

Stillpoint Center

Integrative Medicine

Autistic-Spectrum Disorders

*“Successful Strategies for Treating Your Child – One DAN!
Doctor’s Perspective”*

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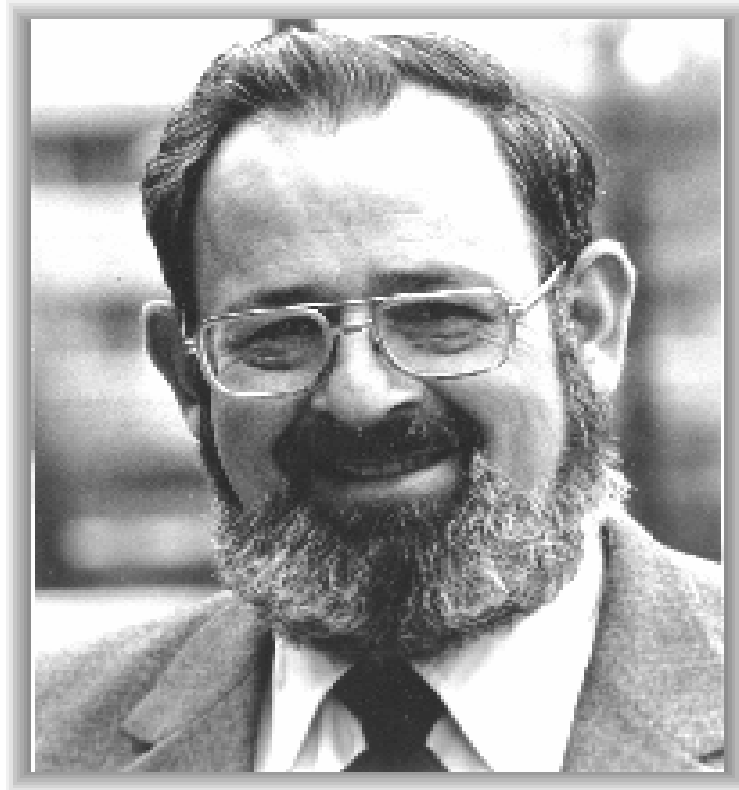
Temecula, CA. – Just North of San Diego County Border



Complementary and Natural Medicine Options for:

- Autism-Spectrum Disorders
 - ADD/ADHD
 - Cancer Prevention
- Chronic Fatigue and Fibromyalgia
 - Digestive Disorders
 - Food Allergies
 - Genetic Profiling
 - Hormonal Imbalances
 - Immune System Imbalances
- Lyme's Disease and Related Disorders
 - Neurological Disorders
- Thyroid and Adrenal Dysfunction
- ...and other chronic health conditions

Bernard Rimland, Ph.D.



1928 - 2006

Autism Research Institute





Biomedical Organization

DAN!™

Defeat Autism Now

Lecture Overview

- Answering an important question for yourself as a parent or caregiver.
- Getting Started.
- Implementing advanced concepts:
 - Methyl-B12 therapy
 - Anti-Fungal (yeast) & Anti-Bacterial Digestive Treatment
 - Heavy Metal Detoxification
 - Anti-viral, Nasal-B12, Hyperbaric Oxygen Therapy

Autism & The Biomedical Approach

Autistic-Spectrum Disorders:

- Belief that the majority of autistic-spectrum children (as well as teenagers and adults) are dealing with underlying biological and toxicity disorder.
- More than just a psychological or neuro-developmental disorder.
- Autism for many children is a **Medical Issue** with true underlying medical conditions at the root of their problems.

Medical Concerns

■ Digestive Problems

- Constipation*
- Diarrhea*
- Colitis (Wakefield – 1998, 2000)*
- All of the above*

■ Food Sensitivities (*Reichelt – 2001, Vodjani – 2004*)

■ Nutritional Imbalances

■ Chronic Infections

- Viral (Pangborn, Vodjani – 2003)*
- Chronic Strep (Vodjani – 2003)*
- Bacterial Overgrowth in Gut (Sandler – 2000)*

Medical Concerns

■ Immune Disorders

- *Immune Deficiency (Warren – 1990)*
- *Th1 & Th2 Imbalances (Gupta – 1998)*

■ Autoimmune Factors (Singh – 2001)

■ Neurological Inflammation (Vargas – 2005)

■ Detoxification Imbalances

- *Sulfation (Waring – 2000)*
- *Methylation (Neubrandner, Cutler – 2004, Deth - 2004)*
- *Glutathione (James, 2004)*

■ Heavy Metal Toxicity (Adams – 2004)

- *Porphyrin Imbalances (Nataf – 2006)*

Failure to Evaluate & Treat

Child w/o Autism

- Failure to Thrive
- Chronic Diarrhea – 10 to 30 BM's per day.
- Recurrent Sinus, Ear & Upper Respiratory Infections
- Eczema
- Bloating, Gas and Distended Abdomen
- Anxiety, Attention Issues

Child with Autism

- Failure to Thrive
- Chronic Diarrhea – 10 to 30 BM's per day.
- Recurrent Sinus, Ear & Upper Respiratory Infections
- Eczema
- Bloating, Gas and Distended Abdomen
- Anxiety, Attention Issues

Medical Intervention

- **Biomedical Approach – incorporates many aspects of medicine:**
 - Diagnostic Testing
 - Dietary and Lifestyle Modification
 - Nutritional Supplements
 - Medications (when necessary)
 - Biomedical therapy blends well with other non-biomedical therapies such as speech, behavioral, auditory processing, etc.



Treating the Medical Issues of Children with ASD

“I treat kids who have multiple medical problems including immune, digestive, and nutritional imbalances, detoxification problems, heavy metal toxicity, and food sensitivity issues, etc.”

The common denominator is all of these kids happen to have a diagnosis of autism.



What happens when you treat the medical issues of child with autism?

Many times their autism condition either improves or goes away!

Optimizing Potential

“The biomedical approach to autistic-spectrum disorders is no different than any other health condition – the goal is to optimize health potential with the hope that recovery is achieved.”



No Magic Bullets

**There is no one drug, supplement
or “magic bullet” therapy.**



Bottom Line

“No one can convince you that the biomedical approach for your autism-spectrum child is worthwhile. You must come to this conclusion yourself!



Ask Yourself One Question

“Do you believe your child’s autism-spectrum disorder comes from a medical issue? A toxicity issue?”

Yes?

- Your life as a parent trying to help your child just got easier, but also more complicated!
- Why! Because the biomedical approach takes a lot of hard work, determination, faith, persistence and partnering with your DAN! physician.

No?

- Your decisions regarding biomedical interventions are now more difficult.
- Options:
 - Do nothing.
 - Do more research about medical, i.e. toxicity issues.
 - Implement the basics, ie. supplements, GF/CF diet and see what happens.



Critical Point #1

“If you do not believe that a biomedical approach to treating autism-spectrum disorders has merit than you ultimately will not be successful in helping your child with this approach.”

If You Do One Thing Right Now #1

- Read Dr. Bill Shaw's Book:
“Biological Treatments for Autism and PDD”
- As a follow-up:
“Autism: Effective Biomedical Treatments”
(Pangborn and Baker)

Getting Started

- Get Informed – read, listen, and research.
- Be persistent in your approach.
- Develop an open-mind.
- Be open to all possibilities, ie. detoxification therapy, methyl-B12 injections, homeopathy, herbal medicine, hyperbaric oxygen therapy, etc.
- Have a plan.

Develop a Plan – Action Steps

Example:

1. Gluten/Casein/Soy-Free diet – *right away!*
2. Starter Package from New Beginnings – *Within 2 to 3 weeks*
3. Basic Testing - OAT, Comprehensive Stool, Hair Analysis, Mineral Assessment, Porphyrin Profile, etc. – *Get done soon.*
4. Methyl-B12 Therapy – *Wait 4 to 6 weeks after GF/CF diet and supplement introductions.*
5. Heavy Metal Detoxification – *Begin after 5 weeks of Methyl-B12 and test results are back.*
6. Hyperbaric Oxygen Therapy – *Begin 3 to 6 months after heavy metal detoxification begins.*

Critical Point #2

- Whatever plan you develop maintain some flexibility as things will likely change with regards to your child's program.
- The ultimate goal is the removal of toxins (foods, infection, metals, etc.) and the re-establishment of normal detoxification function within your child's body – this will lead to the potential for healing.

Dr. Woeller's Initial Action Plan

- **Implement GF/CF/SF diet** – possible SCD diet if highly motivated parent and/or child with inflammatory bowel disorder.
- **Perform Baseline Testing:**
 - **Organic Acid Test**
 - **Urinary Peptide** – unless strict on GF/CF diet
 - **Food IgG** - unless on extensive diet
 - **Comprehensive Stool Analysis**
 - **Blood Work** – blood chemistry, thyroid, CBC w/Diff, Total IgG, IgM, IgA, myelin proteins, Strep Antigens (ASO, anti-DNAse).
 - **Red Blood Cell Minerals** – possibly amino acids, essential fatty acids
 - **Hair Analysis**
 - **Porphyrin Analysis**
 - **Fecal Metals**
 - **Mold Antibodies** with specialized tests for biotoxins (MSH, HLA markers)
 - **Lyme's Western Blot IgG and IgM, IFA**
 - **Viral Markers**

Dr. Woeller's Initial Action Plan

- **Supplements – New Beginnings Starter Package**
 - Will implement for approximately 3 to 6 weeks before starting Methyl-B12 therapy.
 - If already on basic supplements, and parents willing I will implement Methyl-B12 injections ASAP.
- **Methyl-B12 injections**
 - Follow-up after 2 to 3 weeks on therapy while waiting to get test results back.
 - Must fill out “Parent Designed Report Form” at the end of 5 weeks
- **Test Review Consultation**
 - Will determine course of further action, ie metal detoxification, anti-fungal therapy, more supplementation, etc.

General Supplement Program

Supplement Starter Package

(New Beginnings Nutritionals – 877-575-2467 or www.nbnus.com)

- **Basic Nutrients Plus** – multi-mineral/vitamin (2 to 3 daily)
- **Antioxidant Formula** – 2 to 3 daily
- **Chelate Mate** – ½ to 1 tablespoon daily
- **Cod Liver Oil** – 1 to 2 teaspoons daily
- **Liquid Ionic Calcium** – 1.5 to 2 teaspoons daily
- **Liquid Ionic Magnesium** – 2 tablespoons daily
- **Selenium Liquid** – 3 to 5 drops daily
- **Liquid Zinc** – 10 drops daily

If You Do One Thing (plus more) Right Now #2

- **Implement the GF/CF/SF diet** – it can make a big difference.
- **Start New Beginnings Starter Package** before or after Methyl-B12 therapy.
- **Begin Methyl - B12 therapy ASAP** – it can make a huge difference (get over the fear!!!!!!)

If You Can Do One Test Right Now

- Can only do 1 test:
 - Organic Acid Test
- can only do 2 tests:
 - Organic Acid Test + Comprehensive Stool Test
(or yeast stool test)
- Can Do More Than One:
 - Fantastic!

James A. Neubrander, M.D.

www.drneubrander.com

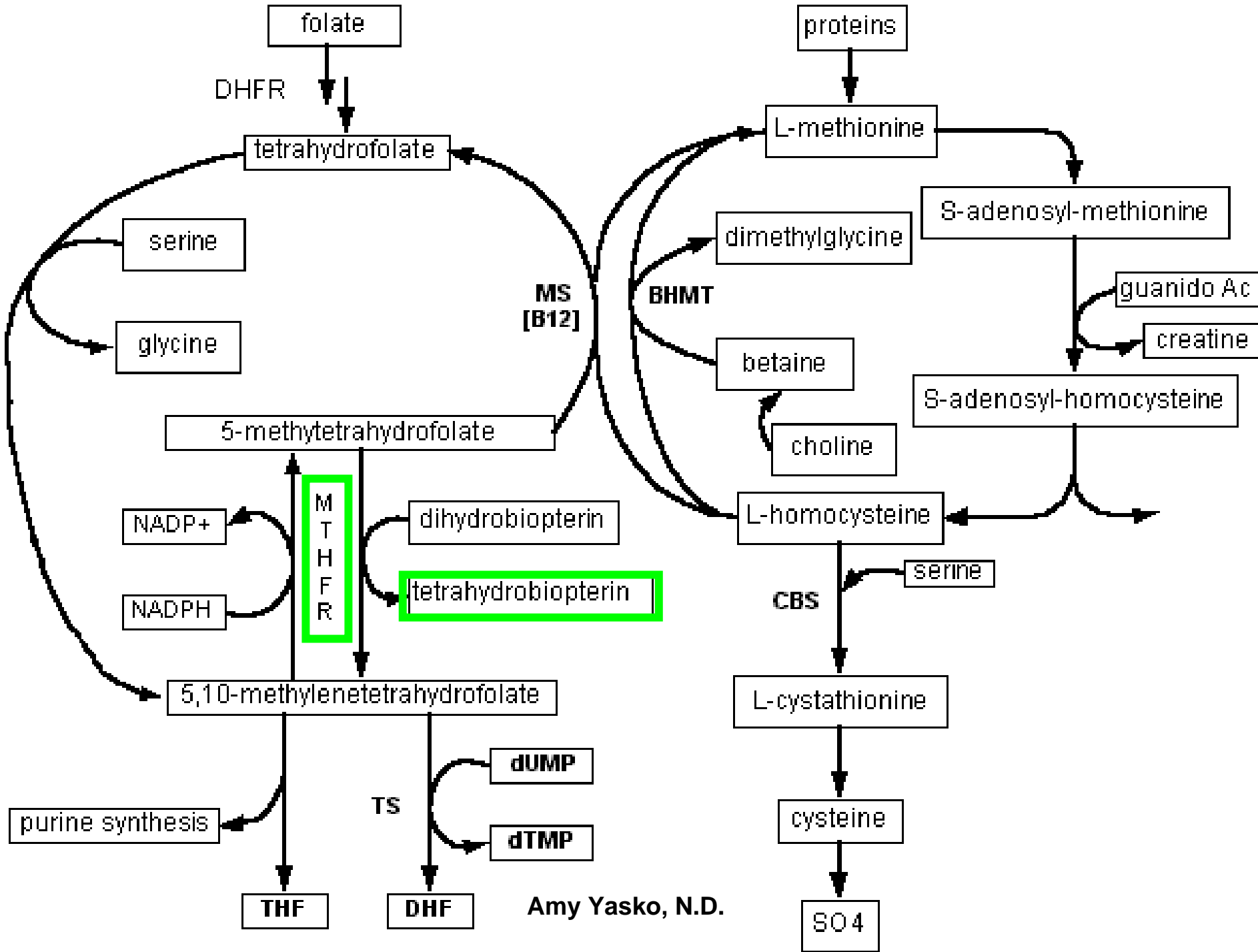
- Downloads
 - Videos
- BioChat Forum

**www.mystillpoint.com –
*Methylcobolamin Handout***

Methylcobolamin (B12)

A beneficial and necessary therapy for many children on the autism-spectrum to increase enzyme pathways that help support:

- *Detoxification*
- *Mental Processing*
- *Language Expression and Development*
- *Increased Social and Personal Awareness.*



Methylcobolamin (B12)

- Opens enzyme pathways for detoxification.
- **Injection is best and most effective.**
- No other biomedical changes are made during 1st 5 weeks of therapy.
- At end of 5 weeks can add other supplements, medications, ie. folinic acid, minerals, vitamins, chelators.
- Addition of TMG may be too much Methyl support.

MB-12 Syringe & Needle





Methylcobolamin (B12)

Most children improve in 3 major areas:

- *Cerebral Cortex Function (90%)*
- *Speech and Language Function (80%)*
- *Emotion and Socialization Function (70%)*

Methylcobolamin (B12)

- 60 to 70% - have positive changes that are noticeable in 1st 5 weeks.
- 20% - no noticeable changes until “Parent Designed Report Form” (see www.drneubrande.com) is filled out.
- Less than 10% show no benefit, less than 5% need to stop because of intolerable side effects.

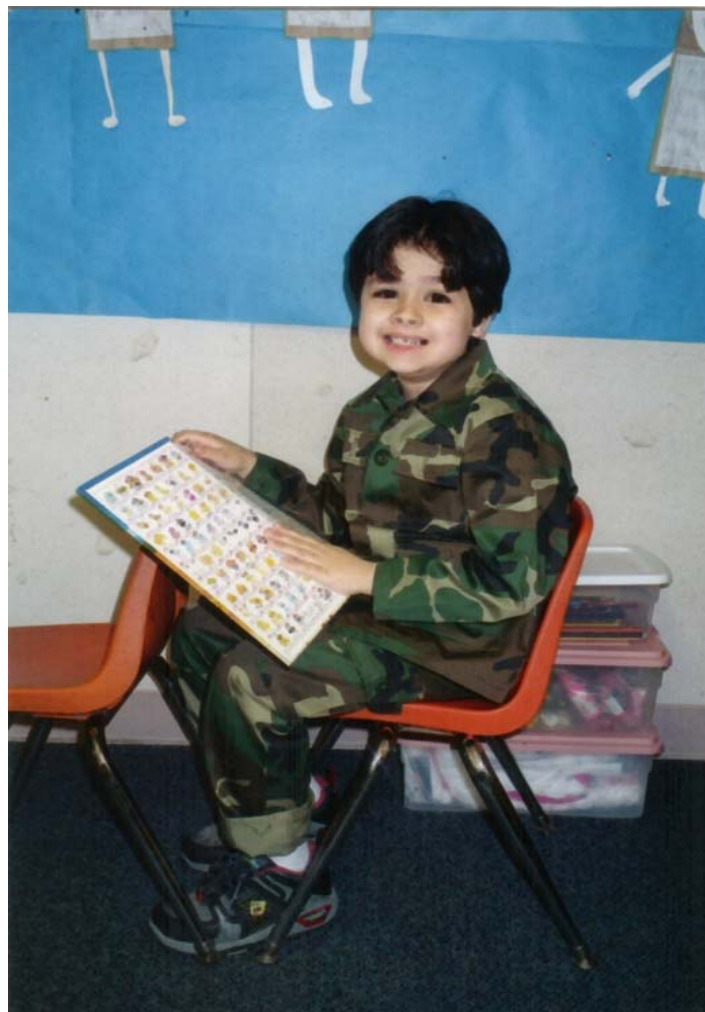
Methylcobolamin (B12)

Main Side Effects:

- Hyperactivity – most common
- Sleep Disturbance
- Mouthing of Objects – fingers, chewing on knuckles.
- **More easily frustrated***

- **Side Effects** – usually last 4 to 6 weeks.
- Tolerable versus Intolerable – “positive-negative scenario.”

Andrew



Andrew – before autism



Andrew - history

- Currently 9-1/2 y/o
- Age of ASD Dx – 3 y/o
- 2 to 1/2:
 - Appeared Deaf
 - No spontaneous conversation
 - Poor eye contact
 - Poor social skills
 - “high pitched screaming”
 - Inattention to surroundings
 - TV/video obsession
 - Echolalia
- Vaccines – vomited and listless after 7 month vaccine series - no apparent neurological problems.
- General Health: few ear infections, periodic digestive upset.

Andrew – after autism began



Before Biomedical Intervention



Andrew - history

BioMedical Intervention:

- **GF/CF diet (November 2004)** – slight improvement in spontaneous verbal output and increased conversational interactions, increased eye contact, more aware of surroundings.
- **Methylcobolamin Injections (May 2005) Huge Gains!**
 - Greatly improved eye contact
 - Increased awareness of surroundings
 - More engaged socially, especially with family/mom
 - Greatly improved conversation capacity.
 - More cooperative, follows command appropriately, more willing to assist around the house, ie. chores, clean-up
 - Likes to tease his sister
 - ...and more!!

Andrew – After B12



Andrew Kohatsu
"Andy"
8-4-2005
"Real Smiles
Clear eyes
Happy eyes"



100%
"With us" and aware now

The pictures were taken
by me, Andy's sister
Janielle.
He's always ignored me,
now he wants my
attention all the time.
He tries to tickle my feet
and he thinks its sooo
funny! He's teasing me!
>=(^_^

Critical Point #4

Methylcobolamin injections are one of easiest advanced therapies to implement.

It is also one of the least **EXPENSIVE!**
(cheap compared to other therapies)

If You Do One Thing (plus more) Right Now #3

- Read my handout:

“The Use of Methylcobolamin (B12) Injections to Support Methylation Problems in Autistic-Spectrum Children” Kurt N. Woeller, D.O.

(www.stillpointhealth.com) – articles.

- www.drneubrand.com – video and download sections for detailed information.

Organic Acid Test



The Great Plains Laboratory, Inc.

William Shaw, Ph.D., Director 11813 W. 77 Street, Lenexa KS 66214 Tel: 913-341-8949 Fax: 913-341-6207

Patient ID	[REDACTED]	Physician Name	Kurt Woeller
Patient Name	[REDACTED]	Date of Collection	1/16/2006
Patient Age	4	Time of Collection	8:00 AM
Sex	Male	Report Date	01/24/06

Organic Acid Profile

Compound	Reference Range mmol/mol creatinine	Patient Value		Reference Interval		
				Low	Normal	High
Yeast/Fungal						
citramalic	0.0 - 2.0	2.13	H			
5-hydroxymethyl-2-furoic	0.0 - 80.0	275.18	H			
3-oxoglutaric	0.0 - 0.5	0.37				
furan-2,5-dicarboxylic	0.0 - 50.0	214.82	H			
furancarboxylglycine	0.0 - 60.0	5.23				
tartaric	0.0 - 16.0	123.89	H			
arabinose	0.0 - 47.0	140.40	H			
carboxycitric	0.0 - 46.0	0.60				
Bacterial						
2-hydroxyphenylacetic	0.0 - 10.0	0.84				
4-hydroxyphenylacetic	0.0 - 50.0	54.96	H			
HPPHA formerly DHPPA-A	0.0 - 150.0	826.60	H			
VMA analog	0.0 - 31.0	6.28				
Glycolysis						
lactic	0.0 - 100.0	9.61				
pyruvic	0.0 - 50.0	7.89				
2-hydroxybutyric	0.0 - 2.0	0.40				
glyceric	0.0 - 10.0	2.51				
Krebs Cycle						
succinic	0.0 - 20.0	8.63				
fumaric	0.0 - 10.0	0.46				
2-oxo-glutaric	15.0 - 200.0	36.53				
aconitic	0.0 - 25.0	51.06	H			
citric	180.0 - 560.0	1102.03	H			
Amino Acid Metabolites						
2-hydroxyisovaleric	0.0 - 2.0	0.50				
2-oxoisovaleric	0.0 - 2.0	0.00				
3-methyl-2-oxovaleric	0.0 - 2.0	1.79				
hydroxyisocaproic	0.0 - 2.0	0.37				
2-oxoisocaproic	0.0 - 2.0	0.12				
2-oxo-4-methylbutyric	0.0 - 2.0	0.43				
mandelic	0.0 - 5.0	0.15				
phenylacetic	0.0 - 2.0	0.18				
phenylpyruvic	0.0 - 5.0	3.97				
homogentisic	0.0 - 2.0	0.11				
4-hydroxyphenylacetic	0.0 - 50.0	0.70				
3-indoleacetic	0.0 - 10.0	2.78				

Treatment Considerations

Yeast Only:

- Stimming
- Toe-Walking
- Decreased eye contact
- “silly/goofy”
- Not engaged
- Echolalia
- Sugar and carb cravings intensified
- Stools loose or constipated
- Irritable

Yeast Treatments

■ Yeast:

- **Nystatin Oral Suspension (100,000u/ml)** – $\frac{1}{4}$ to 2 teaspoons 3x/day.
- **Amphotericin B capsules or Oral Suspension (100 – 250mg/dose)** – $\frac{1}{2}$ to 1 dose 2 to 3x/day
- **Diflucan Oral Suspension (3 to 6 mg/kg)** – 2 to 4 weeks, Nizoral, Sporanox certainly an option.
- Grapefruit Seed Extract, MCT Oil, Oregano Oil, Etc. – rotate every 5 days.
- **“Antifungal Parade”** – as advocated by Sydney Baker, M.D. – Start with 1 anti-fungal for 10 days, then double the dose. Rotate every 3 weeks.



Treatment Considerations

- Be careful not to focus just on the yeast.
- Treating yeast (candida) without assessing and/or addressing a clostridia infection is many times a recipe for disaster.

Treatment Considerations

Clostridia Only:

- Irritable
- *Agitated*
- *Agressive*
- *Biting, kicking, screaming*
- “Head-banging”
- Decreased eye contact
- Not engaged
- Stools more loose

Clostridia Treatments

■ Clostridia:

- **Flagyl Oral Suspension** - 35-50mg/kg 3x/day for 10 to 14 days.
- **Vancomycin** – 125 mg 3x/day for 10 to 14 day. (\$\$\$)
- **Rifaximin (Xifaxan)** – 200 to 400mg 3x/day for 3 to 10 day.
 - Approved for Traveler's Diarrhea
 - Is a non-absorbable antibiotic that affects small bowel bacterial overgrowth (SIBO) including clostridia-species.
 - Researcher's at Cedar's-Sinai in Los Angeles showed had significant IBS symptom reduction (bloating, gas, incomplete evacuation, pain, diarrhea) for up to 10 weeks post antibiotics.

Clostridia Treatments

- **Alinia Oral Suspension** – 100 to 200mg 2x/day for 3 to 7 days.
- **Culturelle** – 1 to 3 per day
- **Sacchromyces boulardii** – 1 to 4 per day
- **VSL#3 ?** – certainly worth a try

Case Presentation - DT

- 9 y/o ASD
- Dx @ 2 y/o
- Main Issues:
 - SIB, aggression, tantrums
 - Non-verbal
 - PICA
 - Hyperactivity
 - No imitation, no play, no gestures
 - 1 – 2 hours of head-banging, kicking, screaming almost everyday.

Case Presentation - DT

- @12 months began fixations – spinning objects – wheels, fans, etc.
- Lost eye contact, stopped words such as “mama” and “dada”
- No significant development after 12 to 15 months.
- By age 4 y/o – aggressive behavior was in full swing.
- Fully vaccinated – parents report no obvious immediate regression.

Case Presentation - DT

- Multiple antibiotics for ear infections.
- Diet: pasta, cheese, pizza, juice
- **Medications:** Naltrexone 25mg/day for SIB; Zyprexa (benzodiazepine – bipolar disorder)-30mg/day.
- Poor sleep – can be up for hours throughout the night.

Case Presentation - DT

My Immediate Concerns:

- SIB, aggression – danger to himself, mother and others.
- Lack of Sleep

Other Concerns:

- No language or social interaction
- Metal toxicity – just based on age alone with full series of vaccinations.
- Self-limited diet
- High pain tolerance

Case Presentation - DT

1st Therapy:

- Attempted to implement Starter Packet from New Beginnings.
- Melatonin 1 to 3 mgs at near bedtime.
- GF/CF/SF diet
- Discussed MB-12 injections.

Outcome:

- Became combative with supplements, but would take the melatonin.
- Sleeping better – mom finally getting some sleep!!!
- Working on GF/CF/SF diet

Case Presentation - DT

2nd Therapy:

- OAT – very high yeast & clostridia markers
- OAT – low pyroglutamic, high hippuric
- Attempted to implement Flagyl (35mg/kg) TID for 10 days, along with Diflucan Oral Susp (3mg/kg) for 30 days.
- Culturelle and high dose probiotics started as well.

Case Presentation - DT

Outcome:

- Increased aggression, SIB – too much for mom to handle.
- Was able to stay on Culturelle and Probiotic Support Formula.
- GF/CF/SF – being implemented with some positive changes regarding behavior.

Case Presentation - DT

- Re-evaluate the situation:

- Not able to do supplements, worse with “gut bug” treatment (*even though he needs them*)
- Sleeping better with melatonin.

- Begin *Ketotifen 1mg/2ml 30 minutes before meals and at bedtime.*

- Send parent packet on Specific Carbohydrate Diet (SCD).

- Suggest again starting MB-12 injections.

Case Presentation - DT

Outcome:

- Ketotifen – taking okay – seems less irritable, calmer.
- Starting to implement SCD.

Outcome:

- 5 weeks after SCD full-time – SIB virtually gone, hyperactivity down significantly as well.
- *No more need for Naltrexone.*

Case Presentation - DT

- Approximately 3 months after initial testing and trials of supplements and gut bug therapy we began MB-12 injections.
- MB-12 – making new sounds, seeking eye contact, slight improvements in social interaction.
- MB-12 – mild problem with SIB (but not enough to stop therapy).

Case Presentation - DT

@ 2 months on SCD:

- SIB increases again – possibly SCD regression.
- Multiple things to consider:
 - Spike in clostridia
 - Increasing oxalate because of high oxalate food on SCD diet.
 - Detoxification reaction from ??? MB-12?
 - New Exposures ??? – do not live in environmental bubble.
- Begin VSL #3 (high dose probiotic) and Inositol (2 to 8 grams) to control aggression, anxiety.

Case Presentation - DT

Outcome:

- SIB reduced significantly again
- Much more calm
- Mom researching heavy metal detoxification.
- We know there is more work to do, especially with regards to detoxification, yeast, bacteria, etc.
- Begin to implement Low Oxalate Diet (LOD).



Heavy Metal Detoxification

“Do you believe the root cause of your child’s autistic-spectrum disorder comes from a toxicity issue?”



Testing for Metal Toxicity is Problematic – To treat or Not to treat!

- Not 100% full proof – this means detoxification therapy in many cases is implemented because it makes sense clinically.
- Detoxification therapy is implemented in many cases because it has worked so well for many kids.



What Do Metal Tests Mean?

- There is NO TEST that absolutely tells the level of heavy metals stored in your child's body.
- You can get an idea about the presence of heavy metals, but no absolute total value.

What Do Metal Tests Mean?

HAIR

- Gives an idea of past exposure and metals have been in circulation for the past 10-12 weeks.
- Cheap, non-invasive and easy to get.
- Autistic patients generally show lower levels of heavy metals compared to many neuro-typical patients.

HAIR ELEMENTS

LAB#: H051125-0416-1

PATIENT: ██████████

SEX: Male

AGE: 3

CLIENT#: ██████████



POTENTIALLY TOXIC ELEMENTS				
TOXIC ELEMENTS	RESULT $\mu\text{g/g}$	REFERENCE RANGE	PERCENTILE	
			68 th	95 th
Aluminum	13	< 8.0	██████████	██████████
Antimony	0.090	< 0.066	██████████	██████████
Arsenic	0.20	< 0.080	██████████	██████████
Beryllium	< 0.01	< 0.020	██████████	██████████
Bismuth	0.030	< 0.13	██████████	██████████
Cadmium	0.074	< 0.15	██████████	██████████
Lead	0.85	< 1.0	██████████	██████████
Mercury	0.18	< 0.40	██████████	██████████
Platinum	< 0.003	< 0.005	██████████	██████████
Thallium	0.002	< 0.010	██████████	██████████
Thorium	< 0.001	< 0.005	██████████	██████████
Uranium	0.011	< 0.060	██████████	██████████
Nickel	0.18	< 0.40	██████████	██████████
Silver	0.33	< 0.20	██████████	██████████
Tin	1.0	< 0.30	██████████	██████████
Titanium	1.1	< 1.0	██████████	██████████
Total Toxic Representation				

ESSENTIAL AND OTHER ELEMENTS							
ELEMENTS	RESULT $\mu\text{g/g}$	REFERENCE RANGE	PERCENTILE				
			2.5 th	16 th	50 th	84 th	97.5 th
Calcium	241	125 - 370	██████████	██████████	██████████	██████████	██████████
Magnesium	15	12 - 30	██████████	██████████	██████████	██████████	██████████
Sodium	280	12 - 90	██████████	██████████	██████████	██████████	██████████
Potassium	220	12 - 40	██████████	██████████	██████████	██████████	██████████
Copper	9.1	8.0 - 16	██████████	██████████	██████████	██████████	██████████
Zinc	93	100 - 190	██████████	██████████	██████████	██████████	██████████
Manganese	0.22	0.20 - 0.55	██████████	██████████	██████████	██████████	██████████
Chromium	0.88	0.26 - 0.50	██████████	██████████	██████████	██████████	██████████
Vanadium	0.16	0.030 - 0.10	██████████	██████████	██████████	██████████	██████████
Molybdenum	0.075	0.050 - 0.13	██████████	██████████	██████████	██████████	██████████
Boron	6.2	0.60 - 4.0	██████████	██████████	██████████	██████████	██████████
Iodine	0.63	0.25 - 1.3	██████████	██████████	██████████	██████████	██████████
Lithium	0.007	0.007 - 0.023	██████████	██████████	██████████	██████████	██████████
Phosphorus	154	160 - 250	██████████	██████████	██████████	██████████	██████████
Selenium	1.1	0.95 - 1.7	██████████	██████████	██████████	██████████	██████████
Strontium	0.61	0.16 - 1.0	██████████	██████████	██████████	██████████	██████████
Sulfur	44200	45500 - 53000	██████████	██████████	██████████	██████████	██████████
Barium	0.83	0.16 - 0.80	██████████	██████████	██████████	██████████	██████████
Cobalt	0.010	0.013 - 0.035	██████████	██████████	██████████	██████████	██████████
Iron	11	8.0 - 19	██████████	██████████	██████████	██████████	██████████
Germanium	0.044	0.045 - 0.065	██████████	██████████	██████████	██████████	██████████
Rubidium	0.20	0.016 - 0.18	██████████	██████████	██████████	██████████	██████████
Zirconium	1.1	0.040 - 1.0	██████████	██████████	██████████	██████████	██████████

SPECIMEN DATA			RATIOS		
COMMENTS: 84878					
Date Collected: 11/14/2005	Sample Size: 0.118 g		ELEMENTS	RATIOS	EXPECTED RANGE
Date Received: 11/25/2005	Sample Type: Head		Ca/Mg	16.1	4 - 30
Date Completed: 11/29/2005	Hair Color: Treatment:		Ca/P	1.66	0.8 - 8
Methodology: ICP-MS	Shampoo:		Na/K	1.27	0.5 - 10
			Zn/Cu	10.2	4 - 20
			Zn/Cd	> 999	> 800

The Great Plains Laboratory, Inc. • 11813 W. 77 Street, Lenexa KS, 66214 • Tel: 913.341.8949 • Fax: 913.341.6207

Analysed by GC/TOF/MS DATA, INC. • ADDRESS: 3750 98th Avenue, St. Charles, IL 60174-2420 • CLIA ID NO: 14C099478 • MEDICARE PROVIDER NO: 14883

What Do Metal Tests Mean?

FECAL (stool)

- Gives an idea of environmental exposure via food, air, and water.
- Levels on fecal test DO NOT necessarily indicate what is being detoxified from OUT of the body.
- In through the mouth, out through the rectum.



What Do Metal Tests Mean?

Blood

- Normal most of the time unless have had recent or ongoing exposure.
- Blood immunology (antibody) testing can give an idea of toxicity – difficult in some kids because production of antibodies deficient.

WHOLE BLOOD ELEMENTS



LAB#: B050613-0033-1

PATIENT: ██████████

SEX: Male

AGE: 4

CLIENT#: ██████████

DOCTOR: Kurt Woeller, DO

Stillpoint Center For Integrative Medicine

11770 Bernardo Plaza Ct #206

Rancho Bernardo, CA 92128

NUTRIENT ELEMENTS

ELEMENTS	RESULT μg/g	REFERENCE RANGE	PERCENTILE				
			2.5 th	16 th	50 th	84 th	97.5 th
Calcium	59	38 - 60					
Magnesium	27.1	28 - 44.0					
Sodium mEq/g	92	76 - 98					
Potassium mEq/g	39	33 - 51					
Phosphorus	365	300 - 440					
Copper	0.872	0.61 - 1.28					
Zinc	3.45	4.2 - 8.10					
Manganese	0.012	0.005 - 0.017					
Lithium	0.0030	0.0003 - 0.0200					
Strontium	0.019	0.006 - 0.031					
Sulfur	1360	1010 - 1600					
Molybdenum	0.0018	0.0007 - 0.0056					

POTENTIALLY TOXIC ELEMENTS

TOXIC ELEMENTS	RESULT μg/g	REFERENCE RANGE	PERCENTILE	
			95 th	99 th
Bismuth	<0.0001	< 0.0050		
Cadmium	<0.0007	< 0.014		
Lead	0.047	< 0.055		
Mercury	0.009	< 0.013		
Nickel	<0.005	< 0.019		
Uranium	<0.0001	< 0.0060		

SPECIMEN DATA

Comments:

Date Collected:

Date Received: 6/13/2005

Date Completed: 6/21/2005

Methodology: ICP-MS

μg/g = ppm

V10.00

What Do Metal Tests Mean?

Urine

- Preferred test for challenge testing.
- Indicates what is truly coming out.
- Gives an idea of what the body burden maybe, but not 100% all the time.
- **Does not indicate how much is left.**

URINE TOXIC METALS

SEX: Male
AGE: 5

CLIENT#: 24898
DOCTOR: Kurt Woeller, DO
Stillpoint Center For Integrative Medicine
32605 Hwy 79 South Ste 201
Temecula, CA 92592

POTENTIALLY TOXIC METALS

METALS	RESULT µg/g CREAT	REFERENCE RANGE	WITHIN REFERENCE RANGE		VERY ELEVATED
			ELEVATED		
Aluminum	< dl	< 60			
Antimony	< dl	< 1.5			
Arsenic	37	< 130			
Beryllium	< dl	< 0.6			
Bismuth	< dl	< 20			
Cadmium	0.4	< 2			
Lead	< dl	< 5			
Mercury	42	< 5			
Nickel	7.6	< 15			
Platinum	< dl	< 1			
Thallium	< dl	< 1.1			
Thorium	< dl	< 0.5			
Tin	1.6	< 15			
Tungsten	< dl	< 1.5			
Uranium	< dl	< 0.2			

CREATININE

	RESULT mg/dL	REFERENCE RANGE	2SD LOW	1SD LOW	MEAN	1SD HIGH	2SD HIGH
Creatinine	23	25 - 180					

SPECIMEN DATA

Comments:
 Date Collected: 2/8/2006 Method: ICP-MS Collection Period: Random
 Date Received: 2/9/2006 <dl: less than detection limit Volume:
 Date Completed: 2/11/2006 Provoking Agent: Provocation:

Toxic metals are reported as µg/g creatinine to account for urine dilution variations. **Reference ranges are representative of a healthy population under non-challenge or non-provoked conditions.** No safe reference levels for toxic metals have been established. V10.00

Porphyrin Testing

- Byproducts of Heme synthesis
- Heme produced via mitochondria particularly in the liver and kidney. Some production in CNS.
- We need Heme for:
 - *Oxygen transport*
 - *Detoxification via P450 system*
 - *Removal of Beta-Amyloid's*
- Can indicate a level of cellular toxicity from heavy metals such mercury and lead.
- www.labbio.net
- Implications for other neurological diseases such as Alzheimer's.
- Test is definitely changing the way we evaluate heavy metals toxicity.

Critical Point #5

The decision to implement heavy metal detoxification therapy is really based on clinical suspicion.

It is not a decision always based on a test result. However, porphyrin profile gives us more direct toxicity information.

Heavy Metal Detoxification Therapy Options

- Prescription versus non-prescription.
- Many Choices: DMSA, DMPS, EDTA, PCA-rx, NDF, Zeolite, etc.
- Oral vs. Transdermal (*out*) vs. Intravenous vs. Suppository (*in*).
- Sublingual vs. Baths.
- Combination of different forms.
- Provocative testing versus just starting therapy

Heavy Metal Detoxification Options

BE ADVISED:

- All children should have laboratory testing done to minimally evaluate for nutritional deficiencies, yeast, food sensitivities, infections prior to beginning heavy metal detoxification.
- Children should be stabilized as much as possible on vitamin/mineral and overall diet and nutrient support before and during heavy metal detoxification therapy.

Heavy Metal Therapy Options

Testing: Every 2 Months – Essential!

- Standard Blood Tests (CBC, Liver/Kidney, etc.)
- Blood Minerals (Whole, *Red Blood Cell*).
- Urine Essential Elements and Toxic Metals via challenge – sometimes every 4 months.
- Follow-up porphyrin test every 4 to 6 months.
- Consider Hair Analysis, OAT, Stool throughout detoxification process – every 4 to 6 months.

Additional Considerations

Viral Issues:

Stan Kurtz – www.recoveryvideos.com

- Valtrex 250-500mg BID-TID.
- Regression/agitation usually occurs about 3 weeks (first 3 to 6 weeks) into treatment.
- Chickpox or measles like rash on trunk, arms, face can occur – commonly seen on trunk than moves to extremities.
- Fever, runny nose are common.

Additional Considerations

Viral Issues (continued):

- Will usually see a yeast flare associated with Valtrex treatment.
- Diflucan (3mg/kg) is successful at controlling the problem.
- At least a 6 to 8 week trial.
- Should see a regression/agitation period within 3 to 4 weeks if the treatment is working.

Additional Considerations

Nasal Methyl-B12:

Stan Kurtz – www.recoveryvideos.com

- Effective alternative for some kids.
- Great for ADD/ADHD – even adults
- Easy to administer.
- Problem is inconsistent dosing.
- Injection form is still my preferred form.

Additional Considerations

- **Transdermal Glutathione** – 250mg/ml – $\frac{1}{2}$ to 1 ml twice daily.
- **Essential GSH (New Beginnings)** – $\frac{1}{4}$ to $\frac{1}{2}$ teaspoon twice daily (mixed in juice).
- **NADH 5mg** – 1 to 2 daily to support cellular metabolism along with glutathione.
- **Epsom Salt Baths and/or Creams** – 2 to 3 cups in bath water 3 to 5 time per week – epsom salt cream a nice alternative.

Hyperbaric Oxygen Therapy (HBOT)

- Extremely Beneficial
- mHBOT (1.3 ATA with compressed air)
- Hard-shell HBOT (1.5 and greater with 100% O₂).
- Both seem to be effective – speech, awareness, etc.
- 40+ sessions consecutively seems to be the best option.
- Need higher pressures, i.e. >2.0 ATA to kill candida, Borrelia (lymes), virus.
- Usually best outcome is seen when other biomedical therapies are being implemented.
- Not a magic bullet.
- Dan Rossignol, M.D. study

Dr. Woeller's Approach

1st: Treatments

- Dietary control – GF/CF/SF, junk food out!, organic fruits/veggies, organic juices.
- Supplementation – New Beginnings starter program.
- Get the poop out! – magnesium, herbs, laxatives.
- Epsom salt baths, skin brushing.
- Home Evaluation – remove the chemicals, toxic laundry detergent, scented products.

Dr. Woeller's Approach

2nd: Treatments

- Methyl-B12 injections – for 5 weeks without any other voluntary changes to your child's program.
- Do not add or take anything away during the 1st 5 weeks – unless emergency.
- Will usually try to add in the beginning of treatment if possible.

Dr. Woeller's Approach

3rd: Treatments

- Alter supplements as needed based on testing results or child's progress or difficulties.
- Target therapy for yeast, bacteria, etc. as needed.
- Begin targeted heavy metal detoxification therapy – *usually includes performing an a provocative urine challenge test first.*
- This program usually starts 2 to 3 months after starting on biomedical path.

Dr. Woeller's Approach

4th: Supportive Treatments

- **Anti-fungals** – Nystatin, Diflucan
- **Anti-viral treatments** – Valtrex 250-500mg 2x-3x/day for 3 to 6 months
- **Hyperbaric Oxygen Treatment (HBOT)** – Definitely a worthwhile therapy.

Critical Point #6

- An aggressive complementary biomedical approach is absolutely necessary for most children if complete healing is the goal.
- Most people fail at natural medicine because they do not do enough things simultaneously.

Critical Point #7

- Stop listening to the “nay-sayers” regarding biomedical therapies – they create nothing but fear, doubt and confusion (**the 3 remedies for failure**)
- Any doctor who tells you there is nothing to “this biomedical stuff” is only a hindrance to you getting your child well.

Believe In Yourself

- Believe in yourself as a parent to help your child.
- Implement basic program – TODAY!
- Understand that you have ultimate control about how and when biomedical therapies will be implemented – EDUCATE and EMPOWER YOURSELF!
- Miracles can and do happen.

Lost



Home Again!



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