Beating Tics, OCD, and Aggression with Food: The Diet Study Every Parent Should Know Transcript

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Introduction and Guest Background

Anytime we have to give up the things we love, it's hard enough. But then when we have foods that might actually be physically affecting the brain, it can be that much harder.

So having some compassion for them, having an understanding of that, so that when we do that process, we say, you know what, it's okay if it takes us a couple weeks to do it or a month to do it.

Just understanding that makes it easier. This is doctor talks. Real talk from real doctors. Only issues that matter to you most. Hi, everybody. It's Doctor Nancy O'Hara, and I'm thrilled to have Julie Matthews join us today.

Julie and I have known each other from decades and she really is an expert in all things nutrition and the gut. She's a certified nutrition consultant, published researcher.

She received her master's degree in medical distinction in medical nutrition with distinction. And she specialized in children's nutrition and complex neurologic conditions like autism for over 20 years.

She's educated parents, health practitioners, all kinds of people, and lecturing in her own practice and in books. She's reading, writing. Julie has written nourishing Hope, which is an excellent book, and her most recent one is the Personalized Autism Nutrition Plan.

So Julie, thanks so much for joining me. Thank you for having me on. Really appreciate it. And, tell us a little bit about you and how you got into this.

Yeah. So I have a bit of maybe a slightly different story in that I was studying nutrition in school 20 some years ago, and I was out for a run, and I saw this kids fair, and they were eating, like, pizza and donuts.

And I thought, this has to have something to do with all the ADHD that we see in the world. I mean, our most important people are kids, and we're feeding them some of the worst foods and so I did a paper that year on ADHD, and I met a man.

I don't know if you remember Michael Lang. Yeah. He was the founder of Ranch Out Nutritionals, and he had recovered his kids from autism. And so I met to interview him for my paper.

And he, of course, spent the whole time not talking about ADHD, but talking about autism and what could be done, and that there aren't that many people that, well, there's so many kids out there that need help and there need to be more people to help.

And I thought, there's something going on and there's something that can be done and they need help. I guess that's my calling now. And, you know, as you know, the underlying factors involved are so interesting and can make such a difference.

And I just was really committed after that. So that's how I got into it. Well, you've been committed for decades and do such a great job. And, you know, this podcast is demystifying Pans Pandas.

But there's so much in the Pans Pandas world that's related to conditions like anxiety, OCD, but also to ADHD and autism. So can you start by just explaining why and how personalized nutrition and therapeutic diets can positively affect these kids?

Absolutely. So after working with lots of people, I'm sure you have this experience.

Why Personalized Nutrition Matters

Do you realize that every child is different and even within the same condition? Every child is different and they need a unique approach. Some are more quote, gut kids or have more challenges with their gut.

Some have more immune system challenges, some have autoimmune challenges and pandas and things. And they all need a unique approach to the foods they need to the nutrients they need.

And so I just discovered over working with them over time, that the people that got the best results were the ones that we really customized that. And so that's where I discovered the need for this personalized nutrition approach.

And and that's really what it's all based on. I do my best to try to understand what's underlying it and try to apply a diet or nutrition approach based on what might be going on for that individual.

And we can use a lot of information to figure that out, including interesting symptoms we can use to. And maybe if we get into one of my papers, we can talk a little bit about that.

But yeah, I would love to. You want to address that now? Like, you know, your most recent paper in 2023, right. Which together with Jim Adams was just on the ratings of the effectiveness of 13 therapeutic diets in autism, right?

Yes, that was it. And so we looked at, as you mentioned, 13 diets. So the gluten free diet occasion free diet, a combination of both. We looked at a ketogenic diet, a specific carbohydrate diet, you know, the list goes on and on.

Us, Feingold diet, which is a low salicylate and additive free diet. We looked at, food intolerances based on IgG and IgG testing. Based on observation.

We looked at lots of different things. And what was also, I think, valuable about the study is that we not only looked at diet, but we looked at diet compared to other approaches, because the survey also looked at it was about 800 families that filled out the survey for the diet portion.

But there were also portions on psychiatric and seizure medications and nutraceuticals and different things. And so we found that diet. Actually, I was surprised diet was statistically better. At.

Improving overall benefit than even nutraceuticals, as well as the psychiatric and seizure medications. And it was significantly less likely to create adverse effects than the psychiatric and seizure medication.

So that was, I think, very interesting. And then we looked at 24 different symptom improvements and which diets helped improve which symptoms. And we found that some diets were better at improving different symptoms.

So we concluded a bit from that paper that we could start to use this information as a way to see that certain people with certain symptoms might benefit from certain diets more than other diets.

And so that's one of the metric that I like to use to figure out what diet is going to be the best approach. Yeah. And one of the things that you spoke of when we were lecturing together recently, and that I use quite frequently, for example, is with tics.

You know, you were talking about a study that showed the improvement with high protein diets. And I think that's fascinating and something that people don't often think about, but can make a huge difference.

Absolutely. So it was actually part of that study that I just mentioned. It was as we mentioned, it was the paleo diet, actually. And interestingly, it was now the paleo sample was a smaller sample of people.

But we made sure there were at least 20 people that responded in each one. So we had some statistical strength in

the paper.

Therapeutic Diet Research in Autism

It was the top diet of all the diets in terms of those that improved in tics and OCD and with a few different, really interesting, symptoms. So I thought that was very exciting to, to see that.

And I had seen that in my practice as well. So it's nice when those things come together. Absolutely, absolutely. And, you know, while we're speaking about it, you know, you mentioned gluten free and casein free.

And one of my big pet peeves is when families go gluten free. And but what they're doing is they're changing glutinous junk to gluten free junk. It's still junk.

And I think that was that's something you were able to ferret out in that study of the type of gluten free diet. Well great question. So we looked at a gluten free, kitchen free diet, period.

But we also looked at a healthy diet. So we didn't look at a healthy, gluten free, casein free diet altogether. But we looked at the two separately and a healthy diet did provide a lot of great benefits.

In fact, the number one diet for overall improvement in health was the healthy diet. Imagine. And gesture for our listeners and viewers, your definition of a healthy diet is.

Higher in protein, higher in vegetables, whole foods, fruits, things like that. Lower in junk food, sugars, additives, those types of foods. Got it, got it. Yeah. Healthy too.

And and what are the biggest misconceptions when you talk about diet? I mean, I think we just talked about one that replacing gluten is junk with gluten free junk is not exactly the greatest improvement.

But what are some of the most common misconceptions about diet and autism, for example? And how do you address those? I think one of the most common is that the misinformation, that diet doesn't matter, diet doesn't help.

It's not worth doing. Don't get your hopes up. Don't waste your time. It's too hard, you know, that kind of thing. That I think is probably the number one.

Because if you believe that, then you don't even try. You don't even start. You, you know, and so I think that's an important one. And I do hear that quite a bit from my clients that say that they've heard that somewhere in their, in their life, from and sometimes from experts.

So I'd say that that's probably the biggest one I'd like to dispel for people or that there's no science to it. That's another one that kind of gets me because there is a lot of science to it.

We do need more science. We absolutely need more studies. We need bigger studies. Better said. Absolutely. But there's a lot of studies already that show improvement.

And there a lot of parents that provide that anecdotal evidence that it makes a difference. And, so I, I'm excited. I love doing research, so I'm happy to be on the side of let's get more research done. I'm all for that.

But we have a lot already to at least say yes. It makes a difference. Let's do more. Yeah. And, you know, a lot of people call the gut the second brain.

I'm not one of them. I call it the first brain. Because it just, it everything we do goes through our guts. All of our fuel, all of our nutrients, whether we can handle allergens or not.

Everything is going through the gut and and to say that diet is an important, it really misses the mark. As somebody

in medical school who, you know, had, Diet Coke and all of that, I haven't had it in over 40 years.

So, but absolutely. And, you know, when I was teaching kids with autism the only diet that was available at that point that I knew about at least was the single diet.

And you could see kids lives changing with just that diet, nothing else. Yes, absolutely. That's actually one of my, I don't want to say secret weapons, you know, in my, arsenal, but yes, because it makes such a difference for so many. The, pathways that process that those artificial additives as well as the salicylates, it's a pathway that a vast majority of kids with autism are depleted in.

And I just talked to Doctor Adams recently who's been doing some great work on the metabolites in the microbiome and those metabolites like things like pixie sol and things like that.

They deplete the pool of sulfate, which is the nutrient needed to detoxify these additives. And so it just again, we're bringing all the different pieces together that we've seen individually, but bring them together to say, you know, this actually makes a lot of sense why so many people are doing well with these diets.

Yeah. And, you know, we have a combination of parents and practitioners hopefully, listening or watching this podcast.

Feingold Diet and Food Sensitivities

And, you know, I'm not sure who may be more or less well-informed on this, but if you could just speak a little bit more on what the Fine Gael diet is for those people who may not know.

I know you mentioned the Salicylates, but just talk about it a little bit more. Yes. So, it's actually a diet that was, put together back, I think, in the 70s by Doctor Ben Feingold, which is great.

He was a pediatrician, actually, at where I am in San Francisco. And he discovered that these artificial additives and certain naturally occurring salicylates can create hyperactivity, irritability, inattentiveness, things like that.

And so those foods are salicylates again, come in healthy foods. So that would makes it a little tricky, to recognize why would I want to remove healthy foods?

But they're found in things like apples and grapes and berries and raisins and, you know, herbs and spices and cinnamon, all these really wonderful, wonderful, polyphenol rich, nutrient dense foods.

But if we don't have the ability to process them, well, they can act like the chemical derivatives of these salicylates and phenols, and they can create a lot of the same types of symptoms.

And so that's a little bit about the diet. Some of the foods, you know, I like people to kind of spend some time with the diet, really figure out which foods you do need to avoid, which versus those you don't.

Because we don't want to give up all the good, healthy foods. Sometimes we can just narrow that, take out certain ones, do a little, you know, dietary testing at home, kind of figure out how sensitive the individual is and which foods are best.

But the good news is that the artificial stuff is easy for everybody. I feel like easy for people to take out and healthy for everybody. Yep. Yeah, absolutely. Why? A quick story.

When I moved from a conventional pediatric practice to my functional medicine practice, I had a young man that came with me. He was nine years old at the time as a conventional physician.

I was about to put him on ADHD medications, on a stimulant, and but I left the practice and came and he followed me. And I finally took a diet history.

And he was eating nine bananas a day. And, you know, we often say kids cry that which they're most sensitive to. And I just said, let's just try this first.

Take the bananas out. I didn't know anything way back then, you know, 30 years ago. And his ADHD went away. And I know you and and others like you have presented on this and talked about, you know, the Feingold diet, the failsafe diet and seen changes where people.

But it's just not just diet. It just shows the power of the changes. When you change what goes into your system. Absolutely. It seems so easy at do you think that how could changing bananas make such a dramatic difference?

But I had, you know, a client that had pretty significant aggression and changing salicylates completely changed his life. He no longer had the aggression any more.

I mean, first, simple food changes to be that powerful. I feel it's worth trying. Yeah, absolutely. Now, your new book is the Personalized Autism Nutrition Plan. Yes.

And in there it includes a 12 step plan. So can you share an example of one of the steps and, and how it's been effective in helping children. Yeah. So the first step we've talked about a little.

So that's removed the junk. So get rid of the artificial colors flavors preservatives. You know all of those kinds of things that the pesticides GMOs, all of those things.

Just getting the junk out can make a dramatic difference. And the nice thing about that is it's not very difficult to do, because if I take my nutrition hat off for a second, you can find a lollipop that is free of the dyes.

You can find a candy, a soda, a cookie, whatever. Hopefully we don't need too many of those, but if you needed to make a one for one swap, it's not difficult to do.

Your child is probably not going to, you know, be too upset about a different lollipop. So it's an easy thing and it can make a very, very profound difference.

And then, you know, step number two is add healthy nutrient dense foods, get all the good nutrition, you know, good protein. That kind of the healthy diet that we had talked about.

Right. You have more protein and lots of kids don't quite eat enough protein. You know we all kind of generally tend to gravitate towards carbs. And so if we have too many carbs, it's easy to kind of ignore the protein.

So giving a little more focus as parents, and practitioners to the protein can help to make sure they get adequate amounts of the building blocks for everything they need their neurotransmitters, their digestive enzymes, their muscles, their every all their growth requires some of that good protein.

So those are just a couple of the simple steps.

Building Better Eating Habits

And then there is more, you know, if they want to get into some of the special diets that we talked about, I go through all the different therapeutic diets kind of step by step and help people figure out what are the some of the more common symptoms associated, what are the food lists look like, the things to avoid, the things to add so that their parents can, you know, become their own kind of detective and figure out what might be going on and what might be good to consider.

Yeah. And I think that detective work is so important as practitioners as well as as parents, because there's so much we can figure out without doing a single test.

Yeah. You know, whether it's what the kids crave or or just looking at the diet with an expert like you. So. And you

know, what's in our standard American diets for breakfast when our kids need the most brain fuel, it's a bunch of carbs, you know, we're.

And what? Go ahead. Can I say. And lots of times artificial colors. And you know, you know, so we add we don't get the protein. And then we add all those carbs that you mentioned.

And then on top of that we add everything out. So yeah, it can be not the best way to start the day off. Yeah, yeah. And I'll often hear kids say, well, I don't like breakfast food, I don't like I don't like eggs, I don't I'm like, have a steak for breakfast.

I don't it doesn't have to be a breakfast food so to speak, you know. So and how about just along the lines of protein. How about protein bars? I, you know, people will I won't name any names, but talk about protein bars that are actually just all carbs and grains and all of that.

Yeah, you get into that. We're talking to families about good bars to try. I don't think I even mentioned bars in my entire book. I'm not a big fan. I mean, again, it all depends on where you are.

I have, you know, we have to start where people are. So I do have a family that I work with. Their grandchild doesn't hardly any protein. So we have to try to fit protein anywhere we can because we do need protein.

And any protein is better than no protein. So, you know, it depends on the person a little bit and if that's what they need to get some protein. And then, you know, I might consider that, but I tend to like to go with the Whole Foods first, see if I can get them some, you know, healthy foods without, like you said, the sugar and all that other stuff and, and a good form of protein rather than some of that, you know, so it isolates and things like that.

Right. Right. Absolutely. And you just talked a little bit about, you know, a, picky eater who's not eating much protein at all. And we deal with this a lot in pans pandas.

You know, at least 20% of the kids have a restrictive eating disorder. Some have are fed. But how do you approach the the challenge of picky eaters? Yeah.

So which in the world of developmental delays, about 80% of kids have some form of picky eating. So it's very common. So what I try to do is work with the family to figure out what might be causing it.

So, you know, they want to rule out any medical issues, with their doctor and make sure there's not some swallowing problem or some obstruction or, you know what, the anything.

Look at anxiety. And if there's something psychological that might be involved. But from my perspective, I try to look at nutrients. Are there any deficiencies like zinc deficiency, for example, that could be contributing to, this narrowed range of eating?

I also like to look at, there's other things too. We can look at diet. We, as you said, certain cravings for foods can, you know, be an indicator those foods aren't working well for them.

Things like gluten and dairy and other things that might actually they're craving the things that are causing them a challenge. And there's that. But I like to just from a practical perspective, I like to look at texture.

I think. That I was going to ask you about that. Yeah, yeah. Most kids, they, you know, they have a texture thing and vegetables are that can be a weird texture.

You know, they can be mushy, they can be slimy, they can be slippery. And, you know, kids don't like that typically. So that how can we make it take a, a mushy piece of kale and make it into a kale chip?

Yeah. Or, how can we even take, maybe something they're just afraid of, even carrots or something. How can we make a carrot chip or a carrot fry or something?

Now, granted, do we want to do all our foods? Fry? No. But you know what? If we have to get to baby step number one? Just getting them used to. Oh, this green thing or this vegetable thing isn't gross.

Then I like to use the tools I have available. Make them crispy, crunchy, make hash browns, make, you know, whatever we can make to make them a bit more, enjoyable and then then go from there.

How about frozen vegetables? Still frozen. I don't like those. I mean that these are like, you know, lots of kids like frozen peas and things. Yeah. Yeah, I think just any way that you can get it in, you know, it can be helpful.

And how about adding, spices or herbs or other things to the things that they're not liking? Do you find that helps these kids too? Absolutely. So again, you have to see, you know, do they react to any of the other things you might want to be adding, like that big salicylate issue.

But let's just put that aside because we want to get vegetables. And so let's talk about the importance of that. Absolutely. Look, I mean, I'm I mean, I know that bacon's not the best and I do have a little, you know, explanation about that, but I'm not a I'm not against putting some bacon in there to get.

It's a great way to get brussel sprouts in. Exactly. I have this great recipe that sauteed cabbage with some apple and some bacon. And I feel like if you're going to get the cabbage in there, get it in, however, you can get it in.

Yeah. Yeah, exactly. I think we get too locked in on, on some of those things. And, and it's helpful, to add a little bacon or. Yes, something like that. Yeah, absolutely.

Now, often I get asked, look, my kid eats five foods. That's it. How am I going to expand that diet? How am I going to take this one food that you say is bad away.

How do you answer that? With families? It's a hard one. And I and I want I just want to be, you know, real with people. Like, it's not all easy. It's sometimes it's little baby step by step change, right?

I like to add more foods before I remove foods. If someone only started with five foods, I would not be looking to remove those five. But if I was looking, let's say to try to help someone go gluten free and dairy free, and their five foods were all like pasta and bread and cheese and milk, I would try to find substitutes for those, and then try to add new foods that are different because sometimes it's very hard to find a substitute.

Picky Eating and Family Strategies

That's going to be enough like the other food, although in today's day is much different than way back when. Right when? 20 years ago. I mean, there's some good cheeses that are not soy based that, my daughter and I just made something where we took broccoli and we steamed it, and then we sprinkled the dairy free cheese in a pan and then put the broccoli on and smashed it down, and then sprinkled a little more cheese on top.

It makes it kind of crunchy. The make the yeah, crunchy. So you can pick it up almost like little chips. And I was really surprised that the cheese I can see maybe you can make a cheese melt, but I was surprised that you could make it that kind of crunchy texture that you can make like parmesan and stuff.

So these things that are available today really can help us mimic a lot of the old things. So I like to try to add some new things in before removing those.

And then if you can't make a change to those foods, maybe just try to find new foods. Yeah. You know, because sometimes they're just gonna say, you're not fooling me.

It's not the same. I'm not doing it. Yeah, yeah. And being conscious of the textures that the child likes, you know, you're not going to try a new food that's mush.

If they only like crunchy things, you know, very important. And are you more of the, you know, gradually get it in or,

you know, 100% stop this, do this.

You know what what or does it matter? Does it really depend on the family? It it really does depend on the family because it depends on a bit of the personalities of all the people involved.

So I tend to like to not go to, you know, cold turkey. I just that's just how I am with most things. It's just easier to not do that. So I tend to like to make some changes.

Maybe switch out dairy and then switch out gluten, and then you get the little test of each one by themselves and then together, or you know, I think the challenge can be is just, can you do it so little by little can be tough.

So, Yeah, I like brownies. Okay? That's my weakness. I like that. And if you said to me, just do one bite, a brownie less each day, it's not going to work for me.

Nope. For me, it's all or nothing. You know, I cannot regulate the brownies. I can't buy the brownies. I can't put them in the house, or I'm going to eat them.

All right? So that you you have to know your child. Yeah. It's so true. Just thinking about the chocolate I have sitting next to me that, if the only way I can avoid it is to not buy it.

So, you know, and. And what about that? You know, I, I often, you know, we'll get asked by families. Well, you know, if it's in the house, he's going to eat it.

And I'm like, well, you know, your three year old isn't the one driving to the store. It how much do you talk to the families about doing it as a family as opposed to just for the the index child? Yes.

It's very important for many of the reasons we said, because it's torturous for that poor child who has to see the, in my case, the brownies sitting in the cupboard.

Or everything else that everybody's eating sometimes in front of them, you know, and they feel like, why am I being singled out? Why can't I have it? It's just so hard.

It's hard for any of us. And so. And when your child eats, it's even harder to understand why that would be the case. And so that's number one. And then also, most of the times, they're all genetically related, which means that if one of you is going to benefit, likely the rest of you are going to benefit.

So I've had both families where maybe the boy has autism, the girl has anxiety, the mom, the dad has some sort of IBS or digestive thing, and the mom, you know, lost 70 pounds on the diet or something like that.

And they all had improvements in various ways, totally different ways. But they all had improvements from it. So I think that there's many reasons that if you're going to do it, it's really good to do the whole family.

Yeah. And and especially with gluten free, casein free, if that's something you're, you're considering, right. Cross-contamination in the toaster with utensils can be a big part.

And I always talk to families about, you know, do this when you're going to be successful because especially like with gluten free in the trial period, if you're 99% effective, those antibodies may still be building up.

Can you talk about that for just a minute to for anybody that may not know. Absolutely. So for some people, they're very sensitive to gluten and even a fifth of a grain of rice, you know, a little crumb and influence their results can cause that inflammation.

And we work so hard on these diets that we don't want it to accidentally get messed up by, you know, something unintentional or, you know, something so small.

So that is another good reason. Then you don't have to have the dedicated to one toaster for this and one toaster for that. And and also crumbs get on the counter and kids, I mean, I've had clients where, you know, they dive under the desk at school and grab a cracker from somebody. Yeah.

So if there's crackers in the house, of course there's a good chance that they might get them somehow. Which is why, going back to that thing, I'm just.

Just not having them in the house. And if one of the parents says I'm just not doing that, then maybe eat them when they're out of the house or hide your stash so nobody finds them.

But yeah, I really encourage it because, you know, if we're going to ask the child to do that, I feel like it's important that we understand what the diet is like.

And also when we do the diet, I've had to do a number of different diets with my daughter. We're doing a new one now, and, you know, you get more creative when you realize, oh, you know, what am I going to eat?

You know, when it's yourself, you're thinking, okay, this is not going to be fun. So you, you know, you're extra motivated and then you're tasting the foods.

Is this really good? You know, actually that's pretty good. So, you know, I'm just going to stick with it or. No, it's not very good. I'm gonna find something new.

There is one other thing you mentioned earlier that I wanted to ask you about, because I've always question this. And if you know any studies or anything, you know, you mentioned when kids are picky eaters, that sometimes they're zinc deficient, for instance, and we need to treat that.

But a lot of these picky eaters, it's a very carb laden diet. How much do you think what we start feeding kids as babies?

Family-Based Diet Changes and Cross-Contamination

You know, what's our first foods for most people, right. Cereal and fruit, you know, how much do you think? Or do you know from studies that have been done that I'm not aware of, that initial dietary palate affects longer term, you know, desires and sensitivities, etc..

I do you think you're on to something? I think it does, because there have been even studies on moms that are nursing, and the more varied their diet is, the more of a well-rounded eater.

The child is that they're eating broccoli and bitter foods and different things. Now, I doubt the broccoli is going through the breast milk, but there's some component that I think does if they are not picky, unless unless it's some observation on some level.

But these are just infants, so you think more that it's some sort of other compounds. So we do know that there's a study on that. I don't know how many other studies there are specifically on this.

It'd be interesting to look at them further. But I do feel that that's the case. And also, you know, we prime our taste buds for those sugary, high carb foods, I would imagine.

I mean, if that can happen when we're breastfeeding, that can happen with our first foods, I would imagine as well. And so yeah, I'm one of those people that likes to have more fruits and vegetables and some protein before going to.

I like that it's not my first food recommendation of like rice cereal, right? Right. And I remember there was a cookbook a long time ago, super baby food.

Yeah. That that, avocado was the first food. And and that's what I started with way back when. And in my end of one, my, my now 26 year old son, he, he cannot stand anything sugary.

And, I just, you know, I, I, I don't have much impact on newborns because in what I do taking care of neurodevelopmental and neuropsychiatric kids, I can't remember the last time I saw one less than three.

But, I think it's something we should be studying more and looking at the impact. You know, the Allergy and Immunology Association is, has moved us away from avoiding nuts.

For example, and things that we were where, you know, these kids get sensitized very early on. So yes. Well we have an end of two now because my daughter also, was was one of those that we, you know, we started similarly to what I had said, even she's now a teenager in high school and she if her friends drink soda, she's like, I don't know why they drink that stuff.

It's terrible. It doesn't quench your thirst. It's too sweet. So I was like, thank you. Yes. Yeah, exactly, exactly. But even those of you who are listening that haven't done it in your newborns and they have that palate, you can change things.

And, and I think like we're saying, slowly but surely introducing new healthy things and it you know, the other question I get asked all the time is this is so hard.

You know, I get done with a I remember when I was a conventional physician and I went out to dinner with the other pediatricians in the group, and they're like, look, I work a whole day.

I don't want to argue about food. If they want Oreos and chocolate milk for dinner, that's what they're having. And I hear that a lot. What do you say to those families about this is too hard.

Well, what some of my own families tell me is that it's easier to be cooking while they're happy in the background than it is for them to be having, you know, behaviors and upset and all of that.

So a lot of my families tell me it's worth it. And yeah, you know, in some ways it's easier because, you know, I mean, it's heart wrenching when your child is hurting, upset, you know, whatever it might be, that they feel that's really worthwhile.

They'd rather cook. They said one of my clients, I rather cook all day than, you know, and have them be happy. So, yeah, I think it is worth it. And it does make a difference, because when we look at even studies on autism, you know, I understand there's a lot of things that we have to that have to be had, decisions and arguments and points of contention on a daily basis that, you know, sometimes it's like, oh, the food part's too hard.

But we do know in many studies and many case studies of kids that truly are so nutrient deficient that they have scurvy that they've got, you know, all sorts of pretty serious nutritional diseases or disorders or, from nutrient deficiencies.

It is possible, we think, oh, well, they're eating the calories, they're eating. It's fine. But actually you can be quite nutrient depleted if your diet really is devoid of all of the fruits and vegetables and whole foods.

Yeah, absolutely. And there are so many easy recipes and there's so many easy things that people can do. And the other one, I have found with our families is if the kids get involved with it, if they can, whether they're mixing or whether they're choosing at the store or whatever, the store can be complicated because the marketing of it.

But, you know, what do you tell families about that? Absolutely. You know, so, I mean, just a little story. My own family, my daughter at the time did not like zucchini, but we had grown the zucchini in the backyard.

So she's like all right, we'll make it. And then I said, well, let's pick a recipe together. And she's like, all right. So we came up with these that actually that's also in the book, these, she, she named it. She also named it. So she's very

excited about that.

She named it Zucchini Pizza, which was like a zucchini pizza, which were these little zucchini boats with meat and, you know, like a, like, bolognaise sauce.

And then a nondairy cheese on top, and put back in the oven again. And they're delicious. And I think because she helped pick out the recipe, because she helped grow it, because she got the name, it.

Yeah, you know, loves it. And, this thing that was gross because, you know, they are kind of soft and mushy if you think about it. They're not the best texture.

I mean, you can make them a better texture. You can make little spears and things and, air fry them and things. But if you don't know that, you know, you just boil them.

They get pretty mushy. So, by getting them involved and helping them pick out something they might like, it can really make a big difference. Yeah, absolutely. And making it fun.

You know, we we used to talk about asparagus, cigars and broccoli trees and, you know, make a little forest. And then, you know, the giant came in and ate the tree.

And you know, you can you can make this fun.

Success Stories and Long-Term Impact

So you you've talked about your daughter, you've talked about some of the families, but talk to me about some other success stories that, that, that you've seen where dietary changes have made a, a big impact on a child's development or behavior.

I think, you know, one of my favorites is actually the boy, actually, now, young man in the book, he's in the introduction and in the conclusion. And he, had pretty severe autism when he was little.

Lots of tantrums, not much language. His mom did a variety of different diet diets over time. She came to see me somewhere in the middle of that. She also did biomedical and worked on the microbiome and, you know, did nutrients.

And so she did a bunch of different things. And, today, you know, and again, it's not always just like a straight path, right? You you gain one little thing in one area, then you switch to a new diet and then you work on this thing and, you know, it's layers of healing that happen.

And so it was over the course of, you know, I guess I think they came to me when he was maybe five. He's now 21. Wow. You know, and he, is now a graduate from high school.

He was an Eagle Scout. He is going to college. He wants to be a writer. And he shares in his own words at the end, how important the diet has been and why is still today.

The diet is important and he still follows it. Wow. Yeah. It's amazing. I, you know, the diet was not something that I, you know, medical school teaches you nutrition in about a half an hour, and then you forget everything.

And, you know, that half hour taught us nothing. But when I first started looking at this, I remember an 11 year old who I just knew would get better without dairy, like, you know, not even gluten.

Just just getting rid of the dairy. And he locked himself in his bedroom the first weekend and would not come out, would not talk to anybody. They put food out in front.

And he came out of the weekend and he he was 11 at the time and he said, I'm never going to have dairy again.

He said, I feel it was like an addict as as we have seen.

And he had to go through that withdrawal and and all of that. And then he's now, I hate to say this, he is now almost 40. And I still know his family to this day.

He's never as far as they know and as far as he will say, never had a drop of dairy again. He's like, I never want to go through that withdrawal. But I also know how much clearer my mind is, how much you know, how much better I feel without it.

Wow, that is amazing. And there are lots of people that have that experience and it's it's easy to do the diet once you realize how it's negatively affecting you.

So it's great to see when kids are or adults or whatever age they might be, are able to connect the dots in how they feel and what they're eating. Such an. Amazing story.

Yeah. And I and I think too, you know, one of the things that I'm sure you do is talk to families about the negatives they might see in removing some of these foods.

Can you talk a little bit about that? Yes. So that's why I don't like the cold turkey approach. Exactly. Because there are. So with the case of gluten and dairy, there are opiate compounds, opioid type compounds that are produced when we eat gluten and dairy, when they're not totally broken down.

And that can go into the opioid receptor and act like these drugs that are very addicting. Opium, heroin are very, very addicting. As we know foods can be.

These foods can be addicting as well. And so it we remove them so quickly, then we're just creating symptoms when we could do it a more natural, slower approach to it.

And so that's my typically my preference. Even if it's take out one then take out the other or do take out half and you know, just however you want to do it however, works best.

Again, you have to know your child and know what strategies some are, some you know, you take out one and then they gravitate towards everything to the other, you know?

And so you kind of have to figure out what's going to be the best approach. But it does make a big difference. And it's definitely doable. But because it can create not only, yeah, withdrawal.

So, you know, things you might think about, it's, it's not a really it's, it's, it's emotionally and psychologically and physically challenging. So, we don't have to do it that way.

Most people I think, are just better doing a little. And they don't want to make it sound too scary, but words don't it. If it's not easy, there's nothing wrong.

You know, it's not always easy. And that's expected. That's to be expected. Anytime we have to give up the things we love, it's hard enough. But then when we have foods that might actually be physically affecting the brain, it can be that much harder.

So having some compassion for them, having an understanding of that, so that when we do that process, we say, you know what, it's okay if it takes us a couple weeks to do it or a month to do it.

Just understanding that makes it easier. Yeah. And I love your approach to sort of low and slow. It's very similar to what we talk about with herbals, botanicals, nutraceuticals start low, increase slowly to avoid that die off for work time or reaction.

And and you're doing the same thing dietary which makes a lot of sense. So and and any other success stories or

anything else from your book or from your work you wanted to share with our listeners or viewers?

You know, I think just taking one step at a time is a good thing. And then, you know, because everybody is unique and everybody needs something that's different.

Compassionate, Individualized Nutrition Guidance

It's it's great to listen to families, it's great to hear their experiences. But if an approach isn't working for you, that might just not be the best approach for you.

And I've had that happen before where someone will come to me and say, you know, I was bullied on the boards because my child was not getting better or they were getting worse and they said I wasn't doing it good enough.

I wasn't doing it hard enough. I wasn't restricting enough when really it was the diet that was a problem for them. So I like to say, you know, kind of go with your mom's intuition.

Go with your child and what's going to work for your family. And if one thing doesn't work, then try something, something else. And it sort of takes us to what she said at the beginning.

You know, it's not autism. It's autism. And and the same with Pans Pandas. It's, you know, when you've seen one child with this, you've seen one child with this.

And as I said, always try to start your baker. You know, it's the end of one. It's the child in front of us. And and for the moms and dads out there. Yeah, trust your gut.

It fully intended. Yes. You know. Absolutely. Well, you know, Julie, you wrote a great book In nourishing Hope. And for anybody who didn't get it, what year was that published?

How long ago is that been nourishing? It was 2008. Yeah. Yeah. And and for anybody who hasn't read that, please read it. And please get her personalized autism nutrition plan.

Even if your child doesn't have autism. I think there is a lot to be said, about all of the 12 step plan that Julie has put out for all of our kids, right?

Yes, yes. And in fact, I struggled with the publisher for a while, all of us trying to figure out what is the best focus for this. So the subtitle actually is nourishing Hope for kids with ASD, ADHD, anxiety, and Neurodevelopmental Delays because it's not just about autism, but we wanted it so that people with autism could find the title.

And a lot of my work and a lot of them, a lot of the people I work with are autism. So really wanted to put that element in. But there's there's sections on ADHD.

There are there are sections on all of those things I talked about anxiety. There's, you know, so I talk about a lot of other aspects. And that's because the underlying conditions are similar between everything that affects our neurological health.

So yeah, depression, anxiety, various neurodevelopmental delays, they often have elements of inflammation and mitochondrial dysfunction and microbiome disruption and Pans and Pandas with all of those things.

Right. So it's really looking at what are those underlying factors and how can we use diet and nutrition. And so we can use these principles for any of those types of conditions.

Absolutely. And and like you said there's more similarities and differences because, you know, I grew up in West Virginia and we, sent canaries into the coal mines.

And if the Canaries died, the mine was too toxic. And we also always talk about our kids with autism as our

canaries. But those toxicities, those nutrient deficiencies, these those mitochondrial dysfunctions, you know, on and on and on are in all of us, not just our kids with autism absent lutely.

Absolutely. And it's just the combination of everything that makes us unique, which makes us need one thing or another or manifest things one way or another.

But, I mean, the good thing is that that many principles of good, solid nutrition are pretty similar. So at the end but then we, we change it and nuance, you know, the nuances depending on what the specific conditions are.

So yeah. So Julie, where can people find you? Because I know after listening to you, they, they want to find your book, but they also might want to find you.

So where would that be? Absolutely. Thank you. So they can find the book everywhere the book is. Yeah. Books are sold. And they can find me at nourishing Hope.

Dot com is probably the best way. That's my work on, most of my autism work. Great. Well, Julie, thank you so much for being with us today. And thanks for all you do to help all of our kids.

It really means a lot. Well, thank you so much, doctor O'Hara. It's been great. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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