

# An Autistic Boy

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**Abstract:** A case of an autistic boy is described. Prescribing indications – largely, silly behavior, sexual acting out, and loquacity, among others – led to the prescription of *Hyoscyamus*, which acted effectively in various potencies, until, at one point, the patient no longer responded. At this stage the *MMR nosode* was prescribed, since the child's autistic behavior appeared soon after that vaccine was administered. There was definite benefit derived from the nosode and, subsequently, it also restored the patient's receptivity to later doses of *Hyoscyamus*.

**Keywords:** autism, *Hyoscyamus*, *MMR nosode*; vaccine reactions, the homeopathic treatment of

This is the story of an adolescent boy with autism, whom I first saw in November, 2005, at the age of 12. As with the bronchiectasis case presented in an earlier issue of the journal, I present him partly to make the point that our love of the remedies is apt to gloss over, namely, that notwithstanding his splendid response to homeopathic treatment, which has been immensely gratifying to all concerned, not least the boy himself, he remains far from cured in the strict Hahnemannian sense of “annihilating the disease in its full extent.” Encountering him for the first time would leave little doubt in anyone's mind that he is still significantly handicapped and very likely to remain so, such that his improvement can be judged only in comparison with what he was like before.

The only child of immigrants from Colombia, he was born prematurely at 27 weeks after his mother developed severe toxemia of pregnancy and nearly died. Weighing 1 pound 14 ounces at birth, the boy remained in the Newborn ICU for three months with lung immaturity and septicemia, the latter almost certainly hospital-acquired. Hanging precariously between life and death, he was given intravenous corticosteroids in massive doses, followed by maintenance doses orally for months after discharge. Faced with this crisis, his father was incapable of providing the necessary material and emotional support, while his mother overreacted to the opposite extreme, by becoming hypervigilant, too anxious to eat or sleep, feeding him every three hours by the clock, and monitoring his breathing electronically at all hours. Before long he developed asthma, which persisted until the age of seven, and for which he was given steroids yet again, this time by inhaler, all year round.

Although “somewhat behind” developmentally, as she told it, he seemed alert and reasonably healthy

otherwise until receiving his MMR vaccine at about two years of age, when she noticed a serious, rapid, and prolonged deterioration of his mental faculties, with marked loss of interest in and aptitude for speech and withdrawal from most normal social interactions. At two and a half he was diagnosed with autism, at which point his father left the family for good, moving to Florida, maintaining very infrequent telephone contact, and never visiting in person or sending any financial support. The boy spoke no words at all until the age of four, and even then didn't progress beyond echolalic repetition of stock words and phrases. When he turned nine, a lay homeopath in the area began treating him with LM potencies of a sequence of remedies that included *Kali bromatum*, *Hyoscyamus*, *Hydrogen*, *Veratrum album*, and *Stramonium*, as a result of which his autism and speech difficulties improved considerably, as did his asthma, allergies, and sinusitis.

After three years of her treatment, the homeopath referred him to me, both because of the mother's firm conviction that his autism and neuropsychiatric disturbances had begun almost immediately after his MMR vaccination, and because as an unlicensed provider she had no legal access to the MMR nosode and felt insecure about prescribing it. When I first saw the boy, in the late autumn of 2005, his mother told me that he had “come a long way” beyond the echolalia and temper tantrums of the past, but still “lived in his own world, a constantly-running movie in his mind,” which made it very difficult for him to connect with others, be aware of their needs, or respond to obvious social cues.

In the office, he was friendly, lovable, and affectionate, especially to her, almost the only source of physical and emotional support in his life, and the one human soul that he could always count on. On the other hand, he also tended to be disruptively silly, flapping his

hands, talking loudly to himself, and laughing uproariously at the slightest provocation. As his mother and I were discussing this trait, he himself gleefully re-enacted a favorite example, "cracking up" uncontrollably at the movies whenever somebody belched or farted in the audience. This same foolish or clownish quality also readily spilled over into lusty preadolescent obsessions with sexuality and sexual reproduction, encompassing smutty bathroom talk about girls in his class, compulsive masturbation, and an affectionate and endearing attachment to his mom's belly button when she told him that he had "come from there." Afraid of ghosts and monsters hiding in the closet, and of loud or strange noises that he couldn't identify, he now proudly acknowledged that they were not real, but nevertheless remained quite afraid of the dark, and still tended to repeat certain words, and to return to the same subjects over and over.

After several years of homeschooling, she had recently enrolled him in a Special Needs school program, in which his teacher described him as reasonably well-adjusted and making satisfactory progress, but still quite "rigid" and resistant to changes in routine, and having difficulty connecting with his classmates, most of whom regarded him as "too weird" for a normal friendship and gave him a wide berth. He was also very slow in learning to walk, remained clumsy and delayed in both gross- and fine-motor coordination, and had only recently learned to ride a bicycle after many years of trying. An enthusiastic eater, he was so intolerant of eggs that his lips would swell up before he could swallow them, an obvious redflag against giving the MMR that should have warned off his pediatrician had he known of it. Severely constipated since infancy he was also prone to colds, stuffy noses, and a tendency to produce and blow out quantities of thick, greenish snot even when not sick.

In spite of his many handicaps, he often amazed his mother with profound and even wise sayings that would issue from his mouth without warning, once reassuring her that "Jesus is within me at all times!" Not at all religious in a conventional sense, and actually repelled by Church services, with their ceaseless depiction of Christ tortured and bleeding on the cross, he very much enjoyed accompanying his mom to her yoga class, and was already learning to meditate by himself. Although genuinely afraid of violence in any form, refusing to look at movies with shooting, stabbing, or "evil people," he nevertheless admired heroes like Batman for capturing criminals, and at times displayed a considerable temper of his own, even punching out a neighbor boy whom he liked to play with. The great sorrows of his life were the death of his maternal grandfather at the age of four, a loss that he still felt keenly and talked about often, and the almost complete absence of his father, which he had magically transmuted into

the precious and immutable fantasy of living with him at some time in the future. Yet he also seemed wholly accepting and indeed genuinely fond of his mother's boyfriend, who had long been a valued member of the household.

Largely on account of his silliness, which seemed to be his default setting, as well as the guise in which he felt most distinctively *himself*, I settled on *Hysoscyamus*, and found the following excerpts from Vermeulen especially pertinent to him:

"Disturbs the nervous system profoundly . . . *mania of a quarrelsome and obscene character*. . . unseemly and immodest in acts, gestures, and expressions. Totters while walking. General weakness . . . Talkative, obscene, lascivious mania. Great hilarity; *inclined to laugh at everything*. *Erotic*, exposes genitals, sings amorous songs. Does foolish things, behaves like one who is mad. Laughs, sings, *talks*, babbles, quarrels. *Silly*, does comical acts. *Foolish laughter, animated and hurried talk*. LOQUACITY.

*Concordant Materia Medica*, pp. 495-96.

I gave his mom the 1M, with a dropper bottle and instructions to dilute roughly 10 or 20 pellets in water and give him half a dropperful by mouth twice daily, morning and night, making sure to shake the bottle vigorously two or three times before each dose. Although putting off his follow-up for over three months, she was still observing significant improvement both in school and at home. "More focused and alert," his teacher reported, with consistently better reading, writing, and academic performance as well. Regarding his personal hygiene and willingness to help with household chores, he was responding to her requests much more promptly, without needing to be prodded or asked again, and seemed less prone to upsets of any kind. But he still laughed and talked constantly, often at full volume, and spent large blocks of time conducting imaginary conversations with his school friend as if he were really there, speaking and answering for him, and enacting both roles with appropriate gestures and tones of voice.

In addition, his mom volunteered several old symptoms that had resurfaced from long ago, chiefly an allergic rash in his right armpit that reminded her of one he had had as an infant, and a habit of running back and forth repetitively, a mannerism not seen for at least five years. I also noticed a new familiarity with and friendliness towards me, shaking my hand, asking after my health, and generally treating me like a member of the family. This new behavior, forming a personal connection, helped me appreciate the love, devotion, and deep understanding of his mom, a single parent from a faraway land, who without family or friends to support her had managed to survive and even flourish in spite of her son's many challenging and demanding

handicaps, and to strike a wholesome balance between earning a living, being fully present for her son, and creating a fulfilling life for herself.

Again I gave him *Hyoscyamus*, this time the 10M, twice a day in water as before. In two months her report was again very positive and enthusiastic. "His behavior is much better!" was all his teacher wrote down, an assessment that she agreed with and even added to, with comments of several others to the same effect, but the improvement also seemed to her rather less dramatic this time, and he had relapsed quite a bit since finishing the remedy two weeks before. So I moved on to the 50M in water, twice daily.

At the next visit, in August 2006, four months later, the mother reported, "More present and focused" from his teacher, albeit complicated by the return of his nasal allergies, which had improved dramatically from the lay homeopath's remedies, but had reappeared with a vengeance recently. In other respects, too, the mother's report was mixed and not wholly favorable. Four weeks earlier, she had to take him to the emergency room for severe lower back pain that prevented him from sitting or standing erect, although X-rays showed only his large bowel packed with feces. After years of stubborn constipation and fecal impactions, some of which had to be removed manually, of late his bowel movements had actually become more regular and more voluminous, but also softer and stickier. Similarly, even though a court-appointed therapist claimed to have seen more improvement in his case than with any other autistic child in his experience, both his mother and I discounted this opinion, since it had been requested and was being used by the school to deny him the remedial services she had requested. But there was no denying the fact that he had come a long way since his first evaluation at the age of five, when yet another court-appointed therapist had testified that he would assuredly get worse and eventually require institutionalization.

In any case, his main problem remained the same as it had always been, a mind that she described as "always busy, running on like a tape." In like manner, his repetitive hand-flapping and running back and forth, two reliable indicators of relapse, had both reappeared with even greater frequency and intensity, along with other old tics and mannerisms – much talk of World War II and other battles – and his old fear of being alone in the dark, which had made it impossible for him to go to sleep by himself, for the first time in many years. Finally, there were more wise sayings, renewed talk of gods and goddesses, and a highly-developed moral sensibility, such as when he chided his mother for shouting "stupid" at a driver who cut in front of her, declaiming that "God doesn't like that!"

Notwithstanding this mixed bag of plusses and minuses, I still felt that *Hyoscyamus* was the right remedy,

so I switched to the 200 in pellet form, once a week for up to three weeks if necessary, with the added instruction to stop sooner if she noticed a definite improvement before that, and to call back in three weeks. Instead for some reason she gave it to him five weeks in a row, and didn't call until she ran out; but even so the results were extremely gratifying. In October, two months later, she brought him back with detailed notes from the teacher's aide:

"It was great to see him again. He seemed very happy to be back, behaved perfectly, and did terrific work. We're off to a very good year!" (September 14)

"Great day for him. He arrived very sleepy, but soon woke up and did *super* reading and math work!" (September 29)

"Super day. Very well focused and excellent mood. Yesterday we did a science experiment, which he enjoyed and performed well. Then we had the students make a snack. He chose a corn tortilla with beans, onions, and tomatoes. It was nice to see him participate with the entire class. A good time for all, and a great day!" (October 3)

"Another good day. He got tired in Science toward the end of the day: I guess penguins don't interest him! But his behavior at school has certainly improved. He very rarely talks to himself now, and when he does, I remind him, and he stops doing it. He's the perfect young scholar! Nice day!" (October 11)

"Very good day. He was alert and did his usual good work. Became a little tired in Social Studies and had a hard time concentrating, but soon got over it, and finished the day doing a great job in Science. Very nice day!" (October 12)

"Another very good day. He's doing much better this fall. He generally arrives in a great mood and focuses well until 1 p.m., then tends to get tired and needs cues at times to focus and pay attention. There have been no temper tantrums, he does not talk to himself, and he does not refuse to participate. I see a *marked* improvement in his behavior, attitude, and academic progress. He is really maturing." (October 26)

His mother added that he had even helped her carry in the groceries, in itself a small matter that seemed huge to her under the circumstances. Yet once again she was careful to qualify the aide's naive, one-sided version, detailing his "sky-high" obsessive-compulsive behavior at *home*, which seemed to intensify in proportion to, and perhaps in *exchange* for, the success of his efforts at focusing on his school work, restraining himself, and *not* talking in class. Whenever possible, he also continued to go on sprees of buying his favorite toys, each of which he eventually outgrew, the latest being plastic action figures, which were slowly but inexorably crowding him out of his bedroom.

But the main reason for the visit was an acute flare-up

of his allergies, which involved blowing out quantities of thick, whitish mucus from his nose, hawking equal amounts from his throat, and made it nearly impossible to sleep or focus on his schoolwork. He also reported a horrific nightmare in which his mother cut off their dog's paw with a knife, fully intending to eat it. I gave him *Nux vomica* 12C as needed, and that was the last I saw of them until March 2007, five months later, by which time the "allergy medicine" had worked well, and the mother had repeated *Hyoscyamus* 200 on her own initiative whenever she sensed he was "sliding back a little," averaging every three to four weeks, for maybe six doses in all. Each time, she noticed a marked improvement in alertness and focus, which was corroborated by glowing reports from the school. But just as reliably, as the last dose wore off, it seemed to her that "a veil" descended over his eyes, he resumed talking to himself, and there more "negative" episodes in school, where he became easily discouraged, called himself "stupid," and gave up trying, and also at home, when he became more sensitive than usual to his mom's gentle criticism or any raising of her voice. In the office I put another dose of the 200 on his tongue, and let it go at that, and this time it worked even better.

When they came back, two months later, he had finished up the school year in fine style, without needing another dose, and in the office, too, he seemed quite well, and spoke with unusual fluency. Once again, however, his mom had good reason to believe that the remedy was wearing off, like increased masturbation, letting the dog lick his penis, and needing more prompting to attend to the simplest requests. So this time I went to *Hyoscyamus* 1M, one dose.

"So, so good!" was her enthusiastic report seven months later, in December 2007, with all the usual indications of improvement, even to the point of doing his homework by himself, without once needing to be told or helped. She had repeated the 1M just once, three months earlier, but in the last few weeks it too was wearing off, and again he was talking to himself and repeating the same phrases over and over, especially regarding his pretty new girl friend, with whom he had danced over the summer. Recently his temper had also flared up again, especially since his mom had had to go to work and could no longer be home with him in the afternoon after school. I gave him another dose of *Hyoscyamus* 1M in the office.

As always, he responded beautifully to the remedy, particularly in his school work, only to relapse again about three months later, with lethargy, indolence, and slowness in his mental processing. As in the past, he continually asked about his father, who had since moved to Texas and discontinued even his minimal phone contact. Perhaps even more upsetting was the departure of his mom's long-time boyfriend, to whom he had become quite attached. In March 2008, I re-

peated the 1M, as did his mother a month later, but for the first time neither dose had much effect. By May, his allergies were back, his schoolwork had deteriorated, and his main preoccupation was missing his closest and virtually his only friend of the same age, who had moved to Idaho recently, a loss which occasioned a flood of self-pity. "I'm an only child!" he kept wailing in his finest decompensated style. With the *Hyoscyamus* no longer of any help, I tried *Natrum muriaticum* 200, but it didn't help. At their next visit, five months later, he was "going backwards," as his mom described it, dawdling and day-dreaming as much as ever, having to be prodded and reminded continually, and making no further progress in school.

It was only at that point, fully three years after his first visit, when he was no longer responding to the remedy indicated by the totality of symptoms, that I finally gave him the *MMR* nosode, which I'd had in mind all along. In short, I used it in the same way that I tend to use nosodes generally, as an "intercurrent" to remove a block, when the well-indicated remedy doesn't work, no longer works, or doesn't hold for a reasonable length of time. Of course, I might also give the corresponding nosode at the very beginning, if the totality of symptoms points to it, or doesn't point strongly to anything else. But I tend not to repeat them very often, even when they act well, and indeed expect them to enhance the action of the indicated remedy, as among the strongest proofs of their effectiveness. In this instance, I gave *MMR* 200, one dose.

By the next follow-up, in December 2008, two months later, his mother was delighted with his progress, as was the school, although she did take the liberty of giving him a second dose two weeks after the first on the usual indications. Since he was still improving at the time I saw him, I did nothing further until February 2009, when another partial relapse seemed to call for a dose of *something*, and I went back to *Hyoscyamus* 200, with the help of which he has remained in pretty fine shape ever since. As I said at the outset, he is still very far from being "cured," but I wanted to present him, first, to show that carefully-chosen remedies prescribed in the usual way can catalyze and assist profound changes in seriously ill and handicapped individuals; and second, to show the potentiating effect of the appropriate nosode when the indicated remedy stops working.

It also illustrates an interesting and important mystery that we tend to overlook, namely the *timing* of the remedy, the fact that even a well-indicated and repeatedly effective remedy can easily fail to work, or stop working, for reasons that remain fundamentally mysterious. I once had a patient with severe depression for whom *Natrum muriaticum* seemed to be the best remedy, the closest match not only in every particular but also in its overall flavor and style, yet utterly failed to help, or indeed to achieve any kind of response. Upon retaking

the case, I proceeded to give her other remedies over a period of two years, some successful and some not, until *Natrum muriaticum* seemed to come up strongly once again; so I gave it, this time with outstanding results. Hence the value of simply *trusting the process*, to lead us where we need to go.

When dealing with vaccine reactions, Tinus Smits and many other homeopaths are inclined to give the appropriate nosode first, at least in part to establish the validity of the *connection*. I have nothing to say against this strategy, and have used it at times myself, especially when there are obvious signs and symptoms that suggest a particular vaccine, such as high fever, leucocytosis, and an unusual prevalence of bands and metamyelocytes with the DPT, or parotid swelling and tenderness of the suboccipital or posterior auricular lymph nodes after the MMR, which are rather common *sequelæ* of the mumps and rubella components, respectively. But when several vaccines are bundled together, as in the DPT and MMR, or administered separately at the same well-child visit, and the symptomatology points strongly to one of our usual remedies, I tend to start with the latter, and often in my experience the nosode is never needed.

In any case, my work with this lovely boy is obviously far from over. I have no idea whether or for how long he will continue to need *Hyoscyamus*, or a repeat of the nosode from time to time, or some altogether different remedies. But I do hope and expect that he will one day “outgrow” and indeed graduate from the state that has seemed to call for *Hyoscyamus*, at which point perhaps a new totality and a group of other remedies will emerge. Such a development would represent a huge milestone for him, a stage in his life path of which the term “autism” might no longer be the most accurate description; yet he might still be seriously handicapped and almost as much in need of help from remedies as he is now.

Which is precisely why I don’t have much use for the general idea of “constitutional” remedies; i. e., the one remedy that we needed when we were babies and

will continue to need throughout life. Like everyone else, I certainly have my share of patients who seem to need and benefit from the same remedy repeatedly over long periods of time, for a variety of different illnesses. But I can’t help feeling a bit disappointed when that happens, as if the patient and I are both stuck in the same rut, and I’m too lazy to find a better one, while the patient is similarly marooned in the same set of issues and fails to outgrow them and move on. So we both settle for rather more than a tolerably good adjustment.

Finally, even if there were a constitutional remedy for this boy, or better yet the one and only *simillimum* in the sky that would be profoundly curative in that almost magical sense that we all aspire to, and that every one of us has occasionally stumbled upon, it is clear from the pattern of his responses that *Hyoscyamus* isn’t it. Even when it works, which is almost every time, and no matter how well or even wonderfully it works, it always “wears off,” and often sooner rather than later, as if something prevents it from initiating a healing reaction that becomes self-sustaining and no longer requires the physical presence of the remedy – whatever *that* may be! – to initiate it and keep it going. I very much doubt that I could help as many people as I do were there not a sizeable number of beneficial remedies out there for each of them at any given time. All I can say for *Hyoscyamus* is that it’s the best one I’ve found so far. Remaining open to what others may present themselves in the future is a lot of what I mean by trusting the process, and of our reward for having been faithful to it.

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