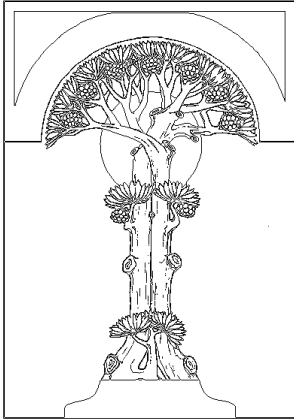


Centre for Integrative Medical Training



Intermediate Course in Medical Homeopathy

A Modular Course in Homeopathic Medicine for Healthcare Professionals

SUPPLEMENT A - Case Studies
Dr van Rhijn's Seminar on ADHD & Autism



Unit 59

Therapeutic Pointers

ADHD / Atopic - 1 [M - 7 yrs.]

Referred by G.P. as mother felt unable to cope with his behaviour anymore.

History of Present Illness

1. **ADHD:** Behavior problem since parents got divorced when he was 4 years old.

Mother described his behavior: "As if he was possessed". This would include: Frequent cursing, kicking, shouting and striking, especially at his mother. He could also become very angry, obstinate and disobedient. Occasionally displayed self destructive behavior, by banging his head against a wall. He was often violent, and chased his mother round house with a knife. He was frequently involved in fights at school.

Also regressed into secondary enuresis nocturna.

He likes playing with matches, putting fire to pieces of paper.

Past Medical History

Nil. Normal vaccinations: No known adverse reactions.

Past Treatments

Had a period on Ritalin, but it had no effect on his behaviour.

Attends Child Psychologist - no benefit as yet -Refuse to talk about problems.

Development

Normal Pregnancy & Birth. Normal development (Walking & Talking).

Behind in reading and writing. Unable to concentrate in school.

Background Information

F.H.: MM & MP - Well. PM & PP: - Well.

Mother: - Depression. **Father:** Alcoholic. **Brother:** Well.

S.H.: Has brother aged 5/12, towards which he has a lot of jealousy.

No contact with his father who is an alcoholic. Abused his wife physically.

ADHD / Atopic - 1 [M - 7 yrs.]

Homoeopathic History

GEN.: Sensitive to drafts & light. Prefer to be warmer.
Perspiration night in bed.

Food:

Des: Cakes / Hamburgers / Sausages / Sweets. Thirsty for Cold drinks.

Aggr: Orange juices / Colorings & Additives. **Av:** Vegetables.

MIND: Restless: Always jumping on, or swinging from furniture.
Cry from contradiction / upsetting themes on TV, especially cruelty.
Yet, never grieved when friend died.
Sudden mood changes from being cheerful to sadness.
Suicidal: Tried to hang himself or lying in front of an Ice-cream van.
Fear: Dark; Noises in the night. Refuse to go to sleep.

Sleep: Difficulty initiating – Restless.
Shout / Scream / Talk / Cry during sleep.

Dream: None.

Clinical

OBS.: Red hair; Freckles; Boisterous; Acting out; Desire attention;
Come very close to the desk – hanging on it or sitting on top of it.
Answers foolishly, giving irrelevant answers. Play antics. Singing.
Foolish gestured & facial expressions. Constantly jesting and joking.
Thoughts flow very rapidly – different topics, but connected.
Tends to touch or fiddle with everything on the desk.
Refuse to answer any question about his father.
Laughing inappropriately and denied there was anything wrong with him.

Examination: Normal looking boy. NAD.

Investigations: Nil.

Current Medication: Nil.

Diagnosis: ADHD, bordering on Conduct Disorder / Atopic / Depression

ADHD / Atopic - 1 [M - 7 yrs.]

Treatment

Treatment: - _____
- _____

FU - 2M: **4 / +1**
Much more settled, even polite for a while; Lasted only for 3 weeks.

Treatment: - _____
- _____

FU - 2M: **5 / +1**
Improved again. Settled and polite. Started to cry from reprimands, rather than striking back. Enuresis also much improved (Alarm), but deteriorated when father reappeared.

Treatment: - _____
- _____

FU - 2M: **3 / 0**
Became upset each time he see his father. Cheeky, and aggressive outbursts. Cursing / Shouting / Threaten teachers / Fighting. Contradictory. Jealous. Lying. Worse than ever. Enuresis better.

Treatment: - _____
- _____

FU - 2M: **5 / +1**
Better, but each dose only last 5 days. Revert back to some aggressive behavior. Remains Contradictory. Mischievous. Ignores mother. Enuresis still improved. Jealous of brother - Tried to strangle him – serious attempt.

Treatment: - _____
- _____

FU - 2M: **7 / +2**
Much more settled this time. Only an isolated outburst. No fighting. Not suicidal. Doing well in school, and feel happy in himself. Cope with seeing father.

Treatment: - _____
- _____

FU - 2M: **8 / +3**
Did not require a remedy. Remain settled. Behave like a normal boy of his age. No incidents this time. No more jealousy.

Treatment: - _____
- _____

ADHD / Atopic / Asthma - 2 [M - 15 yrs.]

Referred by the G.P. for a homeopathic approach for he has become unmanageable conventionally.

History of Present Illness

1. **ADHD:** Been suffering since the age of 3 yrs. Mostly poor attention span and distractible, failing to finish tasks. Very active - always on the go, but awkward, clumsy and accident prone, but never been self-destructive.
2. **Depression:** Always been depressed, alternating with periods of sudden mood changes to severe explosive, uncontrolled anger. Can feel even more angry on Ritalin. Generally a loner, and don't feel welcome socially. Just want to withdraw & stay in the house - reluctant to go out

Past Medical History

3. **Atopic / Hay fever / Frequent colic** as a baby.
4. **Asthma:** Since the age of 4 yrs, although this is mild now.

Past Treatments

Usual conventional treatments by the Paediatrician for his allergies / hay fever / asthma. Treated by Psychiatrists with Ritalin for the ADHD - been on it for years and Antidepressants. Had homeopathic treatment for his allergies & asthma for 5 years without any benefit. No adverse reactions to vaccinations.

Development

Normal Pregnancy, but foetal distress during labour (Bradycardia / Hypoxia) - forceps delivery. Breast fed. Awkward and accident prone - mild dyspraxia (writing / games / fine motor control). Learned to walk & talk very fast and was always very mobile. Difficult childhood.

Background Information

F.H.: **MM:** Well. & **MP:** Hayfever. **PM:** ?. & **PP:** Well.
Mother: Allergies. **Father:** Well. **Sister:** Well.

S.H.: Schooling always been a problem - very boisterous - often blamed for everything first. Learning difficulties, requiring extra input from teachers after assessment at a learning center. Can't keep up with schoolwork, which worries him and he hates to feel 'inadequate'. Feels unaccepted and bullied by his class mates and the teachers are always 'negative' towards him. Claim he has friends, but mother denies this. Don't do any sport. Spends most of his time on his own.

ADHD / Atopic / Asthma - 2 [M - 15 yrs.]

Homoeopathic History

GEN.: No modalities.

Food: Poor appetite.

Des: Chocolate / Cold Milk / Spices. **Av:** Vegetables / Fish.

Aggr: Chocolate / Sweets / Colorings & Additives. **Av:** ?.

MIND: Give 'Can't remember ' answers. Admitted he feels stupid, ridiculed, made fun of and laughed at by his peers in class. In fact, hates them for they treat him as if he is stupid, which can get so angry!! Very sensitive to being bullied / criticized or hearing negative remarks about him. Hates if others are horrible - can never 'knowingly' be nasty to others or to himself. Feels he has a reputation of being difficult. However, has learned to stand up for himself & fight. Hate to hurt people, but like to know he can defend himself. Like acting / creativity - Taking drama lessons. Wants to do media studies and be a film director. Desire to be 'famous and a powerful person' and travel around the world. Love films, especially gangster movies. Love the power! - 'Nobody can mess with them'. Fear: Cats (don't like them for he considers them 'weak') - Love dogs for they can 'protect you'. Very uncomfortable with homosexuals (they are not 'Macho' and it is not natural').

Sleep: Generally poor. Bruxism.

Dream: Flying without wings - like 'Superman'.

Clinical

OBS.: Very thin and childish boy. Hypervigilant, looking nervously around the room. Angry with his mother. Wringing his hands. Shy and little eye contact – looks at the floor. Sensitive and insecure, but very likable. Not a nasty streak in him and he just want to be accepted, belong to a group and not seen as strange or stupid by his peers.

Examination: 1.70 M; 45 Kg. PF: 500 L/min.

Investigations: Nil.

Current Medication: Bricanyl & Ventolin inhalers – PRN
Ritalin - 40 mg daily & Imipramine – 25 mg nocte.

Diagnosis: ADHD / Atopy / Asthma

ADHD / Atopic / Asthma - 2 [M - 15 yrs.]**Treatment**

- Treatment:**
- _____
 - Continue: Ritalin / Imipramine / Bricanyl / Ventolin.
 - No Colorings / Additives / Sweets

F.U. – 2M:**5 / +1**

Was very bad tempered and angry for 2 weeks after which his mood improved. Feels a bit more confident, but still insecure. Dream of having friends. Sleeping better. No Bruxism. Less restless and more settled. Now able to concentrate well in school. Not been in trouble. Asthma: < in the cold. Coughing in the morning. Bit more wheezy, requiring more inhalers. Interacts better - more adult in his answers. Less hand wringing.

- Treatment:**
- _____
 - Stop Imipramine / Reduce Ritalin.
 - Continue inhalers / diet.

F.U. – 3M:**6 / +2**

Get very angry after every dose, lasting for 2 weeks. Did his exams well and will get a good enough pass mark to go to college. Was nervous for the exams and had to stop Ritalin for it made the 'nerves' worse. Much less restless & able to concentrate well. Starting media studies in college after holiday. Not depressed and sleep well. Chocolate upsets less. Normal appetite and gaining weight - 58 Kg. Asthma improving but < exertion. PF: 550 L/min.

- Treatment:**
- _____
 - Inhalers as before.
 - Continue elimination diet.

F.U. – 4M:**7 / +2**

Less aggravation following a dose, but it still fuels his anger for a week afterwards. Started his media studies and also doing 3 more GCSE's. Coping with the work. Now has a small circle of friends. No evidence of ADHD. Normal mood / sleep pattern & appetite. Asthma bit better now. Do not always like college - impatient - want to party, go out with girls - fancy a girl in class. Cannot wait to start with acting and drama classes.

- Treatment:**
- _____
 - Inhalers as before.
 - Continue elimination diet.

ADHD / Atopic / Asthma - 2 [M - 15 yrs.]

F.U. – 4M:

8 / +2

No aggravation. Feel very good on all levels. Coping better, and no anger episodes of note. Then had appendicitis and an appendectomy. Relapse then. Became intolerable for a month. All his ADHD symptoms resurfaced. Refused to go to school - just out clubbing & drinking. Got in trouble with the college and threatened to give up. Made enemies with his new friends. Was very angry & irritable. Asthma was very good during this phase, despite URT infections. Then settled again after another dose. Back to normality. No ADHD / Anger / Depression. Developed mild eczema and his asthma is very manageable now.

- Treatment:**
- _____
 - Inhalers as before.
 - Continue elimination diet.

F.U. – 4M:

8 / +3

Very well. No aggravation. Feel normal for the first time. Coping with college demands. Enjoying the performing arts - dancing. Much more confident - started a martial arts course. Skin settled and hardly require his inhalers. Family very happy with him. Mixing well - feels accepted.

- Treatment:**
- _____
 - Inhalers as before.
 - Continue elimination diet.
 - Discharged.

ADHD / Asthma – 5 [M - 6 yrs.]

Referred by G.P., after a request from mother who became worried about the potential side effects from Ritalin. Wish to pursue an alternative treatment approach for her son.

History of Present Illness

- 1. ADHD:** Diagnosed 2 years ago. Behavior is hyperactive (climbing, bouncing & jumping from heights) fidgety, impulsive, poor concentration and oppositional. The condition became noticeable in nursery when he started to behave oddly by putting scissors in his mouth and displaying destructive behavior such as chewing and picking and even tearing his clothes to shreds. He became very talkative, constantly asking questions, continuously interfering with others. Display sudden mood changes, throw objects and push others off chairs (refuse to share – need his own space). Totally unaware of danger. Also started to stammer, with grunting (clearing throat) noises with tics about his eyes.
- 2. Asthma:** Developed this at the age of 2. Well controlled on inhalers. No clear modalities.

Past Medical History

Chicken pox; UTI once; No reactions noticed from vaccinations.
URTI (Otitis) (4x) & UTI (“x): few times, requiring antibiotics - also (Prophylactic for 3 months).

Past Treatments

Various inhalers tried before current ones.
On Ritalin for one year. Weight loss due to loss of appetite. Also developed a few ‘tics’

Development

Pregnancy: Mom had severe asthma attacks (Worry not having enough oxygen). Lot of ventolin.
Birth: Difficult and long – Forceps. Breast fed (13 m), but weight loss between 4-9 months.
Refused solids – wanted liquidized foods only. Frequently vomited his food, which settled after aged 2
Development: Fast with walking. Talking slow – required a speech therapist – Fine now.

Background Information

F.H.: **MM:** - IDDM. **MP** - OK. **PM:** - OK. & **PP:** – Atopic.
 Mother: - Asthma. **Father:** - Asthma / Dyslexia / Food intolerance.

S.H.: Has a brother (3) and a sister (2). Share a room OK.

ADHD / Asthma – 5 [M - 6 yrs.]

Homoeopathic History

GEN.: Like to be outdoors.

Food: Very poor appetite. Thirsty – Juices; Weight loss. Screams if forced to eat.

Des: Colored sweets / Fruit (Mango & Pineapple). **Aggr:** Strawberries / Sweets

Av: Vegetables (Tomatoes & Onion) / Sausages / Bake beans.

MIND: Love school, but not learning anything.

Ritalin helps him to focus, but still in trouble at school.

Not really violent to others, as he don't like hurting them (good with pets).

Takes responsibility for his siblings.

Loves music and gymnastics. Bit of a loner, but prefers company, especially mother.

Fear: Wasps and Bees / Dark.

Sleep: Initiate poorly due to Ritalin. **Dream:** ?

Clinical

OBS.: Mild stammer & throat clearing. Obvious tics (blinking & rolling eyes). Fidgety & biting his nails.
Very active, making a lot of noise by banging a toy.

Examination: Normal.

Investigations: Cytotoxic Food intolerance test: Only + to E-numbers: - Preservatives (Citric acid)
- Saccharine.

Current Medication: Ritalin (Methylphenidate): 17.5mg am & 15mg lunch & 10 mg pm.
Pulmicort (Budesonide - ii BD)& Bricanyl (Terbutaline – i BD) inhalers.

Diagnosis: ADHD / Asthma

ADHD / Asthma – 5 [M - 6 yrs.]



Treatment

Treatment: - _____
 - _____
 - _____

F.U. – 2M:

3 / -1

Became worse (Striking & Poking at others). Stammering gone / grunting & tics worse. Fidgety. Isolate himself (needs own space / nobody near). More weepy (like baby if not getting own way) Sees shadows looking at him – want lights. Chew & tear all his clothes. Dose reduced & stopped Climbing on objects and dances to rock music. No appetite at all, apart from mangoes. Skin sensitive. Asthma: No change.

Treatment: - _____
 - _____
 - _____

F.U. – 2M:

6 / +1

No adverse reactions. Much calmer (no climbing). Stopped being destructive:clothes / playground Appetite much better (gaining weight) and a normal sleep pattern now. Only very mild stammer again (no grunting) & few tics only. Sociable, making friends – ‘most popular boy in school’. Starting to do homework, albeit quickly. Asthma: Much better.

Treatment: - _____
 - _____
 - _____

F.U. – 3M:

7 / +2

Only required a dose every 3-4 weeks if behavior threatened to deteriorate. Can still be overactive All & all much better. Mixing / Concentrate in school & do homework. Cooperative not oppositional No fears anymore / became loving. No stammer, grunting / tics. Still impulsive at times - enthusiastic Normal sleep pattern and eating better – weight gain. Not been asthmatic. Stopped Inhalers.

Treatment: - _____
 - _____
 - _____

F.U. – 4M:

8 / +2

Improvement maintained as before. Never knew they had such a loving and ‘normal’ boy. Overactive and impulsive only if excited – Require a dose every month. Ritalin stopped.

Treatment: - _____
 - _____

F.U. – 4M:

9 / +3

Behaves like a normal, but boisterous lad. Loving and caring otherwise. Doing well in school. Participate in many activities. Required only one dose.

Treatment: - _____
 - _____
 - Discharged.

10

ADHD / Atopy - 7 [M - 12 yrs.]

Referred by the G.P., due to severe behavioral problems. Mother did not want to give him conventional drugs as suggested by the psychiatrist, and would like to see if homeopathy has anything to offer.

History of Present Illness

- 1. ADHD:** He has a very high degree of aggression and is generally very agitated – almost ‘Spasmodic’. Extreme temper tantrums and anger outbursts. Cursing & Throwing objects. Hallucinated once during an anger outburst. Also can have a headache if angry. Very restless and hyperactive, especially if confined to sitting in the class room. Poor ability to concentrate on anything, especially school work. – aggravate from it all
- 2. Diarrhoea:** Persisted since birth really. Certain foods aggravate, especially after breakfast. Abdominal pain > bending over.

Past Medical History

- 3. Eczema:** Mainly in flexures and back.
- 4. Asthma:** Mild degree of wheezy ness, only if angry.

Past Treatments

Educational psychologist / Gifted at mathematics, but reading ability = 9 years.
Attended a Psychiatrist and had family counseling with limited effect.

Development

Pregnancy: Lot of emotional stress, mainly anger. Husband is difficult.
Delivery was awkward due to his presentation. Long and difficult – may have had hypoxia episode.

Associated dyslexia. Had slow language development and was late to talk generally. Poor speech ability
Childhood diseases: Measles at 9 months, and subsequent intermittent hearing problems.
Strabismus: Both eyes – Due to measles at early age? Unable to read small print.

Background Information

- F.H.:** **MM:** - ?. **MP** - ?. **PM:** - ?. **PP:** - Schizophrenia.
 Mother: - Pneumonia once. **Father:** - Eczema / Alcoholic.
 Sister: Epilepsy. 3 other sisters OK. He is the 4th child.
- S.H.:** Father fell and fractured his scull whilst drunk – personality change since – Aggressive.
 Currently avoiding school as they are not “attending to his needs”. Reluctant to attend.
 Unhappy at home – wants to live with his uncle. Frustration turns to anger.
 Parental discords!!

ADHD / Atopy - 7 [M - 12 yrs.]

Homoeopathic History

GEN.: Get tired easily. Either too hot or too cold.

Food: Poor appetite.

Des: Raw vegetables / crisps / Pastry / MacDonald's
Fruit – only when they're perfect.

Aggr: Sugar / Food colorings / Coke & Soft drinks on general.

Av: Eggs & Milk

MIND: Very nervous, with bouts of anxiety accompanied with diarrhea.
Angry at his father, who also has a bad temper
– (Cursing & Speaking with raised toned voice).
Also sympathetic – takes mother's anger on board as well.
Uncomfortable talking about school. Hates it. Day lasts too long.
Like to do a lot, but don't generally.
Claim teachers are stupid. Find them annoying – wants to punch them.
He get told off all the time, and put in the 'Stupid' corner all the time.
Feels stupid when he is learning. Starts counting when he is under stress.
Very sensitive to Violence and Injustice – even on TV.
Has one friend – not in the same class. Sensitive – better in small groups.
Fear: Heights / Spiders.

Sleep: Difficulty sleeping well. Initiating and waking frequently. Talking and restless.
Dream: ?

Clinical

OBS.: Finds it difficult to talk about his father – don't know how to express his feelings.
Talking remains awkward.
Twitch fingers – rub eyes (Hide behind hands). Give "Don't know" answers. No eye contact.
Aversion being touched – even fear of it. Wearing a ponytail – had one for years.
Defiant attitude.

Examination: Hyperextensions of joints.

Investigations: None.

Current Medication: None.

Diagnosis: ADHD / Atopic / Dyslexia

ADHD / Atopy - 7 [M - 12 yrs.]

Treatment

Treatment: - _____

FU – 6W:

5 / +1

Had a period of diarrhea and flatulence – settled now.
Still short tempered, but no tantrums and no cursing or throwing - anger controlled.
Became playful and jesting. Started to say “Sorry”, instead of sarcastic “Thank you”.
Still restless, although more settled during consultation. More confident.
More integrated, and in touch with his softer side. Became tearful and easier being touched.
Not been to school yet, but would like home tutoring.
Still uncomfortable talking – Monosyllabic.
More fearful – worried to get things wrong. Trying harder to accomplish.
Sleep better. Letting go – cut off his ponytail!!

Treatment: - _____

FU – 2M:

6 / +1

Diarrhea fine, but mild abdominal discomfort – crisps stick in stomach.
Pain better bending forward and pressing. “I scream” then I get attention.
Diet: Hungry all the time. Desire fruit (Citrus) but Aversion Bananas & Apples.

Behavior: Feels depressed and bored. Much better – no anger outbursts.
Feels sad – Idea that he has done things wrong – ie. Wrong decision to leave school.
Started 5 hours home tuition a week. Hates the label ADHD – wants it nullified.
Takes on a “Persona – a Gorbali”, by talking in a strange, funny voice. Talking spontaneously
Still shy and hiding. Lies on his mothers lap during consultation. Emotional.

Then told about his indignation of being picked up by the police and held in a cell for a while
Felt it was totally inappropriate and went “Bezerk” in the police station. “Unfair”.
Angry about being grounded whilst his sisters can roam free.

Treatment: - _____

FU – 2M:

7 / +2

Only been angry once – after the 10M – but recovered quickly.
“Infinitely better” – Calmer / Optimistic / Good mood / Cooperative
Tolerate being touched now – comfortable with it.
Getting on much better with his father. Much better interaction – funny voice is gone now.
Still resistant to attend school, but goes 3 days a week for 3 hours now.
Claims his memory is still poor.

Physically been bloated occasionally, but no pains. Hungry for MacDonald’s.
Had a brief discharge and erythema from his urethra.

Treatment: - _____

ADHD / Atopy - 7 [M - 12 yrs.]

FU – 2M:

8 / +2

Improvement maintained. Interact well now. Very calm – less restless.
Sleeping better – Happy, pleasant dreams.
Very articulate – thinking things through before acting.
Full back in school – achieving set targets.
State that he can heal himself, and that he does not need to attend anymore.

Physical: Mild abdominal discomfort - “don’t know when”.
Funny taste in his mouth. Stools coloured red or greenish at times.

Treatment: - _____

FU – 2M:

8 / +2

In boarding school, catering for children with ADHD – applied funding approved.
Made a lot of new friends – happy there. Normal behavior.
Physically: Generally fine, but remain sensitive to certain foods.

Treatment: - _____

FU – 3M:

7 / +2

Started to do cycling – love it.
Coping reasonable well with the changes – mildly stressful though.
However – started to give “Don’t know” answers again.
Also reading (Hiding) a magazine during the consultation.
Normal sleep pattern. Not been in trouble at all. No temper outbursts.

Physically: Generally fine. Remains hungry, with the desire for junk foods.

Treatment: - _____

FU – 3M:

9 / +3

Been very well. Only took one dose.
Coped with the sudden death of his father!!
Dream: Being pursued by a lady – trying to escape.
School: All well. Keeping up with the pace. Concentration & Memory fine.
Behaviour: Well controlled. Handle frustrations.

Diet: Remains hungry, but choose to eat healthy – fruit & vegetables.
Physical: No discomfort at all. Mild diarrhea after the 10M.

Treatment: - _____
- Discharged.

ADHD / Atopy - 8 [M - 4 yrs.]

Referred by the G.P., because mother became very concerned about his deteriorating behaviour, which seems to be triggered by certain foods.

History of Present Illness

- 1. ADHD:** Behaviour started to become obvious at the age of 18 months, and gradually deteriorated since. He has good spells, even loving and cuddly, then suddenly changeable, becoming very disruptive, throwing toys across the room. Screams and shouts, getting into sheer rage, wrecking the room (strikes / kicks doors).
Don't injure self anymore, but used to bang his head against objects. Tears pillow with teeth.
- 2. Atopic:** Mild hay fever (Grasses). Allergic to penicillin. Foods – react to various products.

Past Medical History

- 3. Asthma:** Since a year old. < Running & Winter. Prone to numerous ear infections.
- 4. Constipation:** Chronic, with frequent staining – overflow? Had a rectal prolapse.

Past Treatments

Operation for a supra-umbilical hernia.
Dietitian. Vaccinations – all up to date – no known adverse effects.
Various courses of antibiotics.

Development

“Terrible” pregnancy – hyperemesis gravidarum and abdominal pain. mum became “Hyperactive”.
Born at 32 weeks gestation – “water broke”. Had an innocent cardiac murmur, and acid reflux.
Slow in learning to walk and talk.

Background Information

F.H.: **MM:** - ?. **MP** - ?. **PM:** - ?. **PP:** - ?.
 Mother: - ?. **Father:** - ?.

S.H.: Too disruptive in the nursery, and will be held back a year. Single child.
 Hates writing, and is poor at spelling. Ok with numbers and loves drawing.

ADHD / Atopy - 8 [M - 4 yrs.]

Homoeopathic History

GEN.: Lot of strength when violent. Generally very active - even dancing at times.

Food: Very poor appetite – some days eat hardly anything at all. Various thirst.

Des: McDonalds / Cold milk & Water.

Aggr: Chocolate / Smarties / Coke.

MIND: Hates getting dressed & undressed – very uncooperative.
Violent temper, with frothy saliva. Habitual - aversion to any change.
Want the same seat – chase people out of the seats at McDonalds.
Little attention span – unable to focus on tasks for any length of time, except game boy
Vicious to other children, especially if they take his toys. Can show regret for a moment
Seems to love music – it has a calming effect on him – nursery Rhymes.
Fear: hardly anything, but sometimes of dogs, yet can scream if parents are out of sight
Fascinated / Mesmerized by fire – tries to set things on fire.
Stealing sweets out of shops, stating “I can nick things if I want to”.

Sleep: Poorly – hangs on to the last second – never before 11 pm.

Sits and play in his messy room.

Talks and shouts in his sleep. Uncovers – kicks them off.

Dream: ?

Clinical

OBS.: Very bored – wants to leave the consulting room. Bit shy – sits with his dad.
Plays a nursery rhyme tune (in book) over and over.

Examination: NAD

Investigations: Nil

Current Medication: Bricanyl / Pulmicort / Intal / Lactulose.

Diagnosis: ADHD / Asthma

ADHD / Atopy - 8 [M - 4 yrs.]

Treatment

Treatment: - _____

FU – 2M:

4 / 0

No change at all. Continue to have outbursts of anger & Violent tantrums. Severe mood swings. Very frustrated, and blames everybody else. Kicks and pokes at other children – can apologies later if in the mood. Clumsy – trip over things. Untidy ++. Poor concentration. Sleepwalking, sleep deteriorated – quite active. Obsessive – chase others out of the restaurants it they are in “his seat” Always wants to be the first with everything (food / into the car). Asthma: Better!! No ear infections either. No rhinitis symptoms. Still constipated. No change in his eating patterns.

Treatment: - _____

FU – 2M:

6 / +1

Much better. Behaviour improved. Calmer & more loving, less “bad days”. Concentration improved. Teachers remarked on him being so amenable and positive. Less rigid – coped with moving house as well. Sleeping better. Had a chest infection from which he recovered spontaneously, with increased inhaler use

Treatment: - _____

FU – 4M:

7 / +2

Improvement maintained. Much less tantrums, but occasionally still frustrated. Started to cry now instead of lashing out. Still adverse to contradiction. Can play and focus now on tasks for 90 minutes or so. Totally settled in school. Initiating sleep well and don't wake anymore. Asthma and constipation much better – hardly any conventional drugs. Had one prolapse Still sensitive to sweets – during x-mas, that can upset him a bit.

Treatment: - _____

FU – 3M:

8 / +2

Still well. Became a lovely boy - affectionate. Even tidying up his room. More weepy now, and a bit clingy to mother. Can hide behind his mom. Still competitive – wants to be first, yet gets on with other kids well now. Physically well – no symptoms at all. Not even rhinitis. Stopped all conventional drugs.

Treatment: - _____

ADHD / Atopy - 8 [M - 4 yrs.]

FU – 6M: **9 / +2**
Best he has ever been. No dose for 2 months, then a mild return of some symptoms.
Physical symptoms returned first in the form of rhinitis & constipation.
Responded quickly to dose.
Appetite tremendous. Fruit helps constipation. No more infections.
School excellent – managing to write and read / spelling even a bit better.

Treatment: - _____

FU – 6M: **9 / +2**
Loves computers. Very good visually, but still slower auditory.
Physically well.

Treatment: - _____

FU – 6M: **9 / +3**
Excellent. Cured. Normal boyish behaviour.
Quite good in school now. No physical symptoms at all.
Mom pregnant again – hyperemesis again – another boy.
Physically well.

Treatment:
Discharged.

ADHD / ASD - 9 [M - 6 yrs.]

Referred by the G.P., as mother wanted a complementary approach, rather than Ritalin, for her son who has been diagnosed with ADHD just 2 months ago.

History of Present Illness

- 1. ADHD:** Noticed him being 'Hyper' in nursery already, breaking objects.
Now constantly fidgeting / running around. Finds it impossible to sit still for any length of time
Disobedient at home and in school, and generally don't listen or concentrate well at all.
Very easily frustrated / argumentative – especially in the class room - he is a disruptive element
Impulsive - constantly wanders around, talking and distracting his class mates.
Thoughts usually too fast. "Freeze" if approached by a teacher – unable to speak then.
- 2. ASD:** May have a degree of Asperger's. Bit aloof – don't make friends easily.
Learning difficulties with a degree of semantic & pragmatic problems - Dyspraxia.
Some rigid, obsessive traits – wet toilet paper

Past Medical History

- 3. URTP's:** Had a few ear infections requiring antibiotics. Also prone to tonsillitis.

Past Treatments

Children & Family clinic / Educational & Occupational Psychologist / Psychiatrist.
– Still under assessment.
Had all his vaccinations – unclear if any reactions.

Development

Pregnancy fine, although he was active and kicked a lot.
Difficult labour. Transverse presentation, with chord around neck.
Breastfed for a few months. Early milestones with walking and talking.
Clumsy and accident prone – Always breaking things – usually by accident.

Background Information

F.H.: **MM:** - Hyperthyroid. **MP** - ADHD. **PM:** - Arthritis. **PP:** - ?.
 Mother: - Hypertension. **Father:** - Arthritis.

S.H.: 2 brothers – 9 (ADD) & 11 (HD)
 Not coping in school – has a special needs teacher, and require a lot of help.
 Living disability allowance.

ADHD / ASD - 9 [M - 6 yrs.]

F

Homoeopathic History

GEN.: Generally easily tired.

Food: Poor appetite – very fussy eater.

Des: Milk / Bread / Sausages / **Sugar & Chocolate** / Milk +++

Aggr: Oranges / Bread

Av: Fruit.

MIND: No sense of danger or fear – runs into the street quite easily / climbing on high objects.
Started to become quite aggressive lately.
Not concerned whether mother is present or not – no separation anxiety.
Bright boy – has a reading age of 8 yrs. / top 4 in his class with maths. – High IQ – 130
Behind in writing and spelling. Make mistakes – uses wrong words / letters.
Generally chatty and inquisitive, but only the computer and TV can hold his attention.
Interest in fire – touch candle fires – light bits of paper.
Sensitive – being told off. Physical punishment has no obvious effect on him = ineffective
Can fly in a **rage** if picked on by his brother – carry grudges.

Sleep: Difficulty initiating – needs tapes of children's stories.

Dream: King – slaves working for him

Clinical

OBS.: Constantly 'On the go' – unable to sit still. Gives "Don't know" answers. Poor eye contact.

Examination: Tall for his age.

Investigations: Food Intolerance test: + **for:** Sugar / Chocolate / Citric acid (and all fruits containing)
MSG / Soya / Peanut / Milk & Wheat / Prawns / Peanut
Colourings

Current Medication: None.

Diagnosis: **ADHD / ASD**

ADHD / ASD - 9 [M - 6 yrs.]

F

Treatment

Treatment: - _____
- _____

FU – 2M: Slight improvement, especially if adhering to the exclusion diet. **5 / +1**
Able to contain his temper more, especially at home. Less problems with his brother.
School remains problematic. Sleeping better.
Remedy aggravated – need to dilute more.

Treatment: - _____
- _____

FU – 2M: Difficulty to adhere to the diet – crave sugar & chocolate. Poor appetite. **5 / +1**
Remains impulsive – Bully others – copy behaviour of other kids. More aggressive.

Treatment: - _____
- _____

FU – 2M: Still some anger tantrums – Temper depends on whether he is provoked. **5 / +1**
Behaviour better in school – more stimulated. Listens better – able to negotiate with him.
Impulsive - runs into streets. Sleepwalking – goes to toilet. Dream: Being in space.
Motorically remains awkward – accident prone.

Treatment: - _____
- _____
- _____

FU – 3M: Major areas of improvement. Tonsillitis – Antibiotics given. Breech diet. **7 / +2**
Reading well, and spelling improved! Still requires structured supervision.
Still somewhat ‘hyperactive’, but less impulsive. Disobedient, but not aggressive.
Attends an Aspergers’ group – encourages eye contact. Obsessions less constant.

Treatment: - _____
- _____
- _____

FU – 3M: Much better – obviously calmer. More obedient and reasons better. **8 / +2**
Academically better – Bored easily in school if not kept busy.
Less evidence of obsessions. Eye contact / interaction improved – “warmer” – less aloof
Refuses to give up wheat or milk.

Treatment: - _____
- _____
- _____

ODD - 1 [M - 8 yrs.]



Referred by the G.P., because he has yet again been evicted from his second school. Behaviour became A problem around the time mother had a late termination of a pregnancy approximately 4 years ago.

History of Present Illness

- 1. ODD:** Violent behaviour, constantly in trouble at school. Has been evicted from one school already.
He is often aggressive and violent, generally unpredictable, but tends to be more in school.
Most noticeable is when there is an inspection / tests and anything that might stress him.
The behaviour is infectious and other children react and become stressed around him.
He is very disobedient, with shouting and can attack people by striking or even biting.
He often destroys property. It is obvious that his behaviour is mainly situational as he is better at home / holiday. He tends to be resentful and spiteful as well – vindictive.
He constantly defies and argues with his teachers. Disobedient and Refuses to comply with rules

Past Medical History

- 2. Tonsillitis:** Refused to take antibiotics.

Past Treatments

Attends the Family Centre for support, and had a thorough assessment from the Child psychiatrist.
Play therapy sessions at the mental health centre.
Osteopathic treatment. Sessions with a Behaviour support teacher.

Development

FTVD and breastfed. Had neo-natal jaundice and treated with phototherapy.

Background Information

F.H.: **MM:** - ?. **MP** - ?. **PM:** - ?. **PP:** - ?.
Mother: - Depression. **Father:** - Healthy.

S.H.: Both parents are scientists;
Has one sister aged 6. Mother had a termination due to congenital abnormalities;
Mother was in grief due this loss, and is still depressed;

ODD - 1 [M - 8 yrs.]



Homoeopathic History

GEN.: He is better for exercise, but the problem is he has to be 'bullied' into participating. Tends to be chilly, and prefers to be warm.

Food:

Des: Ice cream / Sweets

Aggr: Sweets & Colorings / Fruit;

Av: Fruit / Vegetables;

MIND: Very sensitive boy, who is prone to some anxiety and even depression. He has a very negative internal dialogue - often states that he loathes himself. Tried to strangle himself Gets anxious if he is in unfamiliar environments, resulting in unpredictable behaviour. The sensitivity also seems to be regarding the moods of others – especially adults. He has social difficulties (don't mix well with peers) alongside oppositional behaviour.

He is quite a fearful child, for he does not venture out on his own. He reluctantly goes to the Beavers, but fails to make any friends. He misinterprets social signals and perceive them as hostile, to which he reacts with aggression.

Very easily frustrated and angry, with cursing.

He is a worrier, but refuses to talk about it. Often refuses to speak to teachers – Tell lies.

Can also be cheerful, and has a good sense of humour.

Sleep: On his back; Tired in morning **Dream:** Dogs;

Clinical

OBS.: Refused to talk to me. Little eye contact.

Became angry and stamped his feet when prevented to leave;

Examination: NAD.

Investigations: Cytotoxic food intolerance test: Sensitive to the following food products:

Wheat / Tomatoes / Corn / Citric acid / Saccharine / Tartrazine / Colorings

MSG / Milk / Strawberries / Raspberries / Chewing gum base

Current Medication: None.

Diagnosis: **Oppositional Defiant Disorder**

ODD - 1 [M - 8 yrs.]

G

Treatment

- Treatment:* - _____
- Avoid colorings & Additives

FU – 3M:

6 / +1

Much more settled now. More relaxed and less anxious. Only a few anger outbursts.
Started to attend school again for 3½ days per week – cooperating better and less defiant.
He can control his impulses better and is easier to live with. Outlook is more positive.
Still very reluctant to change his diet. Still not keen to talk to me, but no desire to leave the office

- Treatment:* - _____
- Avoid colorings & Additives

FU – 4M:

8 / +2

Had a very good summer holiday. Calm and settled. Normal behaviour for an 8 year old.
Started school on a full time basis and is coping well. Only an occasional minor episode of defiance
Less anxious, and starting to mix better with his peers in school and the Beavers; Play outside now.
Tolerate fruit better and eating some vegetables. Talking to me and give better eye contact.
Sleeping is more restful and he cannot remember any dreams;

- Treatment:* - _____
- Avoid colorings & Additives

FU – 6M:

9 / +3

So much better – teachers cannot understand the transformation in this boy.
He is spontaneously participating in activities and mixing well.
States he couldn't understand why he was so angry, but just don't feel it anymore;
No signs of depression and no further anticipatory fears either. Appetite healthier now.
Mother also recovered from her depression;

- Treatment:* - _____
- Avoid colorings & Additives
- Discharged

ODD - 4 [M - 6 yrs.]

H

Homoeopathic History

GEN.: Perspiration night in bed. Very energetic.

Food: Good appetite – not thirsty

Des: Sweets / Ice-cream / chips.

Aggr: Cherries & Berries.

Av: Vegetables

MIND: Needs a lot of attention, which settles him if he gets it. Yet, not keen on cuddles.
Stand offish – cannot accept affection easily.
Sensitive of being rejected – Feels like an orphan.
At other times wants to be left alone and - tried to run away a few times in anger.
Sensitive, can be caring and protective to younger siblings at times.

Competitive with sister – sibling rivalry. Mother describes him as “unconventional child”

Vivid imagination. Interested in history / computer games.

Fear: Dark / ghosts – closing eyes / claustrophobia / robbers.

Nervous child, but don't show if he is hurt.

Weak willed otherwise – easily lead astray – socialize with “difficult / noisy boys”.

Sleep: Good **Dream:** Nightmares - skeletons.

Clinical

OBS.: Constantly interrupts interview. Attention seeking.

Examination: Normal.

Investigations: None.

Current Medication: None.

Diagnosis: **ODD / Depression / Rhinitis**

ODD - 4 [M - 6 yrs.]

H

Treatment

Treatment: - _____

FU – 3M:

6 / +1

Been better for a few weeks, then relapsed.
Attention seeking behaviour – Demanding. Talk loud in order to be heard or seen.
Behaviour better on a one – one basis. Not good in a group. Angry & Disruptive then.
Lot of rivalry with sister. Been in trouble at school – mixing with “bad” boys.
Drawing: Drew family, but he was not in the picture himself!! – stated he didn’t exist.

Treatment: - _____

FU – 4M:

8 / +2

Quite happy. Sleep well – No more nightmares.
Behaviour much more settled. Affectionate (also mother) – started to sit on lap & hold hands
Protective towards brother. School improved – Still socialize with “hooligans”.
Tendency to curse still there.

Treatment: - _____

FU – 4M:

9 / +3

Generally acting as a normal child. Whole family settled. Feels he belongs in family.
No more anger outbursts, nor cursing. Happy and affectionate – loves to cuddle.

Treatment: - _____
- Discharged.

PDA / ADHD - 1 [M - 13 yrs.]

Referred by the G.P., because mother would like to see if his current medication, Sertraline, which was commenced to control his anxiety, could be replaced by a homeopathic treatment. He has been given the diagnosis of Pathological Demand Avoidance Syndrome, a Pervasive Developmental Disorder related to Autism, with Attention Deficit Hyperactivity Disorder.

History of Present Illness

1. PDA: Severe feelings of pressure on demands being placed on him. Therefore avoids things except on his terms. Severe motivational problems, often resulting in inactivity or lacking constructive activity. Feels a failure (pervasive) due to lack of self-identity, yet avoids all challenges.

Autistic traits: Communication problem – crossed lateral information processing difficulties. Asocial
Obsessive behaviour – Constantly playing computers – rituals / hates interference

2. ADHD: Suffers from an inability to focus, and is very impulsive. Short term memory is poor. Frequently disrupts conversations, and often refuses to answer questions asked. Schoolwork and intellectual performance suffers due to his lack of attention span.

Past Medical History

3. URTI's: Chronic Rhinitis & Otitis media, worse in winter.

Scarlet fever / Chicken pox

High fevers, resulting - febrile convulsions, clearly following vaccinations, especially DTP (first year)

Past Treatments

Numerous antibiotics when younger (developed diarrhoea) / Ritalin – now stopped (weepy) / Sertraline
Psychiatrist / Educational & Clinical Psychologist / Paediatrician

Development

Pregnancy fine. Birth was traumatic – one week overdue (Induced / Epidural / Forceps)

Had a head-injury afterwards and a huge haematoma. Breastfed for 21 months.

Also has Tics – fast repetitive movements (tapping his forearm with his fingers)

Background Information

F.H.: **MM:** - PDA / CVD. **MP** - MI / Rheumatic fever **PM:** - ?. **PP:** - Asperger & CVD.
Mother: - Paresis (cerebral haemorrhage at 9) **Father (Uncle):** - ADHD / Asperger

S.H.: Has a 10 year old sister – Also has a degree of hyperactivity - often fights with her.
School: Very reluctant to do any work.
In mainstream boarding school (behaviour problem kids) now to create structure.

PDA / ADHD - 1 [M - 13 yrs.]

I

Homoeopathic History

GEN.: All senses are over sensitive - sound & light.
- extremely sensitive to odors (chemicals / perfumes).
Clothes irritates him
Quite lazy generally – laid back.
Hates being washed or to change his clothes.

Food: Average appetite. Quite thirsty as a baby. Not now.
Des: Wheat. **Av:** Spices / Salads
Aggr: Wheat / Milk (especially as a baby) / Additives

MIND:

Impulse control problem: Quite aggressive, violent outbursts others (punch / strike / kick)
Moods: Volatile - Explosive outbursts - difficult to manage – shouts for no clear reason
Anxiety: Lot of stress at home due to his unwillingness to go to school
Interests – Playing with his Game boy and other computer games. Insects & Spiders.
Difficult to motivate him otherwise – show little interest / ability to focus on anything else
Won't do anything unless offered money as a reward.
Used to be agile – climbing on objects a lot.
Finds school too boring. Don't socialize – has no friends. Don't share his computer.
Want a German shepherd dog in future

Sleep: OK

Dream: Recurrent: Falling down stairs / Being chased by a friend with a shotgun.

Clinical

OBS.: Medium sized – muscular built. Says 'Ah-Hum' in a singing tone when asked questions.
Gives 'Don't know' answers. Uncooperative. No eye contact – only plays with his gameboy.
Kicks his mother – rude, sits with his shoes on mom's lap. Fidgety. Mother appears exhausted

Examination: Left handed.

Investigations: Deficient in Ω 3 EFA's and also in Magnesium.

Current Medication: Sertraline 100 mg D.

Diagnosis: PDA / ADHD

PDA / ADHD - 1 [M - 13 yrs.]

I

Treatment

Treatment: - _____
 - _____
 - _____
 - _____
 - _____

FU – 2M: In boarding school now. Only home at weekends. 5 / 0
 Unsure if any better. Still gives ‘Don’t know’ and ‘Ah-Umm’ answers.
 Been in trouble in school. Don’t like his new friends, but enjoys the company at times
 Prefers to be cooler – ie have air on his face. Still has his Tics. No infections.

Treatment: - _____
 - _____
 - _____
 - _____
 - _____

FU – 2M: There is noticeable progress – Now enjoys and love going to boarding school. 6 / +1
 Moods better – no outbursts. Communicate better – even answers questions appropriately
 Cognition: Concentration & memory improved. Less obsessive with computer. No Tics

Treatment: - _____
 - _____
 - _____
 - _____

FU – 2M: Improvement continuing. Good social interaction & eye contact. 7 / +2
 School: Performance so much better – obtaining good grades. Teachers happy.
 No more outbursts at all. More caring, and less selfish. Comply to demands made on him
 Diet: Breached in school. Feels happy and sleep well. No dreams. Speak freely – pleasant

Treatment: - _____
 - _____
 - _____
 - _____

FU – 2M: All & all so much better. Pleasure to have around. Less sensitive to impulses. 8 / +2
 No aggression. Interacts well with others. Less obsessed with computers. Socializing.

Treatment: - _____
 - _____
 - _____
 - _____

ASPERGER'S - 1 [M - 8 yrs.]

Referred by the GP to the homeopathic out-patients clinic after a request from mother. He has an autistic spectrum disorder with hyperactivity, diagnosed when he was 3 years old. Mother was also interested in a nutritional therapeutic approach, and not willing to put her child on the suggested Ritalin.

History of Present Illness

1. Asperger's:

Delayed Speech: Language and communication problems. Became apparent at the age of 2
Learning difficulties. Speech at level of a 5 year old on tests.

Obsessional ruminations: Has the same thoughts by repeatedly ask the same questions.
Rigid routines: Re-enacting film scenes over & over. Difficult relating to him – in own world

Extremely hyperactive: Unable to remain still at any time. Over excitable.
Very fast movements: Always moving - running / Tip toeing / Spinning / Finger flipping.
Always putting objects in his mouth - biting on it. Can be aggressive - striking.

Past Medical History

- 2. URTI's:** Frequent URTI's / tonsillitis. Tendency to have red ears < bread.
- 3. Constipation:** Tendency to be constipated quite often.

Past Treatments

Lot of antibiotics.
Playing communication therapy (USA) to establish eye contact / Speech therapy.

Development

Pregnancy: Mom had a viral infection. FTVD.
Delivery: In distress (bradycardia) - Forceps - Head trauma
Resulted in a temporary L Facial paralysis & swallowing difficulties. Now fully recovered.
Unable to breast fed due to swallowing problem. On milk formula from the beginning.

Background Information

F.H.: **MM** – IDDM; **MP** - Well. **PM:** - ?. **PP:** – ?.
 Mother: Well. **Father:** Well.
 2 Uncles (brothers of mother): - Autism & Gilles de la Tourette syndrome.

S.H.: Only child. Caring family.

ASPERGER'S - 1 [M - 8 yrs.]

J

Homoeopathic History

GEN.: No clear features. No perspiration.

Food: Quite a poor appetite.

Des: Indigestible (Sand / Flowers) / Pizza / Sugar & Sweets.

Aggr: Wheat / Sugar. **Av:** Cucumber / Spinach / Cheese.

MIND: High levels of anxiety: Fear any changes to his environment or routines.
Fear: Monsters / Big dogs / **Spiders** / Fast moving animals / Unpredictability.
Obsessed with trains sets - keep counting stations.
Hate school classes - Has a remedial teacher (One to One).
Favorite Movie: "A bugs life" - Love the grass hoppers, identify with ants.
Music: Like some classical music / Try to play an instrument - but not successful.
Like drums / violin.
Love computers - Improves attention span.

Sleep: Good.

Dream: That he was in a big bubble. Like the cartoon "Speech Boxes".

Clinical

OBS.: Sudden jerky movements. Restless. Twiddle with a toy. Little or no eye contact.
Stated that he did not want any injections. Managed to speak - limited vocabulary - Confabulation

Examination: Small for age. Dark rings under eyes = allergic. Otherwise: NAD.

Investigations: EEG: Normal.

Current Medication: High Vitamin B6 & Dimethylglycine (DMG).

Diagnosis: Asperger's syndrome / Hyperactivity / Leaky gut.

ASPERGER'S - 1 [M - 8 yrs.]

J

Treatment

Treatment: - _____
- _____

F.U. – 2M:

4 / +1

May be more alert and interactive. Communication still poor with difficulty learning. Still very energetic. Spinning / Flicking with rope on jacket. Intense jerky movements: Shaking both arms, as if flying. Jumping up and down. Rigid routines. Think he is an ant sometimes ("Bugs Life") - Think cartoons are real. Don't grasp the concept of pretend and what is real - concrete thinking. Appetite better (Eat fish & potatoes). Improved bowel movements. Desire fruit (Apples / **Banana**). Don't want others to know he is on an exclusion diet.

Treatment: - _____
- _____

F.U. – 3M:

5 / +1

No change for the first 3 weeks - Then noticeably so much better. Much calmer, less hyperactive. Much more aware of his environment. Better attention span. Managed a social skills program at school. Interact well. Communicate clearly. Obsessions traits are also much reduced. Sit still during the whole interview. Only lose stools during the first 3 weeks. Recovered spontaneously from a tonsillitis.

Treatment: - _____
- _____

F.U. – 3M:

6 / +1

Emotionally so much improved. Cry now if upset rather than responding with anger. Less Ruminations and Obsessions. So much calmer. Strike out less. Still odd twitching. Communicate better - talk to himself in short sentences. Grasp concepts better & make connections. Expresses "His feeling being hurt". Sensitive to music - cry from some pieces. Reflect more. Talk about his coming birthday - Want a cake - manage to adhere to diet - Ask to come off it.

Treatment: - _____
- _____

F.U. – 3Y:

9 / +3

Doing extremely well. Moods stable. Responds / Interacts so much better with others. Good eye contact. Emotionally matured - act his age now. Tolerate other kids - no aggression. Love school - especially poems. Speech very clear. Comprehension much improved – Integrated. Make jokes: Told about his birthday cake - "Don't worry - I did not eat wheat". Dream: Being reprimanded - dropped a picture - "And I don't mean to make mistakes". Coping with changes now and no more obsessive routines or compulsive repetitions of speech. No twitching. Good appetite. Spontaneously recovered from another tonsillitis.

Treatment: - _____
- _____
- Discharged

33

ASPERGER'S - 2 [F - 4 yrs.]

K

Referred by the G.P., on request from the mother to see if homeopathy can help her daughter's developmental delay. Father is reluctant to consider CAM.

History of Present Illness

- 1. Asperger's:** Inappropriate interaction and behaviour difficulties. She totally "shuts off" or has screaming fits, especially if she meet strangers.
This can be changeable and swing to being over-familiar.
Poor eye contact – tends to block out tactile, visual and auditory input.
Mild obsessive traits, fixed, and strong aversion to changes. Obsessed with pink hearts.
- 2. Learning :** Developmental speech and language delay, with poor communication skills.
Still babbles. Speech often nonsense.
Poor comprehension as she often fails to understand what is asked of her. Limited vocabulary.

Past Medical History

Chickenpox

Past Treatments

Paracetamol,

Development

Mother was nervous during pregnancy – fear she will have an abnormal child again.
FTVD. Mild jaundice at birth. Had an awkward cry, and could cry for hours until she vomits.
Never seeks comfort, or demanded breastfeeding - difficult to pacify her.

Mother felt that she never developed normally – pediatricians = there was no obvious reason for concern
Yet, it became clear later that she did have a significant speech and language delay.
Awkward gross motor development – Clumsy coordination.
Accident prone - falling / tripping over objects.
Poor muscle tone – floppy – never pull herself up or wrap herself around, or cling on when picked up

Background Information

F.H.: **MM:** - ?. **MP** - ?. **PM:** - ?. **PP:** - ?.
 Mother: - Healthy. **Father:** -Healthy.

S.H.: Parents are first cousins – product of donor artificial insemination.
 First child died of inborn error of metabolism.
 School: Require extra teaching on a one-one basis.

ASPERGER'S - 2 [F - 4 yrs.]

K

Homoeopathic History

GEN.: Noise and tactile oversensitive (hates her nails cut / hair combed / or being touched).
Odd reactions to heat or cold – still refuses to take a shower.
Perspiration – quite easily on her head, especially at night

Food: Very limited and inflexible diet habit. Always feeding difficulties.
Extremes - Often all or nothing of a singular food product.
Reluctant to consider diets as she is such a fussy eater.

Des: Excessive thirst - for a lot of warm milk / potatoes / crisps / hamburgers

Aggr: Artificial black current juice (Aspartame / additives / colorings)

Av: Proteins / vegetables / pea / banana

MIND: Quite irritable, demanding immediate gratification. Manipulative.
Petrified of noises! Gets into a panic. Calms down from a toy penguin.
Fear: People (behind her - slides) / Strangers / Dark / Material textures
Quite a good memory otherwise. Loves the colour yellow.

Sleep: Poorly **Dream:** ?

Clinical

OBS.: Uncoordinated gait – clumsy. Lines up all the chairs in a straight row. Poor eye contact.
Then asks for a pencil and paper to do a drawing. Restless – difficulty to focus for long.

Examination: On 25th centile for height and weight. Dark rings under eyes.

Investigations: Normal EEG / MRI / Chromosomal studies and metabolic screening.
Did not want blood tests.

Current Medication: Vitamin drops.

Diagnosis: Asperger's syndrome

ASPERGER'S - 2 [F - 4 yrs.]

K

Treatment

Treatment: - _____

FU – 3M:

6 / +1

Marked improvement. Can now string a limited sentence together.
Able to make herself better understood. Now initiating limited conversation to me.
Able to give eye contact for longer periods. Remains obstinate / determined and obsessive
Concentration better – constructive activity - can read for periods.
Still lacks comprehension. Cannot reason. Remains accident prone – knocks into things
Sensitivity to noise and touch is mildly better.
Eating more volume - still limited variety and poor nutritional value – refuse diet change

Treatment: - _____
- _____

FU – 4M:

7 / +2

Major progress – Speech / Communication / Comprehension so much better.
Quite interactive now – even with strangers. Hates rejection from peers.
Concentration improved – can colour for quite a while before distracted – wants perfection
Less pre-occupied with obsessive tendencies.
Remains awkward and accident prone. Still sensitive, but much less.
Allows hair combing / takes a shower / comfortable with touch
Food remains a challenge – needs reminded to eat and aversion to fruit & vegetables.

Treatment: - _____
- _____

FU – 3M:

8 / +2

Started main stream school – going well with remedial teaching. Behaving in class.
Continue to improve gradually as before. Happy with her progress.
Still refuse to change diet.

Treatment: - _____
- _____
- Discharged

ASPERGER'S - 4 [M - 3 yrs.]

Referred by the G.P., because his behaviour was becoming increasingly more difficult. Mother also requested whether we offer treatment with Secretin.

History of Present Illness

- 1. Autism:** Speech and communication problems. Severe lack of language comprehension. Babbles. Very limited vocabulary – poor memory for words – unable to make himself understood. Cannot imitate noises or actions performed by nursery rhymes. Echolalia. Difficulty with concentrating on writing which he struggles with. Limited imaginative play. Prefer sameness – hates visiting new places. Likes to have the same routines.
- 2. Behaviour difficulties:** Severe behavioural outbursts (screaming fits), making socialization difficult
Social: Active dislikes mixing with other children. Aloof and prefers solitary play. Poor eye contact
Stereotype behaviour in the form of hand flapping / rocking left to right / tip toeing / spinning objects

Past Medical History

- 3. IBS:** Frequent bouts of diarrhea. Leaky gut. Constant colic since birth, with frequent vomiting on formula. Childhood colds / Croup / Chickenpox.

Past Treatments

Supported by the Child & Family Consultation service / Clinical / Educational / Behavioral Psychologist
Psychiatrist / Play & Speech therapist / Social club for disabled children / Music therapy / Autism service
No clear upsets from vaccination as far as parents know.

Development

Pregnancy normal – FTVD, but induced – healthy and uncomplicated quick birth.
Not breastfed – mom injured nipple the week before birth. Managed to gain weight despite colic / D & V
Unable to roll over as infant. Fine motor skills good, but gross motor skills poor / awkward and robot like
Miserable baby – preferred to be left alone – no cuddles / smiles.
Little recognition of parents / eye contact.
No evidence of toilet training.

Background Information

F.H.: **MM:** - Depression. **MP** - Autism. **PM:** - Epilepsy. **PP:** - Asperger's.
Mother: - Healthy. **Father:** - Healthy.

S.H.: 2 half brothers. Mother gave up career to care for him.
Not suitable for mainstream education – difficulty coping with toddler classes.
Asked to leave because he was so disruptive.

ASPERGER'S - 4 [M - 3 yrs.]

Homoeopathic History

GEN.: High pain threshold.
Better in the evening – can laugh at times, with some eye contact.

Food: Variable appetite.
Des: Bread / Yoghurt / Fruits / pine apple juice
Aggr: Wheat products and Milk (since birth)
Av: Mushy foods – prefer solids.

MIND:

Described as being a Jekyll & Hyde character – Tasmanian Devil.
Destructive – strikes himself in the face / uncontrollable aggressive screaming fits.
Anything can trigger his awful moods - Can throw objects and kick people around him.
Very sensitive and responsive to music – very good memory for notes - Quite intelligent.
Enjoys watching the same video (over & over).
Sits “Mesmerized” by the TV – Teletubbies
Intense attachment to his cars - always plays with by (spinning them round, watch wheels)
Obsessively watches his football roll around for hours. Want his cars with him always.
Cannot ride a tricycle – only spins the wheels. Difficulty running (awkward).

Sleep: Dream: ?

Clinical

OBS.: Play with his car – spinning – prattling to himself – no eye contact.

Examination: Tall, thin boy.

Investigations: **Urine test:** + for: IGA (*trans*-indolyl-3-acryloylglycine) / β C1-7(beta-casomorphin 1-7)
Cytotoxic Food Intolerance test: + for: - Citric acid / MSG / Saccharine / Colorings
- Wheat / Milk / Na Bensoate
EEG / Neonatal screening – all normal

Current Medication: Aroma therapy.

Diagnosis: Asperger's syndrome / Leaky gut

ASPERGER'S - 4 [M - 3 yrs.]

Treatment

Treatment: - _____
 - _____
 - _____

FU – 2M:

6 / +1

Initial aggravation, then much better. Less tantrums – Often refuses remedy.
 Reached out and held parents hands for first time – more sociable.
 Started to smile and look into people’s eyes – improved eye contact.

School, noticed an improvement in his speech – no echolalia / say some words now.
 Play: Entertains himself with more constructive, imaginative play – comprehension better
 Less obsessions, able to concentrate better for periods of time.
 Hardly any flapping / rocking.

Treatment: - _____
 - _____
 - _____

FU – 3M:

8 / +2

Doing very well. No more aggressive outbursts. Quite settled and content.
 Concentration so much better – can occupy himself constructively for a long time.
 Sociable: Enjoy mixing. Has a lot of patience – can wait for somebody now.
 Very good eye contact – “as if he has joined our world”. Happy boy.

Intellect is very high (test) – good with computers.
 Uses a mouse appropriately (click & drag)
 Has internal feedback – gives himself praise and cheers. No spinning.
 Language: Also much improved – string a short sentence together – no echolalia.
 Labeling objects now appropriately. Seldom evidence of flapping – only if excited.
 Obsessive: Still lines his cars up into neat rows, and reluctant to change routines.
 Able to go on holiday.
 No more gut problems – stool normal.

Treatment: - _____
 - _____
 - _____
 - Lost contact – moved away.

ASPERGER'S - 5 [M - 15 yrs.]



Homoeopathic History

GEN.: Perspire on warm days.

Food: Poor appetite – very fussy eater. Often nausea with smell of certain foods (?).
Leaky gut after all the antibiotics.

Des: Pizza / Pasta / Chips & Crisps **Av:** Fruit / Vegetables / Rice.

Aggr: Fried foods / Salmon / Additives / Colorings / Strawberries

MIND: School has caused him a considerable amount of stress.
Can't keep up academically / teased. Doing a course in photography and French.
Really upset – get anxious when bullied. Hatred towards the bullies. Refuse to discuss it
Quite dependent on parents – unable to go shopping. Fear to talk to shop assistants.
Needs to learn to become independent. Quite argumentative at times.

Loves computers – wants to do this as a career as an animator – to “make lots of money”

Hobbies: Making movies with a digital camera / has a puppy dog.

Interests in theatre / shows – doing the lightning. Music: Try the drums.

Sport: Horse riding.

Sleep: Generally fine.

Dream: “Sometimes”

Clinical

OBS.: Quite shy. Little eye contact. Answers coherently, but evasive. Doesn't volunteer information.

Examination: NAD

Investigations: Nil

Current Medication: None.

Diagnosis: Asperser's syndrome / Anxiety

ASPERGER'S - 5 [M - 15 yrs.]



Treatment

Treatment: - _____
 - _____
 - _____

FU – 3M:

6 / +1

Trying to adhere to his exclusion diet. Eating less.
 Initially stated he feels the same, later admitted he is less stressed out.
 Father sees a big difference in him, despite his increased work load – preparing for exams
 Bit more irritable but can focus well on his assignments – obsessive.
 Horse riding every 2 weeks. Not keen of other sports.
 Offer little conversation – just smiling
 No colds, and less sensitive to the cold (Open windows & T-shirts)
 Became more social by spending time with his cousin – 2 years younger than him.

Treatment: - _____
 - _____
 - _____

FU – 3M:

7 / +2

Feels more alive. More motivated, especially in learning – do extra lessons.
 Much less procrastination and focus well on work. – Needs 4 GCSE's to get into college.
 Parents happy with him as his progress is noticeable all round. Less argumentative.
 Enjoy the company of his cousin – initiate contact – even phones him up = is new for him
 Eye contact better, and offer spontaneous remarks. Appetite less, - only eats 'healthy foods'

Treatment: - _____
 - _____
 - _____

FU – 4M / 4M:

8 / +2

Improvement maintained. Passed his exams / 8 GCSE's – very happy with it.

Social skills noticeably improved. Still initiate contact and even talking to strangers.
 Language - Clear: Semantic & pragmatic language use and comprehension better.
 Not been ill at all. Feels more energetic. Not been anxious, and admits being happy.
 Busy with multi-media at home. Much more confident. Has a dog now.

Treatment: - _____
 - _____
 - _____

AUTISM - 3 [M - 9 yrs.]

Referred by the G.P., as his parents were keen to try complementary approaches for his condition.
(Poor history)

History of Present Illness

1. Autism: Severe speech and language disability, however able to name some things correctly. Prattling
Poor eye contact: Lacking normal social interaction and subsequently meaningful relationships.

Obsessional traits: - Especially with numbers (counting over and over) and names.
 - Watches video & play music tune constantly.

2. Behaviour difficulties: Extremely restless – constantly moving about.

Aggressive - If reprimanded – lies and screams on the floor if not getting his way.
 - Break objects if upset – pinches others, especially babies
 - Likes to make them cry - Malicious
 - Kicks and shouts – can turn very nasty. Throw objects.

Past Medical History

3. URTI's: Had a few ear & throat infections already

All vaccinations given – unclear if any reactions

Past Treatments

Antibiotics.

Homeopathic remedies from a professional homeopath – Tuberculinum & Tarentula with little effect.

Development

Pregnancy and birth process – unremarkable.

Slow in learning to talk – has a poor comprehension of the alphabet.

Noticed at the age of 2 yrs that he was unable to make appropriate contact with other.

Background Information

F.H.: **MM:** - ?. **MP:** - TB. **PM:** - ?. **PP:** - DM.
Mother: - Healthy. **Father:** - Healthy.

S.H.: In a special needs school – high teacher-pupil ratio.
 Has a healthy 17 year old sister.

AUTISM - 3 [M - 9 yrs.]

N

Homoeopathic History

GEN.:

Food: Good appetite.

Des: Salty things / vinegar / Wheat (anything) / Fizzy drinks – very thirsty.

Aggr: ?

Av: ?

MIND:

Fear: Nothing known.

Interest: To play with water and strings & ropes.

Apparently has a photographic memory.

Sleep: Difficult to initiate. Rise early.

Dream: ?

Clinical

OBS.: Jumping and flapping with his hands when excited. Loud voice – singing. Make a string out of paper.

Examination: 1.5 M; 45.5 Kg.

Investigations: None

Current Medication: None.

Diagnosis: Autism / URTI's

AUTISM - 3 [M - 9 yrs.]

N

Treatment

Treatment: - _____
- _____

FU – 3M: Less active – calmer for longer periods. Still flapping hands when excited. **6 / +1**
Temper much less of a problem, stopped breaking things, but still pinches others.
Still headstrong – wants his own way. Plays with ropes – Loves singing & dancing.
Communication much better: Became loquacious – good eye contact. Spelling improved.

Treatment: - _____
- _____

FU – 3M: Behaviour deteriorated – much more aggressive, yet all and all calmer. **4 / 0**
Communication also worse – talking less and difficulty constructing a sentence – Echolalia
Sleep again difficulty initiating. School has problems handling him.
Eating well – but eats almost only wheat.

Treatment: - _____
- _____

FU – 2M: Behaviour – Throws things – depending on whether he eats wheat. **5 / 0**
Somewhat less aggressive – still pinches others. Hates school. Wants immediate gratification
Communication: Remains limited. Good at spelling now. Writing and reading improving.
Obsessed with numbers and ropes and swings. Loves music & dancing & singing.
Appetite: Only wants to eat wheat. Refuses to take MSM.

Treatment: - _____
- _____

FU – 2M: Little change from last time. Loud singing when outside – clapping hands. **5 / 0**
Proud if others tell him he is intelligent. Still aggressive – can lash out / break toys.

Treatment: - _____
- _____

FU – 3M: Much better again. Calm!! Good sleep pattern & Appetite. Sitting quietly now. **7 / +2**
Comprehension / Writing & Reading much improved. Loves TV programs – first for him.

Communication: Talking clearer now – Quite chatty again in school, which he enjoys.
Less obsessive – invites variability & change more. Better eye contact – look at self in mirror

Treatment: - _____
- _____
- Discharged



AUTISM - 4 [F - 4 yrs.]

Referred by the G.P., who valued homeopathic treatment for this girl with Infantile Autism, who has explored conventional and unconventional approaches with limited success before.

History of Present Illness

- 1. Autism:** Stopped reaching her other milestones at 15 months following MMR vaccination. Stopped giving eye contact was the first sign. Then started to act bizarre, by laughing at a wall for unbeknown reasons and jumping up and down, toe walking with hand flapping. She also stopped babbling and eventually talking all together. Development arrested emotionally, and sleep pattern became disturbed. Developed obsessional rituals, by sniffing all foods before eating / lining up items into neat rows Evidence of self abusive behaviour - slapping and scratching herself as well as pulling her hair out She bites objects and people. Strikes if encouraged to do things or contradicted.
- 2. Insomnia:** Poor sleep pattern, resulting in Insomnia. Waking every 2 hours.

Past Medical History

- 3. Abdominal pains:** Pains especially when opening her bowels – bending fore over . Digestion poor. Diarrhoea, alternating with hard stools, even to constipation – mostly ‘Rabbit’ droppings. Stools contains sometimes undigested foods, mixed with blood & mucus - > with diet.
- 4. Colds:** Prone to numerous colds and URTI’s.

Past Treatments

Consultant Paediatrician / Research unit at Sunderland university.
Temperature reactions and projectile vomiting following vaccinations.
Arrested development after MMR.

Development

Normal pregnancy. Birth at 39 weeks, which was described as ‘traumatic’ requiring an epidural & Tens Developed normally, even fast for the first 15 months, with early teething, sitting up at 6 months, bum shuffled and crawled backwards. Was a good sleeper as well.

Background Information

F.H.: **MM:** - Arthritis / Dyslexia. **MP** - Arthritis. **PM:** - Arthritis. **PP:** - Healthy.
Mother: - Healthy. **Aunt:** Asthma & Eczema. **Father:** - OA / Psoriasis.

S.H.: Brother who suffers from asthma. Mom: Teacher for Autistic children (ABA program).

AUTISM - 4 [F - 4 yrs.]



Homoeopathic History

GEN.: Night sweats on head & feet. Prefer cooler – irritable if hot.

Food: Currently (Last year) on a Gluten / Wheat & Caseine free diet.
Good appetite.

Des: Meat balls / Pasta / Rice / Oranges. Very thirsty.

Aggr: Wheat & Dairy products / Fizzy drinks.

MIND: Frequently very anxious without apparent trigger.
Can become anxious around different people.
It seems as if she is seeing ‘images’ which she follows around visually.
She appears noticeably distressed by it.
Hides if she wants to go to the toilet.
Has a great love of water – can occupy herself for hours.

Sleep: Poorly. **Dream:** ?

Clinical

OBS.: Big girl for age. No speech at all. No eye contact. Lives in her own world.
Reluctant to walk. Flapping hands.

Examination: NAD.

Investigations: Urine Caseine levels only marginally increased. Deficiency in EFA’s & Zn.
Celiac disease excluded (Normal IgA / no EMA)

Current Medication: Vit B6 / Omega 3 EFA’s.

Diagnosis: **Autism / Food Intolerance / Leaky Gut**



AUTISM - 4 [F - 4 yrs.]

Treatment

Treatment: - _____
 - _____
 - _____
 - _____
 - _____

FU – 2M:

5 / +1

Great improvement - much calmer and less self abuse - stopped slapping, still pulls hair
 Better and longer eye contact – Now looking straight at you.
 More focused – Attentive and gives immediate response if approached.
 Reasoning ability improved - Less contradictory. Still no speech.
 Toe walking & Hand flapping less apparent. Sleeping better – 8 hours continuous now
 Stool normal – no more rabbit droppings - soft.

Treatment: - _____
 - _____
 - _____
 - _____
 - _____

FU – 2M:

6 / +2

Improvement maintained and even better. No more night sweats and sleep 10 hours.
 Appetite great, and stopped smelling foods before eating. Stools remains normal. No pain.
 No anxiety, nor following ‘Shadows’ on walls.
 Self abuse almost gone – only bites occasionally. No more scratching / striking / hair pulling
 Much more alert, attentive and quite focused – able to complete tasks now.
 School: Much more compliant and cooperative – Less fidgety.
 Toe walking & Flapping only when excited.
 Good eye contact. Responds & Looks at you when called or approached.
 Actively seeks contact with sister and parents – “We’ve got our child back”.

Treatment: - _____
 - _____
 - _____
 - _____
 - _____

AUTISM - 5 [F - 7 yrs.]

P

Referred by the G.P., after she had an assessment from the psychologist and psychiatrist from the local child development centre. The initial concern was an unusual language development at the age of 2.

History of Present Illness

- 1. Autism:** Communication difficulty: Slow in learning talk appropriately. First words appeared at the age of 18 months, and first phrases started between 2.5 and 3 years of age, but in the form of delayed echolalia. She would repeat learned phrases, mostly totally out of context to the situation. She expresses her needs by taking her parents hands, or tugging a clothing and eventually learned to use her index finger for pointing. Mother notices she was “in a daze and in a world of her own” and she gave little eye contact. Only started to grasp her name at the age of 3. It is not possible to have a reciprocal conversation with her, as her speech and understanding is too rudimentary.
Social: Not very interested in other children – rather aloof. Prattles to herself or hums whilst playing. Her symbolic play is often unconstructive, but does manage a degree of imaginative play. Loves to watch cartoons for hours. **Learning:** Slow grasping things - enjoy scribbling with pencil
- 2. Insomnia:** Poor sleep pattern, difficulty initiating / waking frequently during the night. Settled on diet

Past Medical History

- 3. Atopic / Food Intolerance:** May be sensitive to gluten & caseine. Already had severe colic during the first 3 months of age.
- 4. Constipation:** Scared to go to the toilet. Also has pre-mature caries.

Developed 2 consecutive viral illnesses with high fevers, lasting 10 days each at the age of 2. No evidence of any encephalic process, nor fits, but developed sleep disturbances and became a bit hyperactive as well as inattentive subsequently. Unclear if related to vaccinations.

Past Treatments

Paediatric OPD / Pre-school Social Communications Clinic for speech therapy / Educational Psychologist “Options treatment” program in the USA. Therapies: Music / Cranio-sacral / Water / Friction massage Investigated: Sunderland university - gluten enteropathy was queried. Trying a dairy & gluten free diet. Tried homeopathic Secretin: Improved her sleep, but aggravated her constipation and caused eructations.

Development

Normal pregnancy, but caesarean section at full term (narrow pelvis). Mom was disappointed it was a girl, as the pregnancy scan pointed towards a boy which she wanted. Not breast fed. Difficult relationship. Development: Sat up at 7 months and walked at 1 year. Gross and fine motor skills good. Able to dress with little help and fully toilet trained.

AUTISM - 5 [F - 7 yrs.]

P

Background Information

F.H.: **MM:** - DM. **MP** - Angina. **PM:** - Stroke. **PP:** - Healthy.
 Mother: - Healthy. **Father:** - Healthy.

S.H.: Older brother aged 16 and sister aged 12 - both is healthy.

Homoeopathic History

GEN.:

Food: Good appetite. Not thirsty.
Des: Sweets / Chocolate / Coke / Fruit.
Aggr: Wheat & Gluten / Dairy products.

MIND:

She has a degree of hyperactivity and inattention. Can be stubborn.
Bit clingy to mother when dropped off at nursery, but does wave 'good bye'.
Allows a hug on reunion, but does not offer it – so not very affectionate.
Special interest in ladybirds and even ants. Loves swings, and can sit swinging for hours
Some signs of ritual routines and sameness.
Remembers road directions especially very well.
A bit obsessive regarding what she wears / eats. No unusual attachments to objects
Occasional hand flapping stereotypies, but usually jumps.
Displays some repetitive hand & arm movements when excited.
Started to point at imaginary things in space, and laughing and talking to herself.
Used to be mischievous but this settled on the diet.

Sleep: Dream: ?

Clinical

OBS.: Humming to herself whilst scribbling with a pencil. No eye contact when calling her by name.
Big brown eyes. Often says "Mommy".

Examination: Height / Weight: Between 9th & 15th centile. Head circumference: 75th centile.

Investigations: Cytotoxic food Intolerance test: + for: Sugar / Wheat / Nuts / Dairy / Yeast / Oats / Cocoa

Current Medication: None.

Diagnosis: **Pervasive Developmental Disorder (Autism)**

AUTISM - 5 [F - 7 yrs.]

P

Treatment

Treatment: - _____
 - _____
 - _____

FU – 2M:

6 / +1

Progress, especially with language increase and seek active contact with sister & cousin. Now speaking in 5-6 word sentences, although some still repeated, she is also formulating various spontaneous new sentences. Started to ask for things rather than pointing. Using appropriate eye gaze for full attention and requests. Wants to sit on mothers lap. Still gesticulating (flapping) when excited. Reoccurrence of old epistaxis & sneezing. Much more alert and focused. Writing noticeably improved. Sleeping better – throughout the night, but wakes earlier (6-7 am).

Treatment: - _____
 - _____
 - _____

FU – 3M:

7 / +2

Remains alert and interactive. Very aware and attentive now to environment. Comprehension much better and she is able to follow two part commands, and starting to grasp if/then instructions. Talking and writing so very much improved. Better coordinated. Responds to her name being called & to an indirect comment as a social press for response. Runs about, becoming a bit rebellious, but not destructive. Need dental work due to caries. No more epistaxis, sneezing nor flapping when excited.

Treatment: - _____
 - _____
 - _____

FU – 6M:

8 / +2

Improvement and development continuing. Loving, outgoing, giving hugs and kisses. Attending school, and interacts well. Language skills so much better – converse on phone. No more jerky movements, nor flapping. Rides a bicycle / horses. Spatial orientation normal. Managed trip to USA well. Excellent eye contact. Calm. - “Leaps ahead academically”.

Treatment: - _____
 - _____
 - _____
 - Discharged.



AUTISM - 6 [M - 3 yrs.]

Referred by the G.P., following a request from the parents to see if we had any treatment options for their son who was diagnosed with developmental difficulties within the Autistic spectrum disorder at the age of 18 months. Mom is convinced that he has never been well since his first DTP vaccination.

History of Present Illness

- 1. Autism:** Speech & Language delay. Lack vocalization for any of his basic needs (Food / Toilet). Impaired social engagement and reciprocal social activities. Recently started to point to pictures Showing a distinct preference for female faces. Doesn't show any comprehension of non-verbal communications such as waving "good bye". Limited response to his name being called. Does not follow / comprehend simple commands. Stereotyped repetitive behaviour (throwing) with limited development of play activities, including symbolic play. Spinning wheels of various objects, but can be distracted from this activity since dietary change. Shows a range of sensory processing difficulties (visual / auditory and pain responses).
- 2. Atopic constitution:** Quite allergic to peanuts, reacting with a type I hypersensitivity and Urticaria on exposure. Skin prick tests revealed a 8 mm wheal to peanut allergen. No other reactivity detected Unhappy child – cried non stop for 6 weeks – had projectile vomiting and green stools.

Past Medical History

- 3. Otitis Media:** Recurrent suppurative bouts. Had a few hospital admissions with high fevers.
- 4. Chronic Allergic Rhinitis:** Frequently blocked nose, alternating with rhinorrhoea with snoring. Mouth-breathing, with halitosis in the morning. Hypersalivation. Occasional sinusitis - not asthmatic
- 5. Eczema:** Normal flexural presentation.

Past Treatments

Paediatrician for his allergies / ENT surgeon for Grommets / Adenoidectomy. Normal audiometry. Frequent antibiotic courses (8x) / Prednisone / Cetirizine. Fully vaccinated, developed a lump/fever after DTP / MMR. Speech therapy / Picture Exchange Communication System (PECS) / Play and Development service Dietary intervention – Wheat & Dairy free suggested. + Urine test for Caseine & Gluten. Cranio-sacral osteopathy. - Mom "was told" to drink dairy during pregnancy.

Development

Pregnancy: Mother had suspected DVT in right leg during the 3rd trimester – Treated with Heparin. Elective caesarean section performed maternal reason. Average birth weight. Not breastfed – inverted nipples. Normal development until 8 months (sitting / responsive child). Regression started after his first ear infection. Lost ability to sit, appeared to comprehend less, stopped babbling. Speech very slow – prattling "Dada" Never crawled, only bottom shuffling, but walked unsteadily at 18 months, but still falls for no apparent reason. Clumsy child. Global developmental delay affecting all areas. Need help: Dressing & feeding.



AUTISM - 6 [M - 3 yrs.]

Background Information

F.H.: **MM:** - HT / Cancer. **MP:** - Healthy. **PM:** - Healthy. **PP:** - HT / Angina.
Mother: - Speech delay / Late walker. **Father:** - Atopy / Eczema & Hay fever
- IBS / Eczema / Atopy (Dairy & Wheat).

S.H.: Single child. Father very stressed by it all.
Mom very knowledgeable and keen to cure him.

Homoeopathic History

GEN.: Hypersensitive to light and sounds (vacuum cleaner / hair drier).
Turns away or cry with lights. Interested in objects that makes musical noises.
Enjoys biting on his tooth brush – quieting effect. High pain threshold.

Food: Needs reminded to eat – never indicate hunger. Quite thirsty if encouraged to drink
Des: Nothing **Av:** ?
Aggr: Wheat / Gluten / Dairy / Peanuts & Soya & Legumes / Banana / Eggs / Rice

MIND: No attachments to any toys. Unusual passivity. Intolerant to touch. Shy child, turns away.
Appears self contained, not yet any attachments to familiar people (parents).
Barricades self in boxes.
Starting to show some separation fear and a degree of wariness of strangers.
Can make an angry sound if he is protesting about a toy being taken away.
Never makes a sound to attract someone’s attention.
Smiles if he is doing something pleasurable or looking into a mirror.
Some indication of enjoyment to singing nursery rhymes.
Indications of obsessional traits, demanding sameness of routines / placing objects.
Fascinated by the washing machine.

Sleep: Reasonably well. **Dream:** ?

Clinical

OBS.: Dribbling constantly. Little eye contact. Height & Head circumference above 98th centile.

Examination: Pale inferior turbinates / Dark shadows under eyes. Retracted right tympanic membrane.
Mild cervical lymphadenopathy. Clear chest.

Investigations: Genetic disorders excluded (Fragile X / Normal Chromosomes).

Current Medication: Piriton (Chlorphenamine) / Nasonex (Mometasone) / Nystatin / EpiPen.

Diagnosis: Autistic Spectrum Disorder / URTI’s / Atopy / Leaky gut?

AUTISM - 6 [M - 3 yrs.]



Treatment

Treatment: - _____
 - _____
 - _____

FU – 2M: Very sensitive to any exposure to wheat – clear setback. 4 / +1
 Eczema: Mild return. Hypersalivation & Rhinorrhoea ongoing. No Otitis.
 Happier within himself – calmer and more interactive. Still non-verbal.

Treatment: - _____
 - _____
 - _____

FU – 2M: Aggravation. Totally within himself / passive – constant spinning. No interaction. 6 / +2
 Diarrhoea for 5 days – offensive small with black “bits”. Now normal stool.
 Then considerable improvement – everybody notice the difference.
 Calm, content peaceful. Much less evidence of Obsessive traits. Sensory deficit better.
 Attentive / listens – started to respond to his name. Now also attracted to lights.
 Interacts With mother well and allows to be touched & cuddled. Good eye contact.
 As if he has suddenly grown up. Ready for nursery school. Stopped barricading himself in
 Language better – started to talk and even stringing words together. (50 word vocabulary)
 Display independent play - 15 minutes at a time – building with blocks (don’t line them up)
 Eczema & Rhinitis clear (initial aggravation following dose). Now asks for food & drinks.

Treatment: - _____
 - _____
 - _____

FU – 3M: Improvement continuing. Very interactive – excellent eye contact. Loving & Cuddly. 7 / +2
 Much better understanding. Responds and execute a 2 command instruction.
 Language expanded. Loves singing nursery rhymes – even remember lyrics.
 No salivation / rhinorrhoea / eczema. Normal stools. Asks for food.
 No obsessions. Stopped spinning. Now initiate play with mom and other kids.
 Motor skins better. Can jump and walk normal. No tip-toeing. Less clumsy.
 Assessed by Psychiatrist – stated he is normal, non-autistic. Attends mainstream nursery

Treatment: - _____
 - _____
 - _____

FU – 4M: Aggravation again - displayed old Autistic traits again for a few days 8 / +2
 Great. Still further language improvement: vocabulary / comprehension / pronunciation
 Good social integration – popular in class – everybody wants to be his friend.
 No autistic traits, but still needs some stimulation to play independently. Physical fine.
 Father left – mom now separated.

Treatment: - _____

AUTISM - 7 [M - 6 yrs.]

Referred by the G.P., again after a request from the mother who was very unhappy about the outcome of the consultation she had with the psychiatrist regarding treatment options (Ritalin) for her son, who was diagnosed with an autistic spectrum disorder.

History of Present Illness

- 1. Autism:** Obsessive Compulsive behaviour. He is insistent on sameness, and gets very upset if there is any change to his routines. He responds with extreme disruptive behaviour.
He is obsessed with electrical appliances and time – constantly ask what time it is.
Speech / language delay - associated communication difficulties. Comprehension impaired = 3 y
Socialization skills are poor and he finds it difficult to give appropriate emotional responses.
Independent play is poor and he needs guidance because he is very easily distracted by noise.
- 2. Insomnia:** Very anxious and unable to initiate sleep. Fear of the dark and left alone in room.
Goes to mom's bed. Wakes frequently during the night (10x), and he is up already at 5.am.

Past Medical History

- 3. Constipation:** Irregular bowel movements with intermittent soiling – during sleep. Enuresis nocturna.
- 4. Eczema:** Skin generally very dry and itchy. Flexural erythema.

Past Treatments

Speech therapy.
Reacted with fever to DTP, but no clear correlation with the vaccination. Not had MMR yet.
Antibiotics for ear infections.

Development

Mother was very uncomfortable being pregnant and did not like it at all – hated being so heavy.
Quick birth – FTVD – “small baby”.
Not breast fed due to lack of milk. Cried constantly for months, and could not be pacified.
Language development initially fast, then stagnated at the age of 17 months. Hearing normal.
Slow motor development – clumsy, tripping over things. Poor spatial awareness. Cannot cycle unaided

Background Information

F.H.:	MM: - ?. MP - Asthma / Hayfever.	PM: - ?. PP: - ?.
	Mother: - Healthy. Aunt: Migraine / Asthma	Father: - Healthy.
S.H.:	Brother aged 4 - Healthy. Requires remedial teaching at school.	

AUTISM - 7 [M - 6 yrs.]

R

Homoeopathic History

GEN.: Sensitive to noise.

Food: Good appetite.

Des: Quite thirsty – fruit juices / cold water. **Av:** Eggs / Vegetables.

Aggr: Dairy & Cream / colourings / additives / fruits

MIND: Very stubborn routines are dictating the life of entire family, and impairs social interaction
He lines everything up (toys) orderly in neat straight lines - does not allow any alteration
He likes music (monotonous rhythms), played very loudly - only holds his attention briefly
Unable (no interest) to entertain himself independently, or play constructively.
Needs constant stimulation, but tends to throw objects away and gets bored quickly.
It is becoming difficult to manage his extreme violent and aggressive temper tantrums.
He pulls people by hooking his finger in their mouth, pulling their cheeks.
At times he tries to strangle or often strike others.

Angry child, but no history of self harm, or breaking objects. Selfish – don't share.
Not affectionate - don't like to be touched, and is frightened to be left alone in his room.

Sleep: Poorly – see above. Aversion being horizontal.

Dream: ?

Clinical

OBS.: Poor eye contact – as if locked in his own world. Sniffing noises.
Very limited communication skills – odd monosyllabic grunt.

Examination: NAD. On the 50th centile for height & weight.

Investigations: Nil.

Current Medication: None.

Diagnosis: Autism / Insomnia / Constipation

AUTISM - 7 [M - 6 yrs.]

R

Treatment

Treatment: - _____
- _____
- _____

FU – 2M:

5 / +1

Behaviour definitely improved. Coped with going on holiday, disturbing routines. Still fearful of being left in his room, but sleeping better. Much improved eye contact & ability to interact. Hardly any aggression – stopped pulling OC traits less apparent – don’t insist on lining toys up anymore. Writing skills better. No eczema / Stool normal – no soiling – indicates when he wants to go. Odd enuresis.

Treatment: - _____
- _____
- _____

FU – 2M:

4 / +1

Don’t adhere to the diet – breeched at school. Thirsty
Autistic behaviour regressed a bit. Refused to come into the room initially – then settled. Mild eczema again and constipated. 2 ear infections. Sleeping still good.

Treatment: - _____
- _____
- _____

FU – 3M / 6M:

6 / +1

Much more settled. Calmer, less tantrums and less fear. Sleep well / alone – through night Still OC traits – aversion to change / Obsessed with time and ask questions over & over. Remains calm – no outbursts. More social – allows touch and give hugs. Better eye contact. Started to speak a few words now. Mild itch & erythema on shoulder. Constipation better.

Treatment: - _____
- _____
- _____

FU – 6M:

7 / +2

So much better! Less obsessive with routines. Patient and calm – no anger. Horse riding. Main stream school – remedial help. Bullied, can’t defend self, but dealing with it. Do karati. Concentration & Reading much improved. Conversing well. Old me a joke - jesting / laughing!
Everything so much easier – things are not always an issue anymore. No enuresis.

Treatment: - _____