

Homeopathic Intercurrents : The key remedial answers in the treatment of ASD / ADHD / ADD?

Introduction.

Effectively treating children with developmental disorders and putting them back in to the civil society as optimal adults is challenge to every physician who deals within this domain.

It is perplexing when, sometimes, we find that a well taken case and well selected remedy often do not yield the results we expect. Despite best efforts in enquiring, analyzing and prescribing, the patients improve to an extent and reach a status quo. We then begin to ask questions what could have been lacking, of a physician to accomplish this.

What is the intercurrent remedy ?

By an Intercurrent I mean a remedy which is given after an individual has received the proper constitutional medicine and has showed improvement appreciably and has attained a status quo.

The intercurrent remedy qualifies for prescription by its peculiar homeopathic similiarity to a specific symptom or symptom complex and is not addressed by the constitutional remedy.

The intercurrent remedy can be from any kingdom source of the remedies.

Intercurrent remedy and treatment of ASD/ADHD/ ADD.

Children with developmental disorders like ASD, ADHD, ADD , etc have many symptom manifestations at both the mind and the body. The vibrant symptom spectrum of these disorders often makes it challenge to properly pigeonhole these in to categorical diagnoses.

The symptoms mostly are in a continuum and vary in severity and manifestation, in accordance with the child's inherent state of disposition and constitution. However we see a clear picture arise out of the totality based on our conceptualization and evaluation of these symptoms. The remedy prescribed on that basis often brings about a very evident improvement in the child's behavior and mental state and body conduct.

After a duration of 12 – 15 months of constitutional treatment, there is a very remarkable improvement in the child but however a few symptoms persist in varying intensities and frequency. Often these symptoms manifest after an exposure to an environmental stressor. Or they are isolated symptom phenomenon which have no pathological / rational basis.

In the earlier days of my practice I noticed that the drop - out rate of these children was little more. On further questioning the parents, it was learnt that there was no any more improvement and few symptoms are persisting even after the child was otherwise healthy and

near normal. This feed back was important and it propelled the mind in search for what was missing from the treatment. What is being over looked ? After going through their case histories and reading between the lines, the few symptoms which were persistent had their manifestations as a response to an environmental stressor. These symptoms were only seen when the child experienced / was influenced by environmental stressors like parental refusal, lack of love, physical abuse, accident, fright, etc. I have summarized few of the common symptoms with their stressors and remedies which helped, learnt from practice.

Stressor	Symptom	Intercurrent remedy
Fright	Headbanging. Biting nails. Typical hand gestures. Waking at night. Weeping	Bell., Cina., Op., etc
Anger / refusal	Self harm. Loss of eye contact. Echolalia. Involuntary laughter/ weeping.	Stram., Bell., Cham., Cicuta., Carc., etc.
Shock	Restlessness. Evading social contact. Unexplained laughter/ weeping.	Arn., Ign., Stram., Sacch., Carc.,
Grief	Indifference to surroundings. Avoiding meeting people. Seeking loneliness.	Ign., Sacch., Staph., etc.
Supressed fever	Hypearactivity. Loss of attention. Rage and violence.	Nux vom., Sil., Merc., etc
?	Desire for specific colors – green, red, blue etc. Aversion for specific colors	Tarent., Merc., Posit.,etc Nux., Tarent., Lach.,
?	Desire to wear old clothes. Same shoes. Etc	Helod., Bufo.,

The peculiarity of the symptoms and their concomitant presence made me look for remedies which had this striking similarity to the child’s manifestation. Often such remedies did not have any similarity to the child’s state generally. When they were given for once or twice, the symptoms went away and also the child seemed less affected or did not show these symptoms to that cause, as he did earlier.

My anticipation of an adverse change in the children’s state after the intercurrent remedy was given, did not last long. There was no alteration in the child’s state and on the contrary they showed significant betterment in their over-all condition.

Conclusion

It is always good and we all wish it would be as easy and simple to treat these children but unlike other diseases, the complexity of manifestation and impatience of the parents give us less time to bring about lasting improvements. The effectiveness of a constitutional remedy to

correct the entire spectrum of manifestations is questionable, on the background of modern teachings and methods which speak of a single remedy cure.

We have guidelines which say that if the progress stands still, re-take the history and prescribe on the then present state. But in the developmental disorders, the single or isolated symptom complex is the often only data to be prescribed upon and that is exactly where the intercurrent becomes relevant.

It is wise for us to look out for the subtler symptoms and behaviors and remedy them on a single symptom/manifestation basis, instead of waiting for the previous remedy to do a miracle.

Hopefully these interventional remedies can open up and help heal the developmental disorders more fully and effectively.

