



Published by
DEVELOPMENTAL DELAY RESOURCES

The ONE Resource Network Integrating Conventional & Holistic Approaches



Helping Parents Make a Difference

This newsletter is made possible by a grant from New Beginnings Nutritionals, Lenexa, Kansas

Another supplement company? This one is different!

New Beginnings Nutritionals (NBN) was founded under the direction of a biochemist, DDR Professional Advisory Board member, Dr. William Shaw. Director of the Great Plains Laboratory and author of *Biological Treatments for Autism and PDD*, Shaw is familiar with children with special needs and allergies. **NBN's** goal is to offer a choice of the highest quality nutritional supplements.

New Beginnings Nutritionals carries vitamins, minerals, amino acids, fish oils, enzymes, herbal products for yeast and bacteria control, and specialty items. **NBN's** full product line is designed to provide support for special dietary needs, digestion, absorption, nutrient deficiencies, detoxification, and immune dysfunction. **NBN** products are based on recent, sound scientific research. They are guaranteed for purity and potency, and are gluten-, casein-, soy-, corn- and yeast-free. **NBN** also distributes **BrainChild** liquid vitamins and minerals, in regular and ultra-sensitive formulas, for those who cannot swallow pills.

Is supplement therapy new to you? The **Nutritional Support Starter Package** is an easy-to-use, easy-to-follow regimen that provides the high quality vitamins, minerals, antioxidants, and fatty acids that many physicians are recommending. This specially formulated package includes **Basic Nutrients Plus**, a copper-free vitamin and mineral formula, **Vitamin C Antioxidant Formula**, vitally important to prevent cellular damage caused by stress and toxins, **Carlson's Cod Liver Oil**, a pleasant tasting liquid that delivers essential Omega-3 fatty acids, natural vitamin A and D, and **Chewable Calcium/Magnesium**, especially important for those on dairy-restricted diets. Powder, and capsule forms are also available.

Heard of xylitol? It is a naturally occurring, completely safe, sugar alternative with no aftertaste. Xylitol has a low glycemic index, 40% fewer calories than sugar, and **DOES NOT FEED YEAST**. It also has anti-microbial properties that have been shown in clinical studies to prevent cavities and ear infections. **New Beginnings Nutritionals** carries a full line of xylitol-containing products.

Try **XyloSweet** for your holiday baking. It mixes, measures and behaves just like granulated sugar. Want Fluoride-free toothpaste? (Did you know fluoride is a toxin?) **Spry Toothpaste** formulated with xylitol is 100% safe, even if swallowed. **Spry Peppermint and Spearmint Gum** is great tasting, sugar-free, and good for your teeth.

Want to protect your family's health during the cold and flu season? **Prime Colostrum** delivers powerful immune support through a casein-free concentrate by placing a few drops in the mouth, twice daily. **Olive Leaf Extract, Monolaurin** and **Xylitol Nasal Wash** are safe, natural, anti viral/microbial additions to your preventative arsenal.

Allergies in the family? **A & I Formula** offers a drug-free natural anti-histamine and anti-inflammatory supplement. Have a restless, anxious or hyperactive child? Ask about using **5-HTP, Melatonin, and GABA** to induce sleep or reduce anxiety. **DMAE Plus** is a drug-free alternative that supports focus and attention.

Need to combat intestinal yeast and bacteria and promote healthy intestinal functioning? **NBN** has many effective natural agents including **Goldenseal Extract, Grapefruit Seed Extract, MCT Oil, Garlic, Oil of Oregano, and Uva Ursi**.

Looking for bug repellents without harmful pesticides? **NBN** carries **Cactus Juice Outdoor Protectant** products, with/without sunscreens, which are **DEET-free**. Their **Miracle Gel** is similar to aloe, for healing and soothing most skin conditions.

Visit **New Beginnings Nutritionals** at <www.nbnus.com> or call 877-575-2467. You can expect personalized care by a uniquely qualified customer care team – parents of kids with special needs – whose knowledge and expertise can help guide you to success utilizing nutritional therapy. **Mention that you learned about them from DDR and receive 20% off your first order!**

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Executive Director's Column

by Patricia S. Lemer, M.Ed., NCC, M.S. Bus.



Freedom of Speech, Freedom of Choice

I am not usually a political person. Once, I had to be tutored to go on a date with an influential Democrat. But this election year is different. I fear the possible loss of my freedom to choose and to speak more than I fear terrorists. In the past few weeks, people have challenged my and my colleagues' freedom to express our philosophies, methodologies and beliefs.

What is Freedom?

Merriam-Webster defines *freedom* as "the power to speak, think or act without externally imposed restraints." When our forefathers wrote the Bill of Rights over 200 years ago, they guaranteed us various freedoms, some of which are now in jeopardy.

Freedom of Speech

It is no accident that Freedom of Speech is the first freedom in the First Amendment. The Constitution's framers saw freedom of expression as the hallmark of a democratic society, according to the American Civil Liberties Union (ACLU).

A year ago, Joyce Riley, a long-time supporter of alternative approaches to learning disabilities, invited me to present a workshop on Non-Verbal Learning Disabilities (NLD) in October to the Learning Disabilities Association (LDA) of California Fall Conference. I have been a member of LDA for over 30 years, and Joyce had read my article on NLD (See 8:1)

Following the distribution of the conference brochure, which listed a provocative title for my session, Joyce was hounded by emails protesting my presentation. Why? Because I questioned the diagnosis, and suggested that NLD might be mitigated by movement and vision therapies. Some incensed NLD advocates waged an Internet campaign demanding that I be stricken as a speaker. Thanks to Joyce's commitment to me and my stance, the program proceeded without incident, to a packed, welcoming audience. Still, the President of California LDA felt compelled to apologize in her newsletter on my behalf.

Suppose even one of those who protested my talk had bothered to contact me. Instead of throwing temper tantrums, we might have had the opportunity for dialogue. Even better, we might have learned something!

The same week, DDR cancelled a program on "Treating ADD without Drugs." Why? Because someone learned that several years ago, quackbusters had suspended the medical license of Charles Gant, our keynote speaker. She assumed him guilty as charged.

What this uninformed person did not learn was that Gant spent hundreds of thousands of dollars to recoup his license, so that he could help more patients. Gant is proud to be one of many fine physicians who have been harrassed for exercising their freedom of speech. Fortunately, these doctors care more about relationships with their patients than with their pharmaceutical reps. Drs. Robert Sinaiko, James Gordon, Devi Nambutripad, Viola Frymann and John Upledger are just a few who have also been targeted.

Izzy Kalman believes that much of the fighting in our schools and on our playgrounds is a result of the lack of freedom of speech (see page 5). He says "freedom of speech" is just a slogan today. Remember when kids called each other names, and "sticks and stones could break our bones, but names could never hurt us?" Today's kids, prohibited from using "bad" words, must resort to stronger means to exercise their rights of expression.

Freedom of Choice

Freedom of religion is the law of the land, but other important choices are also at stake. Many parents demand that the freedom to choose a vaccination schedule tailored to their children's needs should be their right in a democracy. How many more innocent children have to become autistic or disabled before the medical community admits that mass vaccination is harming the health of future generations.

What You Can Do

- **Whenever feeling pressured to make a forced choice, take time to think it over.** You have this option in all medical situations. Once a physician makes a diagnosis, there are many treatments to consider. Learn about all of them.
- **Support those who advocate for the causes you believe in.** As you consider year-end donations, make them to organizations that fight for your freedoms. Wear their t-shirts and be a mobile billboard.
- **Use the media to your advantage.** Subscribe to magazines and newsletters that give you the latest information, not the status quo. If you view or read anything that you find disturbing, take time to write an e-mail or letter in protest. Look what happened when people rallied around Alan Yurko, and bombarded CBS about their unprofessional handling of the vaccine-autism connection.
- **Walk the walk. Talk the talk.** Be an advocate for freedoms of all kinds. Volunteer for good causes and be an example to your kids. Help them understand their heritage and what our forefathers fought so hard to win. Let's not lose it now!



Give DDR Memberships, Books, and Calendars

Let DDR be your one-stop holiday shopping center. Honor teachers with a gift of membership. Our huge selection of **cookbooks** has recipes for the most allergic kids. Peruse the enclosed booklist/order form or call/email us for suggestions.

Looking for that perfect **2005 calendar**? DDR is offering a full color "Developmental Delays are Treatable" Calendar for only \$25. Each month has "Before" and "After" photos of kids with different diagnoses. These pictures show the changes biomedical, sensory and other therapies can make. Included also are resources for various treatments, and daily listings of conferences and workshops everywhere. See colored insert to order.

Also remember that you can now buy the best of "New Developments" bound and subject-indexed. This Newsletter Digest is a great gift as a resource for schools and parent groups.

Yurko Freed

A year ago, we ran an article "Who Killed Baby Yurko, His Father or His Doctors." After serving six years and 125 days of a life sentence for shaking his baby son to death in 1999, Alan Yurko walked out of prison a free man. New evidence convinced the judge that the medical examiner had botched the baby's autopsy. Yurko admitted contributing to his son's death, not by shaking him, but by allowing his baby to receive a series of many vaccines when ill. This case, however tragic, serves as a dramatic example of what a massive public effort can do. Maybe it saved the lives of other children whose parents now know the possible risks of vaccinating a sick child.

Vision in the News

Congratulations to DDR Professional Advisory Board member Colorado optometrist Lynn Hellerstein, the new President of the College of Optometrists in Vision Development (COVD). COVD certifies optometrists who include vision therapy (VT) in their practices. DDR can help you find one near you.

Want to learn the relationship between LD, ADD, dyslexia or autism and vision issues? Find out about how vision therapy can help those with a lazy eye, tracking problems or double vision. Go to <www.visiontherapystories.com> to find support for those who want to understand more about vision therapy. Read testimonials from real people who learned how to read, write and do math better after VT.

DDR Board Member Changes

The DDR Board held its annual meeting in September. Thank you to Jeannette Chamberlin, Heather Frank, Jay Larson and Marc Sickel, who completed their terms. Welcome aboard to Megan Topping and Ed Arranga, parents, Colette Silver, parent and occupational therapist, Scott Theirl, a New York chiropractic neurologist, and Rebecca Weissman, a parent and special educator from Virginia.

The Board invited several practitioners to join the Professional Advisory Board. New members are Drs. David Berger, Jeff Bradstreet, John Hicks, Andrew Levinson, Lawrence Palevsky, Seth Pearl and Anju Usman.

Read *Alternative Therapies*

In the September/October issue of *Alternative Therapies Journal*, Editor-in-Chief Mark Hyman, MD writes a brilliant editorial on the paradigm shift in medicine. DDR covered this topic in a short piece by Dr. Philip Incao two years ago.(8:2) Hyman shows how historically nutrition has been initially ignored, but eventually accepted, in many diseases. In the same issue, learn about "functional medicine" from Jeffrey Bland. Founder of Metagenics. Many use his products daily. If you cannot find these articles, DDR can send you copies.

NVIC in the Media

Barbara Loe Fisher, co-founder of the National Vaccine Information Center (NVIC) was featured this fall in both the September/October issue of *Mothering Magazine* and in a recent CBS "60 Minutes" documentary.

Thank you, Peggy O'Mara, *Mothering* editor, for your consistent and forthright coverage of the vaccine/autism connection. In her article, Fisher documents her son's physical deterioration following his fourth DPT shot. She further relates the escalation in chronic illness and disability to the increase in vaccines both in this article, and in her classic, *DPT: A Shot in the Dark* (see booklist).

Shame on you, Dan Rather, for your one-sided coverage of the vaccine story. Everyone was shocked as CBS interviewed Dr. Paul Offit without informing viewers that Offit is a vaccine patent holder and paid consultant for Merck, one of the largest childhood vaccine manufacturers. To learn the truth, go to <www.nvic.org>.

Tuna With Fewer Toxins and More Good Fats

Miss tuna? Carvalho Fisheries' domestic, minimal mercury albacore is composed of only three-year old fish. One six-ounce can of Carvalho contains only 23 micrograms of mercury, compared to 61 micrograms in national brands. Carvalho fish are packed raw, thus retaining all the fats, oils and nutritive juices. Each can averages over seven grams of Omega 3 oils, as compared to negligible amounts in national brands. To order, go to <www.carvalhofisheries.com>.

New Developments is a quarterly newsletter published by **Developmental Delay Resources (DDR)**, a 501c3 not-for-profit organization whose mission is connecting families, professionals and organizations and disseminating the most current information about possible causes, interventions and preventions for developmental delays. Members of DDR support the inter-relationship of physical, cognitive and social-emotional development in children whose delays include, but are not limited to, sensory-motor deficits, speech-language disorders, attention deficits, learning disabilities, pervasive developmental disorders and autism. DDR seeks to educate the public about treatments that: address sensory-motor processing, including occupational therapy, vision therapy, auditory training and perceptual-motor therapy; boost the immune system, including dietary modification, nutritional supplementation, homeopathy, and detoxification; address structural integrity, including osteopathy, CranioSacral therapy and chiropractic; and encourage positive social-emotional relationships, such as communication therapies, FloorTime and family therapy. **DDR is the only organization that integrates all these disciplines.**

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TOXICITY



Flame Retardants: A Threat to Our Children's Development?

Since the 1970's, manufacturers have been treating mattresses, textiles, plastics and car parts with flame-resistant chemicals known collectively as polybrominated diphenyl ethers (PBDEs). Today, these ubiquitous chemicals are showing up not just in our stores, but in our landfills, ground water, house dust, blood and breast milk, and in animals as diverse as fish in Virginia and polar bears and whales in Alaska.

What are PBDEs?

PBDEs come in three varieties: Deca, Penta and Octa. Deca, the most heavily used, is one of the many potentially hazardous chemicals in use, due to a failed national policy that presumes chemicals are safe until proven to cause harm. North American industry accounts for almost half the world's market of Deca chemicals.

PBDEs did not attract much attention until 1999, when Swedish scientists first detected them in breast milk. Last month a study by the Seattle-based Northwest Environment Watch, a non-profit environmental watchdog group, found PBDEs in 100% of breast -milk samples taken from 40 nursing mothers in Oregon, Washington, British Columbia and Montana.

Scientists are labeling them "Sons of PCBs," (polychlorinated biphenyls), which were banned in the U.S. in 1976. Why? Because PBDEs look, behave, and have some of the same effects as PCBs. PBDEs, when burned, produce dioxin, considered the most toxic chemical known to science.

Why be Concerned?

PBDEs, like PCBs, are believed to be slowly released over the life of these products and make their way up the food chain and into peoples' bodies. Once inside, they mimic thyroid and other hormones, interfering with reproduction, memory and learning. Infants and toddlers are the most at-risk because their brains and organs are still developing. The National Academy of Sciences estimates that chemical exposures play a role in at least one in four cases of developmental disorders.

According to Swedish neuro-toxicologist, Per Eriksson, exposure during the critical phase from the third trimester of pregnancy to age two disrupts thyroid function and alters brain development. Newborn mice exposed to a single dose of one part per million of PBDEs experienced nervous system damage, and learning/motor deficits that worsened as they aged. (See *New Developments*, 4:1, for more about thyroid disruption.)

Not using fire retardants also appears to be unacceptable. Untreated polyurethane foam was partly to blame for the fast-burning Rhode Island nightclub fire that killed 100 people last year. Polyurethane treated with PBDEs burns more slowly.

What are Governments and Industry Doing?

Concerns about their toxicity have lead Canada and the European Union (EU) to ban some or all PBDEs. Several Scandinavian countries have based chemical regulation on prevention, requiring thorough testing. The EU recently introduced a draft policy known as REACH (Registration, Evaluation, and Authorization of Chemicals) that will require safety testing of thousands of chemicals already on the market.

The United States is slower. In 2003, California banned the use and distribution of Penta and Octa, but not Deca, in electronics. Some electronics, automobile and furniture manufacturers have adopted official policies to phase out use of PBDEs. In May 2004, Democratic Congresswomen Diane DeGette of Colorado joined with Lynn Woolsey and Hilda Solis of California in introducing the Toxic Flame Retardant Prohibition Act (H.R. 4076) to prohibit the manufacture, processing or distribution of penta and octa PBDEs and their precursors.

What You Can Do for the Environment

- **Buy products from environmentally conscious manufacturers** such as Dell, Volvo, Motorola and IKEA, who label them appropriately, or reveal their chemical choices.
- **Send old electronics to consolidators.** Stereos, computers and cell phones can be disposed of safely or donated to charity. Go to the National Recycling Coalition at <www.nrc-recycle.org>, put in your state and zip code, and find a location near you.
- **Lobby your legislators** to pass laws banning the use of existing known toxins and create laws to have chemicals proven safe before use, rather than after.

What You Can Do for Your Family's Health

- **Use organic cotton bedding**, including mattresses and sleepwear, for everyone in the family, especially the new baby. Some sources are: <www.lifekind.com> or 800-284-4983; <www.greensleep.com> or 800-313-3799, or <www.nontoxic.com>.
- **Sweat, sweat, sweat.** According to Dr. Sherry Rogers, the body has one proven mechanism for dumping stored environmental toxins: sweating. First cut trans fatty acids out of the diet, and restore missing essential fats, correct mineral deficiencies, like selenium, manganese, zinc and magnesium to facilitate safe detoxification. Then buy a far infrared sauna as a holiday gift for the family. Rogers believes it is the only proven way to detox. In her amazing book, *Detoxify or Die* (see booklist), she offers a sample letter to your insurance carrier to persuade them to reimburse you, at least in part. Remember that High Tech Health (800-794-5355 or <www.hightechhealth.com>) will help you find the right model and donate 10% to DDR.
- **Go to DDR's website** <www.devdelay.org> and click on "Environmental Toxicity" to learn more.

SOCIAL SKILLS



Bullies to Buddies: A Revolutionary Approach to Teasing

Adapted from the work of Izzy Kalman, MS, NCSP

Child: Johnny called me a x@z#\$%*!
Adult: Do you believe it?
Child: No!
Adult: Good!
End of incident!

School psychologist Izzy Kalman has conceived this and other creative solutions to teasing and bullying. He teaches kids how to handle bullies without anyone's help, and without getting anyone in trouble. Impossible? Read on.

The Importance of Freedom of Speech

Americans take Freedom of Speech for granted; but today, it is little more than a slogan. Despite two centuries of this historic right, our society is making it increasingly difficult to publicly or privately say what we want. Why? Because someone might be offended.

Virtually all fights begin with words. Mean words start a genetically programmed biological survival response to being threatened: anger. The attitude, "You have no right to say that," is the source of anger and aggression. The problem is the anger, not the mean words.

Kalman teaches people how to communicate without getting angry. The attitude, "You have the right to say whatever you want, and that's okay," fosters peace, not violence.

Name Calling and Hitting

Students in special education are easy targets for bullies. Parents naturally want to protect them. Kalman thinks this is a mistake. He recommends regarding bullies as social sparring partners. Bullies give children the opportunity to learn to deal with aggression, an essential life skill. We should be grateful to them.

Teachers and parents encounter four basic types of aggression between children:

- Kids complain about being called names. (above)
- Kids complain about being hit.
- You witness kids calling names.
- You witness kids hitting.

Hitting incidents rarely cause real harm. Typically kids bring us incidents we didn't see, in which no one was hurt. As with name-calling, the victim wants the other child to be reprimanded or punished. The best response goes like this:

Child: Johnny hit me!
Adult: Are you hurt?
Child: No.
Adult: Good.

The child has nothing more to say and scurries off. The incident is over in seconds with the child feeling your genuine concern, knowing you are glad he is not hurt. The bully also has no complaint, so there is less chance of escalation or retaliation. Both children observe that you do not view harmless hitting as a problem, so they don't either.

Child: Johnny hit me!
Adult: Are you hurt?
Child: Yes!
Adult: Show me.

Injury requires a different response. Take care of it quickly and appropriately. You cannot permit serious injury just to teach a lesson. If a child is about to use a weapon, or throw a sibling down the stairs, you must stop him. But you should neither care who started it nor be mad at anyone. Just take away the weapon, or move them away from the stairs, and tell them you won't let anyone get hurt. Then walk away. Kids don't really want to hurt each other, no matter how hard they fight. Relax.

Even when our guiding principle is: "Don't hurt anyone," Kalman says it is never appropriate to discipline the bully when a victim tells on him for name-calling. When a victim feels hurt by names, it is not really the bully who hurt him; it is the victim who hurt himself. Don't punish or lecture the bully; don't give him a dirty look or make him apologize. Most importantly: don't get mad! If you are mad at him, he will be mad at you. The victim will find this gratifying, so he will provoke his perpetrator into hurting him again, thus repeating the cycle.

Empowering Victims

Kalman believes that an adult's job is to empower victims, not protect them. Getting involved in kid's conflicts is the worst thing adults can do. By trying to stop the fights, adults really make them escalate! In school, every minute teachers spend handling bullying is a minute taken away from education.

In all-day workshops, Kalman, a Jew, role-plays bullying incidents with participants, urging them to sling anti-Semitic epithets at him. He demonstrates his techniques with gay-bashing, sibling rivalry, and parent-child clashes. Disbelievers gradually catch on, even though their moral upbringing makes it hard for them to accept that the bully shouldn't be punished.

Kalman teaches kids of all ages how to disarm their attackers with humor and to ignore the name-calling. Most importantly they learn, "Don't get upset!" When victims neutralize bullying and the bully gets no reward, he eventually gets frustrated and stops. More importantly, the victim learns reliance and independence.

Want to read more? Go to <www.bullies2buddies.com> to download Kalman's manual for kids and adults. Better yet, join him for a day at one of his seminars. (See schedule on website.)

CHELATION



A New Approach to Fixing Detoxification Pathways in Autism: Trans-Dermal DMPS

In January 1999, Dr. Rashid Buttar's son Abi was born. Dr. Buttar had given up treating patients with autism because they were just too difficult. He feels that Abi came to him so that he could learn how to help his patients.

What Goes Wrong in Autism?

Autism is a raging fire, started by a single "spark" from diverse sources. Mercury is the "spark." The sources, we are learning, are many: maternal amalgam load, diet, the environment, vaccines and Rhogam.

Buttar believes that the underlying pathology in children with autism is mercury toxicity. No other poison on earth, not lead, yeast, food or gas, could cause a normally developing year-old child to regress and lose speech by age two. He has made two videos, one about the dangers of mercury, and the other about autism. Order them from DDR.

In the body, mercury binds predominately and preferentially to sulfhydryl groups of proteins, altering their integrity and enzymatic characteristics. When Abi was diagnosed with autism, Buttar searched for a way to help rid his body of mercury. He developed trans-dermal DMPS.

What is DMPS?

Dimercaptopropane sulfonate (DMPS) is a safe and effective chelator that has a high affinity for mercury bound to the peripheral sulfhydryl groups of proteins. TD-DMPS® is a highly stable and oxidation resistant lotion that is rubbed into the skin. Its unique formulation, covalently conjugated with amino acids, permits the greatest level of assimilability into the body. The result is a generally well-tolerated, highly efficacious version of the original chelator.

Protocol

The protocol Dr. Buttar has developed must be followed exactly for a minimum of 12 months to ensure the safest and most comprehensive treatment. Laboratory testing is mandatory to insure patient safety and to document mobilization of mercury.

Lab testing:

- **Complete Blood Count (CBC)**
Blood chemistry, lipids, thyroid Panel with TSH and iron profile;
- **Complete Diagnostic Stool Analysis (CDSA)**
with parasitology;
- **Organic Acid Test (OAT) Metals & Minerals**
(Hair, 12 hour-Urine, Fecal, and RBC);
- **Cardio-genomics.**

Repeat labs, Metals (Hair, Urine, Fecal, RBC) and OAT every 60 days for the first 12 months.

Nutritional Supplementation

Supplementation is prescribed according to the results of lab tests, to detoxify and heal the GI tract. Vitamins and supplements are administered daily. Minerals should only be administered on the days the TD-DMPS® is NOT used.

Follow-up

Office visits are scheduled monthly to review the extensive tests collected, and implement the necessary changes as a result of testing. The patient is present only every other month. Phone consultations are possible for those from out-of-state; still, the child must be seen at least once every 6 months.

Parents video the child for five minutes every month, with 2.5 minutes of random footage of the child playing. For the rest of the time an adult asks the child to perform specific tasks, such as "answer the phone, count to ten, take a plate to the kitchen," etc. These same questions MUST be repeated every month in the same manner, regardless of the child's ability to follow the instructions initially.

Possible Complications

Rashes – Rashes occur in only 3% of patients. They are due to mobilization of metals, and are usually localized to the area of application. A few individuals may have an allergy. The vast majority of rashes are in patients who are not using the real TD-DMPS®. The rash is transient and usually abates in 2 to 3 weeks. If a rash occurs, rotate sites. If it persists, discontinue use, and notify your physician.

Mineral depletion – Erosion of minerals is the most common complication every physician must anticipate and monitor closely. Many doctors start an aggressive two-week mineral repletion program prior to initiating treatment with TD-DMPS®. This approach insures the resolution of pre-existing mineral deficiencies, which are very common.

Substitutes – Many pharmacies are trying to duplicate TD-DMPS®. However, if DMPS could have been put into a stable liquid form that does NOT become highly oxidized and oxidative, someone would have done it long ago. TD-DMPS® is patent-pending. Documented and verified results, clinical successes and the results reported to the U.S. Congress, all used the TD-DMPS® along with nutritional support ONLY.

Doctors with licenses to prescribe can order TD-DMPS® from Advance Medical Therapeutics (AMT) Pharmacy, 866-828-8203. Patients are urged to work only with dedicated, caring, medical professionals familiar with Dr. Buttar's protocol.

Dr. Rashid Buttar, Vice Chairman of the American Board of Clinical Metal Toxicology, developed TD-DMPS® for his son only. He got his son back by using it. His work now continues, because he promised God that if his son got better, he would never stop. You can reach him in North Carolina at 704-895-9355.



Taming the Wild Adolescent Brain

by Kelly Dorfman, M. S., Nutritionist and DDR Co-founder

New research is changing our view of adolescence. Studies show that the brain undergoes significant changes during puberty. Grey matter thickens up to the teens, then begins to thin until the early twenties. At the same time, the fatty myelin sheath matures, making nerve transmission faster and more efficient.

This combination of maturing and pruning affects different parts of the brain at different stages. The pre-frontal cortex, which controls the ability to set priorities and weigh the consequences of actions, is the last area to develop. During this final phase, teenagers are least capable of making important decisions, and most vulnerable to biochemical and environmental influences. Ironically, many parents choose adolescence as the time to give teenagers total control over their own diets.

Improve Dietary Choices

The *bad news* is that left on their own, teenagers may make poor dietary choices, setting the stage for long-term health problems. Parents may not want to bug their kids about eating, but food companies have no such qualms. The soft drink industry alone has doubled soda consumption in girls and tripled it in boys, by using aggressive tactics such as placing vending machines in elementary schools.

Phosphoric acid in soda is sapping growing bones of calcium, contributing to an epidemic of osteopenia, the precursor to osteoporosis, and increased childhood bone fractures. Boys, ages 12-19, consume the most soft drinks, averaging almost two quarts a day. Sports drinks further increase intake of empty calories. Adolescents with attention problems use caffeinated soft drinks to self-medicate. One I saw recently was drinking 72 ounces of soda a day plus the three medications his doctor had prescribed for depression.

The *good news* is that diet, nutrition and adult behavior can have a profoundly positive affect on these brains in transition. Parents must talk to their teens about healthy eating in the same way they discuss smoking and drugs. Also:

- **Provide only healthy food choices at home.**
- **Rediscover your kitchen.** Cook and eat together as a family. Putting your energy into regular, balanced, healthy, home-cooked meals supports everyone nutritionally and emotionally.
- **Familiarize your family with new foods.** Think beyond pizza and chicken nuggets. Tempt everyone with fresh fruit or vegetables as snacks by keeping them visible in the refrigerator.
- **Add food preparation to household chores.** You probably won't convince many adolescents to wash and chop fresh produce, but they might make Sunday morning breakfast.

- **Push water.** Stop buying soda and sports drinks. Offer vitamin and no-calorie flavored water or 100% fruit juice as week-end treats.

With parental support and good information, teenagers can make better choices about what they eat and drink.

Consider Supplements to Enhance the Diet

The *bad news* is that despite brain growth during adolescence, many with developmental problems often experience a leveling off of skills. Before considering drugs, improve the biochemical environment by replenishing nutrients.

The *good news* is that teenagers are often open to taking supplements. Excellent multiple vitamin and mineral supplements such as those from **New Beginnings Nutritionals**, this newsletter's sponsor, can close the gap between what teens are eating and what their bodies need for optimal health.

- **Offer a multiple:** with iron for girls, but without for boys. Iron increases boys' risk of heart disease because they accumulate it after puberty.
- **Add extra vitamins C and E** (as mixed tocopherols.)
- **Consider products that make up for low vegetable consumption:** Perfect Food by Garden of Life, Nature's Balance Chlorella or Green Magma.

Experiment with Different Approaches

Just when adults throw up their hands in frustration, kids may become interested in their own destinies. One 10-year-old recently overcame a bipolar/mood disorder with a gluten-free diet. Although she talked obsessively about eating gluten again, her personality change was so dramatic, that she ultimately decided on her own to give it up permanently. With tears in his eyes, a 16-year-old recently told me, "I really want to get out of special ed." Another teenage boy was able to read with understanding for the first time after starting on piracetam. (Go to www.piracetam.com) In these cases, the kids agreed to participate in a specific plan for a trial period.

What studies do not show us is the high motivation some kids have to function better. All we need to do is give them the tools. Adolescence is a good time to present the scientific rationale for healthy eating and to enlist your teenager's support. Model good eating habits and keep talking!

To learn more read "Keeping Your Teenager in Top Health" in Galland's *SuperImmunity for Kids* and Lyons' *Is Your Child's Brain Starving*. (See booklist.)

Upcoming Events

Monday, November 15, 2004 — New York, NY

Tuesday, November 16, 2004 — Kensington, MD

Prioritizing Therapies to Meet the Individual Needs of Each Child

DDR Fall Lecture Series conclusion with Patricia S. Lemer, M.Ed.

Contact DDR at 800-497-0944 to register and for spring series dates and locations.

Wednesday, December 1, 2004 — Chicago, IL

Tomatis Listening Therapy

Speaker: Valerie De Jean, OTR

Learn about how this therapy helps kids with autism spectrum disorders.

For times and location and to schedule an assessment January - March, call 301-657-0988.

Thursday, December 2 – Friday, December 3, 2004 — New York, NY

CNS Modulation and Posture: Mysteries and Possibilities

Speakers: Steven J. Cool, PhD, FAAO and Patricia Oetter, MA, OTR/L,

FAOTA To register, contact Professional Development Programs at 651-439-8865.

Saturday, December 4 – Sunday, December 5, 2004 — Los Angeles, CA

Friday, January 21 – Saturday, January 22, 2005 — San Francisco, CA

Friday, February 11 – Saturday, February 12, 2005 — El Paso, TX

Take Five! "How Does Your Engine Run?"

Introductory Alert Program Theory and Activities

Speakers: Mary Sue Williams and Sherry Shellenberger

To register, contact Therapyworks at 505-897-3478.

Saturday, January 15 – Monday, January 17, 2005 — Washington, DC

50th Annual Skeffington Symposium

Celebration of the best in optometric research

For more information, contact Dr. Jeffrey Kraskin at: 202-363-4450.

Friday, January 28 – Saturday, January 29, 2005 — Chicago, IL

From Eyesight to Insight: Visual/Vestibular Assessment & Treatment

Speakers: Carl Hillier, OD, FCOVD and Mary Kavar, MS, OTR. To

register, contact Professional Development Programs at 651-439-8865.

Tuesday, February 8, 2005 — O, OH

The Body Ecology Diet: Why is this Diet Different from the Gluten/Casein-free Diet?

Speaker: Cheryl Fox, RN & Body Ecologist.

To register, contact The Galvin Center at: 216-514-1600.

Saturday, February 19 – Sunday, February 20, 2005 — Phoenix, AZ

The SI Tool Kit: Bringing Sensory Integration to Schools and Homes

Speaker: Diana Henry, OTR/L. For more information or to register,

contact Carla Norris at: 623-933-3821 or email: Carla@henryot.com

Sunday, February 20 – Monday, February 21, 2005 — Orlando, FL

Sensory Motor Activities on a Shoestring Budget

Speaker: Shoshana Shamberg, OT/Special Educator.

For more information, call Abilities OT Services, Inc. at: 410-358-7269.

Wednesday, February 23, 2005 — Richmond, VA

Friday, February 25, 2005 — Baltimore, MD

Sensory Processing Disorder

Speaker: Carol Stock Kranowitz, author of *The Out-of-Sync Child*.

To register, call Sensory Resources at: 888-357-5867.

Friday, April 15 – Sunday, April 17, 2005 — Boston, MA

Spring DAN! Conference

For more information and speakers,

go to <www.danconference.com>

Developmental Delay Resources

www.devdelay.org

5801 Beacon Street

Pittsburgh, PA 15217

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