

Role of Carcinosinum in autism spectrum disorder – A case series

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Abstract

Introduction: Autism Spectrum Disorder (ASD) is a pervasive developmental disorder having the potential to cause lifelong disability. Individualised homoeopathic remedies are found to be safe and effective in the management of ASD. **Cases Summary:** Three cases of ASD treated with *Carcinosinum* at the Child psychiatry unit of the National Homoeopathy Research Institute in Mental Health, Kottayam are presented to show the action of this nosode in ASD. Indian Scale for Assessment of Autism (ISAA), an indigenous tool, was used for the assessment of severity at baseline and subsequent follow-up visits. Remarkable improvement was observed in these three cases. After one year of treatment, the baseline ISAA scores of 151, 127 and 132 turned to 65, 14 and 15, respectively (ISAA score 153 Severe Autism).

Keywords: Autism, Carcinosinum, Homoeopathy, Indian Scale for Assessment of Autism, Nosode

INTRODUCTION

Autism spectrum disorder (ASD) is characterised by persistent impairment in reciprocal social interaction and communication, and restricted, repetitive patterns of behaviour, interests and activities.^[1] Approximately 1/100 children are diagnosed with ASD around the world and the incidence is still on increase with an exponential rise over the past 10 years. It can affect all racial, ethnic and socioeconomic groups.^[2]

The definite cause of autism disorder is still unknown. The interactions between susceptible genes and environmental factors have been proposed as the major mechanism of autism aetiology.^[3]

The diagnosis of autism leads to a state of despair and hopelessness in the parents^[4] as it is a lifelong disability and currently there is no treatment available for it except for training for behavioural modification.^[5]

In conventional medicine, Risperidone and Aripiprazole^[6,7] are used in the treatment of behavioural disorders associated with ASD. However, significant side effects are seen such as increased appetite, increased weight gain, drowsiness, vomiting, somnolence and tremor which lead to discontinuation of treatment.^[8] Due to the adverse effects associated with conventional treatment and lack of holistic care, the number of people opting for complementary and alternative systems for the

treatment of autistic children is increasing.^[9] As homoeopathic medicines do not have any reported side effects, they can be administered to children with autism.^[10] Homoeopathic medicines are found to be useful in the management of autism.^[10]

Nosodes are homoeopathic remedies that are prepared from diseased products of human beings, lower animals and diseased plant products. Nosodes are used in different settings, as therapeutic and prophylactic remedies.^[11] They are also useful as intercurrent drugs which play the role of catalysts, on the journey to recovery. They can be used as constitutional medicine when there are characteristic mental and physical generals along with particulars.^[12,13]

Carcinosinum is a cancer nosode of a very deep acting nature and homoeopathic physicians have reported good results with this remedy when indicated. Carcinosinum has shown its efficacy by helping some of the most difficult and stubborn cases.^[14] It is described in the repertories under the rubric “Autism” and suggested in the treatment of autism.^[14-16] The

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usefulness of this valuable nosode in autism is yet to come into the limelight. Three cases of ASD treated with *Carcinosinum* in the Child Psychiatry Unit of National Homoeopathy Research Institute in Mental Health, Kottayam are presented here with a 1-year follow-up. Diagnosis of Childhood Autism (F84.0) in these three cases is confirmed by a consultant psychiatrist and severity assessment is done with the Indian Scale for Assessment of Autism (ISAA) at baseline.

ISAA is an indigenous scale which showed a correlation with Childhood Autism Rating Scale.^[17] It has 40 items divided into six domains. They are social relationship and reciprocity, emotional responsiveness, speech, language and communication, behaviour patterns, sensory aspects and cognitive component. The items are rated from 1 to 5. The higher the score, the higher is the severity of the problem. The severity of autism is categorised on this scale as mild: 70–107, moderate: 108–153 and severe: 153 and above.^[17]

CASE REPORTS

Case 1

A 7-year-old male child was brought by his parents to the child psychiatry OPD on 18 November 2019 with complaints of lack of eye contact, poor verbal response, playing repeatedly with his fingers and clapping his hands. He had poor speech, communication and social interaction and used a few meaningless words like 'popi, pooki' etc. repeatedly and he also had the tendency to injure others by biting, hitting, striking etc. He was very restless and was constantly rotating the stool in the consulting room. His mother mentioned that he stood and looked in the mirror for a long time. Up to 1 1/2 years of age, he had normal development and response. After a febrile seizure at 1 1/2 years, he showed repetitive motor activities such as clapping hands, rotating things and poor response on call. Thereafter, his social development was delayed as he lost his eye contact and was not mingling with others and lost his social smile. There were poor peer plays and imitative plays. He was not given any treatment or therapy as it was not accessible and affordable for them. However, since 8 months, all his symptoms had worsened and it became difficult to do therapy due to his restlessness.

The child liked listening to music and enjoyed it with dancing gestures. He was calm when the parents took him outside, liked swinging and was better during travel. He desired fruits, meat and egg and had aversion to fish. He could not tolerate noises such as the whistling of the cooker and the sound of drums. Thermally, he was hot and had increased thirst. His milestones such as sitting, standing, walking and speech were delayed.

There is a family history of coronary artery disease in the maternal grandmother and carcinoma breast in a paternal aunt. Grandfather had alcoholism.

Pregnancy history of mother

His mother had an abortion before he was conceived, due to unknown reasons. She also had forsaken feelings throughout her pregnancy as she did not get any support from her extended

family. She suffered from hyperemesis gravidarum up to the 9th month and was on anti-emetics throughout the pregnancy.

The patient was born at full-term by normal vaginal delivery. He had adequate birth weight and cried normally after birth. No feeding difficulty was observed. He had neonatal jaundice and was in NICU for 2 days.

Mental status examination (MSE)¹

He seemed to be a hyperactive child with poor response and absorbed in his imaginary world, poor speech with uttering some meaningless words; poor eye to eye contact (EEC), odd and abnormal behaviour, inattentive and withdrawn were the other findings. He exhibited repetitive stereotyped hand flapping and clapping. His IQ was not tested, but adaptive skills such as dressing, bathing, toilet care and eating were good.

This case was in the range of moderate autism (ISAA score 151). The diagnosis was confirmed by a consultant psychiatrist. The progress of the cases was also assessed with ISAA during monthly follow-up visits. Prescription and follow-up details are provided in Table 1.

Case 2

A 16-year-old girl was brought by her mother to child psychiatry OPD on 07 December 2019 with complaints of poor communication and interaction, lack of peer relations, preference to be alone, rocking her body to and fro while sitting, clapping her hands repeatedly, poor eye contact, occasional head nodding, profuse salivation and poor personal care. Parents noticed that there were some defects with the child compared to other children of the same age group when she was 2 years of age like a poor response on call and poor eye contact. She was diagnosed as having ASD associated with mild intellectual disability. Up to 12 years of age, she was given conventional medicine but there was no perceptible improvement in her complaints. She attained menarche by the age of 13 and also had a history of recurrent urinary tract infections after 12 years of age.

Her mother suffered from uterine fibroid and had a history of spontaneous abortion at the 3rd month of gestation, and her grandfather expired due to carcinoma of the tongue. Her grandfather and paternal uncle had alcoholism and smoking.

The patient had a desire for coffee and an aversion to milk and fruits. Thirst was increased and was thermally hot and preferred to sleep on the abdomen. Her milestones such as turning over, crawling, sitting, walking and speech were delayed.

She was very sensitive to reprimands for the actions, she was not supposed to do, had a weeping tendency, fear of animals and was averse to being touched.

Pregnancy history of mother

Her mother was anxious during pregnancy as she had concealed her actual age during her marriage and was always

1 The mental status examination was done as per the method described in Comprehensive Psychiatry by Kaplan and Sadack

Table 1: Follow-ups and interventions of cases

Month	Case 1		Case 2		Case 3	
	Observation	Intervention	Observation	Intervention	Observation	Intervention
2 nd	Mild improvement	<i>Carc.</i> 30/1d	Mild improvement	<i>Carc.</i> 30/1d	Mild improvement	<i>Carc.</i> 30/1d
3 rd	Mild improvement	<i>Carc.</i> 30/1d	Mild improvement	<i>Carc.</i> 30/1d	Status quo	<i>Carc.</i> 200/1d
4 th	Mild improvement	<i>Carc.</i> 30/1d	Mild improvement	<i>Carc.</i> 30/1d	Mild improvement	<i>Carc.</i> 200/1d
5 th	Mild improvement	<i>Carc.</i> 30/1d	Mild improvement	<i>Carc.</i> 30/1d	Moderate improvement	SL
6 th	Moderate improvement	SL	Moderate improvement	SL	Mild improvement	<i>Carc.</i> 200/1d
7 th	Moderate improvement	SL	Moderate improvement	SL	Moderate improvement	SL
8 th	Mild improvement	<i>Carc.</i> 30/1d	Status quo	<i>Carc.</i> 200/1d	Moderate improvement	SL
9 th	Moderate improvement	SL	Mild improvement	<i>Carc.</i> 200/1d	Mild improvement	<i>Carc.</i> 200/1d
10 th	Mild improvement	<i>Carc.</i> 30/1d	Moderate improvement	SL	Marked improvement	SL
11 th	Marked improvement	SL	Marked improvement	SL	Marked improvement	SL
12 th	Marked improvement	SL	Marked improvement	SL	Marked improvement	SL

worried that her husband might come to know. She was also diagnosed with uterine fibroid during pregnancy.

The patient was born by vaginal delivery at full-term. Her birth weight was 4.5 kg. It was prolonged labour. The birth cry was absent, but there were no signs of foetal distress.

MSE

The patient gave poor responses to verbal addresses to her as she was inattentive and absorbed in her world. She was clapping her hands and rocked to and fro in her seat. There was excessive salivation from the mouth. She could not establish rapport and there was poor EEC. Her speech was poor and had withdrawn attitude. She had poor intelligence as there was a global impairment in her adaptive functions.

This case was in the range of moderate autism (ISAA score 127). The diagnosis was confirmed by the consultant psychiatrist. The progress of the cases was assessed with ISAA during monthly follow-up visits. Prescription and follow-up details are provided in Table 1.

Case 3

A 9-year-old male child brought by his parents, presented with poor peer interaction, poor response, delayed speech and poor eye contact for 7.5 years. He had a tendency to repeat what was asked with frequent clapping and gesturing with his hands when excited. He had a tendency to show violent behaviour towards his parents and sibling. Eye contact was lost at 2 years of age with delayed milestones. He was non-cooperative in physiotherapy and speech therapy sessions and also took Ayurvedic treatment with unsatisfactory results. At school, he was academically good.

There was a family history of myocardial infarction, bladder and stomach cancer and a maternal cousin suffering from autism. The mother also had two spontaneous abortions before he was conceived. His father had smoking and his paternal uncle had alcoholism.

There was an aversion to milk with a desire for fish and rice products. He had a restless sleep with frequent change of

positions. He showed love for animals, liked to travel and also listened to melodious and religious music.

He was too lean in physical built and had serrated teeth. He was very calm and mild in nature.

Pregnancy history of mother

Mother had a frightening episode during pregnancy as her elder child ran towards a moving car when they were crossing a road.

He was born by caesarean section due to poor dilatation. There was no sign of foetal distress.

MSE

The child is withdrawn with odd behaviours. EEC – Poor. Could not establish rapport. Stereotype behaviour with repeated clapping. His speech was poor but his general intelligence was appropriate for his age.

This case was in the range of moderate autism (ISAA score 132). The diagnosis was confirmed by the consultant psychiatrist. The progress of the cases was assessed with ISAA during monthly follow-up visits. Prescription and follow-up details are provided in Table 1.

Prescription and follow-ups

After analysing the symptoms in these three cases, characteristic mental and physical generals were considered along with maternal stress factors during pregnancy for framing the totality. Along with this, family history of children was also considered, which showed a history of cancer breast in paternal aunt, cancer tongue in grandfather in Cases 1 and 2, respectively, and cancer of the stomach in paternal aunt and bladder cancer in paternal grandfather in third case. Repertorisation of symptoms was done using synthesis repertory in RADAR 10 software. The totality of symptoms and repertorisation charts of three cases are shown in Figures 1-3, respectively. *Carcinosinum* was indicated in all these cases. Considering the prescription of nosodes and also the susceptibility of the children, the first prescription was given with 30C potency. Monthly follow-ups with interventions are given in Table 1. Improvement was judged based on the caregiver reporting of percentage reduction of the presenting complaints, improvement of

generals along with the ISAA score readings and clinical observation. The improvement was assessed as Marked; more than 75% reduction of the presenting complaints reported by the caregiver along with improvement in generals of the patient. Moderate; more than 50% and <75% reduction, mild; more than 25% and <50% reduction.

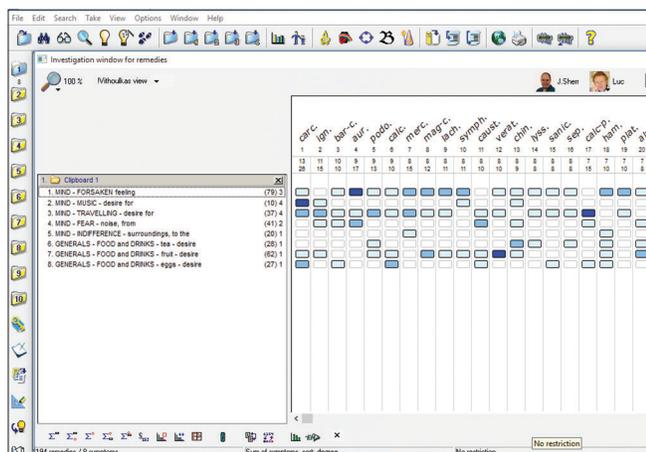


Figure 1: Repertorisation chart of Case 1

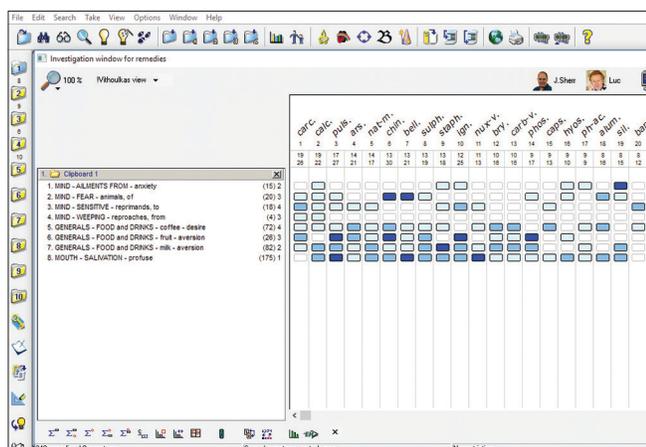


Figure 2: Repertorisation chart of Case 2

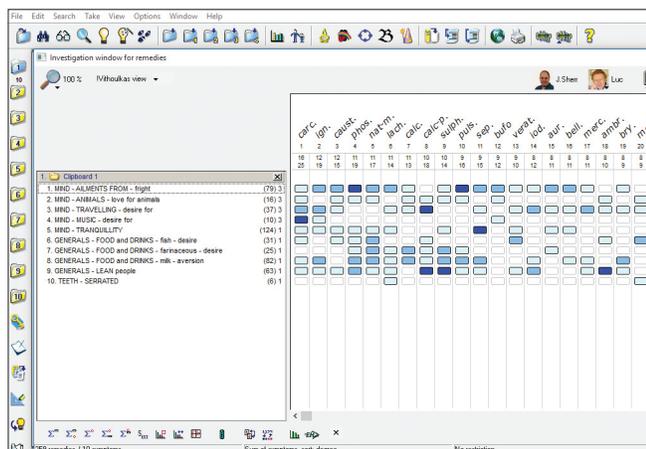


Figure 3: Repertorisation chart of Case 3

Case 1

The case was in the moderate autism range according to ISAA; the child showed remarkable improvement after 8 months of homoeopathic treatment. The baseline ISAA score of 151 was reduced to 68, which is non-autistic.

Case 2

The case was in the moderate autism range with an ISAA score of 127 at baseline. After 6 months of intervention, she became non-autistic with a score of 41.

Case 3

Here, the ISAA score of 132, which is also a case of moderate autism, became non-autistic (score 58) after 6 months of homoeopathic treatment.

In the first case, the 30th potency was found effective and any change in potency was not required during the follow-up visits. Whereas in the second and third cases, the potency was switched to the 200th potency to provide a better result.

The change in ISAA scores from baseline to the end of a year is shown in Figure 4.

Changes in symptom domains of ISAA from baseline and after 1 year are given in Table 2.

Patient perspective

All three patients' attendants conveyed that they were satisfied with the homoeopathic treatment.

DISCUSSION

Cancer nosodes are appropriate in cases of mental diseases, especially where the heredity points that way.^[18] The action of *Carcinosinum* as a constitutional medicine in autism found through this case series also reaffirms the fact that *Carcinosinum* also can be thought of in ASD. In these cases, family history of mental diseases was present as ASD, tobacco smoking and excessive alcohol consumption.

As it is mentioned that *Carcinosinum* can be prescribed in cases with a strong family history of cancer,^[18] these three cases having a family history of cancer have responded positively when treated with *Car.*

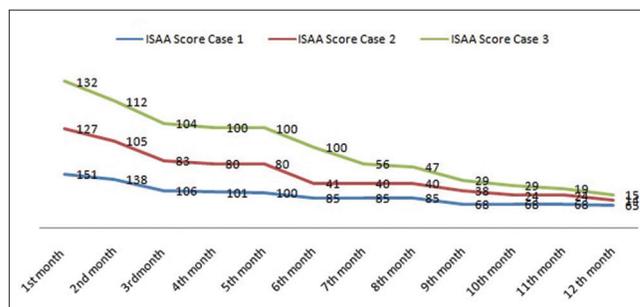


Figure 4: Change in ISAA score of cases after intervention

Several antenatal, perinatal and postnatal risk factors have been implicated in the development of autism.^[3] Maternal mental stress such as anxiety, fear and forsaken feeling and physical stress as hyperemesis gravidarum are the prenatal risk factors detected in these cases. Among the postnatal risk factors, a febrile seizure was present in the first case.

‘Modified Naranjo Criteria for homoeopathy (MONARCH)—Inventory’^[19] is used for attributing a causal relationship between the homoeopathic intervention and outcome [Table 3]. The effect encompassed more than the main symptom or condition as these children became manageable for parents while taking them outside. Their overall well-being improved.

The literature describes that there can be stress in the family history of *Carcinosinum* patients.^[20] Forsaken feelings, anxiety and fright were found as stress factors during pregnancy in the three cases, respectively.

As per Dr. Cooper, there will be a strong syphilitic tendency in the heredity in *Carcinosinum* patients.^[20] The family history

of the described cases also shows a strong syphilitic tendency in the form of cancer, autism, alcoholism, abortions and myocardial infarction.

Foubister found a beneficial effect of *Carcinosinum* in mentally dull children.^[20] The second case described here was suffering from intellectual disability and there is a reduction in her global impairment.

The type of autism can be of sensory pattern, kinetic state or regressive state depending on the presentation of symptoms.^[21] All the three cases reported here were of kinetic state. Cases 1 and 3 were of the kinetic aggressive type and Case 2 was kinetic non-aggressive type.

The changes in all domains of ISAA throughout the year for each case are shown in Figures 5-7, respectively.

The domain of social relationship and reciprocity is the most disabling in these cases which correlates with the literature.^[22] The cases showed maximum improvement in the domain of social relations and reciprocity. As these children were not on any other supportive therapy (not accessible and

Table 2: Change in symptom domains of ISAA at baseline and after 1 year

SI No	Symptom Domains	Case 1		Case 2		Case 3	
		Baseline	After 1 year	Baseline	After 1 year	Baseline	After 1 year
1	Social relationship and reciprocity	45	23	43	2	41	2
2	Emotional responsiveness	19	13	16	0	14	1
3	Speech, language and communication	35	15	24	2	20	0
4	Behavioural patterns	29	5	15	4	21	4
5	Sensory aspects	10	2	19	3	23	0
6	Cognitive impairment	13	7	10	3	13	6

Table 3: Modified Naranjo Criteria Homoeopathy (MONARCH) of cases

S. No.	Domains	Scores		
		Case 1	Case 2	Case 3
1	Was there an improvement in condition for which homoeopathic medicine was prescribed?	+2	+2	+2
2	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	+1	+1
3	Was there a homoeopathic aggravation of symptoms?	0	0	0
4	Did the effect encompass more than the main symptom or condition? (i.e., were other symptoms, not related to the main presenting complaint, Improved or changed)	+1	+1	+1
5	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	+1	+1	+1
6A	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	0	0
6B	Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms: • From organs of more importance to those of less importance? • From deeper to more superficial aspects of the individual? • From the top downwards?	0	0	0
7	Did ‘old symptoms’ (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	0	0
8	Are there alternate causes (i.e., other than the medicine) that-with a high probability-could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant)	+1	+1	+1
9	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2	+2	+2
10	Did repeat dosing, if conducted, create similar clinical improvement?	0	0	0
	Total	8	8	8

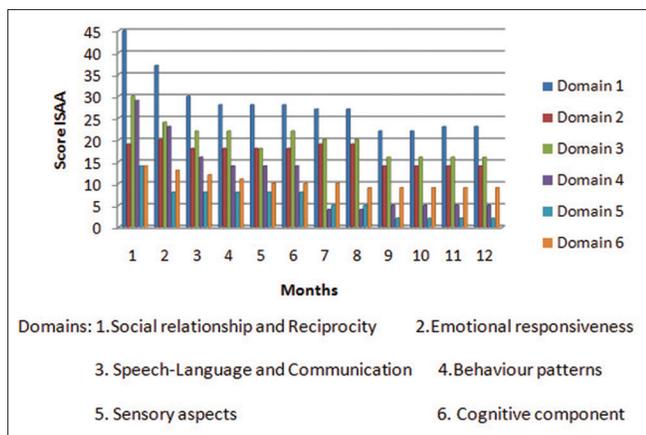


Figure 5: Change in ISAA domains throughout the year Case 1

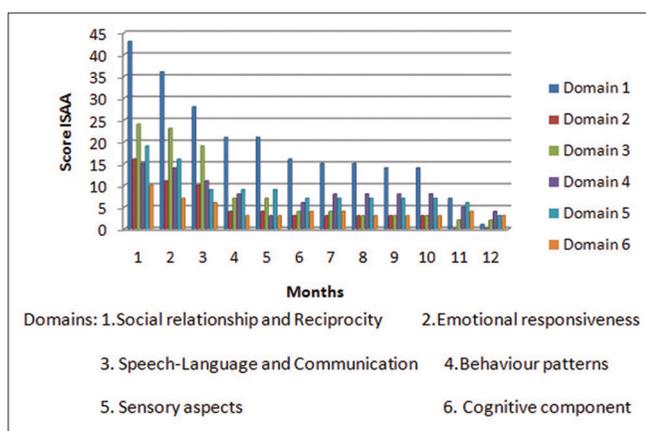


Figure 6: Change in ISAA domains throughout the year Case 2

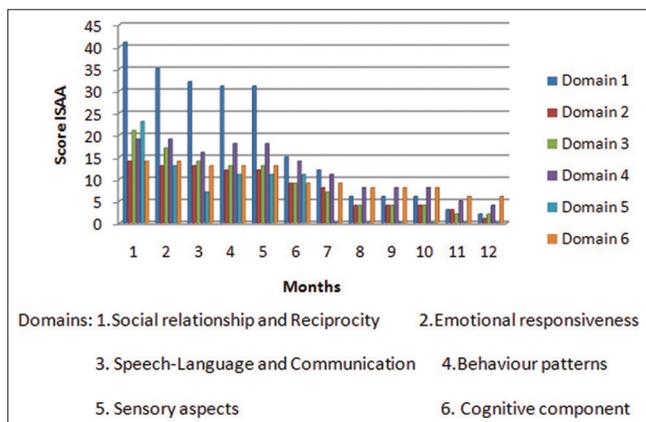


Figure 7: Change in ISAA domains throughout the year Case 3

affordable for them) during the course of homoeopathic treatment, the result is likely to only attributable to the remedy *Carcinosinum*.

This remedy is well indicated in infants whose intrauterine life is disturbed by a lot of injudicious medication.^[15] The first case in this series also shows this as the mother was having hyperemesis gravidarum throughout the term and she was on antiemetics.

Gupta *et al.* in their study found a 60% improvement in autistic symptoms by the classical method of homoeopathic treatment.^[23] *Carcinosinum* was found as a frequently indicated remedy for autism in the previous studies.^[24] Bawalia *et al.*, in their study, used *Carcinosinum* as the first prescription in 18 cases, the second prescription in one case and as the third prescription in one case.^[24] This case series corroborates the evidence for the usefulness of *Carcinosinum* in ASD.

Foubister was using *Carcinosinum* as a remedy for constitutions to make people healthier, in particular starting in childhood. Childhood is the best time to treat patients to prevent serious diseases in the future.^[20] All these three cases also show that *Carcinosinum* could be useful to provide a healthy life for children even though having a serious disease like autism, which should be ascertained through long-term studies. Early identification of ASD and early intervention is vital for attaining positive results.

As the three cases here are of moderate severity according to ISAA, the role of *Carcinosinum* in severe autism must be suggested through future studies. IQ of cases was not assessed.

CONCLUSION

This case series puts forth preliminary evidence for the beneficial role of *Carcinosinum* in autism. Well-planned, future research studies and with proper design can provide more valid evidence to consider *Carcinosinum* in the management of ASDs when indicated.

CONSENT

Written consent was obtained from the parents of these three children with the assurance that the anonymity will not be disclosed.

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Nil.

Conflicts of interest

None declared.

REFERENCES

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. DSM-V. 5th ed. Arlington, VA: American Psychological Association; 2013.
2. Zeidan J, Fombonne E, Scora J, Ibrahim A, Durkin MS, Saxena S, *et al.* Global prevalence of autism: A systematic review update. *Autism Res* 2022;5:778-90.
3. Sadock JB, Sadock VA, Ruiz P. Pervasive developmental disorders. In: Kaplan and Sadock's Comprehensive Textbook of Psychiatry. 9th ed. Philadelphia, PA: Lippincott Williams Wilkins; 2009. p. 3542-4.
4. Befkadu B, Ero D, Adamek ME. Reactions of Parents to the Diagnosis of Autism in Addis Ababa, Ethiopia. *GLS KALP J Multidiscip Stud* 2022;2:12-29.
5. Ashmawi NS, Hammada MA. Early prediction and evaluation of risk of autism spectrum disorders. *Cureus* 2022;14:e23465.
6. McDougle CJ, Seahill L, Aman MG, McCracken JT, Tierney E, Davies M, *et al.* Risperidone for the core symptom domains of autism: Results from the study by the autism network of the research units on

- pediatric psychopharmacology. *Am J Psychiatry* 2005;162:1142-8.
7. Hirsch LE, Pringsheim T. Aripiprazole for autism spectrum disorders (ASD). *Cochrane Database Sys Rev* 2016;2016:CD009043.
 8. Masi A, DeMayo MM, Glozier N, Guastella AJ. An overview of autism spectrum disorder, heterogeneity and treatment options. *Neurosci Bull* 2017;33:183-93.
 9. Guner UC, Günay U, Acar MD. Opinions of Turkish parents of children with autism spectrum disorder on use of complementary and alternative medicine methods. *Res Autism Spectrum Disorders* 2021;88:101847.
 10. Saxena V, Chacko G, Saxena U. Systematic review of the effectiveness of homeopathy in the treatment of autism spectrum disorder. *Clin Arch Commun Disord* 2021;6:1-11.
 11. Pratim MP, Biman M. Sources of Homeopathic Drugs. A Textbook of Homeopathic Pharmacy. New Delhi: New Central Book Agency (P) Ltd.; 2005. p. 26.
 12. Chandak K. The efficacy of nosodes in cases of cystitis justifying the therapeutic law of nature. *Allgemeine Homöopathische Zeitung* 2017;262:2-76.
 13. Nayak D, Varanasi R. Homeopathic nosodes, a neglected approach for epidemics: A critical review. *Indian J Res Homoeopathy* 2020;14:129-35.
 14. Sharma SK. Carcininum, 2009; Hpathy. Available from: <https://www.hpathy.com/materia-medica/carcininum> [Last accessed on 2022 May 18].
 15. Babu AK. Carcininum a Classical Study. Kerala: Thavarakkattil Publishers; 2005.
 16. Murphy R. Homeopathic Medical Repertory: A Modern Alphabetical Repertory. 2nd ed. New Delhi: B Jain Publishers; 2004.
 17. Chakraborty S, Thomas P, Bhatia T, Nimgaonkar VL, Deshpande SN. Assessment of severity of autism using the Indian scale for assessment of autism. *Indian J Psychol Med* 2015;37:169-74.
 18. Available from: <https://www.materiamedica.info/en/materia-medica/john-henry-clarke/carcininum> [Last accessed on 2022 May 18].
 19. Lamba CD, Gupta VK, Van Haselen R, Rutten L, Mahajan N, Molla AM, *et al.* Evaluation of the modified naranjo criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy* 2020;109:191-7.
 20. Foubister DM, Bon JH. The Carcininum Drug Picture. 11th ed. Noida: B Jain Publishers (P) Ltd.; 2019.
 21. Rajalakshmi MA. A case of autism: A case for homeopathy. *Homeopathy Links* 2011;24:39-43.
 22. Bhatia MS. Essentials of Psychiatry. 8thed. New Delhi: CBS Publishers and Distributors Pvt. Ltd.; 2018. p. 486-7.
 23. Gupta N, Saxena RK, Malhotra AK, Juneja R. Homeopathic medicinal treatment of autism. *Indian J Res Homoeopathy* 2010;4:19-28.
 24. Barvalia PM, Oza PM, Daftary AH, Patil VS, Agarwal VS, Mehta AR. Effectiveness of homeopathic therapeutics in the management of childhood autism disorder. *Indian J Res Homoeopathy* 2014;8:147-59.

Titre: Role of Carcininum in Autism Spectrum Disorder- A Case series

Résumé: Contexte: Le trouble du spectre autistique (TSA) est un trouble envahissant du développement qui peut entraîner un handicap à vie. Les remèdes homéopathiques individualisés se sont révélés sûrs et efficaces dans la gestion de TSA. **Résumé des affaires:** Trois cas de TSA traités avec Carcininum à l'unité de pédopsychiatrie du National Homeopathy Research Institute in Mental Health (NHRIMH), Kottayam sont présentés pour montrer l'action de cette nosode dans les TSA. L'échelle indienne d'évaluation de l'autisme (ISAA), un outil indigène, a été utilisée pour l'évaluation de la sévérité au départ et lors des visites de suivi ultérieures. Une amélioration remarquable a été observée dans ces trois cas. Après un an de traitement, les scores ISAA de 151, 127 et 132 sont passés respectivement à 65, 14 et 15. (Score ISAA 153 Autisme sévère).

Titel: Rolle von Carcininum bei Autismus-Spektrum-Störungen – Eine Fallserie

Abstrakt: Hintergrund: Die Autismus-Spektrum-Störung (ASS) ist eine tiefgreifende Entwicklungsstörung mit dem Potenzial, lebenslange Behinderungen zu verursachen. Individualisierte homöopathische Mittel haben sich als sicher und wirksam bei der Behandlung von ASS erwiesen. **Zusammenfassung der Fälle:** Drei Fälle von ASD, die mit Carcininum in der Kinderpsychiatrieabteilung des National Homeopathy Research Institute in Mental Health (NHRIMH), Kottayam, behandelt wurden, werden vorgestellt, um die Wirkung dieser Nosode bei ASD zu zeigen. Indian Scale for Assessment of Autism (ISAA), ein indigenes Instrument, wurde für die Beurteilung des Schweregrades zu Studienbeginn und bei späteren Folgebesuchen verwendet. In diesen drei Fällen wurde eine bemerkenswerte Verbesserung beobachtet. Nach einjähriger Behandlung änderten sich die ISAA-Basiswerte von 151.127.132 auf 65, 14 bzw. 15. (ISAA-Score 153 Schwerer Autismus).

शीर्षक: ऑटिज्म स्पेक्ट्रम विकार में कारसिनोसिनम की भूमिका- विषय श्रृंखला

सार: पृष्ठभूमि: ऑटिज्म स्पेक्ट्रम डिसऑर्डर (एएसडी) एक व्यापक शारीरिक विकास से संबंधित विकार है जिससे आजीवन विकलांगता भी हो सकती है। व्यक्तिगत होम्योपैथिक उपचार एएसडी के प्रबंधन में सुरक्षित और प्रभावी पाया जाता है। **विषय सारांश:** कारसिनोसिनम से इलाज किए गए एएसडी के तीन विषयों पर कारसिनोसिनम नोसोड द्वारा एनएचआरआईएम के बाल चिकित्सा इकाई में किए गए उपचार का विवरण प्रस्तुत किया है। ऑटिज्म के आकलन के लिए भारतीय पैमाना (आईएसए), एक स्वदेशी उपकरण का उपयोग आधारभूत पर गंभीरता के आकलन और बाद के अनुवर्ती निरीक्षण के लिए किया गया था। इन तीन विषय श्रृंखलाओं में उल्लेखनीय सुधार देखा गया। उपचार के एक वर्ष के बाद, 151,127,132 के आधारभूत आईएसए स्कोर क्रमशः 65, 14, 15 में बदल गए। (आईएसए स्कोर 153 गंभीर ऑटिज्म)।

Título: Papel del Carcininum en el Trastorno del Espectro de Autismo- Una serie de casos

Resumen: Antecedentes: El Trastorno del Espectro del Autismo (ASD) es un trastorno de desarrollo generalizado que tiene el potencial de causar discapacidad de por vida. Los remedios homeopáticos individualizados se encuentran para ser seguros y eficaces en el manejo de ASD. **Resumen de los casos:** Se presentan tres casos de TEA tratados con Carcininum en la Unidad de Psiquiatría Infantil del Instituto Nacional de Investigación de Homeopatía en Salud Mental (NHRIMH), Kottayam, para mostrar la acción de este nosodo en TEA. Se utilizó la Escala India para la Evaluación del Autismo (ISAA), una herramienta indígena, para la evaluación de la gravedad en las visitas de seguimiento iniciales y posteriores. En estos tres casos se observó una mejora notable. Después de un año de tratamiento, las puntuaciones iniciales de ISAA de 151.127.132 se convirtieron en 65, 14, 15, respectivamente. (ISAA score 153 Autismo severo).

标题: 癌在自闭症谱系障碍中的作用-案例系列

摘要: 背景资料: 自闭症谱系障碍 (ASD) 是一种普遍存在的发育障碍, 有可能导致终身残疾。个体化的顺势疗法在 ASD 的治疗中是安全有效的。 **个案摘要:** 在国家顺势疗法心理健康研究所 (NHRIMH) 的儿童精神病学单位接受 [医] 癌治疗的三例 ASD 病例, 科塔亚姆被提出来展示这个鼻音在 ASD 中的动作。印度自闭症评估量表 (ISAA), 一个本土工具, 用于评估基线和后续随访时的严重程度。在这三种情况下观察到显著的改善。治疗一年后, 基线 ISAA 评分 151, 127, 132 分别变为 65, 14, 15。 (ISAAC 评分 153 严重自闭症)。