

## **An autistic child's search for a new start in Life.**

In the middle of 2002, a three-year old girl was brought to clinic by her parents with a diagnosis of autism made by her paediatrician. She does not enjoy eye contact and does not talk but understands and can follow commands if it suits her. She can say NO! and it's a go-to perspective. If she wants something, she points to it. If she is denied something, she throws a tantrum. She will not engage in small play or sharing with other children. She likes to paint and will produce formless splotches with the colours red, yellow or purple and is obsessive about washing her hands after using paint.

She has a picky diet. She likes chocolate and meat (steak, sausages, chicken nuggets); hates vegetables, eggs and "sloppy" food. She will eat apples and the occasional banana. She also "eats" her finger and toe nails.

She has had a history of constipation but now stools once daily. She refuses to use the potty or toilet and demands a nappy for urination and stool and hides for privacy.

She likes kids' shows on TV (especially Teletubbies) but is scared of the crocodile in the Peter Pan movie.

She loves music and will do her own version of dancing and singing. She loves swings (so long as it's not too high as heights scare her) and likes to rock back and forth. She also likes to run and be chased and caught and tickled.

She's been fully vaccinated and had no immediate physical reactions by way of a fever, to any of them.

She has a healthy sister who is two years and ten months older. The pregnancy of this little one was "lousy". Mother reported extended nausea and fatigue. The birth was "horrible". Waters broke and there was minimal dilation due to a face presentation, so an emergency C Section was performed. After a post-partum haemorrhage the mother needed a transfusion and was isolated from the baby for the first few days so she was given formula during that time.

She then went to the breast with no problems but was breastfed for only three months and weaned onto formula due to "reflux". However, it did not fix the problem and the crying after feeds was an ongoing issue. While on the breast she developed oral thrush and gave it to the mother. The mouth and nipple symptoms settled with anti-fungal treatment. Other than that, during her first year she was a happy smiling baby, although she had "a few episodes in the first three months of stopping breathing". The mother couldn't recall if any of these episodes occurred after vaccines.

Because the parents reported the change in her developmental behaviour began after the MMR vaccine at 12 months, I decided to begin the case with a stat dose of MMR 30C.

Her parents returned with her a month later to report that "she's a different child". The day following the nosode, she developed a high fever (very flushed cheeks and thirst) which ran for four days and was followed by several days of thick green coryza. The parents managed it conservatively and she remained in good spirits throughout and even had a few day-time naps which was unusual for her.

Since then she has become talkative and has begun to say please and use small phrases. She is also initiating eye contact and saying hello. Her attempt at speech is, however, very much in the realm of babbling; and, for the most part, is unintelligible. The small phrases she manages are accomplished by mimicking others and repeating the words to receive appreciative nods and acclamation from her family. She does, however, still appear to have selective hearing and will only respond if she wants to. A nice change is that, on waking each morning, she's begun to come into the parents' bed for snuggles. And, instead of a tantrum when she's called out for doing the wrong thing, she comes to the mother for a cuddle as "she hates to be in my bad books".

She's joining in with activities at playgroup and enjoying gym. As she likes to be on her head, she's allowing the female instructor to hold her while she does a tippy tumble. (This behaviour in little ones is a modified form of head banging; a tubercular trait.) Her head is a sensitive part of her body; she dislikes the shower and, up until now, has not allowed her mother to brush her hair. That has now changed, and she allows "gentle brushing."

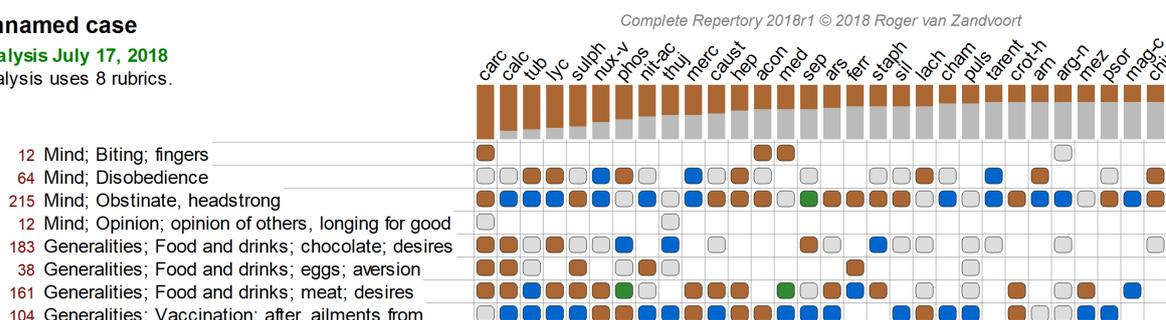
Her appetite has improved somewhat in that she's begun to show interest in what other family members are having and will taste-test those foods. She's still biting her fingernails; the nails and skin around them.

So, I sent them home with some *Belladonna* 30C in case another fever ensued (mimicry and speech unintelligible are *Belladonna* rubrics) and, on this occasion, prescribed a stat dose of *Carc* 200C.

### Unnamed case

Analysis July 17, 2018

Analysis uses 8 rubrics.



They returned four months later to report that following a high fever at the full moon the previous month that settled with *Belladonna* and bedrest, a lot of old symptoms have returned or have become exacerbated.

She's become very sensitive about her head and refuses showers or hair brushing. Tantrums and non-cooperation have ramped up and she's not playing well with other children again. She's now going to a special education kindergarten twice a week for two hours and has begun to cry real tears when her mother leaves. The mother comments on this as it's a new behavioural expression and mentions that she's "never been one to show tears, even when she's hurt herself; it's as if pain doesn't impact on her."

She's using longer and appropriate phrases that she copies meaningfully from her sister... "she likes to copy her all the time"...however, longer "sentences" are still very much a conglomeration of babble, and the parents have to be very attentive to try and decipher what she means.

Food desires are still the same although she's now eating some grains and will have a sandwich of vegemite. A striking new symptom around food is that she has begun to insist that food items not be placed on her plate so that they touch each other.

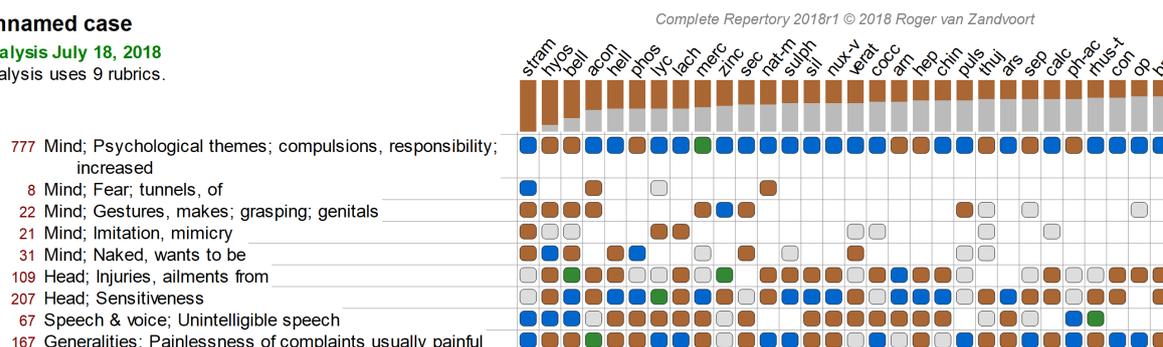
Parents have initiated potty training which is hit and miss and note that she likes to cavort naked at home whenever she can and has become interested in her genitalia.

With this mix of symptoms and recalling her birth situation of face presentation which could have caused head trauma and was possibly initiated due to a deep-seated fear of negotiating a tunnel of sorts, I prescribed a stat dose of *Stramonium* 1M.

### Unnamed case

Analysis July 18, 2018

Analysis uses 9 rubrics.



Six months went by until the next consultation. She greeted me with a hello and looked me in the eye. Parents reported a big improvement in her speech “more chatty and easier to understand” and asking questions and remembering the answers. They report also that she has become more “cuddly and loving”. There's greater inquisitiveness with respect to food. Protein is still her go-to option but and she's been willing to taste-test a wider variety and that has included pasta and pizza. She's particularly liking chocolate milk and likes coca cola when she can get her hands on it.

She's now also willing to use the potty for urination but requests a nappy for stool. She also wears a nappy to bed and decides, herself, when it is to be removed in the morning.

She's begun to ride a bike with training wheels and enjoys gym, riding and dancing. Kindy is going well two consecutive mornings a week.

She likes to line up her toys and put things in boxes. Doors have become an issue. She goes around the house shutting them and will not go through a doorway entrance to a shop without her mother holding her hand.

Loud, sharp noises disturb her, and she can sometimes put her hands over her ears and shout No!

She occasionally has lapses and appears to be in a reverie... “away with the fairies!”

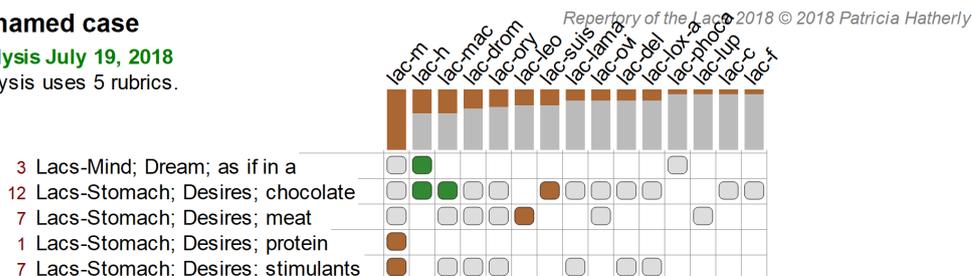
On this occasion I decided to give her *Lac Maternum*; three doses of 200C over three consecutive nights. (Prescribing that remedy over three days only is my usual prescription based on the Doctrine of Signatures whereby colostrum stores are usually used up by the third day post-partum and colostrum is the key ingredient of that remedy and is what differentiates it from *Lac Humanum*.)

The reverie and food desires are part of the picture and I was intrigued by the issue with doors. Fear of doors is a *Lac Caninum* symptom, but I cast my mind back to her face presentation during the labour and seeming hesitancy with negotiating the “tunnel” of the birth canal. In using “and in the reverse order in which things occurred” logic, I postulated that negotiating the portal of the cervix was also not on and is now playing out with this peculiar symptom. One of the key attributes of an autistic child is the seeming unwillingness to embrace the body and the human experience, and this is also the inclination of the *Lac Maternum* individual.

### Unnamed case

Analysis July 19, 2018

Analysis uses 5 rubrics.



The following month her parents reported that the “doorway issue” has disappeared and she is “more settled” at Kindy. She’s even had a daytime nap there twice, which is a first. She’s allowing her mother to brush her hair and has begun asking “Why”? questions. Her vocabulary has expanded greatly, and she’s begun to use full sentences. She knows the names of the other kids at Kindy and has begun to use the computer.

As well as her usual meats she’s now wanting chocolate milk and eats the icing off cupcakes and sugar off a spoon.

She’s wanting lots of cuddles from her mother and has begun to sniff her skin during those times. This is an interesting symptom as the sense of olfaction is the most keenly developed of the five senses in the newborn, and research has demonstrated that a newborn baby can detect the smell of his mother’s milk over that of another mother within 48 hours of birth. So, I prescribed *Lac Humanum* LM 0/1 (remedy from the Brisbane trituration to C4 and available from Simillimum pharmacy in Wellington.)

In terms of Herring’s Law lac-h (human milk) follows lac-m (predominantly human colostrum) and continues the process of incarnation. This is partly due to the fact that the mineral profile of human milk contains all that is to be found in earth’s crust and that includes rare minerals. Additionally, there are a myriad of complex and unique factors contained in the immune-modulating whey fraction which constitutes 60% of the protein fraction of the milk and *Lac Humanum* in the low potencies acts as a sarcode rich in oxytocin, and it’s that hormone which underpins the ability to socialise.

I saw her again six months later just before Christmas. She’s enjoying having her own bedroom and watching less TV and engaging in more creative play with her toys. She now knows the days of the week and what she does on those days and can count to 20. She knows the ABC song and can read and write her name and recognise the written names of her friends. She’s offering to be “helpful” both at Kindy and home. Her food desires are the same and there are ongoing problems with stooling. She is still “terrified” of stooling in the toilet and holds on for days. She often complains of pain in my tummy”. I then prescribed *Morgan Pure* 30C to be had twice a day for a week and to be followed by *Lac Humanum* LM 0/2 for two weeks.

The family came to clinic four months later (Easter holidays) for a review. During the interim, they have visited family in the UK, where both girls got chicken pox which was treated with *Rhus tox* by their family's homœopath. She has grown considerably but has not gained any weight. Her sweet tooth has settled, and her main inclination is still for meat. However, she's begun to show a preference for "smoky" meats such as ham, bacon, pork and sausages. Vegetables are still off her radar, and she prefers fizzy water especially if it's cold.

Her bowels are "still rubbish and she continues to be scared of them" according to her mother. A movement occurs twice a week and is a huge, hard stool passed into a nappy while she rocks on all fours.

With the growth spurt and food preferences I can see her *Calc phos* constitution beginning to emerge. However, because of the poor diet and bowel issues, I prescribed *Sanicula* LM 0/2 for two weeks in the hope that it would sharpen the focus on the constitutional picture and get her stooling more frequently.

Two months' later she spent a few days in hospital with high fever associated with a UTI. She wouldn't let her mother out of her sight during that time and continually demanded to be taken home. She responded well to *Calc phos* 30C after the antibiotics. She then began to stool every second day; and, although still refusing to use the toilet to pass stool, she's begun to be happy to help her mother flush it away.

So, during a standard follow up two months' later I decided to prescribe *Tub* 30C as an intercurrent, as nothing much had recently changed.

She came again to clinic in December after a few days of vomiting and diarrhoea which left her "unsettled" so I prescribed a NMN of *Morgan Pure* 30C to be followed by two weeks of *Lac Humanum* LM 0/3 in order to reseed her microbiome and activate more oxytocin receptors. (Interestingly, research in the last decade suggests that a lack of oxytocin receptors in an individual is a major factor in autism.) She's now had her 5<sup>th</sup> birthday; and since she has improved so much in every aspect, the decision has been taken for her to go to a normal school in the new year, and her paediatrician has signed her off as a case of "misdiagnosis". She's bright and loves to learn. Her biggest obstacle is her social quirkiness, but she fits in well enough as the joker in her group.

A routine review was done half way through the first year and her parents reported that school has been going "marvellously". She's speaking well, socialising well enough, asserting herself and is quite determined to succeed (she loves to win). Her food choices are still the same but she's now stooling each night into a nappy during her sleep. *Sanicula* LM 0/3 was prescribed.

By the end of the school year she's begun to add a few vegetables into her diet and is now stooling in the toilet and attending to her own hygiene. She's still scared of heights and a recent fall off the monkey bars hasn't helped. *Sanicula* LM 0/4 was prescribed.

An intercurrent of *Medorrhinum* was prescribed half way through her second year of school and a stat dose of *Carc* 1M followed by a NMN of *Morgan Pure* 30C at the end of the year to help her ongoing social awkwardness; particularly her desire to "seek the good opinion of others" (teachers and peers), and her obsession regarding obeying "the rules" in order to be seen as a good girl. Her schooling progressed smoothly, and I did not prescribe for her again.