7 Facts You NEED To Know About AUTISM
(But Probably Were Not Told)

by Kurt N. Woeller, D.O.
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Autism Rates Are At Epidemic Numbers!

The reported cases Autism-Spectrum Disorder (ASD) are increasing at an alarming rate. Consider these statistics from the Centers from Disease Control (CDC) (1):

- About 1 in 68 children has been identified with autism spectrum disorder (ASD) according to estimates from CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network.

- ASD is almost 5 times more common among boys (1 in 42) than among girls (1 in 189).

- Studies in Asia, Europe and North America have identified individuals with ASD with an average prevalence of about 1%. A study in South Korea reported a prevalence of 2.6%.
Autism Rates Are At Epidemic Numbers!

• About 1 in 6 children in the United States had a developmental disability in 2006-2008, ranging from mild disabilities such as speech and language impairments to serious developmental disabilities, such as intellectual disabilities, cerebral palsy and autism.

• It is estimated that a new case of autism is diagnosed every 20 minutes.

• Autism is the fastest growing developmental disability in the United States.

• Countless children today are suffering with other neurodevelopmental conditions aside from “classic” autism, including attention deficit, speech delay and Pervasive Development Disorder (PDD).
So Why Is This Happening?

The reasons are multifactorial including genetics, environmental chemical exposures, biochemical and metabolic disorders, nutritional imbalances, chronic infections and immune dysfunction and heavy metal toxicities. All of these, and likely others, are contributing and in some cases causing the problem. One thing is for sure is that Autism rates cannot be directly correlated to just genetic causes.
Ignorance, Arrogance & Denial

What follows in this book are facts you are not being told regarding treating autism that, for a variety of reasons, including ignorance, arrogance, and denial by many in conventional medicine, including doctors, psychologists, therapists, etc. can’t or won’t tell you about.

There are proven and effective treatments to help your child right now. Recovery is possible in certain cases. However, your doctor may not tell you about these treatments because of ignorance or resistance against an alternative medical paradigm called biomedical intervention for autism. Instead, you are given the party line of how bad off your child is and that there is nothing, or very limited things you can do for them. They may even discuss the option of institutionalizing your child later in life.
Biomedicine is a form of complementary medicine that seeks to understand the root cause of illness. However, in the classic definition of complementary medicine which appreciates the interrelationship between the digestive, immune and hormone systems which then impacts oxidative stress and detoxification problems, biomedical medicine integrates additional information such as hereditary factors, environmental toxicity, special biochemical imbalances such as methylation defects and metabolic enzyme problems and neurochemistry issues.
Biomedicine is well suited towards helping the autism-spectrum community because of the well-established co-morbid problems that exist such as digestive issues, food sensitivities, neurological imbalances, immune system problems, etc. In essence, biomedicine medicine deepens a practitioner’s knowledge of multi-system problems and incorporates integrative medicine treatments as a way to improve an individual’s health.
Why Wouldn’t Your Doctor Tell You There Are Treatments Available For Your Child?

There are multiple reasons. These reasons usually fall into one of three categories. The first one is...

IGNORANCE:

These doctors are those who just don’t know that effective therapies exist. If they did they would be willing to help your child in any way they could. These are usually well meaning doctors who just haven’t been educated about biomedical intervention.

NOTE: There is another group of doctors in this category who will not bother to look outside their limited view of “diagnose and prescribe” medicine. If they aren’t spoon-fed information from their medical journals or a drug companies discussing the benefits of their new wonder drug, they don’t bother with it.
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ARROGANCE:

These healthcare “professionals” choose to ignore any therapy they deem “outside the norm.” Never mind the fact that they have nothing else to offer, they just want to bad mouth, criticize and demean the doctors and parents who search for and have success with biomedical therapies in treating Autism.
Why Wouldn’t Your Doctor Tell You There Are Treatments Available For Your Child?

DENIAL:
The overwhelming success rates of biomedical therapies, if it doesn’t come from drug manufacturer, they believe it can’t possibly work. Remember, years ago “conventional” doctors use to go on TV and extol the “benefits” of cigarette smoking.
In Spite Of What Your Doctor May Or May Not Tell You About Autism, Here Are The Top 7 Facts You Need To Know If Your Child Or Someone You Know Has Autism.
These 7 Facts Are Not Ideas, Theories or Speculations

There are time-tested, proven therapies, I, and many other doctors have used with consistent results. I have been employing these interventions in my practice since 1998, and have changed the lives of hundreds of children and their families.

Each of the “7 Facts You Need To Know” is important when becoming familiar with biomedical interventions for Autism. This information is intended as an overview into the biomedical treatment model for Autism. Obviously, there is a lot more information and guidance you’ll need before embarking on this approach, so please see the “Getting Started” section at the end of this special report for more information and resources.

Before I explain the 7 Facts, I want to introduce the pattern of Autism regression that is commonly seen in many children. This pattern is only an example. Because the rates of Autism are higher in boys than girls, I use the word “He” as a descriptive term for the child, but understand the examples below are seen in girls as well.
The Regressive Autism Child

• The child is born seemingly healthy, either via C-section or vaginal delivery.
• No apparent issues at birth. He may or may not have received hepatitis B vaccine.
• At age two months the child receives the first series of vaccines.
• Within the first three to four months the child is diagnosed with an ear infection. Oral antibiotics are prescribed.
• The child may successfully breast feed for three to four months, then is switched to formula, usually soy based.
• A second ear infection is diagnosed at around four to five months. Again another round of oral antibiotics.
• He begins eating solids at about six months. More antibiotics are given for an unresolved ear infection.
• Then comes the four and six month vaccines. However, he continues to develop normally. He’s playful, appears happy and content, and eye contact is established.
• Possibly another course of antibiotics is given prior to the first birthday because of continuous ear infections.
• At one year the child is switched from breast milk or formula to cow dairy.
• He continues good progress developmentally, including verbalizing the words “dada” and/or “mama.”
• Ear infections and allergies become more prominent. More antibiotics are given.
• The child begins to have loose stools after cow dairy is implemented.
• Between the 12th and 18th month (on average 15th month) the child receives another round of vaccines, including the MMR (and possibly Varicella, aka. Chickenpox).
• Parents begin to notice a marked change in stool patterns, including an increase of diarrhea, light colored stools and a “sandy-like” substance.
• Between 15 to 18 months (or shortly thereafter) he begins to lose words, no-longer saying “dada” or “mama.” He appears to be deaf as he no longer responds to his name.
• The child starts to fixate on spinning objects, i.e. fans, the wheels on toy cars or trucks.
• This pattern usually takes about two to three months to develop, but in some cases it happens over weeks or days.
• By the time the child is 15 to 18 months old he is no longer communicative. He appears isolated and withdrawn. Diarrhea continues.
• More ear infections go unresolved by repeated courses of antibiotics.
• The parents are told that most kids go through a transition period in their toddler years, and that boys will many times have delays in language.
• This cycle continues until it is evident that child is not developing cognitively, but instead is losing ground compared to other children their age with respect to speech, socialization, etc.
• The child is eventually diagnosed with Autism-Spectrum Disorder and provided various services to help with education, speech and behavioral therapies.
• No significant medical therapies are investigated or implemented, except for basic genetic screening for Fragile X and/or blood work – which are almost always normal.
• Parents concerns regarding the child’s health, diarrhea, vaccines, etc. are disregarded.
I realize this is a simplistic outline of a child’s regression into autism. Some children regress much more quickly even before their first birthday. Some never develop language or only partially lose it. Some parents describe their child as never developing normally, or always appearing delayed. However, the transition in autism for many children, regardless of their family heritage, nationality, location in the world and socioeconomic standing often follow this pattern fairly closely.
Fact #1: Autism Is Treatable!
Everyday medical research is discovering more about various influences that predispose a child to becoming afflicted with Autism and there are excellent treatments already available to help address many of the complex health issues they face. Unfortunately, the mainstream media, public viewpoint and conventional medicine lag behind in talking about and referring these therapies to parents.

The field of biomedicine for Autism, as stated previously which views Autism as a medical condition involving the immune, digestive, metabolic, hormone and biochemical systems, has been alive and well for decades thanks to the help of such organizations as the Autism Research Institute, Generation Rescue and Talk About Curing Autism.
These groups have championed the many treatment and assessment techniques necessary to address the medical complexities of Autism, different from just the standard medical care of behavior therapy or psychiatric drug treatment.

In short, the biomedical approach views Autism as a multifactorial medical disorder which adversely affects the brain, as opposed to the common conventional medical view point that Autism is purely just a brain disorder. When these underlying medical conditions are treated many times the child’s condition either improves or goes away.
You, as a parent or caregiver, need to know that options exist, treatments are available and there are things you can do right now to help your child. The most important thing is to have an open mind, be committed to the process of biomedical intervention and be willing to educate yourself. Knowledge is power, and when you become empowered with the tools necessary to help your child, miracles can, have and will happen.

My biomedical approach incorporates many different facets of medicine including diagnostic testing, dietary and lifestyle modifications, nutritional supplements and certain medications (if needed). My approach comes from the knowledge that the majority of special needs children including those suffering with attention deficit (ADD) and attention deficit hyperactivity disorder (ADHD) and other neuro-developmental problems are dealing with underlying biological and toxicity (i.e. chemical, heavy metal, food, infections) issues that are compromising their health.
In short, Autism and its related spectrum disorders are more than just a psychological condition without hope for recovery or improvement. In fact, physicians utilizing a biomedical approach feel that the majority of children who are treated bio-medically through diet, supplements, detoxification therapies, etc. have a significant chance of improvement - and some...a FULL RECOVERY.
I feel the best chance a child has at "optimizing their full potential" is to incorporate biomedical therapies, along with standard therapies such as behavioral, speech, auditory processing, occupational and more. This approach is too important to leave out of any child's treatment program no matter how old they are, or how long they have been diagnosed. A person’s health can always be improved.
To find out if biomedical therapies would help your child, you MUST be willing to implement some of them and to learn how to do so. The amount of information related to the biomedical approach for Autism can be overwhelming. Knowing what to do first, how to prioritize testing and therapies, dietary changes and what supplements to use leaves many parents feeling frustrated. This is understandable because much of the information that is available about biomedical therapies is not recognized by much of the medical community, and so most of the information needs to be obtained on your own, from books, articles, support groups and the Internet.
This lack of information available through conventional medical channels does not mean the biomedical approach has no value. In fact, it is absolutely essential, but do not expect to get much recognition or support from closed-minded physicians or other health care providers. They have ignored the problem for years and do not offer much hope for effective treatment or improvement for your child. Instead, focus on the potential that biomedical therapy has to offer.
Explore the avenue of hope that many parents have discovered as they watch their children undergo significant improvement and even recovery from their special needs diagnosis. Conventional medicine has no guarantees for absolute recovery from any illness 100% of the time. Neither does a biomedical approach to Autism make any such guarantees. However, improvement in health is always a possibility.
Your Child Deserves Better

In my experience, the conventional medical community is ill-equipped to evaluate autism-spectrum children and provide them with well-rounded treatment options beyond psychiatric medications to control adverse behavior. This is why working with a clinician trained in the various biomedical therapies is ideal, but not always possible. What is really needed is a doctor to be at least open-minded to various aspects of evaluation, therapies and healing. This way you can learn to work with your doctor in implementing some of these therapies.
Unfortunately, there are no quick fixes, magic creams or potions that will make your child’s Autism go away. **Persistence, hard-work and dedication are essential.** There are no guarantees of absolute recovery for all children. Yes, some do, and what is more common is that they become healthier, more social and more engaged with their family.
Fact #2:
Autism Is A MEDICAL Disorder – Not Just A Brain Disorder
Autism is more than just a brain disorder, or what is commonly called a neuro-developmental disorder. Instead, Autism needs to be reclassified as a multi-system disorder involving the digestive, immune, biochemical, hormone, and detoxification systems that affect the brain.

Research has already proven this and many of the scientists and physicians involved in Autism have shown that the medical issues of many individuals can be complex and multi-faceted.
As a parent or caregiver, you obviously have your own story to tell about your child. Their particular pattern of development is unique to them, but with many children there are commonalities with respects to their medical issues. What is important is that look at what may have been contributing factors for your child’s health condition.

I approach a child’s autism-spectrum condition from a medical standpoint. I want to know what is going on medically. Do they have nutritional imbalances, yeast or bacterial overgrowth, food allergies and sensitivities, biochemical imbalances and/or immune system dysfunction, and heavy metal toxicity? All these factors can contribute to your child not getting well and just as importantly contributing to their Autism.
Fact #3:

What Your Child Eats Really Does Make a Difference!
As unpopular as this topic is, it really does make a big difference in your child's health - many times dramatically! Gluten (from wheat) and casein (from dairy) are two of the most common food sensitivities for special needs children. Soy and other foods can be a problem as well. The gluten & casein-free (GFCF) diet has been used for many years with good success. Is it a "pain in the neck?" Sometimes. Do kids get success with other biomedical therapies without having to do the diet? Sometimes - but not often.
Enough children (at least 65%-70%) on the autism-spectrum show improvement, as referenced from statistics from the Autism Research Institute (3), with respect to cognitive changes (better attention, ability to focus, language) and physical health (better digestive function, less illnesses such as colds, ear infections) that I feel a gluten, casein, and even soy-free diet is worthwhile.

This is an area that can create a lot of stress and tension on the part of parents and caregivers. It takes practice, patience and perseverance. Some kids respond immediately, some not at all. However, in my experience most kids show positive changes. Unfortunately, there is no magic pill to replace the GFCF diet.
The Importance of Dietary Intervention & the Powerful Impact Food Can Have on Behaviors
The idea that food can have an adverse effect on behaviors in children is nothing new. It has been known for years in the biomedical community that peptides (small fragments of protein) from gluten and casein affect certain ASD children (4) as to their behavior and overall cognitive function.

These food proteins can also have an adverse effect on immune function as well (5). Also, food coloring and dyes (based on the concept of phenol sensitivity) and certain substances such as salicylates all can contribute to adverse behaviors such as aggression, hyperactivity, lack of focus and more (6).
Dietary intervention is not always a one size fits all approach. Remember, your child is an individual and their response to a dietary change may be entirely different than another child. When it comes to dietary modifications you will never know the full benefit they can have until you give one of them a try. At times it is necessary to explore various diets to see which one works best. Some of these dietary programs are called the Gluten & Casein-Free Diet (GFCF), the Specific Carbohydrate Diet (SCD) and/or the Low Oxalate Diet (LOD). I recommend if dietary intervention is a new concept for you to first explore the Gluten & Casein-Free Diet as your starting point.

NOTE: It is important to keep in mind that for many children, foods like gluten and casein are not just nuisances that need to be avoided periodically. For many kids these foods are toxins. These foods can cause adverse chemical effects similar to opiate drugs and can cause chemical addiction in their brains. Stop waiting and implement the GFCF now. Your child may be one of those kids who benefits greatly.
Food in general is important to evaluate with regards to overall health. The majority of autism-spectrum children are dealing with high toxin levels in their bodies which they are not able to eliminate effectively. Beyond the gluten & casein-free diet you as a parent or caregiver should be incorporating as much organic food including vegetables and meats (if not vegetarian) as possible. Also the removal of toxic food such as fast-food (junk food), soda, and refined flour and pastries is critical. Many autism-spectrum children are nutrient deficient and the eating of toxic food is truly deleterious to their health. I encourage everyone to the watch the video entitled "Super Size Me" available on video/DVD to see an example of what a fast-food diet can do to you and your child’s health.

Start exploring your local health food stores or specialty markets for food alternatives that you normally buy at the standard local markets. Incorporating a whole food diet takes time, but is well worth the effort. Be patient and the dividends will pay off with improved health and vitality.
Start exploring your local health food stores or specialty markets for food alternatives that you normally buy at the standard local markets. Incorporating a whole food diet takes time, but is well worth the effort. Be patient and the dividends will pay off with improved health and vitality.

NOTE: For some children, particularly those with inflammatory bowel conditions, weak immune system, or the inability to eradicate opportunistic bacteria and yeast infections from their digestive system will often need to implement a more detailed dietary program. One such program is called the Specific Carbohydrate Diet (SCD). This diet is an extension of the GFCF diet and has been a big boost health wise for many children on the autistic-spectrum.
Self-Injury Behavior (SIB) – A Complex Case

Derrick was an eight year old boy who was diagnosed at an early age with “classic” autism. His main issues included SIB (self-injury behavior), aggression and sleep disorder often causing him to be up through the night for hours. His worst behaviors would many times manifest for one to two hours after school. Other concerns were his lack of speech, self-limited diet (high dairy and grains) and very poor socialization. One curious condition was his very high pain tolerance.
After running an Organic Acids Test and Urinary Peptide Profile it was determined that Derrick was a child with massive amounts of yeast and clostridia bacteria toxins. His toxin levels for yeast and bacteria were some of the highest I have ever seen at the time. His parents started the gluten & casein-free diet with good success in improving behavior problems.
Because of his severe combativeness the parents had a difficult time getting him to take supplements consistently. However, he was able to take melatonin (sleep supplement) – 1 mg before bed which helped. Because of his high clostridia and yeast toxins we tried to implement an antibiotic called Flagyl, and an antifungal medication called Diflucan. Unfortunately, because of an excessive die-off reaction (die-off is a condition where a child’s symptoms worsen because of the toxins being released by eradicating bacteria and yeast) he became even more aggressive and the SIB worsened.
I switched him to Culturelle (a specific type of probiotic helpful against clostridia bacteria) knowing that in the future we would again need to address the clostridium and yeast. Knowing that severe yeast and bacterial overgrowth problems can thrive in a gut with lots of inflammation we decided to switch him from the GF/CF diet to the Specific Carbohydrate Diet (SCD). This diet is based on the work of the late Elaine Gottschall, author of the books “Food and the Gut Reaction” and “Breaking the Vicious Cycle.”
CASE STUDY

The premise is individuals with inflammatory bowel diseases such as Chron’s Disease and Ulcerative Colitis have difficulty digesting complex sugars called disaccharides found in food such as rice, corn and other grain products. This diet has been successful in many children on the autism spectrum particularly those with chronic digestive problems.

The remarkable thing with Derrick was 5 weeks after starting the SCD his SIB was virtually gone. Derrick was at that time taking a medication called Naltrexone. This is medication used for narcotic addiction, particularly to heroin and morphine. It has been used with success for aggression and SIB. After 5 weeks on the Specific Carbohydrate Diet he no longer needed his Naltrexone.
Fact #4:

Methyl-B12
(Methylcobalamin) Therapy Works!
Methylation is a vital biochemical reaction in the body that supports the cardiovascular, hormone, immune, and detoxification systems, DNA/RNA structure and function, and other key metabolic systems. Problems in methylation are critical in the development of Autism (7). There are some very effective therapies that support this biochemical process quite effectively such as methylcobalamin (injection, oral, sublingual), as well as other methylating supplements such as dimethylglycine (DMG) and trimethylglycine (TMG).
However, according to James Neubrander, M.D. the pioneer in methylcobalamin therapy (methyl-B12 or MB-12), the subcutaneous injection route is the most effective. From my years of experience in using MB-12 therapy for autism-spectrum children I agree with Dr. Neubrander’s commentary about the effectiveness of subcutaneous injectable methyl-B12.
The process of methylcobolamin (MB-12) injections is fairly simple. Injections are administered to a child in the upper outer quadrant of their buttocks using a pre-filled insulin syringe and needle. The procedure is virtually painless. The most difficult part of the process is for the parent or caregiver to overcome their fear of giving the injection. Yes! That's right - Mom, Dad, Grandma or Grandpa - whoever it might be will be giving the injection.

The Methyl-B12 protocol is of critical importance for you as a parent or caregiver to be familiar with. Most doctors do not know about it and you can educate your physician (if desired) about the benefits of this therapy. Methyl-B12 plays a significant role in helping autism-spectrum children regain their health and vitality. It is very important that you study this information.

I have an ebook specific to the use of Methyl-B12 for Autism at www.MethylB12ForAutism.com.
Fact #5:
Many Behavior Issues in Autism Can Be Directly Linked To Underlying Medical Problems
Many behavioral issues associated with autistic children can be treated through biomedical intervention. That’s right, rather than drugging your child into a zombie state with suppressive medications, I prefer to find out what’s causing the child to behave badly and treat the problem accordingly.

There are a lab tests available to help find out what is effecting your child. The Organic Acids Test (OAT) from Great Plains Laboratory is essential test to analyze for yeast and bacterial toxins, including toxins from group of bacteria called clostridium (8).

The OAT can also assess other factors related to antioxidant status and certain nutrient levels, as well as markers for in-born errors of metabolism including oxalate and amino acid dysfunction, all of which are important underlying medical problems with some children with autism.
The OAT can also assess other factors related to antioxidant status and certain nutrient levels, as well as markers for in-born errors of metabolism including oxalate and amino acid dysfunction, all of which are important underlying medical problems with some children with autism. Yeast has a tremendous negative influence on health. What are common in children with yeast overgrowth are behaviors that suggest dissociation, withdrawal and aloofness.
The most common behaviors often seen with high yeast toxins are:

- *Poor eye contact*
- *Increased stimming behavior* – fixating on spinning objects, odd hand movements including finger-flicking in front of eyes.
- *Toe-walking*
- *Becoming withdrawn*
- “*Silly, goofy and/or giddy*” – but this is not a behavior that involves other people. The child becomes silly, goofy and/or giddy to themselves.
- *Increased sugar craving*
Yeast and Pervasive Developmental Disorder (PDD)

Mark was one of my first ASD cases back in 1998. He was a 2 year old boy diagnosed with Pervasive Development Delay. His development was fairly typical early on, but after multiple ear infections treated repeatedly with antibiotics things started to turn. Loose stools were the norm as he struggled to maintain eye contact and learn in school. Eventually he began to lose developmental skills and suffer from poor language progression. I ordered an Organic Acids Test (OAT) from Great Plains laboratory and discovered a massive amount of yeast toxins. Being new to biomedicine for autism at that time all I knew to do was make a recommendation for a gluten & casein-free diet and prescription antifungal therapy. The anti-fungal medication was called Nystatin. The mother also implemented some basic supplements including a multi-vitamin and mineral, probiotics and digestive enzymes.
After 18 months of continuous use of Nystatin, dietary modification and general nutritional support Mark was mainstreamed into regular school work and continued to do well. His repeat OAT finally showed no yeast overgrowth. This case illustrated for me the powerful changes that could happen for an ASD child with basic dietary intervention and prolonged antifungal therapy.
What is most common with “yeasty” behavior is a giddiness that overcomes a child as though they are drugged or drunk from alcohol consumption. When they are put on medications such as Nystatin or natural remedies, i.e. herbal remedies these behaviors can improve. However, another common bug detected on the OAT test can give quite the opposite pattern. Its name is Clostridia (aka. Clostridium).
Clostridia Bacteria

Clostridium is a group of anaerobic (does not like oxygen) bacteria that survive the intestines of susceptible individuals. The most commonly discussed clostridia bacteria, particularly in hospital settings, is Clostridium difficile. This organism is a major problem as it has developed resistance to common antibiotics. Ironically, Clostridium difficile can become an issue in people who have taken long-term antibiotics for infections. In its severe form it can trigger a serious inflammatory bowel condition called pseudomembranous colitis (9). However, there are other species of clostridia that can be problematic without causing this life-threatening condition.
The OAT (from Great Plains Laboratory) reveals a specific marker called HPHPA. When toxin is elevated the presence of clostridia is defined. Unlike yeast overgrowth which can cause the classic “goofy and giddiness” behavior, clostridia can trigger the exact opposite behavior such as irritability, aggression and self-injury. The problem with any of these infections, as well as other toxic insults whether they are from chemicals, foods or vaccines is they have the potential to trigger neurological inflammation. Neurological inflammation is major factor in Autism and individuals on the autism-spectrum have been shown to have higher levels of inflammatory immune markers that affect their brain and nervous compared to neuro-typical individuals in their respective age group (10).
Case Study

Frank was a five year old ASD boy. His history included multiple antibiotics for ear infections. Shortly after an upper respiratory infection he started to become more aggressive such as hitting, kicking, screaming, etc. This went on for a few months. The parents began to implement a GF/CF diet which seemed to calm down his behaviors to some degree. They had also used some herbal remedies of grapefruit seed extract. This helped with some of his eye contact issues and focusing capacity. However, Frank was still prone to excessive outbursts, including head banging.
An OAT revealed very high levels of HPHPA. His yeast marker for arabinose was slightly elevated and a urinary peptide test was elevated for both gluten and casein. In some kids the HPHPA level may only be mildly/moderately elevated -- around 250 to 300. In these situations the use of a supplement called Culturelle (acidophilus GG) may be effective.
However, in Frank’s case his HPHPA significantly elevated. The use of grapefruit seed extract helped slightly with his eye contact and focusing, but it was not enough to impact his clostridia problem significantly. Also, implementing the GF/CF diet was beneficial because of his elevated peptides. Ultimately though, he needed more aggressive therapy to lower the clostridia levels.

I implemented a course of Flagyl (antibiotic) along with Culturelle (Lactobacillus GG). After five days of taking the medication Frank became much less aggressive, and his tantrums had diminished as well. Within three weeks of completing the therapy he was much happier, less irritable, and doing well in school again. His head-banging had stopped too.
Fact #6:
Vaccines *Can* Trigger Autism
The U.S. Government has admitted there is an association to childhood vaccinations and autism some cases. The case of Hannah Poling is one example. Hannah was a normal developing child until the age of 18 months when she received 9 immunizations in 5 separate shots given on the same day. Up until that time she was reaching her development milestones normally and had a vocabulary of approximately 30 words.

She was healthy and happy. Unfortunately, she immediately reacted to her 18 month shots with high fever, rashes and inconsolable crying. Shortly thereafter came the regression into autism with loss of language, failure to respond to those around her and more. The government conceded that the vaccines triggered her autism because of a “mitochondrial disorder.”
The mitochondria are the energy factories of our cells. They churn out large amounts of energy chemicals to keep our bodies functioning normally. Certain individuals carry genetic factors that alter their mitochondria function. In Hannah’s case there was no clear indication that she had a problem prior to vaccinations and it is just as likely the vaccines themselves created a mitochondrial problem as this is known to happen with other toxic reactions from chemical, drugs, infections, etc. In fact, mitochondria are very sensitive to imbalances in our bodies and are known to influence other medical conditions such as diabetes, heart disease, obesity and even cancer.
The critics of this argument state that mitochondrial disorders are rare and that the Hannah Poling case is an extreme example. However, the estimated rate of mitochondrial problems in autistic individuals is as high as 20% to 30%. What this means is that a significant amount of children actually have a confirmed disorder, while even more have some form of dysfunction that makes them highly susceptible to vaccine damage. This equates to approximately 1 in 50 children being susceptible to mitochondrial problems.
When you look at the list of things that can damage mitochondria you realize many of these items are common in childhood vaccines, as well as our environment:

• Thimerosal
• Mercury
• Aluminum (which is added to many vaccines)
• Pollution
• Pesticides
• Certain Medicines
• Prenatal alcohol exposure
In my practice, about 70% of parents describe a regressive pattern to their child’s autism. This means they were on target developmentally and then lost language, eye contact, social skills, etc. In at least 50% of these situations, the regression occurred over a 3 week to 3 month period of time from certain vaccines. In many of these kids the parents correlate regression directly with a vaccination doctor’s visit.

I have seen the overuse of vaccines (multiple vaccines given during the same doctor’s visit) be a contributor to children’s regression into autism and in some cases within days of a particular series of shots. Think back to your child’s Autism development. Did it come on after a certain period of time or event? Was there a regression after a vaccine visit to your pediatricians visit?
We can all acknowledge that certain vaccines have played a beneficial role in our nation’s health and continue to do so in other developing countries. To forego all vaccines does not make good sense and would leave some children vulnerable to infectious diseases. However, I feel we have a problem with our countries “one-size fits all” vaccine policy that does not take into account an individual’s immune and biochemical sensitivities.
Fact #7:

Don’t Wait Around For Doctors Tell You How To Treat Your Child.

If They Knew How, They Would Have Already Told You.
The decision to begin biomedical intervention for your child is an easy one. The choice of keeping things as they are or journeying on the path of non-conventional treatments just takes the commitment to say, “I am going to do something.” That something is the most beneficial thing you can do for your child, yourself and your family. You have to want to take back control of your child’s healthcare and ultimately your family’s health care.
There is a proven way you can start implementing successful therapies for your child – right now. Now is the time to start implementing a strategy. This strategy is what I call your “Autism Action Plan.” It is program of things to do – a “To Do List” if you will. This “to do” list is important to have as it will help you create a list of supplements, therapies, testing, etc. that you should try for your child. There is no one specific way to treat a child with Autism, no one right way for every child. The reason is there are no two children that are exactly alike. A specific therapy like high dose vitamin B6 may work wonders for a few children, but for some kids, creates problems with over-stimulation and hyperactivity.
Conversely, your child may respond beautifully to the gluten & casein-free diet while a neighbor’s child with a similar diagnosis sees no benefits, even after prolonged use. Medicine is full of these uncertainties, but luckily in the world of medicine and certainly in the world of biomedical interventions there are many options at our disposal.
Also, when you look at trends in treatment you begin to see that many of the biomedical therapies available seem to help most children. Vitamins, dietary restrictions such as gluten, casein and soy, methyl-B12, etc. are all therapies available. **So let’s get started with devising an action plan for your child!** Remember you are the driver. You control the steering wheel for the road you are going to travel. You control the gas pedal that determines how fast you will travel down your chosen road for your child. The only thing you do not control is how quickly or intensely your child will respond to a given therapy and whether that therapy will ultimately lead to biomedical success. Be patient and stay the course. **Improvements in health are very rarely a quick fix, but remember that miracles can happen.**
How To Get Started

It saddens me greatly that not everyone who would like to treat their child can see a Biomedical Autism Specialist doctor due to economic or geographic limitations. It’s also frustrating that many doctors doing biomedical intervention for Autism can only help about 6-8 kids a day on a one-to-one basis. Because of these challenges, I knew there had to be a way to bring my private practice experience to those who could not come to me personally. To combat this problem, I created a biomedical education website to implement my Autism Recovery System which can be accessed at www.AutismRecoverySystem.com.
Autism Recovery System (ARS) is an educational website for parents and caregivers looking to learn more about biomedical intervention options for their child or loved one. ARS is membership website in which I virtually put my private practice into your home. With my Autism Action Plan, you will have instruction on how to implement the same successful biomedical therapies that I have used for years in my practice.
Autism Recovery System is dedicated to self-education through articles, laboratory testing information and a member forum for ongoing questions and answers. There is even a section for private messaging to me as well.

From my experience one of the unfortunate things that occurs with many parents is the “mass confusion” effect that sets in when moving down the path of biomedical intervention. People become easily confused by all the options, diets, therapies, tests and supplements, which can lead to inaction, anxiety and frustration.
Ultimately, this benefits no one, as you either give up on the whole approach or never really get started with anything significant that could make a difference for your child. This has nothing to do with intelligence. It is related to the fact that the language and concepts of biomedicine are foreign to some people. **Autism Recovery System** changes all of this as it puts the most important information right into your hands from the privacy of your computer.
There are many biomedical therapies that can really help the majority of special needs kids and I am confident will help your child as well.

Time is of the essence. **The sooner you take action the better chance you will have of helping your child.** I believe you will find my Autism Recovery System to be helpful. Please visit [www.AutismRecoverySystem.com](http://www.AutismRecoverySystem.com) for more information.
Meet The Author, Dr. Kurt Woeller

Kurt N. Woeller, D.O., has been an integrative medicine physician and biomedical autism specialist since the late 90’s.

He is an author of several health books including “Autism – The Road To Recovery”, “Methyl-B12 Therapy For Autism”, “Methyl-B12 for Alzheimer’s Disease and Dementia” and “5 Things You MUST Do Right Now To Help With Your Rheumatoid Arthritis.”

He is an international speaker, educator and experienced clinician offering specialized treatment and testing for individuals with complex medical conditions such as Autism-Spectrum Disorders, Chronic Fatigue Syndrome, Mental Health Disorders, Multiple Sclerosis and other chronic health conditions. His health consulting practice for autism alone is multinational with families from various countries.
Dr. Woeller serves as a clinical advisor for both BioHealth Laboratory and Great Plains Laboratory providing patient and physician education through training programs and monthly webinars. He is also on the Integrative Medicine for Mental Health (IMMH) Scientific Advisory Panel. In addition, Dr. Woeller is also the Medical Director for Integrative Medicine Academy, an internet-based physician training academy.

Dr. Woeller maintains multiple online educational resources for patients and doctors such as

- [AutismRecoverySystem.com](http://AutismRecoverySystem.com)
- [IntegrativeMedicineAcademy.com](http://IntegrativeMedicineAcademy.com)
- [DrWoeller.com](http://DrWoeller.com)
References

(1) Based on prevalence statistics from the Centers for Disease Control and Prevention (2015).

(2) Based on the autism prevalence rate of 2 to 6 per 1,000 (Centers for Disease Control and Prevention, 2001) and 2000 U.S. Census figure of 280 million Americans.

(3) Autism Research Institute – Parent Survey for Biomedical Therapies.


