

# High Fever Manifestation During Acute Infections Coincides with Improvement in Autism Spectrum Disorder (ASD) While Under Classical Homeopathy, A Case Report

Atul Jaggi<sup>1</sup>, Latika Jaggi<sup>1</sup>, Mallika Batra<sup>2</sup>, Seema Mahesh<sup>3,4</sup>, George Vithoulkas<sup>4,5</sup>

<sup>1</sup>Clinical Research Division, H3 Centre of Classical Homeopathy, Nashik, Maharashtra, India; <sup>2</sup>Research Division, Blessed Cure – Healing with Homeopathy, Gurugram, Haryana, India; <sup>3</sup>Research Department, Centre for Classical Homeopathy, Bangalore, Karnataka, India; <sup>4</sup>Scientific Research Department, International Academy of Classical Homeopathy, Alonissos, Greece; <sup>5</sup>Homeopathy Department, University of the Aegean, Mytilene, Greece

Correspondence: Seema Mahesh, Centre for Classical Homeopathy, No. 10, 6th Cross, Opp HP Petrol Bunk, Chandra Layout, Vijayanagar, Bangalore, Karnataka, 560040, India, Tel +91 9449084747, Email bhatseema@hotmail.com

**Purpose:** This case study investigates the relevance of the continuum theory of diseases in the context of autism spectrum disorder (ASD). The aim is to illustrate a real-world observation that aligns with the theory's premise regarding the therapeutic role of acute illness in chronic conditions.

**Methodology/Approach:** It details a case of mild to moderate ASD in a child aged 2 years and 9 months with a long-term follow-up. The patient received individualized classical homeopathic treatment (where selection of a remedy is based on the patient's individualized symptom profile and totality of characteristic symptoms), and progress was evaluated using the Childhood Autism Rating Scale (CARS) and the Communication DEALL Developmental Checklist (CDDC).

**Results:** The patient showed significant improvement in all developmental domains. The interesting observation was that the improvement in the clinical features in this case of ASD was apparent after the onset of previously absent common acute infections with fever.

**Conclusion:** The observed phenomenon corresponds with the continuum theory of diseases. This suggests that a transition in the immune system profile from chronic to acute inflammation may correlate with improved outcomes for individuals with ASD. Further scientific studies are required to determine the connection between chronic and acute inflammation to preserve the immune system's efficiency and promote therapies that do not inadvertently perpetuate chronic inflammation.

**Keywords:** autism spectrum disorder, homeopathy, inflammation, fever, neurodevelopmental disorders

## Introduction

Autism Spectrum Disorder (ASD) is one of the most frequently occurring neurodevelopmental conditions in children.<sup>1</sup> It is estimated that around 2 million children suffer from ASD in India, with every 1 in 65 children being affected.<sup>2</sup> Repetitive and restrictive behaviour patterns, together with impairment in social interaction and communication, are the hallmarks of ASD.<sup>3</sup> Boys are four times more likely than girls to have the disorder, and comorbidities such as depression, anxiety, epilepsy, attention deficit hyperactivity disorder (ADHD), intellectual disabilities, sleep disorders, and gastro-intestinal issues are common.<sup>4,5</sup>

Diagnosis of ASD is most frequently made in early childhood. Though many standardized screening and diagnostic tools are available today, M-CHAT (Modified Checklist for Autism in Toddlers), CARS (Childhood Autism Rating Scale), and DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) are the most widely used.<sup>6,7</sup> CARS (sensitivity 0.93 and specificity 0.49) is a 15-item assessment tool in which each item in the test is rated on a scale of 1–4, with higher scores indicating greater impairment. A total score of 15–29 indicates non-ASD, 30–36.5 indicates mild to moderate ASD, and 37–60 indicates severe ASD.<sup>8</sup> CDDC (Communication DEALL Developmental Checklist) is used to

assess developmental skills in children aged 0–6 years. It covers 8 domains (gross/fine motor, activities of daily living, receptive/expressive language, cognitive, social, and emotional skills) and has 36 questions per domain.<sup>9</sup>

ASD is typically a lifelong condition. However, symptom severity can decrease over time, and individuals may no longer meet the diagnostic criteria in certain instances. Communication and social interaction skills often improve with age. Hence, language development and average nonverbal Intelligence Quotient (IQ) are reliable predictors of a favourable prognosis.<sup>10</sup>

Recent studies suggest a potential correlation between autism spectrum disorder (ASD) and chronic neuroinflammation. This inflammatory state is believed to be driven by the activation of microglia, astroglia, and pro-inflammatory cytokines in specific brain regions of individuals with ASD.<sup>11–13</sup> Behavioural, occupational, and speech therapy are all used in the conventional management of ASD. However, these therapies might not be sufficient to manage neuroinflammation associated with ASD.<sup>12</sup>

There is growing evidence that parents of children with ASD frequently opt for complementary and alternative medicine (CAM).<sup>14</sup> Homeopathy has been proven beneficial in children with ASD as evidenced by the study of Vaidyeswar and Rao, where a retrospective analysis of 60 cases indicated measurable improvements in speech, cognition, and behavior. The most notable shifts were observed in children aged 2–5, with progress recorded over a 3-to-4-year period alongside concurrent therapies, where children with ASD showed a significant reduction in hyperactivity, behavioural dysfunction, sensory impairment, and communication difficulty with homeopathic treatment.<sup>15</sup> An open-label, single-arm study by Nair et al observed significant clinical reduction in ASD severity over a one-year period. By utilizing a personalized approach that addressed the unique mental and physical “totality” of each child, the study reported a significant improvement in social interaction and reciprocity, however the authors acknowledged the lack of a control group and assessment of investigative markers such as neurotransmitters.<sup>16</sup>

The “Continuum Theory” propounded by Vithoukias et al, used as a conceptual framework for classical homeopathic treatment prognosis, posits that the existence of chronic inflammatory states implies inefficient acute inflammatory responses in an organism. Therefore, acute inflammatory defence in response to common infections may be absent or lack characteristic features, such as high fever.<sup>17</sup> They further state that the return of acute illnesses with high fever (efficient acute inflammatory defence) during treatment for chronic disease is a positive prognostic sign.<sup>17,18</sup>

We describe a case of ASD, intending to present an unconventional approach to its management and the observation of improved acute inflammatory defence (high fever during common infections) in the course of such an approach, as the ASD symptoms improved under classical homeopathic treatment. The CARS and CDDC were used to assess the outcome.

## Case Description

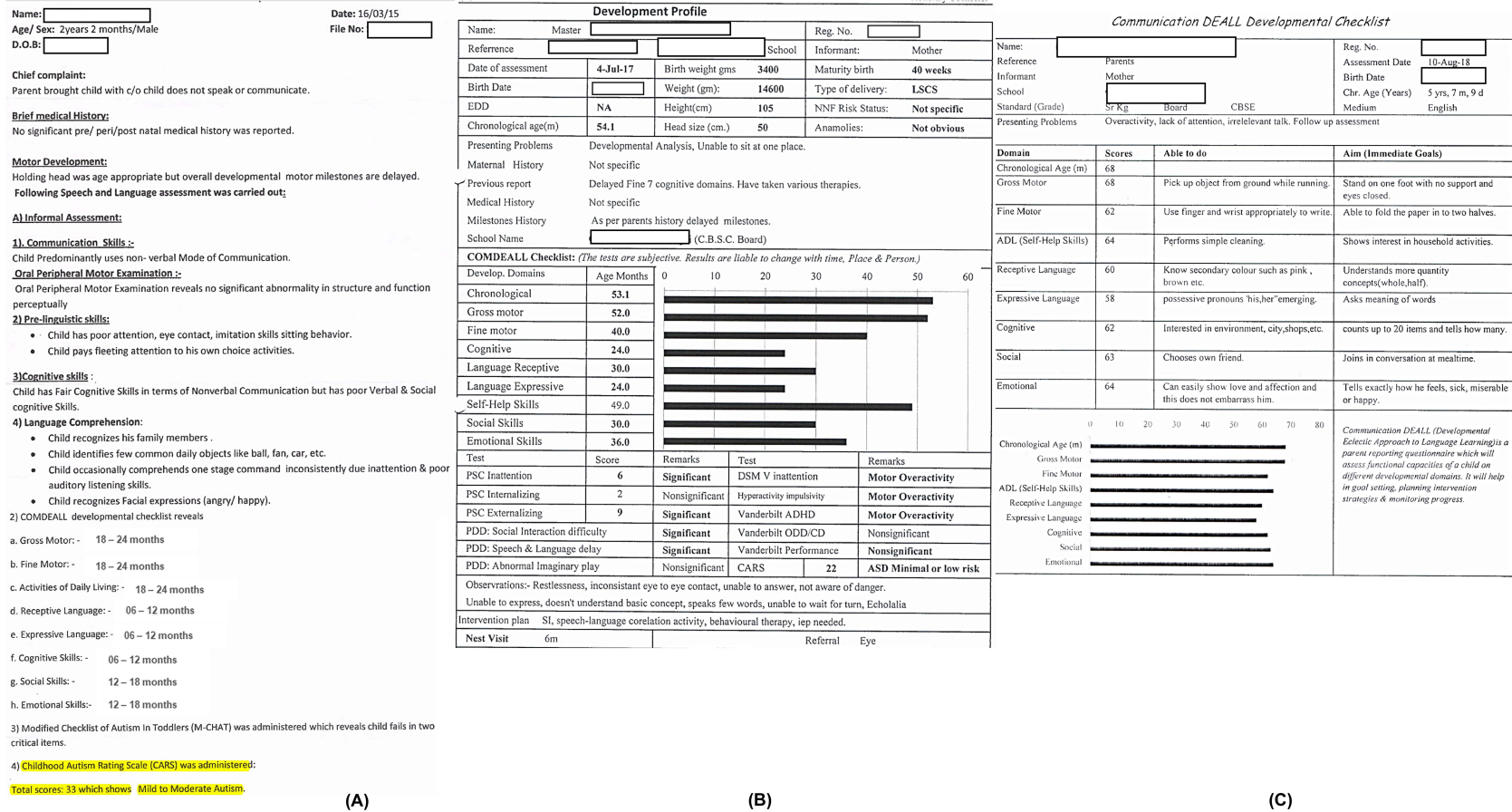
The patient, a 2-year-9-month-old Indian boy, presented for homeopathic consultation in October 2015. The diagnosis of mild to moderate ASD was made for him in March 2015. He was given speech and language therapy, which was stopped six months into homeopathic treatment.

## Presenting Complaints

On initial presentation for homeopathic consultation in October 2015, the patient had delayed speech, would make noises, and could speak only one or two words, without meaning. He did not respond to his name being called, made no eye contact, and did not play with other kids. There was a history of delayed milestones as he started sitting at eight months and walking at one and a half years of age. At around sixteen months of age, the patient’s mother started noticing significant changes where the child stopped responding to his name and stopped crying to indicate passing stool and urine.

## Past Medical History

The patient had a history of repeated episodes of influenza with mild fever till about fifteen months of age, which were treated with antibiotics.



**Figure 1** (A) Summary Report of School of Audiology & Speech Language Pathology & CDDC evaluation of 16 March 2015. The highlighted section indicates the total CARS score of 33, categorized as mild to moderate ASD. (B) CDDC evaluation of 04 Jul 2017. (C) CDDC evaluation of 10 Aug 2018.

**Notes:** The following typographical errors appear in the original reports and are noted here for clarity: “reference” (reference), “observations” (observations), “corelation” (correlation), “inconsistant” (inconsistent), “irrelevant” (irrelevant), and “anamolies” (anomalies).

## Birth History

The child was born by lower segment caesarean section (LSCS) at full term, as the mother had a previous LSCS. His birth weight was 3.4 kilograms (7.5 pounds).

## Family History

There was a strong family medical history of tuberculosis on his mother's side.

## Investigations

On audiology and speech language evaluation performed at 2 years, 2 months, the child was found to use nonverbal modes of communication predominantly, and have poor attention, eye contact, and imitation skills. He was noted to have fair cognitive skills (Figure 1A).

The Modified Checklist for ASD in Toddlers (M-CHAT) was administered, and the report indicated that the child showed a deficit in two critical items, namely verbal skills for any direct or indirect speech and attention deficit (eye contact, imitation, sitting to play), and CARS showed a score of 33, which indicates mild to moderate ASD.

CDDC assessment was as shown in Table 1.

## Diagnosis

Autistic disorder (ICD-10: F84.0).<sup>19</sup>

## Differential Diagnosis

ASD must be differentiated from other developmental disorders like Rett syndrome and other psychiatric conditions like selective mutism, intellectual disability, attention-deficit hyperactivity disorder (ADHD), and childhood schizophrenia.<sup>20</sup> Clinical screening tools confirmed the diagnosis in this case.

## Homeopathic Consultation

On October 18, 2015, the patient presented with delayed speech, sudden shrieking, and autistic symptoms as listed above. The homeopathic symptoms of note were as follows: offensive-smelling stools, passed while standing; aversion to sweets and craving of bananas and chalk; tendency to be restless, obstinate, and mostly engrossed in own world; becoming angry at contradictions and fearing people; and continuously placing a collar/napkin in his mouth.

**Table 1** CDDC Assessments

	16 March 2015	04 July 2017	10 Aug 2018
Developmental Domains	Age (in months)	Age (in months)	Age (in months)
Chronological age	26	53.1	68
Gross Motor	18–24	52	68
Fine Motor	18–24	40	62
Cognitive skills	6–12	24	62
Activities of Daily Living	18–24	49	64
Receptive Language	6–12	30	60
Expressive Language	6–12	24	58
Social Skills	12–18	30	63
Emotional Skills	12–18	36	64

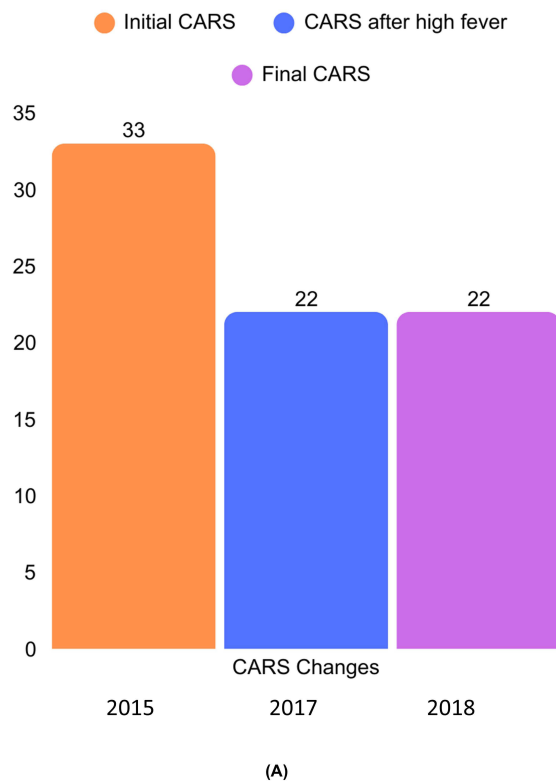
Developmental Report		Date:	4-Jul-17
Name		Psychologist	
Birth Date		Reference	
Chronological Age (yrs)	4yr.6m.	Reg. No.	
History:	As per parents delayed milestones.		
<b>Test Done</b> Childhood Autism Rating Scale (ST)			
Category	Score	Remark/ Observations	
1 Relating People	1	Age & situation appropriate	
2 Imitation	2	Mildly Abnormal	
3 Emotional Response	2	Mildly Abnormal	
4 Body Use	1	Age & situation appropriate	
5 Object use	1	Age & situation appropriate	
6 Adaptation to change	1	Age & situation appropriate	
7 Visual response	1	Age & situation appropriate	
8 Listening response	2	Mildly Abnormal	
9 Taste, Smell, touch response & use	1	Age & situation appropriate	
10 Fear or Nervousness	1	Age & situation appropriate	
11 Verbal communication	1	Age & situation appropriate	
12 Nonverbal communication	3	Moderately Abnormal	
13 Activity level	3	Moderately Abnormal	
14 Level & consistency of Intellectual response	1	Age & situation appropriate	
15 General Impression	1	Age & situation appropriate	
<b>Total Score</b>	<b>22</b>	<b>Minimal Autistic features</b>	
Observations	Inconsistent eye to eye contact, unable to express, unable to understand, doesn't imitate, Emotional response inappropriate, Motor over activity.		
Impression:	Minimal Autistic features.		
Advise	Repeat test after 6m		

(A)

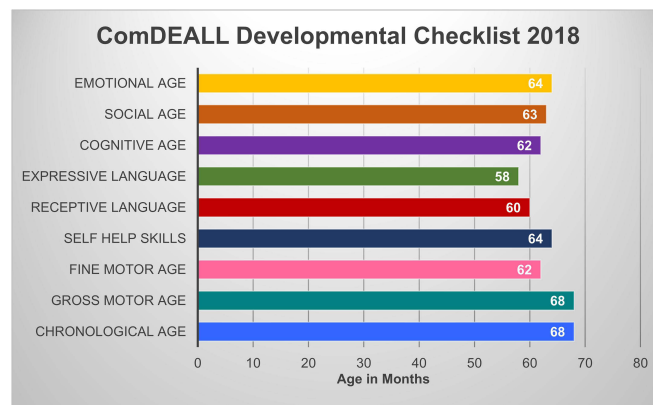
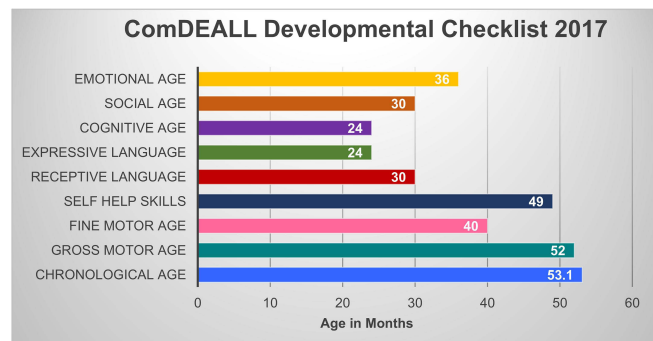
Childhood Autism Rating Scale - ST			
Name:		Reg. No.	
Reference	Parents	Assessment Date	10-Aug-18
Informant	Mother	Birth Date	
School		Chr. Age (Years)	5 yrs, 7 m, 9 d
Standard (Grade)	Sr Kg	Board	CBSI
			Medium English
Presenting Problems	Overactivity, lack of attention, irrelevant talk. Follow up assessment		
Category	Score	Remarks	
1 Relating People	1.0	Age & situation appropriate	
2 Imitation	1.0	Age & situation appropriate	
3 Emotional Response	1.0	Age & situation appropriate	
4 Body Use	2.0	Mildly Abnormal	
5 Object use	1.0	Age & situation appropriate	
6 Adaptation to change	2.0	Mildly Abnormal	
7 Visual response	1.0	Age & situation appropriate	
8 Listening response	1.0	Age & situation appropriate	
9 Taste, Smell, touch response & use	2.0	Mildly Abnormal	
10 Fear or Nervousness	1.0	Age & situation appropriate	
11 Verbal communication	1.0	Age & situation appropriate	
12 Nonverbal communication	2.0	Mildly Abnormal	
13 Activity level	3.0	Moderately Abnormal	
14 Level & consistency of Intellectual response	1.0	Age & situation appropriate	
15 General Impression	2.0	Mildly Abnormal	
Total Score	22.0		
Impression:	Minimal to no symptoms of Autism Spectrum Disorder		
Recommendations	Kindly train him for adapting him to change.		
Next Visit	After 1 year	Referral	

(B)

**Figure 2 (A)** CARS Test Scores of 04 Jul 2017. The highlighted section indicates the total score of 22, interpreted as minimal autistic features. **(B)** CARS Test Scores of 10 Aug 2018. **Notes:** The following typographical errors appear in the original reports and are noted here for clarity: "inconsistent" (inconsistent), "reference" (reference), "irrelevant" (irrelevant), and "consistency" (consistency).



(A)



(B)

**Figure 3 (A)** Graphical representation of CARS scores across time points. Orange represents the baseline score (2015), blue represents post-high fever assessment (2017), and purple represents the final assessment (2018). **(B)** Comparison of CDDC developmental domains between 2017 and 2018 assessments, demonstrating improvement across multiple developmental domains.

Classical homeopathy involves a tailored prescription of a single homeopathic remedy based on an in-depth evaluation of mental, emotional, and physical symptoms. The speech delay, along with obstinacy, restlessness, a history of delayed walking, peculiar stool symptoms, and aversion to sweets, indicated the homeopathic remedy *Causticum hahnemanni*.<sup>21</sup>

## Prescription

Causticum 1M, one dose.

## Follow-up and Outcome

This case was followed up for eight years, during which the patient received several remedies, a single remedy being chosen each time, based on symptom similarity. Improvement began within a few months of initiating the treatment with *Causticum 1M*, and subsequent remedies were prescribed according to evolution of symptom totality over time. The patient showed remarkable improvement in communication and cognitive skills, as appreciated on the CDDC (Figure 1B, C and Table 1) and CARS (Figure 2); these improvements are graphically represented in Figure 3. By age of ten years, the child showed no signs of ASD, and his IQ was assessed to be 102 (Figure 4A). It was noteworthy that his academic report for the year 2023–24 showed “A” grades in most of the scholastic and non-scholastic activities (Figure 4B). The detailed follow-up from 2015 to 2023 is given in Table 2.

Reg:  Birth Date:  Date: 5/5/2023  
 Name:  Age: 10 Years: 4 Months. Sex: M  
 Ref. No:  Ref. for Psycho-educational Assessment

**Present Problem:** - H/o delayed motor milestones and speech and attention issues.  
 - Referred for follow up assessment.

**Brief Development History:** Full term C section delivery. His birth weight was 3.400 gms, 2<sup>nd</sup> child of parents. His developmental milestones were delayed. He walked at 2 years and started speaking after 3 years. He was taking developmental pediatrician’s treatment. He was taking speech and occupational therapy. He was taking homeopathic treatment too. He is right handed. He is toilet trained. He is independent in activities of daily life. Academic issues are not there, he is doing well in school. He attends 5<sup>th</sup> std English medium school.(C.B.S.E. curriculum) He is good in reading and writing. He likes to mix with children. He is very sensitive and gets anxious for small things too. He easily gets scared before doing any new thing.

**Tests Administered:**

- > Revised Seguin form board test.
- > Stanford Binet Test.

**Test Findings:**  aged 10 years 4 months was assessed on tests mentioned behind and his mental age was around 10 years 8 months and his I.Q. was 102. His IQ falls in range of Average intelligence. Average range of intelligence is 90 -110.

On Revised Seguin form board test which is a performance test, he matched the geometrical shapes correctly and his visual motor speed (eye hand coordination) was around 10 years.

On Stanford Binet test his visual perceptual memory was around 11 years. His abstract thinking and immediate memory for digits was at 10 years. He repeated 4 digits in reverse manner and 5 digits forward. His logical memory and comprehension was average. His vocabulary and general information was near his age. His visual motor integration and observation was average. his reasoning skills were average. He could understand verbal absurdities at his age level. His overall grasping of new concepts falls in the Average range.

(A)

**EXAM REPORT : (2023-2024)**  
**REPORT CARD : V-WISDOM**

---

STUDENT NAME:  DIVISION/CLASS:   
 FATHER'S NAME:  MOTHER'S NAME:   
 STUDENT DOB:  ROLL No.:

**Part-1 : Scholastic Area**

SUBJECT	Term-1						Term-2					
	Per	Subject	Port	Half	Marks	Grade	Per	Subject	Port	Yearly	Marks	Grade
	Test 1	Enrichment	folio	Yearly	Obtained		Test 2	Enrichment	folio	Exam	Obtained	
M=10	M=5	M=5	M=80	M=100		M=10	M=5	M=5	M=80	M=100		
English[184]	8.25	4	3.75	67	83	A2	8.75	4.33	4.2	63	80.28	A2
Hindi[085]	9.25	4.67	5	73	91.92	A1	8.75	4.67	5	76	94.42	A1
Marathi/Scholarship	7.5	4.17	4.5	68	84.17	A2	8.75	3.83	4.5	64	81.08	A2
Maths[041]	8.75	5	5	75	93.75	A1	9.5	5	5	80	99.5	A1
Sci[086]	8.5	4.17	4.25	63	79.92	A2	7.75	3.5	4.2	74	89.45	A2
<b>Total</b>	<b>42.25</b>	<b>22.01</b>	<b>22.5</b>	<b>346</b>	<b>432.76</b>	<b>A2</b>	<b>43.5</b>	<b>21.33</b>	<b>22.9</b>	<b>367</b>	<b>444.73</b>	<b>A2</b>

**Part-2 :Co-Scholastic Activities**

C B A (All values are in %)  
 0 1 2 3  
 (All values are in %)

Term-1		GRADE	Term-2		GRADE
ACTIVITIES			ACTIVITIES		
Art & Craft		A	Art & Craft		A
Art Education(Visual and Performing Arts)		A	Art Education(Visual and Performing Arts)		A
Health & Physical Education		A	Health & Physical Education		A

**Part-3 :Discipline**

C B A (to be assessed on a 3 point scale once in a session)  
 0 1 2 3

ELEMENT	GRADE	ELEMENT	GRADE
Discipline	A	Discipline	A

**Class Teacher's Remark**  is interested in his learning, listens attentively, and makes a great effort to avoid distractions that could interrupt the learning process. ALL THE BEST TO HIM!

**Result**  **Pass**

(B)

**Figure 4 (A)** Developmental tests assessment of 05 May 2023, demonstrating an IQ score of 102 within the average range (90–110). The highlighted section is intended to emphasize the child's developmental synchrony and IQ. **(B)** School report card of 2024 demonstrating consistent academic performance across scholastic and co-scholastic domains. Red boxes highlight the grades for ease of identification.

**Notes:** The following typographical errors appear in the original reports and are noted here for clarity: “pediatrician’s” (pediatrician’s).

**Table 2** Follow-Up of the Case

Date	Symptoms	Analysis	Prescription
14 Feb 2016	Anger and disobedience had reduced. Fever: 40°C since a day, with clinginess to the mother and mildness in behaviour. Thirst diminished.	Acute disease with clear symptom totality.	Pulsatilla 1M, one dose
20 Feb 2016	The patient again had an episode of fever: 39.4°C with the same modalities as the last episode.	Acute disease with clear symptom totality.	Pulsatilla 1M, one dose
11 Dec 2016	Thus far, the patient showed improvement in cognitive skills and social interaction. Speech and language therapy were stopped 9 months back. He developed babbling speech and became very obstinate. Did not pass stool standing anymore. Could not tolerate hunger, would get irritable, and cry when hungry. Desired sweets and indigestible things. Disgust for dirty things.	Change of symptom totality	Sulphur 1M, once a day for 3 days.
15 Jul 2017	After the last prescription patient had four acute episodes with a fever over 39.4°C, which were treated as required with the indicated remedy. There was improvement in his understanding, babbling speech, and restlessness. Obstinance was still present. He developed an aversion to milk. Sour stools and perspiration of head during sleep were new. CARS score came down to 22 (Figure 2A).	Change of symptom totality	Calcarea carb 10M, 1 dose
01 Dec 2018	Patient showed further improvement. Could speak better but would repeat lines and talk disconnectedly. He was bossy at home but obedient at school. Craved sweets. CARS suggested minimal to no symptoms of ASD (Figure 2B) with improvement also seen on CDDC (Figure 1C and Table 1).	Change of symptom totality	Lycopodium 10M, 1 dose
29 Apr 2020	Patient's mental faculties continued to become better. He suffered from 10 episodes of epistaxis in the last one month, mostly from the right nostril. He now became easily offended by trivial things said and would stay like that for days. No bossiness, rather obedient. Sensitive to the suffering of others. Desired chocolates and potatoes.	Change of symptom totality	Carcinosin 1M, 1 dose
15 Apr 2023	Patient was stable for the past three years. He could speak four languages now. The tendency to get easily offended was much better.	General improvement in the condition of the patient	Homeopathic prescription stopped for ASD. The boy continued to be treated for acutes when they arose.

**Table 3** Modified Naranjo Criteria for Homeopathy (MONARCH) – for Causality Assessment

Domains	Yes	No	Not Sure or N/A	Case
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0	2
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0	1
3. Was there an initial aggravation of symptoms?	+1	0	0	0
4. Did the effect encompass more than the main symptom or condition (ie, were other symptoms ultimately improved or changed)?	+1	0	0	1
5. Did overall well-being improve?	+1	0	0	1
6A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	1
6B. Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms:	+1	0	0	1
<ul style="list-style-type: none"> <li>• From organs of more importance to those of less importance?</li> <li>• From deeper to more superficial aspects of the individual?</li> <li>• From the top downwards?</li> </ul>				
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?	+1	0	0	0
8. Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0	1
9. Was the health improvement confirmed by any objective evidence? (eg, laboratory test, clinical observation, etc.)	+2	0	0	2
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	1
Total				11

## Discussion

Though the relationship between fever and ASD is multifaceted and complex, studies suggest that autistic children often exhibit a reduced frequency of fevers compared to their neurotypical peers. On the other hand, autistic children who do develop fever are in a very crucial stage where it is important to preserve their defence mechanism.<sup>22</sup>

According to the Continuum theory of diseases mentioned above, this phenomenon is from the mutually exclusive nature of efficient acute inflammation and low-grade chronic inflammation.<sup>17</sup> The likely explanation for this is that when the organism’s health is elevated as a whole, through treatment, the neuroinflammation may decrease, leading to the onset of acute infections with fever, something it was incapable of before, in the presence of chronic inflammation.

In the above case, prior to initiating homeopathic treatment, the patient experienced only mild febrile episodes that were managed with conventional medicine. Approximately five months after treatment began, the patient developed high-grade fever during acute infections, representing a change in the pattern of febrile response. This coincided with improvement in the Autistic features. Over the subsequent two years, acute infections were more frequently accompanied by high fever. The patient received homeopathic treatment during all acute infection episodes. As the immune system was further strengthened, infections and fever became less frequent, along with continual progress in developmental, mental, and behavioural domains (Figure 3B). Acute infections, when they did occur, were consistently accompanied by high fever, indicating a robust acute inflammatory defence. Therefore, it may be asserted that the course of events, in this case, was consistent with the Continuum Theory.

The Continuum Theory by Vithoulkas provides a valuable framework for understanding the connection between acute and chronic inflammatory states, which helps guide case prognosis and treatment decisions.<sup>17</sup> The improvement in chronic inflammatory states, post mounting an efficient acute inflammatory response with fever, was observed in cases where classical homeopathy was applied.<sup>23–25</sup> Also, in a case-control study, it was verified that patients diagnosed with chronic inflammatory conditions who were under homeopathic treatment showed improvement in their condition once the ability to put up a high fever returned.<sup>18</sup>

The Modified Naranjo Criteria for Homeopathy (MONARCH) causality assessment provided a score of 11/13, suggesting a significant benefit from the treatment (Table 3). There is a rare possibility for ASD symptoms to resolve on their own in a short period without treatment,<sup>26</sup> which was unlikely because our case showed no improvement despite therapies.

The limitation here was the inability to demonstrate whether the homeopathic remedies influenced the immune system in resolving chronic inflammation and mounting acute inflammation, as no immunological parameters were investigated. Also, this being a case report, the observed outcomes should be viewed as preliminary. While the results are encouraging, they necessitate further rigorous study to establish definitive efficacy.

## Conclusion

This case report presents an eight-year follow-up of a 2 year 9 months old Indian boy diagnosed with mild to moderate ASD. The patient received individualized classical homeopathic treatment under which neurocognitive and psychological domains showed improvement. By age ten, his IQ came under the average range for his age, he could speak four languages, and he scored “A” grades in both scholastic and non-scholastic activities. The improvement became evident after common acute infections with high fever (did not occur previously in the patient) started to appear. This observation was consistent with the findings of the Continuum Theory proposed by Vithoulkas et al. By highlighting this observation in the case, we aim to contribute to understanding the relationship between chronic and acute inflammation in ASD and present a therapeutic intervention that intends to preserve the immune system’s functionality, thereby preventing the progression of chronic inflammatory states.

This ASD case improved in the neurocognitive and psychological domains under classical homeopathic treatment, as evidenced by the clinical observation scores. Such improvement was associated with the onset of the ability to raise high fevers during common infections, absent before. This observation was in accordance with the continuum theory, and larger scientific studies are essential to confirm this connection between fever (efficient acute inflammatory defence) and ASD (chronic inflammation).

## Data Sharing Statement

It may be procured by writing to the corresponding author.

## Statement of Ethics

National guidelines do not require ethical approval for case reports.

## Consent for Publication

Written consent was obtained from the patient’s parents to publish case details and reports.

## Author Contributions

All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

## Funding

The authors declare that no financial support was received for the research, authorship, and/or publication of this article.

## Disclosure

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

## References

1. Styles M, Alsharshani D, Samara M, et al. Risk factors diagnosis prognosis and treatment of autism. *Front Biosci.* 2020;25(9):1682–1717. doi:10.2741/4873
2. Uke P, Gaikwad S, Vagha K, Wandile S. Unraveling the spectrum: a comprehensive review of autism spectrum disorder in India. *Cureus.* 2024. doi:10.7759/cureus.62753
3. Hodis B, Mughal S, Saadabadi A. Autism spectrum Disorder. In: *StatPearls*. NCBI Bookshelf; 2025.
4. Mondal A, Sharma R, Abiha U, et al. A spectrum of solutions: unveiling non-pharmacological approaches to manage autism spectrum disorder. *Medicina.* 2023;59(9):1584. doi:10.3390/medicina59091584
5. Wang L, Wang B, Wu C, Wang J, Sun M. Autism spectrum disorder: neurodevelopmental risk factors, biological mechanism, and precision therapy. *Int J Mol Sci.* 2023;24(3):1819. doi:10.3390/ijms24031819
6. Lordan R, Storni C, De Benedictis CA. *Autism Spectrum Disorders: Diagnosis and Treatment*. Exon Publications eBooks; 2021:17–32.
7. Okoye C, Obialo-Ibeawuchi CM, Obajeun OA, et al. Early diagnosis of autism spectrum disorder: a review and analysis of the risks and benefits. *Cureus.* 2023. doi:10.7759/cureus.43226
8. Moon SJ, Hwang JS, Shin AL, et al. Accuracy of the childhood autism rating scale: a systematic review and meta-analysis. *Dev Med Child Neurol.* 2019;61(9):1030–1038. doi:10.1111/dmcn.14246
9. Saxena-Chandhok T, Ram-Kiran P, Lawrance L, Karanth P. The communication deall developmental checklist - inter rater reliability. *Disabil CBR Incl Dev.* 2011;22(1):48. doi:10.5463/dcid.v22i1.9
10. Hwang JW, Lee JS. Korean clinical guideline for autism spectrum disorder - clinical features, course, epidemiology, and cause. *J Korean Acad Child Adolesc Psychiatry.* 2024;35(1):8–14. doi:10.5765/jkacap.230040
11. Toscano CVA, Barros L, Lima AB, Nunes T, Carvalho HM, Gaspar JM. Neuroinflammation in autism spectrum disorders: exercise as a “pharmacological” tool. *Neurosci Biobehav Rev.* 2021;129:63–74. doi:10.1016/j.neubiorev.2021.07.023
12. Wong RSY. Neuroinflammation in autism spectrum disorders: potential target for mesenchymal stem cell-based therapy. *Egypt J Neurol Psychiatr Neurosurg.* 2022;58(1). doi:10.1186/s41983-022-00525-2
13. Vargas DL, Nascimbene C, Krishnan C, Zimmerman AW, Pardo CA. Neuroglial activation and neuroinflammation in the brain of patients with autism. *Ann Neurol.* 2004;57(1):67–81. doi:10.1002/ana.20315
14. Smith CA, Parton C, King M, Gallego G. Parents’ experiences of information-seeking and decision-making regarding complementary medicine for children with autism spectrum disorder: a qualitative study. *BMC Complement Med Therap.* 2020;20(1). doi:10.1186/s12906-019-2805-0
15. Vaidyeswar M, Rao D. Retrospective analysis of 60 autism spectrum disorder cases. *Allg Homöopath Ztg.* 2024;269(05):17–23. doi:10.1055/a-2363-7880
16. Nair SKR, Gilla D, Devasia MN. Utility of individualised homeopathic medicines in improving social interaction in childhood autism: a prospective, open-label, single arm study. *Indian J Res Homoeopathy.* 2024;18(3):190–199. doi:10.53945/2320-7094.1824
17. Vithoulkas G, Carlino S. The ‘continuum’ of a unified theory of diseases. *Med Sci Monit.* 2010;16(2):SR7–15.
18. Mahesh S, Mallappa M, Vacaras V, et al. Association between acute and chronic inflammatory states: a case-control study. *Homeopathy.* 2024;113(04):239–244. doi:10.1055/s-0043-1777119
19. 2026 ICD-10-CM Diagnosis Code F84.0: autistic disorder. Available from: <https://www.icd10data.com/ICD10CM/Codes/F01-F99/F80-F89/F84-/F84.0>. Accessed October 17, 2025.
20. Suthar N, Jain S, Nebhinani N, Singhai K. Autism spectrum disorder and its differential diagnosis: a nosological update. *J Indian Assoc Child Adolesc Ment Health.* 2020;16(1):86–101. doi:10.1177/0973134220200107
21. Vithoulkas G. *Materia Medica Viva*. 3rd ed. Alonissos, Greece: International Academy of Classical Homeopathy; 2017:1675–1713.
22. Megremi ASF. Is fever a predictive factor in the autism spectrum disorders? *Med Hypotheses.* 2013;80(4):391–398. doi:10.1016/j.mehy.2013.01.007
23. Mahesh S, Mallappa M, Habchi O, et al. Appearance of acute inflammatory state indicates improvement in atopic dermatitis cases under classical homeopathic treatment: a case series. *Clin Med Insights.* 2021;14. doi:10.1177/1179547621994103
24. Mahesh S, Jaggi L, Jaggi A, Tsintzas D, Vithoulkas G. Individualised homeopathic therapy in ANCA negative rapidly progressive necrotising crescentic glomerulonephritis with severe renal insufficiency – a case report. *J Med Life.* 2019;12(1):49–55. doi:10.25122/jml-2019-0001
25. Chabanov D, Tsintzas D, Vithoulkas G. Levels of health theory with the example of a case of juvenile rheumatoid arthritis. *J Evid Based Integr Med.* 2018;23. doi:10.1177/2515690x18777995
26. Gangi DN, Aishworiya R, Hill MM, et al. Case report: transient symptoms of autism spectrum disorder in a 2-year-old boy. *Clin Case Rep.* 2023;11(5). doi:10.1002/ccr3.7345

Pediatric Health, Medicine and Therapeutics

Publish your work in this journal

Pediatric Health, Medicine and Therapeutics is an international, peer-reviewed, open access journal publishing original research, reports, editorials, reviews and commentaries. All aspects of health maintenance, preventative measures and disease treatment interventions are addressed within the journal. Practitioners from all disciplines are invited to submit their work as well as healthcare researchers and patient support groups. The manuscript management system is completely online and includes a very quick and fair peer-review system. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <http://www.dovepress.com/pediatric-health-medicine-and-therapeutics-journal>

**Dovepress**  
Taylor & Francis Group