

THE Testing Times ARE HERE

Following my report in the first issue of *The Autism File*, 'Testing Times Ahead', I can update you on the tests that have been completed on Billy, Toby and Bella. They have opened new avenues for us to follow in our quest to find answers to the problem of autism. Diagnostic testing is imperative if you want to learn about the shroud of problems affecting autistic children. As parents it will make you aware of your child's illness and state of health.

Autistic children need the help of their parents. You must do whatever you can, in any way possible, to give them a brighter future. You are their guiding light, their inspiration, their hope. They cannot fight this battle alone and neither can you!

I am going to take you through 'Billy's Story' – what we have done with diagnostic testing, the tests completed, where they were done, how much they cost, the results obtained, and what treatment protocols we have put in place since. We have already seen measurable benefits from this, even though it is only a month since we began his treatments.

However, before I start, I would like to express my personal thoughts on the background to the onset of autism and what may have caused it in the first place. This, I hope, will give you the basic understanding of why diagnostic testing is so very, very important!

I believe that autism, or 'the autism' that Billy has, is curable. We are all born with a genetic make-up inherited from our parents. This makes us what we are today. We have also inherited possible 'toxins' such as heavy metals, bacteria, allergies and viruses that will,

without us knowing, have a profound effect on our development.

Our children may also have inherited these 'toxins' as well as being exposed to other 'toxins' since birth.

These inherited 'toxins' can suppress a child's immune system before it takes its first breath. The growing foetus is reliant on the oxygen, nutrients and protective defences made available through its mother.

Once the child is born it cannot rely (especially if not breast fed) on the protective antibodies from its mother and is therefore open to the possibility of infection. If the child is born with a suppressed immune system due predominantly to an inherited toxic overload, then there will be immediate pressures placed upon the child's already suppressed immune system. Doctors, however, do not take

into consideration these possible toxins and as the child is perfectly 'normal', dish out platefuls of viruses even before the child has had its first drop of milk. TB can be given literally as soon as the child has time to gasp its first breath. (My youngest, Tobias, had it 2 hrs after he was born.) For what reason is it given so early? The child's disease control system is then put into overdrive, so much so, that even this early vaccination can open the door to infection and a disruption to its overall functioning.



Bella, Billy and Tobias

We are, as Chris Pick suggested in his article, 'Protocol for the treatment of Autism', becoming a weaker race immunologically speaking as we are constantly putting our immune systems down through inadequate nutrition, stress, environmental pollutants and viral immunisation. So, through generation to generation we are less able to protect ourselves.

When we read of the possible links of autism to viral and fungal overgrowth I *do not* believe this is the primary cause of autism. Autism is predisposed and these 'overgrowths' are secondary 'opportunistic' infections that are evident because they have been given a chance to colonise and reproduce due to the immune system being already compromised. I view these as further 'Secondary Toxins'. If your parents and grandparents have had cancer, arthritis, mental disorders, heart disease and allergies, to name

but a few, then the likelihood of you, your children and in the future your children's children suffering from the same or similar illnesses is higher – **fact**.

When these 'secondary opportunists' take hold then the whole body is thrown out of sync and its natural, homeostatic balance is in a totally chaotic state of operation. The gut will start to malfunction along with the immune system with reduced NK cells and elevated TH2 cells increasing the risk of allergic responses. This can then lead to brain disorders – **autism**.

If the gut is not functioning then the breakdown, absorption and utilisation of foodstuffs is thrown into a state of complete chaos. Proteins are fundamentally the most important of all digested foodstuffs along with essential fatty acids. They provide the building blocks for the body and if there is a deficiency in their digestion, absorption and utilisation we will see greater illnesses and disabilities within our children.

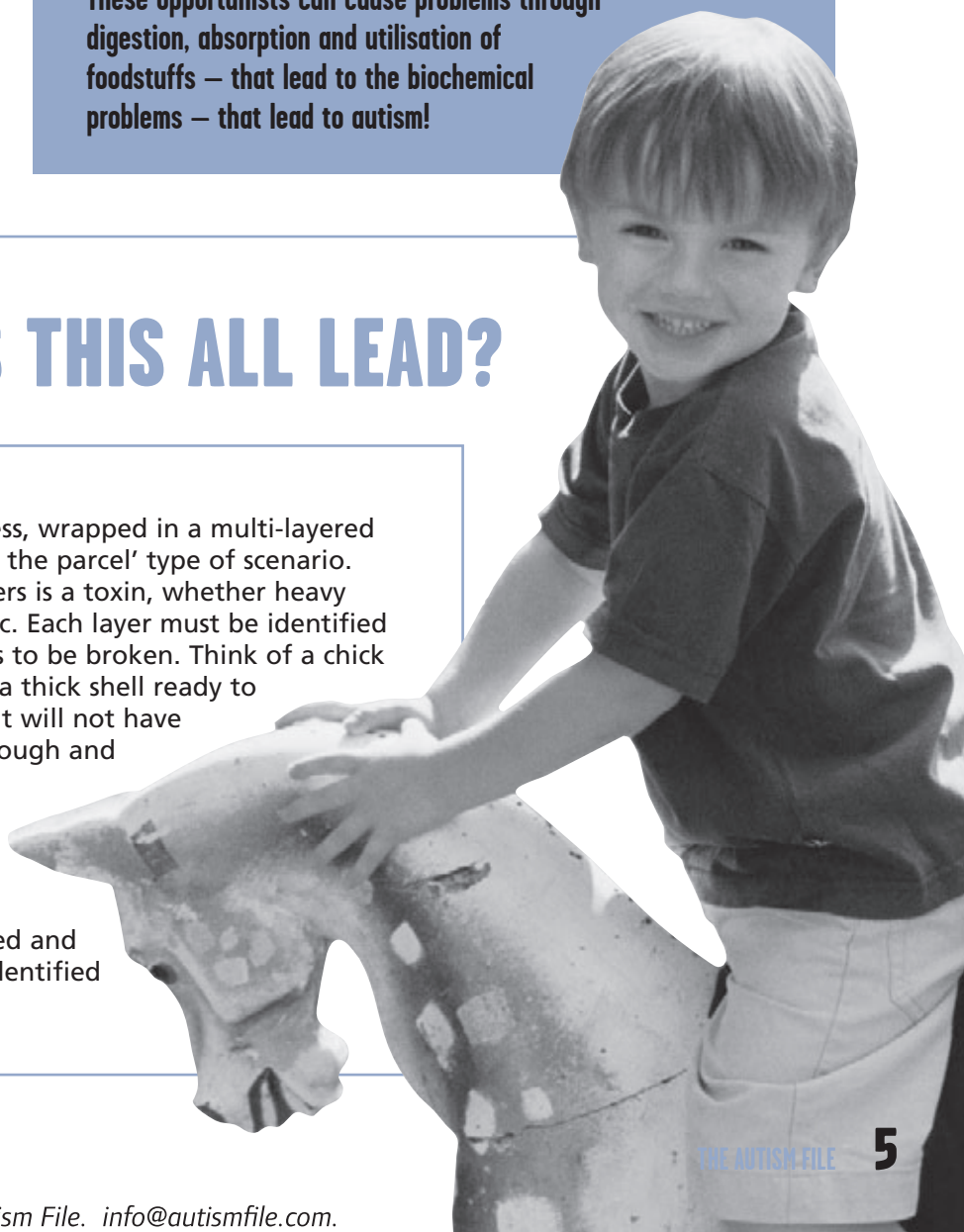
SO, TO ME, AUTISM IS DUE TO:

- An inherited toxic overload from one or both parents suppressing the immune system within the foetus and newborn.
- The newborn is further stressed through contemporary challenges from vaccination, environmental pollutants, stress and poorer nutrition including chemicals and heavy metal toxins found within foods.
- The gut and respiratory systems are the two major organs most open to infection as 'foreign bodies' enter the body primarily through the nose and mouth. It is easy for our GPs to identify respiratory tract infections such as bronchitis, glue ear, coughs, colds and catarrh and these are generally treated with antibiotics if there is a secondary bacterial infection. What they don't see is the poor gut which is overloaded and further weakened through antibiotics (as these kill off the beneficial gut flora). Disorders of the gut through infection can remain undetected for long periods of time before any visible symptoms appear. So these fungal, viral and possibly parasitic opportunists may take a firm hold and further suppress the immune system before one knows about it. These opportunists can cause problems through digestion, absorption and utilisation of foodstuffs – that lead to the biochemical problems – that lead to autism!

SO WHERE DOES THIS ALL LEAD?

Think of your child with an illness, wrapped in a multi-layered cover of toxins similar to a 'pass the parcel' type of scenario. Each of these multi-layered covers is a toxin, whether heavy metal, bacterial, viral or parasitic. Each layer must be identified and eradicated if this 'cocoon' is to be broken. Think of a chick ready to hatch; it is enclosed in a thick shell ready to get out. If the shell is too thick it will not have the strength to peck its way through and get out ... this is your child, diagnosed with 'autism' but not knowing or having the strength to break through this barrier.

These layers have to be identified and then treated. These layers are identified through **DIAGNOSTIC TESTING**.



WHERE DO YOU BEGIN? USE THE QUESTIONNAIRE

To date, all I can do is report on the steps we have taken with our son, Billy. There will be other tests, still to be completed, which could cast a greater light on his situation but I had to start somewhere. However you can make a start also. Enclosed in this magazine is a questionnaire to help you begin your detective work. It will help you identify the tests you will need to conduct. You will need support, guidance, interpretation and referral from your GP. If he/she won't help then find someone who will! *Once you have compiled the questionnaire and got all the data sheets and test results then please send me copies as I shall be compiling a list of results available for all researchers and doctors interested in research into autism with a view to expanding their knowledge and perception of the problem. Details of where to send the data you collect are on the questionnaire.*

HERE ARE THE STEPS I HAVE TAKEN WITH BILLY

1 LOOK AT YOUR FAMILY HISTORY

Use the questionnaire to identify any illnesses, health problems, ailments, allergies etc that your parents and grandparents suffered from and possibly died from need to be noted. This will give insight into the possible 'inherited toxins' that have been passed down through your family from generation to generation.

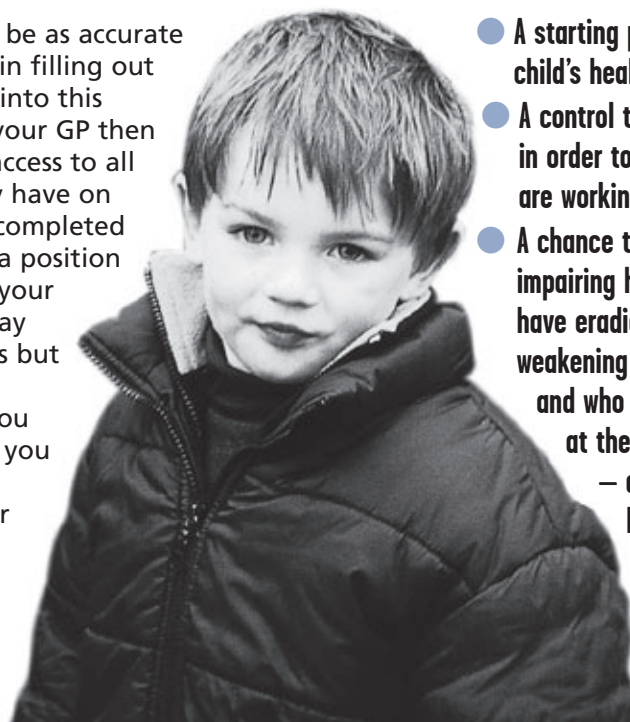
2 LOOK AT YOURSELF

Use the questionnaire to review the illnesses from which you have suffered from childhood to the present. What vaccines did you receive and do you suffer from the same disorders your parents or grandparents suffered?

3 LOOK AT YOUR CHILD

Use the questionnaire to build a picture of your child's past and present medical/health profile from conception to the present. Note everything, including results of former tests, medical treatments, viral/bacterial infections, allergies and such like.

You owe it to your child to be as accurate and as detailed as you can in filling out the questionnaire inserted into this issue. If it means going to your GP then remember you have legal access to all of the medical records they have on your child. Once you have completed steps 1, 2 and 3 you are in a position to complete some tests on your child. These tests may or may not show any abnormalities but I am listing the tests that I completed for Billy. Once you have *all of the results* then you can start discussing a treatment protocol for your child. The results obtained will give you:



- A starting point – a picture of what your child's health and functioning is now.
- A control to compare future results with in order to see if the treatments involved are working.
- A chance to see all of the layers that are impairing his/her development. Once you have eradicated each layer you will be weakening the shell that shrouds his/her and who knows what prize there will be at the centre of your 'pass the parcel' – a cure? If not, certainly a much healthier picture than which you first started.

OUR Diagnostic TESTING FOR BILLY

We have over the past five weeks conducted a number of tests on Billy using hair, blood, urine and stool samples with the hope of creating a greater awareness, appreciation and understanding of Billy's physiological state of health. There are other tests that I feel would benefit our understanding and will mention those possibilities later on in this article. I am putting all of the information and results obtained with laboratory comments along with my thoughts and feelings so I hope it will not be too confusing. I shall be listing his tests under the following headings:

- IMMUNOLOGY AND BLOOD PROFILE
- HAIR ANALYSIS
- URINE ANALYSIS
- ALLERGY TEST
- STOOL ANALYSIS

1 IMMUNOLOGY AND BLOOD PROFILE

It has been suggested that a number of children are harbouring possible viral, bacterial and toxic factors that will lead to suppressed and misdirected immune system activity. This is an area that is somewhat confusing to me and I shall be seeking advice and guidance from a paediatric immunologist to help me look in the near future at his immune responses to such influences.

We looked at *viral antibody screen* for:

- Influenza 'A and B'
- Measles
- Mumps
- Adenovirus
- Cytomegalovirus
- Herpes
- Psittacosis/LGV
- Mycoplasma pneumonia
- Coxiella bur
- Coxsachie virus
- Echovirus and Epstein Barr

THE RESULTS SO FAR ...

VIRAL ANTIBODY SCREEN

All results were negative apart from a finding of a recent acute infection from the Epstein Barr virus (glandular fever) which showed up positively to one of these antigens. This could indicate a suppressed immune system. I shall be conducting tests for streptococcus and chicken pox as he has had both viral strains and may show antibodies to these if still active.

ENDOCRINOLOGY

IgG allergy screen for casein and gluten.

Comments: These results observed are in favour of an immune reaction against these allergens, but no normal values have ever been determined. These results may be considered as an argument in favour of a food sensitisation in case of clinical food intolerance. (This confirmed that the allergy tests we had done were accurate ... I shall mention those a little later on.)

BIOCHEMISTRY

This looks predominantly at liver function and how stressed it may be. The results show Billy was extremely high in alkaline phosphatase with a measured value of 217 IU/L against the normal range of 30–95, and asparate transferase with a value of 52 IU/L against a range of 10–35. This indicates a stressed liver. I am looking further into this at the moment.

TESTS STILL TO BE COMPLETED

LYMPHOCYTE IMMUNOPHENOTYPE

The laboratory was not able to complete this test due to a technical problem, so we shall have to re-run it. I shall ask for the following to be observed:

- 1 Natural Killer cells
- 2 T cells
- 3 B cells
- 4 Total immunoglobulin for IgA, IgE, IgG 1, IgG 2, IgG 3, IgG 4

BIOCHEMISTRY

Mercury (showed negative exposure). I shall be conducting other biochemistry tests for aluminium, zinc, manganese and magnesium.

BLOOD COUNT

All normal. I am awaiting blood test results from Dr Singh in the USA to see if there are antibodies present to myelin protein.

PSIONIC HAIR ANALYSIS
2

A small sample of hair was sent for psionic analysis, in order to ascertain the 'toxic' factors that are present. Hair is an accurate replicator of the body's state of health and through observation of its DNA structure can show imbalances and toxicity within the individual.

RESULTS

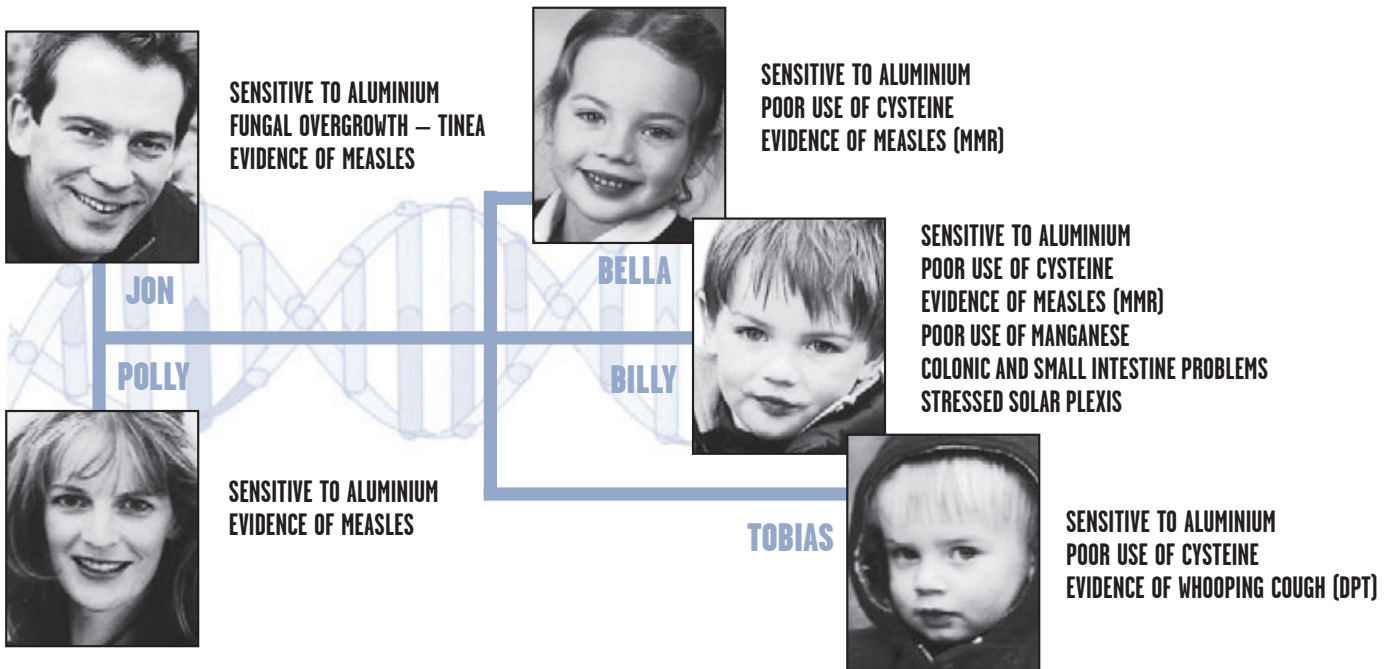
We found that Billy has inherited 'toxins' linked to 'dormant' viruses such as Epstein Barr (glandular fever). There were also acquired 'toxins' relating to previous measles (vaccine) and to streptococcal infection. The other toxin present was aluminium which was classified as an inherited toxin. It was also found that Billy was not making effective use of cysteine or manganese and utilisation of essential fatty acids. It was also noted that aluminium or one of the inherited viruses, was affecting his digestive tract, notably colon and small intestine and also his solar plexus (which affects mental/emotional make up). All of this was very interesting and I was curious to look into these 'toxic' factors. In brief I will make the following comments:

POOR CYSTEINE UTILISATION: Cysteine hydrochloride is found in Ferring secretin, which was used for Billy – could it be this compound in the solution that brought about the noticed improvements in Billy rather than the secretin? Dr William Shaw commented on this and suggested there would be 500% more cysteine in a boiled egg.

QUESTION: If the body cannot digest proteins sufficiently to release the cysteine amino acid into the blood, then is there a possibility of it not ever reaching the blood system in its correct sulphate carrying form? I shall mention cysteine later on.

QUESTION: Measles – could there be a link with Dr Andrew Wakefield's work at The Royal Free with ileum and colonic 'lymphoid nodular hyperplasia' caused by the MMR vaccine? If so, then why did his IgG and IgM viral screen for measles show negative findings?

QUESTION: Streptococcus – could this be a toxic factor relating to the constant chest and respiratory tract infections Billy acquired from 9 – 16 months? I am looking into the manganese, aluminium and poor essential fatty acid utilisation now. All of the above are being treated homeopathically. I decided to conduct the same tests on myself, Polly, Bella and Toby. They showed the following:



In brief one can see the similarities here.

QUESTION: Could the presence and sensitivity to aluminium which is a heavy metal have any correlation to poor cysteine utilisation as cysteine helps eliminate heavy metals from the body?

HERE IS A LIST OF THE LABORATORIES THAT I HAVE USED TO COMPLETE THE TESTS FOR BILLY.

FOR THE ORGANIC ACID TEST
THE GREAT PLAINS LABORATORY, 9335 W 75 ST, OVERLAND PARK, KS 66204 TEL: 001 913 341 8949 FAX: 001 913 341 6207 COST \$200.00. If credit card details are enclosed with the order. Call them and ask for an organic-acid test kit to be sent to you. The instructions are clear and very easy to follow.

PARASITOLOGY TEST
PARASCOPE LABORATORY, Dept of Microbiology, Chapel Allerton Hospital, Chapeltown Road, LEEDS LS7 4SA TEL: (0113) 392 4657 FAX: (0113) 392 4654 Cost is £85.00 for 3 stool samples. Phone and ask for parasitology stool kit to be sent to you, again directions for use are very simple to follow.

URINE AND STOOL ANALYSIS
3

URINE ANALYSIS

The organic acid test was completed by The Great Plains Laboratory in the United States. The test primarily looks at metabolites associated with the presence of intestinal yeast or bacteria passing from the gut into the blood and excreted through the urine. The test also reveals nutritional and antioxidant deficiencies, inborn errors of metabolism, amino acid or fatty acid problems, exposure to solvent toxins, deficiencies of B and C vitamins and unusual levels of neurotransmitters. Dr Shaw provided a complete interpretation and treatment suggestions with all of the results returned. This test also suggests treatment with anti-fungals, dietary supplementation and dietary modification.

RESULTS

We found Billy had elevated yeast/fungal metabolites which indicate an overgrowth in the gastro intestinal tract and also a bacterial overgrowth. Low hippuric levels suggested a depletion of glycine by competing detoxification reactions in fatty acid oxidation disorders, (again reconfirming the psionic test results). Increased citric since the enzyme needed to metabolise citric is dependent on glutathione – a biochemical derived from cysteine, again a link with the poor utilisation of this very important amino acid. Elevated kynurenic, a tryptophan metabolite that requires vitamin B6 for its further metabolism – possible B6 deficiency? We ran the same tests for myself, Bella and Tobias and from the results, especially the children, they came up with virtually the same identical abnormalities.



METABOLITE

H=HIGH L=LOW

	BELLA	BILLY	TOBIAS	
GLYCOLYSIS				
GLYCERIC	H 27.26	H 72.70	19.99	0-10
FATTY ACID METABOLITE				
SUBERIC	20.71	H 4.70	H 5.22	0-2
YEAST/FUNGAL				
CITRAMALIC	1.89	H 3.53	H 3.46	0-2
3-OXOGLUTARIC	0.3	H 2.69	H 2.30	0-0.5
KREBS CYCLE				
SUCCINIC	H 21	H 43	H 74	0-20
2- OXOGLUTARIC	21.5	L 7.75	L 11.12	15-200
ACONITIC	13	H 35	H 30	0-25
CITRIC	H 425	H 499	H 850	20-200
MISCELLANEOUS				
OXALIC	50.86	H 290.94	H 225	0-100
HIPPURIC	207	L2	H 418	10-400

There are obvious correlations here as both of the boys have elevated levels. I am not a bio-chemist so I am having these results explained in the near future.

COMPREHENSIVE STOOL TEST

THE GREAT SMOKIES DIAGNOSTIC LABORATORY, 63 Zillicoa Street, Asheville, North Carolina 28801 TEL: 001 828 253 0621 FAX: 001 828 252 9303 www.gsdll.com

IMMUNOLOGY AND BLOOD TESTS

THE DOCTORS LABORATORY, 58 Wimpole Street, London, W1M BLQ TEL: 0171 460 4800 FAX: 0120 7460 4848 Cost is approx £450.00 for all tests

I would ask your referring GP if he is prepared to conduct some of the UK based tests funded by the NHS. Again I would be only too pleased to receive copies of the results as I am building a data base for researchers to evaluate if there are any common links within our children. I would be grateful for your feedback once all of your tests have been completed. My fax number is 020 8979 9665. Thank you. All details shall remain confidential if you so wish.

RESULTS

Both of the boys were allergy tested in their earlier days, Billy was 18 months old and Tobias was only six months. Findings showed the following food allergy or intolerances.

BILLY



wheat
rye
barley
chicken
eggs
beef
pig
azodyes
tap water
-

wheat
rye
barley
chicken
eggs
beef
-
azodyes
tap water
onion, garlic, tomatoes, peppers, aubergines

TOBIAS



These results are interesting and one common element is clear. Cysteine is found in the following foodstuffs: egg yolks, poultry, yogurts, oats, wheatgerm, garlic, onions, broccoli, and brussels sprouts. Both our boys cannot eat 65% of the foodstuffs in which cysteine is present. So is there a link between food allergy/intolerance and the foodstuffs that contain cysteine?

The boys have reacted to these allergens even though Tobias, and pretty much Billy, were not exposed to these foodstuffs. This therefore is not a classic allergy unless the mother's antibodies have been passed to the child during pregnancy, or it is in the genes and becomes a metabolic disorder inherited from either parent. Is it the gene that may be responsible for a certain enzyme not being produced to carry out its function? If there are one or more enzyme deficiencies, certain amino acids such as cysteine may not be metabolised sufficiently to produce bio-chemicals such as lipoic acid, glutathione co-enzyme A, heparin and biotin. Help! Someone please explain.

We have also had two stool tests completed. One by Parascope in Leeds to look at possible parasitic infection and the other by The Great Smokies Laboratory in the USA who completed a comprehensive stool analysis.

RESULTS

Parascope found elevated 3+ levels in two parasites: *Blastocystis hominis* and *dientamoeba fragilis*. The Great Smokies Laboratory also ran a parasitology test and found elevated levels in both *blastocystis hominis* and *dientamoeba fragilis* plus *trophozoites*. They made the following comments:

Blastocystis hominis is considered by most authorities to be a pathogen. It often lodges within the intestinal mucosa making eradication difficult. Symptoms may include sleeplessness, irritable/inflamed bowel and fever, although asymptomatic infections can occur.

Dientamoeba fragilis is a pathogenic flagellate. The organism usually resides in the caecum and proximal colon and symptoms may include diarrhoea, abdominal tenderness and weight loss. The Great Smokies Laboratory also looked at his *digestion, absorption, microbiology, metabolic markers, mycology and immunology* and made the following comments relating to each:

STOOL ANALYSIS

5

DIGESTION

Meat fibres and the putrefactive short chain fatty acids valerate (iso and n) and iso-butyrate are above the reference range. This pattern suggests *Protein malabsorptive* and *maldigestive*.

Elevated meat and vegetable fibres are indirect indicators of maldigestion due to hydrochloric acid/pepsin insufficiency, pancreatic enzyme insufficiency and a rapid transit time. **QUESTIONS:** I commented in the first issue of *The Autism File* that whilst travelling on holiday, Billy's vomit resembled albumin – if it was mucus in the stomach and he did not have a trace of a cold could this be present due to insufficient acid in his stomach? If so, does this link with the poor digestion of proteins and the suppressed release of secretin and thereafter pancreatic enzymes? Could secretin have triggered the release of pancreatic enzymes from the blood born side rather than the gut side? Elevations in putrefactive short chain fatty acids generally indicate inadequate protein digestion in the small intestine. Paul Shattock research data shows absorbed gluten and casein peptides result in fermentation of proteins in the large intestine. Poor protein digestion may be associated with inadequate mastication (chewing), increased protein intake, hypo or achlorhydria, inadequate proteolytic enzyme or malabsorption.

ABSORPTION

All markers were in the reference range.

MICROBIOLOGY

Lactobacilla and *bifidobacterial* were found in lower than optimal levels.

These are important for gastrointestinal function as they are involved in vitamin synthesis, natural antibiotic production, immune defence, digestion, detoxification of pro-carcinogens and a host of other activities. Imbalanced gut flora may occur as a result of a parasite or bacterial infection, yeast overgrowth or poor nutrition and maldigestion – all of which Billy has!

MYCOLOGY

It may reflect a *yeast overgrowth* (also found in his urine metabolites) and may lead to symptoms showing deficient beneficial bacteria.

METABOLIC

All metabolic markers are within the reference range.

IMMUNOLOGY

Secretory IgA (S-IgA) is within the normal range. As this is normal does it indicate that there is no viral infection of the GI Tract?

WOW, WOW, WOW!

As you can see from only doing what I feel are the basic tests I have got some very precise and interesting data. I see these results as identifying problems that can easily be treated. This is what we started on 7 November 1999. All samples were taken prior to any treatments as these would possibly lead to confusion with some of the results. We did not do Paul Shattock's urinary peptide test as Billy has been off gluten and casein for 20 months.

THE TREATMENTS

PARASITIC CONTROL

Citramesia

YEAST/FUNGAL OVERGROWTH

Amphotericin B (Fungizone brand, from France). After three weeks we will introduce diflucan (systemic anti-fungal).

SUPPLEMENTATION

- Super Nu Thera*
- Colostrum Gold*
- Trinethyglyline*
- Methylsulfonylmethane*
- Co-enzyme Q10
- Evening primrose oil
- Glutathione
- N-Acetyl cysteine

* From Kirkman Labs, www.kirkmanlabs.com

We are currently about to introduce ambritose, phyt-aloe and sea-cure (from Mannetech, www.mannetech.com).

FOR GUT FLORA

Lactobacillus acidophilus and *Se Fos - Fructooligosaccharides*

We have already seen major improvements in Billy. His eye contact is excellent and his speech is much more spontaneous. He's happy, alert and playing well with his brother, sister and classmates. His teacher has commented, 'Whatever he's on – keep it going. He's brilliant at the moment.' Initially, however, after six days he was looking yellowish and his behaviour and compliance went off the scale. This was most likely the herxheimer reaction or what is more commonly known as the 'die off'. Yeast cells explode and their contents, ie toxins, are released into the blood stream and stress the liver.

YET MORE TESTING TIMES AHEAD

I still have to finish my diagnostic testing protocol and I must look at finding any abnormalities with sulphate levels in his urine, hydrochloric acid and pepsin levels in his stomach. I'll complete all tests probably every 6-8 weeks to check his progress and change treatment protocols if necessary.

MY CONCLUSIONS

Diagnostic testing is a must if you are to correct any found imbalances with your child's health. Only when the body is mended can it start to function again. I have found parasites; an imbalance of gut flora; allergies to foods; a recent infection due to glandular fever; a number of toxins, whether inherited or acquired; abnormalities within the organic acid test (*this will need further explanation along with fatty acid metabolism and cysteine utilisation*). All of these found 'toxins' from these primary sources such as the 'inherited' ones and the 'acquired' secondary ones such as the yeasts, gut floral imbalance, Epstein Barr and the like, have formed this multi-layered cocoon that has engulfed the functioning of my son. With the correct treatment this can be eradicated. Once, and only once, these burdens have been lifted from him maybe he'll be able to restore his obvious *gut disorder* and that in turn will allow for normal functioning of the gut, the correct digestion, absorption and utilisation of the foodstuffs that he is eating and a restoration of normal functioning and homeostatic balance. Who knows what the final outcome will be? I'm certain that removing these layers of primary and secondary toxins that surround and cocoon Billy's development will make Billy a healthier, happier little boy. If I can only do that for Billy, then for me and everyone who knows and loves him it will have been well worth it.