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with bubbles

Homeopathy for children on the autistic spectrum

Understanding aetiologies and maintaining causes in case management

by Stephanie Andrews RSHom



Steph Andrews qualified as a homeopath in 2001. She has two children; the second has experienced developmental difficulties and autism. The work that she and her husband have done with their son over the last nine years has led her to develop her website *Toddler Therapy Toolkit* (www.toddlertherapytoolkit.uk) through which she shares the Therapy Plan that she developed for him. She has also developed a step-by-step process to help parents to understand and select therapies to develop their own plans for their children. A step is currently added each month. Fellow homeopaths may also find her website useful as an information resource and example Therapy Plan. The first steps cover Diet and Supplements. Future steps will cover Professional Diagnosis and Advice, Exercises, Behavioural Tools and Complementary Therapies (including homeopathy).

This article approaches the treatment of children on the autistic spectrum from a holistic viewpoint of combining a number of therapies and interventions. Homeopathy is one component, albeit an important one, in this holistic approach.

It is only practical to outline each of the therapies and interventions in broad-brush terms. However, for those interested in exploring in more detail I have put the Therapy Plan that we devised for our son on my website *Toddler Therapy Toolkit* (www.toddlertherapytoolkit.uk) and I am writing a step-by-step plan for parents to follow through this medium.

This article is not about teaching my fellow homeopaths how to treat a child with homeopathy; I have faith in you all. I am writing because I have a child who is on the autistic spectrum and this experience and the information I have learnt along the way has changed how I view this condition and the role that homeopathy can play. I have found homeopathy invaluable for regulating sleep, calming behaviour and stims (short for self-stimulatory behaviour) and increasing social skills. It is not a cure for conditions on the autistic

spectrum but it has enabled me, through giving the appropriate remedy, to get our son to a place where he is more open to the behavioural tools I use to move him forward in his development.

Firstly, I need to briefly explain the 'autistic spectrum'. Autism is a life-long condition for which there is no cure. The autistic spectrum is a term used to refer to the group of disorders under the heading pervasive developmental disorders which essentially affect our sensory and cognitive processing. ➤



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Disorders on the spectrum can be mild or severe and include dyslexia, dyspraxia, Aspergers, ADHD, sensory integration disorder, Tourette's, OCD and autism. People on the spectrum often have comorbid conditions such as dyslexia, dyspraxia and ADHD or dyspraxia and Tourette's. We should also bear in mind that progress is individual for each child and that the pathology for some children is more severe than for others (www.autism.org.uk).

Early intervention is key because these conditions result in developmental delay and learning difficulties, and the child begins to fall further and further behind their peers as they grow. Unfortunately many do not receive any diagnosis or the wrong diagnosis. At the more severe end of the scale an Education, Health and Care Plan (used to be called a Statement of Special Educational Needs) will give funding for help such as occupational therapy, educational psychology and speech therapy, but these are quite hard to obtain, leaving parents to cope on their own.

There are a number of areas that homeopaths should be aware of when taking the case:

Aetiology

As homeopaths we are well placed to work on the totality of the

symptoms and on a holistic basis; however, I suggest that a deeper understanding of the aetiology and the limits this places on development will help to prepare a longer-term treatment plan. This is because many of these conditions require multi-therapy early intervention. In fact, these aetiologies are also maintaining causes!

Hypoxia and premature birth:
The cause of autism is not known but studies have shown that higher incidences occur among babies who have suffered hypoxia due to birth trauma and premature birth. A lack of maturity in the cerebellum area of the brain (which manages movement of the gross and fine motor muscles) results in poor movement when walking and running, and difficulty holding objects such as pencils. The vestibular area controls balance, so immaturity here causes difficulty for children when taking part in activities such as riding bikes and climbing. It also plays a role in the child sitting still and concentrating so, if their brain is busy when they sit trying to balance and stay still, they will not be able to process other information effectively, such as instructions from their teacher.

Children with immature brain function in these areas may be diagnosed with dyspraxia and it

Difficulty processing language and instructions

is estimated that two in every 30 have this condition. Essentially their brains are working ten times harder than their peers to process information, both incoming stimuli and self-stimuli (such as movement) and this results in them becoming tired more quickly, and needing breaks to recover. They will become over-stimulated quickly and have meltdowns because they are unable to cope. A paediatric occupational therapist will assess movement and sensory processing, and advise a therapy plan and strategies for the school to meet the needs of the pupil. For example, they may be given

Autism is a life-long condition for which there is no cure

a wedge-shaped cushion, which helps to mitigate their discomfort when sitting and helps them to concentrate. We were advised to try the exercise therapies of deep brushing and joint compressions and found these calmed our son and made him much less over-sensitive, thus reducing his stress and facilitating his learning.

NPP (neuro-physiological psychology) assessment of the primary and secondary reflexes is something we found invaluable and actually showed that our son had all of his primary reflexes in place. If primary reflexes do not give way to secondary reflexes they act as a barrier to development, particularly in social skills and movement. We attended the B.I.R.D Charity (Brain Injury Rehabilitation & Development) in Chester for four years and this profoundly improved our son's brain function. This is why I like a homeopathic treatment plan to include referral to a paediatric occupational therapist for assessment. This can either be through a GP, school, or privately as the waiting list is long. Homeopaths can also recommend deep brushing and joint compressions using a surgical scrubbing brush (*The Wilbarger Protocol Brushing Programme* – see box on this page for details). Exercise therapy essentially develops more brain pathways, and supplements such as fish oil support this process.

Genetics

It has been postulated that the autistic spectrum has a genetic link and that the cause of symptoms may have an organic basis. Many parents have reported favourable improvements from the use of a gluten-free / casein-free diet. Scientists have been able to link inflammation in the gut with behaviour in mice and further work is being done to understand the gut / brain link (dailymail.co.uk).

We removed cow's milk when our son was three and replaced it with buffalo milk – and within a few days he began to speak and interact. The type 1 protein in cow's milk is thought to be able to pass through a leaky gut and

act like an opioid on the brain. Buffalo – the original cow – in contrast, contains the type 2 protein. When he was six we allowed him to have ice cream at his sister's party and on the way home he began to bang his head against the back of his seat. I asked if he was okay and he said that his head felt bad and dizzy.

It is important to work holistically on the gut with both the removal of maintaining causes and the addition of supplements, and I have written a holistic therapy plan; the first chapter is Diet and Supplements and is available for homeopaths on www.toddlertherapytoolkit.uk.

My son is not vaccinated and this article does not include discussion regarding working with the effects of vaccination, but this aspect forms part of case-taking for all children in normal practice.

Case management

My homeopathic training has also furnished me with an understanding of maintaining causes and case management. For example, I treated one four-year-old boy whose parent had contacted me because he became angry if she gave him instructions to get ready to go out.

The Wilbarger Protocol Brushing Programme

The Wilbarger Protocol is a therapy programme designed to reduce sensory or tactile defensiveness. Children who exhibit symptoms of tactile defensiveness are extremely sensitive to touch. They often fear or resist being touched, have difficulty transitioning between activities, and may be lethargic. This therapy was developed by Patricia Wilbarger, MEd, OTR, FAOTA.

The complete protocol usually takes 2-3 minutes to administer. The first step involves using a soft, plastic, sensory brush or Therapressure Brush which is run over the child's skin, using very firm pressure; it is like a deep pressure massage. Brushing starts at the arms and works down to the feet. The face, chest, and stomach area are never brushed because these are very sensitive areas. Brushing these areas may cause adverse reactions including vomiting. (nationalautismresources.com)

Homeopaths need to understand the child's stress and anxiety, and the coping strategies they may have developed

As we were finishing our second consultation she began to instruct him to put his toys away and start to get ready. He became stressed and began to bang his head on the door. I gave him *Tuberculinum* and he quickly calmed down. I also discussed with the mother how to use planning tools to help reduce his anxiety.

It is important to put aside our preconceptions and stereotypes. The diagnosis of autism is based on three main areas: difficulty with social interaction, social communication and social imagination. I tend to view this as lazy because the underlying reasons – such as dyspraxia due to poor brain function, or meltdowns due to over-sensory processing disorder – are the *real* issues we need to understand and treat. Homeopaths need to understand the child's stress and anxiety, and the coping strategies they may have developed.

For example, our son squeaks, uses repetition or an obsession (pylons were one example) to distract himself, or avoidance if he does not understand what he is expected to do. I remember, when we used to ask him to wash his hands before a meal, it became a nightmare. He wanted everything to be done in a certain way each time and if we said the wrong words or stood in the wrong place he had to start again. When he started pre-school they wrote a social story for him which used pictures and writing to show him in detail how to get ready for lunch and what would happen. I read >

➤ this to him morning and night a few times and, after a while, he was able to be pretty relaxed about the whole thing. I had not understood that he could not process our spoken language but needed time and pictures to take on board what he was meant to do. I have used *Carcinosin* 10M for him when he wants to get it just right but feels overwhelmed, but I also use behavioural tools such as social stories to support his learning.

Stress and anxiety may result in stims. Stims act as a release for tension and include spinning, hand flapping, noises, looking out of the corner of the eye, amongst others. A reduction in stims during treatment hopefully indicates a reduction in anxiety for the child. Be careful, because stims often change, so the ‘strange rare and peculiar’ you have been focusing on will change too. What we are treating is the sensory or organic condition underneath, that gives rise to the stims. Has the length of time between episodes of stims lengthened? Have they reduced in severity? Has cognitive function improved, does the child respond and interact more? I have used *Phosphorus* for our son when he needs to stim by looking out of the corner of his eye because I see this as him trying to go to a higher place.

I have two good tips for meltdowns. The first is that when a child has reached a meltdown, do not try and talk to them. Having to process language when their brain is frazzled will not help them to calm down. Have a quiet place for them to go, like a play tent where they do not have to process the things around them (such as facial expressions or movement), where they can calm down. If you are out, have a set of headphones handy and an iPod with some music they like, and save this for stressful outings such as the supermarket. Discuss and plan these things when they are in a good place so that, when the meltdown comes, you both have a helping strategy. A social story may help.

The second tip is to have a pot of bubbles handy, especially in your practice. These help to focus and calm and can be used either for time-outs or to introduce a therapy such as play or exercises. Homeopathy may be helpful to break the cycle of anxiety and meltdowns, and in turn enable parents to facilitate the learning

of new ways of behaviour. *Medorrhinum* 10M helped our son to sleep through the night; I was then able to introduce morning and night charts with Velcro symbols that he removed as he went through his routine.

The National Autistic Society talks about the seven senses, which are sight, smell, touch, hearing, taste, balance (‘vestibular’), and body awareness (‘proprioception’). We should ask questions regarding balance, muscle control in terms of movement and clumsiness, spatial awareness, chewing, language processing and so on. Many parents may not have been thinking along these lines until now. I have to confess that when our son was diagnosed with dyspraxia, I had never heard of it. However, forewarned is forearmed and I was then able to understand our son and began to research and put together an early intervention therapy plan.

Many children on the autistic spectrum have gut issues, including problems of constipation, which can be very disruptive to the cognitive processes of a child. We had many family outings when our son

Homeopathy may be helpful to break the cycle of anxiety and meltdowns

just did not have a clue how he was meant to behave, only for him to run to the loo and emerge a different person! It is thought that the toxins that would have been eliminated build up in the blood and affect cognitive processing. Homeopathy has a number of remedies for this and we may use probiotics to support gut health.

Tuberculinum / *Medorrhinum* comparison

I suggest that children on the autistic spectrum require constitutional remedies as well as some miasmatic

treatment. Both *Med* and *Tub* are strongly indicated in mental developmental delay and, when appropriately prescribed, can be very proactive in moving development forward.

Medorrhinum

Use intercurrently with other constitutional remedies. Progress can be discerned at various levels of the afflicted person’s development – whether in learning to dress himself, improved bowel or bladder control, an increased sense of responsibility, or comprehension of simple rules of behaviour. Less severely affected children – who are dyslexic, learning-disabled, or just ‘slow learners’ – also manifest improved academic skills. Indicated tugboat role of assisting other remedies to do their work (Coulter, 1998).

Cough or asthma better lying knee-to-chest position or on abdomen with pressure on chest (*Tub* worse pressure on chest) (Coulter, 1998).

For children who appear to be stunted in physical, emotional or mental development (Herscu, 1991).

Pertinent to dyspraxia and expressions of poor brain function

- Anomalies in gross or fine motor skills abound. A child may not be able to use scissors or demonstrate good penmanship. He may also walk with a jerky gait (Herscu, 1991).
- Incoordination mental functions: memory, forgetfulness, absentmindedness, slowness of speech; cannot find the right words. Incoordination in behaviour (Banerjea, 1996).
- Brain damage – mentally deficient; weakness of intellect. Forgetfulness of words and initial letters; cannot remember names; cannot comprehend what is being said, loses constantly the thread of his talk (Coulter, 1998).
- Hurried quality, speech. Talks hastily, eruptively, in a compulsive and compelling rush of words, at times in garbled phrases, repeating himself. Expresses himself disjointedly. This rush to speak may be because he fears losing his thread of thought (Coulter, 1998).



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Energy

- Hyper, exaggeration, restlessness (Banerjea, 1996).
- Restlessness resulting in frequent change of posture; cannot keep quiet (Banerjea, 1996).

- Aggravated from rest; ameliorated from motion (*Tub* ameliorated by rest when ill) (Banerjea, 1996).
- Indefinable force is propelling me forward (Banerjea, 1996).

Engaging in learning

- Unruly or undisciplined youngster who constantly touches things, breaking them, tripping over himself and rashly lurching to do everything hastily and enthusiastically – as likely to hurt himself as others. *Med* must act out a situation before it is credible, or even comprehensible, to him; knowledge is born out of action, or must first be experienced in action (the child cannot learn from being told that the stove is hot but must burn himself more than once before anticipating the consequences of his actions) (Coulter, 1998).
- As an example, I needed to hold our son's hand no less than 30 metres before crossing the road; I could not trust he would do as he was asked.
- Hurried behaviour to the point of wildness (*Sulphur*) but also with meanness and cruelty; coupled with high energy can lead to outright physical fighting, especially when the child is contradicted or reprimanded. ➤

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Child becomes implacable, throwing things and striking their siblings and friends without remorse (Herscu, 1991).

- Mental excess or exuberance parallel to overproduction of secretions; profuse expectoration, catarrh (Coulter, 1998). Snuffles and discharge yellowish or greenish or greenish yellow (Banerjea, 1996).

Behaviour

- Suspicion, mischievous, mean, selfish and forgetful (Banerjea, 1996).
- Extreme polarity of behaviour swinging from very sweet and charming to nasty and destructive without apparent cause. Hold grudges (Herscu, 1991). *Tub* do not care if they are told off and never hold grudges (Banerjea, 1996).
- Exhibit temper tantrums that are often rooted in great intolerance of contradiction. Explosive violence and other generally antisocial behaviour is reported upon the slightest contradiction (Coulter, 1998).

- Tendency to harm others, to harm animals; the worst forms of cruelty (Banerjea, 1996).
- Fearful, suspicious (Banerjea, 1996).

Sleep

- Bedwetting – if patient wakes during micturition sycosis is predominant (Banerjea, 1996).
- Exhilarated at night (Coulter, 1998).
- Night person finding it difficult to fall asleep until late at night. Sleep is restless with much tossing and turning. Thrashing of legs throughout the night. Child is hot and often sleeps naked and uncovered, especially the feet (*Sulphur*) (Herscu, 1991).
- May have nightmares. Afraid of the dark, sense of someone behind them (*Phos*) (Herscu, 1991). Unseen presence (Coulter, 1998).

As an example, our son has difficulty forming his sentences because his brain struggles to process language; this is common in dyspraxia. He therefore needs to restart his sentences again and again to get them right and hurries to form them before

**Inability to work –
*Sulphur***

he forgets what he wants to say. When this gets worse, coupled with a row of sleepless nights, it prompts me to give him *Med 10M* which always calms and facilitates his mind and speech, allowing him to sleep.

Tuberculinum

- Eczema
- Intermittent fevers rising in the evening. Perspire easily from least exertion and at night (Coulter, 1998).
- Similar to *Med* disease occurs again and again.
- Desires cold air.
- Nasal blockage and thereby mouth breathing. Catarrh yellowish (Banerjea, 1996).
- Cannot digest cow's milk in any form (Banerjea, 1996).
- Allergic disposition and family history of allergies (Herscu, 1991).

Pertinent to dyspraxia

- Lack of concentration, complete thoughtless appearance (Banerjea, 1996).
- Problem child: slow to comprehend in school, dull, morose, sullen (Banerjea, 1996).

- Weak ability to concentrate on the task at hand. The strain of focusing on the task, of sitting and doing the work, is too great (*Med* procrastinate), notable after illness (*Sulphur*) (Herscu, 1991).

Energy

- *Tub* tires more easily than *Med* (Coulter, 1998).
- Sense of great exhaustion, tires easily, never seems to get rested. Tired at night, tired even after a sleep (Banerjea, 1996).
- Loss of energy if ill (Herscu, 1991).
- Restless, worse dairy products (Herscu, 1991).

Behaviour

- Alteration of moods (Coulter, 1998).
- Changeable, wants this or that esp toys but, when offered, due to lack of tolerance, child

outrightly rejects and wants something new. Capriciousness (Banerjea, 1996).

- Dissatisfied state of mind makes him changeable both mentally and physically. Therefore lack of tolerance (Banerjea, 1996).
- Changing symptomology (*Pulsatilla*) (Banerjea, 1996).
- Strikes own heads during temper (Herscu, 1991).
- Strikes, knocks or pounds head with their hands or against some objects (Banerjea, 1996).
- Fear of dogs (Banerjea, 1996).
- Intolerance of contradiction makes the child violently angry (*Med*) (Herscu, 1991).
- Destructiveness and violence may start after an illness. Breaks things easily, repeatedly and with enjoyment (Herscu, 1991).

The *Sulphur* child, when healthy, is always on the go and full of life

Sleep

- Strikes head trying to get to sleep (Herscu, 1991).
- May find it hard to fall asleep both from physical restlessness and the inability to calm the mind. May need to be rocked to sleep or bang head rhythmically (Herscu, 1991).
- Wakes up slowly and unrefreshed (Herscu, 1991).
- Perspiration on head during sleep and feet, especially at night. Perspires easily (Herscu, 1991).
- Cries out, grinds teeth, bedwetting, bangs head (Banerjea, 1996).
- Chronic bedwetting due to heavy sleep, soon after going to bed. Does not wake during micturition (*Med* wakes up during micturition) (Banerjea, 1996).

Sulphur

One of my favourite remedies and a common remedy for ADHD and autism is *Sulphur* (I refer to Paul Herscu's chapter in *The Homeopathic Treatment of Children*). *Sulphur* also has a remedy relationship with *Med* and *Tub*.

The *Sulphur* child, when healthy, is always on the go and full of life. They are unwilling to conform to external expectations, including

Fish oils to calm gut inflammation and promote brain function



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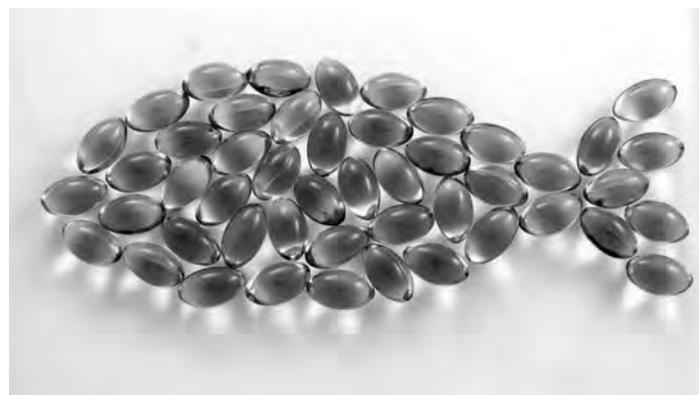
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➤ parental boundaries. But this is because they wish to pursue their interests and reach out and explore the world around them. The cerebral type does this by collecting books and gathering knowledge. The robust type is a ball of energy, running around, satisfying their own needs to touch and learn what it is they are interested in. We have had many family outings where we have had to either let our son lead the way or split up and one parent go with him and the other parent and child take their time and enjoy the outing. ‘The hyperactive *Sulphur* breaks all the rules at home and school as if he did not listen to or care about the parents or teachers in the first place’ (Herscu, 1991). The *Sulphur* child does this exploring with a sense of obstinacy that is extremely wearing for parents.

On one visit to a homeopath for myself, our son wanted to climb onto the windowsill. I moved the chair away from the window, so he spent the whole consultation trying

to climb up a nearby bookcase to get to the windowsill, with me constantly pulling him down. He refused to sit even for a moment. During one visit to a local bakers he ran around the counter to touch the cakes. These actions were not done with any sense of meanness or naughtiness, but a strong sense of self and curiosity. ‘The child will push against such behavioural limits again and again, attempting to escape their confines’ (Herscu, 1991).

Our son also has a history of high fevers which have sometimes resulted in fits; on one occasion he nearly died from a 30-minute convulsion. This is another problem with children on the autistic spectrum whose brains are under-developed. Fortunately, as he has grown, his brain has developed to control his temperature. Our son is tall for his age and lean. I usually give him *Sulphur* after he has been ill, often with an ear infection, or when he is exhausted after school and just wants to

Our son is now 10, and is above average in his progress

slouch around and not do any work. This remedy picks him up and gets him back on track, so he is able to focus on his work or socialise. In other words he becomes the polar opposite of his usual self. ‘Some children needing *Sulphur* can also enter into the opposite state of dullness, lethargy, and lack of concentration.’ (Herscu, 1991). They become droopy and procrastinate, not able to do anything.



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Summary

Below is an extract from our son's Therapy Plan indicating some of the daily therapies we used. Please note the full plan can be downloaded from my website www.toddlertherapytoolkit.uk. I have also created a step-by-step Therapy Plan for parents to subscribe to and adapt for their use. The website will also go on to include communication, play therapy and behavioural tools as part of the steps.

Treating children on the autistic spectrum can be difficult because, when they are very young, they are often undiagnosed and their specific areas of developmental delay are often not yet identified. This can be confusing for the parents who spend all their time and energy 'fire fighting'.

We as homeopaths are well placed to view the child holistically in terms of their developmental history and behaviour, maintaining causes and aetiologies such as birth or vaccination. We are able to take a detailed view of the child, often more so than the parents can because they are so worn out from trying to cope, usually focusing on the major behavioural issues they are faced with. The homeopath is trained to look for the cause of the problem and – as I hope this article helps to show – this is often brain function related, which could be dietary, hereditary or from birth trauma. We can then discuss with the parents how to proceed. If we can give advice on whether to see an occupational therapist, or on diet, and help with a daily plan to provide structure and a way forward, then so much the better.

Our son was delayed in all areas of his development. At the age of two he could not hold a pencil or cutlery or cup. He dragged his leg as he walked and fell over constantly. He could only echo our words and did not use his own. He could not copy us or understand how to behave in most situations both at home and out. We were overwhelmed by the multitude of his symptoms and needs, and it was not possible to address all of his problems together. After some research, we decided to select three of the biggest issues at a time and devised plans to help him to progress, including them in our daily therapy plan.

We kept going until he had acquired the new skill he needed to

learn. For example, for his bedtime routine we photographed him during the various stages of getting ready and then in bed. We used these photos to write a Social Story to help him to understand what was required of him at bedtime and Velcro symbols to help him to follow his routine. Our homeopath prescribed a dose of *Med 10M* which worked immediately for him. The Social Story then helped him to understand and learn the bedtime routine so that we could consolidate the work of the homeopathy.

Children usually learn by copying adults and each other. Children with autism generally do not and parents have to learn how to

We as homeopaths are well placed to view the child holistically

facilitate their learning by breaking down instructions and skills into step-by-step processes. We were given help through the Portage Service who came once a week and set us a weekly task to help our son learn a new skill. They showed us how to gently encourage him to relax and then gain his interest in the activity he needed to learn.

In addition, as mentioned above, we attended the B.I.R.D Charity in Chester, which is a brain rehabilitation centre, for four years. After which all our son's secondary reflexes were in place and his development had improved significantly, taking him into the normal range.

During this period we used the Portage Service, homeopathy, occupational therapy such as deep brushing and joint compressions, diet and supplements and behavioural tools to enable him to catch up with his peers. He still does not automatically copy, so we facilitate

his learning when we observe he is having difficulty, intervening with instruction which needs to be repeated until he has taken on board what he is meant to be doing.

Overall, our experience of using homeopathy for our son has been invaluable but we would be in a far worse position had we relied on remedies alone; this has been confirmed by other homeopaths who have autistic children. A package of therapies is required to treat autism, hence the Therapy Plan and the *Toddler Therapy Toolkit* to provide a structure for parents to adapt for their child.

We are currently in the process of looking at a normal secondary school for our son, now 10, who is above average in his progress and, although he struggles to make friends, I believe that will come.

May I recommend an episode from the TV series *The Big Bang Theory*, 'The Itchy Jumper' (available on YouTube), where the lead character Sheldon has Aspergers. It explains, I think, particularly well the discomfort that children with autism often experience but are unable to express. No wonder they have meltdowns.

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The Big Bang Theory: 'The Itchy Jumper' <https://www.youtube.com/watch?v=bJtSbnCZ3O8>

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