

The ANDI News

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ANDI

**Autism Network for
Dietary Intervention**

The ANDI Mission:

To help parents understand, implement and maintain a gluten and casein-free diet for their autistic children.

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Looking for
some new
**gluten and
casein free
recipes?**

www.gfcfrecipes.com
has over 100 recipes, many
with pictures.

Letter From the Editors

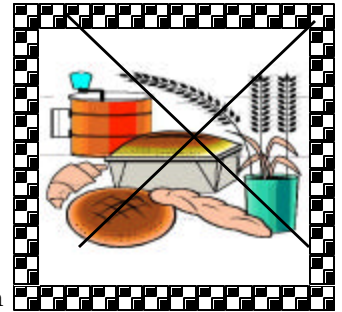
We know how important the GF/CF diet has been for so many children, and we know that some of them who improve on the diet still have a long way to go. Autism, like onions (and ogres) has many layers. Opiate peptides from dairy and gluten may be just one of the types of damage that needs to be peeled away.

For years, parents have learned to implement variations on the GF/CF diet based on their children's needs. In addition to a strict avoidance of dairy and gluten, some parents reduce or remove sugars, phenols, salicylates, yeast, and foods like soy or corn. Some parents rotate foods, and many use supplements or enzymes along with the diet. In our last issue of *The ANDI News* we mentioned the Specific Carbohydrate Diet (SCD). Because this diet addresses yeast and bacterial issues in the gut by eliminating sugars and starches, it appears to be very promising for some children for whom GF/CF is not enough. (For more info on this, visit www.autismndi.com/SCD.htm)

Although healing a damaged gut is key for many of our kids, there is no cookie-cutter approach to autism, so we encourage parents to look into all new treatments and evaluate them as potentially applicable to their children. We also advise common sense. Time and time again we learn of a new intervention that helps some autistic spectrum children, and their parents (and some professionals!) immediately decide that it is "the answer" for *all* ASD kids. SCD and similar approaches to healing the GI tract have turned out to be very important for some percentage of this population, but may be unnecessarily restrictive for others. It is up to you to decide what is best for your child, and to keep on peeling away the layers until you get to the core of the problem.

In this issue, look for information about the SCD and other "Advanced Dietary Interventions," and read about our SCD study which got underway last month (see page 7). Karyn will report on the results in our next issue.

—Lisa & Karyn



It's that time again...

This is the last issue of the 2003 ANDI News!

We know that you will not want to miss a single issue, so we hope that you will take a minute to re-subscribe now. Once again, we are offering an electronic version by email for only \$20. A great deal for our overseas readers! For those who still like to receive the paper copy, the price remains \$24.

As always, you can subscribe by sending in a check with your order form, subscribe online at www.AutismNDI.com, or subscribe or order products over the phone. Simply call 609-737-8985 with your order and credit card information.

Please take the time to subscribe today. We depend on your subscriptions to continue researching and sharing information.

Feeding the Self-Limiting Child by Susan Wallitsch

Whether switching to GF/CF, SCD or any new dietary intervention, parents are often faced with children who simply refuse to eat. Autistic Spectrum Kids are notoriously fussy, often limiting their food choices to under five foods even *before* any dietary intervention is implemented! I think we are all biologically compelled to feed our children, which makes it extremely difficult to continue to offer foods that a child refuses to eat. It is also heart-rending at times, to steadfastly withhold food which we know our child wants. These factors alone are probably responsible for most failures to give dietary interventions a sufficient trial.

I speak from experience, because I too have a child who refused many new food items. Fortunately we worked with Toni Haman, a wonderful behavioral specialist. Toni convinced us that forcing a reluctant child to eat will make the avoidance problem worse. She devised a method to introduce a new food very gradually, and it worked very well for my family. The process involves a very slow acclimation to the food in distinct stages. The steps are:

1. The food is present in the room with the child for a short time.
2. The child is shown the food (nothing else is asked of the child).
3. The child is asked to touch the food (nothing else).
4. The child is asked to pick up the food.
5. The child is asked to hold the food near his mouth.
6. The child is asked to hold the food near his mouth and touch it with his tongue.
7. The child is asked to put the food in his mouth and then allowed to spit it out immediately. The child should have the food in his mouth for 10 to 20 trials at this step. The child will either begin to tolerate eating the food or if the child continues to spit the food out, the food is probably really aversive to the child and a new food should be started.

Do the steps in order and only one at a time. Stay with each step until your child is comfortable with it and tolerates it well. Only then move to the next step. Each step may take several days. Each time you present the step and your child complies, provide lots of rewards (hugs, tickles, even a small amount of a permitted food, whatever your child loves) and praise.

Use gentle prompting, but never force a child with the food introduction program. Do the step you are working on 3 to 6 times over the course of a day, but never all in a row. Work on one food at a time. For example, if you are introducing steak, cook a portion and cut it into small, bite sized pieces. Freeze the cut up steak and thaw only the amount you need for the program that day. This way you are not cooking (and wasting) a lot of food. This program is much easier if your child is able to do non-verbal imitation.

Another tip for introducing a food like meat is to make it very flavorful and soft to chew. My son first ate stews and roasts prepared in the crock pot because they were so tender and moist. His favorite is roast beef. There are many recipes online and in various cookbooks.

My son *was* a very limited eater. With lots of experimenting to find his favorite flavors and textures we were able to expand his diet remarkably. He now loves to hang out in the kitchen with me and we are going to start to teach him to cook as part of his home program. It may seem impossible now, but keep with it and you will be rewarded with a child who eats well.

Susan Wallitsch has extensive experience counseling other families about autism interventions, and is generously serving as one of the moderators of our SCD study group's support list (see page 7).

Important Message to our Readers: One thing that has been pointed out again and again at the DAN! Conferences is that the GF/CF diet is beneficial for removing certain foods that are contributing to autistic behaviors, but that it is also important to make sure that the rest of the diet is low in sugars, chemicals, and junk food, and that your child doesn't continue to select only starchy foods after the diet has been established. As the SCD-ers will gladly tell you, a carbohydrate-based or starch-based diet can do a lot of harm in those kids who are prone to yeast and bacteria. And early results from gastroenterologist Dr. Timothy Buie at Harvard/Mass General indicate that many of our kids have serious deficiencies in carbohydrate digestion, which can lead to malabsorption and other GI problems. Stay tuned for more about his findings in the next issue of the *ANDI News*.



A Mother's story by Leslie Kohler

When my son Tommy was diagnosed with autism, I dove headfirst into any therapy that I thought might bring back our lost little boy. We went GF/CF the day that he was diagnosed (which eliminated his chronic diarrhea and tantrums). I also signed up for NAET (Nambrudipod's Allergy Elimination Technique) with a chiropractor who specializes in "curing the food allergies found in the autistic child."

I had read testimonies on the Internet that this could eliminate any future need for the GF/CF diet. I was looking for someone to tell me, "I will cure your child." When I heard those words from the chiropractor, I agreed to pay for the treatments even if they were not covered by my insurance.

I am willing to give "new age" medicine a fair shake; we all know conventional medicine has had little to offer children with autism. I was also suspicious of allopathic medicine since I was sure that vaccines had sent my son spiraling into the autism abyss.

At our first appointment, the chiropractor explained how Circadian Rhythms and physical energy work. Since Tommy was only 2 years old, I would do the therapy while Tommy held my hand. This, I was told, would allow the "energy" of the healing to pass through me and into him.

The therapy consisted of lying on a table and holding a variety of small vials with clear liquids in them. Each supposedly contains a different allergen. I held a vial in my left hand and then held my son's hand while I raised my right arm straight up to the sky. The chiropractor pressed down on my wrist. If my arm lowered to her resistance than my son was allergic to that item, and if I could hold my arm up in the air then he was not allergic. She told me that there is a whole order to eliminating the allergens that they must be cleared in a specific order.

The first one was egg. I lay on the table with the egg vial in my left hand, my right hand holding Tommy's. The chiropractor used a metal tool to 'click' several times down my spine, "reprogramming my brain," telling it that I am not allergic to this item anymore, and that this energy will pass through me into my son.

My son stood at my head screaming for dear life, as he hates to be restrained. After clicking down my back I had to put the vial in my son's sock and wait thirty minutes. While I waited, I tried to ignore my screaming child and read testimonials posted on the walls. Each one mentioned that their child cried and became frantic when they were near the doctor or restrained for the procedure and then upon leaving, became very calm and slept on the car ride home. I thought to myself, "This isn't magic, it is simple exhaustion!"

I was instructed that Tommy could not eat or be within 10 feet of an egg or anything containing eggs for 24 hours. I followed her instructions, removing all eggs and foods containing eggs from the house before taking Tommy out of the car.

Tommy and I returned for our next treatments. The first consultation had cost \$160 and every follow up treatment an additional \$60. We treated wheat, dairy, corn, eggs, soy, nuts, pollen, sugar, bananas, dust, mold, citrus, preservatives and television radiation before I finally called a "time out." After a month of going back every 3 days, my bill had quickly reached the \$1,000 mark.

At the same time, my husband and I were scraping and saving to pay for ABA therapy, special foods for the GF/CF diet and specialist doctor's appointments and vitamins. When I received the bill from the chiropractor stating that nothing had been covered by insurance and we owed \$1,000 immediately, I felt angry and abused. To top it off, my son still showed allergic symptoms to all of the foods we had supposedly treated!

I approached the chiropractor with these facts and she stated that sometimes allergies are not eliminated if you don't follow the long list of eliminations that need to be done in order...even if your child is not showing allergy to them. To me that long list meant a \$60.00 payment to her for each item that she clicked on my back for, whether Tommy was allergic to them or not! I began wondering why she needed a degree to do this...it seemed like my husband and I could have held the vials and clicked on each other's backs at home! I was ashamed to admit to others that we had tried this "voodoo" and spent so much of our valuable money on it. I had the feeling that these "NAET" chiropractors were trying to jump on the "autism money-making bandwagon," bilking thousands of desperate and frightened parents out of hundreds of dollars.

I scraped together the money, paid the bill and vowed to warn every other parent out there that there is just no substitute for the GF/CF diet...no matter what anyone else may tell you!

Since writing this, Leslie's son has had a remarkable and dramatic response to chelation and to methylcobalamin injections. At long last, Tommy is talking! Leslie was almost ready to give up on the DAN! doctor who prescribed these treatments, feeling that they too were unsupportable. Fortunately, they turned out to be key for Tommy. We know that some of you have reported positive results with NAET. Our recommendation: stick with the GF/CF diet if it seems to be working, and keep searching until you find what else works best for you. And never forget that you know your child better than any doctor. --eds

Balancing Treatments by John Hicks, MD, Sonja Hintz, RN, & Betsy Prohaska

In the years that we have been treating parents of children with autism spectrum disorders, we have observed that some biomedical treatments create improvement in one area, while creating stress on another. Take DMSA. It's a wonderfully effective chelator, but its use can also lead to excessive yeast and create stress on the liver.

The Specific Carbohydrate Diet is currently a "hot topic" in the autism world because it has led to great improvements in some children. As with many other interventions, we have also observed that it has its pitfalls.

Approximately 85% of our patients at Pathways Medical Advocates follow a gluten and casein-free diet. We stress the importance of protein and vegetables, and recommend limiting certain carbohydrates, particularly potatoes, corn and soy. We have had great success with this protocol, but we are always interested in ways to fine-tune it for individual children. Recently we have seen some patients who have chosen to follow the SCD.

The increase in protein and reduction of carbohydrates can be extremely beneficial for wiping away bacteria, protozoa and yeast, but a strict diet of this type can create other issues. Some of our SCD patients are showing an increased BUN (Blood Urea Nitrogen) and a decreased creatinine clearance; these indicate kidney stress and dysfunction. According to *Mosby's Manual of Diagnostic and Laboratory Tests*, these results indicate that excessive protein catabolism and starvation factors are taking place. "As protein is broken down to amino acids at an accelerated rate, urea is formed at a higher rate and BUN accumulates." When large quantities of protein are broken down to amino acids, much of that must be excreted.

The younger the person, the lower the filtration rate of protein. This filtration requires fats to be present to excrete the protein. Without fat, the protein builds and causes kidney damage. Simply put, young people need fats to be able to excrete protein: the greater the protein load, the more fat is required.

The removal of all disaccharides (complex sugars) and polysaccharides (starches) will result in improvements in children with a high parasitic load. However, many of these same benefits will be seen just with the removal of potatoes, corn, and soy. Potatoes feed parasites, and many of our families note behavioral improvements after they have chosen to eliminate corn; which may be related to the processing of branched chain amino acids due to blocked or inhibited enzyme activity. And soy is not only hard to digest, it is thought by some to produce peptides.

(Continued on page 6)

More DAN! Doctors Weigh In:

Jeff Bradstreet, MD: "At this time, all three providers at ICDRC have observed that in a significant number of cases, the SCD can help children with ASD, sometimes dramatically. There are several hypotheses one could develop from these findings.

1. High carbohydrates, secondary to relative ineffective digestion of starch, may fuel dysbiosis
2. Changing antigens might be beneficial in a non-specific way in an allergic gastroenteritis
3. Reducing carbohydrate intake might modulate or reduce inflammatory intermediaries

It would be nice to design a study that could tease out these details. However, for now the basic observations of our parents and clinicians is that SCD has helped where we have hit the wall with other dietary initiatives. For now, it is a valuable piece of the puzzle."

Author of *Children with Starving Brains*, Jaquelyn McCandless, MD: "After the enormous yeast problems many of my patients had during chelation, I learned that gut healing has to come first, or all of our other interventions were going to be of no avail.

Until I know more, I will continue to start children out on GF/CF/SF; test, observe, and get reports. If gains are not being made, or for any child who continues to have gut problems, I will ask the parents to investigate the SCD or other 'advanced' dietary regimes."

Adverse reactions experienced by her patients doing the SCD have alerted McCandless to the following concerns:

1. She cautions against the addition of dairy products for ASD patients at this time.
2. Although the SCD allows honey and fruit, these should not be used in patients with a history of yeast, fungal or bacterial infection.
3. All nut flours and nut butters must be avoided by anyone with a nut allergy.
4. All supplements indicated by biomedical testing should be continued, even if there are no "SCD legal" versions. Otherwise, health problems or regression might occur.
5. If adverse reactions do occur (such as seizures in a predisposed child), a physician should immediately do testing to determine if this is due to a food that has been added to or removed from the diet.

Jon Pangborn, PhD: "Please note that some nutritional supplements, especially probiotics, are not efficacious or viable without some included sugars, including disaccharides or polysaccharides, in relatively small amounts. Otherwise the probiotics will be 'dead on arrival,' and the bad bugs can take back their territory."

The Body Ecology Diet by Ginger Houston-Ludlam, with Donna Gates

The Body Ecology Diet (BED), developed by Donna Gates, has been used for over 10 years to address ulcerative colitis, Crohn's disease, and various autoimmune diseases. It has recently been used experimentally in the autism community, with exciting results. The first group of children has shown rapid and remarkable improvement.

The BED theory holds that environmental toxins, undetected infections, weak endocrine organs, blocked detoxification pathways, congested livers, and weak immune systems resulting from the lack of an "inner ecosystem," contribute to the complex disorder known as autism.

This inner ecosystem is a complex civilization of microflora that inhabit our intestines. It enables us to live amongst pathogenic viruses, bacteria and yeast. While most autism professionals know that there is often gut involvement, few understand the complexities of our inner ecosystems, and their potential healing power.

Microflora live symbiotically in the gut, assisting the immune system to fight off pathogens. They assist in digestion and produce essential vitamins. They help extract minerals from our food and to make them bio-available. They help the body detoxify environmental chemicals such as pesticides and heavy metals.

Infants are born with a permeable or "leaky" gut, which allows the passage of vital nutrients and antibodies from the mother's colostrum and breast milk. As these nutrients enter the baby's bloodstream, he is "inoculated" against potential pathogens in his immediate environment.

Essential sugars that feed the microflora and create a layer of mucus on the gut walls are also passed to the baby at this time. The microflora *must* have this layer of mucus or it will not colonize. The gut wall closes after approximately six hours, and the unseen process of establishing the inner ecosystem continues rapidly in the warm, moist environment of the baby's intestines. Thus, according to Donna Gates, an ideal ecosystem is established shortly after birth. Since approximately 85% of the immune system is located in the gut, the microflora are an integral part of keeping the gut healthy and the immune system strong.

She believes that autism begins with an insult to the GI system in the early stages of the disorder. The wounded gut is unable to perform its job as the first line of defense for the immune system. While permeable and infected, it cannot confine undigested nutrients within the gut wall (leading to allergic reactions), and cannot properly produce digestive enzymes or absorb nutrients. This leads to nutritional deficiency and biochemical disturbances in the brain (which is intimately linked to the enteric nervous system, or "second brain" in our gut). If the brain in our GI system is infected, the one in our head is affected too.

So we must begin by healing the gut.

With a profound respect for nature, the BED tries to copy her method as closely as possible. A probiotic supplement alone cannot establish a healthy inner ecosystem in a child's wounded gut. However, Gates believes that one can re-create ideal conditions, using potent fermented foods and beverages and a systematic step-by-step process.

The BED uses two foods to create a basis in which the microflora can colonize: a special fermented coconut "kefir," and raw butter. Although butter contains about 1-2% casein, we have not been able to find a more effective medium in which the IES can be established. We do not recommend that GF/CF children use dairy products, but in the 30 that we have treated so far, there have not been any problems with the butter *if* it is introduced 4-7 days after the kefir.

The BED also uses large amounts of land and ocean vegetables, four high-protein, gluten-free grains (quinoa, amaranth, buckwheat and millet), animal protein, eggs, raw, fats, and mineral-rich celtic sea salt and herbs for seasoning. The foods on the BED incorporate traditional fermented foods, making meals flavorful and creative. It encourages cooking foods in a healthful way: it allows traditional french fries that are fried in coconut oil.

To improve digestion, one does not combine starches (grains and starchy vegetables) with proteins (meats, chicken, fish, eggs, nuts, seeds, beans). Initially most fruits are discouraged; their sugars can feed the pathogens in the intestines.

After reestablishing the inner ecosystem, healing the gut, and feeding the body whole, undenatured, medicinal and fermented foods, it should begin to detoxify. As detoxification pathways open, and essential nutrients can get through the mucosal lining to feed the brain, thyroid and adrenals, detoxification and healing begin.

Early experience with ASD children so far has been that they come out of their mental "fog" around ten days after introducing the coconut kefir and raw butter. There is often a dumping of toxins into the bowels, evidenced by "mothball-like, stinking stools," after which parents see a huge improvement in overall function.

The BED celebrates the uniqueness of each child. What works for one child may not for the next, but establishing the inner ecosystem and healing the gut is a basic for many ASD children, and for their family members.

For more information read The Body Ecology Diet by Donna Gates. Additional information, including some products she has put together for implementing this diet, can be found on www.bodyecologydiet.com. On the website, there is a bulletin board where you can interact with mothers of children with autism who are implementing the BED.



The ANDI Mailbag

Dear ANDI:

I got my ANDI newsletter today and was glad to see the information on the Specific Carbohydrate Diet. Douglas began the diet on July 4th and has done very well. I feel like we are seeing what so many others saw on strictly GF/CF. I have kept him casein free although I know others have tested their limits with the dairy. What has been so wonderful for us is that I had taken away eggs, etc., for fear of sensitivity but now realize that the rice and potatoes (grains) were the problem. Baking with eggs is much better! I was also able to reintroduce organic, sugar-free peanut butter. For Douglas, this allowed us to broaden his diet since we had taken away so many things looking for the sensitivity!

His eyes have not been dilated for 2 months. His reading level has increased at least half a year. He has had one tantrum. The diarrhea has stopped—no more loose stools! Dr. Layton said that he is very cautious when deciding which children to put on the SCD, but with Douglas' many sensitivities, he thought it was worth a try. All of our friends and family have noticed the change. My one-to-two word communicator is starting to use 4 -5 word phrases. He is finally gaining weight and filling out. He no longer looks possessed by a tapeworm!

Douglas still eats bacon. I alternate bread loaves of almond meal and pecan/walnut meal, which help with essential fatty acids. He also eats "fries" made out of butternut squash. I can hide broccoli and other chopped veggies in the pecan bread since it is so dark. Kirkman's calcium powder and the eggs provide much-needed protein. He loves the peanut butter cookies in Elaine's book. Instead of stir-frying chicken nuggets, he will eat his chicken baked now -- but cut to nugget size. I have a LONG way to go to learn tricks to broaden his diet, but for Douglas, this has been a wonderful discovery! I am so relieved to see that ANDI is open to the SCD as an alternative or next step for some of the kids.

Christie Atkins

Douglas continues to improve, and Christie has been recruited as one of the moderators on our SCD study list. —eds

Dear ANDI:

I began to notice Patrick's symptoms well before I was able to get the diagnosis, and I spent countless hours on the internet. I was already familiar with the diet when Patrick was officially diagnosed with autism on Aug. 6th, 2003. He went GF/CF that very day. By the end of August there were already so many improvements. Patrick now smiles, hugs, kisses, interacts with his brothers and me (still a bit shy with adult strangers), plays peek-a-boo, holds books and will turn them right side up if wrong, plays ball by throwing the ball back and forth with us, brushes his teeth, plays hide and seek, goes down slides, will retrieve a handful of familiar objects when asked to do so, runs without falling, climbs stairs, can do simple puzzles with minimal guidance, puts shapes through their appropriate holes with minimal help, babbles much more, and can say a handful of words which he still uses sporadically like - Mama, "tubru" (toothbrush), "wawa" (pacifier), ball, tiger, "bl" (blocks), go, bye.

He can wave bye-bye which he hadn't done in a year, knows some body parts and can point to them on me, loves to be read to, and to snuggle and can "slap us five" when we ask him to. His diarrhea is gone. This is just a small list. He adores his older brother now, wants him to hold him a lot, and his 3 year old brother searches for him to play, which he hadn't done in months. Thank you so much for sharing your knowledge with all of us.

(Continued from page 4)

Another issue we have come across is that many children have developed IgG sensitivities to several foods due to maldigestion, malabsorption and GI-immune issues. So as healthy as nuts, beans, and eggs are to children on a restricted diet, many simply cannot tolerate them, even with the aid of digestive enzymes. This is why alternative grains and grass that are high in protein such as amaranth, quinoa, brown rice and Montina can help children feel full while still keeping protein levels up.

Based on our experience at Pathways, while the SCD may have been proven some for adults, we are cautious about recommending it for children. Certain children have had excellent results from it, but we think there are also risks involved.

Pathways Medical Advocates have offices in Wisconsin, Illinois, Michigan, Georgia and Florida. They can be reached through their website: www.pathwaysmed.com

Recipes

Easy Caramelized Carrots

Looking for a way to get your kids to try some vegetables? Carrots may be the easiest to sell, because they are pretty and best of all, they taste sweet. In this version, the natural sweetness of the veggies comes through to make a shiny "glaze" on the carrots. This recipe works well with frozen carrots but if your market carries fresh baby carrots, those of course are even nicer.



In a saucepan, combine:

4-6 cups frozen baby carrots
 1/4 cup olive oil
 1/4 tsp salt
 1/4 tsp dill
 dash of garlic powder

Cook uncovered at medium to high heat, stirring frequently, until carrots are cooked through, and very tender, but not mushy.

For picky kids, arrange in a sunflower design on the plate and serve with toothpicks.



Cutting out starches? Need something to replace potatoes?

For our kids, losing fries may be the hardest thing to accept about a reduced or carb-free regimen. What to do? Cut butternut squash into french fry shapes and fry them in oil as you would potatoes. Salt and serve! For mashed potato lovers, try putting some well-cooked cauliflower into the blender with a little salt, margarine, and chicken broth. Blend until smooth and serve hot.



The ANDI SCD Study is a small, non-funded, informal study, but it should yield some useful information about the kinds of improvements seen on the Specific Carbohydrate Diet, and by whom.

We have implemented a strictly compliant SCD that is dairy-free (SCD is naturally GF). Compliance rates will be self-reported at the end of the study and included in the results. There are 30 in the study group and 30 in the control group. Criteria for all: Have been GF/CF for at least 3 months. Must have either chronic GI problems or chronic yeast/bacteria problems and their parents must be interested in researching and implementing the SCD. The study group has started the diet, and is staying on it for at least 2 months. The control group is considering starting the diet, but will not begin it in the next 2 months. All are remaining strictly GF/CF. All will be continuing supplements and other treatments. The study group is receiving online support at a special private listserv. On our special ATEC site, we have collected baseline ATECs on all study members, to be re-done in 2 months. There may be follow-up studies at that time. If you are interested in participating in a follow-up study, please send an email to ginger@fron-tech.com.

If you are already using the GF/CF diet and decide to begin the SCD, BED, or another approach, please go to our special evaluation site (www.ANDI-ATEC.com) to fill out a baseline ATEC for your child. You will be reminded to re-do that form after two months, and this will help you quantify any changes and provide us with some valuable information. You may also want to join our new online discussion group at <http://health.groups.yahoo.com/group/ANDI-ADI>, where all "Advanced Dietary Interventions" will be discussed by parents and practitioners.



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Books, Bars and Publications

BOOKS

- ***Special Diets for Special Kids*** by Lisa S. Lewis, Ph.D. A comprehensive book packed with information and recipes. **The must-have resource** for anyone using the gluten-free, dairy-free diet. *Future Horizons*. **\$29.95 [s&h +\$1.50]**
- ***Special Diets for Special Kids Two*** by Lisa S. Lewis, Ph.D. This sequel has over 175 new and delicious recipes, with an emphasis on easy-to-prepare meals. Another winner! *Future Horizons*. **\$29.95. [s&h +\$2.00]**
- ***Unraveling the Mystery of Autism and PDD: A Mother's Story of Research and Recovery***, by Karyn Seroussi. Story of autism research & the interventions which led to a son's recovery. *Soft cover, Simon & Schuster*. **\$12.95 [s&h +\$1.00]**

Booklets: \$4 each or any 3 for \$10:

- *Frequently Asked Questions about Dietary Intervention for the Treatment of Autism* by Karyn Seroussi.
- *Cooking With Poha* by Lisa S. Lewis. 10 recipes that for this "oatmeal-like" flaked-rice product.
- *Gluten-Free Cookie Magic* by Lisa S. Lewis. 15 cookie recipes; lots of info, and instructions for reducing sugar.
- *The Gluten & Casein Free Kitchen* by Lisa S. Lewis & Karyn Seroussi
[s&h: \$.025 each or \$0.50 for 3-pack]

ANDI BARS!

- ***Tahini Chocolate ANDI Bars***. **A delicious new GF/CF snack bar**. Fortified with vitamins, minerals, and flax seeds. Free of soy, corn, nuts, GMOs, artificial preservatives, flavorings, colors. High in protein and only 13 grams of sugar! *May contain trace of nuts*. **\$1.99 each or 15 for \$27.75 [s&h +.20 each for single bars; + \$2.00 for case]**
- ***Blueberry Breakfast ANDI Bars***. **Another delicious GF/CF snack bar**. The same nutrients as the Tahini Chocolate Bar. Contains almonds. **\$1.99 each/ 15 for \$27.75 [s&h +.20 each for single bars; + \$2.00 for case]**
- ***Vanilla Shake ANDI Bars***. **A winner!** Made with Vance's DariFree™, each 2 oz. bar contains half the day's calcium requirement! Contains almonds. **\$1.99 each/ 15 for \$27.75 [s&h +.20 each for single bars; + \$2.00 for case]**
- ***Chocolate Shake ANDI Bars***. **Yummy!** Made with Vance's DariFree™, each 2 oz. bar contains half the day's calcium requirement! Contains almonds. **\$1.99 each/ 15 for \$27.75 [s&h +.20 each for single bars; + \$2.00 for case]**
- ***PB & J ANDI Bars***. **Another winner!** The same nutrients as the Blueberry Breakfast Bar. Contains peanuts. **\$1.99 each/ 15 for \$27.75 [s&h +.20 each for single bars; + \$2.00 for case]**

- **WATCH OUR WEBSITE FOR A NEW, SCD-LEGAL FLAVOR, COMING SOON!**

Newsletters

The ANDI News is a quarterly newsletter for anyone using the dietary intervention for autistic spectrum and related disorders. Research news, conference summaries, new products, articles by parents and professionals and recipes. Lisa Lewis and Karyn Seroussi, editors.

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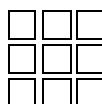
*Getting started on, and maintaining a
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I can help you overcome the difficulties and fears most parents face. As the mother of an autistic child who has been on the diet for six years, been treated for yeast overgrowth, and had chelation therapy, I can give you first-hand, practical information on how to do the diet, where to buy foods, and how to make foods your child will eat.

I'll explain how it's possible to eliminate the foods your child may like best, and why it's so important. I'll reassure you that your child won't starve, explain why kids sometimes get worse when they start the diet, and tell you *why that's a good sign*.

From the marketplace to the dinner table, I'll help you to avoid common mistakes that hinder progress. From explaining the mercury chelation therapy and the *DAN! Protocol* to teaching you how and where to shop, to helping you find appropriate medical treatment, I will make you a well-informed parent, which is what your child needs you to be.

Call me, **Nadine Gilder**, for a consultation in person or by telephone.



Autism Educational Services

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