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Effectiveness of Individualized Homoeopathic Remedies in Managing Autism Spectrum Disorder: A Pilot Study

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ABSTRACT

Background: Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by impairments in social communication and restricted, repetitive behaviors affecting over 2 million individuals in India (prevalence of 1.4%). Homoeopathy offers individualized treatment.
Objectives: 1) To evaluate the effectiveness of individualized homoeopathic remedies selected in managing ASD. 2) To identify the most frequently indicated remedies.
Methods: A prospective, open-label, single-arm pilot study on 10 children (2-12 years) diagnosed with ASD (DSM-V) criteria at MNR Homoeopathic Medical College & Hospital from 2023 to 2025. Individualized homoeopathic remedies were prescribed based on totality of symptoms. The Indian Scale for Assessment of Autism (ISAA) was used to assess outcomes at baseline and after 12 months of treatment. Statistical analysis was a paired t-test using GraphPad Prism software.
Results: The mean age was 6.2 years, (80%, n=8) were male. Stramonium was the most prescribed remedy (50%, n=5), followed by Tarentula hispanica (30%, n=3) and Carcinosin (20%, n=2). The 200C potency was used in 90% of cases (n=9). The mean ISAA score reduced from 122.80 ± 6.36 at baseline to 76.20 ± 5.43 post-treatment, showing a mean reduction of 46.60 points (95% CI: 41.60 to 51.60). The paired t-test demonstrated extreme statistical significance ($t = 21.0661$, $df = 9$, $p < 0.0001$). All 10 patients (100%) showed clinical improvement, with 5 patients (50%) showing marked improvement (>40% reduction) and 5 patients (50%) showing moderate improvement (30-40% reduction). No adverse events reported.
Conclusion: Individualized homoeopathic treatment showed statistically and clinically significant improvement in children with ASD. Stramonium, Tarentula hispanica, and Carcinosin were frequently indicated. Larger controlled studies are warranted.

Keywords: Autism Spectrum Disorder, Homoeopathy, ISAA scale, pediatric.

INTRODUCTION

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental condition characterized by persistent deficits in social communication and social interaction, accompanied by restricted, repetitive patterns of behavior, interests, or activities. The symptoms typically manifest in the early developmental period and cause clinically significant impairment in social,

occupational, or other important areas of functioning. [1] The Greek words "autos" (self) and "ismos" (state of mind) describe a condition of morbid self-absorption. [2] The historical understanding of autism has evolved significantly from Eugen Bleuler's coinage of the term in 1911 through Leo Kanner's description of "early infantile autism" in 1943 to the modern conceptualization as a spectrum disorder. [3] The global prevalence of autism spectrum disorders has been increasing over the past decade. In India, the prevalence is estimated at 1.4%, affecting over 2 million individuals. [4] The estimated pooled percentage prevalence in rural and urban areas is 0.09% (0-15 years old) and 0.11% (1-18 years old). [5] This rising incidence underscores the urgent need for effective and accessible therapeutic interventions that can address the core symptoms and improve quality of life for affected children and their families.

According to the DSM-5, ASD is characterized by: [6]

A. Persistent deficits in social communication and social interaction across multiple contexts
B. Restricted, repetitive patterns of behavior, interests, or activities
C. Symptoms present in the early developmental period
D. Symptoms cause clinically significant impairment in functioning
E. Disturbances not better explained by intellectual disability or global developmental delay

CONVENTIONAL ASD TREATMENTS

Conventional management of ASD primarily involves behavioral interventions, speech therapy, occupational therapy, and in some cases, pharmacotherapy for associated symptoms.[7] The Food and Drug Administration (FDA) has approved risperidone and aripiprazole to treat irritability associated with ASD. However, these medications are associated with significant adverse effects, including weight gain, sedation, metabolic abnormalities, and extrapyramidal symptoms. [8] Behavioral therapies such as Applied Behavior Analysis (ABA), Cognitive Behavioral Therapy (CBT), and speech therapy remain the mainstay of treatment.[9] While beneficial, these interventions often require intensive resources and may not always lead to significant changes in standardized measures or overall developmental progress. Parent-mediated interventions and joint attention therapy have shown promise but require consistent implementation. [10,11]

HOMOEOPATHY IN ASD

Homoeopathy, with its holistic and individualistic approach, offers a potential therapeutic option for ASD. The system is based on the principle of "Similia Similibus Curentur" (let likes be treated by likes) and treats the patient as a whole rather than the disease alone. [12] Hahnemann in his Organon of Medicine (Aphorisms 210-230), specifically addressed mental diseases and emphasized the importance of understanding the patient's mental state for successful treatment. He classified mental diseases into four types: somato-psychic, acute mental diseases, mental diseases of doubtful origin, and psychosomatic types. [13,14] Herbert A. Roberts stated, "The generals rank the highest in evaluating a case, and without generals we cannot expect to find the similimum; the mental and emotional characteristics have a high value, since these are the true reflections of his personality, the man himself." [15] Stuart Close emphasized, "All mental symptoms are general because mental states can only be expressed in general terms. The mind is the man." [16] While clinical experience suggests the benefits of homoeopathy in autism, structured research using systematic repertorisation is limited. Studies have shown homoeopathy's effectiveness in various mental health issues in children, including attention deficit hyperactive disorder, learning disabilities, and conduct disorders, with no adverse effects detected.[17] This pilot study was therefore

undertaken to evaluate the effectiveness of individualized
homoeopathic remedies in the management of children with Autism Spectrum Disorder aged 2-12 years and to identify the most frequently indicated remedies in autism cases

MATERIALS & METHODS

Study Design: Prospective, open-label, single-arm pilot study.

Study Setting: The study was conducted at the Outpatient Department (OPD), Inpatient Department (IPD), and peripheral centers of MNR Homoeopathic Medical College & Hospital, Sangareddy, Telangana, from 2023 to 2025.

Sample Size: Ten (10) patients were enrolled in this pilot study.

Sampling Method: Purposive sampling technique.

Selection Criteria:

Inclusion Criteria:

1. Diagnosed cases of autism as per DSM-V criteria
2. Children aged 2-12 years
3. Both sexes and all religions, irrespective of socio-economic status

Exclusion Criteria:

1. Cases suffering from congenital and chromosomal disorders
2. Cases with terminal illness or undergoing active treatment from other systems of medicine
3. Cases with comorbidities like epilepsy, cerebral palsy
4. Mentally challenged children

Ethical Considerations: The study was approved by the Institutional Ethics Committee of MNR Homoeopathic Medical College & Hospital. Written informed consent was obtained from parents/guardians of all participants after explaining the study procedures in their vernacular language (Telugu/English).

Data Collection Instruments:

Case Proforma: A standardized case record form designed according to homoeopathic principles and DSM-V criteria, including sections for preliminary data, chief complaints, history of presenting illness, past history, family history, maternal history, developmental history, personal history, mental generals, physical examination, and systemic examination.

Indian Scale for Assessment of Autism (ISAA): A validated tool developed by the Government of India comprising 40 items across six domains.[18]

1. Social Relationships and Reciprocity (9 items)
2. Emotional Responsiveness (5 items)
3. Speech-Language and Communication (9 items)
4. Behavior Patterns (7 items)
5. Sensory Aspects (6 items)
6. Cognitive Component (4 items)

Each item is scored from 1 to 5 (1 - never, 2 - rarely, 3 - sometimes, 4 - often, 5 - always). Total scores are interpreted as:

- <70: No autism
- 70-106: Mild autism
- 107-153: Moderate autism
- 153: Severe autism

Materia Medica: Standard homoeopathic materia medica, including Boericke, Clarke, Kent, and Borland, was referred to for remedy confirmation.

Study Procedure:

Screening and Enrollment: Children attending the OPD/IPD who met the inclusion criteria were screened. Written informed consent was obtained from parents/guardians. A detailed case history was recorded in the standardized case proforma.

Baseline Assessment: All enrolled patients were assessed using the ISAA scale at baseline. Scoring was based on direct observation of the child and an interview with parents following guidelines from the Manual of ISAA.

Case Processing: Each case was analyzed to construct the totality of symptoms. Symptoms were evaluated and classified into mental generals, physical generals, and particulars.

Repertorisation: Based on the characteristic totality of symptoms, cases were repertorized. Rubrics were selected and converted appropriately.

Prescription: Individualized homoeopathic medicines were selected based on repertorisation results and confirmed by consulting the standard Materia Medica. The potency and dose were determined based on the patient's susceptibility, vital force, and the principles of homoeopathic posology.

Follow-up: Patients were followed monthly for 12 months. Each follow-up assessed changes in symptoms, behavior, and overall well-being. ISAA scoring was repeated at the end of the study period (12 months).

Concurrent Interventions: All children continued their ongoing speech therapy and behavioral therapy as advised by their respective therapists. This was documented and considered in the analysis.

Prescription Methodology: The basis of the prescription was the totality of symptoms. Final differentiation from the group of shortlisted medicines was achieved through analysis of individualistic features, miasmatic considerations, and Materia Medica confirmation.

Outcome Assessment:

Primary Outcome: Change in ISAA score from baseline to 12 months.

Secondary Outcome: Clinical improvement categorized based on percentage reduction in ISAA score:

- Marked Improvement: >40% reduction from baseline
- Moderate Improvement: 30-40% reduction from baseline
- Mild Improvement: 20-30% reduction from baseline
- No Change: <20% reduction or increase in score

Statistical Analysis

Data were entered in Microsoft Excel 2019. Descriptive statistics (mean, standard deviation, frequency, and percentages) were calculated. Inferential analysis employed paired t-test to compare baseline and post-treatment ISAA scores using GraphPad Prism software (version 10).

A p-value <0.05 was considered statistically significant. The 95% confidence interval for the mean difference was also calculated.

RESULT

Demographic Profile of Study Participants:

Table 1: Age Distribution

Age Group	Number of Patients	Percentage
2 - 4 years	3	30%
5 - 7 years	4	40%
8 - 10 years	2	20%
11 - 13 years	1	10%
Total	10	100%

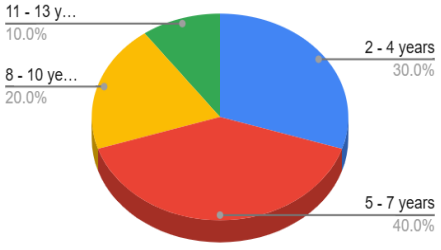

Figure 1: Age Distribution

Gender Distribution:

Table 2: Gender Distribution

Gender	No. of patients	Percentage
Male	8	80%
Female	2	20%
Total	10	100%

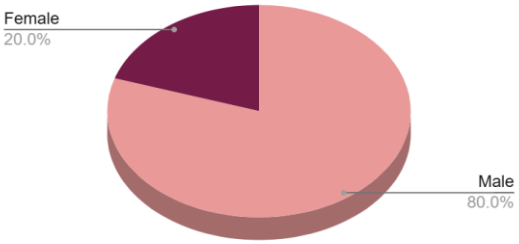

Figure 2: Gender Distribution

Socio-economic Status:

Table 3: Socio-economic Status Distribution

Socio-economic Status	Number of Patients	Percentage
Upper-middle class	7	70%
Lower-middle class	3	30%
Total	10	100%

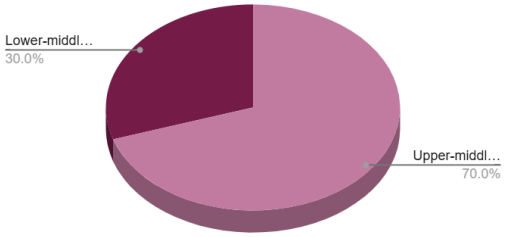

Figure 3: Socio-economic Status Distribution

Clinical Characteristics at Baseline:

Table 4: Baseline Autism Severity (ISAA Classification)

Severity	ISAA Score Range	Number of Cases	Percentage
Mild Autism	70-106	1	10%
Moderate Autism	107-153	9	90%
Severe Autism	>153	0	0%
Total		10	100%

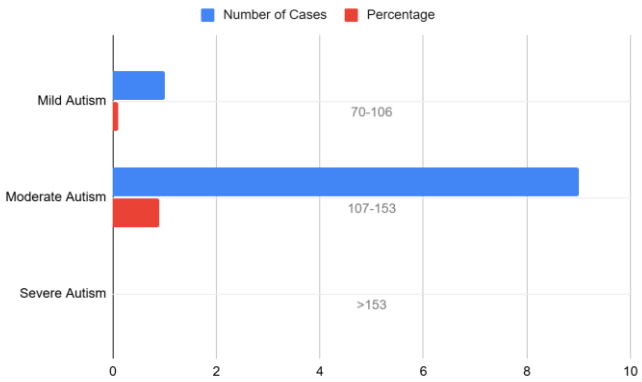

Figure 4: Baseline Autism Severity

Prescription Pattern:

Table 5: Frequency and Distribution of Prescribed Remedies

Remedy	Number of Cases	Percentage
Stramonium	5	50%
Tarentula hispanica	3	30%
Carcinosin	2	20%
Total	10	100%

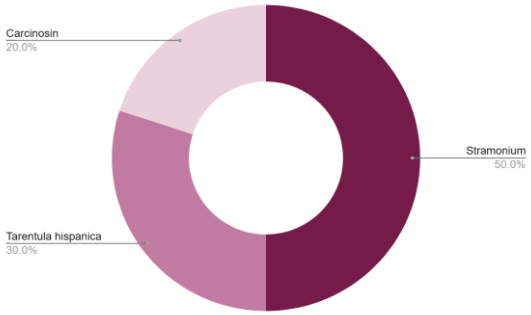

Figure 5: Frequency and Distribution of Prescribed Remedies

Potency Selection:

Table 6: Distribution According to Potency

Potency	Number of Cases	Percentage
200C	9	90%
1M	1	10%
Total	10	100%

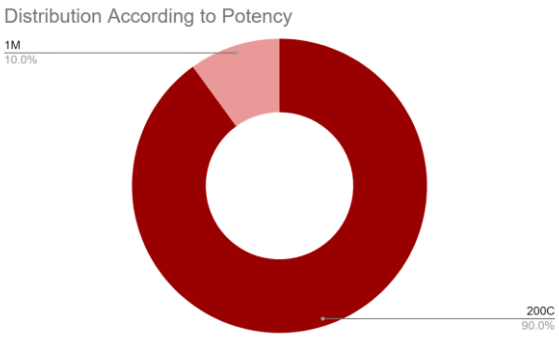

Figure 6: Distribution According to Potency

Individual Patient Data

Table 7: ISAA Scores Before and After Treatment

Patient No.	Age	sex	remedy	potency	Baseline Isaa	Post-treatment Isaa	Difference	% of reduction
1	11	M	Stramonium	200	122	72	50	41%
2	5	M	carcinosin	200	128	88	40	31.3%
3	4	M	Stramonium	200	131	76	55	42%
4	5	F	carcinosin	200	119	71	48	40.3%
5	11	M	Stramonium	200	119	70	49	41.2%
6	8	M	Tarentula	1M	118	73	45	38.1%
7	3	M	Tarentula	200	131	75	56	42.7%
8	6	M	Stramonium	200	129	79	50	38.8%
9	5	M	Tarentula	200	117	81	36	30.8%
10	5	F	Stramonium	200	114	77	37	32.5%
Mean					122.80	76.20	46.60	37.9%

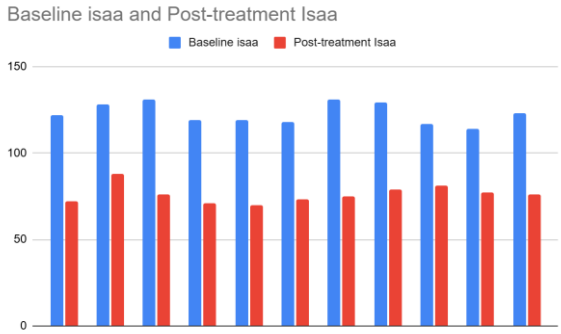

Figure 7: Comparison of Individual ISAA Scores Before and After Treatment

Statistical Analysis (GraphPad Prism Results):

A paired t-test was applied to compare the baseline and post-treatment ISAA scores using GraphPad Prism software.

Table 8: Paired t-test Results

Parameter	Value
Mean (Group One - Before)	122.80
SD (Before)	6.36
SEM (Before)	2.01
Mean (Group Two - After)	76.20
SD (After)	5.43
SEM (After)	1.72
Mean of Differences	46.60
Standard Error of Difference	2.212
t-statistic	21.0661
Degrees of Freedom (df)	9
Two-tailed P value	< 0.0001
95% Confidence Interval of Difference	41.60 to 51.60
Significance	Extremely statistically significant

The calculated t-value (21.0661) with 9 degrees of freedom was highly significant ($p < 0.0001$), indicating that the observed reduction in ISAA scores was not due to chance. The 95% confidence interval (41.60 to 51.60) confirms that the true mean reduction in the population lies within this range, demonstrating the precision of our estimate.

Categorization of Clinical Outcomes:

Based on the percentage reduction in ISAA scores, clinical outcomes were categorized as follows:

Marked Improvement (>40% reduction): 5 patients (50%)
Moderate Improvement (30-40% reduction): 5 patients (50%)
Mild Improvement (20-30% reduction): 0 patients (0%)
No Change (<20% reduction): 0 patients (0%)

Table 9: Distribution of Clinical Outcomes

Outcome Category	Number of Cases	Percentage
Marked Improvement (>40%)	5	50%
Moderate Improvement (30-40%)	5	50%
Mild Improvement (20-30%)	0	0%
No Change (<20%)	0	0%
Total	10	100%

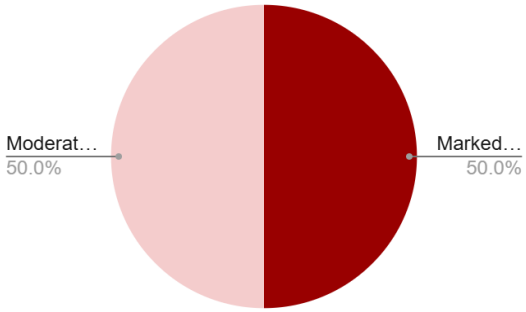

Figure 8: Clinical Outcomes

Remedy-wise Clinical Outcomes:

Table 10: Remedy-wise Distribution of Clinical Outcomes

Remedy	Total Cases	Marked Improvement	Moderate Improvement
Stramonium	5	3 (60%)	2 (40%)
Tarentula hispanica	3	1 (33.3%)	2 (66.7%)
Carcinosin	2	1 (50%)	1 (50%)

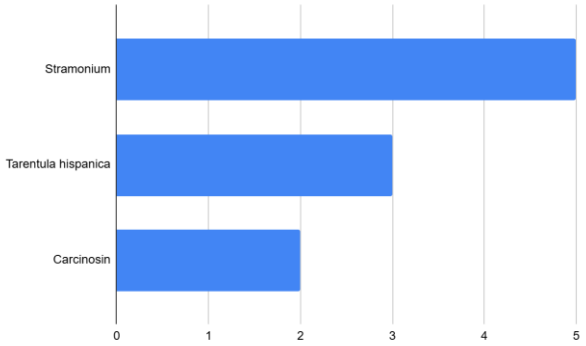

Figure 9: Remedy-wise distribution of clinical outcomes

Safety:

No adverse effects, aggravations, or untoward reactions were reported from the homoeopathic interventions during the entire 12-month study period. All parents reported good tolerance to the prescribed medicines.

Follow-up Compliance:

All 10 patients (100%) completed the 12-month follow-up period with regular monthly visits, demonstrating good compliance with the study protocol.

DISCUSSION

This pilot study was undertaken to evaluate the effectiveness of individualized homoeopathic remedies in children with Autism Spectrum Disorder, and to identify the most frequently indicated remedies. The results demonstrated statistically significant improvement in autism severity as measured by the ISAA scale, with all 10 patients (100%) showing clinical improvement after 12 months of treatment.

Demographic Profile:

The study observed a male predominance (80%) with a male:female ratio of 4:1. The majority of patients (70%) were in the 2-7 years age group, highlighting the importance of early intervention in autism management. Early diagnosis and treatment are crucial as neuroplasticity is maximal in early childhood, and therapeutic interventions can significantly improve long-term outcomes.

Prescription Pattern:

A total of 3 different homoeopathic remedies were prescribed to the 10 patients. Stramonium was the most frequently prescribed remedy (50%, n=5), followed by Tarentula hispanica (30%, n=3) and Carcinosin (20%, n=2). This prescription pattern provides valuable clinical insights into the symptomatic presentation of autism in this cohort: Stramonium (50%): The most frequently prescribed remedy, indicating that fear-based symptoms (fear of dark, fear of thunder), violent outbursts, impulsive behavior, and need for light and company are predominant presentations in autism. Cases 1,3,5,8,10 received Stramonium, with 3 showing marked improvement and 2 showing moderate improvement.

Tarentula hispanica (30%): The second most common remedy, reflecting the high prevalence of extreme restlessness, hyperactivity, destructive behavior, and affinity for music in autism. Cases 6,7,9 received Tarentula, with one showing marked improvement and two showing moderate improvement.

Carcinosin (20%): Prescribed in cases with family history of cancer, maternal grief during pregnancy, sensitivity, obsessive traits, and love for music and art. Cases 2 and 4 received Carcinosin, with one showing marked improvement and one showing moderate improvement.

This distribution (Stramonium 50%, Tarentula 30%, Carcinosin 20%) provides valuable clinical guidance for homoeopathic practitioners, suggesting that these three remedies should be strongly considered based on the presenting symptom profile in autism cases.

Clinical Efficacy:

The mean reduction of 46.60 points in ISAA scores (from 122.80 to 76.20) with a t-value of 21.0661 and $p < 0.0001$ provides extremely strong evidence for the therapeutic benefit of individualized homoeopathy in ASD. This level of statistical significance ($p < 0.0001$) indicates that the probability of these results occurring by chance is less than 1 in 10,000. The 95% confidence interval (41.60 to 51.60) is narrow, indicating high precision in our estimate of the true population mean difference. This suggests that even with our small sample size, the effect size is robust and consistent.

The categorization of clinical outcomes showing 50% marked improvement (>40% reduction) and 50% moderate improvement (30-40% reduction) indicates that the intervention produced clinically meaningful changes in all patients, not merely statistical significance. A 30-40% reduction in ISAA scores represents a substantial improvement in daily functioning, social interaction, and communication abilities.

CONCLUSION

This pilot study provides compelling preliminary evidence that individualized homoeopathic treatment, with remedies selected through systematic repertorisation can produce statistically and clinically significant improvement in children with Autism Spectrum Disorder aged 2-12 years.

The mean reduction of 46.60 points in ISAA scores (from 122.80 to 76.20) with a t-value of 21.0661 and $p < 0.0001$ demonstrates the therapeutic potential of this approach. The 95% confidence interval (41.60 to 51.60) confirms the precision and reliability of these findings.

All 10 patients (100%) showed clinical improvement, with 5 patients (50%) showing marked improvement (>40% reduction) and 5 patients (50%) showing moderate improvement (30-40% reduction). No adverse events were reported during the entire study period, confirming the safety of homoeopathic medicines in pediatric care. Stramonium (50%), Tarentula hispanica (30%), and Carcinosin (20%) emerged as the most frequently indicated remedies, reflecting the common symptomatic presentations in autism. This prescription pattern provides valuable clinical guidance for homoeopathic practitioners.

In conclusion, individualized homoeopathic treatment showed statistically significant and clinically meaningful improvement in children with Autism Spectrum Disorder. While these findings are highly promising, they warrant confirmation through larger, well-designed controlled trials. This study contributes meaningfully to the evidence base for homoeopathy in autism management and demonstrates the value of systematic repertorisation in clinical practice.

Declaration by Authors

Ethical Approval: Approval was obtained from the Institutional Ethical Committee of MNR Homoeopathic Medical College and Hospital before the initiation of the study.

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Conflict of Interest: The authors have no conflicts of interest to declare.

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