



CHILD EARLY
INTERVENTION
MEDICAL CENTER

Autism Friends Newsletter

Parent Night with

Jason Garner

At the Flora Creek Hotel on

Saturday, October 17, 2009



The evening will start at 7:00 P.M. on Saturday October 17, 2009. All parents are invited to attend this networking event where they can ask our expert Mr. Jason Garner, the Regional manager of C.A.R.D. and Supervisor for many clients at Child Early Intervention Medical Center.

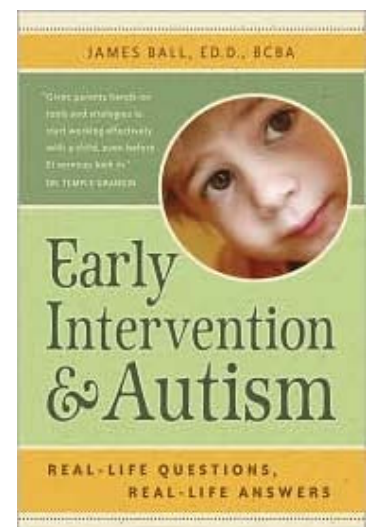
Dinner will be served at 6:00 P.M. at the rate of 50 AED.

Early Intervention and Autism:

Real-Life Questions, Real-Life Answers

by James Ball

When your child has just been diagnosed with autism, questions and concerns immediately flood your mind. What do I need to know first? What do I need to do first? What program is right for my child? This book discusses the components of a perfect program for young children with autism, including a variety of proven techniques, and gives parents tools to assess whether or not they fit their child and their family. It also includes a how-to-guide for setting up an effective Individual Family Service Plan (IFSP) and transitioning a child with autism into a public school program.



Autism May Be More Common Than Thought

Survey Shows 1 in 91 Children May Have Autism Spectrum Disorder

About 1% of U.S. children, or about one in 91, may have autism or an autism spectrum disorder, according to two new national surveys.

The new estimate is a dramatic increase from the previously accepted number of one in 150. But experts who discussed the findings of the two new surveys -- one released today and the other due out before year's end -- urged caution in interpreting the new information about the developmental disorders.



The parents of more than 78,000 children ages 3 to 17 were asked if their child had ever been diagnosed with autism or other disorders on the spectrum, such as Asperger's syndrome or pervasive developmental disorder. If parents answered yes, they were then asked if their child currently had an autism spectrum disorder (ASD) and if so, how severe the condition was -- mild, moderate, or severe.

In all, 1,412 said their children had ever been diagnosed with an ASD, and 913 said their child still had the condition. Next, Kogan's team took the number of children in the survey with ASD and the total number of children surveyed and computed estimates of autism spectrum disorder prevalence based on the general population.

"We estimate that the prevalence of ASD among children 3-17 in 2007 was around 110 in 10,000," Kogan says. "What this translates to is about one in every 100."

The survey also showed that white non-Hispanic children were more likely than black non-Hispanic or multiracial children to have the diagnosis, he says. Boys were four times as likely as girls to have ASD.

About 38% of the parents said they had been told previously their child had an ASD but that the child did not currently have the condition. The survey results are published in the journal *Pediatrics*.

By **Kathleen Doheny**

Reviewed by **Louise Chang, MD**

Understanding Digestive Enzymes

By Devin Houston, Ph.D

New Beginnings Nutritionals

Enzymes are the workhorses of the gastrointestinal tract. They perform the actual work of breaking down foods into their basic molecular units. This then allows the body to use these “raw materials” to build muscles and nerves; synthesize hormones, neurotransmitters, and antibodies; as well as to construct complex systems designed to detoxify and repair major organ systems.

Many have found that supplementing with orally active plant-based enzymes provides benefits to digestion that are otherwise lost with the advent of highly processed foods. We do not have to put up with the excessive bloating, irregular bowel movements, and lethargy often associated with our Western diet.

However, the problem is that the topic of enzymes is not well understood by the lay public. No hard standards for enzyme potency exist, and most supplement companies are not well versed in the complexities of enzyme function. As a result, most enzyme products are formulated by price and profit margins, not by experience and knowledge.

Plant-based enzymes possess qualities that often make them superior to pancreatic enzymes. They are stable in acid conditions; therefore, they are active in the stomach, unlike pancreatic enzymes, which must be enteric-coated if taken orally. They have a long history of safety in the food industry; in fact, no dose of enzyme has been determined to be toxic, regardless of the quantity ingested.

Determining whether an enzyme product will benefit depends on a number of factors. Do certain foods cause certain reactions? Some problems are easily identified. Those who have trouble gaining weight can gain more nutrition and caloric intake from foods when enzymes are taken. Legumes and cruciferous vegetables can cause excessive bloating and gas, as most can testify. That problem may be remedied by using an enzyme called alpha-galactosidase to break down two particularly difficult carbohydrates: stachyose and raffinose. Lactose intolerance is very common among those over 40 years of age; a lactase-containing enzyme product can provide relief from the cramping and diarrhea. Both galactosidase and lactase are found in Zyme Prime, a multi-carbohydrase enzyme formulated by Houston Enzymes and distributed by New Beginnings. Zyme Prime helps to firm stools by converting carbohydrates to sugars, which tends to pull water out of the GI tract, producing drier, smaller stools.

Understanding Digestive Enzymes

Other food problems are more complex. Breakdown of wheat and dairy proteins (gluten and casein, respectively) is a major issue with many. Gluten in particular can produce certain peptides that are causative agents in celiac disease and other gut inflammatory conditions. Recent research indicates that a food-grade protease enzyme may someday allow those on strict gluten-free diets to enjoy occasional meals of wheat without painful intestinal flare-ups. Gluten can cause problems in those without celiac disease.

Parents of autistic children have noted that gluten and casein cause certain gut problems that also manifest as behavioral issues. When placed on a gluten-free, casein-free (GFCF) diet many children appear to improve. One school of thought is that certain peptides produced from gluten and casein during normal digestion may act as opiates and possibly produce some kind of effect. By reducing the intake of these foods, the level of these peptides may decrease.

However, many have found that certain high-protease enzyme products, especially those containing a peptidase enzyme called dipeptidyl peptidase IV (DPP IV), can produce much of the same effects as observed with the GFCF diet. DPP IV is known to degrade the specific non-gliadin peptides produced from gluten and casein, and may be one mechanism by which positive results were observed.

Alternatively, coupling DPP IV with other types of protease enzymes may simply degrade the parent proteins more thoroughly, and thus prevent the formation of the opiate peptides altogether. AFP Peptizyde is a high-DPP IV enzyme formulation that includes two other protease enzymes for maximum protein breakdown.

Many other types of food problems may be remedied by enzyme supplementation. Salicylate or phenolic foods, usually found in brightly colored fruits and vegetables, may be a source of sensitivity to some.

Enzymes such as xylanase may allow the ingestion of these foods without the red ears and “shiners” associated with this intolerance. No-Fenol, another Houston Enzymes formulation and available through New Beginnings, is a combination of xylanase, gluconase and cellulosic enzymes, and helps break down those foods high in fiber and phenolic compounds.

Houston Enzymes recently produced TriEnza for those who need a comprehensive, allinclusive enzyme formula. TriEnza contains the equivalent of one AFP Peptizyde, one Zyme Prime, and one-half capsule of No-Fenol in two capsule dosing. This also allows “half-dose” servings by using only one capsule of TriEnza. Much of the evidence for enzyme benefits is anecdotal, but coincides well with their known actions. Coupled with their high safety factor and potential benefit; however, enzymes deserve a chance to show their value.

Oxygen therapy breathes new life into autism treatment

By SAM MILLER

The Orange County Register



In the past four years, hyperbaric oxygen therapy in which patients breathe almost pure oxygen in a pressurized environment has become a source of hope for thousands of parents looking for a way to treat their children's autism. That new market has provided a jolt to an industry that had served mostly scuba divers, stroke victims and people recovering from wounds.

But it's a treatment that is viewed skeptically by much of the medical and scientific communities, who see it as the latest in a line of treatments that parents swear by and pay small fortunes for, but that don't stand up to research.

"At this point it's a non-medically supported therapy," said Michael Chez, director of pediatric neurology at Sutter Neuroscience Institute and the author of "Autism and Its Medical Management."

"I've taken care of many patients who've had it and I've seen little change in their autism," he said. "I'm not condoning or condemning it; I don't have enough knowledge about it. But it would stop me from doing what I wanted to do until they got through with that phase. Because I wouldn't want to be blamed for something that went wrong."

So far, though, HBOT is still viewed skeptically as a treatment for autism, and many health insurers won't cover it. HBOT is part of a "subculture of unscientific medicine," said Steven Novella, director of general neurology at Yale University School of Medicine.

"The autism community is ripe for such fake treatments. There is no cure for autism, the symptoms of autism often improve simply as a function of maturing so almost any treatment may falsely seem to work, and parents of children with autism are often desperate to do something to help their children and are therefore a vulnerable population," he said.

A large-scale study of HBOT as a treatment for cerebral palsy will conclude in Dayton, Ohio, next year. A smaller study of HBOT for autism at the M.I.N.D. Institute at UC Davis will be complete in a few months.

Up to now, though, the popularity of HBOT as an autism treatment has been driven largely by anecdotal evidence. According to surveys done by the Autism Research Institute, a think tank that promotes biomedical interventions, only 60 percent of parents said HBOT helped their children.

<http://www.ocregister.com/articles/autism-hbot-children-2143336-parents-treatment>

Toe Walking

Written by Stephen M. Edelson, Ph.D.

Toe walking is quite common in young children, age 3 and younger; but toe walking, especially in children 5 years and older, is often associated with neurological immaturity. Many parents and professionals are not aware of the various interventions used to treat toe walking. The following interventions are listed from least to most invasive.

- 1.** Physical exercises are sometimes used to stretch out the tendon in order to reduce toe walking, but this treatment has had minimal success.
- 2.** A dysfunctional vestibular system, a common problem in autism, may be responsible for toe walking. The vestibular system provides the brain with feedback regarding body motion and position. It may be possible to reduce or eliminate toe walking by providing the person with therapeutic vestibular stimulation (e.g., being swung on a glider swing).
- 3.** Toe walking may be directly or indirectly related to a visual-vestibular problem. I have conducted several research studies with Melvin Kaplan, O.D. at the Center for Visual Management in Tarrytown, New York. While conducting these studies, I observed four individuals who were toe walkers. In each case, their toe walking was eliminated within seconds after the child began wearing prism lenses.

Description of program:

Prism lenses displace the person's field of vision up, down, left or right. Dr. Kaplan and other developmental optometrists have developed nonverbal assessment procedures to determine the correct direction and degree of displacement for the prism lenses. Unlike other interventions for autism, changes in attention and behavior are observable immediately after the person begins to wear the lenses. The use of prism lenses is part of a 'vision training' program. The program typically lasts for one year and involves wearing prism lenses and performing daily visual-motor exercises. After the program is completed, the person no longer needs to wear the prism lenses.

- 4.** Casting is another intervention used to stop toe walking. This procedure involves wearing a cast to stretch out the tendon. In most cases, the cast is applied every two weeks for a total of 6 to 8 weeks. Another treatment involves surgery. Long-leg casts are then worn for six weeks and followed by night splinting for several months.

It is important for parents to learn as much as possible about treating toe walking before selecting an appropriate intervention for their child. When making a decision about any treatment, parents should take into account the treatment's effectiveness, safety and cost.

COOKING CORNER

Chicken Fingers

Contributed by
Angie Halten , Gluten Free Club.com

Sesame seeds add crunch and cayenne adds spice.

Ingredients:

- 2 cup rice flour
- ½ tablespoon paprika
- ¼ tablespoon cayenne
- 2 tablespoon white sesame seeds
- 1 quart cold soda water
- 4 single chicken breasts-cut into strips
- Vegetable oil for deep frying
- Salt to taste



Directions:

In a bowl, mix together the flour, paprika, cayenne and sesame seeds. Whisk in the soda until a pancake batter consistency is achieved. Dip the chicken fingers individually in the batter and deep fry until golden brown, about 5 minutes. Season with salt.

Swedish Nut Bars

Contributed by
Angie Halten , Gluten Free Club.com

These bars have a chewy texture and great nutty taste.

Ingredients:

- 6 eggs
- 1 1/2 cups white sugar
- 3 1/2 cups finely ground almonds
- 3 teaspoons almond extract

Directions:

- Pre-heat oven to 325 degrees F (165 degrees C).
- Prepare a 9 x 9 x 2 inch baking pan by lining bottom with either waxed paper or parchment paper.
- Grease the paper.
- Separate the eggs and reserve the whites.
- Beat egg yolks until thick and tripled in volume.
- Add sugar slowly, beating until very thick.
- Slowly fold in nuts and extract.
- Beat egg whites until stiff but not dry.
- Fold them into the yolk mixture.
- Pour batter into prepared pan.
- Bake for one hour or until done.
- Cool in pan for 10 minutes then turn out and remove paper.
- Cool completely.
- Cut as needed.