

Staying Focused Managing Your Child's

Au**T**i**S**M **Problems**

By Daniel P. Hillis, DC

When you know something is not right with your child, and you've entered the diagnostic arena, get your diagnosis and get out soon. Get out of the diagnostic preoccupation game sooner than later. The traditional medical model would dictate the need for the ultimate and absolute diagnosis before anything at all could be done to actually begin the work of making improvements in the given situation. This does not have to be so. Take the diagnostics to a reasonable point and if you have the idea that your child falls somewhere on the autistic spectrum somewhere, do not get lost and lose time and energy that could be spent on assessing those parts of the puzzle about which something real and practical can be done. Many parents have wasted precious time while the young "impressionable", "malleable", "plastic" and potentially changeable brain and nervous system is allowed to "harden" it's wires into deeper neurologic distortion.

My admonition is to quickly and rationally identify the sub-sets of the physiologic functions gone wrong, and deal with as many of these as possible, all at the same time.

One needs to cast a wide net of investigation over the possible physiologic parameters gone wrong in order to help the child that has definitely diagnosed or suspected autistic spectrum disorder.

There is a relative window of opportunity in most cases that generally involves getting onto a course of "functional" investigations and treatments sooner rather than later in your developing child. The child has to develop strategies for survival and coping in a world that is coming thru to that child's brain in a rather distorted way. This forces the child to adapt strategies for relating to that environment as best as that child can adapt, under the distorted circumstances. If some of the distortions can be removed or improved upon, the child then has to adapt new strategies vs. the prior strategies that served him or her best previously. A trusted strategy now has to be surrendered to a new strategy. This process involves serious change. Change, by its very nature, whether for good or bad, is stressful to the already stressed nervous system. In short, get in there fast and furiously, (with both feet on the ground, nothing rash and crazy to be going on) and seize the earliest time to avoid the "hardening" of the plasticity of the brain and nervous system that you do have on your side. It's only so plastic, although so plastic that hope is usually on your side and cautious optimism is very appropriate.

Once you pass the initial diagnostic phase, the "official pronouncement", of the diagnosis or presumed diagnosis of autistic spectrum disorder, then you are first facing the functional diagnostics of finding out what's really wrong with your child, behind the label. You want investigation, testing, and

treatment of your child, not your child's new medical label, as if there is an aspirin available for the simple headache with predictable relief. Quite to the contrary, as most of those reading this already know, it seems like a lot less certain and known, than known and predictable. But, there are a variety of sources available now for a variety of types of help.

I will present here an initial list of tests and treatments that should be considered for your child. This is not an all-inclusive list at all, but meant to call attention to innovative methods that should not be overlooked. Fortunately, functional health investigations (also known as "functional medicine") have made headway into more and more treatment networks for autistic spectrum children.

An initial checklist would include a neurotransmitter assay. This ordinarily involves a morning urine sample that is sent to a lab specializing in measuring neurotransmitters, such as NeuroScience Labs founded by Gottfried Kellerman, PhD. Dr. Kellerman is a brilliant and concerned biochemist of many years experience, specializing in neuroscience and neurotransmitter evaluations, and who lectures to doctors all around the nation on this topic. Measurements of neuroexcitatory neurotransmitters such as glutamate, epinephrine, norepinephrine, dopamine, PEA, histamine and others, as well as measurement of inhibitory neurotransmitters such as GABA, serotonin, taurine, and others, have provided invaluable information to guide doctors with the use of non-pharmaceutical amino acids in balancing neurotransmitters safely and efficiently. The whole area of neurotransmitter testing and amino acid therapy should be considered an essential component of a comprehensive approach to helping the child caught in the autistic spectrum problem.

The whole area of identification of food and environmental substance allergy, hidden allergy, and intolerances should be welcomed as a potential source of high yield information for helping your child. Food and inhalant panels for IgE (atopic, or short term reactants), IgG panels for foods and environmentals (delayed reaction antibody responses) and food and environmental substance intolerance panels (measuring the degree of white blood cell damage in the presence of various dietary and food additives and household chemical exposure) should be considered a mainstay in this area of evaluation. Dr. Russel Jaffee, MD, PhD, of NIH research fame, recently made his sophisticated food and environmental sensitivity testing available again. He is the developer of this "LRA by ELISA-ACT" method of testing. All these tests involve a single blood draw that is used to react with hundreds of possible offending substances, according to what is ordered. Testing options include foods, food additives, household chemicals, chlorine and fluoride, spices, trees, pets, molds, and others including antibiotics and other prescription medications to be tested for sensitivity. The panels are modified as logic and financial expenditure are considered.

Another test often comes into consideration when there are many allergies or sensitivities or simply when an overview of the condition identifies gastrointestinal involvements that the practitioner chooses not to ignore as presumed unrelated, until investigated. Practitioners who are not acutely aware of the "gut-brain connection" may, not consider some symptoms such as chronic bloating or excessive gas, worthy of further evaluation. There are many interactions that go on in the intestinal tract that influence the brain and central nervous system function. An interesting point of information that helps illuminate gut-brain interrelatedness would be the fact that approximately 94% of the serotonin driven nerve pathways are in the gastrointestinal tract and only 4% in the brain. This seems opposite of what many would intuitively think but remains an interesting fact.

Investigation of the intestinal health picture with a Comprehensive Digestive Stool Analysis, as is available through Genova Labs and Doctor's Data Labs, can be a very productive lab test in providing information regarding function gone wrong in the intestine that can be directly insulting to the immune and nervous system functions.

The Comprehensive Digestive Stool Analysis provides upwards of at least 50 tests of function covering a wide are of enzymatic, microbiologic and immune markers. It is probably the most clinically efficacious way of determining whether there actually is an overgrowth of yeast/candida species by scientific culture and sensitivity testing as well as direct microscopic evaluations. In this manner, unnecessary speculation regarding yeast issues can be turned into an objective laboratory question. The experienced clinician knows how to logically resolve the often belabored "yeast question" into a factual yes or no matter with sensitivity testing to guide rational treatment when indicated. Other tests of "commensal" bacterial overgrowth, leading to "dysbiosis" that may adversely affect function can be tested and likely corrected. Measurement of pro-biotic bacteria by direct culture and measurement is performed and is often an issue where there has been past antibiotic exposure of significance. When these problems are found they should be treated and not left unattended.

In this limited checklist of important evaluations, lastly, but possibly most important, and least often pursued is the "structural-functional" examination of the cranium for "cranial distortion patterns" by a doctor trained in craniopathic analysis and treatment. This field is generally limited to doctors trained in "craniopathy" or "cranial manipulation" from training backgrounds in Sacro Occipital Technique, post-doctoral training programs in "Cranial Technique", or from appropriately trained practitioners in Applied Kinesiology post doctoral programs, or by a similarly trained cranial osteopath.

The purpose of this form of cranial evaluation and treatment is to provide for normalization of the structural influences on proper cerebrospinal fluid flow by specific corrections of the cranial mechanisms that allow for normal living motion in the mechanisms that propel the nutritive and electrolyte properties of the cerebrospinal fluid to bathe all of the central nervous system. This helps improve and restore the natural rhythmic and pulsatile movement of the brain and cord structures that pump fluid up and down through the brain. Disorders here can block the ability of your child to fully process other informational training and corrections being used.

Other tests and investigations and considerations for a simple blood test of red blood cells for heavy metal content which may be a useful first screen for mercury and related issues to help weigh relevance in a given case.

The organic acids profile has been described by the famous Sidney Baker, MD, Yale Child Study Pediatrician, as a urine test that can be likened to examining your automobile exhaust to see how the engine is working. There are over forty metabolites of major fundamental metabolic pathways in the body that are measured to see if looking "backwards through the biochemical systems, if we can see something gone wrong in a fundamental area of human biochemical performance, that would likely go unnoticed otherwise. As a non-invasive comprehensive urine study, it's an invaluable tool in a complete investigation.

It is hoped that this partial checklist for the functional evaluation and care of a child with suspected autistic spectrum disorder serves as a worthy primer and inspires parents to mobilize and work hard to continue to be faithful to providing the very best possible care for their children.

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