

## ASPERGER'S SYNDROME

This condition was originally described by Hans Asperger in Vienna in 1944. In people with Asperger's Syndrome, deficits in social interaction and unusual responses to the environment, similar to those in autism, are observed. Unlike autism, however, cognitive and communicative development are within the normal or near-normal range in the first years of life, and verbal skills are usually an area of relative strength. Idiosyncratic interests are common and may take the form of an unusual and or highly circumscribed interest.

Researchers indicate there is some suggestion of an increased incidence of this condition in family members. Our tests indicate that the root of Asperger's is due to miasmatic inheritance of certain weaknesses in the DNA further supporting their research. The validity of Asperger's as a condition, as opposed to high functioning autism, remains a topic of hot debate amongst clinicians and researchers. The main difference from autism is in terms of better communication, particularly verbal, skills. It also seems likely that Asperger's overlaps with some forms of learning disability, e.g., the syndrome of Nonverbal Learning Disability. Although we recognize the similarities in symptomology, we find the root cause of Asperger's to be different from the root cause of Autism.

The commonly described clinical features of Asperger's include:

- **Paucity of empathy**
- **Naive**
- **Inappropriate, one-sided social interaction**
- **Little ability to form friendships and consequent social isolation**
- **Pedantic and monotonic speech**
- **Poor nonverbal communication**
- **Intense absorption in circumscribed topics such as weather, facts about TV stations, railway tables or maps, which are learned in rote fashion and reflect poor understanding, conveying the impression of eccentricity**
- **Clumsy and ill-coordinated movements and odd postures**

We would add to the above common, clinical symptoms that there is a strong element of depression. The depression is felt by the children and they are often able to verbalize. If the subject is a "no-no" in the family, they will use other words to express their sadness and isolation. One boy was brought into our office by a practitioner because the boy's strongest symptom was depression. It seemed an expression of Asperger's to study his feeling and finally verbalize it at age 20. We found the undiagnosed Asperger's and he began the remedy. Three weeks later the father of the boy called the practitioner and thanked him for giving back his son. The father now began a communicative relationship with the son that seemed impossible before the remedy. The boy advanced quickly and soon was gainfully employed. He began to increase his social skills and retained his high intelligence. He learned one language from the internet and took another in school. The teacher told him he did not have to take the final because he was more proficient than any person the teacher had ever seen who had not lived in the country of the language.

### SUMMARY OF REMEDIES (With range of mega bottles needed)

ASPERGER'S BASE	2-3
ASPERGER'S HEMORRHAGIC	2-3

**MONTHS OF EXPERIENCE -47**  
**APRX # PEOPLE – 180**

### PROBABLE COMPLICATIONS (With range of mega bottles needed)

AD ESTRANGEMENT	1-4
ASPARTAME (antidote)	1-4
ASPERGER'S OCD	1-4
BRAIN CLEAR	1-2
LEAD (antidote)	1-2
NATURAL FLAVORS	1-7
NOGIN DECLOGIN	1-2
NONVERBAL LEARNING DISORDER	2-5
PKU (PHENYLKETONURIA)	2-3
TIGER FOCUS	1
SPLEEN ENZYME ALTERATION –	
VACCINATION TOXIN CLEAN	2-4

Although Asperger's originally reported the condition only in boys, reports of girls with the syndrome have now appeared. Nevertheless, boys are significantly more likely to be affected. Although most children with the condition function in the normal range of intelligence, some have been reported to be mildly retarded. The apparent onset of the condition, or at least its recognition, is probably somewhat later than autism; this may reflect more preserved language and cognitive abilities.

In the time we have investigated this we have found this undiagnosed in adults – both male and female. As children and adults take this it is reported that their minds opened to a much broader world, mentally and socially. In both there is also a usually undiagnosed form of depression, although the word does not fit exactly.

We found an exaggeration of Asperger's, that we call **Asperger's OCD (obsessive compulsive disorder)**. Although most OCD issues are related to the Borna virus in our Borna Virus Combinations, this is unrelated to the Borna virus. Its symptoms are the increased intensity of interest in specific subjects that interest the subject. There seems an almost equal disinterest in even paying attention to subjects that do not interest the subject. There is a boisterousness, a loudness to the voice that is absent in most regular Asperger's cases. The form of communication is almost confrontive and argumentative as a means of masking the normal reticence. There is a feeling of stronger presence than normally seen.

Once again we can trace the behavioral symptomology to physiological imbalances rooting the issues. That means the condition can be reversed instead of sedated. We have put together a summary of remedies to treat the vibration of the physiological pathogens to eliminate the behavioral symptoms which make up Asperger's Syndrome. As we see with many other childhood issues there are often complications or issues coexisting at the same time. Please see the other Strategies in "Kid Stuff" for more information.