



## Retrospective, Pilot Study, of Elementary-Aged Children, Transitioning to Lower Intensity of Autism Levels, and Improvement in Developmental Milestones

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### Abstract

**Aim:** The purpose of this retrospective pilot study was to analyze whether there was improvement in symptoms, and hence reduction in the diagnostic score and severity level, of elementary aged-children diagnosed with Autism, and, Delayed milestones, through the use of *Autscape®* homeopathy medication (patent applied), in Pune, Maharashtra, India. Using this paper as a base, we will be doing a Human Clinical Trial, so content from this paper will later be used. Alternative hypothesis (H1): There will be an improvement in symptoms of Autism and Developmental Milestones through the use of our homeopathy medication. Participants: 4 males, being respectively - 9.5, 12.11, 7, and, 8.7 years of age, who previously were exhibiting symptoms of (based on ISAA score) Moderate Autism (110), Moderate Autism (109) with Borderline Intelligence, Mild Autism (85), and, Moderate Autism, respectively. Methodology: Informed consent was taken from all participants, The testing process was from 16<sup>th</sup> September 2023 to 25<sup>th</sup> November 2023, Indian Scale for Assessment of Autism (ISAA) and Vineland Social Maturity Scale (VSMS) were the two psychological tests that were conducted on these children. Results: They had a respective ISAA score of – 92 (Mild Autism), 75 (Mild Autism), 78 (Mild Autism), and, 76 (Mild Autism), respectively. The VSMS results were as follows: Case 1 – Mild Intellectual Disability (developmental gap of 3 years 9 months), Case 3 – Borderline Intelligence (developmental gap of 1 year 4 months), and, Case 4 – Average Intelligence, in social and adaptive skills. These results are post, respectively, 2 years, 5 years, 3 years, and, 6 years, of homeopathic treatment. This addressed the misconception about homeopathy not being useful to improve symptoms of Autism. The homeopathic medications given have been applied to be patented, making the medication reliable and valid. Homeopathy medication for these children will be continued until all the predisposing factors, that when mixed with environmental triggers, induce symptoms of Autism, can be corrected – the expression of it and not the gene by itself.

**Conclusion:** Each child transitioned from being a child with Moderate Autism, to, a child with Mild Autism. Further research: Clinical trials are needed to prove our effectiveness on a larger scale.

**Keywords:** Autism; Homeopathy; Retrospective Pilot Study; ISAA; VSMS; India

### Introduction

Autism Spectrum Disorder (ASD) is a complex condition with no established pathological or etiological foundation. Our hypothesis challenges the conventional understanding and introduces the concept of “genetic susceptibility” as a key factor in the development of ASD. Genetic susceptibility refers to an individual’s genetic predisposition to a particular disorder, which can be inherited across generations, as supported by scientific

evidence. However, the process of transferring susceptibility in the case of autism spectrum disorder differs significantly. It appears more as an acquired condition resulting from the artificial suppression of natural susceptibilities. This suppression can lead to various mental presentations, neurological regression, and chronic systemic disorders, with autism spectrum disorder being one possible outcome.

Our Treatment Methodology, unlike current Individualized treatment approach, is Standardized in nature. How so? Following is the explanation for it: Based on the above explanation of predisposition susceptibility, the medication was designed using the complex prepositional susceptibilities of multiple generations.

The combination of the remedies, with potency, remains standardized, and easily administrable - from the age of 2 onwards - with similar frequency and repetition. Age is no boundary.

Hence converting an individualized treatment plan into an absolutely standardized approach of treatment.

We have standardized medications for Neurodevelopmental Conditions like: Autism, Downs Syndrome, Cerebral Palsy, Learning Disability, ADHD, Delayed speech

Along with that we also have standardized medications for other medical conditions like: Asthma, PCOS, Chronic tonsillitis, Writers cramp.

The Role of the Immune System and Environmental Factors: Genes associated with ASD susceptibility can be activated due to the activities of the immune system. The environment (Mainstream medications, Non-oral formulations, etc.) plays a pivotal role in this context. Through the same, a range of proviruses is introduced into a child's body, even if the child may not be naturally susceptible to a specific disease. In cases where a child is not naturally susceptible to a particular disease, there is a possibility of suppressing most natural predispositions and susceptibilities. Consequently, a provirus intended to provide protection against a specific disease may confuse the immune system. In natural circumstances, if a child is not susceptible to a particular condition, the immune system cannot produce antibodies against that disorder. In such scenarios, presentations may change, possibly resulting in neurological regression, with autism spectrum disorder being one potential manifestation. This hypothesis aligns with the timing of the appearance of ASD symptoms and the progression of Non-oral formulation programs, suggesting a correlation between the two.

At Aulixo®, we aspire to ignite hope in parents by cultivating unwavering confidence in their children's ability to conquer the challenges of neurodevelopmental disorders, like Autism. To shed light on a few of our milestone statistics: In terms of Autism breakthroughs - over 70% of children improved, In terms of Down's Syndrome empowerment - up to 80% of children improved, In terms of Speech Unlocking - we have achieved non-verbal children to speak within 1.5 to 2 years. Additionally, we follow an Evidence-Based approach, Seamless transitioning in mainstream school, and,

Easy teleconsultation. Our services include treatment of: Autism Spectrum Disorder, ADHD, Down's Syndrome, Epilepsy, Cerebral Palsy, Global Developmental Delay, and Learning Disabilities. We believe that - "Your child is not defined by the disorder; rather, the disorder is just one aspect of them. They are unique individuals with their own set of strengths, capabilities, and abundant resilience".

Proposed Methodology: Our research methodology used a multidisciplinary approach that combined genetic analysis, medical history assessment, and environmental exposure evaluation. We conducted a comprehensive family medical history analysis to predict predispositions passed from one generation to the next. Additionally, we examined antenatal complications experienced by mothers, including eclampsia, thyroid dysfunction, gestational diabetes, and more, to confirm susceptibilities and identify potential triggers for ASD. The study involved a sample of individuals with ASD, and through careful analysis, we activated immunity against suppressed predispositions to resolve symptoms. We monitored changes in presentation, including improvements in socialization, motor skills, and emotional stability. Ethical considerations and data privacy measures were strictly adhered to.

"Currently the efficacy of homeopathy in treating ASD is poorly understood" [11]. One of the reasons for that being the fact that reports on the treatment of ASD using homeopathy is limited and scattered. Therefore, to address the gap we have presented 4 cases in which we have successfully reduced, numerically and intensity wise, the level of autism. Hence, we at Aulixo® Healthcare Pvt. Ltd. are able to provide a unique therapeutic approach.

Previous literatures have "reviewed the available literature on this issue in order to highlight the success and limitation of homeopathy in the treatment of ASD" (11), where they found that - "out of 19 published articles, seventeen studies showed that homeopathy can be effective in the treatment of ASD" [11].

## Clinical cases

### Case 1: A.N

#### Patient description

- D.O.B.: 11.5.2014
- Age: 9 years 5 months
- Sex: Male
- Reason for referral: Symptoms of Autism

Case History

Treatment History (present illness)

At present, the child has been taking treatment from Dr. Dhole since the past 2 years.

Results of psychological tests

Tests administered

- Vineland Social Maturity Scale (VSMS)
- Indian Scale for Assessment of Autism (ISAA)

Test findings

Vineland social maturity scale

- Total Score: 58.5
- Social Age: 5 years 6 months
- Social Quotient (SQ): 59
- Interpretation: Mild Intellectual Disability in social and adaptive skills

Social skill area	Social age	Social Quotient	Level of functioning
Self-help general	50 months	57 months	Mild Intellectual Disability
Self-help eating	26 months	23 months	Severe Intellectual Disability
Self-help dressing	98 months	87 months	Borderline
Self-direction	Not developed	Not developed	Not developed
Occupation	104 months	92 months	Average
Communication	94 months	83 months	Borderline
Locomotion	112 months	99 months	Average
Socialization	74 months	65 months	Mild Intellectual Disability

Table a

Major areas of concern (Mild/Severe/Moderate/Not developed)

- Does not care for self at toilet, without assistance.
- Does not drink from cup or glass, without assistance.
- Cannot discriminate edible substances from non-edibles. Cannot mix rice properly. Cannot help himself during meals. Cannot care for self at table (meals). Cannot be trusted with money.
- Cannot make minor purchases.
- The activities that he does is individual rather than cooperative, but he does not get along with other children without assistance.
- Cannot play cooperatively at a kindergarten level, without assistance.
- Cannot play competitive exercises, games.
- Cannot play simple table games.
- Does not participate in pre-adolescent play.

Minor areas of concern (Average/Borderline)

- Cannot button shirt.
- Cannot wash face, without assistance.
- Cannot bathe oneself, without assistance.
- Cannot talk in short sentences.
- Does not give simple accounts of experiences or telling stories, without assistance.
- Cannot write simple words, without assistance.
- Does not take initiative to read on his own, without assistance.

Indian Scale for Assessment of Autism (ISAA)

On Indian scale for assessment of autism, A.N overall score is 92 which indicates Mild Autism.

: • In Social Relationship and Reciprocity, he Sometimes – Does not reach out to others, Unable to respond to social/environmental cues. Frequently - Has poor eye contact. Mostly - Lacks social

smile. Always - Remains aloof, Unable to relate to people, Engages in solitary and repetitive play activities, Does not maintain peer relationships.

- In Emotional Responsiveness, he Always – Engages in self-stimulating emotions.
- In Speech Language and Communication, he Always - Unable to initiate or sustain conversation with others.
- In Behaviour Patterns, he Sometimes – Shows hyperactivity/ restlessness, Throws temper tantrums. Mostly Insists on sameness. Always - Shows attachment to inanimate objects.
- In Sensory Aspects, he Always - Unusually sensitive to sensory stimuli.

- In Cognitive Component, he Frequently – Inconsistent attention and concentration, Has ‘savant’ ability.

Clinical Impression

- Mild Intellectual Disability in social and adaptive skills.
- Mild Autism

Discussion

ISAA

Symptoms and Score based on comparison of past and new report. There being a difference of 5 years between both.

Total Score		
Past Report	New Report	
110 (Moderate Autism)	92 (Mild Autism)	
Symptoms		
Past Report	New Report	Status
No communication	Communicates non verbally	Slight Improvement
Eye to eye contact present but difficult to sustain	Frequently avoids looking in the eye.	Stagnant
Does not respond to his name	Sometimes does not respond to his name	Drastic Improvement
Does not respond to any instruction	Never shows a delay in responding	Drastic Improvement
Does not mix with other kids	Does not maintain peer relationships	Stagnant
Lack of concentration	There is frequent inconsistent attention and concentration	Slight Improvement
He will say things whole day but does not communicate with parents	Always engages in self-stimulating emotions, and, Always unable to initiate or sustain a conversation	Stagnant
He does not play with other kids	Always engages in solitary and repetitive play activities	Stagnant
He is afraid of loud sounds	He is always unusually sensitive to sensory stimuli	Stagnant
Hyperactive	Sometimes shows hyperactivity/restlessness	Drastic Improvement

Table b

## VSMS

Age		
Past Report	New Report	Gap between chronological age and social age
Chronological age: 4 years 1 months Social age: 2 years	Chronological age: 9 years 5 months Social age: 5 years 6 months	Increased
Symptoms		
Past Report	New Report	Status
Does not follow any instruction	Follows simple instructions	Improvement
He is not toilet trained	Cares for self at toilet, with assistance	Improvement

Table c

## Day 1 of medication Vs Day 730 of medication

Homeopathy ( <i>Autscape®</i> ) Medication		
Symptoms		
Day 1	Day 730 (based on ISAA report)	Status
Hyperactive, Poor sitting tolerance	Sometimes is hyperactive	Improved
Inconsistent eye contact	Frequently has poor eye contact	Stagnant
Poor socialization	Always Remains aloof, Does not maintain peer relationships, Unable to initiate or sustain a conversation with others	Stagnant
Poor command following	Rarely shows delay in responding	Improved
Self talking	Always engages in self stimulating emotions	Stagnant
Poor understanding	Not known	Not known
Beating others	Rarely exhibits aggressive behavior	Improved
Hypersensitive to noise	Always unusually sensitive to sensory stimuli	Stagnant
Throwing objects out of the window	Not known	Not known
Fixation with mobile, TV	Not known	Not known
Fear of darkness	Not known	Not known

Table d

## Treatment Plan

Homeopathy treatment, Techniques to: Not remain aloof, To initiate and sustain a conversation with others, To reduce insinences on sameness.

## Case 2

## Patient description R.N

- D.O.B: 17.10.2010
- Age: 12 years 11 months.
- Sex: Male
- Reason for referral: Symptoms of Autism

Case history

History of Present Illness

As reported, the results of past psychological assessments were as follows:

Vineland Social Maturity Scale (VSMS)

- Social Age: 5 years 6 months
- Social Quotient (SQ): 75
- Interpretation: Borderline Intelligence in social and adaptive skills

Social skill area	Social age	Social Quotient	Level of functioning
Self-help general	32 months	37 months	Moderate Intellectual Disability
Self-help eating	32 months	37 months	Moderate Intellectual Disability
Self-help dressing	88 months	101 months	Average
Self-direction	Not developed	Not developed	Not developed
Occupation	64 months	74 months	Borderline
Communication	80 months	92 months	Average
Locomotion	76 months	87 months	Borderline
Socialization	64 months	74 months	Borderline

Table e

Indian Scale for Assessment of Autism (ISAA)

	Total Score	Interpretation
	109	Moderate Autism
Domains	Score	
Social Relationship and Reciprocity	30	
Emotional Responsiveness	11	
Speech – Language and Communication	24	
Behaviour Patterns	19	
Sensory Aspects	9	
Cognitive Component	15	

Table f

Results of psychological tests

Tests administered

- Indian Scale for Assessment of Autism (ISAA)

Test findings

Indian Scale for Assessment of Autism (ISAA)

- On Indian scale for assessment of autism, R.N’s overall score is 75 which indicates Mild Autism.
- In Social Relationship and Reciprocity, he Sometimes – Has poor eye contact, Unable to relate to people, Unable to take turns in a social interaction. Mostly - Unable to respond to social/environmental cues, Engages in solitary and repetitive play activities.
- In Speech Language and Communication, he Mostly – Engages in stereotyped and repetitive use of language, Engages in echolalic speech. Always – Unable to grasp pragmatics of communication (real meaning).

- In Sensory Aspects, he Always - Has unusual vision.
- In Cognitive Component, he Sometimes – Inconsistent attention and concentration. Mostly – Shows delay in responding. Always - Has unusual memory of some kind, Has 'savant' ability.

### Clinical Impression

Mild Autism

### Discussion

Indian Scale for Assessment of Autism	Total Score (Before)	Total Score (After)	Interpretation
	109	75	Mild Autism
Domains	Score		
Social Relationship and Reciprocity	30	18	Improvement
Emotional Responsiveness	11	5	Improvement
Speech – Language and Communication	24	19	Improvement
Behaviour Patterns	19	7	Improvement
Sensory Aspects	9	10	Stagnant
Cognitive Component	15	16	Stagnant

Table g

### Treatment Plan

- Homeopathic medication, Techniques to improve echolalic speech.

### Case 3: U.P

#### Patient description

- D.O.B.: 20<sup>th</sup> October 2016
- Age: 7 years
- Sex: Male
- Reason for referral: Symptoms of Autism

### Case History

#### History of present illness

At 1 year he was not speaking a lot of words, Circular motion of items, Moving wheels of car. 2 and a half years onwards: He used to cry a lot when people came home, A lot of screen time – Eating only with this, Not asking for food, Being choosy about food. At age 3 got diagnosed with Mild Autism. Age 4 – Hand flapping, Walking on toes, Keeping hands on ears and screaming.

#### Treatment History (present illness)

At age 3 took him for OT (Occupational Therapy) and Speech Therapy – stopped it abruptly because of continuous crying. At

the age of 4 he started homeopathy treatment from Dr. Dhole. At present, he has been on homeopathy medication for 3 years now. Re-started OT and Speech since the past 1 year.

### Personal history

Birth and Early Development History: Child is a full term child, born through C – Section because labour pain was not happening.

### Results of psychological tests

#### Tests administered

- Vineland Social Maturity Scale (VSMS)
- Indian Scale for Assessment of Autism (ISAA)

### Test findings

#### Vineland social maturity scale

- Total Score: 58.5
- Social Age: 5 years 6 months
- Social Quotient (SQ): 80
- Interpretation: Borderline Intelligence in social and adaptive skills



Social skill area	Social age	Social Quotient	Level of functioning
Self-help general	46 months	55 months	Mild Intellectual Disability
Self-help eating	28 months	34 months	Severe
Self-help dressing	78 months	94 months	Average
Self-direction	68 months	82 months	Borderline
Occupation	64 months	77 months	Borderline
Communication	78 months	94 months	Average
Locomotion	70 months	84 months	Borderline
Socialization	66 months	80 months	Borderline

Table h

Major areas of concern (Mild/Severe/Moderate/Not developed)

- Without assistance:
- Cannot care for self at toilet.
- Cannot roll over.
- Cannot eat with spoon.
- Cannot mix rice properly.

Minor areas of concern (Borderline/Average)

Without assistance:

- Cannot bathe self.
- Cannot write simple words.
- Cannot go about neighbourhood unattended.
- Cannot play simple table games.
- Cannot button shirt.

Indian Scale for Assessment of Autism (ISAA)

- On Indian scale for assessment of autism, U.P’s overall score is 78 which indicates Mild Autism.
- In Social Relationship and Reciprocity, he Frequently - Has poor eye contact. Always - Unable to take turns in a social interaction.

- In Emotional Responsiveness, he Mostly – Engages in self-stimulating emotions.
- In Speech Language and Communication, he Sometimes – Engages in echolalic speech. Mostly – Unable to initiate or sustain conversation with others. Always - Engages in stereotyped and repetitive use of language.
- In Behaviour Patterns, he Always - Shows attachment to inanimate objects, Throws temper tantrums.
- In Sensory Aspects, he Sometimes – Unusually sensitive to sensory stimuli. Always - Has unusual vision.
- In Cognitive Component, he Always - Inconsistent attention and concentration, Has ‘savant’ ability.

Clinical impression

- Borderline Intelligence in social and adaptive skills.
- Mild Autism

Discussion

ISAA

Total Score		
Past Report	New Report	Overall status
85 (Mild Autism)	78 (Mild Autism)	Improved
Symptoms – Domain wise		
Past Report	New Report	Status of individual symptoms
Domain 1: Social Relationship and Reciprocity Past Score: 27 New Score: 15 Status: Drastically improved		
Poor eye contact	Frequently has poor eye contact	Stagnant



Lacks social smile	Rarely lack social smile	Improved
Remains aloof	Rarely remains aloof	Improved
Partially unable to take turns in a social interaction	Always unable to take turns in a social interaction	Deteriorated
Does not maintain peer relationships	Rarely does not maintain peer relationships	Improved
<b>Domain 2: Emotional Responsiveness</b> <b>Past Score: 10</b> <b>New Score: 8</b> <b>Status: Slightly improved</b>		
Lacks fear of danger	Rarely lacks fear of danger	Improved
<b>Domain 3: Speech – Language and Communication</b> <b>Past Score: 16</b> <b>New Score: 17</b> <b>Status: Stagnant</b>		
Sometimes engages in echolalic speech	Sometimes engages in echolalic speech	Stagnant
Unable to initiate or sustain a conversation with others	Mostly unable to initiate or sustain a conversation with others	Stagnant
<b>Domain 4: Behavior Patterns</b> <b>Past Score: 8</b> <b>New Score: 15</b> <b>Status: Improved</b>		
Shows hyperactivity/restlessness	Rarely shows hyperactivity of restlessness	Improved
<b>Domain 5: Sensory Aspects</b> <b>Past Score: 10</b> <b>New Score: 11</b> <b>Status: Stagnant</b>		
Is sensitive to sensory stimuli	Sometimes is unusually sensitive to sensory stimuli	Stagnant
Sometimes has an unusual vision	Always has unusual vision	
<b>Domain 6: Cognitive Component</b> <b>Past Score: 14</b> <b>New Score: 12</b> <b>Status: Slightly Improved</b>		
Inconsistent attention and concentration	Always has inconsistent attention and concentration	Stagnant
Shows a delay in responding	Rarely shows delay in responding	Improved
Has unusual memory of some kind	Rarely has an unusual memory of some kind	Improved

Table i

## Treatment plan

Homeopathy medication, Attention and Concentration activities, Script to teach how to initiate and sustain a conversation with others, Home activities to improve milestones.

## Case 4: V.G

### Patient description

- D.O.B.: 22<sup>nd</sup> April 2015
- Age: 8 years 7 months

- Sex: Male
- Reason for referral: Symptoms of Autism

Case History

History of present illness

- Duration: 6 years
- Progress: Improving.

As reported, when the parents first noticed the symptoms the child was 1 and a half years old: Did not respond to his name, Eye contact was zero, Socially – did not like people coming home or mix with them, Did not like crowded places – did not like birthday parties, going to functions. Fixations – shapes, letters, numbers – drawing them. Used to wake up at 2 – take to the rolling pin – used to perform the activity – 2 hours – 2<sup>nd</sup> fixation. Vegetable fixation – cutting – lasted upto age 5 or 6 – Feeling tempted to cut it – not always eating it – lasted for 2 to 3 years. Fixation – plantations – does not like others plucking it – but himself plucks it and plants it at the house – has a count of leaves as well. Till the age of 5 to 6 – gave slight eye contact – command based. He started talking only at the age of 4 or 5 – proper sentence making. Up till couple of months back he was hesitant to do homework – he starts shouting and crying – he always hated to write. Does not do those tasks which need extra focus, concentration, and, efforts.

Treatment History (present illness)

As reported, previously he was taking the following treatments: OT – 1 and a half years of age – did it for 2 years – stopped it because problems that OT was being taken for was resolved – not brushing teeth – not wearing clothes. They continued ABA till 6 years of age. Speech – 4 years of age till the age of 5 and a half – speech therapist said we can stop – Articulation of S was the major concern.

At present, he has been taking treatment from Dr. Dhole since the past 6 years.

Personal history

Birth and Early Development History

8<sup>th</sup> month complete – then was born – fluid become less, C – Section, 2.24 kg, Cried immediately.

As reported, in terms of Milestones: He did not crawl at all – so as a part of OT they made him crawl. Walked at 1.4. At 4 properly riding a tricycle. Did not follow moving objects by 2 months. Was not fond of toys – started using building blocks at age of 6. Reaching for objects was not there by 6 months. No thumb and finger grasping by 9 months. Block games not there by 24 months. One word was not by 1 year – it was 2 plus when he started babbling. Sentence making 5 years. No story telling by 3 years. No smiling at 3 months age. Did not wave bye bye by 9 months. Did not indicate desire to be hugged by 15 months. Did not play with other children by age 2. Did not tell his name by 2 and a half – He first told his name by 3 plus. Understand rules of game by 6 years.

Scholastic and extracurricular activities

2.5 – Play group, 3 years of age – started nursery. 4 – Jr, 5 Srkg, 6 years – 1<sup>st</sup> standard – Vistara.

Results of psychological tests

Tests administered

- Vineland Social Maturity Scale (VSMS)
- Indian Scale for Assessment of Autism (ISAA)

Test findings

Vineland Social Maturity Scale

- Total Score: 69
- Social Age: 7 years 8 months
- Social Quotient (SQ): 90
- Interpretation: Average Intelligence in social and adaptive skills

Social skill area	Social age	Social Quotient	Level of functioning
Self-help general	88 months	100 months	Average
Self-help eating	88 months	86 months	Borderline
Self-help dressing	98 months	96 months	Average
Self-direction	68 months	67 months	Mild Intellectual Disability

Occupation	102 months	100 months	Average
Communication	80 months	78 months	Borderline
Locomotion	72 months	71 months	Borderline
Socialization	88 months	86 months	Borderline

Table j

Minor areas of concern (Borderline/Average)

Without assistance

- Cannot dry own hands.
- Cannot wash face.
- Cannot dress self entirely.
- Cannot comb or brush hair.
- Cannot bathe self.
- Cannot do routine household tasks: Helping effectively at simple tasks for which some continuous responsibility is assumed. Example – Dusting, Arranging, Cleaning, Washing dishes, Making bed.
- Does not take initiative to read on his own.

Indian Scale for Assessment of Autism (ISAA)

- On Indian scale for assessment of autism, V.G’s overall score is 76 which indicates Mild Autism.
- In Social Relationship and Reciprocity, he Sometimes – Has poor eye contact, Does not reach out to others. Frequently
  - Unable to respond to social/environmental cues. Mostly
  - Unable to relate to people, Unable to take turns in a social interaction.

- In Speech Language and Communication, he Frequently – Unable to initiate or sustain conversation with others, Unable to grasp pragmatics of communication (real meaning).
- In Behaviour Patterns, he Sometimes – Engages in stereotyped and repetitive motor mannerisms, Throws temper tantrums, Insists on sameness.
- In Sensory Aspects, he Always - Has unusual vision.
- In Cognitive Component, he Mostly – Shows delay in responding. Always - Inconsistent attention and concentration, Has unusual memory of some kind, Has ‘savant’ ability.

Clinical Impression

- Average Intelligence in social and adaptive skills.
- Mild Autism.

Discussion

ADOS – 2 (Autism Diagnostic Observation Schedule, Second Edition) Report Vs ISAA Report

Symptoms		
Past Report	New Report	Status
Moderate level of Autism	Mild level of Autism	Improved
Issues in social communication	Rarely remains aloof, Rarely does not maintain peer relationships, Frequently unable to initiate or sustain a conversation with others	Improved
Sensory issues	Rarely is unusually sensitive to sensory stimuli	Improved

There was little reciprocal conversation	Frequently unable to initiate or sustain a conversation with others	Stagnant
The child did do the demonstrative gestures by on other instance, gesture use was slightly limited	Rarely has difficulty in using non-verbal language or gestures to communicate	Slightly Improved
Poor modulated eye contact	Sometimes has poor eye contact	Improved
He had repetitive interests in fruits as he kept noticing the banana in the story but ignoring the content of the story.	Rarely shows attachment to inanimate objects	Improved

Table k

### Past developmental history Report Vs VSMS report

Symptoms		
Past Report	New Report	Status
Skipped roll-over	Rolls over (unassisted)	Improved
Not eating any finger foods	Eats with own hands	Improved
Not drinking water with glass	Drinks from a cup or glass, unassisted	Improved
Not using words for need	Talks in full sentences	Improved

Table l

### Day 1 of medication Vs Day 2190 of medication

Homeopathy ( <i>Autscape®</i> ) Medication		
Symptoms		
Day 1	Day 2190 (based on ISAA report)	Status
Hyperactivity	Rarely shows hyperactivity/restlessness	Improved
Low attention	Always shows inconsistent attention and concentration	Stagnant
Inconsistent eye contact	Sometimes has poor eye contact	Slightly improved
Not following instructions	Mostly shows delay in responding	Stagnant
Sensory issues	Is rarely unusually sensitive to sensory stimuli	Improved

Table m

### Treatment plan

Homeopathy treatment, Activities to: Building attention and concentration, Initiate and sustain a conversation with others.

### Literature Review

“Before the introduction of Allopathy, all mental health disorders were treated through Homeopathy” [8].

“Limitation in the use of allopathic medication for ASD comes from the indications that long term usage of allopathic medication,

in case of persisting symptoms (which is very common in ASD), may cause side-effects and induce drug-dependency which may not be safe for this population especially when they cannot express their problem" [11]. "Homoeopathic remedies are prepared from natural substances. Also, the potency is so low as to not cause any harmful side effects. Such being the case, homeopathy is ideally suited for children with Autism" [7].

"Over the years there is a significant increase in Autism Spectrum Disorder (ASD), yet there is no standard medical treatment available for this population. Homeopathy as reported in literature can prove to be a boon for ASD treatment as in homeopathy patients are prescribed medicine based on specific symptoms in light of associated physical and mental aspect.

In total, 19 published articles were found on the investigation of using homeopathy in the treatment of ASD. Seventeen studies showed that homeopathy can be effective in the treatment of ASD. Result of 1 study was inconclusive and 1 more study found homeopathy to be not suitable in treating ASD" [11].

1. "The aim of this study is to demonstrate the effect of homeopathic remedies on the cognitive and motor development in children with infantile autism. It is presented the evolution of 7 out of 30 children that already were evaluated twice with Psychoeducational Profile Revised (PEP-R). Analysis of the data show the positive interference of homeopathic treatment in the cognitive, motor and behavioral performance of autistic patients. These results also suggest that the longer the use of the medication, the more remarkable the improvement in PEP-R scores. Similarly, the earlier the onset of treatment, the more remarkable the outcome. On the other, even in teenagers, homeopathic treatment positively affected behavior, with a decrease in aberrant behavior and better social and familiar integration" [4].
2. "In a study by Rajlakshami, she evaluated 5 children confirmed with diagnosis of ASD. Three of them were high functioning with mild to major issues with communication or even non-verbal. Two of the children were low-functioning with probably associated mental retardation and non-verbal. The tool used for assessing progress was the Autism Treatment

Evaluation Checklist (ATEC) of the Autism Research Institute, U.S.A. Following were the results: Reduction in hyperactivity, Improvement in sitting tolerance/attention span, Improvement in sensory perceptual skills, Better and appropriate expression of emotions, Improvement in both fine motor and gross motor abilities, Improvement in social skills/eye contact, Improvement in speech, language and communication skills, Reduction in anxiety states/temper tantrums, and, Better sleep patterns [17].

3. "This paper presents four cases of autistic children, having undergone regular homeopathic treatment. For psychological assessment they used: Childhood Autism Rating Scale (CARS), Vineland Social Maturity Scale (VSMS), and, Systemized Quotient (SQ) Test. All four autistic subjects showed marked improvement in autistic behavioral and social symptoms with our homeopathic therapeutic regimen: especially hyperactivity, appetite, peculiar behavioral symptoms (restlessness, nail biting, eating leaves, shrieking noises, etc.), sleep disorder, involuntary micturition and defecation, attention deficit disorder, communication/speech disorder, sensory response disorder. The effects were critically and judicially verified by the Childhood Autism Rating Scale (CARS) analysis rating and methodology. Results of CARS scores observed marked improvement" [5].

Gap area here is that all three researchers use tools created outside India, while we have use ISAA (Indian Scale for Assessment of Autism) which is a tool made in India, keeping the Indian population in mind.

In conclusion, "most reports support the use of homeopathy in the treatment of ASD. They describe that homeopathy efficiently controls ASD symptoms and also supplements other therapies used in the treatment of ASD. Few authors suggested otherwise too" [11].

## Discussion

"Management of ASD is very challenging considering the versatility of symptoms, the fact that symptoms may revoke and severity of symptoms may change over time" [11]. Based on our

	Improvement in Psychological Assessment Scores		
		Past	Present
ISAA Autism Level	Case 1	110 Moderate	92 Mild
	Case 2	109 Moderate	75 Mild
	Case 3	85 Mild	78 Mild
	Case 4	Moderate	Mild
VSMS Interpretation		Chronological Age	Social Age
	Case 1	4 years 1 month	2 years
		9 years 5 months	5 years 6 months

Table n

ISAA - Symptoms improved	Case 1	Case 3	Case 4
Non verbal communication	A.N		V.G
Response to name	A.N		
Response to instructions	A.N	U.P	
Attention and concentration	A.N		V.G
Hyperactivity/Restlessness	A.N	U.P	V.G
Aggressive behavior	A.N		
Social smile		U.P	
Remaining aloof		U.P	V.G
Maintaining peer relationships		U.P	V.G
Fear of Danger		U.P	
Unusual memory		U.P	
Initiating and sustaining conversation with others			V.G
Unusually sensitive to sensory stimuli			V.G
Poor eye contact			V.G
Attachment to inanimate objects			V.G

Table o

VSMS - Symptoms improved	Case 1	Case 4
Follows simple instructions	A.N	
Cares for self at toilet	A.N	
Rolls over unassisted		V.G
Eats with own hands		V.G
Drinks from a cup or glass, unassisted		V.G
Talks in full sentences		V.G

Table p

evidential based observation at Aulixo® Clinic in patients the child does not regress back to the symptoms the child once had. Rather, there is improvement, as seen below:

Like the above, we conducted a Case Study based research, where we found the below results, that were in link with the existing literature results:

- “In a study Fonseca et al. 2008, which reviewed 30 ASD children, age 7+ years, they found positive interference of homeopathic medication in the cognitive, motor and behavioral performance” [11].

All the three children were below this age group, yet showed improvement in either of the above domains:

- **A.B:** Attention span, Response to name, Eye contact, Gross motor and Fine motor skills, Understanding, Speech, Imitation, Hyperactivity, Hand flapping.
- **S.J:** Eye contact improved, Social interaction improved – He now makes an effort to play and talk with other children, Responds to unknown people, Understanding has improved.

“In a study by Rajalakshami, 2008, consisting of children aged 4 to 9 years, they found quick recovery in mild autistic children and induced hope of betterment in severe autism following a homeopathic intervention. In 2015 she found out that homeopathic treatment has accelerated the process of recovery” [11].

- A.B (Age - 5 years): Showed improvement within three months of homeopathy treatment.
- S.J (Age - 6 years 2 months): Showed improvement within three years of homeopathy treatment.
- G.D (Age - 9 years 11 months): With 6 years of homeopathy treatment the child is now attending a main stream school.

“In a study by Gupta et al., 2013, with children aged 5 – 10 years, they found effective control in behavioral ASD symptoms” [11].

Symptoms (Not present)	Case 1	Case 2	Case 3
Engaging in stereotyped and repetitive motor mannerisms	A.B	S.J	
Shows attachment to inanimate objects	A.B	S.J	G.D
Shows hyperactivity/restlessness		S.J	G.D
Exhibits aggressive behavior	A.B	S.J	G.D
Throws temper tantrums		S.J	G.D
Engages in self-injurious behavior	A.B	S.J	G.D
Insists on sameness	A.B	S.J	G.D

**Table q**

- According to the ISAA reports of these three children, under the domain of ‘Behavior Patterns’, all the symptoms happen on a spectrum of Never to Rarely, which is indicative of Normal Behavior:

“In a study by Barvali et al., 2014, with children aged 12+ years, they found significant improvement in behavioral dysfunction, sensory impairment, communication difficulty, cognitive ability and hyperactivity following homeopathy” [1-12].

- According to the ISAA reports of these three children, under the domain of ‘Sensory Aspects’, all the following symptoms happen on a spectrum of Never to Rarely, which is indicative of Normal Behavior: Unusually sensitive to sensory stimuli, Stares into space for long periods of time, Has difficulty in tracking objects, Has unusual vision (not applicable to S.J), Insensitive to pain, Responds to objects/people unusually by smelling, touching, or tasting.

Symptoms (Not Present)	Case 1	Case 2	Case 3
Has difficulty in using non-verbal language or gestures to communicate	A.B	S.J	G.D
Engages in stereotyped and repetitive use of language	A.B	S.J	G.D
Engages in echolalic speech	A.B	S.J	
Produces infantile squeals/unusual noises	A.B	S.J	
Unable to initiate or sustain a conversation		S.J	G.D
Uses jargon or meaningless words	A.B	S.J	G.D
Uses pronoun reversals	A.B		G.D
Unable to grasp pragmatics of communication (real meaning)	A.B	S.J	G.D

**Table r**



- According to the ISAA reports of these three children, under the domain of 'Speech-Language and Communication', all the following symptoms happen on a spectrum of Never to Rarely, which is indicative of Normal Behavior:

Symptoms (Not present)	Case 1	Case 2
Inconsistent attention and concentration	A.B	
Shows delay in responding	A.B	S.J
Has unusual memory of some kind		S.J
Has 'savant' ability	A.B	S.J

Table s

According to the ISAA reports of two children, under the domain of 'Cognitive Component', all the following symptoms happen on a spectrum of Never to Rarely, which is indicative of Normal Behavior:

Therefore, as seen above, the above corroborates with proof's provided by homeopathic doctors about improvements in patients with Autism, and, detracts from current beliefs that have an opposite standpoint. Hence, our *Autscape*® homeopathy medication (patent applied) has shown effectiveness in transitioning children from Moderate to Mild Autism, and, from Mild to No Autism, and, Improving the delay in developmental milestones, thus proving our alternative hypothesis.

## Limitations

Less number of cases, The cases should include a mix of girls as well, especially because the way a girl portrays symptoms of Autism makes it harder to detect it due to the basic nature of women. These cases only include the child population, while through our homeopathy medication we have been able to help teenagers as well as adults.

## Conclusion

In conclusion, contrary to the popular belief systems, all mental health disorders were treatable through homeopathy. With growing research in Autism treatment - through the use of homeopathy, the majority of the research proves a positive improvement in children and adults who are on the spectrum.

Evidence, through treatment at Aulixo®, being the 4 cases, all male, aged between 7 to 12.11 years, went from being Moderately on the spectrum to only being Mildly on the spectrum, and since

it's a spectrum, and each body reacts differently to the treatment, changes can be seen as soon as 2 years to as long as 6 years. Hence, our alternative hypothesis was met, and, therefore proving the effectiveness of our *Autscape*® homeopathy medication (patent applied).

In reference to ISAA, improvements of symptoms fell under the following domains, with the particular symptoms being as follows: Social Relationship and Reciprocity (Poor eye contact, Lacks social smile, Remains aloof, No response to name), Emotional Responsiveness (Lacks fear of danger), Speech - Language and Communication (Difficulty in using non-verbal language or gestures to communicate, Unable to initiate or sustain conversation with others), Behavior patterns (Attachment to inanimate objects, Hyperactivity/Restlessness, Aggressive behavior), and, Cognitive component (Inconsistent attention and concentration, Delay in responding, Unusual memory of some kind).

In reference to VSMS: Following were the symptoms, from varied age groups, in which improvement was visible: Age level 0 - 1 year → Rolls over (unassisted), Follows simple instructions. Age level I - II year → Drinks from cup or glass unassisted, Eats with own hands, Talks in short sentences. Age level IV - V year → Cares for self at toilet.

Future research would include Clinical Trials, to prove our efficacy on a larger scale.

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