

PERVASIVE DEVELOPMENTAL DISORDER- NOT OTHERWISE SPECIFIED is often incorrectly referred to as simply "PDD". The term PDD refers to the class of conditions to which autism belongs. PDD is *not* itself a diagnosis, PDD- NOS *is* a diagnosis.

PDD-NOS, also referred to as "Atypical Personality Development", "Atypical PDD" or "Atypical Autism", is included in Diagnostic and Statistical Manual IV to encompass cases where there is a marked impairment of social interaction, communication, and or stereotyped behavior patterns or interest, but full features for Autism or another explicitly defined PDD are not met.

PDD-NOS is considered a "sub threshold" condition in which some but not all features of Autism or another explicitly identifiable PDD are identified. Although PDD-NOS can be found in the DSM IV, PDD-NOS is a "sub threshold" category with no specific guidelines for diagnosis. The label PDD-NOS is used when a client fails to fit into any known category. If the child is too young to diagnose with Autism, the label PDD-NOS is often given. The label "PDD-NOS" seems to have less sting than the label "Autism".

Since this is a lot of words describing not a whole lot we include the following case example to help create a clearer picture of PDD-NOS.

From our perspective we find common pathogens in the make up of PDD-NOS and Autism.

While there is some overlap there are definite differences. Our research and findings are relatively new and are still working on the theory side of the fence. As we receive feedback from clients and practitioners we will be able to paint a very clear picture of the make up and differences with all pervasive developmental disorders. Since Healers Who Share quantum formulas are completely safe even if someone were to take the "wrong" remedy, there is little downside. The worst thing that could happen is nothing.

SUMMARY OF REMEDIES

(With range of mega bottles needed)

Pervasive Developmental Disorder #1	1-3
Pervasive Developmental Disorder #2	1-3
Brain Stem Completion	1-3
Phrenosinemia	1-4
Fragile X- Adult	2-5
Fragile X- Child	2-3
TCV Antidote	1-3

PROBABLE COMPLICATIONS

(With range of mega bottles needed)

AD Estrangement	1-4
Aspartame (antidote)	1-4
Brain Clear	1-2
Left/Right Brain Connection	1-2
Lead (antidote)	1-3
Natural Flavors	1-7
Nogin Deklogin	1-2
Paradigm Shift	1-3
Phenylketonuria	1-4
Salmonella Pullorum	1
Tiger Focus	1
Vaccination Residues- One or more is commonly required. (See Vaccinations strategy and Spleen Enzymes Alterations – Vaccination Toxin Clean for a new approach to vaccine residues)	
Vaccination Brain Paralysis	1-2
Vaccination Fungus	1-2

Case Illustration*

Leslie was the oldest of two children. She was noted to be a difficult baby who was not easy to console but whose motor and communicative development seemed appropriate. She was socially related and sometimes enjoyed social interaction but was easily over stimulated. She was noted to exhibit some unusual sensitivities to aspects of the environment and at times of excitement exhibited some hand flapping. Her parents sought evaluation when she was 4 years of age because of difficulties in nursery school. Leslie was noted to have problems with peer interaction. She was often preoccupied with possible adverse events. At evaluation she was noted to have both communicative and cognitive functions within the normal range. Although differential social relatedness was present, Leslie had difficulty using her parents as sources of support and comfort. Behavioral rigidity was noted, as was a tendency to impose routines on social interaction. Subsequently Leslie was enrolled in a therapeutic nursery school where she made significant gains in social skills. Subsequently she was placed in a transitional kindergarten and did well academically, although problems in peer interaction and unusual affective responses persisted. As an adolescent she describes herself as a 'loner' who has difficulties with social interaction and who tends to enjoy solitary activities.

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