



By Dr. Kurt Woeller

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# Autism Is An Epidemic.

The cases of reported autism are also increasing at an alarming rate. Consider these statistics:

1. Nationwide (U.S.), 1 in 150 children are diagnosed with “classic” autism as set forth by diagnostic criteria for neurodevelopment disorders (1). Some reports indicate the rate is even higher!
2. In New Jersey alone the prevalence rates for autism are as high as 1 in 94 children with 1 in 60 being boys.
3. 1 to 1.5 million children are affected in the United States alone (2). The rates are going up, not down.
4. It is estimated that a new case of autism is diagnosed every 20 minutes.
5. Autism is the fastest growing developmental disability in the United States.
6. Countless children today are suffering with other neurodevelopmental conditions – aside from “classic” autism - including attention deficit, speech delay and pervasive development disorder.

## Why?

The reasons are due to many factors – genetics, environmental exposure, biochemical and metabolic disorders, nutritional imbalances, infections and immune dysfunction, heavy metal toxicities, etc.

## Ignorance, Arrogance & Denial

What follows here in this special report are the “facts” you are not being told regarding treating autism that, for a variety of reasons - including ignorance, arrogance, and denial - “traditional” medicine, including many doctors, psychologists, therapists, etc. can’t or won’t tell you about.

That’s right, there are proven, effective treatments to help your child right now – even recover in certain cases, but your doctor may not tell you about them. Instead, you are given the party line of how bad off your child is and that there is nothing, or very limited things you can do for them. They may even discuss the option of institutionalizing your child later in life.

## Why Wouldn't Your Doctor Tell You There Are Treatments Available For your Child?

That's a very good question.

There are multiple reasons. I put these reasons into three categories:

1. Ignorance: These doctors are those who just don't know that effective therapies exist. If they did they would be willing to help your child in any way they could. These are well meaning doctors who just haven't been educated yet about effective treatments.

However, there is another group are doctors in this category who will not bother to look outside their “diagnose and prescribe” world. If they aren't spoon-fed information from their medical journals, or a drug company hasn't shuttled them away for a week long “retreat” on a tropical island to discuss the benefits of their new wonder drug - they don't bother with it.

2. Arrogance: These healthcare “professionals” choose to ignore any therapy they deem “outside the norm.” Never mind the fact that they have nothing else to offer, they just want to bad mouth, criticize and demean the doctors and parents who search for and

have success with biomedical therapies in treating Autism (this is discussed below).

3. Denial: Despite the overwhelming success rates of biomedical therapies, if it doesn’t come from a drug manufacturer, they believe it can’t possibly work. Remember, years ago “traditional” doctors used to go on TV and extol the “benefits” of cigarette smoking!

In spite of what your doctor may or may not tell you about autism here are the top 7 things you need to know if your child or someone you know has autism.

These are not ideas, theories or speculations.

There are time-tested, proven therapies that I, and many other doctors have used with consistent results. In my situation, these therapies have been employed over the last 10 years and have changed the lives of hundreds of children and their families.

With respects to the “7 Facts You Need To Know,” each is important when becoming familiar with a biomedical intervention for autism. This information is intended as a glimpse into the biomedical treatment model for Autism. Obviously, there is a lot more information and guidance you will need before embarking on this approach for your child so please see the “getting started ” section at the end of this special report for more information and resources.

## Typical Child Diagnosed With Autism:

“My husband George and I were ecstatic with the birth of our first child Robert. He was a lively, happy and an adorable child. His was also healthy, thriving and appeared absolutely normal. Then suddenly...at about 18 months...he went away...”

I have seen hundreds and hundreds of families tell a similar story to that listed above. Whether they are a boy or girl, age three to 13, each child is unique; an individual with their own likes, dislikes and personality. They all have a story to tell. From all walks of life, backgrounds and nationalities they carry the spirit and genetic and hereditary background of their parents and family origins. What is common to many autistic children I see is the way in which the autism condition overtook them. Often there is a pattern to their autism - events that likely contributed to their eventual diagnosis. I am going to describe to you the common pattern of regressive autism that I have seen in my practice. However, don't think that if your child does not fall into this category that they cannot be helped by biomedical therapies - any and every child (and even including teenagers and adults) can be helped with biomedical intervention.

NOTE: I will use “he” and “child” for either gender.

There are a wide variety of scenarios, but with respect to the regressive pattern (which makes up approximately 70 to 80

percent of the kids in my practice) the general pattern is the same – normal development, good socialization skills appropriate for their age, language development on target and then – BANG!! Something happens. What was gained is lost. What never developed is never seen. The typical child regresses into a world of isolation.

I have seen this pattern over and over for years now. Many biomedical physicians can predict, based on a brief history of the child, what are likely the contributing factors to the child’s underlying health issues. As an example, I have seen kids regress into autism days after a series of vaccines – one in particular is the combined Measles, Mumps, and Rubella (MMR), which in my opinion is a significant culprit in regressive autism – not the only culprit, but a major one.



## The Regressive Autism Child:

This pattern of development is only an example, but many of the issues listed below are common to most regressive cases of autism that I have seen.

- The child is born seemingly healthy, either via C-section or vaginal delivery.
- No apparent issues at birth – he may or may not have received hepatitis B vaccine.
- At age two months the child received the first series of vaccines.
- Within the first three to four months the child is diagnosed with an ear infection. Oral antibiotics are prescribed.
- The child may successfully breast feed for three to four months, then is switched to formula – usually soy based.
- A second ear infection is diagnosed at around four to five months – again another round of oral antibiotics.
- He begins eating solids at about six months. More antibiotics are given for an unresolved ear infection.
- Then comes the four and six month vaccines. However, he continues to develop normally. He’s playful, appears happy and content, and eye contact is established.

- Possibly another course of antibiotics is given prior to the first birthday because of continuous ear infections.
- At one year the child is switched from breast milk or formula to cow dairy.
- He continues good progress developmentally, including verbalizing the words “dada” and/or “mama.”
- Ear infections and allergies become more prominent. More antibiotics are given.
- The child begins to have loose stools after cow dairy is implemented.
- Between the 12<sup>th</sup> and 18<sup>th</sup> month (on average 15<sup>th</sup> month) the child receives another round of vaccines, including the MMR.
- Parents begin to notice a marked change in stool patterns, including an increase of diarrhea, light colored stools and a “sandy-like” substance.
- Between 15 to 18 months (or shortly thereafter) he begins to lose words, no-longer saying “dada” or “mama”. He appears to be deaf as he no longer responds to his name.
- The child starts to fixate on spinning objects, i.e. fans, the wheels on toy cars or trucks.

- This pattern usually takes about two to three months to develop, but in some cases it happens over hours, days or a few weeks.
- By the time the child is 15 to 18 months old he is no longer communicative. He appears isolated and withdrawn. Diarrhea continues.
- More ear infections go unresolved by repeated courses of antibiotics.
- The parents are told that most kids go through a transition period in their toddler years, and that boys will many times have delays in language.
- This cycle continues until it is evident that the child is not developing cognitively, but instead is losing ground compared to other children his/her age with respect to speech, socialization, etc.
- The child is eventually diagnosed with autism-spectrum disorder and provided various services to help with education, speech and behavioral therapies.
- No significant medical therapies are investigated or implemented, except for basic genetic screening for Fragile X and/or cursory blood work.
- Parents concerns regarding the child’s health, diarrhea, vaccines, etc. are disregarded.

I realize this is a simplistic outline of a child’s regression into autism. Some children regress much more quickly even before their first birthday. Some never develop language or only partially lose it. Some parents describe their children as never developing normally, or always appearing delayed.

## Fact #1: Autism Is Treatable!

Every day medical research is discovering more about the various influences that predispose a child to becoming afflicted with autism. There are excellent treatments already available to help address the complex health issues facing them. Unfortunately, the mainstream media, public viewpoint, and traditional medicine lag behind in talking about and referring these therapies to the parents of autistic children.

The field of biomedicine – which views autism as a medical condition involving the immune, digestive, metabolic, hormone and biochemical systems – has been alive and well for over 15 years, thanks to the help of such organizations as the Autism Research Institute and Defeat Autism Now!

Both of these groups have championed the treatment and assessment techniques necessary to address the medical complexities of autism, different from just the standard

medical care of behavior therapy or suppressive drug treatment.

In short, the biomedical approach views autism as a multi-factorial medical disorder which adversely affects the brain (as opposed to the common traditional medical viewpoint that autism is just a brain disorder). When these underlying medical conditions are treated, often the child’s autism condition either improves or goes away.

You, as a parent or caregiver, need to know that options exist, treatments are available, and there are things you can do right now to get going in helping your child. The most important thing is to develop an open mind, be committed to the process of biomedical intervention, and be willing to educate yourself. Knowledge is power, and when you become empowered with the tools necessary to help your child miracles can, have, and will happen.

My biomedical approach incorporates many different facets of medicine including diagnostic testing, dietary and lifestyle modifications, nutritional supplements, and certain medications (if needed). My approach comes from the knowledge that the majority of autism-spectrum children, including children suffering with attention deficit (ADD) and attention deficit hyperactivity disorder (ADHD) and other

neuro-developmental problems, are dealing with underlying biological and toxicity (i.e. chemical, heavy metal, food, infections) issues that are compromising their health.

In short, autism and its related spectrum disorders are more than just a psychological condition without hope for recovery or improvement. In fact, physicians utilizing a biomedical approach through organizations like Defeat Autism Now! feel that the majority of children who are treated biomedically through diet, supplements, detoxification therapies, etc. have a significant chance of improvement - if not a FULL RECOVERY.

I feel the best chance a child has at "optimizing their full potential" is to incorporate biomedical therapies along with standard therapies: behavior, speech, auditory processing, occupational and more. This approach is too important to leave out of any child's treatment program no matter how old they are, or how long they have been diagnosed with ASD. Their health can always be improved.

To find out if biomedical therapies would help your child you need to be willing to implement some of them, and to learn how to do so. The amount of information can be overwhelming. Knowing what to do first, how to prioritize testing and therapies, dietary changes, what supplements to

use, etc. leaves many parents feeling frustrated. This is understandable because much of the information that is available about biomedical therapies is not recognized by much of the medical community (but this is changing). Because of this, most of the information needs to be obtained on your own from books, articles, support groups and the Internet.

This lack of information available through conventional medical channels does not mean the biomedical approach has no value. In fact, it is absolutely essential. But do not expect to get much recognition or support from closed-minded physicians or other health care providers.

They have ignored the problem for years and do not offer much hope for effective treatment or improvement for your child. Instead, focus on the potential that biomedical therapy has to offer.

Explore the avenue of hope that many parents have discovered as they watch their children undergo significant improvement and even recovery from their autism-spectrum diagnosis. Traditional medicine has no guarantees for absolute recovery from any illness all the time. Neither does a biomedical approach to autism make any such guarantees. However, improvement in health is always a possibility.

## Your Child Deserves Better

In my experience, the traditional medical community is ill-equipped to evaluate autism-spectrum children and provide them with well-rounded treatment options beyond suppressive medications to control adverse behavior. This is why working with a clinician trained in the various biomedical therapies is ideal, but not always possible. What is really needed is a doctor to be at least open-minded to various aspects of evaluation, therapies and healing. This way you can learn to work with your doctor in implementing some of these therapies.

There are no quick fixes, magic creams or potions that will make your child’s autism go away. Persistence, hard-work and dedication are essential! There are no guarantees of absolute recovery for all children. Yes, some do, and what is more common is that they become healthier, more social, and more engaged with their family.



## Fact #2: Autism Is A MEDICAL Disorder – Not Just a Brain Disorder

Autism is more than just a brain disorder, or what is commonly called a neuro-developmental disorder. Instead, autism needs to be reclassified as a multi-system disorder involving the digestive, immune, biochemical, hormone, and detoxification systems that affect the brain.

Research has already proved this and many of the scientists and physicians involved in autism have shown that the medical issues of autism can be complex and multifaceted.

As a parent or caregiver you obviously have your own story to tell about your child. Their particular pattern of development is unique to them, but with many children there are commonalities with respects to their medical issues. What is important is to look at what may have been contributing factors for your child’s health condition.

I approach a child’s autism-spectrum condition from a medical standpoint. I want to know what is going on medically. Do they have nutritional imbalances, yeast or bacterial overgrowth, food allergies and sensitivities, biochemical imbalances and/or immune system dysfunction, and heavy metal toxicity? All these factors can contribute to

*“7 Facts You Need To Know About Autism (But Probably Weren’t Told)”* by Dr. Kurt Woeller

your child not getting well, and just as importantly contributing to their autism.

## Fact #3: Dietary Changes – What Your Child Eats Does Make a Difference

As unpopular as this topic is, it really does make a big difference in your child's health - many times dramatically! Gluten (from wheat) and casein (from dairy) are two of the most common food offenders for autism-spectrum children. Soy is often a problem as well. The gluten/casein-free (GFCF) diet has been used for many years with good success. Is it a "pain in the neck?" Sometimes! Do kids get success with other biomedical therapies without having to do the diet? Sometimes - but not often.

Enough children (at least 65-70%) on the autism-spectrum show improvement (as referenced from statistics from the Autism Research Institute)(3) with respect to cognitive changes (better attention, ability to focus, language) and physical health (better digestive function, less illnesses such as colds, ear infections) that I feel a gluten, casein, and a soy-free diet is warranted.

This is an area that can create a lot of stress and tension on the part of the parents and family. It takes practice, patience, and perseverance. Some kids respond immediately, some not

at all. In my experience, most kids show positive changes. Unfortunately, there is no magic pill to replace the GFCF diet or make it all go away – but it does work.

## The Importance of Dietary Intervention and the Powerful Impact Food Can Have On Behaviors

The idea that food can have an adverse effect on behaviors in children is nothing new. It has been known for years in the biomedical community that peptides (small fragments of protein) from gluten and casein affect certain ASD children (4) as to their behavior and overall cognitive function.

These food proteins can also have an adverse affect on immune function as well (5). Also, food coloring and dyes (based on the concept of phenol sensitivity), and certain substances such as salicylates all can contribute to adverse behaviors such as aggression, hyperactivity, lack of focus and more (6).

Dietary intervention is not always a one size fits all approach. Remember, your child is an individual and their response to a dietary change may be entirely different than another child. When it comes to dietary modifications you will never know the full benefit they can have until you give one of them a try. At times it is necessary to explore various diets to see which one works best. Some of these dietary

programs are called the Gluten & Casein-free diet (GFCF), the Specific Carbohydrate Diet (SCD) and/or the Low Oxalate Diet (LOD). I recommend if dietary intervention is a new concept for you to first explore the Gluten & Casein-free diet as your starting point.

NOTE: It is important to keep in mind that for many children, foods like gluten and casein are not just nuisances that need to be avoided periodically. For many kids these foods are toxins. They can have adverse chemical effects similar to opiate drugs and can cause chemical addiction in their brains. Stop waiting and implement the GFCF now. Your child may be one of those kids who benefits greatly.

Food in general is important to evaluate with regards to overall health. The majority of autism-spectrum children are dealing with high toxin levels in their bodies, which they are not able to eliminate effectively. Beyond the gluten/casein-free diet you as a parent or care-giver should be incorporating as much organic food including vegetables and meats (if not vegetarian) as possible. Also the removal of toxic food such as fast-food (junk food), soda, and refined flour and pastries is critical. Many autism-spectrum children are nutrient deprived and the eating of toxic food is truly deleterious to their health. I encourage everyone to the watch the video entitled "Super Size Me" available on

video/DVD to see an example of what a fast-food diet can do to you and your child’s health.

Start exploring your local health food stores or specialty markets for food alternatives that you normally buy at the standard local markets. Incorporating a whole food diet takes time, but is well worth the effort. Be patient and the dividends will pay off with improved health and vitality.

NOTE: For some children, particularly those with inflammatory bowel conditions, very weak immune systems, or the inability to eradicate opportunistic bacteria and yeast infections from their digestive system (as was seen with case presentation with Derrick) will need to implement a more detailed dietary program. One such program is called the Specific Carbohydrate Diet (SCD). This diet is an extension of the GFCF diet and has been a big boost health-wise for many children on the autistic-spectrum.

## Self-Injury Behavior (SIB) – A Complex Case

Derrick was an eight year old boy who was diagnosed at the age of two with “classic” autism. His main issues included SIB (self-injury behavior), aggression, and sleep disorder – he could literally be up through the night for hours. His worst behaviors would many times manifest for one to two hours after school. Other concerns were his lack of speech, self-limited diet (high dairy and grains), and very poor socialization. One curious condition was his very high pain tolerance.

After running an Organic Acid Profile and Urinary Peptide it was determined that Derrick was a child with massive amounts of yeast and clostridia bacteria toxins. His toxin levels for yeast and bacteria were some of the highest I have ever seen, with his clostridia marker (HPHPA) well over a 1000! Also, his peptide values were elevated as well. The first order of business was to implement some basic supplements including a multi-vitamin, mineral and antioxidants. I also recommended that the parents start the Gluten/Casein-Free Diet. The GF/CF diet was implemented successfully with some improvements in behavior.

Because of his severe combativeness the parents had a difficult time getting him to take supplements consistently. However, he was able to take melatonin (sleep supplement) – 1 to 3 mg before bed which helped significantly. Because of his high clostridia (HPHPA) and yeast (arabinose) we tried to implement an antibiotic called Flagyl and an anti-fungal called Diflucan.

Unfortunately, because of excessive die-off reactions (die-off is a condition where a child’s symptoms worsen because of the toxins being released by eradicating bacteria and yeast) he became even more aggressive and the SIB worsened – this was too much for the parents to handle. I switched him to Culturelle (a specific type of probiotic) – 1 capsule twice daily and a multi-flora probiotic supplement knowing that in the future we would again need to address the clostridium and yeast.

Knowing that severe yeast and bacterial overgrowth problems can thrive in a gut with lots of inflammation we decided to switch him from the GF/CF diet to something called the Specific Carbohydrate Diet (SCD). This diet is based on the work of the late Elaine Gottschall, author of the books “Food and the Gut Reaction” and “Breaking the Vicious Cycle.” The premise is that individuals with inflammatory bowel diseases such as Chron’s Disease and



Ulcerative Colitis have difficulty with digestive complex sugars called disaccharides – such as rice, corn and other grain products. This diet has been successful in many children on the autism-spectrum particularly those with digestive problems such as severe constipation or chronic loose stools – many of these kids who would eventually get diagnosed with inflammatory bowel disease.

The remarkable thing with Derrick was that 5 weeks after starting the SCD his SIB was virtually gone. Derrick was at that time taking a medication called Naltrexone. This is medication used for narcotic addiction – particularly to heroin and morphine. It has been used with success for aggression and SIB. For Derrick after 5 weeks on the specific carbohydrate diet he no longer needed his Naltrexone.

## Fact #4: Methyl-B12 Works!

Methylation is a vital biochemical reaction in the body that supports the cardiovascular, hormone, immune, and detoxification systems, DNA/RNA structure and function, and other key metabolic systems. It is critical in the development of autism (7). There are some very effective therapies that support this biochemical process quite effectively namely methylcobolamin (injection, oral, sublingual), as well as other methylating supplements such as DMG and TMG. However, according to James Neubrandner, M.D. the pioneer in methylcobolamin therapy (methyl-B12 or MB-12), the subcutaneous injection route is the most effective. From my years of experience in using MB-12 therapy for autism-spectrum children I agree with Dr. Neubrandner’s commentary about the effectiveness of subcutaneous injectable methyl-B12.

The process of methylcobolamin (MB-12) injections is very simple. Injections are given to your child in the upper outer quadrant of their buttocks using a pre-filled insulin syringe and needle. The procedure is virtually painless. The most difficult part of the process is for you, the parent (or caregiver) to overcome your fear of giving the injection. Yes!

That's right - Mom, Dad, Grandma or Grandpa - whoever it might be giving the injection.

The Methyl-B12 protocol is of critical importance for you as a parent or caregiver to be familiar with. Most doctors do not know about it, and you can educate your physician (if desired) about the benefits of this therapy. Methyl-B12 plays a significant role in helping autism-spectrum children regain their health and vitality. It is very important that you study this information.

## Fact #5: Behavior Issues – There Are Reasons Behind Their Problems

Many behavioral issues associated with autistic children can be treated biomedically. That’s right, rather than drugging your child into a zombie state with suppressive medications, I prefer to find out what’s causing the child to behave badly and treat the problem - thereby eliminating the need to control their behavior after the fact. Makes sense doesn’t it?

There are lab tests available to help find out what is bothering your child. The Organic Acid Profile laboratory test is essential to analyze for yeast and bacterial overgrowth – including a group of bacteria called clostridium (8).

It is also helpful to assess other factors related to antioxidant status and certain nutrient levels, as well as markers for in-born errors of metabolism including oxalate and amino acid dysfunction - all important underlying medical problems with some children with autism.

Yeast has a tremendous affect on health. What are common in children with yeast overgrowth are behaviors that suggest dissociation, withdrawal, and aloofness.

The most common behaviors that I see when they manifest are the following:

- Poor eye contact.
- Increased stimming behavior – fixating on spinning objects, odd hand movements including finger-flicking in front of eyes.
- Toe-walking.
- Becoming withdrawn.
- “Silly, goofy and/or giddy” – but this is not a behavior that involves other people. The child becomes silly, goofy and/or giddy to themselves.
- Increased sugar craving.

### Yeast and Pervasive Developmental Disorder (PDD)

Mark was one of my first ASD cases back in 1998. He was a 2 year old boy diagnosed with PPD-NOS. His development was typical of the history listed above (under Regressive Autism) Multiple ear infections had led to repeated antibiotics for months on end. Loose stools were the norm as he struggled to maintain eye contact and learn in school. I ordered an Organic Acid Profile (OAT) from Great Plains laboratory and discovered a massive amount of yeast metabolites – arabinose being the most common and quite elevated in this child. Being

new to biomedicine for autism all I knew to do was make a recommendation for a gluten/casein-free diet and antifungal therapy. The anti-fungal medication was called Nystatin. The mother also implemented some basic supplements including a multi-vitamin and mineral, probiotics, and digestive enzymes.

After 18 months of continuous use of Nystatin, dietary modification and general nutritional support Mark was mainstreamed into regular school and continued to do well. His repeat OAT finally showed no yeast overgrowth. This case illustrated for me the powerful changes that could happen for an ASD child with basic dietary intervention and prolonged antifungal therapy.

Other parents can describe other more subtle differences, but these are fairly common manifestations. What is most common with “yeasty” behavior is a giddiness that overcomes a child as though they are drugged or drunk. When they are put on medications such as Nystatin or natural remedies, i.e. herbal remedies, these behaviors can improve. However, another common bug detected on the OAT test can give quite the opposite pattern – its name is Clostridia (aka. Clostridium).

## Clostridia – and the case of violent behavior

Clostridium is a group of anaerobic (does not like oxygen) bacteria that invades the intestines of susceptible individuals. The most commonly discussed clostridia bacteria, particularly in hospital settings, is *Clostridium difficile*. This organism is a major problem as it has developed resistance to common antibiotics. Ironically, *Clostridium difficile* can become an issue in people who have taken long-term antibiotics for infections. In its severe form it can trigger a serious inflammatory bowel condition called pseudomembranous colitis (9). However, there are other species of clostridia that can be problematic without causing this life threatening condition.

The OAT (from Great Plains Laboratory) reveals a specific marker called HPHPA. When this is elevated the presence of clostridia is defined. The type of clostridia is not specifically isolated, but you will know it is present in your child’s digestive system because of the HPHPA marker. Unlike yeast overgrowth which can cause the classic “goofy and giddiness” behavior, clostridia can trigger the exact opposite. The problem with any of these infections, as well as other toxic insults, whether they are from chemicals, foods or vaccines is that they have the potential to trigger neurological inflammation. Neurological inflammation is a

major factor in autism and individuals on the autism-spectrum have been shown to have higher levels of inflammatory immune markers that affect their brain and nervous compared to neuro-typical individuals in their respective age group (10).

### Clostridia - A Contributor to Aggressive Behavior

Frank was a five year old ASD boy. His history included multiple antibiotics for ear infections. Shortly after a recent upper respiratory infection he started to become more aggressive – hitting, kicking, screaming, etc. This went on for a few months. The parents began to implement a GF/CF diet which seemed to calm down his behaviors to some degree. They had also used some herbal remedies of grapefruit seed extract and caprylic acid. This helped with some of his eye contact issues and focusing capacity. However, Frank was still prone to excessive outbursts – including head banging.

An OAT revealed very high levels of HPHPA. His yeast marker for arabinose was slightly elevated, and a urinary peptide test was elevated for both gluten and casein. In some kids the HPHPA level may only be slightly elevated - - around 150 to 250. In these situations the use of a supplement called Culturelle (acidophilus GG) may be



effective. However, in Frank’s case his HPHA was over 700! The use of grapefruit seed extract and caprylic helped slightly with his eye contact and focusing, but it was not enough to impact his clostridia problem. Also, implementing the GF/CF diet certainly was beneficial because of his elevated peptides. Ultimately though, he needed more aggressive therapy to lower the clostridia levels.

I implemented a course of Flagyl (antibiotic) along with Culturelle (Lactobacillus GG). This was enough to eradicate the clostridia and keep it from returning. After five days of taking the medication Frank became much less aggressive, and his tantrums had diminished as well. Within three weeks of completing the therapy he was much happier, less irritable, and doing well in school again. His head-banging had stopped.

## Fact #6: Vaccines Can Trigger Autism!

Here's proof:

The U.S. Government has finally admitted there is an association to childhood vaccinations and autism in the case of Hannah Poling. Hannah was a normal developing child until the age of 18 months when she received 9 immunizations in 5 separate shots given on the same day. Up until that time she was reaching her development milestones, a vocabulary of approximately 30 words, healthy and happy. She immediately reacted to the shots with high fever, rashes, and inconsolable crying - then came the regression into autism with loss of language, failure to respond to those around her and more. The government conceded that the vaccines triggered her autism because of a "mitochondrial disorder."

The mitochondria are the energy factories of our cells. They churn out large amounts of energy chemicals to keep our bodies functioning normally. Certain individuals carry genetic factors that alter their mitochondria function. In Hannah's case there was no clear indication that she had a problem prior to vaccinations, and it is just as likely the vaccines themselves created a mitochondrial problem as this is known to happen with other toxic reactions from chemical, drugs, infections, etc. In fact, mitochondria are very sensitive to

imbalances in our bodies and are known to influence other medical conditions such as diabetes, heart disease, obesity and even cancer.

The critics of this argument state that mitochondrial disorders are quite rare, and that the Hannah Poling case was very rare. However, the estimated rate of mitochondrial problems in autistic individuals is as high as 20 to 30%.

What this means is that a significant amount of children actually have a confirmed disorder, while even more have some form of dysfunction that makes them highly susceptible to vaccine damage. This equates to approximately 1 in 50 children being susceptible to mitochondrial problems.

When you look at the list of things that can damage mitochondria you realize many of these items are common in childhood vaccines, as well as our environment:

- Thimerosal
- Mercury
- Aluminum (which is added to many vaccines)
- Pollution
- Pesticides

- Certain Medicines
- Prenatal alcohol exposure

In my practice approximately 75% of parents describe a regressive pattern to their child’s autism. This means they were on target developmentally and then lost language, eye contact, social skills, etc. In at least 50% of these, the regression occurred over a 3 week to 3 months period of time. In the vast majority of these kids the parents correlate regression directly with a vaccination doctor’s visit.

I have seen the overuse of vaccines (multiple vaccines given during the same doctor’s visit) be a major contributor to children’s regression into autism – in some cases within days of a particular series of shots. Think back to your child’s autism development. Did it come on after a certain period of time or event? Was there a regression after a vaccine visit to your pediatrician’s visit?

We recognize that vaccines have played a significant role in our nation’s health care, and continue to do so in other developing countries. To forego all vaccines does not make good sense and would leave some children vulnerable to infectious diseases, but it is clear we have a problem with our vaccine policy that is not being addressed.

Aspirin, for example, has become a major contributing deterrent to unnecessary deaths in the United States. However, if you take too much aspirin you can bleed to death, and the same can be said of many other types of medications. Everything has its limit as far as safety and usefulness. The same is true of vaccinations.

## Fact #7: Don’t Wait Around For Your Doctor To Tell You How To Treat Your Child. If They Knew About The Benefits, They Would Have Already Told You.

The decision to begin biomedical intervention for your child is an easy one. The choice of keeping things as they are or journeying on the path of non-traditional treatments just takes the commitment to say, “I am going to do something.” That something is the most beneficial thing you can do for your child, yourself, and your family. You have to want to take back control of your child’s healthcare, and ultimately your family’s healthcare.

There is a way you can start implementing successful therapies for your child – right now. Now is the time to start implementing a strategy. This strategy is what I call your “Action Plan.” It is a program of things to do – a “To Do List” if you will. This to do list is important to have as it will help you create a list of supplements, therapies, testing, etc. that you would like to try for your child. You see there is no one specific way to treat a child with autism – no one right way for every child. The reason is that there are no two children with autism that are exactly alike. A specific therapy like high dose vitamin B6 may work wonders for a few children,

but for some kids creates problems with over-stimulation and hyperactivity.

Conversely, your child may respond beautifully to the gluten/casein-free diet while a neighbor’s child with a similar diagnosis sees no benefits – even after prolonged use.

Medicine is full of these uncertainties, but luckily in the world of medicine, and certainly in the world of biomedical interventions there are many options at our disposal.

Also, when you look at trends in treatment you begin to see that many of the biomedical therapies available seem to help most children. Vitamins, dietary restrictions such as gluten, casein and soy, methyl-B12, etc. are all therapies available.

So let’s get started with devising an action plan for your child. Remember you are the driver. You control the steering wheel for the road you are going to travel. You control the gas pedal that determines how fast you will travel down your chosen road. The only thing you do not control is how quickly or intensely your child will respond to a given therapy and whether that therapy will ultimately lead to biomedical success. Be patient and stay the course.

Improvements in health are very rarely a quick fix – but remember, miracles can happen.

## How to Get Started:

It bothers me greatly that not everyone who would like to treat their child can see a biomedical autism specialist doctor such as myself due to economic or geographic limitations. It also frustrates me that I can only help about 6-8 kids a day on a one-to-one basis. I knew there had to be a way to bring my private practice to those who could not come to me. The answer is a new website I have created, called [www.AutismActionPlan.org](http://www.AutismActionPlan.org)

[www.AutismActionPlan.org](http://www.AutismActionPlan.org) is an online, step-by-step action plan for the biomedical treatment of autism - all directed and overseen by a biomedical physician. This is a membership based website in which I virtually put my private practice into your home. With Autism Action Plan you will have video instruction on how to implement the same successful biomedical therapies that I have used for the last 10 years. AutismActionPlan.org is dedicated to parent education through video tutorials, a parent to parent chat room, articles, laboratory testing and pharmacy information access...and much more.

From my experience one of the unfortunate things that occurs with many parents is the “mass confusion affect” that sets in when moving down the path of biomedical



intervention. People become easily confused by all the options, diets, therapies, tests, and supplements...this leads to inaction, anxiety and frustration. Ultimately, this benefits no one as you either give up on the whole approach or never really get started with anything significant that could make a difference for your child. This has nothing to do with intelligence. It is related to the fact that the language and concepts of biomedicine are new to some people.

[AutismActionPlan.org](http://AutismActionPlan.org) changes all of this as it puts the most important information you need, right into your hands, so that you can help your child right now.

There are many biomedical therapies that are tried and true and from their core level really help the majority of kids on the autistic-spectrum – and I am confident will help your child as well.

Time is of the essence. The sooner you take action the better chance you will have of helping your child –

[www.AutismActionPlan.org](http://www.AutismActionPlan.org) will help.

## References:

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