**Parent guide**

*By Anke Zimmermann, BSc, FCAH*

Dear Parents,

Welcome to my practice and congratulations on choosing homeopathy as a method of health care for your child. If you are reading this manual, you are probably concerned about your child’s development or behaviour. This manual explains my approach to these challenges and outlines how you can obtain the best possible results from my homeopathic care.

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**Section 1: The consultation process**

**If your child has an autism diagnosis- before considering care with me, please:**

**Read Tinus Smit’s book ‘Autism – Beyond Despair’. You can order it on Amazon. You may also want to read ‘Impossible Cure’, by Amy Lansky PhD, also available on Amazon**. There are free pdf copies of Tinus’ book on the internet, just search for it if you don’t want to buy the physical copy.

**Review my website. Read about my approach, read my case studies, and blog posts**. I know it is a lot, but I just want to get the best results for your child and parent education is the most important factor. The more you understand the process, the more you will trust it and the more you can give me the information that I need to help guide your child back to health step by step. It is a collaborative process.

**a) Preparing for the initial consultation**

Please download the relevant child intake form from my website at [www.ankezimmermann.net](http://www.ankezimmermann.net) if I did not already send it. The forms are found in the ‘Forms and Fees’ section. They are in word format. Please type in the forms, **do not handwrite**, and return them via email as an attachment in one piece. Please do not photograph them and send the pages individually.

**Please email all information at once at least 48 hours prior to your appointment in as few emails as possible.** Do not send a separate email for each photo or each assessment please. I know you will need to send several emails but just wait until you have everything ready to go, don’t send one message on Monday, two on Tuesday and one on Saturday, send them all on the same day within a few minutes. **Otherwise, I will delete everything and you will have to start over. No exception!**

**If I do not receive the materials at least 48 hours prior to our consultation your appointment may be given to one of the many children on the waiting list whose parents have completed the intake.**

Please note that I cannot share any care plans with you unless I have signed consent and waiver forms.

Please also provide the following, especially if your child is affected by developmental or behavioural challenges and **send it at the same time:**

**Photos:**

1. Baby photos, ideally newborn, 1 month, 2 months, 3 months, 6 months, 12 months, 2 years, 3 years, every year after that to current age and current. Ideally close-ups of the face and head. **Maximum 2-3 photos per month for the first year and only 1-2 per year after age one please.**
2. Make sure to send the photos in **large format** so I can clearly see the hair pattern, eyes, eyelashes if possible. I’m looking for specific details. If I can’t see the eyes clearly the photos is too small. Don’t send blurry photos of photos of your child on a swing, they will not help me.
3. This information can be very helpful to understand any inherited predispositions and also to note at what age the child deteriorated if applicable. Please send the photos in as few emails as possible, do not send a separate email for each year or photo please.

**Vaccination and medication records**

1. Please gather any medication or vaccination records for your child as well as for vaccines and medication the mother received during pregnancy, labour and delivery. Organize the information in chronological order on the record sheets I provided or in a similar way.
2. **IMPORTANT: I’m looking for brand/trade names of vaccines like Infanrix, Pediacel, Proquad, Neisvac etc. DPT or Hepatitis B, or MMR is not a brand name, nor is manufacture’s names like Merch, Sanofi, Pfizer etc. Please refer to this website for examples of vaccine brand names** <https://www.cdc.gov/vaccines/terms/usvaccines.html>. There are several main manufacturers of vaccines in the world who make similar vaccines, ie their own brand of DTaP or Hep B etc, that’s why the brand names are important.
3. If you can only obtain the manufacturer’s name and the lot number, you can try to piece it together on that basis by doing web searches. Search for the manufacturer and the vaccines they make, you can use the above link and try to match them to the vaccines your child received. Sometimes just googling the lot numbers can help.

We will ideally use homeopathic remedies made from the exact vaccines your child was given if indicated. I realize that sometimes the information on the vaccine names can’t be obtained, in which case I will use the best estimate. Your child can still be helped.

1. Once you have the vaccine and medication records, **please organize them in chronological order** using the vaccine and medication log sheets sent separately or found in this manual in appendix A or create something similar with a spread sheet. This will help me tremendously. I want you to send them to me.
2. When you have all this done, please also add it to the timeline page in the intake form. I’m looking for a nice, clear timeline of events of what happened to your child.
3. **I want both the simple sheets with the medication and vaccination logs as well as the same added to the timeline. There are reasons why I’m asking for both.**

**Artwork and handwriting samples**

1. Please send 5 – 6 pieces of artwork, scribbles etc, if your child can produce art. Current material is best. Ideally not just something colored in the lines.
2. Also send 3-4 samples of handwriting, for example any schoolwork, math etc. I need to see a few words or lines on the page, not just one word.

**Relevant assessments and labtests**

1. Copies of any **relevant** assessments or lab tests performed on your child.
2. A favorite toy or object your child might like to show me during the interview if your child is able and willing to converse.

**b) The initial consultation**

**Importance of seeing the child on camera**

1. I like to see both the parent and child during the initial consultation. It is important to see the child on camera for at least 10 minutes or so, even if he or she is non-verbal etc. The CHILD is the PATIENT, not the parent.
2. The parents give me THEIR view of the child, which is naturally subjective. This means the whole case is highly influenced by the parents’ feelings and perspective.

I need to see the child - to form my own observations and pick up on details that are important to me but not important to the mother or father.

1. I see the child as a whole person - verbal or non-verbal - and they have movements, facial expressions, reactions, body language, eye contact, facial and bodily tics, sounds, energy levels and so on that I look for and make notes on. Very important observations are often made in a few minutes of observing your child.
2. If this may mean taking time off school - they deserve this for a very important healing journey. If you think these sessions are going to bring them gains - then they deserve time off school for a health appointment to do so.
3. I am unable to see every client after school - there are not enough spaces.
4. For those who don't want me to see the child and decide to book elsewhere - that's OK with me, because I need to stand by the integrity of my work and am focused on best result.

**Technicals**

1. Make sure you have a good camera and mike for the consultations, either built into your device or external.
2. Please don’t conduct the initial consultation from a moving car.
3. Have someone present to help look after your child or children so you can give the appointment your full attention.

**c) Preparing for follow-up consultations**

1. Keep a paper or computer journal for your child’s homeopathic care. Mark down the dates, which remedies you give and any observations from these. This will greatly assist me in evaluating your child’s responses to the remedies.
2. The day before the follow-up please send a list of the above typed out neatly. Note down the date, remedy and potency of the remedy, then what you observed. Leave space between days so I can add notes.

**Please format the information as in this example**

Child was given:

**Dec 13 – Tylenol 200C**

**Dec 14 - Cicuta Virosa 30C**

Good behavior, much better than before.

**Dec 15**

Nothing to report

**Dec 16 - Acon 30C and Vernix 30C** –

For gymnastics class - N was ok, few upset moments but not bad.

**Dec 17 - ACT 30C and** **Cicuta Virosa 30C**

Behavior is good, 50% less irritability, red spots around mouth appeared

**Dec 18** **- Thuja 6C and Silica 6C - first time** –

Intense screaming after 30 min, touching his tongue and licking things.

**Dec 19 - Tylenol 200C + Cicuta 30C + Thuja 6C + Silica 6C** –

Red spots around mouth came up, behaviour ok, no screaming.

**Dec 20 - Thuja 6C+ Silica 6C** –

Noticeably less chewing of the T-shirt!!

**Dec 21 -Cicuta 30C + Thuja 6C+ Silica 6C**  -

No shirt chewing at all today!!  
  
Pay attention to any changes in your child, not only your main concerns. Note what got worse, what got better and any new symptoms.

1. A regular follow-up is approximately 30 minutes in length, but it can be shorter or longer. If you are very well prepared and nothing much happened with the child a follow-up can be quick and then I can charge you less, ie only 15 minutes, a win for you. You will be rewarded for being prepared and organized with your information. In addition, you will see better results as you can provide detailed information on your child’s progress which I can then use to adjust the program more effectively.

**d) Frequency of follow-up consultations**

Follow-ups are usually every two weeks for the first two months, then monthly. After the first year they may only be every two months. Of course, at any time if there are concerns, a follow-up should be scheduled.

**e) Email etiquette**

I have very strict email rules regarding emails to provide the best care to you, my other clients and to protect myself from burn-out. **Emails are not free advice, and I do not care if other practitioners don’t charge for them. If you want another practitioner, feel free to change.**

Please try to only email me if it is a really simple question that I can answer with a yes or no, ie is C the same as CH? Do you mean Anacardium orientale or Anacardium occidentale? Anything more than that requires an appointment or at the very least you will be charged for my time.

If it can’t be helped and you must send an email, i.e. if your child has an aggravation, if something acute has happened, if it’s the weekend and/or you can’t get an appointment soon enough, please format your message as follows:

1. Always tell me the full name of your child. Put it into the title of your email. Most children now have different last name than the mother, please just help me out.
2. Provide detailed information on what happened. Who, what, where, when, why etc. “Jaden had a head injury, what should I give?” Is not enough information. Please write sth like this: “On March 12 Jaden fell down the stairs around 3 pm and hit his head on a step. He split his eyebrow and needed stitches. He has been complaining of a headaches and dizziness since. The doctors think he suffered a concussion.” This provides enough information for me to make a recommendation.
3. Always write down which remedy and in which potency you gave to the child and on what dates, as well as what you have observed and what your concerns are just as in the example above. ‘The treatment seems to be working for Jesse, we’re wondering about next steps…’ is not enough information. Neither is: “The remedy is not doing enough, can you recommend something else?”

Instead, please write something like this:

“Jesse Miller:

January 31 (date): 2 pellets of Stramonium (remedy) 200C (potency) before bed. That night he woke at 2 am and could not fall back to sleep until 4 (details). He was thirsty for water (details).

February 3: We noticed that the rash on his face was slightly worse, but he has started to say several new words. Should we repeat the remedy?” This is a comprehensive update and I simply reply with a yes or no. Perfect.

Here is another example:

Parent writes: “Amanda had a high fever on Sunday night and suffered a seizure. What should I do?”

After inquiring from me it turned out that the child’s fever was only 38C, which is not high at all and the mom had given Belladonna 30C every four hours with no result, which she did not tell me. It took three more emails back and forth to get the whole story. Needless to say, it is frustrating for me to go back and forth in the middle of busy day, and I obviously can’t give proper advice without enough information, all the while being concerned about the child.

The mother should have written:

Re Amanda Tekari: On Sunday night, April 30 Amanda developed a fever of 38C. I gave Belladonna 30C every 4 hours, but the fever did not go down and she had a short seizure lasing 2 minutes at 2 am.

This is a comprehensive update. Now I can actually give a thoughtful reply, including that the remedy the mom gave was incorrect as Belladonna did not fit the child’s symptoms.

1. I am dedicated to providing the best care for your child, but I cannot effectively manage your child’s complex developmental and behavioural issues via text or email. Please make an appointment and respect the complexity of the situation and the difficult discipline that homeopathy is, thank you.

**Staying the course – how long will it take?**

Your child’s healing will take time and will probably involve a major journey.

If your child is less than two years old, it may take a year. If he or she is three years old, it will probably take at least two years. If your child is four years old or older, it will most likely take even longer. You should see some improvements in the first few weeks, sometimes even within a few days, a turning point around a year and then continued improvement from there. This is the average for autism kids.

Think of me as your guide or sherpa and us climbing Mount Everest or me as your pilot on a ship navigating dangerous waters. I have been there a thousand times but for you it is probably the first time. Allow me to lead but give me your feedback. Many of my parents are quite educated in homeopathy and nutrition and often have very helpful ideas, please do communicate them.

Your child’s outcome will be much better if you stay in close contact and don’t just disappear for weeks or months or try to treat your child yourself.

Your child’s recovery is time sensitive. It is not advisable to try everything under the sun and potentially lose valuable recovery time. Otherwise, you may end up coming back years later full of regret, I have seen it too many times, sadly. The process will take time. Sometimes of course another practitioner may be a better fit, or provide a valuable second opinion, but I recommend you do stay with homeopathy as it is a profound way to address the root causes of these unfortunate situations.

**Your right to discontinue care**

You are free to withdraw your consent for care at any time and/or to switch to another practitioner at any time. You are entitled to a copy of your child’s records; however, you will need to pay for photocopying costs and shipping if applicable.

**My right to discontinue services**

I reserve the right to discontinue services if a parent is unreasonably disorganized, demanding, or disrespectful, including not abiding by my email etiquette, repeatedly wanting free advice, quarreling about fees, being rude etc. This happens very rarely, but it does happen.

All new clients will be under a trial period with me for the first few weeks. If I think that we are not a good fit I will inform you, refund you your money and wish you and your child all the best with another practitioner.

In the event of me releasing you from my practice you are again entitled to a copy of your child’s records for your own use or to transfer to another practitioner. Copies and mailing of records will be at your own cost.

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**Section 2: Understanding the healing process with homeopathy**

**On details of dosing please see appendix I**

I generally specify the dosing for each individual child. Please adhere to my instruction and do not change them on your own. Homeopathic remedies are powerful stimulators of the vital force, they are energy or information packages, not supplements. More is not usually better.

**Expected changes with homeopathy:**

One of four things may happen after your child takes a homeopathic remedy:

1. No change at all. The remedy may not be correct.
2. An initial worsening of symptoms or appearance of new symptoms. This is called an aggravation, is usually mild and should pass in a few hours or days. If this happens STOP GIVING THE REMEDY and contact me asap. At least do not give another dose until your child’s symptoms return to baseline or better than baseling.

You may want to give your child Epsom salt baths to support the process of detoxification. Use ½ cup of salts per ½ a tup of water. Clay baths can also be helpful.

Use powdered clay, ie Bentonite clay, also ½ cup per ½ bath. You can combine the two. Aggravations are usually short-lived and not harmful.

If you have been scared by reading about horrible aggravations from CEASE therapy online please review my blog post on aggravations: <https://www.ankezimmermann.net/blog-vaccines-homeopathy-autism-nutrition/aggravations-with-homeopathy-and-cease-therapy-in-autism-cases>.

If a child aggravates too much after a remedy adjusting vitamin C and fish oil supplements can help, you can try doubling their doses for a few days. I do not see many aggravations in my practice as I manage my cases very closely.

1. A quick improvement followed by gradual return to baseline or a plateauing of progress. In that case the child needs another dose of the remedy. If you notice an improvement at any point, wait to redose, allow the body to process that stimulus. Once the healing process is triggered it is best to wait until the action of the homeopathic remedy is exhausted.
2. A gradual improvement.
3. A proving. A proving is when the child develops symptoms that the remedy is supposed to heal. This can happen when a remedy that is not correct is given repeatedly, or even if a remedy that is correct is given too soon again. It may look like an aggravation, but things tend to get worse over time.

**Antidoting with camphor essential oil**: If you think your child has too much of an aggravation or a proving, you can dab a few drops of camphor essential oil, often available OTC in pharmacies, on their chest 3 times a day for 2-3 days. The vapours can help to tone down the effects of a remedy.

1. **Case management**: Children on the spectrum have been affected by many different factors. Imagine the different factors as strings of yarn that have gotten tangled up with each other. Each string is a different factor, including inherited predispositions, exposures to ultrasounds, medications, vaccines, baby formula, mold, infections, etc. We may give an initial remedy and some symptoms may get better, some worse, some won’t change, and a new symptom may appear. These changes need to be carefully followed with the best indicated homeopathic remedies.

For example, a 6-year-old child on the spectrum presented with head banging, aggression, speech delay with echolalia, masturbation, hyperactivity and anxiety. This child had a severe regression after his 12-months vaccines where he had MMR, Varicella, Hep A and Prevnar. The next day with was sick with a fever, stopped responding to his name and lost eye contact.

The child received Tuberculinum 30C to deal with the head banging and aggression as these were the most concerning symptoms for the parents. After two weeks, the headbanging was reduced by 30% and the aggression was pretty much gone.

Now he was eating excessively, sweating much more on his head and under his arms, didn’t want to keep his pants on, continued to touch his private parts and engaged in excessive echolalia, esp before bed.

The change of symptoms points to the need for Calcarea carbonica for the excessive eating and sweating, as well as to Hysoscyamus for the desire to be naked and touching himself and for the need for a vaccine remedy for the echolalia.

Remedies for different layers will need to be used as needed when the symptoms change. This is important to understand.

**Section 3: Factors contributing to autism and other developmental and behavioural challenges**

Parents are invited to understand that these conditions are ALWAYS caused by a complex interplay of factors, never just by one, and there is no blame assigned to anyone, especially parents. Complex chronic disorders are the result of multiple causes over time. The causes may long gone, but the effects can persist.

These conditions are always the result of a ‘perfect storm’. It is incorrect to claim that vaccines ‘cause’ autism, for example, and more accurate to say that they can contribute to or trigger changes in a susceptible individual, which may lead to what we call autism. It is also incorrect to claim that autism is genetic, however, genes can create susceptibility to adverse reactions from vaccines, medications and other environmental factors.

In general, autism and related conditions are the result of a combination of inherited factors, traumas and chemical exposures experienced by the mother and fetus during pregnancy as well as labour and delivery, nutritional factors, including low vitamin D and folic acid levels, and exposure of the infant and child to chemicals, including from medications and vaccines, other environmental toxins such a mold and pesticides, infections, radiation and emotional stresses and traumas among others. These multiple factors appear to cause intertwined complexes.

Many children under my care were affected by 10-20 or more different contributing factors. So, imagine 20 different strands of yarn intertwined and knotted together. This is the problem, and it requires a great deal of observation and patience from the parents and skill from the practitioner.

**Inherited issues**

These include genetic factors, such as a history of auto-immune disorders in the family, as well epigenetic imprints/tags from ancestors who had various infectious diseases and/or who suffered emotional trauma, exposure to toxins, malnutrition, alcoholism, drug abuse and more.

In my experience, most children in my practice who develop autism appear to have had ancestors who had tuberculosis. TB in ancestors may change epigenetic factors which may affect descendants’ immune system function, even over several generations. These children tend to be more prone to infections, which then can lead to greater antibiotic and other medication use, which in turn may be more detrimental to such children.

These children are also more prone to allergies and sensitivities and therefore may be at greater risk of adverse reactions to medications and especially vaccines, which may then trigger chronic immune system activation and inflammation, including in the brain. This may, in turn, then be called autism or ADHD etc.

Additionally, these children have a tendency to malabsorption. These three factors create the perfect storm for a weakened, over-reactive system which can be a very unfortunate basis for developing vaccine- and medication injuries.

Inherited issues may also include infections with animal viruses that parents may have been exposed to through contaminated blood supplies and contaminated vaccines, especially the xenotropic murine leukemia virus. According to Dr. Judy Mikovits, PhD, this virus has infected more than 25 million Americans and according to her research and that of her collaborators this can be passed on to offspring and make them more susceptible to developing autism and possibly many other developmental concerns.

Inherited issues may also include imprints/epigenetic factors caused by medications, vaccines, toxins, alcohol and drug abuse and emotional traumas parents or other ancestors were exposed to or experienced.

My approach to homeopathy includes being aware of and, if indicated, addressing all of these potential factors.

**Traumas and toxic stressors during labour and delivery**

1. Today’s children are routinely exposed to many different medications and medical procedures during pregnancy, labour and delivery. Pregnant women are routinely given anti-nausea medication like Diclectin, which in my experience can be linked to speech disorders. Pregnant women are also routinely given vaccines, antibiotics and other medications.
2. The baby is exposed to prenatal ultrasounds, which, in my experience as well as according to research, increases the risk of developmental disorders.
3. Shocks, traumas and stresses the mother experienced while pregnant have potential to affect the baby and stay with the child for years, if not for life.
4. Medications may be given to induce and manage labour (Pitocin, anaethetics), which may affect the child’s development.
5. Emotional shocks during pregnancy and delivery as well as in the early life of the baby may create a chronic stress response in the child, which in turn may alter immune system function. Some authors think that shocks may also hinder the spirit from fully incarnating into and bonding with the body. This may cause the body to function sub-optimally and become more vulnerable to infections and toxins, including the potentially adverse effects of vaccines, medications, mold, flame retardants, pesticides, pollution and more.

In homeopathy there are certain remedies that seem to have the potential to help with incarnation stresses and disruption (Inspiring Homeopathy).

**The Infant and child**

1. Once the baby is born, more medical intervention usually takes place. In the US and some other parts of the world the newborn is routinely given a Hepatitis B injection shortly after birth. In some countries the BCG vaccine against tuberculosis is also given within a day or two after birth. Vitamin K is also routinely injected. The baby may be tested, pricked or otherwise traumatized, esp if premature or if there were risks during labour and delivery.
2. Some male babies are circumcised on the first day or two of life, a potentially painful and traumatic experience as well as leading to early exposure to Tylenol. Research has shown a link between circumcision and autism, likely due to the Tylenol used.
3. At 2, 4, 6, 12 and 15-18 months the baby is usually injected with numerous vaccines, often preceded with, or followed by Tylenol. The average North American child now receives up to 69 doses of up to 16 vaccines before age 16.
4. More Tylenol may be used to manage teething and minor fevers.
5. Many infants develop ear or other infections and are given antibiotics and more Tylenol. The average North American child is given 10 rounds of antibiotics before the age of ten. Antibiotics are routinely used in infants and children and have been linked to a higher risk of autism. Of note is that virtually all vaccines also contain small amounts of antibiotics. Antibiotics can disrupt the delicate microbiome and have innate neurotoxic properties.
6. Some babies are exposed to environmental chemicals such as pesticides, pollution, off-gassing from furniture, plastics from baby bottles, mold and more, which can also have detrimental effects.
7. Some mothers cannot breast-feed. Formula and supplements such as Pediasure have now also been linked to developmental disorders. A homeopathic remedy made from several common baby formulas has been found helpful in some children with autism who suffer from chronic GI issues.
8. Prepared baby food may contain high levels of lead <https://childrenshealthdefense.org/defender/fda-guidance-lead-limits-baby-food-neurodevelopment/?eType=EmailBlastContent&eId=4426deaa-d21b-42d2-9f07-37e070ebb2df>.
9. On that note, many children are undernourished, although most of those I see in my practice tend to already be on rather excellent diets. The diets and supplements helped them but not quite enough, which is why the parents have come to homeopathy in addition.
10. Head injuries can be a contributing factor for many behavioural and developmental concerns and should be considered.
11. Infections – I’ve seen some children who noticeably regressed after certain infections, ie Roseola, a bad flu, pneumonia etc, usually with a high fever. An infection has the potential to trigger immune system overactivation and inflammation which can lead to autism-like symptoms.
12. General anaesthesia – anaesthesia can be a major contributing factor for developmental problems and autism. I have seen many cases of children who noticeably and severely regressed after general anaesthesia.
13. Glyphosate and other chemicals, including insecticides, can be contributing factors and we have homeopathic remedies made from these to use if indicated
14. Radiation exposure – the modern child is exposed to various types of radiation which are new to humanity, such as cellphone and Wi-Fi radiation, computer and tv emissions, now 5G etc. It is helpful to turn off Wi-Fi at night and to keep routers at a safe distance from the children.

Various products and technologies can be purchased to offset the damaging effects of this radiation plus there are homeopathic remedies made from them for us to use as well. These websites may be of interest <https://www.memon.eu/en/technology/>, and <https://bodyalign.com/>.

**Other factors**

**Chloride**

Research has found that children with autism have higher chloride levels in the brain than neurotypical children. Normally chloride levels in an unborn child are higher than after birth, but in children who develop autism these seem to stay higher. Researchers and doctors then used diuretics to reduce the amount of chloride with good results, however, the diuretics had side effects. Then the idea came to use a homeopathic preparation of chloride called Chlorum, to try and lower the brain chloride by a French MD and homeopath named Didier Grandgeorge. This was quite successful as evidenced by great improvements in a small study with 20 children where 7 completely lost their diagnosis. I now use this protocol with all children who may benefit regularly. Please see his article in the appendix.

This list is not meant to discourage parents, only to help them understand the many potential contributing factors to developmental and behavioural challenges in their children. With homeopathy many, if not most of these factors can potentially be addressed. The main problem with treatment is lack of patience in the parents and lack of understanding of the many contributing factors.

Most of these children are basically very ill physically, their systems have been profoundly disturbed by factor after factor and it is not very easy, but also not impossible, to reverse many if not all of their impacts and return the child to health.

**Hope**

I myself, and many of my colleagues who are working along these lines have been successfully able to improve the lives of many thousands of children with an autism or similar diagnosis. Some of these children have completely recovered and lost their diagnosis, many others are on the way to recovery.

Sometimes only a few key problems will improve, for example, aggression, chronic GI or sleep problems, picky eating or OCD behaviours, but some improvement is virtually always seen and is helpful for the child and family.

**Section 4: About Homeopathy**

The more you understand about homeopathy the better your results with my care will be. There are many good resource links on my website, please use them. Homeopathy depends on careful observation and analysis of symptoms. You can greatly help me to find the best remedies for your child by being very observant and reporting closely.

**Homeopathy – the future of health care?**

Considered by many to be the future of health care, homeopathy — known as today’s leading form of energy medicine — is currently in regular use by professional homeopaths around the world. Homeopaths may have any number of other degrees and designations, including medical doctors, naturopathic doctors, chiropractors, veterinarians, nurses and more.

Supporters of homeopathy have included members of England’s royal family, seven Catholic popes, and 11 American presidents (including Bill Clinton), who have either used it themselves, or have sponsored legislation to allow its practice.  
  
Homeopathy is the second largest system of medicine in the world and the fastest growing, especially in some parts of Asia, Europe and South America. Over 500 million people around the world use homeopathy. It also experienced great popularity in North America around the turn of the century, when one of six hospitals was a homeopathic hospital.

**What is homeopathy?**

Homeopathy is a safe, gentle, and natural system of healing that works with your body to relieve symptoms, restore itself, and improve your overall health. It is not a new age medicine but has a history of about 240 years.  
  
It is extremely safe to use, even with pregnant women, very small children and pets, has none of the side effects of many traditional medications, is very affordable, is made from natural substances, and is FDA regulated.  
  
It can be used to manage acute illnesses, like colds, ear infections, migraines, and sore throats, as well as chronic conditions, like asthma, depression, arthritis, high blood pressure, autism and other developmental disorders.  
  
Homeopathic medicines – known as “remedies” – are made from many natural sources, including plants, minerals and some animal substances, as well as from drugs, vaccines and toxins, even radiation. They are environmentally friendly and cruelty-free. Most are available over the counter in grocery stores, drug stores, health food stores, homeopathic pharmacies, from practitioners and can also be purchased online. They are also extremely affordable, with a tube of a single remedy in the $8.00 range.

Something to note is that the word homeopathy is not a general or “umbrella” term that describes a variety of different natural therapies. Although homeopathic remedies are derived from natural substances, homeopathy should not be confused with naturopathy, herbal medicine, Chinese medicine, or other types of natural medicines. It is its own, unique therapeutic system.  
  
Anyone can learn to treat simple conditions safely at home using homeopathy, but a professional should treat serious conditions.  
  
The Royal family chooses homeopathy and the Queen's personal physician is a homeopathic medical doctor. The Royal family can choose any type of healthcare they want obviously, but they choose homeopathy and integrated medicine. If you have a few minutes you can listen to this fascinating interview with Dr. Peter Fisher, the Queen's doctor since 2001. (Unfortunately he passed away in an accident in 2018.)

**How was homeopathy discovered?**

The principle of homeopathy was first described in early Greek medical writings but rediscovered and developed to its present form in the late eighteen hundreds by the German physician and scientist Samuel Hahnemann. Hahnemann became disillusioned with the harsh medical treatments of his time, which included the use of heavy metals such as mercury as well as extensive bloodletting,  
  
He had 11 children and quickly realized that these methods were not suitable for the treatment of even his own or any children and basically set out to discover a safer method of healing for everyone.  
  
Hahnemann spent many years writing and translating scientific books and ultimately was inspired to conduct the first true pharmacological experiments on healthy human beings to scientifically test the effects of natural substances on the organism.  
  
He was struck by the discovery that these substances produced symptoms in healthy volunteers, which they were known to cure in sick individuals. Furthermore, every substance tested affected the mind and emotions as well as the body.

**What are provings?**

​These experiments became known as ‘provings’, which is not an entirely accurate, but close translation of the German word “Pruefung”. The German word means ‘thorough test’, rather than ‘to proof’.  
  
Provings continue to be conducted around the world, constantly expanding the number of useful homeopathic remedies. Provings and other information about the remedies are published as ‘Materia Medica’ (medical material or literature).  
  
Practitioners of homeopathy now have access to comprehensive homeopathic literature as well as sophisticated computer systems to assist them in the selection of the best remedy, based on the symptoms the remedy produces and the symptoms the patient experiences.

**How are homeopathic remedies selected?**

​Due to the ongoing research and development in homeopathy there are now over 8500 remedies available for use. It is important that the remedy picture matches the symptoms of the patients as closely as possible on every level, physically, mentally and emotionally.  
  
This requires first of all a very careful interview process with the patients in which every aspect of the patient's current concerns and symptoms is explored in great detail. For example, a patient suffering from asthma may experience worsening of symptoms at a certain time of day or night, be better or worse in a certain position or from certain foods etc. Additional information is gathered about the energy level, sleep, dreams, digestion, food preferences and the personality of the patients.  
  
Much attention is paid to any traumatic experiences the patient may have suffered in his or her life, which may be linked to the onset of the present health complaints. Homeopathic remedies are selected with all of these factors in mind, for example, a child who develops panic attacks after having been lost in the woods camping may require a remedy which is used for ailments arising after an intense fright.  
  
We also pay great attention to other stressful factors such as past injuries, infections which may not have cleared up completely, imprints left from medications and vaccinations, exposures to animal bites etc.

**How are homeopathic remedies prepared?**

Homeopathic remedies are prepared from natural substances, mostly from plants, but also from minerals and some animal substances, such as bee venom as well as medications, vaccines, disease products and even different types of radiation as well as blood and saliva from human subjects for their own re-use. In the case of disease-products the substance is sterilized before being made into a remedy. Virtually any substance can be made into a homeopathic remedy.  
  
Hahnemann discovered that by progressively diluting the original substance in water and alcohol and by shaking or ‘succussing’ these dilutions their health-giving properties could be maximized while simultaneously rendering them virtually non-toxic.  
  
This process of dilution and agitation of the substances is referred to as ‘potentization’ or ‘dynamization’, with the idea that information from the original substance is either somehow stored or imprinted on the water molecules or still present as nanoparticles in some way.  
  
Water does appear to have certain physical properties which allow it to store information, not unlike a magnetic audiotape can store auditory information such as music.   
  
The information stored in the water may then be able to effectively interact with the information-processing systems of the human organism, providing information which allows the system to regulate and heal itself.  
  
Many homeopathic remedies are diluted or rather ‘potentized’ to the point where none of the original substance remains in the dilution. Those highly potentized remedies are often more effective than lower potencies and one dose of such a remedy can have an effect for weeks or even months by stimulating or re-balancing the organism on a deep level to heal itself.

Diagram

Description automatically generated  
  
Even though these principles sound somewhat strange, present day physics, especially quantum physics, offers some rational explanations for the well-documented effectiveness of homeopathy. Unfortunately, I am not a physicist and it's over my head, but for those interested, here are some links for more information:   
​

[**Theory of the Quantum Physics of Potentization of Homeopathic Medicine**](https://hpathy.com/scientific-research/theory-quantum-physics-potentisation-homeopathic-medicine/)

<https://paolabrown.com/wp-content/uploads/2020/07/hpathy.com-Theory-of-the-Quantum-Physics-of-Potentisation-of-Homeopathic-Medicine-2.pdf>

[**Homeopathy is a Science of Quantum mechanics**](http://www.subtleenergies.com/ormus/tw/QuantumHomeopathy.htm)

<http://www.subtleenergies.com/ormus/tw/QuantumHomeopathy.htm>

[**A new quantum theory to explain homeopathy: Quantum Coherence Domains**](http://www.bjain.com/homeopathy360/2017/01/21/a-new-quantum-theory-to-explain-homeopathy-quantum-coherence-domains/)

<https://www.homeopathy360.com/2017/01/21/a-new-quantum-theory-to-explain-homeopathy-quantum-coherence-domains/>

**Exploring Possible Mechanisms of Hormesis and Homeopathy in the Light of Nanopharmacology and Ultra-High Dilutions**

<https://pubmed.ncbi.nlm.nih.gov/34177397/>

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**What kinds of conditions can homeopathy help?**

Actually, homeopathy treats people, particularly their vital force, not diseases or conditions. In homeopathy disease symptoms are understood as manifestations of a deeper, underlying imbalance of the organism which needs to be addressed, rather than just suppressing the symptoms.  
  
In other words, the symptoms are meaningful to the organism and often an attempt of the organism to heal itself or adjust to certain adverse circumstances. For example, perspiration during heat is an attempt of the body to cool itself, a fever during an infection helps to kill off the invading organisms, etc.  
  
Homeopathy recognizes and respect each person as a unique individual, rather than as a disease. For instance, ten different migraine sufferers might receive ten different remedies, individually selected and based on each person’s unique symptoms and personality.  
​  
In general, the range of conditions in which homeopathy can be helpful is very extensive, and includes first aid and acute conditions as well as all manners of chronic illness such as allergies, asthma, digestive problems, neurological disorders, mental health concerns, childhood developmental and behavioural concerns, hormonal imbalances, auto-immune challenges, skin conditions, etc.

**What about mental and emotional problems?**

Homeopathy addresses the complete person, which naturally includes thought and feeling disturbances, such as anxiety, panic attacks, depression, rage, unusual impulses, ADD/ADHD and others.  
  
Homeopathic practitioners do not judge the person or classify him or her into a category but rather understand that each individual contains a unique energy pattern which gives rise to physical as well as mental symptoms and states.  
  
​Homeopathy is particularly effective at addressing illnesses arising after emotional traumas such as grief, anger or fright, and is effective in helping children as well as adults. Even animals are often effectively helped for emotional shocks with homeopathy.

**Can homeopathy be used during pregnancy or with babies and children?**

Homeopathy can be very beneficial for the mother and fetus during pregnancy. Challenges such as morning sickness, threatened miscarriage, difficult labor and other problems can all be treated effectively and with utmost safety, as the remedies are just energy patterns rather than containing pharmacological doses of substances.  
​  
Babies and children respond very well to homeopathy and many childhood ailments from teething and colic to earaches and measles can be addressed without reverting to potentially harmful drugs.

## **Different types of homeopathy**

Homeopathy is not a homogenous field. There are several different approaches and I use all of them these days, including:

* Classical homeopathy,
* Homotoxicology/drainage homeopathy,
* Heilkunst,
* Sequential homeopathy,
* CEASE therapy/tautopathy and
* Inspiring homeopathy

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## **Classical Homeopathy**

Classical homeopathy, also known as constitutional homeopathy uses single remedies designed to address and rebalance the energy field of the entire being. The practitioner takes a detailed history from the patient. From the answers to those questions, as well as through observation, the practitioner attempts to match the pattern of the patient’s symptoms to the pattern of a single remedy as outlined in our Materia Medicas.  
  
The choice of the remedy can be aided by sophisticated computer programs. The potency is usually determined by a number of factors, including severity and history of the symptoms. This form of treatment is most similar to the one developed by Hahnemann and is also the most common form of practice. Many practitioners who care for children on the spectrum find that in about 25-30% of cases constitutional remedies are the most effective remedies for children on the spectrum

## **Homotoxicology and Reckeweg Remedies**

## Toxicology is a branch of medical biology concerned with the study of the adverse effects of chemicals on the body. Homotoxicology is essentially an extension of this concept, where toxic substances are seen to disrupt normal biological function which results in the manifestation of symptoms and signs, and ultimately disease. It is the study of the influence of toxic substances on humans, and the removal of these toxins to regain natural regulation. According to the concepts of homotoxicology, human disease is the result of toxins which originate either from overproduction within the body, or from the environment in which we are exposed.

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| Homeopathy and Autism  Heinrich Reckeweg | Homotoxicology has a colourful history which starts with Heinrich Reckeweg (1877-1944). He was a teacher who suffered severe illness, including kidney inflammation and tuberculosis  and became interested in natural healing as a result. He then started to develop homeopathic and herbal combination products in the early 20s some of which are still in use today around the world.   The company Dr. Reckeweg was founded in 1947 and has been producing combination homeopathic products designed to work with the body's innate defense mechanism ever since. |

## **Heilkunst**

Heilkunst, German for Healing Art, attempts to address the true, underlying causes of disease conditions and uses an integrated approach when treating a condition. Heilkunst looks at the individual circumstances of each child, since each case is unique even if many of the causes are similar, and it includes homeopathy as well as drainage, detoxification, diet, supplements, the balancing of the autonomic nervous system, energy work, and antifungal treatment. It is similar to CEASE therapy as it is a more integrated approach using different types of homeopathy as well as nutritional support.

## **Sequential Homeopathy**

Sequential Homeopathy, also referred to as Sequential Therapy or Sequential Treatment, refers to the treatment of specific shocks and traumas (mainly drugs, surgeries, but also emotional traumas) in a person’s life using homeopathic remedies.   
  
​The traumas are identified by creating a “timeline” and are then treated in the reverse order (backwards from the present, to birth/conception and into the inherited predispositions). Sequential treatment was first developed by Dr. J.F. Elmiger, MD of Switzerland, and was brought to North America and the homeopathic community and developed further in the early 1990’s by Patty Smith and Rudi Verspoor of the Hahnemann College and Clinic for Heilkunst. Again, there is a great deal of overlap with constitutional homeopathy as well as CEASE therapy, the aims and approaches are all quite similar.

## **CEASE Therapy**

|  |  |
| --- | --- |
| Autism and Homeopathy, CEASE Therapy | CEASE Therapy is very similar to both Heilkunst and Sequential Therapy as it incorporates a number of different strategies, including constitutional homeopathy, drainage remedies, remedies for specific shocks and stressor, nutritional advise and supplements. It was developed by the Dutch medical doctor and homeopath Tinus Smits.  It is an elegant integrated program, which he developed primarily for children on the autism spectrum. Unfortunately he called it 'Complete Elimination of Autism Spectrum Expresssion, which may be perceived as a claim to complete cure or elimination.  Dr. Smits in his lifetime |

never claimed that all children could be completely cured, and I certainly do not claim that all children with autism can be cured. Many, however, can be significantly helped in various areas and quite a fewchildren under my care have lost their diagnosis.

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**Section 5: Appendix**

1. **Homeopathy Basics, potencies and dosing**

*By Anke Zimmermann, BSc, FCAH*

Homeopathic pharmacies and suppliers offer remedies in many different potencies or strengths, and I often get questions about which potencies to use and how frequently to give the remedies. This article will try to shed some light on this very important topic.

**We will cover:**

How remedies are prepared and designated

Posology (the study of dosage)

Aggravations

Provings

**The preparation of homeopathic remedies**

Almost any substance, and even non-material things such as different forms of radiation or energy, can be prepared into homeopathic remedies.

The process varies slightly depending on the source material.

If a remedy is made from a plant, the plant is first prepared into an herbal mother tincture by chopping the plant material and immersing it in alcohol for a couple of weeks. The solids are then strained out and the liquid is prepared into a homeopathic remedy by taking one part of the tincture and adding water in a certain ratio, followed by intense agitation, also known as ‘succussion’ of the solution.

The process is then repeated as many times as desired, which is also referred to as serial dilution, although it is not just dilution, the succussion or agitation aspect is very important as it adds kinetic energy to the solution.

Three ratios are commonly used, a 1:10 ratio, a 1:100 ratio and a 1:50,000 ratio.

The 1:10 ratio is designated as an ‘X’ potency, based on the roman numeral X for ten. The 1:100 ratio is designated as a C, CK or K potency. C stands for ‘centesimal’ meaning ‘hundred’ and CK and K also stand for the same. The 1:50,000 ratio is known as an LM potency, also sometimes called Q potency or 50 Millesimal potency. To make it even more confusing the letters M or MK are also sometimes used. M stands for ‘millesimal’ as in ‘thousand’. It is still a 1:100 ratio, but now repeated 1000 times or more, so instead of writing 1000C the potency is designated as 1M.

For example, if you buy Arnica 30C it means the remedy was prepared in a 1:100 ratio repeated 30 times. Arnica 200C was prepared in a 1:100 ratio, repeated 200 times, Arnica 1M was prepared in a 1:100 ratio repeated 1000 times. If you buy Arnica LM2 the remedy was prepared in a 1:50,000 ratio, repeated twice etc.

If the source material is another liquid, such as a vaccine, it will be prepared just like a plant tincture.

If the source material is an energy, such as x-rays, or ultrasound, water is exposed to the energy, then the water is prepared just as a plant tincture.

If the source material is a solid, such as a mineral, a medication or a bird feather for example, it is first ground up finely, then ground some more with milk sugar in a ratio of 1:10 or 1:100 for four rounds, then the process is continued in water as with the plant tincture.

But why are there three different letters, C, CK, and K, for the centessimal potency you ask?

Samuel Hahnemann (1755-1843), the founder of homeopathy, thought it was important to use a clean vial of glass for each step of the serial dilution and succussion. In his lifetime he only went up to 30C potencies, so 30 glass vials were needed to produce this potency.

**Semyon Korsakov**

In 1787, just about 30 years after Hahnemann’s birth, a man named Semyon Korsakov was born in what is now [Kherson](https://en.wikipedia.org/wiki/Kherson), [Ukraine](https://en.wikipedia.org/wiki/Ukraine) [1].

Korsakov was not formally trained as a doctor, but very interested in medicine. According to journals he treated several thousand patients, initially with conventional medicine, but then switched to homeopathy around 1829 [1].

He lived in a rural and remote area and at one point probably just did not have that many glass vials to prepare his remedies and decided to use just one vial, dump out most of the solution and refill it. In this way, the Korsakovian method of homeopathic serial dilution was born, ergo the use of the letter ‘K’, after his name. He also started using much higher potencies, which was easier now as he did not need to use several hundred or thousands of different glass vials to do so. Therefore, if you see a remedy with the designation K or CK, it simply means that it was prepared using only one vial instead of many, but it is still a centessimal preparation.

So now you also know how to prepare almost anything yourself into a homeopathic remedy.

**Why the many potencies?**

Now you may wonder why there are so many different potencies? Homeopathy can be useful for many different health problems, from acute to chronic, from mild to very intense, from physical to mental and emotional, for babies as well as adults, animals and plants. The different potencies are used accordingly, although there are variations of opinion in homeopathy as well. Some schools of thought prefer low potencies, some high.

The best practice is to use all potencies and to use them according to the needs and situation of the patient.

The main rules are as follows:

1) Use whatever potency you have; this is the most important rule. If you only have one potency, just use it.

2) If several potencies are available, the more intense the symptoms, the higher the potency that can be used. For example, if someone just had a bad fall and is in a lot of pain, Arnica 200C or 1M may work better than 30C.

3) If someone is very sensitive, a lower potency should be used. It is always better to start with a lower potency and go up, to avoid aggravations.

4) For deep healing we often need to start with lower potencies and gradually increase to much higher potencies.

5) For mental and emotional concerns, it is often necessary to go with higher potencies.

6) Give the remedies ‘as needed’.

7) For most day-to-day family health concerns the 30C potency is the most useful. 200C is a step up and is helpful to have on hand for the top acute use remedies like Arnica, Aconite and Belladonna. 6C potencies will do in a pinch. Much higher potencies such as 10M and up are best left to professionals. LM potencies can be useful for very sensitive individuals but again best left to professionals.

In addition, the remedies can be given more or less often. This is another complex topic which can be confusing to beginners and even experienced practitioners, mainly because there are no really hard and fast rules. The remedies are always given for the individual, not the condition. Individuals vary in their sensitivity to remedies depending on many different factors, including their overall state of health and vitality, age, environmental factors and more.

Imagine the remedies to be like musical notes. There are many notes, and they can be played with different frequency as well as intensity or volume. In some ways the potencies are like the volume or loudness of a remedy and the frequency like the speed of the notes. A faster beat in a piece of music is more stimulating than a slow beat. Fast and loud – you get the idea.

**Putting it all together**

How and when to give different potencies of remedies is known as ‘posology’ from the Greek, Posos, ‘how much’, and Logos, ‘study’.

In a very acute and difficult situation, a higher potency of a remedy should ideally be used, and it may have to be given more often, even every few minutes. This may be the case in a very bad migraine headache for example or after wisdom tooth extraction or major surgery.

Here, the remedies may need to be given every 10-15 minutes for the first few hours. The patient will know when to repeat it as the pain will be relieved and then recur. The next dose should be taken as soon as the symptoms recur or intensify again. This is called giving the remedy ‘as needed’.

In a case like this the remedies are also best taken in water.

Aah, another wrinkle! Yes, place two pellets of each remedy into a small bottle of water, succuss the solution by hitting it against a medium firm object like a book about 50 times and give a tsp, or a squirt if it’s a dropper bottle, every 10-15 minutes or ‘as needed’, depending on the effect of the remedy. Succuss the bottle a few times before each dose. This has several advantages:

1. The remedies will last much longer. Two pellets, even one, are enough to medicate gallons and gallons of water technically. Virtually infinite amounts, in fact. Using remedies this way will save you money. Big Pharma hates this, which is one main reason they malign homeopathy so much.
2. It will be better for the teeth as the pellets are medicated milk or other sugar pellets and can promote tooth decay.
3. By agitating the remedy each time before taking it the dose is slightly changed, which can help to make the remedy more effective as the body does not become used to it too quickly. The body will get used to a repeated stimulus.

**Matters of complexities**

When dealing with more complex health challenges the posology (study of dosing) also becomes more complex. Just like a beginner learning a musical instrument starts with basic notes and melodies, a virtuoso, after years of practice, may be able to play very complex and difficult pieces of music. A homeopathic practitioner with many years of experience will use different remedies, potencies and dosing frequencies in different and more complex ways from those of a beginner. I will give a couple of examples.

The Indian medical doctor and homeopath Dr. A. U. Ramakrishnan, for example, developed a novel way to help cancer patients with homeopathy by treating cancer as an acute condition. He started to have his patients take remedies in water as described above, every 15 minutes for 8-10 doses a day. The next day he had them change the remedy slightly by adding more water, in effect changing the potency a bit, and repeating the process in this way for a week. He would then give another, complementary remedy during the second week and so on, gradually increasing potencies and changing remedies over time. His results improved dramatically [2].

The Dutch medical doctor and homeopath Dr. Tinus Smits developed a novel way of helping children with autism by using complex protocols involving constitutional remedies alternating with remedies made from substances that might have negatively impacted the children such as different medications and vaccines [3]. Both would be used in increasing potencies and layered with other remedies for the support of specific organ systems as well as continuously adjusted. In other words, complex, interesting, deep acting homeopathic protocols.

**Aggravations and provings**

This article would not be complete without touching on the topics of aggravations and provings. An aggravation is a temporary worsening or intensification of existing symptoms or sometimes the development of new symptoms, often related to detoxification, such as a loose stools or a skin rash. This is normal and will usually pass in a few days. It is a sign that the remedy is stimulating the innate self-healing mechanism of the body. When an aggravation is noted **it is important not to give any more of the remedy** and just to wait until things settle down. Many times in my practice patients do not follow my advice in this matter and keep giving the remedy anyway. Every week I get messages about this and the internet is full of horror stories of aggravations. These reports are essentially due to poor case management, not the process of homeopathy.

A proving means that the patient is developing the symptoms that the remedy is supposed to help. It can look very similar to an aggravation. The word ‘proving’ is a not completely accurate translation of the German word ‘Pruefung’, which means ‘test’ or ‘examination’. A proving in homeopathy refers to an experiment in which volunteers take or prepare a homeopathic remedy to experience and document its effects. Brave provers have volunteered to take remedies made from Arsenic to snake venoms and even to the emissions of a black hole!

Symptoms are then carefully compared, catalogued and added to the knowledge base of homeopathy. Thanks to those brave souls we now have over 8000 different remedies in our materia medica.

So occasionally, a person using or being given a homeopathic remedy may experience a proving. I saw a memorable case of this in my practice many years ago.

The client was a woman in her late 30s whom I had known for a number of years. I had not seen her in about a year when she came to my office complaining of feeling unwell.   
  
"Anke, I don't know what's wrong with me, I feel horrible, like I'm dying or something. I feel very cold and clammy and sooo bloated! I have zero energy and the strangest thing is I want a fan on me all the time or else I feel as if can't breathe. This has been going on for about a month, I'm really worried." In all honesty, she looked a bit bluish green around the edges and I was starting to feel worried, too.   
  
I carefully inquired as to what had been happening in her life in the past few months. After about 20 minutes she confessed that she had been taking a new homeopathic remedy, which had been recommended by a friend of a friend who was not a trained homeopath. She had taken this remedy in a 30CH potency, 4 times a day. The remedy was Carbo vegetabilis, which made from vegetable charcoal. In homeopathy we have a special nickname for this remedy, which is 'The Corpse Reviver!!

In other words, this remedy may be used in cases of total collapse and in patients near death. She had been taking this remedy in a medium potency, which I would never give more than once or twice a week in a chronic case, four times a day for two months!!! So, a total overdose to say the least. She was now experiencing the feeling of collapse and being near death, which the remedy is normally used for. I explained what had happened to her, we both had a good laugh, she discontinued the remedy and was fine in a few days.

Fortunately, that is about as bad as it can get in homeopathy, if someone does develop a proving, simply discontinuing the remedy will generally stop the symptoms. It is not possible to die from taking a homeopathic remedy, they are non-toxic. In a bad case of a proving a bit of essential oil of camphor, rubbed on the chest 3 times a day for a few days, will speed up the relief.

I hope you enjoyed this little romp through the intriguing and magical world of posology in homeopathy. Happy dosing!

Anke Zimmermann, BSc, FCAH, Feb 22/23.

References:

1. Semyon Korsakov, Wikipedia, retrieved February 17, 2023, <https://en.wikipedia.org/wiki/Semyon_Korsakov>
2. Ramakrishnan, A. U. and Coulter, C, A Homeopathic Approach to Cancer, Ninth House Publishing, 2001.
3. Smit, Tinus, Autism Beyond Despair, CEASE Therapy, Emryss Publishers, 2010.
4. **XMRV**

I'm just learning about this virus but it's making sense. Tinus Smits and other homeopaths noted how often a homeopathic remedy made from cancerous tumors (Carcinosin/Carcinosinum) can be helpful in children with autism. New research, including the findings by Dr Judy Mikovits, PhD, point to viruses causing cancer, so I'd imagine some of the viruses would be in the tumors. Homeopathic remedies made from these tumors would then also contain the energy of the viruses. There is lots more. I did some research and found papers describing the effective use of homeopathic remedies made from HIV/AIDS for lung cancer cells and from Hep-C for liver cancer cells.

Here is a link to an article and interview <https://childrenshealthdefense.org/news/the-truth-about-fauci-featuring-dr-judy-mikovits/>.

She also just published a book, I'm reading it now, it's about the corruption in science, reads like a crime novel <https://www.amazon.ca/Plague-Corruption-Restoring-Promise-Science-ebook/dp/B07S5H6T4Q/ref=sr_1_1?crid=2R4158AZWJYEK&dchild=1&keywords=judy+mikovits&qid=1591058149&sprefix=judy+%2Caps%2C435&sr=8-1>.

She published one before this, which contains more information on this virus: <https://www.amazon.ca/Plague-Scientist%C2%92s-Intrepid-Retroviruses-Syndrome-ebook/dp/B00EBO2DNI/ref=sr_1_2?crid=2R4158AZWJYEK&dchild=1&keywords=judy+mikovits&qid=1591058189&sprefix=judy+%2Caps%2C435&sr=8-2>

1. **Chlorum**

**Transcription:**  
  
**1. HOMEOPATHIC TREATMENT FOR AUTISM THE CHLORUM REMEDY AND OTHERS DR. DIDIER GRANDGEORGE, homeopathic pediatrician, FREJUS,** FRANCE [drgrandgeorge@hotmail.com](mailto:drgrandgeorge@hotmail.com) [www.homeopathe.org](http://www.homeopathe.org/) September 2015

Summary Research carried out in neurophysiology has shown that the brains of children with autism present too high a chlorine level. Trials of treatment with chlorine-eliminating diuretics have shown positive effects on arousal and behavior in treated patients, but these products have side effects. We therefore had the idea of ​​treating autistic children with homeopathic doses of chlorine to remove excess chlorine and obtain improvements without side effects.

For 2 years, several children have received Chlorum 9CH: 5 granules once a week for 1 month, then 12CH 1 time per week during the second month, then 15CH ditto the third month and 30CH the fourth month. The first results are remarkable with a certain awakening to reality, a quality of contact never obtained before, a much better communication. Out of 20 cases studied, 7 children seem to no longer present with autism spectrum disorder after one year of treatment.

Summary neurophysiological research show that the brain of autistic children present high level of chlorine. Treated by diuretic extracting chlorine the children where improved but the drugs had some side effects. So we tried for 24 month to treat autistic children with homeopathic dilutions of chlorine (remedy Chlorum 9CH, 5 grains one day each week the first month, 5 grains of Chlorum 12CH one day each week the second month, 5 grains of Chlorum 15CH one day of each week the third month, 5 grains of Chlorum 30CH one day of each week the fourth month).

The first results seem to be very good with a better contact and good progress in communication. About twenty cases seven child don’t present anymore trouble from autistic spectrum after one year treatment.

Keywords: autism - homeopathic treatment-medicine Chlorum Keywords: autism, homeopathic treatment, remedy Chlorum  
  
**2. AUTISM.** Defined by a disorder of social communication with restricted interests and stereotypical behaviors, autism is an increasingly frequent pathology in today's society, with some studies giving a rate of 1 in 150 children. The forms are varied and we are talking about more in addition to autism spectrum disorders. The most serious forms confine the child in almost total isolation, as if he were living in his bubble, without access to language. The milder forms, grouped under the name of ASPERGER syndrome, concern intelligent children, even brilliant in certain areas, gifted with speech, but suffering from communication disorders that generate inappropriate behavior, stress, hypersensitivity, inhibition by fears and more, making them handicapped in everyday life.

Different hypotheses have been put forward to explain the occurrence of autism. For a long time, psychoanalytic hypotheses predominated, the unfortunate reading of which led to parental guilt and an absence of objectifiable, quantifiable results. Some have blamed over-vaccination with toxic loads such as mercury, aluminum, especially pertussis vaccine and MMR (Measles Mumps Rubella vaccine, or MMR). We have of course mentioned a genetic cause. For years, as a homeopathic pediatrician, I tried to improve the life of my autistic patients with remedies playing on fundamental fears (Opium, Stramonium, Hydrophobinum), on supposed toxins: dilutions of vaccines (for example MMR 30CH), dilutions of drugs used by parents (four-year-old started talking 4 hours after taking Cannabis Indica 10,000K). But there was a before and after the remedy Chlorum that I had the idea to try in the spring of 2013 after reading articles about the role of this halogen in the brain.  
  
**3. TREATMENT OF AUTISTS WITH THE REMEDY CHLORUM**. In fact, recently, researchers in neurophysiology discovered in models of autistic mice that the level of chlorine in their brains kept the high levels which normally only occur during intrauterine life. Usually at birth, brain cells lose their high levels of chlorine due to the diuretic effect of oxytocics. So, during intrauterine life, in an enclosed space where communication is fused with the mother and reduced with the outside world, our brain works with high levels of chlorine and when the child is born it loses its high levels of chlorine in the brain and enters into communication with the outside world, thanks to an effect on the neurotransmitter GABA (Gamma Amino Butyric Acid). In fact, chlorine activates GABA which increases the sensitivity of the child: if the level of chlorine rises, one becomes hypersensitive to the point of being invaded by all the impressions and sensations of life. Hence the idea of ​​treating autistic children with a diuretic which drives out chlorine from nerve cells, Bumetanide. The neurobiologist Yehezkel BEN ARI (INSERM Marseille) and the child psychiatrist Eric LEMONIER (CHU Brest) have improved the condition of autistic children by giving them this diuretic. Studies are currently being carried out to determine the correct dose of the drug, as there are side effects (potassium leakage, cramps, cardiac arrhythmias). The effects of this therapy are (according to the authors) real but give way when the treatment is stopped.  
  
4. In the space of two years, I have been able to treat about twenty cases of pure autism, including 16 exploitable files with a follow-up of at least one year, and I must admit that the results are surprising: all the children except one are well. improved, none wanted to stop treatment because of adverse side effects, and above all 6 cases are so spectacular that the children are considered to be off the autism spectrum, which I had never seen in my entire pediatric career. SOME EXAMPLES OF CASES VERY IMPROVED BY HOMEOPATHIC DOSES OF CHLORUM (ALL NAMES HAVE BEEN CHANGED) 1- CASE OF THE CHILD JEAN BORN ON NOVEMBER 4, 2010 FOLLOWED AT CRA (AUTISM RESOURCE CENTER) OF BASTIA I hear about this child through his grandfather in November 2014 during a family reunion: he is being monitored for "autism spectrum disorders". (diagnosis made by the ARC). I recommend a dose of Carbo Vegetabilis 30CH, 48 hours after Chlorum 12CH one dose, 10 days after MMR 30CH one dose, 10 days after Chlorum 15CH one dose, 20 days after Chlorum 30CH one dose. I received this child on March 5, 2015: "3 days after the dose of Chlorum 12CH, the effect is incredible: it is no longer the same child, and the team of psychologists wants to know what happened." mom told me. He started to say "I". He has fears: sudden noises, vacuum cleaners, having his hair cut. He always has his bottle in the morning. Given a history of cancer on the paternal side, I give a drop of Carcinosinum XMK and advise throwing the bottle in the trash with dad, in exchange for a big gift. Ten days later, I prescribed a dose of Opium 15CH to counter fears and we take the Chlorum 9CH 3 granules every Thursday until the tube is exhausted, then continue in 12CH. Reviewed on August 24, 2015: the team that follows him thinks that he is coming out of autism spectrum disorders and that he does not need AVS (Assistance de Vie Scolaire) for his school life in the third year of nursery school. He has made glaring progress with sleep and speech, less afraid of noise.

According to the mother "With each intake of Chlorum he makes further progress: even people who are not followers of homeopathy see the difference!" the team that follows him thinks that he is coming out of autism spectrum disorder and that he does not need AVS (Assistance de Vie Scolaire) for his school life in the third year of nursery school. He has made glaring progress, sleep and speech, less afraid of noise.

**5.2 - CASE OF THE CHILD MICHEL BORN ON MAY 9, 2006**

I received him for a consultation on 07 31 2014: he is 8 years old, has Asperger syndrome and is attending CE1 with AVS. A homeopathic colleague has already given him homeopathic remedies Natrum Muriaticum, Silicea, VAB (Attenuated Bilié Vaccine = BCG), Spongia with few results.

What dominates the clinical picture is his agitation: he flutters, does not fix his attention, is not present in activities. When making an appointment I advise them to give Chlorum 9CH 3 granules per week so that he appears more relaxed, calmer. I then give Chlorum 15CH 3 granules every Thursday plus a dose of MMR30CH which will worsen it for a few days: it withdraws, starts to align the objects again. Reviewed on 07 31 2015: he is no longer the same child! He walks into my office, shakes my hand looking me in the eyes and asks me why I am making a collection of Tintin characters !!!

**5.3-CASE OF THE CHILD OLIVIER BORN ON 3 SEPTEMBER 2003**

He consulted on 29 10 2014 at the age of 11 years. Diagnosed with autism, he underwent experimental treatment with diuretics which greatly improved his speech (he began to speak), but when the treatment was stopped he regressed. Born by cesarean section, he frequented baby bathers during the first months in a chlorinated swimming pool I prescribe increasing doses of the remedy Chlorum from 9CH, 12CH, 15CH, to 30CH one dose every 15 days in that order plus one dose of Opium 15CH and Carbo Vegetalis 30CH due to the cesarean section. Reviewed on January 9, 2015: he expresses himself better, makes sentences, tells his day. He is educated in CLIS (Classes for School inclusion). We switch to Chlorum 15CH 3 granules every Thursday. Reviewed on July 12, 2015: Much improved to the point that he will enter sixth grade in college. Parents find that with Chlorum the child progresses in a smoother and more lasting way than with diuretics and do not think about taking the diuretics again if offered to them.  
  
**5.4-CASE OF THE CHILD PIERRE BORN ON 03 21, 2005**

Seen on January 17, 2014, 9 years old, with Asperger's syndrome, schooled in CE2 with AVS. Difficult birth history with forceps. I give him Chlorum 9CH, plus the dilutions of the vaccines he received and a dose of Opium15CH and Hypericum 15CH. Reviewed on 06 27, 2014: he is doing better, received congratulations at school, is concentrating well. Reviewed on July 3, 2015: he no longer seems to have autism spectrum disorders, looks people in the eye, discusses everything. He enters fourth grade without an AVS.

**5.5-CASE OF THE CHILD JUSTIN BORN ON AUGUST 25, 2009**

Seen on October 8, 2013, aged 4 years followed by a child psychiatrist and a homeopathic colleague who gave him doses of Phosphorus, Tarentula Hispanica, and dilutions of the vaccines received. He does not associate words, does not make sentences and suffers from chronic diarrhea. I give him Chlorum 9CH 3 granules per week plus a dose of Hyoscyamus 15CH (jealous, exhibitionist). Reviewed on 6 10 2014 he made progress, speaks in his personal gibberish. I give him Chlorum 12CH 3 granules per week and there he begins to speak well with sentences, draws a man: he is educated in a large kindergarten section with an AVS. Reviewed on 04 14 2015: his child psychiatrist does not recognize him!!! He seems normal.

**5.6-CASE OF THE CHILD PAUL BORN ON 14 DECEMBER 2008**

Seen on 31 5 2013 at the age of 4 and a half for hyperemotivity and autism spectrum disorders. He receives Chlorum 9 CH 3 granules per week plus a dose of Thuja 15CH and dilutions of the vaccines received. Reviewed on 20 12 2013: he has made such progress that he seems normal, he is no longer the same child:  
  
**5.7- CASE OF THE FRENCH CHILD (?) BORN ON 23 09 2004**

Child followed since 21 10 2004 he will present a significant delay in language and behavioral disorders suggestive of autism spectrum disorders. He's obsessed with dinosaurs. In 2013 I began to give him the remedy Chorum in increasing dilutions which will unblock the language. In addition, he presented asthma attacks which gave way with the remedy Mercurius Chloro Iodatus 9CH; In 2015, he is a child who speaks well and even starts arguing with those around him.

**6. THE CHLORUM REMEDY IN MEDICAL MATERIALS**

Chlorine is a chemical element of the halogen family, symbol Cl, atomic number 17, yellowish green in color. Discovered in the 18th century, Chlorine has been widely used especially for its antiseptic properties since the invention of bleach. A lot of swimming pool water is chlorinated, and almost all the water distributed by the urban networks is. Chlorine was also used in combat gases for example in 14-18 (mustard gas: Ethyl-sulfur-dichloratum) Chlorum, the element chlorine in homeopathic dynamization dilutions, was introduced into the medical field by Constantine HERING in 1846. He notes: Quiet and active mind (beneficial effect) Apprehension A horrible mental state, afraid that he will go mad, afraid of not being able to make a living. Everything seems confused. No longer remembers the names of people he meets, and when he recognizes names, he no longer remembers people. Restlessness, anger, must focus on breathing. Nervous hypersensitivity. Other symptoms reflect the irritant action of chlorine on the respiratory tract:  
  
The interesting symptoms are: Fear of going crazy: we will notice that the leader of neuroleptics, Largactil is Chlorpromazine, so there are chlorine molecules. No longer remembering people's names: the NAME refers to the NO of the father who says to the child, who says separation and allows one to go towards others ("No, you are not going to remain fused with mum, you will go towards others.")

Homeopathy path of life "CHLORUM IN THE KENT DIRECTORY. The following symptoms are also found: noisy madness, the child escapes the vigilance of those around him, hides, anxiety at night, nostalgia, hydrophobia, agitation, rage, wild behavior.

**HOW CAN THE HOMEOPATHIC REMEDY CHLORUM WORK?**

The autistic child remains in a protective bubble. He remains in an enclosed space to protect himself from external signals which are too aggressive for him due to the high level of Chlorine in his brain cells. By giving Chlorum in homeopathic doses we will undoubtedly act presynaptically according to the law of ARNDT SCHULTZ and reverse the action of the Chlorine element on GABA, making the brain less sensitive to external stimuli. The child will therefore be able to get out of his protective bubble and initiate the relationship with the other whom he will name without risking being invaded.

**9. OTHER USEFUL HOMEOPATHIC REMEDIES FOR AUTISTic CHILDREN CHLORINE-DERIVED REMEDIES** The most famous remedy is Natrum Muriaticum which is the remedy of choice when the father is absent or does not speak. The child has a speech delay, he is often thin, warmed up, constipated and hungry for salt. He can't stand the sun. Muriaticum Acidum, hydrochloric acid, is an interesting remedy when there is a history of mother's death in the family. The child suffers from acid reflux, asthma, laryngitis. Kalium Muriaticum can be indicated when there is a picture dominated by otitis seromucosa.  
  
10. Chloralum is interesting in cases where night terrors dominate the picture: I have an observation of autism greatly improved by this remedy.

**HOMEOPATHIC DILUTIONS OF THE VACCINES RECEIVED**

I give them systematically because some vaccines contain aluminum, others squalenes, substances which can cause brain disturbances. Doctor SENN from Lausanne has shown the importance of removing energy barriers to ensure healing. In addition, by injecting the vaccines we inject extracts of illness that are not devoid of signifiers: for example, being the whooping cough of the family means being the center of the family world and this reinforces the EGO, measles is a psychodrama to get out of the relationship fusional mother and child, hepatitis c is the problem of the liver, faith, self-confidence. I give the vaccine dilutions in 30 CH, between the doses of the basic remedy.

**11. OTHER REMARKABLE REMEDIES**

**Opium 15 or 30CH**.This remedy was described in autism by William SUERINK, homeopathic psychiatrist. It is the central remedy for fear, fear which stuns vital functions. Constipation, hypersomnia, umbilical hernia are the points of call, especially when there have been opiates (after anesthesia), a pregnancy disturbed by a threat of premature delivery in the sixth month.

**Stramonium 15 OR 30CH**: child in the grip of night terrors. He is afraid of the dark, animals, doctors and bites other children

**Hydrophobinum (or Lyssinum) 15 to 30CH** Child invasive, biter, excessive salivation, fear of water and shiny substances. History of animal bites in the family. This remedy allowed me to switch BORDER LINE children towards the world of normality.

**Cannabis Indica XMK** Interesting remedy in the families of cannabis smokers: I saw a four-year-old who had never said a word come out in full sentences a few hours after taking a dose of Cannabis Indica 10,000K given because the mother had smoked cannabis when pregnant. This remedy has a characteristic symptom: fear of drowning, which is the return to the amniotic waters.  
  
**Carcinosinum C200 FOUBISTER** ([www.remedia.at](http://www.remedia.at/))

It is an interesting biotherapy to give if there is a long history of cancer in the family. Inability to dissolve and say no, chronic insomnia, child tied to his pacifiers, bottles and soft toys.

**Plumbum Metallicum 15CH** This remedy will be chosen in front of children who cannot bear any constraint. The first sign is the refusal to tie up in the car. Subsequently, the child refuses the school constraint and tries to escape. Any other remedy chosen after questioning and clinical examination then inventory, considered as an individualized basic remedy, will of course be an effective aid to improve autistic children.

**BY WAY OF CONCLUSION**

Homeopathy fulfills its promises concerning the difficult treatment of children with autism spectrum disorders. In my clinical practice, there is a before and after the remedy Chlorum, which seems to be a decisive key to getting autistic children out of their bubble and bringing them back to the world of normalcy.

Didier GRANDGEORGE [drgrandgeorge@hotmail.com](mailto:drgrandgeorge@hotmail.com)

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**IV Completed Intake Form Example**

Please have a look at this properly completed intake form as an example. Both parents and I highlighted some text, as you can see it makes important points easier to see.

**Intake form, L, age 8, autism, anxiety, OCD**

**What are the main reasons your child is attending this office?**

**Please describe each concern in detail. In your own words, list the very first time that you**

**noticed these concerns and carefully describe any factors that you suspect may have played**

**a role in their onset and development. If you need more space just keep tying, this is a**

**word document and will adjust. Please leave space between points for easier reading.**

1. L is completely non-verbal/non-speaking. He completely lost all of the words that had from 16-18 months old and was diagnosed at 20 months old with Regressive Autism. We suspect that he has multiple vaccine injuries and was further injured by the anesthesia given during surgery that he had at 2 ½ months old. He currently uses an AAC device to communicate, but really struggles to use it to communicate clearly.
2. L intensely self-injures all day, every day. This started during the pandemic when he was on remote instruction and was emotionally overwhelmed and being yelled at constantly by his teachers on his zoom calls. It appears that it has intensified to the point that he will pinch, scratch or pull his hair for almost any emotion, not just a negative one, so I fear that he has generalized it across all emotions.
3. L has absolutely no ability to focus on a task. This has been a concern since he started preschool. The feedback that I get from school is that he has too many sensory issues going on to be able to focus on any task. This is affecting his ability to learn, which is becoming an increasing concern as he is 8 years old.
4. L has **very high** anxiety and a low frustration tolerance. It is obvious that this stems from his inability to clearly communicate his wants and needs. As he has grown older and more aware, his frustration has grown immensely, and he has constant anxiety towards anything that is slightly out of routine or out of his ordinary everyday life. We have seen this increase intensly over the last three years.
5. L has intense OCD tendencies that really get in the way of him living a comfortable and peaceful life. He obsesses over doors being closed, lights being on or off, things staying in certain places, mom wearing specific clothing or shoes, the family sitting in certain spots on the couch, etc. He cannot break free from any of these obsessions and cannot relax unless things are exactly how he wants them to be. This also started during the pandemic. His life and circumstances were completely out of his control and I feel that these preoccupations give him some sense of control over his environment.

**Has your child been formally diagnosed? If so with what?**

Autism, Sensory Processing Disorder, Generalized Anxiety Disorder

**Use this check list to help you remember anything you have not yet mentioned please:**

 aggression  hitting  self-injury  head-butting  pulls out own hair

 temper tantrums  biting  argumentative  cruel to animals

 nervousness  overactivity  inattentive  easily distracted

 depressed or anxious  inappropriate sexual behavior

 self-stimulatory behaviors: rocking, spinning, flapping hands, visual scrutiny

 sensory issues, sensitive to noise, clothing, brushing teeth

 preoccupations  has few friends  has no friends

 language difficulties  inappropriate chewing or licking of objects

 appetite/food selections  picky eating  eats things that aren’t food

 eats too much  weight loss/gain

 difficulty chewing/averse to chewing  difficulty swallowing  drooling  gagging

 toilet training  digestive/bowel problems

 sleep problems  sleeps in parents’ bed  has nightmares

 self-help skills  gross motor skills  fine motor skills  muscle tone

 won’t take baths  wets the bed  school adjustment

 Other:

**Important: Please provide detail for any items checked above**:

We have always been told that L has PICA. It has decreased significantly over the years, but very often he tends to put things up to and in his mouth

.

L has a very limited diet and still refuses to use any utensils for a majority of his meals. He often eats so fast that he barely chews. There are many tastes and textures that he absolutely refuses. He eats very little fruit and vegetables. He is just starting to eat more meat. He also mainly eats gluten-free.

L has very significant fine motor delays and is still working on pre- writing skills. He still cannot write his own name without support.

L has recently improved in gross motor skills but still struggles to kick, throw and catch a ball. He also cannot dress himself or put his shoes on. He also struggles to wipe after using the bathroom. He has little to no independence.

**What do you find most difficult about raising your child? How do these issues affect/interfere with the child’s or family’s life?**

L has a very hard time communicating his wants and needs which leads to him being frustrated, which ends up frustrating the entire family. We all want so desperately to help him, but we don’t always know how to.

L has almost no sense of danger. He will touch a hot stove, pick up a sharp knife by the blade, walk into traffic, etc. Due to this, we are always on such high alert, and it is scary and exhausting.

L has almost no independence, so at 8 years old, there’s almost nothing he is able to do for himself without assistance. This is also extremely exhausting and heart breaking for us to see.

**What seems to upset the child?**

Any change in routine, even something simple like taking a different route to school or a day off from school. L doesn’t like any unknowns. He wants to know what’s happening at all times and what’s happening next. It is very hard for him to experience brand new places and feel comfortable.

**What seems to calm the child?**

Right now, laying on his stomach either on a swing or therapy ball is very calming to him, but sometimes he cannot slow down enough to do it. If he’s really in a state of panic or anxiety, he will beg for his ipad so that he can stim off of repeating his favorite parts of favorite movies.

It is incredibly hard to calm him down when he is worked up. We usually need to completely remove him from certain situations. In school, they will often take him on long walks for calming.

**Has your child ever had homeopathic care before? Please describe**

No.

**Is your child currently taking any medication? Please describe with name and doses and any improvements or negative effects noted.**

**Started on March 3, 2023:**

**Lactulose, 15 mL a day (10 grams/15 mL)**

**–** used to bring down high ammonia levels in his blood.

Symptoms like screaming, screeching, extreme hyperactivity are all improved on this medication when his ammonia levels are high. This really helps to bring the levels down.

**Levocarnitine, 10 mL a day (1 gm/10ML)**

**–** used as an antioxidant

Helps to keep him from becoming constipated, but that has been the only real noted positive side effect.

**Is your child currently taking any supplements? Please describe with names and dosages, ie child is taking vit D at 4000 IU a day, vit C at 500 mg twice a day etc. When did supplements start? Have any improvements been noted from them?**

**Started on March 3, 2023:**

**DAO –** Histamine Support – 2 capsules a day – helps reduce inappropriate

humping behavior.

**Creatine –** ¼ scoop a day – brain support

**Nitric Support –** a scoop at night – helps him sleep through the night, helps to

Keep his ammonia down.

**CHILD’S CURRENT LIVING SITUATION**

With whom does the child currently reside? (please mark all that apply)

 Biological Mother  Biological Father  Step-mother  Step-father

 Adoptive Mother  Adoptive Father  Foster Mother  Foster Father

 Grandparent

 Other (describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

If your child does not live with BOTH biological parents, who has legal custody of the child?

Siblings: (please list whether the siblings live in the child’s home or not)

**Name** Noah  **Age** 4  **M/F** MALE

**Full/Step/Half?** FULL **Grade** PRE - K **In child’s home? Yes**

**Any developmental or other health concerns with siblings?**

Yes, language delay, emotional regulation issues.

**DEVELOPMENTAL HISTORY**

**Prenatal/Pregnancy**

**Did the biological mother have any of the following immediately before/after or during pregnancy?**

 Maternal injury. Describe:

 Hospitalization. Reason:

 X-rays: **I had an MRI. They suspected that I had a life-threatening issue with my placenta. Everything turned out to be completely normal.**

 Medications. **I was on Diclegis from about 3-6 months pregnant. Reason: Extreme nausea. I was also told to take Tylenol for my headaches and migranes.**

 Vaccinations.**Tdap Reason:My OB required it.**

 Exposure to chemicals. Describe

 Living close to highway. Describe

 Living in agricultural area where pesticides were used. Describe

 Ultrasounds **– how many? Many, likely more than 10. If more than two, for what reason? Required by my OB.**

 Traumatic events. Describe:

 Work situation. **Describe: Extremely stressful work environment, very long commute, many hours in the car. Worked up until a few days before giving birth.**

 Alcohol or drug use. Describe:

 Difficulty in conception, IVF

**Did the biological mother have any of the following during pregnancy?**

 Emotional stresses/problems  Infections

 Rashes  Bedrest  Toxemia

 Anemia  Gained more than 35 pounds

 Excessive swelling  Vaginal bleeding

 Excessive nausea/vomiting  Flu  High blood pressure

 Kidney disease  Strep throat  Threatened miscarriage

 Rh incompatibility  Headaches  Urinary problems

 Severe cold  Measles/German measles  Other virus

 Special diet, describe:

 Premature Labor

Mother’s age at conception: \_\_\_\_\_33\_\_\_\_\_

Father’s age at conception: \_\_\_\_\_\_33\_\_\_\_\_

Did the mother have previous pregnancies?  No  Yes--how many, including miscarriages?

Did mother receive prenatal care during this pregnancy?  No  Yes--beginning at 10 weeks

During the pregnancy, was the baby:  Very active  Average  Rather quiet

Were there any unusual changes in the baby’s activity level during pregnancy?  No  Yes

**Delivery**

Was the infant born full-term?  Yes  No

If premature, how early? If overdue, how late? **APPX 41 weeks**

Birth weight**: 6 pounds 15 oz** Apgars (if known): at 1 minute \_\_\_\_\_\_ at 5 minutes

Type of anesthetic used:  None  Spinal  Local  General

Length of active labor: **APPX 12 hours** Describe any complications during delivery: **None**

**Check all of the following that applied to the delivery:**

 Spontaneous  Breech  Forceps

 Head first  Multiple births  Cord around neck

 Induced; Reason**: Doctor felt the baby was overdue and didn’t want to wait any longer.**

 Cesarean; Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Infancy**

**Which of the following applied to the infant? (check all that apply)**

 Breathing problems  Required oxygen  Required incubator

 Jaundice (Were bilirubin lights used?  No  Yes – How long? \_\_\_\_\_\_\_\_\_)

 Feeding problems  Sleeping problems  Infection

 Rash  Excessive crying  Seizures/convulsions

 Unusual appearance, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Bleeding into the brain

Did the infant require:  X-Rays  CT scans  Blood transfusions

 Vitamin K shot given

 Vaccines given at or shortly after birth, which ones? **Nothing in the hospital**

 Antibiotics given at or shortly after birth **Antibiotic Eye Cream**

 Placement in the NICU (If so, for how long? \_\_\_\_\_\_\_\_\_\_)

 Length of stay in hospital: Mother \_\_\_\_\_\_\_\_\_\_\_ Infant \_\_\_\_\_\_\_\_\_\_\_

 Breast-fed  Formula

**Early Childhood History**

**During this child’s first three years, were any special problems noted in the following areas?**

 Frequent colds

 Ear infections

 Coughs/pneumonia

 Breathing problems

Colic

Constipation

Diarrhea

 Eating problems

 Failure to thrive

 Eczema/rashes

 Difficulty sleeping

 Irritability

 Temper tantrums

 Excessive crying

 Withdrawn behavior

 Poor eye contact

 Early learning problems

 Destructive behavior

Convulsions/Seizures  Twitching  Unable to separate from parent

Tics

Other

 Vaccinated – please attach vaccination records in organized form as per the parent manual and enter them again into the timeline.

 Medications history – please attach medication records if available in organized form as per the parent manual and enter them again into the timeline. Please summarize them if they are more than 5 pages in length

**Milestones - Indicate age when child:**

Sat unaided \_\_\_5 months \_\_ crawled \_\_8 months\_\_\_\_ walked \_\_13 months\_\_\_

Started solid foods 6 months fed self with spoon 6 years old gave up breast \_\_\_\_\_\_­­­­

Gave up bottle \_\_\_2 years old\_\_\_\_ gave up soother \_\_2 years old \_\_\_\_\_\_\_\_

Bladder trained-day \_\_\_5 years old \_\_ bladder trained-night \_\_6 years old\_\_\_\_ bowel trained\_\_5 years old \_\_\_\_

Rode tricycle \_n/a\_\_\_\_ rode bike \_\_n/a\_\_\_

Can your child be described as clumsy/uncoordinated?  Yes  No

Having fine motor delay?  Yes  No

Which hand does your child use for: Writing/drawing? Eating? Cutting?

**Language development**

Indicate age when your child begin babbling, such as repeating syllables, in attempts to communicate: **Around a year old**

Using single words? \_\_**Yes, but lost at 16-18 months** Using phrases/short sentences? \_\_\_\_ How is language now? **Non-verbal**

Have there been any hearing concerns?  No  Yes Hearing testing – date? Right before and after ear tube surgery in 2017. The concern was that he always had a lot of fluid in his ears. There were no hearing issues after the surgery.

**Adaptive Skills**

Feeds self  No  Yes, beginning at age \_\_\_**for some foods – within the last 2 years**

Dresses self No  Yes, beginning at age \_\_\_\_\_\_\_

Bathes self  No  Yes, beginning at age \_\_\_\_\_\_\_

Helps with household chores  No  Yes, beginning at age – **just within the last 6 months**

Knows first and last name  No  Yes, beginning at age – **can say his name using his AAC device since Kindergarten, age 5**

Says “please” and “thank you”  No  Yes, beginning at age \_\_\_\_\_\_\_

Able to walk up/down stairs  No  Yes, beginning at age **unsure**

Jumping with both feet \_\_\_\_\_

Has the child ever lost skills which at one time he/she was able to perform?  Yes

If yes, please describe:

**All words and babbling were lost beginning at 16 months, completely gone by 20**

**months.**

**When your child is disruptive or misbehaves, what steps are you likely to take to deal with the problem?**

L very rarely misbehaves. We will try to talk to him using his AAC device and model as much as possible so that he can understand what went wrong.

**Who is mainly in charge of discipline?**

Mom

**MEDICAL HISTORY**

Has your child ever had:

Head injury Age \_\_\_\_\_ Describe

Loss of consciousness Age \_\_\_\_ How long? Describe

Allergies to food/medication List:

Adverse reaction to vaccines? Describe - **always ran a fever after and miserable and irritable for days after. Always pain and bruising at injection site. Often had a rash for a few days after. The pediatrician always told me to continuously rotate Tylenol and Motrin to manage the fever and crankiness.**

Surgery - Age\_\_**2 1/2**\_\_\_ Reason – **reoccurring ear infections and colds, and trapped fluid in his ears.**

**Luca had his adenoids removed and ear tubes put in.**

**He was under anesthesia for approximately 25-30 mins.**

**He was given Fentanyl and Sevoflurane in the operating room.**

**In the recovery room he was given Zofran for nausea and Fentanyl for pain management.**

**L ran high fevers (101-103) for four days after the surgery and we were told to continuously rotate Tylenol and Motrin.**

Ear Infections: Age: **3 months – 2 ½ years old**

L had more than 12 ear infections in the first two years of his life. From two years old, he constantly had fluid trapped in his ears and it was starting to affect his hearing. Right before his surgery we learned that he couldn’t hear anything in his right ear. After the surgery, his hearing went back to normal and he did not get another ear infection for years.

Ear tubes?  No  Yes Date of surgery – **May 10, 2017**

**Doctors seen (check all that apply)**

 Pediatrician – Date of last visit (approximate is okay): \_\_\_\_\_\_\_\_\_ Diagnosis:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Developmental Pediatrician – Date: \_\_\_\_\_\_ Diagnosis:

 Neurologist – Date: \_\_\_\_\_\_\_\_\_\_ Diagnosis:

suspected seizures, describe:

seizures diagnosed, type:

 Genetics – Date: Diagnosis:

 Psychiatry – Date: Diagnosis:

 Psychology – Date: Diagnosis:

 Gastroenterology – Date: \_\_\_\_\_\_\_\_ Diagnosis:

stomach/intestinal problems, type:

 Endocrinology – Date: \_\_\_\_\_\_\_\_\_ Diagnosis:

**Diagnostic Testing** (check all that apply)

 EEG (brain wave test) – Date: \_\_\_\_\_\_\_ Results:

 MRI – Date: \_\_\_\_\_\_\_ Results:

 CT Scan – Date: \_\_\_\_\_\_\_\_\_ Results:

 Ophthalmology Evaluation – Date: \_\_\_\_\_\_\_\_ Results:

 Chromosomal/DNA testing (Genetics) – Date: \_\_\_\_\_\_\_\_ Results:

 Other - Describe:

**CHECKLIST:** Please mark any of the following in each area that describe your child currently or in the past:

**Speech**

**Past/Current**

  slow speech development

  doesn’t understand without gestures

  unusual tone or pitch

  repeats words/phrases over and over

  difficult to understand speech

  repeats questions, instead of answering them

  seldom speaks unless prompted

  repeats dialogue from movies/songs verbatim

  has language of his/her own (may sound like foreign language/jargon)

**Relating with other people**

**Past/Current**

  prefers to be by self

  “in a world of his/her own”

  aloof, distant

  clings to people

  fearful of strangers

  not cuddly as baby

  doesn’t like to be held

  doesn’t recognize parent

  doesn’t play with other children

  prefers playing with younger or older children

**Imitation**

**Past/Current**

  doesn’t imitate waving “bye-bye” or “patty cake” etc. (physical imitation)

  doesn’t repeat words/things said to him

  doesn’t repeat words generally**,** but usually did what he was asked to do

**Response to Sounds, Speech**

**Past/Current**

  often ignores sounds

  often ignores what is said to him/her

  afraid of certain sounds

  really likes certain sounds (music, motors, etc.)

  seems to hear distant or soft sounds that most other people don’t hear or notice

  unpredictable response to sounds (sometimes reacts, sometimes doesn’t)

  responds to speech and sounds like other children of the same age

**Visual Response**

**Past/Current**

  stares vacantly around room

  plays with turning lights on and off

  often doesn’t look at things

  distracted by lights – stares at certain lights

  likes to look at self in mirror

  very interested in small parts of an object

  likes to look at shiny objects

  looks at things out of the corners of eyes

  stares at parts of his/her body (e.g. hands)

  often avoids looking at people when they are talking to him

**Other Senses**

**Past/Current**

  puts many objects in mouth

  likes vibrations

  licks objects

  doesn’t notice pain as much as most people

  overreacts to pain

  smells objects unusual or unfamiliar objects

  chews or eats objects that are not supposed to be eaten

**Emotional Responses**

**Past/Current**

  temper tantrums

  laughs/smiles for no obvious reason

  overly responds to situations

  moods change quickly/for no apparent reason

  cries/seems sad for no obvious reason   often has blank expression on face

  little response to what is happening around him/her

**Name some GOOD things about your child:**

1. L is so loving and affectionate. He lets you know how much he truly loves you.
2. L is so gentle and would never hurt anyone. He is quick to give up things that he has, and will give them to others, especially his little brother.
3. He is very aware of everyone’s needs. He makes sure everyone has a drink at the dinner table, he makes sure my seat belt is on in the car, he puts my blanket on when I am laying with him.
4. He loves to help around the house. He loves to load the washing machine, cook dinner, chop veggies, and unload the dishwasher!

**FAMILY MEDICAL/PSYCHIATRIC HISTORY**

**Have any members of the biological mother’s or biological father’s families had any of the following problems or disorders (check all that apply):**

 Chromosomal/genetic disorder  Autoimmune disease

 Tuberculosis  Polio  Gonorrhea

 Diabetes  Food allergies  Sickle-cell anemia

 High blood pressure  Stroke  Heart disease  Cancer  Kidney disease

 Alcohol/drug abuse  Depression  Physical/Sexual abuse

 Nervousness/Anxiety  Obsessive Compulsive Disorder  Seizures/epilepsy

 Schizophrenia  Developmental disorder  Speech/language delay

 Autism/PDD  Reading problem  Other learning disability

 Emotional disturbance/mental illness  Bipolar/manic-depressive disorder

 Tics/Tourette’s syndrome  Antisocial Behavior (assaults, thefts, arrests)

 Childhood behavior disorder (aggressive/defiant/ADHD)

**Has anyone in the family ever received special education services?  No  Yes - for what reason?**

My nephew has ASD, ODD, and ADHD and was speech delayed.

My niece has ADHD and was speech delayed.

**Family Changes and Stressors:** Please indicate any major family stresses the family and/or child is currently experiencing or has experienced within the last year.

 Marital discord/fighting  Separation  Divorce

 Birth/Adoption of another child  Sibling conflict  Parent-Child conflict

 Custody disagreement  Single-parent family  Parent/sibling death

 Parent deployed extensively  Parent emotionally/mentally ill

 Involved in juvenile court  Abandonment by parent  Financial problems

 Parent substance abuse  Child Neglect  Physical abuse

 Sexual abuse  Parental disagreement about child-rearing

 Involved with Social Services/Child Protective Services

 Other, if not listed:

**Our family experiences a lot of stress because of our son having autism and not being able to communicate. He requires a great amount of constant care and attention to keep him safe.**

**SCHOOL HISTORY**

(If more space is necessary, please attach additional sheets or write on the back of this page.)

Current school**: Brookville Center for Children’s Services**

Grade level**: 3rd**

Type of class:  Regular Ed  Special Ed  Resource  ED  Behavioral unit

Current # of: Students \_7\_\_\_ Teachers \_\_1\_\_ Aides \_\_\_3\_ Does your child have a 1:1 Aide? NO

Has your child had special education testing in school?

 Psychological/Cognitive – Date: \_\_\_unsure\_\_\_\_\_\_\_  Academic – Date: \_\_\_unsure\_\_\_\_\_\_\_\_\_

 Speech/Language – Date: unsure  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Is your child receiving any special education services at school?  Yes  No

Is your child on an IEP (Individual Education Plan)? \_Autism\_\_\_ For what reason?

**SERVICES** - Please list services your child has received **through the school district**.

**(Please send copies of your most recent assessments/Individual Education Plan (IEP))**

Child’s age when school services began:

Individual Education Plan (IEP) eligibility:

Which services is your child CURRENTLY receiving?

 Speech therapy  Occupational therapy  Physical therapy

 Adaptive Physical Education  Discrete Trial Training (DTT/ABA)  Social Skills

 Other - describe:

**Private Services (Please bring copies of relevant reports to your first appointment.)**

Are you or your insurance company currently paying for services to address your child’s needs?  Yes  No

 Speech therapy, age when began: \_\_\_\_\_\_

 Occupational therapy, age when began: \_\_\_\_\_\_

 Physical therapy, age when began: \_\_\_\_\_\_

 Adaptive physical education, age when began: \_\_\_\_\_\_

 Social Skills, age when began: \_\_\_\_\_\_

 Nutritional interventions, age when began:

 Chiropractic care, when began: \_\_\_\_\_\_

 Social Skills, age when began

 Other - describe:

**Timeline**

Each line below represents a year in your child’s life. Please draw a timeline of all major events in his or her life. I realize this may be a bit repetitive and I apologize, but the timeline is almost the most important information for me. **Use the previously organized vaccine and medication records and record them here again, please.**

Please indicate in chronological order all vaccinations, accidents, illnesses, hospitalizations, surgery, broken bones, sprains, falls, traumatic and emotional events, major changes in your family’s and your child’s life up to this point in time.

Please indicate when certain symptoms began.

Please also indicate when he or she started school, changed schools, graduated, etc. Please use additional pages if you wish to include more information.

Please use the timeline example in the parent manual appendix as a model.

2014 -Birth -

Age 1 month- RECOMBIVAX HB - Hep B PEDS

L was experiencing a lot of discomfort and crying. His formula was changed a few times but it was determined that he had Reflux and he was put on Zantac. (stopped at 6 months old)

Age 2 months – L was a very happy baby!

Age 3 months - DAPTACEL - DTAP, 5 pertussis, antigens, RECOMBIVAX HB - Hep B PEDS

Ear infections started, Had his first round of antibiotics at this time.

Ear infections continued every 4-8 weeks all the way up to 2 years old.

Age 4 months - ActHIB - Hib-PRP-T, PREVNAR -13 - Pneumococcal

Age 5 months - DAPTACEL - DTAP, 5 pertussis, antigens, IPOL - IPV (e-IPV)

Age 6 months - ActHIB - Hib-PRP-T, PREVNAR -13 - Pneumococcal

Started Solid Foods

Age 7 months

Age 8 months - DAPTACEL - DTAP, 5 pertussis, antigens , ActHIB - Hib-PRP-T, IPOL - IPV (e-IPV)

Age 9 months - RECOMBIVAX HB - Hep B PEDS , PREVNAR -13 - Pneumococcal

Age 10 months

Age 11 months

2015 - Age 12 months - M-M-R II – MMR, VARIVAX – Varicella

Age 13 months

Age 14 months

Age 15 months

Age 16 months - **At this time, L had about 5 words and a lot of babbling. We started to notice a decrease in his sounds and use of the words he had.**

Age 17 months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age 18 months – **By 18 months, L had lost all words and sounds. He was so quiet all of the time. He started to become very distant and removed from us. Our pediatrician suggested that we have him formally evaluated.**

Age 19 months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age 20 months – **Formally diagnosed with Autism and Sensory Processing Disorder**

Age 21 months – At home special instruction, speech therapy, and occupational therapy began.

Age 22 months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age 23 months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2016- Age 24 months- PREVNAR -13 – Pneumococcal, DAPTACEL - DTAP, 5 pertussis, antigens

ActHIB - Hib-PRP-T, IPOL - IPV (e-IPV)

2017 - Age 3 - HAVRIX – Hep A

May 10, 2017 – SURGERY

Adenoids were removed and ear tubes were placed. Details about the surgery are stated in above surgery section.

We noticed about a week or two after the surgery, his affect became very flat. He would often stare into space, and just have a blank look on his face. He was making less eye contact.

September 2017 – L started attending a special needs preschool where he got all of his therapies at school instead of at home.

2018 - Age 4 - QUADRACEL – Dtap-IPV, M-M-R II – MMR

We noticed the biggest change and regression after these two vaccines. He started to completely isolate himself, he wanted to watch a lot of TV and ipad, he made less and less eye contact. He started to pay absolutely no attention to his baby brother. We noticed that his sensory issues increased, he was chewing on everything, toe walking, started to become very picky with foods.

2019 - Age 5 - VARIVAX – Varicella

2020 - Age 6 –

**March 2020** - Pandemic Lockdown – Virtual School started for him on March 20th. There was suddenly a lot of chaos in the house. He hated virtual school and cried a lot. There was a lot of tension at this time. He could not understand why he wasn’t going back to school.

2021 - Age 7 – Began a new private school on July 6 after being at home since March of 2020.

2022 - Age 8

March 2022 – we started working with a functional medicine doctor to try and help us understand how we could safely detox our son and support his body.

July – L had a very bad double ear infection that we did not know about and it caused both of his ear drums to burst. He was put on Cefdinir.

Special Notes:

We believe that the three times when L experienced the most intense regressions were:

16-18 months where he lost all language

After his surgery

After he was given the MMR and DTaP together at 5 years old.

**V – Recommended reading on vaccine injuries in general and vaccine injuries and homeopathy in particular**

1. 17 Signs Your Child may be Vaccine Injured - Ebook on how to recognize possible vaccine injury by Anke Zimmermann. Free download here <https://www.ankezimmermann.net/uploads/8/2/6/0/82607374/17_signs_your_child_may_be_vaccine-injured__8_.pdf>
2. 2) Post vaccination syndrome - Tinus Smits - it's a booklet, available online here <http://www.tinussmits.com/3924/the-post-vaccination-syndrome.aspx>
3. Crooked - by Forrest Maready. Very interesting analysis on how vaccines damage cranial nerves among others. <https://www.amazon.com/Crooked-Man-Made-Explained-incredible-microbes/dp/1983816620>. It's not just about vaccines, but also about microbes and metal in general, however those two are ingredients in most vaccines.
4. 3) Vaccine Injured Children - by Isaac Golden <https://www.amazon.com/Vaccine-Injured-Children-Treatment-Prevention/dp/1478374373/ref=sr_1_2?crid=1SNKVIRZ1K9UD&keywords=vaccine+injured+children&qid=1680490037&s=books&sprefix=vaccine+injured+children%2Cstripbooks-intl-ship%2C141&sr=1-2>
5. Profile of the vaccine-injured - by Children's Health Defense - just discovered this one, looks like the book I'd like to write, but mine also offers solutions. Anyway, have a look <https://www.amazon.com/Profiles-Vaccine-Injured-Lifetime-Childrens-Defense-ebook/dp/B0BF16RNTQ/ref=sr_1_1?crid=1SNKVIRZ1K9UD&keywords=vaccine+injured+children&qid=1680489716&s=books&sprefix=vaccine+injured+children%2Cstripbooks-intl-ship%2C141&sr=1-1>
6. Vaccination, Social Violence, and Criminality: The Medical Assault on the American Brain, Harris Coulter <https://www.amazon.ca/Vaccination-Social-Violence-Criminality-American/dp/1556430841>, also on Amazon.com. Also for free on Google bookshttps://books.google.ca/books?id=DyTGBhjGonUC&pg=PA18&source=gbs\_toc\_r&cad=3#v=onepage&q&f=false

**VI – How Americans Used to Eat**

Article by Sally Fallon Morell, published April 22 in Epoch Times



Mulberry Street In New York City S Little Italy Ca 1900 (Everett Collection/Shutterstock)

A colleague recently introduced me to a treasure trove of information about American eating habits in the 19th and early 20th centuries: [The Buttolph Collection of Menus](https://digitalcollections.nypl.org/collections/the-buttolph-collection-of-menus#/?tab=navigation). Housed at the New York Public Library, the collection was a gift of Miss Frank E. Buttolph (1850-1924). The earliest menu dates from 1843, and contributions after Miss Buttolph’s death bring it up to the modern age. Of the more than 25,000 thousand menus, more than half are from New York restaurants, with most dating from 1890 to 1910.

The 1843 [Breakfast Menu](https://digitalcollections.nypl.org/items/9646e498-2bdf-2194-e040-e00a18063eda) at Astor House in New York follows a pattern that continued until the later part of the century: “Soup,” “Fish,” “Boiled” [meats], “Side Dishes,” “Vegetables,” “Roast” [meats], “Game” [meats], “Pastry,” “Dessert.” All but the categories of vegetables, pastry, and desserts were seafoods and meats—lots of meat—beef, pork, chicken, lamb, goose, and snipe.

The side dishes to the main meat entree were also mostly meat—mutton, chicken pies, duck, small birds, and veal, some dressed in rich sauces—with macaroni and rice cakes “flavored with orange” as the only non-meat selections. After Vegetables come more meat selections under the Roast category: beef, lamb, pork, goose, and young chicken.

What jumps out are the organ meats: tongue, kidneys, jowl (written as “jole”), calf”s head with brain sauce (!), and “Harslets, sauté, Lyonnaise Style.” Harslet, [according to the Collins Dictionary](https://www.collinsdictionary.com/dictionary/english/harslet), means “a loaf of cooked minced pig’s offal (internal organs), eaten cold.”

The Soup of the day was clam soup and the seafoods interspersed throughout the menu were codfish with oyster sauce, oysters, barbecued bass, and lobsters.

Every early menu I looked at offered corned (salted) beef and many offered “cold pressed corned beef,” which seems to be a lot like Spam.

Missing from this breakfast menu are bacon and eggs—instead, the Astor House customers ate a meat-heavy breakfast. Patrons were probably served bread and butter but it is not noted on the menu. Nor are coffee and tea, but they were undoubtedly served.

Vegetable selections included mashed and boiled potatoes, rice, onions, beets, tomatoes, cabbage, green beans, squash, turnips, and “green corn.” Since the menu is dated August, these vegetables were probably all fresh, likely coming from New Jersey, the “Garden State,” on the train and then delivered by horse-drawn wagon.

Menus from the period consistently divided the dessert category into “Pastries” and “Dessert.” Pastries listed on the Astor House menu included pies (blackberry pie and cream pie), bread pudding, macaroons, “pommes merengue” and a strange dish called “broiled almonds,” about which I could find nothing on the Internet.

“Desserts” in all these early menus consisted of nuts (filberts, almonds, walnuts), raisins, fresh fruit (oranges, watermelons, cantaloupe, figs, peaches), and ice cream, in this case, “peach ice.”

By the way, breakfast service at the Astor House began at 5:30 a.m.—Americans got up early in those days!

Menus for the period 1851 through 1856 are all similar, whether in New York, Boston, or Hartford, Connecticut, all offering soup and fish courses, plenty of seafood and meat (“turkey and oysters” appears a couple of times), a variety of organ meats, a selection of vegetables, delicious-sounding pastries, and dessert of fresh fruit and nuts. Corned beef appears on every menu, in one case (The Revere House, Boston) served with dandelions. [Hominy](https://en.wikipedia.org/wiki/Hominy) appears as another carbohydrate choice, along with potatoes and rice.

Organ meats include tongue, stewed calf’s head with Madeira sauce, calf’s feet in brown butter, calf’s liver in Madeira sauce, calf’s head in brain sauce (again), calf’s liver (larded, with sauce poivrade), kidneys, and tripe (the lining of beef, hog, or sheep stomach).

An 1887 [menu from Toronto](https://digitalcollections.nypl.org/items/510d47db-1cc6-a3d9-e040-e00a18064a99#/?uuid=510d47db-1cc3-a3d9-e040-e00a18064a99) offers deer, wild turkey, and bear meat!

The 1853 [breakfast menu](https://digitalcollections.nypl.org/items/510d47db-19f8-a3d9-e040-e00a18064a99) on the U.S. Mail steamer Arctic from New York to Liverpool does offer eggs, prepared in many ways, plus many types of meat including bacon, cold meats, fresh and salted fish, sausages, calf’s liver, tripe, and kidneys. Carbohydrate offerings include rolls and bread, cornbread, potatoes, hominy, oatmeal, and mush (a thick porridge made with cornmeal).

Lettuce appears for the first time on an [1856 American House (Boston) menu](https://digitalcollections.nypl.org/items/510d47db-1a05-a3d9-e040-e00a18064a99), under “Relishes,” but it isn’t until the turn of the century that we begin seeing lettuce salads. Before that, a salad was a way of serving cold meat such as chicken, lobster, and shrimp, usually with a creamy dressing.

In 1856, [Mart Ackerman’s Saloon](https://digitalcollections.nypl.org/items/510d47db-1a0b-a3d9-e040-e00a18064a99) in Toronto served steak with choice of fried onions, vegetables, or oyster sauce; mutton, lamb, pork, and chicken; trout, oysters prepared in several ways, pickled salmon, lobster, and sardines; pickled tripe; Welsh rarebit, mush and milk, scrambled eggs and egg omelet … all the better to work one’s way through a [huge list](https://digitalcollections.nypl.org/items/510d47db-1a0b-a3d9-e040-e00a18064a99#/?uuid=510d47db-1a09-a3d9-e040-e00a18064a99) of alcoholic beverages, including a [whole page](https://digitalcollections.nypl.org/items/510d47db-1a0b-a3d9-e040-e00a18064a99#/?uuid=510d47db-1a0a-a3d9-e040-e00a18064a99) for champagne.

In 1900, the [Cafeteria Lunch](https://digitalcollections.nypl.org/items/ba0f0e5c-b1e5-5811-e040-e00a1806178a) at 57 Broad Street, New York offered an array of seafood including oysters, clams, clam chowder, and cod fish balls with cream sauce, along with steaks, chops, eggs, ham, and the ubiquitous corned beef. You could also order vegetables (including a serving of celery), sandwiches, pies in season, and stewed prunes. But the best thing about the Cafeteria Lunch was that in addition to tea, cocoa, and “pure milk,” you could also order a glass of “1/2 cream” and even a glass of pure cream!

Americans did not only eat this way in restaurants. The [1895 Baptist Ladies Cookbook](https://www.amazon.com/Baptist-ladies-cook-book-contributed/dp/B07R1L6396/ref=sr_1_1?crid=7FCU0DS3KRNA&keywords=1895+Baptist+Ladies+Cookbook&qid=1681085715&sprefix=1895+baptist+ladies+cookbook%2Caps%2C107&sr=8-1) indicates that Americans were eating an abundance of meat, organ meats, seafood (especially oysters), and rich sauces in the home. Many of the vegetable recipes feature a cream sauce, and fried foods were cooked in lard. Americans ate salads featuring meat and seafood with cream-based dressings—only one salad in the book features lettuce, “when available.”

Lest you think that all this meat, cream, and rich sauces made people gain weight, have a look at old films of New York City, [such as this one made in 1910](https://youtu.be/GCsV-c2XILo) or [this one from 1911](https://youtu.be/hZ1OgQL9_Cw). Not a single person in these films is overweight!

Fast forward to 1938. You could get a “lettuce” salad while [dining on the Queen Mary,](https://digitalcollections.nypl.org/items/bc675aeb-4437-dd79-e040-e00a180675d0#/?uuid=bc675aeb-4438-dd79-e040-e00a180675d0) but also more substantial offerings such as foie gras, liver sausages, consomme, sheep’s head broth, calf’s liver and bacon, and rolled ox tongue.

Nutrient-dense foods were still on a [1941 menu from the Warner-Brothers Studio Café](https://twitter.com/BeschlossDC/status/1555238115236790276)—a huge list of offerings crammed onto a single page. In addition to “modern” foods like salads, sandwiches, French fries (cooked in tallow), and hotdogs (but, oddly, no hamburgers), the menu offers actors and film crew members caviar, liver in many forms (pate de foie gras, goose liver, smoked liver sausage, chicken liver sandwich, chicken liver omelet), oysters raw and cooked in various ways, dozens of omelets, and many dishes featuring beef and lamb. Best of all, the menu lists “Certified Milk”—that would be raw milk—for 25 cents a glass. You could also order a glass of half and half.

This kind of wonderful eating did linger in smaller towns. A 1981 Bavarian House menu in Yorkville, Pennsylvania offered herring salad, herring in sour cream, consomme, head cheese, tongue salad, several choices of liver (liver dumpling soup, liver dumplings, and liver loaf), pig’s knuckle and kidney. Sadly, soft drinks are also on the menu, heralding the slippery slope to modern eating.

Back in the day, Americans ate nutrient-dense organ meats as well as copious amounts of meat and seafood—both at home and in restaurants. No longer. Very few Americans consume organ meats today, and even meat consumption [has declined](https://search.aol.com/aol/image;_ylt=AwrEqFy0HTRksO4T6EppCWVH;_ylu=Y29sbwNiZjEEcG9zAzEEdnRpZAMEc2VjA3BpdnM-?q=U.S.+decline+in+meat+consumption&s_it=searchtabs&v_t=loki-inbox#id=1&iurl=http%3A%2F%2Fwww.livablefutureblog.com%2Fwp-content%2Fuploads%2F2012%2F01%2FRetail-Meat-Consumption.jpg&action=click). While I am not saying that you have to eat calf’s head with brain sauce, these menus do offer us a guide for returning to real food.

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# VII Artificial Turf Is Full of Toxic Chemicals — Yet More and More Schools and Playgrounds Are Using It

As of October 2022, the majority of U.S. high school football fields used artificial turf made with plastic grass and “rubber pellets” made from tires, known to contain multiple chemicals and heavy metals, including mercury, lead, benzene, polycyclic aromatic hydrocarbons and arsenic.

By  [Suzanne Burdick, Ph.D.](https://childrenshealthdefense.org/authors/suzanne-burdick-ph-d/) , published by the Defender Children’s Health Defense, May 4/23 <https://childrenshealthdefense.org/defender/artificial-turf-toxic-chemicals-cancer/?utm_id=20230507>

The recent deaths of six Philadephia Phillies baseball players from the same rare and aggressive form of brain cancer sparked an [investigative report](https://www.inquirer.com/news/veterans-stadium-artificial-turf-samples-testing-pfas-forever-chemicals-cancer-20230307.html) by the Philadelphia Inquirer.

The investigation led to the discovery of toxic PFAS chemicals — also known as “[forever chemicals](https://childrenshealthdefense.org/defender/pfas-forever-chemicals-u-s-drinking-water/)” — in the Monsanto-made [synthetic astroturf](https://www.msn.com/en-us/health/medical/how-we-were-able-to-test-artificial-turf-from-veterans-stadium-and-what-the-tests-showed/ar-AA18n67d) installed at the old Veterans Stadium in Philadelphia during the time the [athletes](https://www.theguardian.com/society/2023/mar/10/phillies-ball-players-cancer-artifical-turf) played there.

PFAS, or per- and polyfluoroalkyl substances, are a class of [hazardous synthetic compounds](https://childrenshealthdefense.org/defender/world-health-organization-pfas-drinking-water-cd/) widely called “forever chemicals” because they persist in people’s bodies and the environment for years on end.

The Philadelphia Inquirer’s team — including investigative reporters [Barbara Laker](https://www.inquirer.com/author/laker_barbara/) and [David Gambacorta](https://www.inquirer.com/author/gambacorta_david/) — bought [samples of the fake grass](https://www.inquirer.com/newsletters/morning/cancer-veterans-stadium-astroturf-artificial-turf-phillies-world-series-1980-20230307.html) that blanketed the stadium fields during the era when the players played on it and tested the samples.

Eurofins Lancaster Laboratories Environmental Testing found two turf samples contained [16 different types of PFAS](https://www.inquirer.com/newsletters/morning/cancer-veterans-stadium-astroturf-artificial-turf-phillies-world-series-1980-20230307.html?outputType=default). Researchers at the University of Notre Dame tested two other samples and also found PFAS.

The presence of the forever chemicals could potentially be linked to cancer that took the six players lives, Laker and Gambacorta said.

In an [interview](https://share.transistor.fm/s/a525705f/transcript) with award-winning journalist and author [David Sirota](https://davidsirota.com/biography/), Laker said multiple studies — “two in China and one, I believe, in Italy” — indicated PFAS were able to cross the blood-brain barrier, and that the chemicals were found “not only in the brain but actually in brain tumors.”

Laker told Sirota that [Graham Peaslee, Ph.D.](https://physics.nd.edu/people/graham-peaslee/), a professor at the University of Notre Dame who studies PFAS and is “one of the [world-renowned experts](https://news.nd.edu/news/use-of-pfas-in-cosmetics-widespread-new-study-finds/) on this,” asserts that once PFAS chemicals are in your body, they go all through the body and stay there for years — that’s why they’re called forever chemicals.

Sirota — founder and editor of the [investigative news outlet The Lever](http://www.levernews.com/) and [columnist for The Guardian](https://www.theguardian.com/profile/david-sirota) — said he recalled going to the Veterans Stadium as a child when kids were permitted to watch July 4th fireworks while on the field and realizing, “Wow, this stuff that looks all green and kind of nice on TV and nice from the stands is actually incredibly awful.”

Commenting on the Philadelphia Inquirer’s investigation, Sirota said:

“This is about how corporations and politicians allowed the proliferation of toxic chemicals into nearly every corner of American life and into all of our bodies, potentially poisoning entire generations.”

**What about kids’ playgrounds and high school athletic fields?**

Most professional sports stadiums have transitioned back to using grass, Sirota said.

As of April 20, 2023, only four [National Football League (NFL) stadiums](https://www.cbssports.com/nfl/news/nflpa-president-says-2022-season-data-proves-natural-grass-is-significantly-safer-surface-than-turf/) have [slit film turf](https://atxturf.com/whats-the-difference-between-slit-film-and-monofilament-synthetic-turf/) — a type of synthetic turf — and NFL Players Association president JC Tretter recently asked the NFL for an immediate ban of artificial turf. In a letter published on the [NFL Players Association website](https://nflpa.com/posts/nfl-approach-field-surface-uneven), Tretter said injury rates on natural grass were lower over an eight-year period from 2012-2020.

However, the use of artificial turf for younger athletes’ fields and children’s playgrounds has [increased dramatically](https://www.center4research.org/children-athletes-play-toxic-turf-playgrounds/) over time, according to the [National Center for Health Research](https://www.center4research.org/about-us/) (NCHR), a nonprofit that “conducts, analyzes, and explains the latest research.”

Synthetic materials — such as recycled rubber tires — have become one of the “top choice materials” for [surfacing children’s playgrounds](https://www.center4research.org/children-athletes-play-toxic-turf-playgrounds/), said NCHR. “In 2019, approximately [290 million tires](https://www.ydr.com/in-depth/news/2019/11/18/old-artificial-turf-fields-pose-huge-waste-problem-environmental-concerns-across-nation/2314353001/) were discarded, of which approximately 12% were processed for sports fields and playground surfaces.”

As of October 2022, the majority of U.S. high school football fields used artificial turf made with plastic grass and “[rubber pellets](https://dailygazette.com/2022/10/17/artificial-turf-fields-now-in-the-majority-for-high-school-football-fields/)” to absorb impact. Commonly called “[crumb rubber](https://www.atsdr.cdc.gov/frap/tire_crumb.html),” the artificial turf substance is difficult to research because of the variety of materials used.

Tens of thousands of different tires from different brands could be used to surface one field, according to an [NBC News investigative report](https://www.nbcnews.com/storyline/artificial-turf-debate/how-safe-artificial-turf-your-child-plays-n220166).

Multiple chemicals and heavy metals — including [mercury](https://childrenshealthdefense.org/defender/mercury-toxic-kids-coal-power-plants-food/), [lead](https://childrenshealthdefense.org/defender/lead-health-risks-heavy-metal-production/), [benzene](https://emergency.cdc.gov/agent/benzene/basics/facts.asp), [polycyclic aromatic hydrocarbons](https://www.cdc.gov/biomonitoring/PAHs_FactSheet.html) and [arsenic](https://childrenshealthdefense.org/defender/toxic-lead-arsenic-formaldehyde-cosmetics-khn/) — have been [found in tires](https://www.nbcnews.com/storyline/artificial-turf-debate/how-safe-artificial-turf-your-child-plays-n220166), NBC added.

**‘They know it’s dangerous, but they don’t care because they’re making a lot of money’**

The [U.S. Environmental Protection Agency](https://www.epa.gov/chemical-research/federal-research-recycled-tire-crumb-used-playing-fields) (EPA) in 2016 joined with the Centers for Disease Control and Prevention, the Agency for Toxic Substances and Disease Registry and Consumer Product and Safety Commission to research the crumb rubber used in artificial turfs and playgrounds.

In their [2019 final report](https://www.epa.gov/sites/default/files/2019-08/documents/synthetic_turf_field_recycled_tire_crumb_rubber_research_under_the_federal_research_action_plan_final_report_part_1_volume_1.pdf) they said, “Many chemicals were found to be associated with tire crumb rubber collected from tire recycling plants and tire crumb rubber infill collected from fields across the United States, including a range of metals, [PAHs](https://www.cdc.gov/biomonitoring/PAHs_FactSheet.html) [polycyclic aromatic hydrocarbons], [phthalates](https://childrenshealthdefense.org/defender/safe-limits-phthalates-exposure-human-health/) and other tire rubber related chemicals.”

However, the EPA said the report was [not a risk assessment](https://www.epa.gov/sites/default/files/2016-12/documents/federal_research_action_plan_on_recycled_tire_crumb_used_on_playing_fields_and_playgrounds_status_report.pdf) and did not assess the potential impact of tire crumb on children’s health.

[NCHR criticized](https://www.center4research.org/children-athletes-play-toxic-turf-playgrounds/) the EPA’s research, saying that “the [EPA website for the report](https://www.epa.gov/chemical-research/july-2019-report-tire-crumb-rubber-characterization-0) downplays the risks and seems aimed at reassuring the public rather than providing an objective summary.”

NCHR pointed out that many other studies have tested playground surfaces made from tire waste and found a vast array of toxic chemicals.

For instance, a 2018 Yale study detected [92 chemicals](https://pubag.nal.usda.gov/catalog/5902864) in samples of tire crumbs from different companies that install school athletic fields and in samples from “rubber mulch intended for household use.”

The [Yale researchers said](https://pubag.nal.usda.gov/catalog/5902864):

“Caution would argue against use of these materials where human exposure is likely, and this is especially true for playgrounds and athletic playing fields where young people may be affected.”

Moreover, a large team of researchers from Yale and the National Toxicology Program for the National Institutes of Health in 2019 identified [306 chemicals found in crumb rubber](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6396308/), of which 52 were classified as carcinogens by the EPA and/or the European Chemicals Agency.

There is no federal legislation banning the use of these products, however, some states have taken action.

The California Assembly on April 18 approved a measure that, if signed into law, would [ban the manufacturing and sale](https://www.ewg.org/news-insights/news-release/2023/04/california-makes-strides-ban-toxic-forever-chemicals-artificial) of artificial turf containing PFAS.

Cities in Washington, Connecticut, California, Minnesota and Maryland have proposed or enacted bans on crumb rubber or artificial turfs for playgrounds and fields, the [Children’s Environmental Health Network](https://cehn.org/crumb-rubber-artificial-turf/) said.

Meanwhile, the artificial turf industry “is poised for significant growth, as projections indicate substantial expansion and revenue generation by 2030,” according to a March 17 [MarketWatch report](https://www.marketwatch.com/press-release/artificial-grass-turf-market-growth-and-technologies-research-report-2023-to-2030-2023-03-17).

[Kyla Bennett](https://www.wbur.org/inside/staff/kyla-bennett), director of science policy at [Public Employees for Environmental Responsibility](https://peer.org/) told [GBH News](https://www.wgbh.org/news/local-news/2022/10/05/wu-blocks-new-artificial-turfs-in-boston-parks-refrains-from-calling-it-a-ban) the turf industry is “fighting as hard as they can to make this stuff as long as they can.”

[Synthetic Turf Council](https://www.syntheticturfcouncil.org/page/AboutSTC) — an industry group representing artificial turf companies — in 2018 [spent $80,000 on lobbying](https://www.opensecrets.org/federal-lobbying/clients/summary?id=D000057362). More recent figures are unknown, according to OpenSecrets.

Bennett, a scientist and former EPA lawyer said, “They know it’s dangerous, but they don’t care because they’re making a lot of money.”

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