HOMŒOPATHY AND CURATIVE EDUCATION

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It is intended in this paper to describe Curative Education and its relationship to Homœopathy. As it is a somewhat specialized subject I shall try and deal mainly with those points that may be of general interest, and wish to do so in the following manner. Firstly, to define and give a kind of survey of the whole of Curative Education. Secondly, and at the same time, to outline the role of Homœopathy in Curative Education—and in my own work this plays a very considerable part, and thirdly, I shall try to illustrate my descriptions with as may examples as possible.

By Curative Education I do not only mean any specific method of teaching or of psychotherapy for any particular type of mental disorder. Curative Education extends over the whole field of child psychiatry and embraces all its aspects. It even goes a little further because the accent is very much on therapy. To some it might appear that we try to educate the ineducable or cure the incurable. We do not look at it in quite this manner. We are not usually content to accept an opinion that describes a young handicapped child either as ineducable or as incurable. An optimistic and confident outlook is the first step to help our charges. We try to overcome the prejudices and the narrow outlook that mentally retarded children have so long been subject to. Yet, Curative Education has long been without much scientific basis. Only in the course of the last few decades has there been some progress and some invaluable results. The pioneering work carried out by certain devoted and enthusiastic individuals had little scientific or medical under-structure and the early curative teachers had to work out of their enthusiasm and humanity rather than from an intimate knowledge of the subject.

Special mention must be made of the Rudolf Steiner Movement, whose members have been particularly active in establishing Homes and residential special Schools for backward children. The School at which I am working and where some 260 children are being cared for is one established and staffed by members of that Movement.

As public interest became focused on the handicapped child and a more humane and open attitude became prevalent, more progress was also made with the medical scientific approach to the problem. The backward child was regarded as a patient worthy of study and worthy of treatment. Attempts at specially suited education were developed and a suitable environment for these children was sought.

Thus Curative Education as it now stands has these four main aspects, namely:

1. Diagnosis

2. Treatment
3. Education
4. Care

To this may be added as a fifth aspect that of research.

So far as diagnosis is concerned, a particular stumbling-block to the understanding of the handicapped child has been the extensive practice of intelligence testing. This has certainly helped accurately to assess a child's intellectual capabilities but it has also confused the issue because a low I.Q. has been used to label children as mentally defective, and mental deficiency has for decades been regarded as a diagnostic entity. To draw an analogy, one might recall the times when people died of "fever" and no attempt was made to further elucidate their disease. The use of the clinical thermometer might be compared to intelligence testing in this sense—it gives an accurate recording of the patient's temperature, but many other factors must be taken into account before we can arrive at a proper diagnosis. We are still left with a number of cases of P.U.O. Let us hope that in time to come there will be but few cases of M.D. of unknown origin.

In the meantime we must make every endeavour to diagnose our patients. In most cases this presents great difficulties and apart from extensive medical, biochemical and psychiatric examination prolonged observation is usually required. The results of thorough examination are rewarding. These appear to be a great number of syndromes or combinations of clinical features, only a few of which have been described and named in textbooks. One recent discovery is that of phenylketonuria, that metabolic disorder resulting in the excretion of phenylpyruvic acid in the urine and mental retardation with a certain behaviour pattern. Other metabolic disorders have long been known, such as the lipoidoses and the glycogen diseases. These also affect the child's mental development. It is my conviction that there are a great number of other metabolic disorders that can also result in mental retardation. I have seen many children where one or other organ appears to be affected, e.g. liver, pancreas, kidney, etc., yet it does not resemble any known disease.

To mention two examples: We have an epileptic boy suffering from unilateral convulsions that sometimes affect the right and sometimes the left limbs. His convulsions are preceded by hæmaturia, and cystoscopy showed that the blood came from the right kidney. Renal function tests were otherwise normal.

Another child: A little girl of 6 with an I.Q. of 45 and a severe speech defect suffers from periodic bouts of diarrhœa, It has been demonstrated that at these times there is a deficiency of pancreatic ferments and she then passes incompletely digested food. However, after a while the pancreas resumed its normal function. This happened many times throughout her life.

Such strange combinations of symptoms are by no means rare amongst

backward children. They are a challenge to increase our knowledge and understanding and not to base our diagnosis on the I.Q. alone. Homœopathy teaches us to pay utmost attention to every sign and symptom no matter whether or not it fits a known disease. This lesson is most invaluable in assessing our retarded children. Even known conditions such as epilepsy, mongolism, microcephaly, etc., will then reveal much more of their nature.

Thus the epileptic—and here I mean the typical so-called idiopathic epileptic—will strike one as having hard, dense tissues and tough muscles; his mood sways between servile sticky friendliness and stubborn, obstreperous difficult behaviour; he is preoccupied with moral and religious issues and supplements his poor memory with methodical habits.

Childhood hysteria, to mention another example, shows many features, apart from the gross and obvious hysterical manifestations. These children are hypersensitive in body and mind. They have soft, moist hands and feet, crave for sweets and often have an unpleasant, cadaverous smell about them. The manifestations of childhood hysteria are manifold and most interesting. They usually remain unrecognized because the finer features are not looked for. If we pay attention to these very points it not only allows us a better understanding of the patient but also leads us to the various therapeutic measures.

Before going into the question of treatment, however, I should like briefly to outline one particular syndrome that is still frequently mistaken or rather misnamed as primary simple dementia, a term that we cannot accept. That syndrome has been variously described as pre-psychosis, infantile schizophrenia, childhood autism or by the collective term of total personality disorder. The disturbance consists essentially of withdrawal, turning a blind eye to the patient's environment, especially the human environment. The infant will not smile or raise his arms when the mother approaches. Speech, though potentially present, is often withheld, and if used, it is not used for making human contact with other persons. The children tend to develop ritualistic practices and fixed ideas, e.g. they will only open a door after kissing the handle, or will only eat food of a certain colour. Others develop repetitive practices, such as rocking in some particular manner or endlessly repeating the same phrase. One very significant feature is the inability to use correctly the words "I" and "You". There seems to be a fundamental inability to distinguish themselves from their environment. Two types have been described:

1. The torpid, slow, introspective child. These often give a history of parental rejection, early emotional shock or paranatal brain damage, or a combination of these factors.
2. The eretic type, the restless, excitable child who never keeps still. These more often give a history of encephalitis in infancy or of an undiagnosed febrile disease with a changed state of consciousness and sometimes convulsions—in fact, undiagnosed encephalitis.

I have taken out this particular example because at Camphill we have tried to develop a special remedy to suit this condition as will be mentioned below.

I hope to have shown with these examples that every case of mental retardation calls for further investigation and elucidation. There is still much unexplored territory in child psychiatry, but it is a challenge to the medical profession to attempt a diagnosis in every single case.

I now wish to turn to that aspect of Curative Education which must be of greatest interest to the homœopathic physician—that of treatment. This is not at all confined to medicinal treatment and includes such things as physiotherapy, speech therapy, dietetics, the training of special senses, musical therapy and many others. However, in most of my cases homœopathic treatment has occupied a very important place, and, in fact, all children under my care have received, or are receiving, homœopathic treatment, not only for incidental illnesses but also for their general condition. I can relate one particular experience with the treatment of handicapped children: It is relatively easy to treat their incidental illnesses. The indications for one or another remedy usually stand out clearly and the response to treatment on the whole is prompt and rapid. Over the last four years, for example, I have had to treat many cases of pneumonia. Only one handicapped child had to be sent to hospital and I have not had to resort to antibiotics on a single occasion. The remedies used are much the same as those one would use for normal patients with pneumonia. With normal children it is much harder to find the right remedy but with backward children it is generally easy and most rewarding.

In the homœopathic literature there are many references as to the suitability of various remedies for retarded children, such as, *Thuja, Agaricus, Ambra, Baryta carb., Petrol., Calcarea* and *Silica,* to mention just a few. I am inclined to think that this refers chiefly to their use for incidental illnesses. In my experience the basic disturbance is not easy to treat. It requires much skill, patience and experience to treat successfully such conditions as epilepsy, hydrocephaly, cerebral palsy or infantile schizophrenia, and I must confess that we have often failed where we might have succeeded.

Kent, in his repertory, mentions 146 remedies for convulsions. Yet I am obliged to admit that we have not been able to cure the majority of our epileptics. However, I should like to mention briefly two recent successful cases of epilepsy. Unlike most of our epileptics these two children have never been given any anti-convulsive drugs.

The first, a boy of 15, was born with a meningocele. This was removed by operation soon after birth, but he also developed a slight degree of hydrocephalus and jelly nystagmus. Epilepsy commenced at the age of 8 and convulsions gradually increased in frequency and severity until by February, 1957, he had two or three major fits a week and his I.Q. gradually deteriorated. After a number of unsuccessful treatments he was given a single

dose of *Cicuta* 200. He had one more convulsion two days later but none for the following 19 months. In October, 1958, convulsions recommenced and a second single dose of *Cicuta* 200 was given. He has had no further convulsions since and he is going to leave us shortly to take up normal employment.

The other case, a girl aged 10, had encephalitis when 18 months old, resulting in behaviour disorder, moral defect and kleptomania. When 8 years old and while with us she went into a precocious puberty and at the same time started with epileptiform convulsions which rapidly increased in severity and frequency. She was given a preparation of *Viscum alb.* at regular intervals for two periods of four weeks. The convulsions gradually diminished and finally ceased and even her kleptomania has improved.

The treatment of childhood hysteria may be less difficult and with these children educational measures are usually of great help. We have many remedies that will help such a child over a particular phase. I need only mention *Lachesis* and *Apis* for jealousy, *Ignatia* for acute hysterical illness, *Hyoscyamus* for the more violent upsets and *Platina* for the superiority minded patient, but with all these the constitutional basis usually remains. One series of remedies we have used with some success for the hysterical constitution has been *Sucrose* (cane sugar) in potency, usually given as 6*x* or 10*x* t.d.s., or by injection twice weekly over long periods. Other carbohydrates in potency, such as *Mel* or *Starch* externally, or *Chlorophyll* have been of benefit to these children. Hysterical children, who are pale, flabby, hypersensitive with sweaty hands and feet and a craving for sweets, have done particularly well with this treatment. *Argentum met.* and *Argentum nit.* have helped other hysterical patients.

Many more examples could be given, but I shall mention one particular treatment that was developed at Camphill. This work took place before I had come there and I, therefore, had no part in its development. It concerns the pre-psychotic, autistic condition that I have described above. The remedy consists of a number of substances potentized together and is based on *Aurum*. It is now marketed under the name of *Encephalodor*. This treatment has been quite strikingly successful in a large number of cases. Some results of this have been published, together with particulars of the remedy, directions for its use, and provings.

Lastly, I wish to mention the treatment of mongolism. We have had good results with the treatment of Haubold that consists of the regular administration of Vitamin A, B and C in fine suspension, together with a preparation containing the essential trace minerals. More recently we have adopted the treatment of Dr. Foubister of the London Homœopathic Hospital. This consists of giving *Vitamin A* in potency (6*c*, 12*c*, 30*c* on successive days) and in our experience it is equally effective. The basic features of mongolism do not change, but the children become sturdier and brighter individuals, better equipped to learn reading and writing and capable of

attaining manual skill. They are no longer subject to frequent incidental infections.

Curative Education also has the integral parts of education and care.

Understanding of each child's handicap is the key to the educational approach. Thus we largely rely on the mongol child's memory for the teaching of reading and writing. The memory of these children is usually quite good and the Word Picture or Look and Say method is that of preference. With mongols an early start with reading and writing is advantageous. Their inability of abstract thinking has to be supplemented by training their memory and their practical abilities. It is also quite generally our aim that our older children should be trained for a useful occupation. The activity of a craft is in itself an additional therapy as it helps many children to a better adjustment. A number of training workshops have, therefore, been established, where they can be taught wood-work, farming, dressmaking, machine knitting, pottery, market gardening and several other activities. In school our children are taught in classes with others of the same age for the first two hours every morning. Subsequently they are split up into ability groups. School work is based on Rudolf Steiner's principles of education. In this way we find that we can do justice to the educational needs of all our children, no matter how great their handicaps. The teachers, nursery mothers, and in fact all who have to do with the children are kept fully informed of a child's particular handicap and progress as a patient. We have frequent and regular College Evenings (Case Conferences) where all aspects of a child's handicap, education, progress, etc., are discussed.

On care one might say that ideally the handicapped child should remain at home amongst his family, that is to say, all but the most severely handicapped. Ideally, treatment and education should be given at Day Centres, but circumstances being what they are, with little insight and understanding everywhere, with social difficulties of every type, the best solution is often the residential special school. It therefore leaves us with the task of surrounding the children with the type of security and intimate atmosphere that comes nearest to a good home life. To meet this requirement the children's nurseries and dormitories are arranged as one would have them in a large family. The members of our staff reside on the school premises and common activities in the evenings and other features of community living are fostered.

Curative Education is only at the beginning of its task. There is a world-wide need for the better understanding and a more human and successful handling of handicapped children. Homœopathy can play a great part in helping handicapped children.

DISCUSSION

The Chairman, Dr. A. D. MacNeill, thanked Dr. Engel for a most interesting and valuable paper. He thought possibly the surroundings in

which Dr. Engel works would be a very suitable one for research as we are anxious to obtain statistics on the effects of remedies. He hoped that the results of treatment so far would be made available for publication.

Dr. T. D. Ross thanked Dr. Engel for a delightful paper and hoped that it would be published in the *Journal*. He was glad to see that Dr. Engel individualized his patients so carefully, as this was, of course, so important in proper homœopathic prescribing. He felt that he had learned a great deal. Commenting on the case of chronic epilepsy, he agreed very strongly that it was much more difficult to influence these cases when they had already received large amounts of anti-convulsant drugs from the allopathic school. He wondered whether some of these cases might be helped by an occasional dose of *Syphillinum*. Referring to hysteria he commented that *Tuberculinum bov.* might prove a help in these cases and in the prepsychosis he thought *Nat. mur.* or *Borax* might help. Nosodes generally would be very valuable. Referring to Dr. Engel's treatment of acute illness he wondered whether in some cases it might not be better to let the acute illness work itself out as this sometimes helped the chronic condition.

Replying to these queries, Dr. Engel stated that he did use nosodes frequently and often in high potency for post-encephalitic syndrome, e.g. following measles, whooping cough, etc. He had noticed that many of these children never had any of the children's fevers and agreed that an acute febrile illness might help them.

Dr. A. C. G. Ross expressed his appreciation and was particularly delighted to hear of the success in pneumonia. He felt that it was a mistake to move a young child with pneumonia, as he felt this had an adverse effect on recovery. With regard to epilepsy, he noted that the books commented on the use of *Kali carb.* for this ailment but he had had disappointing results. He wondered if this might be due to the fact that the *Kali carb.* type is often "of lax fibre", whereas the cases described had been of tough fibre.

Dr. E. Paterson asked concerning the pneumonia cases, whether giving *Ferrum phos.* early aborted consolidation altogether, and if so, did this make the diagnosis of a pneumonia difficult.

Replying to this, Dr. Engel said that he used *Ferrum phos.* 30, one dose at the very start of what he considered would develop into a pneumonia, based largely on the appearance of the child, the rapid respiration and short cough. These cases very often showed no consolidation but he had not the facility for X-ray to check this. Sometimes the temperature dropped and rose again later and a further remedy was required.

Dr. Paterson then commented on the remarks regarding tufts of hair. This hairy appearance often of the back usually indicated *Tuberculinum* to her. She commented on the treatment of mongols by *Vitamin A* and said that she had now used this form of treatment for some months giving 6*c*, 12*c* and 30*c*.

Dr. Ahmed described the case of a girl of 3 who could not talk, who suffered from sweating and a rather protuberant abdomen. She was given *Baryta carb.* 30 and started to walk and talk soon afterwards.

Dr. Engel said he thought *Baryta carb.* could be used either in low potency three times daily or higher at intervals, but it was usually necessary to change the remedy to follow this.

Dr. Duthie stated that he had found the paper very straightforward and easy to understand and he was interested in this question of more accurate diagnosis in cases of mental defectiveness.

Dr. E. Paterson inquired whether the EEG had been done in cases of epilepsy.

Dr. Engel replied that he had had a boy of 14 with a low I.Q. who was perfectly fit physically. He had no fits but the EEG showed a focus in the left occipital lobe and he was now treating him as an epileptic. He remarked, in replying to the questions, that the age group at the Homes was 5 to 16 years and nearly all were admitted through the local education authorities. It would really be better if they could stay to 18 years as they could go from Camphill to some form of employment, or to their village community for mental patients.

Dr. Emslie asked whether other vitamins in potency had been tried for mongols in view of the fact that *Vitamin A* was helpful.

Dr. Boyd commented that he had started treating several mongols, using potentized *Vitamin A* and following Dr. Foubister's method of giving 6, 12, 30c, in serial dose over 3 days and then waiting a month. He also remarked that the Hospital was now using a compound of several vitamins for treating these cases. With reference to the pneumonia cases he wondered whether these could be written up as a paper, but there seemed to be some difficulty over the question of confirming the diagnosis as many of them were treated in the very early stages when no X-ray nor definite clinical signs were present and while this might satisfy homœopathic doctors it would not be very convincing to allopaths as a report on pneumonia cures. He also remarked how interested he had been to hear of the cases of childhood autism. This syndrome had been described in great detail at a recent meeting of the Medico-Chirurgical Society where cases were described and a film was shown to demonstrate the kind of behaviour of these children at that time. He had immediately thought of *Natrum mur.* as a possible remedy for these cases and had actually suggested to one of the child psychologist physicians that Homœopathy might be used to help them, but nothing further came of it, although they seemed to be helped by playtherapy.

The discussion closed with a vote of thanks to Dr. Engel and all agreed that it had been a most interesting and instructive evening.

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