

Move or Die

Sense Dimensional Perspective on a Case of ADHD

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A Teaching Associate at Harvard Medical School, Jerry Kantor is the originator of Sense Dimensional Analysis. His practice encompasses treatment of chronic disease, Attention Deficit Hyperactivity Disorder; ASD, depression, anxiety, immunosuppressive conditions, OB/GYN complaints, asthma, and gastrointestinal disorders.

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ABSTRACT: Attention Deficit Hyperactivity Disorder addressed via classical homœopathy. Materia medica involving modifications to miasmatic theory in the light of Sense Dimensional theory. *Veratrum album*, *Mercurius vivus*, *Calcarea phosphorica*, *Hepar sulphuris*, *Silica*. Radical Disjunct, Sense Dimensional Analysis.

This case demonstrates the effective use of classical homœopathy in the case of a child diagnosed with ADHD. Five medicines were prescribed over the course of eight months with a one-year follow-up. *Veratrum album* receives close attention especially in regard to miasmatic and Sense Dimensional theory.

KEYWORDS: ADHD; Sense Dimensional Theory.

Background

Allopathic diagnosis:

A neuropsychologist had diagnosed him with ADHD mixed type with borderline anxiety on the basis of his test taking style: He agreed to complete the tests with their boring button-clicking requirement **only after being permitted to email a complaint to the test developer.**

Case

Siggy, the oldest of three children is an animated, dark haired ten-year-old boy whose face readily expresses intense emotion. In advance of our session the spiritually attuned mother has provided an evocative first person account of his early years condensed as follows:

Mother's commentary:

'While pregnant **somehow felt that I wasn't pregnant any more even after an ultrasound confirmed I was.** He was born five days late and I was tortured by this point when retaining a tremendous amount of water and could barely walk.

'I conversed with Siggy's soul at this stage communicating that we were ready for him to come. He responded that **he couldn't because of being stuck.** Labour began that night. My late stage labour lasted ten hours.

'As he did not budge a centimetre the doctor broke my water and found meconium. Understanding what Siggy meant by being stuck I immediately requested a C-section. Had I followed the doctor's instruction to continue with the natural birth, he would have likely died since the umbilical cord

was found tightly wrapped around his neck several times at birth.

'He had a stridor that, though of concern, quickly resolved. We were together in the hospital for five days. I think due to all the pressure on his throat his cry was feeble for the first two weeks of his life. Also I had a fever from a uterine infection and felt too sick to lift him.

'Psychics who had tuned into him reported that Siggy's continuing issues with attentionality reflects vacillation between two modes: He on the one hand feels stuck, **unable to move and likely to die. He has on the other hand, a desire to move like crazy so as to feel free.** This was pronounced for many years, causing him to be diagnosed at age seven with ADHD. Another psychic, a past lives reader notes that **in one past life Siggy was a head judge in charge of making sure other judges were adhering closely to sentencing rules.** I myself apparently, was one of the overly flexible regional judges prone to mitigating on behalf of guilty offenders.'

Consult Notes

Infant/toddler characteristics:

Constant crying the first fifteen months of his life. He had a sensitivity to milk protein and to light exposure. Long history of waking up in the middle of every night. Resistant to relaxation (bouncing him on a yoga ball, reading to him, playing Baby Einstein videos ~ no impact). Always **wanting to be lain down with at night, held tight or snuggled inside a blanket.**

Growing older he was a **'bundle of nuclear energy,'** had a hard time sitting still. Attended

a Montessori preschool at age two, and a traditional preschool a year later. There he fell apart, overwhelmed by the noise and ordinary classroom demands. Returned to Montessori education where he refused to attend a full day. His attendance was reduced to a half day.

Siggy read at age two without being taught and loved computer games. Exceptionally bright, he easily grows bored. Anxiety when he has to learn a new skill or endure criticism from a parent. Separating from his mother, who for so long has been intimately involved with his schooling and considers herself uniquely able to truly understand him, provokes **fear**. He will not watch tv news because it is too sad. **Cannot bear hearing of illness or death or dealing with goodbyes. Catastrophises in the sense that if something happens (or fails to happen) repetition of the happenstance is foredoomed.**

Has difficulty retaining friends due to preference of computer gaming over sports (whose informal rules he misunderstands: for example, running in meaningless circles during a football game so no one throws the ball to him), his rigid standards and self-centredness. **Self-righteous when classmates cheat on tests; if teachers are at all inconsistent; when justice is not served. He perceives slights where none occurred. Thinks a teacher is disappointed with him when she is not. Would come home complaining that school is stupid. There would be tantrums over the completing of his homework. Accounts of mistreatment from the teachers and other children are typically not corroborated.**

Siggy says he wants to feel calmer, have more patience and get out of the fight or flight mode. Gets on a high horse if caught doing something wrong and yelled at. Knows he is ambitious and determined. The mother interjects that unless an immediate expert he avoids engaging a new skill. **Will suddenly quit a new project.**

Physical symptoms:

A cold always turns into post-nasal drip. Then a cough. The whole family is prone to sinus issues. An occasional cramp in his ankle.

Spirituality:

Reports being **interested in God, and the question of life after death.**

GI/food:

Remarks that everything tastes bad, even though he may like the first few bites. **Upset when portions are limited or he perceives his siblings getting larger portions. Frequently nauseous for no apparent reason.**

Previous care:

Prior to coming to seeing me Siggy was given *Calcarea carbonica* and then *Lycopodium* in potencies escalating to 1M, the last dose a year prior with an immediately relaxing effect.

Assessment

My discussion will include a miasmatic and Sense Dimensional consideration of medicines used, with special attention given to the initial medicine chosen, *Veratrum album*.

Move or die is a Radical Disjunct: feeling immobile is not better movement. In fact compulsive movement aggravates, promoting exhaustion and further need to move. Whether this indicates the Tubercular miasm or *Rajan Sankaran's* notion of an acute miasm will be discussed.

Regarding *Veratrum album* the epigram 'I am so lost, only I know the way' is offered. This reflects the truth-teller origin of *veratrum* but also a polarity in the medicine's keystone rubric, *Despair from loss of social position*. This Siggy displays in his ambition; with his self-righteous rejoinders; in his extravagant insistence on setting straight the diagnostic test developer; and interest in religious questions. His feeling displaced, merely suggested by the usurpation of his primacy in the birth order is manifest in the delusion of his food portions being smaller than those of his siblings.

Illustrative example:

Well-known in the world of chess, his personality and misadventures vividly depict *Veratrum album's* key features. This is *Aron Nimzowitsch*, a 19th century chess prodigy who wrote a hugely ambitious text on chess theory that uniquely and cogently presents the game's principles. The book, *My System*, would not be fully appreciated in his own lifetime. Justifying his hypermodern concepts exasperated Nimzowitsch especially

when he lost tournament games. Unable to fully manifest his brilliant theories made him defensive and self-righteous.

When dining out Nimzowitsch was notorious for being certain his portion was always the smallest. Following defeat by an inferior player he would scream 'Why must I lose to this idiot!' Where smoking was banned in tournament halls his opponents unnerved the hypersensitive Nimzowitsch by placing unlit cigars next to their chess pieces, exploiting his investment in a chess precept that the threat is stronger than its execution.

Additional *Veratrum album* features:

Veratrum album's expectation of the rug's being yanked or of approval being withheld accounts for *Dr. A.U. Ramakrishnan's* seminar observation that *Veratrum album* is fear-ridden. Siggy's quitting a recent endeavour re-enacts the drama. Fear underlies his frenzy, distractibility, clinginess, hypersensitivity, touchiness, and vigilance.

Somatic expression of the medicine includes chilliness, distaste for food, nausea, and respiratory weakness. Fear commonly transposes into anger, hence, Siggy's tantrums, but also visual symptoms (the eye correlating with the Liver in Chinese Medicine and its associated emotion of anger), light sensitivity and the optical illusion of a small food portion.

Veratrum album's precocity is evident in Siggy's teaching himself to read at the age of two and in his computer gaming talents.

Boenninghausen's Repertory includes *Veratrum album* within the rubric, *Delusions of pregnancy*. Convinced of not being pregnant with Siggy when she actually was, his mother possibly needed the medicine herself. In which case her mindset is implicated in Siggy's sense of forfeiture.

Miasmatic and Sense Dimensional View of *Veratrum Album*

Abdur Rehman places *Veratrum album* within both the Psoric and Sycotic miasms.¹ In his writings *Rajan Sankaran* posits that the suddenness of response within *Veratrum album* puts the medicine in what he refers to as the Acute miasm. While in agreement with *Psora* and

Sycosis categorisation, the validity of an Acute miasm is unconvincing. It seems in fact, contradictory since miasmatic theory was developed to account for chronic states *underlying* persistent acute (by definition *not* entrenched) reactions. The miasms also embody existential dilemmas; a weight that a generic acute reaction appears ill-equipped to carry. Sense Dimensional theory offers an alternative miasmatic modelling of *Veratrum album's* Move or Die dynamic.

Please note a broader discussion of the miasms in the context of today's epidemic of autoimmune conditions, where what I call the Neural Autoimmunity Miasm (NAIM) is introduced, appears in my most recent book, *Autism Reversal Toolbox*.² An alignment of the five classical miasms with the five Sense Dimensions, not originally offered in my *Interpreting Chronic Illness* book, is presented in condensed form below and will be elaborated in future writings:

Sense Dimension of Touch:

Isolation vs Synchrony

Infancy, Bio-mineralisation, Circulatory System

Tubercular Miasm

Sense Dimension of Taste

Anxiety vs Challenge

Adolescence, Metabolism

Gastro-intestinal System

Psoric Miasm

Sense Dimension of Smell

Disorientation vs Centredness

Adulthood, Identity, Respiratory System

Sycotic Miasm

Sense Dimension of Hearing

Entropy vs Consolidation

Middle-age, Legacy, Genito-Urinary System, Reproduction

Syphilitic Miasm

Sense Dimension of Sight

Chaos vs Creativity

Old age/rebirth, Global vision,

Failed rebellion, Nervous System

Cancer Miasm

Veratrum album's polarity of frenzy on the one hand and sudden inactivity on the other fits squarely within the Tubercular miasm aligned with the Sense Dimension of Touch. Move or die's frenzy is an asynchronic reaction to isolation. The compulsion to move we so strongly associate with Tuberculinism reflects blood's circulation (that has no point of termination) in tension with desire to reach a stationary, originating source such as fuels animal migration. Tuberculinism equates with incomplete resolution of Touch's isolation vs synchrony conundrum.

Veratrum album's resonance with Psora is understood within the context of the Sense Dimension of Taste's challenge vs anxiety conundrum. Thus, the extreme ambition and G-I difficulties are accounted for.

Veratrum album's resonance with Sycosis is viewed in the context of the Sense Dimension of Smell's disorientation vs centredness conundrum within which the medicine state's respiratory ailments and identity issues are interpreted.

A fuller miasmatic modelling of *Veratrum album* would include the Cancer miasm and the related Sense Dimension of Sight context. Here we locate visual distortions relating to the food portion optical illusion and light sensitivity both of which reflect a chaos vs creativity tension within the medicine state.

Followup To The *Veratrum Album* 200 (Several Weeks Later)

The mother reports:

A few weeks later he seemed a bit calmer. Last week, had no patience for anything, screams all the time. Will not follow directions. Disliked the way Halloween costume fit him. Had a huge tantrum, hitting his mother, growling. Was refusing to take vegetables or fruit to school. Took a can of soup. He is super smart and wants to learn things he is interested in in depth. Suddenly driven to learn algebra, guitar, and chemistry. Wants out of outdoor play.

He generalises a lot: You hate me. Everybody is annoying, everything is annoying. Makes growling noises. Loves mattress stores. When we went to one he tested all the couches. Refused to brush his hair. Have to bug him to take a shower. He refuses to brush his teeth.

Very much into comfort. Seems is only happy when acquiring possessions.

A curious observation by the mother: Once he has conceived of something in his mind it is as if it has already happened.

Assessment:

The Move or die dynamic has exploded out of existence. Siggie is now energised with more externally related sensitivities. His annoying behaviour, mercurial temperament, emotional closedness and a feature I associate with the new medicine (a delusion that thinking something will happen guarantees its occurring) fuels a paranoia (you hate me!) associated with the *Mercurius* state. My followup prescription is for *Mercurius vivus* 200.

Followup To *Mercurius Vivus* 200 (Several Weeks Later)

The mother reports:

Siggie went to Poland with husband, back now a week. He appears calmer, not as easily agitated though still has his moments. But they are less frequent. He is now easier to problem solve with, talk to. Does not seem to understand that there are restrictions on money. What stands out now is that he is never satisfied, enjoys constantly negotiating with his parents.

He needs a lot of stimulation in order to focus on something or attend to something he likes. Mom does everything to accommodate him and he gives her a hard time about everything. Cannot be comfortable for even a split second. Wants to do only what he wants to do.

Drawn to chicken soup, macaroni and cheese, salad, hamburgers and hot dogs. Newly liking eggs, bagels and lox, turkey bacon. Is annoying for the sake of the turmoil and excitement it causes. Constantly complains everything is boring. Excessive reaction to emotionally disturbing tv news. Complains about his stomach. Gained a lot of weight in a short period of time. Noticed a round spot of eczema on his leg. Fears being alone in the dark.

Assessment:

No longer paranoid but still within the Syphilitic miasm. A frequently seen shift from *Mercurius vivus* to *Calcarea*

phosphorica. The medicine is given in a 200C potency.

Followup to *Calcarea Phosphorica* 200 (A Few Weeks Later)

The mother reports:

He is definitely calmer, less frustrated but with a hard time falling asleep. Cannot go to sleep alone, wants mom to stay there until he falls asleep... Reads *Many Minds Many Masters* with his mom. Really into himself, meaning is not an attentive care-giver type, too self-centred. Preoccupied with buying things. Still with annoying behaviours. Snow in his sleeve agitates him. Will growl and grunt. Tends to eat quickly. Can strike out at his little brother if angered.

Assessment:

It appears that Siggy's hot buttons are narrowing down to more specific situations. When annoyed however it is as though he must set the world on fire. The extreme irritation he shows when snow gets into his coat sleeve I associate with a medicine that often follows *Calcarea phosphorica* and is expressive of vulnerability. My prescription is *Hepar sulphuris* 200C.

Followup To *Hepar Sulphuris* 200 (Several Weeks Later)

Mother reports:

He calmed down a lot. Doing well. Learning guitar. Played in a performance, a solo but a bit anxious prior due to the roomful of people. Got him a nice phone. He asked why the phone was so expensive. I was impressed and surprised as he was fine with what would have been a less fancy phone. *Really has calmed down a lot.*

Kind of an inertia thing where what he has started he cannot stop, though that too has improved. He finishes things now, though with less struggle about following through. Complaining of stomach aches, also a hard time falling asleep. Awakes with bad dreams. *Wants his mom to hypnotise him. Wants to see his past life.*

Food sensitivity: a scrambled egg too cold he will not eat.

New symptoms: warts on his fingers around the cuticles.

Assessment:

I perceive a downshifting of intensity into what appears to be a *Silica* state: His self-consciousness before a group, sensitivity to the temperature of food and finger warts. Desire to be hypnotised and see his past life relates to *Silica's* affinity for energy transduction. Prescription: *Silica* 200C.

Followup To *Silica* 200 One Year Later

Humorously, his current Facebook photo obscures his face entirely as it is hidden behind the mask of a famous Hollywood movie villain.

Mother reports:

Siggy is happier these days. He loves the self-directed learning centre he attends and is sad when they're closed for vacation. He interacts well with adults. At school he engages flexibly with kids some of whom are not even friends. Siggy enjoys going to after-school religious training, a miracle! He's recognising he can learn new things that are hard and noticing it actually doesn't take that long. Puberty has also started and we're seeing some temperamental

changes as a result. But he is in a really good place, calm, maturing and his instructors report improvement in how he handles transitions and carries himself. I think I will let Siggy be for a while and see how he does.

Assessment:

A nice point of termination. The ADHD label no longer seems to apply.

The author's approach is a departure from classical prescribing in that there appear to be a lot of medicines given. The miasmatic classification is unusual for classical prescribers. Further understanding of Jerry Kantor's perspective on homeopathy, its interconnection with TCM, and his thinking can be found in his books, see below. Ed.

Endnotes and Bibliography

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