

AUTISM ASHA

A PARENT'S GUIDE TO CURING AUTISM



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MD (Hom) Pediatrics

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Hpathy Medical Publishers Jaipur, INDIA

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**'ASHA' (pronounced aa-sha or ah-sha) means
hope in Hindi.**

**I hope this book will be able to bring hope to
the parents of many autistic children.**

In loving memory of my mother, Asha.

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About the Author

Acknowledgement

This book is part of a journey. Many people have walked with me on this path and deserve a thank-you!

First and foremost, I would like to thank all the autistic children I have treated so far. They have helped me find a purpose in my life, develop more empathy, and appreciate the beauty in every child more deeply. They have also helped me build the clinical experience with which I can help more autistic children with greater certainty. Their parents also deserve special thanks for trusting me with their children's health. The journey we have shared has been fulfilling and rewarding.

Robin Pollock helped me make this book more readable and richer with her excellent editing skills and beneficial suggestions. I am grateful for her expertise.

This work would not have been possible without the loving support of my wife and companion, Dr Manisha. The presence of my beautiful daughters Umang and Vani makes me more empathetic and increases my resolve to help every child to the best of my abilities. Last, but not least: the one friend who can kick you, scold you, and push you to ensure that you stay on your path and never lose your values and focus – Ravish, you are a blessing!

Introduction

I started my medical journey at the age of 17, started assisting a senior physician by 20, and began independent practice at the very young age of 24. I was around 30 when a friend reached out to seek help for his autistic child. Back then, autism was unheard of in India. There were so few patients that most pediatricians had no clue about this illness. Fortunately, my literary pursuits as the chief editor of Homeopathy for Everyone exposed me to the rising epidemic of autism in the Western world and what treatment protocols were available, including homeopathy.

The first case showed very promising results. Then came the second, third, and several hundred more patients. Today, it has been 18 years and after doing my MD (Hom) Pediatrics with specialisation in Autism and after observing and treating thousands of autistic children, I felt the need to put together a guide for parents of autistic kids.

In the past 18 years, autism diagnosis has grown exponentially in India. From a rate of 1 in 100000, we have come to 1 in 100. In the Western world, the situation is even worse, with 1 in 36 children being diagnosed with autism today. The situation is both frightening and alarming.

Today autism treatment centres have mushroomed everywhere. However, I still see parents struggling with some of the most basic questions about autism and its treatment. Why did this happen to my child? Is it curable? How to diagnose it for sure? What medicines are available? What therapies are required? When do we start and stop those therapies? What can I feed my child? What supplements can I give? Does homeopathy have an answer? There is an endless list of questions and no one place to find all the answers.

To answer these questions, I decided to do a parent-education webinar on 2nd April 2024. The date is significant because every year World Autism Awareness Day is celebrated on 2nd April, and it is also my birthday! This book is the result of that proposed webinar and is a sincere effort to help parents obtain answers about everything related to autism in one place, and to help them bring their children out of their autistic states.

I believe that with the right treatment provided at the right age, every autistic child can improve and many to the extent of becoming neurotypical.

I hope this book will help parents make the right decisions about the growth and treatment of these special souls born to them.

With these words, I wish health and joy to every special child.

Dr Manish Bhatia
April 2024, Jaipur

AUTISM GENERAL QUESTIONS

1. What is autism?

The word *Autism* is derived from the Greek word *Autós*, which means self. The word was coined by Swiss psychiatrist Paul Eugen Bleuler in 1908 to signify the withdrawal into the self that he observed in one of his patients.

Today, autism spectrum disorder (ASD) is recognised as a complex neurodevelopmental condition. Its exact causes are not fully understood but research suggests that a combination of genetic and environmental factors likely contribute to its development.

WHO's International Classification of Diseases (ICD) defines autism as:

“Autism spectrum disorder is characterised by persistent deficits in the ability to initiate and to sustain reciprocal social interaction and social communication, and by a range of restricted, repetitive, and inflexible patterns of behaviour, interests or activities that are clearly atypical or excessive for the individual's age and sociocultural context. The onset of the disorder occurs during the developmental period, typically in early childhood, but symptoms may not become fully manifest until later, when social demands exceed limited capacities. Deficits are sufficiently severe to cause impairment in personal, family, social, educational, occupational or other important areas of functioning and are usually a pervasive feature of the individual's functioning observable in all settings, although they may vary according to social, educational, or other context. Individuals along the spectrum exhibit a full range of intellectual functioning and language abilities.” (ICD-11, chapter 6, section A02)

Autism was initially classified as a pervasive developmental disorder (PDD). There were five types of PDDs: autistic

disorder, Asperger's disorder, Rett syndrome, child disintegrative disorder, and pervasive developmental disorder—not otherwise specified [PDD-NOS]. After the updates in the DSM-5 (Diagnostic & Statistical Manual of Mental Disorders-5, published by the American Psychiatric Association (APA), 2013), all these were grouped into autism spectrum disorder, due to a significant overlap in their presentations.

Autism is a condition that affects the way a person's brain works. It can make it harder for them to communicate, interact with others, and understand the world around them in the same way that most people do.

Autism can be defined as a disorder where the child finds it hard to bond and form relationships with others. The child has difficulty communicating, making eye contact, reading nonverbal cues, understanding verbal nuances, interpreting words non-concretely, dealing with people and social situations, coping with sensory stimulation, and being flexible with changing circumstances. The child may also have strong interests that they can engage in for long periods, often appearing oblivious to the world around them.

People with autism might have different strengths and challenges, and they may see, hear, and feel things differently. It's important to remember that autism is just one part of who a person is, and they can still do many amazing things.

The primary areas that are affected by autism are social development, communication skills, cognitive development, and behavioural patterns.

So, what we primarily see is that an autistic child is unable to relate with others: it appears as if the autistic child is in his or her own world; it is as though, for the autistic child, the world

outside does not exist.

The child is not taking any cues from their social environment and is not responding to the social cues given to it by the parents or caretakers.

The primary deficit area that the pediatrician and the teacher notice is that **the child is not interacting with others**. The child does not even interact with their own parents as they should.

Language development is usually delayed in these children.

So here is a child who is not communicating, **is not responding to social cues**, has poor eye contact, poor name response, is not showing any needs, is not developing language, seems to be lost in his or her own world, has **sensory issues** like noise-sensitivity and mouthing and, later on, the child develops **behavioural patterns** like spinning of objects, looking continually at rotating objects, switching buttons on and off, toe walking, hand flapping, and lining up different objects in a particular way. We will discuss these symptoms in greater detail in the next chapters.

But this is one extreme. Autism is a spectrum disorder and there will be other autistic children who are cognitively, behaviourally, and socially relatively normal.

Some children are born with other medical conditions, too. There are autistic children with **intellectual disability**, there are autistic children who suffer from **epilepsy**, there are autistic children who suffer from **gastrointestinal disorders**, etc.

There are no two autistic children who are alike. There are children with different symptoms and with different

intensities of symptoms. However, there is a common denominator, and the denominator is that in the majority of cases, **the ability to perceive social cues, to have a meaningful social life and social interaction with family, peers, friends, and society, is significantly lacking.** At the same time, there are special behavioural patterns present in different degrees in most of these children. Also, language development is usually delayed and restricted.

3. Why is autism prevalence increasing?

The observed increase in autism rates is attributable to several factors, including the actual rate of increase, expanded diagnostic criteria, heightened awareness among parents and professionals, and improved diagnostic tools. As such, prevalence estimates in the previous chapter may be over- or under-inclusive.

Changes in how autism is defined and diagnosed over the years have allowed for a broader range of symptoms and behaviours to be included under the autism spectrum, capturing more cases. Additionally, there's a greater societal awareness of autism, leading to more people seeking diagnoses. These factors, among others, contribute to the reported rise in autism prevalence.

Although the scientific community says that the large increase in autism numbers is due to better diagnosis, as a clinician, I can tell you that there were hardly any cases with symptoms similar to autism when I was a medical student or a young practitioner. The burst of cases in the last 20 years in India cannot be attributed to better awareness and better diagnosis alone. The cases on the ground have multiplied manifold. Denying that would be like wearing a blindfold or attempting to hide the real cause of its increase which may (or may not) be vaccination, radiation, some organic compounds, or something else that is interfering with the neurodevelopment of the foetus or causing epigenetic changes. This needs more research.

10. Why does autism occur?

The exact cause (or causes) of autism isn't fully understood, but researchers believe it's likely due to a combination of genetic and environmental factors. Here's what we know:

1. **Genetic factors:** There is evidence to suggest that certain genes may increase the risk of autism.^{20,21} However, it's important to note that autism is not caused by a single gene or genetic mutation. Instead, it's thought to involve a complex interplay of multiple genes, and many epigenetic changes (see Chapter 11) are also implicated. There are genetic syndromes which cause symptoms similar to autism.

Studies, including those on twins, suggest that autism has a strong genetic basis, with a 60% likelihood of autism occurring in both twins (identical) if one is diagnosed with the disorder; fraternal twins had a 0% likelihood.²² We will discuss these factors in more detail in the next chapter '*Is autism genetic or hereditary?*'

2. **Environmental factors:** Environmental influences during prenatal, perinatal, and early postnatal development may also contribute to the development of autism. These factors include exposure to certain toxins, maternal infections during pregnancy, and complications during childbirth, among many others.
3. **Brain development:** Autism is believed to involve differences in brain development, particularly in areas related to communication, social interaction, and sensory

²⁰Ruzzo EK et al. Inherited and De Novo Genetic Risk for Autism Impacts Shared Networks. *Cell*. (2019) 178 (4):850–66 e26.

²¹Satterstrom, F. K et al. Large-scale exome sequencing study implicates both developmental and functional changes in the neurobiology of autism. *Cell* (2020) 180(3), 568–584.e523.

²²Tick B, et al. Heritability of autism spectrum disorders: A meta-analysis of twin studies. *J. Child Psychol. Psychiatry* (2016) 57:585–595.

processing.^{23,24} These differences may affect how information is processed and how individuals with autism perceive and interact with the world around them. There is evidence to suggest that abnormal growth rates in specific brain areas during early childhood might be linked to autism.

4. **Immune System Dysfunction:** Some studies have suggested that abnormalities in the immune system may play a role in the development of autism.²⁵ Immune system dysfunction could potentially lead to inflammation or other processes that affect brain development.
5. **Other Factors:** Other factors such as advanced parental age, maternal health conditions (such as gestational diabetes or obesity), and certain medications taken during pregnancy have also been investigated for their potential links to autism.

The most important of these other factors include:

- a. **Vaccination:** Anecdotal evidence has linked autism to childhood vaccination, especially MMR. The role of vaccination has been implicated in regressive autism, where the child seems to have normal development until the age of 16-18 months and then becomes autistic.
- b. **Pesticides/Herbicides:** The increasing use of biologically-active and potentially carcinogenic pesticides and herbicides is also implicated in the higher prevalence of autism.

²³Lee JK et al. Altered development of amygdala-connected brain regions in males and females with autism. *J Neurosci.* (2022) 42(31):6145–6155.

²⁴Donovan AP, Basson MA. The neuroanatomy of autism-a developmental perspective. *J Anat.* (2017) 230:4-15.

²⁵Ellul, P. et al. Regulatory T lymphocytes/Th17 lymphocytes imbalance in autism spectrum disorders: evidence from a meta-analysis. *Molecular Autism* (2021) 12, 68.

- c. **Radiation:** Mobile tower radiations are also known to affect neural development in lab animals. The rate of increase in mobile penetration has been correlated to the increase in autism.^{26,27}
- d. **Maternal Stress During Pregnancy:** Maternal stress is known to affect the development of an unborn child. There is some research suggesting a potential correlation between maternal stress during pregnancy and the risk of autism spectrum disorder in children.^{28,29,30} Some studies suggest that biological responses to stress, such as elevated levels of stress hormones like cortisol, may affect fetal brain development. This could potentially influence the likelihood of ASD. Research indicates that stress during certain stages of pregnancy might have different impacts on the development of the nervous system. It's also suggests that stress may interact with other factors, such as genetic predispositions, environmental exposures, or health conditions of the mother, which together could increase ASD risk.

These factors need more research and human trials for a definitive answer.

Did I do something to cause my child's autism?

I often get parents who feel guilty about their children having autism. They often blame themselves or sometimes each other. While individual factors like stress during pregnancy,

²⁶Martha R. Herbert, Cindy Sage, Autism and EMF? Plausibility of a pathophysiological link – Part I, Pathophysiology (2013), Vol 20, Issue 3, 191-209.

²⁷Physicians for Safe Technology. Cell tower radiation health effects. Available at <https://mdsafetech.org/cell-tower-health-effects/> (accessed: 9 Jun 2024)

²⁸Van den Bergh BRH et al. Prenatal developmental origins of behavior and mental health: The influence of maternal stress in pregnancy. Neurosci Biobehav Rev. (2020) 117:26-64.

²⁹Usui N, Kobayashi H, Shimada S. Neuroinflammation and Oxidative Stress in the Pathogenesis of Autism Spectrum Disorder. Int J Mol Sci. (2023) 24(6):5487.

³⁰Han VX, Patel S, Jones HF, Dale RC. Maternal immune activation and neuroinflammation in human neurodevelopmental disorders. Nat Rev Neurol. (2021) 17(9):564-579.

any infection, and treatment taken during pregnancy can have some bearing on the healthy development of a child, in most cases the causes are too universal to blame yourself for having an autistic child.

We don't know for sure what is causing this disease but we do know that it has become an epidemic, it is global in prevalence, and it has significantly increased in the past 30 years – and continues to increase. The forces that might be responsible for it have to be universal and should have the potential to affect the neural development of a foetus. It could be mobile radiation, some organic compounds like pesticides and herbicides, plastics, or some seemingly innocuous conventional medicine that a lot of people take (such as paracetamol, sold as Crocin/Calpol/Dolo/Panadol/Tylenol, or anti-emetic drugs) during pregnancy. The fact is, we don't know for sure yet.

The one thing we do know is that it is usually beyond the control of individual parents. So, don't blame yourself for it...ever!

Somebody might ask, if the cause is universal, why is it not affecting every child? I believe the answer to this question lies in the degree of exposure, our genetic variability, and genetic susceptibility.

12. At what age can you diagnose autism?

Autism spectrum disorder can typically be diagnosed as early as 18 months to 2 years of age, although in some cases it may be identified even earlier. **Early diagnosis and intervention are crucial for improving outcomes for individuals with autism.**

Signs of autism can often be observed during early childhood, and healthcare professionals, including pediatricians and developmental specialists, may use standardized screening tools (see Chapters 35-39) to assess a child's development and behaviour. These screenings may occur during regular well-child visits or in response to concerns raised by parents or caregivers.

Some common signs that may prompt further evaluation for autism include delay in speech or language development, difficulties with social interaction or communication, repetitive behaviours, poor eye contact, lack of name-response, and sensory sensitivities. However, it's important to remember that every child develops at their own pace, and **not all developmental delays or differences are indicative of autism.**

If there are concerns about a child's development, it's essential to discuss them with a healthcare professional who can provide guidance, conduct appropriate evaluations, and, if necessary, refer the child to specialists for further assessment and support. Early intervention services, such as speech therapy, occupational therapy, and behavioural interventions can help address the unique needs of children with autism and support their overall development.

14. Can autism be cured?

The conventional medical understanding is that there is no known cure for autism spectrum disorder. However, as a pediatrician myself, I have seen several children come out of the spectrum with the help of various therapies, nutrition changes (Chapters 47-54), and homeopathy (Chapters 42-46), and many have become neurotypical too. There are also many anecdotal case histories where an autistic child has become neurotypical. (The word “neurotypical” refers to people who have brains that function in a similar way to most of their peers. Individuals who are neurotypical develop skills, such as social or organizational skills, at around the same rate as others their age.)

Autism is believed to be a lifelong neurological condition that affects individuals in different ways and to varying degrees. While not every case of autism can be cured, early intervention, therapy, and support services can significantly improve outcomes and quality of life for most individuals with autism.

Therapeutic interventions such as occupational therapy (see Chapters 55-56), applied behaviour analysis (ABA) (Chapters 57-59), speech therapy (Chapters 60-63), and social skills training can help individuals with autism develop important skills, improve communication, manage behaviours, and navigate social interactions.

The treatment should also focus on providing support, understanding, and acceptance for individuals with autism, recognising their unique strengths and abilities, and helping them thrive in their own way.

Autism research is ongoing, and scientists are continually exploring new interventions and strategies to improve

outcomes for individuals with autism. However, there is currently no conventional medical treatment or intervention that can cure autism. Alternative medicine, like homeopathy, while less recognised in Western countries, has shown positive results in countries like India, where it is well-accepted and legally at par with conventional medicine.

As a pediatrician, I have observed numerous cases that have shown profound positive changes after starting homeopathic treatment. To sum it up, my personal opinion is that a large percentage of mild and mild-to-moderate children with autism have the potential to become neurotypical, provided the diagnosis and treatment start early on. The children who cannot be cured can still receive significant benefits with the right medication, therapies, and dietary changes and supplements. I approach every autistic child with a lot of hope.

16. What is the difference between speech delay and autism?

Speech delay and autism are two different conditions, but they can sometimes be related or co-occur. Here are some key differences between the two:

1. **Speech delay:**

- o Speech delay refers to a delay in the development of spoken language skills. Children with speech delay may have difficulty producing speech sounds, understanding language, or using words to communicate.
- o Speech delay can be caused by a variety of factors, including hearing loss, developmental disorders, neurological conditions, or environmental factors.
- o Children with speech delay may not necessarily have other symptoms commonly associated with autism, such as difficulties with social interaction, repetitive behaviours, or sensory sensitivities.

2. **Autism:**

- o Autism spectrum disorder is a developmental disorder that affects communication, social interaction, and behaviour. It is characterized by a range of symptoms and challenges that can vary widely from one individual to another.
- o In addition to difficulties with speech and language (including speech delay), individuals with autism may also experience challenges with social communication, such as difficulty understanding nonverbal cues or maintaining conversations.
- o Autism is typically diagnosed based on the presence of certain behavioural criteria outlined in diagnostic guidelines for autism.

While speech delay and autism can sometimes overlap, **not all children with speech delay will go on to develop autism, and not all individuals with autism will have speech delays.**

It's essential to seek evaluation and support from healthcare professionals if there are concerns about a child's speech and language development or if there are other developmental differences or challenges present. A thorough evaluation can help determine the underlying cause and appropriate interventions for the child's needs.

33. How can I prevent autism?

As of now, there is no known way to prevent autism spectrum disorder because its exact causes are not fully understood. However, there are steps that expectant parents and families can take to promote overall health and well-being during pregnancy and early childhood:

1. **Prenatal care:** Seek regular prenatal care from a healthcare provider throughout pregnancy. Attend all prenatal appointments, follow recommended guidelines for prenatal vitamins and nutrition, and avoid harmful substances such as alcohol, tobacco, and illicit drugs. Minimise exposure to mobile radiation. Avoid consuming avoidable medicines and getting vaccinated during pregnancy. Provide a stress-free family environment to the would-be mother.
2. **Genetic counselling:** If there is a family history of autism or other developmental disorders, consider getting genetic counselling to understand the potential risk factors and implications for future children.
3. **Healthy lifestyle:** Maintain a healthy lifestyle during pregnancy and the breast feeding phase by eating a balanced diet, getting regular exercise, and ensuring adequate sleep and rest. Encourage healthy habits such as regular physical activity, outdoor play, and limited screen time.
4. **Breastfeed:** Some studies suggest that breastfeeding might have protective effects against autism. For example, a study published in the *European Journal of Pediatrics* found that extended breastfeeding was associated with a reduced risk of autism diagnosis.⁴⁷ The researchers

⁴⁷Cha JH, Cho Y, Moon JH, et al. Feeding practice during infancy is associated with attention-deficit/hyperactivity disorder and autism spectrum disorder: a population-based study in South Korea. *Eur J Pediatr.* (2023) 182(8):3559–68.

speculated that the nutritional, immunological, and emotional benefits of breast milk might contribute to neurodevelopmental advantages.

5. **Early intervention:** Early intervention services can help identify and address developmental concerns in infants and young children. If there are concerns about a child's development, seek evaluation and support from healthcare professionals as early as possible.
6. **Stay informed:** Stay informed about current research and recommendations related to autism and child development. Educate yourself about the early signs and symptoms of autism and the importance of early intervention.

Some specific guidelines I give to my autistic patients' parents:

- a. Do not stay very close to a mobile telephone tower.
- b. Minimize your mobile phone use during pregnancy and do not keep it close to your body throughout the day.
- c. Try to eat organic foods with as little pesticides and herbicides as possible.
- d. Soak the fruits and vegetables in water for an hour and then wash them before storing them. This reduces the residual pesticides, etc.
- e. Limit screen time.
- f. Maintain an active lifestyle.
- g. Avoid unnecessary or avoidable medication and vaccination during pregnancy.
- h. Avoid amalgam/mercury dental fillings.
- I. Avoid cooking in aluminium vessels.
- j. Provide the mother with a stress-free environment.
- k. Breastfeed the child at least for the first 12 months. Starting breastfeeding early and continuing it for a longer duration is ideal.

We do not know what causes autism for sure, hence it is not possible to give precise guidelines to avoid it. The above general recommendations can help limit the effect of the many proposed possible causes, thus potentially reducing the probability of having an autistic child.

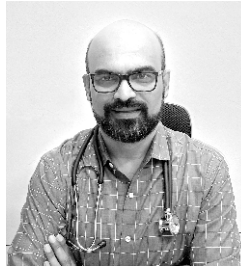
39. Should I get a brain MRI done?

Whether or not to pursue a brain magnetic resonance imaging (MRI) for an autistic child depends on several factors and should be discussed with a healthcare provider who is familiar with the child's medical history and individual needs. Here are some considerations to keep in mind:

1. **Medical indications:** Brain MRI may be recommended if some specific medical indications or concerns warrant imaging of the brain. These may include neurological symptoms such as tics or hearing impairment, microcephaly (small head size), developmental regression, seizures, history of hypoxia or trauma at birth, or other medical conditions that may affect brain structure or function.
2. **Diagnostic evaluation:** Brain MRI may be part of a comprehensive diagnostic evaluation to rule out other medical conditions or structural abnormalities that may contribute to the child's symptoms or developmental delays. It can help healthcare providers identify any underlying neurological issues that may be impacting the child's development or behaviour.

Ultimately, the decision to pursue a brain MRI for an autistic child should be made in consultation with healthcare providers based on the child's individual needs, medical history, and symptoms. It's important to weigh the potential benefits and risks of brain MRI and consider alternative diagnostic approaches as appropriate.

About the Author



Dr Manish Bhatia, MD (Hom) Pediatrics is one of the most experienced homeopathic pediatricians in India. He did his graduation in medicine from the University of Rajasthan, post-graduation M.Sc. (Hom) with merit from the University of Central Lancashire, UK, and post-graduation (MD) in pediatrics from SKH Medical College. During his MD studies in Pediatrics, he did clinical research on autism for three years. He has been treating autistic children at his centre Asha Homeopathy (Jaipur) since 2006.

He is the author of *“Autism Asha- A Parent’s Guide to Curing Autism”* and *“Lectures on Organon of Medicine, Vol. 1-3”*, which is approved by the C.C.H. (India) for BHMS and MD (Hom) syllabi. He is also a contributing author to the book *“Homeopathy and Mental Health Care: Integrative Practice, Principles and Research”* and co-editor of *“The Fireside Book of Homeopathy Tales”*.

Dr Bhatia's books on Organon are available in German and Bulgarian, too, and are used as essential textbooks all over the world. He is recognized as being among the best teachers of homeopathic philosophy worldwide.

He runs a consultation office in Jaipur (Asha Homeopathy) **since 2001** and is one of the most well-known clinicians in India. Dr Bhatia works as an **Associate Professor** of Organon

of Medicine at SKH Medical College, Jaipur and also as a **faculty** at the Northwestern Academy of Homeopathy, USA. He has more than two decades of teaching experience globally.

Dr Bhatia is the **Founder and Director** of **Hpathy.com**, the world's leading homeopathy portal, and **HomeopathyBooks.in**, an online library of homeopathy books and journals.

He is an *Editor of Homeopathy for Everyone*, world's leading homeopathy e-journal with more than 70,000 subscribers in 100+ countries.

He is also the founder of *Dr Bhatia's Master Homeopathy Academy*, an online educational resource offering courses on varied medical subjects.

To learn more about Dr Bhatia, visit him at **www.doctorbhatia.com**.

To consult with Dr Bhatia, write to asha@hpathy.com or call +91-8387909009 or +91-141-2219009.

The first book that every parent should buy once their kid gets diagnosed with autism!!



An in-depth coverage of the cause, conventional treatment, alternative treatments, homeopathy, diet, nutrition, and therapies for autism spectrum disorder...the most valuable resource for autism parents!



The most comprehensive introduction to autism and one of the most helpful guides for the parents. A must have for every autism parent!



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