Clarification of Practice Policies

1. Please always call the office line first. You will be directed which number to call for urgent or emergency matters.
2. Text messages will no longer be returned.
3. Office calls to one of the doctors will be returned within 24 business hours. Cell phones are for urgent or emergency matters.
4. Emails will be returned within 48-72 hours.
5. Letters require at least 1 week lead time.
6. Copies of Records require at least 2 weeks lead time.
7. Refills and prescription authorizations require at least 48 hours lead time.
8. Patient updates are a required one week prior to all consultations.
9. Refills for sublingual allergy drops require at least 2 weeks lead time.

We’ve Gone Green…
In the interest of "Going Green", as of January 1st we are no longer sending invoices via regular mail. All invoices will be emailed to you. If you prefer to continue to receive invoices via mail, please email Betsy at braftery@ihealthnow.org, otherwise all invoices will be emailed to you.

Upcoming Events - May 21st
Ask the Doctor with Dr. Nancy O’Hara
Hosted by TACA CT, 10am-12pm
Waveny House, New Canaan

PANDAS/PANS Lecture by Dr. O’Hara
Hosted by NAA-NY, 6:30-8:30pm
Rebecca School, New York City

For more information, visit our website at: http://ihealthnow.org/UpcomingEvents.html

HBOT for Sale
Gently used Vitaeris 320

For more info, please contact Tracy at 917-6897-993 or christracy@optonline.net
Update on BIOFILM – Please contact us to discuss the Biofilm protocol if your child has persistent or recurrent bouts of germ overgrowth, recurrent otitis, sinusitis, caries/dental plaque, persistent rashes/eczema, negative stool and urine cultures but positive response to antifungals or antibiotics.

- **Lysis**
  - Enzymes – polysaccharides, fibrinolytics (Lumbrokinase, etc), lactoferrin (with pseudomonas), curcumin (breaks down biofilm), pineapple, papaya
  - Apple Cider Vinegar needs to be done with enzymes

- **Germs**
  - Consider treating clostridia with herbs or flagyl every third day for 1 month (study presented by Shaw at MAPS Conference and pending publication)
  - Consider treating lyme – samento, banderol more effective than doxycycline (Townsend letter)

**SEIZURES**

- Ambulatory 24 hour EEG recommended in all kids especially post-puberty
- Important to get at night, seizures prevent REM sleep
- MEG (Magnetoencephalogram) – all found to have multifocal abnormalities – 50% had normal 1 hour EEG and 19% had normal 24 hour EEG

**MITOCHONDRIAL DYSFUNCTION – a lot of exciting new information**

- Treatments for mitochondrial dysfunction. Frye and Rossignol, 2012, J Ped Biochem 2(4), 241-249; good back bone of current treatments
- Mitochondrial abnormalities in temporal lobe of autistic brain. Tang et al. 2013, Neurobiol of Disease, in press; the temporal lobes of the brain showed altered protein levels of mitochondria respiratory chain proteins and greater oxidative damage in compromised pyramidal neurons
- **Defective carnitine metabolism may play role in autism.** Beaudet et al. Proceedings of the National Academy of Sciences. May, 2012. The deletion of part of a gene that plays a role in the synthesis of carnitine – an amino acid derivative that helps the body use fat for energy – may play a role in milder forms of autism. This is a novel inborn error of metabolism that leads to an imbalance in carnitine in the body. In this inborn error, there is a deletion in the second exon – the protein-coding portion of a gene – of the TMLHE gene. He estimated that at the rates found in his study, the deficiency might be a factor in about 170 males born with autism per year in the United States. This would equate to about one-half of one percent of autism cases. They plan to begin giving boys under age 5 with autism carnitine or a related supplement and determine whether this improves the behavior of those with the TMLHE deficiency and those without.
- Intestinal microbiota metabolism of l-carnitine, a nutrient in red meat, promotes atherosclerosis. Koeth et al. 2013, Nature Medicine, 1-10
  - UMDF Scientific and Medical Advisory Board published a statement on carnitine and inborn errors of metabolism in response to this article. For children with deficiencies (measured low or low normal blood levels), carnitine and other mitochondrial interventions are necessary for cognitive and communication function, muscle tone and development. In these cases, benefits far outweigh the potential risk of atherosclerosis in later life.
  - In addition, as with all treatments, it is important to consult with your practitioner, as the intestinal flora and germ overgrowth must be addressed and managed in all children including those treated with mitochondrial interventions.
  - Additionally, the TMAO (trimethylamine), a breakdown product of carnitine in the gut resulting in a fishy smell if the liver can not handle the load. Abnormal gut flora plays the largest role in producing TMAO. Avoiding some foods such as soy and soy lecithin products, the milk of wheat fed cows and seafood also decreases TMA.
  - To suppress TMAO from red meats, it is most important to:
    - Follow practitioner’s suggestions for use of carnitine
    - Promote good daily stooling
    - Consider Riboflavin (vitamin B2)
    - Consider charcoal temporarily to counteract germ overgrowth
Other Pearls and information

- NAC (N Acetyl Cysteine) is an excellent antioxidant that helps to increase Glutathione levels and has been shown in studies at Yale and Stanford to decrease OCD and anxiety. In many forms, however, it is easily oxidized (upon opening the bottle) forming nitrosothiols (see Gaston et al. Journal of Clinical Investigation, September, 2007; 117 (9): 2592-601) and for this reason, we only recommend the Pharma-NAC brand which comes in individualized blister-packed pills. As many of you know Pharma-NAC has been on back order. We do NOT recommend other forms of NAC if you are unable to order this brand.

- Upcoming supplement for mitochondrial function (compounded formulation of vitamin C, E, B5, carnitine and CoQ10). Visit website (www.mitomedical.com) for preliminary information on Mitospectra.

- Phase II Clinical Trial of Combined HBO2/NBH Treatment for Severe Traumatic Brain Injury. Rockswold et al. Journal of Neurosurgery, March, 2013. Researchers at University of Minnesota report that the combined use of HBOT (hyperbaric oxygen) and normobaric hyperoxia. Forty-two (42) patients with severe TBI (Glasgow Coma Scale score of 8 or less) were randomly assigned to one of two treatment groups within 24 hours after injury. One group of 20 patients received hyperbaric oxygen therapy followed by normobaric hyperoxia (NBH) treatment in addition to standard care. These patients received the combined HBO2/NBH treatment while in a pressure chamber. First, pure oxygen was delivered at 1.5 times normal atmospheric pressure (hyperbaric oxygen [HBO2] therapy). This treatment lasted 60 minutes and was followed by 3 additional hours of pure oxygen delivery at normal atmospheric pressure (normobaric hyperoxia [NPH] therapy). The combined treatment took place every 24 hours over a 3-day period. The group of patients who received the combined HBO2/NBH treatment fared better overall than the group of patients who received standard care. In a comparison between the two groups, the researchers found that combined HBO2/NBH treatment
  - reduced the mortality rate and improved the rate of favorable outcomes (measured by applying the Glasgow Outcome Scale 6 months after treatment)
  - improved markers of cerebral oxidative metabolism in areas of the brain that were relatively undamaged as well as in the region of injury
  - reduced intracranial hypertension and, consequently, reduced the intensity of treatment needed to lower intracranial pressure
  - did not create oxygen toxicity in the brain or lungs, which can occur when excessive amounts of oxygen are present
  - effected greater improvements in clinical outcomes than have been observed in previous studies in which HBO2 or NBH treatment was used alone
  - This research has far reaching implications for children with cerebral palsy and other forms of traumatic brain injury, children and adults with concussions, veterans suffering from TBI and PTSD.

Berard AIT is available at the IDEA Training Center!
June 28 through July 7, 2013

Enhance your child’s, auditory processing, language, learning, sensory processing, visual motor skills and socialization.

For More Information contact Sally Brockett, M.S., Director, IDEA Training Center in North Haven, CT
203-234-7401 ~ sally@ideat rainingcenter.com ~ www.IdeaTrainingCenter.com

Please visit our website: www.ihealthnow.org