Diet for Autism:
The Science and Healing of Traditional Diets for Autism

By Julie Matthews, CNC

Do the foods that nourished cultures for centuries nourish children today? Are there healing aspects and lessons to be learned? With our modern industrialized world and the epidemic of autism facing our children, one might wonder if this traditional way of eating is still applicable and appropriate, and if the science is supportive.

While much has been written about the most popular and effective autism diets, GFCF and SCD/GAPS, there’s been little investigation of the tenets of traditional diets. Throughout history and driven by survival and evolution, the varied human cultures of the world inherently learned which foods and ways of being supported their health. And, there are clear commonalities in the respective traditional diets of our ancestors.

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From my extensive research and clinical experience, I say yes. I routinely find that the principles and practices of traditional cultures and traditional diets serve as a foundation of a healing diet for autism, bolster the effectiveness of any dietary intervention, and aid healing for children.

Substantive science, research, and common sense support the role of traditional foods in healing autism. Let’s look at the science of autism and the role of traditional foods in healing.
Similarities of Traditional Diets

1. All groups studied consumed minerals and fat-soluble vitamins from high vitamin butter or from sea foods, cod liver or seal oil, or animal organs with their fat.

2. Foods were grown on soil which was naturally high in minerals, and no chemical fertilizers or pesticides were used.

3. All food was eaten liberally in the natural season in which it grew.

4. Sweets (even good, natural sweets) were used rarely or sparingly, only for occasions of ritual, celebration, or special feasting.

5. In each diet there was some daily source of raw, unaltered protein from sources such as meats, sea foods, nuts, cheeses, eggs, milk, or high quality sprouted seeds. (Foods containing essential amino acids must be included in the food choices for each meal, or it will be impossible to assimilate the total values of the incomplete proteins. It is important to balance the amino acid patterns when vegetable proteins are eaten.) Some sort of sea plant or mineral was a part of most diets. Inland sea deposits were treasured and used thriftily.

6. Methods of food preservation and storage were used which altered the nutrients very little: earth storage, drying, freezing in the cold climates, or making nutrients more available by culturing, pickling, fermenting, or sprouting.

7. Each lifestyle was such that people engaged in vigorous physical exercise on a regular basis, either in work, play, dances, games, sports, or hunting and food-gathering.

8. All had access to pure air and sunlight. Even in the 1930’s, Dr. Weston A. Price perceived the problems of air pollution and lack of sufficient radiant energy from the sun due to pollution already present at that time. The situation is far worse today, and that has affected the deterioration of our food quality and our health as well.

9. Each group observed periods of partial abstinence from food or regulated periods of under-eating. For some, this came about as a natural result of summer crops being in short supply before the new crops were harvested. For others, certain rituals began or ended with days of fasting. Still others taught the value of periodic under-eating by taboos or other means.

10. Some diets contained some form of ferment. This would include milk cultures, pickling, and other methods of fermenting. Dr. Francis Pottenger recommended using some of these foods for both children and adults to aid in maintaining good gastric acidity.

11. They all breast-fed their young. Most of them fed special protective foods to their young of child-bearing age in preparation for conception, pregnancy, and lactation. Most of them had some means of spacing the children at least three years apart, to protect the health of the newborns and their mothers.

12. All ate whole foods, not fractionalized parts of foods. They did not remove the fiber content of their natural foods by refining them. Most foods were eaten raw or very gently and lightly cooked.

13. Last but not least, the primitives were able to instruct their young in these important principles, thereby protecting their genetic heritage. They ate the foods of their ancestors.

From Price-Pottenger Foundation website (http://www.ppnf.org)

\[\text{Similarities of Traditional Diets} \]

**Perspective of Autism**

The antiquated view of autism is that it’s a “mysterious” psychiatric disorder – beginning and ending in the brain – that results in certain observed behaviors, and little can be done to impact its effects. Through the breakthrough work of the Autism Research Institute (founded in 1967), a more appropriate “whole body disorder” – the brain is affected by the biochemistry generated in the body – perspective of autism has emerged.

Physicians and parents have been sharing data for years, observing and documenting an array of common physical symptoms of autism. Harvard professor Martha Herbert M.D., Ph.D., was among the first to describe the brain as “downstream” from the body’s functioning; explaining that what happens in the brain of the child with autism is literally impacted by what occurs in their body’s organs and biochemistry, beginning with the digestive system.

When seen as a whole body disorder, parents and physicians are more likely to identify the physical symptoms of autism that often get overlooked, including diarrhea, constipation, bloating and GI pain, inflammation, and frequent infections. With this broader comprehension it becomes apparent that there is a great deal that can be done to address these challenges.

**The Science Behind Autism**

The Case for Dietary Intervention

Step one is to take charge of diet. Certain food substances, such as gluten (wheat) and casein (milk) are known to be problematic for many children with autism and should be avoided. Other foods rich in healing nutrients are beneficial when added to children’s diets. Attention to these factors is intended to help balance biochemistry, affect systemic healing, and provide relief of autism symptoms.

For many children with autism, nutrient deficiencies, chemicals in foods, imbalanced biochemistry, and digestive problems play a significant role in their physical conditions. Their physiological and behavioral symptoms may stem from, or be exacerbated by, impaired digestion and GI health. Altering food choices positively affects these processes and helps improve symptoms.
Poor digestion can stem from environmental factors (as well as genetic susceptibility), lack of beneficial bacteria, inflammation, and immune system response to certain foods. Studies have shown children with autism to have leaky gut,
low levels of beneficial flora, inflammation, and immune responses to food. Particularly, gluten and casein can create an opiate or inflammatory reaction that negatively impacts brain function.

Understanding that the gut and brain are connected helps explain WHY autism and overall health are improved through a diet that supports digestion/GI health. A Canadian study identified this gut-brain connection in autism.7 Hippocrates, the father of modern medicine proclaimed, “All disease begins in the gut.” When food comes in contact with the gastrointestinal tract, it affects the entire body. One research study concluded that “unrecognized gastrointestinal disorders…may contribute to the behavioral problems of the non-verbal autistic patients.”8 Food can be helpful or harmful, nourishing or inflammatory.

**MAJOR SYSTEMS AFFECTED**

In children with autism, the following systems are commonly affected: digestion, immune function/inflammation, detoxification, and metabolic/cellular.

**Digestion**

When children have problems with digestion, they do not break down their proteins into amino acids. Instead, the long protein chains (peptides) in a child with leaky gut absorb into the bloodstream where the immune system marks them as an “invader” and creates an immune/inflammatory response. This inflammation can affect many areas of the body, including the brain. Additionally, opioid (opiate-like) compounds are produced when there is insufficient digestion of gluten and casein. The peptides in this case form opiates that cause inattention, high pain tolerance, foggy thinking, and addiction to opiates (gluten and casein). In an inflamed gut, foods are not broken down sufficiently and nutrients (macro and micro-nutrients) do not absorb properly.

**Immune function**

When the immune system is weak, it cannot adequately fight off a fungal/yeast infection. With a weak system, bacterial infections are more common and antibiotic use (while necessary in some cases) more frequent – antibiotics kill the good bacteria and contribute to yeast overgrowth. This adds “fuel to the fire” going on in the digestive system, creating further inflammation and leaky gut. The immune system handles inflammation as well. Brain inflammation has been found to be a factor in autism. Inflammation to foods (also known as “food sensitivities”) is common because of this “overreaction” of the immune system. Yeast and other pathogens can create toxins that cause “spaciness” and other neurological symptoms.

**Detoxification**

Detoxification is often diminished for children that have autism. They are frequently the children who become injured by toxins including heavy metals, plastics, industrial chemicals, and pesticides. In addition to often being carcinogenic and overwhelming detoxification as a whole, these toxins are often neurotoxic – toxic to nerve and brain cells. Sulfation, a common detoxification pathway that processes salicylates, phenols, and amines has been found by Dr. Rosemary Warning to be deficient in children with autism.9,10 Dr. Jill James found a deficiency in glutathione, an important detoxifying agent, in children with autism.9,10 Toxins from the digestive system, including the toxic byproducts from yeast and other pathogenic microorganisms, as well as environmental toxins overwhelm this

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**MINI BIOCHEMISTRY LESSON**

Jill James and Rosemary Waring, Ph.D.s, have found transsulfuration and sulfation biochemical imbalances in patients with autism. As such, children with autism are often deficient in glutathione and sulfate, nutrients for detoxification, antioxidant status, intestinal integrity, and proper immune response to foods among hundreds of other functions. These imbalances can create food intolerances and reactions to salicylates, phenols, and more.

According to studies conducted by Rosemary Waring, Ph.D., children with autism have low sulfate and low PST (Phenol-SulfoTransferase), the enzyme that breaks down phenols and amines in food.9 When children consume salicylates they can develop a wide range of symptoms including hyperactivity, fatigue, diarrhea, other negative gut symptoms, sleeping challenges, aggression, and irritability. For children with transsulfuration and sulfation challenges, avoiding or reducing salicylates, phenols, amines, and glutamates is important – while working on boosting up the pathways.

Another researcher, Susan Owens, has been studying sulfation, oxalate problems, and hyperoxaluria in children with autism. While studying the work of Rosemary Waring and others on sulfation, Owens realized that when sulfate is deficient, oxalate can be shuttled into the cell, sharing the same transport mechanism into the cell. These oxalates “gum up the works,” creating cellular and mitochondrial dysfunction. In the face of leaky gut and dysbiosis (and most likely a genetic predisposition), oxalates are absorbed into the bloodstream where they can affect cellular function and create inflammation wherever they are lodged. For children with oxalate problems, significantly reducing oxalates is important.

Additionally, other inflammatory substances and anti-nutrients such as lectins and phytates are best to be avoided or reduced in autism, as they can add to gut inflammation and bind important minerals rendering them useless.
deficiencies are common among children with autism.

**Metabolic/Cellular**

There are many biochemical pathways found to be deficient in autism: transsulfuration, sulfur metabolism/sulfation, methylation, oxalate metabolism, and cellular and mitochondrial function. In many cases, these pathways become damaged by toxins, diminished from nutrient deficiencies, and disabled from epigenetic (genetic) changes. For these children, therapeutic doses of nutrients are sometimes needed to “bypass” a “block” in the biochemical jam.

When these biochemical imbalances are present, naturally occurring substances in food (such as phenols, salicylates, amines, oxalates, lectins, phytates, and glutamates) may cause a challenge in the diet. To some extent, these biochemical imbalances are not “traditional” and require special dietary intervention (such as Feingold, Failsafe, or low oxalate diet). However, in the next section we’ll talk about how traditional diets have lower levels of these compounds naturally.

**Nutrient Deficiencies**

With all of the digestive problems and biochemical blocks occurring, nutrient deficiencies are common among children with autism. Poor quality and limited diets exacerbate these problems. Specific nutrients are required for complex biochemical processes that support cellular and brain function, as well as all other systems. And those nutrients often need to be converted to an active form (again requiring nutrients and working biochemical pathways), another bump in the road for these children to get needed nutrients. With all of this, it’s not really surprising that most are deficient in nutrients. In fact, it is unusual to see a child with autism that does not have any deficiency.

Digestion and a healthy GI tract are essential for proper nutrient levels. Nutrients can only be digested and absorbed through food and supplementation when the GI tract is functioning well. Supporting digestion is important and can be accomplished by removing inflammatory foods, and supplying foods with beneficial bacteria and those easy to digest. Having a sufficient supply of nutrients requires both consumption of nutrient-dense foods AND a properly functioning gut to digest and absorb the nutrition.

Nutrient deficiencies in children with autism include: zinc, calcium, iron, B6, B12, folate, biotin, vitamin A, vitamin D, essential fatty acids, and more. Many of these nutrients are required for other biochemical pathways to work. For example, B12, folate, and B6 are essential for the transsulfuration pathway to function optimally.

Vitamin D deficiency is common for the general population and it’s true for the autism population as well. Vitamin D deficiency in pregnant mothers has been associated with autism. In the developing fetus, vitamin D induces the expression of nerve growth factor and stimulates brain cell growth. It appears Vitamin D deficiency may play a role in the occurrence or exacerbation of hyperoxaluria (high oxalates in urine).

Supplementation has shown to be supportive to children with autism and a nutrient dense diet can supply needed nutrients – from vitamins and minerals to phytonutrients.

**Traditional Diets and Cultures**

Our modern world has a lot to learn from traditional cultures about how food choices keep people healthy and robust from generation to generation.

The foods they ate and the cooking and farming practices they employed provided a nutrient dense diet that nourished the body. Traditional diets around the world have a number of consistencies (see sidebar). By today’s standard, “traditional foods” are those raised and grown as they were generations ago. Traditional foods include:

- Produce, grown on small biodiverse farms – fresh, plant-ripened, local, organic, and in-season produce
- Grass-fed or pastured animal foods, including use of the organs and bones
- Lacto-fermented foods
- Soaked and fermented grains, beans, and seeds
- Unprocessed (raw) dairy (consumed if casein is tolerated)
- And of course there were no processed foods with refined sugar, additives, preservatives, fillers, or MSG in traditional foods

**Fresh, Plant-Ripened, Local, and Organic Produce**

Fruits and vegetables are high in fiber and nutrients, as well as special phytonutrients only found in plants. They contain live enzymes when raw or lightly cooked. Local, in-season, produce is fresher and higher in nutrients. When food is picked ripe, it is much lower in problematic salicylates and higher in nutrients. Being “organic” means reducing pesticide exposure for the children who can’t detoxify well. Eating plant foods supplies fiber that is fermented by the beneficial bacteria into short-chained fatty acids, providing fuel for gut cells. For this reason alone, fruits and vegetables are very important to consume.

**Pastured animals**

Animals that are pastured or grass-fed (depending on their actual diet) are much more nutrient dense than their conventional counterparts. Fat-soluble vitamins A, E, D, and K are much higher in pastured animal foods, as are essential fatty acids.

Studies on eggs from pastured chickens have found ten times the omega-3 fatty acids.
acids, four times the vitamin E, and two times the vitamin A, as well as higher amounts of folic acid and vitamin B12 than eggs from conventionally raised chickens.

Meat from grass-fed animals has higher omega-3 fatty acids than meat from grain-fed animals, and studies show an increase in omega-3 PUFA in humans that consumed grass-fed beef and lamb. Grass-fed butter is higher in vitamin E, vitamin A, and beta-carotene, as well as CLA (conjugated linoleic acid). Fat-soluble vitamins, essential fatty acids, folate, and B12 are common deficiencies in autism, and the nutrient density in these animal foods is unsurpassed.

Traditional cultures also consumed the organs and bone. Organs store a great amount of nutrients so they are very nutrient-rich. Liver contains high amounts of B12, folate, vitamin A, and iron — nutrients in which children with autism are often deficient. Bones contain ionic minerals that are easy to absorb and gelatin which is helpful for digestion.

Lacto-fermented foods

Lacto-fermented foods have been around for centuries. In fact, it was essential for storing and preparing food, and so our ancestors ate fermented foods virtually daily. Every culture has its own versions of fermentations — some are dairy-based, others non-dairy foods, as well as beverages (alcoholic and non). Additionally, grains can be fermented (although I will include them in the section on “soaked and fermented grains” as they are not consumed as live bacteria but instead used as ways of processing and breaking down and making things like bread easier to digest).

Fermented foods provide probiotics — good bacteria that support virtually every area of our health by:

- Regulating peristalsis and bowel movements
- Breaking down bacterial toxins
- Making and utilizing needed vitamins: B1, B2, B3, B5, B6, B12, A, and K
- Digesting protein into amino acids (for use by the body)
- Producing antibiotics and antifungals
- Helping breakdown sugars, lactose, and oxalates
- Supporting immune system and increase number of immune cells
- Balancing intestinal pH
- Protecting against environmental toxins: mercury, pesticides, pollution

Fermented foods provide billions of cfus (colony forming units), and are growing and thriving on their own food source. They contain live enzymes, and their alkalizing properties improve the pH of the gut for a healthy internal terrain. Some practitioners, such as myself, feel that because of these reasons, it’s possible these probiotics may colonize better than supplementation.

Additionally, the good bacteria crowd out and provide competition for candida and pathogenic organisms that are so prevalent in autism. The anti-inflammatory effects of probiotics are very beneficial for children who have bowel problems.

Fermented foods are a wonderful source of good bacteria and nutrients that are very healing for the gut. They can be made great tasting and are excellent for children with autism.

Soaked and fermented grains, beans, and seeds

There are a number of substances in “seeds” that are inflammatory and bind nutrients, such as oxalates, phytates, and lectins. Soaking grains, beans, and seeds reduces oxalates. While all oxalate is a problem, soluble oxalate is unbound and more likely to leak into the bloodstream and cause a problem. Soaking “seeds” reduces soluble oxalate (make sure to drain and rinse seeds). Phytates, which bind to calcium, magnesium, zinc, and iron and can cause deficiency and inflammation, are also reduced by soaking. Lectins, inflammatory compounds found in grains and other foods, are broken down by fermentation. Soaking and fermenting makes grains, nuts/seeds, and beans more easily digested, better tolerated, and less inflammatory.

HOW TRADITIONAL DIETS HEAL AUTISM

Boosting Nutrient Levels

Nutrient deficiencies are common in autism. Eating nutrient-dense foods that will enhance the digestion and absorption of other foods is important. To bolster absorption of nutrients, foods need to be easily digestible. Here are some ideas and lessons from traditional diets to help children with autism improve nutritional status:

- Consume grass-fed and pastured meats, dairy (if tolerated), and eggs. Animal foods are rich in fat-soluble vitamins and essential fatty acids, as well as minerals.
- Consume organ meats such as liver, which are high in vitamin A, iron, B12, and folate.
- Eat local, fresh, organic produce.
- Soak grains to increase digestibility and nutrient absorption.
- Vitamin D – Traditional cultures got more sunshine that we do. Getting more sun exposure is a start. Consuming foods with vitamin D such as cod liver oil, grass-fed dairy or ghee, liver, and egg yolk is another good idea. Because of lifestyle, depletion, and latitude, many of us require vitamin D supplementation as well.
- Bone broths are rich in minerals and nutrients including calcium, which is often inadequate with a dairy-free diet.
Improving Digestion and Healing the Gut

Improving digestion, reducing inflammation, and healing the gut are important steps in overall health and healing. Children with autism benefit from these traditional culture insights:

- Add foods that heal the gut and are anti-inflammatory such as antioxidant and probiotic rich foods.
- Consume foods that supply beneficial bacteria (probiotics) such as non-dairy yogurt and raw sauerkraut.
- Bitter herbs and greens stimulate bile and the digestion of fats.
- Eat a high fiber diet. Fiber is “food” for the bacteria (prebiotics) from which they make short chain fatty acids that “fuel” the intestinal cells.
- Bone broths are rich in gelatin, a hydrophilic substance that draws water and supports digestion.
- Coconut oil is a traditional fat rich in MCTs that are easily absorbed.
- Ghee is high in butyric acid, a short-chain fatty acid that’s good for the gut.
- Fish oil has anti-inflammatory benefits.
- Remove inflammatory proteins, particularly gluten, casein, and soy.

Addressing Yeast Overgrowth

Yeast is a harmful organism that can affect energy level, clarity of thought, and intestinal health. Yeast overgrowth is often triggered by heavy antibiotic use – common in children with autism with poor bacteria-fighting ability. Yeast overgrowth creates gut inflammation and decreases gut function. Traditional diets employ the following yeast preventing/reducing strategies:

- Low consumption of refined sugar and baker’s yeast, two ingredients that feed yeast (very beneficial for children with autism – most current “candida diets” limit sugars).
- Consume lacto-fermented foods daily.
- Drinking kombucha, a fermented beverage that typically contains a strain of yeast called saccharomyces boulardii that kills candida and clostridia (a pathogenic bacteria).
- Consuming kefir, both dairy and non-dairy ferments, have candida killing effects.
- Cod liver oil contains vitamins A and D which are beneficial for the immune system and the ability for the body to mount a proper attack against yeast.
- Using coconut oil that contains caprylic acid, which kills candida.

Improving Detoxification

When children’s detoxification systems are not working optimally or are overburdened by pre-existing toxins, avoiding additional toxins from food is important. Food based chemicals can cross the blood brain barrier and affect the brain, creating hyperactivity, aggression, irritability, and self-injurious behavior. Traditional diets are naturally devoid of these additives. Some areas to address for autism are:

- The use of “traditional” (non-toxic) cookware – cast-iron, enameled cast-iron, and stainless steel.
- Eating organic food to reduce burden of the liver for better detoxification function.
- Consuming eggs and cruciferous vegetables (like broccoli and cabbage) that are high in sulfur support the liver’s detoxification function.
- Avoiding artificial ingredients and additives that would not be present in traditional diets.
- Including fermented foods in the diet, as they contain probiotics that help in detoxification.

Adding liver (grass-fed only) to your diet. The nutrients it contains are very supportive to our liver and detoxification.

Supporting Immune Function

An immune system that can fight pathogens and properly mount an inflammatory response (as well as turn it off) is crucial for the health of children with autism. Autism’s lessons from traditional cultures include:

- Consume healthy fats like cod liver oil and especially EPA (highest in fish oil vs. cod liver oil) for reducing inflammatory response.
- Avoid or rotate foods to reduce exposure to inflammatory food proteins.
- To eradicate yeast, bacterial, and other pathogenic infections, consider a diet that starves the “bad bugs” such as SCD/GAPS.
- Eat according to traditional diets by removing refined sugars and reducing sugars of all sorts.
- Add cod liver oil, high in vitamins A and D, good for immune function and fighting infections. Consider adding supplemental vitamin D.

BALANCING BIOCHEMISTRY

Poor Methylation and Sulfation Biochemistry

Methylation, transsulfuration, and sulfation are just one set of biochemical pathways that do not function optimally for many children with autism. These pathways can be supported by avoiding certain substances that are processed by those pathways, and supplying nutrients that are needed (and often in low supply).

For children for whom oxalates are an issue, lowering oxalates in foods can be beneficial. Traditional food preparations such as soaking seeds can help reduce oxalate, particularly the more problematic soluble oxalate. For some children, taking it a step further and following the low oxalate diet is very helpful (more available at NourishingHope.com).

Lectins and phytates are two other substances that can create inflammation and problems for children with autism. Suggestions for addressing this include:
Eat plant-ripened fruits (the way they have been consumed traditionally). When fruit is ripened on the plant, salicylate levels are much lower.

- Consume fish oil (vs. cod liver oil) that can reduce sensitivity to salicylates.

- Soak grains, nuts, beans, and seeds for at least 8 hours, then throw out the water and rinse before cooking. This reduces oxalates, as well as phytates.

- Ferment grains to help reduce lectins and the inflammatory reaction of foods.

- Avoid foods containing artificial colors, flavors, or preservatives that have to be processed by the sulfation pathway. Traditional foods do not include these substances.

TRADITIONAL DIETS AND BEYOND

There are many health-promoting food and nutrition principles traditional cultures can teach us in the autism community. There are also valuable things the autism community can teach everyone else.

With the toxic burden in our environment and the health concerns of children with autism, additional dietary intervention is often necessary. As such, the autism community has adopted several effective diets and applied them to autism, in particular, the Gluten-Free and Casein-Free (GFCF) diet, the Specific Carbohydrate Diet, and Gut and Psychology Syndrome diet (SCD and GAPS) (as well as the low oxalate diet and low salicylate diets).

These diets have been very healing to children with autism, as they address the four “buckets” (digestion, immune, detoxification, metabolic). Interestingly, these diets also have some “traditional” principles but have certain modern rules to address specific imbalances and health concerns that take “traditional diets” and add a “modern twist.”

GFCF Diet

Removing gluten and casein from the diet is one of the most valuable dietary interventions for children with autism. The gluten-free and casein-free diet removes both gluten containing grains (wheat, rye, barley, and more) and dairy (casein protein). The removal of these inflammatory proteins and opiate-like compounds from the diet serve many children greatly.

While most children with autism need to avoid gluten or grains as a whole, some can tolerate them with traditional cooking preparations of soaking and fermenting. Similarly, while many children with autism need to avoid casein, regardless of the source, some children can handle more traditional forms of dairy such as raw dairy or goat and “A2” dairy. My clinical experience is that a small percentage of children with autism who cannot tolerate pasteurized milk can tolerate raw milk, and others can tolerate goat milk.

Another problem with modern wheat and dairy products that makes them very different than their traditional versions is that processed wheat and dairy foods often contain propionic acid, a preservative that has been associated with autism.

SCD/GAPS

The Specific Carbohydrate and Gut and Psychology Syndrome diets remove all starches, and disaccharides — that means no grains, potatoes, corn, lactose, or sugar of any kind except monosaccharides such as fruit and vegetable sugar and honey. For children lacking carbohydrate digesting enzymes and with an overgrowth of intestinal pathogens (both common in autism), this diet can be very helpful for starving out the bad bugs and reducing diarrhea and digestive inflammation.

Interestingly, both of these diets limit grains in one form or another. Traditional diets placed much less emphasis on grains and many cultures did not use grains at all. During the Paleolithic era, grains, as well as beans and dairy, were not consumed. Later on, in traditional cultures soaking and fermenting methods were essential for the digestibility and nutritional value of grains. These soaking and fermenting methods helped those people to eat them without a problem while providing nutritional benefit.

Conclusion

Children with autism are the “canaries in the coal mine,” warning us about an environment that is toxic and food that is unhealthy. They are telling us that we can’t live this way any more.

What we’ve learned from traditional culture is that the way food is grown or raised, prepared and cooked, processed or not processed, all affect nutritional status and human health.

To help heal our children today and best serve the next generation, we should take a strong look back in time and consider the traditional diets and foods our ancestors thrived on for generations. No matter which “autism diet” a child is following, it can be made healthier and more effective by incorporating the principles and practices outlined here.

Every child with autism needs nourishment and all autism diets should contain good nutritional principles. As we can see from the science, traditional diets are a wonderful way to nourish our children.
References


18. none available.


26. Alberti et al, 1999


Does your child have gastro-intestinal problems?

Special diets and supplementary nutrition may help

Symptoms may include one or more of the following:

- CONSTIPATION • STOMACH PAINS • INDIGESTION • GASEOUSNESS OR BLOATING • DIARRHOEA
- DISCOLOURED STOOLS • REFLUX OR VOMITING • NIGHT TIME WAKENING • IRRITABILITY


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