

# Your Health

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## Improving Primary Health Care

*How NDs can Ease the MD Shortage—And Improve the Health Care System Overall*  
Lorne Swetlikoff, ND

The chronic ailments that characterize the aging process are not predetermined. In fact, by delaying and preventing the onset of degenerative conditions, naturopathic medicine can enable people to age healthier, delay retirement, and positively impact the sustainability of our health care system.

According to the Statistics Canada 2006 census, one out of three Canadians is a baby boomer (born between 1946-1965) making up the largest demographic in our population. There is legitimate concern that boomers will place a significant, and increasing burden on our health care system—even challenging its sustainability.

Age-related conditions like dementia, arthritis, and heart disease are common amongst the elderly. These conditions are degenerative and require patients to be continuously engaged with their doctors and health system. And, as boomers age, with older Canadians particularly susceptible to age-related conditions, health care delivery costs are set to rise significantly. Who is going to pay for this? Younger Canadians are proportionately unable to absorb the tax burden.

Fortunately, there are cost-effective options to consider. Preventing age-related infirmities is an essential strategy in resolving this issue. By keeping Canadians healthy, regardless of age, it's more likely that

there will be less stress on the health care system.

But how do we keep Canadians healthy? Health professionals need to recognize that decrepitude and degeneration are not normal aspects of aging but are states of disorder that are diagnosable, treatable, and more importantly preventable.

Our current medical system is focused on diagnosing and treating disease. This is important—but it's a reactive approach, a means to address something that has already happened. To strengthen our system, we need to be proactive and focus on preventing disease. Preventing degenerative diseases requires continuous assessment of health parameters and undesirable trends over the course of an individual's life. Intervention then becomes a system of keeping people healthy.

The basic philosophical premise of naturopathic medicine is that there is an inherent healing power in nature and in every human being. The naturopathic doctor's responsibility is to strive to understand the minimum level of intervention that will stimulate the body's self-healing processes.

The signs and symptoms of aging accelerate when tissues, like our organs, and the healing processes in the body decline. The role of the naturopathic doctor is to understand what is required in order to stimulate or bring back into balance the body's function and healing processes. This role involves blending current medical

technology with the many historic practices of naturopathic medicine.

Let's examine how naturopathic doctors would approach delaying or preventing age-related disease. A 72-year-old man presents with age-related complaints such as increased frailty, weakness, fatigue, and difficulty coping with daily activities. He has some degenerative joint disease in the knees which makes it difficult to walk without pain management. All regular blood tests and examinations show normal. At this point, a naturopathic doctor may order specific biochemical tests that evaluate abnormal and sub-optimal parameters of health. While some of these tests are available in the public health system, often they are used to rule out diseases; they are not recommended for routine health screening.

In this scenario, as an assessment protocol, an ND may order a comprehensive 24-hour urine hormone level test knowing that with

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...THERE ARE MANY SIMPLE, PRACTICAL STEPS AN INDIVIDUAL CAN TAKE TO INCREASE LONGEVITY AND VITALITY AND PREVENT THE SIGNS OF PREMATURE AGING...

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aging many of our hormones decline. The test identifies a low normal level of testosterone and abnormally-low DHEA levels—both common in aging men. (DHEA is a natural hormone produced by the adrenal glands. It plays an important role in the body's immune and stress response and works to boost the levels of other hormones in our body.) Using treatments to restore these hormones to optimal physiological levels would have a dramatic effect on his symptoms.

Other tests, such as a digestive stool analysis, can identify a lack of digestive enzyme and decreased absorptive capacity of the intestine. A whole blood fatty acid analysis shows whether the patient is extremely low in certain essential fatty acids and whether this may increase his tendency towards inflammatory outbreaks.

As a treatment protocol, an ND will most likely prescribe some remedies to address his DHEA and testosterone levels, add a specific digestive enzyme and fish oil supplement which is beneficial for arthritis and perhaps prescribe some ginkgo biloba to improve his weak circulation. All these decisions will be made as determined from his medical history.

Restoring these unique biochemical deficiencies to a normal physiological balance and intervening with natural therapies to support his condition may help make this patient feel energetic, with increased vitality, and slow the process of his decline. If his quality of life is improved, he may well live longer and thus reduce the need for further health care interventions; this in turn saves the health care system costs.

Additionally, there are many simple, practical steps an individual can take to increase longevity and vitality and prevent the signs of premature aging. These include:

Undergo periodic screening for biological health markers like hormone deficiency, vitamin/mineral deficiency, amino acid deficiency, chemical toxicity levels, inflammation markers, digestive analysis, blood sugar levels and heart evaluation to determine your current state of health. Such intervention is aimed at restoring the normal physiological balance of the body.

Strive to identify the cause of your problem by visiting a naturopathic doctor. Don't just treat symptoms—this often allows disease to progress past the point of recovery.

As appropriate, use natural therapies as a first resort to stimulate the body to heal. Customize your treatment plan to meet your biochemical needs and re-evaluate that plan according to changing circumstances, stresses, and experiences.

Keep in mind that disease prevention is not just taking a test. For example, taking a PSA test to rule out prostate cancer, or a having a mammogram to check for breast cancer are important procedures, but it's just as important to determine your individual risk factors for cancer and then make the necessary changes early in your life to enable healing, wellness and disease-free longevity.

Educate yourself and gain the appropriate awareness to make smart health choices now to increase longevity in the future. One of the most powerful tools NDs offer their patients is the ability to teach and

educate in respect to disease prevention.

A statistic from last decade showed that by delaying nursing home admission by just one month, it would save the U.S. health care system \$3 billion a year! Naturopathic doctors help people get well, employing effective strategies in preventing, delaying, and treating age-related diseases. This can have a positive impact on our aging population and in reducing the associated health care costs.

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**HOMEOPATHY** A 2005 review in the *Lancet*, led by Prof. Matthias Egger of the Department of Social and Preventive Medicine at the University of Berne, was harshly critical of homeopathy. Egger started with 110 matched clinical trials of homeopathy and conventional medicine, reduced these to "higher quality trials" and then to eight and six respectively "larger higher quality trials." Based on these 14 studies the *Lancet* review concluded that there is "weak evidence for a specific effect of homoeopathic remedies, but strong evidence for specific effects of conventional interventions."

This was erroneous medical research. To begin with, there is a lack of funding for broad homeopathic studies, unlike "conventional" medicine. As a result, it's quite possible to interpret homeopathic data selectively *and unfavourably*,

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## RESEARCH

### Disease Prevention

**HYPERTENSION** Potassium, magnesium and calcium are an excellent dietary means to reduce the risk of high blood pressure and reduce blood pressure in people with hypertension. Additionally, these minerals, in sufficient doses, could reduce the risk of coronary heart disease and stroke. The data, published in the *Journal of Clinical Hypertension*, noted that most North Americans consume half the recommended daily allowance of potassium. Many fruits and vegetables, such as bananas, beets, raisins, dried apricots and spinach, are rich in potassium.

Source: Vancouver Sun, July 12

**ALZHEIMER'S** Two interesting studies on Alzheimer's show that the appropriate intake of vitamins and fats could decelerate the disease. In respect to fat, eating foods rich in saturated fat (e.g., lard, hydrogenated vegetable oil) and poor in omega-3 fatty acids (e.g., fish such as sardines and salmon) can increase the risk and contribute to the progression of Alzheimer's. In addition, vitamin B12 could reduce the risk of dementia. Research published in the *Journal of Clinical Nutrition* showed that individuals with low levels of B12 were five times more likely to suffer brain shrinkage. Low levels of all B vitamins (e.g., B12, B6, folate), raise homocysteine levels in the blood, which in some cases can directly attack nerve cells. B vitamins are found in many food products, particularly dairy and eggs. But consuming B12 is not the only answer: Also important is the body's ability to absorb B12. Many factors contribute to absorption, such as stomach acid levels, gut disorders such as IBS or infection from *H. pylori*,

the bacterium linked to ulcers. Various prescription medications can also interfere with B vitamin absorption. As one scientist put it, if B12 deficiency is prolonged it's potentially tragic. The neurological damage becomes irreversible.

Sources: Vancouver Sun, October 28, October 29

**DIABETES** Five per cent of Canadians over the age of 12 have diabetes. In Canada, diabetes is the single largest cause of blindness and a leading cause of kidney failure and lower limb amputations. Diabetes is the seventh leading cause of death nationally, accounting for 25,000 person-years of life lost before age 75. When naturopathic doctors address diabetes, they take into account a number of factors, including an individual's diet, dietary fibre intake, exercise, and perform a full range of laboratory diagnostic tests. Specific protocols may involve diet and exercise modification along with botanical medicines, specific vitamins, minerals and other nutrients, and glucose monitoring. For example, recent research has shown that the antioxidant known as EGCG, found in green tea, could slow or even prevent the development of Type 1 diabetes.

Source: Statistics Canada; Vancouver Sun November 7

**CANCER** Food as a means to prevent cancer? Clinical nutrition—using diet to prevent disease—is old hat to naturopathic doctors. But now the “mainstream” is cottoning on too. Richard Beliveau, a Montreal professor, recently authored the surprise bestseller *Foods That Fight Cancer*. The book examines the anthocyanins in wild blueberries, isoflavones in soybeans, curcuminoids in turmeric, lignans in flax—all in relation to their health giving properties.

As Beliveau puts it, “People think cancer is all due to heredity, stress and pollution. Those are factors, but not as significant as smoking, diet and obesity, along with a lack of exercise. [People] should be proactive to reduce the risk.” Beliveau believes individuals should boost their intake of vitamin D to 1,000mg a day which, he claims, increases protection against cancer by 50 per cent. He also emphasizes plant-based foods and those with antioxidant properties such as flax, green tea, red wine, herbs, spices, seaweed, cabbage.

Source: Vancouver Sun, October 2



“Homeopathy” from previous page:

which is what appears to have been done in the Lancet paper. If we assume that homeopathy does not work for just one condition (e.g., Arnica for post-exercise muscle stiffness), or alter the definition of “larger trial,” the results are positive. The comparison with conventional medicine was meaningless: the original 110 trials were matched, but matching was lost after the trials were reduced to 8 in one group and 6 in the other. Interestingly, the quality of homeopathic trials was better than conventional trials.

Reconstruction, conducted by three scientists in the UK, German and Netherlands, casts serious doubts on the Lancet review, showing that it was based on a series of hidden judgments unfavourable to homeopathy. An open assessment of the current evidence suggests that homeopathy is probably effective for a number of conditions including allergies, upper respiratory tract infections and ‘flu, but more research is desperately needed.

Prof Egger has declined to comment on these findings.

Source: EurekaAlert, Nov 13

For many decades, BC's naturopathic physicians have been seeking from government recognition for a scope of practice in keeping with the contemporary and historical practice of NDs. In the 2008 Throne Speech, the BC Liberals made a commitment to proceed with two facets of naturopathic medical care: prescriptive rights and diagnostic facility access. The process leading to this announcement involved many years of negotiation, research, and collaborative assessment. The government's commitment is based on this lengthy and detailed process; it is a commitment based on sound judgement having reviewed the educational criteria, current and historical practice of NDs, and, most importantly, ensuring the highest levels of patient-centred health care are available to all British Columbians. The BCNA believes that this commitment is the right choice for British Columbians: It reduces the existing burden on MDs while ensuring the provision of safe and effective primary health care in a measured fashion. This document addresses some of the questions that have arisen during the negotiation process.

### **Do Naturopathic Physicians (NDs) have the Education Required to Prescribe Medicines?**

NDs already prescribe in many jurisdictions across North America. They could not prescribe if their education excluded pharmacology and pharmacognosy training. [Pharmacognosy is the study of medicines derived from natural sources. The *American Society of Pharmacognosy* defines pharmacognosy as "the study of the physical, chemical, biochemical and biological properties of drugs, drug substances or potential drugs or drug substances of natural origin as well as the search for new drugs from natural sources."]

All licensed naturopathic physicians complete a minimum of three-years university level pre-medical training, then four years at an accredited naturopathic medical college. [There are two in Canada and four in the USA.] Following pre-med, the four-year ND program covers many of the same science courses as at "conventional" medical school. Drug education is of course a core part of pharmacology training, but also an inherent part of biochemistry, microbiology, physiology, botanical medicine, pathology and other core science courses in the ND curricula.

Pharmacology training for NDs is similar to the training MDs receive: It is focussed on the principles of pharmacodynamics, including drug absorption, metabolism, distribution, excretion and mechanism of action. All students must be able to classify and describe the pharmacodynamics, side effects and therapeutic uses of drug prototypes from the myriad conventional drug classes. In addition, the ND must thoroughly understand the pharmacology of all natural substances.

Upon graduation from the four-year ND program, each doctor must pass internationally standardized licensing exams. Pharmacology is one specific exam—as well, pharmacology as a subject is covered in many other exams, including the clinical therapeutic courses such as botanical medicine and nutritional medicine, physical, clinical, and lab diagnosis, diagnostic imaging, minor surgery and emergency medicine.

### **Do Naturopathic Physicians Prescribe In Other Jurisdictions?**

Yes. Naturopathic physicians in various US jurisdictions with similar education and training and identical licensing requirements as in BC already use "scheduled" substances in their naturopathic practices on a daily basis. But a more important point is that many "traditional" substances, such as high dose vitamins, some amino acids, hormones, botanicals and herbs, which NDs have used for decades, have slowly become "scheduled"—right here in B.C. Imagine a medical doctor losing the ability to run diagnostic tests or prescribe an antibiotic, or a surgeon unable to use anaesthetic. That's exactly what's happened over the years to naturopathic doctors in terms of many traditional medicines.

In addition, naturopathic physicians have demonstrated extensive education and training as well as historical and contemporary safe and effective usage of scheduled substances, especially those items which have been moved from over-the-counter status to prescription only. The safety record speaks for itself. Naturopathic medicine, like allopathic medicine, is an evolving art and science and as such requires a formulary and legislation that reflects the changing nature of medicine and health care. Further, being granted the right to prescribe represents the trend in most health care professions. Examples include pharmacists, psychologists, nurse practitioners, midwives, optometrists, etc.; some of whom have considerably less clinical education than NDs.

### **Why do Naturopathic Doctors Need Prescription Medications?**

Making a prescription is fundamental to the practice of medicine in any and all forms. As noted above, NDs have lost access to many botanical medicines and natural therapeutics. But more importantly, NDs are providing primary care without the requisite tools to provide safe, effective, timely health care.

Naturopathic physicians have traditionally acted as primary care practitioners and continue to do so today. As such, it is imperative that NDs be allowed to retain their historical right to prescribe. The existing bias is further exacerbated by allowing other professions schedules without addressing the issue in this profession. And in some cases, as with MDs, core competency, education and training were not required for the use of the naturopathic pharmacopoeia.

### **How Does Prescribing Impact Patients?**

The lack of access to some pharmaceuticals puts naturopathic physicians in a position of ambiguity. It leads to confusion both on the part of the practicing ND and the patient, vis-à-vis patient protocols. Worse, it impairs the regulatory body's ability to fulfill its regulatory function. This issue has been outstanding for decades, and has been continually perpetuated by successive governments. As drug laws have changed, and as natural items have become scheduled, the historical naturopathic formulary is now seriously eroded. As this process drags on and governments change the cycle repeats itself.

The naturopathic profession is between a rock and a hard place. On one hand we are bound by the same legal duties and obligations as allopathic physicians. On the other hand, we lack, due to government neglect, the supporting legislative mandate that would allow us to fulfill these proscribed legal duties and obligations. This discrepancy carries in it an inherent danger to the public and to the naturopathic profession. A case in point is bronchial pneumonia where the naturopathic physician deems antibiotics are required, yet cannot prescribe them. This inability to prescribe places the patient at risk due to the delay in receiving proper medical treatment.

### **Why Seek Prescribing Rights Now?**

Access to a "schedule of preparations" is an issue that has been negotiated with the government for over 50

years. The naturopathic profession was in fact regulated by the College of Physicians and Surgeons from 1921 until 1936 when the Naturopathic Physicians Act was proclaimed. Prior to 1936 all naturopathic physicians were given the ability to prescribe exactly the same substances as allopathic physicians; however, with the new Act, prescribing ability was left undefined. Since 1936 the naturopathic profession has been waiting patiently for their formulary to be formally approved by government, yet all previous governments have failed to act. *Naturopathic physicians have continued to prescribe traditional substances to the benefit of our patients and without harm to the public.* We expect this government to be bold and step up to the plate and solve this issue. When the BC Liberals made a Throne Speech commitment in 2008, the BCNA applauded the government's willingness to take this important and essential step to providing a better health care system for all British Columbians.

### **Will There Be Conflict Between MDs and NDs?**

There is no reason or rationale for conflict. Naturopathic doctors are already using various therapeutics to treat patients, as are MDs. The only change would be that some additional therapeutics will become available to NDs. Dentists, for example, have access to all scheduled substances yet the vast majority of practicing dentists use only a very small number of items: antibiotics, analgesics and local anaesthetics. There is no conflict between dentist and doctor, just as there would be no conflict between MD and ND.

### **What Will Occur if the Government Fails to Act?**

Health care for all British Columbians will suffer. The current shortage of primary care practitioners will be further impaired. The unique skills that NDs bring to the health care table—a focus on disease prevention, patient centred health care, and extensive expertise in the compounding and dispensing of natural therapeutics—will be eroded or lost.

### **What About Patient Safety? If Naturopathic Physicians Haven't Dealt With Prescription Drugs in the Past, How are they Eligible for the Added Responsibility?**

Naturopathic doctors deal with prescription medicines on a daily basis: With patients already on a drug regime,

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considering pharmaceuticals and/or an alternative, drug/non-drug interactions, and myriad other interconnected health issues. The substantial change with new regulations won't be so much an added responsibility, but rather the ability to improve patient care. Currently, over 150,000 BC residents see naturopathic doctors for care, many for primary care.

### **Why do Naturopathic Physicians Want This Change in Regulation?**

Strictly speaking, naturopathic doctors don't "want" the change in regulation, they require it—to provide safe, effective, economical preventative health care. The regulation changes are in keeping with a "shared scopes of practice" model being implemented across the province—whereby many health professions have access to prescription items relevant to their respective practice. The change is in keeping with the record of safety and effectiveness of this profession, and ensuring that modalities arbitrarily removed, over time, continue to be used appropriately and in a timely fashion.

### **Don't Naturopathic Doctors Only Use "Natural" Medicines?**

Naturopathic doctors' primary focus is on treating the underlying nature or cause of disease. Put simply, naturopathic medicine is the "nature" of the "pathos" or disease. This focus is about supporting the natural healing processes of the patient, not simply using a product. Thus, naturopathic medicine is about the removal of any impediment to the healing process; the prevention and treatment of physical and mental disease, disorders and conditions; and the promotion of good health using not only natural methods but methods that support and enhance a patient's overall health. Unfortunatley, even those "natural" medicines naturopathic doctors have used for many decades are often, now, by prescription only.

The BCNA believes that the government's commitment to providing a schedule of preparations for licensed naturopathic physicians is in keeping with a public responsibility to: Ensure shared scopes of practice; improve access to primary health providers; enhancing disease prevention from qualified health professionals; providing greater public choice while not increasing health care costs.

## **PRESS**

### **Weathering the Flu Season**

At office buildings and medical clinics across the province, people are rolling up their sleeves and steeling themselves for the annual prick of the flu shot.

About one million British Columbians include a date with the needle in their fall calendar each year. But there are still plenty who opt not to get the vaccine, for reasons ranging from a fear of needles to a belief that the vaccine is not all that effective.

"The flu shot is still very controversial," said Caleb Ng, a naturopathic doctor who works out of Surrey's Mountainview Wellness Centre.

"It's controversial in terms of whether it actually prevents against the strain of influenza that comes about during the season."

Ng is not strictly opposed to the vaccine, but he recommends boosting the immune system and practising good hygiene as an alternative to getting an annual flu shot.

He believes the vaccine can give people a false sense of security about their health and notes that there have been no long-term studies done on the effects of having the shot year after year.

Rather than a prick in the arm, Ng suggests getting plenty of rest, washing hands regularly, and taking a good multivitamin, as well as vitamin C and possibly oil of oregano. Oil of oregano is a foul-tasting liquid extracted from wild oregano plants that is believed to boost the immune system and that, Ng says, has natural antiviral and antibacterial properties.

Ng's clinic also offers naturopathic intravenous treatments that he says work as vitamin and mineral boosters.

In B.C., many people receive the flu shot through their employer and many qualify for a free flu shot from the province. Those who qualify for the free shot include children between six and 23 months of age, seniors who are 65 and older, and pregnant women who will be in their third trimester during the flu season.

Ng says people between their teenage years and their early 40s often have immune systems strong enough to fight off illness without the vaccine.

And he notes that there's a positive aspect to being struck by a flu.

"If you do fight it off on your own, you'll have lifelong immunity [from that strain of flu]. Your body remembers it."

Excerpted from an article by Amy O'Brian in the Vancouver Sun on October 23

# Can Simple Vitamin C Enhance the Effectiveness of Chemotherapy?

My Clinical Experiences: Walter Lemmo, ND

Generally, the oncology community does not advise patients with cancer to take any other form of treatment when receiving chemotherapy for fears that a negative interaction may occur. Limited research debating the merits of antioxidant therapy has fuelled this skepticism. A recent article published in the journal *Cancer Research* cast further doubt on this subject. Upon publication, a senior scientist at the BC Cancer Agency publicly stated that patients shouldn't use vitamin C together with chemotherapy. If I was an oncologist and trained only in conventional medical care, I could understand some of the concerns on this subject. However, as a naturopathic physician, my training and expertise in the use of natural methods of healing, vitamins, minerals, etc., is more extensive than an oncologist and even most conventionally trained health care providers—it's one of my strengths. My understanding on "integrative" care is much more in-depth.

Another important point is that this recent research article had one glaring omission: It focussed on a form of vitamin C that is not sold over-the-counter or in common use (i.e., dehydroascorbic acid or DHA). On the contrary, the vitamin C in common use (i.e., ascorbic acid) has been documented in research to work well with chemotherapy. In fact, there have been two significant research papers published showing that with cancer patients receiving chemotherapy (i.e., not test tube or mice like the DHA study), there was no significant interference. In addition, the use of vitamin C by injection along with select chemotherapy agents has been documented in preliminary findings to show a positive result.

My personal experience, as a doctor providing adjunctive cancer treatment, is that patients using vitamin C as a component of their overall health protocol show significant positive response. In fact, I have seen many cases where a patient has not responded to traditional treatment, opts for "alternative" treatments in combination with chemotherapy, and shows impressive results.

Upon looking at the medical literature I was interested to find evidence that helped to support my clinical observations. Could a synergy of vitamin C therapy and traditional cancer treatments work better than one alone? In fact, I managed to find 23 research papers from around the world demonstrating that standard chemotherapy agents used together with vitamin C are beneficial. One paper demonstrated mixed effects, mostly positive, depending on the cancer cell type used. There were also two human-study papers on the use of vitamin C by intravenous injection with chemotherapy demonstrating positive outcomes. I found only one negative research paper on this subject!

In general, vitamin C together with chemotherapy medicines has been shown in the scientific journals to: Reverse chemotherapy resistant cancer cells; increase delivery of chemotherapy into cancer cells (helping to overcome drug resistance); and enhance the drug killing effects of chemo.

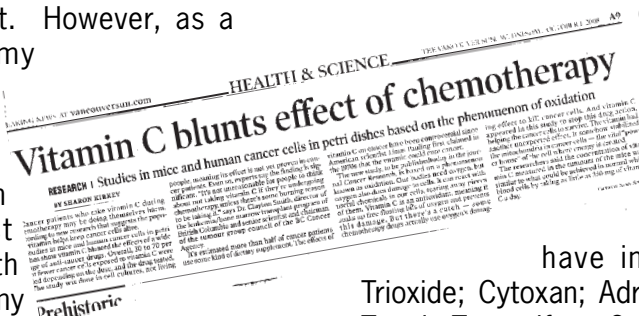
The chemotherapy agents used in the research trials, *together* with vitamin C, and which showed a *positive effect* have included the following: Arsenic Trioxide; Cytoxan; Adriamycin; DTIC; Gemzar; Gleevec; Taxol; Tamoxifen; Oncovin—and many other cancer drugs

All health care should ultimately be patient focussed. Given that, oncologists should provide balanced and reasoned information for patients to decide what's in their best interest. As a doctor, do we draw on one negative paper, one neutral research article, or 23 positive papers, researched independently, published internationally, and all showing the benefits of "alternative" and "traditional" therapies in combination?

While I understand that most oncologists are hesitant to recommend combining vitamins with chemotherapy medicines, that hesitation could actually be causing harm. My clinical experience, and the literature on this topic, doesn't support the "either/or" approach. It is every doctor's goal to improve the outcomes and quality of life in each patient, however, when being too restrictive, important tools or approaches can certainly be missed—and this reflects poorly on the practitioner and deprives the patient of safe, effective and timely medical care.

In my experience, over several years, I've found that health professionals focussed on an "either/or" approach to health care miss the benefits and research-supported outcomes of "integrative" cancer care.

BCNA member Dr. Walter Lemmo practices on Vancouver's west side: [www.lemmo.com](http://www.lemmo.com)



# Diet Therapy in the Treatment of Autism

Dr. Anita Bratt

The treatment of Autism Spectrum Disorder (ASD) can be a challenging, prolonged and complicated process. It can also be extraordinarily rewarding when children begin to emerge from behind the autistic symptoms and engage in the world around them. Proper nutrition has been found to be one of the most successful interventions in treatment. Reports based on parental and clinical observations, as well as supporting research, have shown the benefits of numerous dietary protocols for autism. These include the gluten-free and casein-free diet, food allergy avoidance, anti-yeast diet, low-oxalate diet, phenol-restricted diet and specific-carbohydrate diet.

**Gluten-Free and Casein-Free Diet:** A cornerstone of autism dietary treatment has been the gluten-free and casein-free (GFCF) diet. The theory behind this approach is a hypothesized genetically-based enzyme deficiency. This results in improper digestion of gluten and casein proteins. Symptoms such as insensitivity to pain, decreased awareness of the environment and general “spaciness” result.

Benefits of employing this diet include a child’s increased awareness of and engagement and responsiveness to his or her environment, with language improvements, decreased self-stimulatory behaviours, improved eye contact and increased cognition. Clinically, I have found this to be the single most effective intervention, and I always recommend that parents try it at the start of treatment.

**Food Allergy Avoidance:** An important step in the ASD dietary protocol is to address problematic foods that may be causing inflammation. One method of evaluation is an IgG food allergy test, recommended at the outset of therapy to identify possible delayed food sensitivity reactions. Eliminating moderate to highly reactive foods can improve autistic symptoms especially related to digestive and behavioural problems.

Common autistic symptoms that improve with food allergy elimination diets are head-banging; self-stimulatory behaviours such as hand flapping; sleep disturbances; self-injurious behaviours; and aggression.

**Anti-Yeast Diet:** The anti-yeast or Candida diet is often necessary in ASD children due to intestinal yeast overgrowth, as noted on urine organic acid testing, stool analysis, or clinical

history and symptoms. Restriction of sugars, yeast, fermented and mould products with the addition of supplemental probiotics and anti-fungals are necessary to treat this often chronic issue.

**Low-Oxalate Diet:** The low-oxalate diet was developed after discovering that a significant number of autistic children have excessive urine oxalate levels which can lead to diverse symptoms such as digestive pain, toe walking, eye poking, white skin lesions, discomfort on urination, excessive urinary frequency, enuresis, cloudy urine, genital discomfort and rubbing, and “sandy” stools.

Restriction of high oxalate foods such as spinach, soy peanuts, chocolate and berries has been found to be beneficial in these cases. Limiting total dietary oxalate intake to less than 50mg per day is recommended.

**Phenol-Restricted Diet:** Restriction of high-phenol foods may be beneficial; these include bananas, chocolate, cheese, apples, grapes and tomatoes. The phenol-sensitive ASD child will exhibit abnormal behaviours such as hyperactivity, and red face and ears after consuming these foods.

**Specific-Carbohydrate Diet (SCD):** The newest diet is the SCD, originally proposed as a therapeutic diet for inflammatory bowel disease. The goal of this intervention is to starve pathogenic micro-organisms and reduce inflammation in the gastrointestinal tract. The SCD limits complex carbohydrates, particularly disaccharides, relying on protein, fats and simple carbohydrates to heal the gut.

Many children who do not respond well to previous diet protocols often benefit from the SCD, especially those ASD children with significant chronic digestive problems.

It is important for the health and healing of children with autism to implement specific dietary changes determined by individual needs and responses. Nutritional therapy has the capacity to make significant, long-lasting changes in the abnormal biochemistry, as well as the physical and behavioural expression of ASD. Addressing dietary factors must be a key component of any treatment plan for a child on the autism spectrum.

First call: Your Licensed BC ND  
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Specialists in disease prevention & clinical nutrition

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