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COMING OUT OF AUTISM:

Research, Prevention and Multidisciplinary Approach

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Preface

In the middle of the last century, parents were blamed for causing autism because it was suggested that they did not provide adequate emotional support to their children. In his 1964 book, *Infantile Autism*, Dr. Bernard Rimland, founder of the Autism Research Institute (ARI), raised serious criticisms about this parent-blaming psychological notion, and theorized a biological cause for autism. A few years later, in 1967, Dr. Rimland refined his theory, proposing that autism was caused by an interaction between genetics and the environment. As of 2009, researchers in the autism community continue to study the underlying causes of autism, and their research findings are consistent with Dr. Rimland's pioneering work.

In 1995 Dr. Rimland, along with two of his colleagues, Drs. Sidney Baker and Jon Pangborn, began the Defeat Autism Now! program. The goal of this program was to investigate biomedical interventions that might treat the underlying problems associated with autism. This biomedical approach is in contrast to traditional medicine, which involves prescribing drugs in order to simply inhibit some behaviors and symptoms.

Since the founding of the Defeat Autism Now! program, much has been learned about effective treatments for those on the autism spectrum, with much of the focus on gastrointestinal problems, immune system dysfunction, and environmental toxicity. Furthermore, a growing body of scientific studies has documented improvements using a variety of biomedical interventions. Summaries of these studies, with references, can be found on ARI's website, www.autism.com.

Prevention is another exciting development in the field of autism. Many physicians have consulted with pregnant women who already have had an autistic child. These mothers are given advice about optimal nutrition, vitamin/mineral supplementation, and avoidance of harmful toxins in their environment. As a result, we are observing a much lower incidence of autism in siblings than one would expect.

Dedicated researchers and physicians, augmented by feedback from parents, continue to develop effective biomedical interventions to treat individuals on the autism spectrum. The current challenge is to inform obstetricians, neonatologists and pediatricians about the body of knowledge on treatment.

This booklet is intended to offer clear information for parents; to understand prevention, to pick up first warning signs, and, accordingly, to make timely, appropriate decisions.

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INTRODUCTION

The deterioration of the environment--caused by insufficient safeguards as well as toxic elements in the air, water, and food--is adversely affecting health worldwide. All living beings are impacted by substances and with which they come in contact. The energy and molecules that are not naturally present in our metabolic equilibrium are in almost every case harmful (e.g., xenobiotics), and the current standards of acceptability for pollutants are woefully inadequate.

Autism has drastically increased in industrialized countries since 1990. Statistics show a steep rise: from one in 2000 children in the 1980s, to one in 100 in 2009. A recent survey in the United Kingdom indicates that one in every 64 children is affected with autism (Cambridge, UK), and that boys are four times more likely to be affected than girls. Clearly the trend is of epidemic proportions, so that no family today is immune to the risk of having a child with these problems.

In 1995, a group of researchers and doctors, inspired and coordinated by experimental psychologist Dr. Bernard Rimland, laid the foundation for a multidisciplinary approach that includes genomics, molecular biology, and functional medicine.

Researchers, many of whom are associated with ARI's Defeat Autism Now! program, continue to discover potential toxicity in some common foods (e.g., bread, milk, soy, yeast, sugar). This approach to treatment has greatly improved the physical and mental health of many children on the autism spectrum. These advances in biomedical treatment have led to an increase in the number of children who are no longer labeled "autistic" and can attend regular school programs without any assistance.

The idea that a child's behavior and cognitive development can be significantly impacted by molecules in our environment can be seen as a turning point in health care, and in our overall culture. Obviously, proper medical evaluation of these children is necessary in order to prescribe appropriate treatments so that the child's performance and overall well-being are optimized.

When an epidemic strikes, the first step is to provide the entire population with state-of-the-art, science-based information on identification, treatment, and prevention.

LET'S GET TO KNOW IT TOGETHER

Autism is a developmental disorder that has many causes, involves many organs and functional systems, and manifests differently in different children. As a result, "autistic spectrum pathologies" or "autism spectrum disorder (ASD)" are terms that are often used to describe the wide range of variations involved.

For the majority of children on the autism spectrum, symptoms associated with this disorder often appear between the first and third year of life; usually a "regression"

happens after a seemingly normal development. Observable symptoms include, but are not limited to:

- a decrease in (or loss of) eye contact
- indifference towards other people
- difficulty and/or a delay in the development of cognitive and social skills
- an arrest or disappearance of language
- repetitive, stereotypical behavior
- hyperactivity
- self-aggression, or aggression toward others
- very selective eating
- obsessive-compulsive behavior

In addition, many children on the autism spectrum suffer from medical problems, ranging from mild to severe, that involve the gastro-intestinal system, the immune system, and various metabolic systems. These types of medical problems may lead to an accumulation of toxins (e.g., heavy metals, pesticides) and relatively high levels of oxidative stress.

Without appropriate treatment, many children on the autism spectrum will not be able to develop proper cognitive or social skills; they will not be able to attain an adequate degree of autonomy in everyday life.

POLLUTION AND ANTIBIOLOGICAL BEHAVIOR

The increased incidence of autism documented during the past twenty years is primarily associated with the regressive form. That is, these children developed normally, but sometime between their first and third year of life, their social skills, language, and cognitive abilities plateaued or deteriorated.

The acquired-regressive form of autism is not consistent with typical genetic abnormalities. Instead, this form of autism appears to be associated with alterations in DNA. More specifically, these DNA alterations appear to be a result of single nucleotide polymorphisms (SNPs) of genes that control digestion, detoxification, the metabolism of numerous neurotransmitters and neuronal receptors, and the production and transportation of cellular energy. These alterations are common in the general population and contribute to the variety of individual characteristics; for example, one person presents a more fragile intestine, another person has severe immune reactions, and yet another person is at greater risk for cancer or heart disease.

The spread of this epidemic is very likely due to a series of causes that overwhelm the immune as well as the detoxification systems in an early phase of development, when these systems are immature and fragile.

The main contributors of autism include:

- the dramatic increase in environmental and food pollution, which has reached uncontrollable levels far beyond our ability to measure them or to control their effects
- unhealthy or “antibiological” diets that are widely promoted by commercial businesses
- over-prescription of antibiotics, which are often given indiscriminately for fevers, sore throats, and earaches
- government-supported vaccine campaigns that are contrary to elementary physiological criteria. Basically, vaccines are given too early to children, and there is little or no regard to biological individuality. Furthermore, most vaccines contain toxic additives such as mercury and aluminum.

Another contributor to autism is an altered or insufficient supply of essential nutrients to the fetus, and later to the young child; vitamins, minerals, amino acids, and essential fatty acids. In addition, there is a potential problem of exposing young children to foods with a high content of gluten, casein, soy, yeasts, and sugar. These foods require rather complex enzymatic activity, and these enzymes are not completely present in the body during the first two years of life. Proper nutritional supplementation and a restriction in foods containing gluten, casein, soy, yeasts, and sugar should optimize the health of most, if not all, children.

It is important to consider both the child’s congenital predisposition (SNPs) and his/her surrounding environment, alert to other problems that might appear, such as intestinal dysbiosis, food intolerance, mal-digestion, malabsorption, increased intestinal permeability, gastro-duodenal ulcers, gastro-esophageal reflux, diarrhea alternating with constipation, lymphoid nodular hyperplasia, autoimmune encephalitis (viral and from toxic metals), epilepsy, hypotonia, motility disorders, oxidative stress with reduced production and altered transport of energy, and the accumulation of toxic metals.

MULTIDISCIPLINARY (INTEGRATIVE) APPROACH

Since the realization that autism is a neurological (brain) problem rather than a result of poor parenting, many parents have sought help for their children from psychiatrists and psychologists. The treatments prescribed by these professionals often include a combination of psychotropic drugs (such as Prozac, Risperdal, and Ritalin) and rehabilitation techniques, such as behavior modification and speech therapy.

In contrast, a more recent integrative approach demonstrates that in addition to the many symptoms and behavioral problems traditionally associated with autism, gastro-intestinal dysfunction, a compromised neuro-immune system, and an inability to properly detoxify one’s own body must be included. Furthermore, the availability of new genomic and

functional laboratory tests have contributed in the last thirty years to the development of personalized treatment programs that include vitamins, minerals, antioxidants, detoxifying agents, and hormones. It is critical that these interventions be administered on the basis of each individual's needs.

The primary criterion of effective treatment and possible recovery is clearly the timeliness of the diagnosis (e.g., enzymatic, neuro-immune and cognitive development malfunctions), as well as treatment. In general, the earlier the diagnosis and treatment, the better the prognosis.

In 2004, six universities in the United States started the Autism Treatment Network (www.AutismTreatmentNetwork.org), which is dedicated to the implementation of the Multidisciplinary Approach.

On June 12, 2007, Livia Turco, the Italian Minister of Health, established the National Table on Autism. In its final report on February, 2008, the importance of a multidisciplinary pediatric approach along with the traditional neuropsychiatric approach was confirmed.

And on April 1, 2008 the American Academy of Pediatrics began direct collaboration with ARI, the San Diego institute founded by Bernard Rimland, Ph.D.

In 2008, Giulia and Franco Verzella edited the book *Coming Out of Autism: a Biological and Medical Approach* (Italian: *Uscire dall'Autismo: un approccio biologico e medico*). This book includes complete and detailed information on the multidisciplinary approach to the treatment of autism, including sections on prevention and treatment. The book was written for both families and pediatricians. Pediatricians should be the first line of defense in the fight against this epidemic because they are in a position to be the first to notice the appearance of warning signs and symptoms of autism.

CRITERIA FOR THE MULTIDISCIPLINARY APPROACH

The first step in addressing autism is to acquire accurate information about various interventions and to begin a healthy lifestyle, including good eating habits. Although each child is different and treatment will vary, depending on each child's medical condition, here is a general outline of treatment:

- Initial phase: treatment of intestinal dysbiosis and implementation of a diet free of gluten, milk and its derivatives, soy, yeast, chocolate and sugar.

- Second phase: the diet is further personalized with vitamins, minerals, and antioxidants. These nutrients are intended to promote cognitive-behavioral development and boost immune and detoxification activity, especially with toxic metals.

Successful treatment depends on the relationship between the doctor and the family. A collaboration develops over a period of months, during which they share information and implement a personalized treatment regimen, with regular appointments and check-ups. The sharing of a common program and the determination to reach significant improvement, or even recovery, are determining factors in a relationship that requires listening skills, flexibility, and a positive, creative attitude on the part of all concerned.

Detailed monthly updates allow for the sharing of relevant information in the majority of cases. During the first 4-6 months, diligent telephone and e-mail assistance should be offered to facilitate family education and the continuous adjustments of the program, which are based on the variations in the health and behavior of the child.

Integrating genomic findings and functional data with laboratory tests can be particularly useful.

PREVENTION

In terms of prevention, family history can often reveal the susceptibility of a child to autism. Researchers and clinicians have already begun studying the issue of prevention, and the following factors are currently being discussed:

- Gastrointestinal function: esophageal reflux, gastro-duodenal ulcers, celiac disease, inflammatory bowel disease (IBD), Crohn's Disease, ulcerative colitis, food intolerance
- Immune activity: chronic fatigue syndrome, thyroiditis, rheumatoid arthritis, allergies, connectivitis, psoriasis, lymphoma
- Central nervous system: Parkinson's Disease, epilepsy, ADHD, dyslexia, depression

There is a genetic component to autism; however, based on many years of research and millions of dollars spent, it is unlikely that there is an "autistic gene." Some of the genes that have been associated with autism are also associated with gastro-intestinal problems and compromised immune systems.

Regarding pregnancy, the following problems have been shown to be correlated with autism:

- dental fillings containing mercury ("amalgam")
- gastrointestinal disorders
- unbalanced nutrition
- coffee, alcohol, and/or tobacco abuse
- fluoride
- psychological and physical stress

- viral infections (influenza, herpes, cytomegalovirus (CMV))
- anesthesia, antibiotics, vaccines
- reduced intake of vitamins and Omega-3 fatty acids

Regarding birth, the following have been noted as possible factors:

- premature birth
- dystocic delivery with use of anesthesia and pharmaceuticals
- asphyxia, such as umbilical cord wrapped around neck
- tainted amniotic fluid
- premature cutting of umbilical cord
- congenital pathologies (cardiac, intestinal) that require immediate surgery

EARLY DIAGNOSIS

Early diagnosis often leads to early intervention, and early intervention will likely lead to a better prognosis. Early signs of autism might include:

- Behavioral symptoms: loss of eye contact, decreased vitality and interest in family members and environment, isolation, onset of stereotypic behavior, hyperactivity, aggressive behavior towards self and/or others, regression or disappearance of language, impaired cognitive development, extreme selective food intake
- Sleep disorders
- Immune and gastrointestinal disorders: frequent, recurrent inflammatory processes, such as otitis and tracheobronchitis. Gastroenteritis, characterized by gastroesophageal reflux, duodenal ulcer, intestinal colic, prolonged episodes of diarrhea alternating with severe constipation, and nodular lymphoid hyperplasia
- Motility disorders: hypotonia, delayed acquisition of sitting position, of crawling, of walking, ataxia, impaired dexterity in manipulation of objects and in play.
- Poor or delayed physical development
- Epilepsy

If a child exhibits many of the symptoms listed above, a pediatric consult should be requested immediately. In all cases, observation should be followed by appropriate medical intervention, which might include a diet free of gluten, casein, soy, sugars, and yeasts. This will fortify the immune system and regulate intestinal function. In many cases, these simple and easily applied treatments allow for rapid improvement in overall health, resulting in better social interactions, cognition, and language.

Within the multi-disciplinary, integrative approach, other rehabilitative interventions should be considered, such as applied behavioral analysis (ABA), speech therapy, psychomotor therapy, Relationship Development Intervention (RDI), and TEACCH (Treatment and Education of Autistic Children and related Communication-Handicapped Children).

WARNING SIGNS

At 6 months:

- Poor, infrequent enunciation
- Infrequent vocalization in response to mother's vocalizations
- Episodic or weak eye-to-eye contact
- Inconstant, episodic synchronization of facial expression with mother's expressions
- Unusual body and/or arm movements
- Lack of expressions of happiness or joy (e.g., no smiles)

At 9-12 months:

- Lack of or poor nonverbal communication (e.g., waving, pointing)
- Lack of or poor relationship with mother
- Regression of enunciation (also in relating to mother)
- Poor comprehension of gestures
- Does not respond to own name
- Stares for a long time at an object or a movement
- Does not imitate simple movements
- Does not try to make you laugh
- Delay in motor development milestones: sitting position, creeping, crawling, walking, running

At 14-18 months:

- Does not utter first words
- Repeats words heard, but out of context
- Lack of coordination in gazing, smiling and communicating with gestures or words
- Does not imitate
- Does not follow instructions
- Sometimes seems deaf
- Does not wave
- Impaired manipulation of objects
- Repetitive behavior
- Poor and episodic playing
- Does not walk
- Any loss of any language or social skills

Over 18 months:

- Does not speak
- Incomprehensible, or words taken out of context
- Does not bring you to an object to look at it
- Does not follow your gaze to see an object that you have pointed to in the room
- Does not play “pretend” games, e.g., pretend to feed a doll
- Incapable of following simple commands
- Does not tolerate clothes or shoes
- Insensitive to pain
- Hypersensitive to certain sounds
- Vacant gaze for long periods
- Scarce/ impaired body coordination; clumsiness
- Lack of fine motor skills
- Prefers to play alone
- Watches the same video or plays the same video game over and over
- Aligns objects meticulously and obsessively
- Does not interact with brothers and sisters
- Is not interested in other children
- Does not know how to play with toys
- Regularly becomes blocked on things
- Hyperactive
- Is uncooperative and provocative
- Changes mood suddenly and without motivation
- Is fearful of ordinary daily events
- Insists on what he/she wants
- Does not accept change
- Aggressive temper tantrums, especially when told “No”
- Walks on tip-toe
- Bites back of hand, hands in mouth
- Stereotypical movement with hands and stereotypical vocalization
- Rocks in place at length
- Turns in place at length, like a spinning top
- Unaware of danger

COMMENT

Given the ongoing epidemic, no family is immune to the risk of having a child with autism. It is necessary, then, to disseminate information at all levels, both in the media and in public and private institutions. We need to combat the spread of this epidemic through early diagnosis and prevention. And finally, the health care profession needs to implement a multidisciplinary approach in order to optimize physical health and behavior/cognition, and possible recovery, in these children.

People who come in contact with a child on the autism spectrum, such as parents, teachers, and doctors, discover daily the biological nature of the mind. In fact, as we now know, behavior is constantly influenced by molecules from food, from the health of the intestinal tract, from pharmaceuticals, and from metabolism.

Caring for autistic children is often a very intense and dynamic experience that constantly offers us new horizons and opportunities to revisit the priorities in our daily lives. In other words, it focuses our attention on the physical and mental health of our family.

The following contribution is from a courageous mother who describes the first months of her child's journey.

“Tato is a wonderful autistic child. He is a twin and his sister's developmental milestones never worried us.

He walked at 14 months, (the norm), but at about 18-20 months, the little words he used to say were replaced with total silence. He was completely isolated. You could turn up the TV as high as it would go, but he wouldn't turn around. When people would visit us, he would withdraw into another room. He wasn't interested in children's toys: his toys were food containers, utensils, strange objects that, at times, served no purpose. He would open and close drawers until he was exhausted. Before he was two (almost against the recommendations of the pediatrician, who said we should wait at least until he was three), we decided to go the route of conventional medicine and took him to a neuro-psychiatrist. He said, “Don't worry, calm down,” and suggested psychomotor therapy sessions and enrollment in daycare! Just what any parent would like to hear!

At the beginning the child opened up, but his continuous colds and fevers with persistent administration of antibiotics, as often as twice a month, kept him home often. Since Tato was born, he has had at least ten to twelve cycles of antibiotics per year, and some that lasted ten to twelve days. He has swallowed industrial quantities of silver proteinate drops to clear up his nasal congestion; he has ingested large quantities of paracetamol (Tylenol), and has had many rounds of cortisone therapy. His condition would improve for a few days and then worsen so that we would have to start another vicious cycle of antibiotics-cortisone-paracetamol, and silver proteinate.

Another big problem for Tato was his intestine, even though his pediatrician always said, “I wouldn't worry about it!” Since Tato was really small, he would throw up milk at every feeding. Every day he would wake up from his nap screaming and then burp, if he didn't vomit. At least four to five times per week, seven to eight hours after he had eaten, he would throw up his dinner in the crib in his sleep. The pediatrician kept telling me not to worry.

Also, he wasn't growing. His weight stopped at his one-year-old weight of 10.5 - 11 kilograms (23.1 - 24.2 lbs)!

In regards to his behavior and lack of language, the pediatrician said, "It's too early, there should be no intervention before three years of age. We'll wait and see!" This assessment was also confirmed by the neuropsychiatrist.

One day, with my heart in my throat, I typed "delayed language - twins" into a search engine on the Internet. Lots of things came up. One said that male twins have a natural language delay up to over three to four years of age, but "autism" also came up. Panicked, I told my husband, who is a doctor, what I read. My husband continued to search the Internet, because my heart couldn't take discovering what we suspected.

The doctors had never asked us, "Does your child point? Does he seem deaf when you call him? Does he withdraw? Does he rotate objects rhythmically? Does he line up objects? Is he a picky eater and does he have trouble swallowing his food?"

My husband found a list of at least twenty items on the Internet, and Tato was positive for almost all of them.

On a website of a parent association of autistic children, the Autism Research Institute's approach was mentioned to treat autism, specifically:

- eliminating gluten and casein, which may have an opioid effect on their brain
- considering the presence of food intolerances
- investigating a possible copper-zinc imbalance
- investigating the possible presence of intestinal candidiasis
- testing for mercury poisoning

Tato's father told me about it late that night on Thursday, March 27, 2008!

The next day, Friday, we decided to eliminate gluten and casein for four days to see what would happen.

Tato, in the months before, wanted to eat only cookies and drink only milk. He would drink more than a litre (1.06 quarts) a day with at least sixteen to twenty cookies and chocolate... supplied by his grandparents!

We have completely eliminated gluten and casein since that famous night, March 28. The next morning, Tato was unusually agitated. He kept biting the back of his hand with frightening intensity. He was really angry. The same morning, we tested his blood. The results included:

- Intolerance to: barley, corn, cow's milk (3+), egg whites, egg yolks, beans, soy, walnuts, hazelnuts
- Large amounts of candida in his stool (defined as pathological in the laboratory results, but not to be treated according to the pediatrician, who maintained that we all have candida)
- Severe copper - zinc imbalance with very high values of copper
- Unfortunately, in Italy there is no test for mercury in tissue!

For four days, we continued the gluten- and casein-free diet, and gradually eliminated soy, yeast, and sugar. I remember when Tato was a month old and had diarrhea with fifteen to twenty bowel movements per day, the pediatrician kept him on soy milk for two months...

What we saw, for better or worse in the following days, opened our eyes: something was happening!

In the first fifteen days Tato was really irritated at times and really calm at other times. Before he would go to bed, he seemed drunk. When he was really excited, a spoonful of sugar would calm him down! He alternated moments of euphoria with moments of intense irritation. He kept opening the kitchen drawers to get the pans. He wouldn't be contradicted. He would bang on his head and thighs.

The following is from the diary that I started to write in those days. I wrote down all of his changes, both for the better and for the worse. All of the things that are described as for the better may seem insignificant (first caress, first eye contact, first "Ciao") when compared to the natural development of a healthy child, but for Tato, they weren't insignificant at all, and they appeared after putting him on this diet:

He played in the park and went away from the other children just for a short time. He took a toy phone from another child, put it to his ear and said "papa." He caressed Mommy's face for the first time! He touched his body, caressed himself, discovered things in our house that he had never noticed before. Since March 29, less than twenty-four hours from the beginning of the diet, his bowel movements seem normal, two to three times per day, without episodes of diarrhea, like we were used to.

From the first day on, he started to eat dinner again, and ate with an appetite for the first time in months. His daycare teacher recounted intense irritation, but more attention. When she said, "Tato, let's go eat the fruit," he got up and followed her.

The psychomotor therapist said that today, for the first time, Tato finished a game that she had proposed. For the first time, he spontaneously pointed to the door, making me understand that he wanted me to go. I get the impression that he sleeps more and better. I no longer hear the little yelps that he uttered in his sleep. I see a different gaze. His face smells "different."

The day care teacher said, "Tato looks and listens to you now and he isn't dull anymore."

A very big appetite. He saw the bread on the table, went toward it and said "ippà" (first word). When I asked "What do you want?" he answered, "Ippà." At daycare they asked him to stamp some pieces of paper, and he did three stamps spontaneously. At Auntie's house he noticed, even if for just a short while, Auntie's dog; and he enjoyed it. He got onto the tricycle spontaneously for the first time.

Today he was really calm -- calmer and more serene than in the last few days. As soon as he came into the room, he would do his circle, opening all the drawers. Instead today, he directly sat down with a toy for a long time. When asked, he caressed the therapist (first time) and an acquaintance.

At the supermarket, he looked at all the shelves and the windows intently. As soon as we went into the mall, he went to a ride, a car, and got on it. He walked for five minutes holding my hand.

This afternoon he is really irritable. In the car, while he was crying, I started to tell him all of the wonderful things he would do at daycare. He stopped immediately.

He is hyperactive (really hyperactive) tonight: he doesn't listen, doesn't collaborate, is really irritable, you can't understand what he wants. He keeps pulling you by the hand; you can't make him sit down; he keeps repeating a-a-a-a with the same cadence. He keeps biting his hand.

Today, when we got to the park, he grabbed onto my sweater, as if he wanted to be protected for a few minutes, until he started playing. Before he was reckless, he wasn't afraid of anything, he was solitary and independent on his own journey, even amid a thousand people, he didn't see anyone. When invited to, he put on Daddy's sunglasses (first time after months of attempts).

He brings you into the kitchen and asks for objects hung on the wall that he never noticed before. If he doesn't get his way he cries, yells, bites his hand. He opened the front door for the first time. Yesterday he got onto a rocking horse spontaneously and rocked for the first time. His older sister, who was going to school said, "Ciao," and he said "Ciao" with his hand, opening and closing his fist. When I brought him to daycare he cried because I was leaving, for the first time in seven or eight months. He only calmed down when he sat next to me. Before, he would go into the daycare center without looking at anyone and would go start playing his solitary games in the playroom. His hands are warm now, whereas before they were freezing. Yesterday he was peaceful at daycare, he played hide-and-go-seek, he slid down the slide, and played in the ball pool with the other children too!

Today Tato has a different look in his eye. He's affectionate, he lets you kiss him, caress him. He often asks to be picked up. Before he was unapproachable, closed off in his silent world. His Dad had been trying to have him light the flashlight for a long time. On the third day of the diet, he has fun turning the flashlight on and off, pointing it toward the wall!

Also, in the first days of the diet he makes steps with pillows and toys so that he can climb onto the shelves. He tries to climb up everything. He found a space in the crib that he could put his leg out of and touch the ground so that he can move it. He spontaneously seeks contact with his sisters. He's much stronger!

There are times in the day when he is collaborative, affectionate, and willing, while there are other times when he is hyperactive, doesn't listen, doesn't collaborate, and bites his hand constantly (both out of irritation and to express affection). At the supermarket, he was attracted to an advertising sign and I waited so that he would look at it for as long as he wanted to, then he looked me in the eye and I smiled at him, he returned my smile all the while looking me in the eye.”

“Today I am really satisfied. For the first time he sought contact with me. He wanted to be picked up, I am really very satisfied” (the psychomotor therapist). He took a bath with his sister, interacting with her while she splashed him and invited him to hug her. Changing body temperature: it goes up and down without any medicine. He said “water” three times after he had drunk some water. At the park he never went away from the group of children! He cried when some of the kids left! We discovered on the Internet that flu vaccines (which Tato had had since he was one) and silver proteinate nose drops (which Tato had taken a lot of for his frequent colds since he was really little) are among the causes of mercury intoxication.

He looked at himself in the mirror and he made faces with his tongue! He babbles.

On April 15, 2008, we meet with the doctor who integrates the Autism Research Institute's approach into his practice and our adventure continues. We are starting to see the light at the end of the tunnel.

Even though it is arduous and uphill, we will go ahead because we can tell from what we see each day that we are on the right road! We told our pediatrician what we were doing, and he told us we were “crazy” and that we had to resign ourselves.

We made our child's diagnosis. My husband is a doctor, and I am the mother of two other children. We are still waiting for the diagnosis from our institutions because they think that the moment has not yet arrived. They have only diagnosed delayed psychomotor development!

The day that I read that, until just a few years ago, it was thought that the cause of autism was a “refrigerator mother.” I think I cried all of my tears. So I was the cause of my son's illness?!

The connection between the condition of their intestines and the behavior of autistic children is unequivocal: when Tato has bouts of diarrhea he is autistic. When his bowels are functioning well, he is a normal child who plays and laughs, even though his language is still inadequate for his age. But at least he has started to pronounce a few words and even if he doesn't talk, he communicates.

Today Tato plays with his sisters and his friends. He eats correctly, maybe for the first time in his life: meat, fish, vegetables, fruit, and gluten-free cereals.

He almost never withdraws anymore. If we have guests he stays with us. He acts up at the supermarket to get the latest model of a tractor, feeds himself, goes off alone to have a bowel movement, if he hits up against something and hurts himself he cries. Before he seemed completely anesthetized.

If you give him a picture or a book he looks at them right side up. He passionately watches cartoons that he has never seen before and he no longer asks for the two or three videos that we all knew by heart. He no longer has chronic tonsillitis, for which he was supposed to have surgery. He hasn't vomited again, except for one day in three months, and that was probably due to a virus.

He has come out of his total silence and has started to say some words. He's affectionate and sunny. He laughs and is happy, calls, "Mommy" and, "Daddy." His blood tests were catastrophic three months ago and now they are perfect. He almost always turns around when you call him, even though he still doesn't point much. He always communicates his needs. He interacts with others. His BMs are almost always normal, and he doesn't evacuate more than one or two times per day. He often collaborates upon request, imitates our behavior, and accepts refusal (without having fits).

Even though there is still a lot of work to be done, in that there are still dark days, the sunny days are more and more frequent!

Every so often there are those cursed "black dots" in his poop. Those are bad days when his body expels them.

When I take Tato to psychomotor therapy I see many like him. Just in our city of 1,700 inhabitants I know three, which means one every 560 children. Estimating that there are sixty million Italians, that would mean one hundred thousand: is that a few? Don't they deserve research investments?

Since the day we met the doctor who uses the Autism Research Institute's approach to treatment, we have all been on the diet with Tato. Since then (about three months ago), his father says he feels better and absolutely does not want casein or gluten. I had always had esophageal reflux, which my mother always said I inherited from my grandmother, and it has disappeared. I digest well now regardless of my gallstones. Our oldest daughter was overweight, she was never hungry and didn't eat lunch, because she ate a pizza with mozzarella at school. She lost 6 kg. naturally, her appetite has returned, and she is tonic and lean.

Tato's twin had chronic problems with constipation. We completely eliminated casein, and since then her intestine has self-regulated wonderfully, and she hasn't taken any more medication for the problem. She has also gained weight.

We started the first RDI course a few days ago. We are continuing with the psychomotor therapy sessions with the Public Health Service because mental gymnastics are always good for you.

You have to see it to believe it!

It is fundamental that the mother can follow her child from the beginning of the diet. The mother (so much for the “refrigerator mother”!) is the only one who can notice daily improvement, the nuance in gaze, and in social opening.

A close relationship with the doctor is fundamental. We talk at least twice a week to update and to adjust therapy.

The first month of the diet is a tiring, difficult, and frustrating experience; but also it is the most gratifying. Above all, it shows you that you can do a lot for that child of yours, whose condition they all told you to resign yourself to.

If your child gets diabetes, the doctors treat him. If he hits his head the doctors treat him. If my autistic child has a ruined intestine, why can't they treat him?

P.S.: since Tato has been on this diet he has not needed antibiotics and now his nose breathes like a nose... and colds with catarrh have become a memory.

I read somewhere that some schools of thought state that homeopathic medicines work only if you believe they do, in that there is the placebo effect. For the past three months, my son has been using lots of homeopathic medicines for diarrhea, cough or colds. These homeopathic products really work. Does that mean that my son believes in them? Impressive for a child of three!

Another thought: the cost of the dietary supplements and the medicines is high even for a family who does not have economic problems.

If a mother can treat her diabetic child through the National Health Service, why can't I treat mine who is AUTISTIC?

USEFUL LINKS

www.Autism.com

www.ThoughtfulHouse.org

www.AutismOne.com

www.AutismDANEurope.com