Autism Is More Than Behavior: A Functional Medicine Perspective Transcript

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Opening on purpose, health, and the podcast theme

our purpose in life is not, it should not be to turn a profit. Our purpose and life should be, to love each other and to make each healthy. And it can't all just be done through caring about each, we actually have to do the right things.

I can care about my kids an awful lot, but if I'm not willing to give up cheese, so that their brain might not on fire, my actions are speaking louder than my words.

Your health is shaped by more than symptoms. Through real stories and expert insights, we explore how your genetics, environment, and daily choices affect your wellbeing.

We uncover root causes and share practical tools to help you find the healing you need. Welcome to the Forum Health Integrative Medicine Podcast. Today's conversation is one that I think so many families need to hear.

Autism diagnoses continue to rise and many parents feel overwhelmed, dismissed, or told there's nothing they can do beyond symptom management. But what if there is more to the story?

What if we started looking at the body as a whole system? Gut health, inflammation, nutrition, environmental exposures, immune function, mitochondria, toxins, even infections.

And what if started asking why certain symptoms are happening in the first place? Today, we're joined by pediatric functional medicine expert, Dr.

Introducing Dr. Paula Krupstad and her background

Paula Krupstad, founder of Hope for Healing, to discuss a functional-medicine approach to autism, what's happening biologically beneath the surface, and how families can better support their child's health, development, Buckle up, this is going to be a great one.

This is maybe a two-parter, so stay tuned for next week's. Let's dive in. Welcome back to the Integrative Medicine Podcast with Forum Health. I'm your host Amanda.

And today I have a. Great guest on with us. We've got Dr. Paula Krubstad. She is the founder of Hope for Healing down in, is it Houston, Texas? Houston, Texas.

I got this. And they're going on their 11 year anniversary and we are going to be talking about a functional approach to autism. We've also got our co-host on Dr.

Peterson and I cannot wait to get started. Welcome to the podcast, Dr Kruppstad. How are you doing today? Good. Thanks for having me. Well, thank you for joining us.

This is really exciting, especially because if I'm not wrong, you're our first pediatrician that we're having. What's more exciting to me is your IFM certification experience and just you bring a perspective to pediatrics that is so refreshing and so important.

I think a lot of times people that are in the functional medicine world, mothers and patients alike, are a little bit uneasy around their pediatricians because it's almost like there's less openness to functional medicine.

And so you're perhaps the antithesis of that. You have the expertise, the experience, and the openness. So I'm excited to have you. Thank you, I am glad to be here.

I would love for you to introduce yourself and give us a little bit of a background on you and how you got interested in pediatrics and functional medicine.

That's a really good question. I was the oldest of four kids and I'm dating myself here. My dad went to Vietnam. And when he was there, he would send us pictures back from an orphanage.

And I, at a very young age, was like, I want to do something to help. I wanna do this. So in second grade, and I knew I wanted to. Help. But then it was, like eighth grade.

It was kind of cemented in my heart and my mind. And so when I went to med school, when it started high school I knew that's what I wanted to do. And then I've always loved children and I always felt that many times children didn't have a voice.

I almost drowned when was in second grade and kept crying out to the grownups that were outside the pool and no one was listening. In my mind I thought, I want to listen.

When I went to med school, I had a lot of friends that were nurses, and they said, you listen to mothers. And so, mothers have a special intuition, they know something's wrong.

So, when I was in med, school I loved peds, psychiatry, internal medicine. Well, the internal medicine, I rolled out because it was a lot of damage to bodies.

And then psychiatry, 80% of pediatrics is learning to talk and, and to get on a, in a good conversation with the parents and establish trust.

Personal health struggles and discovering functional medicine

So, um, that's how I ended up in pedics. I want to make a comment here. How you described this traumatic experience and how it changed your life in such a meaningful and positive way.

I think you'll relate to this in integrative and functional medicine. Trauma is a big part of what keeps us sick. And it sounds to me like trauma is big of part what actually made you into the person that you are.

I thing it's remarkable that something that is traumatic can motivate us for good or can cause us to be in that level of fight or flight. Somehow you didn't go into a state of flight or fight.

perhaps because you were rescued, but it did change you from then on. So I love that. Yeah. You know, when you talk about functional medicine, the center of the matrix is dealing with emotional, mental, spiritual, sexual trauma and abuse, and people will never get well unless they address the Center of The Matrix.

And you can know all that knowledge. I really appreciate you for bringing that out. My journey, I went to med school in San Antonio, Texas. I was on a military scholarship and I paid my time back at Fort Hood, TX.

And then I came to the Houston area and started working for a large children's hospital system here and was faculty with Baylor College of Medicine for little bit of time.

but three of my four children developed autoimmunity and I didn't know what I did not know and started looking outside the box. I struggled with clinical depression for 27 years.

My weight ballooned up to 300 pounds and probably took 11 to 13 different antidepressants and Functional medicine saved my life. I would not be here if it weren't for that and specifically like precision medicine, doing my own precision genetics and seeing what I didn't make, what i make what, I need and just giving my body what needed and taking away what didn t need.

So that's kind of my journey. That's an awesome journey, that's incredible. And so you've had this perspective sort

of opened up to you because of your motherhood and experiencing this with your children.

But then you also had on a personal level of saying, hey, something's wrong. I'm a physician and I have, quote, all the answers to how do I become healthy and they're not working.

That's remarkable. I have not interacted with that many physicians who've had both a personal and motherhood education. So that's impressive. There was a lot of shame around that because as a physician in the military, I had to surrender my clinical privileges.

Hope for Healing practice and functional primary care

You don't have to do that in this civilian world. And so then for credentialing, I had to explain that. It was just not a positive experience. Unfortunately, trauma and issues that providers go through is now acknowledged and they work with people.

But back when I did that, they didn't, so it was difficult. Sure. Yeah. And in the military, even more so because you're in a society, and I'm an army brat.

My dad was in military as well in Vietnam. I am the second holdest and so I hear you talking and am like, wait a minute, she's describing a shared experience here, our life together.

There's a particular expectation in your military of your fitness, right? Both physical and mental. I think, and I, think this is important for patients too.

There's a lot of things inside of our control, but then there's, a, lot, of stuff that isn't in our, control at least until we know the answers. And that I thing is what you were facing is, wait, I should have the, answers and yet it's outside of my control.

Right, right. And then you wrap that in guilt and shame, which are two different things and work through it. But yeah. Yeah, well, and also the system that was set up, of course, the guilt in the shame exists because of that to some extent, but also this It can't be completely in your past because you keep having to explain why were you, why did you lose these privileges?

And like every, however long you're like, oh yeah, let me tell you again. You have to relive it. Yeah. It was like no harm was ever done to a patient.

So, you know, I definitely have a heart for people who struggle with depression and those kinds of things too. Absolutely. Well, I want to start, this is a really good segue into, right now you have your own practice, Hope for Healing.

We were kind of talking about this a little bit earlier, that you're going on year 11, and I would love to learn just a bit more about your practice. Are you primary care?

And what does that look like for your patients when they come to see you at Hope For Healing? Yeah, we are primary care with everything with a functional lens.

We don't take insurance. we accept health savings account, flexible spending, that kind of a thing. But we encourage every single person who rolls through our door to do their own It's called Wellness Blueprint.

A company allowed me to make my own proprietary panel and it's kind of my answer to so many people who come to us who have a child who's autistic or a kid that is not where they should be neurodevelopmentally.

But it's very applicable to older adults because we know that neurodegeneration mirrors neurodevelopmental abnormalities. They're incredibly similar. So we have people come in, we choose kind of their care path if they're not having problems like today I got to see a newborn, you know, it was so nice to See a new born a six day old.

I don't get to do that too often but it's like riding a bike it comes back and I told the mom and the dad I said, Can I just hold them just for a few seconds we've got a little bit sweet.

Traditional pediatrics, vaccines, and individualized care

And I'm a grandma too, I get my share of little grandkid fixes, but we address right out the chute, these are the foundational principles of functional medicine, those things that we all as functional practitioners, we want environmentally, care products, water, get good hydration, good nutrition, um, Good sleep, movement, no toxic environment, No toxic people.

And we have health coaches that are involved in and walk with people through that journey. And then we have the folks that are desperate and they've seen everyone.

I think it's like every functional practitioner out there, but we dive deep. We treat vector borne illness. Um, a big pans, pandas focus, and if people are listening, they don't know what that is.

Pediatric acute onset neuropsychiatric syndrome. It's just, you know, these drastic changes where children become OCD or severe restricted eating. And then with several other things to meet those criterion and strep is a subset of that.

it's like an autoimmune attack on the brain. but basically everything that can give you a fever can cause pans or pandas. So we meet with the patients, we look at their timeline and we walk through them and so it's primary care and then some people just want to come to us for functional medicine care.

And all ages and stages are welcomed through the door. Not everyone's a good fit. And so that's where we try to determine if we're a fit for those folks.

So that kind of a picture of our practice. That sounds like an amazing practice I envy a little bit the being able to see six-day-olds, although I would be far more nervous than it sounds if you were here.

But yeah, honestly, that's how healthcare should be, right? We should able take care of people, whether it's more longevity, like you said, people that just want to optimize their health, or these chronically ill people who get marginalized and no one has answers for them because it is complex.

And you're looking at every aspect of that. It sounds to me like if you live in the Houston area and you have a complex chronic illness, you now know where to go.

Yeah. I am so curious. So you just had a six day old baby in your practice who is just establishing care. What is, I'm almost looking for like a side by side comparison.

What does the journey of a six year old look like with you versus what they would get if they were going and establishing care somewhere else, like in the traditional system?

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And now, through shopforumhealth.com, you can access physician-grade supplements trusted by our providers, supporting everything from adrenal health to focus and longevity.

Learn more at forumhealth.com and explore supplements at shopforumhealth.com. Well, you know, standard pediatrics is vaccine driven. That's just the truth of it.

and individuality is not taken in. It's still the cookie cutter approach. You said it very kindly, Andrew, that it's unfortunate that pediatricians tend to be the most closed-minded because we have been indoctrinated.

I mean, I went to Liberia, West Africa on a mission trip when I was in medical school, and I saw children and adults die from vaccine-preventable illnesses.

But when you come back to the United States, it was my job to be the Holy Spirit and convict people to take vaccines until I learned what I didn't know.

We are not a third world country. We have clean water. And just about the time the public health crisis in the US was addressed, was about time that the vaccines came on the scene.

I'm not downplaying anything. I'm not downplaying the power of vaccines, okay? One of my patients in Liberia, I walked in the next morning and said, where'd so-and-so go?

They said she died last night. And I said you're kidding me. I was supposed to de-breed a foreign body between her toes that was carrying tetanus and I didn't because I did not see that it was real infected.

If I had done what the attending at this mission hospital had told me to do, but we didnt have IVIG, we probably had TIG. tetanus immune globulin, but I think she was too far gone anyway.

But it's like, you never forget those life lessons. And so, we don't wrap umbilical cords with dung. So back to your original question, Amanda. Typically, when a baby is born, they're seen within two to three days of life.

And then at two weeks and then two months, four months six months nine months 12 months 15 months 18 months and every year they're out. So. And they receive vaccines when they're born, hepatitis B, 250 micrograms, which is 10 times the amount of aluminum that's within the hep B that is recommended to be given to a child.

Don't get me started. I'm on my best. you know, on my podium here talking about it. But Dr. Krupstad, that's why we want to talk to you because you have such a balanced take on this and people need that.

So we're going to get you started and we are going keep you going. Okay, well, you know, the American Academy of Pediatrics, I think it was JAMA published that the amount of aluminum should not be more than five micrograms per kilogram.

So a newborn baby, a five kilo baby is a big fat baby. That's more 10 pounds. If you're giving 250 micro grams in a hepatitis B to a non-drug user, and non HIV positive mama, Why the heck are we doing that?

Why don't we wait until our children weigh more and they choose to make decisions that don t necessarily align with our decisions. Like we don' t want them to be sexually active.

Wait until they're older. Let them choose if they want to have to. Okay. Right. But they' re certainly not going to sexually be active on day one. Yeah.

So why are we injecting them? So it's like, what's the motivation behind that? Why aren't we thinking about the science? And then the, you know, JAMA directly contradicts that.

And that was done on hyperalimentation for, what they were giving to babies in a NICU via IVs.

Autism, triggers, and environmental contributors

And they saw that if they gave more than five micrograms per kilo of aluminum, which is the stimulant or adjuvant in the majority of the vaccines now, that that caused the loss of IQ points and things.

So anyway, why… Let me just a second and we're going to… Sure. I think that patients are, and people in general, not just patients, people are very binary in our thinking, right?

And we're like, well, aluminum, it should have no aluminum. Aluminum is bad, I don't want any. And so we, oh

people, an explanation of why is it there?

What's happening is without an adjuvant, the vaccine would be effective for somewhere between two and six months. What happens, this is important for people to realize, is when you show the immune system something, it will respond, but it won't keep responding for years and years without that adjuvant.

When they first developed a smallpox sera before it was really a vaccine, they could give it to you and they couldn't make a whole bunch of it because you had to get quite a bit of.

One horse would provide enough sera for about four patients. Well, that's not effective, but they found that if they put an adjuvant, something that would continue to Irritate that's a fair word the immune system the system would persist in its immune response And so the tiniest amount possible of this adjuvant aluminum is one of the ones that used As long as it's low enough, then it won't cause these neurologic problems, but it has to be high enough to cause a continued immune response.

And that balance is what we're trying to find. It's not black and white. Is this bad or is this good? And so for some patients out there that maybe become a little bit too connected to everything needs to entirely natural, That explanation will help.

And then for the conventional people that say, well, but it can't be bad. Well, no, it, can be if it's too much. and that's where we really have to stop.

I think you spoke to this, which I appreciate. Stop thinking of ourselves as public health advocates and start thinking about ourselves, as physicians for individuals.

Because the need for a vaccine changes dramatically depending on your individual situation, right? And the timing changes. So understand for the patient, maybe that's why I interrupted, is just so that they'll know, why do we put any aluminum?

Well, because it wouldn't work for more than a few months if you had none, and we don't want to die of tetanus. Yeah, I really appreciate that explanation.

I mean, because there is a time and a place for all of that. For soldiers, squaling is the adjuvant and then all these soldiers came back from the Gulf War with Gulf war syndrome.

And we have learned in turn that those individuals have this condition called chronic inflammatory response syndrome, which is environmental stuff. But, you know, at least we took a lot of the mercury out, of, the vaccines, but it's like you said, I had a mom call me with someone who had been with me from day one and this little guy was on all of his systemic support of this body.

He was anti-inflammatories, he was what we call autophagy support, meaning the ability to pull glucose in from the cells. He was on appropriate mitochondrial and methylation and B12 support.

So when his mom called me and said at age four, he sliced his arm out of marina, should we take him and get a tetanus shot? And I said, I want you to take them and then get it at a shot.

And he's been on all these things. I think you're good. it's all in the timing and I really appreciate that too. It's like people go, well, why are you using a pharmaceutical?

And I'm like, low-dose naltrexone has a very low side effect profile and it is so powerful, so it all imbalanced. So getting back to that original question, Vaccines are typically given at, well, hepatitis B is typically at birth or two weeks, and then at two months of age, four months and six months, diphtheria, tetanus, pertussis, streptococcus, pneumoniae, polio, then sometime between 12, 15, 18 months.

measles, mumps, rubella, and baricella. And that is where we run into the majority of challenges with children that

have, as I call it, hitches in the giddy up with their immune system.

If you can identify those vulnerabilities and move that out until they're three to five years old, and you're giving their body the support it needs, then you can typically prevent.

Now, I'm going out there. I'll just say make the chances of developing a neurodevelopmental challenge a lot less. The thing with boys and girls is that, and I am going to be a little stereotypical here.

You can have a one-year-old girl holding her baby doll, pretending she's on the phone, stirring a pot, say pretending and she is doing all these things at once.

Then you have the one year old little boy who's lining up his cars and going, There's, and not all little boys are like that, but there's a system called the vestibulocochlear system that matures at a later time around three years of age, around 36 months of edge, where little boy are mature whereas girls are a lot sooner typically.

And it's how they receive information in through their ears, their eyes, where they are in space, how the hear and perceive things.

Vitamin D, early support, and pediatric prevention

And that's why four out of five children diagnosed with autism are boys and not girls, because they're hit with an aggressive inflammatory trigger at that 12, 15, 18 month vulnerability.

I hear that all the time. I love it when doctors on this podcast explain that sort of science. And I loved it, when we acknowledge the biological, you know, reality.

So thank you for that because the truth will set us free, right? We don't need to pretend that there's not differences. There are differences in all sorts of diseases and pretending that they don t exist is doing one of the two genders a disservice, That's right.

We're made differently. Multiple browsers versus single browsers. And that's reality. My wife probably has 200 windows open on her computer right now.

I have six. Yeah, I think one thing that is so just for our audience that we're talking about triggers being a cause of develop potentially developing neurodegenerative autism in young children.

And I that's important just to highlight and just say is that Autism isn't something you just look at from a behavioral perspective. It's something that you look from it biological, like what's under the hood perspective, and so when a child comes into your office with autism, what are some of the first things that your evaluating?

I love that we're starting with vaccines and I actually want to come back to that if you'll give us that much time. Sure. What, if you could identify the triggers that you think are involved in the narrow inflammation, the immune response that's responsible for autism, and it might be a list of 10 things, it could be three things.

What are the things that say, hey, these are things I have to pay attention to from mold to vaccines to what have you? Environmental medicine is a huge piece of that.

25% of the population is vulnerable to develop a systemic inflammatory response. And just because you have the vulnerability doesn't mean that's going to happen.

The other environmental factor is we look at our world at this point in time and we are being assaulted day in and day out by glyphosate, EMF, electromagnetic fields, 5G towers and toxic body care products and then what we put in our mouth.

I mean, teaching a kid to read a label is one of the most valuable skills you can teach a kids to do, that can read.

And my grandson, he says, is this poison, grandma?

And I'm like, yeah, it's poison. It's environmental because the genetics haven't changed. The genetics hasn't change. I mean, my generation, we've gone from Tupperware, herbicide pesticides, disposable diapers, and now we have microplastics, forever chemicals, PFAS, parabens, phthalates, all that stuff.

So it's the assault environmentally. But there are some. You know, there are some spontaneous genetic things that you'll see, but we always take fragile X off the table and something called the chromosomal microarray.

And I get kids all the time that have been diagnosed by a clinical psychologist. They haven't seen a PD neuro, they haven' had an MRI of their brain. Let's make sure all of the structures are there.

And also let's look at volumetrics of their brain. And so I think the biggest thing that we need to look out is in, I mean, genetics, yeah, it loads the gun, but the environment pulls the trigger.

So I would just say our fricking toxic world. It is just so bad. We're just in this toxic soup. Are there toxins that you always check? Or does it depend on their presentation?

It depends on the presentation. One of the things we ask people are, you know, mom and dad, what do you do for a living? Where did your parents grow up?

Did you grow and where do live? Are you within a mile of a golf course? of a school where they're spraying all the time. And I have to tell you the highest levels of mercury that I've ever seen as a functional medicine practitioner, we did like a provoked urine test was in the, in a child of two chemical engineers and his mercury was the biggest I'd ever see.

That was terrible. They probably worked for like the petroleum companies. Yes, yes. And down here, you know, we have people that live in different places and it just depends, let's say the parent handles firearms all the time.

Well, I'm like, just robe in the garage and put your clothes in a thing, go in house and shower before you touch your kids. You just don't know. I'm curious what your thoughts are on.

So I don't have any kids yet, but we're having those conversations and there's, it's so interesting. Some of my friends are putting their baby shower registries together and I am seeing so many registies where here's a.

a mat that your baby can like, but it's obviously there's EMFs and like here's a Bluetooth mat. So if your babies farts, you'll know. Like the baby's going to fart sitting there, whether I like it or not.

Do I need to know if it farted? I don't think so. But like there is EMS everywhere. Here's little rattle for your, baby, by the way, it connects to Bluetooth so you can turn it on.

It's the rattle. So what are your thoughts on all of the EMF and the Bluetooth stuff that are coming out for children these days? That's awful stuff, it really is.

It's terrible. Cover the router with copper cloth or something. And if you're going to get really crunchy, you'll turn your Wi-Fi off at night. You know, we haven't quite gone that far, but I mean, you know it's real.

I, mean we have a little girl that came to the practice who had leukemia and the wall behind her bed, they opened up that wall and it had all these electronics in it.

And that's where this kid laid every night. So I don't know but it like, Stephanie Seneff who's the MIT professor and then looking at, you know, this nice little soft calvarium, a skull, and you put a cell phone next to it.

It's like, use your protection, versus an adult. I know that. Yes. Yeah, it's very real. And I'm so glad now they have glass bottles and things like that, It's so much better, but all the EMF, it's really bad.

Gut-brain connection and closing remarks

Your initial question, the thing that we do differently is we start babies on vitamin D3 plus K2 from day one. For immune support? Yes, 1,000 IU every other day until they're four months of age and then we give them a drop every day.

And in all these years, I did like a little retrospective look-see, had about 150 some kids, only maybe 10 to 15 was a bit more than 100. Instead of, you know, in the toilet.

When they're that age, when they are a week old or two weeks old, how are you giving them the vitamin K? Is it a drop? Drop straight in a mouth. Orthomolecular liquid D3 plus K2 straight into the mouth and 1,000 IU every other day.

And then when the hit four months, we do one drop every day Is there a time at which you would say, okay, he's four years old now or six years now, now my son doesn't need vitamin D because he is making it well enough and he has passed this risk of developing autism?

Or do you think, no, just stay on it? No, we check that and we keep everybody on D3 with K2. But, you know, if genetically you don't have the receptors for a VDR TAC, it doesn't matter how tan you are.

You know you could still have a terrible vitamin D. So we checked those levels. We check those at a year just like we make sure that a baby's not iron deficient.

So you just keep them on that because it's always useful. Yeah. Okay. Absolutely. And we aim for 8,200. Right. Always, always, yeah. Well, that makes perfect sense to me.

I certainly agree with that. Want to ask how connected are the gut and the brain in children with autism? Intimately connected. Come back next week for part two.

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