DIET AND BOWELS

Many autistic children have abnormal bowel function. This may vary from constipation to diarrhoea.

CAUSES:
Poor diet,
Poor gastric motility,
Overgrowth of pathogenic [harmful] bacteria, candida species or assorted parasites,
Inability to break down some dietary proteins

In most autistic children regulation of bowel habit brings clinical improvement and probably the most effective way of doing this is by introducing a gluten free casein free diet.

In a survey of parents of 1000 autistic children, 63% made clear clinical improvement following withdrawal of gluten and casein.

ZINC

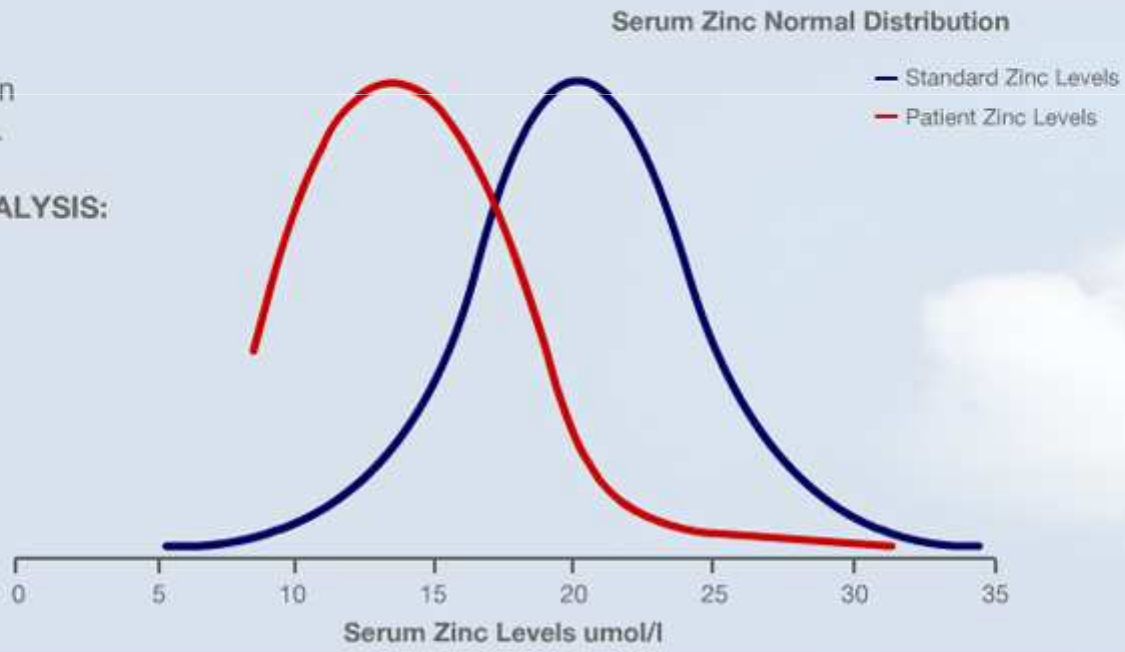
The vast majority of autistic children have low zinc levels.

This clinic uses serum zinc as a marker. Levels are checked at the same laboratories using the same protocol, Specimens are collected by the same blood collectors using the same collection techniques. With this degree of standardization we are confident that our results are accurate and reproducible.

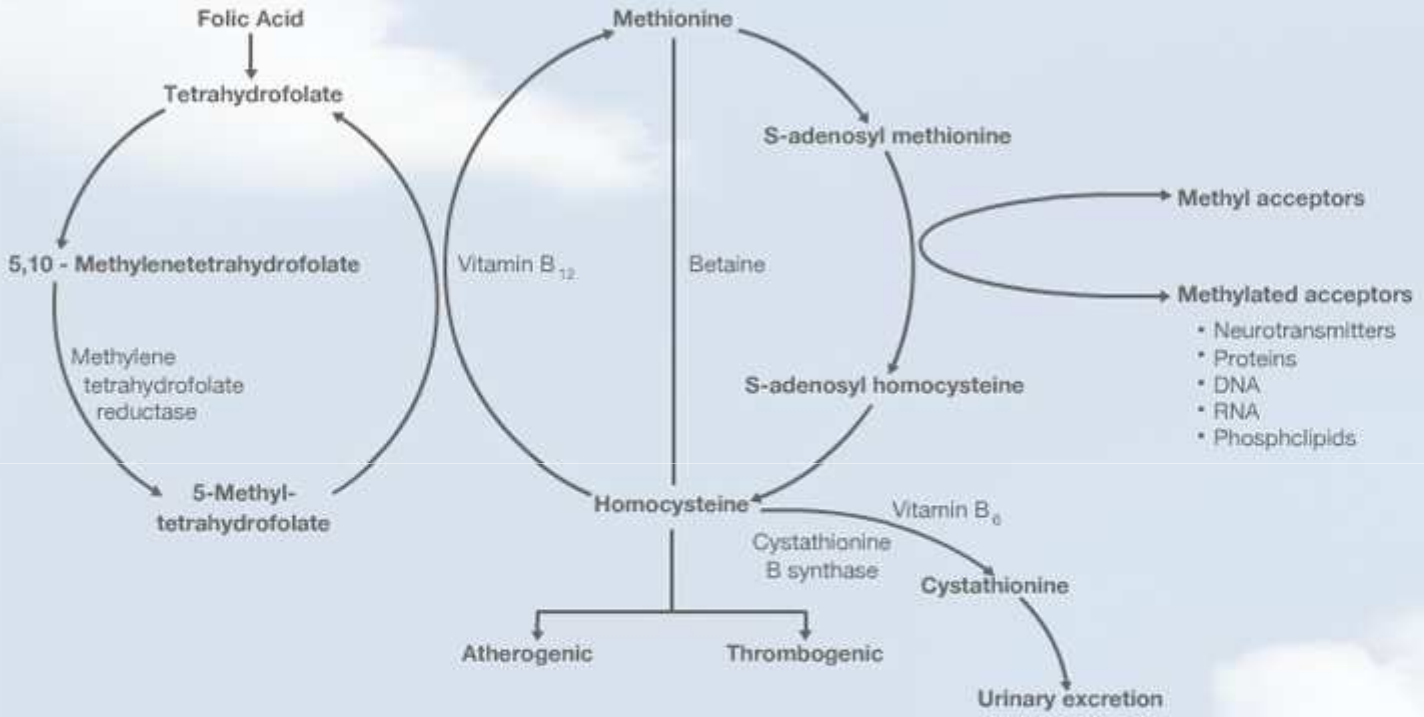
The spread of zinc levels is charted below and it is clear that on average the autistic group have a significantly lower level than non symptomatic people.

CAUSES:
Poor absorption
Increased excretion
Low dietary intake.

SERUM ZINC ANALYSIS:



METHYLATION CYCLE



WHOLE BLOOD HISTAMINE IS USED AS A BIOCHEMICAL MARKER FOR METHYLATION ACTIVITY. REFERENCE RANGE 0.4-0.6 mic m/l.

METALLOTHIONEIN

Metallothionein proteins are found in most cells of the body. They contain between 61 and 68 amino acids and fulfill many functions.

HIGHEST CONCENTRATIONS:
Gastrointestinal tract
Brain

FUNCTIONS:
Breakdown of casein and gluten in GIT
Transport and sequestration of heavy metals
Correct brain maturation
Transport of zinc

METALLOTHIONEIN PROMOTION THERAPY:

The Pfeiffer Clinic have developed and patented a supplement of the 14 amino acids that make up metallothionein proteins in the same ratios that would be in the natural proteins.

1. PRE TREAT WITH ZINC
2. ENHANCE METHYLATION STATUS
3. SUPPLEMENT WITH METALLOTHIONEIN PROMOTER

SUGGESTED WEB SEARCH:
metallothionein, autism, Walsh

METHYL B12 INJECTIONS

A percentage of autistic children respond to methyl B12 injections. The response is often most marked in the development of speech.

Solution concentration 25mg methyl B12/ml.
Dose 63.5mcg/kg each 3rd day.
Given with diabetic needle whilst child sleeps.

MODE OF ACTION:
Donation of methyl groups
Stimulation of D4 dopamine receptor

SUGGESTED WEB SEARCH:
www.drneubrander.com
Deth autism D4 receptor

CHELATION THERAPY

One of the common theories of the cause of Autism is that heavy metal build up is a part of the problem. The metal most commonly implicated is Mercury.

CHELATION:
Giving a substance that binds to [chelates] another substance allowing the complex to be excreted.

DMPS:
Intravenous, transdermal.
Mercury

DMSA:
Oral.
Mercury

EDTA:
Intravenous, rectal.
Lead

SUGGESTED WEB SEARCH:
Butar, autism, chelation, DMPS

RESEARCH AND EVIDENCE

NEXT >

MEASLES VIRUS IN CSF:

*Bradstreet et al, presented DAN 2004, not published at that time.
67 children, Group A, 30 with regressive autism after MMR
Group B, 37 non autistic having LP [eg leukaemia].
Test for live measles RNA in CSF:
Group A, +ve in 19/28 or 68%
Group B, +ve in 1/37 or 3%

MEASLES VIRUS IN BOWEL:

*Wakefield et al, Lancet 1997; 351: 637-641.
Biopsy of reactive lymphoid follicles and tested for live measles virus RNA
+ve in 81% of ASD patients
+ve in 7% of controls.

GENETIC SUSCEPTABILITY:

J James et al, presented 2004 DAN.
Genetic mutations known as "Single Nucleotide Polymorphisms" for an enzyme important in the methylation pathway [methylenetetrahydrofolate reductase, MTHFR.]
+ve in 22% ASD patients
+ve in 11% of controls

METHIONINE LEVELS:

J James et al, presented DAN 2004.
Demonstrated significant reduction in levels of methionine, SAMe, cysteine and glutathione in ASD patients cf controls.
Also showed normalization of methionine levels after supplementation with folinic acid, TMG, and MB12 injections.

RESEARCH AND EVIDENCE

‹ PREVIOUS

OXIDATION STATUS:

Three recent studies show reduced antioxidant enzyme activity in ASD group.
This supports the theory that OXIDATIVE STRESS causes autism symptoms in susceptible children.

MERCURY:

Thiomerasol [ethyl mercury] has been the preservative of choice in the immunization schedule for many years.
Australia switched to mainly thiomerasol free vaccines in 2001

Assume the allowable mercury exposure is 0.5mcg/day
Assume 2 month 5kgm baby having DTaP, Hep B and HIB on 1 day

Mercury exposure on that day is 62.5mcg [125 times allowable limit]

RELATIVE RISK OF NEURODEVELOPMENT DISORDERS:

	Thiomerasol Vaccine	No Thiomerasol
AUTISM	2.5	1
SPEECH DISORDER	2.9	1
MENTAL RETARDATION	3.3	1
PERSONALITY DISORDER	2.5	1
"THINKING ABNORMALITY"	5.4	1
ATAXIA	2.8	1

ONE YEAR FOLLOWUP STUDY RESULTS

Patients surveyed December 2006 - February 2007
Date of commencement in program Dec 2005 - Feb 2006
All had established diagnosis of Autism or Autism Spectrum Disorder.
Total number of patients 61
Age range 2yrs - 35 yrs. Most common age 3yrs - 6yrs. Only 4 patients over 16 yrs.
Success criteria specified at initial interview. "What are the 3 major issues?"