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).

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Keywords: Autism, Carcinosinum, Homoeopathy, Indian Scale for Assessment of Autism, Nosode
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. Thirst was increased and was thermally hot and preferred cold drinks. He seemed to be a hyperactive child with poor response and it became difficult to do therapy due to his restlessness.

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)**

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 grandmother 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

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

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 Care.
Several antenatal, perinatal and postnatal risk factors have been implicated in the development of autism. 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’ is used for attributing a causal relationship between the homoeopathic intervention and outcome. 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. 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. 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. 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. 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. 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

<p>| Table 2: Change in symptom domains of ISAA at baseline and after 1 year |
|--------------------------------|----------------|----------------|----------------|</p>
<table>
<thead>
<tr>
<th>SI No</th>
<th>Symptom Domains</th>
<th>Baseline</th>
<th>Case 1</th>
<th>After 1 year</th>
<th>Baseline</th>
<th>Case 2</th>
<th>After 1 year</th>
<th>Baseline</th>
<th>Case 3</th>
<th>After 1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Social relationship and reciprocity</td>
<td>45</td>
<td>23</td>
<td>43</td>
<td>2</td>
<td>41</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Emotional responsiveness</td>
<td>19</td>
<td>13</td>
<td>16</td>
<td>0</td>
<td>14</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Speech, language and communication</td>
<td>35</td>
<td>15</td>
<td>24</td>
<td>2</td>
<td>20</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Behavioural patterns</td>
<td>29</td>
<td>5</td>
<td>15</td>
<td>4</td>
<td>21</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Sensory aspects</td>
<td>10</td>
<td>2</td>
<td>19</td>
<td>3</td>
<td>23</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cognitive impairment</td>
<td>13</td>
<td>7</td>
<td>10</td>
<td>3</td>
<td>13</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| Table 3: Modified Naranjo Criteria Homoeopathy (MONARCH) of cases |
|--------------------------------|----------------|----------------|----------------|</p>
<table>
<thead>
<tr>
<th>S. No</th>
<th>Domains</th>
<th>Scores</th>
<th>Case 1</th>
<th>Case 2</th>
<th>Case 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was there an improvement in condition for which homoeopathic medicine was prescribed?</td>
<td>+2</td>
<td>+2</td>
<td>+2</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did the clinical improvement occur within a plausible timeframe relative to the drug intake?</td>
<td>+1</td>
<td>+1</td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Was there a homoeopathic aggravation of symptoms?</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>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)</td>
<td>+1</td>
<td>+1</td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)</td>
<td>+1</td>
<td>+1</td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>6A</td>
<td>Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>6B</td>
<td>Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms:</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• From organs of more importance to those of less importance?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• From deeper to more superficial aspects of the individual?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• From the top downwards?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>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?</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>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)</td>
<td>+1</td>
<td>+1</td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)</td>
<td>+2</td>
<td>+2</td>
<td>+2</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Did repeat dosing, if conducted, create similar clinical improvement?</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>8</td>
<td>8</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>
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.

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

None declared.

**References**


6. McDougle CJ, Seahlil 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...
Nair: Carcinosinum in autism

Titre: Role of Carcinosinum 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 des TSA. Résumé des affaires: Trois cas de TSA traités avec Carcinosinum à l’unité de pédopsychiatrie du National Homoeopathy 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 ISAA153 Autisme sévère).

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


शीर्षक: ऑटिज्म स्पेक्ट्रम टिकार में कार्सिनोसिनम की भूमिका- विषय श्रंखला

िार: प्रष्ठभूटम: ऑटिज्म स्पेक्ट्रम टिकार (एएसडी) एक व्यापक शयारीररक टिकयास सपे संबंटित टिकयार है टिससपे आिीिन टिकलयांगतया भी हो सकती है। व्क्तिगत होम्ोपैटिक उपचयार एएसिी कपे  प्रबंिन में सुरटषित और प्रभयािी पयायया ियातया है । विषय सारांश: कार्सिनोसिनम सपे इलयाि टकए गए एएसडी कपे  तीन टिषयों पर कार्सिनोसिनम नोसोि द्यारया एनएचआरआईएम कपे  बयाल टचटकत्या इकयाई में टकए गए उपचयार कपे  टििरण प्रस्ुत टकयया है। ऑटिज्म कपे  आकलन कपे  टलए भयारतीय पैमयानया (आईएसएए), एक स्वदपेशी उपकरण कपे  उपयोग आियारभूत पर गंभीरतया आकलन और बयाद कपे  अनुितती टनररषिण कपे  टलए टकयया गयया िया। इन तीन टिषय श्रंखलयाओं में उल्पेखनीय सुियार दपेखया गयया। उपचयार कपे एक िष्ड कपे  बयाद, 151,127,132 कपे  आियारभूत आईएसएए स्ोर क्रमशः 65, 14, 15 में बदल गए। (आईएसएए स्ोर 153 गंभीर ऑटिज्म)।

Título: Papel del Carcinosinum 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 Carcinosinum 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 score153 Autismo severo).

タイトル: 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. 摘要: 作为背景资料,我们分析了三例自闭症谱系障碍 (ASD) 病例, 以评估癌在自闭症谱系障碍中的作用。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。在这三个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。 (ISAA Score 153 Severer Autism)。