

The of John... a little boy with autism

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John is a six-year-old boy who came to the Kentuckiana Children's Center in April of 1996 with a diagnosis of autism. At first glance into our waiting room I remember seeing John in the corner surrounded by toys, making a series of unusual hand motions and speaking a language unlike any I had ever heard. He seemed inattentive to my hello as if absorbed in his own activity. John is the kind of handsome child with dark hair and deep eyes that instantly draws one in.

John's parents told the story of his birth and early history. This was the first pregnancy for John's mother. She labored approximately ten hours before an emergency Caesarean was performed. John's father described that the baby's head was engaged in the birth canal, and multiple attempts by the obstetrician to turn the head into a "proper position" were unsuccessful.

He weighed 7 lbs. and 13 oz. at birth and was able to go home at four days of age. John was breast fed for one month and then switched to formula feeding. He had occasional digestive problems and bouts of diarrhea. None required medical attention.

Both parents describe that John gained head control shortly after birth and was able to sit unaided at four months of age. He crawled for a very short time and progressed to walking at eight months duration. John had not yet been toilet trained.

John's speech was said to be developing normally and he was beginning to verbalize "mama" and "dada." Then at approximately age 14 months John showed signs of speech deterioration. He also appeared to have something wrong with his ears. He began to react violently to loud noises and would only respond positively to high notes and country music. His pediatrician found fluid in his ears and after three rounds of antibiotics, placed bilateral tympanostomy tubes in his ears at 15 months of age.

When John was two and a half years old, he was seen by a speech therapist. His parents were concerned over his use of guttural sounds and his continual pronunciation of a long "e" sound. Referral was made to a local evaluation center where John underwent a full physical and psychological exam. Results pointed to a diagnosis of high functioning autism.

John does not rock himself or exhibit any self-abusive behavior as is typical of some autistic children. He seems to tolerate change well especially if prior explanation is given. He has some difficulty interacting socially with peers, but will allow direct eye contact with those in his "inner circle of relations." His mother says that it is as if he is trying to communicate but does not know how. John will habitually chew on shirts and other clothing. He likes to sit on high places such as on top of the furniture. His parents say he has a remarkable memory and will recite entire sections of his favorite Winnie the Pooh videos.

John has had all his baby shots and booster vaccinations. His mother remembers that on one visit to the pediatrician, John was said to be behind on his vaccine schedule and was given four shots in one day. John did not exhibit any outward reactions such as fever or irritability to these shots, but the mother says that since John has a very high tolerance to pain, it is difficult to know or be aware of his discomfort level. John also has a history of several falls with blows to his head. At age three years, he pulled a large television set off a table. The heavy set landed on top of his head. Skull x-rays were negative for fracture, but fluid was extracted from an area of swelling on his head.

On John's initial visit to Kentuckiana his physical exam revealed a 6% drop in his systolic blood pressure when moving from a supine position to sitting. He had four primary areas of subluxation noted including a right lateral atlas, rotation at C5, anteriority of T4 and extension fixation of the right SI joint. There was a slight prominence noted in the right temporal parietal area and periorcular melanoderma bilaterally. All other exam findings were within normal limits. His urinalysis showed a pH of 5, trace of proteins and a clear to straw yellow coloring.

John lives in a very supportive and nurturing home with both parents and one 16-year-old half brother. His family has chosen to view John as a blessing instead of an obstacle and have actively investigated facilities that can help John. He is exposed to second hand smoke on a regular basis.

As of this writing, John has had 12 chiropractic adjustments. On each visit he is evaluated by static and motion palpation. He receives manual adjustments and cranio-sacral care. He is often quite active and patience is needed to work with him. His mother helps by distracting John with story books, games and songs while his care is delivered. John's father reports that after approximately nine visits to Kentuckiana, John has stopped his curious behavior of standing on his head for extended periods of time. He exhibits more eye contact in the treatment room and has named the electric hi-lo table his "Magic School Bus."

Along with chiropractic adjustments, John's care has been structured by protocols set forth by the Autism Research Institute's DAN (Defeat Autism Now) conference. This protocol represents a set of "alternative" approaches to autism spectrum problems. Functional laboratory tests such as liver detoxification profiles, urinary peptides levels, gluten and casein sensitivity tests, intestinal permeability studies and stool analysis are performed to access for any abnormalities. Other treatment approaches include the elimination of common allergenic foods, yeast/mold free diets, trials of dimethyl glycine, trials of B6 and magnesium, anti-fungal medications and use of digestive enzymes prepared from papaya and pineapple sources. (Anyone interested in additional information on the DAN protocol can contact the Autism Research Institute at 619/281-7165)

John is currently taking a pyridoxine supplement, an adrenal glandular product and a chewable multiple vitamin tablet. He has undergone a liver detoxification profile and has been shown to have abnormalities in glutathione and glycine conjugation phases. We are currently waiting on intestinal permeability study results.

Our experience in working with children who suffer from autistic spectrum disorders has been somewhat limited. We believe that a persistent plan of subluxation reduction, biochemical stabilization and a consistent educational environment will facilitate positive change for John. He is now a student at the Kentuckiana Special School where he will continue to receive weekly chiropractic care. His parents are very compliant and receptive to recommendations and are most communicative with Kentuckiana doctors and staff. We look forward to tracking John's progress.

My Son John

by Becki Rucker

My son, John, is a beautiful six-year-old boy. And, he is all-boy—he's always into everything!

When Dr. Barnes asked me to write about the journey that led us to Kentuckiana, I could think of one word—prayer. You see, I've been praying for guidance, for patience and for God to direct me to a place where doctors, nurses, teachers and the entire staff could help my son. My prayers were answered this year when we were led to Kentuckiana.

Our journey has not always been easy and it certainly was not a direct one. We've experienced many detours along the way.

We knew something was wrong when John stopped making any sound at about 18 months of age. He had had several ear infections and we were concerned that he might be deaf. Our pediatricians referred us to a doctor who placed tubes in John's ears. We expected that would clear up his problem.

and his speech would begin to come. That didn't happen. We kept hoping and praying but John did not start talking. We took him to various doctors. One would observe John and tell us, "He plays with too many toys at one time. He must have Attention Deficit Disorder." Another doctor would tell us, "He doesn't play with enough toys. He may be autistic."

In John's six short years, he has been through so much. He's had an EEG, numerous audio-grams and various other discomfoting visits to doctors.

When he was three, he was given a name to his problem: high-functioning autism. Which means that John's IQ is normal, perhaps even a little above average, but he has a severe speech problem and a different way of viewing social situations.

John began developmental pre-school at our local public school and remained there during his third, fourth and fifth years. We began speech therapy weekly along with what he was getting at school. He was also placed on medication to help him stay focused.

But, it was time for John to transition from pre-school to kindergarten. His teachers felt John was ready for "mainstreaming" into a regular kindergarten class, but as his mother, I did not feel comfortable with their decision. I began looking for alternatives. I also increased my prayer time—asking God for direction.

In February 1996, I called Kentuckiana after talking with John's child psychologist. My initial encounter was with Dodie, who I believe to be a true messenger of God. She was so kind and patient during our telephone conversation. I couldn't wait to get John in for an evaluation. Dr. Barnes and Dr. Hansen were so comforting to us. As Dr. Barnes talked with my husband and me, Dr. Hansen took John for x-rays. We left that day knowing that John was in the right place.

After his hair analysis, John started getting treatments and nutritional supplements. It was the first time Tony and I truly felt like we were on the right path for John. These doctors and the en tire staff are truly concerned about helping John. While Tony and I don't claim to understand everything about John's analysis, we do understand the importance of nutrition and how it affects your body. And, we truly believe this method of treatment is going to help John.

As my husband said recently, after all these years, we finally have a group of doctors who seem to be looking at what's going on inside of John and asking—what can we do to change things? Ok, let's try this...now let's try this.. .rather than having a medical doctor tell us, well, this is the way your son is, and you just need to accept it.

We are not expecting a "cure" for John. But in our eyes John doesn't need to be "cured," he just needs to be given the opportunity to have a healthy body, structure and mind. This is the approach we see at Kentuckiana. We thank God everyday for guiding us to Kentuckiana.

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