Digestive Issues and Autism

Dr. Jerry Kartzinel

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Guest Speaker: Dr. Jerry Kartzinel

Moderator: Welcome to Moms Fighting Autism. I am your moderator, Nancy Bernatitus, and this is our 44-th webinar. Tonight’s webinar is entitled Mending Autism, Its Alimentary My Dear Watson. We have presenting that Dr. Jerry Kartzinel.

Dr. Jerry Kartzinel is a Board Certified Pediatrician and a Fellow in the American Academy of Pediatrics. He specializes in the recovery of Neuro-Developmental Chronic neuro and inflammatory diseases, and hormonal dysfunctions. He’s a nationally recognized speaker and New York Times Best-Selling author.
Dr. Kartzinel has presented medical interventions that work to improve the lives of his patients who suffer from several medical conditions that include Autism, Allergies, Inflammatory Bowel Disease, Chronic Constipation, Chronic Diarrhea, Sleep Cycle Disruptions and Hormonal Imbalances. He regularly teaches continuing medical education courses on children's health issues to physicians and other health professionals.

His clinical approach is to treat the whole patient by carefully obtaining a full and complete history, and based on that history obtaining very detailed laboratory evaluations. Individualized plans are implemented integrating the very latest medical interventions that include both traditional and complementary medicine approaches.

Welcome Dr. Kartzinel.

**Doctor:** Thank you very much for that introduction Nancy, it’s good to be here on Mom’s Fighting Autism, but I would like to think some dad’s are helping us in this fight. We can’t do it all on our own. Tonight we are going to talk about Autism and my approach to the treatment.

I don’t really treat Autism, that’s the secret here. We don’t treat Autism. What we are doing is treating the underlying medical problems and we have to diagnose them to understand what is going on. And then obviously we are going to have to manage them. Many of the children I see in my clinic from all around the world have some commonalities. They have GI issues, and GI is another way of saying Gastrointestinal Issues, sleep issues, allergic issues, immune issues, neurologic and psychiatric issues, chronic inflammation, even toxic issues.

If I was able to see you all like I would at a conference I would say, how many of you have a child who doesn’t sleep good at night, and probably half of you would raise your hand. How many of you have children with constipation, how many of you have chronic diarrhea, how many of your kids don’t eat. In other words, we have these children that we call Autistic, that is really not a diagnosis, it a collection of symptoms. How I define Autism is these children are not making sense of information coming to them. When mom says I love you, dad says go get your shoes. Maybe when their stomach is saying they are hungry, some of these kids don’t understand what that feeling of hunger in their stomach is like, or what a bladder or rectum is that’s why they can’t be potty trained. My son can walk on hot gravel in bare feet in the middle of summer, obviously
something between the hot gravel and his brain didn’t figure out – ouch, I need to get off of here, and maybe cry would be good.

In other words, the information coming to the brain from the nose, the mouth, the eyes, the ears, the touch doesn’t make sense to them. So what we are going to try to do is figure out what’s wrong with these kids and help them out.

Now back in 1943 when they coined the word “Autism” this is Leo Canter’s work, not only did he notice that these kids were distant but he also noticed that they had medical problems, too, that nowadays seems to be kind the norm. Case number one says that eating has always been a problem. Case number two, large and ragged tonsils. Case number three, diarrhea and fever following Small Pox vaccination. These children have true medical problems so the question then needs to be answered, if we address each of these problems and make them better, will the child’s symptoms of Autism get better – and the answer is yes.

What we have here is a child who is exposed to something, and we will call it toxins. It could start in utero, obviously if mom is doing drugs, or there is alcohol or a fish-eater, food vaccine, but somehow toxins either in utero or when they were born, and there is an element of oxalated stress, kind of represented by the oxidizing change, and inflammation. You combine that with the child’s own genetics, the DNA strand there, and you get something whether it be reflux or recurrent ear infections or diarrhea, you get something.

To have a disease process these things have to occur. Good faith and physiology will describe good answers to this. What is Physiology? It’s the study of mechanical, physical and biophysical functions of organisms. That is what I studied in medical school, that’s what I studied in college – physiology. We know that there are healthy cells and we also understand there are different ways to hurt a cell. In this slide, it’s not memorized but basically you have a cell that is growing normally doing normal things, we call it normo-metabolism. Things can attack this and make it not do so well, radiation, inflammation, smog, chemicals but something has to come in and cause some stress on the cells and some damage on the cells.

Let me translate this, what we have here then is damage to things inside the cells and they can be protein damage or membrane damage, DNA damage, mitochondrial damage, and that is what you hear about the
theories of Autism, it’s mitochondrial disorder or it’s this or it’s that, you can see. Because certainly there is hard damage, and when cells don’t work right the child is going to struggle, whether it be energy, muscle tone language, recognition of information coming into his body/brain cell.

One of the things that many people keep hearing about is antioxidants. We make antioxidants, one we make glutathione and it is a way of protecting our body from damaging exposures to the environmental toxins that we are exposed to. We are going to be exposed to a bunch of stuff and glutathione basically is a giant detoxifier, and glutathione is made in a particular pathway. Now, I wonder if the toxins that we are exposed to and only some of them react poorly and serve as a diagnosis of Autism perhaps. Maybe these children with Autism don’t have as much glutathione, and that is exactly what she showed.

She looked at neuro-typical children and measure glutathione, she said oh my gosh the controlled children has almost twice as much of this glutathione as the Autistic children do. So maybe that is why they were able to escape relatively unscathed by whatever environmental issues came along.

If you have a lot of what we call oxalated stress, in other words you don’t have enough antioxidants to neutralize it, this decreases your body’s ability to make more of that glutathione we were talking about and the less glutathione you have the sicker you can get or at least more prone to inflammation. A lot of this talk goes on. Methylation and it’s in the pathway that makes glutathione, so we are each born with these biochemical machines that make glutathione, and it’s made by this process called the Methylation pathway. So we have these biochemical factories that are designed to methylate and make glutathione. Some of us have more factories than other. Now we have a family history of fewer methylation factors, fewer ability to make glutathione, we will see in the family a history of alcoholism, bi-polar disease, schizophrenia, depression, attention deficit, constipation and in fact I have had two moms in my practice of Autism, so we know that in problems with processing information if you don’t have enough glutathione you are going to be prone to this.

I talk to parents and say let me ask you is there alcoholism, bi-polar disease, schizophrenia – they will always volunteer and say that’s on his
side of the family, not mine. Obviously we have that, but that is one group of kids. We have this that we can address because I can fix this, that is why I am going with all this, it’s an area we can work on and make better. That’s why you may have heard, if you are new to this you are going to hear about it. If you have been studying for a few years like me, you have heard about the methylal B-12 shot. Well what they do is they push your methylation factories pathways to make more glutathione, and when you make more glutathione you can go around and be the antioxidant your body has been waiting for and systems start to work better.

That is the whole idea, to get things working better. So we tend to add folic acid to the B-12 and TMG and BMG, and by the way, you will see on the side this thing called mending Autism. I have a blog, mendingautism.com and you can read about all of these things, methylation pathway, B-12, you read all about this in greater detail. But I explain it kind of the way I am talking about. I bring it to you as parent to parent, because I do have a child with Autism, just turned 16.

As we get further along we will be able to get questions and something you are stuck on you will be able to get that to me. Anyway the process of the methylation pathways and the glutathione, many of us were born with these key factories through genetics, we got exposed to some toxins and some say it’s the vaccines, whatever and all of a sudden we find out quickly in our society who is not going to be able to detoxify themselves and then the clinical manifestations just seem to come out. Different people have different tendencies. The Somalis are easily poisoned and they have a lot of Autism, South Korea just published one in 30 males have Autism, the Asian population isn’t prone to admit too much, in the foreign countries like Japan and China. They don’t really keep tabulation because they don’t feel comfortable sharing that. But I am telling you that certain groups seem to be a little more prone, but it can happen to anybody. So that is methylation.

When I talk about pathways, all that we know about the biochemical pathway and cell in 2012, and this methylation pathway is right where that arrow is, so you can see there is a lot of stuff. If that one cause doesn’t work well, that one gear doesn’t work well then things happen and the cell doesn’t work the way it was designed to. When you have abnormal physiologic functions, then downstream there are going to be problems.
Here are the big four problems we are going to talk about, and I am going to talk about each one individually. The first one is Immune System. There is a shift in how our immune system fights disease and that is the TH1/TH2 shift. I promise you the whole talk isn’t going to be like this, we will get into fun stuff here in a little bit, but some ground work on why are kids are broken or not functioning well. It’s an immune shift, and what that really means is that if TH1 the T helper cell one of the immune system isn’t working well, these children will have problems with bacteria, viral and fungal infections and they are going to be the kids who have 20 different ear infections, have bowel disease or whatever and TH2 is allergic, these kids tend to be very allergic, they can be allergic to house dust mite, mold or whatever. The next frame will be talking about the tummy, gastrointestinal, the ability to keep foreign things out. We will talk about the neurologic impact, inflammation of the brain, alterations in serotonin, dopamine and norepinephrine.

Hopefully we will have a nice discussion this evening of all the things we can possibly do about these, I am not into telling you what’s wrong and I have nothing to fix it. What I am doing is I am going to be showing you things that might pertain to your child that you can go to your doctor with and say hey, I’ve got these interesting observations here, let’s do something about it.

Consequences of the abnormal physiological functions TH1/TH2, let’s spend a little bit of time on that and then we will go down that list that I showed you. These children showed allergic signs, those big dark circles under the eyes, they have eczema, dry skin on the forearms on the knees or on the ankles, they have fungal skin infections, oral thrush, they can get little skin warts, they look like little pearls with a dimple in the middle or they can get warts. And then I can look from a blood test point of view, I can look at autoimmune markers, increase IEG which is marker for allergy, abnormal natural killer cell function, these are the things that actually go around killing germs. That is why your kid is sick all the time because the natural killer cells are down. IGA deficiency, low white blood cell count – these are immune system work that I can do.

Where I get frustrated as a physician is a parent brings a child to me and says my son has had 15 ear infections and 20 different rounds of antibiotics. I would ask what happened to the immune system markup; well we never did get one. After the ear infections we went to the ENT
and they put in tubes. I mean really you get a child who is getting recurring infections and you don’t say “I wonder what’s wrong with the immune system”. So these are things that I can look at if these are wrong with the children who come to me. The consequence then of the immune system not working properly is allergies and repeated infections.

The next thing I want to talk about is the GI – gastrointestinal. That’s the gut and the stripping of the gut. So what is going on here is the immune system – 80 percent of your entire immune system is dedicated to the digestive tube, from the mouth all the way down to the anus. 80 percent of your immune system is focused around keeping that tube healthy and if it is not working properly we can get some germs in there. What that translates to, when the gut is not working properly and the immune system is not working well, it translates into the child is not perceiving the world in a proper way. Things don’t make sense to them, the ability to talk, the ability to understand, the ability to be taught, the ability to get dressed, eat, using the toilet, things aren’t working right. And I tell parents, part of it is internally, in other words they are not responding to the bladder, they are not responding to the rectum, they are not responding to the cues of hot or cold or danger. Okay. But you have to remember that all of these things are biochemical and it’s interpreted by the brain.

When you hear somebody at the door knocking you open the door and it’s your neighbor Sam. It is digitalized by your retina and the information goes to the back of your brain where all of the faces you have ever seen since you were a child are compared and it comes up with Sam, my next door neighbor and comes to the point of a greeting and why are you here? Everything we see is electronically chemically mediated. If those are off then we are going to have a problem with that. That is a parent’s perspective.

What I tend to do is I take a whole case history, I listen to was your child born normal and then after the six month vaccines you lost them or was the child always off, was the child even vaccinated. We get a whole history and what approach has been taken already, what has been done. Did they do some genetics, an MRI, epilepsy, seizures, what is going on there? Who is involved in teams, speech therapy, physical therapy, ABA therapy, no therapy?
So I paint this broad picture and look for patterns and details. For example, tantrums – he always tantrums before he has a bowel movement, he always tantrums before he has a meal. He is so much better after he eats. I can’t get him to eat, as soon as I sit him down the kid goes crazy. And of course I have to think of these biochemical operations that we have been talking about. So when I see the child and the parents in my clinics. The parents have a lot of concerns, not only the here is what he’s not doing well, responding well in the environment, but I have also have foul smelling stool that happens to be yellow green or a bloated belly.

Before my son was speaking I used to have dreams that I would have conversation, I understand that need for a parent to want to hear something. Not sleeping, that’s the biggest thing I do for parents, hard to get down hard to keep them asleep, mom has to sleep with them, they have to do this funny ritual to get the kid to go to sleep. Does not do well with running errands. They tantrum, they can’t transition from the house to the car seat, from the car seat to Wal-Mart, past the toy section without the getting 15th Buzz Light-Year doll. I had one little boy, sweet kid but he collected Buzz Light-Year dolls and mum just said, we’re not going to get another one and she was pulling him out of Wal-Mart and he was screaming, call the police, call the police and your landing gear is up. You see he’s just being dragged across the concrete floor and all the cameras are zooming in and security comes over and it’s like really embarrassing for mom.

But these kids have very strange needs. They cover their ears. They cover their eyes. They push their fingers on their eyes. They pick their lips. They pick their nose. They make strange sounds and this is not every child, mind you. This is a spattering probably of each of you who’s listening tonight if you have a child with special needs. You’ll say yeah, mine has these six things, but not those two. They tantrum severely. Sometimes you know exactly what the trigger is and sometimes you don’t have a clue. Fevers can come and go.

They can be real emotional. One minute they could be having a great time, the next minute they could be very sad. I remember my son had this real emotional ability to be seen as save upon the whole world, the shallow end of the pool with his J.I Joe’s and that was his happy place. That just, life is not better and there’d be times when even there he’d be
sitting sad and then he'd cried and you don't know why. They don't even know why. It's emotional. Some odd body movements to it. Some very funky, weird body movements in these kids.

When they’re in my clinic, well obviously I can see poor eye contact. If they’re hyperactive, they’re jumping all over the couch and the table and the chairs. They’re climbing. They have all these language issues. They don’t play properly with trains. I'm not saying all; I have other kids who play really great with trains. Trains are their thing. If they are OCD or even play I have in my office. They come in with very restricted diets. Very self limited diets. Very rarely you have a kid, oh, my son eats everything. He's just great or my daughter does. Yeah they come in very limited. In fact my son will only eat one time chips ahoy cookies, bacon and fruit loops and a gallon of milk every day or French fries. That was it.

But being a good pediatrician, that’s why I gave him a Flintstone, Spiderman, but that obviously doesn’t do it.

Physical exam, when I look at them I can see dark circles below the eyes and dry, pale, translucent skin. Dull hair, straw like, light tongue. I talked about that rash, dilated pupils, low muscle tone. They could have some masses in their tummy, usually poop and then large lymph nodes. So what’s biologically different? This is just a list of things that I consider in the vortex of my mind of things when I can see kids, I might think of gut problems for example, think of inflammatory bowel disease, reflux esophagitis, gastritis. If anything ends with it is it means inflammation and inflammation hurts.

I had one little boy, sweet kid. He was basically he was a born artist and boy, he was self injurious. Just a real grumpy dude and this is early on in my working with these kids. I can figure it on. I asked him, just draw me a picture of how you feel because this kid was just miserable and he drew me a picture of himself that looked pretty cool, but he drew a campfire right over his left chest. I thought dude, you’re having reflux, you have esophagitis and I put him on Pepcid or Tagamet whatever back then and within two or three days he’s the sweetest kid, no more self injurious behavior.

In other words, when these kids do something, they’re not doing it because it’s fun and they’re not doing it because they’re autistic. They’re doing it because something’s not right and it’s up to us to try and figure
out what it is and it’s not always easy. Sometimes you have to do blood work and poop work and all. Even a lot of kids, they can have persistent viral onuses, food allergies, recurring illnesses, autoimmune disease. Neurologically they could have seizure, low muscle tone, profusion problems in the brain. Opia effects like with gluten and dairy foods and on it goes with the metabolic issues there too and they have these things, these delicious things that we can work on and that’s why when people say it’s all viruses, well for some people yeah that’s true, it’s viral.

But another person will say, it’s all heavy metal. This is the mercury in the environment and maybe there truly are some who have mercury poison and on it goes. So when I look at these kids, all these people out there who are telling you exactly what it is are right, but not for every kid. You can cure it. My son is on the couch come home. There is no heavy metal in my boy. So we just have to be careful and then some people will say well, it’s chromosomal. So what are you going to do with it? It’s chromosomal. Well first of all there’s no such thing as a chromosomal epidemic and I don’t think even the staunchest of deniers would say that we’re not in an epidemic of autism. This is not a fad where parents are asking for their kids to be labeled autistic so they could benefit.

My wife would say oh well then all we have to do is not ask for our kid to be autistic and it will go away. So no. but even if it was chromosomal and wrong and one in 10,000 children they really will be chromosomal, the other 9,999 will be right. But my eyes, because of genetics, I have 22 vision and they didn’t say well, because it’s a chromosomal aberration, you just won’t be able to see. They said now, let’s find the right prescription for your eyes so you can see and perceive the world like everybody else. So even if it chromosomal on your child’s part, it would be our job as physicians to find the right lenses so to speak so he or she can see and perceive the world kind of like everybody else.

At least closer than what we have now. So when we look at restoring their health, we want to kind of break the gridlock of these vicious cycles and try to restore normal function. Remember that and it comes back that so. So we rarely remove things that can be hurting them from a dietary point of view and that’s where you think about gluten and dairy. Bolster nutrition. Obviously if you have a child who’s eating poor things like my son. Where was my son getting his vitamin C? Where was my son getting his omega 3 fatty acid?
So they can actually depend on that. If I’m going to have any chance to repair the body and repair the cells, repair the tissues, then I’ve got to provide the building blocks just like when you’re building a house. You have to drop off the sand and bricks and everything, the plumber. We have to drop it off. We have to take care of the inflammation. I put water on the inflammation. We have to kind of improve the broken down chemistry from Jane’s point of view like but I showed you with B12, I can kick that methylation factory in the hinny and get to make someone who require it of course. Improve the main functions, especially if you have a kid whose sick all the time. Got sick, you’re sick or whatever and detoxify. Very important.

So what are these meaningful interventions that we can talk about? Okay that’s where we’re going to go now. So here’s a picture of a little girl just full of poop and you can see that easily from the pubic bone to the belly button there’s this shelf and some parents would say oh, the pregnant belly look. I say yeah, the pregnant belly look and then you can see after we did this in factor. It’s a six month process, if it doesn’t happen overnight. We can get it nice and flat. Now, can you imagine if your tummy is distended to the point where you look pregnant and it’s coca? How are you going to react with your therapist? Can you imagine going anywhere to work or anything with a big belly that’s so distorted from poop and now they’re going to put you in a class of calculus and you’re going to learn calculus and take a test.

It’s just not going to look well. So just by the fact that I decompress the bowels, I’ve already made the therapist’s job that much easier because she’s in a happier, more receptive mood. We can take an x-ray of it too and the x-ray as you look on the left hand side, that’s full of poo poo. In other words air is dark and denseness like poop or bone as you can see is white and there’s a lot of white in that belly and it shouldn’t be there, compared to the one on the right as you look at this. You see a lot of darkness in there.

Okay. Now, if you were here I could trace out the bowels for you and show you exactly where the poo is. But an x-ray can do it and then obviously you don’t have to be a rocket science. It’s like if you look in a dapper and you see the sandy, foul smelling moosh compared to squiggles the bottom of the foot, you can tell there’s a difference there and by the
way I just got a Christmas card I got one here. So I do get some interesting pictures if you can imagine over the years.

Now, when we look at the bowels inside, in other words we do an endoscopy where we stick a little camera up the hinny and go through, we can see abnormal tissue and it hurts. So as you look at this picture on the left side, that’s looking in the large colon, it's in the colon. Actually insert it there with a camera. I hope I’m not closing anybody out and those are swollen nymph nodes because they’re inflamed from infection. Now the one on the right shows what the colon should look like normally, smooth and pink. Just a nice, the colon just dehydrates the stool, pulls water out of it and the poop just slides through the colon.

So you can imagine when you had a sore throat and your mum or your doctor would reach under the neck and say oh, my glands are swollen and tender. It hurts to swallow. Can you imagine that what’s this feels like in the colon. So it’s cleaning, stuff passes through, it hurts, it hurts and so many kids don’t even know what it’s like not to have bowel pain. They've always remembered bowel pain. They all know it’s not supposed to hurt. This is the esophagus. Okay, this is the swallowing pipe between the mouth and the tummy and the picture on the left, if you look on the 8:00 clock position you’ll see like this cobbled stone street. That’s inflammation. That’s reflux esophagitis.

It’s supposed to be smooth and soft and you can see that it’s swollen and tender and that hurts a lot. So a lot of these kids don’t want to eat just because it hurts. Now, the arrows here show where there’s disease and this are really small bowel and this is my pill cam and this is my son because he had small bowel disease as well as large bowel disease. He had, if you will cancer sores, If you’ve had a cancer sore in your mouth you know they’re kind of uncomfortable. He had cancer sores all the way through the small bowels and this was taken with a camera in the little pill that they swallow. Obviously my son learned to swallow pills early on because of his mom. My beautiful wife said oh you are so taking pills because I’m not going to be giving you all these liquids forever.

So anyway he learned to swallow like a champ and he swallowed this camera and it takes pictures through the tummy. Four pictures per second by the time it goes through and for the first time in a living human being, we can see what’s going on in the small intestines and we had a lot of
disease there. Here’s a picture. You can kind of see it. You’ve got this light green. It looks irritative. It looks like a cancer sore of the gum but it’s really in the small intestine. So you can see why they can posture, they can roll themselves over the couches. They can put pressure on their tummy, roll over a ball. They can scream, they can hit themselves and they can run everywhere.

So again we have within the medical community the capability of taking care of this. You just have to say oh, he’s just autistic, that’s why he’s so grumpy and irritable and hitting himself. No, actually he’s got inflammatory bowel disease and I can use a name here very well. Doctor, let’s treat it because this is a very typical kid telling you my tummy hurts. So abnormal bowels. When the bowels aren’t working properly, we know it. You know it. Sometimes it’s obvious, sometimes it’s not so obvious. But this is what it does. They have soiling in their pants. They just leak.

They have constipation or they have diarrhea or they could actually have both. They can have loss of appetite, we call that anorexia. They’re just not hungry or they graze throughout the day. They just kind of eat a little bit each time. They can waken frequently at night. They can have reflux, foul smelling stools and foul smelling breathe. Their breath can smell like coca or fish. When my son got this auto bacterial going, he would have this breathe that smells like fish and of course the protruding belly.

So laboratory evaluation, what I would get if he told me about these things? Well, I would get something we call the urine acid test and I would check for urine opiates and peptides, see if we really need to be off of gluten and dairy. I would look at the stool because they’re missing some bowel work and they may have some funky little buddies growing in there and I just had last week humongous worms in one kid. I mean just really impressive. So if I’m impressed what you guys might be thinking. Food sensitivity issues. They could have true inflammatory bowel disease. So obviously we have to identify that. They could have over growth of yeast, over growth of bacteria, bad bacteria and parasites.

They could have problems with digestion of food. I’ve had parents tell me they can see the bite marks in the French fries the child eats in the poop or the poop smells like vomit. Poop should never smell like vomit. I’ll make an x-ray and then of course if the kid is sick enough I might force some poor, unwilling gastroenterologist to do endoscopy for me. Well, what is
poop anyway? Let’s get down to basics. What lecture is complete without a description of poop? 10 parts water, one part bacteria, one part fiber and one part of mucus, dead cells and protein. That’s what it is and we can learn a lot from looking at stools.

Now we do know that autistic children have a problem with their gut. This has been published many years ago by doctor [00:34:58.09]. It was done in 1999 and it’s like it says the results. His logical examination of 36 children of grade one and grade two reflux esophagitis. So that’s 69% of the kids if you look there. Chronic gastritis in 15. Chronic Duodenitis, remember it is means inflammation. So chronic gastritis means inflammation in the stomach and at the end of the stomach there’s a structure called the duodenum. So Duodenitis and then he talks a little bit more about what he saw.

He also says by the way they don’t make digestive enzymes very well. So that’s why we talk about putting kids on digestive enzymes. That’s why we talk about initially putting kids on antacids. That’s why we talk about getting them unconstipated so the food can go somewhere, because a lot of issues are right in the tummy. In fact I tell parents when they come to see me and it’s their first place they start is the gut and very rarely do I have a kid with a totally normal gut. Now he's got autism doc, but his gut is fine. He eats great, he poops great, the poop looks great. That’s not a gut thing, very rarely.

Mostly, the gut is just part of it and if you come to me with 10 problems with your kid, whether it be sleep or speech or whatever, if I fix the gut, invariably five or six of those problems go away. So it’s kind of a nice way to make someone look really good, but more importantly the child is out of distress, he’s out of pain. Very large stools. Again I throw in some studies so you can see that what I’m talking about is science based. Now when I lecture the doctors it’s the other way around. Most of it is all studies and very little of it is talk because they want to see that what I’m talking about has been validated.

Constipation with children with mega rectum in children with autism. Conclusion, patients are frequent finding in children with GI symptom and autism, particularly in the rectal [00:36:47.26] and that’s the last part of the colon, often with mega colon. That was published in 2003 and yet if you talk to your doctor about this, the doctor will say well, you know he’s
got autism and everyone knows autistic kids willfully withhold their stool as it’s an area of their body that they have control over. Really? What animal in God’s green earth willfully withholds their stool? Now they have the problem getting rid of the poop and it’s our job as physicians to heal the pain, to get that going okay.

It’s not that hard as you can see. If you’re constipated, it’s not hard to fix. You just have to address it. It’s not always the easiest thing to do but you get to it. Large amount of gas. I have some kids who are, and by the way the fancy name for gas is flatulence. A large amount of gas that they’re passing gas all the time. It could be due to fermenting organisms, incomplete breakdown of sugars, Polysaccharides. I asked some kids to gulp air and they give you big air filled tummies and old stool sitting in the bowels just became petrifying and the little big bacteria, these fermenting organisms just grow like crazy.

Grandma says, if you don’t take out the garbage daily, the rats will grow. In this case if you don’t go poop completely every day, then things are going to grow and don’t be fooled. Some kids they’ll poop everyday but they only poop about two thirds of what the body makes. So over time they accumulate. Some parent will say, my kid poops every day, he can’t possibly be constipated. Oh yes they can. That’s sometimes when an x-ray would be helpful.

This is the nicest of stool picture, very glamorous that I could find of soft serve ice cream. This is not soft serve ice cream. That is coca. Poor absorption and digestion. Fructose intolerance, that’s way too much sugar in the fruit drinks that they’re drinking, where they’re eating too much fruit each day. They eat 15 pieces of fruit. Could be from dairy, lactose or some sugars. So fruit causes fruit sugar, lactose milk sugar and of course sensitivity to gluten. But mushy stools are not normal. Snake stools, that’s when they have these little tiny squiggles bearing down against the partially closed symptom they’re straining. There’s a fancy word for straining with bowel moments, but again normal and abnormal, I’m really a simple guy when it comes to doing this. I just look at it and say, is this normal or abnormal and if it’s abnormal, then what do we know in 2012 that we can do to fix it? Pebble stools. They could be small like rabbit pellets. They could be huge like grapes stuck together. If you’re from the middle east you’ll describe it as goat pellets and these kids don’t drink very much too, many of them. So it could be a problem with fluid and just
sitting in there too long. But bottom line is I've had kids pass stools as big as grape fruits.

Colors in stools. They come in all different colors. Yellow usually means it's pattern stool. Red means there's blood or the child has been eating beets. Green, it's almost gut infection. Black, could be blood or besmirch, that type of abysmal, or iron if you’re giving iron. Lightish gray, like a bio flow, that's going be from the liver. You have a problem with liver and reddish black, that's kind of an emergency and it's exception. Looks like currant jelly for those of you who know what currant jelly looks like.

Gut disorders and autism. Well, sometimes I get a historical clue which is kind of cool. Difficulty breastfeeding, persisting colic. I love colic. When I was in medical school in the 80s, colic was usually described as a well defined time each day starting somewhere between five and six weeks, lasting for about three weeks, usually about four hours and you could set your watch by it and that’s what colic was. So a mum tells me my kid is really a fuss bucket between 6:00 P.M and 10:00 every night, that sounds colic at six weeks old. But colic nowadays seems to have morphed into this all day fussy baby thing forever.

I mean this colic be of two weeks, this colic of 12 weeks, this colic be at three months of age. Just a fussy cranky baby and it's all about the colic and something new. Because I wasn't around in the early 80s. Reflux, infantile eczema, food sensitivities, dry weight. That means you're not gaining weight, frequent antibiotics. They’re destroying a lot of healthy bacteria in the gut. Abnormal posturing, self injurisious behavior, poor sleep. Those are clues for me that there is a disorder of the tummy. Abnormal poop, abnormal Cytokine profile. These are from the lab now. I have to do this, what’s a nodular hypoplasia of the ilium, that’s from endoscopy. That’s when the GI doctor takes a look at any inflammation at the swallowing pipe called the esophagus or the stomach gastritis.

But when the stool is improved, sleep improves. Eye contact improves. Word approximation and start tantrums remarkably get better. Appetite improves. They're actually trying their foods. They just seem to be happy in their skin and not having issues and their health improves. It's amazing. Now, let's switch over gears. We’re talking about constipation and I'm going to talk a little bit about diarrhea. Diarrhea can be one to six or even more liquid movements per day. They can be explosive. They’re usually
very foul and they can have varied colors, but they really, the thing that's really distinct about them is like I've never smelled some of the smells that come out of these kids hinnies before.

I have been around all kinds of stuff, autopsy, whatever. This is really foul stuff and the pediatrician may say well, you know that's the problem with diarrhea and they don't want to do anything about it. So I tell the parents who deal with one of these diapers, as you come into the office put one of the diapers in the block bag and while you’re waiting to see the doctor you open up the block bag and you open up the diaper and you let it aromatize the room. So therefore when the doctor comes in he’s not going to blow you off and say that’s normal, because let me tell you, if you have one of these kind of kids, you know exactly what I’m talking about and your point will not be made until the doctor is able to see and smell.

The reason pediatricians used to wear a bow tie was because they didn’t want to wear a regular tie because they periodically and routinely examined the stools, because the stools are part of the exhaust pipe if you will and not of a combustions in the car, but a metabolic engine of the stomach and you can get behind a car and it's churning out blue smoke or black smoke from the exhaust pipe. You don’t have to be a mechanic, but hey, there’s something wrong with that car engine. It’s not doing something right in there.

Well, the same thing. When you look at the exhaust port of our children, you can look at the stool and smell and say hey, something is really wrong in that tummy system. So what we do to manage diarrhea? Well, we have to try and figure out the sources. Is it from the fruits they're eating? Gluten, dairy are huge. 80% of my kids, 80% benefit greatly from the removal of all gluten and all dairy containing foods. Not most or some, gee doc, my kid 80% dairy free, shouldn't we see something? No, it has to be 100%, kind of like a light switch. The addition of digestive enzymes, antibiotics to kill certain germs that have been growing there or any fungus.

They’ve got yeast or parasites. You can't kill parasites with garlic. You’ve got to do the real deal there. Adding zinc, adding fiber, very important to the management of diarrhea and then there are certain things I can actually add like (44:34) transfer factors such as colostrums oral immune globulin, without prescription you won’t be able to do that. Consider
immune deficiency workout. In other words why has this kid got so sick with these germs and secretin IV? I’m putting this down because I don’t know where all of you are and you’re looking through the internet. I’ve got some real investigative parents that are really reading everything.

So I kind of put a little bit of everything here. But if this stuff is really forward you, you’ve just been diagnosed with a child with autism, then don’t worry about some of this more technical stuff. You don’t need to learn all of it. This doc said we don’t treat constipation in little kids. They just have to work it out themselves. You look at what the poop is doing to his posture and his back and look at what it’s doing to the front of his tummy. So you guys are now all experts. You can look at that and say that guy is full of stool. FOS, full of stool.

You may go a different route yes, but I would say full of stool because that’s professional and irrespective of where he is on the autism spectrum, I can make him so much more agreeable to hang with than leaving him like that and what I mean by agreeable is that, like one mum put it a couple of weeks ago, kind of cute. She said, I love my kid very much just not so much at 3:00 in the morning. Sometimes we love our kids a lot, but hanging with them is not the favorite thing to do and it’s being real pains and what I want to make it is where they’re really terrific to hang with all the time. Maybe had a lot to do but you just love being with them.

So constipation, we can take an x-ray of it. We’ve talked about how it can be small balls, pellets, soft ball size, very foul smelling. They can also have a genetic disorder called Hirschsprung’s disease. You need to take care of that. These kids are real kids. They can get real stuff too. So here are my treatments for constipation. Enemas daily for up to a week if necessary because you’ve got to get the plug out. Or you can use glycerin suppository. Polyethylene glycol, that’s another name for MiraLax or GlycoLax, LO fiber, vitamin C, magnesium. These things really should be done with somebody who can help you through this obviously, if you don’t want the parent necessarily doing this the first time to a two and a half year old.

Nothing is going to hurt a child with glycerin suppository once a day for a week. But if you start adding MiraLax now you probably want to have somebody help you there. Fiber, fibro fiber helps prevent constipation which in turn diminishes the potential of (47:23). There’s a lot of fiber
choices on the market. In this case keep fiber at the office because virtually is undetectable in our kid’s drinks and the last thing you want to do is give your kids something and they won’t take it. So I try to find the things that are pretty much undetectable in their food. So even if they’re drinking a little bit of juice, it’s easy to hide stuff.

But if they’re not drinking juice, they just drink water, then it’s going to be a little bit harder, more challenging to get them to take stuff. Dysbiosis, stool studies can give us information of what’s growing in the bowels. Urine studies can also, believe it or not, give us information what’s growing in the bowels. Fungal cultures, parasite cultures and looking for things under the microscope would tell us what’s going on in there and I’ve got to tell you, when you kill the bacteria, when you kill the yeast, you have a different kid.

It’s amazing. It changes their behaviors. The kids who are climbing, jumping, spinning or the kids that are mean, aggressive, pinch, biting, it’s not coming from between ears. No, it’s not coming from the brain. It’s coming from something going on in the bowels. When you fix the bowels that makes those other behaviors kind of fade away which is really awesome because then you get to see what kind of child you’ve got. Yeast is a big issue with our kids. Many of them have been on antibiotics. Many of them don’t have immune systems that can fight yeast because the way yeast looks like under a microscope and when I went to medical school we had to do all of our own staining and culturing and everything and we would call this the spaghetti and meatball sign.

So we could see yeast really easily when we looked at it. You can grow it and this is what it looks like on a stool report and under mycology. Mycology is the study of fungus. You can see Candida albicans on a scale of one to four. It was a four plus. So this stool was full of poop, I mean full of yeast. Now what kind of behaviors? These kids could be giddy. They could be up at night laughing and they could have a bloated belly, flatulence. They can actually – the poop can actually have a bakery smell or a hop smell. Oh my god, beer, hops beer smell. They’re climbing; they love to hang upside down.

The treatments that I use, I put in here so you have an idea. Obviously these are all prescriptions. So you’re not going to be able to do any of these without a doctor, but in case the doctor is kind of nervous you have
the dosing right there. There are some natural things you can do. The problem with natural things is it tastes terrible. That’s why they’re herbs. Herbs are very pungent in taste and smell and many of our kids, it’s hard enough to give them regular food, let alone take your oregano the way you take your garlic because they’re just not going to do it.

But there are kids who will and there are kids who will swallow pills. So I didn’t want to ignore that, but there are some very good ways to keep peace and control. Now, when I talk about yeast, it’s really better if you’ve got yeast, especially having yeast to use. Fluconazole which is the antifungal and sometimes mum will go kind of objectory or kind of go oh. I say well, when you had a vaginal yeast infection, did you ask for herbs? Did you want garlic? No. You wanted the little Diflucan pill now and you wanted it to be gone tomorrow.

So these things I tend to work with to keep yeast from coming back. Once I’ve cleaned it out, it’s an antifungal then I will bring this on. Now there are natural paths and normal paths so obviously go this way only. But you don’t know really how far you can go because you don’t know how much you’ve really killed. Just food for thought. Maybe I’m open. If I have a parent say I don’t want to use any of the drug drugs, I just want to use the natural thing; I’m all for it and I do the best I can. So I try to sell everybody in a particular way. I’m just showing you the different ways that we can go.

Now if you have a bacterial infection of the gut, once again I guess maybe because I’m an MD, because I’m a medic. I don’t come in there with garlic and oregano. Those can work but I’m just telling you my preferences. I want the child to be as good as they can be right now and if they continue to get recurrent, then I’ll explore every natural way possible. But once again I’m open to the type of parent who doesn’t want to do it quite that way. It’s not my way or the highway with the families.

Dysbiosis. You definitely got parasites growing and then I’ll use Metronidazole. Now, where did you get parasites? That one is going to be a little tougher to kill naturally. They’re pretty tenacious creatures once they’re growing in you. It’s kind of hard to get them out. So we’ll take care of them and they can cause behavior. So once you treat them they get a whole lot better. Small bowel erosions. Kind of talked about that a little bit. There are ways to treat inflammatory bowel disease.
They are mostly all drug oriented initially to get it under control and then we have lots of natural anti inflammatories like procumbens is a great product and stuff like that. But if you’ve got appendicitis, you can’t treat it with herbs. You’re going to have the real deal taken care of it and I just still to this day where I work with lots of families, I work with lots of alternative medicine folks. When you’ve got IDD, it just doesn’t work initially. Now, mind you, once you get it under control, these alternative medicines can be very, very helpful.

So these are just my ideas for treating inflammatory bowel disease. Now you may also have information on bowels because you’ve got some viral things going on, or you’ve got and you treat it with antivirals. You can use pig worm. Trichuris Sui ova. You actually give the child a mild pig infection, piglet infection. It doesn’t stay in the body. It doesn’t spread, but it causes a gene reaction where the immune system takes notice of the pig worm and leaves the inflammatory bowel alone, kind of cool. IVIG is curcumin, omega 3 is curcumin, I love. I use curcumin on just about anything that can take it and there are some good products out there. Hancer is one of them. Longveda is another one.

Omega 3 fatty acids all use high dose omega 3. So they are anti inflammatory. Pain and discomfort management initially on a little bit of ibuprofen. That can cause tummy pain too so you’ve got be careful with that. Glutamine zinc, very important for inflammatory bowel disease. Esophagitis. So the picture I showed you earlier. It’s a common response to something allergic going on in the tummy. Reflux, common response, something like a small vomit. The stomach is trying hard to get rid of it. It's finding it obnoxious and we have to find out what that is.

We try to remove the bad bacteria whatever. It’s associated with lots of ear infection, sinus infection and asthma. Dietary changes can help and acids promote healing because one it’s gone red you have to heal it up because if it stays chronically inflamed that can become eventually sometimes cancer and you have to obviously take care of what’s going on downstream. If the stomach has no place to push the food because you’re full of stool, then it’s going to sit there until it reflux out.

So you have to use antacids initially for a while. I don’t want to try to keep kids on it for long because if you are on antacids you can’t absorb
calcium. So reflux treatments, remove all the such as allergens. These medications here your doctor will have to help you with.

Sleep. Sleep is great. I love working with kids who sleep. I can, not so many kids in the years I’ve been working with them, I’ve not been able to get to sleep. I have one dad of great means who once promised me a pusher box to pick the color if I get his kid to sleep. He hadn't slept for five years and I got him to sleep but the guy was so tired he forgot to eat. So yeah pusher box. Melatonin. 1 to 3 milligrams at bedtime. We know that these kids don’t make melatonin. That’s what the study is showing. So I give that a try. Now melatonin does have a potential side effect where you give it to them and they go to bed great, but 1:00 or 2:00 in the morning they wake up and it’s like they have slept the whole night, they are not going back to bed. I can’t use melatonin with those kids where it just shuts them down for four hours and then they’re up.

So that’s the one strange side effect. I can use it forever like I said. If your child is not making thyroid, I give you thyroid. If your child is not making enzyme I give you enzyme. If your child is not making melatonin I give you melatonin and that’s what I’m doing with these kids. It’s a hormone. Hydroxytryptophan. Give that before bedtime. 100 milligrams, 50 milligrams. That increases the amount of serotonin in the brain which is very common and serotonin also makes melatonin and so I can get melatonin going. So sometimes I have kids of melatonin and Hydroxytryptophan.

I give them calcium magnesium for dinner because calcium magnesium can be very common. Vitamin D at dinner. Cortisol replacement, Now that gets a little tricky, but sometimes these kids have been so stressed out that they’re drooling when I’m starting to make cortisol. Vitamin D 6, acetic acid and Inositol. I use a lot of Inositol. So I say the three things that I use most common are melatonin, 5HTP and Inositol, because the kids who wake up in the middle of the night, they’re usually not going into a very deep sleep and Inositol is a natural way to induce deep sleep.

It’s not medicine that’s putting them to sleep, but once they are asleep it really fosters them to go into a nice, deep sleep. Then if I have to use medication I can use Benadryl at bedtime too.

So Benadryl and melatonin and 5HTP. You see the way I’m stacking it. If I have to use drug drugs, I might use Clonidine. Some people talk about
drugs and I don’t like using that drug. Some people talk about Risperdal, Risperidone. I don’t like using that drug unless I also have a kid who’s not sleeping, but he’s also not eating and he looks like he just walked out of a concentration camp. Really skinny, really fragile and therefore I’m going to break the chains that keep him obsessed with not eating certain foods and also Risperidone is a great appetite stimulant.

So if I have a kid who won’t eat, is obsessed with not eating and not sleeping, that’s a great drug. I hate to use it, but sometimes I have to maybe for 30 days, 45 days to get the brain accustomed to out to sleep at nighttime, put to eat food. Basically when you come to me, before I work on anything, I want a kid who’s pooping and peeing, sleeping and eating. Doesn’t that just make sense? That no matter where we’re at, if we’re not pooping, if we’re not eating, if we’re not sleeping, everything else doesn’t matter.

Okay. Here’s an article, looking from biological psychiatry. We talked about this. A novel biochemical model linking dysfunction to the brain melatonin in autism. So we know these kids don’t make melatonin. So if you have a child who’s not sleeping and they’re not waking up because their bowel is killing them, then it’s obvious they probably would benefit from some melatonin. That’s an over the counter medicine, though it would be hard to get that.

Dietary recommendations. Of course we’re going to move dairy. Again like I said 80% of my kids benefit from this. No testing, no doctor, you just do it. You can get information from a lot of sources. Generation Rescue has got great resources how to do it and they’ve got moms who can mentor you. TACA. Tacanow.org. They also have a tremendous website on how to be gluten free, dairy free. They have moms that will mentor you. Very, very important. Selectively remove those specific foods that your child may be sensitive to. I can tell you that in any testing, whatever your child is addicted to; probably get rid of it from the diet.

So if I said to you guys and I can’t see you, but I bet that you’re all out there nodding. If I said to you, if you had a child come into your office, the mum said, my kid eats eight lemons a day, which I had in my family, I said too, you’d say I don't mean to be testing. That’s probably not right. Let’s not give them any more lemons. I have a kid who eats eight bananas a day. Probably there’s something in the banana that’s driving him kind of
cookie. Maybe you better get away from bananas. That’s what I call testing. So if you’re sitting there and saying, my kid is a sugarholic or a carbo junkie, maybe we should cut out the sugar, maybe we should decrease the carbs.

So you’re going to hear a lot about diets and everybody is out there waving their arms saying, my diet is the best diet. There is a gluten free diet, dairy free diet, a specific carbohydrate diet, a low oxy diet, the sino diet. You know what I mean? There’s no end to the diets. The best diet is the one that works for your kid. In other words, if your child is not allergic to lemons, why would I take lemons that would be bad? But these people will come and just blatantly say, your child needs to be on this diet.

There are ways that we can detect whether your child needs to be on a particular diet or certain foods. Again you’re going to need a doctor to help you with that. Be as organic as possible and cook from scratch. That way you don’t have to read the boxes and see if things are hidden there. If a child is eating meat, fruits and vegetables and some type of gluten free carbohydrate bread, very good shape. You don’t have to read anything.

Medically prescribed dietary tax reduction check with your accountant, but really anything that your child needs above what a regular kid eats and a diet doctor writes for him as a prescription then you can add that as a contribution to tax reduction. Now here’s a beautiful eight year old, bright red cheeks, shredding his room, pulling his mattress apart, angry, mean. Doctor Jekyll Mr. Hyde. His pediatric psychiatrist at the children’s hospital at Oakland said, this boy has severe mood and thought disorder. He needs to be put on lithium at age eight. I said lithium, are you kidding? This is my second boy by the way, John. John taught me before autism was even on my radar that foods can make your behaviors absolutely crazy and he had systemic effects from sugar.

You can see the flushing of the cheeks. Even the school picture and just angry and mean and I did the strong little child and the daily discipline. You can go on horseback riding if you’re good, lose your baseball game. He's wearing his baseball jersey. Of course you can play that night. If you’re bad, he's always remorseful. He had problems with focusing, concentration and I was the breakfast guy when the boys were growing up. I was the breakfast leader and I noticed one day that after he
drowned his waffles with pancake syrup, I used to make his waffle syrup; he went off like the 4th of July. I said, I wonder if it’s the sugar.

So I removed sugar from his diet and we haven’t had a problem since. In fact if he wants to stay up all night he’ll drink a can of Coke because it just gets him wired and he's in college. He can stay up and study, he’s a senior. But this kid was really, really scary. That was even before my fourth boy Joshua with autism was even born. So already back then I was being prepared to understand that diet can really affect behavior. But how can it do that? Really? Why don’t we know that? Well, here’s a study. Eicosanoids, as in inflammatory mediators, the sugar linked to mood and bad behaviors.

So it’s been proven and that’s why teachers will tell you that around Easter or around Halloween, kids’ behaviors can get kind of rambunctious. So what do we need to do with our kids as far as nutritional supplements goes? Well, like I said they’re very limited in what they’re eating. So you need to be able to get some vitamins and minerals and something. Easy need punishment because this is a limited diet. Now, they need lesser punishment if they’re eating a whole organic diet and say, hey doc, my kid eats everything. Fruits, vegetables, meats, he’s great. Then let’s supplements. I have to be careful.

Digest his enzymes, really described from the research on autistic children. That many of them don’t produce enough digestive enzymes to break down the food that they are eating and absorb it and to go into the poop and if you put food in the poop, then obviously if you ask, that was gross, but if you have a lot of delicious food in your poop, you’re going to have a lot of organisms munching on it. It's going to be a very smorgasbord. So you’re going to have the propensity to grow things that you normally don’t want to grow, it’s just all that food was absorbed by the body. Omega 3 is crucial to start off anything. Omega 3, I had a little grandmother come up to me. I was in my residency program in Biloxi, Mississippi there with Keesler air force base and this is back when I was in the army [01:04:59.07] and she said to me, if you ever had a child who is slow to speak, give him some cod liver oil

I said yeah right. But I remember that and when my son was slow to speak I started on cod liver oil and back then it was really the cod liver oil grandmother passed and it was really awful, smelling awful taste and
rancid and within three days it got worse for my kid. So an eye contact and less scoping and less looking out the side of his eyes, flickering his fingers. So omega 3 is really, really important. So if anything tonight I want you to start the kids on omega 3, go gluten free and dairy free. I don't know the kids, but probably all of you guys are already doing that anyway.

Soluble fiber, very important for bowel health and we talked about that. Vitamins, very important like I said. If we’re going to rebuild these cells, if we’re going to resuscitate them from their oxidized, battle worn, torn cells, they need to have their vitamins. So it’s very important to provide sufficient amount of vitamins and minerals as well and you can read that on your own. We don’t have to go through that. I kind of like to get to your question and answer so I bet this would be a really cool thing. We can actually measure the vitamins and the minerals in the bloodstream. You need a doctor’s test.

But generally if kids are very low on zinc, very low on selenium almost all of them, and obviously on supplements. So we definitely would start children on it. Digestive enzymes, we talked about. Very important breaking down food in smaller components, the enzyme class of protease to break down the proteins and you have lipids which break down the fats and on it goes. We use a state of the art enzyme call KH enzymes. Omega 3 is where we talked about we can measure omega 3 in a glass. You can do what’s called an omega 3 fatty acid test. The blood test, you can do a lab conquest. Everybody does it, but the doctor has to ask for it.

On the other hand, I could tell you dietary history and say well, we’re not getting omega 3 which usually comes from fish. We can’t eat fish because most of it is either harmed which is bad or it comes from the ocean, there’s mercury. So those are [01:07:18.10]. You won't be eating much fish. In fact you buy a can of tuna and I’ll warn you, if you’re pregnant, don’t eat this. So if we don’t give it to a pregnant mom I don’t want to give it to a kid who’s got struggling brain recovery issues. But our overall goal, why are we doing this supplementation?

Well, we’re trying to optimize normal physiology, there's that word again. Optimize function in the immune system and hence cognitive abilities, improved red cell membrane function. Reduce autistic behaviors because they are all like that. Improved gut function. Well, we could see how
important, those are times that I’ve been stay on the gut and minimize the negative genetic codes. The genes that the child has been born with and that’s like you’ve got to get B12 injections. Those B12 shots you might be reading about. That’s a vitamin that you can get through a little [01:08:09.05]. So it’s kind of a big thing.

So finally getting down to the last part here, the endocrine, abnormal feedback controls of thyroid, adrenal pituitary glands and other molecular functions. Well, when your thyroid is off, that’s like one of the master glands of the body and this could be [01:08:27.16] just kind of tough spuds, abnormal weight gain, constipation, mental slowness, dry skin, thin hair, poor growth parameters. We can do lab work. We can get to check the thyroid gland completely and we can ensure that the child is getting plenty of iodine because we were not taking in iodine because we’re using modern salt. We’ve got to really go with the umbrella iodized salt.

We’ve gotten away from that. We use sea salt, organic salt and we’re not getting any iodine which is so very important for the thyroid gland to be working. So make sure that we have some source of that and if the thyroid gland isn’t working well by testing, then I’ll put the kids on thyroid medicine. Just like if the melatonin isn’t being produced then I put them on melatonin. I can certainly measure thyroid using the melatonin and I remove sources of fluoride and chlorine because they affect iodine uptake in the thyroid gland.

Then there’s the environment load and this is all the other stuff that’s in the house. The old guest is near the carpet so the off guest moves and you paint or the off guessing with a new cabinet. It has formaldehyde in the press board wood or mold from a leaky roof or something, that sits in the wall, a house dust mite, perfumes, cleaning agents. You’ve really got to clean up the place. You really have to clean up the place.

My son was extremely sensitive to mold and house dust mites. In fact while he was trying to figure it out, we ripped out this carpet and threw it away and you get a concrete slab. That’s how they things. They’ll use there’s been on the concrete slab. They would go down those snapping clip floors you can get from Home Depot when they’re on sale.

Obsessive compulsive behavior. Well, what do we know about that? Well, Doctor Sue Swatow actually thought that and demonstrated that a certain amount of this kids have this streptococcus growing in them, at least what
we think is streptococcus and if you eradicate the strep, only the ticks or both get much better.

So we have to think about PANDAS. That’s pediatric autoimmune neuropsychiatric disorder associated with streptococcus. So you can – if you have a child with ticks and OCD behaviors, then we have to think about that. But it’s a critical diagnosis. You certainly can do some blood work, but really if I have a patient who’s if again once we bituminize, mineralize, oilize, fixed his bowels, got all that going, but you’re saying to me gee doctor, he’s still very OCD. He's still very preservative. Still got a lot of anxiety. I might just go ahead and clinically treat him with Augmentin or Zithromax or Keflex or Omnicef, asking the question, is there a germ called streptococcus, worm like organism that is responsible for your kid’s OCD behaviors?

In other words, if you've got a bacteria that is causing your OCD behavior, probably you could try Prozac. That’s what the medical community would do. Let’s go for the core, let’s for the throat here and get rid of the germ and then maybe your OCD will get better. Very common in my practice by the way. I have a lot of parents with kids and when they go on the antibiotics periodically, man it takes their 8 or 9 out of 10 on the Richter scale OCD behavior and bring it down to 3. You’ve got keep in mind though that the family history usually has a lot of OCD, mum or dad.

My clinic records the number of those actions throughout times a day. So genetically I know this kid is pre disposed to OCD. I’m sure she has a very clean house and she may have some issues that I might be able to take on later too, but I’m just saying that if OCD is an anxiety running in your family, then these children, the children tend to take the traits of their parents and like an apple, turn way up to store it.

Inflammations. Well, we talked about that. There are a lot of things that cause inflammation. That’s all the it is. We've got to put a handle on it, but sometimes you can’t always find where the it is. Obviously if you’ve got reflux esophagitis we put you on antacid and if you’ve got celitis, inflammation of the colon, we’re going to fix that up. Sometimes it’s viral. We have to look at blood work to see if we’ve got some viral causes of your inflammation. But it could be large bowel disease, small bowel disease, all things we’re talking about. So I’m hoping now that this is
making sense to you and that you’re understanding that there are medical interventions that we can undertake to make the children better.

I think we’ll go there. Okay. So all right, there we go. Inflammation allergies. Allergies can be big and I always put these kids who are allergic on Claritin or Singular. If they’ve got a lot of the nasal symptoms I put them on Nasonex. They have a lot of allergies to different foods, I’ll put them on Gastrocrom. Love Costen, but it’s herbal and some kids are allergic to it. Costen is a natural allergy medicine and it’s the same to your local favorite allergist to help us with shots or something. Of course you’ve got the inflammation in the gut. This is very, very important. They’re not going to get better if they have chronic inflammation. Sometimes we have to use an anti inflammatory now and then, Motrin and Advil. If I’m really stuck and I’m trying to feel our kids about inflammation, I’ll say to the parents, let’s put him on Motrin three times a day for five days and see if he gets better.

Focus, concentration, therapists are saying oh well, we had the best visit with the child. Then I know that we’ve still got something that we’ve got to deal with. I can’t keep him on Motrin. Some doctors recommend Celebrex, I try not to use that. Naprosyn is Aleve, I try not to use that. Lactose, I don’t use that very often. Steroids. Sometimes if I’m very stuck the kid will come in with Croup and if they have Croup so I can justify bringing the child on steroids for Croup and parents they often will tell me the kid’s language improved dramatically. Again, these are clinical cues that I have done everything I need to for their child. So inflammation long beta, neuro protect, natural agents, curcumin, omega oils. These are all very good.

Language, that’s another big thing here. The supplements that I use to see if I can push language, cerasin, conation, Avenida which is a prescription. GABA, Gabapentin steroids. I don’t use steroids very often. I hate using steroids but sometimes I use them as a diagnostic probe to see if I’m on the right track but not any seizure medication. A lot of children, 30% of my practice have seizures. If they’re having seizures during the day they’re not going to be able to talk. So it’s very important that you do something along the way before we’re stuck here.

Cognitive function, focus, concentration. Cerasin, tocol. 600 milligrams there with big kids. When I’m talking to a group like this I’m talking from
the one year olds to teens and young adults. So when you see some of these larger doses it’s not safe for your four year old. Ginkgo Biloba, American ginseng, [01:15:51.26]. These are things that can help with focus, concentration and cognitive function and guys I think that’s about it. I’ll leave you with this as you guys tabulate the questions for me.

This is a four year old recovering child who may have had some misspellings here and there. I think you might appreciate that. And I’m ready for questions as soon as you want to ask Nancy.

**Moderator:** Okay. I was reading the letter.

**Doctor:** Oh, I'm sorry.

**Moderator:** Now, I told you I forget sometimes when I become a mom. So I want to let our callers know that if you would like to ask a question, press star 2 and that will raise your hand and alert me that you have a question and then I will patch you through. In the meantime we’ll go to the questions that have come in through the website. We had a question here. Who assigns supplements, the nutritionist, the GI doctor, the pediatrician?

**Doctor:** Whoever feels most comfortable with working with your child. So the pediatrician, here’s a little idea of a nutritional supplement. It might be a Flintstone spot. I'm not going to cut the mustard. So some docs out there who are working with our kids, these special needs kids, have a good feel for what is needed. Other docs, they really don’t want to be bothered. So the best choice there would be a nutritionist of the three that you gave me who specializes in working with autistic kids. But the caution here is they love nutrition. That’s why they’re nutritionists.

If they will put your kid on 60 different things because he needs them all and they make a great case. He needs these five things for the brain, he needs these four things for the gut, he needs this for muscle tissue and growth, he needs this for his eyes and you’ve got a $500 bill before you know it. Plus you’ve got to try and get all of this stuff into your child every day, especially the picky ones. So the nutritionist who really knows how to work with our kids and their parents won’t just give you a huge list of everything you need to get out with a $600 or $700 a month habit.

The next thing that I would tell parents is I am a clinical doctor. I’m looking for clinical results. I need that if I’m going to put a child on
something, you better see something of it. Obviously if I put the child on calcium you’re not going to see bones grow and if I put your child on omega 3 fatty acids, you may not necessarily see brain cells work better. But if I put your kid on B12 shots or if put your kid on these things for language, you better see language and I don’t mean nine months from now. I mean six weeks. I’m kind of impatient.

So if we’re going to work and that’s why I put down cognition, language, sleep. If I put your kid on sleep stuff, you better tell me, my kid is sleeping great. The next thing when it comes to nutrition, you don’t start everything at once. You pick the one thing you want to take care of first. A nutritionist once again is going to come up with a whole bunch of stuff you need and once again they’re very wise and they know moms will take, let’s just try these five things and see how they work. We first start with sleep and then we work with the bowels and they go together. So the nutritionist probably because your GI doctor doesn’t have time for you and your pediatrician is seeing 60 patients and you don’t quite fit in the 10 minute time slot.

**Moderator:** We have a question here. It says doctor, how can I decrease the carbs if that’s all he eats? If the tin item food list is only carbs, what will he eat?

**Doctor:** That’s a great question. I love that question because that was my son. He wouldn’t touch protein for two years and it was great because the first protein he’d eat was filet mignon. So there we are, the whole big family is eating dinner. We’re all eating hamburgers except for the autistic kid. He’s getting filet mignon and David, my oldest son says, dad, why does he get the filet mignon and we get hamburger? It was really cute. I’m really struggling with that. First of all a reason why you don’t need protein very often is because they don’t have enough zinc and when you don’t have enough zinc, protein really tastes foul to the tongue and you guys are welcome to fact check me. Just type in zinc and taste buds or something like that.

The next thing is, if you don’t have enough zinc in the body, then the protein can’t be processed properly and it’s turned into ammonia and when your ammonia level goes up you show little poop. So then you feel every time I eat, I feel poopy. I don’t like the taste and I feel poopy and then they become my carbohydrate junkies. So that’s one reason. So what you do in those kids who are drinking rice milk or whatever. You actually
have to get some rice protein powder and depending on their age, sneak in a couple of teaspoons or tablespoons of rice protein, powder and again this is all on mendingautism.com and you can read about that and you can actually get something. Back in the old days with my son, I can’t recommend this now because there’s salmonella and E coli. But I would be doing an organic egg into his drink because I wanted to get protein inside him because it’s all he would eat.

Now another reason why kids eat carbohydrates is because carbohydrates salt and sugar when they are digested. So these kids are basically sugarholics and what loves to break down sugar? Yeast and when yeast ferments sugar, there are some bi products. Carbon monoxide gas and alcohol and these kids can be a little Michael Gore’s. They are alcoholics. They crave sugar or they crave carbs, sometimes they take sugar. My son is a diabetic. I can tell you everything that breaks down sugar and how quick, glycemic index and all that.

But these kids will crave bread and they’ll crave French fries and they’ll crave pop tarts and stuff like that and it’s in a child specifically who really does need supplements because the fact that all he eats are carbs and carbs provide calories for life, but they’re certainly not going to add anything else to the repair process. So I would recommend zinc and evaluate the child for yeast and see if we can’t sneak protein in a drink like a rice milk or an omen milk because I’m going to assume that he’s already gluten free and you’ll find, these kids crave gluten so much that when you remove gluten, they’re like little drug addicts. You really need to work with a mommy mentor, like from generation that’s [01:22:41.28] to help you through that because they crave and they’ll eat dog food because it’s got gluten in it. If there’s a cracker in the couch, they’ll find it. The whole house has to be gluten free. Good question.

**Moderator:** Yeah. We had the hamburger bun incident in our house when we put my son on the gluten free case free diet and my husband had gotten a hamburger bun out of the cabinet and there was a tussle over the hamburger bun that ended up in pieces. So he got the hamburger bun.

**Doctor:** They will go crazy but thank God we live in a time where there is plenty of gluten free hamburger buns and bagels and carbs that you get into. Back in the old days when we were doing this, my mother had to make at all and I mean we really had no idea how to make gluten free stuff. Some of
the stuff was just terrible. Something that came out like hockey puck. It was terrible. But nowadays it’s a lot easier. The problem is to expect it. If you don’t make it you’ve got to buy it. If you’ve got to buy it. If you’re going to buy it it’s going to be a whole lot more. But the carbohydrate junkie, they’re probably seeking gluten and they’re probably doing it because the gluten is converted to morphine in the body and the morphine is what the brain is after If it’s carbs in general, then they’re seeking it for sugar and the sugar is feeding the yeast which is fermenting alcohol. So you’ve got little drug addicts.

**Moderator:** Rita from Hawaii asks, what is synthesized Tetrahydrocannabinol?

**Doctor:** Tetrahydrocannabinol.

**Moderator:** Is this the same PHV in medical marijuana?

**Doctor:** Aloha. It’s [01:24:24.06] or the Tetrahydrocannabinol is Marinol and Marinol is one of the many cannabinol’s. It’s Tetrahydrocannabinol, but it’s one of the many cannabinol’s found in marijuana and it seems to be associated with appetite increasing. So like for example patients undergoing chemo are anorexic. They’re just not hungry. They don’t want to eat. So they give them Marinol and the Marinol stimulates appetite so that they can eat. So for my kids who won’t eat because they’re just anorexic for one reason or another, it’s not because they’re FOS, full of stool, then one of the drugs that I can use to help induce their appetite is Marinol and that’s like cannabinol.

**Moderator:** Is that a liquid, a powder or?

**Doctor:** It is a prescription capsule that you have to, especially if you have a child who’s not swallowing pills, snip it with some sewing scissors and squish it into something.

**Moderator:** Okay. I want to remind our telephone callers that if you have a question you can press star 2 to raise your hand and I will connect you. Diana from Shelton asks, we are having to replace the Cortisone on our low tone, low growth hormone son. What might that be and is there a natural replacement we could give instead of the Cortisone we’ve been prescribed?

**Doctor:** Yes, there is and there are, I use, the natural one that I use is Adrenoplex in my clinic because I don’t want to use Cortisone. But if you truly have an
adrenal crisis, an adrenal problem, it’s not making Cortisol, that can become life threatening real quick. That means you can die from that and so I don’t know what the diagnosis here. So you’ve got to be very careful. So the kids who have adrenal stress, they’re not making enough Cortisol, but they have the biochemical pathways to make it, they’re not going to die. But there are some kids out there, again these kids, really lots of them they’ve got real diseases too, like appendicitis or whatever.

But there are some kids who absolutely for the rest of their life need hydrocortisone, which is by the way very identical to Cortisol. It’s exactly what your body would make. Like my son who is an insulin dependent diabetic, I have to give him insulin every day or he will die, no doubt about it. There are kids out there, they live on this, obviously I can’t play doctor over the phone. There are kids out there who absolutely need Cortisol or they will die. Just like my son needs insulin or he die, you don't mess with that. On the other hand, you have kids who have been stressed, stressed and their adrenal gland is tired. It needs a lot of vitamin C and if it needs a little bit of bolstering, a little support, you don’t want to use hydrocortisone. Adrenoplex is a very good product to look into.

**Moderator:** Adrenoplex?

**Doctor:** Yes.

**Moderator:** Okay. Tara from Arizona asks, have you ever had someone who had an opposite reaction to melatonin? I’m a high functioning autistic adult and it makes me hyper and irritable. She is gluten KC and soy and artificial free but still constantly constipated.

**Doctor:** Hi Tara. Yeah, absolutely. That’s a good point you brought up and what I tell people is that almost anything that I do, I can get an equal but opposite negative reaction. I’ve had kids go completely unruly with vitamin C or cod liver oil and I’m like, so that's why I can’t possibly have an ego. As soon as I think I know what I’m doing, there’s going to be someone out there who’s going to shoot me down and say, you don’t know me at all. If you give me melatonin, I’m going to be up all night. Yes, you’re absolutely right.

So constipation, that’s a tough one and like I said, you’re doing a good job by going gluten free, dairy free, but every human being has the right to go poop. That's basic right and if you’re not then something is being
missed and sometimes some adults and they benefit from different supplements out there for adults who are chronically constipated. I would recommend Colon Magic. I haven't seen that, okay maybe once in our work. All herbal, naturals all get out, but if this has been going on for your whole life, then it's going to take a while for your colon to shrink down to the normal size because it's probably stretched out.

Melatonin for sleep and obviously it's what I'm doing. That's why if I'm a clinical doctor, if what I'm doing isn't working, then you stop doing it and you're the perfect example where melatonin puts you awake. So it doesn't mean that we're done with you. That just means that you have to go down that list of other things that we've talked about and see if anything can help you along that way. I don't use, unless for emergency, drugs for sleep. All those things that you see on TV for a good night's rest and all, I don't use those because usually that's probably a disaster.

Now what I mean by disaster is they work for a lot of stuff. If I have to use something like that, I would use an herbal. One of them is called Senitol. That's a good one for adults to sleep, but these are things that you probably need to work with and there's a practitioner or somebody with who has knowledge of medications, herbals. It's just not, sleep can just not be managed 95% of the time with herbals. That's one of the areas that herbals totally take over everything that's produced out there. Good question. Next?

**Moderator:** Okay. Linda from Mount Laurel asks, how long do you keep a child on Econazole? My son has been on for over two years and I worry about his liver.

**Doctor:** Hi Linda. That's a great concern. Liver, liver. So first of all we have to make sure liver is happy with us and you have to check it periodically. So every two, three months somebody better be doing the liver function tests. The next question I always want to know is why do we need it? Now, when you're on Econazole, for you out there who are not quite used to all these words, that means the doctor is suspecting that there is yeast and Econazole is a very complicated drug and it may not be killing yeast. It may be doing something different. In other words parents will tell me, doc I know you want to get my kid off of fluconazole, but really the next day if he misses his dose he's just a different kid.
Well, yeast doesn’t grow that quick. Yeast is a plant. It doesn’t grow that quick. I can say you’re off fluconazole and a week later you’re getting kind of snarky. You’re using language, you’re slurring speech, you’re getting kind of giddy, you’re kind of getting this or that. That’s the next day. So sometimes fluconazole is doing something really kind of odd. It doesn’t mean it’s not working well on helping. I’m saying it may not be killing yeast. If it truly is killing yeast, then I would ask the question, have we done everything we can to create the most hostile environment for yeast to grow in the world? Like garlic, like oregano, like [01:32:02.26] and the list goes on and everybody has got their favorite yeast killers. So obviously they’ve got to be products that you can get into your child because they’re herbals. They taste terrible. Some of them do.

But there are things that we need to, is your child having problems every day, whether it’s taking the garbage out daily. I got one kid though I had him on Azul, a different one, this is fluconazole. I had him on Econazole and as long as I had him on Econazole he didn’t have seizures, but as soon as I took him off he got seizures. Nobody tell me what could possibly be doing. So these complicated drugs might actually be helping your children in a different way than what we think. Just like when I say oh, I’m going to put your child on this antibiotic to kill strep because I think he’s got and they get better, then maybe I’m killing strep. Maybe I’m killing two other organisms they don’t even know about until I try.

So with this what I’m trying to say, okay what pretty convinces the yeast every time we culture the yeast then what I would do is create an environment in the gut with Probiotic and all these natural things to see if I can get him off. The next thing I would do is say okay, if it’s truly yeasty, then I should be able to get by Monday lunch and Friday with Econazole. I just cut down and then maybe Tuesday, Saturday fluconazole and see how much fluconazole he really needs. But if it’s a kid who if he miss a dose so he’s having a lousy day. He’s probably doing something different. Kind of complicated. Good question though. But that’s complicated but the most important thing, you’re absolutely right is you’ve got to protect the liver and you might want to add things like milk if you haven’t already just to help, but somebody has got to be there every three months.

**Moderator:** Linda also asks, after...

**Doctor:** Two for Linda?
**Moderator:** After you heal the gut and your child is pain free and has normal stools, would you consider a trial off the GSCF diet or should that be continued?

**Doctor:** Oh, absolutely. That’s the whole goal doing all this stuff is to get them so they can eat pizza with their buds one day. I mean yeah. My son eats everything and my son lives gluten free and dairy free and soy free and corn free and chicken free and beef free and sugar free and potato free. We are feeding my kid and aardvark and rattlesnake. It was really hard to feed him. He was so sensitive to all these foods. When you fix the gut, then you’re trying to reset it back to what God intended in the first place.

In other words, you were born allergic to peanut butter. You’re always going to be allergic to peanuts, until somebody comes up with something to change spicing. But for 2012 you’re always going to be allergic to lettuce for goodness sake. Who’s allergic to rice in this world? Billions of people exist on rice, but our kids are. So you are absolutely right. So what I would do then is after we fix the gut and they’re doing great and growing, I would do a IGG food allergy profile and see if we’re still making antibodies to gluten to dairy or whatever and then I start to reintroduce a little bit of gluten and it’s really exciting. We do it a little bit at a time. I get three reactions when I introduce gluten. A, no reaction. That’s what we’re looking for. B, the immediate reaction, like that was stupid. Why did I even think I could get gluten on my kid? He’s slipping out, he’s getting crazy, he’s craving it and then C, the slow insidious downhill thing.

It takes about eight weeks before you’re out of the clearing. so when you introduce gluten you don’t introduce macaroni and cheese and you don’t introduce pizza. You introduce some crackers. Introduce some bread. Introduce regular toast. So if it doesn’t go well you can remove it. You don’t start in with all the forbidden fruits that these kids are dying to have especially when they’re older. You introduce gluten to a 12 year old with pizza and bagels and stuff like that and find out two months later that wasn’t the smart thing to do. Good luck getting rid of that in his diet. Go slow, but yeah, you’re absolutely right. The whole plan is fix the gut so they can eat all the good stuff that’s out there and you didn’t work this hard so they can eat at McDonalds.

**Moderator:** Maggie from Winfield asks, what would you say about a four year old who goes from constipation to diarrhea?
Doctor: Well, that’s very common. Usually you go from constipation to diarrhea, they’re really constipated and I’ll tell you why. If the colon is full of poo and it’s hard and it’s rock if you will, the diarrhea is basically stool that’s percolating through and is going out the tush. So the best way to figure that out for sure is to get an x-ray of the tummy called the KUB. Even when your child is having diarrhea and you get a KUB and you’d be amazed. The radiologist would say this kid has got a lot of stool and it's in the colon and he'll be scratching his head and saying well, wait a second. There's a lot of stool in the semi colon but we're having diarrhea. How can that be? Because it's percolating through.

So very often I have kids who have alternating diarrhea and constipation and pretty much constipated kids you really want to prove to me that we’re not, that we really have this big, fluid ships in the bowels going from one thing to the other and usually isn’t like that. It'd be very interesting if we had someone to work on, but I would bet you two paper clips that that we will be bound up in there, and you go ahead and prove it and get that x-ray.

Moderator: Diana from Shelton asks, can we test for glutathione levels? Is that a test my regular pediatrician can order?

Doctor: Well, it’s a test that any order can order. Whether they will or not, that’s a totally different question. You can order glutathione levels and you can get that from several laboratories. Great Plains Laboratory has one. Genova Diagnostic Labs. That’s called the oxidative stress panel. You can order the kit and Genova is a good resource. You can go to, I can’t remember what the website is, but if you just Google Genova Diagnostic Lab and then you can look at the oxidative stress kit and that will give you a nice figure on that. Any doctor orders then you go and get the blood drawn then fill up the tubes, send in your MasterCard. Now, some of these tests aren’t going to be covered by your insurance. It’s not like checking a CBC or a thyroid. It's going to be pay for it.

Moderator: Yes, I know that all too well. Alley from Sarasota, Florida asks, if a child is currently on digestive enzymes, will they always need to be, even in adulthood?

Doctor: Hi Alley. No. I don’t think so. Again my son was on a lot of digestive enzymes. A lot of kids need a lot of support early on and as their gut rebuilds it repairs itself. Having a child who doesn’t make digestive
enzymes in the general pediatric practice, the only one I can think of is cystic fibrosis. Making it they just can’t get it out and that’s what brought us to this whole idea about digestive enzymes and this is way back when my son was having diarrhea. Me being a pediatrician looking at it and smelling it and saying, this is like what I see with children with cystic fibrosis. So I put him on Creon and Creon is still available by the way and the diarrhea improved dramatically. Creon.

So when the bowels are working properly, when the pancreas and everything is working with the right feedback loops, they make the digestive enzymes very important to make and when you think about it, the first ten years of my general pediatric practice, except for cystic fibrosis, I’m going to give him, put him on different enzymes, I’d tell you no. So yeah, we want to, I think it’s better the whole idea to pull away all the support so I can be on a great organic diet as possible and eating as good foods as possible. But they need less and less support. I’m sure there’s going to be somebody out there who needs a digestive enzyme forever. I know that as we get older, like 40s and 50s, we don’t make as many digestive enzymes and us older parents certainly do benefit from digestive enzymes. But that’s a different topic for a different time.

**Moderator:** Okay. JP from Woodland Hills asks, how do I get my high functioning, young adult son aged 22 to change his eating habits fast food as he does not move his bowels regularly and he has stomach upsets often?

**Doctor:** That’s a very good question. 22 year olds will be young adults can be very near and dear to my heart because my son being 16. It’s like holy cow, what are we going to do with this generation of kids. That’s a tough one at this point. It depends on again high functioning A, reasoning. I don’t know if we can reason with him. That’s a tough one. Sometimes if the doctor says or the doctor shows lab tests to them, you can’t eat these five things or ten things, because they’re kind of black and white kind of guys, they’ll accept that.

Oh, the doctor said I can’t eat that so I don’t and then they say, dad I can’t eat that, remember? It’s kind of cool. If they are addicted to the fast foods then you just basically don’t go there anymore. But then they may have a tantrum and that’s a tough question. That’s a very hard question without knowing more about the child, but I could tell you that there are boys and girls or young adults, young men and women, who if you explain
to them and show them on the paper they can’t be eating that, they can internalize it and that can become a good diet.

If on the other hand they’re obstinate, that’s just the way they are, then the best thing that we can do for them at this point is work on the constipation. Fine, he’s going to eat his fast food, fine, but at least he doesn’t have to have constipation. If he can swallow pills again a product like Colic Magic or whatever can help move the bowels, irrespective of that and you give him the nutrition that he’s probably not getting from fast foods if there is any. I don’t nutrition and fast foods even belong in the same sentence.

**Moderator:** Come on now. At least there are fruit.

**Doctor:** They do now, don’t they?

**Moderator:** Yeah, they do. Okay, Lydia from Port of Spain asks, and you may have already touched on this, but I’ll let you elaborate. If my autistic daughter is non verbal and barely communicates, how do I know if she’s having intestinal problems?

**Doctor:** The body physique, if she has the protruding belly and the quality of poop. So you’re absolutely right. If you’re saying look, there’s nothing that I can tell, her breathe is good, her tummy looks like a little girl’s tummy, flex and flat. She makes beautiful stools every day. She doesn’t tantrum before, doesn’t tantrum after. She doesn’t wake up at night. Then maybe that’s not her problem at all and it’s time to move on to something else. Thank God she’s one of the few kids who doesn’t have abdominal issues, but if she’s having diarrhea, constipation, varied pellets in the poop or passing a large thing she cares when she has a bowel movement, has hemorrhoids.

If you see undigested food in there, all the foods that we were talking about that, if she doesn’t have any of those, then she’s probably one of the few, her bowel got a pass, a get out of jail card and at least that’s one thing you don’t have to be worried about.

**Moderator:** Okay. We do have a caller with a live question. I will un-mute them and you’ll be able to talk.

**Doctor:** Okay.
**Moderator:** Hi caller. Did you have a question?

**Maggie:** Yes, I have a question. This is Maggie from Los Angeles and I have a four-year-old daughter who actually has most of the symptoms mentioned here. She’s got sleeping issues, a lot of gas, the big tummy, takes a lot of seizure medication, sleeping medication, thyroid medication. So I’m trying to find solutions.

**Doctor:** Okay and your question is?

**Maggie:** My question is what could be done with this complex situation here?

**Doctor:** Wow, I don’t know how to answer that one. You need to work with the doctor. Like you said, you’ve got lots of issues going on. I don’t have a simple kind of answer because I have one of these children. I’m not going to sit here and just say oh well, she’ll get well or just stay with your doctor. These issues that you’re talking about, each one of them has to be addressed and fixed. Each one of them. Thyroid. Okay, she’s on thyroid medicine. Great. What are her levels? We’ve got her level is normal. Fine. On this thyroid medicine with the way she is right now thyroid is fine, check.

Next, constipation. She’s still having constipation. What is she taking for the constipation? It’s not working. What adjustments can we make? We’ve got the constipation better, her tummy is flat. Check. Tummy flat, she’s on these four things for constipation. Sleep. What have we tried in the past to sleep? You see the thing is I compartmentalize and I put all the pieces of the puzzle together and slowly but surely we get a kid who’s pooping and peeing and sleeping and eating, whose thyroid is balanced, who goes to bed at 8:00, who sleeps till 6:30 in the morning, who is healthy. Not getting infections. Then I say okay, here’s a new girl, what’s that problem with your daughter? All this works and I still haven’t heard her say I love you mommy. How are we going to do that?

Then we start looking on the language part of it. So each one of those has to be compartmentalized and the inclination, especially if they’re younger doctors is they want to work on it all, all at once and they all are important, but you have to prioritize life saving, life threatening stuff first. Thyroid gland, very, very important. Constipation, very, very important. Sleep, very important. All of those have to be worked on and because you
asked the question, it doesn’t sound like you’re too satisfied with any of those situations just yet.

**Maggie:** Yeah. The thing is, for the sleeping, she’s already maxed on certain medications and the neurologist says well, if she’s already on max and still having sleeping problems and with the passing gas, the doctor says, well you know, that’s how people sometimes are. So sometimes I’m not getting the help that I’m actually looking for.

**Doctor:** I agree with you and you have to change your doctors and it depends on your insurance. If you’re Keizer or something like that, you’re screwed. You don’t have any chance but to stay in there. Or pay outside the system because it’s not working. If there’s problems with the bowels and they’re not getting results, I’m here in Irvine, California so I’m just a little south of you. But for example there’s one GI doctor, Doctor Collins in Encino, California who just loves on our kids and if you’ve got bowel issues that can’t be fixed, she’s the GI doctor who can do it.

But I’d rather tell you something that you are being exposed to the same thing people all around this country, all around this world are, where they’ll say well honey, some people are just and fill in the blank, gassy. I don’t know any kid who’s just gassy. Growing up.

**Maggie:** Is it possible to get that information before the doctors?

**Doctor:** Well, it depends. Yeah, Doctor Briny Collins who’s a GI doctor, Briny and you get to type Briny Collins, Encino and that information will pop up on the screen. But I’m talking to people all around the country, possibly around the world. Yes, obviously they can’t flock into Encino, California though they may like to the way the weather is these days. But each one of these things, again sleep because I don’t know the medication and I can’t obviously practice medicine over the telephone with a patient I don't know, actually give you specifics. But there is no excuse for not getting your child not to sleep, but if she’s having abdominal pain, then of course she’s not going to sleep.

So that’s why I always like to start in the gut before I branch out too far. I like starting with life threatening stuff like the adrenal gland and thyroid gland and seizures, epilepsy obviously, and then move into those areas that I know she’s EEG. She may not be able to sleep because she’s having seizures late at night. There’s a lot. You really presented a very difficult
case. This is what I do all the time, every day. That’s a very tough case and I feel like your heart is breaking for her but you’re getting broken too.

Maggie: Yes.

Doctor: Sleep deprivation is still the number one torture in the world. So I get what you’re saying.

Maggie: Thank you so much doctor. Really appreciate the help.

Doctor: You’re welcome. All the best.

Moderator: Thank you caller. Okay. If anyone else is calling on their phone, wants to ask a question, just press star 2 and you will be alerting me that you have a question and let’s see if there are some more questions have come in. Here’s one from Beth in Ohio. She asks, what role does thyroid disorder play in autism?

Doctor: Good question, Beth. As you can see, there are multiple different metabolic things that can drive our kids crazy. They’re just not being addressed, not being taken care of. Urine thyroid is something a test that you can do to see if she’s got Phenoluria and then obviously there are interventions to help with that. When I looked at my slides that I presented under what’s metabolically wrong with these kids, Pyrus is one of them. Sulfation issues is another one of them and for this kind of a presentation, that would be – that can be a topic all to itself really, but it’s something that can be addressed and can be remediated, it can be made better.

So it doesn’t have an impact on the child. That’s a good thing but it’s an easy lab test to discern whether you have it or not. But I’d probably I say 7% of kids out there have elevated urine Pyrus that need to be addressed. That means 93 out of 100 kids don't. So that’s just one more thing that we get to work with.

Moderator: This is a very common question. How do we know when our children are healed and they can be back on gluten and you kind of touched on this before. You do a trial?

Doctor: Well, actually what I did and there are two ways and I can go over the two ways. I tested my son. I did IGG blood test. IGG blood test and checked to see first if he had antibodies. So it took my son, it’s a lot
different for the younger kids. It took my son over a decade of very, very strict dietary management and I did because I can and I have the right wife. It was so. We at our house were gluten free, dairy free. There was nothing that he can get into at our house that he couldn’t get into and there were times where you just take the boys out, my wife would take the boys out for them to gluten free pizza.

But in our house it was dairy free. The only time there was an infection, this had happened at our favorite place in the world, school. It’s like what, you gave him eight fruit loops? Are you kidding me? Then of course the kid is on toes peeing and all that. So we did that and then what we did is we started adding a little bit of gluten to his pancake mix or his waffle mix or when my wife would make stew, she used to take his stew out and then she’d add a little flour for the rest of us, whatever.

When we started thinking that this was something we could start actually adding back into the household. So we slowly added gluten back in, not in perceivable ways like pizza do, but and then after about two or three months, different types of gluten coming into his diet, whether it be through bread or a bun. We realized that gluten wasn’t going to be a problem. But to this day if we go to Apple Bees he orders a hamburger and fries, he doesn’t want the bun. Even when he’s eating that burger, guys that’s a great hamburger place out here in California and he doesn’t’ like the bun because he’s so used to not eating buns with certain foods. He doesn’t care about that.

But garlic toast or spaghetti. Now that totally rocks. That would be another thing. We would make spaghetti and instead of using corn, olive oil or rice, pasta, my wife would get the real thing. So when you add things slowly back, then you have to keep in mind that certain foods are gluten enriched. In other words pizza though is gluten enriched flour. It’s got like triple gluten in it. Bagels have like triple gluten. If anything had rubber he’d [01:53:35.10]. He’d stay away from those for a while. See how the tummy digests it. Let him work up his enzymes to digest it, see what goes on with the bowels and most importantly, make sure it doesn’t change sleep or behaviors.

**Moderator:** Okay. Molly from Las Vegas asks, we have tried to stick to the GFCF diet with my autistic daughter who’s eight, but she’s allergic to soy and other
things too. We avoid sugar and use stenia, but it’s very hard to find foods that she can have. Do you have any websites or suggestions?

**Doctor:** The websites suggestion would be depending on what you’re trying to do. First of all I would love to hear that when she is on this diet, you do have a different girl and like you said it’s hard to stick to it. So that also implies that there are times where she doesn’t’ stick to it and she gets something that she shouldn’t. Then she’d fall apart. I’m all about clinical here. Meaning that when we’re doing diet A, she is totally on. Teachers are doing the snoopy happy dance. She’s just spectacular. Gosh, she’s’ doing great and when she gets an infection like my son, there is a definite ding.

That tells you that these foods are acting as a neurotoxin for her body. They’re acting actually as a neurotoxin for the brain and as I was trying to recover my son’s brain, I was not going to let anyone, anywhere put poison in his brain. No neurotoxins for my kid. I became rabid about that. It just wasn’t going to happen. So if you tell me, the other alternate question I get, doc we’ve been doing this diet, this gluten free dairy free diet. We’re soy free, we’re corn free, we’re all these things and really nobody can tell the difference. Then I got a question whether we’re doing the right approach.

So first of all to answer your question, when she is diet mode, is she better and if she is then A, she’s’ not ready for any introduction. B, anything that you or a teacher might think as a treat is really a neurotoxin for her brain and over your dead body and smoking gun are you going to let anyone poison your kid’s brain. Enough is enough. We are and maybe I get a little too serious about this, guys, but between my son and what I do, we’re fighting for their lives. This kid is eight years old. My kid is 16. We’re fighting for their lives because if we don’t fix them, as a parent we don’t really want to think about a future without us being on this planet.

So I am not going to let anyone destroy my child’s opportunity for the most he can get out of this life. So that's the kind, I’m kind of tough on that. But on the same tide, I’m kind of softening that. If it isn't doing nothing, then why are we going through all this? Let’s find the things that do something and focus on those. So yeah, I think a mommy mentor, either from generation Rescue and these are folks that you can talk with or at TACA and saying, I’m here in Las Vegas, we have whole foods, but our budget can’t really quite stretch that far or here are her issues, these
are the foods that she likes. Here’s what we’re trying to give. I think working with a mom who has been trained to work with you would probably be the best and easiest way to go, but I’d caution you that easiest way means easiest way in that this is the diet she needs. How the heck can we make this work with just this constraint in finances or this constraint of food that she’ll eat?

**Moderator:** That’s very true. We went through the very same thing with my child.

**Doctor:** And mine. Been there and my kid is really everything. But on the other hand I was going to give my son every chance of recovering him. My son was hurt with the MMR vaccine. It was a definite, my wife put it on me a walking kill shot. What she meant by that was that it didn’t kill him, but from a functional point of view, it took his language, it took his adult function. It took his IQ, it took a whole lot and she was going to make sure that whatever we could recover. She’s pushing me into this deal too. Whatever it took to get our baby back she was going to go the mile for it and that’s what we have done. But that’s us and not everybody thinks that way.

**Moderator:** Mother warriors.

**Doctor:** Yeah, absolutely. I still have bruises.

**Moderator:** It used to be when I would go to conferences and things it was mostly women, mostly moms and now it’s about 50-50. I’m very proud of the guys for stepping up.

**Doctor:** Well, guys can and I think the team has to be defined. In other words, some guys don’t do well with the medical aspects. They’re squeamish or they just don’t, but they’re really good at doing what they do, whether they be accountants or engineers or looking at the job. They’re really good and the best thing that they can do is say to their wives, I will support you 100%. I will help you every way I can, but I don’t understand medicine and I really don’t want to. So I’m giving you full carte blanche and kind of that old movie, the Princess Bride. The words they use is as you wish and that’s a great team. Then the next team is where the husband is involved most of the time.

He is helping making the money to afford the therapies and the food and all that stuff and he’s working side by side and then I’ve got on the other
hand the vigilante moms who ignore their husband completely. They’re on a computer till 3:00 in the morning. They’re hell bent on finding a cure. They are ready to try everything and they’re snapping and irritable at everybody, including dad when he comes home. No words of praise, no words of affirmation, no meals. They’re telling you, you don’t understand this stuff and they get really bitter and angry and then on the other hand I’ve got guys who are doing that and women who are actually working in the corporate empire if you will and the dads are responsible for everything.

So I get to see it all. The main thing is to find the right thing. You can’t make a man do what he just doesn’t have the skill set to do and vice versa with the women. So somehow we have to find a media and talk about it and make it happen.

**Moderator:** Well, I was three out of those four. I wasn’t the angry man but I was every one of the other ones.

**Doctor:** And it doesn’t make for a great marriage life. I did it one time because I was kind of naïve. I told my wife, look I’ll take care of the medicine side, you take care of the school and academic side and time was great. She’s a woman, she’s got a degree in child development and I launched her into the roles of the academic society where they got to do the IEPs and my wife is a tough chic. Weightlifter and marksman, the shooting range. She came home after the first IEP n tears and these women just ganged up on me and they made me feel like, I’m like, are you kidding me? They did what? So I was like no, no and I said just do it again. They won’t do that. Of course they shredded her, the IEPs. You guys have been through that and then I said alright, I’ll come and all of a sudden you have all these cackling women and now you’ve got a bull in the house. They don’t know who I am. I’ve got my laptop. I’m taking names and they couldn’t have been nicer and I said you see how they’re nice with you. It’s because you were here. I didn’t do anything. So sometimes us guys are good for something especially IEP meetings.

**Moderator:** It’s good to know you’re good for something.

**Doctor:** Yes. What’s next out there?

**Moderator:** Well, I told you the time was going to fly and it is 11:00 in my world.
Doctor: Oh my gosh. Okay.

Moderator: And so I want to thank you and I want to ask you where people can go to get more information if they haven’t gotten their questions answered today.

Doctor: That’s great. There’s a lot of great resources guys out there. Like I said I’m quite proud of my Mendingautism.com website. It’s commercial free. It’s not there to sell anything. It’s not there to, all it is information from my heart, from my clinic, from my experience with the kids that I treat real time. Here’s what I do and that’s all it is and there’s several topics that I’m writing on as fast as I can. It takes a lot of research before I put out, here’s my thoughts on epilepsy. Here’s my thoughts on gluten free, dairy free. Here are my thoughts on Probiotic and on it goes and you’re free to browse that.

The TACA website has got a lot of really good information. Tacanow.org. Talk about curing autism. They have a lot of information. Kind of hard to get through. Almost too much, but they have a lot of cool stuff. Generation Rescue, they have a lot of really great stuff. Parents, if you’re young at doing this, you’ve just got the diagnosis within six to eight months or you’re at it now. You’ve had the diagnosis for two years but now you’re added now and you’re ready to work. Get a mentor, get a mentor. These girls live to help others and they’ll take you through it. They have lots of good advice.

They’re free to give advice. You see as a doctor I’m constrained because I’m not allowed to say certain things so I can’t be misconstrued as practicing medicine by giving you advice or creating a patient doctor relationship. But talking to another mom, she'll tell you everything. Like oh yeah, you can do this, this and this. So work with the moms and then obviously I think some of the stuff you can do on your own. I wrote a really good book with Jenny McCarthy and you may want to pick up a copy of that and you can get it. It’s cheap, it’s paperback. It’s called Healing and Preventing Autism and it goes through what we went through here and I wrote it as if we speak.

It’s just like sitting down and you can read it in one evening. Some people can. If obviously you’ve got kids screaming you can’t. But you can read it. It’s really easy to pick up those areas that apply to your child like constipation and diarrhea and non sleep and see what we do and there’s
just a lot of really good resource out there and then finding a doctor. Sometimes you have to see a doctor who’s far away because there are not too many of us out there who do that. We were still taking new patients and nobody is really close. But there are some good doctors out there who can help you through all this.

But getting a doctor then get the prescriptions and for once finally you don’t have to tell them what to do because probably the most liberating thing they can tell you what you need to start thinking about doing and read. But like I said I’ve got four boys. Josh was my fourth boy and I know that the autism really took a big hit out of his life, but I was not going to let it take a hit out of my relationship with the other boys or my relationship with my wife and I was going to do everything I can to keep the family.

It’s funny. Nancy and I were talking about this before we all came on. You have to walk this road and you have to walk this valley with your child. You have to. This is non-negotiable. You have to do it and you can do it angry and bitter, angry at God and shaking your fist or you can do it with a sense of laughter and humility and a sense of fun and also the kid might poop on the wall again. I clean up again. You've got to do it with a smile and your kid get the kids to sleep or whatever it takes. You can do it with a smile. You can do it with humor. I do. You can do it with a little laughter in your heart or you can do it angry and bitter. Point is you’re going to do it.

Having done it both ways, guys I’d recommend the happy and the humor fold part. It’s a lot more pleasant than being angry and bitter because you’re still going to do it anyway. So might as well be happy about it and there are words that I can’t use that my wife would to describe some parts of the journey. They’re not professional for me to use but you can imagine what they are and they are very hard. But you get through it and if you decide to really just, if you have a partner to do this with, a husband and wife, then that makes it a little bit easier because if you’ve got two or three lengths in a chain it’s not going to break.

So try and make sure you have somebody closer you can take this journey with and as we were talking earlier, it is a marathon. It is not a quick sprint. I wish. You’ll hear people who talked about oh I keep my kid on a gluten free, dairy diet and we treat him with antifungal and he’s cured
now. He’s mainstream. Really cocky like his dad, but he’s mainstream. Those are what I call my lotto winners of autism. They got the real simple ones. Most of us it’s a very long road. It’s a big struggle and you fight for every gain. But it’s worth it because they’re our kids. The husband probably not so much worth it. But you just have to deal with it. I’ll leave you with that.

**Moderator:** That’s’ a wonderful thought to leave us with. I also want to remind, well first I want to thank you, Dr. Kartzinel for being here tonight and for sharing all this wonderful information. I wish we had a lot more time because I know there’s a lot more to share. The GI is a complicated organ.

**Doctor:** Absolutely.

**Moderator:** So I want to thank you and hopefully we can have you back sometime and we can talk more on this subject.

**Doctor:** Just say when, I’d be glad to and we can pinpoint it too for what our listeners may want. We can do just spend one evening on sleep, poop or immune system or whatever. Just you have my number.

**Moderator:** Absolutely.

**Doctor:** Okay. So I’m going to hang up. Have a good evening everyone. Thank you so much.

**Moderator:** Thank you. Good night. I want to tell everyone else that on February 8th we will have Dr. Robert Naseef. He will be on talking about siblings and if you want a transcript of this event please join our spectrum gold club. It’s just a dollar and you will receive a copy of this webinar audio and transcript plus you’ll have access to all of our previous webinars. That’s over 40 topics including autism 101, the basics, sensory integration therapy, effective IEP strategies and much more. Thank you all and have a very nice night.