Miles's father Alan, who has a Ph.D. in chemistry, got copies of the journal articles that the parents had mentioned online and went through them all carefully. As he explained it to me, it was theorized that a subtype of children with autism break down milk protein (casein) into peptides that affect the brain in the same way that hallucinogenic drugs do. A handful of scientists had discovered compounds containing opiates -- a class of substances including opium and heroin -- in the urine of autistic children. The researchers theorized that either these children were missing an enzyme that normally breaks down the peptides into a digestible form, or the peptides were somehow leaking into the bloodstream before they could be digested.

In a burst of excitement, I realized how much sense this made. It could explain why Miles had developed normally for his first year, when he drank only soy formula. It could also explain why he had later craved milk: Opiates are highly addictive. What's more, the physical features of autistic children have often been compared to that of morphine users (including insensitivity to pain, bowel problems, and abnormal changes in pupil size), and their odd behavior has been compared with that of those under the influence of hallucinogenic drugs.

Alan also told me that the other type of protein being broken down into a toxic form was gluten -- found in wheat, oats, rye, and barley, and commonly added to thousands of packaged foods. The theory would have sounded farfetched to my scientific husband if he hadn't seen the dramatic changes in Miles himself and remembered how Miles had self-limited his diet to foods containing wheat and dairy. As far as I was concerned, there was no question that the gluten in his diet would have to go. Busy as I was, I would learn to cook gluten-free meals. People with celiac disease are also gluten-intolerant, and I spent hours online gathering information.

Within 48 hours of being gluten-free, 22-month-old Miles had his first solid stool, and his balance and coordination noticeably improved. A month or two later, he started speaking -- "zawaff" for giraffe, for example, and "ayashoo" for elephant. He still didn't call me Mommy, but he had a special smile for me when I picked him up from nursery school.

However, Miles' local doctors -- his pediatrician, neurologist, geneticist, and gastroenterologist -- still scoffed at the connection between autism and diet. Even though dietary intervention was a safe, non-invasive approach to treating autism, until large controlled studies could prove that it worked, most of the medical community would have nothing to do with it.

So Alan and I decided to become experts ourselves. We began attending autism conferences and phoning and e-mailing the European researchers. I also organized a support group for other parents of autistic children in my community. Although some parents weren't interested in exploring dietary intervention at first, they often changed their mind after they met Miles. Not every child with autism responded to the diet, but eventually there were about 50 local families whose children were gluten- and casein-free with exciting results. And judging by the number of people on Internet support lists, there were thousands of children around the world responding well to this diet.

Fortunately, we found a new local pediatrician who was very supportive, and Miles was doing so well that I nearly sprang out of bed each morning to see the changes in him. One day, when Miles was 2 ½, he held up a toy dinosaur for me to see. "Wook, Mommy, issa Tywannosauwus Wex!" Astonished, I held out my trembling hands. "You called me Mommy!" I said. He smiled and gave me a long hug.

By the time Miles turned 3, all of his doctors agreed that his autism had been completely resolved. He tested at eight months above his age level in social, language, self-help, and motor skills, and he entered a regular preschool with no special-ed supports. His teacher told me that he was one of the most delightful, verbal, participatory children in the class. At 6, Miles was among the most popular children in his first-grade class. He read at a fourth-grade level, had good friends, and acted out his part in the class play with flair. He became deeply attached to his older sister, and they spent hours engaged in the type of imaginative play that is never seen in kids with autism.

My worst fears were never realized. We were terribly lucky.

But I imagined all the other parents who might not be fortunate enough to learn about the diet. So in 1997, I started a newsletter and international support organization called Autism Network for Dietary Intervention (ANDI), along with another parent, Lisa Lewis, author of *Special Diets for Special Kids* (Future Horizons, 1998).

We've gotten thousands of letters and e-mails from parents worldwide whose kids use the diet successfully. Although it's best to have professional guidance when implementing the diet, sadly, many doctors are still skeptical. As I continue to study the emerging research, it has become increasingly clear that autism is a disorder related to the immune and gastrointestinal systems. Many autistic children have several food allergies, including milk and wheat, and nearly all the parents in my support group seemed to have at least one immune-related problem: thyroid disease, Crohn's disease, celiac disease, rheumatoid arthritis, chronic fatigue syndrome, fibromyalgia, or allergies. Autistic children are probably genetically predisposed to immune-system abnormalities, but what triggers the actual disease?

Many of the parents swore that their child's autistic behavior began at 15 months, shortly after the child received the MMR (measles, mumps, rubella) vaccine. When I examined such evidence as photos and videotapes to see exactly when Miles started to lose his language

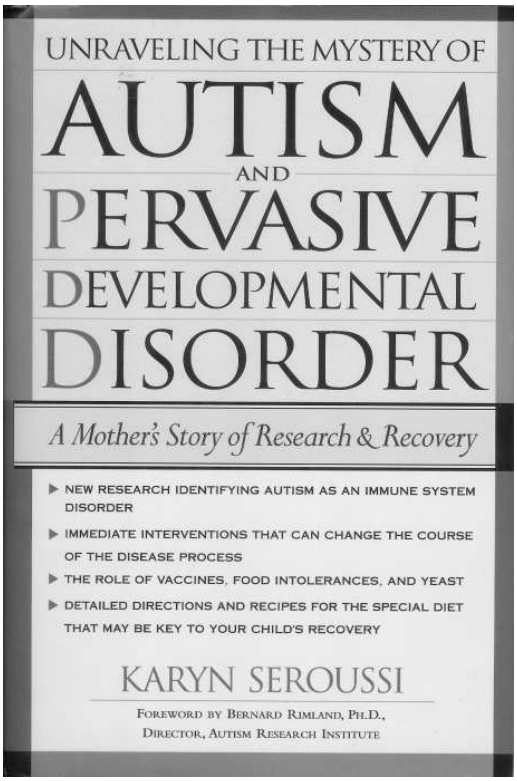
and social skills, I had to admit that it had coincided with his MMR -- after which he had gone to the emergency room with a temperature of 106°F and febrile seizures. But some of his health problems had started even earlier, including yeast infections, skin rashes, red cheeks and ears, excess mucus in his throat, poor sleeping habits, and a severe reaction to a DPT vaccine at 4 months old.

Studies linking the measles portion of the vaccine to damage in the small intestine are still considered inconclusive, but they might help explain the mechanism by which the hallucinogenic peptides leak into the bloodstream. In addition, the role of the buildup of toxic metals, from vaccines or other sources, needs to be better understood. Children with autism appear to have difficulty excreting metals such as mercury, and their behavior usually improves when these are removed. If vaccines are indeed found to play a role in triggering autism, we must find out whether some children are at higher risk due to existing immune problems, and take measures to create a safe and effective vaccination program.

Several researchers are now studying the abnormal presence of peptides in the urine of autistic children. My hope is that routine diagnostic tests will be developed to identify children with autism at a young age, and to treat them appropriately. When autism is recognized as a treatable medical disorder, the gluten and dairy-free diet and other biomedical interventions will move from the realm of alternative medicine into the mainstream.

The word autism, which once meant so little to me, has changed my life profoundly. It came to my house like a monstrous, uninvited guest but eventually brought its own gifts. I've felt twice blessed -- once by the amazing good fortune of reclaiming my child and again by being able to help other autistic children who had been written off by their doctors and mourned by their parents.

(Updated June 2006)



Karyn Seroussi is the author of *Unraveling The Mystery Of Autism And Pervasive Developmental Disorder: A Mother's Story of Research and Recovery* (Simon & Schuster 2000, Broadway Books, 2002)

For more information, please visit www.gfcfdiet.com, www.autismndi.com, and www.autismwebsite.com/ari/index.htm