

Diet

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Frequently Asked Questions about Dietary Intervention for the Treatment of Autism and Other Developmental Disabilities By Karyn Seroussi Co-Founder, Autism Network for Dietary Intervention <http://AutismNDI.com>

Disclaimer: The following is not medical advice. All changes to your child's diet should be supervised by a physician or a qualified nutritionist.

Q: I don't think my child has allergies, or that allergies could cause autism. Why should I try removing foods from his diet?

A: Although parents have been reporting a connection between autism and diet for decades, there is now a growing body of research that shows that certain foods seem to be affecting the developing brains of some children and causing autistic behaviors. This is not because of allergies, but because many of these children are unable to properly break down certain proteins.

Q: What happens when they get these proteins?

A: Researchers in England, Norway, and at the University of Florida had previously found peptides (breakdown products of proteins) with opiate activity in the urine of a high percentage of autistic children. Opiates are drugs, like morphine, which affect brain function. These findings have recently been confirmed by researchers at Johnson & Johnson's Ortho Clinical Diagnostics.

Q: Which proteins are causing this problem?

A: The two main offenders seem to be gluten (the protein in wheat, oats, rye and barley) and casein (milk protein.)

Q: But milk and wheat are the only two foods my child will eat. His diet is completely comprised of milk, cheese, cereal, pasta, and bread. If I take these away, I'm afraid he'll starve.

A: There may be a good reason your child "self-limits" to these foods. Opiates, like opium, are highly addictive. If this "opiate excess" explanation applies to your child, then he is actually addicted to those foods containing the offending proteins. Although it seems as if your child will starve if you take those foods away, many parents report that after an initial "withdrawal" reaction, their children become more willing to eat other foods. After a few weeks, many children surprise their parents by further broadening their diets.

Q: But if I take away milk, what will my child do for calcium?

A: Children between the ages of one and ten require 800-1000 mg of calcium/day. If the child drinks three 8-oz glasses of fortified rice, soy or potato milk per day, he would meet that requirement. If he drank one cup per day, the remaining 500 mg of additional calcium could be supplied with one of the many supplements available. Twin Labs makes a chewable calcium citrate wafer that contains no allergenic fillers and tastes like a "SweetTart" candy. Custom-made calcium liquids can be mixed up by compounding pharmacies (such as Pathway - 1-800-869-9160) using a maple, sucrose syrup, stevia or water base.

There are some very good calcium-enriched milk substitutes on the market. Rice Dream, in the white box, is usually available at the supermarket. Because this brand of rice milk is processed with barley enzymes, there is some concern over whether it will cause a reaction in individuals highly sensitive to gluten. If your child is also on a gluten-free diet, look for other brands of rice milk at your health food store. Darifree, a pleasant-tasting potato-based milk substitute, is

available by mail-order (1-800-497-4834.) Soy milk is a good option for some, although many children with this disorder are intolerant to soy.

Q: I might be willing to try removing dairy products from his diet, but I don't think I could handle removing gluten. It seems like a lot of work, and I'm so busy already. Is this really necessary?

A: What you need to understand is that for certain children, these foods are toxic to their brains. For some, removing gluten may be far more important than removing dairy products. You would never knowingly feed your child poison, but if he fits into this category, that is exactly what you could be doing. It is possible that for this subgroup of people with autism, eating these foods is actually damaging the developing brain.

Q: Removing both foods at once seems overwhelming, and I'm afraid of my child's reaction. Can I start slowly?

A: Many parents strongly suggest that you try removing dairy first, and then work on planning for a completely gluten-free diet. Gluten can take more effort and some education on your part, and preparation may take a bit longer. Some physicians recommend doing this diet one step at a time to accurately record the child's response, and to reduce withdrawal reactions. The experts seem to agree that the milk and wheat proteins are so similar to each other that if one is a problem, the other should be removed as soon as possible.

Q: How do I know if this applies to my child?

A: Although there is some peptide testing available, the waiting time for results can be long, and widespread use of a reliable test is not yet available. The researchers agree that this is a very common problem in the autistic population, so a trial period on the diet may be your child's best bet. Although a lab result is more convincing to a doctor, the noticeable improvement many children exhibit will usually persuade even a reluctant spouse to support the diet. Many affected children who eat a great deal of dairy and/or wheat-based foods will show changes within a few days of their elimination. The diet must be strict. Many parents have found that their child did not improve until they discovered and removed a hidden source of gluten or dairy. Noticeable changes in eye contact, sociability, and language are one sign that diet is an important issue. Another thing to look for are changes in the child's bowel movements or sleep patterns.

Q: When my child was taken just off dairy he improved greatly, but then he started eating a lot of wheat, perhaps to make up the opiates he was missing. Will I see the same kind of noticeable improvement when I remove gluten?

A: Children who eat a lot of gluten should show an improvement when it is removed. Some parents say that their child's response was more obvious with dairy, and some with gluten. Unfortunately, gluten seems to take longer to disappear from the system than casein does. Urine tests show that casein probably leaves the system in about three days, but it can take up to eight months on a gluten-free diet for all peptide levels to drop. If this intervention is followed by a deterioration or regression (a withdrawal-type response), stay the course! It almost certainly means that your child will benefit. This may seem like a lot of work for an uncertain payoff, but in the lifetime of your child it may be the most important step you take.

Q: The only non-dairy, non-wheat foods my child will eat are french fries and chicken nuggets. Are these okay?

A: Chicken nuggets are coated with wheat. Some french fries are dusted with wheat flour to keep them from sticking together. It is a very good idea to get used to checking with your supplier or the manufacturer. Keeping a stack of blank, pre-stamped postcards in the kitchen is a handy way to check. The biggest problem with french fries eaten out of the house is contamination of the frying oil with gluten from onion rings and other breaded products. Making fries homemade is a good option. If your child refuses them at first, it may be because of what they're "missing! Some parents report that their kids have an uncanny ability to detect gluten in foods. Since many of the children enjoy salt, salting the fries might make them more acceptable.

Q: What else contains gluten?

A: Wheat, oats, rye, barley, kamut, spelt, semolina, malt, food starch, grain alcohol, and most packaged foods - even those that do not label as such. There is a lot of information on gluten intolerance because of a related disorder called Celiac Disease.

Q: After I removed gluten and casein, I discovered that other foods seemed to be causing a problem, like apples, soy, corn, tomatoes, and bananas. I see irritability, red cheeks and ears, and sometimes diarrhea or a diaper rash. I thought you said that these kids don't have allergies!

A: Many do have allergies, or allergy-related symptoms such as hay fever, asthma or eczema. Sometimes they have problems with foods which are not "classical" allergies, and which won't show up on skin tests. In this case, a different part of the immune system seems to be involved.

Q: So if these foods are not contributing to his autism, they're okay?

A: Not really. Current research indicates that in a great many cases, autism seems to be an immune system dysfunction. This not only leads to a problem breaking down casein & gluten, but it may also result in a problem breaking down foods which contain phenols (phenol sulfur transferase deficiency,) and an over-reactive response to other allergens.

Often, once gluten is removed, this effect becomes more noticeable, perhaps because the allergens were "masked" by the effect of the gluten. It is also possible that a "leaky gut syndrome," caused by the gluten intolerance, is now permitting other foods to pass through the intestinal screen and into the bloodstream. For children who respond to this diet, allergens do seem to place further stress on the immune system, and have often been shown to worsen behavior and development.

Q: But my child's immune system seems to be working unusually well - he is rarely sick.

A: What we're describing is not an immune deficiency, but rather an immune dysfunction. Many (although not all) seem to share a history of ear infections and spitting up as babies (possibly milk-related,) or of chronic diarrhea, constipation, or loose stools (possibly wheat-related.) Other parents note that their autistic children seem to be the healthiest members of the family. In this case, it has been hypothesized that the immune system is too aggressive and ends up turning on the nervous system. This may explain the presence of anti-myelin antibodies in some children, and may also explain why some have immune issues like multiple allergies but do not respond well to dietary intervention.

Q: What causes this problem? Autism seems to be so much more common than it used to be.

A: Researchers are not sure, but it seems likely at this time that many cases are caused by a genetic predisposition or by environmental toxicity, combined with some kind of triggering event that stresses the immune system, such as a vaccination or virus. In several cases, prolonged use of antibiotics seems to have contributed to the onset of the disorder.

Q: So, if I can't give him milk or wheat, and if he has some other food allergies, what do I feed my child?

A: Most kids are okay with chicken, lamb, pork, fish, potato, rice, and egg whites. Parsnips, tapioca, arrowroot, honey, and maple syrup are usually okay too. French fries from McDonalds are currently gluten free (but may contain soy or corn.) Certain white nuts, like macadamia and hazelnuts, are also usually tolerated. Others kids may be okay with white corn, bacon, fruits such as white grapes or pears, beans, sesame seeds, or grains such as amaranth and teff (available at natural foods stores.) There's always something to feed them - even the most finicky kids seem to like sticky white chinese rice or french fries.

Q: How do I know which foods he's allergic to?

A: Try an allergy elimination diet. For example, keep tomato out of his diet for a few days and then re-introduce it. If you see symptoms, either physical or behavioral, try again in a few days. Try to be systematic, to be certain before ruling out a food. Two excellent resources, which are probably available at your library, are Doris Rapp's book, "Is This Your Child," and William Crook's "Solving the Puzzle of Your Hard to Raise Child."

Q: I'm already worried about my child's nutrition, and his "allergies" are causing me to further reduce his choices. If apple juice and bananas are the only fruits he will eat and he's reacting to them, how is he supposed to get by?

A: Fruit contains water, sugar, fiber, and vitamins. He needs to get these things from other sources.

Q: I thought the "five food groups" were so important!

A: They are, to an individual without food intolerances. But, just as a person who eats a balanced diet might not need to take vitamins, a person with poor nutrition can make up for a lot with a good vitamin and mineral supplement.

Q: So I should be giving my child a vitamin supplement?

A: Absolutely. Poly-vi-sol with Iron is probably okay to start with, or order a gluten-free multivitamin & mineral formula from your natural foods store. Kal Dinosaur Chewables and "I Love Schiff" chewables are tolerated by many food-sensitive children, and are available with or without minerals. Because many autistic children have been reported to improve on a regimen of vitamin B6 and magnesium, you may want to order a supplement rich in these nutrients from a compounding pharmacy such as Pathway (1-800-869-9160.) For a 40 pound child, Dr. Bernard Rimland of the Autism Research Institute recommends 300 mgs. of B6 and 100 mgs. of magnesium per day. It is likely that in people with a leaky gut, absorption of B6 (which aids in nervous system function) is often greatly diminished.

Q: What else does my child need?

A: There are six basic things a person needs from food: water, protein (and amino acids,) carbohydrates, fats, vitamins, minerals (including iron & calcium.) In addition, food contains certain phytochemical substances which seem to help with functions like disease prevention. It is helpful to consult a nutritionist about the use of supplements such as pycnogenol for any child on a limited diet.

Children who have gone for one year eating only chicken, canola oil, potato, rice, calcium-enriched beverages, and a liquid multivitamin supplement with minerals have had excellent results on nutritional blood tests. You'd be surprised to learn just how unnecessarily varied an American diet is, compared with the diets of other cultures!

Q: So how do I know if my child will respond to this diet?

A: The biggest clue is when a child self-limits his diet - especially to milk and wheat. This is no longer seen as a "need for sameness" but as a biological addiction. Children who don't necessarily "self-limit" but who also respond are those who eat an unusually large or small amount of food. Although the former may not recognize the source of the opiates, he knows that eating makes him feel GOOD. The latter may realize that many foods make him feel ill, and tries to avoid eating whenever possible. These "failure to thrive" autistic children are very hard to put on this diet because of their parents' fears, but will usually respond when acceptable substitutes to the non-tolerated foods can be provided.

Other symptoms of food intolerance or vitamin deficiency are dermatitis or extremely dry skin, migraines, bouts of screaming, red cheeks, red ears, abnormal bowel movements, abnormal sleep patterns or seizures.

Q: What's all this I hear about yeast?

A: Candida and other yeasts live in our bodies in small amounts. It was speculated that in individuals with improperly-functioning immune systems, they could flourish in the gut and lead to a host of problems, including fatigue, sugar cravings, headaches, and behavioral problems.

Q: How do we know if this is really true?

A: We didn't, until recently. Dr. William Shaw in Kansas found unusually high levels of "fungal metabolites" (yeast waste products) in the urine of several groups of abnormally functioning individuals (including people with autism.) His first paper describing this phenomenon was published in the Journal of Clinical Chemistry in 1995 (Vol. 41, No. 8.) He is currently conducting further studies on the effect of anti-fungal therapy on urinary organic acids from children with autism. His test is performed by the Great Plains Laboratory, at 913-341-8949.

Q: So does yeast cause autism?

A: This finding may be just another consequence of the abnormally functioning autistic immune system. However, early antibiotic use may actually be the triggering factor for children predisposed to autism. It has been hypothesized that the candida might aggravate a condition of gut permeability (the "leaky gut" syndrome) which might let the gluten and casein proteins into the bloodstream before they are broken down, so it may in part be responsible for autistic behaviors. Many parents of children with ADD/ADHD as well as those with autism report that treatment for candida does improve their children's behavior and concentration.

Q: How do I treat for candida?

A: One approach is to ask your pediatrician for a course of Nystatin, which is a non-systemic (not absorbed into the bloodstream) anti-fungal. Taken orally, it works locally in the gut to fight candida. This medication is considered to be quite safe, even when taken for several months. For a 25-35 lb. child, ask the doctor for a prescription for Nystatin powder (125,000 units per cc) in a stevia base, starting with 1 cc 4x/day. Your local pharmacy probably carries a commercial preparation in a sugar base - this feeds yeast! Again, try Pathway, at 1-800-869-9160. "Probiotics" such as acidophilus, the natural bacteria found in yogurt, are other candida-fighters, and are available at the natural foods store in powdered form in the refrigerated section. Some acidophilus preparations are milk-based - be sure to get one that is not! Bifidus works in the large intestine and can be of great benefit. "FOS" is desirable in these supplements, as it feeds the probiotics.

Q: Aren't probiotics the "healthy flora" I've heard about?

A: Yes, they compete with candida for the sugars you eat. It's the "good bacteria." You may be aware that acidophilus is eradicated from your gut when you take antibiotics.

Q: That's why you're supposed to eat yogurt when you are on antibiotics!

A: Exactly. As a matter of fact, in the 1950's, when oral antibiotics were first prepared for general use, scientists knew about this candida problem and coated the tablets with Nystatin. After a few years, the FDA decided that the two drugs should be prescribed separately (which they never were) and made them stop.

Q: My friend's child tried Nystatin and it made him vomit. If Nystatin is so safe, why did he react to it?

A: The child may have experienced a "die-off reaction" to the candida. As it dies, candida releases toxins into the bloodstream and can cause nausea, vomiting, or diarrhea. It is likely that candida was indeed a problem for this child. Your friend should discuss a dosage change (starting with a low dose and working up to a "normal dose") with the prescribing doctor.

Q: My doctor has never heard of any of this and she is extremely skeptical. I'm embarrassed to tell her I'm considering this approach.

A: Skepticism is a good thing in a medical doctor or scientist. However, since there is preliminary evidence to support this safe, non-invasive intervention, it is up to you to educate her, state your wishes, and ask for her support. For a doctor, it is better to wait until all of the data is published in peer-reviewed journals before advocating a treatment. For a parent, it is reasonable to want to help one's child without waiting for all of the results of the "double-blind placebo" studies. Because this approach does not include any unusual supplements, invasive drugs, or expensive treatments, your pediatrician should be supportive. Explain that you would like to try this for a few weeks, and agree that you will be objective about recording your child's progress while on the diet.

Q: Where can I find support?

A: It is likely that other parents in your area are already aware of this intervention. Ask your local chapter of the ASA for the nearest dietary intervention support group, or form one yourself. There are also several support groups for the biological treatment of autism on the Internet (search "Autism and Diet,") as well as support for a gluten free diet (search "Celiac Disease.") To subscribe to the ANDI Newsletter, send \$20 (\$26 for International subscriptions) and your name & address to the Autism Network for Dietary Intervention, P.O. Box 335, Pennington, NJ 08534-0335, or visit our website: www.AutismNDI.com.

Q: Is this diet expensive?

A: There is no denying that many of the gluten-free ingredients you will need to keep on hand are more costly than the staples you are used to buying. However, when you order by the case, the above milk substitutes cost about the same as cow's milk. Some parents report that their autistic children were drinking over a gallon of cow's milk per day (about \$60/month!) but these same parents were reluctant to switch to rice milk at \$1.30/quart. As with all foods, convenience products such as frozen rice waffles are expensive, but making these from scratch is easy and inexpensive. Bulk rice flour is about 45c/pound, and there are several good gluten-free cookbooks. You'll find yourself making rice and potatoes more often, instead of ordering out. You might even save money.

Q: Isn't milk necessary for children's health?

A: Americans have been raised to believe that this is true, largely due to the efforts of the American Dairy Association, and many parents seem to believe that it is their duty to feed their children as much cow's milk as possible.

However, lots of perfectly healthy children do very well without it. Cow's milk has been called "the world's most overrated nutrient" and "fit only for baby cows." There is even evidence that the cow hormone present in dairy actually blocks the absorption of calcium in humans.

Be careful. Removing dairy means ALL milk, butter, cheese, cream cheese, sour cream, etc. It also includes product ingredients such as "casein" and "whey," or even words containing the word "casein." Read labels - items like bread and tuna fish often contain milk products. Even soy cheese usually contains caseinate.

For more information on dairy-free living, there's a very good book called "Raising Your Child Without Milk" by Jane Zuckin. This can be ordered at Barnes & Noble and at Waldenbooks.

There is also a very good little book called "Don't Drink Your Milk" by Frank Oski (the head of Pediatrics at Johns Hopkins and author of "Essential Pediatrics.") This book cites the results of several research studies which conclude that milk is an inappropriate food for human children. It is available for \$4.95 from Park City Press, PO Box 25, Glenwood Landing, NY 11547, ISBN #0671228048.

Allergies and Food Sensitivities

Written by Stephen M. Edelson, Ph.D.
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People with autism are more susceptible to allergies and food sensitivities than the average person; and this is likely due to their impaired immune system. I have provided a brief discussion of allergies and food sensitivities below.

Allergies. An allergy is the body's overreaction to a foreign substance. When a substance causes the body's immune system to overreact, this substance is referred to as an 'allergen.' When an allergen, such as a plant pollen, is inhaled, it is identified by the body as an intruder. As a response, the body produces an antibody called 'immunoglobulin E,' or IgE, to destroy the intruder. The antibodies then attach themselves to mast cells which are located in tissues and basophils and are located in the blood stream. When the IgE also attaches to the intruder, the mast cells and basophils release histamine. Histamine causes swelling of the lining in the nose and causes extra mucus to form. Consequently, the person can suffer nasal itching and congestion, sneezing, and inflamed, irritated, and/or itching eyes. Due to one's immune system, some people are more sensitive than others to foreign substances.

Numerous tests are used to identify which foreign substances are allergens. These include skin prick tests, blood tests, x-rays, and nasal endoscopy. There are also many treatments which may alleviate symptoms associated with allergies. Interestingly, giving an extremely small dose of an allergen may desensitize a person to the foreign substance thereby its status as an allergen. This procedure usually involves receiving an 'allergy shot.' One can also purchase sublingual drops from a nutrition store. Vitamins and other nutrients, such as Vitamin C, are also used by many people to reduce allergy symptoms. While not used to desensitize a person to a foreign substance, allergy symptoms can be treated by taking medications such as cromolyn sodium (administered using a nasal spray) or taking antihistamines. These medications sometimes have side-effects, such as drowsiness and dryness. Another method to relieve the suffering associated with allergies is to reduce allergens from one's surroundings, such as using an air conditioner and/or an air filter in the home.

Food Sensitivities. There is growing evidence that many people with autism are sensitive to certain food products. The most common food products to which this sensitivity develops are grains (e.g., wheat, rye, oats) and dairy products (e.g., milk, cheese, whey). Other foods, which are often consumed during the spring and summer, are strawberries and citrus fruit. Food sensitivities are considered by many people as allergies in that one's immune system is overly reactive to these substances. Food sensitivities may be responsible for numerous physical and behavioral problems, such as headaches, stomachaches, feeling of nausea, bed-wetting, appearing 'spaced out,' stuttering, excessive whining and crying, sleeping problems, hyperactivity, aggression, sound sensitivity, temper tantrums, fatigue, depression, intestinal problems (i.e., gas, diarrhea, constipation), muscle aches in the legs, ear infections and possibly seizures.

Sometimes the person will have changes in physical appearance as a result of a food sensitivity. These can include: pink or black circles around the eyes, bags under the eyes, rosy cheeks or ears, rapid heartbeat, shallow breathing, fluid in the ears (a cause of ear infections), and excessive perspiration. However, it should be mentioned that these behavior and physical symptoms may not necessarily be a result of a food sensitivity and can be due to other causes as well.

A reaction to a certain food may occur immediately after exposure or may take up to 36 hours or longer to manifest itself. In addition, reactions usually occur after a meal rather than before a meal. If behavioral problems occur before a meal, the problem may be hypoglycemia (low blood sugar). Interestingly, people often crave the very foods to which they are sensitive. At the present time, we do not know why this is so.

There are several ways to determine whether a person is sensitive to a specific food substance. The easiest way is to eliminate completely the suspected foods from one's diet. If a person is sensitive to the food, one would expect an improvement in how a person feels and/or behaves once these products are no longer in the person's system. One

way to test for a food sensitivity is to remove the substance from the person's diet for approximately one or two weeks, and then give it to him/her on an empty stomach. The food must be totally eliminated; even a trace amount might be too much for some individuals. In most cases, a food sensitivity reaction, if it occurs, will do so within 15 to 60 minutes; however, it may take several hours to notice some reactions, such as bed-wetting and fluid in the ears. Another way to test for food sensitivities is to rotate food items in one's diet every four days. If the sensitivity exists, then one would expect a reaction to occur every fourth day. Another method used to determine a food sensitivity is to provoke a response with an extract and then neutralize the response by using a diluted form of the food substance. This can be done by having a qualified physician inject the substance into the person via a needle or placing food extracts under one's tongue. When a reaction is observed, then a dilution of the extract is given to stop or neutralize the reaction. For some, a dilution of the food substance will desensitize the person to the allergen itself.

The best way to stop a reaction to a particular food substance is to remove that food from the person's diet. Other treatments include taking nutrients to strengthen the immune system and giving the person sublingual drops, i.e., very small amount of the substance.

In general, it is important that people realize that allergies and food sensitivities can affect one's health and behavior, but these problems are treatable.

The Autism Research Institute distributes an information packet on vitamins, allergies, and nutritional treatments for autism.

[Click here](#) to learn how to obtain this packet.

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STRATEGIES FOR INCREASING FOOD ACCEPTANCE

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1. Introduce a new texture or flavor coupled with an accepted and preferred flavor or texture. Two approaches:
 - a. Reward system: reward the child with a bite of their favorite food if a bite of a new food is tried first. (example: child takes a bite of chicken, reward with a bite of mac & cheese)
 - b. Mix small pieces of a new food/texture in with the preferred food/texture. (example: mixing small shreds of chicken in with mac & cheese)
2. Present a new flavor or texture in the form of an accepted one. (example: same Lion King cup, Toy Story plastic bowl, using a favorite crazy straw)
3. Change one variable at a time to provide as many constants as possible. (example: sticking with the same color, temperature, and texture but altering the flavor--i.e. adding cinnamon or nutmeg to sweet potatoes, adding smooth jelly/jam to yogurt; or sticking with the same color, flavor, temperature but altering the texture--i.e. begin adding finely crushed crumbs of graham crackers to either yogurt or pudding).
4. Encourage food and sensory play activities while not expecting actual intake of the food item. Suggestions include:
 - a. *Sensory Play Activities:*
 - i. Making homemade play dough, allowing the child to knead the dough and form into shapes, use food dyes to add color.
 - ii. For the child that enjoys water play encourage putting dishes in soapy water or use a bubble wand to practice bubble blowing with an extra bowl of dish water.
 - iii. Making sensory bean bags--using an old sock, fill it with either dry rice, beans or sand, add a flavored extract to the filling of the sock (vanilla, peppermint, orange) either sew or tie the sock opening as you would a sachet.
 - iv. Provide the child with scented teething toys or other age-appropriate mouthing toys. Soak the toys in extracts (vanilla, peppermint, lemon, etc.) overnight to provide both texture and flavor.
 - v. Provide the child with an oral motor/sensory box. Include in the box various whistles (kazooos, horns), blowers (party blow horns, pinwheels, bubbles), a toothbrush, a nuk brush, different shapes and sizes of straws. Provide the child with oral sensory play time with the box 10 - 15 minutes before mealtime.
 - b. *Food Play Activities:*
 - i. Finger painting with pudding, whipped cream, cool whip.
 - ii. Making fruit salad, select fruit with different textures (both on the outside & inside): bananas, pineapples, kiwi, oranges, apples, strawberries, etc. Practice cutting, peeling, squishing, slicing.
 - iii. Making meatballs or meatloaf, squishing the meat, sprinkling bread crumbs and if you're really daring, crack an egg for extra sensory input!!!
 - iv. Making homemade pizzas: grating cheese, kneading dough, pouring sauce, adding slices of vegetables on top, encourage small tastes or licks of various ingredients.
 - v. Provide the child with an oral sensory food box. Things to include should promote munching or crunching: pretzels, breadsticks, cheerios, granola. Include intense tastes and temperatures: atomic fireballs, sourpatch kids, lemonheads, war heads, hot gum balls. Things to promote chewing include: cheese sticks, fruit roll ups, raisins, marshmallows, licorice sticks. *Children should always be supervised when engaging in oral sensory play, especially with small candy items!
5. For children with hyposensitivity, add flavors/spices to drinks to wake up the mouth. Sprinkling spices into milk/shakes (cinnamon, nutmeg), lemon juice, seltzer drinks (bubbles wake up the mouth!), tang, Tabasco sauce.
6. Encourage hand-to-mouth coordination and mixing of textures by serving finger foods and dip. The child can dip raw veggies, chips, fries in ketchup, and chicken fingers into sauces (barbeque or honey mustard sauce, ranch dressing).

**While many of these ideas don't involve the actual intake of food, they promote the experience and acceptance of a variety of tastes and textures to not just the mouth but the whole body. They are sensory rich and highly social experiences that are fun for siblings and all family members to try as well!

Healing Thresholds

Connecting Community and Science to Heal Autism



Gluten-Free Diet and Children with Autism

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<http://autism.healingthresholds.com/>

What is it?

A *gluten-free diet* is an *eating* plan in which *gluten* (a *protein* found in some grains) is eliminated from the *diet*. Foods and drinks containing *wheat*, barley, rye, oats, or anything made from these grains are avoided. A *gluten-free diet* is often used for children with *autism* in combination with a *casein-free diet*. The *casein-free diet* calls for the elimination of *milk protein (casein)*. Both *diets* are called elimination *diets* because a particular type of food is eliminated from the child's meals and snacks ⁽¹⁾.

Proponents of the *gluten-free diet* say that many children with *autism* have *gastrointestinal* difficulties that make it hard for them to digest certain grains properly. There are different possibilities for ways in which this could affect children with *autism*. The most studied theory is that *eating gluten* leads to high levels of *protein* by-products, called *gluteomorphines*, in some children with *autism*. These by-products may then affect behavior like a *drug* would. Specifically, in these children, *gluteomorphines* could reduce their desire for *social interaction*, block *pain* messages, and increase confusion. If *gluten* is taken out of the *diet*, the *idea* is that this will reduce the level of *gluteomorphines*, and behavior will improve as a result ⁽²⁻⁴⁾.

What's it like?

Parents who choose a *gluten-free diet* for their child must become aware of the ingredients of everything in their grocery cart. Products containing *wheat*, barley, rye, or oats in any form should not be purchased. Foods containing modified food starch also contain *gluten*, but modified corn starch does not. Maintaining a *gluten-free diet* can be hard to do at first because *gluten* is present in many prepared foods. However, *parents* can take a *gluten-free* cooking class or *read* a *gluten-free* cookbook (see [Resources](#)) to learn how to cook without *gluten* and still provide enough *nutrition* for the child (see [Is it harmful?](#)).

What is the theory behind it?

Gluten is broken down in the intestines into several by-products, including one called *gluteomorphine*. These by-products are much more common in the *urine* of children with *autism* than in children without *autism*. Some scientists have concluded that they are leaking from the intestines into the blood of these children ^(2, 5). Many research studies report that children with *autism* often have *gastrointestinal* problems, including intestinal

leakage ⁽⁵⁾. The argument is that, if *gluteomorphine* is being absorbed into the general circulation in children with *autism*, then it could affect behavior ⁽²⁻⁵⁾.

In support of this theory, there is *evidence* that blocking at least some of the action of *gluteomorphine* improves the behavior of children with *autism* ⁽⁶⁾. Moreover, recent *evidence* of a *genetic mutation* common among children with *autism* has been traced to a *gene* involved in *gastrointestinal* function ⁽⁷⁾.

Does it work?

The *effectiveness* of elimination *diets* in improving the behavior of children with *autism* has only recently been scientifically researched ⁽⁸⁾. This research has almost always examined *diets* that are both *casein-* and *gluten-free*.

One well-*controlled study* focused on children with *autism* who had abnormally high *protein* by-products in their *urine*, and therefore were more likely to be *sensitive* to *casein* and *gluten* (see *What is the theory behind it?*). One group of these children was fed a strict *casein-* and *gluten-free diet* for 12 months. This group had significantly fewer *autistic* symptoms than the remaining children, who were not fed this *diet* ⁽⁹⁾.

Another well-*controlled study* of *casein-* and gluten-free *diets* focused on children with *autism* regardless of the level of *protein* by-products in their *urine* ⁽¹⁰⁾. Overall, the study found no significant differences in behavior between children on the *elimination diet* and children on regular *diets*, although individual *parents* reported behavioral improvements ⁽¹⁰⁾. A third well-*controlled study* reported no significant improvements in speech for 13 children who followed a *gluten-free casein-free diet* for 6 weeks ⁽¹¹⁾. There were limitations in these studies, including relatively short time periods on the *diet* and/or small samples sizes.

Regardless, in both cases, the tested *diets* were *casein-* and *gluten-free*, so it is not clear whether it was the elimination of *casein*, *gluten*, or both that resulted in any improvements. A third study that did examine the effect of a *gluten-free diet* on the behavior of children with *autism* did not compare children on the *elimination diet* with children not on the *diet* ⁽¹²⁾. Therefore, even though there were improvements seen in the behavior of children on the *diet*, these may also have occurred over the 5 months of the study without the *elimination diet*.

The current thinking is that there is at least some *evidence* showing that a *gluten-free diet*, when combined with a *casein-free diet*, can help improve the behavior of some children with *autism*. Although the *casein-free diet* combined with a *gluten-free diet* is popular, there is little *evidence* to support or refute this *intervention* and reviewers have determined that meaningful conclusions cannot be drawn from the existing literature ^(3, 4).

Is it harmful?

The major health concern for a child on a *gluten-free diet* is whether the child receives adequate *nutrition*. A recent report showed that the *protein* and nutrient intakes of children with *autism* on *casein-* and gluten-free *diets* were not different from those of children with *autism* on standard *diets*, but there was a trend towards lower *calcium* and *copper* intake in children on elimination

diets ⁽¹³⁾. As a result, some researchers suggest that all children on elimination *diets* should be under the care of a *nutritionist* or *physician* ⁽¹⁾.

Cost

A *gluten-free diet* can be expensive and difficult to follow, but as these *diets* become more common, the *transition* to the new *diet* becomes easier. *Gluten-free* versions of many favorite foods such as pasta, bread, and cookies are becoming more readily available in *mainstream* stores. Moreover, changes in the *diet* to replace breads, pastas, and other *processed foods* with *vegetables*, *protein*, and other whole foods are big steps toward a healthy, *gluten-free diet*.

Restaurants offering exclusively *gluten-free* meals are likely to be on the pricey side and are not common. Most restaurants will have *gluten-free* options on their menu (i.e. salads without croutons, fish or meat with *vegetables* served without bread or breading, etc.), although these choices may be limited. You may need to notify your server that you need *gluten-free* food choices, and they can help you choose between the available options or suggest changes to menu items.

Online sources for *gluten-free* cooking ingredients are also available, and some of these may be priced more affordably (see [Resources](#)). Also, bulk or co-op buying may ease the cost of *gluten-free* items.

Resources

Healing Thresholds has partnered with [The Gluten-Free Mall](#). They sell *gluten-free* prepackaged foods that may be convenient for some *families*.

The Food *Allergy* and Anaphylaxis Network provides many resources to help children live with a *gluten-free diet*: <http://www.foodallergy.org/>.

Several books that might be helpful in understanding the *gluten-free diet* approach are:

Diet Intervention and Autism: Implementing the Gluten Free and Casein Free Diet for Autistic Children and Adults : A Practical Guide for Parents by Marilyn Le Breton and Rosemary Kessick. 2001. Jessica Kingsley Publishers.

How to Eat Well Again on a Wheat, Gluten and Dairy Free Diet by F. Crosthwaite. 2006. Merton Books.

Special Diets for Special People: Understanding and Implementing a Gluten-Free and Casein-Free Diet to Aid in the Treatment of Autism and Related Developmental Disorders by Lisa S Lewis 2005. Future Horizons.

The Kid-Friendly ADHD and Autism Cookbook: The Ultimate Guide to the Gluten-Free, Casein-Free Diet by P. Compart and D. Laake. 2006. Fair Winds Press.

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DIETARY MANAGEMENT OF AUTISM

FOOD ALLERGIES

The type of food allergy that is most significant in autism is the cyclic or masked food allergy, oftentimes called food intolerance's or food sensitivities. This kind of food allergy does not cause a life-threatening reaction. It is called a masked food allergy because it is difficult to detect. A masked food allergy is usually related to the foods that are most frequently eaten or craved. The allergy develops because of an overuse of the food. Food diaries are helpful to determine this kind of allergy because the food will appear many times in the course of a day or week. There are several ways to determine if food intolerance exist, including blood tests and diet manipulation. The elimination/challenge format is simple and easy to follow and does not require any blood to be drawn. The individual abstains from the food to be tested for 5 days. Not even minor contact with the food is allowed. On the sixth day the food is eaten and any reactions are observed. If the individual is sensitive to the food symptoms will occur within two hours of eating the food. Usually if a food intolerance is detected the individual needs to avoid the food for 2-6 months before attempting to reintroduce it in his diet. Once it is reintroduced, it should be rotated in the diet and not eaten any more frequently than once every fourth day.

YEAST OVERGROWTH

Yeast overgrowth generally happens in young children from the use of antibiotics. When an antibiotic is taken, it not only destroys the germs causing an infection, but it also kills good bacteria growing in our digestive tract and on other mucus membranes. When the good bacteria is destroyed, candida albicans, an opportunistic yeast tends to multiply in the body. Candida is there normally, but after antibiotic use the amount multiplies. This can cause a condition called the leaky gut syndrome, which can upset the functioning of the GI tract. Larger than normal food molecules can enter the blood stream. The immune system sees them as foreign material and a food allergy can develop. If yeast overgrowth is suspected a diet low in refined carbohydrates is recommended because the candida thrives on refined carbohydrates. The most common refined carbohydrates are sugar, white rice, white flour and alcoholic beverages. Initially a diet low in carbohydrates is recommend and the use of an antifungal drug, such as Nystatin is prescribed to kill the Candida. At the same time, a bacterial replacement product such as Vital Dophilus (Klaire Labs) or Symbiotics FOS(ARG) is used to restore the good bacteria.

GLUTEN AND CASEIN SENSITIVITIES

It has been found that many autistic individuals have an error in metabolism, which does not allow gluten and casein to be digested normally. Instead these two proteins are converted into opiates in the body, which create symptoms similar to a drug like morphine. In some animal studies, it has been shown these opiates inhibit the maturation of the central nervous system. Gluten is a protein found in wheat, oats, rye and barley. Casein is a dairy protein. Consequently, someone with this sensitivity must avoid both dairy and the grains mentioned. Lisa Lewis (see reference list) describes many ways to slowly change a normal diet to a gluten-free and casein-free diet. This can be done gradually, but eventually must be 100% to see the benefits. She gives a great summary of the problem plus wonderful recipes to try, as well as a long list of mail-order companies where ingredients and processed foods can be purchased.

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DIETARY MANAGEMENT OF AUTISM LIST OF HELPFUL REFERENCES

FOOD ALLERGY AND GLUTEN AND CASEIN FREE DIETS

- Crook, W. Help for the Hyperactive Child. Professional Books: Jackson TN, 1991.
Practical guide for parents in detecting food allergies and dealing with candida.
- Crook, W. Tracking Down Hidden Food Allergies. Professional Books: Jackson TN, 1990.
Practical guide for detecting food allergies.
- Dumke, N. Easy Bread Making for Special Diets. Allergy Adapt Inc.: Louisville, CO, 1995.
Cookbook that includes gluten and dairy free recipes.
- Hagman, B. The Gluten-free Gourmet Cooks Fast and Healthy. Henry Holt and Co: NY, NY. 1996.
A cookbook of gluten-free recipes including breads, pastries, soups, and main course items.
- Lewis, L. Special Diets for Special Kids. Future Horizons Inc.: Arlington, TX, 1998.
Very informative book on dealing with the gluten-free, casein-free diet, written by someone who has been through it with her child.
- Rapp, D. The Impossible Child. Life Sciences Press, Tacoma, WA, 1986.
Doris Rapp is one of the early pioneers in food allergy. This book explains how food allergies and chemical sensitivities can effect children's behavior.

TREATMENTS FOR AUTISM

- Shaw, W. Biological Treatments for Autism and PDD. William Shaw PhD, 1998.
"A comprehensive and easy-to-read guide to the most current research and medical therapies for autism and PDD"
- Seroussi, Karyn. Unraveling the Mystery of Autism and PDD – A Mother's Story of Research and Recovery. Simon & Schuster, 2000.
"the highly acclaimed, dramatic story of the evolution of autism research, and the interventions which led to the recovery of Karyn's son."

YEAST OVERGROWTH

Crook, W. The Yeast Connection. First Vintage Books: NY, NY, 1986.
One of the early books written about the yeast overgrowth problem. Dr. Crook brought the condition to the attention of the general public even though the medical establishment was very critical of his ideas. Easy to read, lots of anecdotes!

Trowbridge, J & Walker, M. The Yeast Syndrome. Bantam Books: NY, NY, 1986.
Explores the yeast problem and many treatments that have been used.

MISCELLANEOUS

Blaylock, R. Excitotoxins, The Taste that Kills. Health Press: Santa Fe, NM, 1994
Explains how MSG, aspartame (Nutra-Sweet) and similar substances can damage the brain and nervous system.

Bove, M. An Encyclopedia of Natural Healing for Children and Infants. Keats Publishing: New Canaan, CT, 1996.

Mary Bove is a naturopath and herbalist. She practices in Brattleboro VT, where she sees predominantly children. Her book explains various ways to treat childhood illnesses naturally, which will help the parent avoid antibiotics when possible.

Dadd, D. Nontoxic and Natural. St Martin's Press, NY, NY, 1984.

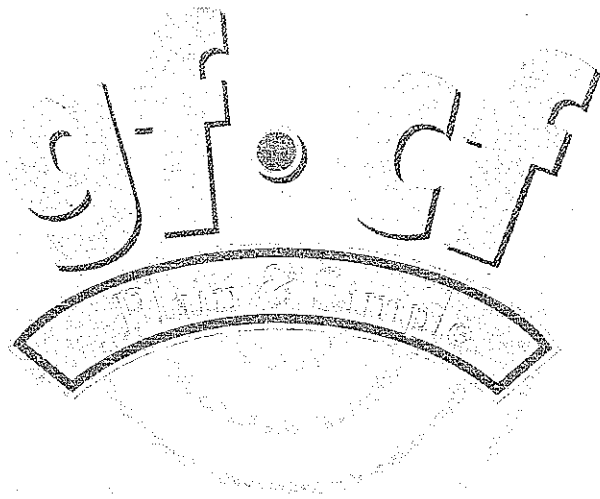
Dadd, D. The Nontoxic Home. 1986.

Debra Dadd wrote some of the earlier books on avoiding harsh chemicals in the home. In these two books she gives many practical alternative products from cleaning teeth to washing clothes and windows. She may have an updated version of her book, or there may be others like this available now.

Steinman, D. Diet for a Poisoned Planet. Crown Publishes: NY, NY, 1990.

Over 500 food items are reviewed for their level of contamination of pesticides and other harmful chemicals.

Elaine Gottschall Breaking the Vicious Cycle
Specific Carbohydrate diet
(monosaccharides)
(honey, fruits & some veggies)



by lisa s. lewis

HELPFUL RESOURCES

They say that everything old is new again, eventually. I know it is true for fashions (who would have believed that bell bottomed jeans could make a comeback?). I must admit, however, that I was a bit taken aback by how MANY things come full circle when I received a copy of an article dated February 15, 1956, on a topic near and dear to my heart.

Originally published in the Proceedings of the Royal Society of Medicine, the article, "Bread and Tears—Naughtiness, Depression and Fits Due to Wheat Sensitivity" was written by Guy Daynes at a time when physicians and researchers wrote and published detailed case studies of patients for medical journals. This particular article discusses several children examined by Mr. Daynes; some of the descriptions are truly extraordinary in light of what we now know about the relationship between diet and behavior.

Anna M., aged 2, is described like this:
She had severe acute tonsillitis and otitis media when she was 11 months old. From then on she had woken at night with two or more crying attacks... The more severe attacks would be ushered in with a piercing scream. While in her pram, her mother described her as having a "far away look...." She always "behaved badly" and did not play well with other children... Her motions [b.m.s] were varied; sometimes they were loose and yellowish with a very offensive smell, at other times they were normal. ...She was placed on a gluten-free diet... She had a bad screaming attack that night but the next time was "grizzly only." The next night she slept... through the night without waking for the first time in a year. In the next two weeks she had two screaming attacks, each of which had

been preceded by an accidental lapse in diet. When she was next seen, she appeared much happier, behaved well, was eating well and had gained weight.

Daynes goes on to note that he saw over forty similar cases! This led him to formulate a syndrome that he called "pre-celiac syndrome." It was diagnosed when a young child (typically between 1 and 5 years of age) becomes difficult within a few days after the onset of some sort of infection or illness. Other symptoms include sleep disturbances, screaming, poor abdomen and abnormal stools. When placed on gluten free diets, the children's sleep and intestinal problems improved and so did behavior and demeanor.

Daynes notes that sleep disturbance is a very common symptom and adds that abdominal pain may be due to distension of the small bowel with gas.

It is startling to realize that this connection was realized almost fifty years ago, yet still many parents have to fight with doctors who insist that gluten free diets are useless (or worse, potentially harmful). I continue to hear from parents who are outraged that they had to discover this important intervention on the Internet, or through word-of-mouth.

Fortunately, more doctors are recognizing the importance of dietary intervention. If you are just getting started and cannot find a supportive physician, there are places you can turn to for help and advice. Listed on the next page are some resources that helped me when I was just starting on the diet, and others that have proved to be 'tried and true' standbys as the years progressed.



professionals all over the country on 'doing the diet.'

LISA LEWIS is co-founder, with author Karyn Seroussi, of ANDI, the Autism Network for Dietary Intervention, which they started in 1997. Since that time, they have spoken to tens of thousands of parents and

*Lisa is the author of the best-selling books within the autism community, **Special Diets for Special Kids** and **Special Diets for Special Kids Two** (both published by Future Horizons) and is a frequent presenter at conferences around the nation. She lives in New Jersey with her husband and two sons.*

*For more information on dietary intervention, or to subscribe to their newsletter, **The ANDI News**, visit www.autismndi.com*

student cannot express what he learned, apply it to practical problems, or obtain a job after finishing school. Therefore, whatever the child's placement, social, communication, and problem-solving goals must be written into IEPs, along with methods to measure progress toward them. Failure to make progress should be forcefully brought to the attention of school authorities.

There are a number of support groups for parents of children with Asperger's Syndrome, but they are not usually organized by school district. In terms of school services it might be more effective if they were. Such support groups could also enlist parents of children with Nonverbal Learning Disorder or high-functioning autism — also undercounted, underserved, and in need of similar services. Their numbers may be necessary to make special classes, with regular education curriculum and emphasis on social skills, feasible in smaller districts.

Mainstreaming is great if a student can handle it and receive educational benefit within the environment, but neither parents nor educational professionals should be wedded to mainstreaming if it is not working out. Many students with Asperger's Syndrome need more specially designed instruction than is now available. Parents, school staff, and advocates need to push school districts to comply with the IDEA, to identify all students with Asperger's Syndrome and similar disorders within their borders, and to provide the required continuum of appropriate placements for them. That includes special classes and resource room support. Only then will the IDEA really be in force for our children.

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4. Ami Klin, Ph.D. and Fred R. Volkmar, M.D., "Asperger's Syndrome and Pursuing Eligibility for Services: The case of the 'Perfect Misplacement,'" written for ASPEN.

GREICHEN MERTZ is the mother of two children with very social abilities with Asperger's Syndrome. Her book *Raising a Child with Asperger's Syndrome: A Parent's Guide to Navigating the Social Service Maze* will be published this fall by Jessica Kingsley Publishers. She and her family live in Philadelphia, PA. Contact her at greichen@msc.drexel.edu.

GF CF con't from pg. 35

White Wave Silk Milk

Silk Milk is an excellent soy drink, thick and tasty. It comes in quart and half-gallon containers and can be found in the refrigerator section of most markets or health food stores. Silk also makes rice milk, and some specialty flavors such as Chai and (in December) Egg Nog. Note that special flavors are higher in sugar and may not be fortified with calcium. Read labels carefully.

COOKBOOKS

Special Diets for Special Kids (1998) and **Special Diets for Special Kids Two** (2001) by Lisa S. Lewis. Published by Future Horizons, Arlington, TX (www.FutureHorizons-autism.com). Available from the publisher, www.amazon.com or from ANDI www.autismndi.com.

The Candida Control Cookbook

by Gail Burton (1993). Published by Aslan Publishing, Fairfield, CT.

The Complete Food Allergy Cookbook, The Foods You've Always Loved Without the Ingredients You Can't Have

by Marilyn Gioannini (1995). Published by Prima Lifestyles.

Easy Bread Making for Special Diets

by Nicoletta Dumke (1995). Adapt Books, Louisville, CO.

The Gluten-Free Gourmet

by Betty Hagman (1991). Published by Henry Holt, New York, NY (Paper).

Also by Betty Hagman:

More from the Gluten-Free Gourmet: Delicious Dining Without Wheat (1994)

The Gluten-Free Gourmet Cooks Fast and Healthy: Wheat-Free and Gluten-Free With No Fuss and Less Fat (1996)

The Gluten-Free Gourmet Bakes Bread (1999)

The Wheat-Free Kitchen: A Celebration of Good Foods

by Jacqueline Mallorca. Published by Farthing Press, San Francisco, CA.

Special Diet Solutions and Special Diet Celebrations

by Carol Fenster. Published by Savory Palate, Littleton, CO.

GFCFSF On A Budget

By Holly Bortfeld

So, you've chosen to start your child on the diet but wondering which bank you will have to rob to be able to pay for the special foods now, right? Before you get out your ski mask, here are some hints that might help.

There are several approaches to diet -

\$\$\$ - This is when you buy everything pre-made.

\$\$ - This is when you buy mixes and such but bake the products yourself.

\$ - This is the easy and cheap "grandma's method."

\$\$\$ - Let's start with the expensive method. There are so many places where you can buy everything pre-made for you nowadays. 10 years ago when I started the diet with my son, there was almost nothing. Now, you can find companies that deliver all pre-made meals, and online retailers like GlutenFreeMall.com that carries products from a wide variety of manufacturers, pre-made and mixes. If you can afford to purchase all pre-made foods, this article is not for you.

\$\$ - This is the category most people fall into. You don't have time or the recipes to make all your own breads, muffins, cakes, pie crusts, etc. so you buy mixes and some pre-made things like cookies or sandwich bread, pasta and hot dogs. You spend a good chunk of time comparison shopping and making sure all the products fit your child's allergies.

\$ - This is the "Grandma" method. I'm going to take you back in time for this one. Think about the way your great-grandmother used to cook before food came in boxes and was heated in microwaves. She made a meat, a vegetable and a starch, that was it. No muss, no fuss. It's a healthy, simplification of cooking that uses no pre-made ingredients. That's the whole process and you'll find meal ideas and more in the [Meal Plans](#) page on our site. I found this method actually even saved me money compared to the way I used to cook before GFCF because I wasn't paying \$5 a box for his favorite pre-made junk food that he ate 3 boxes a day of because he was addicted to them.

While I could tell you to move to the country, plant a huge organic garden and start your new career in animal husbandry, I'll spare you having to learn how to de-worm cows and when to flip your compost pile. I think it will be much more helpful to give you a bunch of time-tested tips that I've learned from over the years.

What is GFCFSF?

Gluten is more than just wheat - it's grains like wheat, barley, oats and rye. Casein is the protein found in all things dairy - more specifically, anything juiced from a mammal - including cow's milk, sheep, goat and human breast milk. Soy needs to be removed too. Labels that say "wheat-free" do not necessarily mean gluten-free and certainly not GFCF. Dairy-free isn't casein-free. Lactose is milk sugar. Lactose-free isn't casein-free either. Organic doesn't mean GFCF. Organic milk still comes from a cow and organic wheat is still wheat. Reading labels and understanding the difference is crucial. Gluten-free also includes things that do not have gluten in them but are either grown near them or processed in a facility with them, contaminating them, such as millet and oats.

What is organic?

Organic foods are produced according to certain production standards. For crops, it means they were grown without the use of conventional pesticides, artificial fertilizers, human waste, or sewage sludge, and that they were processed without ionizing radiation or food additives. For animals, it means they were reared without the routine use of antibiotics and without the use of growth hormones. In most countries, organic produce must not be genetically modified. Nitrate/Nitrite fertilizers are also linked to increases in death rate from Alzheimer's, Parkinson's and diabetes. Read more in the [Toxins In Food and Environment](#) article.

Here are websites that you can find local farmers and growers with organic products:

www.localharvest.org (they have a co-op too)

www.buylocalfood.com

www.farmfresh.org

diamondorganics.com

www.cowboyfreerangemeat.com

www.wildforsalmon.com

www.desertsweetshrimp.com

TIP: Cut out the middleman. Buy direct from farmers rather than through a retailer/reseller who marks up the product.

Learn to read ingredient labels

Learning to read labels will save you so much time and effort and then means you can go anywhere. If a store or restaurant sells a food, they must be able to provide you with the exact ingredients list for each food so you can determine if it meets your child's allergy issues or not. Know that manufacturers can change ingredients without any special alert, so always check the labels. When in doubt, call the manufacturer.

Hidden Sources of Gluten, Casein and Soy

Ingredients & Substitutions

Beginning the GFCFSF Diet

TIP: In a hurry? Cook everything in big batches and freeze in individual servings so when you need a quick meal, you just grab and go.

Where can you buy GFCFSF products?

There are many great stores, retail and online, now to choose from. Please note that most places also sell things that are NOT GFCF, so please read the ingredients before you buy. This is just a small sampling of the online retailers:

www.amazon.com

www.kinnikinnick.com

www.naturalfeast.com
www.glutenfreemall.com
www.glutenfreepantry.com
www.foodallergygourmet.com
www.bobsredmill.com
www.ener-g.com
www.auntcandicefoods.com
www.reallygreatfoods.com

TIP: Buy in bulk quantities. For meats, you can buy half or whole animals (you can join with other families if needed) and have them processed. Or if a store has meat sales, you can stock up the freezer.

Health Food Store Finder:

www.allstays.com/c/health-food-store-locations.htm
www.greenpeople.org/healthfood.htm
www.organicconsumers.org/foodcoops.htm

TIP: Share the load. Get a few families together to cook multiple dishes in big batches and swap dishes so everyone goes home with many complete meals.

Your local grocery store. You can buy a lot of GFCF items in your local grocery store. And remember, if there is something you would like your local store to carry, ask the store manager to see if s/he can order it in for you.

A Foodlist of GFCFSF products:

Foodlist

TIP: Stock up! Get a big stand-alone freezer so you can buy and cook in bulk.

TIP: Join a (or start your own) co-op. If you can join in with a few other families and buy food in bulk, you can save considerable amounts of money. You can do this with meats if you buy whole animals (the farmers will still process them) too.

Co-ops are groups who use their purchasing power to get lower prices.

www.coopdirectory.org/
www.organicconsumers.org/foodcoops.htm
www.cooperativegrocer.coop/coops/

TIP: Frequent Buyers. Ask if a store has loyalty or bulk discounts, or participates in local co-ops that you might join. If your store has a Senior Citizen discount, take Grandma shopping too.

Meal plans help you save money

If you have a list of recipes and the ingredients you need, then you are less apt to buy things you don't need.

[Click here for great meal plans to help you plan your shopping trips.](#)

TIP: Invest in a good vacuum food sealer. Package food into individual servings to save yourself time when you need a meal fast, so you can just grab and go.

Recipes - get free recipes off the web. Here are just a few great sites for free recipes.

health.groups.yahoo.com/group/GFCFrecipes

health.groups.yahoo.com/group/GFCFKids

www.danasview.net/recipe.htm

gfcfrecipes.blogspot.com

www.geocities.com/arnfl/diet.html

www.woggle-bug.com/recipes

gfcfrecipes.tripod.com

www.pecanbread.com

TIP: Make your own mixes. Order flours in bulk quantities and mix up all the dry ingredients for multiple mixes at a time and seal. Then when you need a mix, you just grab it off the shelf and add the wet ingredients.

School Days - If your child is in public school, federal law says the public schools must provide nutritional meals that fit the diet while the children are on campus, at NO additional cost to the families! All you have to do is get your doctor to write a letter that states your child's allergies and include it in the IEP in the medical section. The school must create meals to accommodate those allergies. While you may assist them if you wish, you do not have to provide the food or help the school shop in any way. You can learn more at these sites:

[Tami Giles Autism One 2006 Power Point presentation](#)

[Must the School Provide GFCF Foods if Parents Request It?](#)

[USDA Accommodating Children with Food and Nutrition Service: Special Dietary Needs in the School Nutrition Programs](#)

[An Essential Handout For Teachers & Aides](#)

TIP: Need dedicated appliances? If you need a second toaster due to cross contamination issues, a separate freezer or a bread machine (for foolproof bread), make sure you check your local Goodwill or other second-hand store. A lot of the appliances are in great condition and the price is right.

Alternative Ways to get your biomed funded

Grants (foundation and corporate); Fundraisers (car washes, bake sales, Kiwanis, etc.); Family gifts (birthday and Christmas gifts etc.); Bank loans (home equity, etc.); Medical expense (health) savings account; Autism Association and support groups grants; Bartering services with doctors; Medicaid waiver loopholes (CDC budgets.)

For more budgeting tips for Biomedical Treatment, read the [Autism on a Budget](#) article and the [Try Before You Apply](#) article.

TIP: Track your purchases. Get and use one credit card for all things treatment. I buy all my kid's food, books related to autism and special diets, book medical-related travel such as trips to the out-of-state doctor, office co-pays, therapy equipment, vitamins, etc. all on the same card so when tax-time comes, all I have to do is hand my tax preparer the credit card statements.

TIP: The special foods required for your child are partially tax-deductible. Save all your food receipts. The write-off is the difference in cost between regular and diet - *i.e.*, if a regular loaf of bread costs \$1 and your diet bread costs \$4, then you can write off \$3 per loaf.

Babies, Babies, Babies!

Want to take the whole household GFCF but have an infant? See our [formula](#) page.

TIP: Hungry for more?

There are some great places on the web to watch FREE nutritional seminars and presentations from the best in the field.

www.autismmedia.org

www.autism.com/danwebcast/index.htm

www.autismone.org and www.autismone.org/radio

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Foods that may contain milk:

acidophilus	junket
baking powder biscuits	malted milk
baker's bread	mashed potatoes
bavarian cream	meatloaf
bisques	milk chocolate
balc mange	ovaltine
boiled salad dressings	ovomalt
buttermilk	omelets
butter sauces	pie crust made with milk
cakes and cookies	prepared flour mixes:
candies	biscuits
chocolate	cake
cocoa drinks, mixtures	cookies
chowders	doughnuts
cream	muffins
creamed foods	pancakes
cream sauces	pie crust
cheeses	waffles
curds	rarebits
custards and puddings	salad dressings (mayo based)
doughnuts	sausage, cooked
foods prepared au gratin	scalloped potatoes
flour mixtures	scrambled eggs
fritters	sherberts
gravies	soda crackers
hamburgers	souffles
hash	soups
hard sauces	spumoni
hot cakes	whey
ice creams	yogurt
margarines (most)	zweiback

Words on the label that indicate the food contains milk:

casein	lactose
whey	non-fat milk solids
lactalbumin	caseinate

Note: use herbal tea or fruit juice in recipes calling for milk

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EZ GFCF

EASY GLUTEN-CASEIN FREE RECIPES ~ THE AUTISM DIET



1 . 2 8 . 2 0 0 8

The GFCF Restaurant Guide

Ok -- here it is, as promised. This is the start of my free online restaurant guide. It is only a guide. You must -- I repeat, must -- check these places on your own. The info here will arm with you with valuable knowledge but every restaurant has its own practices and each store within a chain is managed differently. So, be careful.

I will continue updating this as I learn more. Let me tell you what I've found. I've determined a lot of places will tell you that they have GFCF food, but they don't tell you that it's prepared along with non-GFCF food, so there is a cross-contact issue. Be careful of that -- always ask!

By the way, what we're really concerned about here is called "cross-contact," not cross contamination. But, you'll notice that I slip back and forth on that phrasing. Forgive me.

Also, many restaurants are heading toward having Gluten Free Menus, but not GFCF menus. It's not the same, of course.

Below is my list. Next to each is a grade, just like in school, A-F. I've provided web links and allergen details with my explanation next to each so you understand.

Applebee's - F

Website: www.applebees.com

Allergen info online: No

Gluten-casein free foods without cross contamination: No, according to a corporate official. This -- from them: "Thank you for your recent request for a list of gluten, dairy, and soy free menu items available at Applebee's. Due to the frequency in which we change our menus, as well as the small risk

of cross-contamination, we can not provide the list you requested."

Arby's - D

Website: www.arbys.com

Allergen info online: yes, www.arbys.com/nutrition/calculator.php?mid=1&type=allergens

Gluten-casein free foods without cross contamination: NO -- while the homestyle fries and potato cakes are listed as gluten/dairy free, make sure to read the fine print. All the fried foods are cooked together -- with the foods having gluten and casein. From the website: "When checking food allergens, it is important to know all of our fried products may be cooked using shared frying oil."

Burger King - B

Website: www.bk.com

Allergen info online: yes - go to www.bk.com and type "allergens" in the search box.

Gluten-casein free foods without cross contamination: Yes. French fries are cooked in a dedicated fryer. Plain burger and grilled chicken also cooked on a broiler. Mott's applesauce. I checked our local BK and indeed they used a dedicated fryer. More info: www.bk.com/Nutrition/PDFs/ingredients.pdf

Chick Fil A - B

Website: www.chick-fil-a.com

Allergen info online: yes, go to www.chick-fil-a.com/default.aspx#nutrition and you'll see links to both "allergens" and "gluten." NOTE - CHICK FIL A USES PEANUT OIL. They have gluten-free waffle fries, which others have told me are fried alone. I HAVE NOT confirmed this yet with the company. I'm waiting for their response to my question.

Gluten-casein free foods without cross contamination: ??

Chili's - B-minus

Website: www.chilis.com

Allergen info online: yes, www.chilis.com/menu/default.asp?Unit_ID=001%2E005%2E1127&tierID=39&menuType=Dine+In&menu=1

Gluten-casein free foods without cross contamination: Yes, BUT they warn people with serious food issues to avoid ALL fried foods because of cross contamination. And, they do not guarantee that they can make their food entirely free of the item that you're intolerant/allergic too, even if it's on the special menu list. So, be warned.

Damon's Grill - D

Website: <http://www.damons.com/>

Allergen info online: yes, <http://www.damons.com/interactivemenu.cfm>

Gluten-casein free foods without cross contamination: Yes -- I contacted Damon's as we wanted to try them on an upcoming trip. The fries are gluten-free but cooked in a common fryer with other foods that have gluten. So, you may want to avoid those. But, the company says the following foods should have no cross-contact issues: steak, salmon, grilled chicken, ribs, baked potato, vegetables, salad and applesauce.

Denny's - D

Website: www.dennys.com/en/

Allergen info online: yes, www.dennys.com/en/cms/Nutrition%2FAllergens/23.html

Gluten-casein free foods without cross contamination: NO -- I spoke with a corporate nutrition manager who said although the stores are supposed to cook fries separate, for example, they most times are not. Burgers and chicken cooked on the same grill as other stuff. So, there are serious concerns here.

Eat N Park (PA, OH, WV) - A

Website: www.eatnpark.com

Allergen info online: yes, it has a celiac menu www.eatnpark.com/menuList.asp?CategoryID=4

Gluten-casein free foods without cross contamination: yes and if you want fries, try asking for baked fries since the oil shares foods, a district manager says.

Houlihan's - D

Website: www.houlihans.com

Allergen info online: No

Gluten-casein free foods without cross contamination: They say to ask when you order about having special items made. Do so at your own risk though.

Kings Family Restaurants - D

Website: www.kingsfamily.com

Allergen info online: no

Gluten-casein free foods without cross contamination: A district manager by telephone says they can if you work through local store managers. I've not tested this yet at our local Kings.

Longhorn Steakhouse - A-minus

Website: www.longhornsteakhouse.com

Allergen info online: yes, www.longhornsteakhouse.com/menu/pdf/glutenFree.pdf

Gluten-casein free foods without cross contamination: Yes, but cooking is not in a gluten-free kitchen. No fries on gluten-free menu. Developing a new menu soon.

Mitchell's Fish Market - A

Website: www.mitchellsfishmarket.com

Allergen info online: yes, a gluten-free menu www.mitchellsfishmarket.com/cmr/files/content/MFM1-Gluten1007.pdf

Gluten-casein free foods without cross contamination: yes - mostly for adults.

Olive Garden - F

Website: www.olivegarden.com

Allergen info online: No

Gluten-casein free foods without cross contamination: No. From them, "We appreciate your desire to know which menu items may fit with the allergen constraints of your diet. At this time, our nutritional database does not include the type of detailed information you need."

Outback Steakhouse - A-minus

Website: www.outback.com

Allergen info online: yes, a gluten-free menu www.outback.com/foodandmenus/pdf/glutenfree.pdf

Gluten-casein free foods without cross-contamination: yes (but no fries for children)

PF Changs China Bistro - A-minus

Website: www.pfchangs.com

Allergen info online: yes www.pfchangs.com/cuisine/menu/GlutenIntolerantMenu.pdf

Gluten-casein free foods without cross-contamination: yes, mostly for adults.

Red Robin - A

Website: www.redrobin.com

Allergen info online: no, but can be emailed by request.

Gluten-casein free foods without cross contamination: Yes, but not guaranteed. I'm hearing online that every store does it differently. At mine, they fry the fries in one fryer, breaded items in another and fish in a third. They also have a food-allergy system so orders with restrictions are flagged and people cooking know about it. With some allergies, they'll even put on special gloves while cooking that food. Some stores have a gluten-free menu sheet available.

Sonic America's Drive-In - F

Website: www.sonicdrivein.com/

Allergen info online: No.

Gluten-casein free foods without cross contamination: No. I called. They checked. Basically, the

pickles are OK.

Steak N Shake - D

Website: www.steaknshake.com

Allergen info online: yes, www.steaknshake.com/nutritional_info/IngredientsandAllergens.pdf

Gluten-casein free foods without cross contamination: Likely not -- they're good about listing all the foods and the steakburger and fries are free and clear. However, they openly tell us cross contamination is a problem. "Please be advised that many menu items may be made with equipment also used to make menu items containing milk, peanuts, wheat, eggs, tree nuts, soy and/or fish."

Wendy's - D

Website: www.wendys.com

Allergen info online: yes, www.wendys.com/food/pdf/us/nutrition.pdf

Gluten-casein free foods without cross contamination: NO -- check the nutrition menu carefully.

Even though some things don't have gluten, they are cross-contaminated, **including french fries**. Chili seems OK though.

Labels: [Dairy issues](#), [Dangerous foods](#), [Food intolerances](#), [GFCF foods](#), [Gluten](#), [Restaurants](#)

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23 Comments:

 Beth said...

Just to add a comment about Wendy's. They do have a plain baked potato that we often make use of. The potato with a cup of chili makes a nice alternative for our son.

8:09 AM

 jim said...

You're right. And, you will find an item like that here and there at restaurants. I noticed the chili and potato too.


9:06 AM

 GFCF Mommy said...

Wow, you did so much work! Thanks for putting this together.

Katherine

2:28 PM

 Moi ;) said...

Hi - I love this blog! I'm going to throw a curve at ya....

How about MSG? Any info on that? I've heard that can act just like gluten as far as food allergies go.....

9:20 PM

 jim said...

Yes, you're right. Not only do many people -- especially those of us obviously dealing with food issues -- react poorly to MSG, it can contain gluten. Many celiac groups recommend avoiding MSG because wheat is often a source of the glutamic acid -- so is soy and corn -- in the MSG.

10:27 PM

 Cyndi said...

This is great...thanks so much! Now I can get fries from BK for my almost 3 year old w/o worrying! :)

3:37 PM

 jim said...

Thought I'd follow up on this. We have eaten twice now at two Burger Kings. Both follow the restaurant's policy that I've posted. Doesn't mean you shouldn't keep checking, but it's a good indication that they follow this.

9:11 PM

 Sue said...

Hi - thanks for the info. What do you know about Hardees? They recently added natural cut french fries to their menu that are gf, but I'm not certain about the cross-contamination issue.


Also, are McDonald's fries no longer gf?

3:58 PM

 jim said...

Don't know much about Hardees. I'll have to look into it. McDonald's fries were found to have gluten in them. The restaurant claimed it was so miniscule it could not possible harm anyone. Yet, they did not the gluten publicly until it was revealed. So, I'm not sure what McD's says now. I'm not inclined to believe them. I would also question McD's, and any other fast food, whether they fry the fries separate from other breaded items, like nuggets and fish.

11:20 PM

 Anonymous said...

I have autistic sons, and are new to gfcf diets and many of the things that are no-nos for them...that's what they want. Can someone give me suggestions. Thanks!

3:57 PM

 Miss Special said...


jim, would u please add mcdonald's to the list of restaurant foods because my dad and i go to mcdonald's every sunday morning for breakfast and i would like to see if i could have any of mcdonald's foods.

1:09 PM

 Little Miss Special said...

jim, is it ok to have mcdonald's fries on the gfcf diet?

1:13 PM

 Amy said...

Hey, I wanted to give a heads up about McD's fries. I was told just told this week about a report put out by McDonald's this past Sept admitting they have always used Casein in their fry mixture as well as gluten.


I had wondered why my daughter would start having problems after she ate their fries.

Also, I found a lawsuit from 2006. A child with autism became increasingly sick after eating the fries. I guess it's better to be safe than sorry.

Here's the link to the article....

<http://web.mit.edu/kevles/www/nomilk.html>

5:47 PM

 Misty said...

I just wanted to point out a restaurant that has been and is still doing a lot with the gf diet. Roy's restaurant is the restaurant of celebrity chef Roy Yamaguchi and it is amazing. The cuisine is what Roy calls "hawaiian fusion," mixing traditional hawaiian dishes with asian influence and european sauces. Roy has over 30 stores throughout the U.S. and even one in Japan. Check the website www.roysrestaurant.com for locations. They have had a gluten-free menu for a few years now. They use seperate pans and utensils to prevent cross-contact, some stores are working on using tamari, a wheat-free soy sauce, and they are working on a company-wide gf kid's menu, the same layout (coloring book-style) as their regular kid's menu (they call it a keiki menu because keiki means "kid" in hawaiian). But the best of all is their signature dessert which is naturally gfcf, the chocolate souffle. This is the best tasting gfcf dessert on the planet. It takes 20 mins to prepare so when your server asks if you're interested, say yes!! Of course, as with any food at a restaurant, you def. want to mention your gluten/casein intolerance so that the individual restaurant knows what you're up against but Roy's has always been awesome at working with people and their diets, elective or not. I'm not a 100% sure if the gf menu is also cf but I do know that they can make it that way if you need it to be. I must say that the Roy's in Baltimore is top-notch. Every experience there has been nothing short of extraordinary. Great site, by-the-way!

2:46 PM

 GFCF Mommy said...

Thank you for putting this together for us GF/CF parents. Just FYI...In and Out burger has been a life saver for a quick on the go meal. We order protein style hamburger with ketchup, mustard, onion, tomato(or to your liking.) Their french fries are gluten free, although not sure what oil they use. They actually wrap your burger in crisp ice burg lettuce...its yummy! =)


1:42 PM

 Houston Restaurants said...

Hi,

I found your blog through Google and it having very good information on Restaurant guide, I am found too much things in your Restaurant Guide like online dining & restaurant guide that committed to Houston Restaurants worldwide.

3:01 AM

 Anonymous said...

After having been a manager at McDonalds, I can tell you that it is standard that they fry french fries and fried foods i.e chicken and fish in separate fry stations. HOWEVER, they use one machine to filter,

so there is going to be no guarantee that you will not get some form of cross contamination. I have a question though, how do you make a change to this diet without everyone including your ex husband (who has GOUT and has gone GF himself), his girlfriend and your sons therapist from thinking that you are totally crazy? I'm tired of not getting any straight answers or help from anyone and the allergist so far is the only person to really step up and say this will help. And how to do you tell a 6 yr old that he can no longer have the foods he loves without breaking your own heart for breaking his? I'm really having a hard time dealing with making this decision and need HELP!

3:29 PM

 Paecci said...

I had been feeding my son my spanish rice that he loves AND McD's fries... thinking I was stickin to his GF/CF regime. Sigh... I emailed KNORR because I use their boullion in my spanish rice and I wanted to know if their MSG was made from gluten or if it was the kind that was not. They informed me that their boullion did indeed have gluten in it. Soooo I'm goin to have to come up with a different way to make my spanish rice. It's one of the few things he will eat consistently and let me tell you folks, that is a very... VERY narrow list.

12:59 AM

 Paecci said...

I found a recipe for excellent gf/cf chicken nuggets. The batter comes out just like a McD's nugget. My husband and I loved it.. my son.. wouldn't even touch it. Just looked at it and walked away. Thinking if I put them in the batter and then roll them in some gf/cf bread crumbs before frying.. he may go for that, the texture will be more like the tyson nuggets he loved so much.

1:01 AM

 Divinia said...


This post has been removed by the author.

7:16 PM

 Divinia said...

Thanks for the effort here, just wanted to update you on Olive Garden. They now have several gf options, including gluten free penne which they cook in a pot ont used for any other pastas.

7:16 PM

 Spencer said...

Working with people with autism and those on the GFCF diet, this website has been very helpful.

For the question from Anonymous, through a lot of research and talking with doctors it is believed that those on the GFCF Diet crave those foods because they are addicting. When trying the GFCF diet with your children make sure that everything they eat is GFCF or it won't get out of their system. It will take a couple of weeks but when it's completely out of their system it will be easier to stick to it.

First couple of weeks is always the hardest. Stay strong.

12:42 PM

 nfreiling said...

Olive Garden now has a GF menu. It is small, however.

Uno's also has a GF menu. It is great!

9:26 AM

Recommended Books

Parent Recommended Products, Books & Videos!

Successful Diet Intervention for Autism and PDD, The Gluten and Casein Free Diet

The GFCF Diet Support Group's comprehensive support packet for parents who implement the GFCF Diet. Complete starter Packet of information contains four books and much more organized in a large notebook for easy reference - highly recommended by parents!

Order on-line: \$59.75 + S&H [Click Here](#)

OR send check/money order \$59.75 + S&H

The GFCF Diet Support Group

P.O. Box 1692.

Palm Harbor, FL 34683

Info: products@gfcfdiet.com

Food Shopping Guide

Make shopping for GFCF Foods easier! (spiral bound, purse size 5X7) has 235 pages! Finding gluten free and casein free products can be daunting and time consuming. This booklet will help save you time since most of the hard work locating possible GFCF products has been done for you. Providing this guidance which is needed to navigate the store aisles will provide significant help in locating acceptable products. Wallet size unacceptable ingredient cards also included.

Order on-line \$22.95 + S&H [Click Here](#)

OR send check/money order \$22.95 + S&H

The GFCF Diet Support Group

P.O. Box 1692.

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Special Diets for Special Kids by Lisa Lewis PhD

Special Diets for Special Kids II by Lisa Lewis PhD

NEW June 2008!

The Encyclopedia of Dietary Interventions by Lisa Lewis, PhD & Karyn Seroussi

In 1995, Lisa Lewis and Karyn Seroussi created ANDI, an international parent network that has educated thousands about dietary and biomedical interventions for autism. Thirteen years, three books, countless conferences, and over 50,000 emails later, they have put it all together. The sum of their knowledge is here, in one easy-to-use reference guide.

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Unraveling The Mystery of Autism and Pervasive Developmental Disorder A Mother's Story of Research & Recovery by Karyn Seroussi

Cooking Free
200 Flavorful Recipes for People with Food Allergies and Multiple Food Sensitivities
author Carol Fenster

Biological Treatments for Autism and PDD by Dr. William Shaw

Biomedical Assessment Options for Children with Autism and Related Problems
by S.M. Baker, M.D. and Joh Pangborn, Ph.D

Raising Our Celiac Kids (R.O.C.K.) by Danna Korn (Excellent book containing valuable information for support raising children with celiac disease (intolerant of gluten.)
(Note: Proceeds from sale of book are donated by the author, Danna Korn to Celiac research.)

Let's Eat Out "Your Passport to Living Gluten and Allergy Free"
by Kim Koeller & Rober La France

Gluten-Free Diet: A Comprehensive Resource Guide by Shelley Case, B.Sc.H.Ec. (Nutrition & Dietetics), P.Dt., Registered Professional Dietitian

Wheat-free Gluten-free Reduced Calorie Cookbook by Connie Sarros All recipes are gluten-free, and each is labeled if it is low fat, low cholesterol, low sodium, and/or dairy-free.

The "Uncheese Cookbook" by Joanne Stepaniak (Not all recipes are gluten free!)

The Official Autism 101 Manual By Karen L. Simmons

DVD's

Cooking Healthy Gluten and Casein-Free Food for Children DVD

Cooking/Baking Instructions by Betsy Prohaska

GF Cooking from Scratch DVD - DVD1

Baking Instructions by Helen Sanders

Gluten Free Cooking from Scratch is an easy to follow DVD. With tips and tricks for setting up a gluten free kitchen, GF Baking Mix recipe and 8 gluten free, casein free recipes like mini coffee cakes, chicken nuggets, flourless chocolate cake and more.

Cooking With The Season

Featuring chef and authors Sueson Vess and Betsy Hicks.

The first in a series of instructional cooking DVDs. Think Food TV only gluten and dairy free (also corn and soy free with with options for cooking egg-free too)! Over two-hours of easy-to-follow detailed instruction. Five full menus. <http://www.specialeats.com>

Alternative Cook, LLC DVD

Cooking Instructions by Jean Duane

Kids' Meals DVD

Do your GFCF children long to eat foods their friends are eating? The meals taught how to prepare on this DVD are sure to make your kids jump for joy and you will learn cooking techniques that will empower you in the kitchen. \$24.99 www.alternativecook.com

Norwegian DVD www.healthdvd.as

Documentary Film

48 min Producer: Jørn Svendsen

Norway - 2008

Medical writer - Karyn Seroussi

Researcher MD PhD - Karl-Ludvig Reichelt

PhD Nutrition and physiology - Dag Viljen Poleszynski

MD Medical biochemistry - Gunnar Brønstad

Information about dietary intervention (language Norwegian) English Dubs

Diet--websites and resources

<http://www.missroben.com/index.html>

<http://kidshealth.org/>

<http://AutismNDI.com/>

<http://www.gfcfdiet.com/>