



DEVELOPMENTAL DELAY RESOURCES

The ONE Resource Network Integrating Conventional & Holistic Approaches



VillageGreen[™]
Apothecary

*Individualized Nutrition,
Pharmacy, and Healthy Living*

This newsletter is made possible in part by a grant from VillageGreen Apothecary, Bethesda, MD

What began in 1965 as The Apothecary, a small prescription pharmacy in Bethesda, Maryland, has grown and evolved into a unique integrated pharmacy and healthy living store called **VillageGreen Apothecary**. The original Apothecary pharmacy was one of DDR's first newsletter sponsors in 1996. Since Marc Isaacson bought the business in early 2003, he continues to provide customers with personalized guidance and educational resources necessary to make the best health choices. Helping individuals with unique nutritional and pharmaceutical needs, including kids with developmental delays, is our specialty.

VillageGreen's staff of 45 trained professionals includes Pharmacists, Compounding Specialists, Nutritionists, an Herbalist, and a Naturopath, who offer customized products and personalized consultations to ensure health and wellbeing. Our extensive product selection includes over 10,000 nutritional supplements, plus natural beauty care products, homeopathic remedies, and a wide variety of health-related books.

We provide a unique approach called *The Essentials of Healthy Living* (EHL), where you can create an individualized, straightforward health plan specific to your needs. When it comes to finding the right product(s) for you and your family, we promise to have it, get it, or make it for you.

TUNE IN TO "Essentials of Healthy Living," our new radio show that airs Wednesdays at 5 PM (EST) on AM 1260 in the Washington, DC area, and on the web at progressivetalk1260.com. Host Dana Laake discusses nutritional evaluation and treatment of the full spectrum of health issues affecting children and adults.

Please visit us during our Winter Sale starting November 19. Be sure to mention you read about us in the DDR newsletter and save \$5 on your first compound order.

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LEADERSHIP LEARNING LAB

*Building Strong Leaders
in Classrooms
and Communities*

This newsletter is made possible in part by a grant from Leadership Learning Lab, New York, NY

Leadership Learning Lab is a dynamic educational organization that promotes arts and education in New York City public and nonpublic schools. Its mission is empowering educators and students to create safe and effective environments for learning and development. **The Lab** introduces educators and students to New York's wealth of resources, and raises awareness of today's issues.

Through funding provided by the NY State Title II A program, **The Lab** is able to provide services that include arts and culture education, literacy enrichment, diversity and multiculturalism, and supplemental programming in special education. Nonpublic educators are offered an annual selection of three seasons of workshops which include field trips to museums and cultural organizations, instruction on technology and skills-based management techniques, hands-on art workshops, and lectures on the most contemporary issues that youth face today.

Organizational objectives are met through a variety of programming such as on-site services, after school clubs, mentoring, professional development, and parent workshops. For example, **The Lab** has implemented a comprehensive program in targeted public schools to decrease levels of violence and dropout, while increasing resiliency. Following this initiative, **The Lab** piloted an after school literacy program for low performing elementary school students. While this programming was made possible by specific grants, it is available for other interested schools, educators, and organizations. For more information go to www.leadershiplearninglab.org.

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Executive Director's Column

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



Early Autism Screenings: A Blessing or a Curse?

In her new book, *The Secret History of the War on Cancer*, Professor Devra Davis, Ph.D., Director of the Center for Environmental Oncology at the University of Pittsburgh Cancer Institute, states, “The war on cancer has been fighting many of the wrong battles with the wrong weapons and the wrong leaders... targeting the illness and leaving its myriad causes untouched.” Dr. Davis could very easily have been speaking about autism.

The Wrong Leaders

At their annual meeting in October, the American Academy of Pediatrics (AAP) directed physicians to screen young children for autism and related disorders at age 18 and 24 months, as part of well baby checkups. No one denies that early diagnosis is crucial. Are we wise, however, to entrust screening to them? Are they also fighting the wrong battles with the wrong weapons? I think, “yes.” One study showed that fewer than 3% of pediatricians make a correct diagnosis of autism, and that 58% saw no developmental delays in those later diagnosed.

Recognizing the Right Leaders

Parents and professionals from grassroots autism organizations are the right leaders. THEY recognize signs first. I join Barbara Loe Fisher of the National Vaccine Information Center (NVIC) in her concern about the timing of these screenings, just when vaccine boosters are due. If the doctor still vaccinates, even though he suspects autism, immunological problems could get worse.

The Wrong Battles

Poor socialization and delayed language are the wrong battlefronts! Many signs of stress such as chronic strep, ear, or other infections, skipped steps in motor development, and picky eating due to intolerance of tastes, textures, and smells, precede loss of eye contact and language. As symptoms accumulate and exhaust the immune and nervous systems, little energy is left for development. Fortunately, the AAP is now urging members to “partner” and “listen to” parents, rather than “wait-and-see,” AND to “pay special attention” to sleep and gastro-intestinal disturbances.

The Wrong Weapons

Early interventions usually involve medication to address symptoms. At the AAP conference, one doctor reported that drugs are doctors’ preferred weapons for children diagnosed with autism or Asperger syndrome. Physicians treat about 80% with at least one psychiatric drug. Almost half get antipsychotic drugs, antidepressants, and stimulants. Some take mood stabilizers and anticonvulsants; many are on several medications. Side effects of these pharmaceutical treatments include nutritional deficiencies, sleep, and loss of appetite.

Fighting the Right Battles

Doctors should be battling the underlying causes of eczema, food allergies, sleep disturbances, picky eating, and temper tantrums. Parents are demanding to know WHY their kids have sleep, digestive, and language issues, and especially why they regressed following vaccination.

The Right Weapons

Diets and sensory therapies are the right weapons. Gluten-, casein-, soy-, yeast-, and additive-free diets take a burden off the digestive system and free up energy for development. Occupational, speech-language, and play therapists, optometrists and chiropractors are all imperative for alleviating sensory and motor issues. These are not standard components of most early intervention programs.

What to Screen and When

The AAP told doctors to look for the following red flags: not turning to “Look!” or his/her name smiling late and poor eye contact.

Is this screening too little too late? Based upon almost 40 years working with children with special needs, I would like to propose an alternative screening that combines sound developmental practice with what we know about immunological and nervous system markers. Vaccine reactions at ANY age are serious risk factors for everyone to consider.

By age six months, baby

- sits without support
- turns toward sudden noises
- smiles in recognition of primary caregivers
- eyes follow objects, moving together
- has no skin irritations
- shows interest in eating; stools are formed

By one year, baby

- crawls with alternate arm and leg movements
- eyes work well with hands
- makes sounds, some of which are meaningful
- reciprocates socially
- eats a variety of foods with regular digestion
- takes a nap each day

By age 18 months, toddler

- walks independently
- uses both eyes to search, and eyes and hands to inspect
- sleeps 11-12 hours at a time
- chews foods
- plays alone purposefully for five to 10 minutes
- follows verbal direction and has 10 word vocabulary

By age 24 months

- can run and climb
- turns pages of book as if “reading”
- plays purposefully for at least 15 minutes
- notices other children and interacts
- puts two words together

Prevention not Identification

A physician’s credo is “Do No Harm.” I fear that the mandated early autism screenings, although a step in the right direction, could lead to harm. Let’s truly partner with doctors to teach them to recognize the right signs of possible autism and to prescribe the right interventions. Only then can we reduce the numbers of children being diagnosed.

Remember DDR in End-of-Year Donations

Keep DDR in mind when making contributions this year. DDR is a 501c3 not-for-profit, and donations are thus tax deductible. Go to www.devdelay.org to donate.

Jenny McCarthy Speaks Out

Who ever imagined that Oprah, Larry King Live, and The View would all feature a biomedical approach to autism in the same week? It took a tenacious, celebrity Mom with a recovering son and a best seller, *Louder than Words*, to do it! Congratulations, Jenny. You are just what we needed to get the world to listen!

Big Changes for Defeat Autism Now!

The Autism Research Institute (ARI) can no longer use the acronym DAN! because, unbeknownst to them, it was already taken by the Divers Alert Network! Not until Jenny McCarthy hit national TV and began speaking about DAN! was anyone aware of the conflict. The problem is that both groups have interest in using hyperbaric oxygen as a treatment, and that could be confusing to the public.

Director of Conference Coordination, Maureen McDonnell, is moving on. Lyn Redwood from SAFEMINDS will be assuming that position. Maureen's new venture is the Southeastern Women's Conference to be held June 20-22nd in Asheville, NC. Go to www.takebackourpower.com for details. Good luck, Maureen!

BrainChild Nutritional Founder Dies

DDR sends its heartfelt condolences to the family of Michael Lang, who succumbed in October to pancreatic cancer. Michael created exceptional liquid vitamin and mineral supplements to help his own and thousands of other children with autism. Less than a week before his death, Michael made a presentation to the doctors attending a Defeat Autism Now Think Tank. We will miss Michael in the Exhibit Hall at future conferences.

The Death of Raw Almonds

On September 1, 2007, the US Government banned raw almonds. New protocols require that all almonds grown and sold in North America be pasteurized! The process includes quick-steaming (at temperatures so high they are no longer raw) and spraying the nuts with propylene oxide (PPO), a known carcinogen. This new regulation ends your ability to purchase domestically grown true organic, raw almonds. Residents of California who have access to local growers can still buy them at local farm stands. Know anyone who can get us some?

Additives DO Cause Hyperactivity

Dr. Benjamin Feingold was right over 40 years ago: food additives do trigger hyperactivity. It took that long to get a double-blind study large enough to be published in the prestigious medical journal *The Lancet*. Researchers challenged almost 300 British children from the general population with six food dyes plus sodium benzoate. Over 60 percent showed more hyperactive symptoms after ingesting drinks with the additives than without. To view the study in depth, go to www.feingold.org.



DDR Exhibits at Pepsi

Thanks to Greg Buckley at PepsiCo for inviting DDR to exhibit at Autism Awareness Day on October 11th at their magnificent campus in Purchase, NY. Greg, the father of a son who has recovered from autism, requested that we provide information and education to Pepsi employees during their lunch hour. Executive Director Patricia Lemer spoke with many parents and grandparents about therapies that improve functioning. We hope to work with Pepsi in the future at additional autism-related events.

Look Me in the Eye: Life with Asperger's

Run, don't walk to the bookstore or library and read John Elder Robison's memoir *Look Me in the Eye*. The older brother of Augusten Burroughs, author of *Running with Scissors*, Robison grabs you in the first sentence. After growing up in a very dysfunctional family, and years of trying to figure out why he was "different," he finally got a diagnosis at age 42. He is now a successful expert on the restoration and repair of fine European automobiles, and formerly the sound and special effects genius behind the band "Kiss." Just proves it's possible to find life's work doing something you love.

Vaccine Study Draws Erroneous Conclusions

According to SAFEMINDS spokesperson Sallie Bernard, a CDC study published in September in the *New England Journal of Medicine* that refutes any causal association between thimerosal and neuropsychological outcomes in children misleads the public. In truth the study was unable to prove either the presence or absence of a relationship. This study has many limitations, including small sample size, only 30% participation rate, and an exclusion of newborns weighing less than 5.5 pounds.

Do Holiday Shopping through iGive - Support DDR

When shopping online this holiday season, make DDR your "cause." Hundreds of stores give back a percentage of your purchase to DDR. These include F.A.O. Schwartz, Land's End, Linens & Things, KB Toys, and many more. Just click on www.iGive.com/DDR and sign up. Be sure and download the banner so you don't miss a donation opportunity.

"Green" Your School

Join the National Autism Association (NAA) and Deirdre Imus' Nationwide Grassroots Campaign to Green Your Schools! Use Greening the Cleaning® Products at home and at your child's school. To download your free "Greening Your School" packet, go to www.nationalautismassociation.org.

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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All material in **New Developments** is for information purposes only and is not to be substituted for professional advice from your health care provider.

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Starting Middle School is a transition that can be traumatic for many students. Social cliques are forming, hormones are raging, extra curricular activities are competing with academics, and teenagers are struggling for independence. These events that face all families are particularly challenging for parents of students with developmental delays. How does the added emphasis on curriculum impact the abilities of students with special needs to be included with their peers?

To respond to this question, the *Parent Education Advocacy and Leadership (PEAL) Center* in Pittsburgh, PA, developed an audio conference series this year: “Middle School Inclusion: Making it Happen.” Speakers from several states covered a variety of topics. All of sessions, except Judy Gran’s, are archived, along with the speakers’ PowerPoints, handouts, and/or articles at www.pealcenter.org. Just click on “Middle School Series.”

The Least Restrictive Environment (LRE)

Judy Gran, Esq., of the Public Interest Law Center of Philadelphia (www.pilcop.org) stated emphatically that school districts must consider “the full range of supplementary aids and services during IEP development.” These include curriculum modification, teacher training, behavioral support, and an instructional assistant, as well as the effects of inclusion on non-disabled peers.

Inclusion works! It’s a civil rights issue. Research consistently shows that students with all types of disabilities do better academically and socially when included in regular education classes, and that they **MUST** be included to become productive adults.

Co-Teaching

Lisa A Dieker, Ph.D., of the University of Central Florida examined several innovative co-teaching models, including:

- *one teacher lead, the other support.*
- *station teaching* – divided content, shared but separate responsibilities.
- *parallel teaching* – same content with instruction delivered to half the class.
- *alternative teaching* – one large group, one small. Small group pre-teaches. Reinforces or re-teaches large group.
- *team teaching* – shared instruction with coordinated activities in one lesson. Mutual trust and commitment are essential with co-planning the cornerstone for success.

These coordinated efforts bring about gains not only in academics, but also in behavioral/social and work habits. Two helpful sites are www.powerof2.org and “Co-teaching Lesson Plan Book” at www.nprinc.com. Dr. Dieker offered many practical exercises on how to help the regular education teacher imbed IEP goals into the daily curriculum, including her “IEP Snapshots” and “General Education Curriculum Snapshots.”

Life after the School Bell Rings

Steven Hinkle, a college student with a disability, delivered a most powerful presentation sharing his personal experiences through middle and high school. His message was the importance of developing a social life that is connected to school, and what the schools **can**, and **need to do** to make a social life happen for students with special needs.

Practical Modifications and Accommodations

Rebecca Bond and Liz Castagnera, support teachers from San Diego County, CA, shared a wealth of information about practical accommodations and modifications they have used successfully for years including:

- *Handouts:* Watch layout (ample white space), font style (no serifs), and size (14 point +).
- *Directions:* Use simple terminology, bulleted instructions, examples, read aloud.
- *Assignment Options:*
 - Same assignment: fewer items with IEP objectives.
 - Streamlined assignment: reduce size, retain key points.
- *Tests and Quizzes:* Limit to one or two types of questions.
 - Multiple choice: Decrease choices, arrange vertically, eliminate “all,” “none,” and negative wording.
 - True/False: One fact only; clear and precise questions.
 - Fill-in-the-blanks: Only one blank per question.
 - Matching: Definitions on left, responses on right.

Using Paraprofessionals

Michael Giangreco, Ph.D., of the University of Vermont Center on Disability and Community Inclusion believes that while paraprofessionals can benefit many students, they can also be impediments to learning. Overdependence on paraprofessionals can adversely affect socialization with peers, and academic growth of students with disabilities. Some feel stigmatized when receiving paraprofessional support.

For students with behavioral problems, paraprofessional support put in place to assist them may, in fact, provoke behavioral outbursts. Minimize unintended, undesirable effects by placing students with disabilities in the center of the classroom, not on the periphery, to encourage ongoing access to teacher and peers.

Role of Families

Diana Autin, Executive Director of the Statewide Parent Advocacy Network of New Jersey, gave families multiple ways to connect to their school community, to be active members within the school, and to be ongoing members of the evaluation, IEP, and instructional team. Ideas included:

- Share information re student’s strengths and learning style.
- Set and communicate high levels of expectations.
- Participate in school, community, and district activities.
- Support learning at home. Limit screen time, utilize local library, practice real life skills like cooking and gardening.

Sexuality and Social Life – Jim Del Bianco

Mr. Del Bianco gave a frank overview of how adolescence and puberty are just as much a part of special students’ lives as any other young peoples’. Readers are referred to Jim’s article “Educating Children about Sexuality” in *New Developments* 8:3,4.

To view presentations in their entirety, and PEAL’s extensive training and advocacy opportunities, go to www.pealcenter.org.

Debbie Efkeman is a parent of a child with special needs and a trainer at the PEAL Center in Pittsburgh, PA. You can reach her at 412.281.4404 or defkeman@pealcenter.org.

Tapping your Troubles Away

by Margaret Gennaro, M.D.

As a conventionally trained pediatrician, I never thought that I'd be suggesting that my patients gently tap on different parts of their body in order to feel better. But eight years ago, I "happened" to sit next to a woman who taught me a simple and empowering tool that hundreds of thousands of people, including me, use every day. It's called "Emotional Freedom Techniques" or EFT™.

What is EFT™?

EFT™ is a process that works with the mind-body energy system to reduce and eliminate emotional, mental, physical and spiritual discomfort. Described as "emotional acupuncture," it is one of the most effective ways to balance the body's energy system that I have ever experienced. EFT™ has been proven clinically effective as a simple yet powerful way of releasing fears, phobias, anxieties, angers, addictions, and all kinds of emotional and physical issues. The beauty of EFT™ is that ANYONE can learn how to apply it to herself and others. Since it is known worldwide, a practitioner nearby is easy to find.

How Does EFT™ Work?

EFT™ is based on the discovery by Dr. Roger Callahan that traumatic events create imbalances in our energy field, which lead to uncomfortable feelings and emotional upsets. Dr. Callahan combined the ancient wisdom of acupuncture with modern kinesiology and developed Thought Field Therapy (TFT). Gary Craig, trained by Dr. Callahan, streamlined TFT into EFT™. Gently tapping on acupuncture points while stating a specific problematic issue, corrects the "short circuit" in the mind/body energy system, releasing energy with which to heal the associated physical symptom and related emotion.

Getting Started

First identify a specific emotional or physical problem or issue, such as insomnia, trouble concentrating, fatigue, pain in the left shoulder, fear of ____, anger at ____, guilt, craving for sweets, feeling overwhelmed or frustrated about ____, etc. Next, rate the intensity of the problem on a scale from 0 to 10, with 10 being the most intense, and zero being no intensity at all. This scale is called the Subjective Units of Disorder, or SUDs for short. For children, ask them to spread their hands apart if they can. Hands in the prayer position means 0 (no problem) and fully apart means 10 (the worst).

The Set-up

As you do the "Karate Chop," (see below) say: "Even though I (feel/have this) ____, I deeply and completely love and accept myself (or I'm still OK)." In the blank, put in the phrase that needs to be treated. Repeat this phrase three times. **For children** say, "Even though I feel ____, I am a terrific kid and my mom/dad/teacher loves me."]

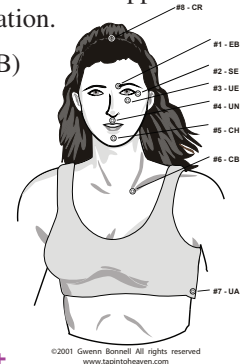
To do the Karate Chop, hit the outside of one hand into the palm of the other. For a child who cannot perform this technique, tap the points on the child's hand and palm, or on yourself with the intention that it is for the child. If this technique does not help at first, the adult may need to tap on his/her own emotions first.



The Tapping Sequence

With both the index and middle fingers of the dominant hand, tap gently on each of the points on the chart below approximately 5-10 times, while repeating the affirmation.

1. beginning of eyebrow above nose (EB)
2. side of eye on bone (SE)
3. under eye on bone (UE)
4. under nose (UN)
5. chin (midway between chin and lower lip) (CH)
6. collarbone (CB)
7. under arm (UA)
8. top of head/crown (CR)



Reassess the Emotional Impact

Take a deep breath. Think about the problem again. If the SUD is not 0, change your set-up statement to reflect your progress. For example, "Even though I *still* feel angry at my mother-in-law, I deeply..." Then the reminder phrase will change to "remaining anger" as you tap on each point. If you cannot get the feeling down to 0, it may be because *additional aspects* of the problem are showing up. You will then need to do *another* set-up incorporating additional emotional nuances of that problem.

Who Benefits From EFT™

EFT™ can bring relief from food and environmental allergies, anger, anxiety, bedwetting, depression, fears, headaches, insomnia, nightmares, pain, phobias, and stress, among other things. It can also enhance concentration and self-esteem. This invaluable tool is a great addition to any therapy. Although EFT™ does not work 100% of the time, it offers a new option for healing without drugs, needles, or negative side effects.

For children on the autistic spectrum and their extremely stressed parents, EFT™ is invaluable for getting through the day. In my office one four-year-old girl got upset because her mother didn't have her snack food. Ordinarily she would have ramped up to a full-blown episode. I was able to coach her mother on using the technique on herself for her daughter, and within minutes the child re-directed herself without a complaint.

A teen sat in my office hunched over without eye contact. I asked if he might be interested in learning a technique to make himself feel better, and he agreed. We tapped for less than 15 minutes on feeling badly about himself and on a few other issues. The difference in him was remarkable. He left with straight shoulders and his eyes shone!

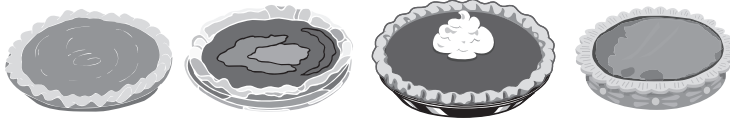
It's FREE!

While many therapies require special equipment and are expensive, this portable technique is free! To learn more, go to www.emofree.com, download the free manual (with some optional extra steps), and sign up for the free newsletter. Happy tapping!

Dr. Margaret Gennaro practices holistic medicine for adults and children in Fairfax, VA. You can reach her at drgennaro@webtv.net.

Getting Through the Holidays

Pumpkin Pie – 4 Ways



Concerned about calorie and carbohydrate laden holiday dinners while adhering to gluten-free, dairy-free, Feingold or a Specific Carbohydrate Diet? Here are Pumpkin Pies for all needs!

Pumpkin is a very healthy vegetable, high in beta carotene. Use either a pre-mixed “Pumpkin Pie Spice” or combine your own cinnamon, nutmeg, ginger, and cloves. Experiment with sweeteners, “milks”, and flours to find a combination that matches your family’s favorite recipe.

Pumpkin Pie #1 - (GF/CF, Sugar & Soy-free)

(Recipe adapted from can of Farmers Market Organic Pumpkin by Christi Reid, CNT, New Seasons Market, Portland, OR)

- 1 15 oz. can Farmer’s Market Organic Pumpkin
- ¾ teaspoon ground cinnamon
- ½ teaspoon ground nutmeg
- ¼ teaspoon each ground ginger and cloves
- ½ teaspoon sea salt
- ½ teaspoon white stevia powder
- 1 14 oz. can coconut milk
- 2 eggs, slightly beaten
- 1 9 inch pie crust

Mix ingredients until combined. Pour into GF/CF pie shell made from mix. Try Gluten Free Pantry’s or Miss Roben’s reformulated flaky mix from www.allergygrocer.com. Bake at 425° for 15 minutes, then reduce temperature to 350° for about 40 minutes.

Why Stevia? According to Donna Gates of the *Body Ecology Diet*, (www.bodyecology.com), it is many times sweeter than sugar, without the calories. It appears to have a regulating effect on the pancreas and could stabilize blood sugar levels, thus making it a safe dietary supplement for people with diabetes, hypoglycemia, and candidiasis. You cannot buy food products made with stevia because the US government has declared it a supplement, not a food. Individuals who cannot tolerate sugar or other sweeteners usually can tolerate stevia without side effects.

Pumpkin Pie #2 - (SCD)

- 3 eggs, beaten
- 1 cup SCD yogurt or uncreamed dry curd cottage cheese, pureed
- ½ cup organic honey
- 2 cups prepared fresh pumpkin (canned not permitted)
(Remove seeds. Steam, boil or bake until tender. Remove skin and mash.)
- 2 teaspoons cinnamon
- 1 teaspoon nutmeg
- ½ teaspoon ground cloves

Mix all ingredients thoroughly in a large bowl with beater, blender or food processor. Pour into Almond Honey crust. Bake at 375 degrees about 45 minutes or until a knife comes out clean.

Why honey and yogurt? On the SCD, the carbs are simple sugars that help heal, not irritate the gut. For how to make SCD yogurt, read *Breaking the Vicious Cycle* by Elaine Gottschall or go to www.pecanbread.com.

Almond Honey Crust (SCD)

- 1 cup almonds
- ¼ cup butter
- ½ cup honey
- 2 teaspoons pure vanilla

Chop nuts coarsely. Combine butter, honey and vanilla in blender and process 30 seconds. Blend in nuts. Spread into pie pan lined with parchment.

Pumpkin Pie #3 (GF/CF, egg-free)

(From Lisa Lewis’ *Special Diets for Special Kids Too*)

- 1 15 oz. can can pumpkin
- 12½ ounces firm tofu
- ½ cup sugar
- ¼ cup brown sugar
- 1 tablespoon molasses
- 2 eggs
- 1½ teaspoons ground cinnamon
- ¾ teaspoon ground ginger
- ¼ teaspoon each ground nutmeg and ground cloves

Pre-heat oven to 350 degrees. Combine all ingredients in blender or food processor and mix until smooth. Should be very thick. Pour into unbaked 9 inch pie crust. Bake 60-65 minutes in center of oven, until golden brown and center is firm.

Pumpkin Pie #4 (GF/CF, egg and soy free)

(From Sully’s “Living Without” Magazine Fall 2002)

- ½ cup very hot water
- 2 teaspoons flax meal
- 2 cups canned pumpkin puree
- 1½ cups milk of choice
- 2/3 cups maple syrup
- ¼ teaspoon salt
- 1 teaspoon cinnamon
- ½ teaspoon ginger
- 1/8 teaspoon each nutmeg and cloves

Soak flax meal in water for 10 minutes. Mix with remaining ingredients. Pour into pie shell. Bake at 350 degrees for 30-40 minutes.

Rice Crust

(From Sully’s “Living Without” Magazine Fall 2002)

- 1¼ cups brown rice flour mix (Mix 2 cups brown rice flour, 2/3 cup potato starch and 1/3 cup tapioca starch)
- ¼ cup sweet rice flour
- 2 tablespoons sugar
- 2 tablespoons ground almonds, walnuts or hazelnuts
- ½ teaspoon salt
- ½ cup oil
- 2 tablespoons milk of choice

Mix together dry ingredients. Whisk milk and oil together and pour into dry ingredients, mixing with a fork. Make dough. Press into 9 inch pie plate.

Healthy and Happy Holidays!

The Much Maligned Tonsils: Remove or Regenerate

By Kelly Dorfman, M.S., Nutritionist, Cofounder DDR



A recent study at the University of Michigan involving 22 children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), found that half of them no longer qualified for this diagnosis after their tonsils were removed. This shocking turn-around for a reportedly chronic brain condition has been attributed to better sleep. Improving sleep patterns is fast becoming an accepted tool for resolving attention issues, though the percentage of those improving after tonsillectomies was much higher than with other sleep enhancement strategies.

What are the Tonsils?

The “tonsils” are a group of lymphatic tissues found at the back of the throat. Most people think of the palatine tonsils, those two only-visible-when-swollen lumps, as being “the tonsils.” However, five tissues including the adenoids, comprise “the tonsils.” In this article I call the palatine tonsils, “the tonsils” and refer to the whole system as the “tonsil tissues.”

The tonsils, as components of the lymph system, carry immune cells that fight disease. Tonsil tissues are arguably the most active parts of the immune system. Since most germs enter the body via the gastrointestinal system and respiratory tract, tonsil tissues are strategically located at the best place for immune efficiency. As lymph tissue, they expand or swell when exposed to germs.

Swollen tonsil tissues can harbor infections such as streptococcus bacteria. Chronic streptococcus infections are now suspected of causing the sudden onset of obsessive compulsive disorder (OCD). This condition is referred to as **Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infection, or PANDAS.**

Once illness passes, healthy tonsils shrink. In chronic illness, low-grade infections, or allergies, however, sometimes they do not. Because swollen tonsils can interfere with eating, breathing, and sleeping, they are often considered more troublesome than useful.

Tonsil Removal

The standard treatment for chronically inflamed tonsils is to snip them out. Parents are assured that the surgery is harmless and potentially highly therapeutic. This approach does not address why the tonsils are swollen. Is removing vitally important immune tissue really a good idea?

If your finger was chronically infected, a dedicated physician would probably work hard to treat the cause, and not recommend a fingerectomy. The same should be true for the tonsils. When sections of the lymphatic system are removed, remaining tissues must protect their own as well as neighboring areas. While a tonsillectomy may resolve chronic tonsillitis, infections then move. Pockets of pus get stuck around teeth and in sinus cavities nearby, and these areas now shoulder the burden of a lymphatic response.

Regenerative Cryotherapy

Enter Dr. Sergej Dorochoy, a Russian trained pediatric Ear, Nose, and Throat specialist, with a pristine office in a tiny town near Duesseldorf, Germany, who accidentally stumbled upon an alternative to tonsil removal in the mid 1980s. He was scheduled to remove the tonsils of a boy who was very allergic to anesthetic.

Dorochoy improvised by applying a local numbing agent, and then freezing the tonsils using a technique called cryosurgery. This type of cryotherapy leads to necrosis of the super cooled tissue. The doctor used an instrument chilled with liquid nitrogen at -190 degrees, which is *so* cold that it can destroy precancerous lesions and other unwanted growths. Only the instrument, not the liquid nitrogen, comes in contact with the tissue.

Because his young patient could not sit still for very long, Dr. Dorochoy was able to touch only one tonsil for a few seconds with the cryo unit. The following week, to everyone’s surprise, the treated tonsil was completely healthy. Regenerative cryotherapy was born.

Twenty years later, Dr. Dorochoy is a pioneer in regenerating tonsils. People travel from all over the world to Germany for his restorative treatment, after which they report fewer illnesses and a general improved sense of well being. The theory behind the immune enhancement is that the super cold temperature kills any organisms pooled in the tissues, and the mild burn causes a dramatic localized immune response that revitalizes the tissue.

The Procedure

Dr. Dorochoy begins by spraying a local anesthetic onto the throat, stopping the gag reflex, prohibiting swallowing, and taking the pain out of the freezing. This initial procedure often causes alarm until the patient begins to breathe through the nose. Because the body immediately mounts a strong immune response, temporary dizziness and tiredness can also occur. Other than having a sore throat, most patients are fine after a few days.

Who is a Candidate for Cryotherapy?

Almost anyone with swollen tonsils or adenoids, who can tolerate a local anesthetic and can hold the mouth open for 15 or 20 seconds is a candidate for this operation. Cryotherapy won’t work for children with developmental delays who cannot tolerate getting a throat culture or who cannot understand basic instructions.

Some long-standing cases might require more than one treatment. Getting to Germany is not easy. The treatment costs 270 euros (about \$325).

Dr. Dietrich Klinghardt recommends this procedure to many of his patients. To read more about it, go to Klinghardt’s website at www.neuraltherapy.com/regenerativeCryotherapy.pdf. Dr. Dorochoy can be contacted at: dorochoy@kryopraxis.de. His wife conducts all of the correspondence as his English is limited.

Save the Tonsils

Tonsils are strategically located immune tissue. Swollen tonsils are a symptom of immune overload, which can interfere with sleep, and may be involved in attention deficit disorder and other developmental delays. Once tonsil size is reduced, health care professionals can reduce immune stress, the true underlying condition. Improved diet, proper allergy treatment, elimination of food reactors, reduced environmental toxins, and dietary supplements are all areas to explore to treat the underlying immune system dysfunction.

UPCOMING EVENTS

- **Wednesday, November 7, 2007 – New York, NY**
Multi-Disciplinary Panel of Therapists Treating Autism Spectrum Disorders
Group includes OT, chiropractic neurologist, homeopath, naturopath, nutritionist, audiologist, optometrist, and others. No charge. To register, call 212.414.2777 or email to jaymerich.ot@earthlink.net.
- **Friday, November 9 – Sunday, November 11, 2007 – McLean, VA**
Critical Factors for Optimal Outcomes for Children with Autism and Special Needs
11th Annual ICDL Conference featuring Stanley Greenspan, MD, Serena Wieder, PhD, Harry Wachs, OD, and others. For details, go to www.icdl.com.
- **Friday, November 9 – Saturday, November 10, 2007 – New York, NY**
Sensory Processing Disorder: Advanced Research & Innovative Interventions
Speakers include Carol Kranowitz, MA, and Lucy Jane Miller, Ph.D. For more information go to www.SPDFoundation.net/symposium.
- **Thursday, November 15 – Friday, November 16, 2007 – Greensburg, PA**
The Greenspan Floortime Model – A Continuation
Sponsored by LICC and the Westmoreland Intermediate Unit.
For more information go to www.arcwestmoreland.org.
- **Friday, November 16 – Saturday, November 17, 2007 – Hebron, MD**
Autism and Lyme: Advocacy, Bio-medical, Dietary, and Life Plan Interventions
Sponsored by David and Sam. Speakers include Mary Megson, MD.
Questions: Call 410.749.1899.
- **Thursday, November 29 – Saturday, December 1, 2007 – Naperville, IL**
- **Friday, December 7 – Saturday, December 8, 2007 – Toledo, OH**
The SI Tool Kit: Bringing Sensory Integration to Schools and Homes
Speaker: Diana Henry, OTR/L. For other dates, go to www.ateachabout.com.
- **Friday, November 30 – Saturday, December 1, 2007 – Milwaukee, WI**
- **Friday, January 25 – Saturday, January 26, 2008 – Boston, MA**
How Does Your Engine Run? The Alert Program for Self-Regulation
To register & for other dates call 877.897.3478 or visit www.AlertProgram.com.
- **Friday, November 30 – Saturday, December 1, 2007 – St. Louis, MO**
Eyesight to Insight: Visual/Vestibular Assessment & Treatment
How optometrists and occupational therapists can collaborate to enhance development. For more information contact PDP at 651.439.8865 or go to www.pdppro.com.
- **Saturday, December 1 – Sunday, December 2, 2007 – Marlborough, MA**
Get a HANDLE on Neurodevelopmental Differences
An introduction to the HANDLE approach to autism, sensory issues, dyslexia, motor and coordination problems, and more. Go to www.handle.org for more information.
- **Saturday, December 1, 2007 – New York, NY**
Meeting the Needs of Young Children with Autism Spectrum Disorders
Sensory and behavioral perspectives from experts in ABA and sensory integration, including Lindsey Biel, OTR. Sponsored by CARD at Hunter College.
Admission free. To reserve a place, email name and phone number to hcard@hunter.cuny.edu or call 212.772.4822.
- **Saturday, December 1, 2007 – Washington, DC**
- **Saturday, January 12, 2008 – Washington, DC**
Family Constellations Workshops
Experience how trans-generational pain can affect today's families. For more information and other dates, contact Mary Rentschler at 202.244.8280.
- **Sunday, December 2, 2007 – New York, NY**
Using Nutrition to Improve Clinical Outcomes: Strategies for Addressing Attention, Behavior, and Cognition
Speaker: Kelly Dorfman, M.S. To register go to www.therapeuticservices.org.
- **Tuesday, December 4, 2007 – New York, NY**
Globally Gluten-Free: Asian
Susan Baldassano has the answers to gluten-free cooking and effortless menu planning. Go to www.naturalgourmetschool.com or call the Natural Gourmet Institute at 212.645.5170.
- **Friday, January 18 – Saturday, January 19, 2008 – Seattle, WA**
Partners with a Purpose: OT and Speech, Using an SI Approach
Building partnerships to enhance language development, communication, behavior, and learning. For more information contact PDP at 651.439.8865 or go to www.pdppro.com.
- **Thursday, February 14 – Sunday, February 17, 2008 – Orlando, FL**
US Autism Asperger Conference: "Autism Through the Lifespan"
Speakers include David Berger, MD, William Shaw, PhD, and Steven Shore, PhD.
To register and for more information, go to www.autismorlando.com.
- **Friday, February 29 – Sunday, March 2, 2008 – Washington, DC**
Wireless: What are the Dangers to Health and Healing?
Evening session for parents and interested lay persons, followed by training for professionals. Speaker: George Carlo, Ph.D, JD.
For information go to www.safewireless.org.

Developmental Delay Resources

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