

The Federal Definition of Autism Spectrum Disorder is

The Individuals with Disabilities Education Act [IDEA 300.7 (c) (1) (i)] defines Autism Spectrum Disorder as “A developmental disability significantly affecting verbal and non verbal communication and social interaction, generally evident before age three, that adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movement, resistance to environmental change or change in daily routine and unusual response to sensory experiences. The term autism does not apply if a child’s educational performance is adversely affected primarily because the child has an emotional disturbance.

REPORTED SUCCESS RATE

MONTHS OF EXPERIENCE - 47
APRX # PEOPLE – 150

Helping to Understand Autism

Autism is a spectrum disorder. Children who have been diagnosed with Autism Spectrum Disorder will have a varying degree of behaviors, learning abilities and challenges, as the name implies. The spectrum runs from mild to extreme and yet they are all labeled within the Autism Spectrum Disorder. Autism by itself does not say anything specific about what challenges a child other than all children labeled with autism have some type of social participatory challenge and communication challenges. Added to that are a wide variety of developmental, cognitive and sensory processing issues that are possible additions and complications to those mentioned above.

There is an Autism Epidemic:

According to California’s Developmental Disabilities System, there is an epidemic of Autism. The rate of Autism nationally has skyrocketed from 1 in 2,500 children in the 1970’s to 1 in 250 children today. The number of people with autism in the California Developmental Disabilities System has grown from 2,778 in 1987 to 20,377 in 2002. Furthermore, the California Developmental Disabilities System concludes that the increase in autism can not be explained by shift in interpretation of diagnostic criteria or by immigration into California. Over 40% of new intakes into the regional center system are people with Autism.

Current Thoughts about Autism Spectrum Disorder

There are thought to be two general types of Autism. In one group, the child is seemingly well until 18 to 24 months at which time an alarming regression in their development occurs and they may stop speaking and begin to lose interest in their surroundings and interactions. Often these developmental regressions begin to occur shortly after some type of stress such as a DPT shot or other immunization, injury, fever, toxin, infections, such as Kawasaki’s, etc...

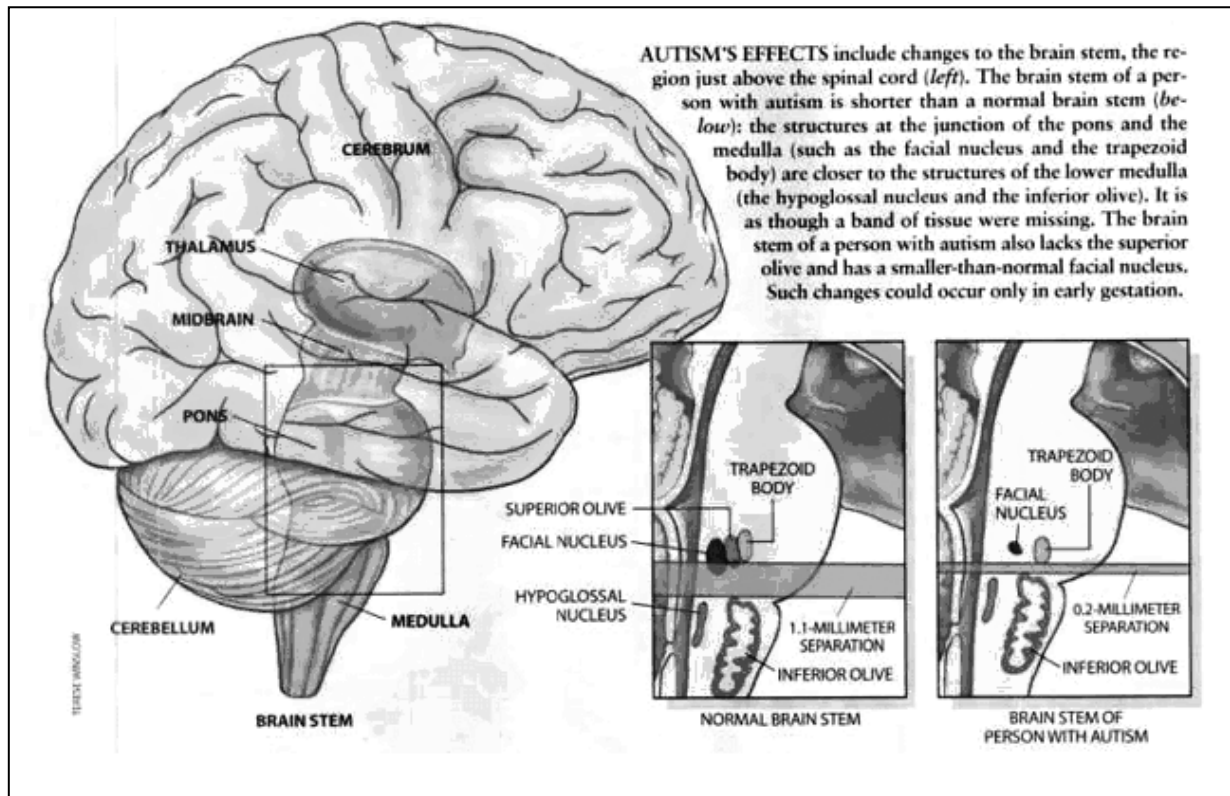
With the other type of Autism, the child appears to be abnormal from the first months of life. The level of activity is reduced, the child cries little and is indifferent to his or her surroundings.

One third of the patients never speak, another third acquire rudimentary language devoid of communicative value and in the remainder, an affected, stilted, colorless speech develops.

Our Findings:

Our research points to a common theme with both types of Autism reported. We find the same miasmatic base in both types of Autism. The difference is that in the first case the miasm is not active until the child experiences one of the above mentioned stresses.

In the second it seems the miasm is active from conception, affecting various stages of development both before and after birth. Our remedies AUTISM BASE #1, AUTISM BASE #2, AUTISM BASE #3, address the inherited miasmatic issues. All three are required for full results. We find two co-morbid or co-existing conditions with almost all cases of Autism. The first is described and illustrated below in which the brain stem doesn't fully develop (see BRAIN STEM COMPLETION).



The second co-morbid or co-existing condition we find is Fragile X Syndrome (see FRAGILE X- ADULT and FRAGILE X-CHILD).

We also commonly find two Borna Virus components as complicating factors (see BVC DEEPEST FEAR and REGRET).

Vaccinations play a common and obvious role in the first described scenario above (see our strategy on vaccinations and our new approach to removing vaccination residues- SEA VTC).

Phenylketonuria or PKU runs hand in hand with vaccinations (see our strategy on PKU). As you can see Autism is a complicated issue. It's no wonder why Autism has baffled scientists for more than half a century.

Addressing Autism Spectrum Disorder:

If we were to simply make an energetic assessment of a client, rating Autism on a scale of 0-100 we would likely read 100, meaning it is an accurate assessment.

We could easily come up with a remedy schedule that would enable us to get the reading of 100 to go to 0, but that does not mean that the child will be symptom free and no longer challenged. Since we are dealing with a wide spectrum with no necessary consistency from case to case we want to read each possible area individually, which will allow us to see clearly the areas of challenge that will need to be addressed and bring our focus to those areas.

Our Goals

1. Identify the areas of challenge or symptoms.
2. Find the root cause of the challenges or symptoms.
3. Treat the vibration of the root cause of the challenges or symptoms.

Our Strategy

Experience indicates that it will likely take a few rounds of taking remedies to clear all the residues, pathogens, and miasms that all play a role as root causes creating the imbalances we see within the make up of Autism Spectrum Disorders. Each round will have between 5 and 8 remedies in it. There is usually a marked improvement with each round. Programs last from six months to two years depending upon the complexity and depth of the issues needing to be cleared. With each round we work through the layers of residues, pathogens, and miasms until we have cleared or reversed all imbalances leaving the body in a state of symptom free, natural harmony.

SUMMARY OF REMEDIES	
(With range of mega bottles needed)	
Autism Base #1	1-2
Autism Base #2	1-2
Autism Base #3	1-2
AD Estrangement	1-4
Brain Stem Completion	2-4
Phrenosinemia	1-4
Fragile X- Adult	2-4
Fragile X- Child	2-4
TCV Antidote	1-3

POSSIBLE BORNA VIRUS COMPLICATIONS	
(With range of mega bottles needed)	
Deepest Fear	2-5
Regret	2-5

PROBABLE COMPLICATIONS	
(With range of mega bottles needed)	
Aspartame (antidote)	1-4
Brain Clear	1-2
L/R Brain Connection	1-2
Lead (antidote)	1-2
Natural Flavors	1-7
Nogin Deklogin	1-2
Paradigm Shift	1-3
PKU	2-3
Salmonella Pullorum	1
Tiger Focus	1
Vaccination Residues- one or more is commonly required. (See Vaccinations strategy and SEA VTC for a new approach to vaccine residues)	
Vaccination Brain Paralysis	1-2
Vaccination Fungus	1-2

Please Note:

As educators we clearly do not diagnose and do not intend any of these strategies to be used as a means of diagnosis.

Ultimately, the diagnostic label – any label, does not summarize a person, and there is a need to consider the individual’s strengths and weaknesses, and to provide individualized intervention that will meet those needs.

Although we have compiled a strategy for Autism we look beyond labels to explore each area(s) of challenge, as well as look at the big picture. The symptom check list in ADD helps us pinpoint the specific areas that need to be addressed. We then assess what challenges each individual and develop a strategy for the individual rather than the label.