



Autism – A Three Stage Approach

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The rise in Autism and Autistic Spectrum Disorders (ASD) is approaching epidemic proportions, in comparison to other developmental disorders in recent years according to *Dr. Jepson* [1], Director of the Thoughtful House Center for Children in Austin, USA, equating it to an approaching tsunami, and we are collectively unaware of the pending consequences. The cumulative incidence rise [2] cannot be explained by broadening diagnostic criteria, greater awareness and earlier diagnosis, migratory factors or genetics as ASD does not fit the pattern for “classic” genetic [3] diseases for it is a heterogeneous [4], multi-factorial disorder, and the exact mechanisms are still unclear at this stage.

However, it is recognized that there are several genetic diseases that carry a high rate of autism including fragile X, tuberous sclerosis and neurofibromatosis. Also, a subset of ASD children have a higher rate of chromosomal abnormalities (mostly chromosomes 7 and 15) in the form of de novo mutations such as inversions, duplications, deletions and single nucleotide polymorphisms (SNP). These changes in genetic code expression [5] have the possibility to code for metabolic alterations, giving rise to impairment in various biochemical processes such as methylation (even of DNA), detoxification and immune deregulation, resulting in a vicious circle as the subsequent toxicity, oxidation and malnutrition in itself can give rise to these SNP changes.

The “Multiple Hit” hypothesis suggests that we cannot ignore the role of the ever increasing toxic environment we live in as it may be the most likely contributory factor in the autism expression. Consider the various potential hazards for the foetus [6], being exposed in utero to various maternal toxins such as drugs (even “gene-nutrient” interactions involving excess folic acid), mercury in amalgam [7,8], and processed foods “contaminated” with a multitude of

chemicals. In infancy, the exposure continues potentially to formula milks, antibiotics, heavy metals [9–12], air pollution from solvents [13] and toxic car fumes as well as the controversial issue of vaccinations [14–16] etc. – the list is endless. It was suggested that ASD children may act as the canaries used in mines in days gone by, warning the miners when the environment has become hazardous and life-threatening – thus, has our planet become unsustainable?

The average prevalence rate is estimated at 1:100 children and rising [17], alarmingly (57%) according to *Geraldine Dawson*, chief science officer from the organization “Autism Speaks”. Collectively, we need to take this distressing trend very seriously as ASD is a lifelong disorder, up to 65% have inspecific EEG abnormalities [18] and 25% have convulsions. Associated conditions include Attention Deficit Hyperactive Disorder (ADHD), anxiety, depression and developmental delay. If untreated, the prognosis is poor as only 9–31% will be able to live independently, and only 11–50% able to attend college.

Infantile autism was originally described by *Leo Kanner* [19] (1943), and the M:F ratio is 4:1. Onset is usually after the age of two following an initial “normal” development. However, the individual variation in presentation and severity is enormous.

SUMMARY

This is an article about the complex issues involved in treating autistic children holistically. It covers a synopsis of the basic biochemistry going askew and suggests simplified dietary and nutritional interventions. Two case examples follow to illustrate completion of the treatment with well-chosen homeopathic remedies to stimulate the body’s healing mechanisms finally out of the autistic expression.

KEYWORDS Autistic spectrum disorder, Immune system, Dysbacteriosis, Holistic, Individualization, Nutrition, Hyoscyamus, Theridion

The Diagnostic Statistical Manual (DSM-IV 1994 – USA), describes ASD as a group of neurological disorders including:

- Autistic Disorder
- Asperger’s syndrome – high functioning autism
- Rett syndrome (poor prognosis)
- Childhood Disintegrative Disorder (regressive autism) – low functioning autism
- Pervasive Developmental Disorder (atypical autism).

A. Children diagnosed with an ASD crucially have delays or abnormal functioning in:

1. Social interaction
 - No nonverbal behaviour (eye-contact/facial expression/body posture/gestures)
 - Failure to develop peer relationships/sharing with others (interests/achievements)
 - Lack spontaneous seeking of sharing with others (solitary)
 - Lack of social or emotional reciprocity (play/games/alooofness/empathy)
2. Language and Social communication
 - Delayed or lacking development of spoken language (often shrieks)
 - Impairment in ability to initiate or sustain conversation (if adequate speech)
 - Stereotyped and repetitive use of language (echolalia/idiosyncratic language)
 - Lack varied, spontaneous play (make-believe/pretend or imaginative play)

B. ASD children often have impairments in the following areas:

1. Display restricted, **repetitive** and **stereotyped** patterns of behaviour and activities:
 - Preoccupation with or special, narrow interest in one or more restricted activities



- Inflexible adherence to specific routines or rituals (obsessional – hate changes)
 - Stereotyped and repetitive mannerisms (stimming = flapping, rocking or spinning)
 - Persistent preoccupation with parts of objects (zooming in on detail)
 - Perseveration traits (alone, independent, “own world”, line up objects in rows)
2. Various sensory integration difficulties:
- Sensory hypersensitivity (sound, touch) or hyposensitivity (pain)
 - Motor skills (awkwardness and poor motor development (accident prone)
 - Poor body awareness
 - Easily distracted or very active (bordering on ADHD)
3. Limited comprehension:
- Theory of mind (don’t understand perspective or the mental states of others) [20,21]
 - Learning difficulties

In other words, typical behaviours in autism include:

- Stares into open areas – don’t focus on anything specific
- Appears to be deaf at times – tunes other people out
- Don’t respond to their name
- Don’t smile when smiled at
- Cannot explain what they want
- Language skills are slow to develop or speech is delayed
- Used to say a few words or babble, but now he/she doesn’t
- Don’t follow directions
- Don’t wave good-bye
- Don’t understand the concept of pointing at objects
- Throws intense or violent tantrums
- Has odd movement patterns – spin around in a circle/flapping hands
- Prefers being in a well-known place
- Hands cover the ears often
- Can be overly active, uncooperative, or resistant
- Don’t know how to play with toys or to role play

Parents who suspect their child suffering from autism can use the Checklist for Autism in Toddlers (CHAT) to identify autistic features. Professionals use a battery of assessments to confirm the diagnosis.

Considering the expression of autism, it is easy to understand the distress and devastation in a family when a child is being diagnosed as suffering from ASD. The conse-

quences for the individual, family and society at large are enormous in every aspect of life and the medical profession is at a loss as to what to offer. This is unfortunately still due to their limited and very out-dated view and approach, based on the understanding that it is a neuro-developmental disorder for which there is no cure, despite the abundance of research evidence indicating that it might actually be a biomedical disorder that is treatable. Fortunately, various leading organizations outside of the conventional medical world, such as Defeat Autism Now (DAN), the groups from Dr. Jepson, and Dr. Bradstreet, director of the International Child Development Resource Center (ICDRC) in Florida, to name a few, have contributed to this knowledge and have a much better understanding of the condition and are developing ever increasing, effective treatment strategies.

Autism and Biochemistry

In order to intervene rationally, we need to have a clearer understanding as to what is going on in the biochemistry of these children where numerous systems involved are malfunctioning, leading to disrupting neuro-regulatory processes. It has become a very complex and extensive science and it is impossible to cover all the intricate details in an article such as this. Best to give a very simplified overview of the main, intertwined, systems involved such as:

1. Compromised, weakened immune system

Children with ASD are prone to recurrent infections, commonly accepted and treated ones such as upper respiratory infections (tonsillitis/otitis). Research has found decreased number of lymphocytes including naïve T-cells [22], T-helper cells [23,24], skewing Th1/Th2 response, cytotoxic T-cells and B-cells, low levels and decreased activity of natural killer cells and macrophages, abnormal levels of monocytes, eosinophils and immunoglobulins (elevated IgA, IgG & IgM to gliadin & casein) and elevated pro-inflammatory cytokines [25–27] (TNF- α & IL-12) and platelets as well as dysregulated immune cell apoptosis (cell death). Many processes are being maintained by glutathione depletion. The gut however is commonly overlooked and often shows clinically undiagnosed inflammatory changes in the small [28] and large intestines [29,30] (Ileo-colonic lymphoid nodular hyperplasia [31], Lymphocytic enterocolitis and granulations), leading to:

2. Gastrointestinal dysfunction

Our gut is the major barrier between our body and the foods we ingest. The chronic inflammatory changes and frequent use of antibiotics often leads to a bacterial dysbiosis [32] and an increased gut permeability [33] (leaky gut). This is reinforced by abnormal sulphation [34] and lacking sulphate, a main feature in ASD, contributes to a leaky gut as sulphation is essential in producing glycoproteins or glycosaminoglycans (GAGs) for the protective mucin layer in the gut. The “unfriendly colonisation” of pathogens (candida, pseudomonas, clostridium [35] etc.) exposes the gut to bacterial toxins which passes readily into the circulation, as well as partly metabolised food particles, challenging the poorly adapted immune system even more, and affecting behaviour adversely. ASD children thrive on carbohydrates which should be avoided as they typically present with the “Gap syndrome” [36] features, such as colic, crying, posturing, tantrums and physically with bloating, flatulence, diarrhoea, constipation with over-spilling and various feeding difficulties and malabsorption. The inflammation also contributes to compromised gut integrity due to atrophy of the mucosa and intestinal villi resulting in a diminished absorption surface and inadequate absorption of nutrients, leading to:

3. Malnutrition

It is well known that children with ASD lack numerous nutrients, partly due to being fussy eaters but mainly due to malabsorption, and are basically malnourished [37], requiring supplementation with sometimes mega doses. The problem also already starts in the stomach due to hypochloria, which in turn fails to stimulate appropriate amounts of pancreatic enzymes (peptidase) required for digestion. Dysbacteriosis also contributes to lack of vitamins due to diminished endogenous production and conversion.

4. Opiate elevation

Poor digestion and a lack of sulphur, an essential co-factor for other essential enzymatic processes, result in unmetabolised peptides (exorphins, with opiate activity) [38] from wheat (gliadomorphins) and dairy (casomorphins) which enter the circulation via the leaky gut and pass easily through the blood brain barrier (BBB), to latch on to the opiate receptors, rendering the ASD patient into an opiate state, often the typical presentation of the children. This gluten [39] and casein enteropathy and intolerance (increased IgA to gluten &



casein) creates an addiction to wheat (gluten molecule has 15 opioid sequences) and dairy products, akin to an opiate addict, in order to maintain the state and to avoid unpleasant withdrawal symptoms. They mimic the effects of β -endorphins (encephalins) [40,41], resulting in typical ASD traits such as reduced pain sensitivity, increased incidence of epileptic-type seizures, modification of sleep patterns, memory and learning difficulties, reduced sociability, continuous hunger (no satiety sensation), body temperature deregulation, constipation and stool abnormalities. Early pioneers such as *Panksepp* (1979) and *Reichelt* (1981) have clearly established a link between our diet, especially wheat and dairy products and the autistic expression, confirmed by more recent researchers [42–45].

5. Poor metabolic detoxification pathways

One of the main systems involved is the sulphur and Phenol-sulphotransferase-P (PST-P) system, the same malfunctioning system involved in migraine sufferers (often in first-degree relatives of ASD children) in whom exposure to chocolate or cheese will provoke a migraine attack. The main reason is sulphate deficiency, due to poor conversion (sulphate oxidase) from dietary cysteine, which is also a molybdenum-dependent step [46], resulting in insufficient metabolism (inactivation) of neurotransmitters such as catecholamines (dopamine) and neurotransmitter amines (serotonin, tyramine and phenylethylamine). ASD children are known to have low sulphate [47] levels and a low sulphate/cysteine ratio. This gut-brain axis is very involved here as it is now understood that there are as many neurotransmitters in the gut as there are in the brain, making sense of the suggestion that ASD is almost like having “coeliac disease” in the brain, affecting our gut and brain function adversely.

6. Insufficient methylation processes and impaired mitochondrial function

Methylation [48] is crucial to our cellular health, mainly to enhance and maintain various biochemical processes, but also to enhance antioxidant and detoxification pathways. Poor detoxification pathways result in an accumulation of environmental toxins (heavy metals, pesticides and various chemicals), consequently affecting behaviour in the sensitive developing brain through cellular injury. Mitochondrial [49,50] function, essential for ATP production, is also compromised.

7. Oxidative stress – insufficient glutathione production

ASD children are constantly in a state of inflammation and thus prone to severe oxidative stress. Glutathione, one of the major anti-oxidant agents, deficiency (partly due to low cysteine levels) contributes to a decreased capacity to control oxidative stress and exposes the body to increased amounts of destructive free radical compounds. Oxidative stress [51–56] is strongly associated with modification in the metabolism of lipids, proteins and DNA that can lead to structural modifications in cell membranes, enzyme inhibition, genetic mutations and biochemical abnormalities in numerous neurological processes contributing to autonomic dysfunction, neurotransmitter deregulation, neuro-degenerative and neuro-behavioural abnormalities.

8. Autoimmune processes, allergies and food intolerance

There is rising evidence that the central nervous system is not immune to the systemic inflammatory processes [57] either and that neuronal inflammation and autoimmune [58] processes may be the last straw in the chain of events, overwhelming the system resulting in autism regression. Auto-antibodies have been detected against Purkinje cells, myelin basic protein, serotonin receptors, caudate nucleus, neuron axon filament protein, cerebellar neurofilaments and nerve growth factor. It is not possible to cover all the neuronal components involved in the scope of this article.

Treatment Interventions

So, with all these processes involved, where do we begin to intervene therapeutically? Individualization remains important as there are so many different presentations in ASD and no two are alike. Many practitioners use various biomedical tests to assess the nutritional and biochemical “state” of the patient as tests provide reliable parameters and objective biomarkers [59] (oxidation, methylation, sulphation) to act as a guide and also to measure the effects of various interventions. One can test for just about anything, ranging from measuring urinary peptides and organic acids & IAG [60], porphyrin [61] concentrations, neopterin [62] & isoprostane levels, DNA & RNA markers, comprehensive metabolic panel and stool analysis, intracellular and hair analysis for heavy metals levels to name but a few. The downside is that they are complex, a science in itself, requiring a

degree in biochemistry to understand them and very expensive, putting an enormous financial burden on the already stretched family [63,64].

There are a few treatment centres and protocols around, such as the DAN [65] and Sunderland [66] protocol. Some interventions can be very complex, driven by the results from the multitude of biochemical tests available to “correct all the imbalances”. The suggested supplement regimes can be very elaborate and again extremely expensive and demanding in compliance. They help these children considerably, but only to a new equilibrium where they tend to plateau. The major disadvantage of these protocols is that they do not offer a homeopathic treatment, which is essential to make the child progress even further towards full recovery.

My approach is a much more simplified one, without doing all the expensive tests and supplement regimes as I take it for granted that most ASD children have inflammation, a leaky gut with dysbacteriosis, severe oxidative stress, biochemical imbalances, methylation and sulphation problems, limited diets, food intolerances and nutritional deficiencies. It was opted for a minimalistic approach with well-selected supplements. Again, it is not possible in the scope of this article to go into details about the rationale for all the selected supplements. I chose not to include the commonly used detoxification programs for heavy metals, such as the various available chelation protocols, as they have risks involved if not well conducted. Certain parents may however insist on it and also ask for some of the tests such as the comprehensive stool analysis or urinary organic acids panel. It is much safer to recommend green algae, *Chlorella* and *Spirulina*, to detoxify the body, with the added bonus that they also are very nutritious, providing amino acids, minerals and vitamins in abundance, whilst getting rid of heavy metals.

I opted for a **3 stage approach**, preferably doing them in the right sequence, one at a time to evaluate the effects of each intervention on its own. At the initial consultation, obtain a thorough history of the ASD child, including medical, dietary and nutritional details and a homeopathic history. Rating scales and video footage remain optional. Ask about past and current interventions and other professional input. Then assess and draw up a treatment plan. It can be



very time-consuming to treat these children as their parents require a lot of explanation about ASD in order to achieve good compliance.

1. “Clean the environment” by changing the diet regime to a

- Wheat, gluten and most grains/dairy/yeast free diet (WF/DF/YF) [67,68]
- Low glycaemic index (LGI) = no sugar foods/specific carbohydrate diet (SCD) [69]
- Avoid also corn and soya products
- Eliminate additives, phenols, salicylates and e-numbers (Feingold diet)
- Consider individual food challenges as other foods may be involved
- Anti-oxidant rich food (Acai/Goji/Noni/Pomegranate/Raspberry/Blueberry)

It is suggested to do this alone for three months and assess the effects of the diet alone.

2. Provide supplements to aid gut recovery, halt inflammation & correct nutritional status. This consists of two components

A. Gut Support

- L-Glutamine (amino acid) – gut repair, immune support and anti-oxidant [70]
- MSM (methyl sulfonyl methane) – sulphation issues, detoxification – or externally, Epsom salts ($MgSO_4$) in the bath to provide sulphur
- Digestive enzymes [71] – Promote digestion
- Probiotic (Lactobacillus – Acidophilus/Rhamnosus)

B. Nutritional

- Vitamins (Vit C/Vit B₆ and B₁₂ [72]/Vit E/Vit D₃)
- Minerals (Zinc/Magnesium/Molybdenum/Selenium/Iron)
- N-Acetyl-Cysteine – anti-oxidant/detoxification of heavy metals
- α -Lipoic acid – anti-oxidant
- Ω -3 EFAs (Essential Fatty Acids especially EPA and DHA – ratio of 3 : 1)

Although I have not included methyl donors (help with methylation issues) in my protocol, many practitioners are keen to prescribe them such as trimethylglycine (TMG) and S-adenosylmethionine (SAM'e). Dimethylglycine (DMG) has shown to correct all five components of the Aberrant Behaviour Checklist Scale (communication/social interaction/affection and eye contact, seizure control and hyperactivity).

Continue these two interventions for another three months to assess the combined effects of the diet and the supplements. Then add a homeopathic remedy on the third consultation at six months.

3. Homeopathic remedy

Finding an individualized remedy can be quite a challenge because they are unable to provide you with symptoms due to their communication difficulties. Also, the strange, rare and peculiar symptoms they display are quite common and often pathognomic for ASD. I often use “visualization” to communicate with the patient on a spiritual level, in order to find a suitable simillimum. I call it spiritual homeopathy, matching the picture with my own database from “visualizations” on various substances from the three major kingdoms. It is exciting to merge spirituality with mainstream medicine as they do tend to complement one other.

Two, quite similar cases will follow to illustrate how effective homeopathy can be in helping to restore these children to health. In both cases however, parents opted for the commencement of diet and some supplements simultaneously and the homeopathic remedy later.

Case One – Autism/Insomnia/Constipation

A 6-year-old boy was referred by his family doctor, following a request from his mother, who was very unhappy about the outcome of the consultation she had with the psychiatrist regarding treatment options for her son. He was diagnosed with an autistic spectrum disorder, and the suggested treatment was Ritalin, which the mother declined in favour of another therapeutic approach.

His emotional presentation was insomnia due to the fact that he was very anxious, with fear of the dark and being left alone in his room. Initiating sleep was very difficult and he would end up in his mother's bed, but woke frequently during the night and was fully awake by 5.00 am. Needless to say, nobody got any sleep at all which did not help the moods in the household. He was also autistic with obsessive compulsive traits. He insisted on sameness, and was very upset if there were any changes to his routines. He would respond with extreme disruptive and aggressive behaviour

if obstructed in any way. He was particularly obsessed with electrical appliances and time – constantly asking what time it was. He also had speech and language delay, with associated communication difficulties. His general comprehension was impaired, and on par with a three-year-old. His socialization skills were poor and he found it difficult to give appropriate emotional responses. Also, he had poor ability for independent and imaginative play and needed guidance because he was very easily distracted by noise, to which he was very sensitive too.

Physically he suffered from constipation with irregular bowel movements with overflow and soiling of intermittent loose, offensive stools, even during sleep. He also had enuresis nocturna and suffered from a very dry and itchy skin, with flexural erythema, and recurrent ear infections. He reacted with fever to DTP vaccinations but has not received his MMR as yet. He has had many courses of antibiotics for his infections which did not do his gut any favours.

Although pregnancy was unremarkable, he was a small baby at birth and not breast fed due to lack of milk, so was put on formula milk. He had abdominal cramps and cried constantly for months, and could not be pacified, most likely due to intolerance of milk. His language development was fast initially, then suddenly stagnated at the age of 17 months, despite normal hearing tests. His motor development was slow, being clumsy, tripping over things, with poor spatial awareness and eye-hand coordination. He found it also difficult to cycle unaided. The family history revealed migraine, asthma as well as hay fever from various members. He has a healthy younger brother who is much more developed than him on all levels. He requires remedial teaching at school and speech therapy.

On taking a further homeopathic history, it became clear that he had a good appetite, being quite thirsty for fruit juices or cold water, with a strong aversion to eggs and vegetables. He was upset by dairy products; colourings, additives, flavourings and fruits made his behaviour worse. On further enquiry, the mother informed that his very stubborn routines were dictating the life of the entire family, and impaired social interaction. He would line up everything (especially toys) orderly in neat straight lines, and did not allow any alteration to this. He was also fond of loud music (monotonous



rhythms), which only held his attention very briefly. He showed no interest and was unable to entertain himself independently, or play constructively. He needed constant stimulation, but tended to throw objects away and got bored quickly. It became difficult to manage his extreme violent and aggressive temper tantrums when he tried to strike or strangle others, yet he never displayed self harm, or breaking of objects. He was very selfish, refusing to share with others, showed no empathy and was unable to consider other people's point of view. He was not affectionate and disliked being touched. He gave very poor eye contact during the consultation, as if he was locked in his own world, making only sniffing noises, with very limited communication skills, responding with an odd monosyllabic grunt. Physical examination was unremarkable and he was on the 50th centile for height & weight. Mother rated his general health as three out of ten before a treatment plan was suggested.

Treatment and follow-up

Before even considering a homeopathic remedy, it is important to address his gut issues. He is clearly suffering from a gut dysbiosis and probably a leaky gut, resulting in a poor gut barrier, and compromised absorption of nutrients. Also, inflammatory changes cannot be excluded. At this stage one can consider doing a gut permeability test, and to exclude coeliac disease, but these were not done. His initial treatment was to commence him on wheat and dairy free diet (WFDF), and supplements of L-Glutamine 500 mg, MSM 500 mg daily, omega 3 essential fatty acids (EPA & DHA) 1 g daily and a multi-mineral and multi-vitamin preparations daily as well as probiotics. Do remember that the effects of dairy products clear after about two weeks, but to clear the system from the effects of wheat and gluten products may take six months.

Follow-up appointment after two months showed a marked improvement in his behaviour. He coped for the first time with going on holiday, where he was challenged to deal with totally new routines. He was still fearful of being left in his room, but sleeping better now. There was an improved eye contact and ability to interact more appropriately with others. He hardly showed any aggression and his obsessional tendencies, by lining his toys up, eased off considerably. His writing skills improved as well as did his ability to comprehend his environment. He had no eczema and his stool pattern re-

turned to normal, indicating clearly when he wanted to go to the toilet. Occasionally still enuretic, but no infections though. Mother stated his general health improved to five out of ten and I rated him +1 on the Glasgow Homeopathic Outcome Scale (GHOS).

The treatment was continued without a remedy at this time.

Follow-up another two months later was a bit disappointing unfortunately, as he did not stick to his diet, which was breached at school. This is why parents need to have full cooperation at school for adhering to diets. He became thirstier, developed mild eczema and the constipation returned. He also had two ear infections for which he was prescribed antibiotics by his family doctor. Sleeping was still better, but his autistic behaviour regressed a bit. He refused to come into the consulting room initially, then settled eventually. His mother rated his general health at four out of ten and I still rated him as +1 on the GHOS. The treatment as outlined above was continued and a homeopathic remedy introduced in the form of *Hyoscyamus* 12C one dose three times a week. This is a cautious approach as these children are very sensitive to remedies.

He was followed-up at three months and the treatment was continued as he generally improved. Follow-up after another three months showed that he was much more settled, calmer, less tantrums or outbursts and less fear. He was sleeping well, even alone in the dark throughout the night. He still displayed some obsessional traits with aversion to change, with a preoccupation with time, asking over and over how late it was. He was more social, playing appropriately, showing empathy and allowed himself to be touched and started to give hugs. He had much better eye contact and started to speak a few words now. Constipation was better and he only had a mild itch with eczema on his shoulder. His mother rated his general health at six out of ten and I still rated him as +1 on the GHOS. The treatment was continued as far as the supplements were concerned, but the remedy potency was changed to *Hyoscyamus* LM1, two drops diluted in 50 ml of water, and one teaspoon as a dose three times a week.

He was followed-up at six months, and he improved to such an extent that his mother now rated his general health as seven out of ten and I rated him +2 on the GHOS. He was

so much better! Hardly any routines or obsessive behaviour, and he became patient and calm, without any anger towards others. He started horse riding, is in mainstream school with remedial help. His concentration and reading skills improved considerably. He is now able to converse very well, even told me a joke, with jesting and laughing! This is a very big improvement as autistic children are not able to do this generally. He does get bullied at school and although he is not able to defend himself, he is dealing with it. He started karate lessons to help his confidence. Everything is so much easier at home and his constipation and enuresis are not an issue anymore. The treatment plan was continued as above but the *Hyoscyamus* potency was increased to LM2, one dose three times a week.

He was followed up at six months, and again after six months, with a rating in his general health as eight out of ten and I rated him +3 on the GHOS. His improvement continues and everybody noticed it. The psychiatrist stated that he is not autistic anymore. His speech is normal and he is managing well in school with improved concentration and reading skills to the extent that he needs much less help. He has become a gentle and cooperative boy, much more flexible without obsessions. He is very humorous and enjoys his karate and horse riding. He enjoys socialising, by being very interactive and affectionate, with normal eye contact. His sleep pattern remains well with normal stools, no enuresis nor eczema. Parents very happy with their "totally changed boy" as they put it, a comment often heard as parents express the improvement in their children as "having their child back". He was discharged with a reduction in supplements, and to phase them out over six months, and his remedy, *Hyoscyamus* LM3, one dose twice a week for three months and once a week for another three months. It was advised to continue the wheat and dairy free diet for another two years.

Hyoscyamus

Hyoscyamus has proven to be a very good remedy for autism, especially with the associated violence and the theme of "keeping others out of their space with a clear boundary". It can be justified by repertorising on the following symptoms, ignoring pathognomic symptoms of autism, such as the aversion to being touched (see Fig. 1).



1	1234	1	Mind – striking – desire – strike; to	24
2	1234	1	Mind – fear – dark; of	76
3	1234	1	Mind – fear – alone, of being	84
4	1234	1	Mind – touched – aversion to be	68
5	1234	1	Extremities – awkwardness – lower limbs – stumbling when walking etc.	63
6	1234	1	Rectum – involuntary – stool – sleep, during	30
7	1234	1	Generals – food and drinks – fruit –agg.	69
8	1234	1	Generals – food and drinks – eggs – aversion	30

	Bell.	Ars.	Phos.	Tub.	Bry.	Calc.	Carc.	Colch.	Hyos.	Merc.
	7	6	6	6	5	5	5	5	5	5
1	1	–	–	–	–	–	–	–	4	–
2	1	1	2	2	–	2	1	–	1	1
3	1	3	3	1	1	1	1	–	3	1
4	2	1	–	1	2	1	1	1	–	1
5	1	1	2	–	–	2	–	2	2	–
6	1	2	2	2	2	–	–	1	2	1
7	–	3	1	1	3	1	1	1	–	1
8	1	–	1	1	1	–	1	1	–	–

Fig. 1 Repertorisation case 1 (RADAR).

Case Two – ASD/Hyperactivity

An 8-year-old boy was referred by the family practitioner following a request from his mother. He has an autistic spectrum disorder with hyperactivity, diagnosed when he was three years old. His mother was also interested in a nutritional therapeutic approach, and not willing to put her child on the suggested Ritalin.

He presents with delayed speech with language and communication problems, which had already become apparent at the age of two. Testing puts his speech level on par with a five-year-old. He has semantic and pragmatic language difficulties, and problems with social timing and dialogue flow with difficulty comprehending personal meaning. It comes to no surprise that he also had learning difficulties and being extremely hyperactive, unable to remain still at any time, did not help matters. He was over-excitable, with very fast movements, always moving, either running, tip-toeing, spinning and finger flipping, collectively called stimming. He was constantly putting objects in his mouth, biting on them. He could be aggressive, striking out at others. He had obsessional ruminations, repeatedly asking the same questions, with very rigid routines, re-enacting film scenes over and over. It was very difficult relating

to him, as he lived in his own world, thus socially he was a loner without friends.

His past medical history revealed that he was prone to frequent upper respiratory infections and tonsillitis, and he had red ears on eating bread, which makes him constipated as well, with stools like rabbit droppings. Mother had a viral infection during pregnancy, and his birth was traumatic, requiring a forceps delivery due to bradycardia. This resulted in a trauma with a left facial paralysis and swallowing difficulties. Fortunately he fully recovered from this, but he was unable to breast-feed due to swallowing problems and was commenced on formula milk from the beginning. He is an only child but he has two uncles with autism.

Homeopathic history revealed that he had a poor appetite, with a desire to eat pizza, sugar, sweets, banana and indigestible foods such as sand and flowers. He was clearly aggravated by wheat and sugar. Emotionally, he had high levels of anxiety, with a fear of monsters, big dogs, spiders and fast moving animals. He was obsessed with train sets, and kept counting stations on the underground lines. He was very reluctant to have any changes to his environment or routines. He hated school classes, despite having a remedial teacher on a one-to-one basis. Computers were his favourite and seemed to hold his attention a

bit. He had an interest in music, especially drums, but he was not successful in playing an instrument. His favourite movie was “A Bugs Life”, especially interested in the grass hoppers and he identified himself with the ants. He stated that he dreamt that he was in a big bubble, and as his communication skills and vocabulary were limited, he tended to confabulate. He was very restless, with sudden, jerky movements, twiddling with a toy, gave little to no eye contact during consultation. He was small for his age, with dark rings under his eyes, which is often a sign of food intolerance.

Investigations showed a normal EEG, and his mother supplemented him with high doses of vitamin B₆ & dimethylglycine (DMG). The only other medical input consisted of many courses of antibiotics and speech therapy. His mother rated his general health as three out of ten.

Treatment and follow-up

The initial treatment consisted of a wheat, gluten and dairy free diet. The above supplements were stopped, and he was commenced on Ω-3 EFAs, L-glutamine 500 mg and zinc 15 mg daily.

He was followed-up two months later and may be more alert and interactive. Communication was still limited with difficulties in learning. He remained very energetic, with spinning, flicking with the rope on his jacket. His movements were intensely jerky, shaking both arms, as if flying and jumping up and down. He still had rigid routines. He still thought that cartoons were real and that he was an ant (from “A Bugs Life”). He lacked the ability to grasp the concept of pretend or what was real, with added concrete thinking. However, his appetite was better, eating healthy foods, including apples and banana and his bowel movements improved considerably. His ratings improved to four out of ten according to his mother and I rated him +1 on the GHOS. However, it was time to introduce a homeopathic remedy to complement his diet and supplements. He was issued with *The-ridion* (*Latrodectus curassavicus*) 30C once a week.

His next follow-up was after three months. There was no change for the first three weeks, after which he became noticeably so much better. He became much calmer, less hyperactive and more aware of his environment. His attention span improved and he managed a social skills program at school. He started to interact well with



1	1234	2	Mind – busy – fruitlessly	23
2	1234	1	Mind – excitement – easily excited	7
3	1234	1	Mind – hurry – movements, in	28
4	1234	1	Mind – gestures , makes – ridiculous or foolish	21
5	1234	1	Mind – fear – spiders, of	23
6	1234	2	Generals – food and drinks – bananas – desire	20

	Tarent.	Sulph.	Arg-n.	Ign.	Ther.	Sep.	Verat.	Lach.	Stram.	Mosch.
	5/8	5/6	5/5	5/5	5/5	4/7	3/8	3/6	3/6	3/4
1	1	1	1	1	1	2	3	2	–	1
2	–	–	–	1	1	–	–	–	–	–
3	3	2	1	–	–	–	–	–	3	–
4	2	–	1	1	–	2	2	2	2	2
5	1	–	1	1	–	1	–	–	1	–
6	–	1	–	–	1	–	–	–	–	–

Fig. 2 Repertorisation case 2 (RADAR).

others, communicating clearly and appropriately. His obsessional traits were also much reduced. He managed to sit still during the whole interview as well. He had lose stools during the first three weeks and recovered spontaneously from a tonsillitis. The treatment regime was continued until his next appointment after three months, when his mother rated his general health as six out of ten, and I rated him +2 on the GHOS. He was emotionally so much improved and more mature. He was able to cry when upset rather than responding with anger or striking. There were less ruminations and obsessions. He was so much calmer, but still had the occasional twitching. His communication skills improved and he was able to talk appropriately in short sentences, grasping concepts better and making connections between themes. He was able to express “his feeling being hurt” and he became sensitive to music, even crying from some pieces. He reflected on his pending birthday and asked if he could break his diet by having a cake made of wheat. His treatment was continued and the potency of *Theridion* increased to 200C, one dose every 14 days.

He was followed up for three years at six monthly intervals. He was doing extremely well. His moods were stable and he responded and interacted normally, age appropriate, with others, giving proper eye contact and mixing well with his peers. He started to enjoy school, especially poems and showed clear speech and comprehension. He even made jokes, stating that he did not eat his birthday cake and was still avoiding wheat, clearly indicating that he

was able to see things from another perspective. He dreamt about being reprimanded after he dropped a picture, stating he was sorry and “didn’t mean to make mistakes”. He was coping with changes now and had no more obsessive routines or compulsive repetitions of speech. The stimming ceased and his constipation and infection tendencies resolved. His mother rated him nine out of ten and I rated him +3 on the GHOS. During the past two years, he gradually reduced the dose of *Theridion* and only took a 200C monthly and later two monthly, thereafter an infrequent dose as required. He was discharged, able to tolerate wheat on a rotational base, but remain dairy free.

It was clear, from the hyperactivity and dyskinesia, that he needed a spider remedy. Although *Tarantula* came to mind, the desire for fruit and especially banana, made *Theridion* the right choice as the two remedies have many symptoms in common and the repertory does not reflect this fact (see Fig. 2).

Conclusion

These cases illustrate how two very similar cases can be helped considerably with two different remedies. In my experience, other effective remedies for ASD include *Veratrum album*, the bowel nosode *Proteus* and *Cuprum*, *Phosphorus*, *Opium* and the noble gasses *Helium* and *Hydrogen*. It is also important to consider eliminating the effects of vaccination, if there is a clear history of “never well since” that we all hear about.

The late *Tinus Smits* has devised his CEASE program to deal with these issues and also to neutralize the effects of toxins and chemical drugs (even medicines) the foetus was exposed to during pregnancy.

Finally, every child with ASD requires specialized, individualized interventions, often intensely on a one-to-one basis, including occupational, educational and psychological input and communication enhancing programmes such as speech therapy, the Son-Rise program and Applied Behaviour Analysis (ABA), which has shown to be very effective in improving communication, socialization and comprehension. It is essential to raise awareness in teachers in schools, to be educated in the complexities of their ASD students so that they can become more supportive for the child and their families. There is scope for numerous specialized autistic centres, where the whole therapeutic package can be provided from one centre, under supervision from well-trained therapists. This is certainly a condition, due to its complexity and severity, which requires an intensive holistic approach. The ASD threat is real, considered a public health crisis by some, as the consequences for our society may be severely detrimental if not addressed urgently. It requires an enormous amount of recourses and dedicated funding to establish centres to provide treatment and to conduct research. You're invited to see a video about my cases at www.saving-alostgeneration.com.

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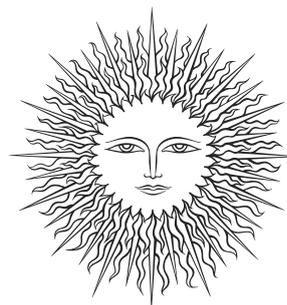
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