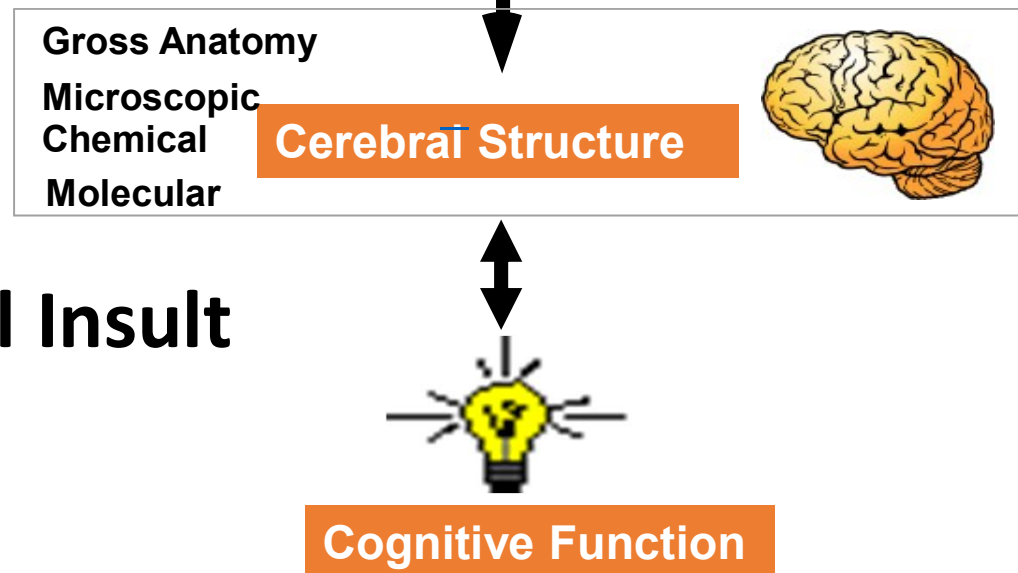


The Recipe for Autism

1. Inborn Predisposition



2. Environmental Insult

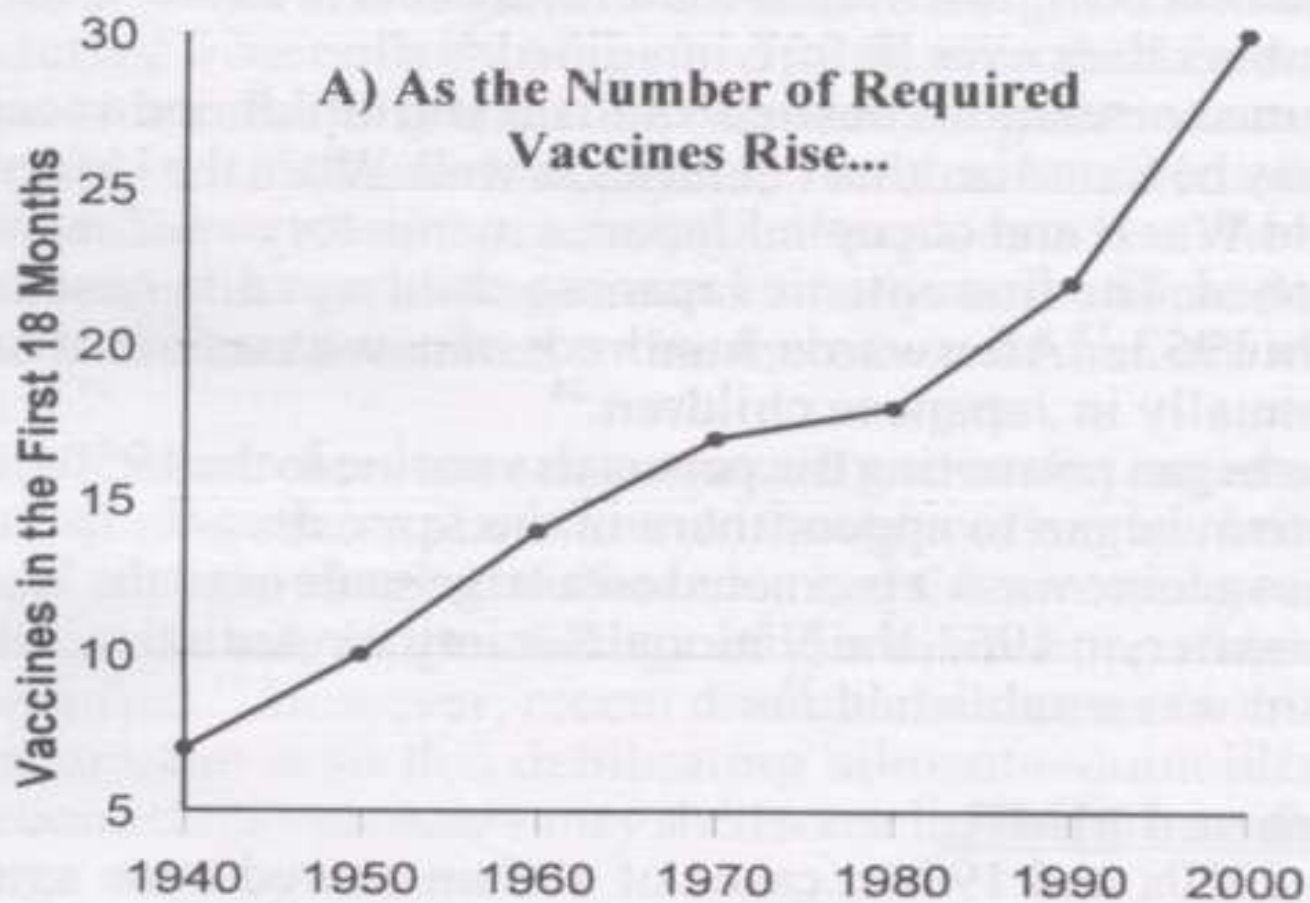


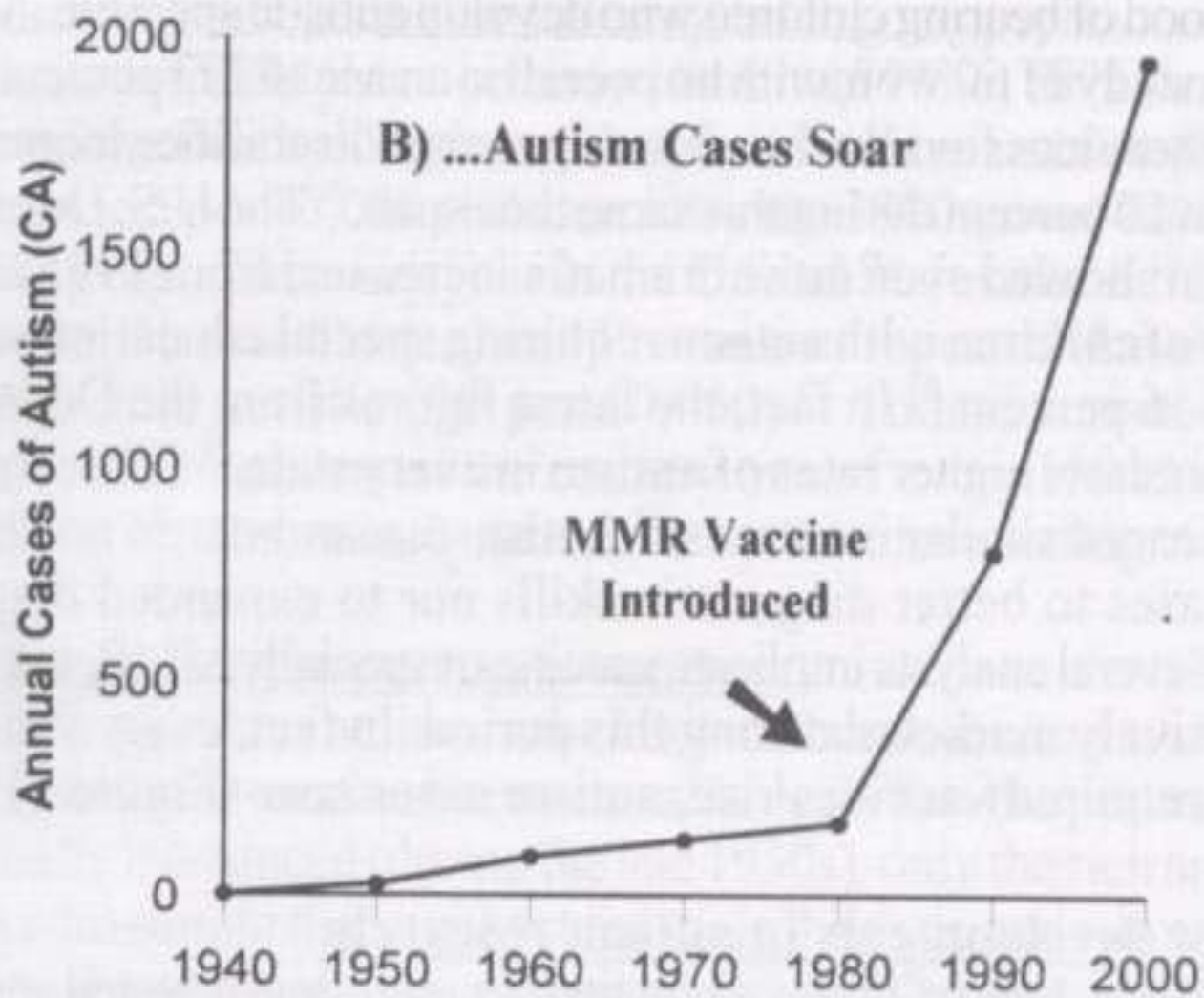
Environmental Insults: A Multitude of Possibilities

- Attention has focused on direct insults to the child from conception to age three.
- More than 30 environmental insults have been proposed, including mercury exposures, vaccines, changes in diet, viruses, increased Cu in the water supply, etc, etc.

Figure 2:

Vaccines and Autism





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► 2 AUTISM, CHILDREN, AFTER VACCINATION:

(Murphy's Clinical Repertory 3.0)

| | | | | | | | | | |
|---------|----------|----------|----------|-----------|---------|---------|------------|--------|--------|
| 1: Agra | 1: Anac | 1: Bar-c | 1: Bufo | 1: Cann-i | 3: Carc | 1: Hyos | 1: Kali-br | 1: Lyc | 1: Med |
| 2: Merc | 2: Nat-m | 1: Op | 1: Stram | 1: Syph | 2: Thuj | 1: Tub | | | |

THE TRIGGERS

- **The emotional factors....**
 - **Mother's State of Mind during Pregnancy**
 - **Intra-uterine life**
- Every emotion, good or bad will be transferred to the foetus, so intimately connected with the mom.



The state of the mother during pregnancy can reflect the state of disorder of the child.

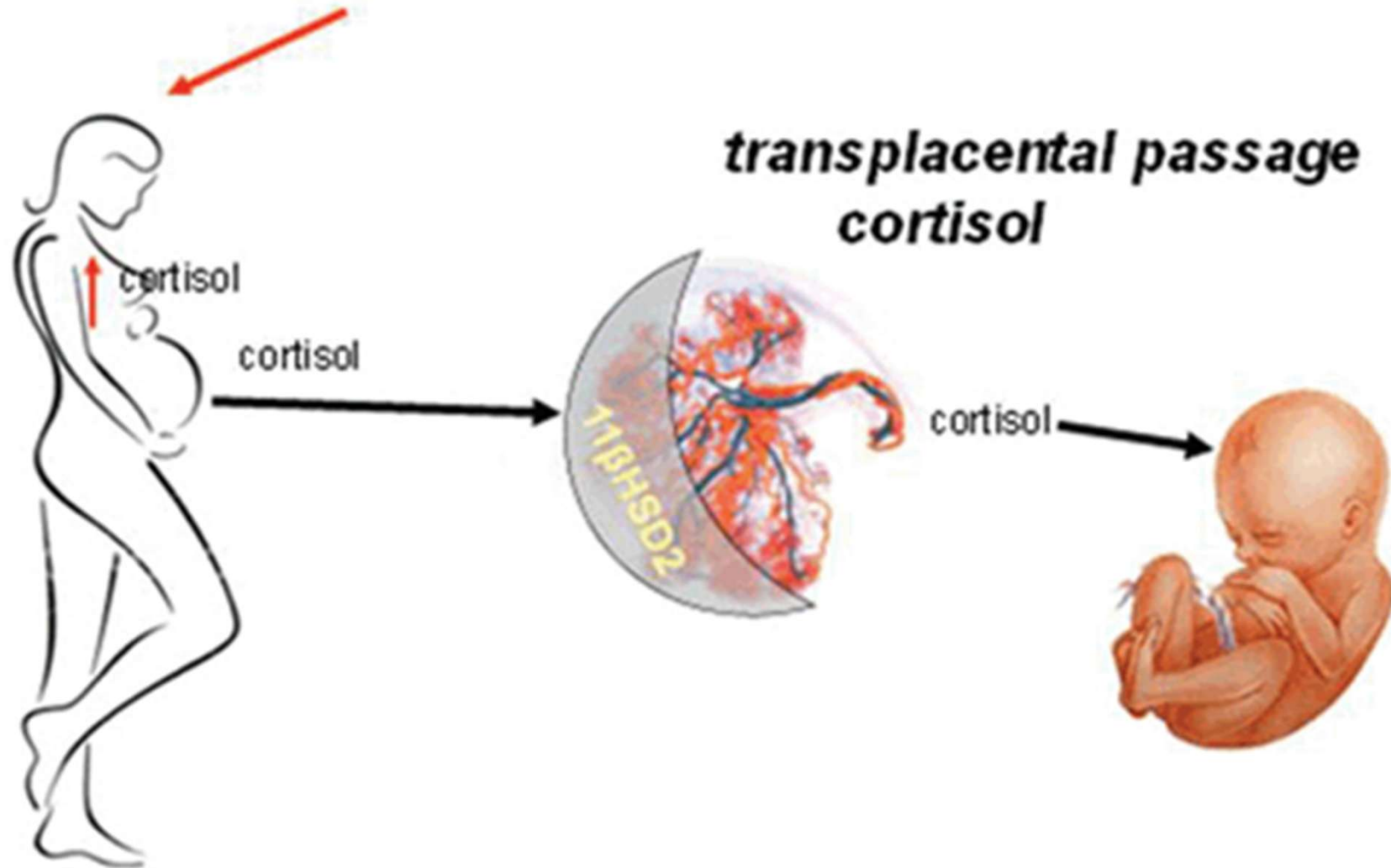
WHAT RESEARCH SAYS....

- Many independent prospective studies have now shown that if a mother is stressed, anxious or depressed while pregnant, her child is at increased risk for having a range of problems, including emotional problems, ADHD, conduct disorder, impaired cognitive development and autism.

Journal Reference:

Talge NM, Neal C, Glover V. Antenatal maternal stress and long-term effects on child neurodevelopment: how and why? *Journal of Child Psychology and Psychiatry* 2007;48(3-4):245-61.

Maternal stress/anxiety/mental illness



Source: https://link.springer.com/chapter/10.1007/978-1-4939-1372-5_13

HOMOEOPATHIC CO-RELATION



In caring for pregnant women, the physician must consider the health of two patients who are biologically linked, yet individually viable.



WHEN THE PREGNANCY REFLECTS THE STATE OF THE CHILD

- There are three key moments during the pregnancy.
 - The moment of finding out that you are pregnant. (Sometimes within a few hours)
 - The pregnancy itself
 - Delivery

- What was mom's first reaction on hearing that she was pregnant?

Interrogation

- Was it first, "not now, this is not the right time (=rejection)? Or "I don't deserve to have a healthy baby, looking at my past. There are numerous negative reactions.



MIND - DELUSIONS

☞ - womb is soft and would give abortion: (1) abies-c.

MIND - ANXIETY - household matters; about

☞ . pregnancy; during: 💡 (2) bar-c. Stann.

INTERROGATION

What was the husband's and immediate family's reaction? One of joy or rather disapproval?



[Complete] [Mind] Fear: Rejection, of:

INTERROGATION



- Was the husband much absent during the pregnancy (traveling, emotional absent because of not wanting this pregnancy, too preoccupied with profession, etc.) creating a feeling of forsaken?

MIND - FORSAKEN feeling



- isolation; sensation of: (59) abies-c. aids. allox. *Anac.* *Androc.* *Anh.* *Arg-n.* arist-cl. *Bit-ar.* camph. cann-i. cann-s. choc. coca coli. cortico. crot-c. cypra-eg. cystein-l. dendr-pol. des-ac. dioxi. falco-pe. fl-ac. galla-q-r. *Germ-met.* hippoc-k. hura *Hydrog.* irid-met. *Kola* lac-del. lac-h. lac-lup. lap-la. loxo-recl. lyss. mang-p. marb-w. merc. musca-d. op. ozone phasco-ci. pip-m. plac. plat. *Plut-n.* polys. *Positr.* psil. psor. puls. pycnop-sa. sal-al. sal-fr. stram. tab. thuj.

INTERROGATION

- Was there any fright or other strong emotional event during pregnancy (death of family member, theft, indignation, rudeness of others, etc.)?

MIND - FEAR

☞ - pregnancy, during:💡 (13) *Acon. Ant-t. bar-c. Caul. Cimic. con. ign. kali-br. lyc. lyss. Nux-m. psor. stann.*

MIND - ESCAPE, attempts to

☞ - pregnancy; during:💡 (2) *Bar-c. Puls.*

MIND - FEAR

☞ - baby will die in utero:💡 (3) *kali-fcy. phos. vib.*

Success



KEY TO FINDING THE SIMILLIMUM

**The remedy mom
needed in pregnancy
is the remedy the
autistic child needs
now!**

MANAGEMENT OF ASD



Homoeopathic

Behavioral

AIMS AND OBJECTIVES

- Homeopathic treatment of ASD aims to improve mental, social and behavioral symptoms.
- Helps patients deal with anxiety, irritability, self-injury and repetitive behavior.
- Helps in relaxing the patient and increasing the pain-threshold.
- Positive, even small, changes in speech, eye-contact, socialization, may be major milestones for child and family.

THE AREAS OF IMPROVEMENT ARE:

- Increase in Eye contact
- Decrease in Hyperactivity
- Improvement in focusing on tasks
- Decrease in Sensory issues
- Development of speech and intelligent talk
- Increase in social adaptability
- Improvement in comprehension

WHAT ARE WE TREATING?

► 2 AUTISM, MUTINISM:

(Complete Repertory 2017)

| | | | | | | | | | |
|-----------|-----------|----------|----------|-------------|---------|---------|------------|--------|----------|
| 3: Agra | 1: Aspart | 1: Bar-c | 1: Bos-s | 1: Brachy-s | 2: Bufo | 1: Cact | 1: Kali-br | 3: Lyc | 1: Staph |
| 1: Tarent | 1: Thuj | 1: Tub | | | | | | | |

REPETITIVE BEHAVIOUR

- Repeats the same question/phrase again and again.
[Complete] [Mind] Dullness: Understands: Questions only after repetition
- Repetitive hand movements/flapping.
[Boenning] [Upper extremities] Restlessness and movements of: Hand
- Head Rolling
[Complete] [Head] Motions: Of: Rolling head
- Head Banging
[Complete] [Mind] Striking: Oneself: Head, his:
- Body Rocking:
[Murphy] [Generals]Rocking, motion: Amel.:To and fro:

WHAT ARE WE TREATING? – APHORISM 3

- Know what is to be cured in the disease
- Know what your medicines can cure
- Know how to adapt your curative medicine to the disease
 - Correct selection
 - Correct preparation
 - Correct dose
 - Correct repetitions
- Recognise and remove obstacles to cure.

OBSTACLES TO CURE

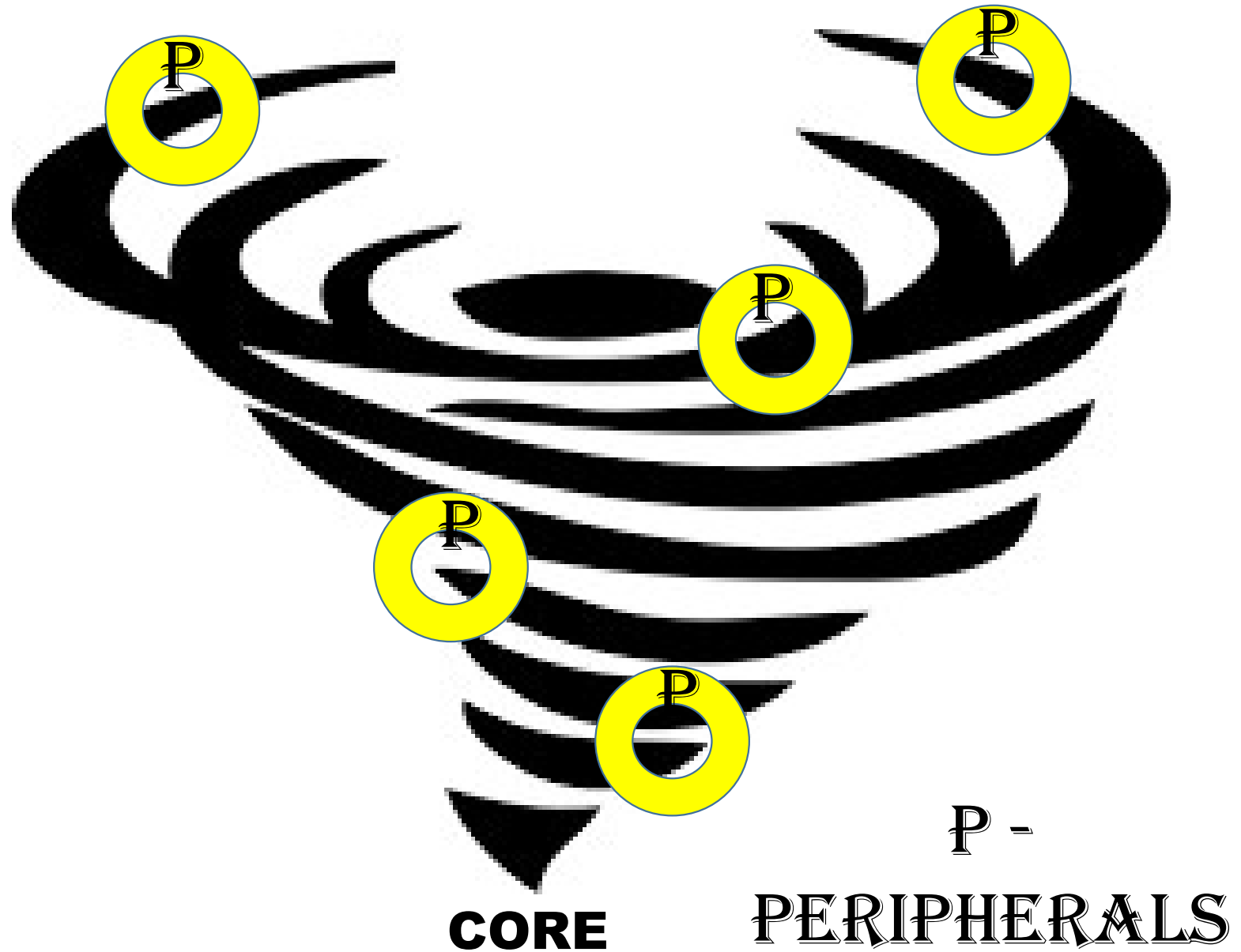
- So far the main obstacle to cure seems to be the lack of information about the causes of this disease. When important events in the life story of these children and their parents are overlooked or unknown, an essential key to the healing can be missed.

WHAT ARE WE TREATING?

- Not the autism, BUT the child or adult with ASD.
- Characteristics and PQRS symptoms of the autism.
- Maintaining causes
- Obstacles to cure.

HERE'S HOW:

REACHING THE CORE



CORE

- Spontaneous Eye Contact
- Spontaneous Speech
- Spontaneous Interaction

PERIPHERALS

- Seizures
- Gastro-intestinal disorders
- Eczema
- Hyperactivity
- Stimming
- Anxieties

How Much Improvement?

- It is not uncommon to notice improvements from the very first dose of a correctly chosen remedy and in about 1-3 weeks of starting the treatment.
- Improvements are cumulative... If the remedy is correct, the child should obviously be getting better from week to week, and month to month.
- The amount of improvement and the length of time needed for full treatment depends on the:
 - Severity of Symptoms
 - Degree of Irreversible Damage
 - Closeness of the match between the remedy and the patient's symptoms.
 - Skill and Experience of the prescriber in choosing remedies and managing the changing symptoms as treatment progresses.

Progress after Homoeopathic Treatment

1. Improvement in Sensory Concerns

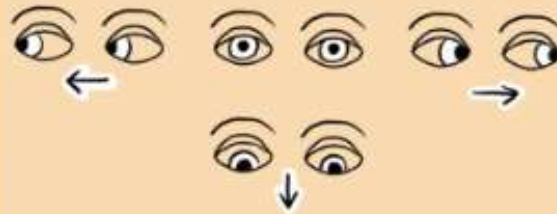
1. Hyperactivity
2. Hypo activity



Progress after Homoeopathic Treatment

2. Improvement in Eye Contact

Autism & Eye contact



Eye contact feels very unnatural for me and can be very draining. Prolonged eye contact feels very uncomfortable. I lose the ability to concentrate on what is being said and get very anxious.



To compensate I act as if I was looking around or I'm starting to do things with my hands and fidget and stim



I prefer talking with limited or without any eye contact. That way I can be more comfortable and fully present in the moment



Progress after Homoeopathic Treatment



3. Command Following

Little commands first...

Progress after Homoeopathic Treatment

4. Pointing towards Objects

- Things first – Book, mobile
- Recognize from photos
- Recognize parents later
- Pointing towards Parents



Progress after Homoeopathic Treatment

5. Speaking need based words...

- | | |
|---------|--|
| • Come | No command over language |
| • Go | |
| • Do | May Repeat the mugged up words, without understanding |
| • Give | |
| • Take | Won't be able to understand the difference between, How, When, Where, Whom etc. |
| • My | |
| • Hello | |
| • Bye | |

CASE STUDY



- A 4-year-old-male child, was referred to me by his class teacher as the child was unlike other 4 years old in her class. Her primary concern was that he needed assistance for every activity.

- He responded to his name but did not maintain eye contact. He would not play with his class mates or interact with them.



He was very cautious, would avoid playing in the school garden and would not hop or jump.

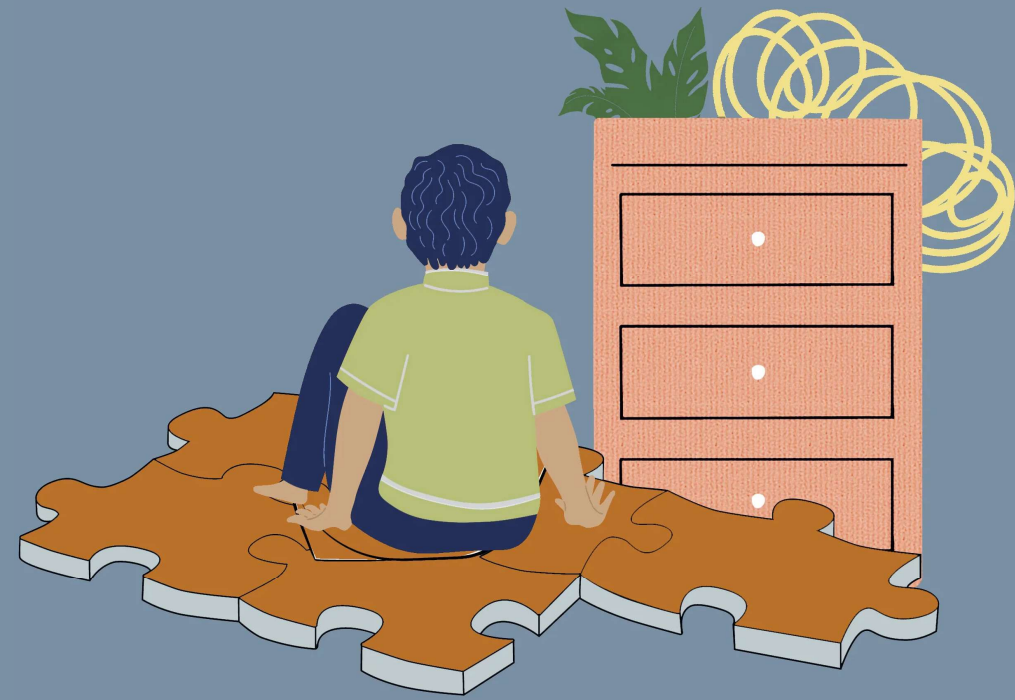


He was restless, would comprehend the questions asked but would not answer. His comprehension was good, concepts were clear and he could remember a lot of details.

On further inquiry with the parents, the following history was obtained.

- He would avoid brushing, combing hair, bathing, playing in mud or sand. He could not hold a crayon to scribble or colour.





He was a quiet and shy child and did not interact with people. He would engage in parallel play but would not establish friendship or conversations during play.

He was very sensitive and could not be spoken to loudly. He had to be told to do anything in a low tone of voice. He would stop working if shouted at or pointed out a mistake. There were no temper tantrums.

BIRTH HISTORY

- Full term, C section, BCIAB, elderly primipara, gestational diabetes.
- Milestones
- Motor and Speech mile stones delayed.

PAST HISTORY:

Tendency to catch cold easily with history of recurrent cold and cough

PHYSICAL GENERALS:

- Appetite: Low, fussy eater, had to be fed.
- Thirst: Normal
- Cravings: Ice creams, cold drinks but not given as catches cold
- Aversion: Nothing specific
- Perspiration: Palms, nape of neck while at sleep
- Dreams: Frightful wakes up often at night
- Thermals: Chilly.

PRESCRIPTION

The characteristic mental symptoms and physical generals pointed at Silicea, a single dose of **SILICEA 200** was prescribed. The dose was repeated once in 15 days and then weekly.

The child also started sensory integration therapy with an occupational therapist.

OBSERVATIONS 3 MONTHS INTO TREATMENT (MEDICINES AND THERAPY)

- Hyperactivity, restlessness reduced
- Sitting tolerance: Improved
- Self-help skills: Improving
- Fine motor skills: Improving
- Gross motor: Started hopping and jumping from height of ½ feet
- Eye contact: Improving he could maintain it for few seconds.
 - Sensory concerns remained: SQ
 - Echolalia: SQ
 - Dreams: SQ
 - Cautious behaviour was increasing, scared in doing almost all new activities

Not getting the desired results as per the expectations, the case was reviewed but no major data on the patient was received. Hence, mother's history during pregnancy was retaken in detail.

The mother was a working lady, had a late marriage and a late conception and was not ready for pregnancy.





- During pregnancy, she would be very angry as her husband would not do any house work and she had to manage both home and work and felt overburdened.

At times, she felt lonely and was scared of losing her son due to overwork. She would have frightful dreams almost every night and would sleep with lights on.



She constantly wishes that she could run away from this.

She developed gestational diabetes in the 2nd trimester.

- After reevaluation and studying the mother's mental state during pregnancy, it was inferred that it played a very important role in the genesis of the disease, its manifestation and the outcome.

This understanding was highlighted using the bio-
psychosocial model.



The totality was reanalyzed

- <Dark++
- < Solitude ++
- Desire Light++
- Escape desire to++
- Dreams Frightful++

STRAMONTIUM 200, single dose was
prescribed

CHANGES SEEN

- Eye contact: Improved, sustained and maintained
- Echolalia: Reduced and reciprocity started developing, play way has improved
- Self-expression improved: He would get angry and express his feelings
- Dreams: Episodes of waking up in the night reduced considerably
- Sleep: Peaceful and sound
- Hyperactivity, restlessness reduced
- Sitting tolerance further improved
- Sensory concerns: Vestibular and proprioceptive concerns, tactile dysfunction – Improved.

FOLLOW-UP:

- Stramonium 200 infrequent repetition

LEARNING FROM THE CASE:

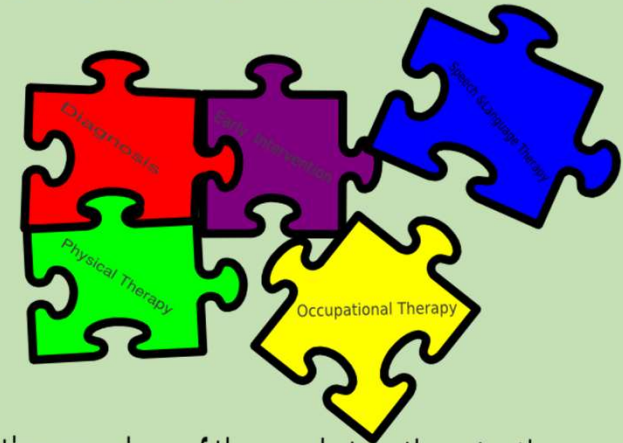
Even though the case had characteristic physical and mental symptoms but the selected remedy only gave partial results.

Mental state of the mother during pregnancy had a strong impact on the diathesis and thereby the evolution of the disease. The striking mental symptoms such as desire to escape, light desire and dreams frightful helped in selecting the similimum. This led to the unravelling of predisposition and exploration of biological, psychological and social dimension of the illness.

CONCLUSION


- We can definitely help the autistic children.
- Clear detailed history is required.
- Do not ignore mother's state of mind during pregnancy, even while taking a child's case.
- Differentiate closely related medicines.
- Think Twice before changing a remedy.
- Do not repeat the medicine till the patient is better.

AUTISM



Putting one piece of the puzzle together at a time

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THANK YOU 😊

