

Learning to Calm Your Fight or Flight Patterns



by Amy Sherr

When we become threatened, we experience a surge of chemicals designed to allow us to survive through whatever the event is. The physiological effects are increased adrenaline, acceleration of heart and lung action, shaking, dilation of pupils and more. Cortisol, known as the "stress hormone," is an integral part of our body's "fight, flight or freeze" response. The fight, flight or freeze response is essentially a state of acute stress.

While stress is usually seen as a negative, it is beneficial if we need the surge of chemicals to help us fight,

flight or freeze to avoid danger. However, it is only useful in short bursts. Many of us get caught in this perpetual state, never releasing it from our system and returning to normal, or homeostasis.

In fact, living in this kind of biological survival state can make us more vulnerable to common physical ailments that are related to or triggered by stress: cancer, heart disease and diabetes.

Why It's Essential to Pay Attention

Animals in the wilderness shake, tremble, run, or do other physical activities to discharge the effect of these stress chemicals on their body. The natural human tendency is to do this too. But, we are often told (by ourselves or others) to "calm down," "get it together," "stop being so sensitive," and "be a big boy/girl and suck it up."

When we purge the survival chemicals after a trauma, it shows our primitive brain that we survived and we are safe. This sends a signal to the cognitive brain to process the information and throw out the irrelevant associations related to it.

Facing and surviving a trauma, if discharged in a healthy way, can actually help us feel more empowered and able to handle things in the future. It can even create a sense of security.

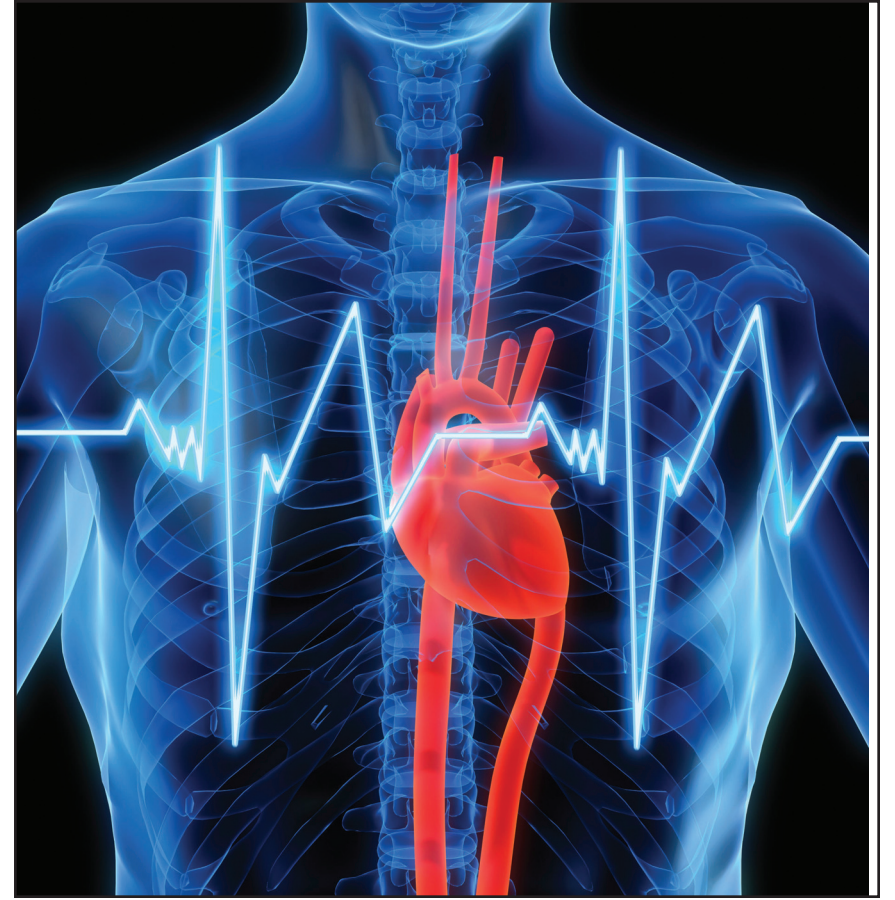
If we don't discharge the trauma though, the primitive brain freezes the event in our systems. Anything in the future that reminds of us this original event can trigger further responses.

A Simple Fight or Flight Calming Technique

Donna Eden, an energy medicine pioneer offers one of my favorite techniques for calming the fight or flight pattern. This is straight from her award-winning book, *Energy Medicine*.

The triple warmer meridian is an energy pathway in your body that's responsible for the fight or flight response. It starts at the tip of the ring finger, travels up to the neck, behind the ears, and ends at the temples. You can use the electromagnetic energies of your hands to calm this energy by tracing part of this pathway backward.

1. Place your fingers at your temples. Hold for



one deep breath, again breathing in through your nose and out through your mouth.

2. On another deep in-breath, slowly slide your fingers up and around your ears, smoothing the skin while maintaining some pressure.

3. On the out breath, slide your fingers down and behind your ears, press them down the sides of your neck, and hang them on your shoulders.

4. Push your fingers

into your shoulders and then, when you are ready, firmly drag them over the tops of your shoulders, and smooth them to the middle of your chest, with one arm resting on top of the other. This is the heart chakra. It brings you home to yourself.

5. Hold here for several deep breaths.

To see a video of Donna doing this exercise, Google "triple warmer smoothie Donna Eden." *pha*

The Lyme-Thyroid Connection

by Dr. Nikolas R. Hedberg

Lyme disease can have devastating effects on the body and can trigger autoimmune diseases such as Hashimoto's Thyroiditis. The bacteria *Borrelia burgdorferi* has been found to cross-react with thyroid tissue which triggers the autoimmunity by what is known as molecular mimicry. This basically means that your immune system tags an infectious agent but also attacks self-tissue that has a similar protein structure.

Hashimoto's affects 28 million Americans and is the most common autoimmune disease in the world. It can lead to the symptoms of hypothyroidism which include: fatigue, depression, weight gain, constipation, insomnia, dry and brittle nails, cold hands & feet, hair loss, arthritis, brain fog, and numbness/tingling.

Many of these symptoms are similar to Lyme disease and its co-infections. When treating a Lyme disease patient with Hashimoto's we also have to take into account what we do to the patient's immune system and pay careful attention to what treatment methods are utilized. Herbal medicines can have a stimulatory effect on different parts of the immune system and can

thus make the autoimmunity worse.

Other factors that must be looked at with autoimmunity include:

Vitamin D status, gluten, toxic metals such as mercury, intestinal barrier function, gut infections, rickettsia, and iodine.

I have found that many people with Lyme have not had their thyroid adequately evaluated for autoimmunity. Many of the factors listed above are also very important in the treatment of Lyme disease.

Vitamin D is extremely important for immune system function and, more specifically, immune system balance which is usually off in Hashimoto's and Lyme. Hashimoto's patients have been found to have abnormal vitamin D receptors which requires much higher doses of vitamin D for effective results.

Gluten-free diets are nothing new for Lyme patients but we also know that gluten is a possible trigger of many autoimmune diseases, including Hashimoto's. Patients with Lyme and Hashimoto's must follow a gluten-free diet indefinitely.

Toxic metals, especially mercury, can play a significant role in both these

disorders. Mercury has been shown to trigger Hashimoto's. In fact, Czech studies have found that when mercury-containing dental amalgams are removed from patients with Hashimoto's, their antibody levels significantly drop. Dental amalgam removal can play a powerful role in Lyme disease as well as Hashimoto's. I do not aggressively chelate mercury from all Lyme patients as this can cause setbacks since their detoxification pathways are already heavily taxed.

The intestinal barrier has been found to contribute to Hashimoto's which plays into gluten intolerance and gut infections. Many Lyme patients have GI infections such as yeast, parasites, bacteria and molds.

One particular infection known as *Yersinia enterocolitica* has been shown to trigger Hashimoto's via molecular mimicry.

Infections in the intestine can make it very difficult to treat Lyme patients since 70% of the immune system resides in the gut. Co-infections such as *Bartonella* love surface areas such as the gut lining and can be difficult to eradicate due to biofilm formation. Enzymes that break through biofilms as well as potent herbal antimicrobials

are vital in these cases. Flooding the GI tract with beneficial bacteria helps to boost the immune system and "crowd out" harmful bugs.

As the intestinal barrier breaks down, patients develop leaky gut which leads to more and more food sensitivities. The major players here are gluten, corn, soy, and dairy. Most patients with Lyme feel much better avoiding these foods.

Rickettsia is a co-infection that seems to be involved with Hashimoto's as well. *Rickettsia* also loves the adrenal gland and can cause unrelenting adrenal problems and complete adrenal fatigue. The adrenals are vital for immune system function, sleep, thyroid function, energy, blood sugar and they produce the natural anti-inflammatory cortisone. Adrenal support is usually necessary in Lyme and Hashimoto's patients since they are intricately involved in most aspects of these disorders. Licorice root is an example of an herb that stimulates the immune system and supports the adrenals. Unfortunately, it can also make Hashimoto's much worse by overstimulating the immune system. I do not recommend Licorice for most cases.

High doses of iodine are being used by some practitioners to treat Lyme disease and thyroid disorders. Iodine is an excellent antimicrobial but it can also have devastating effects on autoimmune disease including Hashimoto's. The Japanese have found that Hashimoto's patients who ingest iodine actually increase lymphocyte attack on the thyroid gland. This happens because iodine increases the enzyme thyroid peroxidase activity thus increasing inflammation within the gland itself. If iodine is going to be utilized in Lyme disease, the patient must first be evaluated for Hashimoto's thyroiditis.

Next time you see your doctor for treatment of Lyme disease, request a blood test for thyroid peroxidase and anti-thyroglobulin antibodies to see if you have Hashimoto's. If you have Hashimoto's, make sure your doctor does the necessary detective work to find out why you have it in the first place. It could have been caused by *Borrelia burgdorferi*, but it may be something else as well. A properly diagnosed and treated thyroid problem can significantly help you in your path to overcoming Lyme disease. *pha*

The First Five Steps to Take After a New Diagnosis



by Lisa Copen

I easily can remember the day that my life shifted into a new kind of normal when I was diagnosed with rheumatoid arthritis. At the age of 24, having dealt with a few weeks of swelling in various parts of my body, sometimes to the point of being disabling, my doctor called me at work with the test results. I had a positive rheumatoid factor, she explained, which most likely meant that I had rheumatoid arthritis.

Faking confidence, I asked her, "On a scale of 1 to 10, 10 being normal, what can I expect my life to be like from here on out?" She did not wish to answer, but after I told her I needed some kind of scale to know what side I was up against, she reluctantly replied, "If you are lucky maybe a six."

Within days, I realized that everything in my life would now be impacted by my disease and that there would be no such thing as "normal" again. Every detail of my life would change from the simple struggle to open a door, to stand from the chair, to walk across the room, or to shift gears in my car. Although my carefree lifestyle and attitude would stay imbedded within my heart and personality, it would take a back seat while I attempted to simply try to learn to function while in severe pain.

A few weeks ago, a friend from high school who was recently diagnosed with rheumatoid arthritis searched the internet for information on the disease, and ironically ended up on the Rest Ministries website, where she realized she had known me nearly 25 years ago from a high school of only 300 students.

We exchanged emails a few times and it is my hope that she found them encouraging. When

I reflect on what I would've liked to have heard upon my new diagnosis from someone who has lived with a chronic illness for years, these are the five things I find of most value to pass along.

[1] Get in touch with the national foundation or organization that is dedicated to supporting people who live with a chronic illness that you have recently been diagnosed with. Explain to them that you have just found out about your diagnosis and that you would like the most basic information. They may drop some brochures to you in the mail or send you to their website.

Despite the fact that you may have not had a chance to grieve your diagnosis yet will likely make this to seem discouraging, and if you begin to get things in the mail and are not ready to read them, put them aside for later. The important thing is to know that this organization will likely be the one that will provide you with the most current and objective scientific treatment options and you will want to be "in the know." As your doctors are making suggestion for medications for you to start, and you are torn about them because of the long list of side effects, these organizations will be your best source of objective information.

[2] Know when to stop reading about your disease. There are millions of books, websites, podcasts, and more which will tell you how you can cure it, delay the progression of the disease, or most effectively be treated with alternative treatments. The important thing is to glance over critical health and illness organizational websites so you are aware of where you can go to find information when you need it.

You should be aware of some of the symptoms that may occur because of your illness so that if they do occur, you can attribute them to it. However, don't bury yourself in reading everything you can get your hands on. It will simply become too depressing, and many of the anecdotes that other people share may never apply to your life.

[3] Don't lose hope about your situation. It seems there are new scientific discoveries on a weekly basis that may

change how your illness progresses or is treated. For example, I have now lived with rheumatoid arthritis for 16 years and recently had four joints replaced in my left hand due to deformities & loss of abilities. But my medical team, a hand surgeon, rheumatologist, and a physical therapist, have all said that they rarely see these kind of surgeries now due to the new family of drugs available in the last 10 years that has rapidly slowed down the progression of the disease and destruction of the actual joints.

Even if there is not an immediate cure, as we scientifically grow closer to being able to know our exact DNA, we will be able to pinpoint which medication will best treat our disease without having to jump from one medication to another, losing months and years sometimes of our health, in order to find which one works best. Hope and a positive outlook will have a profound effect on your disease and your life. So don't give up and assume that your illness will be disabling.

[4] Think about who you would like in your life to be able to talk to about what you are emotionally and spiritually experiencing due to the recent diagnosis. The person may be someone you meet in an online forum for your disease; it could be a pastor, mentor, counselor, or even a good friend who is able to listen without trying to fix it. The most important thing is that you have an oasis where you can share what you are experiencing without feeling like you may be judged or where you will receive ignorant comments such as "no pain, no gain." Check out your local support groups for your illness, or other support environments such as HopeKeepers, which is a unique small group Christian support environment for those who live with illness or pain. Also, consider your personality and how you are best encouraged. Would you feel most refreshed by sharing what you are going through with just a friend, one-on-one, at a coffeehouse? Or are you homebound, and signing onto a website every day to receive encouragement and prayer would be beneficial? Remember, whatever works best for you at this time may not best meet your needs in six months, so

do not feel like you are stuck with a particular group or mentor. Be willing to try new forms of support to find which best works for you.

[5] Ask yourself "What foundation do I have in my life that will help me through the difficulties that I will be facing?" Even if your illness does not progress rapidly, the daily aches and pains, as well as the emotional roller coaster and spiritual "why?" questions you will have, will leave you searching for a deeper meaning in life than simply solving your problem with a cup of hot tea. As a Christian myself, I honestly do not know how people live each day with a chronic exasperating illness who do not know the Lord. This is what keeps me together: believing that my pain is never wasted, and that God always has a purpose and plan for it; acknowledging that God is always in control of my life and that of my circumstances come as no surprise to Him; and firmly surrendering to the fact that He has any specific purpose for my life and that any limitations I have experienced because of my illness will not hinder His plans. Even if you are not a spiritual person, you will likely find yourself facing those middle-of-the-night blues, and I encourage you to look up a biblical website like Bible Gateway and read through some of the Psalms. If you are unfamiliar with them you may find yourself pleasantly surprised to see that most of the people who lived during these times faced severe hardships, deep depression, many doubts, and yes, even chronic illnesses and disabilities.

So, to sum it up, be well informed, set reasonable boundaries for the quantity of information you will intake, keep hope alive, find support through people, and then search for what will get you through the darkest of moments when the information and people you have counted on disappoint you. Discover a purpose in the pain that is greater than that which the world will tell you. if you put your life on hold completely you will have regrets later on. As the late John Lennon once shared, "Life is what happens to you while you're busy making other plans."

pha

Public Health Alert

The PHA is committed to researching and investigating Lyme Disease and other chronic illnesses in the United States. We have joined our forces with local and nationwide support group leaders. These groups include the chronic illnesses of Multiple Sclerosis, Lou Gehrig's Disease (ALS), Lupus, Chronic Fatigue, Fibromyalgia, Heart Disease, Cancer and various other illnesses of unknown origins.

PHA seeks to bring information and awareness about these illnesses to the public's attention. We seek to make sure that anyone struggling with these diseases has proper support emotionally, physically, spiritually and medically.

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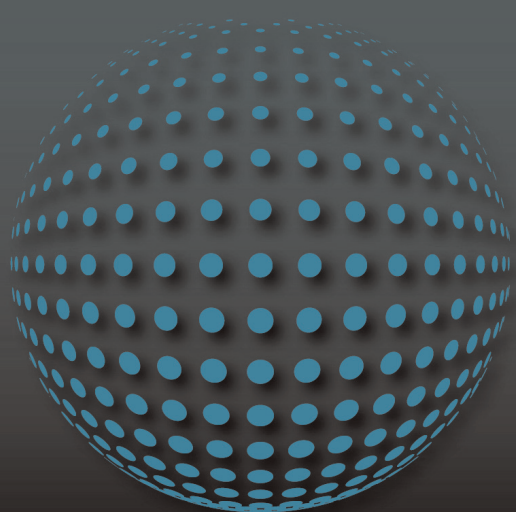
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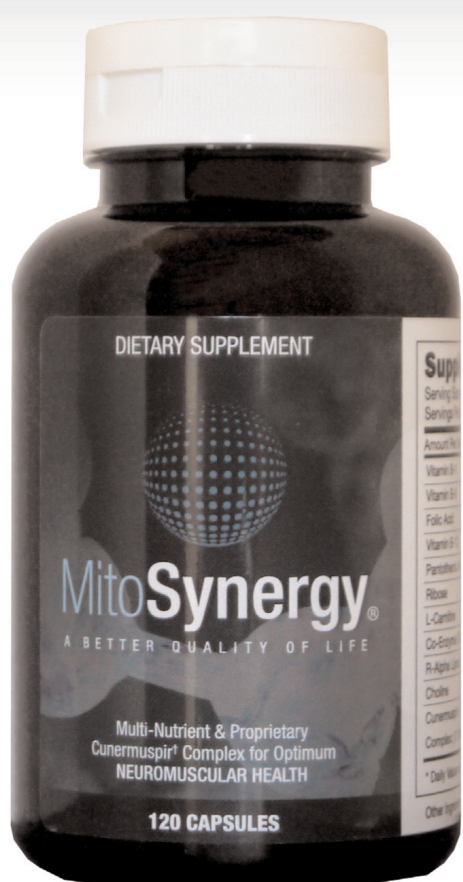
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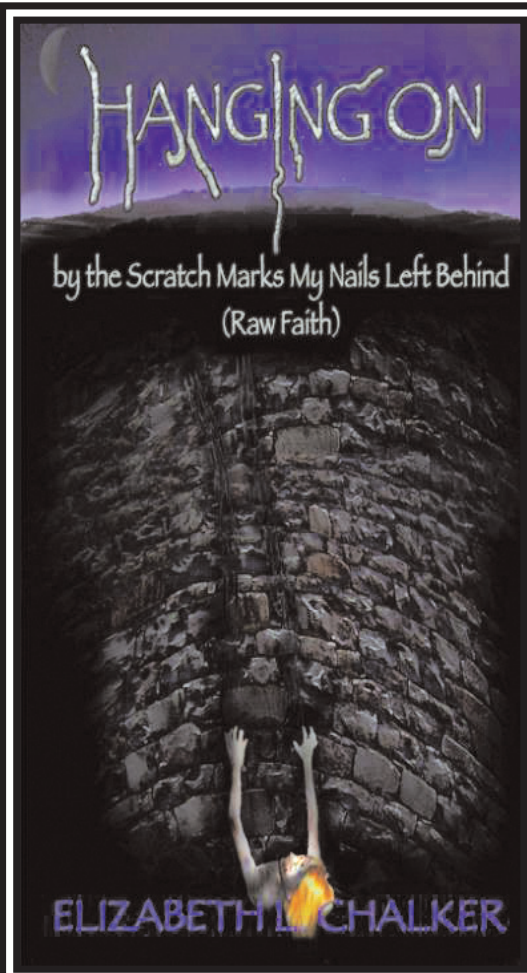
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A 14-Year Journey With Lyme

by Tammy Studebaker

Our story started over fourteen years ago. My husband is a home builder, avid fisherman and loves to be outside. In his early 40's he started to have massive joint pain, then the headaches would begin. On two separate occasions we ended up in the ER because the migraines were so horrific he could not stand the pain a moment longer. His discs started to bulge and the back started to deteriorate, and he ripped both of his meniscuses in his knees while simply walking.

Then we started a family. Our son was born and seemed to be happy and healthy. Four years later I had a daughter. This should have been a great time for our family: my husband was doing very well with his business, and after working for 20 years, I was able to be home with our children. I was sent home with my bundle of joy and thought this was a new happy beginning, little did I know that our health nightmare was just about to begin.

At six weeks old, my daughter started to show signs of baby acne. Within a week her body was covered and began to crust and bleed. We went to doctor upon doctor until I ended up on the doorstep of one of the best allergists in the country. He examined her and did allergy testing. He found that her IGE

(Immunoglobulin E) levels were among the highest he had ever seen, she was allergic to so many foods and things in our environment it was overwhelming. Allergists often test for the presence of IGE to help diagnose these allergies. With time as I nursed her and pulled all food out of my diet except for three items, she began to get better and I suffered from malnutrition.

Eventually an elemental formula was created for her to live on until she was three years old and had enough foods to sustain her. Over the next ten years, my daughter has had multiple health issues, asthma and food allergies. At the age of eight, we rushed to the hospital when she became ill. She had been throwing up

and was suddenly unable to speak and was acting as if she were drunk. It was terrifying. I prayed the entire trip to the ER that we would save her and see her smiling face again. By the time we arrived at the door of the hospital she had to be carried in because she was limp. Her blood sugar had dropped to a 23 and she had pneumonia. I had taken her to the doctor only 10 hours earlier and had her examined head to toe. After a week stay we were told she had Ketotic Hypoglycemia along with the pneumonia. (Ketotic Hypoglycemia is a rare but serious form of low blood sugar in children.) She had been having dizzy spells and migraines for a few years now and I had been to several specialists to try to understand what the cause was, with no real answers.

As the years went by, my husband seemed to be aging rapidly before my eyes. His pain throughout his body was unbearable at times and he began to get sick at the "drop of a hat". One winter as both he and my daughter were sucking on a nebulizer to get some relief, I realized my husband needed a doctor to look more closely at what was going on in his body. He has already had a test for Lyme disease done on three other occasions and they had all come back negative, but we went ahead and did another test along with extensive blood work. Once his tests came back, we received a call that no one wants to hear....we were being referred to an oncologist. His white blood cell count and platelets were not those of a healthy 50-year-old.

After much more testing was done, we were told that my husband has CLL (Chronic Lymphocytic Leukemia), a blood and bone marrow disease that gets worse slowly and has no cure. This is a disease of a 70-year-old man, how and why did my husband contract this cancer? As a wife and mother this news was devastating. Although many people said we were "lucky" the CLL was not active and we could still have many happy years together, I was deeply concerned. I knew there was some underlying

reason my husband's health was suffering, but we were yet to find the answers.

Two years after my husband's diagnosis, my son was now eleven years old and enjoying life in middle school. We were on a family trip to upstate New York and on the way there my son began to feel ill. By the time we arrived he had a fever, which began to progress to pain throughout his body. After the first night there, he continued to feel worse and his fever climbed to 103-104. I brought him to a health clinic and they did several tests. They also told me that he may have Lyme disease and when we arrived back home we should take him to his doctor and get him tested. I did and they told me the test was negative, no Lyme disease, this was just a bad summer flu.

From this day forward my son's health was never the same. He was very active, he had taken martial arts since he was four years old and competed at a national level. He also played soccer and had just completed a three-day 60 mile bike tour with some other school mates. He was very bright and was taking high school math. His name regularly appeared on the honor roll list. This was all history, now he was sick often and even seemed to develop asthma. He needed to run to the sidelines to suck on an inhaler to get through his soccer games and practice. Then he began to lose weight. He lost ten pounds in a short period of time; my son had acid burning throughout his body so bad his eyes burned.

I began the journey of going from specialist to specialist to find an answer. One was a GI doctor because I knew we needed to figure out what was happening in his gut. I also suspected Celiac disease. Six months earlier I had taken gluten out of my husband's diet to help with inflammation in his body and he was unable to eat gluten now without getting sick, so I suspected Celiac disease for my husband and knew it was genetic. My son was diagnosed with Celiac after the endoscopy, and I thought we had an end to my son's

health crisis.

Although we were now living gluten-free in our home, my son's health was spiraling out of control. He had brain fog, he could not remember if he took a shower 10 minutes after he had stepped out, he could not read, or divide. His neuropathy was so bad his fingers were turning black at times, many days he could not even walk. He was petrified to sleep and began waking up in the middle of the night unable to breathe. I was relentless with specialists and online looking for answers; I would be up all night worried and praying for an answer out of this hell.

Eight specialists later with no real answers, a leading hospital wanted to admit him and run extensive tests and put him on steroids to help with his inflammation. Something deep in my mind told me this was not the answer I was looking for, however I had no other options. It was a Sunday and I went to my local grocery store to stock up on food for my husband and daughter. I was to go stay at the hospital an hour away with my son. I prayed and sobbed on my way to the store asking for an answer, a sign of what I was to do. As I pulled up to the store, a woman from my church was standing outside. She greeted me and asked how my son was doing. I told her what we had been going through and my plan to admit him to the hospital. She took my hands and told me that he would not come out alive..."your son has Lyme Disease". She gave me a quick education on chronic Lyme and also gave me the name of a LLMD. I asked and did receive my message and I listened. I did not admit my son and went to the LLMD to begin treatment for my son.

The treatment became worse than the disease at first. He screamed in pain and could feel bugs crawling throughout his body. He would go through times where he did not want to live. I would stay up with him through the night trying to offer words of encouragement and faith that we would get through this and he would live his life as a

happy teen.

Parker is now through two years of his treatment for Lyme disease and co-infections and although he is still unable to attend school, we have home hospital in place to get him through school with a teacher coming to our home. He began reading again 5 months ago, just took his HSA for math in HS and passed! He no longer is able to participate in his martial arts, but has taken up guitar.

As we near the end of my son's treatment, my husband sits in our sunroom with a permanent bed, on a PIC line treating his Lyme disease. He is able to walk to the end of the driveway on good days and is unable to drive or work.

My daughter began having massive bone pain in her hands and feet two years ago and it progressed to twitching and unbearable pain. She is also being treated for Lyme disease and co-infections.

I am sure as you all read this story you are wondering about Mom, I must have it as well. You are correct and my treatment has been pretty successful. God will not give us more than we can handle and he knew someone had to be well enough to care for everyone. I realize I had active Lyme when I was pregnant with my daughter; I had pain, fatigue and went to the ER on two occasions from heart irregularities.

As a family dealing with such illness, we try to stay positive and have a dream board of what we will do after we all are well enough. I cannot believe that we have not made more progress in the field of infectious disease. I know there are so many stories similar to mine and yet we continue down this road of ignorance. I must believe there is a reason that many of us have suffered as we have through this. This is what sustains me and keeps me going, that I may help prevent this from happening to others, that our story may prevent an unnecessary death or raise awareness to get the help so many people need. *pha*

Discover Lyme The Top 10 Disease Treatments

www.Lyme-Disease-Treatment.com

Neurologist Exposes Brain Diet & Meditation Practices Designed for Optimum Health

Austin, Texas – A visit to any Family Doctor usually results in a bottle of pills to relieve and control symptoms. However, Neurologist Bhuvana Mandalapu is working diligently to make it clear that full recovery should be both the patient and physician's prime goal. In an attempt to help people recover faster and return to their full function, Mandalapu is delighted to announce the launch of his latest book.

'Replenish: Mind & Brain Diet' shifts the focus from pharmaceuticals to a balanced diet and powerful daily meditation.

Synopsis:

Nobody wants to be sick. Always remember – 'Health is Wealth'. We need to do everything possible to recoup better, faster and most importantly, we want to be functional and back to our baseline. For that, along with doctor's recommendations, following the brain diet and meditation practices designed specifically for the conditions will enhance the results. Added to our motivation and determination to do better in every aspect, consistent practice will yield the best results and help us further than expected on the path of healing.

The book contains a specifically-designed diet and individualized meditation practices to assist the healing of Sleep and Insomnia, Foggy Brain, Depression/ Anxiety/ADHD, Chronic Fatigue /Fibromyalgia syndrome, Post-concussion/Post-traumatic brain injuries, Dizziness/Vertigo, Epilepsy/Seizures, Stroke/TIA, Alzheimer's dementia/Memory problems, Parkinson's disease/Tremors/Rigidity, Multiple Sclerosis, Migraines and Other Headaches.

"My book helps readers understand that a healthy diet, added to medi-

tation practices, helps to create harmony between the conscious and subconscious minds. This ultimately makes us recoup more, faster to recover previous functional status," Mandalapu explains.

He continues, "It can also assist in the pursuit of consistent happiness. Current medical advances are certainly pioneering, but people need to better recognize and understand the role that the mind plays in them."

Critics praise the author for his unique yet realistic approach, with many hailing his attempts to

decrease the risk of chronic illnesses and the resulting permanent damage they cause to both the body and the mind.

"What's in the past is in the past. People need to rid themselves of illnesses for good, so they can continue to live a happy and healthy life. Chronic illnesses chip away at the mind and body; it's a dangerous combination that must be avoided at all costs," Mandalapu concludes.

About the Author: Bhuvana Mandalapu, MD, is a practicing Neurologist and Internist in Austin, Texas.

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Oxytocin: More Than Just a 'Love Drug'

by Eric Barbye, PharmD Candidate

It has been suggested, albeit seldom studied, that oxytocin (OT) may help explain delays or impairments in social development in patients with autism spectrum disorder. Oxytocin has been shown to be involved in such social behaviors as mating, nursing, social attachment, and parental behavior (Gale, Ozonoff, and Lainhart 2003). For this reason, oxytocin has been touted as the "love drug". Oxytocin is a hormone that acts both in the brain ("centrally") and in other parts of the body ("peripherally"). In the brain, oxytocin plays a role in sexual arousal, bonding, romantic attachment, and maternal behavior. Peripherally, oxytocin aids in cervical dilation before birth, uterine contractions during labor, and milk production

during breastfeeding. In addition to these classical responsibilities of oxytocin, there have been recent studies that suggest its role in autism as well.

First, it has been postulated that induction of labor with large amounts of synthetic oxytocin (Pitocin®) may cause a downregulation of oxytocin receptors in the child's immature brain due to desensitization. This might make the child vulnerable to autism because once the child begins producing oxytocin, there are less receptors for oxytocin to exert its effects (Hollander et al. 1998). However, there is at least one conflicting study that was unable to correlate oxytocin induction rates and autism (Gale et al. 2003). In the same study, there was also no correlation between induction rates and IQ level. It is likely that this has con-

tributed to conflicting opinions regarding oxytocin as a treatment option for autistic patients.

It has also been studied that while oxytocin (OT) levels in some autistic patients are low, those same patients have high levels of the precursors to oxytocin - collectively called C-terminal extended peptides (OT-X). Green et al (2003) showed that, in the autistic sample, there was a statistically significant decrease in OT, increase in OT-X, and increase in the ratio of OT-X to OT. This suggests that autistic children have alterations in their endocrine oxytocin system, which may be relevant in the development of this syndrome. Therefore, it is not necessarily a deficiency in producing oxytocin; rather, there is a dysfunction in the processing and "activation" of OT-X to the OT form.

Due to the aforementioned mechanism, treatment of autism with oxytocin may prove beneficial. In one study (Andari et al. 2010), patients with high-functioning autism spectrum disorders (HF-ASD) were treated with intranasal oxytocin, and compared to both normal patients and HF-ASD patients who were given placebo. All patients then performed two tasks related to social decisions and emotions. Statistically significant improvements were shown in the patients treated with oxytocin when compared to the placebo group. This suggests that exogenous administration of oxytocin - that is, not made by the body - improves the social insufficiencies that some autistic individuals experience.

However, it should be noted that while some patients responded strongly to oxytocin treatment, not all

patients responded this favorably. Some patients responded weakly, while others showed no improvement after oxytocin administration. This is undoubtedly due to the inherent differences in patients across the autism spectrum. Since the intranasal oxytocin used in Andari et al. study is a synthetic analog of the oxytocin that is produced in the body, this could be considered a viable option for autistic patients who avoid eye contact and do not spontaneously interact with people. These social inadequacies may be present even in autistic individuals with normal language and/or intellectual abilities. It should also be noted that oxytocin is not an FDA-approved treatment for autism, but statistically significant benefits have been shown in several small-scale clinical studies.

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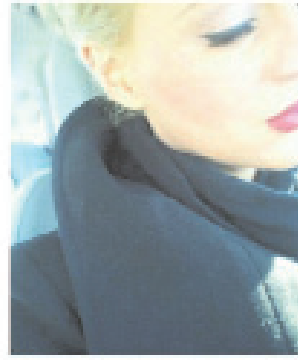
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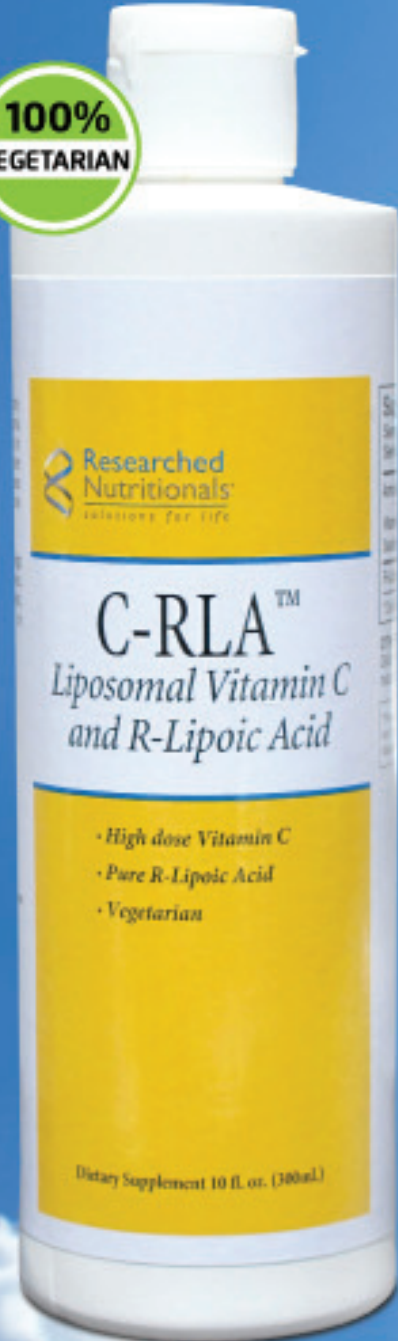
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