

**Exploring the Impact of  
Remote Pathogenics Energy Healing  
for Children with  
Autism and Other Neurodivergent Traits**

*By Rachel Doyle*



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# Foreword

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As I sit down to write this report, I feel both humbled and daunted. I am not a scientist, a medic, or a professional writer. So why should anyone listen to me? The truth is - you shouldn't. What truly matters here are the voices of the mothers who courageously took part in this study. These are the mothers who responded to my call for volunteers, enabling me to explore whether Remote Pathogenics energy healing could improve symptoms associated with autism and other neurodivergent profiles in their children. I encourage you to put aside any scepticism about the method itself and instead listen to their experiences. Their words provide the most compelling insight into the changes that unfolded during this trial.

For me, witnessing these transformations was both fascinating and deeply moving. My hope is that, as you read their stories, you will share that same sense of discovery and possibility.

## How This Study Came About

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In my Pathogenics practice, I typically work with adults, children, and animals experiencing a range of chronic health concerns - digestive issues, skin conditions, migraines, and fatigue among them. Until recently, I had not worked specifically with neurodivergence for either adults or children.

In December 2024, two existing clients independently asked if I would consider working with their autistic grandsons (Arthur and Reuben). I agreed to try, and within a few weeks, both of the boys' mothers reported significant improvements in their sons' behaviour. The fact that both children improved so quickly - and in such similar ways - made me curious to explore further.

Those remarkable findings set the whole study in motion. I continued working with the first two boys' voluntarily and invited additional families to take part from February 2025. My first step was to learn as much as possible about Autism Spectrum Disorder (ASD) - to understand not just the diagnostic criteria, but the real experiences of families navigating it daily.

Most of my communication was with mothers, who served as both primary carers and vital partners throughout the process. Their insights and dedication became central to the study. Based on this growing understanding, I developed a comprehensive intake form.

# Finding Participants

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Recruiting participants proved challenging. At that time, I had no professional network in the field of neurodivergence, nor did I typically work with children. Through word of mouth and personal connections, I eventually enrolled 10 children.

All of the children who took part presented with clear neurodivergent traits. Some had a formal diagnosis of Autism Spectrum Disorder or related conditions, while others were described as neurodivergent based on parental reports or school observations where there was a strong and consistent suspicion. For the purposes of this exploratory work, a formal diagnosis was not required. Instead, each child was included based on their individual symptom profile, allowing the study to focus on real experience rather than diagnostic labels.

All children participated in the trial between February 2025 and August 2025. Each child was involved for a different duration depending on when they entered the study. While not a clinical trial in the conventional sense, this flexible structure allowed me to work intensively with each child within the time and resources available.

One of the most profound realisations from this process was not only how openly the mothers shared their experiences, but how clearly their stories revealed the resilience required to care for their children in the face of relentless challenges. Their lives had been reshaped - often put on hold entirely - to provide the necessary daily support, and receiving little meaningful help from medical, educational, or wider community systems. What emerged was a window into the emotional, physical, and practical load that these parents carry every day: the exhaustion, the isolation, the constant battles for understanding, and the unwavering commitment to their children's wellbeing. Their honesty and strength brought a depth to this study that far exceeded the original intention.

A few families withdrew before the trial began, expressing understandable scepticism. Yet those who continued were ultimately glad they did. Many admitted they entered the process with limited expectations, but their reports later told a different story - of calmer, happier, and more emotionally connected children.

# Pathogenics Explained

Pathogenics is a relatively new form of energy healing, pioneered and developed over the last 10–12 years. It combines pendulum dowsing, quantum physics, and the study and understanding of how pathogens and toxins impact symptoms in the body. This practise is used to detect and clear pathogens in the body, addressing health conditions at the root. While it may sound unconventional, it is a structured and systematic approach with a clear focus: to identify and remove specific pathogens or toxins that may be contributing to physical or emotional symptoms.

These pathogens, usually at a trace/remnant level can include bacteria, viruses, fungi, parasites, and in addition - various chemical and metallic toxins. Using dowsing techniques, practitioners identify which pathogens are affecting the individual from a list of over 5,000 most commonly found, and then energetically “clear” them from the system.

Examples of detected pathogens, toxins, with the associated symptoms that are relevant to this trial include:

| Name                    | Type     | Relevant Symptoms   |
|-------------------------|----------|---|
| Epstein Barr            | Virus    | Headaches, brain fog /cognitive slowing, fatigue, sleep disturbances, light or sound sensitivity, brain inflammation, seizures, ataxia (loss of coordination and balance), memory impairment, difficulty concentrating, depression or anxiety, mood changes   |
| Toxoplasma gondii       | Parasite | Headache, brain fog /cognitive slowing, difficulty with concentration, fatigue, mood changes, brain inflammation, seizures, confusion or altered mental status, memory loss, ataxia, vision changes, risk-taking behaviour and personality change, digestive issues   |
| Aluminium               | Metal    | Confusion, disorientation, headache, speech disturbances, muscle twitching, seizures, memory impairment, cognitive decline, poor concentration, brain fog, personality or mood changes, depression, sleep disturbance, tremors, ataxia, delayed neurodevelopment, learning difficulties, lower IQ, behavioural problems                                 |
| Cryptococcus neoformans | Fungus   | Headache, fever, neck stiffness, light sensitivity, nausea, vomiting, fatigue, confusion, altered mental status, drowsiness, cognitive impairment, memory loss, personality changes, seizures, vision loss, ataxia, body weakness, speech disturbances  |
| Neisseria meningitidis  | Bacteria | Headache, neck stiffness, light sensitivity, confusion, altered mental status, drowsiness, difficulty concentrating, seizures, decreased level of consciousness, body weakness, cranial nerve dysfunction, hearing loss, vision disturbances, ataxia, cognitive impairment, memory deficits, learning difficulties, motor deficits, behavioural changes |

All work is conducted remotely, a technique commonly used in other forms of energy healing (such as Reiki), where the practitioner and client do not need to be in the same room or even the same country. This means the client - especially relevant in the case of children - does not need to attend appointments, or undergo any physical procedures. This approach proved particularly valuable for autistic children, as many parents described the stress and difficulty of taking their child to unfamiliar or clinical environments. In addition, no supplements or medications are required, which is particularly beneficial for children who often refuse or are unable to take pills or other oral treatments.

Working remotely, often while the child was asleep, meant the process was completely non-invasive and stress-free. It also avoided reinforcing the message that the child needed to be “fixed,” something several parents expressed concern about.





# The Trial

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## Background

This was an independent, self-funded pilot study offered free to all families. I began this work with a simple hope: to see whether Pathogenics could genuinely make life easier for autistic and neurodivergent children and their families. Even a small shift for a child can shape their confidence, comfort, and future independence - and it can transform family life too. My intention wasn't to change who these children are, but to ease the symptoms that caused distress and made daily life harder. This study explored whether gentle, remote Pathogenics work could support emotional balance, behaviour, sensory regulation, and overall wellbeing. Led by me, Rachel Doyle, it aimed to document real changes in family dynamics, communication, and day-to-day ease as remnant pathogens and toxicity were cleared.

## Methodology

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### Participants:

A group of ten participants, aged 4–30 years all with ASD-related and other neurodivergent traits, were included in the study following parental consent.

Each child's mother completed a detailed intake form describing daily life, behavioural and sensory challenges, emotional regulation, communication, and health concerns. The intake form was designed as a standardized pre-assessment tool to collect information from parents in order to establish participant demographic details and each child's baseline functioning in these areas. In addition, the form gathered information on parental experiences prior to the trial, particularly in relation to managing and supporting their child.

### Technique:

Each session consists of a test and energetic clearing taking around 30 minutes each time. During each session dowsing was used to identify the priority pathogens or toxins requiring clearance. Typically, this results in a list of 1-5 at each session, which were then cleared using Pathogenics techniques. This process was repeated in every session. Participants received 2 sessions per week.

Pathogenics remote energetic clearing sessions were carried out, typically while children were asleep. This method aims to reduce toxic, energetic and pathogenic load as identified through Pathogenics detection and clearing techniques. Parents provided weekly feedback describing any observable emotional, behavioural, or physiological changes.

### **Data Collection:**

The data collected was based on observations and real-life experiences, and gathered through intake forms, parent feedback, and end-of-trial reflections. Each child's journey was documented as an individual case study, detailing both their initial presentation and the changes observed over the course of the trial. At the conclusion of the study, every mother completed a follow-up form, which was compared with the original intake to identify shifts across behavioural, sensory, emotional, and physical domains. In addition, each mother was interviewed to capture the subtle, anecdotal, yet highly meaningful insights into how the process had affected their child - and the wider family dynamic.

### **Duration:**

Children participated for varying lengths of time between December 2024 (pre-trial) and August 2025, completing between 2 and 8 months of sessions.



# Participant Case Studies

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Detailed case studies for each of the 10 children are included in the body of this document. These reports share the mothers' stories in their own words. The ages and genders of the children are accurate, though all names have been changed to protect privacy.

Each profile is set out in a standard way to keep things clear and consistent.

Sections include:

- Background information
- Behavioural and emotional profile (pre- and post-trial)
- Sensory and communication profile (pre- and post-trial)
- Physical health and Developmental history (pre- and post-trial)
- Family and Environmental context (pre- and post-trial)
- Education and learning profile (pre- and post-trial)
- Verbatim parent reflections
- Parent-reported experience
- Summary Statement

# Participant Demographics

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- Number of participants: 10
- All participants based in the UK
- Gender: 6 male, 4 female
- Age range: 4–30 years (Initially, my plan was to work only with children, but when I heard one mum's story, I wanted to try to help her 30-year-old son, so I made an exception. I was also curious to see whether this work could support someone older).
- Presenting conditions included neurodivergent profiles (\*see table below). Additional general health concerns included ear/nose and throat disorders, digestive issues, sleep irregularities and recurrent headaches.

| Name   | Known As | Relevant Symptoms   |
|--|----------|---|
| Autism Spectrum Disorder   | ASD      | Social communication differences, sensory sensitivities, repetitive behaviours, restricted interests, emotional regulation difficulties, executive functioning difficulties                               |
| Attention-Deficit/<br>Hyperactivity Disorder   | ADHD     | Inattention, hyperactivity, impulsivity, poor concentration, executive dysfunction, emotional dysregulation, restlessness   |
| Pathological Demand Avoidance<br>(profile within autism)   | PDA      | Extreme avoidance of everyday demands, high anxiety, need for control, socially manipulative avoidance strategies, rapid mood changes, intolerance of pressure  |
| Paediatric Autoimmune<br>Neuropsychiatric Disorders<br>Associated with Streptococcal<br>Infections | PANDAS   | Sudden onset OCD or tics, anxiety, emotional lability, regression, urinary issues, sleep disturbance, motor hyperactivity   |
| Paediatric Acute-Onset<br>Neuropsychiatric Syndrome  | PANS     | Sudden onset OCD or severe food restriction, anxiety, emotional dysregulation, developmental regression, tics, sensory sensitivities, sleep disturbance   |
| Nonverbal Autism<br>(subtype of ASD)   | NVA      | Minimal or absent spoken language, reliance on alternative communication, significant social communication challenges, sensory sensitivities, repetitive behaviours, frustration related to communication |

## Individual Case Summaries: Pre- and Post-Intervention

This section presents individual case summaries outlining each child's profile before and after participation in the Pathogenics trial. The aim is to illustrate the range of changes observed across cognitive, behavioural, emotional, and physical domains. Each summary provides some background, followed by a description of progress or challenges as noted by the parents, during and after the intervention. Together, these accounts offer real-life reports of the impact of the treatment on daily functioning and family life.

# Case 1 – “Arthur” (Male, Age 5)

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**Trial Dates:** December 2024 – August 2025

**Number of Sessions:** 35

**Presenting Characteristics:** Suspected Autism Spectrum Disorder, accompanied by sensory sensitivities, emotional regulation challenges. School recommendation for formal diagnostic assessment.

## Background Information

Arthur is a loving and caring five-year-old boy who can experience full-scale emotional reactions when angry, though not typically violent. His parents describe daily life as a balance of helping him understand what's coming next and managing simple day-to-day tasks such as dressing or toileting. Arthur prefers to complete tasks in his own time and can become resistant when asked to change focus. The family often uses countdowns or verbal prompts to help these transitions. ASD-type behaviours were noticed since birth but this increased around age 3-4 years when it became clear he was developing differently to his peers.

ASD-type behaviours were noticed since birth, but this increased around age 3-4 years when it became clear that he was developing differently to his peers.

## CASE STUDY 1 – 'ARTHUR' (MALE AGED 5)

### PRE-TRIAL ASSESSMENT

### POST-TRIAL ASSESSMENT

#### Behaviour and Emotional

Prefers routine and own pace  
Finds transitions hard  
Big emotions or shut downs  
Repetitive flapping/rocking/bending  
Deep focus; struggles to switch tasks  
Overly talkative; misreads social cues

Much calmer and more settled  
Handles transitions with less resistance  
Fewer meltdowns; better emotional expression  
Movement more regulated; can stay still  
More flexible and responsive  
Listens better, more cooperative and receptive to praise and rewards  
Happier overall, less frustration or distress

#### Sensory and Communication

Very sensitive to loud noises – is not able to self-regulate  
Noise makes group situations difficult  
Plays with one friend; tends to control play

Less reactive overall and more aware of his own tolerance (asks for ear defenders)  
More flexible in busy or social settings  
Wider social circle; more reciprocal play and is now willing to compromise

#### Physical Health and Development

Frequent throat clearing and congestion  
History of glue ear  
Occasional itchy scalp/skin/eyes  
Low balance and coordination; clumsy  
Fine motor delays; messy eating  
Needs help with dressing  
Disturbed nights; needs parental settling

ENT issues now resolved only runny nose occasionally  
Glue ear resolved; hearing normal  
Irritation less noticeable  
Balance and coordination much improved  
Much improved fine motor skills; cleaner eating  
More independent with dressing  
Settles himself with audiobook

#### Education and Learning

Copes with school meals and routine  
Emotional rigidity affects transitions  
Struggles with non-preferred tasks  
Hyperfocus on interests  
Resists authority  
No academic concerns; regulation challenges

Continues to cope well  
More accepting of reminders; better choices  
Improved engagement with tasks  
More balanced attention  
Teachers report more accepting and less resistance  
Behaviour and engagement improved; skills catching up with teachers reporting clear improvement

# In the Mother's Own Words:

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"He stands still now when he brushes his teeth - before he'd flap or twist the whole time."

"Now he'll say, 'I'm so cross with you, 'instead of just exploding and then calm down."

"It's just easier. The house feels calmer and lighter - he's easier to live with."

"He's listening now, taking praise, and even helping instead of running off."

"He's much happier, and so are we."

"Arthur has benefited greatly, which has impacted our whole household."

"We get to spend quality time together rather than battling with each other."

"Arthur dresses himself and is proud of it"

"He carries on conversations and is more responsive to rules and guidelines."

## **It No Longer Feels Too Hard: A Mother's Reflections on Arthur's Journey**

Before the trial, Arthur's mum remembers saying, "It shouldn't be this hard," because life with Arthur had become so relentlessly stressful that they barely noticed how intense it had all become. Looking back at the form she filled in at the start, she was shocked by how many behaviours she'd completely forgotten about, because they simply weren't happening anymore. The change wasn't a single dramatic moment, but by about three months in, the whole atmosphere in their home had softened. Arthur hadn't become a different child; rather, his funny, cheeky personality finally had space to shine now that the constant overwhelm had settled. Over the same months, the family went through a significant period of stress. Mum said plainly that without his improvements, she doesn't know how they would have coped. Instead of everything boiling over, the house became calmer, gentler, and more peaceful. Arthur became more cooperative, more able to "go with the flow", and far easier to be around. As his mum put it, "It no longer feels too hard anymore."

## **Summary Statement**

Working with Arthur highlighted the deep connection between symptom relief and family dynamics. Beyond the behavioural improvements, the process enabled a sense of calm and understanding within the household.

Arthur was the first trial participant and it was these early indications of change that piqued my interest to explore further. Arthur demonstrated significant improvements in emotional regulation, social interaction, and self-awareness. His parents and teachers observed a calmer, more cooperative child capable of verbalising emotions and managing sensory triggers effectively. The overall family environment became noticeably more peaceful and connected following the intervention

## Case 2 – “Imogen” (Female, Age 9)

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**Trial Dates:** February 2025 – August 2025

**Number of Sessions:** 30

**Presenting Characteristics:** Suspected Autism Spectrum Disorder, accompanied by sensory sensitivities, emotional regulation challenges, and indicators of heightened vagal activity.

### Background Information

Imogen is a bright and sensitive nine-year-old girl whose main challenges centre around physical discomfort, nervous system and energy regulation. Her mornings are often difficult, with tiredness triggering mood swings and meltdowns about going to school. Stomach pain and nausea are frequent, causing fatigue, emotional distress, and sometimes complete withdrawal or lethargy.

Her mother describes daily life as unpredictable and dictated by Imogen’s fluctuating symptoms. The family finds it difficult to maintain a stable routine, and managing her diet presents a continual challenge due to uncertainty about which foods may trigger pain or nausea. There were no unusual symptoms at birth but ASD-type behaviours noticed from age 4. There is a family history of digestive and behavioural disorders.



## CASE STUDY 2 – 'IMOGEN' (FEMALE AGED 9)

### PRE-TRIAL ASSESSMENT

### POST-TRIAL ASSESSMENT

#### Behaviour and Emotional

Mood swings and morning meltdowns  
Overwhelm and shutdowns  
Anger outbursts and crying  
Refuses daily tasks  
Irritable and overreactive  
Auditory stimming

Mornings much easier and calmer reactions  
Significantly reduced with better self-soothing  
Faster emotional recovery  
Manages demands better  
Mood lighter, less reactive  
Less frequent stimming

#### Sensory and Communication

Very talkative  
Hard to express thoughts  
Over-responsive to noise and textures

Calm emotional expression  
Clearer communication  
Greater tolerance of noise and textures

#### Physical Health and Development

Constant tiredness, energy peaks then crashes  
Brain fog and poor focus  
Digestive issues  
Sore throats and swollen glands  
Aches on waking  
Lethargic and unmotivated  
Face loses colour during nausea

Less fatigue, fewer energy crashes  
Better focus  
Major reduction in digestive issues  
Throat issues now resolved.  
Fewer aches  
More motivated and settled overall  
Significantly reduced nausea episodes

#### Family and Environment

Anxiety and digestive issues disrupt family routines  
Constant uncertainty around planned outings  
Never sure what food will exacerbate her issues

A huge difference now that anxiety and digestive issues rare  
Can plan outings with confidence  
Tolerates foods now without pain

#### Education and Learning

Irregular school attendance  
Months of not knowing whether she would go to school or stay at school

Stable attendance  
Not sent home from school now and can have a routine with friends

# In the Mother's Own Words:

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"Imogen now speaks to me about how she feels rather than crying, shouting, and screaming. She's says 'Mum, can I talk to you about...,' which she never did before."

"Imogen has become more relaxed and fun - we've really seen her sense of humour come through since doing these trials. She's dancing, singing, and telling more jokes."

"Although she still struggles with some sounds and textures, she can regulate herself now."

"Her stomach pains have almost vanished, and she's much less tired. We're not being called to collect her from school anymore."

"We are so happy to have been included in this trial; the changes have been amazing.

She's so much more relaxed and settled - we can't believe the difference in our girl. It feels like we can breathe again."

## **A Brighter Start to the day**

For a long time, mornings in Imogen's home were incredibly difficult. Waking her up took several attempts, and when she finally opened her eyes, she was overwhelmed, angry, and exhausted. She needed food straight away, resisted getting ready, and could only manage one instruction at a time. The smallest steps became long, emotional battles. Many days, she cried on the way to school (and mum cried on the way home) or hesitated at the gate, too anxious to go in. Then everything started to change during the trial.

Imogen is now alert and calm once she's up – and even laughs and jokes in the morning. Most importantly, she gets herself ready independently – brushing her teeth, managing her hair, getting dressed, and coming downstairs without prompting. The daily battles have almost disappeared. When reminded to get up, she responds gently instead of melting down. Going into school is no longer a struggle, and her anxiety has significantly reduced meaning no more 'school gate trauma'. Her energy is calmer and more settled, and the change has remained consistent even after returning to school from the holidays. For the family, the difference is huge. What once felt like a morning war zone has become a manageable, peaceful routine. Imogen can now leave the house without panic, and the overall atmosphere at home has transformed.

## **Summary Statement**

Working with Imogen highlighted how emotional regulation and physical health are deeply interconnected. Her digestive symptoms and fatigue eased and her ability to manage emotion and express herself improved too. The shifts were gentle but steady, demonstrating how clearing physical symptoms builds emotion, resilience and communication. Imogen showed significant and wide-ranging improvement across communication, emotional regulation, physical health, and sensory tolerance. Her ability to verbalise feelings, adapt to change, and manage anxiety transformed daily life for her and her family. Digestive discomfort and fatigue largely resolved, and her personality now shines through with humour and joy. Her mother describes the experience as "life- changing" - restoring calm, confidence, and connection in their home.

## Case 3 – “Reuben” (Male, Age 9)

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**Trial Dates:** December 2024 - August 2025

**Number of Sessions:** 24

**Presenting Characteristics:** Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Pathological Demand Avoidance (PDA)

### Background Information

Reuben is a nine-year-old boy with strong anxiety and sensory sensitivities, particularly related to clothing, shoes, and transitions which hold him back and limit his life daily. His daily routine is highly structured and dependent on parental support.

He typically wakes and plays his Play Station before breakfast, which is eaten on the floor of the playroom while watching his iPad. Reuben struggles with dressing, often refusing to wear clothes until he reaches school. His mother carries him to the car wrapped in a blanket, and once parked, he dresses himself in the same T-shirt, shorts, and Crocs each day.

School attendance is currently limited to 2.5 hours per day. His mother remains with him and his 1:1 assistant for the first hour, returning to collect him. After school, Reuben undresses immediately and plays at home. His meals are served in the playroom, and evenings follow a consistent pattern of shower, screen time, and bedtime - a parent with him constantly until he falls asleep.

The family describes this structure as restrictive but essential. Reuben's anxiety and sensory sensitivities significantly limit his participation in normal routines and social environments. Similar traits are observed in other family members. Reuben's ASD traits were noticed at age 6.

## CASE STUDY 3 – 'REUBEN' (MALE AGED 9)

### PRE-TRIAL ASSESSMENT

### POST-TRIAL ASSESSMENT

#### Behaviour and Emotional

High anxiety  
Meltdowns with routine changes  
Aggression when distressed  
Needs sameness  
Restricted interests  
Repetitive speech, narrow focus  
Struggles to cope with schedule or environment changes  
Repetitive movements and stimming  
Irritable and overreactive  
Struggles to adjust behaviour

Mood lighter overall, less anxious  
More flexible with routines  
Aggression greatly reduced  
More flexible with activities  
Trying new things like fishing and cooking  
Can have wider conversations now  
Smoother outings with planning, better emotional understanding  
Much reduced and goes to another room if needs to stim  
Shorter meltdowns and faster recovery  
Outbursts are now manageable frustrations

#### Sensory and Communication

Over-responsive to textures and noise  
Refuses unfamiliar clothing  
Difficulty communicating needs  
Restricted diet due to sensory needs

Sensory issues improved, copes much better with noise  
Chooses own clothing, wearing new items  
Clearer emotional expression  
Diet expanding, trying previously refused foods

#### Physical Health and Development

Poor concentration  
Frequent throat clearing  
Controlled/timed toileting  
Limited food range  
Struggles with dental hygiene/refuses dentist  
Struggles with walking and standing

Improved focus  
Throat clearing resolved  
Improved toileting – following natural urges  
Diet expanding further  
Teeth brushing now regular and has visited dentist  
No significant improvements noticed with walking/standing

#### Family and Environment

Anxiety and sensory needs dominate daily life  
Stimming creates unsafe situations/clashes  
High demand on mum  
Family constantly overwhelmed

Home calmer, family atmosphere lighter  
Stims in playroom/bedroom away from family  
Mum less stressed and more confident  
Family life much easier

#### Education and Learning

School attendance extremely difficult  
Attends 2–3 hours  
Little learning happening

Parents recognised school wasn't suitable  
Learning now happening at home  
Improved capacity for engagement, learning new skills

# In the Mother's Own Words:

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"He dressed himself before leaving the house - that's the first time ever."

"He found his own T-shirts and said which ones he liked. Before, he couldn't even bear to touch them."

"He's gone from anger every day to once a month, and even then it's just frustration now."

"He says, 'I'm scared' or 'I can't do that'- and we can work with that. That's huge for us."

"It's just so much calmer at home. We can breathe again."

"It sounds awful to say, but it feels normal. Family times should be like this."

"We're seeing his personality coming back, he's able to try new things including 2 fishing sessions which a year ago he couldn't have done."

"He even asked, 'can Dad take me to the cinema this week?', and we're more confident he can see it through - that's massive."

"As parents we've got headspace now and not in constant fire-fighting and survival mode."

"We used to be attacked almost daily – now it's once or twice a month."

## **A Family Outing They Never Thought Possible**

During the trial, Reuben experienced a breakthrough his family had long hoped for: the ability to truly take part in a full family outing. During a weekend away with 10 relatives, a situation that would normally overwhelm him with noise, sensory demands, and constant social interaction, Reuben not only managed to join everyone at the beach, but spent three hours playing, digging tunnels in the sand, and engaging with cousins and adult family. His mum described the moment as feeling "really normal," as though they were finally getting to have the kind of family time they had always imagined. Even when the experience eventually became too much, Reuben was able to signal his needs, avoid a full meltdown, and recover quickly, calming in the car and even enjoying a shower and hot tub afterwards, something that would once have been impossible. It felt like a turning point: Reuben was not just tolerating the world around him, but joining it, trusting his parents, and learning how to settle himself with confidence and connection.

## **Summary Statement**

Reuben demonstrated significant progress across multiple areas, including emotional regulation, sensory tolerance, self-expression, and family harmony. His clothing-related distress and aggression have decreased, communication skills have strengthened, and he exhibits growing self-awareness and resilience. These changes represent major breakthroughs for Reuben and his family. The impact extended beyond individual behaviour, creating measurable improvements in family wellbeing and parental confidence. As a result of these improvements, Reuben's parents gained the confidence to take positive action and removed him from school; previously, they had felt swept along by the system. With increased headspace, they were able to step back, reflect, and make proactive decisions in his best interests.

# CASE STUDY 4 – ‘LILA’ (FEMALE AGED 4)

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**Trial Dates:** February 2025 - August 2025

**Number of Sessions:** 29

**Presenting Characteristics:** Parent-reported suspected ASD and Demand Avoidance, with sensory and emotional regulation differences consistent with a neurodivergent profile

## Background Information

Lila is an empathetic, sensitive four-year-old who experiences significant challenges around transitions, sensory sensitivities, and emotional regulation. Her family describe her as very sensitive and tuned in to how others feel, sometimes taking on those emotions herself and becoming upset or copying the behaviour. Moving between activities, getting ready, or changes in routine are particularly difficult. To support her, the family uses visual “now and next” boards and sand timers to make upcoming changes predictable. Even small deviations, like walking a different route to school or unexpected company on the walk, can trigger avoidance or refusal behaviours.

Lila’s play tends to be highly structured and self-directed, often causing conflict with her older sister, who struggles to understand Lila’s need for control and sameness. Her communication is literal and concrete, requiring her family to adjust their language and expectations to prevent confusion or overwhelm.



## CASE STUDY 4 – 'LILA' (FEMALE AGED 4)

### PRE-TRIAL ASSESSMENT

### POST-TRIAL ASSESSMENT

#### Behaviour and Emotional

Strong need for routine, difficulty with changes  
Difficulty with transitions  
Repetitive movements  
Emotional overwhelm and shutdowns  
Highly empathetic and strongly affected by disruption

More adaptable to spontaneous changes  
Calmer interactions with improved emotional resilience  
Greater emotional connection and faster recovery from distress  
Uses self-calming strategies, breathing and comfort items  
Less frustration and meltdowns less intense

#### Sensory and Communication

Over-responsive to textures, noise and light  
Sensory challenges with toileting and touch  
Extremely literal communication  
Stimming behaviours  
Limited imaginative play with others  
Low pain awareness  
Repetitive questioning

Significant increase in tolerance of textures, noise and light.  
Sensory triggers now minimal, able to regulate  
Clearer communication with likes and dislikes  
Reduction in rocking and head-banging stimming  
Improvements in imaginative play with others  
Greater sensory regulation  
Repetitive questioning reduced dramatically  
Improved communication during stress, verbalises needs

#### Physical Health and Development

Persistent night cough  
Aches on waking  
Clumsiness  
Constant hunger

Night cough resolved, now sleeping through the night  
No aches now  
Less clumsiness, better motor coordination  
Hunger managed with routines

#### Family and Environment

Family adapts routines to support her  
Friction with elder sister who struggles to understand her needs  
Parents motivated to support development

Family life calmer, less daily stress, more predictable  
Stronger family relationships  
Parents confident supporting needs

#### Education and Learning

Pre-school age

Pre-school age

# In the Mother's Own Words:

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"She tells us what she needs now instead of melting down."

"The shutdowns have completely stopped. If she gets upset now, it passes quickly."

"Noise doesn't send her into panic anymore - she just asks to move or covers her ears."

"Her coughing at night stopped, and she doesn't complain about her legs aching anymore."

"It's been so positive, feeling like we've finally got space to enjoy instead of managing her."

"We've noticed fewer meltdowns and shutdowns, and significantly more communication from her, which is amazing".

"She used to rock and bang her head gently on the sofa as a way of regulating but I can't remember the last time she did this."

"Going through these reflections has made me realise just how far she's come - things that used to be constant challenges just aren't issues anymore."

"The progress has lasted, we've been working together since February and now its August and nothing has regressed - the changes are lasting and meaningful"

## Beyond Growing Up

When asked whether she thought these changes might simply be Lila "growing up", her mum didn't hesitate. Drawing on years of working with neurodivergent children, she described how, without the right support, many girls become more anxious and emotionally overwhelmed with age, while many boys' behaviour escalates rather than softens. What has happened for Lila has felt very different. The gains noticed in the first few weeks - her clearer communication, her ability to say what she needs, her capacity to cope with change when it is prepared for - have not faded with time; they have held steady and layered up from February to August. Lila's mother describes the process as wholly positive, with meaningful and lasting improvements across multiple areas. She reports that gains have been sustained for more than six months with continued family engagement and encourages other parents to "just give it a go," emphasising that the trial brought only benefits and greater understanding.

From Lila's mothers dual perspective as both professional and parent, she does not see a child simply maturing in the usual way; she sees a little girl whose world has become more manageable, and whose support needs now feel more visible, understandable, and workable for the adults around her.

## Summary Statement

Lila demonstrated broad and sustained improvements in communication, sensory regulation, and emotional flexibility. Shutdowns ceased, meltdowns lessened, and her ability to verbalise needs expanded significantly. Sensory sensitivities reduced, physical health stabilised, and family harmony improved. Her parents describe the process as transformative, building confidence, inclusion, and a deeper connection with their child.

## Case 5 – “Liam” (Male, Age 30)

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**Trial Dates:** March 2025 – August 2025

**Number of Sessions:** 31

**Presenting Characteristics:** Autism Spectrum Disorder (non-verbal presentation)

### Background Information

Initially, the trial was designed for children under the age of 18; however, an exception was made for Liam after hearing his story - I just wanted to help him. In addition, I felt that including an older participant would add an interesting and valuable dimension to the data.

Liam’s difficulties began at 15 months old, following a seizure. From that point onwards, he experienced significant health and developmental challenges, including a diagnosis of non-verbal autism. Life has been extremely difficult for both Liam and his mother; however, through her sustained focus on his health and development, he is now a 30-year-old man who despite continuing health and communication challenges is generally easy-going and calm. He thrives when following the routine and physical activity schedule that his mother has developed over many years to support emotional regulation. She describes him as typically relaxed and content, unless unexpected changes occur when he can become distressed and anxious.

Communication is primarily facilitated through a letterboard, a skill that has taken over three years of daily practice to develop. This method has enabled Liam to express his thoughts and feelings, although it requires high levels of concentration and calm from both him and his communication partners. There is no family members with neurodivergent profiles.

## CASE STUDY 5 – 'LIAM' (MALE AGED 30)

### PRE-TRIAL ASSESSMENT

### POST-TRIAL ASSESSMENT

#### Behaviour and Emotional

Difficulty initiating friendships  
Limited imaginative play  
Repetitive movements  
Strong need for routine  
Emotional meltdowns  
Anxiety during transitions  
Occasional self-injurious behaviour

Calm in situations that once caused distress  
More patience and inner confidence  
His body is much calmer now with anxiety greatly reduced  
Handles transitions smoothly  
Uses breath to self-regulate  
Short frustration episodes instead of meltdowns  
Self-injury no longer present  
Greater emotional awareness  
Better social understanding

#### Sensory and Communication

High sensitivity to noise  
Frequent multisensory stimming  
Sensory overload causes distress

Much improved, now comfortable in noisy environments  
Repetitive rocking and flapping no longer present  
Better tolerance to sensory input  
Communicates frustration calmly

#### Physical Health and Development

Chronic hay fever, morning nasal blockage  
Sleep disturbances, difficulty with resting

Reduced but still problematic  
Improved sleep patterns, calm, peaceful mornings  
Improved physical steadiness  
Happier and more balanced  
More confident and engaged

#### Family and Environment

Mum needs to stay regulated  
Mum living with anxiety, deep frustration, and underlying sadness

Family stress greatly reduced  
Home feels calm and confident  
Daily life steadier and peaceful  
More connection and joy

#### Education and Learning

Learning letterboard communication

Better fine-motor control using letterboard

# In the Mother's Own Words:

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"He stays calm even when something unexpected happens - before he'd be in full panic."

"He sleeps right through now; we've never had that before."

"The self-hitting has gone. He might get frustrated but he just breathes through it."

"He's lighter in himself, like the constant tension is gone."

"He seems more peaceful and confident. We feel calmer too."

"He used to get very anxious and even bang his head on the car seat when there were traffic jams. Now all that seems to have gone."

"Even his little OCD habits - like triple touching everything - have disappeared."

"I'm incredibly grateful for how far he has come. It feels like we have our life back."

"His Dad visits often and has also noticed that Liam's mood is much more stable."

"Sleep is wonderful now, he goes to bed easily, stays asleep and has lie ins - something he never did before. He had years of not being able to rest properly."

## A Calm He Never Had Before

A particularly powerful moment for Liam's mum came during a trip to Birmingham to see a live band - an adventure filled with situations that would once have triggered overwhelm, anxiety, or shutdown. From navigating busy train stations to getting lost in the city centre, being seated in a noisy restaurant surrounded by loud music and walking unfamiliar streets late in the evening, the entire day was full of unpredictability. Yet Liam remained calm, flexible, and remarkably at ease. Even when the sat-nav repeatedly sent them the wrong way, he simply carried on, checking back to make sure his mum was okay and trusting that it would all work out. His mum commented that these were the exact types of disruptions that "for sure" would once have caused major issues, yet now Liam seems to carry an inner steadiness - almost a quiet confidence that everything will be fine. This shift has not only transformed how he copes with stressful or unfamiliar situations, but has also given his mum a new sense of freedom and hope, realising she can say 'yes', to things she once would have avoided because Liam is now 'calm, composed and co-operative'.

## Summary Statement

Liam demonstrated major improvements in emotional regulation, communication confidence, sensory tolerance, and physical coordination. His anxiety, self-injurious stimming, and sleep issues resolved almost completely and he now manages unexpected situations with calm resilience. His mother reports a happier, more peaceful home life and a deeper sense of connection through shared communication and trust.

Given that Liam is 30 and developmental progress through maturity is minimal at this stage, his outcome is particularly meaningful for the trial as a whole. Observing such significant change in an adult, where natural developmental progress is minimal, provides strong support for the overall effectiveness of the intervention. His results help reinforce the reliability and impact of the trial across the age range.

## Case 6 – “Clara” (Female, Age 8)

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**Trial Dates:** April 2025 - September 2025

**Number of Sessions:** 26

**Presenting Characteristics:** Presenting Characteristics: Autism Spectrum Disorder, Anxiety, and Demand-Avoidance behaviours

### Background Information

Clara is an intelligent, sensitive and caring eight-year-old girl who is home-educated. Her mother describes a busy and dedicated home learning environment, but one that is often overshadowed by Clara's anxiety, rigidity, and need for constant reassurance.

Her days are governed by numerous rituals that dictate almost every moment, from waking through to bedtime. These compulsions, combined with severe anxiety, make everyday activities and outings extremely difficult. Clara struggles to leave the house, needs to be carried frequently, and becomes easily overwhelmed by new environments or social situations. Despite these challenges, her mother describes her as “kind, caring, and fun,”.

There is a family history of neurodivergent traits, and Clara showed unusual behaviours from birth.

### Future Directions

I would be interested in exploring these outcomes in a larger, collaborative study, ideally with several practitioners working with a bigger group of children. A setup like this could give us comparative data, clearer patterns, and a better sense of how far these improvements can reach.



## CASE STUDY 6 – 'CLARA' (FEMALE AGED 8)

### PRE-TRIAL ASSESSMENT

### POST-TRIAL ASSESSMENT

#### Behaviour and Emotional

Severe anxiety and multiple phobias  
Social withdrawal  
Meltdowns from minor changes  
Demand avoidance common  
Repetitive movements and speech

Previously impossible situations now manageable  
Homegrown group now enjoyable, better ability to enter new environments  
Meltdowns less frequent  
Much less demand avoidance  
Much calmer

#### Sensory and Communication

Difficulty communicating  
Limited eye contact  
Literal understanding  
Tells inappropriate stories in public  
Auditory and tactile stimming  
Over-responsive to sensory input  
Needs constant physical reassurance

More verbal and expressive, increased clarity  
No change  
No change  
This has stopped, now understands what is socially appropriate  
Stimming milder and less disruptive  
Still sensitive to light, touch and smell  
Can enter feared spaces without being carried

#### Physical Health and Development

Loose, smelly stools  
Frequent runny nose

Stool smell slightly reduced. Eating slightly improved  
Slight improvement in stool consistency

#### Family and Environment

Anxiety and sensory phobias restrict family life  
Tiring for mum

Family life now far more manageable  
Atmosphere lighter and more hopeful  
Daily life workable rather than overwhelming

#### Education and Learning

Home-schooled with limited progress  
Busy home education schedule and needs constant help  
Demand avoidance meant tutors would have to leave sometimes

Better engagement with tutors, calm in lesson routines  
More independent during lessons, mum can leave her with tutor  
Demand avoidance no longer a barrier

# In the Mother's Own Words:

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"She doesn't need to be carried everywhere anymore - that's a big one."

"We can actually go to the park now. Before, she'd be paralysed by fear."

"She's smiling more, laughing more. I feel like I'm seeing the real her."

"Her rituals still happen but they don't rule the whole day."

"She's just lighter somehow, less afraid of everything."

"I would dread attending the Homegrown group and go home on the verge of tears but now it's normally a really positive experience, and we have a nice time, so that's been a massive shift. The lady who runs the group noticed how chilled out she was - so other people have noticed too."

"She was labelled as having demand avoidance, and I would almost say that this isn't an issue now."

"I was really struggling, ... and I'm not struggling so much anymore, which is a massive thing."

## **Walking In on Her Own Two Feet**

For Clara, the most meaningful change has been in her ability to cope with and even enjoy situations that were once completely overwhelming. Her mum described how a weekly group called 'Homegrown' used to be so distressing that she would dread attending and often leave on the verge of tears. Clara needed to be carried, screamed through activities, and was unable to tolerate the environment at all, leading the family to abandon the group for a year. But during the trial, something shifted. Now, Clara walks in on her own two feet, stays regulated, and even enjoys the sessions, still not playing like the other children but calm, engaged, and content to be there. Her world has become more manageable: meltdowns still happen, but less often and with less intensity and everyday experiences feel gentler. She was even able to manage a play date, starting off anxious and clinging, but settling, participating, and telling her mum afterwards that she "had a great time." For her family, these moments represent a profound step forward: life is no longer impossible, but opening up in small, meaningful, hopeful ways.

## **Summary Statement**

Clara has shown a significant and life-enhancing shift across emotional, social, and functional areas. Her world - once dominated by overwhelm, rigid rituals, sensory distress, and demand avoidance - has become far more manageable. She now participates in groups she once found unbearable, manages playdates with growing confidence, engages with tutors calmly and shows meaningful steps toward flexibility and independence. Though some challenges remain, her mother describes the overall change as "a massive improvement", transforming daily life from impossibility to genuine possibility and opening doors that once felt firmly shut.

# Case 7 – “Dylan” (Male, Age 17)

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**Trial Dates:** April 2025 - August 2025

**Number of Sessions:** 24

**Presenting Characteristics:** Autism Spectrum Disorder with anxiety, mood dysregulation, and chronic health symptoms.

## Background Information

Dylan is a 17-year-old with pronounced emotional and physical challenges that impact both his independence and family dynamics. His mother describes daily life as “like walking on eggshells,” as he can become quickly frustrated or aggressive when routines break down or small things go wrong.

He often wakes up feeling unwell, with frequent nausea and vomiting and struggles with persistent sleep issues. Nights are restless, leaving him and his family exhausted. Daytime functioning is limited by fatigue, low mood, and irritability. Dylan’s tolerance for daily tasks is low - he easily becomes overwhelmed by simple responsibilities such as tidying his room or managing hygiene. Despite this, he is described as having moments of warmth and humour, especially when feeling physically well. There is no family history of autism. Dylan showed concerning signs from age four.



## CASE STUDY 7 – ‘DYLAN’ (MALE AGED 17)

### PRE-TRIAL ASSESSMENT

### POST-TRIAL ASSESSMENT

#### Behaviour and Emotional

Anger and aggression including violence  
Regular meltdowns and overwhelm  
Resistance to routines  
Low mood and anxiety  
Difficulty coping with change  
Low emotional resilience  
Irritability and withdrawal  
Involved with problematic social circle  
Neglects personal hygiene/well-being

Anger managed better. Aggression and violence greatly reduced  
Frustration expressed verbally  
Greater emotional awareness  
Calmer and more positive mindset  
More awareness of gaming impact  
Better tolerance of frustration  
More open to conversation  
Improved choices around friendships  
Takes responsibility for hygiene  
More insight into health and behaviour

#### Sensory and Communication

Limited conversation  
Struggles in social settings  
Literal interpretation  
Visual, auditory, and tactile stimming  
Over-responsive to loud noises

More reflective and communicative  
Engages in conversations at home  
Joins family meals

#### Physical Health and Development

Constant fatigue  
Poor sleep, stays in bed until 2pm  
Takes up to 2 hours to wake him up  
Digestive discomfort  
Loss of appetite and sweet cravings  
Body aches and dizziness  
Sinus congestion and rhinitis  
Feels unwell on waking  
Refuses to wear glasses  
Early restlessness and clumsiness

Better energy  
Major sleep improvement, gets up 9/10am  
When woken he gets up and gets showered  
Digestive comfort improved  
Appetite improved and healthier food choices  
Reduced body aches and dizziness  
Sinus issues improved and clearer breathing  
Better morning wellbeing  
Wears glasses regularly  
Feels more rested, physically calmer

#### Family and Environment

Family strain from years of disrupted sleep and volatility  
Home feels very heavy and constantly on guard to avoid conflict

Better sleep has improved family wellbeing with stronger relationships and connection  
Daily life calmer, household now peaceful  
Family describes transformation as life-changing

#### Education and Learning

No data collected

No data collected

# In the Mother's Own Words:

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"He's not violent anymore - he walks away or tells me he's angry instead."

"He's sleeping better, going to bed at a normal time, and actually waking up rested."

"We talk now instead of shouting. It feels like a normal relationship."

"He's started eating properly and even wears his glasses without me reminding him."

"The whole house feels calmer - we can actually live, not just survive."

"He left me a note saying, 'I love you, have a nice day!' Which he has never done before".

"Our home is calmer, he is more manageable and enjoyable to be around."

"We can focus on a future now rather than being consumed with aggressive behaviour."

## A Life-Changing Shift

Dylan's mum watched his world shrink down to a group of 'not very nice' lads she never would've chosen for him. School had written him off, the system had let him down, and by the time he hit his mid-teens he'd decided everyone else had, too. Nights out turned into "all sorts of trouble," the cannabis use crept up, and the more out of control things felt at home, the more he drew close to the group. It got to the point where his mum predicted that if nothing changed, he'd end up either dead or in prison.

What's different now is that Dylan is starting to want a change himself. On a recent drive to the coast, he didn't just sit in silence or shut his mum down, he talked. He talked about his future, what he wants to do, and then, almost offhand, about "the group" he'd been hanging around with and "the trouble they get into," adding that he doesn't want to be part of that anymore. He now goes to the gym on his own, interacting with the gym staff, and has conversations. It's not a sudden personality transplant, but a quiet, steady shift: from being pulled along by the worst influences around him to consciously stepping back, choosing different company, and beginning to imagine a life that doesn't end in a police cell or a hospital bed. His mother describes the outcome as "life-changing," marking a shift from survival to stability for the whole family.

## Summary Statement

Dylan demonstrated transformative improvement across physical, emotional, and behavioural domains. His aggression and volatility reduced dramatically, while sleep, mood, and overall health improved substantially. He now communicates more calmly, engages positively with family, and manages self-care with independence.

Because Dylan is 17, an age where big developmental changes aren't usually expected, the improvements he's shown really suggest the trial made a difference. As in Liam's case, this is particularly important for the trial as a whole. Seeing meaningful progress in an older teenager gives additional weight and credibility to the overall outcomes, showing that the benefits are not limited to younger children who might still be experiencing natural developmental progress. Dylan's results therefore strengthen the evidence that the changes observed across participants are linked to the intervention itself, rather than general growth or maturation.

## Case 8 – “Leah” (Female, Age 12)

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**Trial Dates:** April 2025 – August 2025

**Number of Sessions:** 22

**Presenting Characteristics:** Suspected Autism Spectrum Disorder with a demand-avoidance profile, social anxiety, and experiences of school-related trauma.

### Background Information

Leah is a 12-year-old girl who has been out of school since October 2024 due to severe anxiety and burnout following her transition to high school. Her mother describes this period as a mental crisis, marked by overwhelming fear, social withdrawal, and emotional exhaustion.

Her mother is a single parent and primary carer therefore Leah’s social anxiety has created significant isolation for both of them, making it difficult for her mother to work or maintain adult social contact. Before her breakdown, Leah was bright, curious, and socially capable, but exposure to the high school environment triggered panic, avoidance, and a refusal to attend. Since leaving school, she has shown signs of gradual improvement, though she continues to experience anxiety, freezing over decisions, and frustration.

Leah had no early developmental concerns, her challenges escalated at high school. There is a family history of neurodivergence, both her sisters have dyslexia.





## Case 8 – “Leah” (Female, Age 12)

| PRE-TRIAL ASSESSMENT   | POST-TRIAL ASSESSMENT   |
|--|---|
| <b>Behaviour and Emotional</b>   |   |
| <p>High anxiety, low mood and withdrawal</p> <p>Severe difficulty coping socially</p> <p>Meltdowns and low moods</p> <p>Avoids daily tasks</p> <p>Emotional shutdowns</p> <p>Hits her leg when overwhelmed</p> <p>Strong PDA profile</p> | <p>Anxiety and low mood greatly reduced</p> <p>More willing to engage socially</p> <p>Feels empowered and capable</p> <p>Handles stress without overwhelm</p> <p>Uses breathing to manage anxiety</p> <p>Restored self-confidence</p> <p>Clearer thinking and renewed motivation</p> <p>Enjoys reading again and evening routines</p> |
| <b>Sensory and Communication</b>   |   |
| <p>Difficulty communicating needs</p> <p>Over-responsive to noise and textures</p> <p>Struggles with friendships</p> <p>Literal understanding</p>  | <p>More communicative and outward-looking</p> <p>Calmer and more resilient</p>  |
| <b>Physical Health and Development</b>   |   |
| <p>Poor concentration</p> <p>Sleep difficulties and exhaustion</p> <p>Grey face, constipation and low appetite</p> <p>Low motivation</p> <p>Asthma</p>   | <p>Improved focus</p> <p>Major sleep improvement. Wakes bright and rested</p> <p>Better digestion, improved complexion</p> <p>More vitality</p> <p>Asthma stable with reduced inhaler use</p>   |
| <b>Family and Environment</b>  |   |
| <p>Very restrictive as can't leave the house</p>   | <p>Home calmer and more hopeful</p> <p>Routine and sleep restored</p> <p>Mother describes having her daughter back</p> <p>Emotional burden much lighter</p>   |
| <b>Education and Learning</b>  |   |
| <p>Unable to attend school</p>   | <p>Re-engaged with lessons at home</p> <p>Attending six online lessons weekly</p>   |

# In the Mother's Own Words:

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"Her mood has lifted - she's calmer and so much more herself."

"She's sleeping beautifully and wakes up with energy."

"She's reading again - every night, by choice."

"Her routine is back to almost normal; it's like she's rebuilding her life."

"We're both calmer. She's hopeful again."

"It's been an incredible experience"

"Her healing journey has been significantly improved due to this trial."

"She is rested in a way that goes beyond sleep".

"It's so empowering to do something so positive in a situation, where parents are often forced to feel disempowered."

## Letting Learning Back In

One of the clearest shifts for Leah showed up in something as ordinary as a lesson on a laptop. In the early months after school "broke" her, her mum tried an online class at home, thinking it might feel safer than a classroom. Within minutes Leah was in pieces, sobbing, overwhelmed, out of the room - even the sight of a teacher on a screen felt like being pushed straight back into the trauma. During the trial period Leah came downstairs one day and said, unprompted, "No, Mum, it's okay, I'm going to try." She now attends six online lessons a week, concentrating, engaging, and then simply getting on with her day. The same girl who once hid under the duvet, grey with exhaustion and dread at the thought of school, now goes to bed around 10.30pm and wakes naturally around 8.30am refreshed and ready for her day. Her mum recounts shopping trips they have now done together that were impossible before. Life is starting to feel more 'normal' now for both of them.

## Summary Statement

Leah experienced a strong and sustained recovery in emotional stability, physical health, and daily functioning. Her anxiety and depressive symptoms decreased markedly, sleep normalised, and her mental focus returned. She reconnected with learning, developed self-regulation strategies, and rediscovered joy in everyday life. Her mother describes the transformation as "95% restored" - a return to balance and vitality after months of crisis.

# Case 9 – “Milo” (Male, Age 5)

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**Trial Dates:** July 2025 - August 25

**Number of Sessions:** 14

**Presenting Characteristics:** Suspected Autism Spectrum Disorder with sensory sensitivities, emotional regulation challenges, learning difficulties and demand-avoidance profile

## Background Information

Milo is a bright, energetic five-year-old boy who thrives on routine but struggles significantly with flexibility and emotional regulation. His mother describes him as loving and expressive in his own way, but easily frustrated when things don't go as planned. Daily transitions such as getting dressed, brushing teeth, or preparing for school often provoke resistance or anger. He may run away, hide, or lash out when pressured. Over time, his parents have learned that patience and distraction are the most effective tools for helping him cope.

Milo's sensory sensitivities influence many aspects of daily life. He avoids certain textures, fabrics, and materials - particularly wool, and dislikes clothes being pulled over his head. At his worst, he would scream and lick the fabric until it was removed. He exhibits rigid thinking, difficulty accepting alternatives, and frequent anger when he cannot get his own way. At home, screen time management is a consistent challenge, as limiting it often leads to outbursts. Despite these difficulties, Milo's mother describes him as competitive, intelligent, and capable of humour.

A family history of neurodivergent traits is reported, with Milo displaying unusual developmental patterns from approximately eight months old, differing from his older half-siblings.

## CASE STUDY 9 – ‘MILO’ (MALE AGED 5)

### PRE-TRIAL ASSESSMENT

### POST-TRIAL ASSESSMENT

#### Behaviour and Emotional

Strong need for routine and sameness  
Intense frustration with transitions or demands  
Wants his own way all the time  
Anger and aggression  
Refusal to engage in daily tasks  
Difficulty accepting alternatives  
Competitive and upset when others do better  
Requires high parental patience

Less rigid and more adaptable  
Transitions managed with calmer reactions  
Less angry when things don't go his way  
Now verbalise that he is angry, less hitting  
More willing to attempt daily tasks  
More open to alternatives and reasoning  
Less discouraged  
Mother finds him easier to support

#### Sensory and Communication

Overly talkative but unclear needs  
Low empathy thinks unkind things funny  
Literal understanding  
Over-responsive to noise and textures  
Avoids certain fabrics  
Verbal and vocal stimming

More responsive and engaged  
More affectionate and connected  
Shows warmth and emotional closeness  
Greater tolerance, removes ear defenders  
More flexible with clothing  
This has stopped

#### Physical Health and Development

Poor concentration and clumsiness  
Anal itching  
Asthma requiring inhaler, but resists its use  
Cow's milk allergy and food aversions  
Regression in toilet training  
Restricted and selective eating

Better focus and less clumsiness  
Anal itching resolved  
Calm and cooperative with inhaler  
Trying new foods and tolerating more  
Improved toileting stability  
Minimal change in eating  
Greater independence and confidence

#### Family and Environment

Family life can be dominated by need for routine and getting him from A-B, with daily battles making life difficult  
Doesn't show affection

Family life calmer and more connected  
Transitions are generally easier, less battles  
Stronger emotional bond with mother and more affectionate

#### Education and Learning

Won't engage in homework or writing/reading

Takes part in colouring and drawing  
Engaged in reading

# In the Mother's Own Words:

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"He hugs me now - that's new. Before he wouldn't unless he wanted something."

"He's calmer when things don't go his way; we can talk instead of shouting."

"He's started drawing and colouring by himself - that's never happened before, he wouldn't put pen to paper at all."

"He even tried reading with me last week, just sat and joined in."

"It's not perfect, but it's so much better - there's love there now."

"My other children all agree that Milo has improved and is much easier to manage"

"He doesn't like us chatting, and he'll constantly just say mummy, mummy, mummy, but I haven't actually noticed him do that, so that's an improvement, and I hadn't thought about it."

"He took his inhaler - no shouting, not even moving. I was absolutely astonished. It was the first time."

## The Unexpected Kisses

One of the most touching changes for Milo's family has been in the way he now seeks connection. His mum explained that she had "never really had kisses from him," and that cuddles were always something she longed for but rarely experienced. Affection simply wasn't part of his world.

Then, one morning, something quietly extraordinary happened. Her husband had already left for work, and she was still asleep in bed when Milo came in. Instead of keeping his distance as he always had before, he leaned over and gently kissed her cheek. It was something he had never done before - a small, spontaneous act of affection that took her completely by surprise and moved her deeply.

These moments now sit alongside other gentle shifts: the tiny pause before reacting, the awareness dawning in his eyes, the moments where he seems to recognise how his actions affect others. Taken together, they paint a picture of a little boy whose world is becoming easier to navigate - someone who is not only calmer and more tolerant, but also more open, more loving, and more able to reach out to the people who love him most.

## Summary Statement

Milo joined the trial late and therefore only received around half the clearings of the other participants. However, Milo demonstrated measurable progress in emotional regulation, affection, and cooperation. His angry responses reduced, transitions improved, and he initiated creative learning activities independently for the first time. Sensory sensitivities remain but are less intense. His mother describes the experience as profoundly positive - a turning point in building connection and peace within the home.

# Case 10 – “Callum” (Male, Age 10)

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**Trial Dates:** July 2025 - August 2025

**Number of Sessions:** 13

**Presenting Characteristics:** Non-verbal Autism Spectrum Disorder, Paediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS), Apraxia (dysfunctional brain/body connections).

## Background Information

Callum is a 10-year-old non-verbal boy who is home educated and learning to communicate via a letter board. His mother describes him as a “very happy little boy” with a gentle, affectionate nature. Despite his cheerful disposition, daily life presents significant challenges related to communication, sensory processing, and motor regulation. He experiences high sensitivity to noise - even everyday sounds like laughter, traffic, or barking dogs can cause distress. This makes public outings difficult. Sleep disturbances, constant movement, and toileting accidents further add to the family's stress.

There is no family history of ASD. Of their three children, Callum was the earliest to reach all developmental milestones, including walking, speech, and other key skills, before he suddenly became unwell. From around one to two years of age, he displayed sensory sensitivities, panic responses, and obsessive-compulsive behaviours. Between the ages of two and three, he experienced a marked deterioration, with significant loss of motor skills and awareness. Family has tried various holistic therapies with some limited success.



## CASE STUDY 10 – 'CALLUM' (MALE AGED 10)

### PRE-TRIAL ASSESSMENT

### POST-TRIAL ASSESSMENT

#### Behaviour and Emotional

Constant movement  
Frequent hand flapping and rocking  
Deep focus on specific patterns  
Easily overwhelmed and anxious  
Irritability and emotional overreaction

Movement significantly calmer overall  
Less flapping and rocking intensity  
More internal and external peace  
More resilience to overwhelm  
More stable emotional responses

#### Sensory and Communication

Non-verbal; uses letter board  
Strong noise sensitivity  
Visual and auditory stimming  
Proprioceptive and vocal stimming

Greater letter board accuracy  
Noise sensitivity reduced/recovers quicker  
He is now quiet, before you always heard him  
Body is calmer and more relaxed overall  
More confident communication  
Better sensory regulation

#### Physical Health and Development

Poor eye-hand coordination  
Frequent headaches and restless limbs  
Low body awareness  
Poor sleep quality  
Digestive bloating and hunger  
Allergies and intolerances  
Red eyes and regular styes  
Occasional bowel incontinence  
Difficulty with manual tasks and running

Improved fine motor control  
Headaches greatly reduced, body calmer  
No physical stress responses  
Better sleep with fewer wakings  
Calmer digestion and stable appetite  
Fewer allergy symptoms  
Reduced red eyes and no styes reported  
No bowel incontinence for six weeks  
More balanced energy  
More accurate letter board use  
Able to complete manual tasks

#### Family and Environment

Constant moving and verbal stimming can be disruptive to family life  
Stressful routines

Family life calmer and more hopeful  
Can now join more family activities calmly  
Reduced stress around routines

#### Education and Learning

Uses a letter board

Better precision using letter board  
More engaged and pride in learning

# In the Mother's Own Words:

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"His headaches are so much shorter now - before they'd knock him out for hours."

"He hasn't had a toileting accident in six weeks!"

"He's calmer, more aware, more comfortable in his body."

"He used to cry every time there was noise - now he just covers his ears and carries on."

"It feels like his body is settling down. He seems at peace."

"His nervous system is more relaxed -having a massive knock on effect on his ability to do everyday things.

"He is so much calmer, chilled and relaxed within his body, which is amazing"

"Everyone around him feels more at peace and calm, since he is not running around manic."

"Something has shifted to 'rest and digest' within his system that is for sure."

"He always eats his dinner, and then he would have to get up and move, he probably was in pain. But now he just sits."

"He no longer sleeps with his ear defenders on- that's new".

## **Together on the Sofa: A Movie Night Breakthrough**

One of the most meaningful changes for Callum's family emerged during their Saturday film nights, something he had never truly been able to join before. In the past, Callum could only manage a few minutes in the living room before the need to move and stim would overwhelm him, disrupting the experience for the rest of the family - so he would be moved into another room to watch a film alone. But during the trial, something shifted. Callum sat with them, and stayed for the entire length the film, calm, engaged, and fully part of the moment. For his family, this simple act of sitting together wasn't small at all; it was a deeply emotional milestone. It marked the first time Callum could share in something so ordinary, yet so meaningful – being included, present, and connected in a way they had always hoped for.

## **Summary Statement**

Callum also joined the trial late and therefore only received around half the clearings as the other participants. However, Callum made striking improvements in physical regulation, emotional balance, and motor control. His headaches, digestive issues, and toileting difficulties have reduced dramatically, while fine motor coordination and overall calmness have improved. Though some noise sensitivity remains, his resilience and comfort in daily life have increased markedly. His mother describes him as "calmer, happier, and more in tune with his body," highlighting the transformation as deeply meaningful for all the family.

# Shared Patterns and Outcomes Across the 10 Case Studies

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Across the ten participants, a clear and consistent pattern of improvement emerged. Some had noticeable shifts within days, while others had a gradual but steady improvement over several weeks - across emotional regulation, sensory processing, physical wellbeing, communication, and family functioning. All participants demonstrated calmer emotional states, fewer meltdowns, and faster recovery from distress. Many developed new emotional language or tools for self-regulation, replacing explosive reactions with communication, pauses, or help-seeking behaviours. Sensory sensitivities reduced on some level for all participants, with increased tolerance of noise, textures, clothing, and environmental change, leading to greater participation in daily routines and social situations.

Physical health across cases were significant, with families reporting improvements in sleep, digestion, headaches, congestion, stamina, and general vitality. Several children showed advances in motor coordination, balance, and fine-motor skills. Communication gains appeared across both verbal and non-verbal participants, including increased clarity, expressive language, and more confident use of alternative communication systems.

Family environments became noticeably calmer, with parents describing significant reductions in stress, improved routines, and more harmonious relationships. The older participants, including a 17-year-old and a 30-year-old, also showed clear positive changes. At these ages, natural development is much slower, so the improvements seen are very unlikely to be due to maturation. This suggests that the changes were linked to the intervention and shows that it can be helpful across a wide age range, not just in young children.

Overall, the information gathered shows wide, meaningful improvements across many areas, suggesting the work had a strong impact for children of different ages and needs- showing consistent patterns of progress. Children became calmer, more communicative, and more resilient; parents felt less overwhelmed and more empowered; and family environments shifted from crisis management to stability, connection, and genuine possibility.

Across all participants, the improvements were significant and reported by not only the parents but other family members, teachers and friends. They were described as:

- *Meaningful rather than marginal*
- *Sustained rather than fleeting*
- *Holistic rather than isolated.*

# Conclusion

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This exploratory study set out to observe whether Remote Pathogenics energy healing could bring meaningful benefit to children and young people presenting with Autism Spectrum Disorder traits and related neurodivergent profiles. The aim was never to “cure” or alter identity, but to explore whether easing physical, emotional, or sensory burdens might allow participants to experience greater comfort, balance, and daily wellbeing.

Across all ten cases – including non-verbal children, adolescents with complex needs, and a 30-year-old adult – families reported consistent and wide-ranging improvements. These encompassed emotional regulation, sensory tolerance, physical health, communication confidence, and overall family harmony.

What makes these findings compelling is not a single dramatic shift, but the breadth and coherence of change - with several improvements independently recognised by people other than the child’s parents, such as grandparents and teachers.

Pathogenics is helpful not just because of the changes we saw, but because it is so easy for children to receive. It is gentle, non-invasive, drug-free, and done remotely, so it does not interrupt their daily lives or existing support. For families already juggling a lot, getting meaningful help without adding extra pressure is a big benefit.

This was a small, uncontrolled trial therefore it cannot claim definitive proof of efficacy. However, the combination of parent reports, functional improvements, and similar patterns across different ages and profiles provides strong justification not only for further research but also highlight the potential value of making Pathogenics more widely accessible to families.

## Future Directions

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I would be interested in exploring these outcomes in a larger, collaborative study, ideally with several practitioners working with a bigger group of children. A setup like this could give us comparative data, clearer patterns, and a better sense of how far these improvements can reach.

## Work With Us

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At present, the only way families can access Pathogenics is by paying privately for sessions, which places an unavoidable barrier in front of many parents whose children could benefit. The hope is that, in time, this work can be supported through external funding so that families are not required to cover the cost themselves. The ultimate aim is to make Pathogenics available to all children who may benefit, ensuring that financial circumstances do not determine whether a child receives meaningful support.

This pilot study has inspired many parents to seek further support through Pathogenics. My team continue to offer private sessions for those wishing to experience this approach first-hand.

To learn more or arrange a consultation, please email [info@purepathogenics.co.uk](mailto:info@purepathogenics.co.uk) or complete the contact form at [www.purepathogenics.co.uk](http://www.purepathogenics.co.uk)

## Authors Acknowledgements and Reflections

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I extend my heartfelt thanks to all the children and families who took part, and for their openness, trust, and courage. Your willingness to share your experiences has offered real insight into how energetic clearing can support emotional and physical balance in neurodivergent individuals.

A special thank you to all the mothers who put their trust in both me and this process, even without knowing much about either. Getting to know you, and watching your children change and develop, has been a privilege - it has been life-changing for me too.

Whatever others may take from this study, I am deeply grateful that I followed my intuition and curiosity and chose to explore this work. I never expected Pathogenics to bring such wide-reaching ease to autistic and neurodivergent children, or that the improvements in each child would ripple so strongly through their families. The experience has been far more moving and hopeful than I could have imagined.

# Disclaimer

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This study was undertaken independently and is shared for informational and educational purposes only. It does not constitute medical advice or diagnosis. All work described was conducted voluntarily with parental consent.

## Contact & Further Information

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If you would like any further information about Pathogenics or to contact Rachel Doyle regarding this study, please use the email address below.

Rachel Doyle and her team offer Pathogenics sessions privately to individuals and families.  
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