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Spectrum of Homeopathy 2010-I,
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Sample text

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NEW PSYCHO-EPIDEMICS

ADHD, autism, and so on as mass phenomena – what's the matter with our children and what's the matter with us?

AUTHOR | Christoph Schubert

Times are changing and so are the issues that concern us all – including the illnesses our children are suffering from. Whereas in earlier times we were fighting childhood diseases like measles, mumps, and whooping cough, now we're confronted with the newer plagues of ADHD, autism, and social problems. But are these psychological problems really as much on the increase as the media and the prescription rates for Ritalin and its spin-offs might make us think? Or is it all just a hysterical overreaction because we have no other problems worth worrying about – we've never had it so good?

It's clear that the world our children live in has changed substantially in recent years. The pace of transformation is constantly increasing and demands ever more flexibility and adaptability. The rhythmical nature of things is on the retreat whereas the quantity and intensity of stimulation that we're bombarded with is steadily rising. Just think of the difference between how we watched TV in 1979 compared to now in 2009: everything is louder, snappier, faster. Mobile entertainment is always with us; we can hardly ever get away from it. There are scarcely any moments of seclusion and calm. This all makes much higher demands on our ability to cope with and filter stimuli. Many children of average ability are therefore displaying symptoms of being unable to cope in a way that, 15 years ago, was only seen in children with ADHD.

THE MASS PHENOMENON OF AD(H)D

... as the doctors see it

At that time, we psychiatrists specializing in children and young people were still pioneers in the area of "hyperkinetic disorders", now known as Attention-Deficit (Hyperactivity) Disorder or AD(H)D. We saw

very maladjusted children who were completely unable to concentrate, even in relaxed surroundings without any obvious external stress. These "disturbed" children clearly stood out from the majority of "normal" children. They were striking exceptions and had corresponding problems in their families, at school, and with their peer group. We could also clearly see that these peculiarities were rooted in the child's nature and persisted beyond the end of childhood in an almost unchanged form. The disturbance was therefore given a name, and a clinical diagnosis was assigned to the affected children. This was supposed to engender understanding in parents and teachers and to protect the children from the demands of having to perform like all the other children. At the same time, there was medication available in the form of methylphenidate (Ritalin and its derivatives) to substantially relieve the symptoms. This pharmacological therapy helped the children to concentrate better, become calmer and more attentive, and generally improve their performance at school and in social situations.

Such therapeutic results can quickly raise expectations and hopes. After all, children with mild disturbances of concentration but without obvious ADHD also respond to it. Even if other problems are the center of attention – fears, shyness, aggressiveness, excessive demands, difficulties in social circumstances – Ritalin can sometimes bring about a certain amount of improvement, assuming the child shows weakness in concentration. Due to the simple and effective therapy options, methylphenidate frequently focused the medical gaze – even where the symptoms were complex – on the child's poor concentration, with the result that from year to year the frequency of the ADHD diagnosis increased. And the prescription rates for Ritalin reached astronomical levels.

ADHD is not an illness like an infection, which you either have or you don't have. As for most psychiatric illness, the degree of restriction and the suffering experienced are what determine whether the symptoms reach the level of an illness – just as fear is something normal, and often meaningful, but which can also lead to illness if it greatly restricts our freedom of action. The question of when the symptoms warrant the diagnosis ADHD therefore also depends on society.

... as the parents see it

The way we raise our children has undergone a profound change



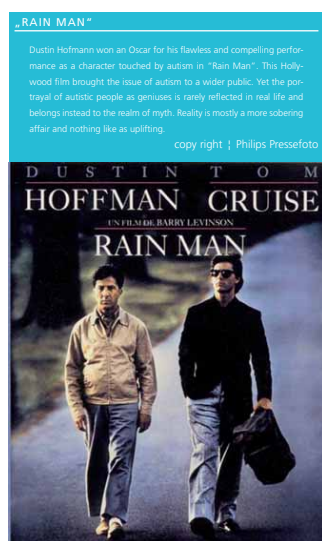
ADHD, dyslexia, behavioral problems, autism. Following on the heels of attention-deficit disorder and learning difficulties, autism spectrum disorders now seem set to become an illness of epidemic proportions among our children. The individual symptom picture is the only relevant perspective for homeopaths, so that we remain as closely in touch with every affected child as possible.

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in recent decades. The classic family with father, mother, and children is increasingly giving way to the post-modern family: we now tend to have patchwork families with single parents or both parents working. Anything is possible. There is no definitive, socially approved model of how to raise children: no clearly recognized values exist in this area, just numerous possibilities. To the extent that external constraints are diminishing, and lifestyles and the rearing of children are becoming freer, the supportive effect of external structures and social norms is breaking down. Many parents are uncertain what to do and feel overburdened with the task of reacting "in the right way" to all the day-to-day difficulties that they are faced with. Every child occasionally has phases where their concentration lapses. Such phases call from the very best from our teachers – for example, homework that is both challenging and interesting. This kind of thing often leads to long-lasting conflicts. Then you can quickly find yourself asking whether your child also has AD(H)D.

There have always been jumpy and strange children. Just popping pills is no solution. Even complex homeopathic remedies such as Zappelin (available in Germany) are not promising treatments in the final analysis.





Such a diagnosis means that the child has an illness, a disturbance. This lets us take a fresh look at the child, and it can also take the pressure off teachers and especially off parents. They are no longer solely condemned to feel "guilty" for the difficulties that their child is having, for example, due to false upbringing or "too little love". On the other hand, many patterns of behavior and reactions then become viewed solely through the lens of ADHD, which can lead to a distancing from the child with the effect that the symptoms become "set in stone". This makes change and transformation more difficult than ever.

... as the schools see it

The schools mostly tended to reject this diagnosis at first. Just 10 years ago, it was common for many teachers to refuse to fill out forms on ADHD because they did not want to be responsible for "normal children" receiving methylphenidate. But then they found that children treated with Ritalin did not make so much trouble,

and that they were less likely to daydream during class. Many children and adolescents are experienced as increasingly troublesome nowadays, with noticeably negative consequences for the atmosphere in the classroom. Especially boys frequently display problems in work or social environments. Since concentration problems are also common, most of the children now seen by psychiatrists are there due to pressure from teachers.

... as the homeopaths see it

Whereas conventional psychiatry increasingly relies purely on catalogs of symptoms, and in therapy the goal is increasingly to change behavioral – that is, ultimately superficial – behavior, homeopathy from Hahnemann to the current day has developed an ever deeper and more individual understanding of humans. I find the diagnosis AD(H)D to lack real meaning nowadays, due to the underlying superficial way of viewing the problem. I have seen more than 1000 children with the question mark of ADHD hanging over them. My experience is clear: every child with ADHD is unique. There is an endless variability that can ultimately result in the symptomatology of ADHD. A disturbance of concentration is really just the final result of any possible number of blockages and problems. The interesting thing is not the mere fact of a disturbance of concentration but how this arose and what kind of blockage is present.

Is the world, from which we need to withdraw into a protective shell, experienced as threatening? Do we need the protective support of others: is there a feeling of being alone and unable to face the big bad world on our own – like Calcium – and therefore unable to concentrate on what we need to do with all our available energy? Or am I constantly looking out for misfortune in this menacing world, as if disaster is always ready to descend on me? Am I uncertain or mistrustful, fearing that my support could suddenly collapse, noticing every tiny detail (it could always lead on to something else, something worse) and therefore distracted and unable to focus on what I need to get done – like Brom? Or am I constantly sniffing out deadly plots in the most harmless conflicts, since I feel it's all about surviving without social groups – as with Butus? Am I dependent on the care of adults and do I therefore subordinate myself so as not to be rejected, which would mean that I would be unable to survive if I dared show my needs and my aggression – like Lac caninum? Or do I want to numb myself against deep and painful sensations by shielding myself from any kind of stimulation that would resonate with and make conscious this inner pain – like Opium?

Any homeopath could continue this list of examples ad infinitum. When we have comprehended the children in their full depth and complexity, the diagnosis of ADHD becomes redundant – it's no longer necessary or meaningful for us to bother with it. And if we succeed in conveying to the parents our view of their child, then they too will no longer need to bother with the diagnosis as such. Whereas the diagnosis of ADHD can bring relief for the parents, it can be liberating for them to venture beyond the diagnosis.

According to my experience, however, the homeopathic treatment of ADHD is a real challenge since the physical symptoms are so nonspecific. An approach focused on the diagnosis and using a complex remedy such as Zappelin is unlikely to be really successful. It's possible to achieve far better results by concentrating on the general symptoms and modalities, as shown impressively by Dr. Heiner Frei in a highly regarded study. To encompass the emotional symptoms and the subjectively distorted view of the world, as Mangialavori demonstrates in his marvelous way, is demanding but promises more frequent and longer-lasting success. When we are successful in reaching the level of the patient's sensation, as developed by the Mumbai method, we can truly achieve the most profound improvements. This cracks open the problem, with the result that the child's concentration inevitably improves. Yet it's not easy to win over children at this level and to establish an open relationship with them, since they all too often associate going to the doctor with the feeling "have I done something wrong or have I been bad?"

AUTISM: THE NEW EPIDEMIC?

Together with the maximization of performance, a second important meme in modern society is social competence. Teamwork, empathy, and cooperation are seen as enormously important. Therefore, it follows that children with limited abilities in these areas will clearly stand out or will not be able to meet the expectations put on them. Here too, the relevant psychiatric diagnosis is now available: autism. In the USA, this diagnosis is experiencing a downright boom and here in Germany too we have noticed in our practice an increase in the level of public awareness and questions.

We need to make careful distinctions here too. "True" autism is thankfully rare. Children with early autism show such disturbed behavior that they can usually cope only in an institution for the disabled. Asperger syndrome is also rare: affected children can be regarded as persistent loners, so that it is not recognized as such. In most of the cases we see, the children do not display a full symptom picture of autism, but rather tend to be more or less self-centered, with "blind spots" in their social perception. Here we can see an extension of the autism diagnosis with terms such as Autism Spectrum Disorder (ASD) or Pervasive Development Disorder – Not Otherwise Specified (PDD-NOS).

The portrayal of people with Asperger's syndrome as geniuses is rarely reflected in real life and belongs instead to the realm of myth. Reality is mostly a more sobering affair and nothing like as uplifting. These so-called extraordinary gifts are, on closer inspection, pretty awful. What's the use of being able to learn car license plates or bus timetables by heart, or the technical details of machines or vehicles? People who are trapped inside themselves, to the extent that social exchange with others is unavailable, will tend to put their (otherwise untapped) intellect to work on technical things, without the chance of pursuing some higher goal or integrating themselves in any kind of social context. If the "social door" is opened for these children during treatment, they give up their special interests and their unusual skills are lost.

Sometimes we see in our practice that ADHD overlaps with autism. If an autistic disorder is present, this is invariably deeper and takes precedence over ADHD. Problems in social perception and interaction without true autism frequently occur together with disturbances in concentration, but without clear evidence of ADHD.

The same considerations apply to the entire spectrum of autism as to ADHD: on the one hand, the diagnosis can be a relief; on the other hand, it can lead to identification with the diagnosis and a fixation on it. I feel we should be talking about autistic symptoms or weaknesses in social perception rather than simply broadening the term autism. This lets us stay closer to the children and enables us to concentrate on the individual symptomatology. And this is the only relevant thing for us homeopaths.



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Fear-Autism-Agression-ADHD

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