Autistic spectrum disorder

Dr. Sümer Zeynep Karabey, Kusadasi Aydin, Turkey

Dear colleagues,

It gives me great pleasure to report, at this year's Congress, on the results of a nationwide study conducted in Turkey.

But first let me tell you a little about myself: after handing over to a colleague the Berlin GP practice I had run for 15 years under the state insurance scheme, I decided to return to my homeland and go back to my roots, as it were. My husband and I represent Regumed in Turkey. I also work three days a week in my general medical practice. My assistant and I treat approximately 50 patients per week almost exclusively with bioresonance using two Bicom optima devices.

Bioresonance is becoming increasingly popular in Turkey. This is mainly as a result of successful treatment of satisfied patients and their relatives. Around 100 practices nationwide are now equipped with bioresonance devices. Several universities have stated they are prepared to conduct clinical trials, for which Regumed has provided demo devices free of charge. I should once again like to express my thanks to the company for this generous support. Many thanks! We will, of course, report back as soon as concrete results are available. All the studies require the consent of the Turkish Ethics Committee before they are conducted. Some studies have already received this and have begun. One study group has registered the study with the committee and is waiting for the green light.

This now brings me at last to the actual theme of my presentation. In early 2011 we (or rather, several therapists who regularly attend our training courses in Turkey) began two studies. One dealt with gluten enteropathy and the other covered a method of treating the autism spectrum. Both studies were completed in December so I should like to present the second of them to you here.

Much has been written in the German-speaking world about the autistic disorders group. For those interested, I have listed some publications (see Literature). Here is just a brief overview.

Current state of research

Autism is classified by the World Health Organisation as a pervasive developmental disorder. Current diagnostic criteria distinguish between early infantile autism (Kanner's syndrome) and Asperger syndrome. The latter is often only evident once the child reaches the age of three (see Annex 1). However many doctors now suspect the existence of a so-called autism spectrum (autism spectrum disorder), which recognises varying degrees of severity. This is the reason for the title of my presentation although the study only deals with early infantile autism.

The symptoms and individual manifestations of autism are many and varied. They can range from slight behavioural problems which are borderline normal (sometimes mistaken for "shyness") to severe mental handicap. Impaired social behaviour is a common feature of all autistic disabilities (see Anex 2).

The prinipal characteristic symptom of autism is difficulty communicating with other people (1st and 2nd diagnostic criteria). Likewise, stereotypical or ritualised pattern

of behaviour (3rd diagnostic criteria) are being inestigated as a characteristic symptom in all types of autism. Autistic people display fundamental differences to non-autistic people in their processin of senation and in their perceptual and intellectual performane. The different maner in which they pe rceive the world is a characteristic symptom of autism which is also bein inestigated. What is particularly strikin here is that these children generally have a remarkable attention to detail and often do not grasp the broad overview.

As to the causes of this disorder I should like to refer to the work and experiene of Dr. Dietrich Klinhardt whose work actually gave me the incentive to start this study.

Dr. Klinghardt has been working with autistic children and their families in the USA for many years and cites the followin chief causes:

• **Genetic polymorphism**, which affects the enzymes that remove toxin from the body. Children who are affected are unable to eliminate these harmful substanes. The hidden causes are enironmental contamination on the part of the parents and that acquired through the womb. Biochemical anomalies, e.g. a mitochondrial disorder relatin to glutathione metabolism, exist in most children

• **Chronic infections** affect the immune system and attack the brain Over 80% of autistic children test positive for Lyme disease with the Western blot test. Many of the children have viral loads and funal infestation and their urine tests positive for highly pathogenic funal toxin and Clostridia toxin The children often have parasites and most of their symptoms are caused by these. Some have larval stages of the parasites in their luns and even in the brain.

• Autistic children have been exposed to stroner **electromagnetic radiation** in the womb than healthy children; a root cause leadin to genetic and epigenetic chanes. The protective funtion of the blood-brain barrier is damaged by electromagnetic radiation so that toxin, pathogen and harmful substanes enter the brain unhecked.

• In the most common form of autism, the regressive form, children are healthy and relatively normal for 18 to 20 months. Most of them fall ill within a few days, sometimes even hours, of a **vaccination**. Thiomersal (mercury), the vaccine preservative, is chiefly held responible for this. (This additive is no longer contained in vaccines in Germany but is probably still customary in Turkey). Heavy metals build up, especially in the fatty tissue or in organ with a high fat content, in particular the brain which conists of approx. 70% fatty tissue. This situation is the result of the abovementioned genetic inability to eliminate heavy metals due to glutathione deficieny. Conequently many authors advocate glutathione supplements as a treatment for autism. Straightforward blood, urine and hair analyses for heavy metals in autistic person are erroneously miscontrued due to the paradoxically low heavy metal content. Following oral administration of so-called chelates, enabling excretion of heavy metals for the first time, heavy metals are inreasinly excreted and can be detected in the urine in high conentration

• One possible explanation of autistic personality changes is a **permeable intestine (intestine permeability)**. Because the intestine is permeable, excessively large molecules enter the blood in a chemical composition which is abnormal. In the enuing metabolisation process, the metabolism reacts excessively, similarly to with allergies. By-products of this inlude caseomorphine and peptide, for example, which reach the brain through the blood producing a similar effect to drugs. The idea of devisin a special diet (for each individual) which generally inolves casein and gluten-free food has

brought coniderable success in treating these children and is almost always recommended.

• Children in the autistic disorders group are not the product of psychologically disturbed parents. There are, however, conection from the **family system** which favour the development of neurological diseases: forebears' **unresolved emotional conflict and trauma** can manifest themselves in the child's personal realm, makin it receptive to all the triggers mentioned above.

Lookin at this list of causes, an experienced Bicom therapist immediately has the brilliant idea of intervening here as a therapist!

For, amongst other things, Bicom can support metabolism and the excretory organ, eliminate toxin and vaccination It has programs to combat electromagnetic radiation and is able to reveal and to treat chronic infection and allergies or intoleranes.

And so that is what I did.

Details of the study

Nine doctors / Bicom therapists and 38 children aged between four and twelve took part in the study. All had been officially diagnosed with "autistic developmental disorder".

To achieve standardisation as regards cited symptoms, we developed a point scale whereby parents (generally the mother) assessed each symptom on the list on a scale of 1 to 10. Accordinly the children were evaluated as follows: 1 = normal development, no differene to peers, and 10 = most severe developmental disorder imaginable. The children were monitored in two surveys, the first after eight therapy session and the second after the 16th session

Before begining therapy, the doctors all sent me blood samples taken from the children for digital testin All the tests and therapies were carried out free of change by all the doctors. The parents signed a declaration of conent containing all the details of the study and explaining bioresonane. For ethical reason there was no negative control.

In all the programs listed amplification and therapy time were determined individually by testin (usually with the bio-tenor).

Children in this disease group are generally very restless and it takes a good deal of time and patience to win their trust and for them to permit therapists to treat them. Initially, runin just the DMI (dynamic multi impulse packs) on the "Attenuate" setting for approx. 10 minutes via the modulation mat proved effective. Often one or two session took place solely applying this treatment step until the therapies listed below could be deployed. The treatments with just DMI were not counted as full therapy session

The blood tests indicated the following problems (in %):

Electromagnetic/geopathic stress	100%
Cow's milk intolerane	92%
Wheat intolerane	96%
Candida infection	100%
Viral infections (Coxsackie, Herpes, Epstein Barr, cytomegaly)	97%
Bacterial infestation (Borrelia, Brucella, Enterococci, Haemophilus, Salmonella, Streptococci, Mycoplasma)	82%
Parasitic infestation (Taenia, Helminthes, Ascarides, Amoebae)	97%
Heavy metal contamination (mercury, aluminium, lead, cadmium, copper)	100%
Various nutrient deficienies (folic acid, vitamin B6, vitamin B12, zin, magnesium, vitamin C, selenium, vitamin A, mananese, calcium, vitamin K)	100%
Post-vaccinal complication (MMR, polio, hepatitis B, rubella, Hib)	100%
Contamination with various medication	62%
(oxytocics, painkillers, psychopharmaceuticals, anaesthetics)	

The therapeutic procedure involved the following:

	Bicom optima	Bicom 2000
1) Removing therapy blocks		
a) Jaw	530.2, 570.9, 3054.0	530, 570
b) Scars	900.2, 910.3	900, 910
c) Disturbed laterality	535.2	535
d) Geopathy/radiation exposure	700.3, 701.1, 702.0, 10160	700, 701, 702,
e) Spinal blocks	915.1, 581.1	915, 581
f) Cervical sympathetic trunk blocks	538.0	538
g) Coccygeal block	211.2	211
h) Immune system block	950.1, 951.5, 953.0, 428.2, 582.0	950, 951, 953, 428, 582

2) Metabolic therapies (accordin to Sissi Karz, Fulda 5/2010)

Protein metabolism	Bicom 2000	910, 518, 530
	Bicom optima	3107.0
		910.1, 518.2, 530.6
		3106.0
Lipometabolism	Bicom 2000	460, 520, 361
	Bicom optima	10051 (460.6 + 3084.0)
		10049 (3038.0 + 520.2 + 250.2)
		3064.0
Carbohydrate metabolism	Bicom 2000	819, 992
	Bicom optima	819.1, 992.2
		3107.0
		3064.0
Panreatic metabolism	Bicom 2000	852, 829, 935
	Bicom optima	852.0, 829.2
		10118 (935.0 + 3081.0)

3) Therapies of the nutrient points
(the most important points are indicated by an arrow in Anex 3)

4) Supporting organ in eliminatin g toxin and general toxin elimination

Liver	Bicom 2000	310, 311, 430, 431
	Bicom optima	10093, 431.3, 3064.0, 310.9, 311.11
Kidneys	Bicom 2000	380, 381, 480, 481, 482
	Bicom optima	10114, 480.1, 330.3, 481.0, 482.0, 3078.0, 3079.0, 380.4, 381.6
Intestines	Bicom 2000	220, 221, 290, 291, 561, 562, 565, 460, 930, 830, 960
	Bicom optima	10038, 10040, 930.1, 830.2, 960.5, 220.2, 221.10, 3028.0, 290.8, 291.8
General toxin elimination	Bicom 2000	970, 290
	Bicom optima	10165, 290.6, 331.5

5) Food allergies/intoleranes

Protein metabolism	Bicom 2000	963, 944, 998, 977
	Bicom optima	11310, 12310, 13310

6) Therapy for parasites, bacteria, viruses and Candida from the CTT test set with an Ai program (191/191.0, 978/978.1). The pink ampoules from the CTT test set were also used with A program 192 or were administered in channel 2 via the honeycomb with Bicom optima.

7) Heavy metal elimination and elimination of vaccination

	Bicom 2000	998, 999, 979
	Bicom optima	998.5, 999.2, 979.1
8) Activation of the brain	Bicom 2000	125, 571, 572
	Bicom optima	10007, 10008

Results of the study
(see graphic in Anex 4)

The following symptoms / special characteristics were cited and evaluated:

1 = no differene to peers,
10 = most severe developmental disorder imaginable. Average data.

	Survey 1 (before therapy)	**Survey 2** (8th therapy)	**Survey 13** (16th therapy)	**Improvement** %
1. Failure to make eye contact	8	5	4	50
2. Impaired speech development	9	8	6	46
3. Reduced intellectual performance	8	7	5	40
4. Stereotypical pattern of behaviour	7	3	2	86
5. Lack of socio-emotional reciprocity	9	7	6	46
6. Lack of purposeful gestures and facial expression	9	7	5	55
7. Impaired relationhips with peers	10	9	7	30
8. Impaired motor development/dexterity	7	5	3	79

The positive results in terms of motor development and absence of stereotypical behaviour patterns are particularly striking. The children's impaired relationhips with their peers was the area where we had least success. With time the social environment will probably gradually adapt to the development of the autistic child and potential for development can definitely be anticipated in this area. For children are generally looked after in special groups and have limited contact with healthy children of a similar age, other than their brothers and sisters.

I should like to describe two particular cases to finish.

CASE STUDIES

Case 1 Cem A., aged 8

I can still recall this boy (a patient of my colleague Dr. Hasan Ilkehan). Unfortunately he has not been inluded in the study statistics as his treatment was not yet completed. Dr. Ilkehan is a paediatrician in a Turkish state hospital in a suburb of Istanbul. He also works part-time as a Bicom therapist. The child Cem A. displayed all the autistic characteristics listed above to a greater or lesser extent and attended a special school. The boy made inreasin progress with each Bicom session But one amazing development which rendered the mother virtually speechless (in Turkish we say: almost swallowed the little tongue) was the vast improvement in the child's reading, to almost genius level. Sine he had begun attending school this boy had never been able to read more than half a page at one go. After the twelfth Bicom therapy session,

according to the mother, he read aloud 63 (!) pages without interruption and with virtually no mistakes. He understood what he was readin and was able to experiene pleasure doin so.

Details:
(treated according to the abovementioned scheme):

- Cow's milk and wheat intolerane
- Geopathic stress, scar interferene fields (navel, chin head left parietal), temporomandibular joint block, laterality
- Pathogenic infection: Candida, cytomegaly, Herpes, Streptococci, Ascarides
- Heavy metal contamination: lead, mercury, aluminium
- Complication from vaccination: mumps, measles, rubella (MMR)

Case 2 **Sude K., aged 5**

The child Sude K. was inluded in the study by Dr. Bülent Tütünü. Dr. Tütünü is a heart surgeon who gave up his hospital work in 2011 and has sine been workin full-time as a Bicom therapist. He has treated many autistic children and has also made a big contribution to the study. After completing Bicom therapy Sude was assessed by a child psychiatrist as capable of attending a normal pre-school. The child had previously been recommended by the same doctor to attend a special intitution for mentally handicapped children.

Details:
(treated according to the abovementioned scheme):

- Cow's milk and wheat intolerane
- Geopathic and electromagnetic stress, cervical sympathetic trunk block, scar block (navel)
- Pathogenic infection: Candida, Epstein Barr virus, Streptococci, tapeworms
- Heavy metal contamination: mercury
- Complication from vaccination: MMR

Many thanks to my two colleagues for allowing me to tell you about their work.

Thank you for listening and I hope I have enouraged you all to treat children in the autistic disorders group.

Literature

1. Attwood, Tony: **Ein ganzes Leben mit dem Asperger-Syndrom. Alle Fragen – alle Antworten [A whole life with Asperger syndrome. All the questions – all the answers]**. TRIAS, Stuttgart 2008
2. Frith, Uta: **Autismus. Ein kognitionspsychologisches Puzzle [Autism. A puzzle of cognitive psychology]**. Spektrum, Heidelberg, etc. 1992, p. 49–51
3. Pehlivantürk, B. et al.: Attachment in autistic children Turk Psikiyatri Derg. 2004 Sprin;15(1):56–63, PubMed
4. Klinhardt, Dietrich: **Lehrbuch der Psycho-Kinesiologie [Psycho-kinesiology manual]**, Intitute for Neurobiology, 2008
5. Klinhardt, Dietrich, Schmeer-Maurer, Amelie: **Handbuch der Mentalfeld-Techniken [Manual of mental field techniques]**, VAK Verlags GmbH, 2010
6. Klinhardt, Dietrich: Autismus und neueste Informationen zur Heilun entwicklunsgestörter Kinder – Hintergründe, Einichten und biologische Behandlun [Autism and the latest information on healin children with impaired development – background, inights and biological treatment], workin script for presentation on 17-19 November 2010, Berlin Intitute for Neurobi ology accordin to Dr. Klinhardt (INK)

7. Klinhardt, Dietrich: **Autismus, Lernstörungen und Verhaltensauffälligkeiten bei Kindern [Autism, learning disabilities and behavioural abnormalities in children]**, live recordin seminar November 2009 Berlin Intitute for Neurobiology accordin to Dr. Klinhardt (INK)
8. Mutter, Joachim: **Amalgam Risiko für die Menschheit [Amalgam risk for mankind]**, Fit fürs Leben Verlag, 2008
9. Mutter, J., Nauman, J., Schneider , R., Walach, H., Haley, B. (2005): **Mercury and autism: Accelerating Evidence?** In: Neuro Endocrinol Lett 26/5
10. Mutter, J., Nauman, J., Schneider, R., Walach, H., Haley, B. (2006): **Quecksilber und Autismus: Zunehmende Beweise? [Mercury and autism: increasing evidence?]** In: Umwelt-Medizin-Gesellschaft 19/1, p. 77–84
11. Kern Peter: **Amalgam – das schleichende Gift [Amalgam – the insidious poison]**, VAK Verlags GmbH, 2010
12. Helliner, Bert: **Loves's Hidden Symmetry** , Zeig Tucker & Co., 1998
13. Baklayan Alan E.: **Parasiten – die verborgene Ursache vieler Erkrankungen [Parasites – the hidden cause of many diseases]**, 1999
14. Rimland, Bernard: **Vaccines, Autism and Childhood Disorders: Crucial Data That Could Save Your Child's Life**
15. Glessner et al. (2009): **Autism genome-wide copy number variation reveals ubiquitin and neuronal genes**. In: Nature 459, 569–573.
16. Wakefield, Andrew J. **Callous Disregard: Autism and Vaccines: The Truth Behind a Tragedy**. Skyhorse, 2010
17. Mirella Dapretto et al.: Understandin emoti on in others: mirror neuron dysfuntion in children with autism spectrum disorders. Nature Neurosciene, 4 December 2005
18. Verstraeten T. et al.: **Safety of thimerosal-containing vaccines: a two-phased study of computerized health maintenance organization databases**. Pediatrics. 112(5), 2003, p. 1039–1048
19. Hviid A et al.: **Association between thimerosal-containing vaccine and autism**. JAMA. 290(13), 2003, p. 1763
20. Miller E: **Measles-mumps-rubella vaccine and the development of autism**. Semin Pediatr Infect Dis. 14(3), 2003, p. 199–206
21. Spiegel Online: **Das offizielle Ende eines Impf-Skandals [The official end of a vaccination scandal]**, 3 February 2010.
22. **Britischer Autismus-Arzt erhält Berufsverbot [British autism doctor struck off]**. Spiegel online, 24 May 2010

Annex 1

	Early infantile autism (Kanner's syndrome)	**Autistic psychopathy (Asperger syndrome)**
First abnormal signs	Mostly in the first months of life	Distintive characteristics from around the age of 3
Eye contact	Initially often absent, later rare and fleetin, evasive	Rare, fleetin
Speech	Child starts talkin late, often even fails to develop speech (around 50%), severely delayed speech development. Initially speech has no communicative funtion (echolalia)	Child starts talkin early, rapid development of grammatical and stylistically advaned speech. Speech always has a communicative funtion which is however impaired (spontaneous speech)
Intelligence	Intellectual performane generally coniderably limited, characteristic intelligene structure	Good to above average intellectual performane, lack of intellectual development rare
Motor system	Not restricted provided no additional disorder present	Abnormal motor system: clumsiness, impaired gross and fine motor coordination awkward and clumsy motor skills

(from Remschmidt „Autismus", Erscheinunsformen Ursachen Hilfen ["Autism", manifestation, causes, help] Beck-Verlag)

Annex 2

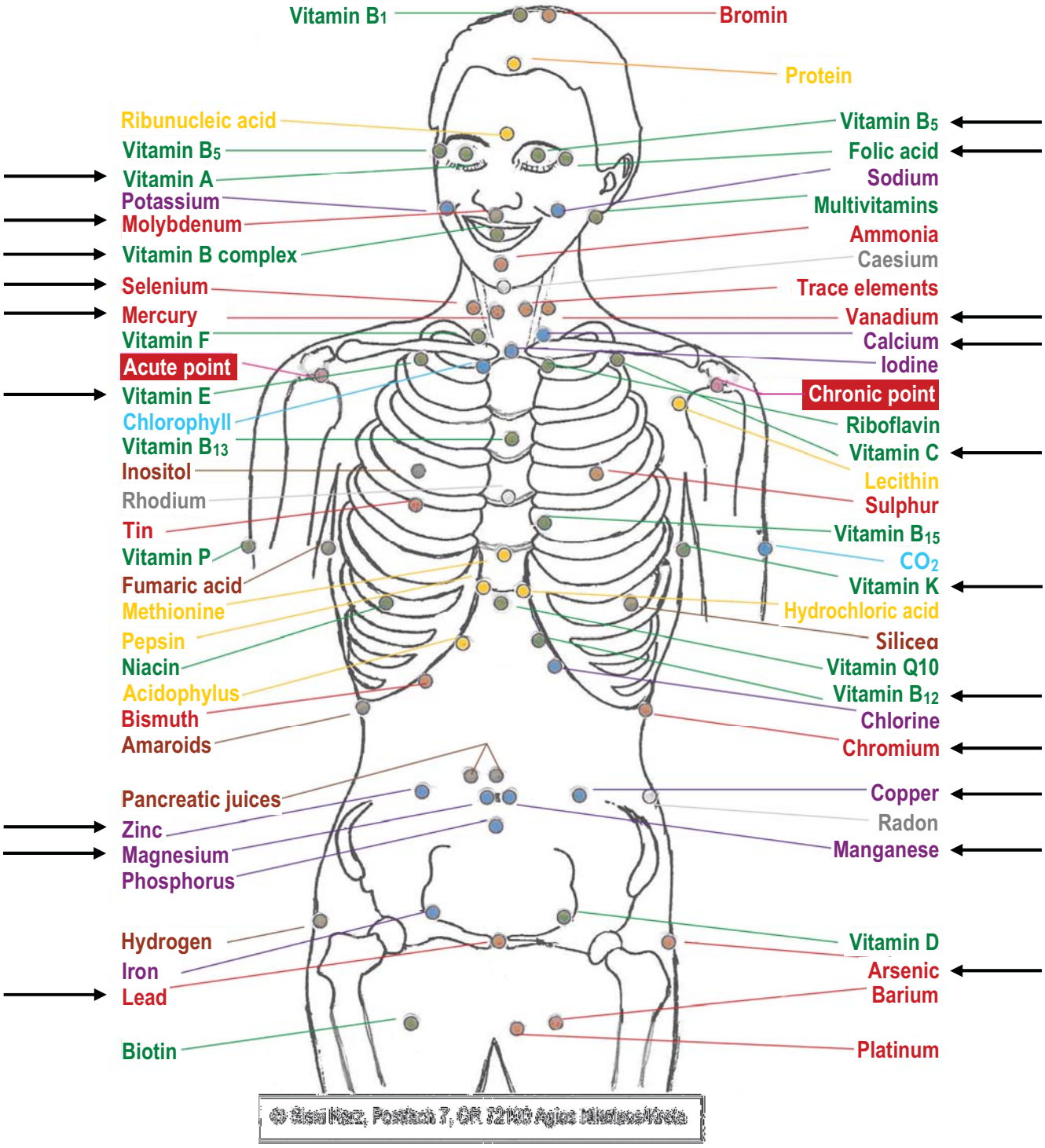
In the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) early infantile autism is classified as a pervasive developmental disorder and described by the followin diagnostic criteria:

A	**Abnormal/impaired development by the age of 36 months**
B1	**Qualitative impairment in social interaction**
B1a	*Inability to use non-verbal behaviour to regulate social interaction* (lack of direct eye contact, social smilin / limited gestures and facial expressions)
B1b	*Inability to develop relationships with peers* (no make-believe play with peers / lack of interest in other children / lack of respone to other children's advances / absence of group play with peers or friendships / inappropriate facial expression / inappropriate social response)
B1c	*Absence of socio-emotional reciprocity* (Inability to develop relationhips with peer s (no make-believe play with peers / lack of interest in other children / lack of respone to other children's advances / absence of group play with peers or friendships / inability to comfort someone / the body of another person is used to communicate)
B1d	*Inability to share pleasure with others* (the child takes very little notice and barely perceives offers to share somethin with someone / does not share needs or pleasures with others)
B2	**Qualitative impairment in communication / speech**
B2a	*Absence or delay in spoken language and lack of compensation by gestures, facial expressions* (the child has difficulty pointin to somethin to express interest / does not usually display conventional purposeful gestures such as noddin or shakin the head)
B2b	*Relative inability to begin or sustain a spoken exchange* (barely no social vocalisation or chatterin as an infant / severely reduced mutual conversation)
B2c	*Stereotypical and repetitive use of language and/or idiosyncratic use of words or phrases* (delayed echolalia (repeating the speech of others), stereotypical vocalisation (contantly repeatin the same word or phrase), ina ppropriate question or questionin / pronominal reversal / neologisms and bizarre coining of new expression/words))
B2d	*Lack of varying spontaneous "let's pretend" play or (with small children) social imitative play* (when imitatin action, make-believe play, social imitative play)
B3	**Limited, repetitive and stereotypical behaviour patterns**
B3a	*Encompassing preoccupation with stereotypical and restricted / special interests* (special interests / unusual and very frequent preoccupation)
B3b	*Apparently inflexible adherence to non-functional actions or rituals* (word rituals / compulsive acts)
B3c	*Stereotypical and repetitive motor mannerisms* (hand and finer manerisms (flappin with hands, twistin finers, hands))
B3d	*Persistent preoccupation with parts of objects or non-functional elements of things* (repetitive use of objects / unusual senory interests)
C	**The clinical picture cannot be explained by other disorders.**

From "Asperger syndrome". Tony Attwood

Annex 3

NUTRIENT POINT SYSTEM ACCORDING TO SISSI KARZ



The points indicated by an arrow tested weak and were treated with the correspondin program numbers (see program manual).
Output: = button electrode on nutrient point
Input: = hand electrode in contralateral hand

Annex 4

Results of the study of the autistic spectrum (38 cases)

The following symptoms / special characteristics were cited and evaluated:
(1 = no differene to peers, 10 = most severe developmental disorder imaginable). Average data.