



AUTISM SPECTRUM DISORDER AND HOMOEOPATHY

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Warpudkar**ABSTRACT**

Autism Spectrum Disorder (ASD) has no approved pharmacological treatment for its core features, which has sustained decades of parental and clinical interest in complementary approaches, homoeopathy prominent among them. This review synthesises the published case report, case series, systematic review, and clinical trial literature on homoeopathy in ASD, and incorporates the doctoral research of Dr. Deepa Warpudkar Rajenimbalkar (R.W. Deepa), deposited on India's national thesis repository, Shodhganga (hdl.handle.net/10603/555635), which reports a two-arm randomized controlled trial testing *Tuberculinum bovinum* as an adjunct to constitutional homoeopathic treatment. Across fifteen identified studies, the pattern is consistent: uncontrolled case-level reports describe meaningful clinical improvement, while the small number of controlled or trial-registered studies either remain unpublished, are only now underway, or — in the case of the Warpudkar thesis — report a positive result using statistical language that does not, as written, support the significance claimed. The review concludes that homoeopathy's evidence base in ASD remains an active, clinically documented practice tradition that has not yet been matched by a completed, methodologically unambiguous controlled trial.

KEYWORDS : autism spectrum disorder; homoeopathy; *Tuberculinum bovinum*; *Carcinosinum*; randomized controlled trial; CARS; ATEC; Shodhganga; individualised prescribing

1. INTRODUCTION

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition marked by impairments in social communication and restricted, repetitive behaviour, with global prevalence estimates now commonly cited between 1 in 36 and 1 in 100 children. No pharmacological agent is approved for ASD's core social-communication features, and management remains multidisciplinary — behavioural, speech, and occupational therapy, with medication reserved for specific comorbid symptoms. This treatment gap has sustained long-standing interest in homoeopathy, particularly in India, where several BHMS/MD/PhD dissertations and peer-reviewed case series on ASD have been produced over the past two decades.

Table 1. Studies on Homoeopathy in Autism Spectrum Disorder

Author(s), Year	Study design	Sample	Outcome tool	Key finding
Robinson, 2001	Open pilot study	Small case series	Clinical observation	Early pilot use of homeopathic secretin in autism; inconclusive, not replicated in controlled trials.
Rajalakshmi, 2008	Open clinical study	Case series (autism triad)	Symptom triad tracking	Reported improvement across social, communication and behavioural domains with individualised remedies.
Castro & Accioly et al.	Open study	Autistic children	Cognitive/motor performance measures	Reported positive change in cognitive and motor performance with homeopathic medication.
Gupta, Saxena & Juneja, 2013	Comparative open study	Autism spectrum cases	Clinical/behavioural rating	Classical (individualised) method showed ~60% improvement vs ~38% with non-classical/multi-drug regimen.
Barvalia et al., 2014	Clinical case study	Childhood autism cases	Clinical/behavioural rating	Reported therapeutic benefit of individualised homoeopathic prescribing in childhood autism.
Bindu et al.	Case series	ASD children	Personalized-precision outcome tracking	Reported effectiveness of personalized-precision homoeopathic intervention across case series.
Warpudkar, 2020	Journal article (preliminary)	Childhood autism cases	Clinical/behavioural observation	Early publication on the role of <i>Tuberculinum</i> in childhood autism, preceding and informing the author's later PhD trial (Global Journal for Research Analysis, 9(5):45–47).
Nair, Gilla & Devasia, 2021	Case report	Single case	ISAA / clinical	ASD case treated with <i>Podophyllum peltatum</i> ; reported symptomatic improvement.
Nair, Gilla & Devasia, 2022	Case series	3 cases (NHRIMH, Kottayam)	Indian Scale for Assessment of Autism (ISAA)	ISAA scores fell markedly with <i>Carcinosinum</i> (e.g., 151→65, 127→14, 132→15) over 12 months.

2. METHODS

This review draws on peer-reviewed case reports, case series, one systematic review, registered/ongoing clinical trials, and one doctoral thesis identified through academic search engines, journal abstract databases, ClinicalTrials.gov, and India's Shodhganga repository. Shodhganga is the mandatory national repository, maintained by INFLIBNET under the University Grants Commission, into which Indian PhD theses have been deposited since 2016; a thesis's presence there confirms institutional submission and public deposit, but is not itself a peer-review or journal publication event, a distinction maintained throughout this review.

3. RESULTS: SUMMARY OF THE LITERATURE

Saxena, Chacko & Saxena, 2021	Systematic review	19 studies pooled	Mixed (narrative synthesis)	Reported benefit in speech, language and cognitive development, greatest in younger children; evidence base still heterogeneous and largely non-controlled.
Analysis of 20 Cases (Homoeopathic Links, 2022)	Retrospective case series	20 ASD children, 12-month follow-up	Autism Treatment Evaluation Checklist (ATEC)	Median ATEC fell from 110.0 to 33.5 ($p < 0.001$, effect size 0.88); improvement across speech/language, sociability, sensory-cognitive and behaviour domains.
Warpudkar (R.W. Deepa), 2023 — PhD thesis, Shodhganga	Randomized controlled trial (two-arm, experimental design)	Children with autism; Group A (Tuberculinum bovinum + constitutional remedy) vs Group B (constitutional remedy alone)	CARS; ATEC	Group A showed significantly greater improvement on both CARS and ATEC than Group B; authors conclude Tuberculinum bovinum is effective as an intercurrent/constitutional remedy (see Section 5 for a note on the reported statistics).
Case report, PMC, 2026	Long-term case report (8-yr follow-up)	Single case (age 2y9m at onset)	CARS; Communication DEALL Checklist (CDDC)	Sustained developmental improvement; author-noted temporal association with acute febrile illness episodes, interpreted via the 'continuum theory'.
R. Master, ongoing (PhD, Homoeopathic University)	Randomized, placebo-controlled, single-blind RCT (ongoing)	Children with ASD, Bai Jerbai Wadia Hospital, Mumbai	Not yet published	First India-based individualised-homeopathy ASD trial using a placebo-controlled RCT design; results not yet published as of writing.
NCT07054697 (Chadha et al., registered)	Single-blind, randomized, placebo-controlled pilot RCT	Children with ASD	Registered protocol (Clinical Trials.gov)	Recently registered pilot RCT of individualised homeopathy in ASD; outcome data not yet available.

3.1 Case reports and case series

The majority of the literature remains uncontrolled case reports and case series, largely from India (e.g., the National Homoeopathy Research Institute in Mental Health, Kottayam) and independent classical-homoeopathy practice (Rajalakshmi, 2008; Barvalia, 2014). These consistently report improvement in eye contact, speech initiation, reduced stereotypy, and sleep, most often following *Carcinosinum*, *Baryta carbonica*, *Natrum muriaticum*, *Tuberculinum*, *Stramonium*, or *Medorrhinum*, individually selected per case.

3.2 Warpudkar's preliminary publication and doctoral thesis

Dr. Deepa Warpudkar Rajenimbalkar's research on *Tuberculinum* in childhood autism was first published in preliminary form in 2020 (Global Journal for Research Analysis, 9(5), 45–47) and subsequently developed into her PhD thesis at Homoeopathy University, completed in 2023 under the guidance of Dr. Prasoon Choudhary and deposited on Shodhganga. The thesis, titled *Exploring the Action of Tuberculinum Bovinum in Autism: A Randomized Controlled Trial*, used an experimental two-arm design: an Experimental Group A received *Tuberculinum bovinum* as an intercurrent/constitutional remedy alongside individualised constitutional medicine, while Control Group B received constitutional medicine alone. Both groups were assessed and reassessed using the Childhood Autism Rating Scale (CARS) and the Autism Treatment Evaluation Checklist (ATEC). The thesis abstract reports that Group A showed significantly greater improvement on both scales than Group B, and concludes that *Tuberculinum bovinum* "plays an important role in improving quality of life" in autism when used as a constitutional or intercurrent remedy.

This is a methodologically more ambitious contribution than most of the case-level literature: it is a two-arm comparative trial (rather than a single-arm case series), uses two validated, disorder-specific rating scales rather than practitioner impression alone, and isolates a single remedy's added value against a constitutional-treatment-only comparator rather than comparing homoeopathy broadly against no treatment. Because both arms received constitutional homoeopathic treatment, the design more specifically tests whether *Tuberculinum bovinum* adds benefit over individualised prescribing alone, which is a narrower and more answerable question than "does homoeopathy help autism."

3.3 Systematic review

Saxena, Chacko and Saxena (2021), the only dedicated systematic review identified, pooled 19 predominantly uncontrolled sources and reported benefit in speech, language, and cognitive development, greatest in younger children, while noting the near-absence of randomized or blinded studies in the pooled evidence.

3.4 Randomized and controlled trials

Besides the Warpudkar thesis, two further controlled-design studies are relevant. Dr. Rukshin Master's ongoing PhD research (Homoeopathic University) is testing individualised homoeopathy against placebo in a single-blind RCT at Bai Jerbai Wadia Hospital, Mumbai; results are not yet published. A pilot single-blind, randomized, placebo-controlled trial (NCT07054697, Tatva Homoeopathic Clinic and Research Centre) has recently been registered on ClinicalTrials.gov; outcome data are not yet available. Together with the Warpudkar thesis, these three represent essentially the entire controlled-trial literature on homoeopathy in ASD identified for this review.

4. DISCUSSION

Read together, the literature shows a familiar pattern in complementary-medicine research: a substantial, clinically consistent body of uncontrolled case-level reporting, and a very thin layer of controlled trial evidence sitting above it. The Warpudkar thesis is a genuine step up in design relative to the surrounding literature — a two-arm comparative trial using validated scales — and its inclusion in this review is warranted on that basis. It should, however, be read alongside two caveats. First, Shodhganga deposit certifies institutional thesis submission, not independent peer review; the thesis has not, as far as could be established for this review, been subsequently published in a peer-reviewed journal in full trial-report form (only the earlier 2020 preliminary publication and a secondary summary appear in the indexed literature). Second, and more specifically, the publicly available abstract's own statistical reasoning is difficult to reconcile with its conclusion: it states that "the P value is less than 1, which makes it insignificant, thus the null hypothesis is rejected" — but a p-value below 1 is true of essentially every statistical test and cannot, on its own, establish significance or justify rejecting the null hypothesis (conventionally this requires p below a pre-set threshold such as 0.05). As written, the abstract's own explanation of its statistical result does not

support the significance claim it goes on to make. This does not necessarily mean the underlying trial data are unsound — it may reflect an error or abbreviation in the abstract summary rather than the full thesis analysis — but it does mean the finding should be treated as unverified pending review of the complete thesis document and its full statistical reporting, rather than cited as an established significant result.

More broadly, this pattern — a promising controlled design whose statistical reporting cannot be taken at face value from available secondary sources — illustrates why this literature, taken as a whole, should still be read as a documented, individualised clinical practice tradition rather than as settled efficacy evidence. A wider risk-of-bias analysis of homeopathy trials across conditions has found that studies with the lowest risk of bias tend to show no significant effect versus placebo, while effect sizes persist mainly in higher-risk-of-bias studies — a caution equally applicable here.

5. LIMITATIONS OF THIS REVIEW

The Warpudkar thesis was assessed from its publicly available abstract and secondary summary rather than the complete thesis document; the full methods, sample size, randomization procedure, and complete statistical output could not be independently verified for this review.

Most included studies lack blinding, a control arm, or both, limiting causal inference in the direction of homeopathic efficacy specifically (as opposed to natural developmental change, concurrent conventional therapy, or non-specific consultation effects).

Outcome measurement is inconsistent across studies (ISAA, ATEC, CARS, and unstandardised clinical rating are all used), limiting comparability.

6. CONCLUSION

Homeopathy's literature on autism spectrum disorder has grown methodologically over the past two decades, from single case reports toward comparative and randomized designs, of which Dr. Deepa Warpudkar Rajenimbalkar's Shodhganga-deposited thesis on *Tuberculinum bovinum* is a notable recent example. Its two-arm, scale-validated design represents real progress in rigour relative to the surrounding case literature, but the publicly available summary's own statistical language does not currently support its stated conclusion of significance, and the work has not yet undergone full independent peer-reviewed journal publication. Alongside the ongoing Master and NCT07054697 trials, it should be treated as an important but unconfirmed contribution pending full-text verification and peer-reviewed publication, rather than as established evidence of efficacy.

Conflict of Interest and Funding

This review was prepared from publicly available secondary sources (thesis abstracts, journal abstracts, and repository records) and involved no primary data collection, funding, or contact with the researchers named. No conflicts of interest are declared.

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