

Nosology series

Homœopathy and the treatment of autism spectrum disorders (part one)

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Abstract

The incidence of autism spectrum disorders (A.S.D.s) in children of the western world has now reached epidemic proportions. Whilst such numbers of A.S.D.-affected children are new, the homœopathic remedies used to treat them are not. This article explores in detail the homœopathic treatment by polychrest remedies of three children with autism. It includes notes on treatment methodology and parent statements. Also presented are the keynote symptoms of eight smaller cases that have responded equally well to common remedies.

Introduction: We have a problem

AUSTRALIA is in the grip of an epidemic. Autism spectrum disorders (A.S.D.s), especially in children under 15 years of age, have increased tenfold over the last decade. Aspect, the largest autism service provider in Australia, estimates that there are now 120,000 Australians living with an A.S.D.¹ Between 2000 and 2005, the Victorian Education Department alone reported a 276 percent jump in students with an A.S.D.² Boys are four times as likely to be affected as girls.

Whilst a government database on the prevalence of autism does not yet exist, a recent peer-reviewed paper concluded from the data that were available that one in 100 Australians will be diagnosed with this disorder and that two out of three are currently under the age of

15.³ These figures are comparable to those from the United States⁴ and Great Britain⁵ and show a greater than 17% growth per annum in this disorder.

From the first descriptive report of autism in 1943 by psychiatrist and physician Leo Kanner, the worldwide prevalence of this disorder has exploded. The reason is not yet known, but viral infections, genetic factors, birth trauma, environmental toxins, and vaccines have all been suspected. Greater awareness and better diagnosis may be responsible for a small part of the increase but do not explain it all; they do not, for instance, explain why the majority of new cases have emerged from the 2- to 6-year age bracket. Autism is classified as a lifelong condition, so if autism has always been with us, better recognition should have led to a similar increase in diagnoses in previously undiagnosed adults. This has not happened.

What is autism?

When people talk about autism, they are generally referring to one of several neurological disorders that significantly impair the way a person communicates, interacts socially, thinks, or behaves. These disorders are normally grouped under the umbrella term of autism spectrum disorders (A.S.D.s) and include:

- autistic disorder (also known as infantile or childhood autism);
- Asperger's syndrome;
- Rett syndrome;
- childhood disintegrative disorder; and
- pervasive developmental disorders not otherwise specified (PDD-NOS), also known as atypical autism.



Those with autistic disorder and an unaffected IQ may also be described as having high-functioning autism (H.F.A.).

Autism is considered by health authorities to be a lifelong disability of unknown aetiology and with no cure.⁶

Common signs and symptoms

Diagnosis of an A.S.D. is based on a syndrome of symptoms relating to impaired social ability, communication skills, behaviours, and sensory or motor functions. These impairments may consist of:

- flat or high-pitched speech;
- repetition of words and phrases (echolalia);
- difficulty in recognising and understanding another person's feelings or perspective;
- lack of eye contact;
- reluctance to initiate or continue conversation;
- preference for activities that require little verbal interaction;
- difficulty in comprehension;
- hyper- or hyposensitivity to pain, light, sound, crowds, and other external stimuli;
- repetitive behaviours and ritualised activities;
- inflexible behaviour and difficulty in coping with change;
- narrow bands of passionate interests or obsessions; and
- awkwardness, or delayed development of fine and gross motor skills.

As a result of these impairments, people with A.S.D.s often find the demands of everyday life overwhelming and experience anxiety, confusion, and frustration.

An error of thinking

The children coming to our clinics today are changing. No longer do they arrive with just tonsil, middle-ear, or eczema problems; increasingly, they also come with an A.S.D. diagnosis.

Because A.S.D.s are a relatively new phenomenon, and their symptoms deep and pervasive, it is easy to fall into the trap of thinking that these children must be difficult to treat: that great skill and expertise, a cutting-edge methodology, and new, exotic remedies are needed.

Fortunately, this is not so. As with most things in homœopathy, answers frequently lie among our polychrests and other commonly prescribed remedies. If prescribed according to similia — “like treats like” — and combined with sound case management, these well-known remedies produce remarkable results for seemingly intractable conditions — even autism.

The three main cases presented in this article demonstrate treatment by such polychrests and are accompanied by parent reports. They were chosen not because they are “rabbit out of the hat” cases but because they represent the range of outcomes that can be expected with homœopathic treatment. The first case displays good and consistent gains, the second shows rapid and dramatic improvement, and the third is of slow but steady progress.

Several other “snapshot” cases have been included in this article to further illustrate the good work that some of our better-known remedies do in the treatment of this disorder.

Details on dosing

All patients in this article were dosed in either centesimal or fifty-millesimal potencies according to dilution and repetition principles of the *Organon* (6th edition; §§ 245–251, 272–283).⁷ My practice is to start in low potencies, especially with fifty-millesimals, as they have served me well. Whilst I have

not noticed superior benefits in beginning “high”, others may care to differ.

Treatment of these cases involved giving the patient a test dose to gauge their sensitivity so that dose and repetition of the remedy could be adjusted to suit their needs. (Some patients have a heightened sensitivity to homœopathic remedies in general; others are hypersensitive to just few. As always, sensitivity is further increased by the degree of similarity that exists between their symptoms and those of the remedy [§§ 275, 276].)

My standard test dose consists of first dissolving a single pillule in a 20ml dropper bottle, 2/3 filled with an alcohol (10%) – water (90%) solution. I instruct patients to succuss the bottle five times, place 5 drops into a quarter of a cup of water, and then take a single teaspoon dose from this cup. They are instructed to phone me three days later to report any changes due to the remedy so that suitable follow-up dosing can be prescribed.

(Others may use different dilution and succussion factors, and indeed mine differ from Hahnemann's suggestions in the *Organon*. He advised that a pillule be dissolved in 8 to 40 tablespoons of water and succussed eight to twelve times and that a tablespoon amount be placed in a glass containing another 8 to 12 tablespoons of water. Finally, a teaspoon or more was to be administered to the patient. For the sake of convenience, I have reduced these amounts proportionally, as far as possible, to a 20 ml bottle; there does not seem to be any difference in how the patient responds to the remedy, but I do produce fewer aggravations if the bottle is succussed five rather than the eight to twelve times Hahnemann recommended.)

For those who responded to the test dose with improvement, the remedy was repeated according to the interval of improvement. If the improvement, even of a single symptom, lasted 24 hours,

I prescribed a daily dose; if improvement continued for eight days, I prescribed a weekly dose. (The majority of my patients — approximately 70% — will require a dose two or three times a week. The remainder need either a daily dose or, if improvement is long-lasting, only as needed; these latter patients will aggravate easily if dosed in a routine manner.)

For those who were hypersensitive and experienced an aggravation on the test dose, I increased the dilution ratio, reduced the number of succussions prior to the dose, and repeated the dose at a frequency that produced improvement without aggravation.

For those who were hyposensitive, experiencing nothing with the test dose (a minority), I reduced the dilution ratio, increased the number of succussions before each dose, and repeated the dose at a frequency that produced improvement without aggravation.

Whilst this posology (science of dosage) is marginally more time-consuming than old dry-dose methodology, the benefits for our patients can be significant. Not only is the remedy individualised to their symptoms (as we would expect with homœopathy), but the dose is also individualised to their response. This results in faster improvement with fewer aggravations and moves us closer to the *Organon* ideals of rapid, gentle, and permanent healing (§§ 2 & 246). It may also lead to curability in complaints that would otherwise be incurable.*

My practice involves educating people as much as possible when they choose to use homœopathy for their health care. This frequently leads to greater patient independence — something I encourage. Alex's mother (from the first case) is now quite

knowledgeable about homœopathic management. Whilst all her son's prescriptions commenced with set repetitions following the test dose, she eventually knew enough of the "how and when" of dosing to reduce the frequency herself at times of significant improvement or to give the remedy on an "as needed" basis only — something I was happy for her to do. She had learnt about aggravations — both similar and dissimilar — and would temporarily stop the remedy if existing symptoms intensified (a similar aggravation), giving it less frequently on restarting. She also knew to stop the remedy completely and contact me when new and different symptoms emerged (a dissimilar aggravation), as a different remedy was probably needed. All of this is reflected in Alex's case.

In contrast, Connor's mother (from the second case) is still learning about homœopathy; it was easy for her to fall into the trap of thinking that if a little helped, then more would do better. His case tells the story.

Finally, Ben's mother (from the third case), whilst interested in homœopathy, would prefer to leave all management to me. For this reason, his course of treatment has been the easiest to explain.

Case 1: Alex (male) 3 years 4 months of age at the time of his first consultation

By the time Alex had turned two years of age, his parents were very concerned about his development. He had several classic features of autism. He had been losing language — words and phrases — since 18 months of age and could now only say the one repetitive phrase of "Bye, see ya". Previously a good eater, he had regressed to

only wanting bread, milk, cheese, and pasta and could no longer use a fork or spoon. His fine and gross motor skills were delayed, he avoided eye contact, and he constantly ran away from his parents. Alex had no appropriate play with either toys or people, did not want to be touched or cuddled, and would walk on tiptoes and in constant circles. He also suffered from frequent respiratory-tract infections, daily diarrhoea, and slow healing of insect bites and wounds.

Since he'd been two years of age, Alex's mother had adopted a biomedical approach (the use of diets, supplements, and drugs to correct the imbalances in the biochemistry of the body that underpin symptoms of autism) and had sought chiropractic and cranio-sacral treatments. The biomedical interventions meant that Alex no longer ate foods containing gluten, casein, phenol, oxalate, sulphite, salicylate, soy, or corn — all potential irritants to a child with autism. Remaining foods were free from artificial colours, flavours, and preservatives. Alex only drank filtered water. Under the guidance of a biomedical doctor, Alex was given numerous and changing supplements such as zinc, magnesium, multivitamins and minerals, methyl vitamin B12 injections, coenzyme Q10, cod-liver oil, and taurine, as indicated by his behaviours and pathology tests.

Alex's mother reported that there had been some improvement with these interventions.

Alex's presenting symptoms at his first consultation included:

- limited language (his mother reported that his speech had improved with biomedical interventions but was still not age-appropriate. Alex could now

*The statistics of Dr A.U. Ramakrishnan, a specialist in the homœopathic treatment of cancer, showed significant improvements in his rates of cure when he replaced dry-dose methods with "plussing" (the succussion of a liquid remedy before each dose to raise its potency slightly so it can be given more frequently without aggravation — something impossible to do with fixed-potency dry doses). Whilst Ramakrishnan did not individualise his approach but applied routine repetition to all patients, the results showed that the principles of liquid remedies, frequent repetitions, and succussion prior to each dose substantially increased the rate of cure across all cancers.⁸



name objects and was using some two- and three-word phrases);

- difficulty with change and transition;
- being overly distressed when anxious or fearful;
- screaming if things were not done his way;
- screaming — when reacting to food — if looked at, touched, or questioned;
- shaking of body when excited;
- visual and vocal “stims” (stims and stimming are colloquialisms for self-stimulation. A stim is a repetitive behaviour that either stimulates, calms, or aids concentration. Alex’s visual stims — looking out of the corner of his eyes, and at light patterns through his moving fingers — though lessening with the biomedical interventions, were still present);
- echolalia — the meaningless repetition of words and phrases;
- narrow band of precocious intelligence — knew all alphabet letters and numbers; and
- obsession with a children’s band, the Wiggles (if he were permitted, he would obsessively watch their DVDs).

All of the above are common symptoms of autism and not especially helpful for a homœopathic prescription. As always, the idiosyncratic symptoms of the sufferer are the best guide to the needed remedy, and, in this respect, Alex was no different. His more individualising symptoms were:

- love of having his face caressed;
- head and scalp sensitive to touch, being washed, brushed, or having hair cut;

- aversion to being dirty, especially hands — would not touch things such as play-dough;
- fear of dogs, insects, and spiders;
- laughing in sleep;
- food cravings for milk, cheese, bread, and pasta before dietary modifications (these foods had been removed from his diet at the time of consultation but were still included in his case analysis);
- current food craving: tomatoes; and
- food aggravation: milk, which caused diarrhoea.

Physical symptoms included:

- rash/eczema on the right side of his face;
- daily mustard-yellow diarrhoea, which had been very offensive before his dietary modifications and supplements;
- slowness of wounds to heal;
- overreaction (prolonged swelling and inflammation) to bites and stings; and
- yearly conjunctivitis, always following a respiratory-tract infection.

Treatment

First prescription: *Calcarea carbonica* and *Sulphur* both rated highly on repertorisation and covered Alex’s symptom complex well. *Sulphur* was chosen because Alex avoided dirty or contaminating things and wanted his hands washed frequently. The fact that he separated easily from his parents (he would run away from them) and was not clinging or under-confident as would be expected with a *Calcarea carbonica* child also supported a *Sulphur* prescription.

Sulphur was given in a liquid 30c

potency. Following a test dose to assess his sensitivity to the remedy, it was prescribed three times a week.

Two weeks later: Alex’s mother reported a “huge jump” in the language he was using. His comprehension was “much better”, and he was coping better with change. His fine and gross motor skills had improved, and the facial eczema had almost disappeared. Sores were healing rapidly, scalp sensitivity was a thing of the past, and Alex was now happy on waking each morning. Alex’s therapist had also commented to his mother on his “big” improvement. Treatment with *Sulphur* 30c was continued at a frequency of three times a week.

Seven weeks after commencement of treatment:

Alex’s previous improvements had continued. He had returned to having an afternoon sleep and was now sleeping well at night. His language was more complex and conversational. There were no obvious autistic behaviours, and Alex’s mother stated that he was “just behind.” Bowel motions were still runny. At about this time, Alex developed conjunctivitis (yellow discharge) and became weepy, affectionate, and dependent on his mother. A prescription of *Pulsatilla* rapidly dealt with these acute symptoms. (From Alex’s history of yearly conjunctivitis with respiratory tract infections, it would seem that *Pulsatilla* may have been a remedy needed in the past, especially when its acute relationship with *Sulphur* is considered.)

Once the acute phase had passed, chronic treatment resumed with *Sulphur* Q2 being given approximately every four days at the discretion of his mother, who was now familiar with the “when and how” of re-dosing.

Not long after this, Alex’s behaviour and mood deteriorated in spite of *Sulphur*’s still being indicated. His mother decided to reduce some of his biomedical

supplements and chelating agents. An immediate improvement took place. This is something I have seen in several children on biomedical treatment and something for practitioners to be aware of. It would seem that large doses of once helpful supplements and chemical medicines can have an aggravating effect once homœopathy has moved the child to a better state of health. This phenomenon can easily be mistaken for an aggravation from the remedy, or cause the practitioner to think the remedy is no longer suitable.

Eighteen weeks after commencement of treatment:

Prior to this appointment, Alex had developed a mix of old and new symptoms. Whilst many improvements had been maintained, his stools, which had firmed, were again loose. Some visual stimming had returned and he was now jumping on the spot with boredom, stress, or excitement. He was also singing to excess. Significantly, Alex wanted to be carried everywhere by his parents and had developed a fear of the dark: he would wake frequently at night to turn the light on. With this new combination of symptoms, *Stramonium Q2* was prescribed, dosing to take place as indicated by his symptoms, at the discretion of his mother.

Twenty-six weeks after commencement of treatment:

Alex's mother reported that her son's clinginess and fear of dark had resolved within a week of starting the remedy. She had given him three doses over that period, and intermittently since then. His jumping had also reduced, and his stimming had stopped. There was a dramatic improvement in expressive language, an increase in imaginative play, and greater independence in daily living activities.

At the same time, however, Alex's fear of dogs had increased and the back of his neck and head were

sweating during sleep. On this basis, Alex was prescribed *Calcarea carbonica 30c*, dosing to take place as indicated by his symptoms.

Thirty-six weeks after commencement of treatment:

Again, Alex's mother reported that the new symptoms had resolved rapidly with the change in prescription and a weekly dose of the *Calc. carb.* Alex was now displaying increased confidence. He had started preschool — which he was loving — and was separating well from his mother when she took him there. Two important milestones had been achieved: toilet training and riding a two-wheeler bike. Alex was no longer considered autistic. I provided Alex's mother with a different potency of *Calc. carb.*, to use if needed before the next consultation.

Most recent consultation, one year five months after treatment commenced:

Alex is now 4¾ years old and progressing well. Whilst he is no longer considered autistic, his mother has continued with regular homœopathic appointments to deal with any emerging health concerns or imbalances. At a recent consultation, his prescription was changed to *Lycopodium clavatum 6c* for constant eczema around his mouth; bed-wetting; whingeing, clinging and demanding behaviour; lack of confidence; and performance anxiety — the latter being especially evident at his soccer matches. His mother reports that all these symptoms significantly improved with the remedy — a dose had been given 3 times a week.

Latest report from Alex's mother:

Alex is doing fantastically. He had his "first" birthday party last week with a dozen of his "friends". He greeted each of them, read (aloud) their card (to

the astonishment of the other parents), said "Wow, thank you very much" when opening their presents, and had a fabulous time. You should have seen his face when everyone was singing "Happy birthday". It was a real milestone for us — we were over the moon. Also, I don't know whether any of the other parents had any idea about Alex's autism, but I doubt it.

Throughout treatment, Alex's mother has continued his dietary modifications and biomedical treatments in an effort to optimise his health. From a homœopathic perspective, this has been as much a hindrance as help, a point to be discussed in Part 2 of this article. Alex's mother, who is involved with several autism groups, states that dietary modifications and homœopathic treatment are the two things that consistently make the biggest improvements for Alex and other children with autism. In the meantime, that well-known homœopathic triad of *Sulphur*, *Calcarea carbonica*, and *Lycopodium* seems to be meeting Alex's needs. It will be interesting to see what future treatment holds.

**Case 2: Connor (male)
4 years 9 months of age at the time of his first consultation**

Connor was red-haired, blue-eyed, freckled, and tall for his age. His mother contacted me after reading on the Internet that homœopathy could help with his autism. Connor had learning difficulties and was receiving speech therapy for delayed language. He could not understand abstract concepts such as "over" and "under," would refer to himself inappropriately as "Connor" rather than "me" or "I," and repeated words and phrases meaninglessly (echolalia). Many sounds were also absent from his speech. Though Connor could not yet count to five, he displayed savant abilities with computers and would play with them endlessly.

Connor's mother said he failed to make eye contact and never

asked or answered questions. He was hyperactive and would run in

circles and jump or spin on the spot incessantly. In recent times, he had started to wave and flap his hands. Connor preferred to be by himself and had a reduced sensitivity to pain: he did not respond as expected to accidents such as cuts and falls. As in Case 1, many of these symptoms are common to autism and not particularly helpful for making a prescription - more individualising symptoms were needed.

Connor was described as a child who was cuddly but independent: he could separate easily from his mother if she had to leave him somewhere. He preferred to lie on his left side at night; his sleep was poor and erratic. He frequently came into his parents' bed, and he was still frightened by shadows and darkness. Connor was stubborn and obstinate, would bite his fingernails, and adored animals. He would often detach from what was happening around him and enter a dream-like state.

Recently, Connor had lost interest in food; his mother said she now had to force him to eat. Prior to this he had loved sweets, chocolate, apples, fish, bread, milk, and eggs. He had always disliked vegetables.

Connor's physical symptoms included:

- "rabbit-pellet" constipation;
- an itchy anus that he frequently scratched in spite of having been wormed;
- frequent eructations;
- enlarged tonsils (and possibly adenoids), with night-time snoring; and
- a constant, long-term discharge from his nose that was often fluorescent green.

Connor's relevant medical history consisted of:

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Parent report: Alex

We began homœopathic treatment in May 2006. Prior to this, we had done diet, supplements, and chiropractic — cranio-sacral therapy. Before any intervention my son was severely autistic — he had ALL the classic signs, symptoms, and behavioural traits of autism.

Within three days of starting the GFCF diet, we got eye contact. And with further diet changes, and with each new supplement, he improved even more. We did some chelation and got even more improvements. He lost most of his stims, toe-walking, developed lots of language — labelling and two- to three-word phrases — and was overall heaps better than when we started.

However, after about 16 mths of biomedical intervention, we started classical homœopathy using his constitutional remedy. After the first two doses, he actually became more irritable. However, just 15 minutes after receiving his 3rd dose (one week after starting), he abruptly changed and became more calm and less irritable. Within two days of this third dose, I wrote in my diary "Alex was AMAZING TODAY". He had a huge jump in his language — both receptive and expressive. He was calm. He learned to blow bubbles — it just suddenly clicked (and this was after about 12 mths of trying to get him to blow them). He started holding my hand (previously he would only ever hold my finger — I could never hold his hand). We were able to take him out to strange places — shopping centres, etc. — and he would just hold our hand and act like a normal child. Transitions that had previously been a huge problem were suddenly no problem at all. We were able to buy him new shoes and get him to wear them. He became less obsessed with activities that he had previously been obsessed with.

He continued to progress with this remedy, and we could see a definite improvement after each dose, followed by a general decline just prior to needing his next dose, so we knew it was the remedy that was responsible for the changes. Over time, we needed to change the dose and then changed to other remedies. Each time we changed the dose or changed to a new remedy we had another very obvious huge jump in language, cognition, behaviour, etc.

After almost 12 mths of homœopathy, Alex has improved to the point that most people would not think that he was autistic. He still has some catching up to do with language and other skills, but would no longer meet the criteria for autism. I believe that it is the homœopathy that has resulted in his huge improvement, however I believe that the homœopathy worked so well for us because we had already done so much healing with diet and supplements prior to commencing homœopathy. And I believe that the chiropractic / cranio-sacral also supports the homœopathy by keeping all of his pathways, meridians, etc. clear.

We now also use homœopathy for first aid — i.e. for fevers, tummy upsets, ear infections, and other acute illnesses. We have not had to use things like antibiotics, Panadol, Neurofen, etc. since commencing homœopathy.



was a month or two after Grant's Sydney seminar that I applied the method in what were becoming desperate circumstances.

One can also experience frustrations, though, with the method. The photos in *Appearance and Circumstance* are very helpful, but more detail is needed. This is the importance of the new Companion Volume, *Homœopathic Facial Analysis*, the point being recognised by Bentley himself:

With hindsight, *Appearance and Circumstance* is a better introductory book into the theory of facial analysis and miasms than a training manual. The second book is dedicated entirely to practical facial analysis, in an attempt to remedy any of the shortfalls found in *Appearance and Circumstance*. (p. 6)

Any practitioner who uses facial analysis in determining a patient's miasm will find this companion volume invaluable.

The ten pages on how to read a face are essential reading. There is advice on how to match lifestyle to rubrics and how to relate them to facial analysis. This is followed by a section on charting features. We are told that a face will have eight to sixteen rated features; the charts demonstrate how a

dominant miasm is determined.

The next section, on taking photos, gives the practical advice that will minimise errors. "What to tell the patient" is very important, as five photos are essential: face on and relaxed; hairline; smile and teeth; left profile; right profile. It is important to know that facial lines, skin markings, compact smile, and cosmetic surgery do not show up well in photos. This section is followed by twenty photos illustrating correctly and incorrectly generated images. The practitioner now has a template for evaluating photos.

The next section, of 100 pages, illustrates the fifteen facial features that may be present. There are countless photos and line drawings, together with brief descriptions and notes to clarify each feature.

This section is followed by descriptions of each miasm, with a double page allocated to each one. This section is very, very helpful. There are the five photos of each person needed for the analysis. The relevant facial features are identified, and they are then listed in the diagnostic chart with its three columns: yellow, red, blue. This reveals how to arrive at an analysis when using the separate features.

Finally, there is a chart of

features, slightly fewer than the 80 listed in the original *Appearance and Circumstance*. This is accompanied by two pages of "Features Update", including fifteen features no longer used and why.

This companion volume demonstrates that for Grant Bentley and Louise Barton, facial analysis is a work in progress. The book gives several ways of contacting Grant Bentley, and there is an invitation to send cases that have used the method, for inclusion on his website.

Let Grant have the last word as it appears on the back cover of the publication:

Homœopathic Facial Analysis is specifically designed for the desktop. It is indexed, page-tabbed and spiral bound for easy reference and convenient use.

Bringing to fruition Hahnemann's dream of combining symptom totality and miasmatic understanding into one prescription, this book is necessary for any homœopath serious about constitutional prescribing.

Homœopathy and the treatment of autism spectrum disorders

(cont. from page 14)

- a middle-ear infection at two weeks of age, treated by antibiotics;
- mild eczema suppressed by a steroid cream at four months of age;
- two separate vaccinations of the measles, mumps, rubella (MMR) vaccine (For some inexplicable reason one had been given as part of treatment after Connor caught wild measles at nine months of age. The second was given at 15 months of age as part

of the recommended vaccine schedule); and

- frequent episodes of left-sided conjunctivitis that produced a green discharge, the onset of which occurred with the second MMR vaccine.

Connor's mother suspected that the multiple MMR vaccines had caused her son's problems. At the commencement of homœopathic treatment, Connor was not on any dietary restrictions and had not received biomedical treatment.

Whilst his mother had taken him to a cranio-sacral therapist for four weeks, she had not yet noted any improvement.

Analysis and prescription

Repertorisation of Connor's symptoms suggested that any one of seven remedies might have suited him. As always, reference to the materia medica guided the final prescription. Whilst many symptoms were common to all seven remedies, significant and individualising symptoms such as

pebble-like stools, love of animals, and desire for apples predominated in *Sulphur*. Its prescription was further supported by Connor's appearance (tall with red hair and freckles) and his history of previous health complaints suppressed by antibiotics and cortisone. His interesting symptom of intermittent, fluorescent-green nasal discharge was not represented in any of the remedies and so was put to one side, waiting to see what impact a *Sulphur* prescription would have.

I prescribed Connor a single test dose of *Sulphur 6c* in liquid form.

Three days later, his mother phoned to say he was talking more and had been interacting with others. Based on this report, Connor commenced on a dose three times a week. At his first follow-up appointment, one month later, Connor's mother recounted the following improvements:

- much more talkative;
- nose no longer discharging (in spite of its not being a *Sulphur* symptom);
- no snoring;
- no burping;
- only occasional episodes of constipation;
- improved appetite and increased interest in a greater range of food;
- able to count to five;
- less restless: no longer jumping, spinning, or running in circles;
- less daydreaming;
- improved sleep, sometimes spending the whole night in his own bed.

Connor's prescription was changed to *Sulphur 12c* to ensure he still had a therapeutically active potency by

the time of his next consultation. Whilst *Sulphur 6c* might have been adequate, I did not want to run the risk of its failing to go the distance. His mother was instructed to give this potency three times a week until I next saw Connor and to phone me if she had any concerns before then.

At the next follow-up appointment, eight weeks after the commencement of treatment, Connor's mother described his improvements as "awesome" and said he was "a new child". Connor was now talking to strangers as well as family members. He would look people in the eye and complain to his mother if they did not return his look. His sleep was generally sound, and only occasionally would he go to his parents' bed. He no longer suffered from constipation, chewed his fingernails, burped excessively, or scratched his anus. Now, if upset, he would tell his parents why rather than becoming withdrawn and "glassy-eyed". He was also interested in learning and could count to ten. His mother was no longer anxious about sending him to preschool, as he coped well. (In the past, when he'd become overwhelmed

with the activities and demand for interaction, his behaviour had deteriorated.)

Previous improvements had been maintained.

Because there was little left to be treated in Connor, his mother was advised to give future doses only as needed rather than on a regular basis. I was concerned that a similar, or homœopathic, aggravation would be produced if treatment continued at the same intensity when there had been such strong improvement (see § 157). Connor's mother, living some distance away, was also supplied with *Sulphur 30c* and instructions to use this potency before the next consultation if the 12c was no longer effective.

At Connor's next and most recent appointment, 17 weeks after commencing treatment, his mother told me he was not doing as well. Upon receiving the *Sulphur 30c*, she had given him a dose immediately on no particular indication. Over the next three days, he was irritable, whingeing, and badly behaved. He gradually improved during the following week. His mother had been alarmed by this experience and,

Parent report: Connor

Thank you for giving me my son back. I don't know how to thank you enough. It has been sad watching my beautiful boy, from being perfectly normal and chatty, turn into a child with speech and behaviour problems, a "child with autism". Now after only a few months with homœopathy, he is just a normal five-year-old who doesn't walk in circles any more, does make perfect eye contact, even corrects me when I'm too busy to stop and look into his eyes.

From a child who was just sitting in a corner, now he has friends who don't want to leave him alone, and he is quite a popular child in kinder. From a child who wouldn't even look at me or his sister or dad, now he is saying "Mum I love you" and to his sister "You are amazing" and for Dad now he is looking forward to him coming home after work. His speech is still not 100%, we have a problem with just a few sounds like "f" and "r", which is quite common. Well, I can go on and on with what he can do now!

THANK YOU, for everything. We will definitely keep up the homœopathy.



without contacting me, had decided not to give another dose even though improvement was stalling with time. Now, eight weeks later, some of his old symptoms were returning.

I explained that Connor's reaction to the remedy indicated that it had been given when not needed, and that as symptoms were now returning, it should be repeated at this time. Three days later I received a phone call to say that Connor was once again improving.

Treatment continues.

Case 3: Ben (male) 4 years 3 months of age at the time of his first consultation

I have been treating Ben, a young boy with autism, for approximately 1½ years. I first saw him when he was medicated with Risperidone, an anti-psychotic prescribed for behavioural problems such as aggression, sudden mood changes, and tantrums. Without his medication, Ben could fly into rages, bite, strike, and become completely unthinking. His mother, concerned about the side effects of the medication, had already tried to take him off it once without success. On hearing about homœopathy, she had made an appointment to see whether it could help.

Ben's symptoms, common to many sufferers of autism, consisted of anxiety, distress with change, avoidance of social interaction, and stims: he would repeatedly rock to and fro, place objects in lines, hit his head against a soft lounge, and track objects held in his hands as he moved them past his eyes. Ben was also nonverbal.

Ben's individualising symptoms were:

- cold hands and feet;
- perspiration on head during sleep;
- confusion and in a daze for most of the day — especially up to 10 a.m.;

- gentle, frequent weeping, "as if someone had broken his heart";
- flatulence +++;
- straining with soft bowel motions;
- great thirst: frequent drinking of water;
- food desires: biscuits, chocolate, and spaghetti (pasta) with sauces;
- slow recovery from frequent respiratory-tract infections;
- frequent middle-ear infections;
- large head for body size;
- slightly delayed milestones for teething and walking.

His mother had made some early attempts at dietary changes, but Ben was so resistant that they had to be suspended for fear he would starve. There had been no biomedical interventions.

Initial case analysis and treatment

Ben's symptoms at the time of consultation were incomplete, as the Risperidone had suppressed several of them. The Risperidone may also have distorted some of the remaining symptoms. It is possible that his dazed behaviour and confusion were nothing more than side-effects of the medication,⁹ though these two symptoms continued to appear intermittently throughout later treatment. In spite of these difficulties, enough individualising symptoms remained to make a good prescription possible.

Calcarea carbonica was prescribed at this first consultation because Ben displayed classic *Calc. carb.* symptoms: a large head that sweated during sleep, sluggishness of the bowels, repeated colds and ear infections, and delayed milestones. His other less classic symptoms were also well-represented within the *Calc. carb.* pathogenesis.

The symptoms of rage, biting, and aggression, suppressed by the Risperidone, sounded similar to those of a *Belladonna* state. *Belladonna* is a known complement of *Calc. carb.*, which further supported a *Calc. carb.* prescription.

A liquid test dose of *Calc. carb.* 30c was prescribed. His mother phoned three days later to report that he had been more affectionate in the days following the dose. On the strength of this response, Ben was commenced on a twice weekly dose. I anticipated that a future prescription of *Belladonna* might be needed as a complementary to the *Calc. carb.* if his aggression returned as the Risperidone was reduced.

Two weeks later, at Ben's first follow-up appointment, his mother reported that he was:

- less confused and more alert in the mornings;
- more affectionate and cuddly;
- able to listen and follow instructions (his ability to do this would improve after each dose but deteriorate before the next dose);
- joining in some family activities and interacting more;
- no longer tracking objects in his hands, though other stims had continued;
- not as cold in his hands and feet;
- less flatulent;
- not as thirsty;
- still sweating on his head at night;
- starting to strike his mother and sister.

These were significant changes in only two weeks. Because Ben's ability to listen to instructions had deteriorated between doses of the remedy, I increased his *Calc. carb.* potency to 200c. (Another option would have been to just

give more frequent doses of the 30c). I advised his mother to use his flagging ability to listen as a “trigger” symptom for when to repeat the remedy. This is something I generally do as standard practice once the parent has grasped the principles involved, so that the risk of aggravations from routine dosing can be avoided. I also provided *Belladonna* 30c to be used during episodes of violence or aggression. (Others might have preferred a higher potency, but as I was dealing with a child who could not communicate what was happening, I decided to reserve the higher potencies for if and when they were needed. As it was, the 30c managed his aggression well.)

Over the next couple of weeks, as the dosage of Risperidone was reduced and then suspended, Ben’s acute episodes of biting, pinching, striking, and anger were treated as needed with *Belladonna*. In between, his chronic state was treated with the *Calc. carb.* 200c, one dose approximately every three days. His mother described this time as being very different from when she had last tried to stop the Risperidone: this was nowhere near as difficult.

Treatment over ensuing months

Over the ensuing months, Ben continued to improve slowly but steadily. He became an affectionate and happy little boy, no longer displaying episodes of anger and violence. His social skills improved, and he expressed more interest in playing with others than in being by himself. His head sweats disappeared, and his sweet cravings settled; his mother said he no longer “hunted down chocolate.” He was not overly thirsty; his bowel function normalised; and he became aware of the urge to go to the toilet.

Throughout this 17-month period, 80% of Ben’s treatment involved *Calc. carb.* prescribed in a variety of potencies, usually two to three times a week. Each change of potency led to further

improvements. Brief and occasional intercurrent remedies were also used. They consisted of:

- *Belladonna* (as mentioned) during the early stages of treatment for episodes of rage, biting, striking, and pinching;
- *Tarentula hispanica*, given on two separate occasions for an increase in chewing “indigestibles” such as sand, bark, stones, and dirt (this symptom can be common in children with autism because of exaggerated oral-sensory needs); throwing things when upset; biting himself; and noisiness and restlessness exacerbated by music;
- *Phosphorus*, on two separate occasions when his “stimming” increased and he would “space out” in a dream-like state; and
- *Lycopodium clavatum*, given once when his symptoms changed to: being bossy and demanding at home with frequent tantrums, but well-behaved and compliant at school; loss of appetite; and an increase in obsessive compulsive behaviours — especially with stims (it is interesting to note that *Lycopodium* is another complement of *Calc. carb.* and often follows it well).

Of course, there have also been a few “near miss” (euphemism for wrong remedy) prescriptions throughout treatment. Even in these events, a patient’s response to a poorly chosen remedy can guide future treatment. When I prescribed a new potency of *Calc. carb.* to Ben in the absence of anything more suitable, he aggravated with clear *Lycopodium* symptoms (see above). Whilst this phenomenon is discussed in the *Organon* in the context of accessory symptoms and one-sided diseases (§§ 167, 168, 179–184), the same principle can be applied to an incorrect prescription.

Homœopathy is very forgiving.

Recent treatment

At Ben’s last consultation, 17 months after the start of treatment, his response to the *Lycopodium clavatum* prescription was assessed. His mother said he had initially been less “pushy” and happier but in recent times had become angry. He would brood when upset, refusing to give his parents a cuddle before bedtime, as if to punish them. Sometimes he would strike in anger. *Lycopodium* had done good work but was now causing an aggravation. It was time for a new prescription.

Other newly emerged symptoms in his case at this time were: wanting to sit in the dark for long periods; obsession with playing with water; a craving for chocolate (again) and a dislike for fruit and bread (which he’d used to enjoy). Ben was also rubbing his tongue against his teeth as though it was sore. On examination, it had a red stripe down the centre. His rocking had escalated and he was indecisive about food. All these symptoms pointed to a prescription of *Phosphorus*. It was commenced in a liquid 12c potency.

One week later, I received a phone call from his mother. She said Ben was more tolerant, rocking less, no longer craving chocolate, and more decisive about food. Though he was still sitting in the dark, this had lessened.

Treatment continues.

So — what has homœopathy achieved for Ben? He is certainly a different boy from the one medicated with Risperidone. There have been many improvements — physical, emotional, and behavioural — but he still carries traits of autism. The stims of rocking, jumping, lining up objects, and hitting his head on the soft lounge, whilst milder, are still present. Although obviously with intelligence, he still does not talk except for a few words. His improvement has been slower and more gradual than that in the previous two cases in this article, but his autism at the

commencement of treatment was also deeper. That improvements were made with each stage of treatment gives hope that future gains are still possible, perhaps at just a slightly slower rate than for others. One thing is certain,

however: homœopathy, with its ability to reach deep into bioenergetic as well as biochemical levels of the body, has the potential to trigger these changes in a way nothing else can.

Clinical snapshots

A common remedy helped this eight-year-old boy with autism: desiring fish, salt, pepper, chocolate; headaches from sun; fear of thunderstorms; over-

Parent report: Ben

My name is Irene, and I have a 5.5-year-old boy diagnosed with autism and global developmental delay. I first met Fran when she did a talk at our Support Group meeting and took an interest in her treatment as it is natural and non-harming to a child and the outcomes are positive.

Our first goal was to gradually take Ben off the medication that he was taking for his aggressive behaviour, the medicine being Risperidone. As we were not aware of the long-term side-effects of the medication, we were willing to try alternative natural therapy. Ben initially was prescribed Risperidone when he was at the young age of three, when his sister was born. The doctor observed his behaviour and felt that his aggression needed to be placed under control. Over the short term, Risperidone did work but we found that Ben would still have changes in his behaviour — some manageable and others not so. Ben would also seem as if he were in a daze and incoherent and would not function like a child should do at the age of three, whether they have A.S.D. or not. He was very withdrawn and in his own world. For us, this was a massive drawback, and we wanted to change this.

When I contacted Fran and we had our initial appointment, our goal was to rectify this for our little boy and to slowly wean him off Risperidone. Fran has prescribed a number of remedies to address the behaviours and issues that have arisen with Ben over the past 1.5 years — one being a remedy to help Ben overcome the aggression that arose when we were weaning him

off the Risperidone. This process took about one month to help Ben overcome the side-effects of the drug, and we saw a greater improvement in his overall behaviour.

The positive changes we have seen in Ben in the course of the treatment are as follows:

Ben is no longer “zoned-out” till mid morning.

He is no longer tracking objects in his hands.

He has less flatulence and straining during a bowel motion.

Ben has always been affectionate, but is now even more affectionate, even to his school teachers, and of course they love that.

He is not distressed by change as much as he used to be.

His receptive language has increased immensely, but unfortunately we still await the day that he will have expressive language. He has the odd occasional word but as yet no real language.

He attends to activities and is interacting more because he has become more focused and can concentrate on the task at hand.

He is generally very happy when he wakes every morning.

Ben manages his anger better, has more control over it.

Ben is very playful and cheeky when he plays. He has more of an idea of what play is all about and that it is enjoyable.

Ben interacts a lot more with his sister, and she loves it, as she is now receiving

attention from her big brother.

We have had very positive feedback from Ben’s schoolteachers. For us this is very encouraging, as we know we have chosen the right path of homœopathy to help our son to be the best that he can be at whatever he does in life.

Some issues that we are still addressing are as follows:

The other stims have lessened but not yet ceased.

He still hates his hair being cut, but we are slowly seeing improvements.

He still rocks on the lounge and the floor, but this is a vestibular sensory issue that we have to deal with in occupational therapy. The treatment has helped to alleviate the rocking but not yet stop it altogether.

Ben has sleep issues that we are addressing every time we see Fran, as Ben’s pattern of sleep is like a roller coaster.

Ben is eating non-food items, and we are still addressing this problem. It has lessened but not yet stopped.

Ben is obsessed with water, and this is one behaviour that is hard to fix. I guess we are lucky we have a pool.

Overall we are happy and would highly recommend homœopathic treatments for any child who has autistic spectrum disorder. My husband and I believe that homœopathy has saved our son from being subjected to other medications that are clearly not good for our children as no-one knows the long-term side-effects.

responsible with pet; talking in sleep; sleepwalking; dislike of being consoled; brooding on unhappy events; wanting to be by self; asthma; hypochondriasis. (*Natrum muriaticum*)

A common remedy helped this ten-year-old boy with autism: fear and anxiety about many things; fear of food being contaminated, of bath water being toxic; avoidance of the presence of others; leg pains at night; sleeplessness at night; scabs inside nose with thick greenish discharge; patch of eczema under nose. (*Syphilinum*)

A common remedy helped this four-year-old girl with autism: severe, hard constipation for 3½ years; dark bluish circles, like rings, on cheeks; acrobatic: climbing, swinging, jumping, constantly moving; desiring chocolate; dislike for meat, spices; love to dance to music; fascination with the colour red; violent tantrums, throwing things. (*Tarentula hispanica*)

A common remedy helped this 13-year-old girl with autism: frequent asthma; smelly feet; desiring chocolate, meat, salt; fear of thunderstorms; unusually artistic and creative; responsible and conscientious within limits of awareness; love of being outside in the elements and with nature; love of animals; adoring the beach; naturally brown skin and dark eyes. (*Carcinosin*)

A common remedy helped this four-year-old girl with autism: head-banging; biting others; fear of water; excessive thirst for water; fear of the dark: must have company; night terrors; loving to sing; loving to dance; eyes sensitive to light; right-sided hæmangioma; eczema; Jeckyl and Hyde personality. (*Belladonna*)

A common remedy helped this six-year-old girl with autism: frequent colds with yellow-green discharge; obsession with toy animals and animals in books but fear of

real ones; frequent and public masturbation; laughter when others are upset; constantly licking lips. (*Bufo rana* — almost a common remedy)

A common remedy helped this three-year-old boy with autism: asthma that improves on holidays by the sea; love for ice and oranges; comforting himself by getting in knee-chest position, going to sleep in same position; banging head on floor; violent tantrums; frequent redness around anus “like a traffic light”; refusing to walk on grass in bare feet. (*Medorrhinum*)

A common remedy helped this five-year-old boy with autism: irritability; dislike of affection or being touched; dislike of comfort; lack of energy; splotches of pigmentation on abdomen; upset when people laugh because thinks it is at him; cracked eczema on back of hands and knuckles; frequent crying for no reason. (*Sepia*)

To be continued

Part 2 of this article will discuss:

- dietary changes and biomedical interventions: are they a useful adjunct to homœopathic treatment or do they suppress symptoms and confuse prescribing?
- homœopathic approaches such as bowel nosodes and sequential therapy: do they have a role to play?
- other non-homœopathic approaches currently in vogue for the treatment of autism;
- the uncertainties inherent in combination homœopathics used by non-homœopaths as part of their therapy and treatment of autism;
- case management when homœopathy is just one of many interventions taking place;

- the significance of miasms;
- adults with autism: can homœopathy help, or has the damage already been done?
- correction of vaccine injury: is it possible, and what can homœopathy do?

References

1. <<http://www.aspect.org.au/about%20autism/whatis.asp>>, 2007.
2. <<http://www.theage.com.au/news/National/Number-of-disabled-students-soars/2005/04/25/1114281504135.html>>, 2007.3. <http://autism.anu.edu.au/pdf_files/buckley_submit2.pdf>.
4. <<http://www.cdc.gov/od/oc/media/pressrel/2007/r070208.htm>>, 2007.
5. <<http://www.nas.org.uk/nas/jsp/polopoly.jsp?d=235&a=3527>>, 2007.
6. <<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mental-child-autrev-toc-mental-child-autrev-exec-mental-child-autrev-exec-def>>, 2007.
7. Hahnemann C.S. *Organon of the medical art* (6th ed.). Edited and annotated by W. B. O'Reilly. Redmond, Washington: Birdcage Books, 1842.
8. Ramakrishnan A.U. and Coulter C.R. *A homeopathic approach to cancer*. Berkeley Springs, West Virginia: Ninth House Publishing, 2001
9. <<http://www.nlm.nih.gov/medlineplus/druginfo/medmaster/a694015.html#side-effects>>, 2007.

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