

Food For Thought

John Pietryka

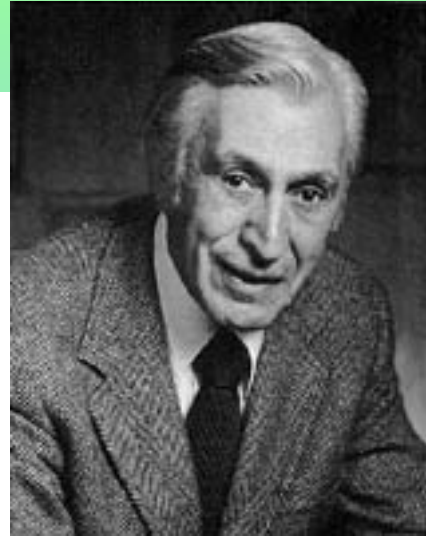
Biomedical Naturopath

All Natural Advantage

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Feingold Diet



Dr Benjamin Feingold in 1973, a paediatric allergist from California, proposed that salicylates, artificial colours, and artificial flavours caused hyperactivity in children.

“Why your child is hyperactive”

“Feingold cookbook for hyperactive children”

Royal Prince Alfred Hospital - Allergy Elimination Clinic

The role of food intolerance in gastrointestinal symptoms in children

www.cs.nsw.gov.au/rpa/Allergy/default.htm

“Salicylates, amines, milk, wheat and additives were the common triggers and therefore the most restricted.”

RPAH Allergy Elimination Diet

× Artificial additives

+

× Salicylates

× Amines

× Glutamates

× Dairy

× Wheat

Gastrointestinal Manifestations of Food Allergy

Pediatric Health. 2009;3(3):217-229

“Gastrointestinal food allergies are not rare in infants and children. “

Typical Symptoms Associated with Food Allergy

- Vomiting
- Reflux
- Abdominal pains
- Diarrhoea
- Constipation

Chronic Constipation and Food Hypersensitivity - An Intriguing Relationship

Aliment Pharmacol Ther. 2006;24(9):1295-1304.

“Constipation has been indicated as one of the most common gastrointestinal disorders in patients with atopic dermatitis and food allergy.”

“In these latter six subjects, the following foods caused the reappearance of constipation: **wheat, egg, tomato, fish, cocoa, goat's milk, soy, oranges, and legumes.**”

“..constipation can be due to intolerance to several foods.”

Parent's Observation

A child's behaviour before a bowel motion is worse. After a bowel motion the child is much calmer

Autism Spectrum Disorders and Allergy: Observation from a Pediatric Allergy/Immunology Clinic

Expert Rev Clin Immunol. 2010;6(3):397-411

“Certain **behavioral symptoms** are implicated with GI discomfort or pain. Parents of ASD children who experience GI symptoms often report an improvement in certain behaviors along with resolution of GI symptoms following implementation of dietary intervention measures, such as a casein-free/gluten-free diet. Such observations indicate that food allergy (FA) may impact the behavioral symptoms observed in some ASD children.”

“It has been our experience that ASD children are generally underdiagnosed and undertreated for allergic diseases as well as other nonallergic diseases that are common in children.”

Behaviours That May Be Markers of Abdominal Pain or Discomfort in Individuals With ASDs

- ✓ Frequent clearing of throat, swallowing, tics, etc
- ✓ Screaming
- ✓ Sobbing “for no reason at all”
- ✓ Moaning, groaning
- ✓ Gritting teeth
- ✓ Mouthing behaviours: chewing on clothes (shirt sleeve, neck of shirt, buttons, etc), pica (eating of non-food items)
- ✓ Application of pressure to abdomen: leaning abdomen against or over furniture , pressing hands into abdomen, or rubbing abdomen

Behaviours That May Be Markers of Abdominal Pain or Discomfort in Individuals With ASDs

- ✓ Unexplained increase in repetitive behaviours
- ✓ Self-injurious behaviours: biting, hitting/slapping face, head banging, unexplained increase in self-injury
- ✓ Aggression: onset of, or increase in aggressive behaviour
- ✓ Sleep disturbances: difficulty getting to sleep, difficulty staying asleep
- ✓ Noncompliance with demands that typically elicit an appropriate response (oppositional behaviour)

Food Sensitivity

Problem with breaking down natural constituents in foods

Lactose (milk and milk based products)

Fructose (fruit, fruit juice, dried fruit)

Salicylates (apples, tomatoes, grapes, berries, oranges, raisins, mushrooms, sauces, sausages, etc)

Amines (all aged tasty cheeses, chocolate, grapes, avocado, mushrooms, tomato, etc)

Glutamates (grapes, plums, broccoli, mushrooms, spinach, tomato, all aged tasty cheeses, soy sauce, etc)

Oxalates (soy, soy sauce, nuts, chocolate, sweet potato, green beans, baked beans, etc)

Evaluation, Diagnosis, and Treatment of Gastrointestinal Disorders in Individuals With ASDs: A Consensus Report

PEDIATRICS Volume 125, Supplement 1, January 2010

PEDIATRICS is the official journal of the American Academy of Pediatrics.

On May 29 –30, 2008, a multidisciplinary panel of 28 experts convened in Boston, Massachusetts, to review and discuss gastrointestinal aspects of ASDs.

Statement 11

Anecdotal reports have suggested that there may be a subgroup of individuals with ASDs who respond to dietary intervention.

Additional data are needed before pediatricians and other professionals can recommend specific dietary modifications.

Statement 12

Available research data do not support the use of a casein-free diet, a gluten-free diet, or combined glutenfree, casein-free (GFCF) diet as a primary treatment for individuals with ASDs.

“To our knowledge, only 1 double-blind placebo controlled study has been published to date.”

The Gluten-Free, Casein-Free Diet In Autism: Results of A Preliminary Double Blind Clinical Trial

Journal of Autism and Developmental Disorders, Vol.36, No.3 April 2006

A total of 15 children 2-16 years (12 boys and 3 girls)

13 children completed the clinical trial

Study undertaken for 12 weeks comparing regular diet vs GFCF

“Unlike most crossover clinical trials, the diets in our study did not require a washout period according to our dietary consultants.”

“....parents of seven children reported that there were marked improvements in their child’s language, decreased hyperactivity and decreased tantrums. Further, parents of nine children decided to keep their children on the GFCF diet even though there was no empirical support for continuing.”

“Also interesting were the unsolicited reports of one teacher and one respite worker who claimed to observe language and behaviour improvements in two of the children.”

“It is also interesting that even though grouped data were non-significant for each of the dependent variables, behavioural and language improvement could be seen in individual children.”

Why such an emphasis on gluten free and casein free?

Dr McCandless (USA)

- Gluten – Wheat, barley, rye, oats, spelt.
- Casein – Dairy products.
- Activate receptors in the brain → changes in:
 - Perception
 - Behaviour
 - Mood
- Opiate peptides in the urine of those with Autism/Schizophrenia.
- Effectiveness of GFCF diet = 65% - 75%

Paediatricians do not acknowledge benefits attributed to modifying the child's diet.

Nutritionists do not recommend modified diets.

Our children do not have time for the dietary studies to be done. They need help **NOW** as they are growing and their brains are developing.

Parents are told dietary restriction is dangerous.

What is nutritious about a child's diet that is limited to, hot chips, chicken nuggets, cheese sandwiches, breakfast cereal and milk?

Few or no vegetables or fruit.

No wonder parents turn to anecdotal evidence from other parents for help.

Parents are looking for answers, to help with:

- ✓ Loose sloppy stools
- ✓ Constipation
- ✓ Speech
- ✓ Focus and concentration
- ✓ Picky eating
- ✓ Behavioural issues
- ✓ Sleep

Autism Research Institute

San Diego, CA

www.ari.org.au

PARENT RATINGS OF BEHAVIORAL EFFECTS OF BIOMEDICAL INTERVENTIONS

Since 1967 the Autism Research Institute has been collecting parent ratings of the usefulness of the many interventions tried on their autistic children.

27,000 Parent responses

Parent Ratings of Interventions

1. Got Worse
2. No Effect
3. Got Better

<u>BIOMEDICAL/ NON-DRUG/ SUPPLEMENTS</u>	<u>Parent Ratings</u>				
	<u>Got Worse^A</u>	<u>No Effect</u>	<u>Got Better</u>	<u>Better: Worse</u>	<u>No. of Cases^B</u>
Calcium ^E	2%	62%	35%	14:1	1871
Cod Liver Oil	4%	47%	49%	12:1	1389
Cod Liver Oil with Bethanecol	10%	50%	40%	4.2:1	105
Colostrum	6%	56%	38%	6.3:1	516
Detox. (Chelation) ^C	3%	24%	73%	25:1	627
Digestive Enzymes	3%	39%	57%	18:1	1223
DMG	8%	51%	42%	5.5:1	5601
Fatty Acids	2%	43%	55%	23:1	995
5 HTP	13%	51%	36%	2.8:1	254
Folic Acid	4%	54%	43%	11:1	1792
Food Allergy Trtmt	3%	35%	62%	23:1	818
Hyperbaric Oxygen Therapy	6%	42%	52%	8.5:1	66
Magnesium	6%	65%	29%	4.6:1	301
Melatonin	8%	29%	63%	7.7:1	896
MT Promoter	13%	48%	38%	2.9:1	52
NAET	4%	52%	44%	11:1	77
P5P (Vit. B6)	13%	37%	50%	4.0:1	418
Pepcid	11%	60%	29%	2.6:1	143
SAME	17%	62%	21%	1.2:1	115
St. Johns Wort	17%	68%	16%	0.9:1	127
TMG	15%	43%	42%	2.9:1	683
Transfer Factor	10%	51%	39%	3.9:1	142

<u>BIOMEDICAL/ NON-DRUG/ SUPPLEMENTS</u>	<u>Parent Ratings</u>				
	<u>Got Worse^A</u>	<u>No Effect</u>	<u>Got Better</u>	<u>Better: Worse</u>	<u>No. of Cases^B</u>
Vitamin A	2%	59%	39%	19:1	990
Vitamin B3	4%	54%	41%	9.6:1	832
Vit. B6/Mag.	4%	48%	48%	11:1	6387
Vitamin B12	5%	34%	62%	14:1	688
Vitamin C	2%	56%	42%	17:1	2171
Zinc	2%	49%	49%	20:1	1736

SPECIAL DIETS

Candida Diet	3%	43%	55%	19:1	867
Feingold Diet	2%	43%	55%	24:1	850
Gluten- /Casein- Free Diet	3%	32%	65%	20:1	2208
Removed Chocolate	2%	48%	50%	29:1	1944
Removed Eggs	2%	57%	41%	18:1	1290
Removed Milk Products/Dairy	2%	48%	51%	32:1	6113
Removed Sugar	2%	49%	49%	24:1	4014
Removed Wheat	2%	48%	50%	28:1	3565
Rotation Diet	2%	48%	50%	21:1	881
Specific Carbo- hydrate Diet	7%	28%	66%	10:1	195

Special Diets	Parent ratings			
	Got Worse	No Effect	Got Better	Better: Worse
Candida diet	3%	43%	55%	19:1
Feingold Diet	2%	43%	55%	24:1
Gluten/ Casein Free Diet	3%	32%	65%	20:1
Removed Chocolate	2%	48%	50%	29:1
Removed Eggs	2%	57%	41%	18:1
Removed Milk Products/ Dairy	2%	48%	51%	32:1
Removed Sugar	2%	49%	49%	24:1
Removed Wheat	2%	48%	50%	28:1
Rotation Diet	2%	48%	50%	21:1
Specific Carbohydrate Diet	7%	28%	66%	10:1

Source: Autism Research Institute
www.ari.org.au

Australian Parent Survey Results

ASD Current Diagnosis, Therapies and Their
Perceived Effectiveness

Dennis Crowley

July 2009

Based on 235 parent responses to an internet survey

www.allnaturaladvantage.com.au

Diet	No Apparent Effect After 1 Month	Some Apparent Effect After 1 Month	Some Effect Within 1-4 Weeks	Immediate Effect (within 1 week)
Casein Free (CF)	21.7%	20.5%	24.1%	33.7%
Gluten Free (GF)	20.2%	33.3%	22.6%	23.8%
GF/CF	21.9%	19.8%	30.2%	28.1%
GF/CF Soy free (SF)	17.9%	17.9%	23.9%	40.3%
Chocolate Removed	27.0%	13.5%	21.6%	37.8%
Eggs Removed	48.3%	13.8%	13.8%	24.1%
Sugar Removed	19.3%	14.0%	31.6%	35.1%
A2 Milk	54.1%	16.2%	5.4%	24.3%
Non-Allergenic	12.5%	20.8%	25.0%	41.7%
Salicylate Free	19.4%	13.9%	30.6%	36.1%

ASD Current Diagnosis, Therapies and their Perceived Effectiveness.
Dennis Crowley, July 2009

Will changing your child's diet help? Questions to ask

- ✓ Does your child have good days and bad days?
- ✓ Does your child have a high pain threshold?
- ✓ Does your child have loose stools or constipation?
- ✓ Does your child have sleep issues? Specifically waking at night distressed?
- ✓ Does your child seek pressure on their abdomen?
- ✓ Is your child's abdomen bloated?
- ✓ Is your child's behaviour worse before a bowel motion, better after a bowel motion?
- ✓ Does your child self harm?
- ✓ Is your child underweight or overweight?
- ✓ Does your child get red ears or cheeks for no reason?

Dietary Modification - Parents experiences

- Gastrointestinal problems resolved or relieved
- Diarrhoea or constipation significantly improved
- Improved language skills
- Greater focus and learning
- Reduced hyperactivity
- Better eye contact
- More acceptable behaviour
- Improved sleep
- Rashes or eczema resolve
- Children begin to eat a wider variety of foods
- Cheaper than other interventions

Before Initiating a Modified Diet - do your homework, talk to your partner and extended family

Easier if whole family makes the change

Get help

- **Parent support groups** (Local or On-line)
- **Internet**
- **Books**
- **Practitioners**

Interim Diet Principles

Elimination of all:

- × Artificial colours, flavour enhancers, preservatives, pesticides
- × Sugar (fructose, glucose, lactose, maltose, sucrose) – raw organic honey, stevia, xylitol
- × Soft drinks and fruit juices
- × Gluten (wheat) and casein (dairy)
- × Soy and corn
- × Limit fruit – pears

Warning!

A child's behaviour may become considerably worse during the transition period when changing the diet

- Refusal to eat
- Sleep issues
- Aggression, tantrums

Withdrawal symptoms

Positive sign – but can be a parents nightmare!

Further Recommendations

Pick a good time to begin modifying the diet

Don't begin the dietary changes a week or two prior to an important event (e.g. family function, travel, assessment)

Begin the dietary changes during school holidays

Remove the child from their normal environment

Don't tell teachers, therapists of the change in diet – unbiased assessment of benefits or regression

Increasing Appetite

Zinc

Chen Pi (Citrus peel extract)

Resources for Parents

Discussion Groups

Additive Free Information - www.fedupwithfoodadditives.info

Biomedical Autism Group – Yahoo Groups

Gluten Casein Free Diet – Yahoo Groups

Autism Diet Australia – www.autismdietaustralia.yahoo.com

Websites

www.gfcgdiet.com

www.glutenfreediet.ca

Books

How Food and Food Additives affect Behaviour – Sue Dengate

Can we manage autism – Yes we can: Jan Brenton

www.allnaturaladvantage.com.au

Will it make a difference?

Anecdotally at least 50% of parents believe that a change in diet is beneficial.

Often changes are seen in a week – 1 month
 (“Wow” moment)

If whole family makes the change – whole family benefits

Benefits are for life – diet may not need to be for life

Happier, focused, compliant and loving child