

Gut And Psychology Syndrome

The GAPS in our Medical Knowledge

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Fifteen or twenty years ago, the majority of doctors never saw an autistic child. It was a rare disorder that most people had never heard of, afflicting about one child in 10,000. Today, on average in this country, one child in 150 is diagnosed with autism. With a 40-fold increase in newly diagnosed cases of autism, we have an absolute epidemic.

Autism is a devastating disorder. It not only ruins the life of the child, it ruins the life of the family. The siblings have to carry this cross for the rest of their lives and the parents and grandparents do also.

Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) is another epidemic. One child in three in every classroom in this country, in Britain, in Australia and in Canada and many other countries is diagnosed with this condition.

If there is a hyperactive child in the classroom, about 80 percent of the teacher's time is spent on that child, meaning the rest of the class is losing out dramatically. These children are disruptive and fidgety; their attention span is short and their memory is poor. Teaching a child like that is very difficult.

Autistic children are unable to function in society, to play sports, to make friends, to fit in.

We also have an epidemic of dyslexia and dyspraxia. Dyslexia is defined as a disorder when the child cannot read or write properly. However, when you start examining a dyslexic child, you find that there is much more to dyslexia than just reading and writing. These children are socially clumsy: they find it very difficult to fit into society, to make friends and to be adequate in various social situations. About 50 percent of children with dyslexia are also dyspraxic. Dyspraxia can be described as a physical clumsiness—poor gross motor skills and fine motor skills. These children are poor at sports: many of them take a long time to learn to catch a ball or to peddle a bike.

When you start looking at the children with so-called mental disorders, you find that they are physically ill. The majority of them suffer from allergies to foods, chemicals, animals, pollen, dust—to anything in the environment. They suffer from digestive disorders, asthma and eczema, frequent ear infections and chest infections. They cannot digest and absorb their food properly and have severe nutritional deficiencies. As a result they are unable to learn, unable to function in society, to play sports, to make friends, to fit in.

GAPS IN MEDICAL KNOWLEDGE

To understand what is going on, let me introduce you to the Gut And Psychology Syndrome or

GAP Syndrome. These children fall into the gap in our medical knowledge. They don't receive the correct treatment because the medical profession is not aware of what exactly causes these conditions or what to do with them. The diagnostic labels of ADD, ADHD, autism, dyslexia and dyspraxia are created on a purely descriptive basis; we take a bunch of symptoms, which we describe in the child, we put them in one box and we call it autism. We take another bunch of symptoms and put it in another box and call it ADHD, and so on. In a clinical setting, however, no child fits neatly into any diagnostic box because all these conditions overlap. So now doctors talk about a continuum of disorders. What this means is that we in the medical practice are missing an underlying disorder that causes all these conditions. Having worked with these children for many years, I have named this underlying disorder Gut And Psychology Syndrome.

The trouble with our medicine is that most of our doctors are specialized. We have cardiologists, neurologists, gastroenterologists, all sorts of "ologists" who only look into their particular area and don't examine the whole patient. Have you ever met a psychiatrist or a neurologist who looked at your digestive system?

Yet I have never met an adult or child with so-called mental conditions who did not have digestive problems. In some cases they are so

THE GAPS ADULT

When children with autism and attention deficit problems grow up, unless something seriously is done to help them, they become GAPS adults—the symptoms don't go away. Substance abuse is very common among these children when they grow up, because they have got serious physical, biochemical and physiological reasons for it. They also have psychological reasons: throughout their childhood they were told by their peers they were stupid. They found it difficult to make friends and to fit into any social environment. They saw that they were not doing well academically compared to other children so their self-worth took a battering. When they come to the teenage years, they would do anything to be accepted, to be invited to the parties, to have friends, and substance abuse is usually one of the avenues they take.

One tragic outcome for these children is that they may react unusually to cannabis (marijuana). I'm sure you all have heard that cannabis can trigger the first episode of schizophrenia. The British government made a mistake a few years ago when it classified cannabis as a less dangerous substance, making it far more available to our teenagers. Now all the psychiatrists are up in arms, reporting on television and in the newspapers and peer reviewed journals about a surge in newly diagnosed cases of schizophrenia in teenagers after smoking cannabis. I'm sure you know lots of teenagers who smoke cannabis at every party and don't become schizophrenic. The children who fall into psychosis after smoking cannabis are GAPS children. They have a predisposition to this condition and cannabis triggers it.

Other psychiatric conditions, such as endogenous depression, obsessive-compulsive disorder, manic-depression or bipolar disorder, and the already mentioned schizophrenia, are typically GAPS conditions. Patients with these conditions do very well on the GAPS nutritional program. These conditions can be curable; in most cases they are caused by our environment and our diet.

severe that this is the problem the patients start talking about first. When parents bring me an autistic child, quite often the first thing they talk about is profuse diarrhea, bloating, reflux, severe constipation, or some other digestive problem.

In a portion of patients the digestive problems are not so severe, not so pronounced, but when you start asking direct questions you find the patient has got a digestive disorder or has suffered from a digestive disorder sometime in his or her life.

Allergies are universally present among these patients, and eczema is extremely common among the infants and babies. Asthma and eczema are two sides of the same coin because they stem from a particular underlying problem in the immune system. If asthma flares up, eczema gets a little bit better; if eczema flares up, then the asthma gets a little bit better.

Malnutrition is also universally present among GAPS patients. The majority of these children and adults look malnourished, pale and pasty. A lot of the children look like those African children—very skinny with those bulging tummies. Some of them may look well-nourished or even be overweight but when we test for nutritional deficiencies, we find they are deficient in the most vital nutrients, in amino acids, essential fats, minerals and vitamins.

BED-WETTING AND THRUSH

Bed-wetting, thrush and chronic cystitis are universally present in GAPS children and adults. These three conditions are connected with each other because the core of GAPS is abnormality in the gut flora. Abnormal gut flora produces a lot of toxins and when these toxins are absorbed into the blood stream, the body has to get rid of them somehow. One of the main venues for getting rid of these toxins is our urine.

When this toxic urine comes into the bladder, it irritates and causes a chronic underlying inflammation in the mucous membranes of the bladder and urethra. As a result, the urge is quite strong to go and empty frequently. GAPS adults have to get up a few times during the night to go and relieve themselves and GAPS children are the ones who wet themselves. If the child is in a deep sleep and this toxic urine accumulates in the bladder, which is already inflamed and sensitive

and sore, the bladder wants to get rid of the urine. So the child doesn't wake up, but just wets the bed.

An adult with this condition might be diagnosed with chronic interstitial cystitis. Or, the doctor might do a urine analysis, find no infection and tell the patient there is nothing wrong with her. As the doctors do not recognize the condition, in many patients the problem is pronounced to be psychosomatic.

Thrush is an overgrowth of yeast in the groin area, the vagina and around the sexual organs. A lot of small children suffer from this condition. Their hand is always there scratching, and the area is red and sore. The condition is caused by the lack of normal flora in that area. There are trillions of bacteria living in the groin area and they have to be the right kind of bacteria. If that area is populated by beneficial flora, it will not allow anything else to grow there, including yeast, which causes thrush. These children do not have good beneficial bacteria in the groin area so anything that comes along grows there. As a result they have severe nappy rashes. Girls have red itchy vulvas and boys end up needing circumcision.

When these children become adults they may suffer from chronic cystitis and chronic thrush regardless of how many local preparations they use. These remedies may clear the yeast temporarily but because the beneficial flora is not there, the yeast will come back.

ALL DISEASES BEGIN IN THE GUT

"All diseases begin in the gut." This is a wonderful phrase coined by Hippocrates more than two thousand years ago and the more we learn, the more we realize just how right he was. Every disease begins in the gut and we have to look at the digestive system when we try to treat any degenerative disease no matter how unrelated it may seem to the condition.

About 70 percent of the children in my clinic have severe digestive problems. In babies, this manifests as colic—a condition considered nearly "normal" by the health officials simply because the majority of our babies have colic. These babies have abnormal gut flora leading to an overproduction of gases in the digestive tract. As a bubble of gas accumulates in a particular

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part of the baby's digestive tract, it stretches the gut wall and at the same time the abnormal flora causes inflammation in the gut wall, so the gut wall is sore. Stretching by gas bubbles creates pain so the baby cries until that gas dissipates or moves on to some other area of the digestive system. That is why a lot of moms say that when they put their baby on the tummy or stroke the tummy gently clockwise, the colic stops and the baby stops crying.

Colic is the result of abnormal gut flora in the baby and it should serve as an alarm bell for parents to take serious steps to normalize the gut flora in the baby—because the problems that might develop down the line are very serious.

Overproduction of gas leading to bloating and flatulence is very common among GAPS children, teenagers and adults. Diarrhea and constipation are usually interchangeable: the patient may have periods of each. Constipated children are far more severely at risk than children with diarrhea. I have seen children who could not pass a stool for a week to 14 days. That is usually followed by something one mom described as child labor as her child tried to pass enormous, compacted feces. This can be very painful and distressing and often tears the anus, adding a psychological component: the child becomes afraid to pass the stool, holding on as long as he or she can, making the whole problem worse.

MALABSORPTION AND OSTEOPOROSIS

Malabsorption is a universal problem in GAPS children and adults. Their digestive systems are not in a fit state to digest or absorb food well. As a result they develop multiple nutritional deficiencies. The brain and immune system cannot function properly without adequate nutrition.

As a result of nutritional deficiencies, these patients often develop osteoporosis. When they go on the GAPS nutritional program, the children begin putting on weight before they start growing. This is because the bones are getting heavier, the bone structure is being rebuilt. The child will first replace the missing nutrients in the body before he begins to grow. The same is true for adults: they are malnourished in spite of the fact that they may look overweight.

THE GUT FLORA

When we talk about the digestive tract we have to talk about what lives in there and what takes care of it; we have to talk about our gut flora.

Gut flora is the mass of bacteria, yeasts, viruses, worms, one-cell structures, all sorts of little critters that live in our digestive tract. This mass of microbes in different adults can be two to three kilograms (four to six pounds), depending on where you live. There is a symbiotic relationship

FEEDING TIME

Feeding difficulties are universally present among autistic children and among siblings of autistic children. They have solid physiological reasons for being finicky eaters. They get stuck in a vicious cycle of cravings and dependency because the abnormal microbes that grow in their digestive systems favor certain foods. These microbes convert the food into hundreds of toxins. Many of these toxins have endorphin-like structures. They give the brain a pleasure signal and the brain then wants more—a process similar to drug addiction.

Finicky eating develops usually in the second year of life. Autistic children tend to limit their diets to the very foods that harm them. They develop cravings for those foods that feed abnormal microbes in the gut and will remove all other foods from their diet. The diet is usually limited to starchy sweet things, breads, breakfast cereals, bananas, cookies, cakes, sugar and perhaps sweet yogurts. I've seen some children who would eat one or two foods and who would not touch anything else.

In *Gut And Psychology Syndrome*, I describe a structured approach for introducing foods into a finicky child's menu. Using this method, you can introduce pretty much everything. I had one patient recently who lived on crackers for most of his life. This three-year-old boy would not put anything else in his mouth and he looked like one of those starving children from Ethiopia. The parents kept taking the child to the hospital, to a clinical nutritionist who told them, "It's okay, he is eating. Give him some crackers, eventually he will change." Following the GAPS method for introducing new foods, in a matter of two months the child was eating everything—meats, fish, eggs, vegetables and fruit. He was on a full menu and began recovering. Obviously you cannot expect a child to be healthy living on crackers.