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**on the cover**

Shannon Steffens, the creative force behind Candid Moments, contemporary portraiture by Shannon, is both a photographer and a mother. Simply stated, photography is her passion; from the first moment she picked up the camera, her goal has been to capture everyday moments in an extraordinary way. Shannon specializes in on-location photography to capture your life’s moments. [www.mycandidmoments.com](http://www.mycandidmoments.com)
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Mission Statement
My Healthy Beginning educates families on how to implement a more healthful and natural approach by publishing a magazine of substantive content not found in other local parenting magazines.
When first faced with adversity, what is the first thing that happens, what is the first thing you do?

When I am faced with adversity, my first thought is similar to what I think I’d do if our home ever caught fire: grab the children, get out of the house, and then hold them close.

When first faced with adversity we hang on to everything, we reach for anything, and feel like we’ve done nothing before we can find the space to reflect on what has happened and begin to allow ourselves to move inward.

We come back home.

As mothers we face adversity every day, every hour, or every other minute depending on the day...these circumstances may come in the form of a new deadline, a fender bender, muddy paws on white carpet, or a child with a diagnosis, your child with a diagnosis.

When it takes form in the shape of your child, we then go through stages of change allowing us the freedom of a broadened mind or we sink into ourselves, not often coming out to peek at possibility.

Recently a friend of mine learned something about her young child. This knowing allowed her to see him not as a child with an illness or disease; it allowed her to see him not as a child with a diagnosis or a child with a problem. This knowing gave her the ability to claim him as a child with a difference.

Children with a difference are families making a difference everywhere we look.

When families are thrust into uncharted waters, where their very life depends on the discovery of buoys, those resources bouncing around in the sea, the level of overwhelm is enough to make them feel completely lost.

To avoid being lost, we have families who begin making a difference. They educate, they ignite passion and wonder, they empower each other, and then they prosper. In the midst of adversity, they prosper.

The strength and courage of families of children with a difference isn’t possible unless they stand still, if just for a moment, to breathe and reflect.

What can we do but keep on breathing in and out, modest and willing, and in our places?

~Mary Oliver

Children with a difference are families making a difference
I learned so much during the process of editing this issue, even if the information found within these pages are only scratching the surface of this monstrous epidemic. I’m hopeful that you will find some helpful information and maybe even some words of encouragement if you find yourself lost and searching for a possible direction to take.

I literally had tears in my eyes by the time I finished “Hope for the Children” by Dr. Bobbi Kostinec. What a very touching and personal story about her journey with two children of her own on the spectrum.

Also, don’t miss “A Closer Look at ASD Diet Protocols” by Dr. Carrie Clark where she profiles the various diets that have been shown to improve the health and function of some children on the Autism Spectrum. Diets can be so confusing, but here this information is presented in a clear way that’ll keep you from pulling your hair out.

We’ve entered the time of year where our gardens will be putting out the last of their produce. I, for one, had more zucchini this year than I knew what to do with! I was making zucchini bread, cake, putting it in salads, and even grating it and using it in lieu of pasta. I was coming to the end of my culinary prowess when My Healthy Beginning came across the expertise of a local food guru.

I would like to introduce you to our newest permanent column, “Home Grown Health.” Written by natural foods educator, Jennette Turner (www.jennetteturner.com), this column will feature a delicious seasonal food item, followed by a few fantastic recipes highlighting this fare. One of this issue’s headliners just so happens to be my near nemesis: the zucchini. Now I get to add a creamy bisque and a hearty scramble to my meager squash recipe repertoire. I’m sure you’re going to love this new column!

Please visit our website, www.myhealthybeginning.com where some major things have been happening. You no longer need to be a subscriber to access this wealth of information. Here you’ll find more inspiring supporting articles, online columns, grocery lists and recipes, and a PDF version of our current issue. There will be more to come as we continue to bring you the best of what we got.

“"If we don’t stand up for children, then we don’t stand for much.”"

~ Marian Wright Edelman

We want to know your thoughts!
If you have something to share with My Healthy Beginning, send it to: editor@myhealthybeginning.com
I would love a pizza crust recipe that uses something other than potato starch. My partner is allergic to gluten and potatoes, and so often gluten-free recipes have potato starch. Any suggestions?

- Linda

Oftentimes arrowroot flour, tapioca flour, and potato starch flours are interchangeable in recipes like these. Sometimes GF pizza crusts can seem crumbly at first, but once you start pressing it into the pan by hand and then a rolling pin, the dough adheres and is only somewhat flaky after baking. ~ MHB

Try out this gluten free pizza crust recipe:

2 c. gluten free flour mix:

1 c. brown rice flour,
1/2 c. potato flour,
1/2 c. arrowroot starch flour

OR

3/4 c. brown rice flour,
1/2 c. arrowroot starch flour,
1/2 c. sorgum flour,
1/4 c. corn flour

2 tsp. guar or xanthan gum
3 tsp. baking powder
1 tsp. salt
3/4 c. milk or rice/almond milk
1/4 c. olive, walnut or canola oil

1. Preheat oven to 425.
2. Combine all ingredients into a bowl and stir well until mixture leaves sides of bowl.
3. Press the dough into a greased bar pan/cookie sheet and roll it out with a rolling pin.
4. Layer on toppings.

Adapted from Naturally Gluten Free Cooking by Debra Smith

I just read the letter to the editor re: “How to Get Young Babies into a Good Sleep Pattern” from September ‘08. Interesting comments! This is the first time I picked up your publication from the library and I really liked it.

- Barb

I am hoping that in your All about Baby issue you include stories from adoptive families as well. It would be great to see adoptive families (transracial adoptive families included) as well as families with children with special needs represented more in your publication. I have only been receiving your publication for a few months so perhaps you have done so in the past, but since subscribing I feel our family (a transracial adoptive family with children of special needs) is not represented or considered part of your demographic target. An issue or article geared toward single parents (I am that as well) would be great too! Thank you!

- Jessica

Thank you for your suggestions, Jessica. Please be on the lookout for our All about Baby issue where you’ll find an article on open adoption as well as inducing lactation for adoptive moms. ~ MHB

My Healthy Beginning is the newest 2009 local sponsor of all Minnesota Holistic Moms Network chapters! For information on a chapter nearest you, log on to: www.holisticmoms.org and click “Chapters.”

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Author of the highly acclaimed book Why We Hurt, Dr. Greg Fors, opens the Pain and Brain Healing Center in Blaine, Minnesota. Dr. Fors is a 1982 graduate of Northwestern College of Chiropractic, a Board-certified Neurologist (IBCN), and certified in Applied Herbal Sciences (NWHSU), with over 25 years experience in nutritional medicine. He is a Defeat Autism Now! doctor trained through the Autism Research Institute. The clinic specializes in a natural biomedical approach to chronic pain and brain health issues: from behavioral and learning disorders, ADHD and autism to fibromyalgia and depression.

Health Foundations Family Health & Birth Center will be opening in St. Paul on Grand Avenue in January 2010 and is currently accepting families for deliveries at the center starting February 2010. Health Foundations also offers home and water birth options. To learn more visit www.health-foundations.com or call 651.895.2520.

Have a letter for the editor? send it to: editor@myhealthybeginning.com
MMR Vaccine and Autism: Case Not Closed
by Dr. Brian Boyd

There has been much in the news lately attempting to clear any connection between vaccinations and autism. In regards to the MMR vaccine, the CDC states that “many carefully performed scientific studies have found no link between MMR vaccine and autism.”

One study in particular, the Danish Study, looked at more than a half million children for a period of nearly eight years and showed no link between MMR and autism. This has been the primary study used as evidence that there is no connection between the two.

Experts that have analyzed the very same data used to exonerate the MMR vaccine found not only that there was a connection between the vaccine and autism, but also a dramatic increase in the disorder amongst study subjects, where the original authors saw none.

In addition, there are also studies that do show a connection between MMR and autism, such as the study done by Dr. Andrew Wakefield et al. in 1998. The study saw a possible connection between inflammatory bowel disorder, regressive developmental disorder, and the MMR vaccine.

The primary criticisms of the paper were that it only consisted of 12 subjects, it had no control group, and it suggested a possible link to the MMR vaccine without sufficient evidence; but this was only an initial paper on case studies suggesting further research into the issue. 10 of the 13 authors retracted their findings after much pressure.

Furthermore, Dr. Wakefield has been continually smeared by health officials and the medical community for not retracting his findings. In February 2009, journalist Brian Deer accused Wakefield of fixing data on the 1998 study.

According to Edward Yazbak, MD: “The increase cannot be attributed to changes in diagnostic criteria, which have actually become more restrictive…In fact, it is probable that autism in the U.S. schools is actually underdiagnosed and that many less severe cases are labeled behavior and communication disorders, in order to avoid the stigma and/or the added cost.”

In regards to a genetic cause of autism, Yazbak states: “Genetic disorders have never presented as epidemics, and investing the scant available resources solely in genetic research diverts them from the scientific exploration of more plausible environmental factors.”

So why close the door on the possibility of a vaccine/autism connection? Perhaps it would mean a lot less people wanting to vaccinate their children. As was the case in Europe where vaccination rates fell due to concerns with the MMR vaccine/autism connection.

A possible side effect of this drop in the MMR vaccination rate could be that children are more likely to have allergies. Allergies have been found to be less likely in children who’ve had a case of measles, but not in those who have been vaccinated against the measles.

A study such as this may not directly contribute to the MMR/autism debate, but does raise the question of the possible adverse long-term effects that our children may experience by avoiding childhood diseases through vaccination.

It would be convenient, if not comforting, to say that vaccines such as MMR don’t cause autism. The thought of unknowingly thrusting an epidemic of autism upon our children could be dismissed, and research for a cause could be devoted to other possibilities.

How do we account for the dramatic rise in autism in the past two decades?

Deer’s story has proven to be false, as Deer himself was the instigator of the accusations, and then reported the story as news. It may also be of interest that Brian Deer’s boss at The Sunday Times, media executive James Murdoch, was recently appointed to the board of MMR vaccine manufacturer GlaxoSmithKline.

In his book, Autism’s False Prophets, Dr. Offit discredits those who have linked autism with vaccinations, criticizing the science done to show a connection, the tactics used to prove the link, and the cures touted to help the autistic. “It has been asked and answered, vaccines don’t cause autism.”

How do we account for the dramatic rise in autism in the past two decades? Dr. Offit offers two possibilities: better diagnosis and genetics.

The truth is, there is an epidemic of autism affecting more than 1 in 150 children in the U.S., and we don’t know for sure the exact cause. There may be several factors involved and at this time, despite what health officials proclaim, vaccines cannot honestly be dismissed as one of those factors.

Dr. Brian Boyd is a chiropractor with Y-Chiropractic and has been teaching classes on vaccinations for the past 5 years. He resides in Plymouth with his wife Cyndi and their two daughters, Grace and Hannah. For more information on Dr. Brian and his classes, visit www.y-chiropractic.com.

For the unabridged version of this article, along with works cited, please log on to www.myhealthybeginning.com and click on “Featured Articles.”
Oliver Mattison’s Birth Story

by Jennifer Mattison

After the hospital birth of our first son, Benjamin, I knew upon walking through the door that Morning Star was exactly the place I wanted for the birth of our next child. And by the end of our first meeting with Paula, I knew that she was just the person who could provide the support I needed for the natural, drug-free labor and birth that I wanted. Throughout the course of my prenatal care, we reflected again and again on just how fortunate we were to have found Paula and Morning Star.

I woke to contractions at 5am on Friday morning, 10 days past my “due” date. I was ecstatic, as I had been waiting so patiently for my labor to begin. This was not new to me…Benjamin was also born 10 days past his given due date. At any rate, I was thrilled to know that today I would finally get to meet this new little person inside of me. The contractions were not too strong yet, so I got up quickly to get a few things done before things progressed. I ate a light breakfast, took a shower, and then went outside to water my flowers and vegetables. What a beautiful day to give birth, I thought! We called Paula to tell her that today was the day.

By 8am we were timing the contractions and they were getting pretty strong. They were coming regularly, about 7-9 minutes apart, but only lasting about 30 seconds. It was all coming back to me - these feelings that I had been trying for weeks now to remember - the excitement and the intensity. My mind was in work mode and I was prepared. Then, at about 9:30am, everything completely stopped. I was devastated! I kept waiting for more, but nothing was happening. I was simply tired and frustrated.

After talking with Paula again, I decided to take castor oil. I drank the concoction at about 11am and then laid down for a while. I got up, restless, after an hour or so and we went for a walk. By the time we were approaching our house on the way back, contractions had started up again. It was 2pm. We were laughing and joking about not being able to remember the correct method for timing contractions, so we called Paula to ask her and to let her know what was happening. I remember having to pass the phone to Drew when a contraction got pretty intense while I was trying to talk to Paula.

Within 20 minutes they were coming on strong and we were timing them again. Drew supported me as I leaned over and swayed my hips back and forth. This rocking motion was my body’s natural response to the rhythmic power of the contractions. By gripping something above my head and pulling with my arms, I could allow my body to relax from the waist down through the intensity of each one. I could hear the voices of Drew and my mother-in-law telling me what a good job I was doing and how strong I was. I focused on feeling my body opening; I was a little closer with each one.

After only an hour I was starting to feel like I needed to try something new; I felt that I had a long way to go and I was trying to remember all of my options. I had Drew fill the Jacuzzi tub. The water helped me relax through several contractions, but things were getting very intense and we decided it was time to go to the birth center. Drew went upstairs to get my bathrobe and my mother-in-law helped me out of the tub. I sat down on the toilet to prepare for the next contraction and all of the sudden I was pushing! My mother-in-law yelled for Drew. I panicked and didn’t want to leave, but Drew reassured me that we had time and somehow got me into the car. I proceeded to push through another three or four contractions in the car as Drew drove very quickly the 15 minutes to the birth center!

We pulled up alongside the curb and Paula was outside waiting for us. I could feel my baby’s head descending as she and Drew got me out of the car! As I paused to get through another contraction, my robe flew partially open and I vaguely remember seeing a woman walking down the sidewalk stop to stare at what must have been quite a sight! They got me upstairs into bed and as soon as I laid down another one came and I was pushing. I remember hearing Paula’s calm voice telling me, “OK, I see your baby’s head.” A few more, and now I could reach down and touch my baby’s soft, warm head! This was all I needed to muster up the little remaining strength I had to keep going. And then, with an overwhelming sense of relief, I felt my baby’s warm, smooth body leave my own. Drew caught him and laid him on my belly. As I pulled him up to my chest I looked down to see that I had another son! My beautiful, precious new baby boy was finally here in my arms! In an instant it was as though he had always been there.

Oliver Michael was born at 4:37pm, just six minutes after we arrived at the birth center! My labor had progressed so quickly that there hadn’t been time for anyone else to get there to witness Oliver’s birth - not even Paula’s assistants, Karen and Krista! Upon arriving shortly after the birth, Krista asked if that was our Honda at the curb with the passenger door hanging wide open! What a whirlwind those last few hours were…what a magical, glorious whirlwind! mhb
I went into this project as a parent and came out a child. My goal was simple: write an article about the process of creating buttons from tree branches. I figured that this project would be a great experience for my daughter, as she learned about nature’s gifts. What I didn’t anticipate was the magic that occurred between her and me during this fruitful little button project.

Materials

Limb/Branch Saw
Hacksaw or Bandsaw
Drill
1/16" Drill Bit
150 grit & 220 grit Sandpaper
All-Natural Beeswax Polish

Instructions

1. Search out dead or fallen tree branches.
2. Cut off sections of branches that are between ½" to 1¼" in diameter.
3. Measure and slice off tree coins (button blanks) that are no more than ¼" thick.
4. Using a spray bottle or wet cloth, lightly dampen the bark edges of the tree coins.
5. Allow the coins to dry in the warm sun for at least 6 hours (the longer the better) flipping them several times.
6. Drill holes using a 1/16" drill bit. You can also use a standard button as a drill template.
7. Start with 150 grit (rough) sandpaper and then move to 220 grit (fine). You are sanding the end grain of the branches; thus, you may sand in any direction without leaving noticeable scratches. Sand until all the saw marks are gone.
8. We chose to finish our buttons with an all-natural beeswax polish. It is easy to apply and is non-toxic. Be careful to read the ingredients of any finish that you wish to use. Many are toxic during the application and off-gas even when dry. You can also use food coloring or wood dye to spice up your buttons prior to sealing them with beeswax.

Our project officially started when Eliah, my 5-year-old daughter, and I started measuring buttons. First, we collected buttons that we found lying around the house. You know those buttons that go missing off of your favorite shirt and then mysteriously turn up when you no longer need them? Then with template buttons in hand, we started off into the citified world to find the answer to our buttons questions. What are the most popular buttons sizes? What is the dimensional relation of the button to the buttonhole? It seems to me that the buttonhole is never just right; it is always too loose, causing the button to come undone; or it is too tight, causing one to conjure up Übermensch strength to get the thing on. It could have been easier to simply Google the question and let Wikipedia spit out the answer within nanoseconds. However, our quest was to find the sizes that were really needed rather than the rote garment industry standard.

So, off we went with a pocket full of buttons. We stopped people at the market and measured the buttonholes in their jackets. We even offered payment to people if they would answer our button questions. We paid two smiles and one song—a hefty but worthwhile sum; we were the “button patrol,” and our interactions, due to the nature of our quest, were priceless.

On the next part of our mission, we went hunting for branches fitting the three basic button dimensions found on our quest: ½", 1," and 1¼." Anything larger was simply unnecessary, and anything smaller was too difficult to work with in the first place.

Finding fallen or dead branches in the woods is the easy part. Identifying them is another story. My experience as a woodworker enables me to identify almost any piece of lumber that I come across. However, the look of lumber is totally different from the actual tree from which it originates. Subtle differences in the texture and color of the bark, leaf size, and vein configurations all play a
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major role in identifying trees. When we stumbled upon one downed tree, I was able to quickly identify it as a black cherry tree. Eliah gently tugged at my shirt and said, “But Papa, those aren’t the same leaves that are on the cherry tree at our house. That looks more like the buckthorn. You know, the stuff that you always fight with in the garden.”

My goodness, she was right! My lesson for the day: never jump to a conclusion until you completely analyze the facts.

The care package my wife provided for our adventure contained all sorts of goodies, including a very handy guide to North American trees. Eliah and I gathered all sorts of tree branches that afternoon. We found cedar, cherry, maple, river birch, walnut, hickory, oak, pine, buckthorn, and others. The best part was not just identifying the branches but cutting them open to examine the end grain. It was like cracking open a geode and being mesmerized by the shimmering crystals inside.

We used a branch saw to trim off what we selected from the fallen tree. One hand grasped the saw blade and the other held the branch tight. Together we used the fine blade of our saw to cut the branch off on the draw. Inspecting the newly cut end grain we could see the distinct patterns and unique coloring. We also counted the rings to find the age of the majestic lady. She was eight.

We hauled our load back to the house, poured two glasses of apple cider, and sawed off small slices of the branches into what Eliah referred to as “tree coins” (note to self: this is a great toy idea).

The next part is probably the trickiest part of the project: drying the tree coins. All trees, even those that have been dead for some time, store a significant amount of water. At this stage, it is considered a green tree. The green tree must be dried out before sanding or drilling. As part of our ever-expanding research, in one experiment we found that the tree coins that were still green when we drilled holes in them almost always cracked or split as they dried. We also found that in order to preserve the bark for the finished button it needed to shrink at the same rate as the heartwood, or middle of the tree coin. Again, Eliah used her childhood wisdom and hypothesized that we should dampen the bark and set the tree coins in the sun to dry. Success! After a long day of flipping them in the sun, we had dry tree coins with beautifully preserved bark.

With drill in hand and a 1/8” spiral drill bit, we began work with one of our button templates for correct hole placement. Because of the very nature of the tree branch buttons, however, we found that precise drilling just didn’t look “right.” Accordingly, we drilled each button in the approximate middle, and sometimes over to the side. What mattered more, though, was the number of holes drilled. Small buttons received two holes, whereas the larger buttons received four.

From drilling we turned to sanding. Although sanding is very important, it is still the tedious and unexciting part of the project. To liven it up, we told each other stories about the life of the tree, adding a little sensationalism here and there for effect. I used a 150 grit sand paper on some of the rough parts, and Eliah used 220 to make it baby-bottom smooth.

Once each button was finely sanded we brought out the true nature of each button by adding all-natural beeswax polish. When the buttons are sealed with beeswax polish, the colors are greatly enhanced and the grain just pops out; not to mention, amazing qualities of weather protection and overall wood longevity are also added.

The final tally of our button boon exceeded the numbers in Eliah’s counting repertoire. This meant that it was time to start sewing. We hurried into the house and rummaged enthusiastically through our dressers and closets searching for anything with a button that we could replace. We swapped out buttons on jeans, jackets, shirts, purses, garment bags, doll outfits, and pillow and duvet cases. We adorned envelopes, hair clips, jewelry, and shoes; we even replaced all the store-bought magnets on our refrigerator with button magnets. We turned some buttons into zipper pulls and others into bingo chips. We were button crazy!

As you have just read, such a simple activity as creating buttons can provide long lasting memories and rewards—rewards deeper than material gain and of a caliber rarely experienced. Maybe it was the togetherness. Or maybe it was the feeling that the moments we shared were not taken for granted. Or maybe, just maybe, it was the giggling.

As I sit here typing away, reflecting on the experience, I can confidently say that this is not a “how to” article as much as it is a “why to” article. Why craft buttons from tree branches? Simple: it’s fast, it’s free, and it’s green; and best of all, we adults can go into it as parents and come out as giggling children.

By attaching small, rare earth magnets to some tree coins, you can create natural refrigerator magnets. Simply glue a tree coin to a magnet. No need for sewing holes.

Using a short ball chain lanyard you can create a zipper pull or keychain. Simply drill a hole using a 1/8” spiral bit near the edge of the tree coin and thread the ball chain through.

Use larger branches to create a whole tree block building set for kids and adults alike.

Jason Gold is a teacher and toy designer with Camden Rose Inc., a USA natural toy manufacturer. Jason designs toys in his Michigan woodshop and manages the Camden Rose Cooperative of Amish craft shops. When the sawdust settles and young minds have been expanded, Jason explores the world guided by his two young daughters—Eliah and Amelie—and his wife, Julia. You can contact Jason by visiting camdenrose.com.
Identifying Autism: 
Knowing When and What to Look For 
by Fraser Autism Services

Everyone’s talking about autism - and for good reason. According to a 2007 Centers for Disease Control report, 1 in 150 children in the U.S. has autism, a neurological disorder that affects development and social functioning, and can cause even a precocious child to disappear into his or her own self-contained world. Autism is the fastest growing developmental disability in the U.S. It is more common than childhood cancer, diabetes, and AIDS combined.

These statistics are alarming to parents. By arming themselves with knowledge, parents can be prepared to distinguish between behaviors that are typical for a developing child and behaviors that need special attention.

Autism is a spectrum disorder, which means every person with autism is different. At one end of the spectrum, people with Asperger’s Disorder have trouble interacting in social environments but can live very independent lives. At the other end of the spectrum, someone diagnosed with Rett’s Disorder may need constant care.

How do parents know if their child should be evaluated for autism? There are some significant red flags which may indicate that an evaluation is appropriate. “Parents usually identify concerns between the ages of 18 months to 3 years, although we have seen children as young as 3 months at Fraser,” said Pat Pulice, licensed psychologist and autism services director of Minneapolis-based Fraser, a leading provider of autism services. Below are some signs of autism that parents should know.

• Communication – Children with autism may experience delayed or lack of language development. Their use of words and gestures is unusual. They may use words with no meaning or gesture instead of using words. They may repeat words or phrases in place of responsive, back and forth communication. “A parent who sees a significant regression may want to consider an evaluation at a place like Fraser,” said Pulice.

• Social Interaction – Children with autism often spend much of their time alone. They may be less responsive to social cues and interacting with others may be difficult. Often, displaying emotions (laughing, crying) that others don’t understand is common. They may find it difficult to relate to others and may be unable to make eye contact.

• Sensory Impairment – Children with autism often have sensitivity in sight, hearing, touch, smell, and taste. Parents might notice this if their child starts crying when exposed to bright lights or loud sounds, or refuses to eat food of a certain color or texture. Children may also dislike being touched and overreact to pain, or not react at all.

• Play – Children with autism may not be able to play with their toys in an imaginative way; instead, playing with their toys in odd, unusual ways. They may spin toys or line them up or have an inappropriate attachment to them.

• Behaviors – A child with autism may be overactive or passive, have tantrums, may have no fear of danger, may show aggression, and may be resistant to change. They often have repetitive behaviors such as hand-flapping that identify their excitement or upset.

“Parents are often the best judges of whether their child is developing normally,” says Pulice. If you suspect your child is not developing on schedule, talk to your pediatrician. And always remember a clinical diagnosis is not the end. Types of therapies available include day treatment for children as young as preschool age, physical therapy, occupational therapy, speech-language therapy, music therapy, feeding therapy, and social language groups, all of which are available through organizations like Fraser.

“There is hope for children with autism,” says Pulice. “At Fraser, we see children learning new skills and improving every day. Many therapies are very effective in helping children to gain skills like verbalization, social interactions, and how to calm themselves. What is most important is to identify the needs early and find appropriate treatment. With treatment, they can learn to manage or overcome many of the challenges they face.”

For information on autism and other developmental disabilities, visit www.fraser.org.
As a family physician, I knew nothing about autism in 2001 when my oldest son was diagnosed. Like so many of my generation, my sole understanding of autism was based on the movie Rainman. I had read one article on Asperger’s, not in a medical journal, but in a woman’s magazine. It seemed so unreal and distant from my peaceful, quiet practice in rural Minnesota. Suddenly, I was faced with a disorder I knew nothing about and the main guidance I was given was to contact the public school system.

At the time I knew nothing about my rights as a parent and the obligation the public school has to educate these children. Despite a medical diagnosis, my almost 2-year-old son Jake did not qualify for ECSE (Early Childhood Special Education) based on the criteria at that time. (These criteria have fortunately changed with recent legislation.) Left with no one to assist me, I found a graduate level class on autism. I devoured the material and was motivated by the encouragement of my classmates. By the end, I was ready to take on this challenge with the voracity of a mother bear whose cub is caught in a trap.

My 94 year old grandma has always reminded me that we are never given more than we can handle. I was beginning to understand from an educational perspective, however, knowledge is powerful and I was hungry for more information. What could be done medically? Our beloved pediatrician was at a loss. I talked to everyone I came in contact with, hoping someone would say something that would spark an “aha” moment.

Eventually, I found myself at an ASA (Autism Society Association) meeting learning about oxidative stress, gastrointestinal issues, food sensitivities, vitamins, and biochemical pathways. Things I was not taught in medical school. The more I studied about this, the more it made sense. Many of the symptoms of autism may have a biological basis, therefore using a biomedical or functional approach, symptoms could potentially be modified.

Thus, I embarked on the dietary odyssey: GFCF (Gluten Free/Casein Free), SCD (Specific Carbohydrate Diet), BED (Body Ecology Diet), and a modified Feingold diet. This was followed by the supplement parade and the therapy pie: a piece of ABA (Applied Behavior Analysis), vABA (verbal ABA), speech therapy with PECS (Picture Exchange Communication System), Physical Therapy, and Occupational Therapy for Sensory Integration, to name a few. Along the way, I made a casual observation, the better the bowel movements, the better the day! WOW!!!

Going gluten and casein free was life changing. I made a rule in this new life: if I heard the same thing three times over a short period, I felt I should find out more about it. This was the case for the gluten and casein free diet. When I heard about it for the third time in the space of a week, I believed I should try it. I would add a supplement, probiotics or something as benign as Epsom salt baths, and notice positive changes.

Our therapists would often give me an odd look when I would contribute some of the rapid, positive changes to biomedic-
cal approaches such as a dietary change. I knew these interventions were working. Eventually, the classically trained speech therapist had to admit that the biggest leap in speech she had seen in my boys came after we started Epsom salt baths. In addition, our gastroenterologist commented after seeing the positive progress in these boys, “You made my day, no, my week! You have got to tell people about this!”

Over time, the nighttime wailing ceased, as well as the sleepless nights. The skin cleared, the foul smelling stools went away, the abdominal bloating subsided, labs normalized, and there were these talkative, funny little boys hidden under all of it!

Last spring, after 80 treatments of hyperbaric oxygen therapy (HBOT), my boys started eating anything I gave them. Quinoa, salmon, zucchini, and cauliflower became a regular part of their diets. Intentionally teasing one another, initiating conversations, wrestling, and pounding each other like brothers are supposed to do.

One of the best things to happen to me through all of this has been the opportunity to learn from some of our nation’s leading physicians who treat children affected by autism from a functional or biomedical perspective. Sidney Baker, MD, or “Sid” as he is often affectionately called, shares many words of wisdom as he teaches. Perhaps his most powerful quote: “Have we done everything we can do for this child?” is always with me. We need to keep learning and looking for answers.

Recently, I sat proudly watching as my boys, now 7 and 10, were rough housing at the mall. They did look a bit out of control and they certainly were not exhibiting “appropriate mall behavior,” but I was nearly bursting with pride and could not get myself to stop them. Brothers, who just a few years ago didn’t recognize their sibling, were now acting like typical boys. I leaned over and apologized to the well-groomed lady sitting near me. I felt compelled to explain to her that this was a huge moment for these boys as they have both been on the Autism Spectrum. She paused and looked at me, smiling with amazement, “I never would believe that they have autism. Are you sure? They play like two little puppies, just like any other boys I see!” A familiar tear trickled down my face.

Hence, I remember those tears caught midway between sorrow and joy. Sorrow for my sweet child who would have many struggles, and joy as I knew the label was what would open the door to get him help. Five years have passed, yet that day still seems like yesterday. Many sleepless nights and exhausted days have passed. Jake, my youngest, started kindergarten last year with no obvious signs of autism. He did not qualify for “a school label.” Luke continues to have support at school.

Nonetheless, after all the therapies, vitamins, dietary changes, etc., I have my boys who are funny, loving, playful, and talkative brothers. Their magnificent older sister is finally being teased regularly as they all laugh together!

Now, when I drive on a windy day with the radio cranked, I often feel the tears again. But these are happy tears; the tears of joy and hope. I have come to the other side. I see the rainbow, not just for my boys but for many of our beloved children who are on the Autism Spectrum. There is hope. There is so much hope! mhb

Bobbi Kostinec, MD is a Minnesota licensed family physician and mother of 3 beautiful children. She is the Medical Director of Lifeforce Therapies Hyperbaric Oxygen in Plymouth, MN. In addition, she promotes healing children with autism on a consultative basis utilizing the Defeat Autism Now! approach and Functional Medicine.
For many years autism was considered rare and occurred in just five children per 10,000 live births. However, since the early 1990s, the rate of autism has increased exponentially. Today 1 in 150 children develop autism or Autism Spectrum Disorder (ASD). Autism is four times more likely to affect boys than girls. Also, in the not so distant past, families were told there was nothing that can be done for these children.

Thankfully with current research and new approaches to treating ASD, there is a deeper understanding of these children, a brighter future, and a new sense of hope.

Autism is a multi-factorial developmental disorder characterized by the inability to interact and communicate adequately, and by behavioral and speech problems. Less severe cases may be diagnosed with Autism Spectrum Disorder (ASD), also called Pervasive Developmental Disorder (PDD). Autism can have certain genetic links, however, the environmental factors affecting a person’s metabolism play a significant role in triggering its onset. With growing levels of pollution in recent years, these environmental triggers account for the ever-increasing numbers of autism cases. One point that has been made is that if autism were mainly due to genetic factors, the incidence would remain constant.

Since the number of cases has continued to increase, other factors negatively affecting our children’s development must be considered. Factors such as the growing amounts of toxins and heavy metals in the environment, the “antibiotic revolution,” the increased number of childhood vaccinations, and food allergies, to name a few.

While there are many approaches to treating autism and ASD, one particular approach that is gaining much more attention from clinicians and parents is termed the “biomedical” approach. Biomedical is a way of thinking and does not have a fixed protocol for each patient. There is no one-size-fits-all biomedical treatment for autism; every child is unique and has different biochemical and nutritional needs. Getting to the core of the problem is more important than getting the correct diagnosis. The biomedical approach carefully seeks to understand the whole picture of the child and carefully monitors his or her responses to tests and treatments, which then become the guide for further evaluation and future treatments.

Currently, there are four broad areas of focus which conceptualize the possible biomedical causes of autism spectrum disorders. Gastrointestinal abnormalities, immune dysfunctions, detoxification abnormalities, and/or nutritional deficiencies or imbalances have all been suggested as potential biomedical “triggers.” It is hard to determine which potential trigger came first, but it is apparent to providers and parents that all four areas are interconnected and affecting one area will impact another.

For the purposes of this article, we will mainly focus on gastrointestinal abnormalities and provide nutritional and dietary interventions that have helped other ASD children. Gastrointestinal symptoms for autistic children may include: diarrhea, constipation, reflux, food cravings, and bloating. Keep in mind that affecting one biomedical area will affect another. For practitioners and parents, the challenge is finding the unique biomedical balance for each child to provide the best possible outcome.

A consensus among practitioners is to first start biomedical interventions by healing the gut (digestive system) and cleaning up the diet. Without proper gastrointestinal functioning, metabolic processes such as nutrient absorption can be hindered. This can lead to vitamin deficiencies, immune dysfunction, and/or improper detoxification. A common recommendation that has shown great results in children with ASD is the gluten free/casein free (GF/CF) diet. Gluten is a protein found in all wheat, rye, barely, and some oat products. Casein is found in all dairy products.

The biomedical approach carefully seeks to understand the whole picture of the child and carefully monitors his or her responses to tests and treatments.

Other allergy testing is often done because many ASD children have multiple food allergies or sensitivities in addition to wheat/gluten and dairy - such as corn, soy, or eggs. Another step in healing the gut is the use of probiotics and/or anti-fungal medication. It has been found that many autistic children have an overgrowth of yeast, fungus, or parasites in the gut. Digestive enzymes are often used to help aid in proper digestion.

Nutritional mineral and vitamin supplements are used to correct underlying nutritional deficiencies as well as support healthy detoxification pathways. Supplements commonly used are Vitamins B6 and B12, magnesium, as well as essential fatty acids.

Other diets that have shown to have good results include the Feingold Diet (www.feingold.org) and the Carbohydrate Specific Diet (CSD). The Feingold Program eliminates food additives and preservatives such as artificial coloring, flavoring, Aspartame (artificial sweetener), and artificial preservatives such as BHA and BHT. The CSD is a grain free, lactose free, and sucrose (sugar) free diet. The basic principle is that consuming specifically determined carbohydrates that require minimal digestion are easier for the gut to digest as well as absorb. For more information please go to www.scdiet.org and www.breakingtheviciouscycle.info.

To learn more about the biomedical treatment approaches listed here, please go to www.autism.com or www.medigenesis.com. Medigenesis, part of Autism Research Institute, has compiled an interactive online medical database that allows parents to search.
Keep Kids Active and Fit with an Obstacle Course  
by Deb Monacelli Dodge

If your kids are antsy and looking for something to do, set up an obstacle course for them inside or outside to keep them moving for a while. You will have to help younger children set up a course, but older kids love to surprise you with their creativity.

Types of obstacles are things that they have to climb over, under, around, etc. You can also include tasks for them to accomplish such as kicking a ball through a goal post or using a croquet mallet and hitting the ball through a bracket or into a bucket. It’s a lot of fun for the kids, a great way to incorporate fitness into their day, as well as stimulate their brains.

Once it’s set up, have them direct you through it to get yourself moving, too!

Some things you might use:

<table>
<thead>
<tr>
<th>Inside</th>
<th>Outside</th>
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</thead>
<tbody>
<tr>
<td>Hula hoops</td>
<td>Anything previously mentioned</td>
</tr>
<tr>
<td>Chairs</td>
<td>Swing set</td>
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<tr>
<td>Laundry basket</td>
<td>Chalk</td>
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<tr>
<td>Construction paper</td>
<td>Bocce or Croquet sets</td>
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<tr>
<td>Rings</td>
<td>Footballs, Baseballs, Basketballs, etc.</td>
</tr>
<tr>
<td>Balls</td>
<td>Old tires or inner tubes</td>
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<tr>
<td>Mats</td>
<td>Swim noodles</td>
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<tr>
<td>Rubber cones</td>
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<td>Pop-up tunnel</td>
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<tr>
<td>Boxes</td>
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<tr>
<td>Fitness bands</td>
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<tr>
<td>and stability balls</td>
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<td>Small hand weights</td>
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Some ideas for a course:

1. Lay a jump rope on the ground and have them walk it like a balance beam
2. Write on a piece of paper what the next task is i.e. Do 10 bicep curls here
3. Arrange cones or boxes in a pattern and have them zig zag around or jump over
4. Create a ball toss with your laundry basket and balls
5. Use hula hoops to jump through or lay on the ground and “tire hop” through
6. Set up chairs to crawl under or run around
7. Hop scotch or jump through rings
8. Set up a low “limbo stick” with your broom and have them inch worm under it
9. Put a mat on the floor and do some pushups
10. Use a pillowcase and have a sack race
11. Set up a finish line with leftover party supplies (balloons, streamers, etc)

HAY FUN!

Deb Monacelli Dodge is the owner of The Pilates Advantage, a fully equipped Pilates studio in Rockford, MN. She is Pilates Method Alliance Gold Certified and a master-level trained Pilates Instructor. She holds numerous fitness certifications including pre and postnatal.

by signs and symptoms similar to their child’s to help them learn what treatments have worked for other children.

It is important for parents to keep detailed records of different biomedical treatments. This will allow the parents as well as the healthcare providers to closely monitor which treatments have or have not shown positive results.


Aside from keeping detailed records of different biomedical treatments, it is important for parents to work with practitioners who are trained in the Defeat Autism Now (DAN!) protocol, which is based on the Biomedical Approach. Parents can find a list of qualified physicians who have attended DAN! training at www.autism.com or www.defeatautismnow.com.

Dr. Robin Austin is a chiropractor and registered nurse and will be attending the DAN! Clinician Seminar this May. She is also currently working on a cookbook entitled Healthy Gluten Free Living. Her website is www.backinbalancemn.com.
There are more than 100 different kinds of human papilloma viruses. The HPV viruses can cause different diseases of the skin and mucus membranes. For example, in children, an HPV virus can cause warts on the hands and feet. Most often, the warts disappear within two years.

Warts caused by HPV on the genitals only arrive due to sexual contact and also most often disappear spontaneously. An HPV infection is the most common sexually transmitted infection. 50-70% of all sexually active women are carriers of an HPV virus. Interestingly, however, the presence of HPV disappears spontaneously within 10 years in 90% of cases due to the immune system.

There are 13 types of HPV that present a medical risk. These viruses can cause a change in the cells of the cervix. 60% of these changes can heal spontaneously within a year. However, in a few women, these changes can cause a pre-cancerous state to occur in the cervix over time. It is important to note that, ultimately, less than 1% of women who are infected by one of these 13 “High Risk HPV Viruses” will eventually get cervical cancer, and most often 15-30 years after initial infection.

There is no other kind of cancer as easy to detect in time as cervical cancer. By means of a pap-smear, the changes in the cells that can eventually result in a pre-cancerous state can be detected very reliably. If the changes of the cell do not heal by themselves and result in a pre-cancerous state, it is very easy to remove the cells in which the changes have taken place. With such a treatment, the virus will most often be removed as well.

Cervical cancer is a rare disease. Only 1 in 300 women will die from cervical cancer. 50% of the women who die from cervical cancer never had a pap-smear. In contrast, about 40 times more women die from breast cancer.

The Gardasil vaccine protects for a short period of time against 4 kinds of the 13 High Risk HPV Viruses (type 6, 11, 16 and 18). Types 16 and 18 are involved in 70% of all cervical cancers.
Cervical cancer mortality in the United States has decreased over the last five decades by over 70 percent in large part attributable to the introduction of the Papanicolaou (Pap) test. Cervical cancer, once the number one cancer killer of women, now ranks 13th in cancer deaths for women in the United States.

The only sure way to prevent HPV is to abstain from all sexual activity. For those who are sexually active, condoms may lower the chances of getting HPV and HPV-related diseases (genital warts and cervical cancer) if used all the time and the right way. But HPV can infect areas that are not covered by a condom—so condoms may not fully protect against HPV.

Sexually active adults can also lower their risk of HPV by being in a mutually faithful relationship with someone who has had no or few sex partners, or by limiting their number of sex partners. The fewer partners a person has had – the less likely he or she is to have HPV.

The vaccine prevents infection with certain species of HPV associated with the development of cervical cancer and genital warts, and some less common cancers. The vaccine does not have any therapeutic effect on existing HPV infection or cervical lesions. For this reason, and since the highest incidence of HPV is in 15-24 year olds, it is recommended that young girls between 11-13 years of age receive the vaccination to prevent any possible future infection. There are several possible side effects and other possible events such as auto-immune reactions and Guillain-Barré syndromes have been reported. Someone should not receive the vaccine if they have a severe allergic reaction to yeast, amorphous aluminum hydroxyphosphate sulfate, or polysorbate 80.

Two HPV vaccines are currently on the market: Gardasil and Cervarix. Both vaccines protect against two of the HPV types that cause cervical cancer and some other genital cancers; Gardasil also protects against two of the HPV types that cause genital warts. The recommended dose is three injections given over the course of six months and cost approximately $360. About 30% of cervical cancers will not be prevented by the vaccine. Regardless of immunization status it is still important for women of all ages to continue getting regular Pap tests. Since the vaccine is relatively new, the vaccine’s efficacy over a lifetime is still being investigated and boosters may be needed in the future.

Amy Johnson-Grass is a Naturopath, MN State Licensed Nutritionist and Midwife, and Certified Professional Midwife. She sees patients in her private practice, Health Foundations Naturopathic Medicine & Midwifery, in Saint Paul where she specializes in women’s health and pediatrics.

You can only protect against these viruses if, at the moment of vaccination, you are not already infected with those viruses. Therefore, the vaccine is designed for girls before their first sexual encounter. It is recommended at age 12. Currently, it is not clear how long the vaccine protects. After 3 vaccinations, the protection is at least 5 years.

The vaccine lowers the risk of getting cervical cancer by about 50%. However, it is very likely that when HPV types 16 and 18 are reduced by means of the vaccine, other high risk viruses will increase. We do not know what the risks of the others will be. We also do not yet know to what extent the increase in those viruses will offset the benefits of HPV vaccination.

The HPV infection is preventable with the use of condoms during intercourse. By doing a pap-smear, cervical carcinoma is nearly always preventable. Hence, regular pap-smears provide a higher level of protection against cervical cancer than HPV vaccination alone.

Whether someone becomes infected with an HPV virus after contact with that virus, or whether an eventual infection will heal spontaneously, is a function of the immune system of an individual. Immune function can be optimized by means of diet, sleep, rhythm, physical activity, stress management techniques, etc. The immune system in the cervix cannot work optimally when a woman smokes, uses birth control pills, or has other vaginal infections.

The vaccination has side effects: fever, itching, and inflammation of joints are possible. In rare cases, neurological disorders like Guillain-Barré, seizures, and chronic infections can occur. There are even a few cases of death. Potential long-term side effects are still unknown. They might include auto-immune reactions. The vaccine contains stuff that does not belong in the blood such as the genetically-manipulated virus particles, aluminum, and yeast proteins. Much more research is necessary on the effectiveness and safety of the HPV vaccine before women can feel fully informed.

Two key things to keep in mind if you do choose to obtain the HPV vaccination for your daughter:

After vaccination, a condom is still necessary to protect against other kinds of sexually-transmitted diseases like hepatitis B, HIV, syphilis, gonorrhea, and chlamydia.

After vaccination, a pap-smear remains a necessary and effective preventive measure for maintaining cervical health.

Ester Delhoofen, MD, licensed in the Netherlands, has extensive training in anthroposophical (Waldorf) medicine and has many years of professional experience with children 0-4 years of age. She is the mother of three small children and the founder of www.floweringchild.com.
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www.healtheast.org
**The Chelation Controversy**

by Todd Stebleton, CCN, FLT, PSE, PT

To “chelate” means to bind to a metal ion. Chelation in complementary and alternative medicine (CAM) is used for two distinct health conditions. First, patients with heart disease may use chelation to remove excess calcium that has bound to arterial walls. Second, and more commonly discussed, chelation therapy is used to remove toxic chemicals, particularly heavy metals, from the blood and tissues. Chelation with the intent to remove heavy metals will be the focus of this article especially as it pertains to autism.

Chelation therapies have become highly controversial. As with most therapies, there are outcomes that range from life-saving to life-ending. Chelation can be a safe therapy for a variety of symptoms and diseases although it is considered aggressive. If administered improperly, it can have devastating effects, not unlike any other aggressive therapy.

Chelation can be a safe therapy for a variety of symptoms and diseases although it is considered aggressive.

In 2005, Dr. Roy Kerry was accused of malpractice as the result of the death of one of his patients receiving chelation therapy. Although the FDA and CDC do not agree with Dr. Kerry’s therapy, charges have been dropped. The FDA and CDC do approve chelation therapy, but not yet for the treatment of autism. In this particular case, Dr. Kerry used a somewhat controversial substance for chelation. However, many experts feel the way in which it was administered is what caused the real harm. Chelation substances are administered through IV (intravenous). The rate at which a substance is administered (aka rate of infusion) may determine the outcome, being good or bad. Generally, infusion takes about 20 minutes. In this case, it took only two, providing a significant shock to the system.

Regardless of the therapy, the body responds to frequency, intensity, timing, type, and quality of stimulus (or treatment). As an illustration, think of exercise. These variables all play a significant role in the likelihood of success with any exercise related health program, regardless of the goals – not unlike any other therapy.

Chelation therapy, most widely used for autism or Autism Spectrum Disorder (ASD), is dependent on these same factors. The rate of infusion seems to play a major role in the likelihood of triggering a side effect.

Many qualified health professionals suggest autism is the result of a toxic (heavy metals being one variable of toxicity) and depleted (nutrient imbalanced) brain. This concept has propelled the investigation and use of chelation therapy as one reasonable approach in addressing the treatment of autism. Many other therapies have shown significant positive findings, including Omega-3 fatty acids, identifying and avoiding food sensitivities such as gluten and dairy, repairing a leaky and inflamed digestive tract with glutamine and aloe vera, and many more.

The International Congress for Autism believes the cornerstone of autism is the gut. The gut has been considered the “second brain” since a respectable percentage of brain chemicals are created within the gut. Serotonin, for example, is a feel-good neurotransmitter in the brain of which 70% is made from the gut lining. Additionally, the gut is responsible for the absorption of nutrients. A compromised gut will produce nutrient deficiencies, food sensitivities, toxicity, and a brain susceptible to behavioral disorders. The parallel then between gut dysfunction and autism is clear.

There are a few substances used for binding and removing unwanted toxins in the body using chelation. EDTA is a common substance used for chelation of heavy metals (lead, copper, iron, calcium, and others). It comes in two forms, both of which seem to be supported, or approved, depending on which piece of medical literature you read. DMSA is another chelation agent, used particularly for mercury and lead removal. DMPS is a third and appears to be considered the best choice (based on the literature) for removing mercury.

Chelation does not come without risk. Some of the side effects include seizures, diarrhea, vomiting, headaches, and a compromised nervous system. Many professionals believe these symptoms are not from the chelating substances, but from the mobilization of the toxins during the removal. Upwards of 90% of toxins are tucked in our fatty tissues, including the brain. When these toxins become dislodged or mobilized due to chelation or any detoxification program, they become more active in the circulatory system, causing significant side effects if the body is not prepared. Under ideal circumstances, the toxins should be bound to the chelating agent and excreted via urine.

To minimize the likelihood of any side effects, many clinicians find it reasonable to prepare the body prior to this aggressive detoxification therapy. This preparation process may go as far as removing mercury fillings prior to mercury and heavy metal chelation.

According to the Autism Research Institute, 41% of autistic children using pharmaceutical agents reported getting worse when using Adderall, 45% got worse on Ritalin, and 47% got worse on Amphetamines. Antibiotics have also been used to treat autism and have shown to improve 12% of autistic children.

Alternative, or non-pharmaceutical agents, have demonstrated much different results. Vitamin A supplementation improved 40% of cases. 50% of autistic children improved by taking cod liver oil, and 56% improved with digestive enzymes. 76% of autistic children improved from chelation detoxification therapies. It’s clear that chelation therapy, if done appropriately, has a tremendously positive outcome.

Regardless of the therapy, there is always a risk. The responsible parties must weigh the benefits and risks. Furthermore, the professional must make it a priority to educate the party on both the benefits and risks of all forms of treatment, including chelation.
Mother’s Little Helper
by Angela Orluck Ducklinsky & Katie Lother

I admit it, I’m a bit of a neat freak and I enjoy cleaning. So now that I’m a mother of a busy one year old, I’ve had to learn to let some things go and find a balance. After all, I don’t want all of my daughter’s memories to be of me always cleaning and not spending quality time with her. I started to wonder if I had found the right balance when one day she took off her bib and started helping me wipe down the floor with it. We were laughing, being active, and having fun. She likes to do what I do, but shouldn’t I have been reading her books instead?

This got me thinking of my own childhood. My mother, a stay-at-home mom of three girls and one boy, seemed to be able to find the perfect balance. She would keep the house clean, have the laundry done, get dinner made, and still somehow managed to spend time with each of us. While I’m sure much of the housework was done after we were all tucked in bed, I do recall helping with some of the household chores. Specifically things like vacuuming, folding laundry, picking green beans, and helping in the kitchen with dinner and dishes.

We didn’t always appreciate cleaning when we were asked to. We hated picking the green beans, we would have much rather made a fort instead of fold a tub of laundry, but there were other times we enjoyed helping and sometime we even got creative. My sisters and I had a signature dish we always made, south of the border taco casserole! We would dress up and decorate the whole kitchen as a restaurant then serve our parents as our customers. This one activity would take us all afternoon, we had fun, and there was nothing better than hearing our parents’ praises. It gave us a sense of pride and accomplishment.

Finding the balance can be hard when there is always so much to do. Thinking up age appropriate household chores can be a fun and healthy activity the whole family can enjoy. Some mornings you may get a great fort instead of a made bed, the floors may not sparkle like when you clean them but your kids will gain confidence and independence. These are things they can use in many areas and throughout their life. I hope to give my daughter that same sense of pride and accomplishment. So for now I’ll just enjoy my daughter learning and being her mama’s little helper. We’ll clean, we’ll play, and we’ll read books too!

Sisters Katie & Angela have been operating Orluck Organic: All Natural House Cleaning since August of 2004 and are currently cleaning houses in the west metro. To contact us with questions for your home, employment opportunities, or with questions for future articles please email info@orluckorganic.com.

However, this level of service provided by the average health professional is unfortunately uncommon. Don’t assume that all health care professionals, whether conventional or not, have the education to provide families with what they need to make an educated decision on chelation and treating autism. Therefore, it’s extremely important to do your research when searching for an appropriate health care provider.

If it’s true that autism is nothing more than a toxic and depleted brain, it makes sense to add nutrients and remove unwanted toxins. More than 200 unwanted toxins are in an infant’s blood even before birth. We are all exposed to much greater levels of toxins today, making our susceptibility to diseases like autism much greater. This, by itself, makes chelation a reasonable consideration in treating autism.

Both of these therapies, nutrition and detoxification, individually continue to show positive improvements in autistic children. Using these therapies together, however, may serve to provide the next phase of protocols for treating this ever-increasing disease.

Autism was labeled in 1940 with an incidence rate of one in 10,000. Today, it accounts for one in 150. Understanding why children are becoming autistic certainly needs more attention. Additionally, these numbers suggest the treatments for autism thus far are failing.

The reality is the effectiveness and safety of the most commonly prescribed drugs for autism, including Risperdal and Clonidine, has never been established. Whether it is chelation or conventional medicine, we must all admit there is a high level of trial and error. In the end, it’s experimental either way you slice it.

A mere 15% of conventional treatments have been proven as safe and effective forms of treatment for any disease. At the same time, conventional treatments have saved many lives, particularly in acute situations such as trauma or infection. Clearly there is a need for conventional medicine, however, in the case of autism, it’s ignorant to turn a blind eye to other forms of treatment, including but not limited to, chelation.

Todd Stebleton began his career as an exercise physiologist, became a personal training director, and now serves as a health coach. Todd is certified as a FirstLine Therapist, Childbirth Educator, Personal Trainer, Performance Enhancement Specialist, and is a nationally Certified Clinical Nutritionist (CCN). He lives in South Minneapolis with his wife and their two sons. 612.867.4022
It’s important for all children to learn how to be organized and this is especially true for autistic children. Kids who develop good organizational skills are significantly more likely to excel in school and life. Learning organizational skills helps develop their focus, concentration, and motor skills. Organization can be more challenging with children in the autism spectrum because they are easily distracted and usually have limited motor skills.

Autistic children tend to be visual learners, which mean they generally learn and perform better when provided with visual instructions and prompts. These are some tips on how you can help your child be organized, develop skills, and make smooth transitions between activities using visual instructions and prompts.

These tips vary depending on your child’s age and abilities. You can use this as a reference guide and adjust as needed.

1 - Create a bin system for your child’s supplies and toys. Separate the types of toys and supplies into individual bins. Take photographs of each type of toy or supply contained within and tape the photograph to the front of each corresponding bin.

For example: Take a photograph of your child’s bin filled with building blocks and tape it to the front of the bin. Do the same with markers, plush toys, crayons, and so on. Even if the bins are clear (transparent), it will be easier for your child to be organized if s/he has a visual cue as to where the toys or supplies belong. Sterilite bins with easy to remove lids or no lids tend to work well.

2 - Display children’s toys, supplies, and clothing. It is easier for autistic children to stay organized and function if they can see all of their belongings. Drawers do not usually work well for children in the autism spectrum. Hang as many of their clothes as possible or fold them and place them on shelves, preferably cubbies. Place jeans in one cubby, sweatsuits in another, and so on. Socks, underwear, and pajamas are best placed in transparent bins with photographs taped to the front. If you don’t have cubbies, you may tape photographs on the front of each drawer. If possible, do not combine items into one drawer.

3 - Set up daily routines and stick to them as much as possible. Creating regular daily routines can make transitioning from one activity to another less upsetting. Children in the autism spectrum often thrive when they have daily routines and usually react poorly to changes in routines. Once a solid routine is created, small changes can be introduced slowly which can help your child develop coping strategies to deal with transitions. It is best to introduce changes in routines in very small steps. Gradually, your child will be able to use strategies like social stories and self-talk to work through the anxiety they experience when making transitions.

An example of an organizing routine is to give your child a 10-minute heads-up before dinner each evening and then set an egg timer for 10 minutes. Teach them that when the timer goes off, they are to pick up all of their toys and place them in the appropriate bins. This establishes a routine, lets them know what to expect, gives them a 10-minute lead-time, and then provides them a distinct audio clue when it’s time to pick up and get organized.

An addition to this routine could be that when the egg timer goes off and it’s time to pick up and get organized, you play a specific song that your child then recognizes as the “pick-up and get organized” song. This can make it fun, playful, soothing, and also can help keep them on task to get the work done faster.

Of course all of these tips are only to be used as guidelines and ideas. Each child in the autism spectrum reacts a little differently, has different needs, and functions at varying levels. Consider modifying and adjusting these ideas as you see fit based on your child’s needs, abilities, and age.

Additional Resources:
http://autism.lovetoknow.com/Parenting_an_Autistic_Child

Minneapolis based Professional Organizer Heidi DeCoux specializes in home organization. She offers free money, time, and home organization tips in her monthly ezine, e-Solutions by Life Made Simple. You can get her ezine at www.HeidiDeCoux.com.
Grilled Summer Squash

Zucchini can be prepared for the grill in the same way. Try a combination of the two for a colorful side dish.

1. Make sure your grill is medium-hot; test it by holding your hand about 5 inches over the grate. If you can only hold your hand there for a few seconds, it’s ready.

2. Slice the summer squash lengthwise into ½ inch thick strips. Lightly brush each strip with olive oil, and sprinkle with salt.

3. Place strips perpendicularly over the grate. Grill 8-10 minutes, turning once with tongs.

Makes 4 servings

Jennette’s South of the Border Scrambler

Vegetables for breakfast are a great way to start the day! Simply omit the cheese for a dairy-free meal.

1 T. butter OR olive oil
½ yellow onion, diced
1 medium sunburst or patty pan, diced
8 eggs, beaten
2-4 oz. Colby or Jack-style cheese, grated

1. Warm the butter or oil in a very large skillet. Add onions and a pinch of salt, and sauté for 3-4 minutes, until glistening and just tender.

2. Add the sunburst or patty pan squash to the cooking onions. Continue cooking for another 3-4 minutes, until tender. If you are using sweet corn &/OR bell pepper, add them a couple minutes after the squash.

3. Move the cooked vegetables to the outside edges of the pan. Add the beaten eggs to the center. Scramble.

4. When the eggs are just about done, stir the vegetables into the eggs, add the cheese, and cover the pan. Let it sit for a minute to melt the cheese. Serve with salsa.

Makes 4 servings

Zucchini Bisque

This refreshing and delicate soup is great for a summer supper.

1 T. coconut oil OR butter
1 small yellow onion, diced
2 stalks celery, diced
2 c. chicken stock
1 14-oz. can coconut milk
1 tsp. salt (less if your stock is salty)
½ tsp. white pepper
2 lbs. zucchini, chopped
1 14 oz. can coconut milk

1. Warm the coconut oil or butter in a saucepan. Add the onion and celery, and sauté for 7-8 minutes.

2. Add the chicken stock, white pepper and salt. Bring to boil and cook for 5 minutes.

3. Add the zucchini and continue boiling for 7-8 more minutes, until the zucchini is tender.

4. Add the coconut milk and remove from heat.

5. Puree in the blender until very smooth and creamy.

Makes 4 servings

Zucchini, summer squash (also called yellow crookneck, or gooseneck squash), sunburst, and patty pan squashes are delicious, nutritious, inexpensive, and versatile vegetables. They’re a good source of a variety of nutrients including vitamin C, B vitamins (especially folate and riboflavin), magnesium, potassium, phosphorous, manganese, carotenoid anti-oxidants, and other disease-preventing phytochemicals. They also contain important dietary fiber and have very few calories.

When shopping, look for zucchini and other summer squashes that are heavy for their size, firm, and have shiny skin. Pick ones that are of average size; the largest ones are usually overly fibrous with hard seeds. Store them unwashed in plastic bags in the refrigerator; they should last at least a week that way.

You can use zucchini, summer squash, sunburst, and patty pan squashes in main-dish stir-fries, steam them for a light side-dish, grate them raw in salads, and even add them to baked goods. They also provide a great texture for soups, especially when pureed. And they freeze well, too, so you can use them all year: lightly blanch or steam the sliced squash until just tender, then transfer to storage containers. When it’s January and you are enjoying local zucchini in your soup, you can think back to summertime and relish the bounty!

Jennette Turner is a natural foods educator in the Twin Cities. Information about her workplace classes, private consultations, and her online meal planning service, Dinner with Jennette, can be found at www.jennette-turner.com.
In the Classroom
Teaching Children with a Spectrum Disorder

by Susan Parker

As I approached my eighth year of being a stay-at-home mom, a life change dictated my need to return to the workforce. It was a dear friend who suggested my life’s journey thus far could be just what was needed at Spring Hill to become the new first grade teacher. In the Waldorf system, the teacher begins with their class in first grade with the intention to teach that class for the next eight years. Teachers are called to their classes through a belief system that this soul was intended to guide this specific class. I believe this is true.

Although my teaching experience up until Spring Hill had not been in a “mainstream” setting, I have been teaching in alternative and therapeutic settings for over twenty years. During this time I have noted the increased need for behavioral interventions as well as increased staffing due to difficulties that have presented as symptoms of spectrum disorders. Each of these disorders holds a variety of behavioral symptoms that are not limited to any specific combination.

It was a walk through autism with my son, as well as practice as a teacher, artist, and art therapist that landed me in the first grade class of 2007. Now in second grade, I have been called upon at times to guide those around me (parents, providers, and teachers) to share, what I see as my work with my class, in hopes of bringing light into the journey.

I have noted the increased need for behavioral interventions as well as increased staffing due to difficulties that have presented as symptoms of spectrum disorders.

In my work with children over the years I have found that the bulk of what I need to know of each child is right in front of me. Watch them. Watch their breathing, their movement, their heart rate, the light in their eyes. How do they see, how do they smell?

When do these change and why? What defines a good day in their world? I will often try to track items of this nature and try to note when and why behaviors will change or escalate.

After a time of learning the child’s way, I will often ask parents to consider exploring the following areas and work with me to help them thrive physically, spiritually, and academically. These are some of the areas I try to address:

Sensory Integration and Occupational Therapy

Do they become more sensory seeking in their behavior by rubbing the carpet, leaning into classmates, or do you see heightened sensitivity to environmental sounds, lights, and/or touch? How do they react to fast and slow movement and heights? Unusual observations will often signal me to recommend parents to consider a sensory evaluation by an occupational therapist.

Progress is made through ongoing work versus a onetime appointment. Appointments may include work with motion, textures, temperature; assistance with organizational skills, sounds, and light that will address areas of difficulty, and will teach the child increased coping skills. It is important to find a provider that is familiar with the needs of children in the spectrum and aligned with the parents to work on therapeutic goals together.

Diet and Supplements

Children with spectrum issues will often self-regulate their diet due to allergies, food sensitivities, and sensory difficulties like the texture and temperature of food. Diets that exclude common allergens, low or no sugar, and high protein are essential for children in the spectrum. The longer they are provided with proper diet and supplementation, the more their gut can heal and begin to absorb the essential nutrients needed to feed their brain. The use of a good probiotic as well as a high quality digestive enzyme is recommended.

Allergies

Allergies should always be considered when a child has ongoing behavioral issues. Children use behavior as a means of communication. I try to note physical symptoms (red ears, runny nose, skin eruptions, constipation, diarrhea, gas, bloating, sleep disturbances, and dark circles under the eyes). People will often crave the exact foods they are allergic to. Many children with autism will crave and self-limit to gluten and casein diets. If you decide to test for allergies, seek out a provider that is sensitive to children. Ask questions – lots of them, before you commit to one provider.

Treatment options vary from shots to drops but recovery is possible. And properly treated allergy reactions can cease over time.

Behavioral Intervention

Feed Desired Behaviors

Choose positive reinforcement as much as you can. Building a child’s self-esteem will result in their ability to make more appropriate choices. Try to preface requests that children will not want to do by paying them a compliment for what they enjoy or can do well. This will ease their transition into tasks that are difficult or unfamiliar.

Avoid Power Struggles and Arguing

This is especially important with children who lean into autism. They often do not have the means to negotiate outcomes or compromise and you may end up giving in. Oftentimes power struggles result as a child’s inability to deal with the expectation upon them as well as the parent’s inability to give up control. They come from not being able to identify and communicate
When you walk down the aisle of cleaning products at the grocery store are you overwhelmed at the choices? All the bottles of colorful, scented liquids with descriptive labels…but what is the real purpose of all these products? What do we really need to keep a house clean and healthy?

Think about the products you buy out of habit, as opposed to the things you really need. I still need my concentrated 100% biodegradable laundry and dish soap. I have a stain stick and carpet spot remover for emergencies. I don’t have a whole cupboard of cleaning supplies. What I do need is cheap white vinegar, baking soda, an anti-bacterial microfiber cloth, and water.

You can find recipes for natural cleaners online and in books. Check out [www.doitgreen.org](http://www.doitgreen.org), keyword: cleaning; Green This, by Deirdre Imus; or What’s in This Stuff? The Hidden Toxins in Everyday Products, by Pat Thomas.

I have a list of recipes for cleaners but truthfully, I’m not much into measuring. This is how a free spirit cleans for a healthy clean.

1. Dump some baking soda in each toilet followed by some vinegar. Enjoy the natural bubble display and scrub.
2. Spray mirrors and widows with water, wipe with a microfiber window cloth.
4. Wipe counters with an antibacterial (or regular) microfiber cloth. Or use some diluted vinegar and a normal cotton cloth.
5. Use a microfiber dry mop on hard surface flooring, or spray with water and mop with a microfiber mop. You can also use some diluted vinegar and a cotton cloth.

Some other favorite cleaning tricks I use daily are:

* Keeping my stainless steel pots shiny with a quick rinse of vinegar when they get spotted or discolored from cooking.
* Removing soap scum from the shower doors with heated vinegar and a scrubby. (How many products have I bought that promised to do this and failed?!) When it comes to cleaning, think about this: What is the purpose? Is it to make your home smell like bleach, artificial lemon, and flowers all at the same time, or to make it a clean and healthy environment for you and your family?

Cyndi Boyd lives in Plymouth with her husband and two daughters. She has a degree in Community Health Education from the University of MN-Duluth and in Culinary Arts from Minneapolis Tech. She is the owner of My Bag, LLC, the re-usable shopping bag that is tough enough for your groceries, yet stylish enough to take anywhere. Visit [www.ThisIsMyBag.com](http://www.ThisIsMyBag.com) for more information.

the source of anxiety. Fewer power struggles will often result in a child’s ability to trust more and therefore find ease with a parent’s request.

**Soul Food**

Teach them how you feed your soul. It will become the foundation from which they will create their morals, spiritual beliefs, and love of life. It does not have to be a religion or creed. It is a simple commitment to give a child hope, faith, and inspiration.

**Responsibility**

Teach them responsibility and trust them with a little more than you feel comfortable with – they will surprise you. If a child feels that you believe in her/him, they will come to believe in themselves. As responsibility grows, so does self-esteem and their expectations of who they can be.

As a Waldorf teacher, I strive every day to hold my class as a community of second graders whose needs are addressed individually. For it is not until they are recognized, educated, and loved as their needs dictate, that they can heal, develop, and grow into spiritually centered and thriving adults.

Susan Parker holds a Master’s Degree in Art Therapy as well as a Master’s Degree in Fine Arts/Painting. Her teaching experience includes the Maryland Committee for Children, The Brooklyn Housing Projects, Abbott Northwestern; Park House – an AIDS Day Health Center; Mercy Hospital Behavioral Health, and various alternative, youth at risk, and group home projects.

651-491-6581
Homeopathic Prevention for Infectious Contagious Disease

by Kate Birch RSHom(NA), CCH, CMT

Reflections from an International Meeting in Cuba on the Use of Homeopathy in Epidemics: NOSODES2008

This last December I had the amazing opportunity to speak at an international conference in Havana, Cuba on the subject of my book Vaccine Free Prevention and Treatment of Infectious Contagious Disease with Homeopathy.

There, a historical and inspiring event took place. The Carlos J. Finlay Institute (a Cuban vaccine manufacturer) hosted NOSODES2008, an International Meeting on Homeoprophylaxis, Homeopathic Immunization, and Nosodes* for Epidemics.

There were representatives there from twelve different countries speaking on a variety of topics; Childhood Disease Prevention with Homeopathy in Australia; The Development and Creation of Nosodes in Canada, Genus Epidemicus and Homeopathic Remedy Complexes; Homeoprophylaxis in the Veterinary Field in England, Homeopathic Treatment and Prevention of TB in Cuba; Chagas Disease in Honduras, Hepatitis A in Cuba, Malaria in Kenya, the use of Homeopathy in the Treatment of AIDS in Africa; and Epidemiological Effects of Homeopathic Nosodes on the Prevention of Leptospirosis and Viral Conjunctivitis in Cuba, for example.

As the conference progressed, and speaker after speaker, from most every continent of the world, stepped up to the podium to present their papers, it was easy to see that those of us who share the vision of the global application of homeopathy for the prevention and treatment of infectious contagious disease now had before us tangible and successful methodologies by which homeopathy could be applied.

While many of the programs did not adhere strictly to classical homeopathic principles, of the one remedy at a time or the treatment of the constitution as a method of disease prevention, what was revealed was that the application of homeopathy can be flexible enough to still be efficacious in a variety of situations. Moreover, many of the results showed that homoeopathy superseded the efficacy of conventional medicine in the diseases studied. Furthermore, the Ministry of Health in Cuba demonstrated what can be achieved with the application of homeopathy in emergency situations if administered by the national healthcare system.

My purpose for attending this conference was to deepen my knowledge base in the use of homeopathy for disease prevention. And with my book I hope to bring the use of homeopathy for infectious contagious disease into the mainstream and to encourage its use, not only locally, but also on an international level.

One of the papers presented at the conference was the results of a fifteen year clinical research trial of homeoprophylaxis for childhood infectious contagious diseases. This program was developed by Dr. Isaac Golden, PhD, D.Hom, ND, of Australia. There, some 5000 individuals participated in his homeoprophylaxis program (HP) and found that the efficacy of HP was higher than that of vaccination, and that children who underwent the program were statistically healthier than those who are vaccinated or received no treatment of prevention at all.

Dr. Isaac Golden has been a homeopathic practitioner in Australia since 1984. He is a world authority on homeoprophylaxis (HP), and has undertaken the world’s largest long-term study of parents using such a program. In 2004 he completed a PhD research program at the Seinborne University, Melbourne studying HP and analyzing the data he generated through his study. The results of which are published in his eighth book, Homeoprophylaxis- a Fifteen Year Clinical Study: a Statistical Review of the Efficacy and Safety of Long-Term Homeoprophylaxis.

The purpose of this study was to determine the efficacy of HP for disease prevention and also to contrast HP with vaccination in regards to various ailments common in children. Previous independent studies had demonstrated that vaccinated children showed an increase in the following conditions: asthma, eczema, ear/hearing conditions, allergies, and behavioral issues.

Participants were then asked to complete questionnaires annually to grade disease incidence vs. exposure, and to monitor incidences of the other conditions listed above. Participants were also asked what, if any, other vaccinations were used.

Some patients also used HP programs supplied by other practitioners. From the data it is clear that those individuals who had followed the HP program alone under Golden proved to have statistically better results with less of the commons ailments developing, and no infectious disease than those who, in addition to the HP program, used vaccinations.

The HP recipients not under Golden also did much better than the HP/vaccination recipients not under Golden. The evidence demonstrates that there are statistically greater incidences of other ailments in those children who received some form of vaccination. What it does not tell us is to what extent the HP programs of other practitioners differs from Golden’s, which and how many other vaccinations were used in those that had some vaccination, and what the exposure rate to infectious disease was. The answers to these questions are delineated in many of the other charts present throughout his research.

To his surprise, Golden also found that those children who had received HP without constitutional homeopathic treatment were healthier than those children who had only received constitutional treatment. This conclusion leads us to ponder the effects of nosodes alone on the improvement of health, and about any preconceived notions as to the best philosophical approach to apply homeopathic remedies for disease prevention.

Dr. Jamie Alexander Mora was also present at the conference where he presented a similar finding from his research with an equivalent HP program that has been used in Columbia, South America. Analysis of blood titers drawn at three years of age
from those children who had received only homeopathic nosodes for disease prevention had antibody levels demonstrating immunity to the respective diseases.

As a result of the knowledge I have gained from this research and my experience in Cuba, I have set upon the task of adapting a similar program and making it available in the US to families who have decided not to vaccinate their children. The program takes 4 years to complete and utilizes the homeopathic nosodes of most of the diseases in the State Recommended Vaccination Schedule. With participant’s consent, the results of this program will be published as a clinical research trial.

For more information on how you can access this homeopathy program for your child, please refer to the contact information below. mhb

’Homeopathic remedies prepared from a product of disease such as infected tissues or causal organisms. As defined by www.medical-dictionary.thefreedictionary.com.

Kate Birch, RSHom (NA), CCH, has been in family practice with homeopathy since 1994. She works with children who have suffered from vaccine injury and families who have not vaccinated their children. Her office is located in downtown Minneapolis. 612-701-0629

Log on to www.myhealthybeginning.com and click on “Supporting Articles” for this article’s supplemental charts.

Did you know…

• The word autism means “escape from reality.”
  www.guidetoautism.com

• Defeat Autism Now! (DAN!) protocol:
  Diet
  Chelation
  Nutritional Supplements
  Robert Rakowski, DC, CCN, DACBN, DIBAK.

• Autism affects boys 4 times more often than girls
  www.generationrescue.org

• Asperger Syndrome affects boys 9 times more often than girls.
  Wing, Lorna. “Asperger Syndrome: a clinical account.”

• Moms with impaired Glutathione (an antioxidant that protects cells from toxins)* expression are more likely to have an autistic child.

* Editor’s Note

• “…glutathione (GSH) provides the major intracellular defense against mercury-induced neurotoxicity.”

• The rate of autism in 1940: 1 in 10,000; 1991: 1 in 2500; 2007: 1 in 150

• A new case of autism is diagnosed nearly every 20 minutes.

• According to the Autism Society of America, autism is the third most common developmental disability, more common than Down syndrome.

• Autistic savants can be extraordinarily skilled in mathematics, art, music, and memory. Less than 1% of the general population is capable of such skills, while 10% of autistic individuals are.
BRING New Energy TO Your Life THROUGH Creativity and Adventure

by Sarina LaMarche, MA

The long cold winter, a depressed economy, the demands of caring for our children and relationships, work, and household responsibilities are all factors that leave us feeling depleted and deflated. My energy reserves have been drained by a few…well honestly, all of these in the past few months. When I start to experience this feeling of depletion, it is time to refuel.

Refueling is about finding, exploring, and engaging in activities that bring you energy and joy. As you know, having children expands your vision of what is possible. It opens us up to possibilities we never considered, and changes our view toward the world and how we interact with it. It also allows us to explore more deeply our connection to ourselves – specifically our creative and adventurous sides. So if you are feeling stuck, depleted, and frustrated, below are some ideas and suggestions to get you started on re-energizing your life.

Being a mother is one of the most creative periods in a woman’s life. We are simultaneously more open and more vulnerable. Whether because of hormonal or life changes, motherhood provides an excellent opportunity to go deeper and home in on our creativity. We spend a lot of time acting from the left side of our brain – the analytical side – and motherhood forces us to tap into that right, or intuitive, side of our brain.

Although we tend to think of creativity in terms of drawing and painting, that doesn’t have to be. A willingness to look at life differently, changing thought patterns, finding joy in daily life, problem-solving with a more open perspective to possibility are all creative. Whether or not you realize it, everyday you are creating – creating a new song, creating a new way to make food appealing, creating stories and activities to entertain your children. (And women have often felt called to explore their creativity on a deeper level after becoming mothers and as a result of this, experienced major shifts in their lives.)

I’ve heard stories of women who start a business making homemade items to mothers who left a traditional job to become a photographer, or a group of moms who collectively weren’t fond of Mondays. They came up with a group called Monday Mom Madness and created a monthly schedule to gather someplace new to start the week off right. Not exactly art, but a creative approach to the isolation that many mothers face.

Here are some other thoughts on connecting with your creative energy:

- Put on music and dance with your kids. Explore old and new music. You can do this for free by checking CDs out from the library. Just moving your body helps relieve stress and boredom, and creates energy!
- Take a mini-retreat. Give yourself an hour or two to paint, draw, journal, scrapbook, or to just be alone. Head off to your favorite coffee shop and start reading that book you’ve always wanted to read. Try reading poetry. Be daring and write poems of your own with your kids.
- Create a collage of your ideal world. Reflect on life and what you want, clip out pictures from magazines, paste them on paper, and hang it on your fridge. Include your kids as they make a collage of their favorites.

We spend a lot of time acting from the left side of our brain – the analytical side – and motherhood forces us to tap into that right, or intuitive, side of our brain.

Embracing adventure is another way we can experience renewal. One of my greatest inspirations is the labor and delivery nurse I had with my second child who, between contractions, shared her approach to parenting with adventure. Prior to having children, she and her husband loved to travel and were committed to doing so after having kids. Two children later, they travel every year for at least a month…since their kids were babies! I’m talking international travel with toddlers! And if you’re thinking they have a lot of cash, not so; they take buses, rent small houses, etc.

In the moments after giving birth to my second child, I felt the familiar feeling that life will never be the same, coupled with a sense of awe for all that is possible. I also felt inspired that life with two young ones could still be full of adventure. In terms of evaluating risk, skydiving pales in comparison to having children; parenthood is the biggest risk you will ever take in your life. Becoming a parent can make us more fearful or it can be liberating. Choose your response, welcome the uncertainty, and teach your children that life is an adventure.

How can you bring creativity into your life on a daily basis? What is one thing you’ve always wanted to try? Go ahead and do it. I promise you’ll feel reenergized and renewed. mhb

Sarina LaMarche, MA is a Life and Wellness Coach with over 10 years experience in the mental health and human service fields. Her specialty is working with people to find more balance, energy, focus, and passion. She has helped dozens of women navigate the transition to motherhood and has developed a series of groups and workshops for mothers. Sarina also conducts wellness workshops throughout the Twin Cities. Check out www.onebalancedlife.com for more information.

Read the full version of this article online – www.myhealthybeginning.com, click on “Supporting Articles.”
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Many different diet protocols have been utilized with the hope of healing the damage and decreasing the behaviors associated with Autism Spectrum Disorders (ASD). These diets all have been effective in some percentage of the population, some more than others. Deciding what diet to start with can be very confusing. Even more confusing can be trying to combine the diets. Taking the most effective aspects of the different diets for your family will result in the best outcome. But this can be tough if you are going it alone. These diets work best if they are part of a bigger holistic approach to your child’s health. A good plan of action before you start all this work will help you to evaluate the results and have a better sense of what to do next.

The goal of each diet is to eliminate compounds or substances that the person has become sensitive to. Some of the secondary diets go a step further with the goal of allowing the body to heal so the sensitivity will be lessened or even eliminated. Depending on how much damage the person has acquired, age, and other factors, the diets all need to be followed for a period of 3 months or more before determining if it is working or not. In the big picture, 3 months is a small time frame to give your child’s body the opportunity to remove the perceived toxins and begin to heal.

The diets listed below are divided into two categories – primary and secondary diets. The primary diets are the ones that parents generally start with and are the most straightforward. The secondary diets are those commonly used for refining purposes. Any of the diets can be started at anytime and in any combination, but this is the most typical way they are used.

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<tr>
<th>Diet</th>
<th>When to Use/Strictness</th>
<th>Benefits</th>
<th>Pitfalls/Disadvantages</th>
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<tr>
<td>Gluten Free/Casein Free</td>
<td>Good starting point. Must follow strictly.</td>
<td>Fairly easy to do once you get the hang of it.</td>
<td>Enzymes do not help for all people. Often substituted with a lot of sugar.</td>
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<tr>
<td>Specific Carbohydrate Diet</td>
<td>Typically great for those with yeast overgrowth, bacterial imbalance, gut inflammation, and chronic diarrhea. Must follow strictly.</td>
<td>Allows for sweet foods typically not allowed on anti-yeast diets such as honey and fruit. 66% of parents reported benefit from SCD.</td>
<td>Difficult to follow for some very picky eaters. Nuts are relied on heavily and more difficult for those with nut allergies. May help or may be problematic with constipation.</td>
</tr>
<tr>
<td>Body Ecology Diet</td>
<td>For yeast overgrowth. Will want to avoid sugar - but not strictly avoid any molecule of sugar.</td>
<td>Very comprehensive. Works well on yeast overgrowth. 55% of parents reported benefit from a candida diet.</td>
<td>Combines many principles that may be confusing or challenging. Sea vegetables may be hard to find.</td>
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**The Tack Rule**

If you are sitting on a tack (food additives, sugar, gluten, casein) it takes a lot of aspirin (antibiotics, psychotherapy, vitamins, organic foods) to make it feel better. If you are sitting on two tacks, removing just one does not result in a 50 percent improvement. Dr. Baker states clearly that the proper treatment for sitting on a tack is tack removal.

This Tack Law of Dr. Baker illustrates the complexity of addressing diet and supplementation. Removing one offender does not result in 50% reduction of symptoms. Even addressing half the problem may not result in significantly noticeable improvements. Sometimes, only after doing many different interventions for a period of time will improvement be seen. The key is to stick with a protocol long enough (generally 3 months) and strictly enough that you can begin to evaluate the outcomes. A lifetime of toxicity and damage will take time to undo. The good news is the earlier you start, the better. No time like the present…except maybe yesterday.

Starting a diet protocol is often part of a much larger holistic approach. So how does this all fit together? What diet? Then what? The following flow chart can be used as a guide as to where to focus your attention next. The most important thing is to remember you are not alone. Find a healthcare practitioner that you can work closely with. Possibly even more important, find like-minded peers who have traveled this road before you, and learn from their journey. Their help, support, and guidance will be invaluable when you feel discouraged.
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<th>Food Sensitivities</th>
<th>When to Use/Strictness</th>
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<td>One of the important first steps. Depending - may need to be strict or rotate foods</td>
<td>Essential step that often improves digestion, attention, learning, and reduces allergies and pain. Once you know what foods to remove, doing so is not difficult (depending on the foods).</td>
<td>Can be difficult to identify offending foods, and if many foods are positive upon testing, options can become limited. Rotation diets can be complicated.</td>
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<tr>
<td>Elimination Diet</td>
<td>To determine food sensitivities. Short term “testing” diet</td>
<td>Best way to determine food sensitivities.</td>
<td>Sometimes it can be difficult to determine reactions from foods in some children.</td>
</tr>
<tr>
<td>Rotation Diet</td>
<td>When food sensitivities are mild and tolerated on a limited basis. Can be strictly followed but often more flexibility allowed.</td>
<td>Provides flexibility by allowing consumption of additional foods. 50% of parents reported benefit.</td>
<td>Determining whether a food is tolerated on a limited basis or not at all.</td>
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<td>Feingold Diet/Phenol Protocol</td>
<td>For those with phenolic reactions: red cheeks, ears, hyperactivity, lethargy, inappropriate laughter, reactions to artificial ingredients. Cannot be “phenol-free” - no “strict adherence.”</td>
<td>Highly beneficial and fairly easy to implement. 55% of parents reported benefit.</td>
<td>Few pitfalls. No test for phenol sensitivity.</td>
</tr>
<tr>
<td>Low Oxalate Diet</td>
<td>For urinary, GI, or other pain, craving high oxalate food, continued constipation, diarrhea, or gas not relieved by other diets. Poor growth can be due to oxalates. Can add a limited amount of oxalates - no “strict adherence.”</td>
<td>Seems to be a missing piece for those who have tried GFCF, SCD, and other diets with only moderate success</td>
<td>Fairy new diet without a lot of clinical data. A new hypothesis suggests vitamin K deficiency may be involved and correcting this may make this diet unnecessary. Reduces vitamin C because it can convert to oxalates.</td>
</tr>
<tr>
<td>Paleolithic Diet</td>
<td>Helpful for those who can’t eat grains or have blood sugar regulation and digestion problems.</td>
<td>Similar to SCD, maybe a bit less restrictive.</td>
<td>Difficult for a child that does not eat meat and/or vegetables.</td>
</tr>
<tr>
<td>GAPS Diet</td>
<td>This diet is essentially SCD with an emphasis on broth and fermented foods. Basically a “second generation” SCD.</td>
<td>Helps heal the damaged gut - not just remove the offending substances.</td>
<td>Not easy if you don’t like to cook. Relies heavily on nuts.</td>
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1. **Cleaning up the Diet** - Remove food additives, artificial colors, flavors, preservatives, MSG, nitrites, artificial sweeteners, trans fats, pesticides, GMOs
2. **Cleaning up the Home** - Remove chemical cleaners, perfume, building materials, fluoride, fabric softener, plastics
3. **Supplement Basics** - Fatty acids and cod liver oil, enzymes, probiotics, multivitamin/minerals
4. **Diet Basics** - Determining basics of fats, proteins, carbohydrates
5. **Beginning an ASD Diet** - Often start with: GFCF, food sensitivities, low sugars
6. **Address Phenols** - Identify food sources and chemical additives, improve phenol processing

*Adapted from *Nourishing Hope for Autism* by Julie Matthews – [www.NourishingHope.com](http://www.NourishingHope.com)

Many resources exist to assist you in the journey back to health. Some of the best places to start are the classic books like *Breaking the Vicious Cycle: Intestinal Health through Diet* by Elaine Gottschall and *Children with Starving Brains: A Medical Treatment Guide for Autism Spectrum Disorder* by Jaquelyn McCandless, MD.

A more recent addition to the list of good books, and one that is quickly becoming a classic, is *Gut and Psychology Syndrome: Natural Treatment For: Autism, ADD/ADHD, Depression, Dyslexia, Dyspraxia, Schizophrenia* by Dr. Natasha Campbell-McBride. The list is almost endless for all the websites, books, associations, and publications on autism and ASD. Perhaps the most comprehensive and all-inclusive is the book *Nourishing Hope for Autism* by Julie Matthews. She has put together a very readable and understandable, yet extremely thorough guide. She even has a workbook and recipes which are all coded for which diet they are compliant with. This book just may become a cornerstone for your library.

Dr. Carrie Clark practices at 50th & France Chiropractic and Wellness in Edina, MN. For over 8 years she has been helping families use real food as an integral part of the healing process. [www.edinachiropractic.com](http://www.edinachiropractic.com)
My husband and I run a camp in the Boundary Waters Wilderness Canoe Area outside of Ely, Minnesota. My husband, Marcus, created the camp eight years ago with the intention of bringing people into a pristine area to experience community while engaging in spiritual life together on week-long wilderness trips. Since its inception we have added a two-year old daughter, Selah, and a 4-year old Alaskan malamute, Jack to the mix, each adds life and energy to the camp. Our family, along with eight trail guides, host thirty trips each summer equaling 240 campers.

For the last five years I have been responsible for the health and well-being of the campers and staff, serving as the cook and trail food organizer. I have been extremely thoughtful of the food that we serve the campers and staff. I order large quantities of dry goods in bulk from the Linden Hills Co-op in Minneapolis and I buy as much fresh food as possible at the local family owned Ely grocery store. However, finding quality meat has been a challenge.

Because I had to feed so many mouths each summer, I ended up buying beef and chicken in bulk from a giant warehouse retail chain. It was never anything I felt right about doing, ethically or nutritionally, but the economies of scale made sense. I could buy large quantities, always have it on hand, and pay a reasonable price for it.

Buying our meat this way worked okay until one day in July of 2007. Marcus and I simultaneously agreed that we could no longer serve this quality of meat to campers and staff. It tasted poor, looked off, felt bad, and was not a healthy choice. That night we had a bunch of friends in town and instead of throwing it all away, we decided to have a BBQ and serve it all so that we could start over with something better for our bodies.

It is because of that realization that moved us to find healthier meat options for our family and for our camp. We started buying our beef in bulk from a local farmer in Minnesota. Because we were getting the beef directly from the farmer we assumed that the animal was raised on pasture. We were shocked to find out that the animal was confined and raised on grain a year later when we began asking the farmer more about his farm.

That experience of naivety on our part propelled us to find the product we were looking for: local, 100% grass fed, pasture raised without antibiotics or added hormones. As we began talking about the beef to friends and family, we realized that many people were interested in a healthy beef product. They wanted to know how to be a part of it.

We feel confident that the beef we are now eating offers a greater amount of omega-3 fatty acids, CLAs, which are known to prevent cancer, while also adding vitamins A and E to our diets. We believed that there were enough people living in the Twin Cities’ metro area who also desired a natural product and process that we decided to start our own company that would bring the farm directly to individuals, couples, and families.

We created a cooperative of local farmers that specialize in raising 100% grass fed cattle on free range, with no added hormones or antibiotics. We are committed to creating relationships between farmers and consumers that makes purchasing beef uncomplicated and efficient.

We thought it was so important to offer a healthy option for meat in which consumers can be confident about where the meat comes from, and all for an affordable price. By offering this product in bulk by the 1/8, ¼, ½, and whole share, anyone can enjoy economies of scale.

Nowadays you will find 100% grass fed beef on our dining room table at home and in the woods at our camp in Ely. Serving this beef is a privilege. I get to bring the gift of health to my family, friends, and camp.

Abby & Marcus Andrusko are the creators and owners of Grass Fed Cattle Co. Together, with their daughter, they live a full life where health and nature are intricately woven. They spend their time connecting people with healthy beef and running their camp - Boundary Waters Experience. www.grassfedcattleco.com.

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For more info, log on to [www.uddermarket.com](http://www.uddermarket.com).

### Local Autism Education and Support


Fraser: [http://www.fraser.org/seminars/index.htm](http://www.fraser.org/seminars/index.htm)


### Upcoming Nutrition Classes presented by Jennette Turner

**Healthy Food for Healthy Babies**

Thursday October 1st
Wedge Co-op
7:00-8:30 p.m.

$22/$18 members of any co-op

This class will teach you how to eat well for lactation (your diet DOES effect the nutritional quality of your breast milk) and offer ideas for alternatives if breastfeeding doesn’t work for you. It will also provide an overview of different theories on what and when to start feeding your baby, and how to see your own way through confusing and often contradictory information.

**Food Mood and Behavior for Children and Adolescents**

Tuesday October 6th
Lakewinds Co-op
6:30 - 8:00 p.m.

$22/$18 members of any co-op

What your kids eat has a big impact on their moods, ability to concentrate and learn, and social interactions. Learn how to avoid “bad mood” foods, and how to incorporate food that supports healthy moods and behaviors into your family’s diet. We’ll also discuss tips for getting your kids to actually eat healthy foods.

### How Vaccinations Affect Your Child’s Immune System & Homeopathy for Disease Prevention

*Presented by* Kate Birch, RSHom(NA), CCH, CMT

- A study into the history of vaccination and the relevance of current day vaccination schedules
- An overview of susceptibility of the individual, how vaccinations affect susceptibility, and the bell curve of disease through populations
- Vaccinations and the infant’s developing immune system
- If parents decide to not vaccinate, what other choices do they need to make to support that decision
- How homeopathy is effective for the treatment of infectious contagious disease
- An introduction to a 4-year self-administered homeopathic prophylaxis program for families who decide not to vaccinate their children

**When:** Sundays, from 2:00-4:30 pm
September 20th, October 18th

**Where:** 3243 Cedar Ave S
Minneapolis, MN 55408

**Cost per class:** $20 /class - Spouse or significant other – Free

Pre-registration is required as space is limited

**To register:** Please contact Kate Birch 612-701-0629 katebhom@hotmail.com

Kate Birch has been in family practice with homeopathy since 1994. She works with children who have suffered from vaccine injury and families who have not vaccinated their children. She is the author of recently published Vaccine Free Prevention and Treatment of Infectious Contagious Disease with Homeopathy: A Manual for Practitioners and Consumers. *Books will be available for sale.*
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notes from the naturalist
by Annalisa Bragg

After an unusually cool summer, Autumn is almost upon us! Here in the Northland, Mother Earth is beginning to don her crimson, orange, and gold gown, and Father Sun dips ever lower in the sky. What will this autumn season bring for us? Let’s take a peek…

September

• Wild rice, a grass, and the only cereal grain native to North America, is ripening, and gatherers are repeatedly paddling out for harvest. Since only 10 percent of the grains ripen at one time, repeated ricing is necessary over a span of a few weeks. Experienced ricers can gather 100 pounds of rice a day. As you enjoy a hearty bowl of wild rice soup this fall, think of the legacy of harvesting that has occurred for centuries and sustained countless native families.

• Mushrooms pop up in abundance in an attempt to release their spores before winter comes. Check with the local parks and the Minnesota Mycological Society to find out about mushrooming opportunities around the metro.

• Hawks are riding the thermals in search of warmer climes, along with warblers. Check with Hawk Ridge in Duluth to witness the migration first hand. Don’t forget your binoculars!

• September 22 brings the autumnal equinox, a time of equal day and night. The equinox occurs at 21:18 UT in the northern hemisphere, and is the first day of Fall. The equinox is a time to give thanks for all that has been harvested, and to prepare for the inward time that is coming. It is also the beginning of Yom Kippur, the New Year celebration of the Jewish tradition. A great way to honor this season is to make a mandala of grains, nuts, and seeds on the ground (or on a plate if you wish to eat them afterwards), an offering of sorts back to the earth and all her children.

Nature activity: Decorate a nature table with sheaves of wheat, autumn leaves, and other harvest symbols. The colors of the season are the ones gracing the trees – gold, rust, scarlet, yellow, and brown. Have fun!

Annalisa Bragg is busy with her new baby boy and adventurous 3-year-old. Autumn is one of her favorite seasons.

Meditation

A wise woman once told me that when I felt disconnected from my kids I could ask Spirit for help in reconnecting with them. I wasn’t sure about what she was suggesting, having never used a spiritual approach in parenting before. I didn’t know how to connect with them spiritually, that is until I began to learn that each of us has a “higher self.”

Beyond our bodies, minds, and emotions lies a spiritual being, the higher self, and no matter what is happening in our children’s lives, the spirit is always willing to connect through love. The spirit possesses the utmost level of awareness of the path before it and of the significant relationships in which it has chosen. A parent could choose to connect with their child on this level when feeling that they are unable to connect through the conscious mind.

Connecting with our kids spiritually can give us access to their inner world, the blessings of life, and a mutual sharing of love. For it is through love that all things are possible.

As I close my eyes, breathe deep, and center myself in love, I can connect with my child’s spirit. I open my heart and see my child as the complete and flawless being that he is. My child’s spirit knows the challenges before us and embraces them with gratitude, for it is through this experience that we grow together in love.

Taiha Wagner is a mother of three and Director of Mom on the Go in Eden Prairie. TWagner@MomontheGo.net

After an unusually cool summer, Autumn is almost upon us! Here in the Northland, Mother Earth is beginning to don her crimson, orange, and gold gown, and Father Sun dips ever lower in the sky. What will this autumn season bring for us? Let’s take a peek…

September

• Wild rice, a grass, and the only cereal grain native to North America, is ripening, and gatherers are repeatedly paddling out for harvest. Since only 10 percent of the grains ripen at one time, repeated ricing is necessary over a span of a few weeks. Experienced ricers can gather 100 pounds of rice a day. As you enjoy a hearty bowl of wild rice soup this fall, think of the legacy of harvesting that has occurred for centuries and sustained countless native families.

• Mushrooms pop up in abundance in an attempt to release their spores before winter comes. Check with the local parks and the Minnesota Mycological Society to find out about mushrooming opportunities around the metro.

• Hawks are riding the thermals in search of warmer climes, along with warblers. Check with Hawk Ridge in Duluth to witness the migration first hand. Don’t forget your binoculars!

• September 22 brings the autumnal equinox, a time of equal day and night. The equinox occurs at 21:18 UT in the northern hemisphere, and is the first day of Fall. The equinox is a time to give thanks for all that has been harvested, and to prepare for the inward time that is coming. It is also the beginning of Yom Kippur, the New Year celebration of the Jewish tradition. A great way to honor this season is to make a mandala of grains, nuts, and seeds on the ground (or on a plate if you wish to eat them afterwards), an offering of sorts back to the earth and all her children.

Nature activity: Decorate a nature table with sheaves of wheat, autumn leaves, and other harvest symbols. The colors of the season are the ones gracing the trees – gold, rust, scarlet, yellow, and brown. Have fun!

Annalisa Bragg is busy with her new baby boy and adventurous 3-year-old. Autumn is one of her favorite seasons.

Meditation

A wise woman once told me that when I felt disconnected from my kids I could ask Spirit for help in reconnecting with them. I wasn’t sure about what she was suggesting, having never used a spiritual approach in parenting before. I didn’t know how to connect with them spiritually, that is until I began to learn that each of us has a “higher self.”

Beyond our bodies, minds, and emotions lies a spiritual being, the higher self, and no matter what is happening in our children’s lives, the spirit is always willing to connect through love. The spirit possesses the utmost level of awareness of the path before it and of the significant relationships in which it has chosen. A parent could choose to connect with their child on this level when feeling that they are unable to connect through the conscious mind.

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