

Nosology series

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

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Abstract

The homœopath treating a child with an autism spectrum disorder (A.S.D.) is likely to find that the child is undergoing numerous therapies already, some affecting case-taking and others with significant implications for homœopathic treatment.



AUTISM is a common term for a number of overlapping syndromes. It has no standard or universally accepted form of treatment, and parents and practitioners alike have access to numerous therapies in trying to improve a child's autism spectrum disorder (A.S.D.). The use of these other therapies has significant implications for homœopathic treatment. Some approaches, such as dietary changes, can be combined relatively easily with homœopathy; others, such as chelation or neuroleptic drugs, can make homœopathic prescribing almost impossible. If we, as homœopaths, wish to effectively help the A.S.D.-affected children who increasingly present at our clinics, it is important to be familiar with these other competing and often antagonistic strategies and the impact they may have on our treatment.

I have grouped the most common approaches currently in use under the following headings:

1. Biomedical (or biochemical)
2. Orthodox medicine
3. Behavioural
4. Neurosensory
5. Psychodynamic
6. Miscellaneous.

Of these, the biomedical approach is likely to be the most disruptive to homœopathic treatment. For this reason, a considerable part of this article is devoted to explaining its interventions and the ramifications they have for both patient and homœopath.

Biomedical interventions

The biomedical approach: what is it?

Biomedicine is a term that can be applied to almost any form of "medical" practice. Merck defines it as "Clinical medicine based on the principles of the natural sciences such as biology and biochemistry".¹ When used in relation to the treatment of A.S.D.s, it refers to a complicated and developing field on the periphery of orthodox medicine and allied therapies that as of yet has no clearly defined boundary. It seeks to correct biochemical imbalances that disrupt immunological, neurological, digestive, or metabolic processes to create A.S.D. symptoms. To make these corrections, biomedicine may



introduce dietary changes; seek to optimise digestion with anti-fungal medications, antibiotics, or probiotics; supplement with vitamins, minerals, and enzymes; detoxify the system by a range of substances; or prescribe medicines to chelate heavy metals out of the body. These interventions are generally guided by the behaviours of the child and the reports from genetic-, salivary-, blood-, urinary-, faecal-, or hair-mineral tests.

The relevance of this to the homœopath lies in biomedical interventions' capacity to complicate homœopathic treatment by suppressing [1] symptoms or by producing new ones as "side-effects". This, with parents unfamiliar with homœopathic concepts and unlikely to suspend biomedical treatment in favour of homœopathy alone, can make the management of the "biomedical" child particularly challenging. Homœopathic treatment of such a child will certainly be less clearcut than that of a child not having these interventions; at times, it may even be impossible.

For the sake of convenience, I have grouped the most common biomedical interventions into the following four categories in the order of their common implementation:

- dietary modification;
- optimisation of gastrointestinal function;
- supplementation; and
- detoxification and chelation.

At this point I will provide an uncritical explanation of each, leaving discussion of its benefits, limitations, and drawbacks for later.

Intervention 1: Dietary Modification

The brain and gut are closely linked. Both differentiate from the neural crest during embryologic development, and a preserved link allows them to exert reciprocal regulatory influences on each other later in life: what affects one will affect the other.² The gut, with many of the same neurotransmitters as the brain and more neurons than the spinal cord, is often called the "second brain". Many cells of the immune system also reside within the gut to play a major role in immune function. With this knowledge, we are not surprised to find that many A.S.D. children suffer from combined neurodevelopmental problems, gastrointestinal disorders, and lowered immunity.

As the brain-gut connection has been increasingly understood, modifying the diet to remove sensitising or irritating factors has become a major part of the biomedical treatment of autism. It is the platform upon which all other biomedical interventions rest.

Dietary modification consists of three components. First, irritating chemicals such as artificial additives, flavourings, colourings, and preservatives are removed from the diet, along with highly processed foods of little nutritional value.

The second component of dietary modification is the start of a series of biomedical interventions based on allopathic [2] rationale. Dairy products, with their casein content, and gluten-containing foods such as wheat, oats, rye, barley, and spelt are removed from the diet. This is done to prevent any undigested gluten or casein peptides from entering the bloodstream, on the basis of

a hypothesis that many children with autism have increased gastrointestinal permeability (often known by the more colourful name of "leaky gut") that allows undigested casein and gluten peptides to leak into the bloodstream and then circulate to the brain to produce opiate-like effects, including confusion, vagueness, and disorientation — all common symptoms of autism.

The third dietary modification restricts foods that contain sugars or refined carbohydrates. Potentially harmful bacteria such as streptococcus; some viruses; and yeasts such as *Candida* are fuelled by sugars in the gut to create a state of gut dysbiosis — an excess of certain naturally occurring microbes or parasites. It is thought within biomedical circles that toxins produced by these microorganisms are absorbed into the bloodstream to again affect the brain, and that the dietary restriction of refined carbohydrates and sugars, including those found in fruit and some vegetables, helps to prevent or control these overgrowths.

The above are the main dietary modifications of the biomedical approach, but there are several others. Children may also be on a low-phenol, low-oxalate, or low-salicylate diet; the Feingold diet; the Gut and Psychology Syndrome (GAPS) diet; or the Specific Carbohydrate diet, to name just a few.³

Intervention 2: Optimisation of Gastrointestinal Function

In a healthy state, the gut absorbs nutrients and screens out toxins. If the "leaky gut" hypothesis is correct, it is unable to do either of these two things. The biomedical approach of returning the gut

¹ Suppression: the suppression (Hahnemann's term, *Unterdrückung*: under pressing) of symptoms refers to the concealment of perceptible manifestations of a disease condition without the cure of the disease (Hahnemann CS. *Organon of the Medical Art* [6th ed] [trans. O'Reilly]. Redmond, Washington: Birdcage, 1996 [1842], p. 354). Homœopaths hold that continual suppression of symptoms leads to worsening health.

² Allopathy: The treatment of disease with substances that produce effects different to the symptoms of that disease. Often used as a term for orthodox medicine. (In contrast, homœopathy treats disease with substances that produce effects similar to those of the disease).



to health involves removing parasites, yeasts, viruses, and toxins and replacing any health-disturbing bacteria with those that are beneficial. To this end, probiotics are combined with the dietary changes already discussed. Antibiotics and anti-fungals are used to “eradicate” unwanted colonies of micro-organisms, and supplementation and chelation of heavy metals may be used in an attempt to reduce gut inflammation and promote healing. (Supplementation and chelation are discussed more in following paragraphs.)

Intervention 3: Supplementation and medicinals

Biomedicine also uses vitamins, minerals, amino acids, enzymes, hormones, antioxidants, and essential fatty acids — frequently in mega-doses — to treat deficiencies from poor digestion, or to improve immune, metabolic, digestive, and neurological function. Calcium,

magnesium, vitamin C, vitamin E, vitamin B5 (pantothenic acid), vitamin B6, methyl B12, melatonin, taurine, dimethylglycine (DMG), pycnogenol, GABA, and fish oil are just some of the more common supplements and medicines prescribed from an extensive and ever-growing list.

Intervention 4: Detoxification and Chelation

It is claimed that chelation is the only means by which some children with autism can be stimulated to excrete retained deposits of mercury, lead, arsenic, and other heavy metals from the body. They may also be affected by one or more of the persistent organic pollutants (POPs) that now contaminate our environment. These include: polyaromatic hydrocarbons and polychlorinated biphenyls (PCBs); aldrin; chlordane; DDT; dieldrin; endrin; heptachlor; and brominated flame retardants. Biomedically, numerous chelating

agents and supplements are used to try to relieve any toxic burden these children may carry. They include: dimercaptosuccinic acid (DMSA); 2,3-Dimercapto-1-propanesulfonic acid (DMPS); ethylenediaminetetraacetic acid (EDTA); vitamin C; glutathione; and alpha-lipoic acid (ALA), along with several others.

Sounds Impressive, but does It work?

The biomedical model for the treatment of autism is a relatively new and unusual phenomenon: new because the escalating incidence of autism is only recent (1990s onward⁴), and unusual because biomedical practitioners and their protocols have been, and continue to be, informed by the discoveries of parents who push beyond the limits of orthodox medicine in a desperate bid to find new and better treatment options.⁵ This “newness” means that very little empirical research is available to scientifically

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substantiate the claims made by biomedical proponents. Most reports on its effectiveness are anecdotal; though they may be correct, they lack statistical context and often, to a degree, personal medical history. Members of the global A.S.D. community have, out of necessity, had to disseminate home-tested, trial-and-error information on various protocols and strategies between themselves. The immediacy of the Internet; the over-the-counter availability of many medications; and access to the necessary laboratory tests have meant that this parent-to-parent information frequently outstrips the knowledge and protocols of the emerging biomedical practitioners.

As a result, many parents assume sole responsibility for the biomedical treatment of their child. This is evidenced by the increasing number of biomedical self-help groups around the world; their associated non-profit organizations⁶; and heavily populated biomedical Internet forums⁷. Lorence, in examining Asperger's syndrome and the role of these Internet communities, says:

We find that users of web-based information in such areas often report reliance on information for medical decision making and disease management, at times to the point where interaction becomes a form of "cybertherapy". Further, such groups often evolve into disease-specific, 'virtual support groups', even where discussions highlight a lack of consensus regarding the role, function and quality of information within this unique domain.⁸

Parents who experience gains with biomedical treatment report that their child improves in one

or more of the following areas: receptive or expressive language; socialization; behaviour; immunity; and digestive function. All confirm that it is a slow process, and most agree that dietary changes produce the fastest and most consistent improvements. They are clearly also the simplest and safest to initiate.

The biomedical model may appear to be a saviour for some with autism, but the improvements it offers are not consistent over time or even between children of the same parents. For every parent who reports success, another will report failure. Some children will be classified as "non-responders" to treatment; of greater concern, some will regress.⁹ Biomedicine's treatments are still evolving, and "best practices" are yet to be defined. Its nebulous grasp on the treatment of autism is revealed in the following words from the Autism Research Unit of the University of Sunderland, UK:

We are gradually approaching an understanding about some of the biological factors which underlie autism and from this we are beginning to develop therapies which appear rational. However, we are still unable to predict with any real confidence how individuals are going to react to the treatments we employ.¹⁰

It is important to realize that though the "bio" of biomedicine may sound green, clean, and natural, the "medicine" remains deeply allopathic. Most of the treatments depend, for their effect, on biochemical palliation [3] or suppression of symptoms, neither of which will remove the totality of the child's symptoms.[4] The treatments can also produce

harmful or aggravating side effects. The following are four of many such problems.

Problem 1: yeast overgrowth

An overgrowth of yeast in the gut is the expected side-effect of the chelating agents, antivirals, and antibiotics used during biomedical treatment. According to the "leaky gut" hypothesis, yeast overgrowth, of which *Candida* is the most common, increases gut permeability, allowing undigested peptides and toxins into the bloodstream. When such overgrowth is triggered or compounded by chelation, the results can include unbearable itching of the skin and muscles; skin rashes; ear infections; hyperactivity; "stims"[5]; agitation; aggression; abdominal bloating; flatulence; and diarrhoea. Behavioural and cognitive regression can also occur, and the child's autism may even deepen. To forestall or treat these symptoms, anti-yeast and anti-fungal medications, such as Diflucan (fluconazole), Sporanox (itraconazole), and nystatin may be prescribed; a yeast- and sugar-free diet that "starves" the yeast implemented; or probiotics introduced to "crowd" the yeast out. This layering effect, designed to treat the original iatrogenesis, may or may not be effective but can in turn produce its own problems, including liver and kidney damage. There is also a high risk of the yeast returning in a resistant form upon cessation of treatment. And so, in allopathic fashion, the cycle of symptoms and treatment commences again. A cursory look at biomedical forums reveals many once-hopeful parents struggling to control yeast in their children in a never-ending cycle of symptoms and treatment.

³ Palliation: To palliate is to cause to appear less grave [L. palliatus covered with a cloak]. Macquarie Dictionary.

⁴ In contrast, homeopathy's development into a fully holistic method of treatment was a response to the observation that full health is restored only when symptom totality, including those symptoms unrelated to the autism, has been fully removed.

⁵ "Stims" and "stimming" are colloquialisms for self stimulation. A stim is a repetitive behaviour that either stimulates, calms, or aids concentration.

Problem 2: *Candida* “die-off”

At the other end of the scale, a “die-off” effect, known as the Herxheimer reaction¹¹, frequently occurs as the yeast is starved or poisoned by prescribed supplements, dietary restrictions, or anti-fungals. When this occurs, toxins released by the dying yeast produce a range of symptoms, including hyperactivity; stims; fatigue; brain fog; fever; nausea; gas; bloating; diarrhoea or constipation; abdominal pain; itching; and muscle or joint soreness. Symptoms usually start seven to 12 days after the commencement of treatment. Rather than acknowledging it as the toxic event it really is, die-off is usually presented to parents as an innocuous “detoxing” process. This ignores the fact that the child’s total toxin load is obviously increased rather than reduced during this event and that there is no evidence of increased excretion of existing toxins either during or following the symptoms. Biomedicine will use supplements such as molybdenum, and treatments such as pantethine, activated charcoal, and peppermint oil to try to palliate die-off symptoms.

Problem 3: chelation side-effects

Children with autism often have high levels of heavy metals such as mercury, lead, arsenic, cadmium, copper, nickel, antimony, and aluminium within their system. These metals have all been implicated in causing either neurological damage or gut inflammation. Of them all, mercury has attracted the most attention in biomedical circles. The symptoms of mercury poisoning can be similar to those of autism¹²,

and the opportunities for exposure, either in utero or during infancy, are numerous.[6]

Biomedicine uses a range of supplements and chelating agents to loosen and extract heavy metals, including mercury, from the body, but if toxic side effects are to be avoided, chelation has to be carefully managed. Reversible bone-marrow suppression and elevated liver enzymes, indicating liver damage, have been noted in about 1% of cases. Severe allergic reactions, though rare, have also occurred. Of potentially greater concern is the risk of redistributing sequestered mercury throughout the body, especially to the brain, during chelation. Once there, it is difficult if not impossible to remove. Sections of the biomedical community claim that the chelating agent ALA, being fat-soluble, can cross the blood–brain barrier to extract mercury; but so far, this is not supported by the limited research in this area¹³. Mercury redistribution to the brain during chelation may also account in part for the regression some children experience on biomedical treatments.¹⁴

The less serious side effects of chelation involve bacterial or yeast disturbances (already discussed) and the depletion of essential minerals, such as zinc, copper, manganese, molybdenum, and magnesium. Chelation removes the essential along with the harmful minerals, so careful monitoring and supplementation are vital. Rashes; gastrointestinal disturbances such as reflux, heartburn and diarrhoea; and an increase in autistic and oppositional behaviours are also commonly reported side-effects. The biomedical approach to these problems is not to avoid creating them but to treat them

— with additional supplements and medications. Some on the biomedical forums are expressing concern that the development of neurological disorders such as multiple sclerosis and amyotrophic lateral sclerosis later in life by those who have had chelation may in fact be linked to redistribution of metals or to other damage induced by that earlier chelation. It is important to note that, at this point, long-term studies on the safety of chelation have not been done.

Problem 4: nutritional imbalances, deficiencies, and intolerances

Good nutrition being the basis of good health, removal from the diet of “non-foods” such as artificial additives, flavourings, colourings, and preservatives, along with highly processed foods of little nutritional value, constitutes removal of an obstacle to cure [7]. This simple step of returning the child to real foods often leads to substantial improvements, even in the absence of any other intervention. But dietary restrictions, though amongst the least harmful of all the biomedical approaches, can produce their own nutritional deficiencies. They can also create the very thing they are intended to relieve. When the consumption of “safe” foods is increased to replace those to which the child is intolerant, overexposure can create new sensitivities to the replacement foods and result in further restrictions. At the same time, total withdrawal of some foods can lead to new reactions upon their reintroduction, as the body, having lost the need to digest these foods, will have ceased production of the necessary digestive enzymes. Some children become intolerant of so many foods that parents resort

⁶ Common sources of exposure to mercury are: environmental, such as with broken fluorescent tubes or mercury thermometers; maternal, leaching from dental amalgams into the bloodstream and then crossing the placental barrier or entering breastmilk; and vaccinal, such as RhoGAM or the increasingly numerous childhood vaccines that contain mercury, listed as either thiomersal or thimerosal (limited in quantity by legislative action in 1999).

⁷ Obstacle to cure: an occasioning or maintaining cause (introducing or maintaining a condition) or impediment to an otherwise curative medicine. See Hahnemann CS. *Organon of the Medical Art* [6th ed] [trans. O’Reilly]. Redmond, Washington: Birdcage, 1996 (1842), §§ 7, 260.



to using hypoallergenic amino-acid-based “milk” formulas such as Neocate either as a supplementary food source or, in extreme cases, as a total food replacement in order to forestall deficiency or starvation.

Biomedical treatments can also create nutritional havoc. The leaching of vital minerals by chelation has already been mentioned. Imbalances from megadoses of supplements can distort the body’s biochemistry. Deficiencies arising from dietary restrictions can also occur. For example, excessive supplementation with zinc, either during chelation or for low zinc levels, will inhibit copper absorption. Copper deficiency then results in anaemia.¹⁵ This phenomenon has been observed several times in biomedical children under my homœopathic care.

Homœopathic perspective on biomedical problems

At this point, it may be appropriate to make a few comments from the homœopathic perspective on these issues of yeast overgrowth or die-off; chelation side-effects; and nutritional imbalances, deficiencies, or intolerances; and on what has been observed in the author’s practice.

Dietary Modifications

Dietary changes, though the safest and simplest to initiate of all the biomedical interventions, are not always without problems. The removal of aggravating foods to help the gut to heal can be a helpful short-term strategy, but it will also remove symptoms important for making a prescription. From time to time, it may be necessary for the child to return to a normal diet

so that the full symptom picture can re-emerge and an appropriate prescription made. Some parents may be reluctant to do this for fear of losing hard-won gains.

The improvement in symptoms following food removal while under homœopathic treatment also differs from the improvement following food removal while under biomedical treatment, in that gut healing is much quicker and the period of intolerance far shorter with homeopathic treatment. I have seen many food sensitivities literally disappear overnight in the face of a good homœopathic prescription. In almost all other cases, such sensitivities have taken a little longer to resolve but have been greatly reduced from early in the course of treatment.

Supplementation

It is important for practitioner and parent to realise that the nutritional supplementation of biomedicine is a palliative approach that cannot replace all of the synergistic benefits of real food. Nor can it fully correct the errors of metabolism that create deficiency states in spite of plentiful nutrition. It can create deficiencies, however, as already discussed in relation to Zinc supplementation’s leading to anaemia. In contrast, homœopathic treatment does not leach, block absorption, or create imbalances but normalises the child’s nutrient absorption and metabolism.

Yeast Overgrowth

Homœopathy rapidly and calmly manages yeast overgrowths (including *Candida*) if the remedy is individualised to the sufferer’s symptoms rather than given as a

routine human symbiote.^[8] In my experience, this one thing, more than any other improvement, strengthens parents’ trust and confidence in homœopathy. It is as if parents see “yeast” as the great curse of biomedical treatment — a difficult-to-manage and ever-present threat to the health of their child. When homœopathy rapidly deals with a troubling yeast overgrowth that has been present for months to years in spite of biomedical treatment, and manages this without any unpleasant die-off effects, parents can be understandably elated. They often transfer the long-term care of their child to homœopathy at this point.

One thing to be aware of regarding aggravations, similar or dissimilar, during the course of treatment is that watchful parents may wrongly attribute them to either an overgrowth of yeast or a die-off and lose confidence that homœopathy alone can manage their child’s yeast issues. To avoid this, an explanation about aggravations — their cause and significance — is important in clarifying what is really happening at such times.

Chelation

When parents are chelating their child, it usually takes many months before an improvement is seen, and years for completion. In contrast, I have repeatedly observed symptoms ^[9] attributed to heavy-metal toxicity improve within hours of administration of the homœopathic remedy. The removal of heavy metals obviously cannot have occurred within this short period, but it does appear as though the function of metabolic pathways commonly affected by metals can be rapidly “normalised”

⁸ Symbiote: A potentised preparation of a microorganism symbiotic with an animal, e.g., in humans, *Candida albicans*. Prescription of a symbiote that does not correspond to the sufferer’s individualising symptoms will generally be of little to no benefit.

⁹ Eye contact; reduced sensitivity to external stimuli; improvement in behaviour; increase in expressive language; acceptance of touch; and desire for interaction are all improvements that have been noted in some children within hours after being prescribed a single dose of a similar remedy. In others, these improvements have occurred in one to three days (still with one dose of the remedy).



on exposure to the correct remedy. Interestingly, several of my patients who have had homœopathic treatment without any biomedical interventions show falling levels of heavy metals in their hair-mineral analyses that correspond to the improvements in behaviour and function that occurred whilst on treatment. It is known that the body attempts to naturally remove heavy metal burdens through elimination and excretion pathways. Any remedy that moves that body toward a healthier state will facilitate this process.

Finally, homœopathy does not produce the damaging side-effects common in chelation, either by “loosening” metals or as a direct result of the remedy itself.

Homœopathy and biomedicine compared

The main differences between biomedical and homœopathic treatment are summarised in the table on page 18. For those already familiar with homœopathy, many points may be obvious or well known, but they do bear repeating.

Implications of the biomedical approach for homœopathic treatment

The biomedical approach has significant implications for the homœopathic treatment of the A.S.D. child. They fall into three main areas:

1. Symptoms are suppressed or altered

Medicines and treatments are only ever given to change, remove, or prevent symptoms; and in the process, the homœopath may lose the very things he or she needs for making an effective prescription. The degree to which this happens with biomedicine varies from intervention to intervention, but even seemingly benign changes such as dietary modifications can cause this problem. An example of this can be found in part one of this article, in Case 1, in which Alex’s

dietary changes had significantly modified his behaviours and prevented any expression of food cravings, aversions, or aggravations. Fortunately his mother could still recall what his symptoms were like before the interventions began; many parents simply cannot provide this information, either because too much time has elapsed or because their child was too young to have tried a range of different foods prior to the dietary restrictions. On these occasions, it may be necessary to ask for all interventions to be suspended for a period so that the child’s true symptoms can resurface. In reality, most parents are reluctant to do this for fear that any return of symptoms may permanently set back their child’s improvement. This is especially so in early homœopathic treatment, when the implications of palliation and suppression may be difficult for the parent to grasp. Information and explanation at this time will go a long way to easing any concerns. Sometimes biomedically induced side-effects are so pronounced and widespread that the practitioner can no longer see the true symptom complex for prescribing purposes. If this occurs, there is no option but to suspend treatment until the troubling interventions have been completed and clearer symptoms return. Parent and practitioner should be aware that the completion of chelation may take years.

Not only can interventions remove symptoms from the case; they can also introduce new ones by way of their own side-effects. This can pose problems for the practitioner, who must then decide whether the new symptoms are:

- an aggravation produced by the remedy, in which case the remedy should be immediately suspended. If the aggravation is similar to the child’s existing symptoms, and these symptoms improve once the aggravation

settles, the remedy should be recommenced at a reduced frequency, or in a smaller dose if the child is hypersensitive, as soon as any improvement stalls or symptoms return. If the aggravation is dissimilar to the symptoms, the wrong remedy has been chosen, and it will not be followed by an improvement. In this event, the symptoms should be re-examined and another prescription made as soon as possible. Hahnemann advised to combine the pre-existing symptoms with the symptoms of the aggravation in this instance to prescribe a more appropriate remedy¹⁸;

- side-effects of the biomedical treatment. Though suspected, they can be difficult to confirm due to a lack of comprehensive data on the side-effects of many biomedical supplements and treatments, especially when used in combination. If the suspected side-effects of a particular treatment cannot be confirmed by established sources of information, the homœopath’s best recourse is to enquire on the biomedical Internet forums whether other parents have encountered a similar problem. If an association between the biomedical treatment and the side-effect can be established, the child’s parents should be advised as much, with a view to modifying or suspending that treatment. Parents should also be warned that side-effects of once-helpful biomedical treatments — even vitamins or minerals — can occur as homœopathy moves their child to better state of health. This aspect has already been commented on in Alex’s story (part one, Case 1) and has been seen on numerous occasions in the author’s practice. If biomedical side-effects are suspected, parents should be asked to suspend the most likely intervention for a period. If symptoms improve, the intervention can be omitted

Homœopathy and biomedicine compared

1. Homœopathy is a simple and unchanging system of medicine. Its therapeutic action comes from the consistent application of a natural law, the law of similars.[10]	Biomedicine is a conglomerate of complex and changing treatments that vary from practitioner to practitioner, and from year to year. It has no underpinning law to guide practice.
2. Homœopathy is safe. It has no toxic side-effects and will not interact with other prescribed substances. It does not harm.[11]	Biomedicine is capable of toxic side-effects, leaching of vital minerals, and detrimental interactions with other substances. It can and does harm.
3. Homœopathy is based on the observation that an illness or disease can be removed by the short-lived effects of a sufficiently similar second disease of either natural or medicinal origin.[12] Once free of the short-lived effects of the second disease, and no longer suffering from the original disease, the body returns to a state of independent health and homeostasis. Biochemical pathways are restored, and pathogens die out uneventfully.	Biomedicine is based on an assumption that the body's biochemistry, or a pathogen affecting it, contains the causes, rather than the intermediate effects, of ill-health. It therefore uses chemicals to suppress or control symptoms, force a particular response, or kill the pathogens. Side-effects, overgrowths, and die-off symptoms are common.
4. Homœopathy treats simply and methodically. A single medicine is prescribed according to the presenting symptom complex and the law of similars. Each dose is observed for the type of response it triggers in the unwell person. An improvement followed by a partial return of the original symptoms requires a further dose of the same remedy; an improvement followed by the emergence of new symptoms requires a dose of a newly matching remedy; and so on. In this way, the practitioner moves the patient step by step toward perfect health. (Part one, cases 1, 2, and 3, demonstrate this process.)	Biomedical treatment takes place in cumulative and increasingly complex layers. Medicines are prescribed for their suppressive or palliative effects in opposition to single symptoms. The use of medicines to stimulate rather than suppress the body's own recuperative efforts is unknown in biomedicine.
5. Homœopathy does not create resistant pathogens or increase food intolerances	Biomedical treatment of pathogens with antibiotics and anti-fungals can lead to re-colonisation by more resistant forms. ¹⁶ Severe dietary restrictions may increase rather than reduce food intolerances.
6. Compliance is easy with homœopathy. There are no complicated dosage regimes or drastic diets. Homœopathic medicines are pleasant tasting, and doses are small; they are well-tolerated by children.	Compliance can be difficult with biomedicine. Medicines may taste unpleasant or be difficult to swallow. Dietary restrictions can turn meal times into battles, and complicated treatment regimes disturb sleep and disrupt family life.
7. Homœopathic treatment is relatively inexpensive. Consultation fees vary between practitioners, but once treatment has been established, consultations are usually weeks to months apart. Expensive and extensive investigations are not needed, and medicinal costs are low.	Biomedical costs are expensive. Consultation fees vary between practitioners; plans for extended treatment requiring costly investigations and tests, followed by multiple medicines and treatments, are the norm.
8. Homœopathy can frequently improve on biomedical treatment.[13]	Biomedical treatment does not seem to add to improvements produced by good homœopathic prescriptions.[14]
9. When applied according to sound principles, homœopathy has been shown to bring improvement for the great majority of children, and often rapidly.[15]	Biomedical treatment is slow and demanding on parents and children. Results are variable. Whilst some children improve, a significant number, 50% or more, are not helped by many of its approaches, and some regress during treatment. ¹⁷



altogether or reintroduced in a smaller measure. Unfortunately, many parents will be reluctant to suspend interventions for fear of delaying their child's progress, especially if the biomedical treatments have been trouble-free up to this point in time. Some may even choose to stop homœopathic treatment itself in the erroneous belief that it, rather than one of the biomedical interventions, is the cause of their child's symptoms. If it later becomes obvious that this was not so, these parents often return their child to homœopathic treatment with renewed commitment;

- nutritional deficiencies produced by a restrictive diet, or by the leaching effects of chelation. If either is suspected, the parents should be alerted and the necessary tests and investigations conducted.

2. The biomedical family

The parents of a child with autism are frequently under enormous social, financial, and treatment-related stresses, all of which may affect their capacity to give

homœopathic treatment the same opportunity to help their child as they've given the treatments in which they have invested much more time and money. The search for elusive ingredients for organic home-cooked meals and snacks; expensive treatments; three-hourly dosing schedules, day and night; coping with the inevitable but often unjustified guilt of not doing enough for their child; and juggling the needs of other family members, just to mention some of the pressures, will at times turn even the most well-adjusted parent into an emotional and behavioural wreck. All of these dynamics feed into homœopathic management and need to be recognised and accommodated if the child is to be treated well. Perhaps the biggest hurdle the homœopath will have to overcome, though, is that of parents mistaking biomedicine for the "serious stuff" and homœopathy as an "add-on" treatment. In this regard, homœopathy can be a victim of its own gentleness and simplicity. Parents can easily attribute the gains made by it to the more obvious rigours of concurrent biomedical treatments. Sometimes it is only when scarce resources are directed away from homœopathic

treatment toward more biomedical interventions that it becomes clear to parents which therapy has done what as improvements gained over previous months slip away before their eyes. Parents will then often return to homœopathy with renewed commitment and confidence. Finally, in the world of autism, the practitioner may have to accept that it is not just other biomedical or orthodox practitioners whose treatments are complicating the child's symptom picture. Parents may be frequently initiating their own interventions and treatments according to what is being discussed and advised within parent self-help groups. In treating the A.S.D. child, it is certainly true that we will rarely be alone.

Biomedicine or homœopathy?

In summary, what can be said about biomedical treatment? It's my belief that, in the absence of homœopathy, safe dietary modifications are the treatment of choice for A.S.D.-affected children, and that the benefits of other biomedical approaches should be judiciously weighed against their risks. As already mentioned,

¹⁰ The law of similars is a natural law that underpins homœopathic action: the "like cures like" phenomenon. Homœopaths observe that the correct remedy for a patient's disease is that substance that will produce, in a healthy person, symptoms similar to those of the disease.

¹¹ In order to address health problems without producing toxic chemical effects, homœopathy most commonly uses sub-molecular preparations of medicines. The process by which these medicines are prepared involves their serial dilution and succussion (vigorous shaking), a process called potentisation.

¹² For example, cure of deafness, dyspnoea, and chronic ophthalmia can occur through smallpox, which causes all three; the pain and inflammation of a burn can be relieved by stinging nettle.

¹³ Alex's story (Case 1, part one) is one such example from many in my files. In other cases, parents repeatedly report substantial and rapid improvements in their child's progress following the prescription of an appropriate homœopathic remedy even though that child may already have been on biomedical treatment for a long time.

¹⁴ Of the children I have treated during the last two years (more than 100), there has not been a single case in which biomedical treatment has further improved the progress of a child already doing well on homœopathic treatment. In contrast, I have several cases in which children regressed substantially when homœopathic treatment was suspended in favour of biomedical treatment, only to rapidly improve again upon return to homœopathic treatment. A large percentage of my remaining cases have been treated both biomedically (not by me) and homœopathically as parents unfamiliar or underconfident with the homœopathic approach have chosen to combine both methods of treatment in an effort to help their children. These children progress no more rapidly than those children who are receiving homœopathic treatment only. Frequently, their progress has been slowed as biomedical treatments complicated or hindered homeopathic management.

¹⁵ A review of the more than 100 A.S.D. cases in my clinic shows improvement in 98%. Their speed of improvement has varied from slow but consistent to startling. The three cases discussed in part one of this article provide a guide to what can be expected in general practice. The more I practise homœopathy, the more I am convinced that the law does not fail the practitioner: the practitioner fails the law.



depending on the symptoms involved and the treatment employed, biomedicine has been shown to improve some symptoms of some children who until recently have had very few treatment options open to them. Its overall success rate is higher than that of its cousin, orthodox medicine, and in comparison it is generally safer. This information is displayed in a simple but comprehensive treatment chart compiled by the Autism Research Institute from the treatment reports from more than 26,000 parents¹⁹ that compares and contrasts the results of 53 orthodox

medicines, 29 biomedical/“non-drug” medications, and ten special diets.

It is good practice for homœopaths to remove “obstacles to cure”, allowing the body to heal itself,²⁰ but some biomedical treatments that may initially seem to do this can actually produce their own adverse effects in the process. Chelation, for example, as already discussed, may produce liver damage or gut dysbiosis. Anti-fungals such as fluconazole (e.g. Diflucan) and itraconazole (e.g. Sporanox) can produce the previously mentioned

Herxheimer reaction or disorders such as deafness, hypertension, hepatotoxicity, or anaphylaxis.^{21,22} Obviously, “removal” by these means is not consistent with the homœopathic ideal of rapid, gentle, and permanent cure.²³ In addition, if improvements occur through symptom palliation or suppression, then any short-term relief will have to be weighed against future deterioration or development of new symptoms.[16]

In comparison with homœopathy, biomedicine is found wanting. It does not, for instance, produce the rapidity of response

Making the transition

Biomedical dependency

In an ideal world, parents would suspend most, if not all, biomedical interventions when commencing homœopathic treatment. Case management would then be clearer and less complex for both practitioner and patient. In reality, this rarely happens. Initially, most parents remain highly dependent on biomedical treatments until their confidence in homœopathy has grown. Only then is it possible for them to consider discontinuing some or all of its interventions. Reasons for this dependence include the following.

Biomedicine’s sophisticated and impressive appearance

Biomedicine’s treatments are complex, expensive, and embraced by highly educated doctors, paediatricians, specialists, and allied therapists. In contrast, homœopathy, with its infrequent water doses or sugar pills prescribed by a limited number of professional homœopaths, appears too subtle or gentle in the eyes of some to achieve the improvements promised by biomedicine. For this reason, parents can easily attribute the gains from early homœopathic treatment to rigorous simultaneous biomedical treatment.

Fear

Parents trying to “recover” their ASD-affected children are frequently dealing with:

- fear of missing the window period of early childhood in which biomedicine has the potential to make the greatest difference
- fear that valuable gains will be lost if their child regresses because biomedicine was suspended in favour of an unknown homœopathy
- fear of offending professionals who may currently be helping their child
- fear of being without the support, understanding, and friendship of a biomedical community when much of society still struggles to understand or accept their child’s confronting behaviours
- fear that aggravations arising from homœopathic treatment (or high doses of the supplements or medicines that become unnecessary with successful treatment) may really be the reactivation of gut dysbiosis or a sign of regression.

Misidentification of homœopathy

Homœopathy is generally understood poorly and represented inaccurately by biomedical proponents and on biomedical forums. It is often wrongly identified as the use of nosodes[†], isodes[‡], human symbiodes^[8], or complexes[†], used in a “this for that” manner, or as a series of routine remedies prescribed according to a causal history. Parents whose children have been treated in this inadequate manner (by homœopathic and non-homœopathic practitioners) have a limited appreciation of homœopathy and report variable results. As a consequence, seasoned members of biomedical forums generally advise that, whilst “homœopathy” is sometimes helpful, it is also unreliable; and that its practitioners usually know too little of A.S.D. issues or biomedical treatments for parents to entrust them with the complete care of their child.

Prior investment

Biomedicine is a field in which the ground rules are still being laid, and it is not unusual to find highly motivated parents who are better informed about biomedical treatment options and expected responses than many professionals. These parents are often solely responsible for their child’s biomedical treatment, and because of their experience in this area, may be sought out by newer or less-knowledgeable parents for the information they can share — something that is obviously flattering and gratifying. In other instances, parents may confuse any success from their child’s biomedical treatment with their own success as parents. Either way, a lot more than time and money may be invested by parents in their children’s biomedical treatment than is likely with homœopathy.

Assisting in the transition

Short of refusing to accept a child for treatment, the best course of action for the homœopath is to address the above issues with time, patience, education, and a preparedness to support parents in the difficult transition from an allopathic to a homœopathic mode of treatment. If homœopathy’s potential is to be fully realised by countless numbers of ASD-affected children, then we as practitioners also have to present clear, accurate, and consistent information on its principles and practice to the biomedical community. Now, that’s a challenge worth picking up.

* Nosode: a potentised preparation of diseased tissue or disease product.

† Isode: a potentised preparation of diseased tissue or disease product from the patient him- or herself.

‡Complex: a mixture of potentised medicines.



or the consistency and breadth of improvement that is possible with homœopathic treatment.[17] It is associated with significant side-effects and compliance issues, and its interventions are costly and disruptive. Finally, many of its treatments have to be continued indefinitely if symptoms are not to return. For these reasons alone, homœopathy deserves to be at the forefront of treatment options for children with autism, not to be used merely as an ancillary therapy; it is safe and effective and able to produce the long-term results parents are looking for. All that is required for its success is for practitioners to apply its core principles consistently and clearly in the A.S.D. cases that come before them.

Other interventions

Along with biomedicine, parents may frequently be using a number of non-biomedical approaches in the treatment of their child's autism. I will not elaborate on these to the degree I have on biomedical interventions, as, with the exception of the orthodox pharmaceutical approach, they are generally nowhere near as disruptive to homœopathic treatment.

These approaches include the following.

Orthodox pharmaceutical approach

Orthodox medicine relies on neuroleptic, antidepressant, and stimulant medications to treat the symptoms of autism. This approach has been shown to be least effective and the most dangerous of all the medicinal and supplemental treatments, as

the data compiled by the Autism Research Institute reveal.²⁴

Neuroleptic medications such as risperidone (e.g. Risperdal) are used to manage the behavioural symptoms associated with autism, such as aggression, self-injury, obsessive-compulsive symptomatology, hyperactivity, anxiety, agitation, aggression, rigidity and inflexibility, and mood lability. Weight gain is one of their known short-term side-effects. There is also the risk of tardive dyskinesia (involuntary tics and movements that continue even upon cessation of the drug) from long-term usage.²⁵ As illustrated in part one with Ben (Case 3), homœopathy is capable of successfully correcting the symptoms that these allopathic medications suppress, with none of the risks or side-effects associated with those medications.

Antidepressants may be used to reduce compulsions and repetitive behaviours such as stims. Their known side-effects of agitation and selective serotonin reuptake inhibitor (SSRI)-induced behavioural activation²⁶ and a lack of adequate research on their effects on the autistic child make their use precarious in the face of relatively minor improvements. In contrast, homœopathy has a long history of treating repetitive behaviours and obsessions without the risks associated with these medicines.

The use of *stimulant medication* such as Ritalin (methylphenidate) to treat autism-related hyperactivity has a clear (if inexact) homœopathic relationship. On the basis of "like treats like", a medicine that would normally overstimulate a healthy child has the potential to calm a hyperactive one. The problems associated with medicines such as Ritalin (methylphenidate) are that their constituent chemicals

produce side-effects, some of which are life-threatening,²⁷ and that their results are variable, as the medication is not matched to the unique symptoms of the sufferer. In contrast, homœopathy individualises on symptoms to exploit the entirety of the law of similars and prescribes non-toxic, chemical-free remedies.

Behavioural Therapies

Of these therapies, applied behavioural analysis (A.B.A.) is the most frequently used intervention for autism, and geographically the most widespread. It proposes that a "learning blockage" makes it impossible for many children with autism to learn from their environment in the way neurotypical children do. As a result, inappropriate behaviours and responses develop. Behavioural therapists provide intensive teaching in a structured environment, often in the form of exercises and rewards, to overcome these learning blockages. The children are drilled to modify their behaviour and to respond appropriately to the different social cues or contexts of their surroundings.

Behavioural therapy is allopathic in approach, as there is no disease relationship between therapy and symptoms. In most instances, the child's natural responses will be either modified or suppressed through intensive drilling and reinforcement, making it difficult for the homœopath to obtain a clear symptom picture. In these instances, it is important to ask what the child was like before the therapy commenced, especially if treatment has been in place for some time.

One particularly striking type of behavioural therapy is the use

¹⁶ On at least one biomedical discussion list with an emphasis on chelation, it is frequently stated that initial improvements of many months' duration can be followed by a regression back into autism with symptoms worse than when treatment began. When this happens, parents are told that little can then be done to help their child.

¹⁷ This is repeatedly evidenced in the author's own clinic when the results of homœopathic treatment are compared with the results clients report of previous biomedical treatment, or compared with results reported by parents on biomedical Internet forums.



of an “aversive” such as mildly painful electric shocks. For obvious reasons, aversive therapy has been embroiled in controversy. Surprisingly, some parents report that for many children with severe self-harming behaviours, the “aversive” has been a literal lifesaver, reducing or eliminating practices such as self-mutilation, violent head-banging, and self-biting when no other approach or medication has helped. Self-injuring children reportedly appear happier on the treatment and have on occasion requested it themselves when no longer able to control their behaviour. Parents also report that the intensity of the shock needed to stop their child from engaging in what would be a severely painful self-injury is surprisingly mild.²⁸ This may all be true, but it’s also the case that several remedies exist within the homœopathic materia medica that have traditionally treated these self-injuring behaviours in a more pleasant manner.

Neurosensory Approach

Sensory-processing disorders, often known as sensory integration dysfunction (SID) or sensory processing disorder (SPD), are common in autism. With SID, the child is unable to appropriately process information from one or more of the five special senses of vision, hearing, touch, olfaction, and taste; the vestibular system that provides a sense of motion; or proprioception, which brings a sense of position in space. The information received through these senses is analysed abnormally by the brain, resulting in confusion or distress. Techniques to correct or minimise SIDs are frequently used by paediatric occupational therapists in Australia and include sensorial integration, patterning, auditory training, facilitated communication, and daily life therapy. The Irlen approach; prism lenses designed to improve visual-processing difficulties; and the reduction of sensitivity to different sound frequencies by

Auditory Integration Training (AIT) also fall into this category. These techniques have no serious side-effects and in some instances may act by removing maintaining causes or obstacles to cure. More often, though, gains are achieved through compensation or palliation while the underlying predisposition to these problems remains uncorrected. Homœopathy is frequently successful at alleviating processing problems; in my practice, distress from noise or odours, and poor gross motor skills, are often amongst the first things to improve following an appropriate remedy.

Psychodynamic Approach

This approach rests on the assumption that autism is an anxiety-driven emotional imbalance that leads to social withdrawal. Because autism develops early in life, the now discredited “refrigerator mother” concept²⁹ and inadequate maternal–infant bonding have been postulated as triggers by this school of thinking. Therapies include pheraplay and “holding therapy”.³⁰ Pheraplay is designed to produce highly stimulating and intense interpersonal experiences that are strong enough to overcome the child’s sensory impairments. Holding therapy is more specific: the child is looked at in the eyes and held closely to trigger distress until he or she finally accepts comfort, or at least no longer resists. Obviously, these approaches are traumatic and allopathic. There is no empirical evidence to demonstrate their effectiveness. With autism now widely regarded as a developmental rather than emotional disorder, the psychodynamic approach, including psychotherapy and psychoanalysis, is rarely used by therapists. Two exceptions to its allopathic nature, however, can be seen in the “flooding” approach and some aspects of the Son-Rise program³¹. Flooding, in a “like treats like” manner, exposes the sufferer to intense and similar

experiences of the stimuli that cause the child’s unwanted emotional or behavioural response.³² A fear of rubber bands, for instance, will be treated by a series of exposures to large numbers of rubber bands, upon which that fear lessens and then disappears. The Son-Rise program, instead of suppressing or replacing the child’s stims, teaches parents to enter the child’s world by mimicking their child’s repetitive behaviours. In doing so, parents report that their child begins to interact more appropriately with his or her environment. Their stims, rather than escalating, often reduce in incidence. Nijhof³³ posits that these repetitive behaviours may be the body’s attempt to achieve homeostasis; their suppression does not, contrary to popular belief, result in desirable behaviours and may in fact be counterproductive.

Miscellaneous

A mix of other therapies and approaches that cannot be easily be placed elsewhere fall into this category. They include, but are not limited to, cranio-sacral, chiropractic, and osteopathic approaches; weighted items; hyperbaric chamber treatment; kinesiology; and animal and music therapies. To show the extent of services and treatments that are gathering in A.S.D. treatment, Research Autism provides a descriptive list, which is by no means exhaustive, of more than 70 therapies and interventions.³⁴ Of interest and concern is that homœopathy is not included.

To be continued

Part three will discuss:

- How to take the case of an A.S.D. child
- The significance of miasms in A.S.D.s
- “Homœopathic” approaches such as bowel nosodes and sequential therapy: do they have a role to play?

- The uncertainties inherent in combination homœopathics, used by non-homœopaths as part of their therapy and the treatment of autism
- Adults with autism: can homœopathy help or has irreversible damage been done?
- Correction of vaccine injury: is it possible, and what can homœopathy do?

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[Continued on page 30]

balancing act of the conscious and unconscious lives is interrupted; and dangerous, uncontrolled elements of the unconscious — unexpected manifestations of this darkness — crash into the conscious, overwhelming the ego. Schizophrenia is the result!

In this real psychosis, the unconscious elements could not be assimilated by consciousness. Whoever is attacked by such fantasies and visions either is seized by an immense fear that he is going crazy or thinks he is a genius. I have seen both in *Lachesis* patients. But whatever road the patient has taken, he is at once isolated from his fellow beings, who are unable to understand him. The fact of the matter is that formerly unconscious contents are rising to the level of

consciousness and disrupting the hegemony of the ego. It is here that the homœopath can shine. Such patients need to feel understanding, sympathy, and certainty that they can share their crazy ideas with someone. This relieves them of the fear of falling into the dark gaping abyss. The homœopath does not close his books when the patient says, “I am seeing ghosts” or “I am conversing with God.” He will say: “Describe for me these visions and conversations”, as they are some of the most peculiar §153 information he might receive from his patient.

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