

SPECIAL KIDS



SPECIAL CARE

Homeopathy has
much to offer children
with special needs

by AMY ROTHENBERG, ND, DHANP

THE FIRST TIME I TREATED A SPECIAL NEEDS CHILD WAS during my second week of practice. Ten-year-old Michael was brought in by his mother, who had a long line of her other children in tow—five of them streaming into my office in stair-step formation. She carried Michael lovingly, caressing his head as she juggled the crew. I assumed she was holding him because he had fallen asleep *en route*; he seemed a bit big for being held like that, but I was not yet a mother and did not know the ropes!



As it turned out, Michael couldn't walk. His mother explained that he had suffered a massive stroke *in utero* and was born with many problems, from epilepsy to hydrocephalus (fluid on the brain) to mental retardation. Blind and deaf, he was nourished through a feeding tube, suffered from grand mal seizures, and was "filled to the gills" with mucus. He had an offensive smell to his skin and a vacant expression on his face. His mother wanted help with his seizures and the excessive mucus that sometimes interfered with his breathing.

As a young, relatively inexperienced

practitioner, I was taken aback by the sheer number of Michael's problems, the intensity of his symptoms, and the degree to which his life seemed to hold so little promise. But equally impressive to me was the burning love that Michael's mother showered on him and how each of his younger siblings stepped forward at vari-

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ous times to coo at him or rub an arm or foot. His mom, a saint in any regard, was patient, strong, and single-minded: she wanted help for Michael and had heard I could offer it. She didn't much care how I went about it—she just wanted the full treatment.

Some deep breaths...

I remember excusing myself, scurrying back to our break area, sitting down, and taking some deep breaths. Realistically, what could I expect to offer this young boy and his mother? How much could homeopathy and natural medicine help? Might the seizures decrease? Would the mucus diminish? Was there hope for improving Michael's quality of life? The situation seemed overwhelming. But this mother's clear request and her unwavering belief in my ability to help Michael gave me the impetus to get back in that room, take a thorough case history, and get down to work.

Who has "special needs"?

These days, the term "special needs" applies to an ever-widening group of children who may or may not have health concerns as serious as Michael's—from physical ailments to mental health issues, from emotional and behavioral difficulties to developmental, cognitive, and chromosomal problems—and any combination thereof. Down syndrome, mental retardation, cerebral palsy, learning disorders, neurological disorders, autism spectrum disorders, and extreme food allergies are just a few examples.

When I told a nurse friend that I was preparing to write this article, she said, "Well, aren't we *all* 'special needs' in a way? And don't providers of natural medicine,

and homeopathy in particular, pride themselves on treating each person as unique and special? Don't we believe that treatment plans are made for specific individuals, not specific disease diagnoses?"

I had to agree: the one-size-fits-all approach often used in conventional medicine is very different from the homeo-

pathic approach. And in that sense, we *are* all "special needs"! But in the context of this article, I am addressing children who fall outside the typical developmental, mental, emotional, and physical norms, and who therefore present parents, schools, and health care providers with additional challenges.

Homeopathy's role

Can homeopathy and natural medicine play an effective role in the treatment of these special needs kids? Absolutely! Homeopathy can help the child optimize their genetic potential, whatever that may be. So I take a full case—just as I would with any patient. I want to understand the child's temperament, personality, food desires, sleep patterns, and thirst. I want to know whether and how they get acute illnesses, and what kinds of things frighten them.

During the office visit, I observe and interact with the child. How are they with strangers? How is their eye contact? How do they react when a limit is set? How do they interact with their parent(s) or sibling(s)? What is the quality of their skin, hair, and teeth? How do they respond to a physical exam? How do they eat, drink, or nurse? How do they interact with or play with the toys in the office?

It's important that I stay calm and focused, and not get thrown off by the gravity of the situation or the sheer number of problems. I stay clear in my line of questioning and keep bringing the child and parents back to the things I need to know for a good homeopathic prescription. I like to set aside time to speak to the parents alone as well, in order to get an accurate history and discuss things best

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not said in front of the child. Having an additional adult who can be with the child in a separate space can help facilitate this.

The value of a diagnosis

It's also important for me to thoroughly understand the child's chief complaint/medical diagnosis and what is considered typical of patients with that diagnosis. Parents often arrive toting hefty stacks of lab work, neuro-psych evaluations, educational evaluations, reports from school, lists of pharmaceuticals tried, and so on. I take this information in context and with a grain of salt as I am generally an optimistic person and physician, but I also do not want to ignore statistics. I want to give patients a realistic prognosis rather than offering false hope.

While a diagnosis itself is sometimes very disheartening to parents, for others it is almost a relief, confirming a concern or validating a hunch, and allowing them to better understand and accept the child's behaviors or limitations. I recall a younger brother of an autistic patient of mine explaining to his friends: "That's my brother, he's autistic. He's waaaay smart, but he just can't talk yet." Or a mother whose 9-year-old daughter's diagnosis of bipolar disorder freed the mom from at least some of the angst and self-blame she'd felt

over her daughter's hateful behavior. An accurate diagnosis can also enable parents to access support from therapists, health providers, and schools, and allow appropriate goals to be set for the child.

A caveat

One caution about diagnoses: sometimes they are given in order for a physician to prescribe a medication. Perhaps such a pharmaceutical is being used in a therapeutic trial (e.g., "If this works, then Suzie must have had an anxiety disorder or ADD or ..."). Although sometimes pharmaceuticals can be indicated, remember that most, especially psychiatric drugs, have not been tested on children; response may be poor and side effects unpredictable. So I would be cautious in accepting a diagnosis that seems driven by the desire to medicate.

What can we realistically expect?

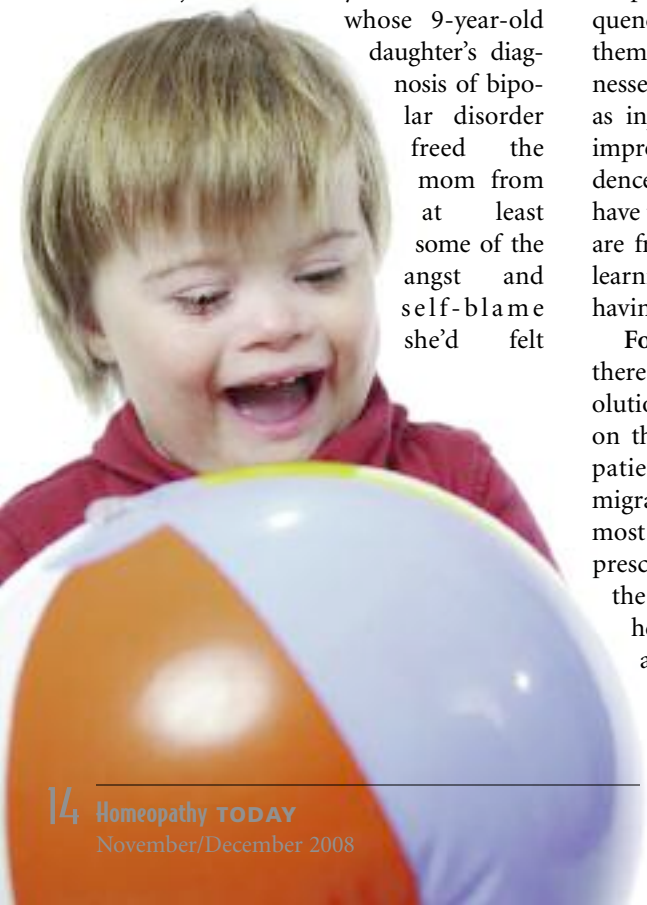
For children with genetic issues, cerebral palsy, or other such disorders present since birth, we cannot expect to reverse these diagnoses. But we can certainly help the child overall. We can improve digestion, sleep, allergies, skin troubles, or the frequency of acute infections. We can help them with their common childhood illnesses and other everyday problems such as injuries, colds, and flu. We can help improve things like their mood or confidence. When the child's system does not have to spend energy on these things, they are freed to focus more on growing and learning or on connecting with others and having fun.

For kids with chronic physical disease, there is often much to offer, from total resolution to helpful palliation, depending on the circumstances. I have one young patient whose chronic debilitating migraine headaches forced her to miss most of her 10th grade year. With carefully prescribed homeopathic remedies over the course of a few months, she was headache-free. Another patient, born at a mere 2 pounds, 3 ounces who was brought to me as a 3-month-old with multiple issues from asthma to collapsed lung to severe constipa-

tion and then failure to thrive and developmental delay a year later, is now a robust kindergartener with a massive vocabulary and physical coordination to rival anyone. With good nutrition, a number of carefully prescribed homeopathic remedies, botanical medicines, and physical, occupational, and speech therapy alongside lots of TLC, this special needs kid is now just a special kid.

For children with emotional and behavioral issues, we can expect homeopathic treatment—along with consistent, loving, and firm parenting, appropriate school settings, and supportive therapies—to go a long way in stemming the most challenging behaviors. We may need to prescribe a number of different remedies over time as the child shifts and makes progress. We may see regression or new emotional characteristics show up, and each time, we evaluate them in context of the whole child before choosing a remedy. I have helped many families through tough times with difficult children and have had the great pleasure of seeing difficult teenagers evolve into loving, capable, and sensitive adults, now (sometimes hard to believe) with children of their own.

For children on the autistic spectrum, homeopathy has much to offer; I have worked with the range, from kids with Asperger's Syndrome to those with profound autism, and most every child has made some improvement—some subtle, others dramatic. A handful have had such remarkable improvement that their diagnoses were later questioned. I have had previously mute children begin to speak and those who never looked anyone in the eye begin to make eye contact. I have seen many children make gains in their ability to learn and to interact in social settings, and have watched grateful families begin to enjoy peaceful interaction with their children for the first time. Some children with autism appear to have been vaccine-injured, while others were never vaccinated. I have worked with numerous families where more than one person was diagnosed on the autistic spectrum—so there appear to be many routes to autism, many we do not yet know.



educational evaluations,

When taking the case of children with autism, it is important to focus on what is *most limiting* to the child at that time. For some, it will be inability to connect with other people, for others, it will be violent outbursts or difficulty in learning self-help skills. It is essential (as it is with any patient) to try to figure out what drives the child's behaviors and what makes symptoms better or worse. We cannot find the appropriate remedy based on the common, everyday symptoms of the diagnosis, but rather on how this child uniquely manifests this pathology.

Focus on what is most limiting

This key concept applies to *all* special needs children. It's important to remember that all such kids and especially those with severe pathology, will retain physical general symptoms that correspond to the more common polychrest remedies. So, for instance, when we see a very violent child with issues of anxiety and depression and aggressive outbreaks who is also constipated, sweaty, and craves eggs, we must understand that although those physical general symptoms point to a common polychrest remedy like *Calcarea carbonica*, the child likely needs a remedy that better addresses the more serious and more limiting aspects of their behavior—the violence, aggression, depression, and anxiety. Many homeopaths make mistakes here by focusing the prescription on the child's overall physical state rather than on *what is most limiting to the child at the time of the visit*.

Here's a case in point: I treated Marian, a 7-year-old girl who had terrific hyperactivity and Attention Deficit Disorder. Her distraught mother told me that Marian had become increasingly destructive at home and in school. Marian was a veritable whirlwind in the office, and I also noticed that she was bright, curious, and comfortable with new people. She had rosy red lips and cheeks and big, protruding ears that were also rimmed in red. I asked her mother if Marian was always pink like that, or was she perhaps flushed from a cold; the mother assured me that Marian always had that robust look. As I



Support for Families of Special Needs Kids

Brothers & Sisters. In addition to getting support for the special needs patient, I always encourage parents to secure assistance for the child's siblings. Brothers and sisters can suffer deeply with complex feelings of abandonment and resentment at being neglected or with guilt, pity, empathy, and responsibility for being the "survivor" or "thrifer." I encourage parents, at the very least, to offer the more typical child in the family the opportunity for talk or play therapy as well as regularly scheduled alone time with a parent or other loving adult.

Relationships. Caring for a special needs kid can also put stress on marriages and relationships because of the additional time and mental/emotional effort in finding the right health practitioners, providing special diets and therapies, dealing with financial constraints, accessing appropriate educational settings, etc. I talk with parents about making time and space for each other and avoiding the blame game, and focusing on concrete steps to move things in the best possible direction. For parents of children with extreme special needs, I bring up the idea of respite care. Everyone needs a break and often resources are available to support such time away. (This website, though not comprehensive, offers a place to begin to look for respite care: <http://chtop.org>.)

Internet. The Internet is another resource for support since there are websites for most any diagnosis. Message boards where parents share their experiences can be very heartening and informative. Some sites that my patients have found helpful include:

- National Organization of Rare Disorders • www.rarediseases.org
- Disability Resources on the Internet • www.disabilityresources.org
- Autism and Pervasive Developmental Disorder Support Network www.autism-pdd.net
- Federation for Children with Special Needs • <http://fcsn.org/index.php>
- Learning Disabilities Association of America • www.ldanatl.org
- Children's Disabilities List of Lists—gives links to many other websites and support groups for specific issues. www.comeunity.com/disability/speclists.html

Support Groups. In-person support groups can be helpful for pooling information, sharing stories, and being around others going through similar trials and small triumphs. Websites and local newspapers are the best ways to access them.

took the whole case and came to understand what was most difficult for Marian, it became clear that many of her *Sulphur* symptoms (including the redness, her outgoing nature, her chronic diarrhea, and tendency for eczema) were in no way the things that limited her. Instead, it was her extreme restlessness and destructive

behaviors that were creating problems, and she responded well to the remedy *Tarentula hispanica*, which addressed these issues and helped her to calm down, be less fidgety, less disruptive, less distracted, and more focused. After continued treatment and improvement over the next year or two, Marian did eventually need the

remedy *Sulphur*. At this point, she was no longer suffering greatly from restlessness and lack of focus, and *Sulphur* successfully addressed some of her physical complaints like eczema and chronic diarrhea.

So you see, to have given *Sulphur* initially would not have been effective. Those *Sulphur* symptoms were not the things that were limiting Marian at the time of our initial visit. So while we do not ignore those kinds of qualities or modalities early on (since such underlying characteristics, especially physical general symptoms, will often give us a window into what subsequent remedy might well be needed in the future), we are charged with focusing on that which is most limiting to the patient at the time of the visit and prescribing for that. (For a more detailed description of this concept and for further case examples from practice, see *Stramonium with an Introduction to Analysis Using Cycles and Segments* by Paul Herscu, ND, pages 15–25 on the Map of Hierarchy. Dr. Herscu's clarity of understanding of this and related concepts has guided many a prescribing homeopath.)



No child left behind?

I highly recommend a wonderful documentary, *Including Samuel*, by Dan Habib, an inspiring and eye-opening film about one family's work to have their special needs child included broadly into a public school setting. Not only are such accommodations for special needs children required by law, but, in my opinion, they are part of the education of all children in the classroom. Visit www.includingsamuel.com.

Back to the beginning: Michael's story

The downy hair that covered Michael's whole body, his chronic and unrelenting mucus condition, the fact that he had ground his teeth right out of his mouth, and the fact that his problems were congenital, led me to prescribe the remedy *Tuberculinum*. I had never used this remedy before and based the prescription on really very broad strokes of understanding from my studies. In the many years of practice since then, I can say that the above-mentioned symptoms ring true for most every case where I have used *Tuberculinum*.* I did tell the mother that I had no idea if our work together would be helpful, and I asked them to return in one month.

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Much to my surprise, Michael did have a tremendous positive reaction to the remedy. He had a marked reduction in his mucus production. Moreover, his grand mal seizures, from which he had suffered daily, completely stopped, never to return. And his mother delightedly told me that Michael had begun to track sounds by moving his head—something he had never done before. In truth, I thought perhaps this was wishful thinking on her part, but then as some of the younger kids were playing noisily in the office, true to mom's words, Michael shifted his neck, and his head moved toward the loud sounds. Amazing!

Though I saw Michael many times over the next several years, these improvements were, unfortunately, the only ones that Michael ever made. You can bet I stuck with the *Tuberculinum* and gave it to him

in increasing potencies, then repeated it in low potency, every which way it could be given. I then moved to other seemingly well-indicated remedies but, alas, it seemed that homeopathy had stimulated Michael just as much as it was going to. Still, his mother was so pleased with the initial results that she had become a steadfast believer; she truly thought her son might recover. I envied her faith; I was able to help others in this wonderful family with homeopathy, but never again Michael. He died peacefully a few years later, surrounded by his loving family.

Lessons from Michael

What I learned from Michael was that no matter what the person's condition, I should use the tools I have and try my

hardest. Sometimes we see miracles—but mostly it is a matter of following patients over time and making incremental gains with our homeopathic treatments. I learned to be optimistic without giving false hope. I learned to use outside sources for assessment and follow-up (e.g., schools, therapists, and other health providers) as well as my own observations. I learned and continue to learn that life is not fair, that bad things happen to good people, and that families are amazingly resilient and often go to great depths to secure help and resources for loved ones in need. And of course, I am daily made aware of all my many blessings in love and life.

* For an excellent, succinct discussion of the materia medica of *Tuberculinum* please see *The Homeopathic Treatment of Children* by Paul Herscu, ND.



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Amy Rothenberg ND, DHANP, practices in Enfield, Connecticut. She teaches and writes widely on topics in natural medicine. For further information on the New England School of Homeopathy's next Two Year Course beginning in January 2008 in Western Massachusetts, see www.nesh.com. You can also find information there on subscribing to the *Herscu Letter* as well as free articles and other writings by Rothenberg and husband and partner, Paul Herscu, ND.

