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ARTICLE

Title: Autism spectrum disorder: Origin, evolution and management

Authored By: Dr. Prastuti Jaiswal^[1] & Co-Authored By: Dr. Sakshi Bhadana^[2] Dr. Surbhi^[3]

^[1] Assistant Professor, Department of Materia Medica, Dr. M. P. K. Homoeopathic Medical College, Hospital & Research Centre, A constituent of Homoeopathy University, Jaipur, Rajasthan, India.

^[2] PG Scholar- Department of Materia Medica, Dr. M. P. K. Homoeopathic Medical College, Hospital & Research Centre, A constituent of Homoeopathy University, Jaipur, Rajasthan, India.

^[3] PG Scholar- Department of Materia Medica, Dr. M. P. K. Homoeopathic Medical College, Hospital & Research Centre, A constituent of Homoeopathy University, Jaipur, Rajasthan, India.

ABSTRACT

Autism Spectrum Disorder is an umbrella term which includes Classical Autism, Asperger syndrome, Pervasive Developmental Disorder Not Otherwise Defined (PDD-NOS). Being a spectrum of disorder every patient shows a variety of symptoms, in this article, the risk factors precipitating Autism Spectrum Disorder, its common signs and symptoms, diagnostic criteria has been discussed. Homoeopathy being an individualistic science there is scope for improvement and benefit to the patient, however some frequently indicated Homoeopathic medicines and rubrics from modern repertories have been included in this article. After careful case-taking and constructing the totality of the patient, miasmatic background, all things considered, we must treat the person suffering, hence, Homoeopathy shows favourable results.

Keywords: *Autism, Autism Spectrum Disorder, Homoeopathy, Miasm*

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INTRODUCTION

The term autism originates from a Greek word "autos" which means "self".^[1]

The term "Autism" was first coined by Eugen Bleuler, a German psychiatrist, in 1911 to indicate a symptom of an extreme form of schizophrenia, a notion also orchestrated by him. Bleuler claimed that delusion and hallucination were key features of an autistic thought, which resulted from desire to eschew from harsh and saddening reality in a child. Autism was linked to subject's emblematic "inner existence," cryptic to spectators. From 1920 till 1950's, psychiatrist used the term with this meaning, but in 1960's many psychologist challenged Bleuler's school of thought and devised various methods and epidemiological studies to validate child psychology as science. In 1970's autism was understood as complete lack of an unconscious symbolic life.^[2]

A series of complex neurodevelopmental illnesses known as autism spectrum disorder (ASD) are represented by poor social interaction and repetitive activities.^[3]

DEFINITION

The term "autism spectrum disorders" (ASDs) is an umbrella term encompassing conditions like classical autism, Asperger syndrome and pervasive developmental disorder not otherwise defined (PDD-NOS).^[1]

EPIDEMIOLOGY AND ETIOLOGY

1 in 59 kids are affected with ASD, which is

around 4 times more common in boys than in girls. The pathophysiology of ASD is largely influenced by strong hereditary components as well as environmental variables throughout the early stages of development. Numerous studies have demonstrated that gene mutations.^[4]

The etiology of autism is still uncertain, but few causes- internal and external are identified.

MeCP₂ mutations and impaired methylation have been linked to autism spectrum diseases. Autism has also been associated with cytochrome P450 gene polymorphisms, notably CYP27B1, which is necessary for the normal metabolism of vitamin D. Vitamin D deficiencies or metabolic abnormalities have been linked to autism, which vital for neurodevelopment.

Other factors include

- Epigenetics
- Maternally generated antibodies
- Maternal illness
- Exposure to heavy metal
- Folic acid supplements
- Immunizations for measles, mumps, rubella.^[5]

RISK FACTORS

- Maternal diabetes
- Increased steroidogenic activity
- Hazardous chemical exposure
- Advanced maternal and paternal ages
- Valproate use
- Immunological activation
- Altered zinc-copper cycles
- Use of selective serotonin reuptake antidepressants^[6]

DIAGNOSIS AND ASSESSMENT**DSM-5 Diagnostic criteria for Autism Spectrum disorder-**

- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:
 1. Deficits in social-emotional reciprocity.
 2. Deficits in nonverbal communicative behaviors used for social interaction.
 3. Deficits in developing, maintaining, and understanding relationships.
- B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history:
 1. Stereotyped or repetitive motor movements, use of objects, or speech.
 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior.
 3. Highly restricted, fixated interests that are abnormal in intensity or focus.
 4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment.
- C. Symptoms must be present in the early developmental period (may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay.

Adapted from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (Copyright 2013). American Psychiatric Association, pp. 50–51.

These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay.^[7]

DIFFERENTIAL DIAGNOSISTable 1- Domains of impairment ^[8]

Domain	Autism	Asperger	PDD-NOS	ASD
social communication	required	required	required	
language	required	-	variable	
repetitive, restrictive behaviors	required	required	variable	
sensory abnormalities	>90%	80%	variable	94%
developmental regression ^b	15%-40%	?	?	15%-40%
motor signs ^e	60%-80%	60%	60%	60%-80%
gross motor delay	10%	?	?	5%-10%
sleep disturbance	55%	5%-10%	40%	50%
gastrointestinal disturbance ^d	45%	4%	50%	4%-50%
epilepsy ^e	10%-60%	0%-5%	5-40%	6%-60%
comorbid psychiatric diagnosis ^f	70%	60%	>25%	25-70%

a- loss in language or social skills or both

b- includes hypotonia, walking on toes, apraxia, gait complaints

c- diarrhea, constipation, bloating or reflux for 6 months or more

d- presence of comorbidities like intellectual disability or cerebral palsy which increases the risk of epilepsy

e- mood disorder, ADHD, aggression, misconduct ^[8]

ASSESSMENT

Every Autistic child must undergo medical examination which includes-

Physical examination

ENT screening

Chromosomal microarray- genetic screening ^[9]

MIASMATIC BACKGROUND

Dr. Hahnemann experienced great success treating acute cases but he witnessed recurrence of symptoms in chronic cases. On careful observation and examination for 12 years he concluded that miasms are the fundamental cause of all disease with Psora- the hydra headed monster, being the base of all of chronic diseases.^[10] The predominant miasm of Autism spectrum disorder is Syphilis.

Syphilis

According to Dr. H A Robert philosophy, the symptoms mentioned like fixed ideas, dull, unsocial, likes to be alone- yet desire to escape point towards Autism Spectrum Disorder.^[11]

Miasmatic prescribing by Dr. Banerjee mentions the patients who don't show interest in work due to lack of understanding and realization has syphilitic miasm at its base. They are perverted and destructive, may harm others and self.^[12]

HOMOEOPATHIC MEDICINES

Some Homoeopathic medicines used in case of Autism Spectrum Disorder

TUBERCULINUM- Indifferent. Aversion to all kinds of endeavor, especially mental work. Sensitive to music. Does not want to be disturbed by people.^[13]

BUFO RANA- Weak memory, idiotic. Desire for solitude. Tendency to get angry with desire to bite.^[14]

LYCOPODIUM CLAVATUM- Obstinate, complete indifference. Aversion to speaking. Inability to express correctly, misplaced words, confused speech. Dullness.^[15]

AGARICUS MUSCARIS- Aversion to talking. Indisposition to perform any kind of labour. Delirium, knows no one, throws things at nurse. Slow in learning to walk and talk.^[16]

MEDORRHINUM- Irritate at little things. Impatient. Selfishness. Restless. Difficulty in concentrating this thoughts on abstract subjects.^[17]

TARENTULA- Paroxysms of insanity, pulls her hair, presses her head; repeated after intermissions. Restless legs. Indifference, disgust and sadness from morning to 3 p.m. wants to do things without light and does not want to be spoken to.^[18]

AGRAPHIS- Mutinism of childhood unconnected with deafness.^[19]

REPERTORY

1. Repertorium Homoeopathicum synthetic by Dr. Frederik Schroyens

Mind, autism- agar, bar-c, bufo, cact, kali-br, lyco, olib-sac, secret, *Tub*^[20]

Mind, monomania, in children- bufo^[21]

Mind, ritualistic behavior- ars, bell-p, caust, cupr, iod, lyss, rat, rhus-t, ther, tub^[22]

Mind, taciturn, children in- agra, aur^[23]

2. Homoeopathic Medical Repertory by Robin Murphy

Mind, autism, children- aeth, agra, anac, bar-c, bufo, *carc*, cann-I, hell, hyos, kali-br, lyc, med, merc, *nat-m*, op, starm, syph, thuj, *tub*^[24]

Mind, autism, children, vaccination after- aeth, bar-c, bufo, *carc*, mercury, thuj^[24]

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