



DEVELOPMENTAL DELAY RESOURCES

The ONE Resource Network Integrating Conventional & Holistic Approaches



Radiance Health Processing: Illuminating Your Health Insurance Claims

This newsletter is made possible by a grant from Radiance Health Processing, New York, NY

Frustrated with trying to get your insurance to pay for your child's therapies? **Radiance Health Processing** can help!

This unique company is the brainchild of a family who has walked in your shoes. After battling their insurance company for over two years to obtain reimbursement for necessary and appropriate speech/language and occupational therapy for their son, they had an idea. Why not take what they had learned, compile an advisory board of individuals with insurance and health service backgrounds, and be an advocate for other families that have kids with special needs?

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Radiance Health Processing bills your credit card with two fees, a small, flat fee for submission plus a percentage of the net insurance payment. Appealed claims are charged at a higher percentage rate of the net insurance payment than non-appealed claims. Mention DDR to obtain a member discount.

Health providers also benefit. **Radiance Health Processing** thoroughly evaluates incomplete or disputed claims before approaching health providers, with the goal of having all claims paid the first time. **Radiance Health Processing** also supplies them with periodic claim status reports.

Radiance Health Processing tracks your claims, and seeks to resolve the insurance company claim issues. You can send claims as often as you'd like; it is to your advantage to consolidate your claims monthly or quarterly. There is no limit to the number of claims you can make. As a **Radiance Health Processing** member your most important benefit is the potential to speed claim payment and improve cash flow.

Radiance Health Processing protects your privacy. They never sell any of your health insurance, medical, or other personal information to anyone. They release your health insurance, medical, or other personal information only with your written consent.

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With **Radiance Health Processing** as your ally, your claims can be submitted faster, your reimbursement denials monitored and addressed, and your record-keeping burdens eased. With a growing roll of members, **Radiance Health Processing** has the capabilities to efficiently process your claims. Let **Radiance Health Processing** be your one stop shop for medical claim reimbursement.

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Executive Director's Column

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



Recovering Kids

In the early 1990's when autism became epidemic, the idea of recovery was almost unthinkable. Eleven years later, the DDR booklist, found in the center of this newsletter, now includes a section with more than a half dozen titles under "Autism Recovery Stories."

Karen Seroussi's story, appearing in 2000, was one of the first books to actually use the word "recovery." *Unraveling the Mystery of Autism and PDD: A Mother's Story of Research and Recovery*, details how she used a gluten- and dairy-free diet to rescue her son. Not long after, Lynn Hamilton offered *Facing Autism: Giving Parents Reasons for Hope, and Guidance for Help*. Lynn's optimism shines through as she describes treatments and the impact on her family. Seeing Lynn radiant at the Spring DAN! conference, soon after the birth of her fourth child, is an inspiration to anyone contemplating future pregnancies. Both Seroussi's and Hamilton's books are required reading for anyone with a newly diagnosed child.

In 2003, The Autism Research Institute (ARI) released *Treating Autism: Parent Stories of Hope and Success*. More than 30 families, many of them medical professionals, share their tales. For some like Dr. Alan Lewis of the Pfeiffer Treatment Center and his wife Carolyn, Dr. Bryan Jepson of the Children's Biomedical Center of Utah and his wife Laurie and Dr. Jacqueline McCandless, author of *Children with Starving Brains*, autism changed more than their babies. They have since dedicated their lives to helping others benefit from what they have learned about the biochemistry of autism.

Reading about success is fine, but "seeing is believing." In October, ARI showcased some of the over 1000 "recovered" kids at the Fall 2004 DAN! Conference in Los Angeles. Lou Diamond Phillips engaged them in conversations about their families, hobbies, school and sports, while a rapt audience laughed and cried. A DVD of this emotional day is available from ARI at <www.autism.com/ari>.

The past two years have brought a deluge of new recovery books. Because each child is unique, so is the approach of each book. I will mention just a few here.

Congratulations to Chantal Sicile-Kira. Her *Autism Spectrum Disorders: The Complete Guide to Understanding Autism, Asperger's Syndrome, Pervasive Developmental Disorder and other ASDs* has won accolades from everyone, and a coveted award from the Autism Society of America. Just released, Christina Adams' *A Real Boy--A True Story of Autism Recovery* is also popular.

In *The Boy who Loved Windows: Opening the Heart and Mind of a Child Threatened with Autism*, Patricia Stacey introduces the reader to Floor-Time, the brainchild of psychiatrist Stanley Greenspan. This therapeutic approach engages the child's senses physically and emotionally to develop social skills.

In *Gift from My Son: Autism Redefined*, Keli Lindelien takes a unique approach. She questions changing autistic behavior because she believes that her son's extra-sensory perception, which allows him to see auras, chakras and other energetic fields, is a special gift.

Temple Grandin, and Stephen Shore are two adults with autism who have written about their lives. Grandin, who insists she is not "recovered," earned a doctorate in animal handling, while Shore is now working toward his in special education.

In *Emergence* and *Thinking in Pictures*, Temple helps the reader understand how her behavior reflects her struggles with horrific sensory issues. Her newest publication is *Animals in Translation: Using the Mysteries of Autism to Decode Animal Behavior*. Temple's mother's story is also compelling. In *A Thorn in My Pocket*, Eustacia Cutler relates the family's experiences helping Temple learn to relate appropriately.

Stephen Shore's *Beyond Against the Wall: Personal Experiences with Autism and Asperger Syndrome* and *Ask and Tell: Self-Advocacy and Disclosure for People on the Autism Spectrum* are to be applauded. Both books are invaluable for those diagnosed late in life.

The recent launch of Generation Rescue <www.generationrescue.org> is the culmination of the belief that we know much more about the causes and cures for autism than the media purports. Parents of recovered children agree that mercury from vaccines, amalgams and other pharmaceuticals, played a role in triggering their children's autism. We must work toward removing this poisonous neurotoxin from all products.

Whether recovered or simply healthier and better functioning, our children are "works in progress." Even the smallest incremental differences are worth our efforts.

Interested in hearing some of these authors speak? Join DDR in Chicago Memorial Day weekend at the 2005 Autism One conference. We are the official bookseller. Come to a group book-signing on Sunday, May 29th. Can't make it? Then place your order using the enclosed Booklist. Want to meet some great parents who are in the process of recovering their children? Join us at one of DDR's annual "Toxic Dinners." (See Upcoming Events.) I look forward to seeing you there!



2005 DDR Directory Done

Watch your mail at the end of May for this year's Networking Directory, a benefit of membership to all DDR members. We are indebted to all of our great sponsors and advertisers for making the 2005 version possible. With added Professional Disciplines and more entries than ever, this hot pink number will never leave your desk. Use it in good health!

Sinaiko Cleared...Finally!

After over 10 years of fighting, in February, the Medical Board of CA (MBC) completely restored the medical license of DDR Professional Advisory Board member, Dr. Robert Sinaiko. DDR readers have been following this case in this column (4:2, 4:3 and 5:4), and many have supported Dr. Sinaiko financially and emotionally. Most active were Shula Edelkind and Colleen Smethers of the Feingold Association.

The MBC agreement said that their settlement "extends to all claims of every nature or kind, known or unknown, suspected or unsuspected, past or current." Most are interpreting this statement as a confession of probable administrative negligence and wrongful prosecution. What did Sinaiko have to give up for MBC to settle? His right to sue them! While Dr. Sinaiko has not decided yet about his future, he retains his passion for working with children diagnosed with AD(H)D and autism. We at DDR hope that he will continue practicing medicine.

Goodbye to Adderall and Cylert

Health Canada has pulled Adderall, and Abbott Labs has discontinued Cylert, both popular drugs for AD(H)D. Why? Because they are linked to deaths, cardiac abnormalities and liver failure. The FDA says it will continue to monitor Adderall adverse effects, such as loss of appetite and insomnia, in the US, but has not recommended banning it here yet.

Thoughtful House New Home for Wakefield

Congratulations to DDR Professional Advisory Board member, Andy Wakefield for founding Thoughtful House Center for Children in Austin, TX. This new facility combines treatment, education and research with some of the finest minds around. Their mission is recovering children with all developmental disorders. Go to <www.thoughtfulhouse.org> for more information.

Autism One: A Great Conference plus DDR Auction

Pack your bags and head to Chicago Memorial Day weekend for a jam-packed three days of workshops at the 2005 Autism One conference. Stop by the DDR table and say "hello" and pick up one of the more than a dozen new books by conference speakers. Stick around for an exciting Saturday night dinner and auction with some amazing items, including Sunday brunch with *Evidence of Harm* author David Kirby (see page 5). Other items are baskets of GF/CF products, therapeutic sensory equipment, tickets to the David Letterman show and services from local therapists and practitioners.

Friendly Vaccine Schedule Encounters a Glitch

Dr. Donald Miller, author of the "User Friendly Vaccine Schedule" published in the last newsletter, has discovered that the D and T of the DPT are no longer available separately, without thimerosal. Unless the vaccine manufacturers can be pressured to make separate thimerosal-free D, T, and P vaccines, it will be impossible, unfortunately, to follow the "user friendly" vaccination schedule as written. Miller believes that the risk of the combined DPT vaccine, even after age two, outweighs its benefits, so that it is better to do without these shots.

NVIC Announces The Mercury Calculator

Do you know a child who may be vaccine injured? Want to know the mercury content of your child's vaccines? Now you can figure it out with The Mercury Calculator, from the National Vaccine Information Center. Just go to <www.nvic.org> and enter an individual's weight. Then click on the vaccines given. See the total mercury load, along with how many times it is over the allowable "safe" limits set by the Environmental Protection Agency (EPA).

Tap a Shoulder Campaign

Want to warn mothers of infants and toddlers about the dangers of mercury in vaccines. Now you can just pass them a business card. Use them at the playground, airport, zoo, health fairs or anywhere. Just go to <www.progressiveconvergence.com> and print them yourself. Or, order 500 cards for \$20.00 on-line, or by calling 917-804-0786

Join DDR for Toxic Dinners in NYC, DC and Pgh

DDR will once again hold annual networking dinners in three cities. In New York, join mothers of recovering children at Charlie Mom's on June 7th. On June 8th, Washington, DC area families and professionals will gather at the Hunan Lion, near Tyson's Corner, VA to share stories of success. On June 28th, a lively group of Pittsburghers will meet at the Evergreen Restaurant in Monroeville. If you would like to attend any of these gatherings, give us at call at 800-497-0944.

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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Grief



Frankie Finds the Tears for His Father

By Magdalena Beltran-del Olmo
Reprinted with permission from the
Los Angeles Times, Dec 26, 2004

“Did Jesus steal my daddy?” my 12-year-old son, Frankie, asked me earlier this year as I prepared his breakfast. I was stunned, not just by the elegant simplicity of his question, but because it came from a young man battling autism, and who is still learning to grieve for his father 10 months after his death.

In the nine years since autism came into our lives, the “boy with a soft, sweet smile and big brown eyes” whom Frank introduced to his readers went from a nonverbal 3-year-old who made little eye contact, had trouble focusing and didn’t understand the concept of pretend play to a vibrantly inquisitive boy with a keen intellect, greater social interaction skills, impressive imagination and improving physical coordination.

Now here was my Frankie asking me a profound question only months after saying goodbye to his daddy. I was aware of my anger at an unknown force for taking Frank from us. With help from my mother, I told Frankie that all people belong to God. When God takes one of us to heaven, he’s not stealing, because we are already his, I said. Frankie nodded, sighed and said, “I just miss him so much, Mommy.”

Frankie’s Difficulty

After his father’s death, Frankie didn’t cry. When Frank’s sister and I first told Frankie that his father had died, he was stunned. He stepped away from us and kept asking questions. But he did not cry. He didn’t cry at the memorial service in Pasadena or at the burial in Monterey County. And he didn’t want people to cry in his presence.

Experts told me later that for people with autism, controlling their emotions is one way they can make order out of their chaos. For people without autism, the pain of losing a loved one is hell. For people with autism, that pain can be magnified in ways we can’t imagine. It’s the ultimate sensory overload. It explains why Frankie was more comfortable exploring death through his intellect. Asking questions was easier than crying and feeling the pain.

A month after Frank was gone, I opened a box of love letters written to me over 14 years of our courtship and marriage. I sobbed uncontrollably. Frankie disappeared into his room and begged me from afar to stop crying. Later, he approached me slowly — he was afraid.

He took my arms and wrapped them around his body, compelling me to hug him and said: “Don’t cry, Mommy. You have me.” But still he did not cry.

In late spring Frankie took his classmates from Village Glen School in Sherman Oaks to tour “Daddy’s newspaper.” When we came to Frank’s office, where he suffered the heart attack that killed him, Frankie asked again how his father had died. He wanted to know all the details about that day. Still no tears.

Frankie’s Breakthrough

The breakthrough came in late summer. I took Frankie to a therapy based upon the French-developed Tomatis method, which retrains the brain’s sound processing to minimize auditory sensory overload. Over five weeks, Frankie listened to music using a headset, as the frequency levels were gradually adjusted to minimize the distorted sounds he would often hear.

Soon it was time for him to hear recorded voices, so I lent mine, reading from a draft of a new book about my husband. Frankie exploded. He screamed and ran away from the therapist, a calm woman named Jeannie King. She asked why he didn’t want to hear about his dad, and he finally broke down and cried. He missed his daddy, he said. I comforted him, while Jeannie said it was good to cry and let all the bad feelings come out.

Since then Frankie has cried often for Frank. But he also smiles more when he talks about his daddy.

Right after Frank died, I felt fear over Frankie’s future. I don’t feel that anymore — I am filled with the same hope that Frank and I felt when we first started to help our son. Frankie is becoming a man, just the way Frank predicted in his final column.

I told Frankie recently that he was the best present his daddy ever gave me. “Well then, hug your present,” he said without missing a beat and giving me that broad Cheshire Cat smile he inherited from his dad. And so I did, knowing there would be more conversations like this one, and healthy tears too, as Frank’s legacy blooms inside our son’s special soul.

VACCINES



Evidence of Harm What Caused the Autism Epidemic

by Polly Morrice

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In November 2002, when David Kirby started researching *Evidence of Harm, Mercury in Vaccines and the Autism Epidemic: A Medical Controversy*, he couldn't have known that publication would occur in the midst of an "autism boom." In the past few months, television news segments, a magazine cover story and many newspaper articles have discussed its symptoms, treatments, effects on families and, its apparently soaring incidence. The latest estimates are that one child in 166 has some form of the disorder.

Kirby, who has contributed to various sections of *The New York Times*, personalizes his book by introducing us to a collection of parents who began to suspect that genetic tendencies might not have induced their children's autism. Brought together by the Internet, this group soon focused on thimerosal, a mercury-based preservative in vaccines.

One family, Lyn and Tommy Redwood, struggled to obtain a diagnosis for their son Will, who at 17 months started to lose his language and withdraw socially. When Will turned four, his doctor suggested, "Why don't you just take him fishing?" Like the Redwoods, the other parents in Kirby's book watched their children develop normally until the second year of life. After receiving the MMR vaccine, these kids regressed, developing both symptoms of autism and severe gastrointestinal problems.

Initially, the parents wrote off the rumors of a thimerosal-autism connection. The United States Public Health Service and the American Academy of Pediatrics had concluded that while babies received cumulative doses of ethyl mercury (in thimerosal) that exceeded a federal safety limit for methyl mercury, its more toxic chemical cousin, there was no "evidence of harm."

After reading the joint statement issued in July 1999, Lyn Redwood toted up Will's cumulative dose of mercury for his first six months. She realized that the government had averaged the mercury exposure on a per-day basis, rather than acknowledging that infants got potentially more toxic "bolus" doses — large amounts at one time. Lyn joined with other parents whose kids showed similar issues to form the Coalition for Safe Minds, whose mission is to research the similarities between mercury poisoning and autism. They found a striking parallel to "pink disease," a 1930's ailment that occurred in some children exposed to mercury in lotions and teething powders.

From here on, Kirby follows the tug of war between the governmental agencies and the parents. At a succession of hearings, the "Mercury Moms" presented their research on pink

disease and thimerosal, and Boyd Haley described how tiny amounts of thimerosal trigger brain-cell death. The federal agencies, in turn, cited seemingly conclusive studies, including the Vaccine Safety Datalink thimerosal study. Based on data collected from HMOs, this project, financed by the Centers for Disease Control, sought to determine whether there was a correlation between the timing and amounts of thimerosal infants received in vaccines and the emergence of neuro-developmental disorders, including speech delay, attention-deficit disorder and autism.

The Safe Minds parents went home and picked apart the government's studies. Safe Minds' statisticians contended that the government analyses were flawed in a way that obscured or eliminated the original findings of statistically significant risks. Despite the parents' prodigious efforts, in May 2004 a committee from the Institute of Medicine found no "causal relationship" between thimerosal-containing vaccines, or the MMR vaccine, and autism.

Kirby does an admirable job of clarifying the abbreviations, statistics and scientific background in *Evidence of Harm*, including an explanation of the complex biochemical process of methylation, which plays a central role in Safe Minds' arguments. In simple terms, in susceptible people, thimerosal blocks the ability of cells to regulate their functions. Thus, these individuals cannot shed mercury, or other toxins or heavy metals, from their bodies.

Kirby makes the unassailable point that American health agencies lagged in calculating the amount of mercury being injected into babies. He quotes Rick Rollens, a founder of the MIND Institute at the University of California, Davis, who thinks answers to the thimerosal-autism question may come from California, which has the country's most reliable system of tracking new cases. The decline in infants' exposure to thimerosal, Rollens estimates, began in 2001; he predicts the effects "should start showing up in our system in 2005" — in other words, any day now.

As for Will Redwood, his parents have tried applied behavioral analysis, vitamin B-12, folic acid and chelation. Will entered a mainstream private school in third grade, and at the age of 10 he was becoming interested in girls. If one certain conclusion can be drawn from *Evidence of Harm*, it's that Will's parents made the right decision about going fishing.

David Kirby will be speaking at the Autism One Conference in Chicago on May 28, 2005. (See Upcoming Events.)

A Parent's Story



Missed Diagnosis: Lyme Disease

By Nika Hamblin, mother of Spencer and Kurt

In 1991, my husband and I were living in southern Germany. I became very ill with what doctors thought was a severe strain of flu. Mentally and physically, I haven't been the same since: memory loss, mental fogginess, weight gain, intolerance to alcohol, weakness, joint achiness, complete inability to exercise. Doctors kept telling me "if you'd just lose some weight..." Nobody wanted to listen to the fact that I gained a lot of weight BECAUSE I was sick. In 1996, my internist sent me to Johns Hopkins. Diagnoses: chronic fatigue syndrome (CFS) and Neurally Mediated Hypotension (NMH). With research just this year I discovered that some patients diagnosed with CFS in actuality have Lyme disease.

In 1995, while still sick, I gave birth to my first son, Spencer. He was born five weeks prematurely for no known reason. When it became apparent that his development was delayed, I again searched for reasons. Some of his diagnoses were apraxia of speech, dyspraxia, sensory processing disorder (SPD), central auditory processing dysfunction (CAPD), and obsessive compulsive disorder (OCD). It seemed that each year brought a new diagnosis.

Spencer's brother Kurt was born in 1997, and eventually received the same diagnoses. In Kurt's case, however, I always felt that we were missing something. Tomatis therapy did not improve his stuttering; speech therapy progressed very slowly. I took him to a nutritionist hoping that supplementation would be the missing piece to the puzzle.

Blood Work Tells the Tale

Throughout 2003 Spencer missed many days of school because he just felt tired. His pediatrician's diagnosis: just a virus. In June, blood testing showed borderline Lyme. What I was not shown at the time was the warning in bold letters: "if ELISA comes back positive or borderline Lyme, follow up with Western Blot, a more comprehensive Lyme test." No one recommended the follow-up testing.

In January 2005, the doctor ordered more blood work. It came back positive for mycoplasma and mono. The pediatrician denied that either of these pathogens had any connection to Lyme. Not so! Mycoplasma is indeed related to Lyme. As I suspected, further testing revealed that both my boys showed positive for Lyme.

My Research

I just wasn't satisfied with what I was being told. I decided to do my own research. How could my sons have Lyme disease? Neither one had either a tick bite, or the telltale bull's-eye rash. Nonetheless, I gave them the prescribed antibiotics for three weeks. The party line was "catch Lyme disease early, treat it with antibiotics and you're cured!" End of story? Wrong! This is where the story turns scary.

I discovered that not all cases of Lyme disease are treatable with only three weeks of antibiotics. Some researchers are comparing Lyme to syphilis, it hides in the body, boomeranging through, and affecting every major system of the body. That's why it is so hard to identify. It does damage to a system and then disappears.

Finally, I found a nugget of information that explained why my boys had Lyme disease. It is a disease that can be passed from mother to child in utero. Although no research exists to support the possibility that Lyme is sexually transmittable, the Lyme spirochete has been found to exist in semen, saliva, and blood. A doctor I know in Connecticut has treated over 7,000 kids with Lyme disease, over 300 cases of whom he believes were born with it.

What You Can Do

Conduct your own research. I have found many good websites, including that of DDR Professional Advisory Board member, Dr. Kenneth Bock and his brother, Steven at www.rhinebeckhealth.com. Both are speakers at "Hope to Heal Lyme" in Reston, VA, May 21-22 (see Upcoming Events). Complementary therapies, such as hyperbaric oxygen, nutritional support, probiotics and acupuncture are featured.

Go also to Dr. Joe Mercola's site at www.mercola.com, Dr. Dietrich Klinghardt's site at www.neuraltherapy.com and to www.lymeinfo.net. All have many links and articles. Dr. Klinghardt believes that Lyme disease is very prevalent and missed in many young children diagnosed with autism, and is therefore not treated appropriately. You can also find bulletin boards, and even a yahoo group for families with kids who are autistic and also have Lyme disease.

Little Known Symptoms of Lyme Disease

Low tone
Sensory sensitivities
CAPD
Clumsiness
Learning disabilities
Vision problems
Fear of heights
Behavior problems
Rages
OCD
Heartburn
Achiness, particularly in the knees

As you can see, the symptoms and characteristics of Lyme disease (see box) are very familiar to those of us acquainted with developmental delays. That's why I wrote to DDR and told them about my experiences. If you would like to contact me, I can be reached at nikah@comcast.net



Piracetam: A Powerful Tool for Learning Disabilities and Dyspraxia

By Kelly Dorfman, M.S., Nutritionist, Co-founder DDR

Rosie had multiple learning and language disabilities related to a seizure disorder that had resisted medical treatment. “The little men in my head make the lights go out,” Rosie told me on her first visit. Joseph, a boy with severe language delays, had also been making little progress. “I never thought this would happen,” Rosie’s mother exclaimed excitedly, six months later. She was referring to a recent test result that revealed her eight year-old daughter was now reading at a first grade level.

Joseph’s mother was likewise thrilled when a speech evaluation found her son had gained 13 months in receptive language in just nine weeks. Jackson, a boy with a brain injury, began walking independently for the first time. Rene, an adopted toddler whose birth mother abused drugs, overcame an “incurable” swallowing disorder.

What is responsible for these remarkable changes? Piracetam!

What is Piracetam?

Piracetam, (2 oxo-pyrrolidone) is a “smart drug” developed in Belgium in the mid- 1960’s. Briefly introduced to DDR readers three years ago in an article I wrote about cognitive enhancers (*New Developments*, 7:2, 7), this remarkable product falls into a class of drugs called nootropics. Nootropic means “acting on the mind”.

While hundreds of studies have been done on piracetam’s usefulness and safety in Europe and in the former Soviet Union, the U.S. Food and Drug Administration (FDA) does not recognize nootropics as a separate class of drugs, although it allows their use for a variety of purposes. Piracetam has been shown to be extremely effective in enhancing memory and cognition in children diagnosed with dyslexia and dyspraxia. It has also been used to slow the rapid brain aging associated with Down syndrome.

How Does Piracetam Work?

Nobody knows for sure; researchers believe that two reactions are at play. First, piracetam appears to influence glutamate transmission. All four glutamate neuro-transmitters have excitatory properties. When piracetam effects the glutamate in the cerebellum, the center of motor function, motor planning skills improve.

Second, piracetam most likely improves blood flow to the brain and oxygen uptake by the brain by activating acetylcholine, a neurotransmitter involved in motor planning, memory and organization. This activation of acetylcholine uptake and formation is called a cholinergic effect.

Piracetam’s relationship with acetylcholine is complex, though the net result is cholinergic. Researchers have, therefore, found that increasing choline, the nutrient building block of acetylcholine, enhances its effectiveness.

Di-methyl-amino-ethanol (DMAE) is a choline derivative that appears to cross the blood brain barrier. DMAE is found in sardines and anchovies, fish often referred to as “brain foods.” Studies done on DMAE alone found that it reduced hyperactivity and improved concentration in students with learning disabilities and behavioral problems.

Finally, piracetam promotes transfer of information from one hemisphere of the brain to the other. Coordinating the right and left hemispheres is critical for motor planning. A nine year-old I know climbed to the top of the jungle gym while taking piracetam because he could now alternate his limbs more efficiently, and was thus more confident of his ability to maintain his balance.

How is Piracetam Delivered?

Liquid piracetam is available over-the-counter through www.antiaging-systems.com or as a powder from www.piracetam.com. Flavored piracetam in a liquid can be ordered by prescription from NuTriVene at 800-899-3413.

A common dose for piracetam is 50 mg per kg of body weight. DMAE is available at any good health food store as a chewable, liquid and a pill. Taken to enhance piracetam, dose it between 50 and 200 mg per day. Add these substances only one at a time, starting with piracetam.

Cautionary Notes

Since piracetam and DMAE increase brain energy, they may cause irritability, anxiety or nervousness in some children. Speak with a health care professional before introducing piracetam to a child who is highly agitated already, or who has reacted poorly to DMAE or other choline derivatives. Ask your doctor before using it with a child already on stimulant medication. Although there are no known interactions with other medications, and side effects are rare, every child is different, and each developing brain responds in a unique fashion.

I have concluded after using piracetam for over 15 years that, unfortunately, it has limited usefulness with those who have autism. Piracetam does not increase a child’s sociability, but can help children communicate better in social situations by improving the pragmatics of language and increasing motor planning skills.

Consider piracetam for any child with dyspraxia or motor planning problems. I even know a mother who found it benefited her tendency to bump into things in her path! For more information on piracetam, go to either of the websites above.

Upcoming Events

Tuesday, May 10, 2005 — Long Island, NY

Monday, May 16, 2005 — Hastings-on-Hudson, NY

Vision: The Most Overlooked Issue in Many Kids

Speakers: Dr. Michelle Bessler in Long Island

Dr. Randy Schulman in Hastings-on-Hudson

DDR Lecture Series. For locations and to register, call 800-497-0944.

Wednesday, May 11, 2005 — New York, NY

The Role of the Developmental Pediatrician

Speaker: Dr. Mark Freilich

DDR Lecture Series. For location and to register, call 800-497-0944.

Saturday, May 21 - Sunday, May 22, 2005 — Reston, VA

Hope to Heal Lyme: Treating Lyme Disease with Integrative Medicine

Speakers include Drs. Kenneth and Steven Bock.

For more information, go to <www.hopetoheallyme.com> or call 540-338-2181.

Monday, May 23, 2005 —Hasting-on-Hudson, NY

Meltdowns, Control Issues & Fears

Speaker: Sheri Perlman, OTR, MSW

DDR Lecture Series. To register, contact DDR at 800-497-0944.

Thursday, May 26 - Sunday, May 29, 2005 — Chicago, IL

Autism One 2005 Conference

Saturday, May 28, 2005 — DDR Fund-Raising Auction

Keynote Speaker: David Kirby, author of *Evidence of Harm*. Over 100 other speakers on biomedical treatments, therapies, educational, legal and legislative issues. Focused tracks for the newly diagnosed, adolescence, adulthood and everything in between.

Come to the Saturday night dinner and bid on brunch with David Kirby, a complete Tomatis therapy session, GF/CF baskets, SI equipment and more! For complete schedule and to register go to <www.autismone.org>.

Wednesday, June 1, 2005 — Fort Wayne, IN

Thursday, June 2, 2005 — Toledo, Ohio

Friday, June 3, 2005 — Detroit, MI

Nutritional Therapy for Children with Autism Spectrum Disorder

Speaker: Elizabeth Strickland, MS, RD, LD

To register, <go to www.crosscountryuniversity.com>.

Wednesday, June 8, 2005 — New York, NY

Thursday, June 9, 2005 — Washington, DC

Tuesday, June 28, 2005 — Pittsburgh, PA

DDR Annual "Toxic Dinners"

Join us for GF/CF Chinese food, networking and news about ways to stay healthy in a toxic world. In NYC, mothers of children recovering using homeopathic detox will share their stories.

In Pittsburgh, a mercury-free dentist will explain what he does.

DDR Lecture Series. To register, contact DDR at 800-497-0944.

Friday, June 17 - Saturday, June 18, 2005 — Avalon, NJ

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

Speaker: Diana Henry, OTR/L. For more information or to register, contact margeotped@comcast.net or go to <www.ateachabout.com>.

Saturday, June 18 - Sunday, June 19, 2005 — Anaheim, CA

Biological Treatments for Autism

Speakers include: William Shaw, PhD, Kelly Dorfman, and others.

To register, contact The Great Plains Laboratory at 913-341-8949 or go to <www.greatplainslaboratory.com>.

Wednesday, July 13 - Saturday, July 16, 2005 — Nashville, TN

Autism Society of America's Annual Conference

Speakers include Paul Shattock and Jeff Bradstreet.

For more information go to <www.autism-society.org>.

Sunday, July 31 - Tuesday, August 2, 2005 - Baltimore, MD

Brain Gym and Sensory Integration

Presented by Rita Edwards, Educational Kinesiologist

For more information contact Shoshana Shamberg at shoshamberg@yahoo.com or 410-358-7269.

Friday, August 12 - Saturday, August 13, 2005 — Ann Arbor, MI

Eyesight to Insight: Visual/Vestibular Assessment & Treatment

Speakers: Mary Kavar, MS, OTR, Carl Hillier, OD, FCOVD

For more information, contact Professional Development Programs at 651-439-8865 or visit <www.pdppro.com>.

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