

101 AUTISM AND DEVELOPMENTAL DELAYS THE HOUSTON HOMEOPATHY METHOD HAS HELPED

Following is a list of 101 things the Houston Homeopathy Method can and has helped children with autism to overcome.

Check off the behaviors and symptoms that you see currently, or have seen in the past, with your child.

We believe you will see that it is worth investing the time and money to let us help your child become healthier, to feel better, act better, and have a better life.

Why wouldn't you want to improve these things for your child - and your whole family's lifestyle improvement?

Problem or Symptom	My child experiences	Has HHM helped?
Not Toilet trained	<input type="checkbox"/>	YES
Running or bolting	<input type="checkbox"/>	YES
Cannot use communication device	<input type="checkbox"/>	YES
Can't fall asleep at night	<input type="checkbox"/>	YES
Wakes at 2-4 AM	<input type="checkbox"/>	YES
Wakes between 4-6AM	<input type="checkbox"/>	YES
Tantrums	<input type="checkbox"/>	YES
Aggression	<input type="checkbox"/>	YES

Problem or Symptom**My child experiences****Has HHM helped?**

Can't feed self

YES

Picky eater

YES

Rejects certain food textures

YES

Failure to thrive

YES

Can't dress self

YES

Inattention in school

YES

Can't sit still

YES

Bites self

YES

Bangs head

YES

Throws objects frequently in tantrums

YES

Has labeling words but not meaningful language

YES

Has words but can only label things

YES

Has a few words only

YES

Cannot speak at all

YES

Has chronic diarrhea

YES

Has chronic constipation

YES

Has diarrhea/constipation alternating

YES

Has undigested foods in stools

YES

Problem or Symptom**My child experiences****Has HHM helped?**

Chews on shirt collar, sleeves

YES

Has Gut pain

YES

Has Reflux pain

YES

Has IBS or Gut inflammation

YES

Has Crohn's or severe gut lining damage

YES

Has food regurgitation

YES

Hits other people

YES

Bites other people

YES

Tears up paper

YES

Poor muscle tone

YES

Poor small motor coordination

YES

Poor large motor coordination

YES

Can't skip

YES

Walks on toes

YES

Has nightmares or night terrors

YES

Wanders at night

YES

Has sore throats often

YES

Has ear infections often

YES

Problem or Symptom**My child experiences****Has HHM helped?**

Has rashes often

YES

Runs sudden onset and/or high fevers

YES

Echoes only last word or few words

YES

Replays videos over and over

YES

"Scripts" from movies only

YES

Has fears

YES

Has rituals

YES

Can't cross a threshold for OCD problem

YES

Lines up toys, pencils, etc.

YES

Does not point at things

YES

Does not look where someone points

YES

Does not or has difficulty making eye contact

YES

Seems spacey

YES

Giggly, "drunken" type goofy behaviors

YES

Does not engage in play with peers

YES

Does not engage with family/friends

YES

Flat affect

YES

Does not have natural looking smile

YES

Problem or Symptom	My child experiences	Has HHM helped?
Cannot follow single step instructions	<input type="checkbox"/>	YES
Cannot follow two step instructions	<input type="checkbox"/>	YES
Cannot follow more than two step instructions	<input type="checkbox"/>	YES
Does not show affection towards family	<input type="checkbox"/>	YES
Does not like to be hugged	<input type="checkbox"/>	YES
Does not give hugs	<input type="checkbox"/>	YES
Bothered by tags in clothing	<input type="checkbox"/>	YES
Covers ears with hands frequently	<input type="checkbox"/>	YES
Covers eyes frequently	<input type="checkbox"/>	YES
Is disturbed by visual "busy" stimulus (stores, etc)	<input type="checkbox"/>	YES
Is disturbed by certain sounds	<input type="checkbox"/>	YES
Is disturbed by loud sounds, more than normal	<input type="checkbox"/>	YES
Must have rigid routine - cannot vary w/o anxiety	<input type="checkbox"/>	YES
Cannot be redirected from current interest	<input type="checkbox"/>	YES
Cannot trace letters/numbers	<input type="checkbox"/>	YES
Cannot write letters/numbers	<input type="checkbox"/>	YES
Cannot write name	<input type="checkbox"/>	YES

Problem or Symptom**My child experiences****Has HHM helped?**

Cannot do simple math

YES

Cannot spell words

YES

Does not respond to own name

YES

Cannot label things when asked

YES

Cannot ask for help

YES

Cannot type words

YES

Does not come when called to do so by name

YES

Has rages on empty stomach

YES

Has rages on full stomach

YES

Has bloating/passes much gas

YES

Burps constantly

YES

Has stool-like odor to breath

YES

Vomits some food right after eating

YES

Craves sugar inordinately

YES

Flaps hands

YES

Wiggles fingers or objects in peripheral vision

YES

Must always have a "fidget toy" in hands

YES

Problem or Symptom	My child experiences	Has HHM helped?
Gets upset when told "no" or challenged	<input type="checkbox"/>	YES
Spins around in circles	<input type="checkbox"/>	YES
Fascinated with staring at spinning objects (fans)	<input type="checkbox"/>	YES
Spins objects over and over til redirected	<input type="checkbox"/>	YES
Must turn light switches on and off repeatedly	<input type="checkbox"/>	YES

If you checked off one or more of these symptoms, click here or call us at **713-366-8700** to learn more about how homeopathy can help your child. As you can see, this isn't our first rodeo! We have helped almost 200 children fully recover from autism, and we want your child to be next.

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