

Homeopathic Management of Autism Spectrum Disorder: Illustrative Cases

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Abstract: Autism is a Pervasive Developmental Disorder that has an impact on communication, sensory processing, cognition and behaviour of the child. It is quite a serious and complex disorder. This article comprises of two illustrative cases seen at *Spandan Holistic Institute of Applied Homoeopathy, Mumbai*, a Holistic Multidisciplinary Institute, where 123 autistic children were treated including 60 cases under AYUSH-Central Council of Research in Homeopathy sponsored Extra Mural Research project on Autism.

Keywords: Autism, Homeopathy

Under the research project on Autism, every case was thoroughly evaluated by the clinical psychologist using universally accepted scientific scales like Autism Treatment Evaluation Checklist (ATEC), Childhood Autism Rating Scale (CARS) and Vineland Social Maturity Scale (VSMS) which gave Social Quotient (SQ). In addition to the quantitative changes assessed by these scales, the qualitative changes were also noted with respect to the children's behaviour, ability to interact with the environment etc.

The objective of treating such children was to achieve the reduction of the autistic features and rehabilitating them in the mainstream society through classical homeopathic approach. The totality of the cases was perceived by taking into account the sensory pattern, kinetic state, regressive state, features pertaining to affects and mood and qualified aspects. Improvement was seen in these cases with sequential use of homeopathic medicines prescribed on the basis of principles of Organon. The following two cases demonstrate the homeopathic approach in management of such cases.

Case 1

Master JS, a 5 years and 2 months old boy, coming from a Hindu family, consulted on 10th November, 2006. He was referred for homeopathic treatment by a speech therapist, for his behavioural problems. His main symptoms were:

1. He had extremely poor eye contact. He would never look when called by name.
2. Extreme hyperactivity, constantly moving, jumping, with marked irritability.
3. Destructive behaviour; constantly clapping.
4. Rubbing genitals on the ground for hours together.

5. Irrelevant laughter.
6. Idiosyncratic speech.

Evolution of the Symptoms

The parents reported that the patient was born by a caesarean section delivery as the mother had no labour pain. The child had respiratory distress so he was kept in neonatal intensive care unit. Subsequently, his growth was normal. At the age of 8 months, he vocalised one syllable. At times, he would also try to repeat the words his father spoke. Till that time, he had good eye contact, as well as good social smile. At the age of 11 months, he suffered from a severe episode of lower respiratory tract infection for which he had to be hospitalised. Thereafter, he lost speech as well as eye contact.

The Behaviour

Many a times, he would become violent, which often included biting and hitting. There were frequent episodes of such violent behaviour which included extreme restlessness; he would jump, or even hurt himself while running. He used to be full of excitement; shrieking. The parents exclaimed that, "*We do not know from where the energy comes*". He dragged his parents to the desired object. There were occasional spells of 'wander lust' – he wanted to go out and loved moving around.

Impaired Sensory Processing

Master J had a lot of sensory issues, he sought tactile sensation, i.e. rubbed anything new in his hand and then used it. He liked to smell the food before eating. He had been showing marked sensitivity to loud noise. He would close his ears if his younger brother was crying.

Socialisation

Communication-Speech and Language: Expressive language had been very poor, though receptive language was there to some extent. The child had been admitted in an institute for children with special needs on 13th January, 2004. Since then he has been receiving therapy there. In the span of two years, the child's understanding had improved marginally, but behaviour and communication had deteriorated, as per the report dated 19.1.2006, (Following 1 year of speech and language intervention at Mysore Institute): *"Frequency of meaningful words in speech has regressed and still not achieved completely, although comprehension level has improved with therapeutic intervention"*

Language Tests (done at the Mysore Institute):

1. Receptive-Expressive Emergent Language Scale (REELS)
2. Receptive Language Age: 24 to 27 months (scattered)
3. Expressive Language Age: 10 to 11 months

The predominant mode of communication was nonverbal. He expressed his needs by rudimentary gestures like pointing with simultaneous inflected vocalisations. He also exhibited some stereotyped bizarre behaviour. At that time, he expresses only the word 'papa' meaningfully.

Thus, in spite of the therapy, this child had been steadily deteriorating. The child was also given allopathic medicines for one year to control behaviour; which had no positive effect.

Development

The child had achieved motor milestones on time. Although the speech initiation was at 9 months of age, as discussed earlier, there was regression in this aspect.

Mother's History during Pregnancy

The mother had a positive attitude towards her pregnancy. It was a planned pregnancy and she had no significant symptoms during pregnancy. Delivery was at full term through lower segment caesarean section (LSCS).

Patient as a Person

Life Space: Master J, a 5 year old child coming from a middle socio-economic class Hindu family, stayed with his parents and a younger brother aged 10

months. His 35 years old father worked for a Transport Company. His mother was a 30 years old housewife. He never used to mix within a group of children. He recognised his parents but there was no communication. He dragged his parents to things which he wanted. If his father scolded him he just hid his face but, didn't show any reaction when the mother scolded him. He did not like to play with toys much. He just wanted to jump or play with mobile; fidgeted with buttons etc. He showed obsessive behaviour like constant clapping etc. He babbled continuously. It was not meaningful speech. He listened to music and advertisements on television. He liked to be taken out of the house, liked to ride on a scooter.

He craved salt³⁺ and pickles³⁺. The thermal state was chilly. He needed fan at a slow speed in the winter season, and used to wake up if the fan was switched off. He took a blanket and wore warm clothing while living in the weather of Mysore.

Investigations

The child was evaluated by the clinical psychologist on 10.11.2006. The findings were:

1. Vinland Social Maturity Scale (VSMS):
Chronological Age – 5 years 2 months
Social Age – 3 years
SQ – 60-65
Classification: Mild retardation in Social Functioning
2. The Childhood Autism Rating Scale (CARS): The total score on the CARS was 31. He shows mild Autistic traits.
3. Autism Treatment Evaluation Checklist (ATEC): Total Score: 86. Range: (0 – 180)
4. Autistic Hyperactivity Score: Child's Score – 53 (Total Maximum Score – 57)
5. EEG: Dated 22.12.2006- *"Occasional sharp waves are noted in temporal regions which are not clearly abnormal."*
6. Brain stem evoked response audiometry (BERA) – NAD
7. Genetic evaluation: Normal karyotype evaluation.
8. Serum Serotonin – 175.5 ng/ml (within normal limits)

From the above findings it became clear that the child was in the category of mild degree of Autism with

mild retardation in social functioning. Child had no positive finding of organic dysfunction.

Case Analysis

Clinico – Pathological – Miasmatic Correlations:

The case presented with mild to moderate Autism as per the CARS with mild retardation. Progressive deterioration was seen over last two years in spite of the therapy. This indicated magnitude of the disease, which was definitely high. The distinct regression around 1 year of age after the episode of lower respiratory tract infection indicated a strong expression of *tubercular miasm*.

On studying the Autism Spectrum Disorder, various patterns of symptomatology are observed. Some children present with predominant features pertaining to behaviours like extreme restlessness, impulsiveness, which are *kinetic*, while some children present with intense *sensory* disturbances, like over sensitivity, noise, touch etc. Some children also demonstrate marked degree of *regressive* features like involuntary urine, stool, eating filth, low cognition etc. Accordingly, the distinct repertorial totality and repertorial syndrome is seen, i.e. distinct group of collection of symptoms as well as the group of medicines.

This approach helps to build the totality for each individual case.

Figure 1: Dynamic Portrait of Special Child Repertorial Totality

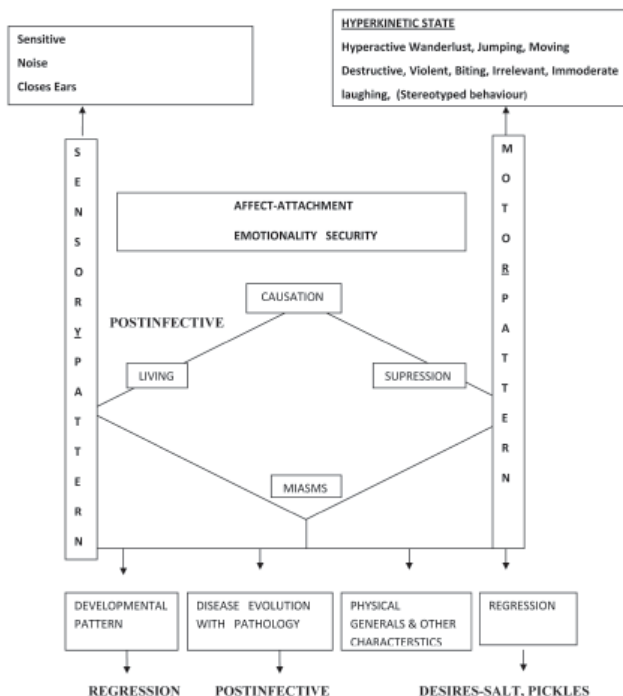


Figure 2: Repertorial Sheet

	bell.	stram.	verat.	sulph.	merc.	calc.	ign.	lach.	phos.	talent.	thru.	carb.	flux.
1. MIND - restlessness, nervousness - children, in (73) 1	1	3	1	1	4	1	1	1	1	4	3	-	1
2. MIND - biting (92) 1	4	4	3	4	-	3	1	3	1	3	2	-	4
3. MIND - destructiveness (62) 1	3	4	3	3	1	1	3	1	1	3	4	1	1
4. MIND - excitement, excitable - general (363) 1	4	4	4	4	4	4	4	4	2	4	4	3	1
5. MIND - sensitive, oversensitive - general - noise, to (242) 1	4	1	2	2	3	3	3	3	1	2	4	1	1
6. MIND - monomania (36) 1	1	1	1	1	-	3	1	-	1	-	1	-	1
7. MIND - laughing - general - immoderately (28) 1	3	1	-	-	-	-	-	1	-	1	-	-	3
8. MIND - jumping (86) 1	4	4	1	1	3	1	-	1	1	4	1	3	-
9. TEETH - grinding (112) 1	4	4	4	3	3	3	4	1	3	4	1	3	1
10. GENERALITIES - food and drinks - salt or salty food - desires (76) 1	-	-	4	1	1	3	-	-	3	-	3	3	-
11. MIND - travel, desire to (41) 1	1	-	-	-	3	1	3	1	-	-	-	-	3
12. GENERALITIES - rubbing, massage - amel. - hand, with (28) 1	-	-	-	1	3	4	1	-	3	-	3	-	-
13. MIND - gestures, makes - grasping objects - genitals (18) 1	1	3	-	3	-	-	-	-	3	-	1	-	-
14. MIND - gestures, makes - clapping hands (5) 1	3	3	1	-	-	-	-	-	-	-	-	-	-
15. GENERALITIES - food and drinks - pickles - desires (34) 1	-	-	1	3	-	-	1	3	-	-	-	-	-

Remedy Selection

From the repertorial result, following medicines came up for consideration.

1. Belladonna 33/12
2. Stramonium 31/12
3. Hyoscyamus 28/9
4. Tarantula hispanica 23/9

The patient showed predominant features of hyperactivity with characteristic aspect of jumping and restlessness. He also showed a lot of destructiveness with handling of genitals and rubbing genitals vigorously.

Along with these considerations, the physical characteristics of desire for salt which is for 3 marks in this case, *Tarantula hispanica* was the only drug covering these and hence it was selected for this patient.

When the integrated totality is studied, what stands out prominently is the motor pattern and sensory pattern. Here, in this case, the child who presents with *intense hyperactivity and is full of energy*. This state corresponds to *Tarantula hispanica* and it's a *kinetic state*. *Hyoscyamus niger* and *Stramonium* came in differentiation.

In this case, the underlying miasmatic state is perceived and when considered along with the phenomenon of suppression, *Tuberculinum bovinum* stands out. (There was a definite history of neuropsychological regression after the episode of lower respiratory tract infection.)

Susceptibility: Moderate to High.

Table 1: Follow up

Date	Prescription/ weekly	Sleep/App	Behaviour/ Hyperactivity/ Monomania	Communi- cation	Cognition	Activity of daily living
11.11.06	Tarentula 1M 1P HS	N	Better	Better	SQ (Status Quo)	SQ
10.12.06	Tarentula 1M 3P HS	N	Better 80% → SQ→ ++increased	Better	SQ	SQ
4.3.07	Tuberculinum 1M 1P HS Tarentula 1M 3P HS	N	Better	Better	Waits for turn, follows specific commands, Better	SQ
8.4.07	Tarentula 1M 7P HS	N	Hyperactivity Better violence and destruction ++	SQ	SQ	Better
20.5.07	Tarentula	N	Scratching++, pinching++ Hyperactivity Better	SQ	SQ	SQ
9.6.07	SL 7P HS	N	Better	Repeats words and sentences	Better	Better
8.8.07	Tarentula	N	Pinching++ increased	Better	Better	Better
8.9.07	Tarentula 10M 3P HS	N	Better	Better	Better	Better

The patient was given *Tarantula hispanica* 1M and later 10M as described in follow-up (Table 1). He showed significant response in all four parameters of Autism as described through ATEC scores. There was marked amelioration in hyperactivity and aggression after 3 months of *Tarantula hispanica*. This relief lasted for 6 months.

Tarantula hispanica covered the kinetic state well, with which the patient had presented and also marked craving for salt. *Tarantula hispanica* definitely reduced intensity of pathology and also positively modified core Autistic issues. During this phase, there were no significant acute infections as well. ATEC score came down from 86 to 54.

Later, once he came down with an acute exacerbation of maniacal behaviour. Thus, the case was reviewed on 22nd December, 2007 and *Stramonium* 200 was prescribed in frequent doses. He used to have such episodes more often before treatment. This was the first episode almost after a year of starting treatment and responded well in a few days. He showed improvement

in his hyperactivity, the acts of jumping and rubbing of genitals had disappeared. He was much more compliant and the therapist was now able to train him with greater degree of comfort. He was able to perform table top activities for hours together. He became independent in his activities of daily living.

The case was reviewed again on emergence of new features; voracious appetite coming in spells was considered as active indication of tubercular miasm and *Tuberculinum bovinum* 1M was prescribed. After four months, again the case was reviewed and evolution of a native sensitivity and the emotionality of the child were observed, which was quite essential for the total growth. Analysis of this state gave individualised features pointing to *Natrum phosphoricum*. For the last one year, the child is receiving infrequent doses of *Natrum phosphoricum* and he is much better. His clinical improvement is reflected in his CARS, ATEC and AHS scores. Once hyperactivity improved, child could be taken up for occupational therapy. Therapist remarked that now he could work with the child.

Table 2: Changes in scores in case no. 1

Investigation	Score 1	Score 2	Score 3	Score 4	Score 5	Score 6	Score 7	Score 8
CARS	31				28	28	27	27
ATEC	86	62	59	56	54	44	36	31
AHS	53	40	35	21	13	11	9	9
ATEC%						37%		

This case beautifully demonstrates role of various phasic medicines, role of nosodes, and the role of constitutional medicine. The patient has developed need based speech and his receptiveness has improved substantially. He has started socialising and now is very happy with family members. He is also very happy to be with his extended family and mingles with everyone. He plays with his younger brother. *He is attending mainstream school and is doing well. As per latest evaluation, there is reversal in his CARS score and he falls in Non Autistic category.* This clearly indicates Autism can be dealt by judicious use of homeopathic medicines.

Case 2

Master F C was a 9 year old male child coming from a Roman Catholic nuclear family who consulted on 27.4.07. Followings were the most important symptoms with which he presented:

1. Poor eye contact, didn't mix with peers at all.
2. *Hyperactive*, didn't sit at one place, *keeps jumping*.
3. No speech, non-verbal communication.
4. *Irritable*, self injurious, bites himself, throws things, hits his head with his hand.
5. Fear of dark, noise, lightening and cracker; clings to mother.

Associated Complaints: The patient had complaints of recurrent upper respiratory tract infection. He used to get coryza with greenish watery discharge, nasal blockage and cough, along with fever. There was aggravation from change of weather, cold water and cold bathing. Appetite was reduced and the thirst was increased during complaints and patient had desire for cold things.

Evolution

The child had normal developmental milestones till eighteen months of age; used to say *mama, dada* and used to recite a poem. He suddenly stopped talking after 18 months of age. *The parents could not recollect any cause other than vaccination around that time, after which*

regression was seen. The child became hyperactive, didn't sit at one place, *kept jumping*, had become *irritable*, and was aggravated by contradiction and used to throw things. He used to bite himself, hit his own head with hands and had poor eye contact. He didn't mix with his peers at all.

Sensory disturbances: He had fear of dark, noise, lightening and crackers, he clinged to mother. He loved to write and used to calm down if he was given a pen and a paper. He could draw very well with his memory.

Speech and communication: Non-verbal communication, no speech.

Mother's History

The mother reported that it was their first planned pregnancy at 29 years of age. The mother was insecure during the pregnancy as her husband used to drink large amounts of alcohol and she had a feeling that her husband doesn't like her. She used to remain tensed and anxious. She felt extremely rejected and her mood was persistently low. The delivery was at full term through a caesarean section.

From the above description, the probable etiological factors playing role in this case were the ailments post vaccination and the mother's emotional state during pregnancy.

Development

Child had normal developmental milestones till eighteen months of age. There was regression of speech and mental milestones seen after vaccination.

Head holding: 4-5 months, rolling over: 6 months, grasping objects: 5 months, sitting without support: 8-9 months, crawling: nine months. First meaningful syllables around one year, full sentences two to three word sentences around eighteen months, regressed thereafter. Recognised mother at normal time, social smile: one month, responds to name - ? before 1 year, totally stopped after eighteen months.

Family History: Patient's father and maternal

grandfather were alcoholics. Maternal grandmother had diabetes.

Patient as a Person

Craving: Loved outside food

Perspiration: Scalp, now reduced

Thermal State: Needed fan on full speed in summers and winters, used to wake up if switched off. Liked rains. Took covering occasionally in winters and removed it after sometime. Didn't take woollens and bathed with warm or cold water. Overall, the thermal state was hot.

Disposition/ Behaviour: Restless, not ready to sit at one place; loved to write and calmed down if he is given a pen and a paper. He could draw very well with his memory. He could draw the logo of the popular television show, '*Kaun Banega Crorepati*' very well. He just wanted to write and draw. He also liked music and playing piano. Needed attention and started shouting if parents talk to each other. He liked watching television programs.

Socialisation: Poor eye to eye contact. Poor mixer, indifference to surroundings and pleasure, absorbed in self, fear of strangers and aversion to answer.

Sensitivity: fear of dark, noise, lightening and cracker, he clings to mother.

Communication and speech: speech delayed, inability to initiate conversation.

Repetitive Stereotype Behaviour: He just kept writing and drawing as if in a frenzy.

Hyperactivity: Restlessness

Aggression / Violence / Tantrums: self injurious, bites himself, throws things, pulls hair, hits his head with his hand

Investigations

EEG: (11.9.07) - NAD

BERA: (11.9.07) - NAD

Evaluation by Clinical Psychologist: 27.4.07

Tests Administered:

1. Vinland Social Maturity Scale (VSMS)

Chronological Age – 9 years 8 months

SQ – 60-65

Classification: Mild retardation in Social Functioning

2. The Childhood Autism Rating Scale (CARS)

The total score on the CARS was 32. He shows mild Autistic traits. Some of the affected areas were:

- Relating to people
- Verbal communication
- Imitation
- Visual and listening response

3. Autism Treatment Evaluation Checklist (ATEC)

Total Score: 73 Range: (0 – 180)

4. Additional test to asses hyperactivity: Autistic Hyperactivity Score

Child's Score – (52) Total Maximum Score – (57)

5. Genetic – Normal karyotype evaluation.
6. Serum Serotonin – 83.2 ng/ml (40 – 400)

From the above findings, it became clear that the child had mild degree of Autism with mild retardation in social functioning. He had no positive finding of organic dysfunction.

Case Analysis

Clinico – Pathologic – Miasmatic Correlations:

The case presented with mild Autism as per the CARS with mild retardation. The complaints of restlessness, fears with clinging behaviour with history of regression spoke of dominant tubercular miasm. And the features of destruction, violence, biting, self injurious behaviour, tearing things, hitting speaks of syphilitic traits. Hence the dominant miasm in the case was tubercular-syphilitic.

Repertorial Totality

1. Self injurious
2. Noise hypersensitive
3. Contradiction agg
4. Forsaken feeling
5. Restlessness, nervousness, Tendency, Children, in
6. Jumping, Impulse to
7. Biting
8. Monomania
9. Compulsive disorders, Ritualistic
10. Automatic behaviour, acts
11. Fear, Dark

Figure-5: Repertorisation Table

Remedy Name	Stram	Arn	Lyss	Hyos	Nux	Tarant	Camph	Op	Sel	Lyss	Plat	Yoni
Totally	10	12	12	11	11	10	9	9	9	8	8	5
Symptom Covered	9	9	8	8	7	7	7	6	5	6	5	5
(CO) self injurious:	1	1	1	1	1	3	1	1	1	1	1	1
(CO) NOISE HYPERSENSITIVE:	1	2	3	1	3	1	1	3	3	2	2	1
(CO) contradiction agg:	1	1	1	1	1	1		2	3		2	1
(C) (Mind) forsaken feeling:	2	1					1	1	1	1	2	1
(C) (Mind) Restlessness, nervousness.Tendency Children, in:	2	1	1	3	2	2				1		
(C) (Mind) Jumping impulse to:	1	1	1	1	1	1						
(C) (Mind) Biting:	3	3	3	2	1	1	2	1		2		1
(C) (Mind) Monomania:	1		1	1	1	1	1				1	
(C) (Mind) Compulsive disorders Ritualistic:		1								1		

Remedy Selection

From the reportorial result, following medicines come up for consideration-*Stramonium*, *Arsenicum album*, *Belladonna*, *Chamomilla*, *Lyssin*, *Hyosyamus niger*, *Nux Vomica*, *Tarantula hispanica*. From the totality, *Stramonium* and *Lyssin* come up strongly. Fear, irritability and clinging brought *Stramonium* quite close but qualified aspect of self injurious behaviour was better covered by *Lyssin*. The mother’s state during pregnancy showed marked feeling of rejection, i.e. forsaken. The child showed strong attention seeking attitude, when denied there was rage. This is covered well by *Lyssin*. Hence, *Lyssin* was selected.

Follow Up Analysis

The child was given *Lyssin* 200 one dose weekly. Gradually, the repetition was increased to three weekly doses and later on daily doses. There was improvement in his hyperactivity and fears. Self injurious behaviour and violence reduced to 50%. He started responding to commands. His behaviour improved substantially but since there was no further progress even with enhanced repetition; potency was raised on 26/11/07. He was given 1M weekly one dose, which was gradually increased to daily. In first 3 months after starting Homeopathy, there was substantial improvement in behaviour and sensory issues. Significant change in first quarter after new treatment is introduced implies definite positive role of intervention. This is quite consistent with what Dr Rimland has written about ATEC. If improvement occurs due to maturation, then gradual improvement is seen over a period of time. However, if there is a sharp improvement after the intervention is started then treatment is helping.⁵

Child had been kept on placebo for a period of one month after which the case was again reviewed.

There was marked sensitivity to noise²⁺ and history of aggravation after vaccination was reconfirmed. Therefore, *Carcinosin* was selected. After *Carcinosin* 200 1 dose, his hyperactivity and impulsive behaviour reduced substantially with significant improvement in socialization and communication. Sensory aspects also improved. *Carcinosin* was repeated after 3 months. ATEC came down to 36. His clinical improvement is reflected in his CARS, ATEC and AHS scores.

Table-3: Psychological evaluation-scores case 2

In-vestigation	Score 1	Score 2	Score 3	Score 4	Score 5	Score 6	Score 7
	24.4.07	27.7.07	12.9.07	29.10.07	28.1.08	28.4.08	2.5.09
CARS	32					31	30.5
ATEC	73	69	66	64	62	48	36
VSMS	60-65					50-55	50-55
AHS	52	48		37	27	19	08

This case demonstrated the characteristic aspects of *Lyssin* which are:

Remedy with predominant sensory and kinetic dimensions-

Sensory

- Hypersensitiveness of all senses⁴
- Over acute senses²
- Fear of noise with clinging closes ears.
- <glistening objects
- > rubbing gently

Motor

- Destructive to self as well as others
- *Self injurious behaviour*
- Biting himself
- Strong and uncontrollable impulse to do certain acts, to spring at and to bite any moving object that came within reach
- *Biting, snapping*
- Incessant talking.
- Tearing things
- Destructiveness

- Though fatigued, moved quite *briskly*.
- Roams about²
- Impatience, Restless²
- Constantly spitting²
- *Rapid* actions
- Exhilarated and then morose.
- Lasciviousness.
- Monomania
- Range of ideas extremely limited if left to himself, is occupied continuously with the something and always in same manner.⁷
- Continuously goes on writing and drawing. It relieves his Hyperactivity
- Snapping motions of the jaw of an involuntary and spasmodic character.
- Passes hand across forehead

Forsaken Feeling (Mother's State): "I am forsaken by all. Even birds of heaven do not look at me." 4 Attention seeking attitude.

Conclusion

Sequential use of indicated homeopathic medicines:

Homeopathic medicines improve the state of susceptibility. It also brings about change in the state of reactivity. When reactivity improves, there is emergence of other characteristics. This leads to the second prescription. Both the cases demonstrate the same. Autism is a deep-seated disorder and hence cure takes place through layers. As one layer improves, autistic features reduce. *Though recognition of these phases will demand sincere application of the knowledge of susceptibility, miasm, materia medica and repertory.*

Studying characteristic pattern in the symptomatology manifested in Autism:

Identification of peculiarities in kinetic pattern and/or sensory pattern and correlated with Homeopathic Materia Medica and Repertory help immensely in identifying the similimum,

Management of Acute Exacerbation in Autism:

When Autism presents with acuteness of symptoms

pertaining to behaviour and sensory issues, phasic medicines prescribed on the basis of similarity of characteristic qualified features, they bring about faster amelioration and later on they need to be followed by indicated chronic medicines for further improvement. Often we need to repeat frequently these phasic medicines.

Stramonium was found immensely useful to control self-injurious behaviour and bouts of aggression. *Stramonium* was prescribed in multiple doses to the extent being repeated even three times a day, since the action of medicine was getting exhausted faster. This is quite consistent with what our Master Hahnemann has written about mental disorders. (Organon of medicine: Aphorism 210 onwards)³. This acute phase equated as the 4th type of mental disorder wherein he focuses on acute insanity and gives directions for giving more frequent repetition of antipsoric remedy. This also validates general guidelines of susceptibility and posology which have been put down based on the model – immunity, reactivity, sensitivity and vitality. It was clearly seen that the application of fundamental concepts could bring about classical results.

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