TREATING AUTISM

Autism Research Institute
Since 1967
Autism Is Treatable!

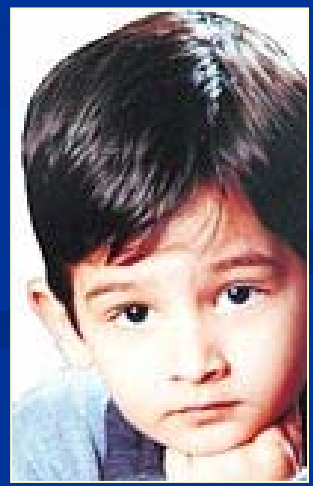
DAN! + ATA KINACI PROTOCOL

Dr. Cem KINACI
Autism Research Institute,
DAN! Healthcare Practitioner

Different research and societies that Dr Kinaci is involved with

- Autism Research Institute, DAN! Healthcare Practitioner
- Autism Society of America
- US Autism and Asperger Association
- National Autism Association
- National Alliance for Autism Research
- Association for Comprehensive NeuroTherapy
- Society for Neurosience
- Treating Autism
- Dads Against Mercury
- Alternative Mental Health
- Undersea and Hyperbaric Medical Society
- European Underwater and Baromedical Society
- American Association for Hyperbaric Awareness
- International College of Nuclear Medicine Physicians
- Asian-Pasific Society of Nuclear Cardiology
- International Society for Infectious Diseases
- Turkish Society of Nuclear Medicine

Ata Kinaci



Recovery from autism is no longer a dream – it is a reality!

More progress has been made in the last 3 years than in the previous 3 decades!

Autism IS Treatable!

Recovery from Autism IS Possible!

Bernard Rimland, Ph.D.
President

- This lecture has been updated with the latest research & from the **Treating Autism Conference** at february 8-9, 2007 in Bournemouth, UK.

- This needs to be done by a qualified DAN! doctor.

Causes of Autism

- There are many theories as to the cause of Autism such as……
- abnormal cerebral blood flow to areas of the brain,
- high fevers,
- birth trauma,
- brain injury,
- infections,
- reactions to vaccines or
- lack of oxygen before, during or after delivery.

Predisposing Factors for ASD

- Genetics
  - Blood Type
  - HLA- Type
  - Family History of Autoimmunity
  - Single Nucleotide Polymorphisms (SNP)

    causing impaired detoxification

Predisposing Factors for ASD

- Heavy Metal Burden
  - Mom

    (amalgams, fish consumption, rhogam, vaccines, environment, occupation, oral contraceptives)
  - Patient

    (immunizations, environmental toxics, antibiotics, immune issues, gastrointestinal permeability)

Predisposing Factors for ASD

- Infectious Agents
  - Virus (Measles, HHV6, CMV…)
  - Bacteria (Streptococcus, Clostridia, Borrelia…)
  - Fungal (Candida)

Biochemical Aftermath in ASD

- Impaired Detoxification
  - Undermethylation, Remethylation Defects
  - Sulfation Defects (phenolsulfertransferase, sulfite oxidase)
  - Cysteine Deficiency
  - Glutathione Deficiency (GSH)

Am J Clin Nutr. 2004 Dec;80(6):1611-7
Metabolic biomarkers of increased oxidative stress and impaired methylation capacity in children with autism.
James SJ, Cutler P, Melnyk S, Jernigan S, Janak L, Gaylor DW, Neubrander JA.

Biochemical Aftermath in ASD

- Heavy Metal Overload – Oxidative Stress
  - Thimerosal (Mercury), Arsenic, Lead
  - Depletion of Antioxidants, Glutathione, and Metallothionein
  - Mineral Deficiency– Zinc, Magnesium
  - Mitochondrial Dysfunction

Am J Clin Nutr. 2004 Dec;80(6):1611-7
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Biochemical Aftermath in ASD

- Gastrointestinal Dysfunction
  - Dysbiosis (Yeast, Bad Bacteria, Virus…)
  - Malabsorption
  - Maldigestion (enzyme deficiency, IgG food sensitivities, urinary peptides)
  - Autistic Enterocolitis/ Lymphonodular Hyperplasia

Am J Clin Nutr. 2004 Dec;80(6):1611-7
Metabolic biomarkers of increased oxidative stress and impaired methylation capacity in children with autism.
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Biochemical Aftermath in ASD

- Immune System Dysregulation
  - Proinflammatory Cytokines
  - Microglial Activation
  - Th1 / Th2 skewing
  - Decreased Natural Killer Cell
  - Increased Autoimmune Markers

- Am J Clin Nutr. 2004 Dec;80(6):1611-7
Metabolic biomarkers of increased oxidative stress and impaired methylation capacity in children with autism.
James SJ, Cutler P, Melnyk S, Jernigan S, Janak L, Gaylor DW, Neubrander JA.

- Children that have tendencies towards autism are born with:
- Weak immune system,
- Hormonal imbalances,
- Allergies,
- and poor uptake of nutrients due to metabolic imbalance.

- In the 1980's, many researchers found evidence of food proteins
  in the urine of autistic children
  that resemble opioids.
- Opioids are substances
  that can cause behavioural changes
  in people.
- (An example is the drug morphine, which is derived from opium).

- Opioid proteins are known to attach to receptors in the brains and guts to create behavioural changes as well as digestive complaints like constipation, diarrhoea and bloating.

"Leaky gut" is common (75-90%) in autism and implies that the intestines are more permeable than normal.

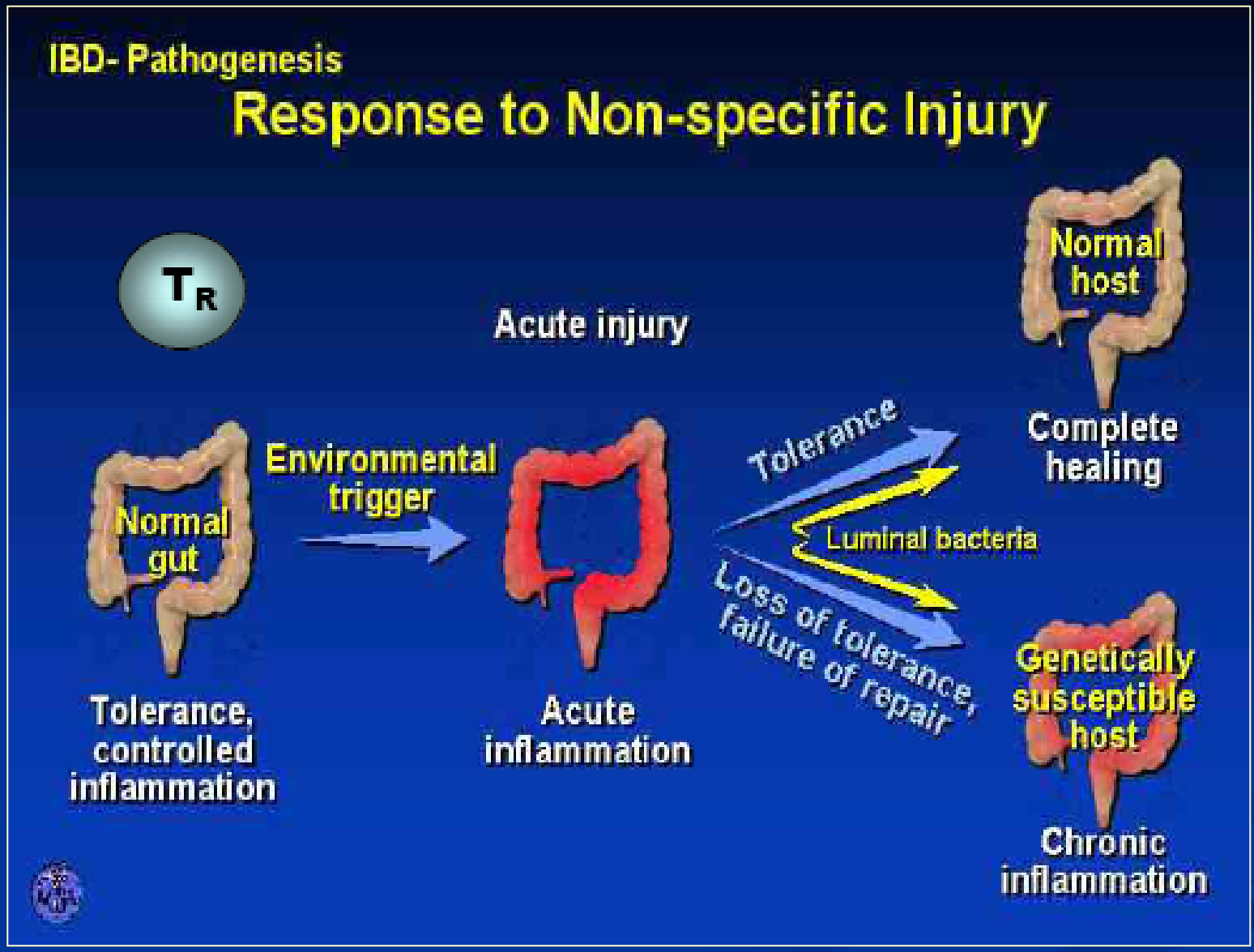
Valicenti-McDermott M., et al. Frequency of Gastrointestinal Symptoms in Children with Autistic Spectrum Disorders and Association with Family History of Autoimmune Disease. Developmental and Behavioral Pediatrics. 2006;27:128-136

The size of the problem

- How common is intestinal inflammation in autistic children with GI symptoms?

Wakefield AJ, Anthony A, Murch SH, et al. Enterocolitis in children with developmental disorders. *Am J Gastroenterol* 2000;95:2285-2295.	88%
Krigsman A M. et al. Frequency of histologic enterocolitis and lymphonodular hyperplasia in autistic children presenting for ileocolonoscopy. International Meeting for Autism Research (IMFAR), UC Davis, Ca. 2004; www.icdrc.org/imfar_abstract.html	76%
González L., et al. Endoscopic and Histological Characteristics of the Digestive Mucosa in Autistic Children with Gastrointestinal Symptoms. Preliminary Report. G.E.N. Suplemento Especial de Pediatría-Nº 1, 2005; pp41-47.	100%
Balzola F., et al., Autistic enterocolitis: confirmation of a new inflammatory bowel disease in an Italian cohort of patients. Gastroenterol. 2005;128:Suppl.2;A-303	100%

Andrew Wakefield,MBBS, FRCS, FRC Path Executive Director Thoughtful House, Texas



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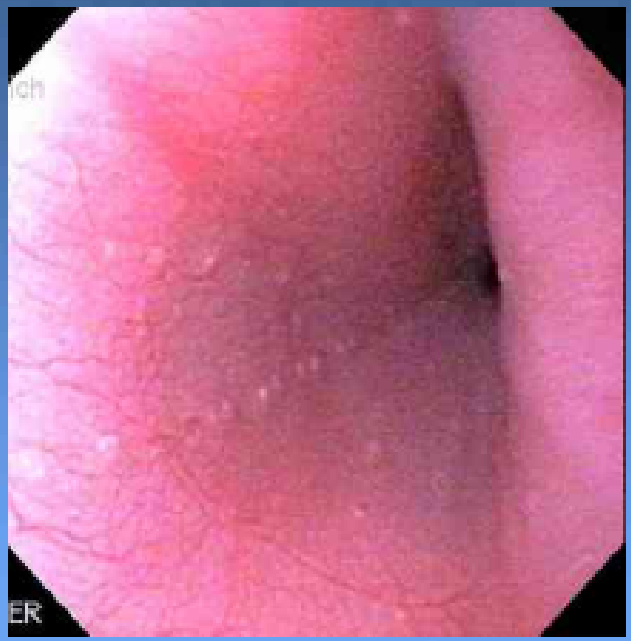
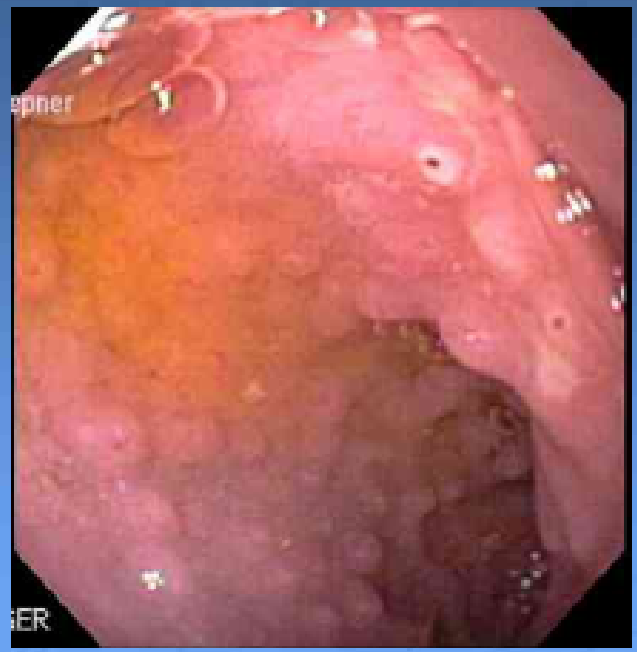
Esophageal disease





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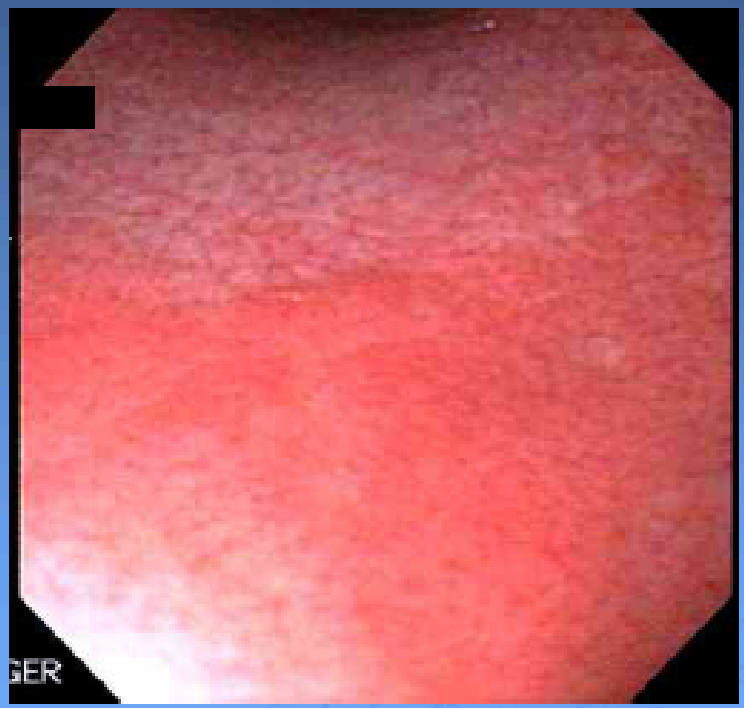
Gastritis



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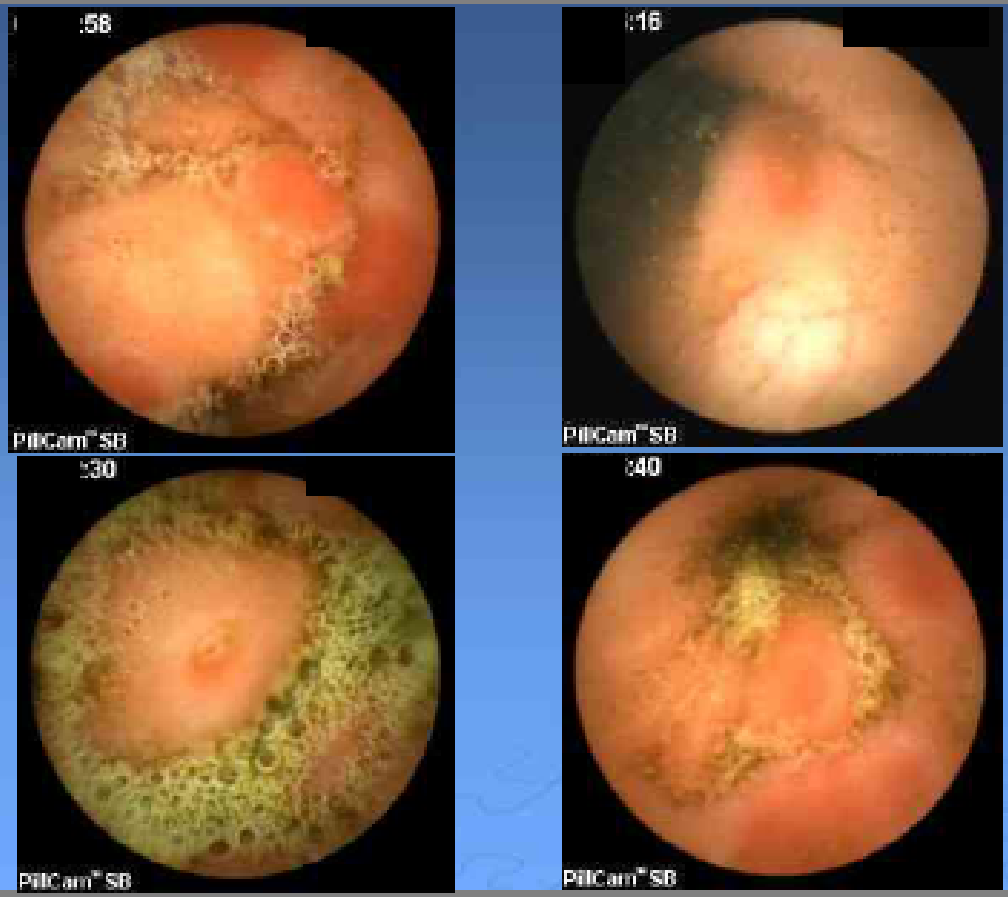
Jejunal & Ileal inflammation
Capsule Enteroscopy



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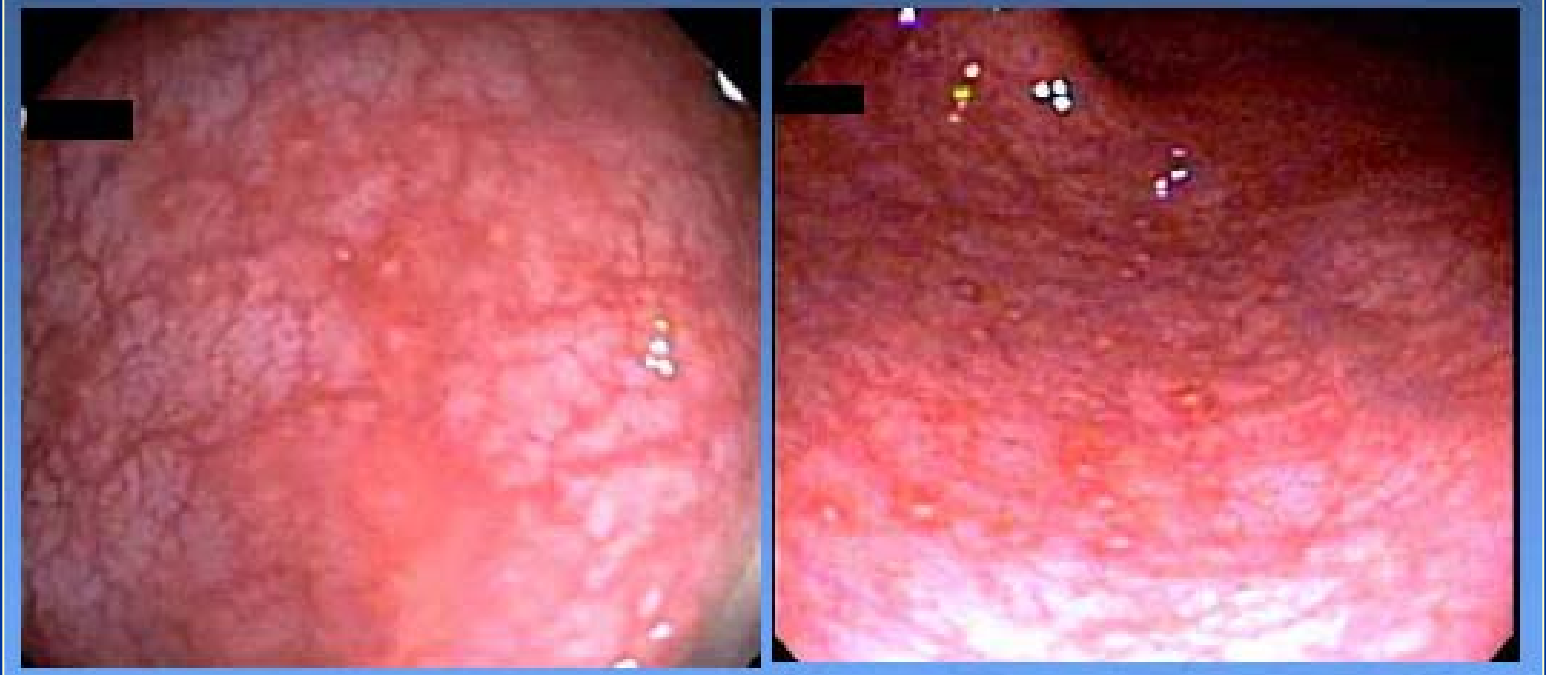
Colonic aphthoid ulceration and inflammation



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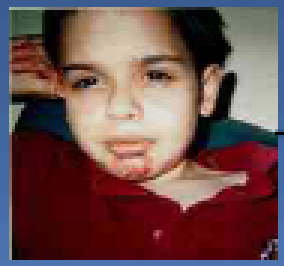
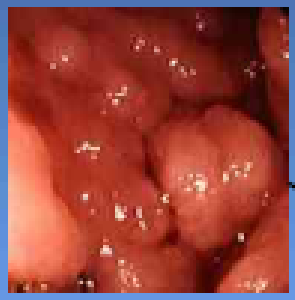
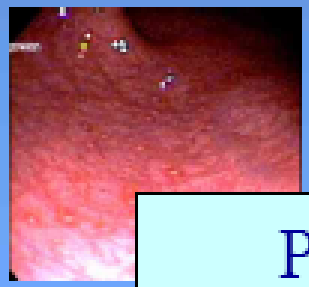
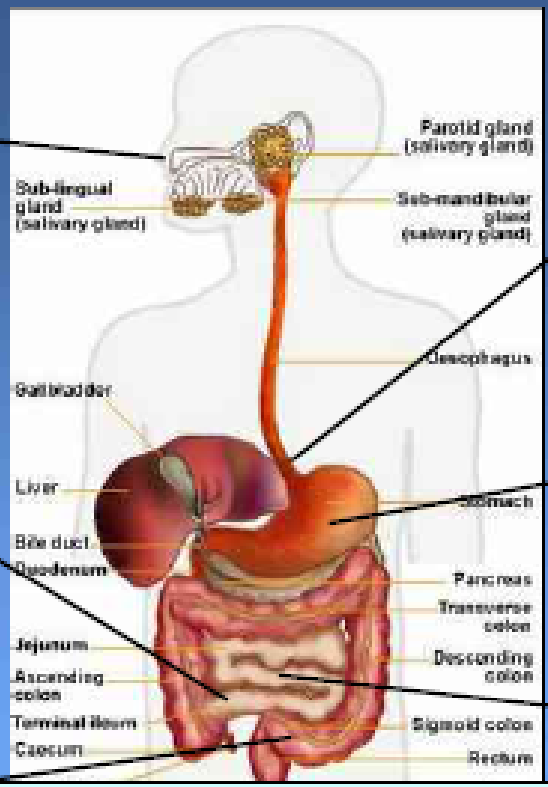
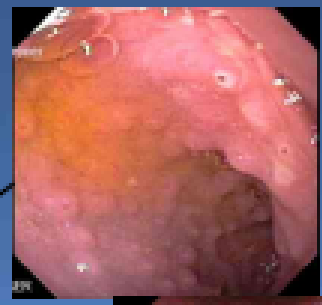
What have these studies shown?

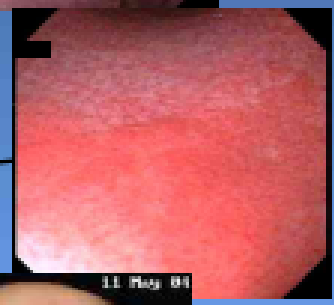


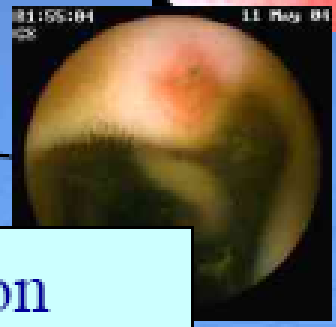












Pan-enteric inflammation

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- This can play a major role in food allergies and in soy, gluten and casein sensitivity.

  Soy, gluten and casein can enter the circulation through this “leaky gut” and travel to the brain.

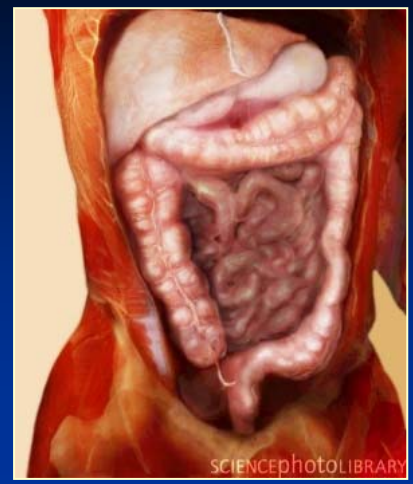
- Enzyme disturbances can be caused by the bodies inability to cleanse heavy metals from the system.
- There is also an imbalance in intestinal flora.
- This can lead to fungal infection in some children.
- Candida is the most common.

- The normal body can cleanse heavy metals from the system with the help of enzyme **Glutathione** which is built from **Cysteine**.

- In autistic children the levels of both are far below normal.

Costa LG, Aschner M, Vitalone A, Syversen T, Soldin OP. Developmental neuropathology of environmental agents. Annu Rev Pharmacol Toxicol 2004;44:87–110. Sanfeliu C, Sebastia J, Ki SU. Methylmercury neurotoxicity in cultures of human neurons, astrocytes, neuroblastoma cells.Neurotoxicology 2001;22(3):317–27.

- Glutathione binds heavy metals and transfers them
  to the biliary system first
  and then to the intestinal tract
  to be eliminated.
- Cysteine is need for the body
  to produce glutathione.
- Due to the low levels of cysteine it results in low levels of Glutathione.



- Due to faulty levels of Cysteine and Glutathione,

  children with tendencies towards autism

  have toxic levels of mercury, lead and arsenic

  (to name a few)

  in their brain, liver, kidneys, intestinal tract,

  bone marrow and muscles.

Toxic Heavy Metals and their connection to Autism

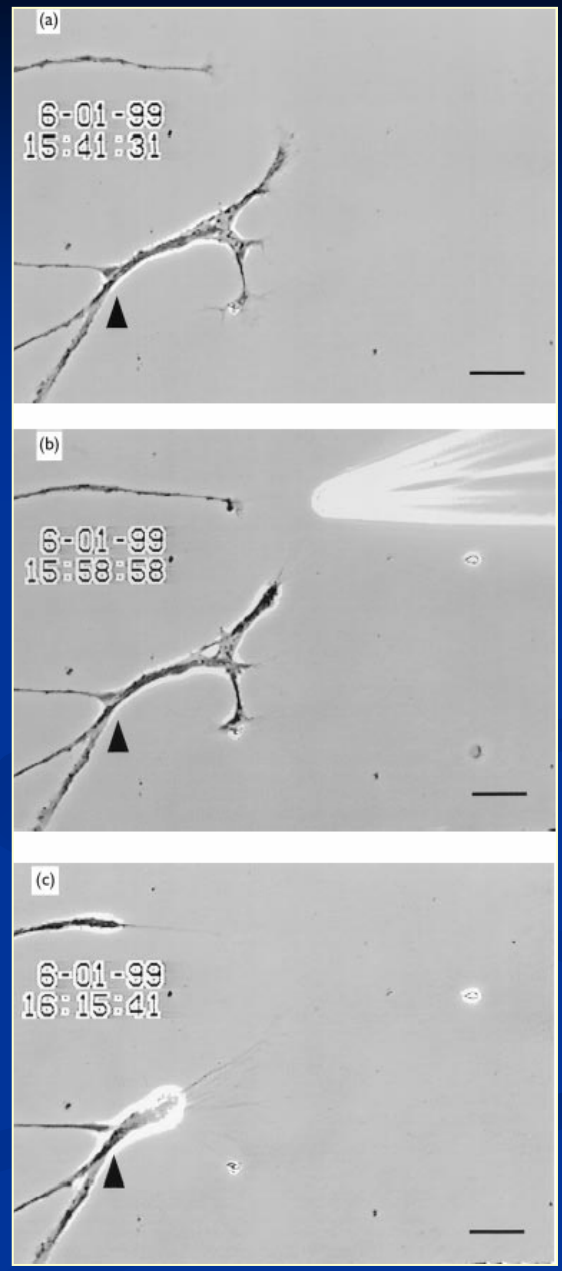
Biochemical Effects of Toxic Overload

- Destroy cell membranes
- Increase free radical activity
- Deplete sulfur enzymes
- Displace enzyme cofactors
- Oxidize enzymes
- Attack organs (brain, nervous system, kidney)
- Affect gastrointestinal flora and integrity
- Immunotoxic
- Denature proteins
- Carcinogenic
- Mineral deficiency

Sources of Mercury

- Auto Exhaust
- Pesticides
- Fertilizers
- AMALGAMS
- Drinking Water
- Felt
- Ear Drops
- Nose Drops
- VACCINES
- Contact Lens Solution
- Fabric Softeners
- SEAFOOD
- Calomel (Talc)
- Cinnabar (Jewelry)
- Cosmetics (Mascara)
- Wood Preservatives
- Floor Waxes/ Polishes
- Coal Burning Plants

- Neurons Before Mercury Exposure >
- Neurons During Mercury Exposure >
- Neurons After Mercury Exposure >



Common Symptoms of Autism & Mercury Poisoning

IMPAIRMENTS IN SOCIABILITY

Mercury Poisoning	Autism
Social deficits, shyness, social withdrawal	Social deficits, social withdrawal, shyness
Depression, mood swings; mask face	Depressive traits, mood swings; flat affect
Anxiety	Anxiety
Lacks eye contact, hesitant to engage others	Lack of eye contact, avoids conversation
Irrational fears	Irrational fears
Irritability, aggression, temper tantrums	Irritability, aggression, temper tantrums
Impaired face recognition	Impaired face recognition
Schizoid tendencies, OCD traits	Schizophrenic & OCD traits
Repetitive, stereotypic behaviors	Repetitive, stereotypic behaviors

IMPAIRMENTS IN SPEECH AND LANGUAGE

Mercury Poisoning	Autism
Loss of speech, failure to develop speech	Delayed language, failure to develop speech
Dysarthria; articulation problems	Dysarthria; articulation problems
Speech comprehension deficits	Speech comprehension deficits
Verbalizing & word retrieval problems	Echolalia; word use & pragmatic errors
Hearing loss; deafness in very high doses	Mild to profound hearing loss
Poor performance on language IQ tests	Poor performance on verbal IQ tests

Bernard et. al. "Autism: A Novel Type of Mercury Poisoning"
Medical Hypothesis 56(4) 462-471 (2001)

SENSORY AND MOTOR ABNORMALITIES

Mercury Poisoning	Autism
Abnormal sensation in mouth & extremities	Abnormal sensation in mouth & extremities
Sound sensitivity	Sound sensitivity
Abnormal touch sensations; touch aversion	Abnormal touch sensations; touch aversion
Impaired visual fixation	Problems with joint attention
Involuntary jerking movements – arm flapping, ankle jerks, circling, rocking	Stereotyped movements – arm flapping, jumping, circling, spinning, rocking
Deficits in eye-hand coordination; limb apraxia; intention tremors	Poor eye-hand coordination; limb apraxia; problems with intentional movements
Gait impairment; ataxia – from incoordination & clumsiness to inability to walk, stand, or sit; loss of motor control	Abnormal gait and posture, clumsiness and incoordination; difficulties sitting, lying, crawling, and walking
Difficulty in chewing or swallowing	Difficulty chewing or swallowing
Unusual postures; toe walking	Unusual postures; toe walking

- SIMILARITIES ALSO FOUND IN:
- Unusual Behaviors (Mad Hatters)
- Cognitive Impairments
- Visual Impairments
- Physical Disturbances
- Gastrointestinal Disturbances
- Abnormal Biochemistry
- Immune Dysfunction
- CNS Structural Pathology
- Abnormalities in Neurochemistry
- Neurophysiology

Other Heavy Metal Effects

- Lead (Pb)
  - Allergies, ADD symptoms, constipation, coordination, delinquency, dyslexia, headaches, hyperactivity, hypothyroidism, insomnia, irritability, mood swings, muscle weakness

Other Heavy Metal Effects

- Cadmium (Cd)
  - Glucose dysregulation, flu-like symptoms, poor growth, hyperactivity, aggression, learning disorders, osteoporosis

Other Heavy Metal Effects

- Arsenic (As)
  - Anorexia, allergies, burning pain (abdominal), diarrhea, garlic odor, muscle aches/spasms/weakness, wheezing, throat constriction

Other Heavy Metal Effects

- Aluminum (Al)
  - Anemia, poor appetite, odd behaviors, constipation, dry mouth, dry skin, fatigue, hyperactivity, poor memory, numbness, weak muscles

- Heavy metals prefer a fatty environment.
- The brain consists of approximately 60–70% fat.
- This high percentage of fat explains the connection between toxic heavy metals and the brain.

- Through life we receive heavy metals from many different sources.
- The more we industrialize,
- the more we are exposed to higher levels of toxic heavy metals.

- Pollution from motor vehicles
- and our water pipes
- contribute to these toxic levels of heavy metals.

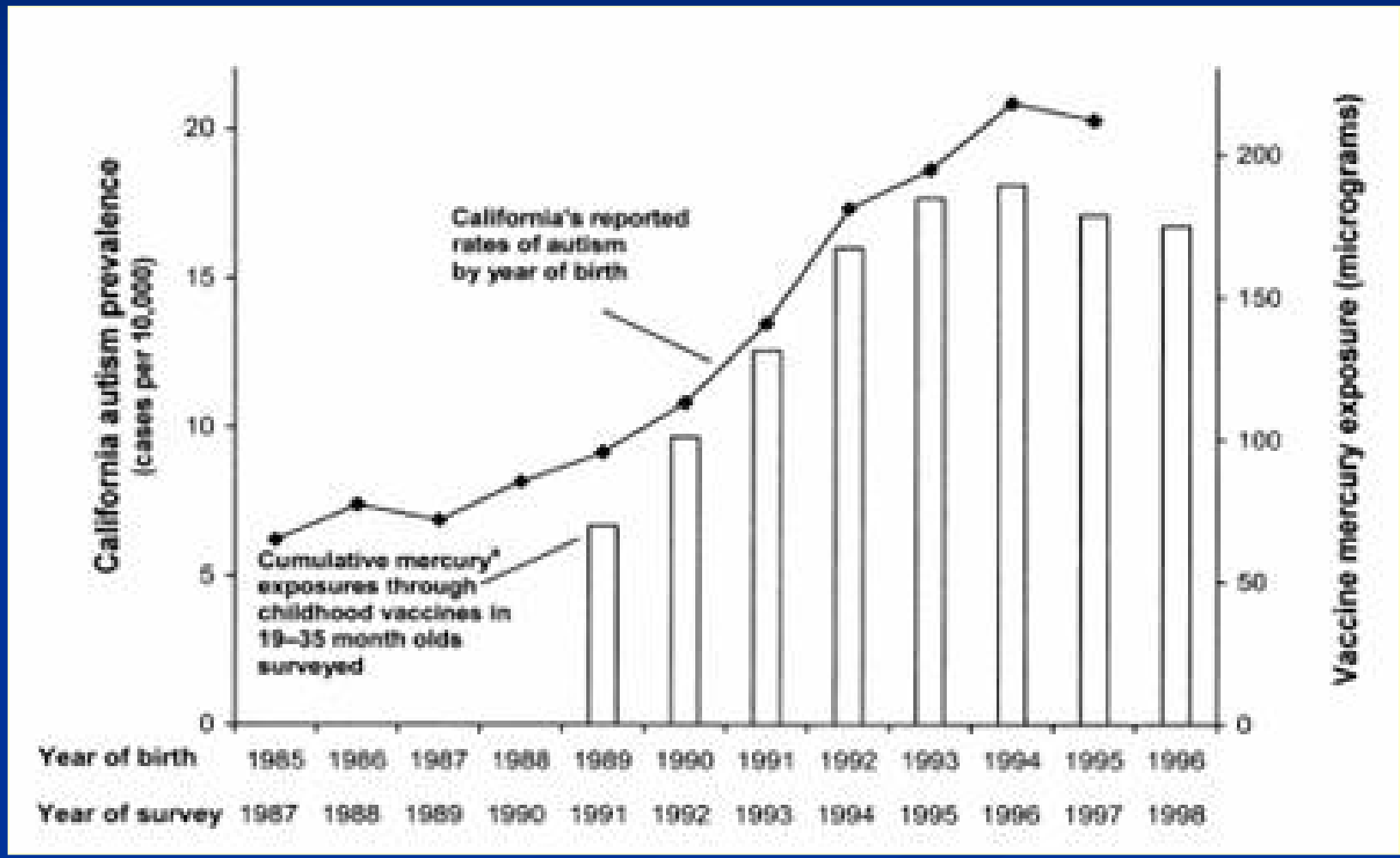
- Dental fillings which many of us have in our teeth

  also contribute.
- Dental amalgams:

  usually emit 1-10 ug/day; amount of mercury in brain strongly correlated with number of dental fillings; could release much more when first placed or removed.

- Many childhood vaccines used to contain 12.5-25 ug of thimerosal (Preservative),
- so that a fully-vaccinated child could receive up to 237.5 ug of thimerosal injected into them.

TOTAL Hg BURDEN AND AUTISM RATES IN CALIFORNIA 1985-98



- Lotions used under pregnancy to prevent stretch marks and
- some cosmetic products also contribute.

- **Mercury thermometers** that we have in our homes.

- **Blood Pressure cuffs** that are used in hospitals.

- Seafood:
- Larger fish have most mercury, due to eating smaller fish.

- Some purses,
- paints,
- school supplies,
- textile colouring
- and many many more products affect these special children.

Bernard et. al. "Autism: A Novel Type of Mercury Poisoning"
Medical Hypothesis 56(4) 462-471 (2001)

They discuss the many similarities between autism and mercury toxicity, including:

Psychiatric Disturbances: social withdrawal; repetitive behaviors; anxiety; irritability; poor eye contact

Speech/Language Deficits: loss of speech or delayed speech; speech comprehension deficits

Sensory Abnormalities: oral, touch, light and sound sensitivities

Motor Disorders: flapping motions; poor coordination; abnormal gait

Cognitive Impairments: low intelligence; poor memory; difficulty with abstract ideas

Unusual Behaviors: self-injurious; sleep difficulties; ADHD

Physical Disturbances: gastrointestinal disorders

Biochemistry: reduced glutathione; decreased detoxification ability of liver; disrupted purine metabolism;

Immune System: increased likelihood of auto-immune response, allergies, and asthma

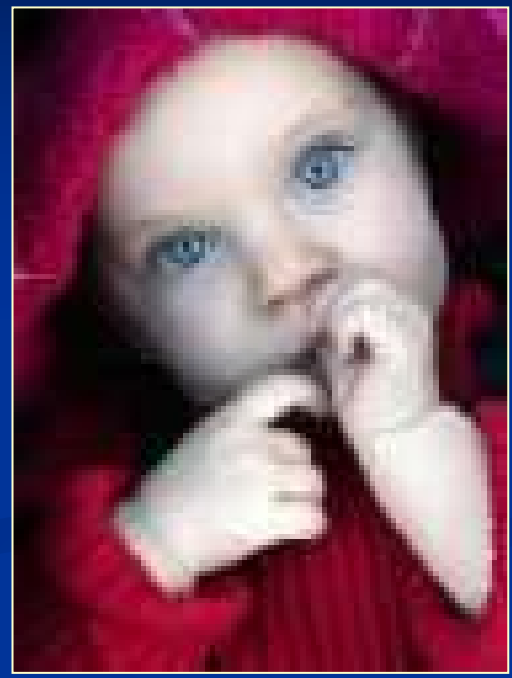
CNS Structure: mercury accumulates in amygdala, hippocampus, basal ganglia, and cerebral cortex, which are damaged in autism; mercury also damages Purkinje and granule cells (seen in autism); disruption of neuronal organization

Neurochemistry: decreased serotonin synthesis; elevated norepinephrine and epinephrine; demyelination

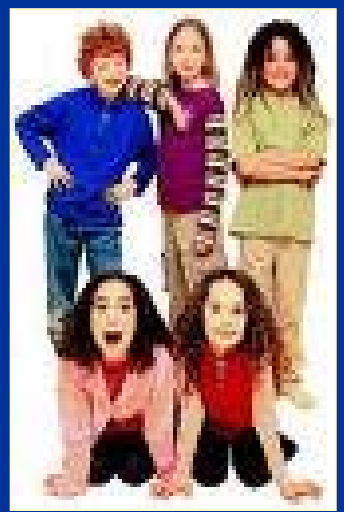
Neurophysiology: abnormal EEGs; abnormal vestibular nystagmus response

Gender bias: higher sensitivity/occurrence in males vs. females

- Children that are not born with any problems
  are not affected
  by these things
  because their bodies
  have the ability to cleanse these.



- Because we can't confirm which children are "special",



- We need to have preventative procedures for all children.

- Toxic Heavy Metals are our centuries future biggest problem.

Determining Heavy Metals

- The fact that heavy metals are neurotoxic, destroy the nervous system,
  is a well known fact within medical science.

- Toxic heavy metals
  thrive in a fat rich environment.

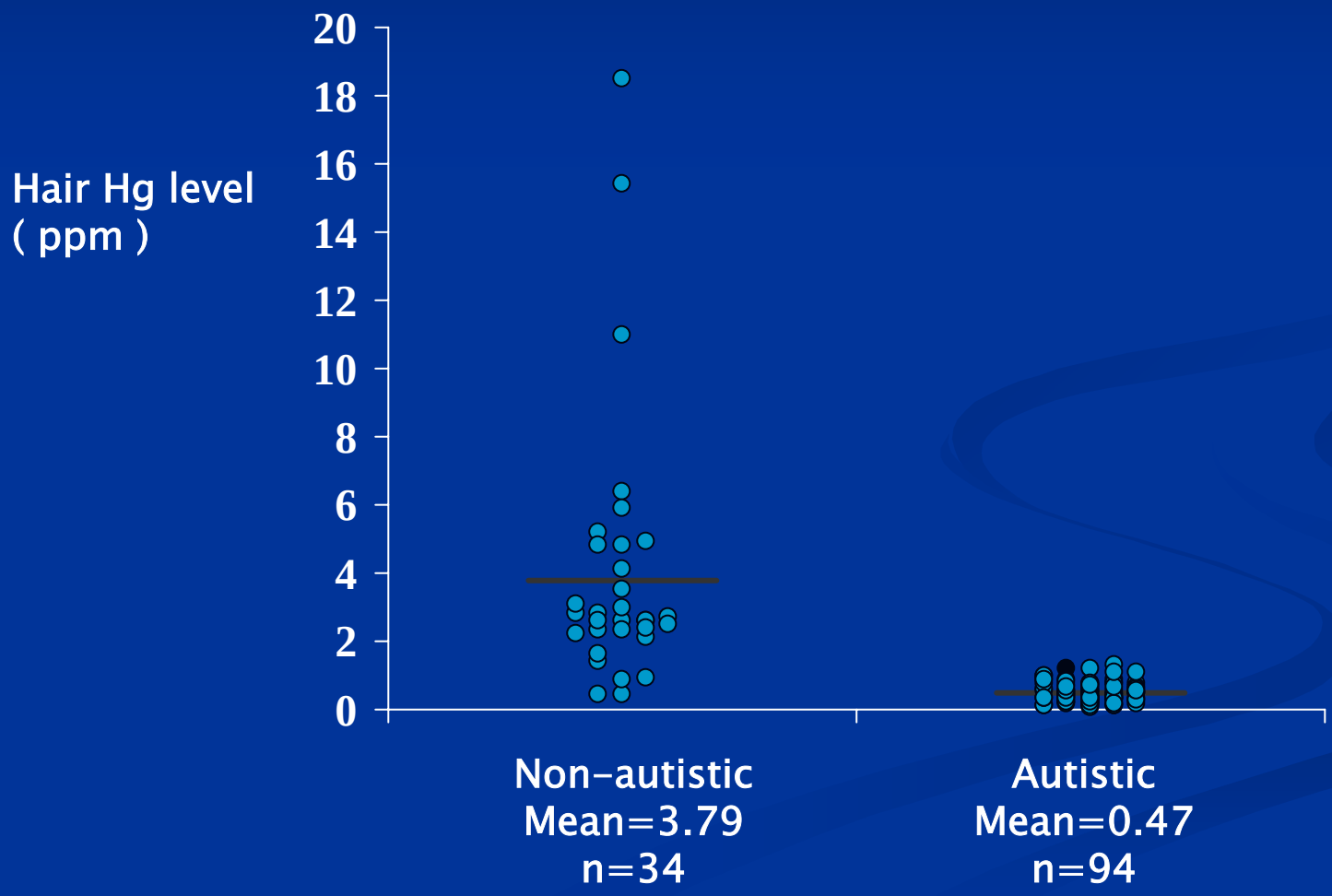
- Studies show that autistic children have high levels of mercury in their blood and tissues,
- but this is not true for all autistic children.
- Mercury is not the only heavy metal which can cause autism.
- Studies often show other heavy metals such as lead, aluminum, nickel and arsenic as a cause for autism.

- To examine the levels of heavy metals in the child, hair analysis and urine analysis need to be done.

- Hair analysis is an effective way of measuring heavy metals in the body due to the fact that hair grows slowly.

- Children that are born with tendencies towards autism don't have the capacity to cleanse heavy metals from organs or tissues.
- Instead, heavy metals collect in the body.
- A hair analysis doesn't show excess amounts of these toxic metals.
- Because these heavy metals don't mix with the blood.

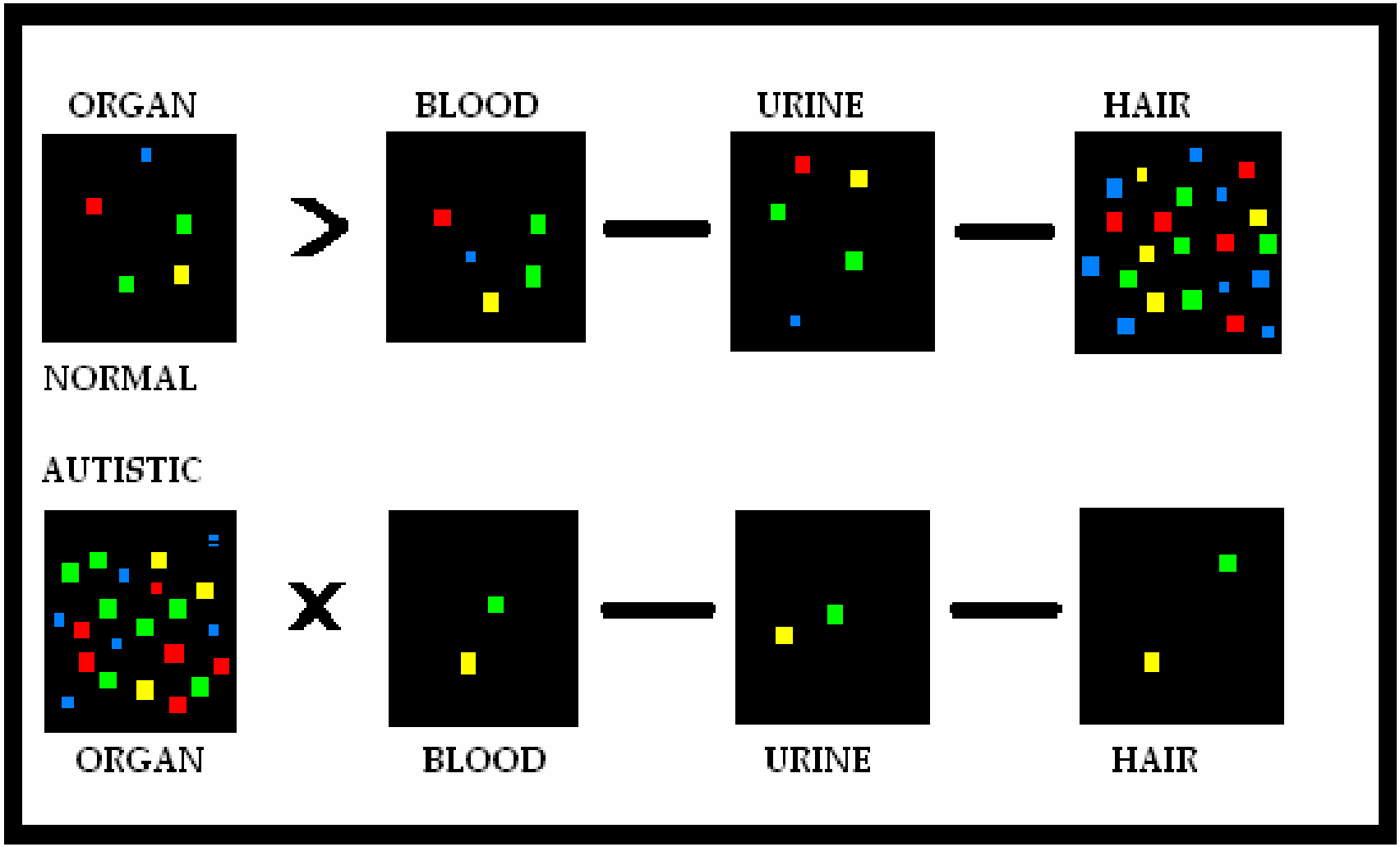
HAIR MERCURY OF AUTISTIC VS. CONTROL GROUPS



- A hair analysis on a healthy child
  will show levels of heavy metals.

- But on an autistic child
  the levels are extremely low or nonexistent.

- Urine analysis doesn't show any levels
  either on an autistic child.


ORGAN
BLOOD
URINE
HAIR
NORMAL
AUTISTIC
ORGAN
BLOOD
URINE
HAIR

- By first administering DMSA in appropriate dosage and then collect urine the following 6 hours will urine analysis show excretion of heavy metals. But we have no way to determine total body burden.

- This is called :
- DMSA challenge test or
- DMSA provocated urine toxic metals profile

URINE TOXIC METALS

DOCTOR'S DATA INC

LAB#: U060918-0471-1
PATIENT:
SEX: Male
AGE: 6

CLIENT#: 31281
DOCTOR: N. Cem Kinaci, MD
International Medical Center
Istikla Cad, Num 254
Mersin, 33110 TURKEY

POTENTIALLY TOXIC METALS

METALS	RESULT µg/g CREAT	REFERENCE RANGE	WITHIN REFERENCE RANGE / ELEVATED / VERY ELEVATED
Aluminum	< dl	< 60	
Antimony	0.2	< 1.5	
Arsenic	38	< 130	
Beryllium	< dl	< 0.6	
Bismuth	< dl	< 20	
Cadmium	0.3	< 2	
Lead	45	< 5	
Mercury	2.5	< 5	
Nickel	9.5	< 15	
Platinum	3.8	< 1	
Thallium	0.2	< 1.1	
Thorium	< dl	< 0.5	
Tin	4.3	< 15	
Tungsten	0.2	< 1.5	
Uranium	< dl	< 0.2	

URINE TOXIC METALS

DOCTOR'S DATA INC

LAB#: U060918-0488-1
PATIENT:
SEX: Male
AGE: 11

CLIENT#: 31281
DOCTOR: N. Cem Kinaci, MD
International Medical Center
Istikla Cad, Num 254
Mersin, 33110 TURKEY

POTENTIALLY TOXIC METALS

METALS	RESULT µg/g CREAT	REFERENCE RANGE	WITHIN REFERENCE RANGE	ELEVATED	VERY ELEVATED
Aluminum	< dl	< 60			
Antimony	0.4	< 1.5			
Arsenic	91	< 130			
Beryllium	< dl	< 0.6			
Bismuth	< dl	< 20			
Cadmium	0.4	< 2			
Lead	66	< 5			
Mercury	2.7	< 5			
Nickel	7.2	< 15			
Platinum	< dl	< 1			
Thallium	< dl	< 1.1			
Thorium	< dl	< 0.5			
Tin	24	< 15			
Tungsten	3.4	< 1.5			
Uranium	< dl	< 0.2			

URINE TOXIC METALS

DOCTOR'S DATA INC

LAB#: U061003-0585-1
PATIENT:
SEX: Male
AGE: 5

CLIENT#: 31281
DOCTOR: N. Cem Kinaci, MD
International Medical Center
Istikla Cad, Num 254
Mersin, 33110 TURKEY

POTENTIALLY TOXIC METALS

METALS	RESULT µg/g CREAT	REFERENCE RANGE	WITHIN REFERENCE RANGE / ELEVATED / VERY ELEVATED
Aluminum	12	< 60	
Antimony	0.4	< 1.5	
Arsenic	92	< 130	
Beryllium	< dl	< 0.6	
Bismuth	< dl	< 20	
Cadmium	0.5	< 2	
Lead	300	< 5	
Mercury	23	< 5	
Nickel	14	< 15	
Platinum	< dl	< 1	
Thallium	0.5	< 1.1	
Thorium	< dl	< 0.5	
Tin	54	< 15	
Tungsten	0.3	< 1.5	
Uranium	0.05	< 0.2	

URINE TOXIC METALS

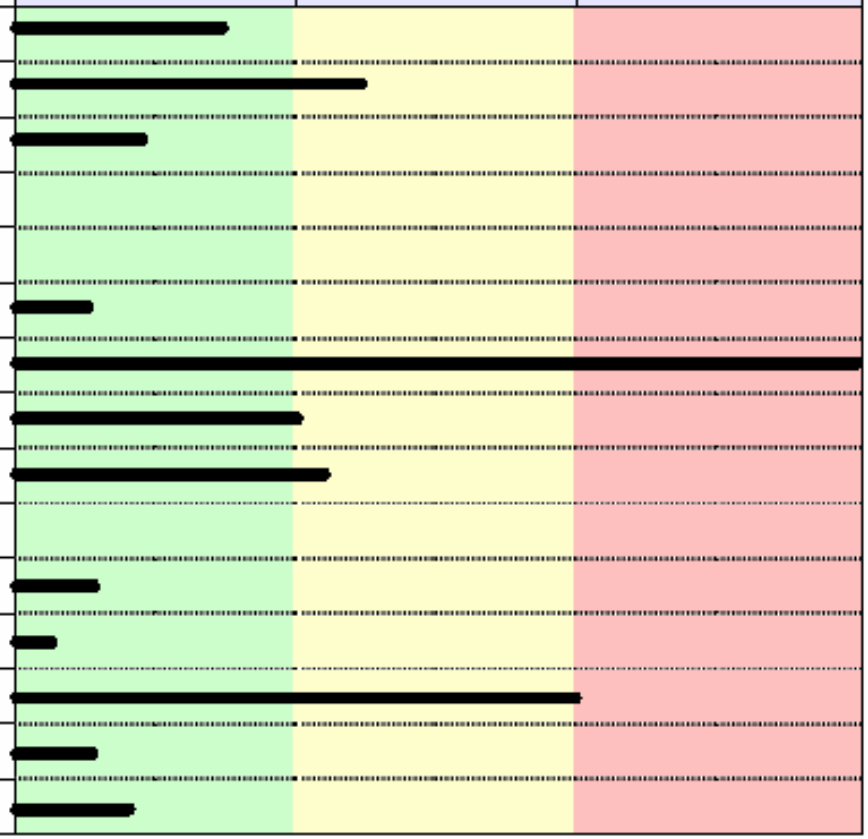
DOCTOR'S DATA INC.

LAB#: U060717-0536-1
PATIENT:
SEX: Female
AGE: 5

CLIENT#: 29297
DOCTOR: N. Cem Kinaci, MD
International Medical Center
Istiklal Cad Num 254
Mersin, 33110 TURKEY

POTENTIALLY TOXIC METALS

METALS	RESULT µg/g CREAT	REFERENCE RANGE
Aluminum	44	< 60
Antimony	2.2	< 1.5
Arsenic	58	< 130
Beryllium	< dl	< 0.6
Bismuth	< dl	< 20
Cadmium	0.5	< 2
Lead	77	< 5
Mercury	5	< 5
Nickel	21	< 15
Platinum	< dl	< 1
Thallium	0.3	< 1.1
Thorium	0.06	< 0.5
Tin	76	< 15
Tungsten	0.4	< 1.5
Uranium	0.08	< 0.2



URINE TOXIC METALS

DOCTOR'S DATA INC

LAB#: U051229-0365-1
PATIENT:
SEX: Male
AGE: 6

CLIENT#: 29297
DOCTOR: N. Cem Kinaci, MD
International Medical Center
Istiklal Cad Num 254
Mersin, 33110 TURKEY

POTENTIALLY TOXIC METALS

METALS	RESULT µg/g CREAT	REFERENCE RANGE	WITHIN REFERENCE RANGE / ELEVATED / VERY ELEVATED
Aluminum	10	< 60	
Antimony	0.2	< 1.5	
Arsenic	2270	< 130	
Beryllium	< dl	< 0.6	
Bismuth	< dl	< 20	
Cadmium	< dl	< 2	
Lead	16	< 5	
Mercury	11	< 5	
Nickel	4.7	< 15	
Platinum	< dl	< 1	
Thallium	0.1	< 1.1	
Thorium	< dl	< 0.5	
Tin	8.9	< 15	
Tungsten	0.05	< 1.5	
Uranium	< dl	< 0.2	

URINE TOXIC METALS

DOCTOR'S DATA INC

LAB#: U060323-0716-1
PATIENT:
SEX: Male
AGE: 8

CLIENT#: 29297
DOCTOR: N. Cem Kinaci, MD
International Medical Center
Istiklal Cad Num 254
Mersin, 33110 TURKEY

POTENTIALLY TOXIC METALS

METALS	RESULT µg/g CREAT	REFERENCE RANGE	WITHIN REFERENCE RANGE / ELEVATED / VERY ELEVATED
Aluminum	< dl	< 60	
Antimony	0.1	< 1.5	
Arsenic	19	< 130	
Beryllium	< dl	< 0.6	
Bismuth	< dl	< 20	
Cadmium	0.1	< 2	
Lead	36	< 5	
Mercury	54	< 5	
Nickel	5.1	< 15	
Platinum	< dl	< 1	
Thallium	0.2	< 1.1	
Thorium	< dl	< 0.5	
Tin	2	< 15	
Tungsten	< dl	< 1.5	
Uranium	< dl	< 0.2	

URINE TOXIC METALS

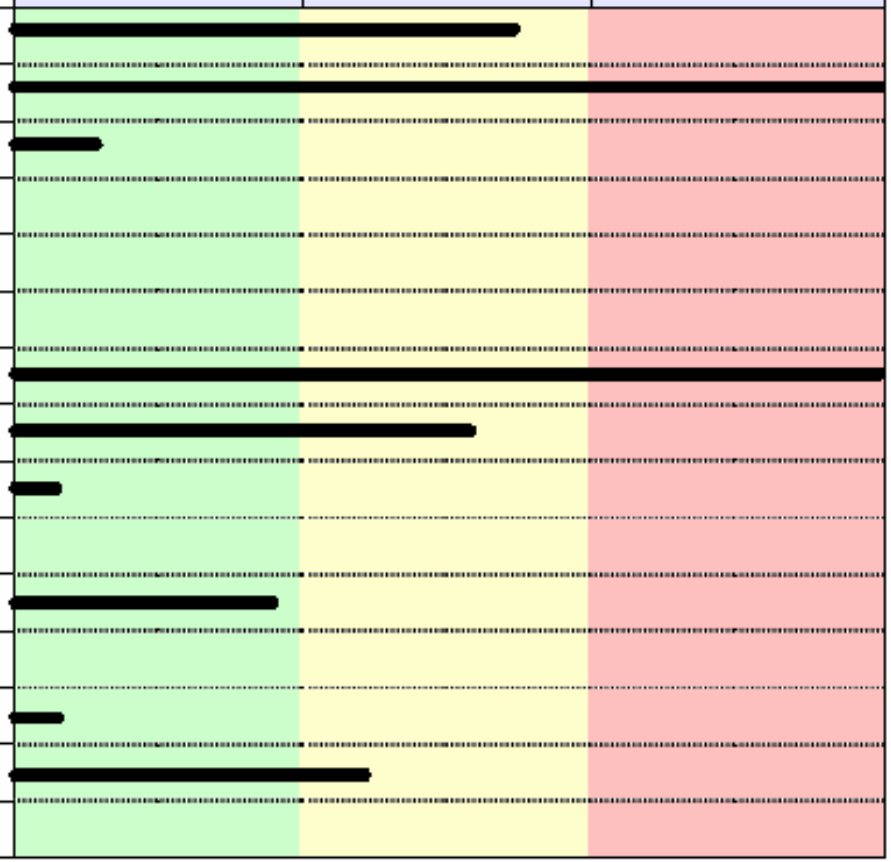
DOCTOR'S DATA INC.

LAB#: U060130-0485-1
PATIENT:
SEX: Male
AGE: 5

CLIENT#: 29297
DOCTOR: N. Cem Kinaci, MD
International Medical Center
Istiklal Cad Num 254
Mersin, 33110 TURKEY

POTENTIALLY TOXIC METALS

METALS	RESULT µg/g CREAT	REFERENCE RANGE
Aluminum	240	< 60
Antimony	20	< 1.5
Arsenic	37	< 130
Beryllium	< dl	< 0.6
Bismuth	< dl	< 20
Cadmium	< dl	< 2
Lead	90	< 5
Mercury	11	< 5
Nickel	2.1	< 15
Platinum	< dl	< 1
Thallium	1	< 1.1
Thorium	< dl	< 0.5
Tin	2.2	< 15
Tungsten	2.9	< 1.5
Uranium	< dl	< 0.2



URINE TOXIC METALS

DOCTOR'S DATA INC.

LAB#: U060602-0822-1
PATIENT: Sercan Dagdelen
SEX: Male
AGE: 4

CLIENT#: 29297
DOCTOR: N. Cem Kinaci, MD
International Medical Center
Istiklal Cad Num 254
Mersin, 33110 TURKEY

POTENTIALLY TOXIC METALS

METALS	RESULT µg/g CREAT	REFERENCE RANGE	WITHIN REFERENCE RANGE / ELEVATED / VERY ELEVATED
Aluminum	190	< 60	
Antimony	< dl	< 1.5	
Arsenic	19	< 130	
Beryllium	< dl	< 0.6	
Bismuth	< dl	< 20	
Cadmium	0.3	< 2	
Lead	53	< 5	
Mercury	4.2	< 5	
Nickel	15	< 15	
Platinum	< dl	< 1	
Thallium	0.4	< 1.1	
Thorium	< dl	< 0.5	
Tin	< dl	< 15	
Tungsten	0.2	< 1.5	
Uranium	1.3	< 0.2	

URINE TOXIC METALS

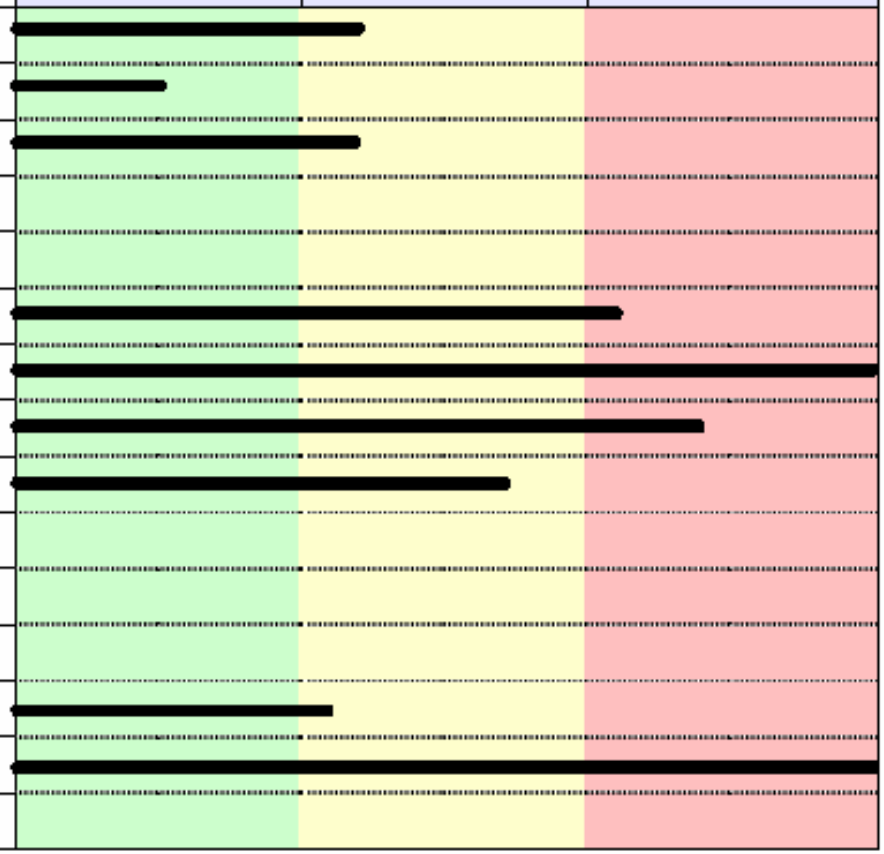
DOCTOR'S DATA INC.

LAB#: U060713-0518-1
PATIENT:
SEX: Male
AGE: 3

CLIENT#: 29297
DOCTOR: N. Cem Kinaci, MD
International Medical Center
Istiklal Cad Num 254
Mersin, 33110 TURKEY

POTENTIALLY TOXIC METALS

METALS	RESULT µg/g CREAT	REFERENCE RANGE
Aluminum	180	< 100
Antimony	1	< 2
Arsenic	350	< 200
Beryllium	< dl	< 0.6
Bismuth	< dl	< 20
Cadmium	6.7	< 3
Lead	98	< 5
Mercury	21	< 5
Nickel	78	< 20
Platinum	< dl	< 1
Thallium	< dl	< 1.1
Thorium	< dl	< 1
Tin	27	< 20
Tungsten	170	< 2
Uranium	< dl	< 0.3



- Mercury and possibly other toxic metals present at high levels in autistic children.
- **Every child with autism should do a DMSA challenge test.**
- For treatment, I only recommend oral DMSA, under guidance of experienced physician, with regular urine testing and kidney/liver function testing (every 2-3 months).
- Children under 6 will benefit most, children under 12 may benefit, older children/adults have smaller chance of modest benefit.

DETOXING HEAVY METALS

Chelation

Basic Strategy

- History and Physical Examination
- Laboratory Testing
- Clean Up
  - Environmental Controls
  - Dietary Interventions
  - Address Gastrointestinal Health
- Foundational Nutrients
- Treat underlying Immune Issues and Inflammation
- Support Detoxification Pathways
- Heavy Metal Detoxification
- Hyperbaric Oxygen Therapy

What is CHELATION ?

From Greek *chele*, or claw.
Developed for lead poisoning by Army.
Sulfur-based agents bind with heavy metals.
Use ONLY under doctor's supervision.

Chelation is a method which throws away mercury, lead, arsenic, aluminum and similar heavy metals from the body.

- Two main agents currently in use:

DMSA:

- Di-*Mercapto*-Succinic Acid
  more typically in children, orally
- approved by FDA

DMPS:

- Di-Mercapto-Propane-Sulfonate
  Transdermal patch or lotion

- This method can only be recommended for children that don't have problems

  with their liver, kidneys or bone marrow.
- Every autistic child doesn't get treated with chelation.
- Serious injury can be caused from unauthorized personnel doing treatments.
- It needs to be determined that this kind of treatment is needed.

- It's also important to make sure that the glutathione levels are normal prior to starting the chelation procedure.

- Glutathione has the ability to bind toxic heavy metals and expel them from the body.

- It is scientifically proved that DMSA can detox the body from

- Mercury
- Arsenic
- Lead
- Cadmium
- Aluminum
- Nickel
- Tungsten
- Antimony
- Uranium
- Platinum
- Thallium

- DMPS can also be used to help the body detox.

- Other methods are CaEDTA and ALA alternating with DMSA and DMPS depending on which heavy metals are present in the body.

- In most cases, autistic children have mineral deficiency due to poor uptake of nutrients and other unexplainable reasons.

- Autistic children often show deficiency in selenium, zinc, magnesium, molybdenum, mangan, chromium and vanadium.

- Almost twice as much zinc is lost when doing a chelation with DMSA.
- It is very important to monitor zinc levels before and during the treatment.
- At times it is necessary to take extra levels of zinc to ensure that the zinc level is not to low.

- DMSA does not effect iron, calcium, and magnesium.
- However, copper is heavily affected.
- Usually autistic children have to much copper in their bodies so this is only positive.
- But it is still very important to monitor copper levels in the body when using DMSA method.

- If children refuse to take orally,
  a lotion (transdermal) can be used instead.
- It is actually the safest method.

- Children that are able to swallow tablets get DMSA orally.
- Oral DMSA is preferred due to accessibility, safe and cost.

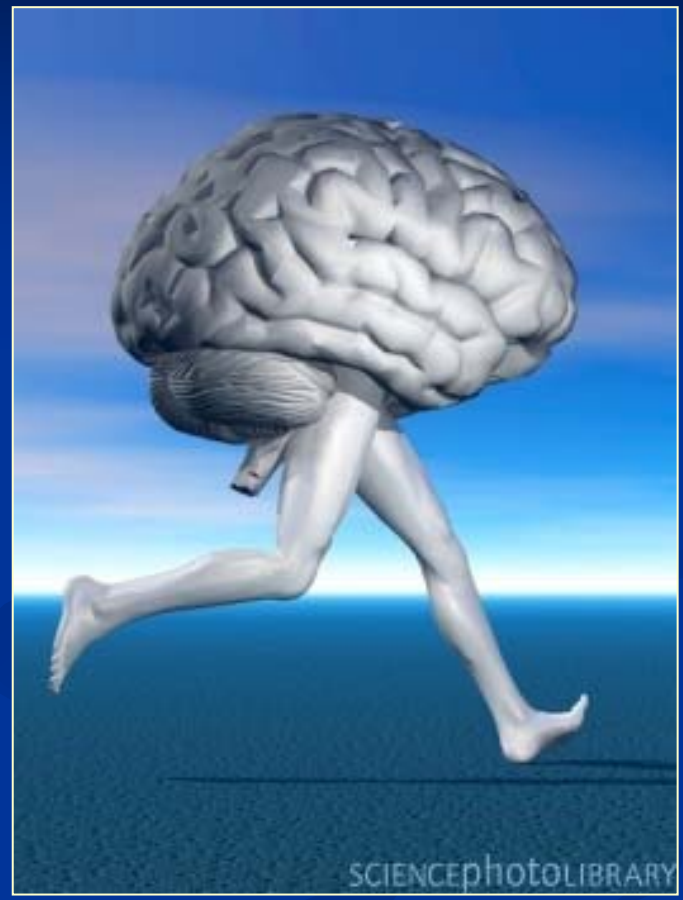
- Children that have liver and gut problems can get DMSA rectally.

- By doing the treatment slowly and using correct dosage, it is possible to monitor the childs essential mineral levels and make adjustments when needed.
- IV chelation is not recomended

  by DAN! Healthcare Practitioners.
- Reexposure is always a danger;

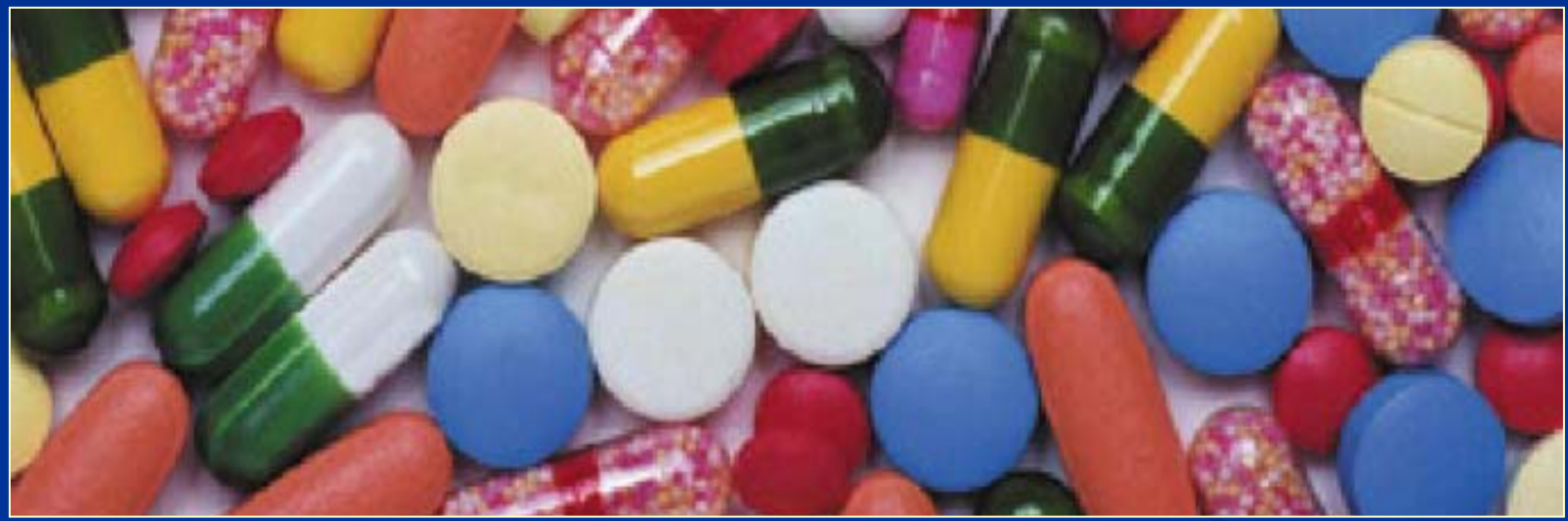
  therefore, all children, while on therapy, should be monitored for their blood heavy metal concentrations at mouthly intervals during and after therapy.

- Chelation takes to long and it can not be rushed.



- Tests are taken before starting the chelation procedure to see how the body's different systems function.
- When needed, the body gets treated prior to starting chelation.
- The children are given extra vitamins and minerals during the chelation procedure.

WHICH VITAMINS AND MINERALS ?



- Copper
- It is important that the supplement doesn't contain copper since it is the only mineral that autistic children usually have to much of.
- Excess can cause erratic behavior, hyperactivity, poor focus, yeast issues.
- Reduces zink and molibdenum
- By administering copper we would make things worse.

- Selenium
- Has an important role on glutathione metabolism and thyroid metabolism.
- Most of the autistic children have low selenium levels in blood.
- It should also be handled cautiously.

- Zink
- Deficiency can cause immune, language, attention/focus issues.

- **Magnesium**
- Deficiency can cause hyperactivity, anxiety, muscle spasms, enuresis.
- Reduces aluminum
- Antagonizes calcium

- Calcium
- Excess leads to hyperexitability
- Deficiency leads to poor bone mineralization, rigidity in muscles
- Reduces lead and aluminum

- Molibdenum
- Deficiency leads to yeast and sulfation issues
- Reduces tungsten and copper

- Vitamin C
- DAN! also recommend large doses of vit C in combination with mineral supplement.
- Vitamin C has an important role on neurotransmitter metabolism.
- Vitamin C can detox mercury, lead, arsenic and some other toxins from the body.

Dolske MC, Spollen J, McKay S, et al. A preliminary trial of ascorbic acid as supplemental therapy for autism. Prog Neuropsycholpharmacol Biol Psychiatry 1993;17:765-74.
Rimland B. Vitamin C in the Prevention and Treatment of Autism
Autism Research Review International. 1998 ;12 (2):3

- Vitamin B6 is found in cystein production, which is needed for glutathione.

Lelord G, Muh JP, Barthelemy C, et al. Effects of pyridoxine and magnesium on autistic symptoms: Initial observations. J Autism Developmental Disorders 1981;11:219–29.
Martineau J, Garreau B, Barthelemy C, et al. Effects of vitamin B6 on averaged evoked potentials in infantile autism. Biol Psychiatr 1981;16:627–39.
Rimland B, Callaway E, Dreyfus P. The effect of high doses of vitamin B6 on autistic children: a double-blind crossover study. Am J Psychiatr 1978;135:472–5.
Rimland B. Vitamin B6 versus Fenfluramine: a case-study in medical bias. J Nutr Med 1991;2:321–2.

Magnesium; if combined with vitamin B6 has therapeutic effects in autism.

Martineau J, Barthelemy C, Garreau B, Lelord G. Vitamin B6, magnesium, and combined B6-Mg: therapeutic effects in childhood autism. *Biol Psychiatr* 1985;20:467-78.

- **Methylcobalamin** is the only compound of the B12 familly which is the most important activator for methionine-homocysteine path.

- This path activates the most important detox system in the body.

- Vitamin E is also a good antioxidant
- but is not highly recommended, because most Vitamin E is soy based.
- Autistic children have a tendency to be intolerant to soy products.
- Vitamin E which is not Soy based can be used.

- Vitamin K
- an anti-oxidant that is more powerful than Vitamin E or CoQ10.
- Vitamin K, is able to potently inhibit glutathione depletion-mediated oxidative cell death.
- Vitamin K is involved in the development of the nervus system.

www.kirkmangroups.com
www.barinchildnutritionals.com

- KIRKMAN SUPER NU-THERA
- BrainChild Nutritionals SPECTRUM SUPPORT

- are vitamin and mineral supplements
- that can be used to correct the levels of nutrients in the body.

POSSIBLE SIDE EFFECTS OF CHELATION PROCEDURE AND PREVENTATIVE MEASURES.

- Which organs can be negatively affected ?

- Liver
- Kidneys
- Bone marrow

- Since DMSA is expelled through the urinary tract,
- kidney function is monitored.

- BUN
- Creatinine
- Uric acid

- Liver function is monitored because there is a risk of the liver being negatively affected.

- ALT
- AST
- GGT
- ALP

- For bone marrow monitoring,

- WBC
- RBC
- PLT

Oxidative Stress Theory of Autism

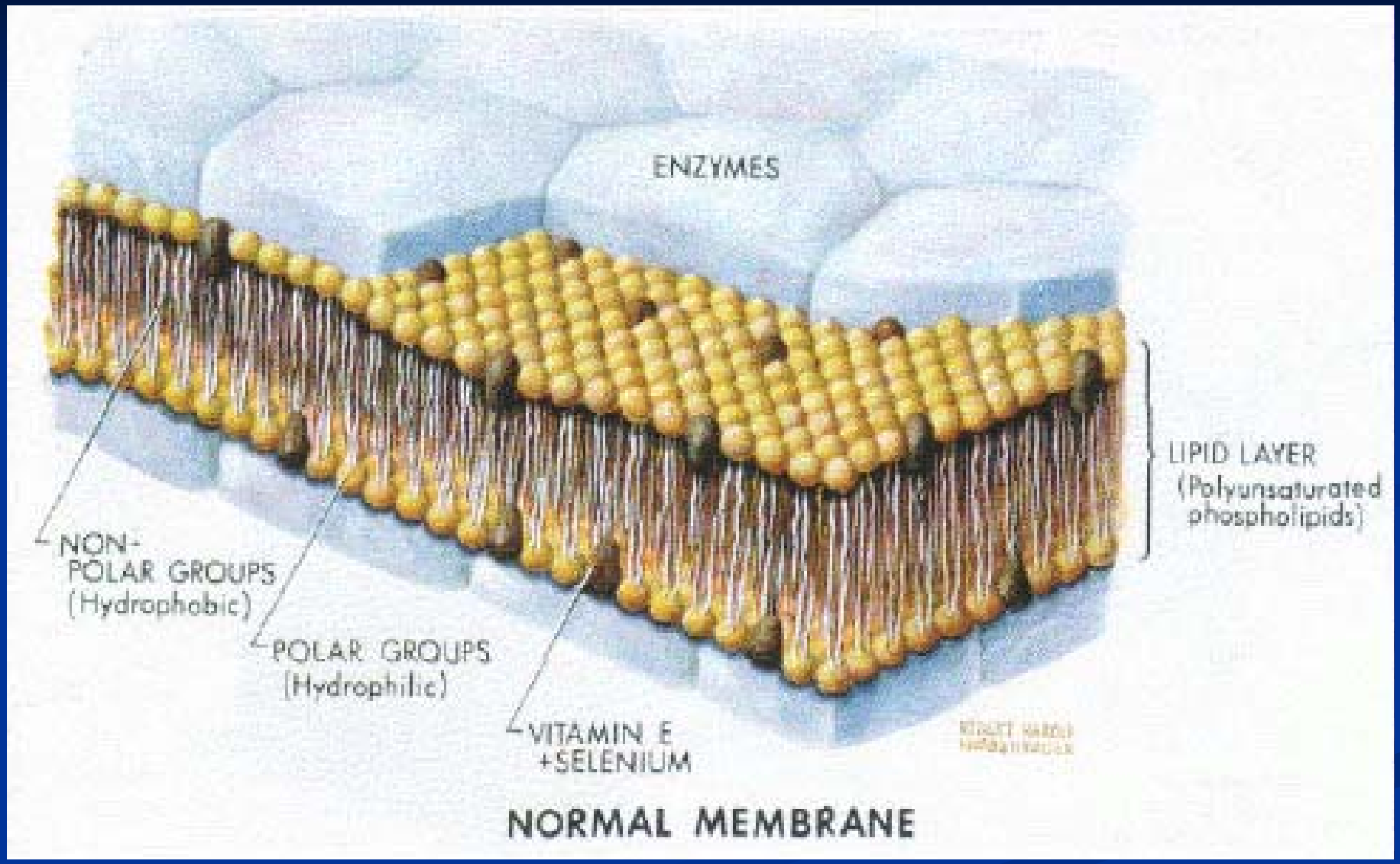
- Genetic weakness in antioxidant protection: Metallothionein, Glutathione, APO-E2, etc.
- Incompetent intestinal and blood/brain barriers.
- Toxic amounts of Hg, Pb, Cu, etc. invade the brain, damaging brain cells and disabling MT proteins needed to complete maturation of the brain.

Consequences of Oxidative Stress Mirror Classic Symptoms of Autism

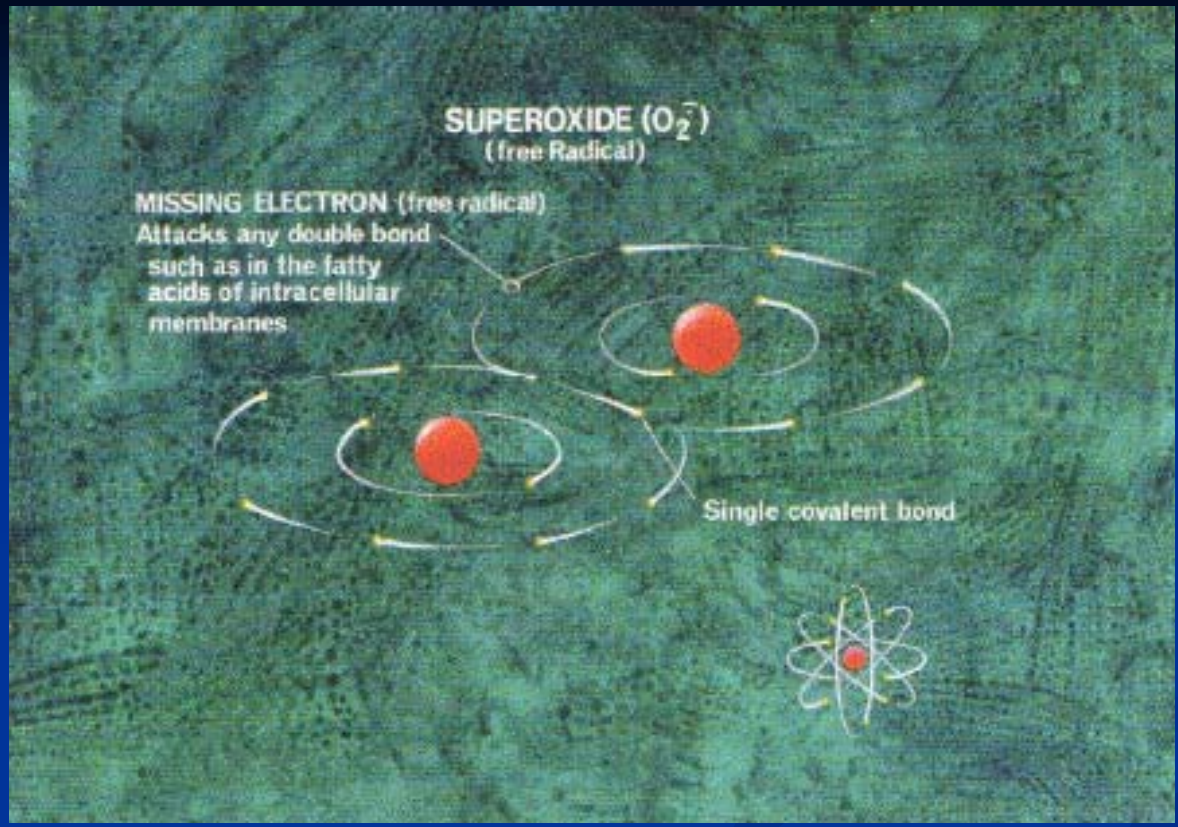
- Hypersensitivity to Hg and other toxic metals.
- Hypersensitivity to certain proteins (casein, gluten, etc)
- Poor immune function
- Disruption of the methylation cycle
- Inflammation of the brain & G.I. tract.
- Depletion of glutathione & metallothionein
- Excessive amounts of “unbound” copper

Free Radicals

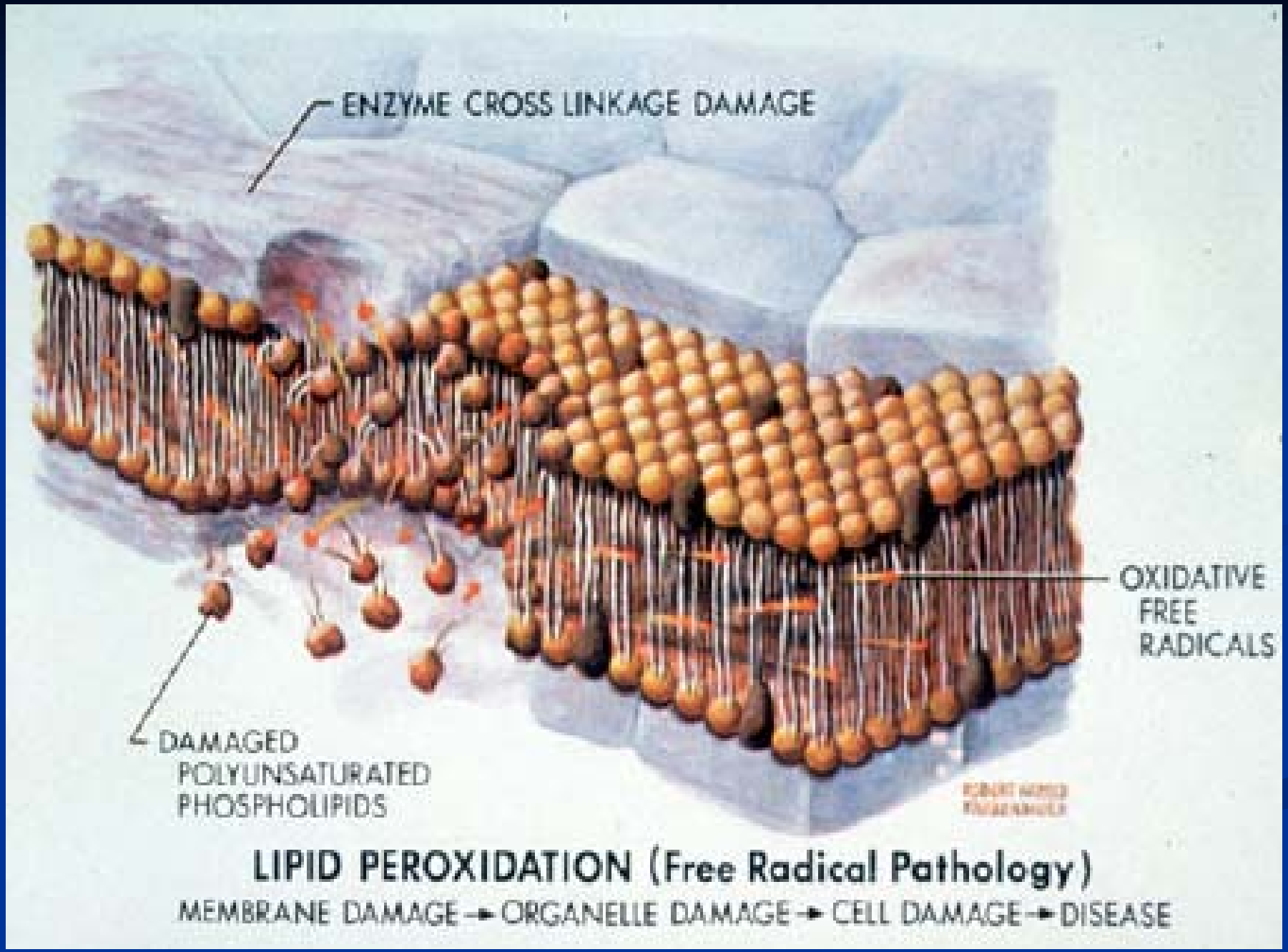
- Defined as an atom that has lost an electron and as a result, has a net (+) charge.
- Free radicals are explosive, chemically reactive species that if not controlled, cause damage to cell membranes by lipid peroxidation.



NORMAL MEMBRANE



- Superoxide is used to illustrate the structural nature of a free radical.
- Under the conditions with a sigle covalent bond and a missing electron, a free radical is highly reactive.
- In the lover right corner the electrons are symbolized revolving around the oxygen nucleus.


ENZYME CROSS LINKAGE DAMAGE
OXIDATIVE FREE RADICALS
DAMAGED POLYUNSATURATED PHOSPHOLIPIDS
LIPID PEROXIDATION (Free Radical Pathology)
MEMBRANE DAMAGE → ORGANELLE DAMAGE → CELL DAMAGE → DISEASE

Sources of free radicals

- Radiation
- Heavy metals
- Poisons
- Sunlight
- Cooked or rancid fats
- Other toxins (such as candida)
- stress

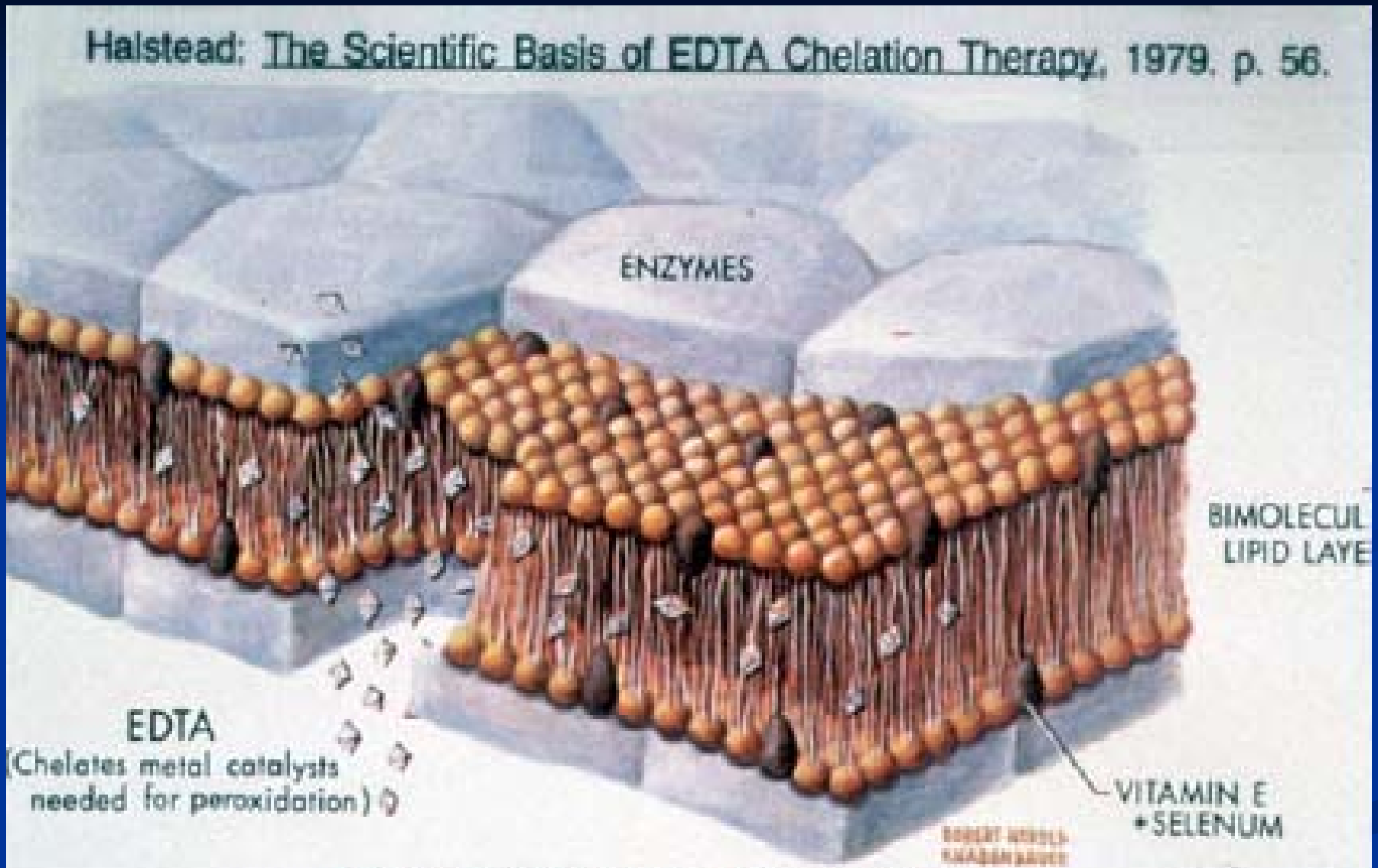
Free radicals are increased by

- Excessive Iron and Copper
- Other inflamatory problems such as allergies.

Free radicals are controlled by antioxidant action.

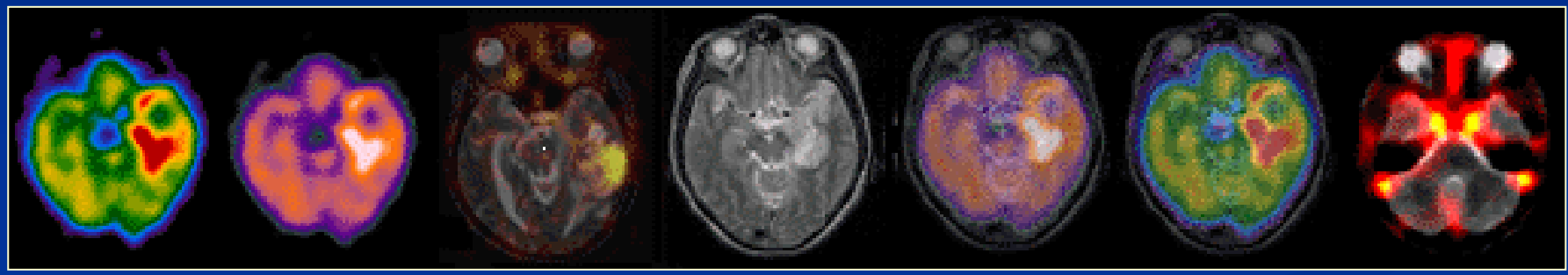
- Antioxidant nutrients include
- A beta carotene
- C vitamin C
- E vitamin E
- S selenium

Halstead: The Scientific Basis of EDTA Chelation Therapy, 1979. p. 56.



EDTA PROTECTIVE MECHANISM

IDENTIFYING BRAIN DAMAGE



SPECT

Most people are familiar with **MRI** (magnetic resonance imaging) and **CAT** (computerized axial tomography) scans, which are superb at depicting structural anatomy.

However, neither is designed for or is capable of measuring the brain activity.

MRI

- A specialized tool, the SPECT scan,
  (single photon, emission-computed tomography)
  has been proven effective in this task
  and it is the primary tool
  IMC Hospital employs to objectively measure
  the effectiveness of HBOT on patients.

- Specifically, SPECT scanning show actual brain functioning, in visual terms.

- It can help doctors to see
- how blood is flowing through different areas within a patient's brain,
- visualize brain metabolism,
- and make a better diagnosis of his/her condition.

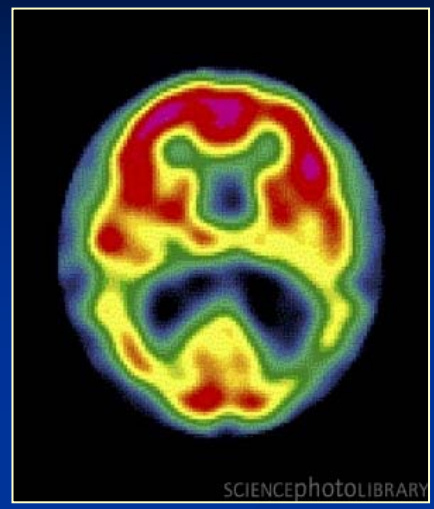
During SPECT scanning, a radioactive "tracer" agent is injected into a vein in the hand or arm.

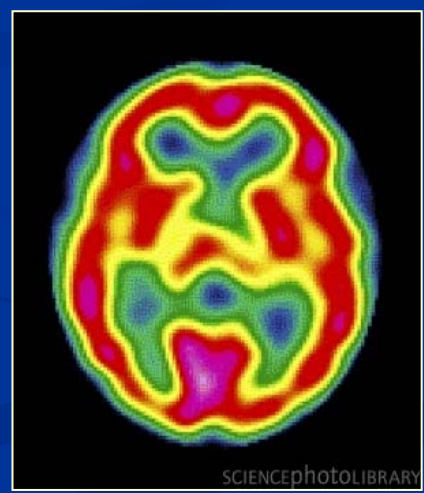
The tracer localizes in an area of the brain where it can then be "photographed"

Only viable tissue can absorb the tracer, which breaks down harmlessly within a few hours.

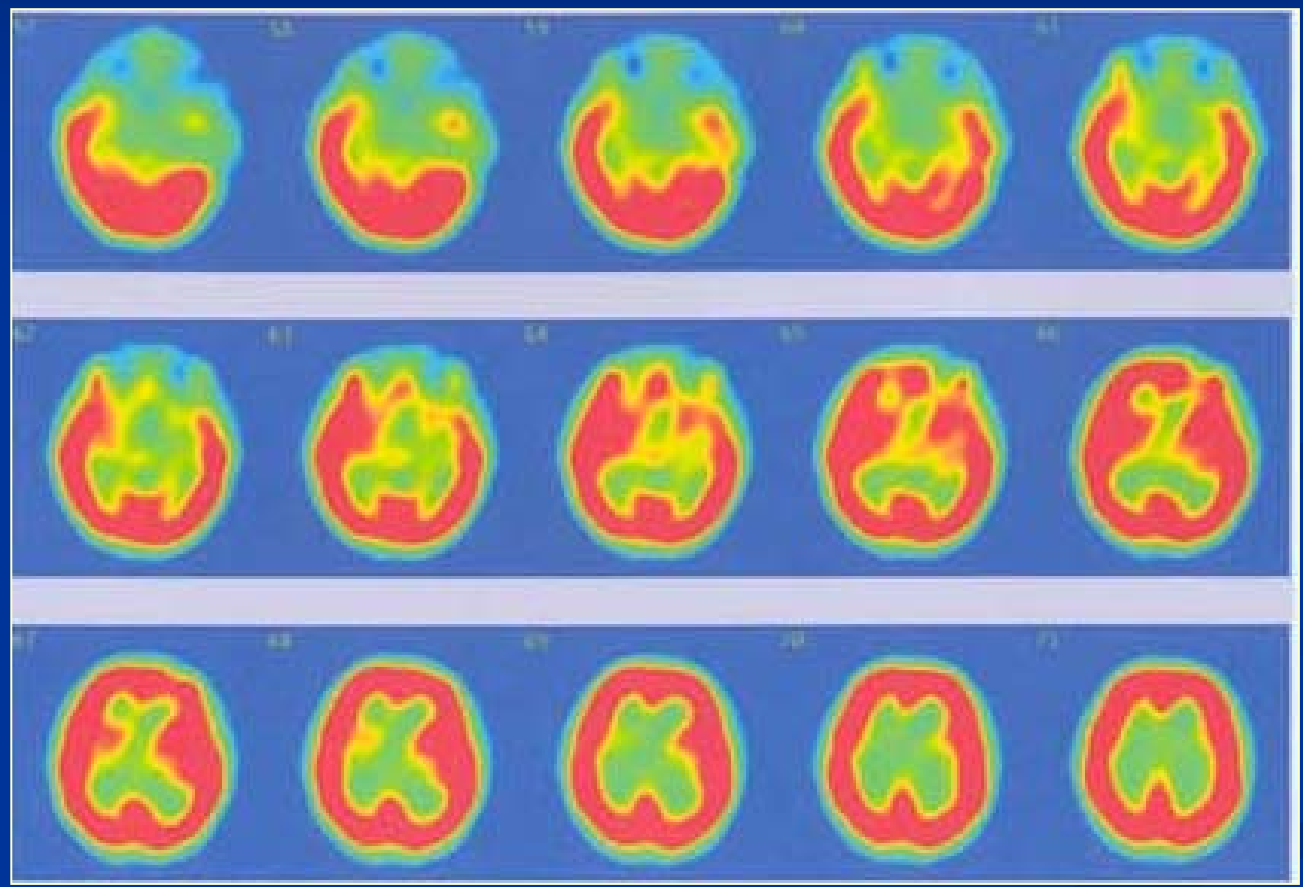
- A special gamma camera aimed at the head pinpoints the position and energy of photons emitted, as the tracer disintegrates.

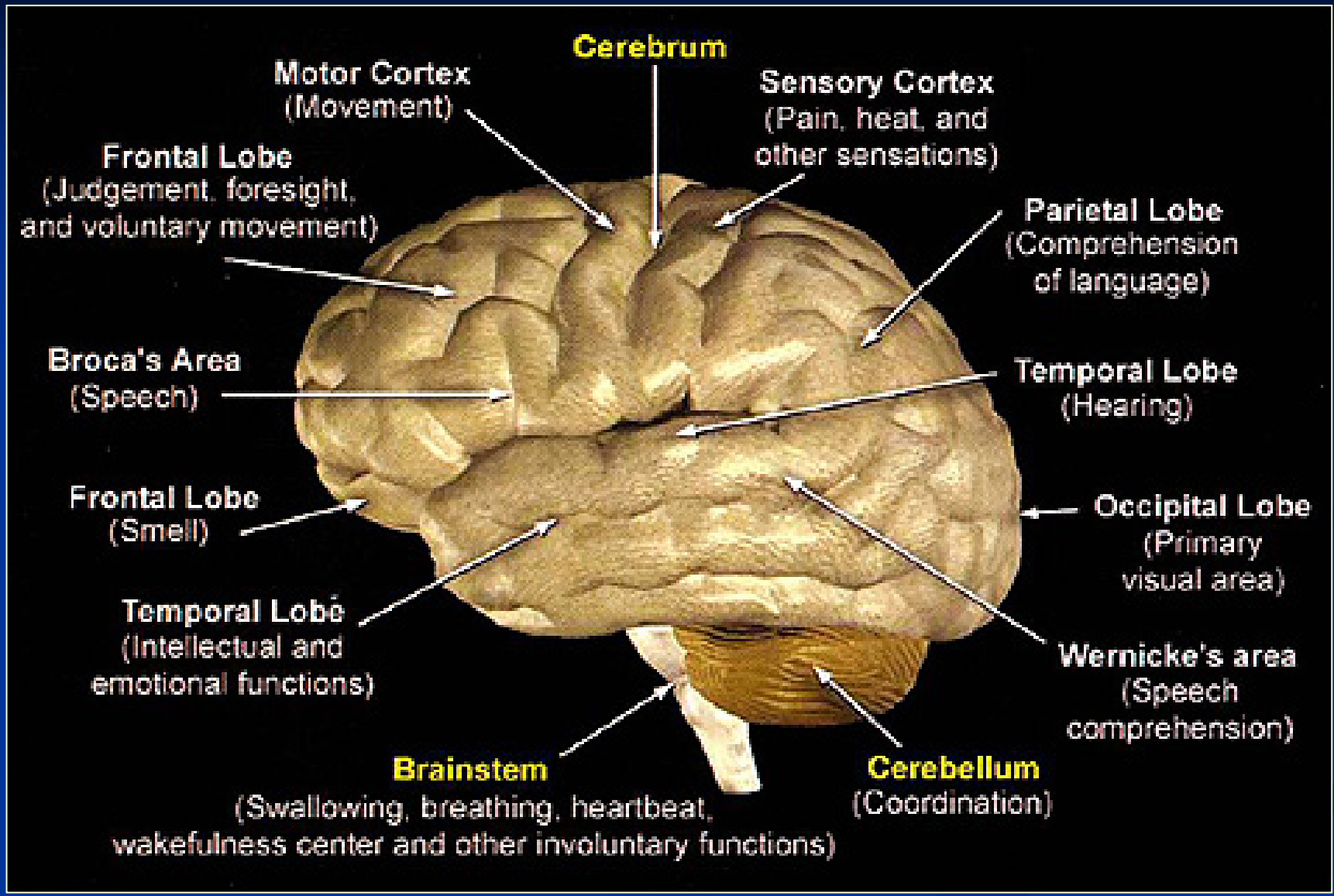
- As inert (dead) cells do not absorb the tracer at all,
- SPECT scanning can distinguish between living and dead (necrotic) tissue.
- SPECT scanning can also identify between recoverable brain cells (referred to as sleeping cells, idling neurons, or the ischemic penumbra).





Case : 8 YO boy with autism has decreased function at left temporal and left frontal areas.




Cerebrum
Motor Cortex
(Movement)
Sensory Cortex
(Pain, heat, and
other sensations)
Frontal Lobe
(Judgement, foresight,
and voluntary movement)
Parietal Lobe
(Comprehension
of language)
Broca's Area
(Speech)
Temporal Lobe
(Hearing)
Frontal Lobe
(Smell)
Occipital Lobe
(Primary
visual area)
Temporal Lobe
(Intellectual and
emotional functions)
Wernicke's area
(Speech
comprehension)
Brainstem
(Swallowing, breathing, heartbeat,
wakefulness center and other involuntary functions)
Cerebellum
(Coordination)

- With this method we can see that most autistic children have decreased activity at the temporal and frontal lobes of the brain which has to do with speech and understanding.

- The important question is if the area with low activity has the possibility to recover.

- If the living brain tissue
  is determined to be recoverable,
  or in an electrically inactive or idling state,

- HBOT may substantially and/or permanently revive them.

Abnormal regional cerebral blood flow on childhood autism

Takashi Ohnishi Hiroshi Matsuda Toshiaki Hashimoto et al

Brain 2000;123:1838-1844

Twenty three children with autism and 26 non autistic children were matched for IQ and age and examined using SPECT imaging

There were decreases in regional cerebral blood flow in autistic patients compared with the control group

HYPERBARIC OXYGEN THREAPHY

HBOT

- When treating autistic children,

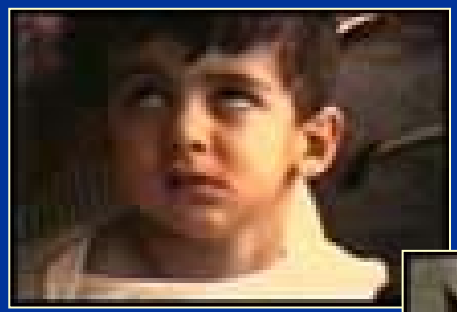
  it is not enough to cleanse the brain from toxic heavy metals by using chelation.

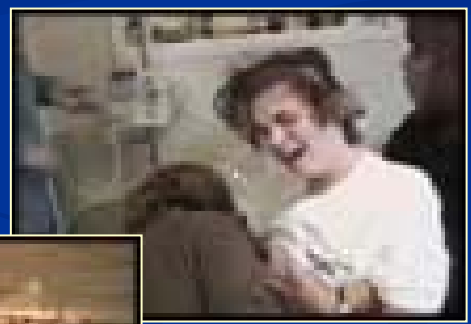
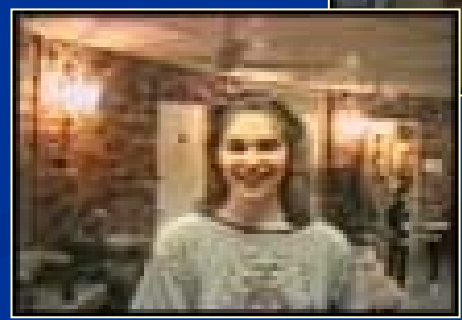
- Simultaneously the digestive system needs to be treated in order for optimal results.

- Areas that have decreased function due to accumulated heavy metals need to be activated.

www.oceanhbo.com
www.harchhyperbarics.com

- With “Hyperbaric Oxygen Therapy” it is possible to treat both brain and digestive system.
- This has been used since 1972 by Dr. Richard Neubauer/USA, with excellent results.



- **Hyperbaric Oxygen Threaphy**
  is breathing in oxygen under pressure.

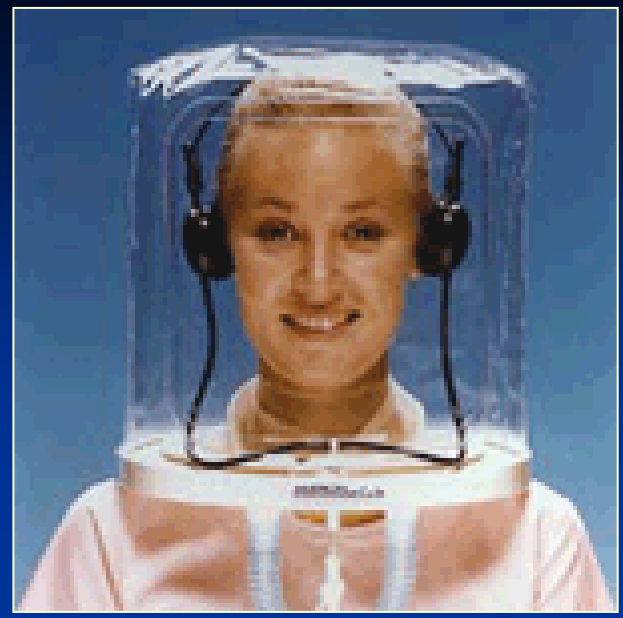
- HBOT is NOT to be confused with "hyperoxygenation", which is breathing in oxygen in regular pressure (1 atmosphere)
- Inhaling large amounts of oxygen can be damaging to the brain.
- Under no circumstances should the child breathe oxygen from an oxygen tube.
- Only specialists may treat with "Hyperbaric Oxygen Therapy".

- Pressure levels:
- Length of sessions:
- Numbers of sessions:

- are individually adjusted after the childs needs.
- Protocols that are beneficiary for other diagnoses
- are not relevant for autistic children.

- The treatment is done in submarine boat like chambers (hyperbaric chambers) that are on land.
- By using pressure, SCUBA diving is simulated.

- With the help of special masks and hoods
- it is possible to breathe 100% oxygen.



- During modern HBOT, the patient breathes pure, 100% oxygen under increased atmospheric pressure.
- The air we normally breathe contains only 19-21% of this essential element;
- Via HBOT, the concentration of pure oxygen dissolved into the bloodstream is dramatically increased (up to 2,000%), with virtually no energy expenditure.

- In addition to the blood, all body fluids (including the vital lymph and cerebrospinal fluids) are infused with the healing benefits of this molecular oxygen.

- The hyperbaric chamber enables the brain cells that have very low function in damaged areas to receive these smaller molecules of oxygen.

- Through these sessions we make sure that the brains inactive cells (idling neurons) develop to normal function.

- When the brain cells are able to utilize the molecules of oxygen in the air,
  the treatment is finished.

- To confirm this, a new SPECT is done.

Dr.Neubauer & Dr.Harch's Scan-Dive-Scan Protocol

Ocean Hyperbaric Neurologic Center

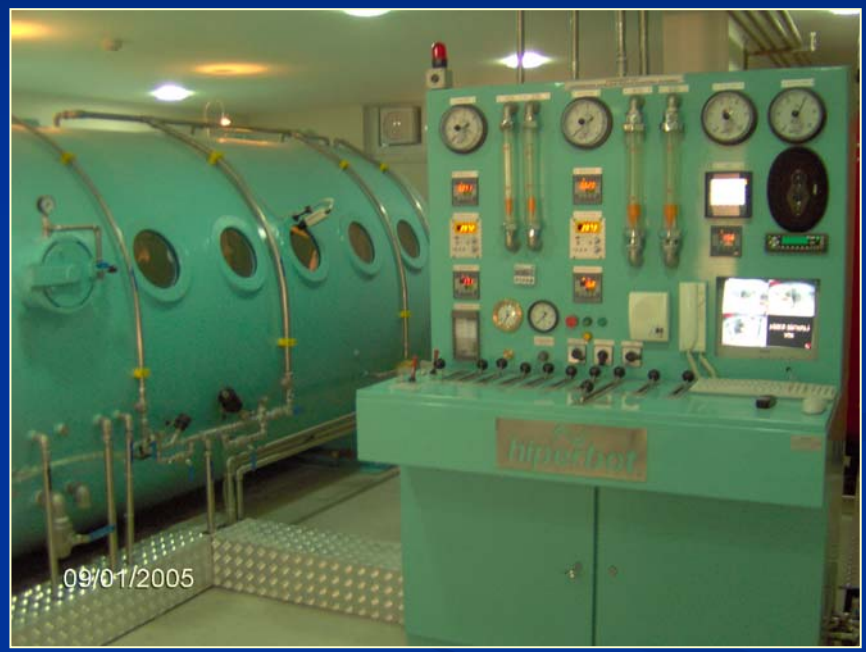
Hyperbaric Oxygenation Treatment

"The positive powers of hyperbaric oxygen are really a modification of God's gift to man."

Dr. Richard A. Neubauer, M.D.,
Medical Director,
Ocean Hyperbaric Neurologic Center, FLORIDA

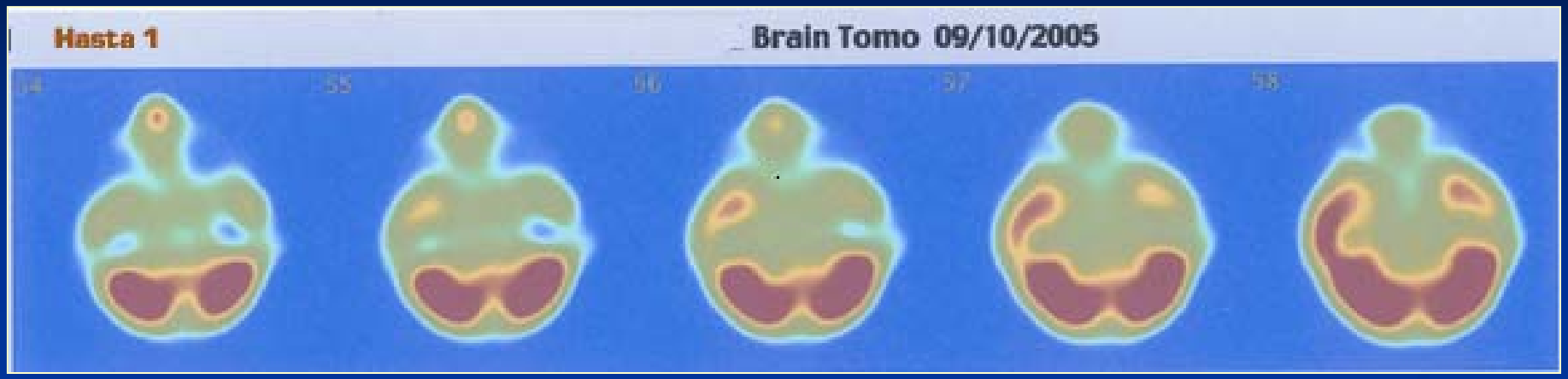
www.oceanhbo.com

A multiplace chamber unite in Turkey

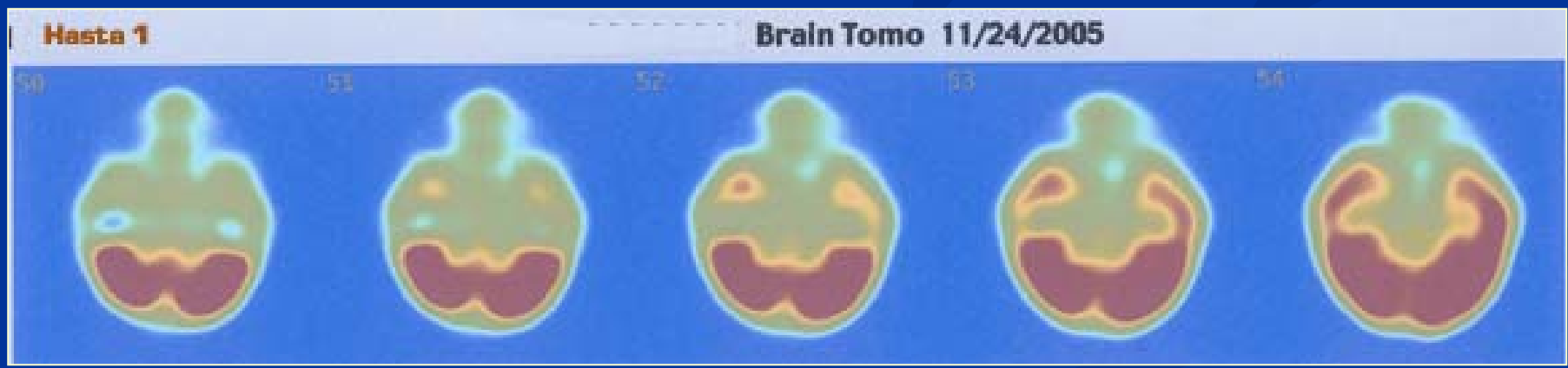


www.baromed.com.tr

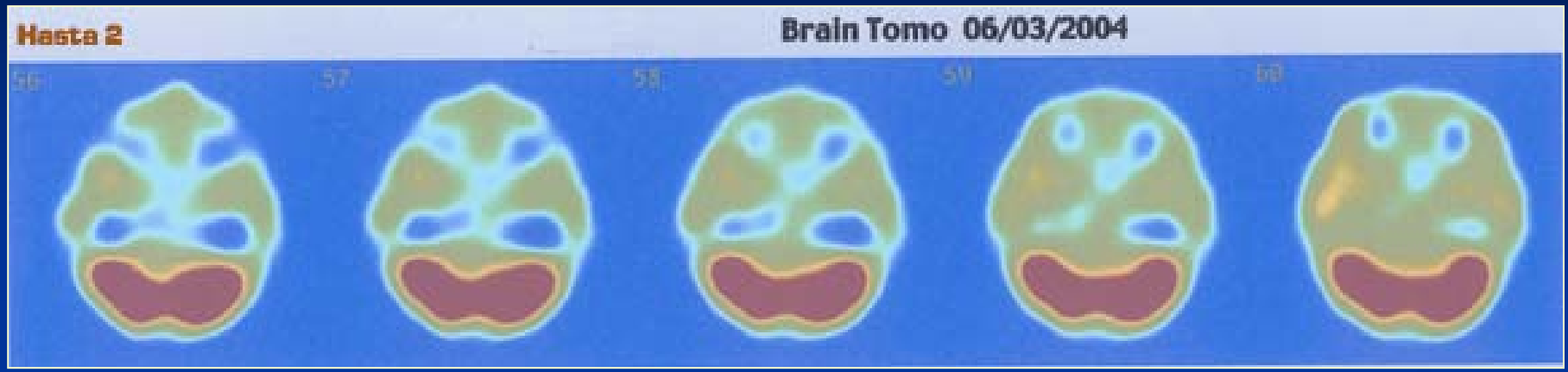
Brain SPECT scan before HBOT



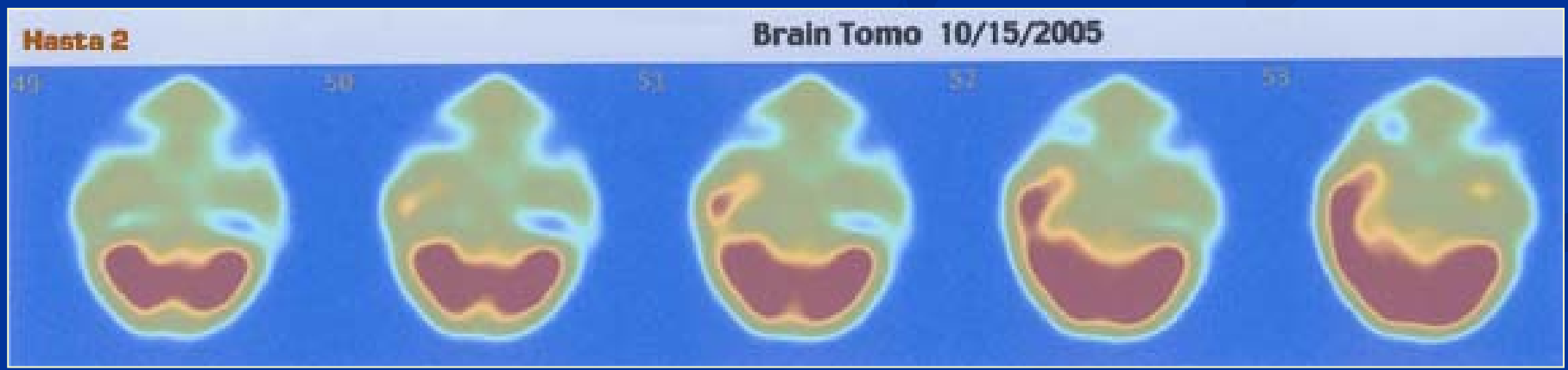
Brain SPECT scan after HBOT



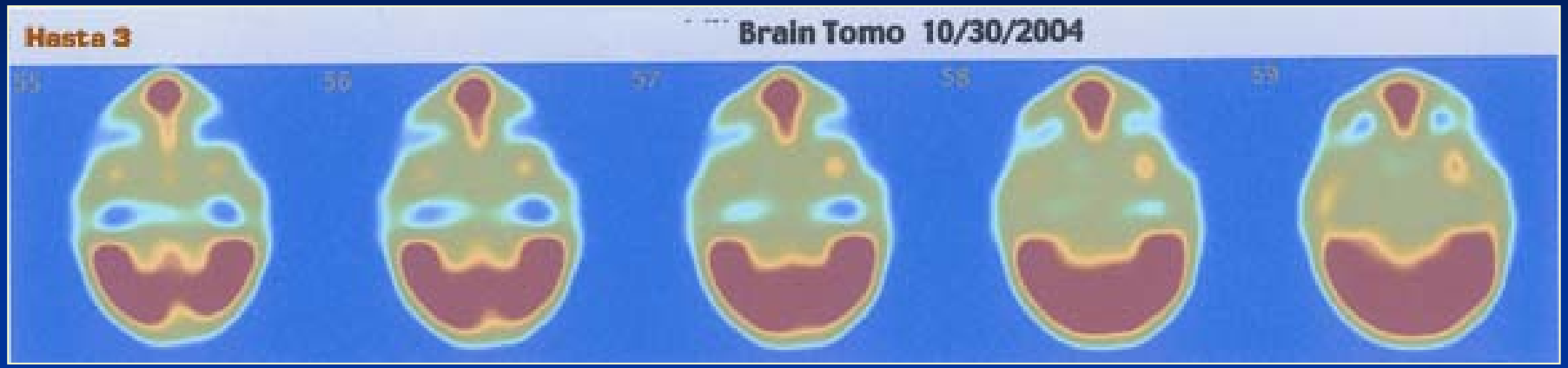
Brain SPECT scan before HBOT



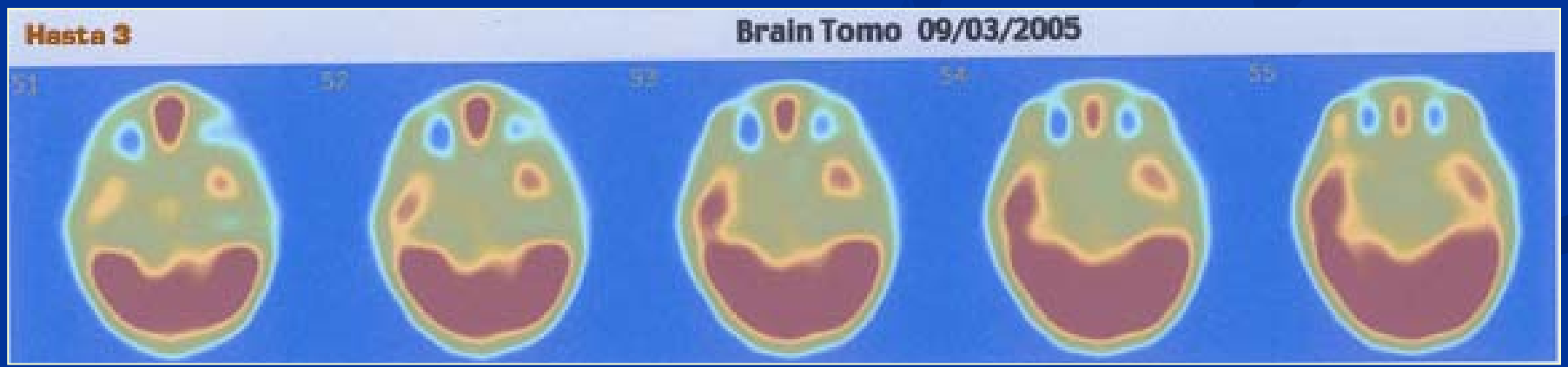
Brain SPECT scan after HBOT



Brain SPECT scan before HBOT



Brain SPECT scan after HBOT



AUTISM AND OXYGEN TREATMENT

James B : CASE PRESENTATION ıtistism'

Induced delivery 10 days prior to EDC

Normal Apgar score

Normal development to 12 months

Expressive vocabulary in 2 languages

? Slightly hyperactive - lowered tactility

MMR at 15/12 reaction 6/52 later – chickenpox

Dr Philip James MB ChB, DIH, PhD, FFOM
Professor of Hyperbaric Medicine at the University of Dundee

University Of Dundee

AUTISM AND OXYGEN TREATMENT

Eye contact decreased markedly

18-30/12 language slowly reduced to 20 words

Behaviour abnormal – spinning with blanket

oblivious to parents and calls

By 10 sessions of oxygen steady improvement

in coordination, balance stamina and language

Learned to tide a bicycle without stabilisers

Able to ride a rollercoaster - now very keen!

NB Other treatments including chelation

Dr Philip James MB ChB, DIH, PhD, FFOM
Professor of Hyperbaric Medicine at the University of Dundee

University Of Dundee

Hyperbaric oxygen therapy may improve symptoms in autistic children

Daniel A. Rossignol Lanier W. Rossignol

A study of 6 autistic children who had 40 'low pressure' hyperbaric oxygen treatments at 1.3 ata for 1 hour.

- **No adverse effects**
- **More dramatic effects in younger children**
- **Average improvement on ATEC scores 22.1%**

Medical Hypotheses 2006

Have you ever been in a hyperbaric chamber ?
No ? Are you sure ?

Hyperbaric Chamber with Oxygen Breathing System

Diet

3 major food components
shown to play a part in autism are

- gluten (from grains)
- casein (from dairy)
- soy

The GFCFSF diet for autism

(gluten-free, casien-free, soy-free diet)

was proposed to correct the imbalance in opioids that was seen in about 80% of these children.

- In normal cases, protein breaks down to amino acids in the digestive system.

- But in autistic children gluten, casein and soy protein breaks down to peptides called "casomorphin", "gliadorphin".

Dohan FC, Grasberger JC. Relapsed schizophrenics earlier discharge from the hospital after cereal-free, milk free diet. Am J Psychiatry 1973; 130(6): 685-88.
Reichelt K-L, Ekrem J, Scott H. Gluten, milk proteins and autism: dietary intervention effects on behavior and peptide section. *J Appl Nutr* 1990;42:1-11.

- Autistics do not have the stomach enzymes that normally break down the proteins from milk and wheat (and other grains).

- This allows undigested foods to travel through the stomach and into the intestines, where they are absorbed through a “leaky gut“.

- By implementing the GFCFSF diet, these proteins will not be absorbed and are unable to cause harm.

- It has been noted in many cases that constipation, diarrhoea, self-injurious behaviour and “dazed” sensations have all improved simply by removing soy, gluten and casein from the diet.

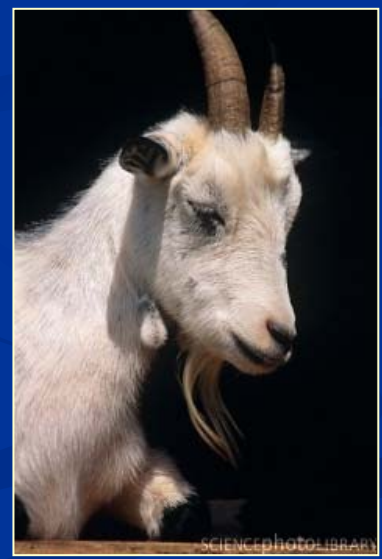
- Treatments are more beneficial when using both Chelation and HBOT.

- By implementing a gluten, soy and dairy free diet to this treatments,
- many autistic children have positive effects.

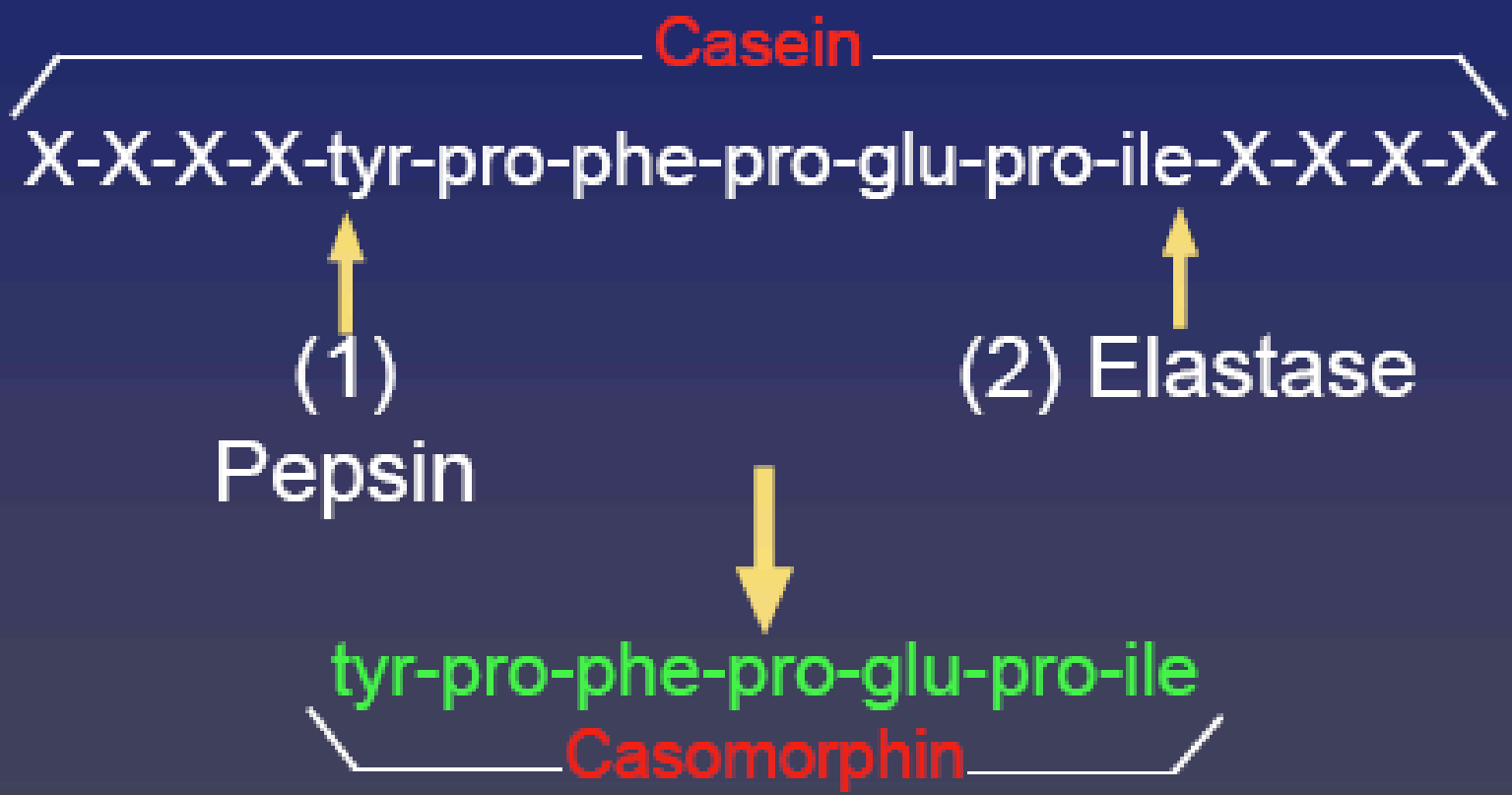
Reichelt KI, Hole K, Hamberger A, Saclid G, Edminson PD, Braestrup CB et al. Biologically active peptide-peptide containing fractions in schizophrenia and childhood autism. Adv Biochem Psychopharmacol 1981; 28:627-43.

One person's food
may be someone else's poison.

- Cow milk contains casein A1 and this can breaks down to peptides called "casomorphine",
- But goat milk contains casein A2.
- DAN! Practitioners recommend goat milk to autistic children.



ENZYMATIC FORMATION OF CASOMORPHIN FROM CASEIN



Clean up the Diet

- Casein-free/Gluten-free/Soy-free Diet Trial for 3-6 months

Clean up the Diet

- Avoid sugar and refined starch,
- high protein,
- high fiber diet,
- high good fats,
- maximize antioxidants,
- increase cruciferous veggies,
- blue foods,
- garlic,
- turmeric,
- fermented foods

Clean up the Diet

- Limit processed and preserved foods, organic is best

Clean up the Diet

- Avoid excitotoxins (ex. Caffeine, MSG, NutraSweet, red/yellow food dyes, nitrites, sulfites, glutamates, preservatives)

Clean up the Diet

- Drink plenty of filtered water

Clean up the Diet

- Limit intake of phenolics (apples, grapes, strawberry)

Clean up the Diet

- Limit sources of Copper (chocolate, shellfish, tap water, artificial food dyes)

Clean up the Diet

- Never microwave in plastics or Styrofoam

Clean up the Diet

- Eliminate seafood

Clean up the Diet

- Begin meals with raw fruits and veggies

Clean up the Diet

- Add good fats (olive, coconut, flax). Avoid hydrogenated and trans fats

Clean up the Diet

- Buy hormone-free, antibiotic-free, organic meat and eggs

REMOVE

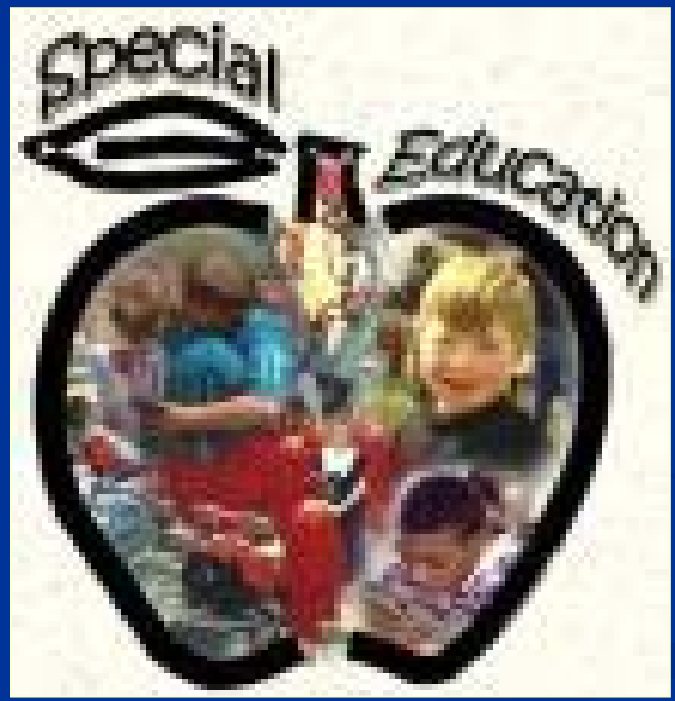
- JUNK FOOD
- PRESERVATIVES

From your childs diet !!!

- Since HBOT treats the digestive system both faster and more extensively compared to diets,
  these recommendations are not needed.

- Diet can be used more as support.

BEHAVIOUR THERAPY



- Special Education should always be included in the biomedical treatments.

- ALWAYS FOLLOW THE CHILDS TRAINING.

- Teachers are available to show you how to train your child.
- What the child learns in school or preschool needs to be repeated at home and outside.
- A few hours of training is never enough.
- The child has a difficult time for generalizing.

MONITOR THE CHILDS DEVELOPMENT

- All institutes have the responsibility to do
- a yearly plan and
- a 3 months performance plan.

- This way it is easy to establish the childs development and how much he/she learns.

- MAKE SURE TO WRITE IT ALL DOWN

- The childs vaccinations, sicknesses (especially diarrhoea, constipation, vomiting, infections, fevers and similar), examinations, behaviour reports, developmental charts, etc.
- Always carry a notebook and pen with you so you can note all behaviour you judge as being important.
- Otherwise it is easy to forget.

- Most parents could use psychological support.

- There are psychologists at all institutes.
- But if the parents don't ask for support it is doubtful that the psychologist can help.
- While you're learning how to care for your child, don't forget to take care of your selves.
- Say yes to all the support you can get!

Let “the lion in your self” get out !

GIVE A CHANCE TO YOUR SELF AND YOUR CHILD !

GET HELP !

THE LETTER TO AUTISM RESEARCH INSTITUTE FROM THE MINISTRY OF HEALTH OF ITALY

Dear Dr Rimland,

The worldwide expansion of autism epidemy is a matter of severe concerne for its social, psychological, economical burdens.

The pioneering experience based on a broad spectrum biomedical approach fostered by ARI-DAN! has made Autism treatable.

I wish to confirm my interest to see the applications of this approach in Italy, both for preventive and treatment purposes.

With my personal wishes for a successful conference.

Chief of Technical Staff of Minister of Health

Prof V. M. Saraceni

SUMMARY

AUTISM
IS A NEUROIMMUNE DISORDER INDUCED BY

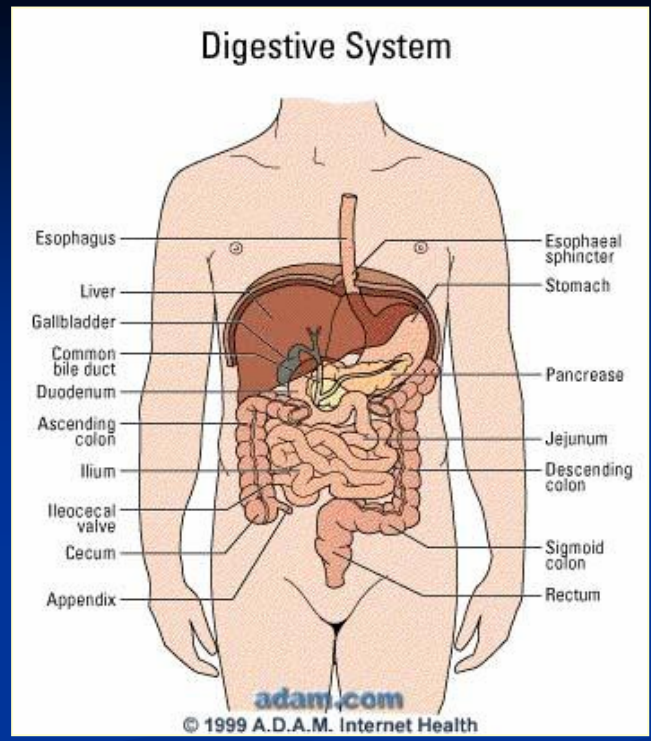
- INFECTIONS
- DIETARY PROTEINS & PEPTIDS
- TOXIC CHEMICALS

- STARTS IN THE GASTROINTESTINAL TRACT
- MANIFESTS IT SELF IN THE BRAIN

- Autism is treatable.
- Treatment is individual-specific.
- Significiant gains are usual.
- Temporary setbacks are common.
- It's never too late.

PRIMARILY CURE

Digestive system.



USE HYPERBARIC OXYGEN THERAPHY FOR HEALLING

BOTH THE BRAIN AND THE GUTS.

REMOVE

- SUGAR
- JUNK FOOD
- PRESERVATIVES

From your childs diet !!!

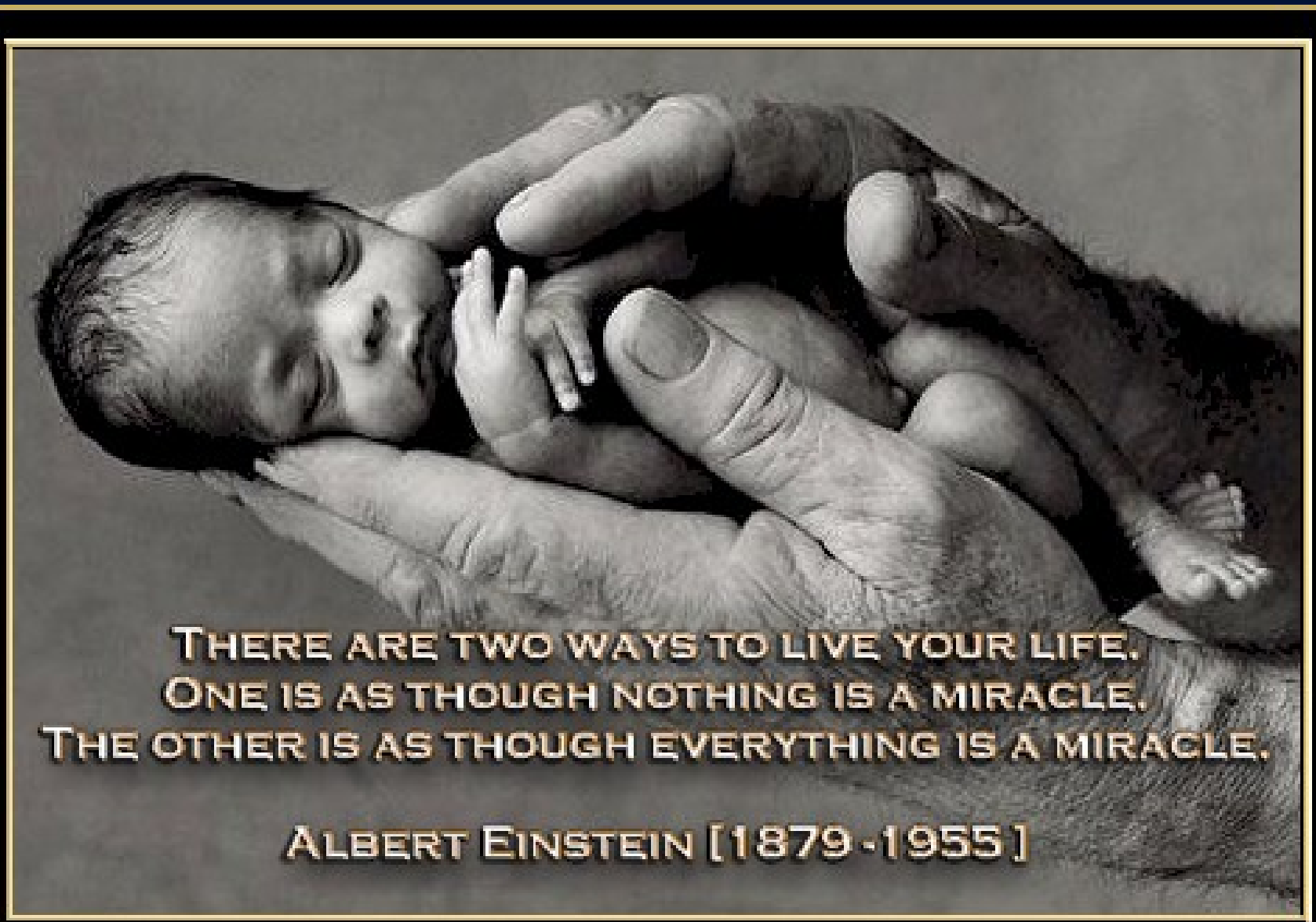
REPLENISH with

- GOOD FLORA (PROBIOTICS)
- ENZYMES
- NUTRIENTS
- ESSENTIAL FATTY ACIDS

REPAIR with

- Antimicrobials
- Antifungals
- Antivirals
- Antibacterials
- Immunotheraphy
- Detoxification/Chelation

Intensity of Symptoms = Intensity of Treatment


There are two ways to live your life.
One is as though nothing is a miracle.
The other is as though everything is a miracle.
Albert Einstein [1879-1955]

THANKS TO

- All parents who's fighting with autism
- My wife Serpilgul Kinaci
- Prof. Ahmet Aydin
- IMC Hospital, Mersin/Turkey

For all other questions

cemkinaci@gmail.com
cemkinaci@yahoo.com