

Case Report

Case report of a 16 year old youth with diagnoses of attention deficit hyperactivity disorder (ADHD), Asperger's syndrome and dyslexia receiving homoeopathic and tautopathic treatment

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Abstract

Introduction: ADHD is a common and growing problem which manifests and is diagnosed via a cluster of behaviours such as inability to regulate emotions or manage motivational delay and problems with executive functioning. It frequently accompanies autism spectrum disorders and dyslexia. Homoeopathy is a system of therapeutics based on the Law of Similars where 'like cures like'. Conditions are treated by highly diluted substances that cause, in healthy persons, symptoms like those of the condition to be treated.

The aim of this case report is to describe the homoeopathic treatment and progress of one 16 year old youth with diagnoses of ADHD, Asperger's syndrome and dyslexia subjected to in-utero cannabis exposure.

Methods: The youth received individualised homoeopathic medicines and additional ultra-molecular dilutions of cannabis. Outcome was measured using the parent completed Conner's Parent Rating Scale–Revised–Long version (CPRS:R-L) every 4 months, with DSMIV total score selected for analysis; and Measure Your Own Medical Outcome Measure (MYMOP) every 6 weeks, completed by parent and patient.

Results: At start of treatment the patient's DSMIV total T score was 90+ (highest possible); after 18 months it was 59 (within normal range). MYMOP score at start of treatment was 4.5 and 1.75 after 18 months.

Conclusion: Treatment by a homoeopath over 1½ years was associated with improvements in ADHD status and patient generated outcomes. Ultra molecular dilutions of a recreational drug the patient was subjected to in-utero appear to have contributed to improvements. Systematic research with larger numbers would be required to confirm or refute this single case observation.

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Introduction

Homoeopathy is "a system of therapeutics founded by Samuel Hahnemann (1755–1843), based on the Law of Similars where 'like cures like'. Patients are given highly diluted substances that cause, in healthy persons, symptoms like those of the condition to be treated. The dilutions are repeated so many times that there is less than one molecule per dose, and it is suggested that benefit is from the energetic life force of the original substance" (<http://www.nlm.nih.gov/cgi/mesh>).

Homoeopathy (also spelt homeopathy) derives from the Greek 'homios' = similar and pathos = suffering. Tautopathy derives from 'to auto', contracted to 'tauto' = same, and is also known as Isopathy, deriving from 'isos' = equal. Tautopathy and Isopathy refer to the method of giving the identical harmful agent in potentised form and differ from homoeopathy in the giving of identicals rather than similars [1]. Both methods accord with the principle that 'like cures like' compared to the principle that 'opposites oppose' (contraria contrariis), which is behind much conventional medical prescribing [25].

Selection of homoeopathic medicine is generally made by matching the total 'symptom picture' displayed by a patient, including mental, general, disease and constitutional features with that of the pathogenetic effects of a substance. However in

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some instances, where the patient considers their pathology to be directly related to certain pathogens, those pathogens may be prescribed in homoeopathic potency (for example tree pollens to treat hay fever).

Change using tautopathic ultra molecular dilutions of lead and arsenic have been demonstrated in animal studies: lead [2–5]; arsenic [6–12]. Two pilot studies describe symptom reduction in patients with lead exposure [13] and groundwater arsenic contamination [14] No studies of the tautopathic use of cannabis were found.

The aetiology of both Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorders (ASDs) are considered to involve the interplay of multiple genetic and environmental factors. Complete Elimination of Autism Spectrum Expression (CEASE) therapy, developed by Dr Tinus Smits [15], is a methodology developed to treat the environmental toxins that are considered to play a role in the development of ASDs. The environmental substances are prepared according to homoeopathic methods, and given in ascending potencies according to a specific protocol.

Recreational drug exposure in utero has been associated with development of ASDs [16–19,26].

This case documents the treatment by a homoeopath of a patient with ADHD, Aspergers and dyslexia, during 1½ years, which included tautological prescription of ultra molecular dilutions of cannabis according the CEASE methodology, alongside constitutional homoeopathy.

Patient background

This 16 year old youth was born to British parents of Caribbean origin. His diagnoses, received towards the end of his primary school years, include Asperger's syndrome, dyslexia and Attention Deficit Hyperactivity Disorder (ADHD). Physical problems include bowel problems; diarrhoea with increased frequency when excited; inability to eat a full meal without needing the toilet; gagging on food with 'texture'. He does not eat at school, but only at night at home at a separate table to his family. He has poor co-ordination, finding holding knife and fork difficult, and is unable to wash his own hair.

The patient wears braces and retains his baby teeth, which appear small and deformed. He has had two previous operations to remove them and bring down his secondary teeth and is due a third. He has frequent headaches and often sleeps after eating, getting angry or social events.

History

Both parents and two siblings are healthy. There is no family history of behavioural disorders. The maternal grandmother has epilepsy.

Mother was unaware of her pregnancy until 13 weeks and smoked cannabis, took the contraceptive pill and drank wine during this time. At birth an episiotomy was performed after distress was registered. Breastfeeding was 'stressful', with mother describing difficulty with positioning, 'tension in the stomach'

of the patient, who 'whimpered in a strange way'. Sleep was difficult since the baby was difficult to calm.

Medication

The patient is not currently taking medication but has previously taken Equasim, Concerta and Strattera. Mother described that Equasim 'zombified him' and 'Strattera' made him paranoid and depressed. Concerta was helpful initially, but effectiveness wore off after 6 months.

Education

At nursery the patient was unable to sit on the carpet, would get into disputes with other children, couldn't follow instructions, and had undeveloped gross motor skills. Through primary school concerns were raised about his inability to make connections, his immaturity, and ability to understand simple instructions or write.

The patient attends mainstream secondary school with additional support and is in bottom sets in most subjects. He says he is easily distracted by people around him, responds by 'playing the clown' and is 'bored'.

Homoeopathic consultation

The patient and his mother attended for an initial consultation of 1½ hours during which a full case history was taken.

It was observed that the patient appeared small for his age. He was nervous and polite, saying thank you frequently. His sentences were formulaic and sometimes made no sense. After about 30 min he began to yawn.

The patient says he gets 'bored' really easily. When out with my mates we do 'cheeky' things, 'they tell me to do it so I do'. I snap at my parents when they ask me to do something'. He says he can feel 'up' when listening to loud music, getting ready to go out, or getting his own way; or 'down': 'Dad can bring me down when he tells me to do something. I hate people to bring me down when I'm really happy'.

He likes praise: 'people don't praise me. Everyone deserves a bit of praise. When I had praise from teachers I could work.

'People gang up on me – teachers criticise, treat me harshly. In the family I'm always the 1st to be blamed. My little sister and brother get me into trouble. If people shout, I shout back louder.'

His mother describes the family environment as 'awful', they often argue and she feels tense as soon as he wakes up. He upsets his brother and sister, he will want to cuddle them and cling so hard he has to be pulled off, or fight and punch them. He gets into disputes with other children too and has been known to try and strangle them. If they try and watch a film as a family he can't sit with them, but may do a silly dance in front of the TV, talk constantly or ask questions. If he doesn't get his own way he has a tantrum, cries, shouts, stamps his feet, punches his bed, clenches his fists, blinks his eyes and waves his arms about. After that he is exhausted and needs to sleep.

She says he is obsessive: at one stage he couldn't stand his sister's hair clips; then he used to smell his friend's trainers;

Table 1
Timeline and descriptive statistics.

Date	Consult	DSMIV	MYMOP (mother)	MYMOP (child)	Prescription
5/9/10	Initial	90+	4.5	3.5	Bar-c LM1
22/10/10	F up 1		3	3.5	Bar-c LM1
2/12/10	F up 2	72	3.5	2.75	Bar-c LM2
13/2/11	F up 3		1.75	3.5	Bar-c LM2 + cann-i 30c
25/3/11	F up 4		2.5	2.75	Bar-c LM3 + cann-i 200c
13/5/11	F up 5		2	2.5	Bar-c LM4 + cann-I 200c
24/6/11	F up 6	68	1.25	2.75	Bar-c LM5 + cann-I 1 M
29/7/11	F up 7		3	3.25	Bar-c LM6+ cann-I 1 M
8/9/11	F up 8		1	2.5	Bar-c LM7 + cann-I 10 M
28/10/11	F up 9	89	3.5		Bar-c LM8 + cann-I 30/200/1 M/10 M
24/2/12	Final	59	1.75		

currently he is collecting all the labels off his clothes and is obsessed with hats, panicking if he loses one. He worries about contamination and germs, bathing 2–3 times daily and ‘going mad’ if anyone sneezes in the house.

Outcome measurement

At the end of the first consultation, and every 4 months, the patient’s mother completed the Conners Parent Rating Scale–revised: long version (CPRS-R:L) [20], an 80 item measure which includes the Diagnostic and Statistical Manual of Mental Disorders 4th edition (DSMIV) total score.

The patient scored in the highest percentile (90+) DSMIV total score (high scores indicate increasing correspondence with DSMIV diagnostic criteria for ADHD) (Table 1).

Measure Your Own Medical Outcome Profile (MYMOP) [21,27] was completed at the end of each consultation. It is a patient generated outcome measure consisting of 4 self-chosen items measured using a likert type scale of 0 (as good as it could be) to 6 (as bad as it could be): two symptoms considered most bothersome, an activity which the condition limits participation in and wellbeing, Total scores are computed by averaging the 4 items. Diminution of scores represents improvement.

It is a personalised measure which allows parents and patients to select their key concerns and document how they change over time and is a validated outcome measure considered appropriate to capture the non-specific effects of homoeopathic treatment.

The patient’s mother selected ‘verbal aggression’ and ‘eating’ as the two most bothersome symptoms and ‘interacting with the family’ the activity his condition makes difficult. Mean score was 4.5. The patient selected ‘confidence’ and ‘eating’ as the two most bothersome symptoms and ‘playing football’ as the activity his condition makes most difficult. His mean score was 3.5.

Homoeopathic prescription

The collection of symptoms which the patient presented with was judged to match the homoeopathic medicine baryta carbonicum (Bar-c), derived from barium carbonate. Indications for which include: ‘all levels of developmental delay’, ‘childish behaviour’ [22]; and ‘weakness after eating’ [23].

Bar-c LM1 was prescribed in drop form in distilled water and alcohol, three drops to be taken daily. The LM potency is known as the fifty millesimal scale with 100 succussions and 50,000 dilutions (dilutions are prepared by a process known as potentization which involves repeated dilutions, with succussion (vigorous shaking) between each dilution).

Follow up 1

40 min follow ups took place at approximately 6 week intervals. Parent and child were questioned about any changes in behaviour and initial symptomatology. If the overall trend was positive there was no change in prescription: if there were no changes, the case was reassessed and a different homoeopathic medicine considered; if change was minimal or partial an extra medicine was added.

At first follow up the patient’s mother reported that for the first three days of taking the drops her child had been ‘very aggressive, angry, stressed and tense’, but after that he had become ‘much calmer and nicer’. She said that they were now able to converse, and that her son had sat at the dinner table twice and seemed able to eat more. The patient reported that he didn’t need the toilet so much, had fewer headaches and wasn’t getting blamed as much. His brother and sister reported that he didn’t shout as much.

The reaction during the first 3 days taking the remedy is called a homoeopathic aggravation, and is perceived to precede amelioration of symptoms, as appears to have occurred in this case. No change was made to the prescription. MYMOP score: 3 (mother) and 3.5 (child).

Follow up 2

Mother reported that the house seemed much calmer. She described an incident where the father had needed to ‘have a word’ and the patient had been able to sit and listen, and afterwards to apologise, which she described as ‘an unheard of event’. She said that incidents were less and less frequent, relations with his siblings improved, and he appeared to be understanding the feelings of others for the first time. Toilet issues were continuing to improve and sleep also improved. However she described her fear as Christmas approached as this was always a testing time

for her son, with people visiting. She described last Christmas as ‘unbearable’.

The patient and his mother reported that his secondary teeth appeared to be coming down, which could be observed.

The patient described improvement in his studies, converting a previous ‘pass’ into a ‘merit’ and completing all his assignments. MYMOP score 3.5 (mother) 2.75 (Child). DSMIV total T score: 72.

Follow up 3

Mother described a very nice atmosphere during Christmas. The patient managed to sit and watch a film with the family and a football match with his father and brother. His sister reported that she’s no longer afraid of him.

After Christmas he had scheduled tooth surgery and stopped his homoeopathic medicine. His mother described that whilst off the medicine he was notably more anxious, unable to sleep, unable to hold a conversation, unmanageable, confrontational, annoying his brother and sister. Since re-starting his homoeopathic medicine he started to calm down a little and things improved but not back to how they were.

This was of concern since gained improvements tend to be maintained. Instructions were given to increase the dosage of the medicine. MYMOP: 1.75 (mother), 3.5(Child).

Follow up 4

School is not going well. The patient says he is slipping and cannot catch up. There have been arguments in the family although things are generally calm. Eating food is an issue and the patient is eating less and not sitting down with the family.

Increasing dosage has not helped and the patient appears to be receiving less benefit from the medicine. It was decided to consider an additional prescription.

Mother is convinced that her son’s problems are due to the cannabis she smoked whilst first pregnant. After discussion with the patient and his mother ultra molecular dilution of cannabis was prescribed 2 × weekly, in increasing potencies (30c, 200c, 1 M, 10 M). Each potency taken for 2 weeks in addition to the patient’s prescription of baryta carb. MYMOP: 2.5 (mother); 2.75 (Child).

Follow up 5

After starting the new prescription mother described regression of symptoms: the patient became unmanageable, unable to explain himself, confrontational, annoying his siblings, ‘like a baby touching them, poking them’ for a week. Each time he took the homoeopathic potency of cannabis his symptoms exacerbated. However she observed that the exacerbation was shorter and shorter each time and followed by improvements: ‘it’s as if his brain has slowed down enough to think about things, things are improving all the time’.

The patient was advised to stay on the current potency until no further exacerbating symptoms occurred. MYMOP: 2 (mother); 2.5 (Child).

Follow up 6

Mother reports that things are calmer, he is eating more and sitting down with the family again. MYMOP: 1.25 (mother; 2.75 (Child). DSMIV total T score: 68.

Follow up 7

The patient has been taking a higher potency of the homoeopathic cannabis: the regression is more intense since the potency increased. She notices a change in him within half an hour of taking the medicine. MYMOP: 3 (mother; 3.25 (Child).

Follow up 8

Mother reported that things ‘are getting better and better’. The patient is eating more and eats with the family most days. He appears more confident and less fearful of new situations. His reactions to the ultra-molecular cannabis prescriptions are progressively shorter. MYMOP: 1 (mother); 2.5 (Child).

Follow up 9 (mother only)

The patient has been without his classical prescription of bar-c for 2 weeks, and mother reported that old symptoms crept back: the patient is poking his brother, making silly noises and winding his family up. However mother does not consider his behaviour nearly as bad as one year ago. The patient has started a part time job at Asda which mother considers would have been impossible a year ago and is applying to college. MYMOP: 3.5 (mother). DSMIV total T score: 89.

Follow up 10 (mother only)

Mother has continued to give increasing potencies of the cannabis, where she still notices short term aggravations. They often forget the bar-c however recently he does not seem to regress. MYMOP: 1.75 (mother). DSMIV total T score: 59.

Patient perspective

The patient reports that he is feeling more confident, healthier and more energetic. He says ‘I feel a lot better, healthier, and more conscious of what I do’. He says he is eating and sleeping well and generally feels well in himself. He makes eye contact and his sentences are lucid. He has started at college and continues with his part time job.

Mother: “it’s like we’ve got the son he always should have been. The homoeopathy has helped with everything - his appetite, his growth, his maturity levels. Before, it was like his mind was racing so much that he couldn’t control himself. Now he can regulate his own moods. I used to worry about him so much. But now I feel he’s going to be OK.”

Email 2 years later. “He is doing fantastic. He has recently started work as a PE teacher and he has gained his personal trainer qualification, he is hoping to start his own set up once he feels he has gained enough experience. He still works part time

at Asda and is now learning to drive! There was a time when I thought he would never be able to do any of this”

Discussion

No causal conclusions on treatment efficacy can be derived from this single case, nor the differential efficacy of the two medicines used. Nor can remedy effects be separated out from life events.

This case consists of narrative, personal observations by parent, homeopath and patient strengthened by the routine measurement of change using validated measures. This occurred because the patient participated in a case series exploring the effectiveness of homeopathic treatment for ADHD conducted by the author [24].

The homeopath, the parent and the patient observed/experienced changes over 1½ years, corroborated by outcome measurements and improved educational and professional attainments. Such sustained improvements had not been expected nor observed previously, despite other interventions such as medication and educational help and surprised all concerned, especially considering the patient’s age.

A striking feature of this case was the observed effects of prescription of ultra-molecular dilutions of cannabis. This consisted of initial aggravation followed by improvement. Aggravations appeared to gradually lessen with repeated prescriptions, at which point improvements were maintained. Management of the initial aggravations experienced was difficult and of concern to practitioner and mother. However the mother appeared to be sustained by the subsequent improvements observed.

Conclusion

Children exposed to cannabis in-utero are known to be of increased risk of behavioural disorders. This case provides one example where a prescription of ultra-molecular dilutions of cannabis, alongside a constitutional homeopathic prescription may have mitigated for the effects of in-utero exposure. Ultra-molecular dilutions are considered implausible and there is currently no established explanation for their mechanism. Never the less, because children exposed to drugs in-utero go on to be a significant burden to society and at risk of several negative outcomes, even implausible treatments need exploring. A larger, more rigorous, controlled exploration of the potential of this method to treat children exposed to drugs in utero is required.

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