



Comprehensive Intervention Program for the Autistic Child

The Special Foods Diet

by Karen M. Slimak, MS

It was not so long ago that autism was believed to be a hopeless problem; there was not even the consideration of the possibility of recovery. But in recent years a number of dramatic improvements and recoveries have been achieved with autistic children. Some children have responded to consistent, persistent physical stimulation; some have responded to patterning; some have responded to auditory therapy. In the continuing search for underlying causes the importance of food allergies and sensitivities and chemical sensitivities has begun to be considered with increasing interest. There are reports of dramatic improvements involving the avoidance of glutes and gliadins, avoidance of caseins, and supplementation involving biochemical interventions.

This variety of approaches which has led to recoveries for a few, and moderate to slight improvements for many autistic children, has led to the suggestion by some that autism may have multiple causes. This would certainly on first glance seem to be supported by the variety of approaches mentioned above, and the fact that the onset of autism, or autism-related symptoms has been reported after immunizations, following birth-related traumas, and in other cases seemingly of genetic origins.

We can no longer accept the theory that autism has multiple causes. The results of our success with several hundred autistic children suggest otherwise. The results of our two-year research effort in which we studied 45 autistic children undergoing the SF Comprehensive Intervention Program are in, and have been evaluated thoroughly. The data points with surprising clarity to a unifying, underlying cause for autism. Clearly a response of the immune system occurs in autism, and there are biological mechanisms that involve impaired enzyme systems. However, we have found that none of these problems occur when food and environmental contaminants (volatile organic compounds, plastics, resins, and moldy smells) are removed completely. Within 2-5 weeks of complete diet change and removal of all environmental contaminants, the physical manifestations of the disorder disappear. Further the symptoms return quickly should re-exposure occur. In other words, in our program we can turn symptoms on and off like a caution light. This is not possible unless one is varying the substances responsible for the body's responses and ultimately the autistic symptoms themselves.

We find that food sensitivities together with chemical sensitivities account for autism-related symptoms in every single child we have studied. In our recent research study of 45 autistic children, we found that food, and exposures to volatile organic compounds, plastics, polymerized resins and mold, fully accounted for the autistic symptoms of each child. The question now is, is food and environment the cause in 100% of autistic children or only 99% of cases?

Our study also showed that simultaneously combining our effective diet, the Special Foods Diet, with equally effective environmental intervention is the key. We found, that with diet alone, the immune system of autistic children is still overwhelmed, and the children develop many new food sensitivities and many experience gradually worsening symptoms. We also found that with environmental avoidance alone, the food-related symptoms were so strong that overall improvements were not

observed. The desired outcome is only possible when the Special Foods Diet is partnered with comprehensive elimination of environmental contaminants.

In our program, without exception every child has improved. In the 45 children studied, 5 have fully recovered already and their diagnoses have been removed. Half of the children have achieved an 85% or greater reduction in overall symptom levels, and are well on their way to full recovery. The remainder have achieved at least a 50% reduction overall in their symptoms; the difference in this group are the parents, who have been slow to complete the environmental changes so clearly necessary for full recovery.

Our Comprehensive Intervention Program is designed to be fast paced, achieve results quickly, and make the process simple. Recovery is supposed to be quick. Symptoms are reduced slowly over many months only when environmental changes are made slowly; with this approach there is a great risk that the child's increasingly hyper reactive immune system will outpace the environmental improvements and the child's sensitivities will continue to become more severe, albeit more slowly that would have occurred otherwise. This is one of many reasons for our fast paced program.

Our research has clearly demonstrated that autism is a collection of symptoms which are much like allergic reactions. The symptoms only occur when there is an exposure (to food, chemicals or mold), each reaction has a pattern – a beginning, middle and end which lasts generally no longer that about two weeks – and the symptoms are gone when the last exposure is eliminated.

The Comprehensive Intervention Program has two critical parts, dietary intervention through the Special Foods Diet, and our simultaneous program for equally comprehensive elimination of volatile substances and plastics in the child's environment. The emphasis in this booklet is on the first part of the program, complete dietary intervention with the Special Foods Diet. At the time you enter our SF Comprehensive Intervention Program you will be provided the detailed instructions on how to make the environmental changes that are the essential second part of the SF Comprehensive Intervention Program. In addition you will enter our ongoing research program in which the progress of each participant is followed carefully, and you will be provided, at no charge, all of the scientific and technical guidance and personal support necessary to help you achieve these goals.

This booklet, which emphasizes the dietary intervention portion of our program, provides detailed information about our Special Foods Diet. Autistic children achieve the complete elimination of food related symptoms with a comprehensive approach to dietary intervention that starts with a complete change of diet and introduction of the most well tolerated and healthful foods in the world. The complete diet change is necessary to make sure we have eliminated all problems foods..

It is a virtual certainty that food, chemical, and environmental sensitivities are the underlying causes of autism for your child. This is the legacy of our modern way of life; a continually worsening environment that our bodies were not designed for, and a legacy that increasing numbers of our child cannot handle. Do not consider this a program to try, in the hopes that it might work for your child. Consider this a program to follow, a roadmap, a procedural guide for recovery. We have yet to find a child who does not respond.

I

Food, Chemical, and Environmental Sensitivities Are Underlying Causes

After working with more than two hundred autistic children, and conducting thorough research with 45 children, we no longer start with a question as to whether food and environment are important underlying causes of autism, Asperger's syndrome, and PDD. The question now is, is food and environment the cause in 100% of cases or only 99% of cases?

Parents often wonder why it is so hard for them to recognize this in their children. The answer is simple: because the same foods are usually eaten throughout the day and chemical and environmental exposures are constant day and night, the symptom patterns merge and can become consistently present. The symptoms fluctuate but never go away long enough for the parents to correctly associate the physical problems with the causes. On the rare occasions such as a trip to the beach, the change may be attributed to relaxed surroundings; or the child may go through withdrawal and be much worse.

The following are a list of things to look for, to indicate whether your child suffers from sensitivities to substances in food and in the environment. This list used to be a very important set of guidelines, but is no longer. Substances in foods and environment can affect neurological tissue, cause autistic symptoms and affect no other parts of the body. We present this list briefly here, but the only necessary criteria now is: does your child have a diagnosis of autism, Asperger's syndrome, or PDD.

- Food allergies and chemical sensitivities tend to be inherited, there is a genetic link, and they can be tracked through several generations in many families; is another family member known to be bothered by one or more foods or by volatile organics such as scented products?
- Prior to now, have you been aware of food-related problems in your child?
- Has your child received a diagnosis indicating that some or all of your child's problems may have allergies, sensitivities or intolerances as an underlying factor?
- Has your child been diagnosed as gluten or casein intolerant?
- Does your child suffer from digestive problems, leaky gut, malabsorption?
- Does your child have altered levels of substances in his body associated with an immune response typically associated with allergic reactions or immune system attacks on neurological tissue? Does your child show evidence for impaired function of one or more enzyme systems? This is an important indicator for the role of foods and environmental exposures in autism.
- Is your child affected by strong odors such as cigarettes or perfume?
- Is your child attached to particular foods or objects in special ways?

If the answer to one or more of the above is true for your autistic child, then comprehensive intervention to determine the importance of food, chemical and environmental sensitivities in your child's autism could be life changing.

II

20 Years Of Observation Strongly Support Food Sensitivities And Chemical Sensitivities As Underlying Causes Of Autism

The supporting data is compelling. For more complete information, please refer to our scientific publications and our literature describing the results of our research study. The following statement by our founder, Karen M. Slimak, MS, is a summary of the results of twenty years of study, and the reason we can so confidently state that substances in food and the environment are the underlying cause of autism.

‘I am a scientist and researcher with expertise in analytical methods, environmental chemistry, biochemistry and physiology. I did not begin with an emphasis on autism; my work began 20 years ago with an emphasis on severe food allergies and chemical sensitivities. My career interest is in understanding the interplay between environmental contaminants and human health. I have developed a methodology whereby the effects of chemical exposures on humans can be studied. My work in this area, over many years, has brought me increasingly into contact with the autistic community as I began working with increasingly more seriously affected individuals. I have found that autistic children as well as children suffering from severe seizure disorders are the most strongly affected groups to date.

As an environmental chemist, for over 30 years I have had a career goal of studying the effects on humans of years of exposure to the complex milieu of substances in our environment. Although I knew there would be effects, initially I expected that they would be mild and relatively inconsequential.

In the beginning it was impossible to directly study human subjects. Severe neurological and other physical effects of volatile organics and plastics have been documented for many years in animal subjects, but always at high levels, and only one chemical at a time. No one knew how to accurately extrapolate to human subjects other than to consider epidemiological studies of industrial exposure. No one could tell for sure that any group of individuals was experiencing severe neurological effects associated with any chronic exposure.

For the first 15 years I could only choose activities as closely related as possible to my career interest. These included: 1) serving as director of a trace organics analysis lab, 2) conducting an assessment of environment fate and effects for the National Research Council and Congress, 3) managing a study for the Environmental Protection Agency, in which over 100 volatile compounds were traced through their full cycles of production and use, and rates of release to air, water, soil and waste were estimated at all steps and in all materials.

Toward the end of this time, I faced a severe personal crisis with the near death of my infant son from extraordinarily severe and extensive food allergies and sensitivities and early onset autism. I was forced to find a way to save his life on my own, as he was severely allergic to virtually every food. As a result of the impressive recovery of my son due to the dietary intervention approach I developed, I began to receive referrals of severely allergic individuals from physicians.

I approached my work with each person with the scientific rigor I have always used. Each person I studied as a scientific experiment of one subject. Even though my emphasis was on foods, I wanted to be sure that my observations could only be related to foods, nothing else. To control for as many other variables as possible, each person was required to drink distilled water in glass, avoid plastics, avoid

cooking with gas heat, avoid perfumes, and test organic foods only. When a set of well-tolerated foods was found, the dietary intervention was completed.

To maintain scientific credibility and what I would call idle scientific curiosity, I instructed the clients to add back the other variables one at a time. The clients and I were shocked to find an array of severe, completely unanticipated symptoms. One client wrapped her well-tolerated food in plastic wrap for 20 minutes, then unwrapped and ate it. She was bedridden for three days as a result. One young father, sat at his table, drank his first glass of tap water in 6 weeks and reported being overwhelmed with intense, barely controllable rage. He said, 'I was just sitting there! I had no reason to be filled with rage; nothing had happened. All I did was drink the tap water. That's when I realized the only time in my life I didn't experience this barely controllable rage was when I was on your program!' Person after person reported similar experiences; all were different reactions. There were different systems of the body affected, no two people reacted in the same way to anything, but the reported effects of these materials were consistent and surprisingly severe.

I realized that I had stumbled on a way to pursue my life long goal: studying the effects on humans of long-term exposure to the complex milieu of substances in our environment. Instead of taking well people and trying to make them sick with one chemical at a time; I could study people who were ill, eliminate foods as a factor with my highly effective diets, and through a process of selective removal, see how various substances were effecting each person by observing which symptoms would disappear. I realized I could reasonably adopt the view that everybody was unintentionally playing a part in a grand experiment, since everyone was living in a world virtually swimming in a sea of new substances.

My approach was to directly study human exposure in the 'negative'; that is by selective elimination of exposures and studying the improvements. By working with referred individuals who were already ill, I could study the role of removal of foods and environmental exposures and learn to what extent foods and environmental substances were contributing to their condition, and help my clients regain their health in the process.

My first step was to eliminate all of the food-related symptoms. If I could start people on a diet of only well-tolerated foods, food related symptoms would be eliminated immediately. This would make it much easier, essentially possible, to determine the causes of the remaining symptoms. I sought a starting diet that was essentially universally well-tolerated, which could be expanded later.

Over a ten year period, I observed the food choices of approximately 5,000 individuals with severe, extensive food allergies and sensitivities. These individuals chose from a wide array of unusual carbohydrate choices, and made their choices based on what worked best for them without direction and without discussion with each other. I observed their final choices after, by whatever method, they selected the carbohydrates that they tolerated best. Each person found the foods that they tolerated best independently, but each person ended up choosing essentially the same set of foods. Each individual independently chose tropical root crops, and essentially only tropical roots. This was not a previously predicted or intended outcome; however, I had to accept that just as there are the most poorly tolerated foods in the world, there are foods that are the most well tolerated. My data clearly showed that tropical root crops were the most well tolerated carbohydrates.

I developed the Special Foods Diet, which incorporates tropical root crops as the sole carbohydrate source into a well-balanced seven day rotation diet of unusual foods, as a result of these years of

observation. In part, there was a second reason for this. If these were the foods that subjects were eventually going to need to eat, the whole process could be shortened by beginning with these foods.

The Special Foods Diet proved to be a highly effective diet, especially when combined with reduction of chemical exposures. One highly important benefit was that when combined with reduced chemical exposures, the problems encountered in other programs of developing sensitivities to new foods was found to not occur. Further the small number of foods each day, all extraordinarily well tolerated, each not repeated for a full week; made it possible to know for sure that each food was well tolerated and make any necessary adjustments. When all problem foods are not eliminated, no matter what else one does, increases in symptoms and severity, and worsening of condition will ultimately occur. With the Special Foods Diet it was possible to fully eliminate this problem.

In the past 20 years I have worked with over a thousand individuals. Because I have been able to reduce food-related symptoms of each individual I studied to 'zero', i.e., complete elimination, I have been able to clearly study causes and effects of exposures to foods and environmental chemicals, particularly volatile organics, plastics, and molds, and to detail and record the associated symptoms for each person.

a. Food: Experience With The Special Foods Diet:

In the early years it took much longer to fully eliminate all problem foods, and each starting diet was unique. With the development of the Special Foods Diet about 5 years ago, it became possible to have a common set of foods that each person could begin with and essentially be sure that the diet would be well tolerated from the outset.

The seven carbohydrates of the Special Foods Diet are unusually well tolerated apparently for the following reasons: 1) they are from the parts of the world where the human race emerged and it appears the immune system is well adapted to these foods, 2) they are unusually low in mold levels because of a unique peeling process used by Special Foods, 3) they are not commonly part of people's diets and so most individuals have not become sensitive to them.

For other dietary intervention approaches, many recommend dropping carbohydrate levels quite low and raising levels of protein. This is a common approach in 'anti yeast' diets. This is not an optimal diet, and children on this approach are definitely at risk for not achieving their potential height. We have found this approach is not useful nor necessary.

The surge in Candidiasis reported by others does not occur with the Special Foods Diet. No individual has reported this problem, as long as they maintain the diet and environmental protocol. Instead, individuals with intractable Candidiasis who have suffered sometimes for years have resolved this problem fully with the Special Foods Diet and the Special Environment Program of the SF Comprehensive Intervention Program.

The optimal combinations of carbohydrates, fats and proteins required by the Recommended Daily Allowances (RDA), are maintained with the Special Foods Diet, to the great benefit of our clients.

b. Learning About The Symptoms Caused By Chemical Exposures (After Fully Eliminating Food-Related Symptoms): excerpts are presented here. For the full text please see page 17 of the Special Environment Program booklet.

The early years were ones of discovery. I carefully recorded each person's reactions -- the foods and substances they reacted to and the symptoms that were associated with each exposure. I found that symptoms could be caused by foods, and they could be caused by volatile organic compounds, plastics, resins, molds, and even pollens. I found that symptoms directly and obviously associated with foods and volatile organic compounds, plastics, resins, molds, and pollens included all possible neurological symptoms and all possible physical symptoms.

I found that avoiding foods was important, but not more so than avoiding chemical exposures.

1. I found that when the diet was changed and not the environment, many children (and adults) developed sensitivities to foods on the diet. I found that when environment was changed and the diet was not changed, reaction levels remained high and the children (and adults) improved very little; the symptoms of these individuals continued to become more severe, and their sensitivities tended to become more extensive.
2. In general about half of the symptoms disappeared when the diet was changed and the other half disappeared when the environmental exposures were eliminated. About two thirds of the digestive symptoms appeared to be due to reactions to foods; about half of non-neurological symptoms were due to foods, and about a third of behavioral and neurological symptoms were due to foods.
3. Whether food-related symptoms were eliminated or chemical-related symptoms were eliminated, the remaining symptoms scored very high. This was how I learned about the compensating behavior of autistic children, and seriously impaired children and adults in general. I found that when foods were eliminated children compensated by seeking higher chemical exposures. I found that when environmental changes were made, children compensated by increasing their intake of problem foods.

Seeking behaviors have become important in shaping our SF Comprehensive Intervention Program. Autistic children and virtually all other seriously impaired children and adults compensate for the reduction of one type of exposure by increasing exposure in another area. When foods are eliminated completely, as is the case with our diets, autistic children have exhibited frantic attempts to increase other types of exposures. These seeking behaviors either include increased behaviors in areas that were minor, or new behaviors not seen before. For example a child who was previously mildly interested in puzzles may select a puzzle piece to carry at all times, suck on and smell. A child who never was interested in the toilet may want to spend all day flushing the toilet, day after day until the parents are directed to install a filter on the water line to the toilet. As soon as the filter is installed the child loses interest in the toilet, even though he is completely unaware that a filter has been installed, and suddenly becomes obsessed with something new.

4. I found that the results were consistent and repeatable. Consistently when exposures dropped, symptoms dropped. Consistently when exposures were completely eliminated, symptoms disappeared. When exposures were allowed to recur the symptoms returned strongly for the entire reaction cycle associated with the exposure, and then abruptly disappeared again.
5. I found that food, volatile organic compounds, plastics, resins and mold are linked. Chemically, the volatile substances in food, volatile organic compounds, plastics, resins and mold are highly similar and include hundreds of compounds that are precisely identical. I have been aware for many years,

that it is the volatile substances in foods, those responsible for flavor and aroma, that my subjects were reacting to. I began comparing these substances to volatile organic compounds in indoor environments, in off gassing fumes from plastics and resins, and in the musty odors of molds. These substances were all essentially the same. Our society of today has mixed all of these substances.

6. I found that volatile organic compounds in foods, indoor air, plastics, resins and molds cause great damage to the body at very low levels. These substances are not inert, non-reactive substances; they cause strong, powerful effects at extraordinarily low levels. This is consistent with general knowledge in the scientific community that these substances cause strong physical and neurological effects in animals and humans. In other organisms these substances are known as pheromones, powerful substances that are strong attractants and repellants depending on the species, and are known to cause extremely powerful neurological symptoms including stuporous states, highly agitated behavior, and addictive behaviors. Strong effects have been reported at concentrations as low as one molecule.
7. I found that it was simply impossible to eliminate symptoms by diet alone, since the same problem substances were also everywhere else in our modern environment –indoor air, plastics, resins and molds. Fifty years ago this was not the case. Volatile organic compounds from plastic and resins were not in our foods; perfumes were not in our food, toothpaste, soaps, toys etc. Indoor air was much more similar to outdoor air. Plastic residues were not ubiquitous in our food, water, air, detergents, clothes, toys, meat, furniture and appliances.
8. I found that the increase in autism and in virtually every other chronic disease directly coincides with the increase of these substances in our lives, homes, foods, schools, and offices.
9. I found that after these substances were removed, there was nothing wrong with the individuals I studied. This is enough to make one weep. Even in cases in which severe brain damage has occurred, the damage was initially avoidable. For example, one child who entered our program at age 3 was suffering 100-200 brain stem seizures per day, even with heavy medications for seizures. Because of the brain damage caused by the seizures she had been declared profoundly retarded; she was not expected to recognize her parents, laugh, walk, roll over, and so forth. In the first 6 months on the SF Comprehensive Intervention Program, she became seizure-free, and then began real progress. She clearly recognized her parents, began laughing, chuckling, playing hide and seek games and pretend games, began to sit up and so forth. This child still suffers from brain damage, but has already made impressive progress. Once brain cells are dead, we cannot bring them back to life; however, there was nothing inherently wrong with this child, and she should never have experienced this problem at all. We have been able to completely stop the initial problem and promote renewed health in this child. Only time will tell how much progress this child will make. She has already far exceeded her predicted lifetime achievements.

I have not encountered an autistic child who did not progress to full recovery, meaning catching up with his peers, as long as the parents continued the SF Comprehensive Intervention Program and fully followed the protocol.

10. I found that much we know must be reevaluated. We must re-examine retardation, every condition that develops slowly, and every chronic condition.

Every individual considering entering our program must clearly understand that there are common substances in foods and virtually every part of our modern environment.

Dietary intervention alone does not work. Environmental intervention alone does not work either. Doing one or the other is like having a jar of sugar water, and removing half of the water and drinking the rest. In the case of autistic and other severely affected individuals, doing diet alone would be like pouring out half of the sugar water, and then the child finding a way to put more sugar water back in the bottle!

III

Research study: SF Comprehensive Intervention Program Responsible For Dramatic Improvements In 45 Autistic Children

Two years ago I established a research program in order to obtain more precise information about the effects of food and environment on children with autism and PDD. Forty-five (45) children diagnosed with autism or PDD have been studied so far. These children were compared to 19 non-autistic children suffering from a variety of severe chronic conditions. All children were placed on the Special Foods Diet, and all food-related symptoms were eliminated with this diet for each child. Three approaches were utilized to study the effects of environmental exposures: 1) diet and minimal initial environmental changes; 2) diet and moderate initial environmental changes, and 3) diet and extensive environmental changes simultaneously.

This is the only study of autistic children in which all food-related problems were eliminated in each child, and sustained. For this reason after the first few weeks, as items in the environment were removed, the decreases in symptoms could be attributed to the environmental changes. In autistic children, the role and importance of exposures to volatile organic substances, plastics, resins and molds could be documented clearly for the first time.

In this study we evaluated what we have termed the direct effects of exposure, such as self stimulation, hand flapping, OCD, violence, tantrums, awareness of surroundings, empathy, interest in others. We did not expect children who were nonverbal when the study began to suddenly start talking in paragraphs if they had never spoken before. However, we did expect they would start babbling, mimicking, and attempting to talk, understand the purpose of verbal communication and try to communicate verbally and purposefully. The rest is simply to be learned. Progressing through all of the normal stages of development is very important and takes time. This we termed learned behaviors. Our study aimed to study the elimination of food-and environmental-related exposures in eliminating physical symptoms and removing neurological barriers to learning.

We would like to thank each of the families who participated in the study described below. They had to trust logic, underlying principles, and successes with non-autistic individuals. Without their willingness to participate in this pioneering study, these results would not be available to you now. We salute their pioneering spirit and perseverance in the absence of hard data. I particularly salute Dolly Bogusky, who insisted that I work with her 20 year old extraordinarily severe autistic son, in spite of my own initial reluctance. I admire the bravery, strength, and perseverance of this mother.

In summary the results are as follows; we also refer you to our scientific publications and presentation for additional information:

Removal of food and environmental exposures eliminated the autistic symptoms in children studied:

Together food and environmental factors (we define environmental factors as volatile organics, plastics, resins and moldy odors) are important causes of symptoms in autistic children. Food and environmental factors fully accounted for the physical symptoms of each child studied.

Figure 1 presents average symptom levels for 45 individuals diagnosed with autism and related disorders, and 19 non-autistic individuals with severe chronic conditions having a diagnosis of underlying food and environmental sensitivities. Overall symptom ratings are provided for initial levels, and for 6 month and 12 month periods.

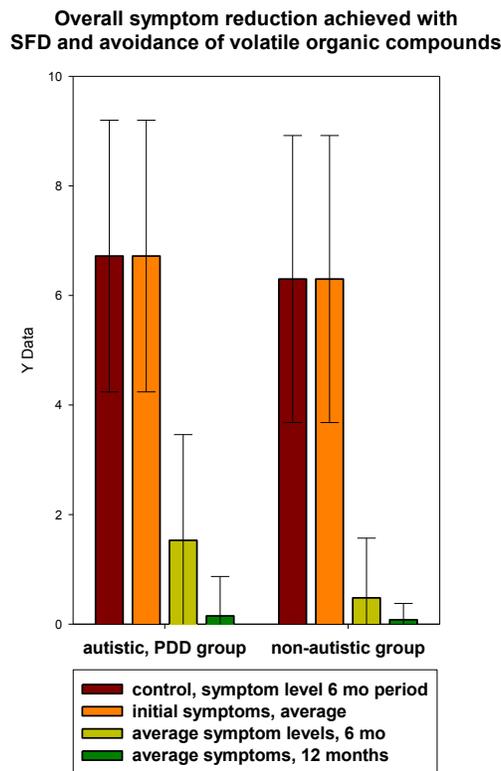


Figure 1

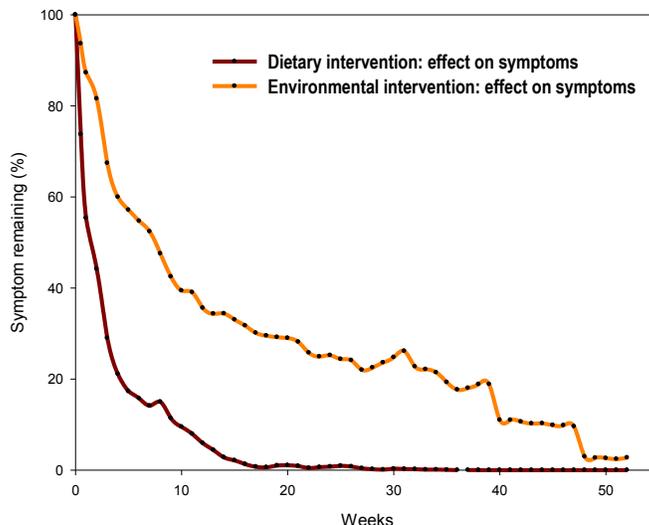
Overall reduction in symptoms achieved during the 12-month study period was 98, and 99 percent respectively for the autistic group and the non-autistic group. Great similarity in overall results at the end of the 12 month period was achieved for both groups, although many individuals in the autistic group had not been diagnosed as having underlying food sensitivities and reactions to volatile organic compounds. Because identical treatments and protocol were applied to both groups, the results support the suggestion that the factors removed, namely foods and volatile organic compounds, plastics and molds, are responsible for symptoms in both groups. Although a child diagnosed with autism is not generally considered to be a highly allergic, sensitive child, these results suggest that autistic children in fact should be considered highly sensitive children, regardless of their outward symptoms.

Figure 2 shows the separate roles of dietary and environmental intervention strategies on symptom levels in the 45 autistic children studied. This shows the relatively rapid disappearance of food-related

symptoms that is consistent with making food-related changes all at once at the beginning of the program.

Figure 2

Separate roles of dietary and environmental intervention strategies on symptoms



Problem foods in the diet accounted for 24% of the symptoms in children who were already gluten-free and casein-free. Problem foods in the diet accounted for 34% of the symptoms in children who were not previously gluten-free and casein-free. Although there is great variation among children, in most children we found approximately one third of the symptoms were food related and two thirds of the symptoms were related to the environmental factors: volatile organics, plastics, resins, and molds.

In terms of the types of symptoms, again there was great variation; however most children responded as follows:

- Physical symptoms such as congestion, eczema, asthma were equally caused by food and environmental factors.
- Symptoms associated with the digestive system were associated with foods two thirds of the time, and associated with environmental factors one third of the time.
- Neurological symptoms were associated with environmental factors 84% of the time, and associated with foods 16% of the time. Included in this group of symptoms were head banging, seizures, cognitive abilities, withdrawal, depression, temperament, moodiness, OCD, violence, aggression sensory sensitivity, self stimulation, and social interaction, social awareness and abilities.

There was both a food and environmental component to each child's problems. At least 95% removal of symptoms was required in order to achieve a sustained improvement that assured the child's recovery, avoided new sensitivities, and was comfortable for parents and family to live with.

Three methods for environmental intervention were studied and they show the importance of making diet and environmental changes completely and simultaneously. In the 3 approaches studied Figure 3 shows the results for food-related symptoms; Figure 4, for environment-related symptoms.

In Figure 3 there are three lines, the brown line represents the results obtained when individuals were placed on the Special Foods Diet, and essentially followed the diet only without environmental changes. The orange line represents the individuals who made moderate environmental changes and then made additional changes as indicated by the responses and seeking behaviors of the child. The green line represents the individuals who simultaneously followed the Special Foods Diet and implemented rigorous environmental cleanup simultaneously.

The brown line of figure 3 shows that when diet alone was changed, new food reactions occurred (brown line), shown in the increasing symptom levels after week 5. An additional 10 weeks on average were required to make the necessary adjustments to a series of new food reactions. The sudden drop in food-related symptoms shown at week twelve, is due to the fact that by that time, a final diet change was made and the subjects were required to make immediate environmental changes. This stopped the continued development of new food-related symptoms. with the final diet change, augmented by the environmental changes, food-related symptoms were eliminated and this was then sustained.

The second group, orange line, who made moderate environmental changes continually experienced fewer food-related reactions and all food-related symptoms had cleared at about week twelve.

The group that achieved the best results was the group that made extensive concurrent environmental changes at the time they began the Special Foods Diet(yellow-green line). The drop in food related symptoms was rapid, the healing of gastrointestinal tract symptoms was quick, and no reactions to any of the new foods in the diet occurred.

Figure 3

Influence of various environmental intervention strategies on time required for achieving symptom-free diets for children with autism, PDD

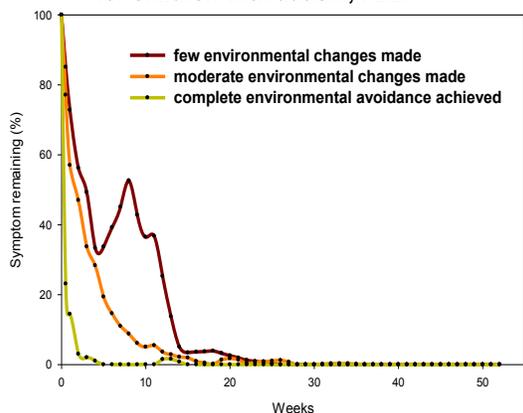
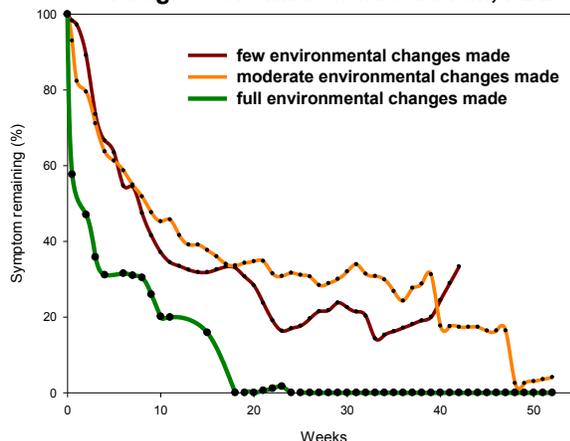


Figure 4

Three environmental intervention strategies for children with autism, PDD



This indicates that for children with autism and related disorders, the immune system is essentially overwhelmed. Removal of foods alone is insufficient to remove enough of the burden on the immune system, and the immune system remained essentially overwhelmed, and over reactive. Thus in spite of the diet and its benefits, the underlying problems with the immune system continued to become more severe.

Although great and very important, food alone was not enough. This may be largely due to the seeking behaviors of autistic children in which they are able to fully compensate for the loss of one type of exposure by substituting another exposure until it is equivalent or stronger. Until the environment is completely controlled, the child will be able to compensate for the elimination of food-related

reactions by increasing exposures to volatile organic compounds in other substances. Thus to the body there has been essentially no change. The immune system continues to become increasingly more sensitive as if nothing was changed; and indeed, biochemically, for these children, nothing has!

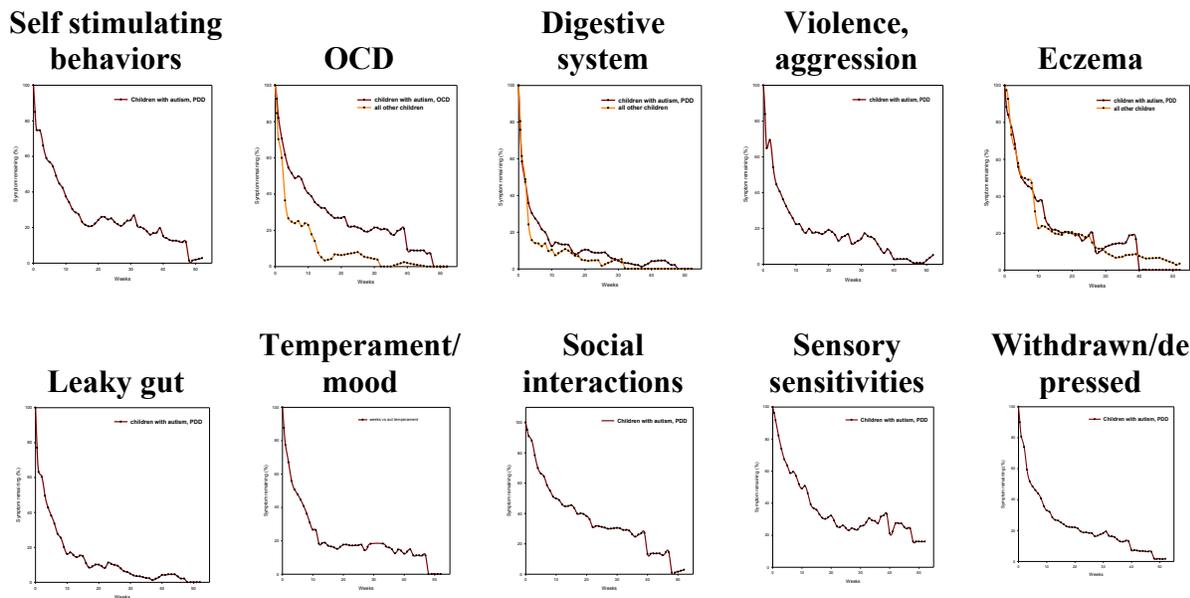
The data also show that environment alone is not sufficient either. Reactions to food allergens are too strong. They cannot be compensated for by reductions to volatile organic compound exposure.

When the three approaches to environmental intervention were compared, Figure 4, there was relatively little difference between the effect of few and moderate environmental approaches on symptom levels. This was probably due to the fact that in both cases, seeking behaviors occurred relatively early and parents in both categories found themselves, following after seeking children and making environmental changes in a less than systematic way. Parents who were directed into the clean room approach, achieved symptom reductions to '0' levels in less than 20 weeks, in comparison to the near 50 weeks required by the group following a moderate environmental approach. The approach that combines rapid dietary intervention and simultaneous rapid environmental changes, achieved the best overall results.

In addition to achieving results more quickly, with much less hassle for parents, the shorter time frame makes the SF Comprehensive Intervention Program much less expensive.

The above graphs, Figures 1-3, show the combined results for children with autism and children with PDD. Children with PDD typically responded more quickly to the program, and symptoms of children with PDD often disappeared as rapidly as shown above for the food (brown line).

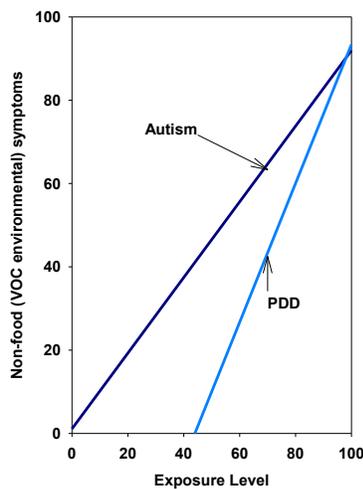
Often the autistic child may have a list of 20 to 30 symptoms and complaints. Many of these are severe. Thumbnail graphics below show the results achieved for various symptom categories with the combined diet and strong VOC exposure reduction of the SF Comprehensive Intervention Program.



These graphs, while showing a steady decline, and showing that symptoms achieve the zero symptom level that is so important, do not still fully show the power of the SF Comprehensive Intervention Program. Some parents made their environmental changes quickly, others very slowly. In all cases symptoms dropped rapidly when parents changed the environment rapidly, and symptoms dropped slowly when parents made environmental changes slowly.

The environmental data is very important and is discussed in detail in the booklet describing the Special Environment Program portion of SF Comprehensive Intervention Program. Please refer to this booklet for greater details.

Figure 5. Reducing VOC Exposure eliminates all non-food symptoms in children with autism and PDD



Figures 5 and 6 summarize the results of the environmental research. For Figure 5, linear regression of exposure levels and symptoms reveals a strong predictable correlation. For the dark blue line, autism, this relationship was especially significant ($n=138$; $t=12.53$; $R^2=0.536$; $P<.000$). For the light blue line, PDD, the data show a strong correlation ($n=56$; $t=7.06$; $R^2=0.480$; $P<.000$). The correlation between VOC exposure and symptoms is so strong that exposure levels alone are all one needs to know, to know the non-food symptom levels.

Figure 6.

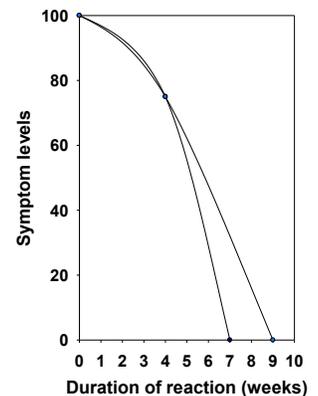


Figure 6 presents a typical pattern for families currently undergoing our program. We have found that once the clean room is ready and the child enters the room, adjustments to the room, addressing of seeking behaviors, redoing missed items, and addressing unforeseen situations has been taking about 5 weeks. The slower drop in symptoms during the first 5 weeks represents the period of mistakes, and intense seeking behaviors that often occurs.

Once all of these problems are addressed and the environment is maintained consistently, the remaining symptoms drop as shown in Figure 14. The two lines dropping to zero represent different reaction times we commonly see.

From experience we know that, in the case of the elimination of environmental exposures (VOC's) every autistic child will frantically seek out every way possible to maintain his exposure levels, including using his nose as a detector to lead him to any missed spots in the room, finding ways to loosen materials, and temporarily playing with bodily fluids, through which the VOC's are also being excreted.

The results of this study point clearly and convincingly to the truth about autism, and the reason why this condition has increased so rapidly in the last few years. No genetic condition can occur fast enough to account for the rapid increases. The speed with which we are able to eliminate and provoke the autistic symptoms, point to a very fast process, namely an immune system response to substances in the environment. This is consistent with the results of Singh et al and others.

The immune system is apparently triggered fully at very low levels. The most effective way to protect autistic children from exposures is to create a clean room for the child and have the child stay in the protection of the room while starting the diet. This is by far the best for the child, and by far the easiest and cheapest way for the parents.

Our Dietary Approach: Simultaneously Eliminating Food and Chemical Allergens

Goal: Eating only foods that are completely well-tolerated (causing no symptoms) in optimally nourishing combinations while at the same time completely eliminating problem chemicals and triggers from the environment so that the immune system is able to return to normal function

With this new allergy avoidance goal clearly stated, the inappropriateness of many of the strategies becomes quickly apparent. Accomplishing this new goal relies on including only truly well tolerated foods in a diet, the ones that are as totally ‘good’ for the body as the previous foods were ‘bad’. It is widely accepted that the food allergy testing strategies are not as accurate as would be liked, so how does one find the well tolerated foods? The simplest strategy is to select foods from the foods that are the most likely to be well tolerated (these are exotic roots, the most hypoallergenic carbohydrates in the world, as well as meats and vegetables from unusual and uncommon sources), and then include them in a rotation diet of so many days that any foods that do happen to cause problems can be identified and eliminated. Simultaneously, these foods are eaten in the absolute best combinations so that all of the body requirements for calories, carbohydrates, fats and proteins are met, thus providing the optimal nourishment of a lifetime. Finally waiting, and giving the body time to recover, while feeling great as you go.

Strategy: Rotating only optimally nourishing, body friendly foods selected from unusual and uncommon sources in balanced food combinations in at least a 7-day rotation plan while avoiding all other environmental exposures to achieve total food and environmentally-related symptom relief

This strategy is simply not possible to achieve with a belief system based on compromises. Relief needed by the immune system is complete; it is extremely important to find ways to eliminate all triggers causing the immune system to over react; only when this is achieved can the immune system begin to respond more normally. It has to, because it does not have anything to react to!

Belief: Expect to achieve total symptom relief from symptoms caused by foods and environmental exposures. Know that this is possible to achieve. Expect that if this is achieved consistently, for a long enough period of time, eventual recovery from sensitivities is a very real possibility.

IV

A Personal Example of Trials and Triumph

The goals, strategies and beliefs that are fundamental to the approach and philosophies of the Comprehensive Intervention Program were developed during a desperate search for foods for the infant son of the founder of Special Foods when he was desperately ill, suffering from extensive, severe food allergies, sensitivities and intolerances. This story is told here because the baby suffered not only from severe physical symptoms but also neurological effects of early onset autism. Neurological symptoms included extreme hypersensitivity to sound, motion, light, and touch, extreme terror from even mild stimuli; active avoidance from stimuli such as trying to burrow beneath the arms of people holding him; disturbed sleep and wakeful patterns. It was if I was watching my son's brain being destroyed right in front of me!

Please view this story in several ways: as an illustration of the improvement possible with the right dietary intervention, as an example of how ill a person can be and still recover completely, and as a narrative telling how the underlying principles were developed, how they were and can be implemented, and how important they are in creating the opportunity for successful dietary intervention.

'When my son was 5 months old, he was discharged from our local hospital, essentially to die from his extensive, severe food allergies and sensitivities. Knowing he had reacted severely to each food that had been offered, they tried to soothe my fears with the words, 'Somewhere in the world there are foods your son can tolerate, and we know you will find them.' I realized that the only one standing between my son and almost certain death was me!

I wished for the right foods in a hurry. Because there was very little time – literally – I wished for, not the familiar foods closely related to the foods that already made him so ill, I wished for the foods that would be absolutely the most hypoallergenic foods in the world! The foods the least likely to cause his problems, the foods that would agree with him so completely, that it would be like a sigh of relief to his body.

Where were my chances the best? What are the foods with the highest probability of being well tolerated? I reasoned, I now know correctly, that the best chances would be with foods that were totally unfamiliar and preferably from entirely new and well-tolerated food families.

So I made a list of every food that had been fed to the baby, his reactions, and classified the foods into food families. Then I crossed each of those food families off of my list of possibilities, and did not consider that food family again.

Next I made a list of the food families that were left. Then came innumerable trips to grocery stores, gourmet shops, and ethnic markets, simply looking for anything. I had my best results in ethnic markets where I would wander the aisles, pick up *strange* things, and ask a customer to tell me the name of the food in their language and write it out for me. I then went to the library where I translated the words into English, and classified them into food families. I then selected the ones to try that came from new food families. If he reacted to any of these foods, I eliminated the entire food family.

The good news is that I slowly began to find foods that worked, and I mean really worked well! As soon as I found a few well-tolerated foods, I based the baby's entire diet on them, and within four days, ALL of his symptoms disappeared.

While my son was feeling well, no, wonderful, I began to work quickly to exploit these few food families by finding many foods, not just one from each of the new food families I had found. For

example, I learned that sweet potato leaves are edible, and that the leaves of most exotic roots are edible. From sweet potatoes alone, you can have green, orange and white vegetables to eat. Similarly, virtually every part of the lotus water lily is edible.

Although I worked hard to provide variety in a rotation diet, so many vitamins and minerals and enzymes would be included in the diet, I followed the accepted wisdom, that children should be allowed to follow their own instincts. I relied on what I was told, that children on their own would eat until satisfied, and would eat all they needed.

Well, this was just not true. In frequent pediatrician checkups, the doctor became alarmed as the now toddler slipped farther and farther behind in the growth charts in both height and weight. He was happily satisfied with a few bites of food and was much more interested in playing with the other children. I realized that on rotation diets where few foods are available, it is very easy to eat far less than the body needs.

Back in the library I worked with nutritional guidelines and translated them into daily quantities (pounds) of the basic macronutrients, carbohydrates, fats, and proteins the child would have to eat every day to meet his basic needs for calories. I learned, first hand, that balanced quantities of carbohydrates, fats and proteins were essential. Too few calories result in stunted growth and being too thin; too much fat produces rotund children who are too short; too little protein may cause bruising.

So I learned that the right foods alone were not enough. The very best foods, from the very best food families had to be rotated and absolutely had to be eaten in well specified quantities and with an optimal balance of carbohydrates, fats and proteins.

It was when I began achieving all of these simultaneously, that I watched with wonder the amazing blossoming of health in my son, that I realized that there just might be hope for recovery. I could tell that my son, in spite of being so horribly ill, had achieved a 'zero point'. He was truly experiencing no symptoms at all, and you could see the health and vitality returning and increasing.

I vowed that my goal for my son would be to see him leave home for college without having to consider diet or sensitivities at all. I reasoned that if I took him off of his diet too soon, or if I started introducing closely related foods, or if I juggled foods, for example, one meal every 6 weeks is okay, but two meals every six weeks gives him problems, that he would likely always be ill. So instead, I stayed with the good diet, and waited. I watched him grow up as a pillar of health in the community! Everyone else got the colds!

Once or twice a year, we would gingerly let him try something and would track the symptoms. At first the reactions were severe and prolonged, lasting over four days. Gradually over the years, the reactions got shorter and shorter and less and less severe. And the disturbing neurological problems? They disappeared four days after we changed the baby's diet, and never returned!

The day did come when we could not tell a difference between his well-tolerated foods and his old foods that used to make him so ill. We waited two years after that, and then began slowly expanding the diet. As the foods were added, we watched for signs of viruses, infections, congestion, food cravings, anything. We saw absolutely nothing, and it quickly became clear that his immune system had become normal in virtually every way.

No we did not have to wait his entire childhood, the process, although gradual, was actually much faster than expected.

Although rotation diets are not new, it is the combination of expanded rotation of only well tolerated food families simultaneously accomplished with the optimal nourishment obtained from the foods and

allowing enough time for the body to heal, and corresponding intense environmental change that represents the important difference between long term gradual worsening of health and achieving the long term improvement and eventual complete recovery that so many have now achieved with this method.

Although the basic philosophy was devised from the urgent struggle to save the life of one severely ill child, it was used to fashion a protocol and framework that could be applied to others in many circumstances, and has now been successfully used by thousands of individuals over the last 20 years. The possibility of actual recovery is not commonly encountered elsewhere regarding allergies and sensitivities. We are proud that so many have gone on to careers in business, finance, theater, and the home without having to give a thought to their foods. And the children? Well, they just grow up!

I remember a frantic call from a mom who had worked so hard with her son. She called, worried about her son, who was eating standard ‘teenage’ foods away from home. When asked, she realized that absolutely no symptoms were occurring and absolutely no indications of possible symptoms were occurring nor had been occurring for months. I was pleased to remind her, that this was the moment she had been working toward since he was five years old, when he had been so severely ill with extensive allergies!

What we learned, and have now shared with so many, is the fact that not compromising at all on eliminating allergens or the time necessary is almost always just what the body needs to relieve the burden on an overworked immune system, and to make possible the slow, steady and continual improvement in immune function as the immune system begins to return to normal, that makes complete recovery a virtual certainty.

V

Reasons For Starting With The Comprehensive Intervention Program

The best and quickest way to find out just how much of your child’s problems are related to allergies, sensitivities or intolerances, is to temporarily (we recommend five weeks) eliminate exposure to harmful chemicals and place your child on a diet of unusual foods and uncommon foods that your child has never eaten before – **the Special Foods Diet and the SF Comprehensive Intervention Program**. After the initial period you will have a very good idea of just how many of your child’s problems are allergy-related.

We strongly recommend that you use Comprehensive Intervention Program for the following reasons:

- 1) The best reason is stated above -- this is a way to quickly find out the benefits (in terms of improvement of symptoms) you are likely to obtain by making major diet and environment changes. After five weeks you will be able to decide whether the improvement is worth the effort in your case.
- 2) It is difficult to determine all of the foods and chemicals that cause adverse effects in a child. The problem with existing allergy tests is the occurrence of numerous false positive and false negative results. Also some symptoms are subtle and the effects are difficult to discern. For these reasons, one cannot know the complete set of problem foods and chemicals for a child.
- 3) A diet of unusual and uncommon foods is much more likely to be free of problem foods and all of the associated symptoms. This is because, in general, an individual will not react immediately to a new food, even if the person could eventually become allergic to that food, it usually takes a while for a reaction to begin to occur. By carefully avoiding chemical triggers, rotating foods and optimizing caloric intake and by balancing carbohydrates, fats, and proteins,

emerging new sensitivities can be avoided. In addition the carbohydrates that are the mainstay of the diet are exotic roots that have been found to be the most well-tolerated foods in the world; these are the foods most likely to cause no symptoms at all.

- 4) **The Special Foods Diet** will temporarily eliminate some foods that are eventually found to be just fine in order to eliminate virtually all problem foods and obtain an all-important zero-symptom baseline for a child. This zero-symptom baseline represents not only the absence of and complete relief from all physical problems associated with foods the child has been eating, but also will represent the complete elimination of all food-direct effects on autistic behaviors. This is generally achieved in the first 5-7 weeks of the diet. When the zero symptom baseline is achieved, the importance of allergy intervention to a child's autistic state can be assessed. At the end of the initial 5-week period, common foods can be carefully reintroduced one at a time. In this way it will be possible to determine those common foods that also cause no symptoms and add them back into the diet.
- 5) The alternative, eliminating a few foods and chemicals from a regular diet and environment, is generally confusing and frustrating. This is due to the fact that with this approach, problem foods and chemicals remain. It is virtually impossible to determine the additional problem foods and chemicals that should be removed, so problem foods and chemicals remain. With plans such as this, there is generally a partial improvement in symptoms; this partial improvement is real. However, over time, the improvement does not last. Foods causing minor or subtle symptoms are invariably eaten more frequently because they have replaced the eliminated foods, and due to the increased frequency of consumption the child becomes more sensitive and the symptoms intensify. Then a new set of foods is generally eliminated; again, for the above reasons, the child becomes more sensitive and the symptoms intensify. This roller coaster cycle of improvement and decline is heartbreaking to parents, especially when they realize that because of their well-intentioned efforts, the child has become more sensitive than he or she was when they began.
- 6) When a diet includes both new well-tolerated foods and problem foods, an individual is much more likely to develop sensitivities to the new foods. The best way to guard against developing sensitivities to new foods is to include only well-tolerated foods in the diet, to optimize calories and nutrition and to rotate foods. By following this approach the risk of developing new food sensitivities can be greatly reduced.
- 7) We strongly recommend **the Comprehensive Intervention Program** as the best, fastest way to know the improvement possible in your child by removing allergens from the diet and environment.

VI

The Comprehensive Intervention Program for the Child With Autism, Asperger's Syndrome, or Pervasive Developmental Delay

The Comprehensive Intervention Program is a highly effective program intended to eliminate symptoms caused by food allergies and chemical and environmental sensitivities. The Comprehensive Intervention Program is designed to give results quickly, avoiding the costs of waiting years for results. The Comprehensive Intervention Program is a guided by counselors who are able to work intimately with participants to answer questions related to diet, and to direct the stepwise process of

environmental change. For most children, five weeks is all that is necessary to demonstrate the effectiveness of the Comprehensive Intervention Program.

The Comprehensive Intervention Program is aimed at achieving dramatic elimination of symptoms quickly and simply. The initial phase of the Program involves placing participants on the Special Foods Diet, while at the same time providing an allergen-free environment through the creation of a Safe Room in the home. This safe room approach has allowed us to achieve the same results for environmental exposures as we have routinely achieved for years for food exposures. With this new approach it is common to achieve 90% overall reductions in symptoms by the end of the first five weeks. Environmental changes are continued until the child achieves and sustains a *zero symptom level* in all categories. The second phase of the program involves expansion of the environmental controls beyond the clean room while continuing the diet. This is a time of healing during which the immune system begins to heal. The last step of the intervention begins at about 6 months and involves diet expansion while maintaining the zero-symptom level.

The weekly assessment consultations are essential and are designed to guide you and your child through the entire program. These assessments are invaluable as they help solve any problems with compliance and assist with complicated issues. The specific guidance previously mentioned is so critical to a successful intervention that the Special Food plan is simply not available without these consultations.

Step 1: The First Five Weeks

When you sign up for the Comprehensive Intervention Program, Special Foods counselors will work immediately and directly with you to design a plan tailored to your child's specific needs and preferences. The counselor will also guide the process of environmental intervention you will need to follow. You will make most of these changes at the time the child begins the diet. The Special Foods Diet will require an initial commitment of five weeks and the diet will consist of carbohydrates and oils obtained from Special Foods, in addition to meats and vegetables from outside sources.

After the first five weeks you will reach a decision point. We have found that this is a good time to assess the improvements you have achieved. Although other programs maintain you may have to wait as long as two years before seeing results, clients who follow the program fully achieve dramatic results within the first 5 weeks. This is because few reactions last as long as 5 weeks, and our program is all about completely eliminating the substances your child is reacting to.

All it takes to show parents personally just how much foods and environmental substances are affecting their children, is 5 weeks of full commitment to the program. Then the devastating consequences caused by foods and environmental substances will personally become reality. Our words will become true in your heart.

Step 2: Maintaining the Diet, Enlarging the Environment

The focus during this period of time, is on enlarging the area that the child can safely enter without effect. In stepwise, sequential fashion, other areas are converted to 'safe' for the child. Now that a 'zero symptom baseline' has been achieved, the parents are directed to make the changes necessary to maintain this symptom level, and the child's responses are used as an accurate guide.

In some cases, only moderate environmental changes are necessary, and in other instances complete environmental changes are necessary. In general the older children and more severely effected individuals need greater environmental protection. Fewer changes tend to be necessary in older homes (30 years or more) that have not been recently renovated; more changes are necessary in new homes or homes that have been renovated within the past 7 years.

Fortunately the child's responses, in terms of return of symptoms, as well as our previous experience in working with other children, are useful guides that allow practical approaches to be utilized without jeopardizing the health of the child. Our emphasis is on providing practical, economic approaches that fully avoid environmental exposures without compromising on the child's health.

During the first 6 months of the program, healing of the immune system begins to occur. After 6 months, when diet expansion begins, many more foods will be well tolerated, and the final long-term diet will be much more complete.

Step 3: Expanding the Diet

When the food and environmental triggers have been eliminated the child will reach a zero-symptom point. This is generally achieved during the first two months of the program. The diet and environment are maintained for the next four months as described above. At six months your child will be ready to begin dietary expansion if the child has been symptom-free for several months. It is now simple to determine the foods that fully agree with your child, and even subtle effects are easily distinguished.

During this step we will slowly and carefully direct the introduction of other foods into the diet. With the help of the Special Foods Staff you will select foods likely to maintain a zero-symptom level. The end of this step is the development of a long-term sustainable zero-symptom diet. For most children this diet consists of a combination of more common foods and unusual foods. The longer the zero-symptom level is maintained, the more improvement in overall well-being is possible. The expanded diet represents the set of well tolerated foods available for a person and is maintained indefinitely.

Step 4: Maintain the Expanded Diet and Environmental Changes

This final phase of the Comprehensive Intervention Program is one of long term maintenance, and feeling great, growing rapidly, both physically and mentally. Maintaining a well-expanded diet and providing the environment the child needs becomes routine, and the focus turns to catching up on everything the child missed out on, accelerated learning, and allowing plenty of fresh air, sunshine, restful sleep that also promote healing. In steps 1-3, symptoms are relieved because the triggers are eliminated. In step 4 the protected environment and diet are maintained while the affected enzyme systems and the immune system itself undergo profound changes that ultimately achieves complete and full recovery.

VII The Special Foods! Diet

The *Special Foods!*TM diet is a simple, fast way to determine the maximum benefit in terms of symptom relief that is possible to achieve from an elimination diet, while at the same time optimizing nutritional content and minimizing the chances of developing new food sensitivities.

Table 2 below is the Special Foods Diet. It is a gluten-free, casein-free, sugar-free, yeast-free, 'everything-free' diet that is based on the most well tolerated, hypoallergenic carbohydrate foods in the

world--tropical roots. These complex carbohydrates are also very high in soluble and insoluble fiber, and contain very high levels of many vitamins and minerals. This diet is also for individuals who have been diagnosed with leaky gut, Candidiasis, and who have mold sensitivities.

The diet is really more like seven diets, since drastically different foods are included each day. The foods for each day are simple and fairly few in number. Keeping the diet simple is very important; this makes it easier to find any problem foods, should there be a few still present. It is important that the diet also contain only foods that your child has not eaten before and experiences no known symptoms from.

Table 2. The Special Foods Diet

Type of Food	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Complex Carbohydrates	White sweet potato	Water chestnut	Malanga	Arrowroot	True yam	Lotus	Cassava
Green Leafy and Other Vegetables	acorn squash, spaghetti squash, chayote	Chinese cabbage, kohlrabi, turnips	celery root, parsnip, fennel	beet greens, chard	jicama	endive, dandelion greens	okra asparagus
Meats	ostrich	tilapia	duck	mahi mahi	orange roughy	moose	rabbit
Oils	pumpkinseed oil	evening primrose oil	coconut oil	borage oil	avocado oil	hemp oil	rose hip oil

When you are ready to begin this diet, evaluate each food in Table 2 above as follows: 1) Evaluate each food and determine whether your child has eaten that food more than once or twice a year; if the answer is 'yes' for a food, cross that food from the list. Duck may be an example. If your child eats duck more than once or twice a year, then you should cross out duck. 2) Next consider the remaining foods; are there any that you know from personal observation that your child experiences symptoms from? If so, also cross out those foods. When you enter the SF Comprehensive Intervention Program, make sure to alert them to any foods you have crossed off the list.

As we have said many times already, nutrition is extremely important in any diet, and particularly important in this diet. When a diet is comprised of unusual foods, the numbers of the standard Recommended Daily Allowances (RDA) become almost meaningless. Therefore we have translated these values (RDA) into quantities your child needs to consume throughout the course of a day in order to meet the requirements of the RDA. Although these numbers seem high, they accurately reflect the RDA values, and illustrate very vividly why so many people get into trouble when they try to make dietary changes on their own. When one type of food (carbohydrate source), ie, mashed potatoes has to stand in for several forms of carbohydrates, ie, bread, milk, dessert etc, then multiple servings of the one food must be eaten. This is where most people make their mistake and end up eating only 20-25 per cent of what their body needs.

Table 3 below, presents the recommended daily quantities for children. Select the column in Table 3 that corresponds to your child's age. During the time on the diet, after the first rotation, you should make sure that you or your child eats, as a minimum, the recommended quantities listed in the appropriate column of Table 3.

For more information on specific quantities for your child speak to the Special Foods staff member who prepares your diet. If your child is underweight, the quantities will be adjusted appropriately.

Table 3. Daily Quantities for Children on the Special Foods! Diet

Type of Food	Children 1-3 years	Children 4-6 years	Children 7-10 years	Girls 11-18 years	Boys 11-22 years
Complex Carbohydrates	As dry flour, at least ½ pound per day.	As dry flour, at least ↓ pound per day.	As dry flour, at least 1 pound per day.	As dry flour, at least 1 pound per day.	As dry flour, at least 1½ pound per day.
Green Leafy and Other Vegetables	Eat as much as desired, generally ½-1 pound per day, but do not count as a calorie source. Be sure to leave room for the complex carbohydrates.	Eat as much as desired, generally 1-1½ pounds /day, but do not count as a calorie source. Be sure to leave room for the complex carbohydrates.	Eat as much as desired, generally 1-2 pounds per day, but do not count as a calorie source. Be sure to leave room for the complex carbohydrates.	Eat as much as desired, generally 1-2 pounds per day, but do not count as a calorie source. Be sure to leave room for the complex carbohydrates.	Eat as much as desired, generally 1-2 pounds per day, but do not count as a calorie source. Be sure to leave room for the complex carbohydrates.
Meats	Eat approximately 2½ ounces per day total.	Eat approximately 3½ ounces per day total.	Eat approximately 4 ounces per day total.	Eat approximately 5 ounces per day total.	Eat approximately 6 ounces per day total.
Oils	Oil: use approximately 2→ Tablespoons/day.	Oil: use approximately 3½ Tablespoons/day.	Oil: use approximately 5 Tablespoons/day.	Oil: use approximately 5 1/2 Tablespoons/day.	Oil: use approximately 7 Tablespoons/day.

VIII

Other Things to Do and Know While on the Special Foods! Diet

These recommendations will help make the diet easier to follow and will help make the diet more successful.

1) Regarding foods:

- a) Resist the temptation to try a ‘partial’ plan – one which starts before you have all of the foods and items you need and therefore still contains some allergens. There is a much greater chance of developing sensitivities to the new foods when you do this. After the first rotation, remember to eat enough.
- b) The quantities of the various types of food, which have been recommended in the preceding table, are particularly important. Other than during the first week on the diet, these quantities should be carefully followed. The recommended quantities are based on Recommended Dietary Allowances (RDA) published by the National Research Council, National Academy of Sciences.

The quantity recommended for meats is a maximum quantity to obtain optimal amounts of protein; you should not exceed this amount, especially since there is non-meat protein in some of the other foods in the diet.

For all other categories of foods, the quantities listed are minimum quantities; that is, the child may eat more but not less of the foods in any category. Children can be large or small for their age, may or may not be growing rapidly, may have a high or lower activity level, and so forth. There are many reasons that the recommended quantities may be low, and the child will want to eat more. Do not restrict the total amount a child wants to eat; if he or she wants to eat even 50% more, let them, but do insist that they eat all foods in the general proportions

given. In other words, no pigging out on one item; the child needs to eat everything at each meal. So if the child consumes 50% more, it should be 50% more of everything.

- c) For each meal, have a balanced array of foods, i.e., include roughly one third of the recommended daily amount of each type of food at each meal. Resist the temptation to have carbohydrates for breakfast, green vegetables for lunch, and meat for dinner (for example).
- d) Once you start on your diet, follow it carefully. When need be, the Special Foods staff can help you switch foods around, but then continue to follow the changed diet. One important feature of **the Special Foods! Diet** is that foods are not eaten more frequently than once every seven days. When food switches are made frequently this important time period begins to be lost.
- e) You do not have to include all of the vegetables suggested each day, although you may. Several choices are listed because some foods are hard to find.
- f) For the first few weeks, keep food preparation simple and as easy as possible. Forget about traditional breakfast, lunch and dinner meals, and fix similar foods for each meal. In George Washington's time, breakfast was last night's leftovers. Consider fixing all of one day's food at one time, for example the afternoon before.
- g) For at least the first two weeks, do not worry about even finding a way that your child likes the food best. During this time period, your child is likely to undergo withdrawal and may not 'like' anything. Remember

also, a normal response to a food is neutral, about as enjoyable as breathing or drinking water. Do not expect foods to provide a sense of euphoria, and if any foods on this diet do elicit immense pleasure, be suspicious of them!

- h) In the beginning provide simply cooked foods. This will allow you to get used to finding the new foods, shopping in new places and in new ways, cooking and storing the new foods and adjusting to your changing child. After you know that all the foods agree with your child, you can begin looking for the best ways to prepare meals.
 - i) Cook fresh foods; do not use frozen or canned foods.
 - j) As much as possible select only organically grown foods for this diet.
 - k) Include **non-iodized sea salt** as desired in the diet; iodized forms contain corn or substances derived from corn. Although you should not use excessively large quantities of salt, you should definitely use salt, so for most people it is appropriate to use salt as desired.
 - l) This diet is well balanced, and you will need no vitamins other than calcium. Use the pure powdered form of calcium carbonate from Special Foods.
 - m) Do not consume any food that is not listed on the diet.
- 2) Regarding food sources: All of the carbohydrates are obtained from Special Foods. All of the oils are also obtained from Special Foods; we have added an additional purification step to our oils to remove the plastic residues. Meats are generally found from upscale grocers, gourmet markets, fish markets and so forth. When more unusual meats are

included in the diet, these may be ordered from Special Foods or other mail order meat suppliers.

- 3) Regarding water: For drinking, cooking, brushing teeth and washing hands and face use spring water or distilled water in glass bottles only. You may drink water and nothing else for this diet. Do not use coffees, teas, sodas, etc. After the first two weeks when you can start to experiment a little, try making broths, drinks etc. from foods on the diet. If you need information on where to obtain water or water supplies speak to a Special Foods staff person when setting up your diet.
- 4) Regarding supplements: To achieve the benefits you seek do not use supplements while on the Special Foods Diet. Once the zero symptom point has been reached and the diet has been expanded you will be able to select supplements that come from food sources that are well tolerated by your child.
- 5) Regarding records: Before beginning the Comprehensive Intervention Program, a Special Foods staff member will help you take stock. How is your child feeling? What symptoms is your child experiencing? To help determine the extent and nature of the changes to come, they will help you create a symptom inventory just before beginning the Comprehensive Intervention Program. List everything your child is experiencing (every symptom whether you believe it is related or not) and assign a numerical value (0-10) for each to express the severity of each symptom. Special Foods will keep this list on hand to aid

in evaluation of any changes after the five-week period. This is important because people tend to quickly forget how bad things were once symptoms begin to subside! The symptom pattern is an invaluable tool for the Special Foods staff to help you through the program.

In addition maintain a video record. Before beginning the program video your child as he is in general and also document him at his worst. There is very little video record available for most children, and this record makes it easier to demonstrate the improvements your child will be achieving. Do your best to show clearly the most important symptoms. Do this as a way of saying 'good bye' to your old way of life, and entering a whole new era in which these problems will not be a part of your child's life.

- 6) Join the support group for parents of children on the **Comprehensive Intervention Program**. Since the children will have similar albeit not identical diets, and parents have similar hopes and goals, it is beneficial to share experiences and to encourage each other especially through the first two weeks. Those considering this program will also be able to ask questions of individuals going through the program and those who have completed the program or are almost complete. Contact us for information concerning how to join this online group.

Adults also enter the Comprehensive Intervention Program, as well as children with a great variety of conditions. You will also have an opportunity to 'meet' these people on line.

IX

What to Expect on the Special Foods! Diet

- 1) There are strong, important relationships between the dietary intervention and environmental intervention portions of the SF Comprehensive Intervention Program. The simple, clean room approach to environmental changes provides dramatic reductions in symptoms associated with environmental exposures, and along with the Special Foods Diet, removes a great burden from the immune system. One benefit of this for the dietary intervention portion of the program is that developing sensitivities to the new foods on your Special Foods Diet is now a very rare occurrence. Although we will watch for this carefully, it occurs only about 5 percent of the time to a food or two, and generally means someone was not following the environmental protocols fully.

The information below is directed to the Special Foods Diet, the dietary intervention portion of the program.

- 2) For the first rotation and possibly two rotations, do not expect too much. Whatever you observe, do your best to ignore it, unless, of course, something is happening that is unrelated to the diet. Remember that children can get appendicitis or ear infections any time. Other than this, the first week or two is a time when withdrawal may occur, so you may notice temporarily heightened symptoms. You may also notice frustration in the child since they will really be missing foods and other items they had relied on. Also, there may be delayed food reactions during this time. Try to remember that whatever occurred on one day due to food cannot be repeated the second day because the foods are completely different.
- 3) Know before you begin **the Special Foods! Diet** the amount of each type of food your child should eat each day; see Table 2, above, for general guidelines on appropriate quantities. Especially during the first week of the diet, do not insist that your child eat these large quantities if he or she does not

want to. Many times children just do not feel like eating much while their bodies adjust. Begin to be more insistent during the second week, and by the third week you should insist that the appropriate quantities are consumed every day. If children get full quickly, have them eat more frequently; it is very important that they eat enough food and get the specified proportions of carbohydrates, fats and protein.

- 4) Beginning with the third week, you should begin to look for very real signs of change/improvement in your child. A child who has not learned to talk is not likely to suddenly talk; that skill will probably have to be learned; however, the direct effects of food-related problems, i.e., directly related symptoms should begin to disappear. This would include evidence of lessening sensory overload, reduced pain, and so forth. Expect there to be changes in bowel patterns and stool consistency. Problems related to constipation and diarrhea are virtually always eliminated with this diet.
- 5) Beginning with the third week notice patterns in your child's behavior and symptoms. Any symptoms which appear consistently on the same rotation day regardless of changes in environmental settings, would more likely be food related. Discuss these changes with the Special Foods staff during your weekly appointment.
- 6) During the fourth week, on any day in which you have noticed consistent symptoms, the Special Foods staff will instruct you to conduct simple challenge tests that will determine which food is causing a problem.

Special Foods staff will advise you when a food should be eliminated from the diet. Generally foods are not added at this time; if necessary you will be instructed to reduce the number of days in the rotation diet.

Symptoms that seem to occur at random or that sometimes occur but then do not

always occur, are generally not indicators that point to a food problem. The occurrence of random symptoms is generally an indication of chemical sensitivities. These are addressed with you by the Special Foods staff.

- 7) The fifth week: one week of food trials is generally sufficient for making final diet adjustments, however more time is required when reactions are delayed. If there are still diet related fluctuations the Special Foods staff will help you continue food trials until an unchanging pattern is achieved for an entire week. This is the zero-symptom baseline for foods that is so important to achieve.
- 8) When you have achieved the zero-symptom baseline for your child, usually accomplished at the end of 5-7 weeks, you will maintain this diet and turn your emphasis to making any additional environmental changes still needed in the environmental portion of the program.
- 9) The child's diet must be maintained for approximately six months before entering the dietary expansion phase. This provides time for the immune system to start to heal, and after six months more common foods will be tolerated without symptoms.

This is the time to begin finding favorite forms of the food, and experimenting with taste, texture and so forth.

Great emphasis will be placed on environmental changes and a full *zero symptom baseline* must be reached during this 6 month period. This means no remaining symptoms at all from foods, volatile organic compounds, plastics, or molds.

The full zero symptom baseline must be maintained for a full month before the diet can be expanded. For most individuals this occurs within the first 6 months of the SF Comprehensive Intervention Program. For those for whom this takes longer than 6 months, as soon as a full zero symptom level is maintained for a month, dietary expansion can begin.

- 10) After 6 months and after maintaining the zero-symptom baseline for at least one

month, your child will be ready to enter the dietary expansion phase of the SF Comprehensive Intervention Program. You will be provided with a list of foods to test; this is generally 1-2 foods per week.

Any foods you already know have caused your child problems in the past will not be tested. The purpose here is to find out how many additional foods your child's body 'likes'. Generally children are able to tolerate about half of the common foods.

The Special Foods staff will instruct you how to add the well tolerated foods into your diet.

When diet expansion is complete, most children no longer need to rely on foods from Special Foods. They will have a final, long-term diet, generally a seven-day rotation diet that includes many, but not all common foods.

- 11) What then? **KEEP DOING WHAT YOU ARE DOING!** The improvements have occurred because you have not introduced to your child foods or chemicals that caused the symptoms. **If you reintroduce problem foods and chemicals, the old symptoms will return quickly and strongly.**
- 12) Will my child recover eventually? Your child will continue with this expanded diet, and will continue with the environmental protections he needs. Your child can maintain what is a fundamental right of his – the right to live his life in a fully symptom-free state. Your child will feel terrific, have plenty of energy, and yet be serene, calm, cooperative, affectionate, and attentive.

Your child's immune system will continue to gradually heal, and given enough time, should fully return to normal. In time, given time to fully heal, your children should be able to resume an unrestricted diet, and unrestricted environmental requirements with no symptoms of problems of any kind.

The children following our program fully, have their labels removed, are able to learn and catch up to their peers, and show no lingering signs of their condition.