An Unusual Remedy for an Unusual Case:

PDD-NOS treated with homeopathy

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T he father, who sought me out, was very excited about homeopathic treatment. The mother, however, was skeptical.

This patient often had impressive symptomatic relief from several remedies he was given. Yet, various remedies would often improve one or two symptoms, only to worsen with time or create another symptom.

The remedy that has helped this child deeply is uncommon. For a variety of reasons, it took me a year and a half to find the right remedy for this child.

Since the simillimum, virtually all symptoms have been gone and he has needed very little supportive dosing. As of the most recent follow-up (July 2006), even his mother happily admits that he has no autistic symptoms left.

Initial intake: Frederic, three years old

CC: PDD-NOS (pervasive developmental disorder, not otherwise specified)

The mother had gestational diabetes and delivered Frederic, 11lbs 16 oz, by C-section. During early stages of breastfeeding, three months old, he suddenly refused to nurse. He would turn his head away. His mother had to switch to formula. Frederic walked early between eight and nine months; before 18 months, he had bowed legs. His head sweat so profusely the sheets would be wet to the touch. This usually occurred during sleep.

Before receiving vaccinations he spoke some words, after vaccinations, at 18 months, stopped speaking. A pediatrician diagnosed him with PDD-NOS.

Colds had been a major concern, coming on every six or eight weeks like clockwork. He frequently gets ear infections with the colds; he had one at 3 a.m. on the morning of this visit. The colds have been more frequent since Frederic began attending day care. The mother reported that he often seemed to have fluid in his ear. (Upon examination Frederic's right ear presented with external redness, visible fluid, and tenderness to the touch.)

The child wants to know and express everything that he sees, but has trouble forming sentences.

For example he doesn't understand how to use pronouns; rather than using "I," he will say, "Frederic wants water." Because he only speaks in awkward two- or threeword sentences, he is unable to carry on conversations. He also doesn't speak in past or present tense. He doesn't understand how to make choices. Rather than saying yes or no, he will choose both options. If someone says good-bye, and he doesn't want them to leave, he'll say "no bye bye."

He repeats words with no context.

After his mother told him about a bulldozer, he later began repeating "bulldozer" over and over. If asked what he wants, he repeats, "what do you want?"

He has become more stubborn; if you tell him no, or scold him, he'll throw

something. If his teacher gives instructions not to do something, he immediately does it—often with a smile. If the teacher tells another boy not to do something, Frederic immediately does it.

In day care, he uses the toilet for urination, but not for stool. When he has to pass stool, he'll move off by himself and pass stool in the diaper. Afterwards he will say "mommy clean it," or he will ignore it. He is constipated and not regular. Sometimes Frederic may

not pass stools for 10 or 15 days. His constipation is worse without fruit. His stools become very hard. Almost every day he finds it difficult to push the stool out, even if he's not constipated. When he is straining to defecate, he is always standing. Sometimes while trying to get it out, he will shriek and cry.

GI problems include occasional vomiting. Sometimes if he has a cold, coughing can cause him to vomit. He has a habit of not biting food; he will try to swallow it whole and then cough it out. When given food that needs to be chewed, Frederric won't chew it. He swallows it whole; or he may awkwardly chew for a few seconds, and then swallow. This behavior has persisted since he began eating.

Recently he tries to bite or lick people's legs. He will try to pinch others'

toes. Or he puts his mouth to someone's toe and tries to lick it. He will do this it over and over with apparent pleasure.

When he is alone, he gets upset and shouts and cries for his mother. He craves constant attention. If his parents are talking to each other or other family members, he will interfere. He is very possessive of his mother's attention. If he doesn't get their attention, he can get violent. If they don't respond to his call, he may repeatedly jump or fall on his parents vigorously enough to hurt them.

He most often plays alone rather than with other children. He is generally comfortable with animals. In particular, with bugs, he will watch them from a distance.

As for sleep, he salivates during sleep. His parents notice it on his pillow.

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Baseline Symptoms to Monitor

- 1. Straining at stool—daily
- Tendency to catch cold—every month and a half or two months
- Possessiveness with his mother—daily
- Repeats words daily
- Doesn't understand pronouns
- If you give him choices, he repeats it back verbatim, without understanding
- Unable to use the toilet
- Being alone—can't be alone in the house
- Contrary—does opposite of what
- 10. Antisocial with peers
- 11. Daily anal itching
- 12. Whispering to himself at night on falling asleep

Treatment Summary

This patient was prescribed Calc sil, Calc phos, and a remedy called Sanicula aqua in the first months. These remedies helped his stool issues and helped him become independent from his mother. However, some of his violent behaviors became more pronounced. After Ipecac, his parents stated he wanted to spit at people. Several other remedies were used, and though there were symptomatic changes, a few symptoms still suggested the remedy was not yet precise. For example, the following symptoms became pronounced: whispering to himself day and night, holding his penis obsessively, and making strange grimaces and laughter. Vomiting after eating worsened. In addition, his violent behaviors waxed and waned as different remedies were tried.

In September of 2005, a new symptom developed. He vomited every morning when his mother tried to brush his teeth. I looked at the symptoms of vomiting after brushing teeth, spitting behaviors, and constipation difficulties. The remedy that came to the forefront was Coccus cacti (a small parasite that lives on cacti). At the time, I was successfully treating another patient in his family with an insect remedy. Clinically it is common for some family members to require remedies in a similar group—in this case, insects.

A few years ago, I did a course on insects with Massimo Mangaliavori. He teaches twice a year in Boston and once a year in Seattle. He explained attributes he has seen in several cases of different parasites. He noticed that parasites are often selfish. In children, this behavior manifests in often refusing to acknowledge the authority of parents, or by wanting to grow up quickly and become an

adult. This can show up as being contrary and also by refusing milk (a refusal of mother's support). In addition, for Coccus cacti in particular, he noted the patients often share symptoms of the cactus the parasite lives on. This can show up as spasmodic pathology as with this patient and his painful bowel movements. Mangaliavori also mentioned how these patients often are not very active or productive. They are good at getting others to do things for them, using many behaviors that manipulate others to do things on their behalf. Mangaliavori's observations, along with the successful treatment of a family member with an insect and the peculiar vomiting symptom, encouraged me to trial Coccus cacti.

This method of using the materia medica, my training with Mangaliavori, and learning from other published cases has helped me greatly. I now have many successful long-term cases of a wide diversity of homeopathic medicines. I even have a few successful cases of remedies that have yet to be proven using these methods. Getting beyond polychrest prescribing has helped me find remedies that are more precise to patients' needs. However, sometimes with small children, it can take more time as they often have not yet fully developed or expressed their deeper issues.

I prescribed the patient Coccus cacti in lower potencies, and in January 2006 I gave him a single dose of 200c. During a follow-up visit in July 2006, his parents told me all of the contrary behaviors—vomiting from brushing teeth, obsessive traits, and odd behaviorswere gone. He also was beginning to play with his peers, though still a bit shy. Upon review, all baseline symptoms had also resolved. His mother proudly stated that all of his autistic symptoms were gone. She reported using Coccus cacti for a cold Frederic had in the spring resulting in a rapid cure. In addition, the parents noted it has been two years without any ear infections.

Conclusion

Particularly encouraging about this case is how it recently enabled me to help a 9-yearold boy with Asperger's syndrome. This boy was violent, very contrary, and would make odd vocal noises. He was also sensitive to heat and had some odd spitting and vomiting behaviors like Frederic. He was quick to learn to walk, yet late at potty training, with chronic constipation difficulties. He also had few friends because of antisocial behaviors. He too was given Coccus cacti with immediate dramatic results.

The results of treating children and adults in the autistic spectrum with homeopathy have been very encouraging. Homeopathy is one of the most successful treatments for this population, as it acts on such a deep level. It often resolves all baseline symptoms, holds for many years, and requires little maintenance. In addition, treatment helps patients overcome chronic infections while addressing the complex psychological and developmental issues of the autistic spectrum.

Tim Shannon, ND, is a licensed naturopathic physician in private practice in Portland, Oregon. Dr. Shannon specializes in the treatment of the autistic spectrum disorders (ASD) using classical homeopathic medicine. In addition to ASD, he also treats a wide range of mental health complaints: ADHD, OCD, ODD, Tourette's syndrome, depression, anxiety, PTSD,



eating disorders, self-harm, bipolar, and schizophrenia



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