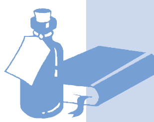
Zeitschrift Homœopathic Links hl179
DOI 10.1055/s-0030-1250711
Satzbetrieb Ziegler + Müller
Hersteller D. Stewart
Datum 22.12.2010



Asperger's Syndrome

A Case Study with Polarity Analysis

Heiner Frei, Switzerland

Introduction

Early childhood autism (Kanner's syndrome) is a congenital, heterogenous and apparently genetically-determined disease, featuring difficulties in social interaction and communication, along with stereotypical behaviour patterns. Further characteristic symptoms include the inability to establish eye contact and to develop appropriate relationships with peers. Also common are delayed or even totally lacking speech development, significant impairment in the ability to engage in conversations, or repetitive, stereotypical language use. Restricted, repetitive and stereotypical behaviour, interests and activity patterns are also part of the full picture of Kanner's syndrome, which normally manifests in the first three years of life. Intelligence is mostly impaired, even to the extent of severe learning difficulties, though motor skills are not affected.

Early childhood autism is distinguished from Asperger's syndrome, an autism-spectrum disorder, for which the diagnosis is usually made only after the age of three. This too involves lack of social interaction, stereotypical interests and rituals; speech development, however, proceeds normally. The speech of affected children can be formal, with unusual intonation; intelligence, on the other hand, is not affected and can in fact be very high. In terms of motor skills, clumsiness and coordination problems are common [1,2].

Case Study

Valerie (name changed) was the second child of healthy parents, born in the 39th week of pregnancy after a normal delivery. Even as a young infant, she displayed sensitivity to noise; she also responded irritably to other environmental stimuli. Due to slight extensor spasticity with a tendency to opisthotonus, she received Bobath physiotherapy at four months of age. During her first two years of life, she woke frequently at night and cried sometimes for hours for no apparent reason. Until she was twelve months old there was no sign of her pointing to objects while at the same time engaging in eye contact with her mother. Speech development began early, and by her third year Valerie already had "highly differentiated speech". In South Africa, where the family regularly resides, she learned her first foreign language, English, very quickly. It is striking, however, that she completely avoids eye contact for greetings and farewells in her early years. Her emotions are not discernible in her face, but she indicates them verbally or by gestures. Valerie always plays with dolls in the same way, and her toy animals have a clearly defined place in their barn. For years, Valerie plays her favourite games, without ever tiring of them.

She wants to take the leading role with other children, which often leads to conflict and violence. She finds it hard to understand how another person feels. If someone is in pain, she must be told this. Her mother even notices how she takes a smaller child in her arms, squeezing it then suddenly dropping it. It is difficult to explain social rules to her. If something does not go exactly to her liking, or if there are short-term changes in the family's schedule, she can wail for hours.

Valerie has reduced sensitivity to cold, but her sense of smell is extremely acute and she reacts to sounds as strongly as ever. The "loud waves" on the beach on holiday are unbearable for her. She also dislikes physical contact with others.

Childhood neurological investigations: At the ages of two and a half, five and six, Valerie is tested by the paediatric neurologist. This finds no evidence of neurological illness, with high intelligence and age-appropriate psycho-motor development. Instead there is a diagnosis of severe behavioural problems with poor impulse control and motor restlessness. He initiates a programme of special education and occupational therapy with sensory integration.

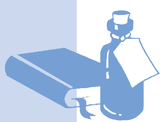
Homeopathic Treatment: At eighteen months old, her case is taken in detail for the first time, partly due to her behavioural problems and partly because of recurrent upper respiratory tract infections. With repeated doses of *Asafoetida* the infections improve and the child's behaviour becomes more balanced and easier to manage. After nine months, restlessness, screaming fits and changeability resurface, and Valerie in-

SUMMARY

Asperger's syndrome is an autism-spectrum disorder that is characterized by difficulties in social interaction and communication, along with stereotypical behaviour patterns. Unlike early childhood autism, intelligence and speech development are not restricted in Asperger's syndrome. Motor dysfunction is often present; as a rule this is lacking in early childhood autism. The diagnosis of Asperger's is difficult, which is why the average age at diagnosis is eleven. The disease picture outlined in this article is based on that of a girl who is now eight years old. A special feature of this patient is that homeopathic treatment has been provided since her second year of life. This child now lives a practically normal life, thanks to consistent therapy with the remedy *Lycopodium*, among other things. Remedy selection was achieved with the help of polarity analysis, which enables a precise remedy choice with relatively little effort. This practical approach is presented and illustrated using the case example.

KEYWORDS **Asperger's syndrome, ASD, Lycopodium, Polarity analysis, Efficient remedy selection**

Zeitschrift Homœopathic Links hl179
DOI 10.1055/s-0030-1250711
Satzbetrieb Ziegler + Müller
Hersteller D. Stewart
Datum 22.12.2010



creasingly gives the impression that she could have ADHD. A new case-taking points to *Sepia*. With ascending liquid Q potencies of this remedy, her Conners Global Index score (an activity rating for hyperactive children) reduces within a few months from 20 (medium ADHD) to 9.5 (upper normal range). This improvement lasts for nine months. Then she has new outbursts of rage that no longer respond to *Sepia*, requiring the search for a follow-on remedy. With single doses of *Aconitum* (200 C, M, XM and LM) she immediately experiences noticeable improvement and the situation is again manageable for a year and a half. At the age of four and a half, another escalation occurs, with screaming fits and outbursts of rage. *Ferrum metallicum* as an intercurrent and later *Aconitum* calm the picture once more.

When she starts school, the child psychiatrist clarifies the diagnosis. It is unusual to receive a diagnosis of Asperger's syndrome at this early stage; on average it is only around the age of eleven that the patient's problem becomes apparent. From a homeopathic point of view it is now decided that long-term therapy is required to maintain stability (despite the frequent changes in the family's place of residence), rather than simply responding to the child's current presenting symptoms. What follows is an explanation of the homeopathic methodology employed, illustrated by the case-taking following diagnosis.

The Bönninghausen Method and Polarity Analysis

The high weighting of mental symptoms within particular styles of homeopathy has proved to be an unfavourable approach in the treatment of children with ADHD, because the success rate of such prescriptions is unusually low [3]. In the *Organon* § 133, *Hahnemann* describes modalities as what is odd and characteristic about specific symptoms [4]. In combination with § 153, this means that the selection of the homeopathic remedy should be based particularly on the modalities.

Bönninghausen endeavoured to cover the patient's symptomatology with the distinctive picture of a homeopathic remedy "without contradiction" [5]. What does this mean? Contradiction concerns symptoms with polarities, i.e. those which can also present as their opposite (for example, *thirst/thirstlessness, <cold/>cold, desire for open air/aversion to open air*). Many remedies have both polarities, but with differing grades. Since the patient's symptomatology should match the picture of the remedy, the aim should be to ensure that the symptom is listed in as high a grade as possible (grade 3 to 5). If the symptom has a lower grade (grade 1 or 2) and the opposite polarity a higher one, Bönninghausen regarded the remedy as *contraindicated*, since its picture did not correspond to the patient's symptomatology. In his experience, a cure in such circumstances was rare.

Polarity analysis is a development of Bönninghausen's concept of contradictions, which was introduced by the author in the Swiss ADHD double-blind study in order to increase the precision of remedy selection [6 – 8]. Here Bönninghausen's findings were *systematically* applied for *all* polar symptoms, both by excluding remedies with *contradictions* and also by determining the *polarity difference* which corresponds to the *probability of cure* of a remedy for a specific set of symptoms. Reckoning in this way, for every relevant remedy which emerges, the values of the *polar* symptoms of the patient are added, then the corresponding opposite polarity symptoms are subtracted. *The higher the resulting polarity difference, the more closely the remedy corresponds to the characteristic symptom picture of the patient, provided there are no contradictions.*

Where possible, at least five polar symptoms should be used for the analysis. To pinpoint these, the usual homeopathic consultation process is supplemented with checklists (for acute diseases) and questionnaires (for chronic diseases). Using these, patients can highlight the symptoms they themselves have observed. Emphasis is accordingly placed on polar symptoms. To date eleven checklists and twelve questionnaires have been created for a range of problem areas including neurology, gynaecology, ENT and URT problems, allergic conditions and so on [8]. Thorough testing revealed better results can be achieved across all areas (with a 12% increase in the success rate of homeopathic prescriptions for acute ailments and a 16% increase for chronic conditions) [7].

After the diagnosis, Valerie's parents completed the questionnaires before the new casetaking. Because autistic disorders primarily involve cognitive impairment, the questionnaire for *ADD and cognitive problems* was used for the main complaint. The general questionnaire served to collect the additional symptoms that do not relate to Asperger's syndrome.

This wider case-taking provides the following symptoms (see Table 1)■.

Table 1 ■*Please add caption.*

ADD and Cognitive Impairment Questionnaire
– muscles flabby P*
– < after sleep, on waking P
– < touch P
– < sound, noise
– hearing sensitivity
– sense of smell, acute P
– < heat P
– > undressing P
– > movement, during P
– irritability P
– sadness P
General Questionnaire
– desire for open air P
– < weather, cold P
– < exertion, physical P
– loss of appetite P**
– < company P

* P = polar symptoms. ** Although loss of appetite is an "indeterminate" symptom according to *Organon* § 153, it has a role in repertorization in terms of the polarity of loss of appetite/hunger, and is therefore included.

Further exploration during the recording of the case history revealed that Valerie can still be dictatorial with other children, but that, unlike previously, disputes hardly ever actually come to blows. Apart from a tendency to sore throats in cold weather (recurrent tonsillitis) her parents have noticed no other symptoms.

Repertorization is carried out using the PC program for Bönninghausen's Therapeutic Pocketbook, revised edition 2000■*7 in Ref. section*■ [9], which calculates on the basis of the polarity difference. Non-polar symptoms are initially omitted because they contribute significantly less to the remedy selection. In the event that repertorization with the help of the polar symptoms does not produce a clear remedy choice, further differentiation is applied (see Fig. 1 and Table 2).

Only two drugs cover all the polar symptoms. One of them, *Sulphur*, has several contraindications, and therefore fails in the differential diagnosis. It is interesting that

 © Thieme Medical and Scientific Publishers Private Ltd.

Zeitschrift Homœopathic Links hl179 Satzbetrieb Ziegler + Müller
DOI 10.1055/s-0030-1250711 Hersteller D. Stewart
Datum 22.12.2010

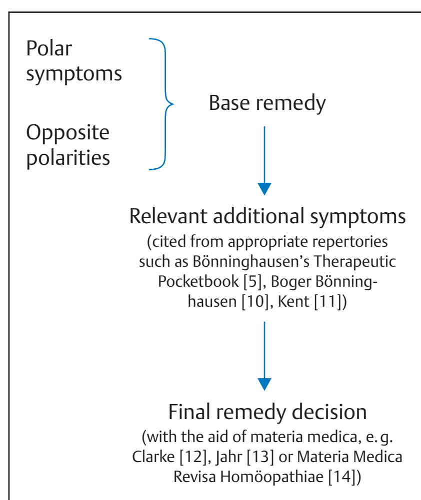


Fig. 1 Repertorization scheme for polarity analysis.

Table 2 Repertorization (Remedies arranged in order of degree of polarity difference).

Remedy	*Lyc*	*Acon*	*Cham*	*Verat*	*Sulph*	*Bar-c*	*Merc*	*Ferr*
Numerical Score	14	12	11	12	14	10	11	10
Grade Total	49	28	30	30	37	22	25	21
Polarity Difference	25	19	19	19	16	15	15	14
Patient symptoms								
muscles, flabby	3	0	3	2	3	0	3	2
< after sleep	4	1	3	2	5	2	4	1
< disturbed	4	3	4	3	4	1	2	2
sense of smell, acute	4	3	3	0	3	2	0	0
< heat	2	1	2	1	2	1	1	1
> undressing	4	3	2	3	2	0	1	3
> movement	4	1	2	2	1	1	3	4
air, desire for open	3	1	0	1	1	3	0	0
< weather, cold	3	3	2	5	2	3	3	2
< exertion, physical	5	3	0	4	4	0	2	1
appetite, loss of	3	1	2	2	3	3	3	2
irritability	3	4	4	3	3	3	2	3
sadness	3	4	3	2	2	0	1	0
< company	4	0	0	0	2	3	0	0
Opposite polarity symptoms								
muscles, stiff	0	4CI*	0	0	2	0	0	0
> after sleep	0	0	1	0	0	0	0	0
> disturbed	1	0	0	0	2	0	0	0
sense of smell, weak	3**	0	0	2	2	0	0	0
> heat	1	3CI	1	1	3CI	3CI	1	2
< undressing	0	1	2	0	0	0	1	0
< movement	1	1	1	1	2	2	3	1
air, open, aversion to	3	0	4CI	1	3CI	0	2	2
> weather, cold	3	0	1	0	3CI	0	1	0
> exertion, physical	0	0	0	0	0	0	0	0
hunger	3	0	1	2	1	2	2	0
tranquility	3	0	0	1	3	0	0	0
cheerfulness	2	0	0	3CI	0	0	0	2
> company	4	0	0	0	0	0	0	0

* CI = Contraindication: The opposite polarity has a high rating (grade 3 – 5), while the patient's symptom has a low rating (grade 1 or 2); the characteristic remedy picture is counter to the patient's symptomatology. ** In these cases both the patient's symptom and the opposite polarity have a high rating. The opposition between them does not involve a symptom highly characteristic of the remedy, thus there is no contraindication.

the previously administered remedies *Aconitum* and *Ferrum metallicum* also appear in the shortlist, but are now eliminated as possible considerations because of contra-indications and incomplete coverage of symptoms.

Materia Medica comparison for Lycopodium (Extracted from Clarke Volume 2, p. 329 ff) [12]

Mind: Sadness, disposition to weep all day, peevish humour. The child is melancholic, silent and desponding. Desires to be alone. Dread of men. Grieving mood, with tears. She weeps and wails about past events and then about future troubles. Anguish. Irascibility. Irritability and susceptibility. Sensitive disposition. She is easily frightened and startled. Every noise is painful to her. The child is disobedient, though not sulky. Defiance, arrogance, obstinacy, fits of anger. Estrangement and frenzy; she cannot bear the slightest contradiction and is immediately beside herself with rage. Overbearing conduct. Insensitivity to external impressions.

The Prescription and Progress

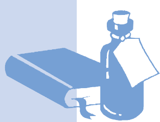
Due to the clear-cut repertorization, the high polarity difference and the well-matched materia medica comparison, Valerie now receives *Lycopodium* 200 C in December 2009.

A month later the mother reports a very noticeable improvement. Valerie is a different child, her behaviour completely normal. She seems more open, is more interested in contact with others and she is more reasonable all round. Instead of the usual complications involved when anything is demanded of her, she can now be treated in a normal way. She is looking forward to the coming school year.

Additional doses of Lycopodium follow at monthly intervals and in ascending potencies (M, XM, LM, CM). When an attempt is made to extend the four-weekly interval, she immediately becomes more irritable, but this disappears once Lycopodium is repeated.

During further treatment it appeared that an interval of three weeks in between doses was the best for Valerie. One year after starting treatment the medication regime is optimal. Social behaviour at home has normalised, and the teacher reports that the current situation is very remote from the problems as they were before treatment with Lycopodium was started. What remains is weakness with mathematics, and the fact that she suffers from sensitivity to the mood swings of other schoolgirls.

Zeitschrift Homœopathic Links hl179 Satzbetrieb Ziegler + Müller
DOI 10.1055/s-0030-1250711 Hersteller D. Stewart
Datum 22.12.2010



Discussion

Homeopathy has proved successful in treating children with ADD/ADHD, in which there are multiple cognitive impairments. As similarly profound cognitive impairment is found in the clinical picture of autism, it is to be expected that it can also play a therapeutic role here. The differentiation of the two diseases is often not straightforward, as reflected in the later average diagnosis of Asperger's syndrome. Conversely, autistic symptoms are observed in many children with ADD/ADHD. With homeopathic treatment, it is crucial in both cases that it is provided consistently over a long period. With ADD/ADHD patients, after long-term homeopathic treatment a persistent, significant improvement is noted in the intensity of the condition [15]. The similarity of the cognitive impairments in Asperger's syndrome leads one to hope that homeopathy can also provide a partial, perhaps even a complete cure. To confirm this hypothesis, prospective outcome studies are needed, to compare children having conventional treatment for autism with those also receiving homeopathic treatment in parallel.

In the case of the patient described here, the first homeopathic treatment for the symptoms was given as early as her second year of life. Without knowledge of the Asperger's diagnosis, it was consistently administered solely during each phase of exacerbation. It was only when the diagnosis was made that there was recognition of the need for continuous long-term treatment, as carried out with ADD/ADHD children. Although in homeopathy the conventional diagnosis does not play the same role as in conventional medicine, it is still highly desirable to have a clear idea of the complaint involved and its prognosis, in order to adjust the intensity and rigour of the treatment accordingly. Specifically, this means that in childhood behavioural problems a paediatric psychiatric evaluation should also be undertaken at an early stage, alongside a neurological assessment. Although this did not happen in the case presented here, the patient fortunately received early on all the conventional therapies appropriate for autistic disorders (such as early childhood special education, occupational therapy and sensory integration training).

Readers unfamiliar with polarity analysis may be surprised that the mental symptoms (apart from the polar elements, such as *sadness, irritability* and < *company*) are not included in the repertorization, only being introduced during the materia medica comparison. In the ADD/ADHD study, as mentioned, the mental symptoms, as opposed to the perceived polar symptoms, proved to be highly unreliable for exact remedy selection. With polarity analysis the first differential diagnosis between the remedies under consideration focuses solely on the polar symptoms, as these have the greatest reliability from patient observation. Since these mostly involve modalities, what is "odd and characteristic" in the symptoms, as described by Hahnemann in the *Organon* § 133, is given special consideration. In the *Organon* § 211, Hahnemann also writes that "the patient's emotional state often tips the scales in the selection of the homeopathic remedy". Bönninghausen interpreted this statement to mean that mental symptoms may be what *tips* the balance following the differential diagnosis. In this case study, the symptom of *dictatorial behaviour* confirms the remedy choice of *Lycopodium*, which could already be accurately determined on the basis of the polar symptoms. Not surprisingly, such clear confirmation of symptoms very often arises in polarity analysis.

Conclusion

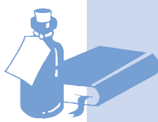
In polarity analysis, the homeopathic doctor has a helpful tool greatly simplifying precise selection of the correct remedy both in simple acute and chronic diseases and for multimorbid patients with complex conditions [16].

Special thanks to Gill Zukovskis for the translation of this article.

References

1 Deutsche Gesellschaft für Kinder- und Jugendpsychiatrie und Psychotherapie, Hrsg. Leitlinien zur Diagnostik und Therapie von psychischen Störungen im Säuglings-, Kinder- und Jugendalter. 3rd ed. Köln: Deutscher Ärzte Verlag; 2007
2 Felder W, Herzka HS. Kinderpsychopathologie. 4th ed. Basel: Schwabe Verlag; 2001
3 Frei H, von Ammon K, Thurneysen A. Treatment of hyperactive children: increased efficiency through modifications of homeopathic diagnostic procedure. Homeopathy 2006; 95: 163 – 170
4 Hahnemann S. Organon of the Medical Art. 6th ed. Brewster O'Reilly W, ed.■*ok?* Palo Alto, CA: Birdcage Books; 1996 (German new edition Organon der Heilkunst, 1999. Stuttgart: Haug Verlag; 2002)
5 von Bönninghausen C. Bönninghausen's Therapeutic Pocketbook. Roberts H, ed., 1935. Reprint. New Delhi: B. Jain Publishers; 2000 (German revised edition. Gypser KH, ed. Stuttgart: Sonntag Verlag; 2000)
6 Frei H et al. Homeopathic treatment of children with attention deficit hyperactivity disorder: a randomised, double blind, placebo controlled crossover-trial. Eur J Pediatr 2005; 164: 758 – 767
7 Frei H. Polarity analysis: a new approach to increase the precision of homeopathic prescriptions. Homeopathy 2009; 98: 49 – 55
8 Frei H. Effiziente homöopathische Behandlung: ein strukturiertes Konzept für den Praxisalltag. Stuttgart: Haug Verlag; 2007
9 Bönninghausen Arbeitsgemeinschaft. PC Program for Bönninghausen's Therapeutic Pocketbook. Ed. Bönninghausen Arbeitsgemeinschaft Ahrweiler; 2007 (available from: www.boenninghausen.de)
10 Boger CM. Boenninghausen's Characteristics and Repertory. Revised Edition, 1937. Reprint. New Delhi: B. Jain Publishers; 1984
11 Kent JT. Repertory of the Homoeopathic Materia Medica. 1897, Reprint. New Delhi: B. Jain Publishers; 1991 (German edition. Vol. 1 – 3. von Keller G, Künzli J, eds. Heidelberg: Haug Verlag; 1993)
12 Clarke JH. A Dictionary of Practical Materia Medica. 3 vols, 1900 – 1902. Reprint. New Delhi: B. Jain Publishers; 1997 (German edition, Der Neue Clarke. Vol. 5. von Grudzinki T, Vint P, eds. Bielefeld: Stefanovic Verlag; 1990: 3078 ff.)
13 Jahr GHG. Ausführliche Arzneimittellehre. Leipzig: Bethman Verlag; 1848. Reprint. Hamburg: Bernd von der Lieth Verlag; 2007
14 Gypser KH, ed. Materia Medica Revisa Homoeopathiae: diverse Arzneimittelbände von verschiedenen Autoren. Glees: Wunnibald Gypser Verlag; 2007 – 2010 (to be continued)■
15 von Ammon K et al. Longterm results and cost efficiency of homeopathic treatment in children with attention deficit hyperactivity disorder (Publication pending)■

Zeitschrift Homœopathic Links hl179
DOI 10.1055/s-0030-1250711
Satzbetrieb Ziegler + Müller
Hersteller D. Stewart
Datum 22.12.2010



[16] Frei H. Homöopathische Behandlung multimorbider Patienten. Stuttgart: Haug Verlag; 2010

Heiner Frei, MD, Paediatrician FMH
Kreuzplatz 6
3177 Laupen
Switzerland
E-mail: heiner.frei@hin.ch