Home and Homoeo Care of Autism

Abstract: *The classical autism is the most common condition in a group of developmental disorders known as the autism spectrum disorders. Autism is characterized by impaired social interaction, problems with verbal and nonverbal communication, and unusual, repetitive, or severely limited activities and interests. The autistic children are now-a-days are increasing in our society. These children can get normal life by appropriate counseling, proper caring, social acceptance and judicious treatment*

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Introduction

Autism is a brain developmental disorder characterized by impaired *social interaction* and *communication*, and by restricted and repetitive behavior. These signs all begin before a child is three years old. Autism involves many parts of the brain; how this occurs is not well understood. The two other *autism spectrum disorders (ASD)* are *Asperger syndrome*, which lacks delays in cognitive development and language, and *pervasive developmental disorders not otherwise specified* (PDD-NOS), diagnosed when full criteria for the other two disorders are not met.

Autism has a strong genetic basis, although the genetics of autism are complex and it is unclear whether ASD is explained more by rare mutations, or by rare combinations of common genetic variants. In rare cases, autism is strongly associated with agents that cause birth defects. Controversies surround other proposed environmental causes, such as heavy metals, pesticides or childhood vaccines. The prevalence of *autism spectrum disorders (ASD)* is about 6 per 1,000 people, with about four times as many males as females. The number of people known to have autism has increased dramatically since the 1980s, partly due to changes in diagnostic practice.

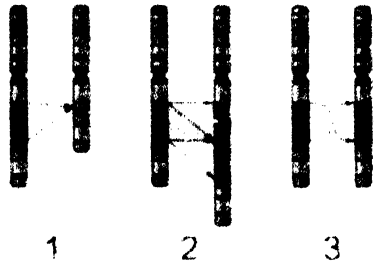
Autism first appears during infancy or childhood, and generally follows a steady course without remission. Overt symptoms gradually begin after the age of six months, become established by age two or three years, and tend to continue through adulthood, although often in more muted form. It is distinguished not by a single symptom, but by a characteristic *triad* of symptoms: *impairments in social interaction; impairments in communication; and restricted interests and repetitive behavior*. Other aspects, such as atypical eating, are also common but are not essential for diagnosis.

Parents usually notice signs in the first two years of their child's life. The signs usually develop gradually, but some autistic children first develop more normally and then regress. Although early behavioral or cognitive intervention can help children gain self-care, social, and communication skills. Not many children with autism live independently after reaching adulthood, though some become successful. In many cases judicious *homoeopathic treatment* along other auxiliary measures like *counseling, psychotherapy, speech therapy, proper caring, amiable disposition* to them have been proved very effective to provide a normal, social life to thsese children.

Causes of Autistic disorders:

Autism's symptoms result from maturation-related changes in various systems of the brain. Despite extensive investigation, how autism occurs is not well understood. It has long been presumed that there is a common cause at the genetic, cognitive, and neural levels for autism's characteristic triad of symptoms. Complexity arises due to interactions among *multiple genes, the environment, and epigetic*

factors which do not change DNA but are heritable and influence gene expression. Heritability explains more than 90% of the risk of autism. However, most of the mutations that increase autism risk have not been identified. The large number of autistic individuals with unaffected family members may result from copy number variations spontaneous deletions or duplications in genetic material during meiosis. Hence, a substantial fraction of autism cases may be traceable to genetic causes that are highly heritable but not inherited: that is, the mutation that causes the autism is not present in the parental genome.



Autism caused by some rare mutations may disrupt some synaptic pathways, such as those involved with cell adhesion. All known teratogens (agents that cause birth defects) related to the risk of autism appear to act during the first eight weeks from conception and though this does not exclude the possibility that autism can be initiated or affected later, it is strong evidence that autism arises very early in development. *Environmental factors* that have been claimed to contribute to or exacerbate autism include certain foods, infectious disease, heavy metals, solvents, diesel exhaust, phthalates, and phenols used in plastic products, pesticides, brominated flame retardants, alcohol, smoking, illicit drugs, vaccines, and prenatal stress.

CLASSIFICATION OF AUTISTIC DISORDERS:

Autism is one of the five *pervasive developmental disorders* (PDD), which are characterized by widespread abnormalities of social interactions and communication, and severely restricted interests and highly repetitive behavior. These symptoms do not imply sickness, fragility, or emotional disturbance. Of the five PDD forms, *Asperger syndrome* is closest to autism in signs and likely causes; *Rett syndrome* and *childhood disintegrative disorder* share several signs with autism, but may have unrelated causes; *PDD not otherwise specified* (PDD-NOS; also called *atypical autism*) is diagnosed when the criteria are not met for a more specific disorder.

Unlike with autism, people with Asperger syndrome have no substantial delay in *language development*. The terminology of autism can be bewildering, with autism, Asperger syndrome and PDD-NOS often called the *autism spectrum disorders* (ASD) or sometimes the *autistic disorders*, whereas autism itself is often called *autistic disorder*, *childhood autism*, or *infantile autism*. ASD, in turn, is a subset of the *broader autism phenotype* (BAP), which describes individuals who may not have ASD but do have *autistic-like traits*, such as avoiding eye contact.

- Sometimes the syndrome is divided into ***low-, medium- or high***-functioning autism (LFA, MFA, and HFA), based on *IQ thresholds*, or on how much support the individual requires in daily life; these subdivisions are not standardized and are controversial.
- Autism can also be divided into ***syndromal and non-syndromal*** autism; the syndromal autism is associated with severe or profound mental retardation or a congenital syndrome with physical symptoms, such as tuberous sclerosis. Although individuals with Asperger syndrome tend to perform better cognitively than those with autism.
- Some studies have reported diagnosis of autism in children due to a loss of language or social skills, as opposed to a failure to make progress, typically from 15 to 30 months of age. The validity of this distinction remains controversial; it is possible that ***regressive autism*** is a specific subtype, or that there is a continuum of behaviors between autism with and without regression.
- It has been proposed to classify autism using genetics as well as behavior, with the name ***Type 1 autism*** denoting rare autism cases that test positive for a mutation in the CNTNAP2 gene.

Autism is associated with several other conditions:

Children with autism appear to have a higher than normal risk for certain co-existing conditions, including *fragile X syndrome* (which causes mental retardation), *tuberous sclerosis* (in which tumors grow on the brain), *epileptic seizures*, *Tourette syndrome*, *learning disabilities*, and *attention deficit disorder*. For reasons that are still unclear, about 20 to 30 percent of children with autism develop epilepsy by the time they reach adulthood. While people with *schizophrenia* may show some autistic-like behavior, their symptoms usually do not appear until the late teens or early adulthood. Most people with schizophrenia also have hallucinations and delusions, which are not found in autism.

- ***Genetic disorders:*** About 10–15% of autism cases have an identifiable Mendalian (single-gene) condition, chromosome abnormality, and ASD is associated with several genetic disorders.
- ***Mental retardation:*** The fraction of autistic individuals who also meet criteria for mental retardation has been reported as 25% to 70%, a wide variation illustrating the difficulty of assessing autistic intelligence. For ASD other than autism, the association with mental retardation is much weaker.
- ***Anxiety disorders:*** They are common among children with ASD; there are no firm data, but studies have reported prevalences ranging from 11% to 84%. Many anxiety disorders have symptoms that are better explained by ASD itself, or are hard to distinguish from ASD's symptoms.
- ***Epilepsy:*** The risk of epilepsy in ASD is due to age, cognitive level, and type of language disorder.
- Several ***metabolic defects***, such as phenylketonuria, are associated with autistic symptoms.
- ***Minor physical anomelies:*** Are significantly increased in the autistic population.

Sign And Symptoms Of Autistic Disorders:

The manifestations of autism cover a wide spectrum, ranging from individuals with severe impairments who may be silent, mentally disabled, and locked into hand flapping and rocking to high functioning individuals who may have active but distinctly odd social approaches, narrowly focused interests, and verbose, pedantic communication. Because the behavior spectrum is continuous, boundaries between diagnostic categories are necessarily somewhat arbitrary. There are *three distinctive behaviors* that characterize autism. Autistic children have difficulties with *social interaction*, problems with *verbal and nonverbal communication*, and *repetitive behaviors* or narrow, obsessive interests. These behaviors can range in impact from mild to disabling.

Social Development:

- People with autism have *social impairments* and often *lack the intuition* about others that many people take for granted. Inability to understand the social communication of neurotypicals, or people with normal neural development, as leaving her feeling *"like an anthropologist on Mars"*.
- Parents are usually the first to notice symptoms of autism in their child. As early as infancy, a baby with autism may be *unresponsive to people* or *focus intently on one item* to the exclusion of others for long periods of time. A child with autism may appear to develop normally and then withdraw and become *indifferent to social engagement*.
- Unusual social development becomes apparent early in childhood. Autistic infants show *less attention to social stimuli*, smile and look at others less often, and respond less to their own name. Autistic toddlers differ more strikingly from social norms; for example, they have *less eye contact* and turn taking, and are more likely to *communicate by manipulating another person's hand*.
- Three- to five-year-old autistic children are less likely to exhibit social understanding, approach others spontaneously, imitate and respond to emotions, communicate nonverbally.
- However, they do form attachments to their

primary caregivers. They display moderately less *attachment security* than usual, although this feature disappears in children with higher mental development or less severe ASD. Older children and adults with ASD perform worse on tests of face and emotion recognition.

- Contrary to common beliefs, autistic children do not prefer being alone. Making and maintaining friendships often proves to be difficult for those with autism. For them, the quality of friendships, not the number of friends, predicts how lonely they feel. Functional friendships, such as those resulting in invitations to parties, may affect their quality of life more deeply.
- There may be presence of *aggression and violence* in individuals with ASD. The limited data suggest that, in children with mental retardation, autism is associated with aggression, destruction of property, and tantrums.

COMMUNICATION DEVELOPMENT:

- About a third to a half of individuals with autism do not develop enough natural speech to meet their daily communication needs. Differences in communication may be present from the first year of life, and may include *delayed onset of babbling, unusual gestures, diminished responsiveness,* and *vocal patterns* that are not synchronized with the caregiver.
- *Delayed or unusual speech patterns.* Many autistic children, for example, memorize video scripts and repeat them word for word with the precise intonation as the TV characters.
- They tend to start speaking later than other children and may refer to themselves by name instead of "I" or "me." Children with autism *don't know how to play interactively with other children.* Some speak in a *sing-song voice* about a narrow range of favorite topics, with little regard for the interests of the person to whom they are speaking.
- Difficulty in understanding *tone of voice and body language* as a way of expressing sarcasm, humor, irony, etc. Inability to take another's perspective (to imagine oneself in someone else's shoes).
- Children with autism may fail to respond to their name and often *avoid eye contact* with other people. They have *difficulty in interpreting* what others are thinking or feeling because they can't understand social cues, such as tone of voice or facial expressions, and don't watch other people's faces for clues about appropriate behavior.
- In the second and third years, autistic children have less frequent and less *diverse babbling, consonants, words, and word combinations*; their gestures are less often integrated with words.
- Autistic children are less likely to make requests or share experiences, and are more likely to simply *repeat others' words* (*echolalia*) or *reverse pronouns.* Autistic children may have difficulty with imaginative play and with developing *symbols into language.* High pitched or flat intonation, lack of slang or "kid-speak".
- Joint attention seems to be necessary for functional speech, and *deficits in joint attention* seem to distinguish infants with ASD. For example, they may look at a pointing hand instead of the pointed-at object, and they consistently fail to point at objects in order to comment on or share an experience.
- In a study it was found that the high-functioning autistic children aged 8–15 performed equally well, and adults better than individually matched controls at basic language tasks involving vocabulary and spelling. Both *autistic groups performed worse than controls at complex language tasks such as figurative language, comprehension and inference.* These studies suggest that people speaking to autistic individuals are more likely to overestimate what their audience comprehends.

REPETITIVE BEHAVIOUR:

Autistic individuals display many forms of repetitive or restricted behavior, which the *Repetitive Behavior Scale-Revised* (RBS-R) categorizes as follows. No single repetitive behavior

seems to be specific to autism, but only autism appears to have an elevated pattern of occurrence and severity of these behaviors. Many children with autism engage in repetitive movements such as rocking and twirling, or in self-abusive behavior such as biting or head-banging.

- ***Stereotype*** is repetitive movement, such as hand flapping, making sounds, head rolling, or body rocking.
- ***Compulsive behaviour*** is intended and appears to follow rules, such as arranging objects in stacks or lines.
- ***Sameness*** is resistance to change; for example, insisting that the furniture not be moved or refusing to be interrupted.
- ***Ritualistic behaviour*** involves an unvarying pattern of daily activities, such as an unchanging menu or a dressing ritual.
- ***Restricted behavior*** is limited in focus, interest, or activity, such as preoccupation with a single television program, toy, or game.
- ***Self-injury*** includes movements that injure or can injure the person, such as eye poking, skin pricking, hand biting, and head banging.

ASSOCIATED SYMPTOMS:

- An estimated 0.5% to 10% of individuals with ASD show unusual abilities, ranging from splinter skills such as the memorization of trivia to the extraordinarily rare talents of prodigious *autistic savants*. Many individuals with ASD show superior skills in perception and attention.
- Many children with autism have a reduced sensitivity to pain, but are abnormally sensitive to sound, touch, or other sensory stimulation. These unusual reactions may contribute to behavioral symptoms such as a resistance to being cuddled or hugged.
- Differences are greater for *under-responsivity* (for example, walking into things) than for *over-responsivity* (for example, distress from loud noises) or for *sensation seeking* (for example, rhythmic movements).
- An estimated 60%–80% of autistic people have motor signs that include *poor muscle tone, poor motor planning, and toe walking*; ASD is not associated with severe motor disturbances.
- *Unusual eating behavior* occurs in about three-quarters of children with ASD, to the extent that it was formerly a diagnostic indicator.
- *Selectivity* is the most common problem, although eating rituals and food refusal also occur; this does not appear to result in malnutrition.
- Although some children with autism also have *gastrointestinal (GI) symptoms*, and the relationship between GI problems and ASD is unclear.
- At some point in childhood, about two-thirds of individuals with ASD are affected by sleep problems; these most commonly include symptoms of *insomnia* such as difficulty in falling asleep, frequent *nocturnal awakenings*, and *early morning awakenings*.
- Parents of children with ASD have higher levels of stress. Siblings of children with ASD report greater admiration of and less conflict with the affected sibling than siblings of unaffected children or those with Down syndrome; siblings of individuals with ASD have greater risk of negative well-being and poorer sibling relationships as adults.

Top 10 Terrific Traits of Autistic People

1. Autistic people rarely lie.
2. People on the Autism Spectrum live in themoment.
3. People with Autism rarely judge others.
4. Autistic people are passionate.
5. People with Autism are not tied to Social expectations.
6. People with Autism have terrific memories.
7. Autistic people are less materialistic.
8. Autistic people play fewer head games.
9. Autistic people have fewer hidden agendas.
10. People with Autism open new doors for Neurotypicals.

DIAGNOSIS OF AUTISM:

Diagnosis is based on behavior, not cause or mechanism. About half of parents of children with ASD notice their child's unusual behaviors by age

18 months, and about four-fifths notice by age 24 months. As postponing treatment may affect long-term outcome, any of the following signs is reason to have a child evaluated by a specialist without delay:

- ✓ No babbling by 12 months.
- ✓ No gesturing (pointing, waving goodbye, etc.) by 12 months.
- ✓ No single words by 16 months.
- ✓ No two-word spontaneous phrases (other than instances of echolalia) by 24 months.

Autism is exhibiting at least *six symptoms* total, including at least two symptoms of qualitative impairment in social interaction, at least one symptom of qualitative impairment in communication, and at least one symptom of restricted and repetitive behavior. Sample symptoms include *lack of social or emotional reciprocity, stereotyped and repetitive use of language or idiosyncratic language, and persistent preoccupation with parts of objects.* Onset must be prior to age three years, with delays or abnormal functioning in either social interaction, language as used in social communication, or symbolic or imaginative play.

Clinical genetics evaluations are often done once ASD is diagnosed, particularly when other symptoms already suggest a genetic cause. Newer technologies such as fMRI can help identify biologically relevant phenotypes (observable traits) that can be viewed on brain scans, to help further neurogenetic studies of autism.

Group of behaviors alert to the possibility of a diagnosis of Autism

- → Impaired ability to make friends with peers.
- → Inability to sustain eye contact during conversation.
- → Impaired ability to initiate or sustain a conversation with others.
- → Restricted patterns of interest those are abnormal in intensity or focus.
- → Absence or impairment of imaginative and social play.
- → Preoccupation with certain objects or subjects.
- → Stereotyped, repetitive, or unusual use of language.
- → Inflexible adherence to specific routines or rituals.

Autism Myths:

1. Autistic People Are All Alike:

Myth: All autistic persons are alike in their behavioural pattern.

Fact: Autistic people are as different from one another as they could be. The only elements that all autistic people seem to have in common are unusual difficulty with social communication.

2. Autistic people don't have feelings:

Myth: Autistic people cannot feel or express love or empathy.

Fact: Many in fact, most autistic people are extremely capable of feeling and expressing love, though sometimes in idiosyncratic ways! What's more, many autistic people are far more empathetic than the average person, though they may express their empathy in unusual ways.

3. Autistic people don't build relationships:

Myth: Autistic people cannot build solid relationships with others.

Fact: While it's unlikely that an autistic child will be a cheerleader, it is very likely that they will have solid relationships with, at the very least, their closest family members. And many autistic people do build strong friendships through shared passionate interests. There are also plenty of autistic people who marry and have satisfying romantic relationships.

4. Autistic people are a danger to society:

Myth: Autistic people are dangerous.

Fact: The individual with Asperger Syndrome committing violent acts have led to fears about violence and autism. While there are many autistic individuals who exhibit violent behaviors, those behaviors are almost always caused by frustration, physical and/or sensory overload, and similar issues. It's very rare for an autistic person to act violently out of malice.

5. All autistic people are savants:

Myth: Autistic people have amazing "savant" abilities, such as extraordinary math or musical skills.

Fact: It is true that a relatively few autistic people are "savants." These individuals have what are called "splinter skills" which relate only to one or two areas of extraordinary ability. By far the majority of autistic people, though, have ordinary or even less-than-ordinary skill sets.

6. Autistic people have no language skills:

Myth: Most autistic people are non-verbal or close to non-verbal.

Fact: Individuals with a classic autism diagnosis are sometimes non-verbal or nearly non-verbal. But the autism spectrum also includes extremely verbal individuals with very high reading skills. Diagnoses at the higher end of the spectrum are increasing much faster than diagnoses at the lower end of the spectrum.

7. Autistic people can't do much of anything:

Myth: One shouldn't expect much of an autistic person.

Fact: This is one myth that truly injures our children. Autistic individuals can achieve great things but only if they're supported by people who believe in their potential. Autistic people are often the creative innovators in our midst. They see the world through a different lens and when their perspective is respected, they can change the world.

MANAGEMENT AND TREATMENT OF AUTISM:

The main goals of treatment are to lessen associated deficits and family distress, and to increase quality of life and functional independence. No single treatment is best and treatment is typically tailored to the child's needs. *Intensive, sustained special education programs and behaviour therapy* early in life can help children acquire self-care, social, and job skills, and often improve functioning and decrease symptom severity and maladaptive behaviors; claims that intervention by around age three years is crucial are not substantiated. Available approaches include *aplied behaviour analysis (ABA), developmental models, structured teaching, speech and language therapy, social skills therapy, and occupational therapy.*

Therapies and behavioral interventions are designed to remedy specific symptoms and can bring about substantial improvement. The ideal treatment plan coordinates therapies and interventions that target the core symptoms of autism, i.e. *impaired social interaction, problems with verbal and nonverbal communication, and obsessive or repetitive routines and interests.* Most professionals agree that the earlier the intervention, the better is success rate. Treatment has *three aspects*: management of the abnormal behavior, arrangements for social and educational services, and help for the family. The treatments described here are among the best known, best researched, and most likely to produce positive results.

Educational interventions have some effectiveness in children. Intensive ABA treatment has demonstrated effectiveness in enhancing global functioning in preschool children and is well-established for improving intellectual performance of young children. ***Educational/behavioral Therapists*** use highly structured and intensive skill-oriented training sessions to help children develop social and language skills. ***Family counseling*** for the parents and siblings of children with autism often helps families cope with the particular challenges of living with an autistic child.

1. Applied Behavioural Analysis (ABA): Applied Behavioral Analysis (ABA) is the oldest and most fully researched treatment specifically developed for autism. ABA is a very intensive system of reward-based training which focuses on teaching particular skills.

2. Speech Therapy: The autistic people have issues with speech and language. Sometimes these issues are obvious; many people with autism are non-verbal or use speech very poorly. Sometimes the issues relate not to articulation or grammar but to "speech pragmatics", the use of speech to build social relationships.

3. Occupational Therapy: Occupational therapy focuses on building daily living skills. Since many people with autism have delays in fine motor skills, occupational therapy can be very important. Occupational therapists may also have training in

sensory integration therapy, a technique which may help autistic people manage hypersensitivity to sound, light, and touch.

4. Social Skills Therapy: One of autism's "core deficits" is a lack of social and communication skills. Many children with autism need help in building the skills they need to hold a conversation, connect with a new friend, or even navigate the playground. Social skills therapists can help out setting up and facilitating peer-based social interaction.

5. Physical Therapy: Autism is a "pervasive developmental delay." Many autistic people have gross motor delays, and some have low muscle tone (they're unusually weak). Physical therapy can build up strength, coordination, and basic sports skills.

6. Play Therapy: Children with autism need help learning to play and play can also serve as a tool for building speech, communication, and social skills.

7. Behaviour Therapy: Children with autism are often frustrated. They are misunderstood, have a tough time communicating their needs, suffer from hypersensitivities to sound, light and touch ... no wonder they sometimes act out! Behavior therapists are trained to figure out just what lies behind negative behaviors, and to recommend changes to the environment and routines to improve behavior.

8. Developmental Therapies: The specific developmental treatments is to be built from a child's own interests, strengths and developmental level to increase emotional, social and intellectual abilities. Developmental therapies are often contrasted to behavioral therapies, which are best used to teach specific skills such as shoe tying, tooth brushing, etc.

9. Visually-Based Therapies: Many people with autism are visual thinkers. Some do very well with picture-based communication systems such as PECS (Picture Exchange Communication). Video modeling, video games and electronic communication systems also tap into autistic people's visual strength to build skills and communication.

10. Biomedical Therapies: Homeopathy has most promising treatment for Autism Spectrum Disorder. Before starting the treatment psychiatrist / Neurological examination / Evaluation is must and also during treatment at regular intervals to assess the improvement. Homoeopathic medicine offers to removes Brain Cells Inflammations, corrects the symptoms of Hyperactivity, Monotonous Activity, Repetitive Behavior, Cognition development and Speech development.

Homoeopathic Medicines for Autistic Disorders:

Baryta Carb: This remedy brings aid to scrofulous

Useful Rubrics for Autistic Disorder

Answers, refuse to	Indifference, pleasure to
Answer, repeat the question first	Indifference, relation to
Absorbed, buried in thought	Indifference, society, when in
Confusion of mind	Imbecility
Concentration difficulty	Ideas, deficiency of
Dullness, sluggishness, difficulty of comprehension	Monomania
Gestures, ridiculous or foolish	Talk, slow in learning to
Impulsive	Timidity
Irresolution	

Probable medicines for Autistic disorder (Repertorization with Kent's Repertory)

Helleborus	= 28/11	Nux mos.	= 24/11	Barc-c	= 19/8	Nat-c	= 18/11	Arg-n	= 18/8
Sulphur	= 27/12	Sepia	= 24/10	Silicea	= 19/8	Merc	= 18/10	Caust	= 17/10
Nat. mur.	= 25/11	Opium	= 23/10	Lachesis	= 19/7	Stram	= 18/10	Nux-v	= 17/8
Phosp.	= 25/10	Hyosc	= 19/9	Lyco	= 19/7	Puls	= 18/9	Bell	= 16/9

children, especially if they are backward mentally and physically, are dwarfish, do not grow and develop, have scrofulous ophthalmia, swollen abdomen, take cold easily, and then *always have swollen tonsils*. Very averse to meeting strangers. Loss of memory, mental weakness. Irresolute. Lost confidence in himself. Confusion. *Bashful*. Childish; grief over trifles. The child is late in learning to talk and stunted physical growth.

Helleborus: Slow in answering. Thoughtless; staring. *Involuntary sighing. Complete unconsciousness. Picks lips and clothes.* Produces a condition of *sensorial depression*. Sees, hears, tastes imperfectly, and general *muscular weakness*, which may go on to complete paralysis. The child has some repetitive behaviour like, beats the head with hands, bores the head into pillow, constant motion of one arm and one leg etc. It shows a picture of acute idiocy.

Hyoscyamus: Talkative, obscene, lascivious mania; jealous, *foolish*. Great hilarity; *inclined to laugh at everything*. Low, muttering speech; *constant carphologia, deep stupor*. It causes a perfect picture of *mania of a quarrelsome and obscene character*. Inclined to be unseemly and immodest in acts, gestures and expressions. Very talkative, and persists in stripping herself, or uncovering genitals. Disturbs the nervous system profoundly. It is as if some diabolical force took possession of the brain and prevented its functions.

Ignatia: Changeable mood; introspective; silently brooding. Melancholic, sad, tearful. Not communicative. *Sighing and sobbing*. Mentally, *the emotional element is uppermost, and co-ordination of function is interfered with*. Hence, it is one of the chief remedies for autism. It is especially adapted to the nervous temperament children of sensitive, easily excited nature, dark, mild disposition, quick to perceive, rapid in execution. Rapid change of mental and physical condition, opposite to each other. Great contradictions. Alert, nervous, apprehensive, rigid, trembling patients who suffer acutely in mind or body.

Lachesis: Amative. Sad in the morning; no desire to mix with the world. Restless and uneasy; does not wish to attend to business; wants to be off somewhere all the time. Jealous (*Hyos*). Mental labor best performed at night. Suspicious; nightly delusion of fire. Religious insanity (*Verat; Stram*). Derangement of the *time sense*. For patients of a melancholic disposition.

Nat-mur: Psychic causes of disease; ill effects of grief, fright, anger, etc. Depressed, particularly in chronic diseases. *Consolation aggravates*. Irritable; gets into a passion about trifles. Awkward, hasty. Wants to be alone to cry. Tears with laughter. Great debility; most weakness felt in the morning in bed. *Coldness*. Emaciation most notable in neck. Great liability to take cold.

Nux-mosch: Changeable; laughing and crying. Confused, impaired memory. Bewildered sense, as in a dream. Thinks she has two heads. Strange feeling, with irresistible *drowsiness*. Marked tendency to *fainting fits*. Cold extremities, *extreme dryness of mucous membranes* and skin. Indicanuria. General inclination to become unconscious during acute attacks. Staggers on trying to walk.

Opium: *Complete loss of consciousness; apoplectic state*. Frightful fancies, daring, bright. Unable to understand or appreciate his sufferings. Thinks he is not at home. The depression, drowsy stupor, painlessness, and torpor, the general sluggishness and lack of vital reaction, constitute the main indications for the drug when used homeopathically. All complaints are characterized by *sopor*. They are *painless*, and are accompanied by *heavy, stupid sleep, stertorous breathing*.

Pulsatilla: Timid, irresolute. Fears in evening to be alone, dark, ghost. Likes sympathy. Children like fuss and caresses. Easily discouraged. Religious melancholy. Given to extremes of pleasure and pain. Highly emotional. Mild, gentle, yielding disposition. Sad, crying readily; weeps when talking; *changeable*, contradictory. *The patient seeks the open air; always feels better there*, even though he is chilly.

Silicea: Yielding, *faint-hearted, anxious*. Nervous and excitable. *Sensitive* to all impressions. Obstinate, headstrong children. Abstracted. Fixed ideas; thinks only of *pins*, fears them, searches and

counts them. Silica patient is cold, chilly, hugs the fire, wants plenty warm clothing; hands and feet cold, worse in winter. Lack of vital heat. Prostration of mind and body.

Stramonium: *Devout, earnest, beseeching and ceaseless talking.* Loquacious, garrulous, laughing, singing, swearing, praying, rhyming. Rapid changes from joy to sadness. Delusions about his identity; thinks himself tall, double, a part missing. Cannot bear solitude or darkness; *must have light and company.* Sight of water or anything glittering brings on spasms.

Sulphur: Difficult thinking. Delusions; thinks rags beautiful things-that he is immensely wealthy. Busy all the time. Irritable; *very selfish,* no regard for others. Averse to mental work; too lazy to arouse himself. Sulphur subjects are nearly always irritable, depressed, thin and weak. *Ebullitions of heat, dislike of water, dry and hard hair and skin, red orifices, sinking feeling at stomach about 11 am, and cat-nap sleep;* always indicate Sulphur homeopathically. *General offensive character of discharge and exhalations.*

Vert-alb: Melancholy, with stupor and mania. Sits in a stupid manner; notices nothing; *Sullen indifference.* Frenzy of excitement; shrieks, curses. Aimless wandering from home. *Delusions of impending misfortunes.* Mania, with desire to cut and tear things (*Tarant*). Cursing, howling all night. *"Coprophagia"* violent mania alternates with silence and refusal to talk.

CONCLUSION:

Most children with autism lack social support, meaningful relationships, future employment opportunities or self-determiantion. Although core difficulties tend to persist, symptoms often become less severe with age. Some adults show modest improvement in communication skills, but a few decline. Acquiring language before age six, having an IQ above 50, and having a marketable skill all predict better outcomes; independent living is unlikely with severe autism. Evidence shows that early intervention improves long-term function for the child. It can lead to help and support for parents in caring for their child. Above all homoeopathic treatment along with auxiliary treatment and home-care management will help in speedy recovery of the patient providing them a normal social life like otherwise normal individuals.

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