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APRIL 2008

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Autism Awareness Month



Scott Popyk, R.Ph. FIACP
Founder

Have you noticed a focus of media attention upon autism this past year? NASCAR ran an awareness spot during one of their recent races. PGA golfer Ernie Els recently revealed that his son has autism to raise national awareness. Detroit's own

Chevrolet announced it will donate up to \$1 million towards autism awareness when consumers take on-line virtual test drives. Why all the attention you may ask? The answer is that as many as 1 out of 150 births will be affected by autism this year. Even more alarming, autism diagnoses are growing at the rate of 10-17% annually (Autism Society). Meaning, you probably know a child with autism.

Autism is a disorder of unknown origin affecting the development of social and communicative skills in children. Its trigger(s) could be genetic, environmental or both. Either way, further research will benefit caregivers, families and children by identifying those at risk and optimal treatment regimes.

April is Autism Awareness month. In recognition, I encourage you to go out of your way to support an individual, family, or neighbor who has an autistic child. Whether you send an encouraging note, hug an autistic child or support financially, your deed will not go unnoticed. For more info or to become involved, visit The Autism Society of America at www.autism-society.org

Biomedical Therapies for Autism

By Richard Linsk, MD PhD

When we say that a child has autism, all we are doing is providing a description of their behavior and development. We are not really explaining the cause of the autism or even describing all of the child's symptoms. Even though autism is described as a "mental" illness, and most clinicians consider autism to be strictly a neuro-genetic disorder, many of these children have significant problems with their gastrointestinal tract and appear to have food sensitivities, intestinal infections, metabolic imbalances, and toxic burden.

Most prominent among these "medical" symptoms are chronic diarrhea or constipation, irritability, pain, hyperactivity, flapping behaviors, and an appearance of being "stoned". About half of children with autism exhibit a period of normal development followed by a distinct developmental regression, often together with the development of

physical symptoms.

In many cases these associated symptoms can improve with biomedical therapies directed at restoring normal physiology. Many children carrying the diagnosis of autism respond to these therapies with improvements in the core symptoms of autism including improvements in language, socialization and behavior. Some of these children even seem to lose the diagnosis of autism. Given the intestinal problems that many of these children exhibit, it is not surprising that dietary changes are the mainstay of biomedical therapy. If one looks, it is fairly easy to demonstrate the presence of food sensitivities, digestive deficiencies, "leaky gut", and abnormal intestinal growth of bacteria and yeast in these children.

The most commonly recommended diet removes the milk and wheat proteins, casein and gluten, from the diet. Often, simply removing these foods results in "a fog being lifted" and improvements in irritability.



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Reintroduction of these foods can then cause severe irritability and loss of skills. Although it is often possible to identify antibodies to milk and wheat in the blood of autistic children and biologically active casein and gluten derived peptides in their urine, the only way to know whether removal of these foods will be helpful is to remove them. Other diets that are used include a yeast-free diet, an antigen elimination diet, the specific carbohydrate diet, the low oxalate diet, and the low salicylate (Feingold) diet.

Many of these diets are incompatible with each other and it is often difficult to know which of these approaches is most likely to help which child. Other interventions used include high dose vitamins, particularly methyl B12 injections or nose spray, vitamin B6, probiotic bacteria, antifungals, low dose naltrexone, and carnosine. Many children with autism appear to benefit from a course of hyperbaric oxygen therapy (HBOT), with improvements in both cognition and intestinal symptoms. Many children with autism

appear to have difficulties with eliminating heavy metals such as mercury and benefit from chelation therapy aimed at removing these metals.

In general none of the therapies recommended by biomedical practitioners have been subjected to large prospective randomized trials. Nonetheless, the interventions recommended are generally benign and the improvements observed are compelling, that it is probably worth pursuing a course of therapy for most children with autism, particularly those with a history of regression and those with physical symptoms. Many of these therapies also appear to be helpful for children with attention and behavioral issues without the core diagnostic criteria for autism.

To learn more, you can reach Dr. Linsk at 734-786-3833 or visit his website at www.integrativepediatrics.net

Special Compounds for Autism Patients



Many autistic patients have been found deficient in methyl B12 (MB12), folic acid and glutathione. Deficiencies of glutathione lead to impaired detoxification processes.

Deficiencies of MB12 and folic acid may lead to accumulation of heavy metals or other toxic substances. Accumulation of chemicals can lead to subsequent damage to the nervous system which can lead to the deficits of communication and social interaction abilities seen in autistic children.

MB12 and folic acid supplementation have been shown to improve glutathione levels leading to improved detoxification processes.

Physicians knowledgeable about biochemistry are increasingly utilizing MB12 and folic acid in an attempt to improve glutathione levels and thus detoxification. In one study, compounded MB12 injected subcutaneously in addition to oral folic acid for one month normalized glutathione concentrations. In another study, folic acid was given to

eight autistic patients. Results showed a significant increase in glutathione concentrations.

In conclusion MB12 and folic acid treatment may improve social and motor skills by improving or normalizing deficiencies of glutathione and improving detoxification.

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