

A case of Asperger's Syndrome

Consultation of Monday, November 06, 2006

Joey (5 years old) (Accompanied by Mom, 3 year old sister, and Father)

S: Boy is under his mother's arm, and doesn't want to interact. He chooses not to participate at school. **Observation:** He comes in and out of the room, and hits his mother throughout the interview. We were in a crowd, and he got really nervous. He would throw a big tantrum. Then he'd just go, disassociate, just blank. It has been frustrating. I ask if he hears me, but he does not respond. I thought he was adaptive, but now realize he just "checks out".

Joey did not respond well to the birth of his sister. **Joey (J):** I'm hungry I said! **Mother (M):** My post partum depression (PPD) came out as OCD, anxiety and rage. His intensity became more intense as mine increased. **M:** that is not nice! **Observation:** He is hitting his mother while sitting behind her. I would get very overwhelmed with the tantrums: he'd scream for hours and hours - unbelievable.

He is just not listening. I think maybe he just can't, like he goes away. It would infuriate me that when I'd be trying to express something to him, either he'd smile and be vacant, or he'd just have a vacant expression. His teacher thought it was just Joey. She said he is very separate from the other kids. He doesn't know how to engage one on one. **M:** Is it difficult to hear me talk about you? **J:** no, just makes me mad, don't like this house. **O:** pt is sitting behind his mother the whole time. **J:** I hate this idea! It has been challenging. **O:** He is scratching at his mother's back hard, she tells him to stop.

I'm a therapist and my diagnosis is that he has undiagnosed Asperger's Syndrome (AS). He's seen a play therapist for a while. He always wanted to make sure I was okay. "Mommy I don't want to make you mad". **O:** pt is hitting his mother in the back. **M:** His therapist thought he was doing fine, but always worked with him one on one. **J:** I don't want to be here ever again! I don't want this to happen! **O:** The patient is now hitting his mother continuously, and then refuses to comply. She is trying to set good boundaries and sets him in the waiting room.

He says, "I'm going to kill him (pointing to me)". **And tell me, from conception until now?** He was very uncomfortable the first 11 weeks and cried a lot. His father and I were having some difficulties, hard to navigate, with a new baby and PPD. It was a very tense time. I got pregnant again when he was 2.

He's always been a biter. He'd get very frustrated and bite. When he was a baby, I'd get these huge bruises all over my shoulders and arms from his bites. He had to sleep propped up in a bouncy chair the first 5 months of his life. Once he began to sleep, he was an amazing sleeper with 3 hour naps every day. I nursed him until he was almost 2

It got crazy when Kelly was born. That was a hard transition. **What did he do?** He'd talk about wanting her to be away, he'd touch her roughly. I couldn't leave them alone. He was so angry, took a long time to call her by her 1st name, he'd call her "girly girl". It was very difficult. It was even more difficult because I was so unavailable with PPD again. Kelly got a high fever when she was 7 days old. He was taking it on that his sister's illness was his fault. So told him he needed to wash his hands. Then he was taking it as he killed the baby, or made her very sick, or made Mommy go away.

Then when we came home from the hospital, we had to take the kids away for 3 weeks because of structural problems in our house. He was screaming constantly. He would run away from me: it is the not being safe. Things have happened (*Boy comes running back in and covers his eyes then says I don't like his face pointing to me and glaring*). We had a baby sitter, and care giver for our family. Then Kelly came along, and I wasn't able to be attentive to Joey. I came home one day, and the babysitter said he'd run away. She said she was afraid of Joey. It has felt very unsafe for Joey. He's pooped on Kelly; he's thrown some knives, some unsafe behavior. Then I realized how important it is for him to have structure. I've tried to train this woman, but she is

unable.

I took him to another homeopath that has been seeing him since he was very very young (weeks old). I first went to the homeopath because he was crying so much. Then for my PPD. **Rx's he had?** The first was Verratum album, then, Piper Methysticum. There were not good results however.

There has always been a lot of focus on death, such as ghosts and monsters. I think we are the Adams family. He is very curious about death, dying and killing. **More?** He wants to know what happens when people die, "Is this person dead?" He says he talks to spirits. He says he's not scared. He finds it to be fun and entertaining, but needs a light on at night.

Can you tell me about tantrums? He'll kick and swing his arms. If we try to hold him, he'll try to strike out at us. He will protest and yell, but will do his time out. He is also really angry. Sam (Father): When we are in his space, he says "no". When we come up to him that is when he'll strike. He bites a lot, and has been in trouble twice this year for biting. He grabbed a kid's hand and then didn't actually bite him.

Is there any self destructiveness? He'd pound his head when he was young. He'll say "if you don't let me, I'll hurt myself, or my room, or somebody". He does destroy things, like toys and our stuff. **Does he show remorse?** Usually doesn't show remorse. I think he is embarrassed or covering it up, but unsure. Sometimes he'll run to the time out before we tell him to.

I think a lot of his violence is acting out. Most problems stem from what he considers his property; his toy, his space. It might even be someone else's toy. With his sister it is them fighting over a toy.

Seems to respond normally to pain? Yes, though, he was banging his head before even speaking, not crying out from that. **Is he hypersensitive?** He likes loud music and often asks us turn the radio or TV up. He wants the light on at night. He'd be happy with full light when he sleeps.

What is his relationship to animals? He likes animals. When much younger, he may have tried to pull the hair of a dog, or tail of a cat, just to see what would happen. He doesn't do anything like that now. He thinks they are cute, likes them. **Any kind of animal stands out one way or the other?** He's been afraid of dogs and cats; he tends to stand back from them. We were attacked by a dog. His instinct was to go towards animals. He'd put his face in an animal's face.

Does he tend to be sympathetic or empathetic? He has a heightened awareness of emotions, but he is very aware of other's emotions. He always seems concerned, does that person feel sad. He likes to provide for people. I think he's a bit more empathetic.

Fears? Lately, the phobia of being in a large crowd. He has absolutely freaked out. Like he needs to go, go now, very panicked. He is often on his own, even if with other kids, he'll be alone. **Clingy or better on his own?** He's more independent. He gets scared and clingy at night. He's afraid of the dark.

How is he during sleep? He does do the jerky things in the first hour or so. **M:** He kicked me so hard in the stomach the other da that I had to get out of bed. He kicked me constantly. He sweats a lot, his head sweats so much. He'll make noises sometimes during sleep. He had some night terrors. He is always asking me if he's a good boy or bad boy. Sometimes, he would get scared of his own anger. I'd sit with him, and then he'd calm down. If we reacted as if it was too much, it would scare him. He loves swimming. He is constantly under the water. **Bath?** Has always loved it. Started swimming at 6 months. Even as a newborn, he'd love the water all over his face. He won't sleep on his own. **History of bed wetting?** He will often wet his pants during the day because he doesn't want to stop what he is doing. He is not wiping his bottom either.

Baseline:

1. Transitions difficult – checks out – multiple times per day
2. Isolating from peers – school reports - consistently
3. Biting, hitting, kicking – several times per week
4. Attention span – very distractable.

5. Fear of the dark – most nights.
6. Contrary behavior – multiple times per day
7. Physically restless
8. Wetting his pants during the day
9. Interrupting parents behavior – daily

Assessment: The patient fits the general profile I've seen before in many nightshade cases.

I attended a one week seminar with Massimo Mangialavori several years ago. He reviewed many nightshades. The [Solanaceae](#) family of plants is quite large containing 90 genera and between 3 and 4 thousand species.

He stressed that in his mind, we can't *know* that they all have similar traits. So he grouped them using a combination of his clinical cases coupled with their toxic/narcotic profile. The first group he introduced where those he considered to be very close toxicologically. They all contain varying degrees of tropane alkaloids:

- Belladonna
- Stramonium
- Mandragora
- Solanum Nigrum
- Hyosyamus
- Datura Arborea (*My addition from my single case of this Rx – published in simillimum*)

He then spoke about another group which he considers to be *clinically* close to this botanical group:

- Lyssinum
- Gallic acid
- Tanacetum Vulgare
- Nabal
- Paris Quadrifolia

I can confirm from my own experience that Lyssinum, Tanacetum, and Paris can look remarkably similar to nightshades. The differential can be very difficult in children. This is because they are de-compensated and can share many similar symptoms.

Finally, the other group he talked about as quite different, though in the same botanical family:

- Tabacum
- Dulcamara
- Capsicum
- Lycopersicum

I can confirm that Tabacum can look remarkably different from the more toxic nightshades. Capsicum, in my experience, can share many similarities to the toxic nightshades however. In addition, Massimo recently published an excellent book of cases entitled: "Solanaceae, Nightmare between Light and Dark."

Common nightshade (*toxic nightshades*) themes:

- Violence/Rage
 - Typically shows up as physically acted out aggression in children. As nightshade patients get older however, often they tend to work hard to try to control this expression. So as these patients grow older and become more “civilized” their rages can sometimes be somatized into headaches, and bloody noses, etc. They can still have rages, but they tend to not be as frequent and spontaneous as in small children.
- Control – Out of control/Suddenness
 - This is the classic Pandora’s box phenomena. They don’t want to see the “demons” or issues in the box, but they can’t help but look in either. So they often struggle with their impulses. This is typically seen in children who are both afraid of the dark, but can’t refuse to see scary movies. Also their moods can swing wildly because they are busy trying to stuff their feelings, thus when the dam breaks, it can be sudden and violent.
- Darkness/water/unknown
 - These archetypes represent the unknown for nightshade patients. They often split off their feelings. So they then turn into monsters, ghosts, etc. Water, darkness, sharks, etc. these are all representations of things that are unknown and can’t be controlled. So they are a perfect canvas for them to project the aspects of their psyche that they have yet to integrate.
- Physical congestion
 - Commonly seen in patients with bursting headaches, kids with spontaneous bloody noses, or throbbing pains. Again a somatic representation of them trying to control their instincts, emotions, etc.
- Forsaken/abandoned
 - This commonly shows up as the feeling of jealousy or possessiveness.
- Persecution:
 - These patients can feel persecuted by their family. In addition, they can be persecuted by the images that they construe; ghosts, goblins, spiders, monsters, sharks, etc.

The themes listed above are those that Massimo reviewed as he presented each of his cases. In addition the other non-nightshades were shown to have similar themes – though not all the themes.

Back to Joey’s case:

Initially I gave Stramonium. He did have some response for some months, but eventually it became clear it was insufficient. After further review, I decided that this was most likely a good case of Mandragora. I often find Stram and Mandragora to be very similar. So I’ve made this mistake before. **I gave him Mandragora 30c – one dose dry on 1/8/07**

Consultation of Wednesday, March 28, 2007

Joey’s Mother reports that transitions are “amazing”. After the remedy, “Joey seemed to be calm, often times the calmest in the whole family. He was not freaking out. He’s been sleeping in his own bed and not afraid.”

The biting, hitting, and kicking decreased and he started to learn to write. His teacher said he was more engaged at school and playing with other children. These effects seemed to last about

six weeks and then gradually wore off. He began to wet his pants again, became restless, and began to yell again when his parents were trying to have a conversation. He had some meltdowns at night with inconsolable screaming.

Joey was given a second dose of Mand 30c.

Consultation of Monday, May 21, 2007

His Father reports that Joey is doing much better. He is following the rules, going to bed easily with just one small nightlight, sleeping through the night in his own bed, and playing nicely with his sister. He has friends and has not wet his pants during the day or night. His attention is better, but still inattentive at times and he still interrupts his parents sometimes. The father stated that “the positive behaviors slowly wore off. He was also given 3 doses of Mandragora 30c to help resolve an upper respiratory infection. The three doses gave prompt relief.

Consultation of Thursday, September 27, 2007

Joey's Mother: “I think this is a good Rx for **Joey**. His teachers have commented that he is a happier kid. He's been playing and interacting with the other kids. He's following the rules and communicating. Yesterday he was able to keep his own space, even when his sister was melting down. Transitions are 70% better. He does not bite, hit, or kick in general. His fear of the dark has improved markedly. He is able to sit and draw for 2-3 hours at a time. He is still somewhat distractable and interrupts his parents at times. He occasionally wets his pants because he does not want to stop playing. He was given Mand 30c dry two days in a row at this visit.

Consultation of Tuesday, January 08, 2008

“He needs a redose! His behaviors are back to where they were last year. When he's in this space, he doesn't sense social cues, or what is happening around him. He is totally checked out and not perceptive.” Transitions are difficult, he does not follow directions, and he is disruptive. He has been fighting with his sister and his friends. The screaming, crying, biting, hitting, and kicking have returned. He got kicked out of swim class 3 times because he wasn't listening.. He is afraid of the dark again and wetting his pants. Mother reports he has also had a chronic cough and bad breath as well as pustular skin eruptions that break open and leak clear fluid. Joey was given a single dose of Mand 200c.

Consultation of Thursday, February 07, 2008

Mother reports that Joey has have gotten worse since the 200c dose. “He's been biting, kicking and hitting. He's been loosing it at school. He beat up 3 kids and spat in someone's lunch. He can't handle stimulation, yet craves it at the same time.” He is really upset most of the time.

Phone call of Tuesday, February 12, 2008

He seems to be falling behind in school. He's frustrated with not understanding some of the lessons, that's why acted out and got in a fight. We have a little dog, was rough with it the other day. He still does things like wet his pants every now and then.

His parents were encourage to wait and soon we should see improvements.

Consultation of Wednesday, April 16, 2008

“He is awesome.” Most of my time with him is enjoyable rather than difficult. “It turned out he’s very dyslexic and was feeling behind at school. Now he enjoys school and is getting along well with his friends. He is much better with transitions and following directions. He is not so interested in scary things. He will say “that’s too scary for me, I don’t want to watch that”. Occasionally he still hits or kicks, but he can set boundaries for himself and will often walk away when he is upset and take a “time-out”. He sleeps in his bed by himself and is not afraid of the dark. He is calm most of the time and has not wet his pants “in a really long time”. He is not interrupting his parents like he used to.

Epilogue:

During the last follow-up (4/2008) there was an interesting dynamic. During the visit, his sister’s behavior was out of control, violent, screaming, hitting, etc. We had to cancel Joey’s appointment after 15 or 20 minutes because we couldn’t focus on him due to her antics. What was remarkable was to watch that despite his sister’s multiple attempts to get him involved, he refused. He even went over to his mother to comfort her as she was trying to deal with his sister. He showed a clear ability to maintain his distance from her antics. Before treatment, their behaviors would work off each other. So it was very encouraging to see that he could hold his ground in the face of his sisters dramatic behaviors.

I’ve not seen the patient again since that last follow-up. However, I’m treating Joey’s mother and younger sister as well. So I’ve been able to follow up on how Joey is doing. According to his mother, Joey has continued to do very well until now. They have a standing order to bring him back into treatment should he need further treatment.