

DR. GOLDBERG VISIT

Get right to the crux of it, okay. We, we obviously have to stop having a world that grades progress by oh look your kid's doin' this, by they're doin' that. You know if we wake up that your children are sick, it's a entirely different perspective of everything. And in a sense I'm sayin' this to almost everyone I meet at this point, is really two jobs here.

One is help your son. And I will promise you, we'll jump around a lot, cover a lot of ground today, but I will do everything I can safely to help your son, help your son. And you've already met a big step to me because I've been asking people it's time to wake up out there. We've got to get families together and get a world that says your kids are sick. Your son, these kids in general deserve to be back as part of pediatrics. They deserve to be focused on by the pharmaceutical companies not to go fight vaccine issues and so on.

We're talkin' about your son but to focus on we have an illness. We have to get people well. So in a sense, you guys and your blog are a major help. I really appreciate it. I say thank you to start --

TOM: I'm surprised you checked it out. I didn't know you even knew it existed.

DR. GOLDBERG: My wife keeps me up on things.

TOM: Oh that's good.

BRENDA: Yeah.

DR. GOLDBERG: And I really thank you because this is you know indirectly, this is part of my hope out there. We've got to get parents. As I just said to the parents ahead of you, unfortunately I've lived too many years for this. It did start with my wife getting ill, 28 years ago. Watching this go on and unfortunately I, by the mid '90s I was already startin' to be pretty outspoken. Made enemies of the founders of CAN when I said you're wasting your time. But history says we've always stored time out there. It doesn't do any good to raise money. I mean the mistakes made is private families raise money to help research award and what good is it to research what your kids don't have.

BRENDA: Right.

DR. GOLDBERG: And especially when you have a research world that, and they didn't like hearing this. I said this mid '90s it was predictable. All they've done is make a world that's making a fortune off of studying autism in a medical world that is broken and it's not just your children. This is the whole medical system. Hey if we can

get funded to keep studyin' genetics, it might not have nothing to do with your kids, but we're gonna study it. That's great for the researchers.

BRENDA: Right.

DR. GOLDBERG: Doesn't fix anything for you guys.

BRENDA: Right we don't want this.

DR. GOLDBERG: And unfortunately at least going through mass records you sent me, I will give you bogus points to start with because the, when the academic world isn't doing the right thing, many parents and I've learned it's not really a parent's fault, it's frustration, it's everything else. But what do they do? They turn to alternative medicine. And we'll come to it but just like you learn with gluten free (inaudible) with him, the answers coming out of alternative medicine are not based on any science, any logic and in turn what's been extremely frustrating is where you have more and more desperate parents they're not fighting a fight they could win. When the academic world is essentially misdirected and broken, okay and that's a sad point. And the parents are yelling and screaming things that will never hold up scientifically.

TOM: Are you speaking of vaccine specific --

DR. GOLDBERG: The attack of vaccines, the mercury.

TOM: Right.

DR. GOLDBERG: The mitochondrial dysfunction. The, all these concocted ideas.

TOM: Right.

DR. GOLDBERG: Underneath it all is, is if academics is going to come around with is essentially two ways. That the way that I was tryin' and I still hope we, it's on the table is literally I've been part of efforts that if people had been honest. Come up with funding they said, we would've just literally carved out a path and had tentative FDA, NIH approval to get to new immune modulators in your children.

So while the world's been goin' around in circles, we had a clear path but hard science, neuro immune, doin' it correctly. Now when essentially the academic world is studying developmental genetics, but the alternative medicine world is arguing metals, vaccines, mitochondrial you name it, I can sit and say to you none of that has held weight since it all started. You know they started blamin' (inaudible) they blamed metals on the adults with chronic fatigue syndrome.

BRENDA: Right.

DR. GOLDBERG: They, they blamed mitochondrial dysfunction in those (inaudible) and essentially none of that has held up over 28 years. But when the parents start yellin' it,

it means that medical world which isn't listening just pulls away more. They don't pull into it, they pull away. And what we have to do is the other way around.

It's time and I believe it's possible by the way, but it's still a fight but it's time to get the Academy of Pediatrics and pediatricians back into this battle. To get them to recognize that your kids are ill. But it's an illness it's not (inaudible) it's not weird stuff.

BRENDA: Right, right.

DR. GOLDBERG: And so again indirectly I, I ahead of time think both of you because every effort that starts to mobilize families I believe somehow we have to succeed.

BRENDA: You know what's interesting is like there's people like a colleague that we work with and even the doctor who has an autistic son are interested in our visit here.

DR. GOLDBERG: Oh look, look, I, I won't, it's like you read my stuff. You'll understand there's a whole bunch of frustration. Okay you know when I can say I've been part of efforts that if people had been honest we had a clear path to the FDA, to the NIH, it's pretty discouraging, okay. But on the flip side I also was exposed to the fact that it's more that if you put 20 million dollars in my pocket and I reached out around the country, I could pull

top researchers then. I mean this is five years, ten years ago --

BRENDA: Right.

DR. GOLDBERG: -- into workin' on your children. So yeah I believe there's more and more people out there who want something different, okay. But it's, it's like we're at that cliché the eleventh hour.

BRENDA: Right.

DR. GOLDBERG: We need to get that going and, and get, give them an opportunity to, to do something. And we're so (inaudible) out there, I mean I've been in meetings, I know you're recording but it's okay, that, that prominent researchers, east coast literally told me if you wanna study genetics you get funded. If you wanna study other areas, you better keep your mouth shut or you may get kicked off staff. Now what kind of a research will this have?

You know it goes one step further, --

TOM: Max!

DR. GOLDBERG: -- I don't know if you guys are aware, --

TOM: No.

DR. GOLDBERG: -- this May there was a, one of the major research meetings in San Diego. This is, this is your big autistic groups. Your autism speaks, your CAN, your NAR,

your Johns Hopkins, (inaudible) Institute and initially the parent group was all excited. Hey Dr. Goldberg everybody's goin' neuro immune inflammation and will at this point argue with anyone that if you look at the last 15 years of these kids, now Max isn't that old, but this has gone on that long, --

BRENDA: Right, right.

DR. GOLDBERG: -- only objective data is one that they can't find anything consistent genetically.

BRENDA: Right.

DR. GOLDBERG: And that's been repetitive out there okay. And two, our studies supporting neuro immune. But literally this comes at a time they had that meeting and I went ballistic after it because outta that meeting comes autism caused by neuro immune inflammation. The message to me as a doctor is these people are not giving up on the idea of autism to your children are literally wiped out. I'm not bein' facetious at this point.

And that was confirmed by the fact that as much as everybody out there starts to know how much I'm opposed to this damn stuff, what do you say when the mind institute here is gonna do a trial on your children using tetracycline for inflammation, which is backwards to start with. But let's go to my teaching.

First pediatric lecture listen to the mom. Okay and that's the other point it's time we got back to a little bit of listen to you guys. You know when your kids are sick. You know somethin's wrong. And yet the medical world has denied that, okay. But the second or third pediatric lecture was we do not give tetracycline to children cause it damages their teeth and bones. Now how do you justify an academic institution gonna do that except for the message that I'm hoping you guys as parents, will all understand after 15 years of this mess out there, they don't regard your children as children. That is, it's time to stop that.

BRENDA: Right, right.

DR. GOLDBERG: I believe that you, again there's lots of little bits out there that we enforce this. But I believe if the switch is thrown, the world understand your son, other kids are children. We will change this very radically as we've never accept it.

My wife went, a major surgery the end of June and she's recovering and the background is Cayley Anthony trial.

BRENDA: Oh yeah.

TOM: No. Max!

DR. GOLDBERG: And I won't argue with anyone that if you listen to that judge, your children --

TOM: Come here.

DR. GOLDBERG: -- would fit the definition of children abuse if we took (inaudible) okay. If you really consider that we are turning our backs on kids that are anxious, frantic, dysfunctional --

BRENDA: Right.

DR. GOLDBERG: -- often in pain that's child abuse. If you take (inaudible)

BRENDA: Yeah. Yeah, yeah.

DR. GOLDBERG: So again, I, I, I promise you will do everything I can safely to help your son. And I really appreciate your effort out there. That I'm, I'm hoping more parents will, will get involved.

TOM: Well (inaudible) you probably already know we both (inaudible) --

DR. GOLDBERG: I, I appreciate that.

TOM: -- that was obviously how we even learned about you.

DR. GOLDBERG: Makes our discussions simpler.

TOM: Yeah because --

DR. GOLDBERG: And even as many families with me have said, well the book really helps me understand it. I mean it, I'm okay. I wanna switch this thing --

TOM: It's okay.

DR. GOLDBERG: -- sorry.

BRENDA: No Max come here buddy.

DR. GOLDBERG: And it, it, it you know again I've had many families joke with me, well we only heard you talk three or four times, but the book helps us to understand it. So it was with the intent of sayin' how do you tie this together?

BRENDA: Right, right.

DR. GOLDBERG: And how do you try to make sense out of it.

BRENDA: Right.

DR. GOLDBERG: So I'm hoping that essentially there's a new generation of parents out there. You guys are as frantic as anyone was, but I'd like to hope you're not gonna fall for the mistakes of the last 15 years. And that there is a way to get people to come together and say it's time to help your children.

BRENDA: Right.

DR. GOLDBERG: You know this, your son is a kid. Okay.

BRENDA: Hmm huh.

DR. GOLDBERG: Now from that direction I will tend to upper handle, --

BRENDA: Okay no problem.

DR. GOLDBERG: -- but how I look at Max's record, --

BRENDA: Hmm huh.

DR. GOLDBERG: -- and by the way my other warning to you is my wife wants to steal him. So you have to be very careful. Keep an eye on your kid. Okay. He's a very cute kid. I don't have to tell you that.

BRENDA: Thanks.

DR. GOLDBERG: Okay. Have you had a little fun while you're out here?

BRENDA: Oh yeah.

TOM: Yeah. We went to Santa Monica Pier today.

DR. GOLDBERG: Good, good.

BRENDA: Yeah.

DR. GOLDBERG: That's, that's actually a really nice place for kids. A lotta little rides there.

BRENDA: Yeah.

TOM: Yeah well he just likes walkin' outside. So --

BRENDA: Right.

TOM: -- he really liked it.

BRENDA: And he likes the one on one time since between

DR. GOLDBERG: Okay.

BRENDA: He likes the one on one time.

DR. GOLDBERG: Okay now --

BRENDA: (inaudible)

DR. GOLDBERG: -- I can tease you you're from Illinois. There's no extra charge for avoidin' the heat wave right now.

BRENDA: I know. It's nice here compared to uh --

DR. GOLDBERG: Listen other than they're tryin' to destroy California with the good old legislature, which is probably all around the country. The truth is California slow (inaudible) Other than the occasional earthquake, we really do have nice weather you know.

BRENDA: Hmm huh.

TOM: Occasional earthquake.

DR. GOLDBERG: That's how we like it, an occasional earthquake. But all my patients in the Midwest you, you, you guys one have had some really bad (inaudible).

TOM: Oh yeah.

DR. GOLDBERG: And, and two though, and I think this is part of what actually I can joke but ties into everything some where when I grew up it was like the Midwest, back east, even the south had four seasons, okay. California was notorious the seasons just blend okay.

BRENDA: Right, right.

DR. GOLDBERG: There's no four seasons, okay. But now you guys are doin' the same as we did. Your weather goes up

and down. I would talk to patients and oh hey it's 40 out, tomorrow it's gonna be 0, you know.

BRENDA: Oh yeah, uh huh.

DR. GOLDBERG: You know when you go, it's the up and down weather shifts that throw our bodies off. If its all cold, all hot, we survive it.

TOM: Cause our bodies acclimate to the --

DR. GOLDBERG: Right.

TOM: -- yeah.

DR. GOLDBERG: It's when it's shifting that we all get affected more. And I guess you guys now like I said goin' up and down like yoyo's like we go up and down.

TOM: Yeah.

DR. GOLDBERG: Now you know from looking at the book already that I obviously do not consider your son as having AWARD okay. How I look at things is okay what, what really happened okay? One is your pregnancy wasn't bad, but you did need shots of progesterone. That's like a clue to me that you may have something immune in the background, okay.

BRENDA: Hmm huh.

DR. GOLDBERG: Um, when you look at when I trained, miscarriages, difficult pregnancies, where we didn't know you know. It was nature's issue. Now we know that most of that is autoimmune stuff.

BRENDA: So infertility is (inaudible)

DR. GOLDBERG: Infertility is a huge autoimmune at this point.

BRENDA: Okay.

DR. GOLDBERG: So that automatically just flags me nothing bad, but that you probably have something immune in your, in your makeup goin' on.

BRENDA: Okay.

DR. GOLDBERG: But in theory, C-Section a little tougher deliveries, but as I tell people I had a large, large, normal practice. Lots of kids C-Sections, crash C-Sections, stress deliveries, those kids went on fine. We weren't living in this world where you just take these stresses add 'em up and your kids go into trouble is what's happening.

Max is one of these kids, he sat up on time. Walked on time,

BRENDA: He walked early.

TOM: He walked early.

DR. GOLDBERG: (inaudible) early is correct. Was delayed on words. He's, he did not have words early along by when I saw him.

BRENDA: Right.

DR. GOLDBERG: Okay now, think about this. This is actually I think this is in the book, but I was at a research meeting, this was '96/'97 sponsored by CAM and sponsored by, it was like social brain so you're looking Alzheimer's down to autism. To this day I'm angry cause I heard what I'm about to tell you.

BRENDA: Hmm huh.

DR. GOLDBERG: We're at this meeting, these are the top researchers from around the country and this statement by the time the meeting broke up was, if a kid developed normally the first 12, 15, 18 months of life had any words, --

BRENDA: Hmm huh.

DR. GOLDBERG: -- went into AWARD Spectrum 100% it was gonna be immune or viral. And to show you how absolute that is, think of your son. If a kid developing normally the first 12, 15, 18 months of life had no words went into this, 99% it was immune or viral. And the key point is nobody there had another mechanism.

Now I gave a lecture about it, it is out there on the internet about five, six years ago that if you take a kid, take your son, he's born intact brain, intact body, you're not talking about a brain deformity. You're not talking about tumor. You're not talking about AV malformation. So

when he comes along doin' okay and then essentially starts to have problems, yes there are metabolic diseases that could do that, but your kids do not have any metabolic illness durin' this. And in the end, what you get left with is immune a viral.

We have to wakeup short of this nebulous catch of well your kids have AWARD, where did AWARD come from. It was Dr. Kanner and it was psychological. AWARD was childhood schizophrenia just a new version of it. Well short of literally hanging the label that says we don't know what's wrong with your kid so he must have AWARD, --

BRENDA: Hmm huh.

DR. GOLDBERG: -- we gotta get away from that, it doesn't make sense. Even at this meeting this goes back many years it, these experts recognize you can't sit and say well your kid was defective from the beginning. When they go on okay for a while. It just isn't humanly you know physiology to do that.

BRENDA: Right, right.

DR. GOLDBERG: Max supports things by his amount of allergies. Will go into the eczema hives unfortunately this ties in to my training, some of the stuff I write about in the book because your son will go through what was a severe episode of hives.

BRENDA: Yeah.

DR. GOLDBERG: Now look at things. What first sets you up, okay. You can argue vaccines can do that to a level. Vaccines and immune piece of stress. But in your case you had a lovely episode with a cold hittin' the kid, all these hives happening.

BRENDA: Hmm huh.

DR. GOLDBERG: Some leg issues I believe.

TOM: Yeah he was limping.

DR. GOLDBERG: Okay. You know this is consistent with old teaching viral stenavitis you had irritation to the, to the nerve there.

TOM: Yeah. Even, even in the emergency room that's what they told me.

DR. GOLDBERG: (inaudible)

TOM: That he had a viral (inaudible)

DR. GOLDBERG: And this is the, and again it's been misleading parents. Whether you talk virus, whether you talk a vaccine, it's not heavy metal toxicity of the vaccine. This is all expressed through the immune system. And that's what we have to wake up to. It's immune reactivity and then it's just various combinations of that.

And I would say again I would argue that time is showing that's the only thing they're finding out there.

TOM: Right, right.

DR. GOLDBERG: But it's also gotten so bad so again I worry for every one of you that I have patients here from northern California that have come in recently and gone, they ask the immunologist who workup their kids and the immunologist go, oh all these kids have immune issues. Where did we get to that?

TOM: Like, like that's fine.

DR. GOLDBERG: Right, like, like it doesn't count.

TOM: Right.

DR. GOLDBERG: You know this is a academic world that's choosing to ignore the truth factor of your children and it's very sad. Because autism when Kanner wrote about it had nothing to do with immune. So now all your kids have immune findings and it's just incidental.

TOM: Well the one thing you say in your book that really resonated with me was the fact that you brought up that while you're all brought up sort of with a certain boundaries of education that you still have to question things. It's okay to question things and (inaudible) and go outside of those boundaries and I have never been able to put it into words but that's how I felt every doctor wasn't. It was like any time we would bring anything up,

well there's no research to support that. Well, well okay maybe that's true but does that mean it doesn't exist?

DR. GOLDBERG: Well, now look I think again I think we're gonna get along fine as we go because this is the problem, okay. That one and these are discussions I've been in. I may have been the last of the generation that we were taught the question. I talk to doctors now --

TOM: That's what I mean.

DR. GOLDBERG: -- that trained in the '80s, '90s and they didn't get what we call the basic science. They would just by then we were evolving to HMO medicine so you were learning A,B,C,D.

TOM: Yes.

DR. GOLDBERG: And if you didn't fit A,B,C,D we're sorry.

TOM: But that fits every doctor.

DR. GOLDBERG: Right.

TOM: I've even seen for my own health --

DR. GOLDBERG: This is where we are.

TOM: Yes so when you said that I was like I could never put my finger on it, but you're right.

DR. GOLDBERG: And my argument is, well I hope the kids will be the breakthrough. In an indirect way kids still count. Okay if we, if we get rid of AWARD and we get your children (inaudible) I believe the world would change of

that point. But the truth is this has to change for adults and kids.

When I elude to my wife, my wife had a seven hours, seven and a half hour surgery. And the surgeon had to fight for her to spend one night in a hospital. Now forgive me, maybe we don't need to spend three or four days that we trained in and grew up in, although when you talk pain management you probably need week. But you need 24, 48 hours to be stable.

TOM: Yeah.

DR. GOLDBERG: So what we're doin' is cuttin' corners and like rollin' the dice. Well geez if someone collapsed at home that's just a cost of --

TOM: Yeah.

DR. GOLDBERG: -- whatever.

TOM: Statistically right.

DR. GOLDBERG: Statistically. We have to, --

TOM: We will save more money sending them home than the occasional lawsuit.

DR. GOLDBERG: Well I believe those arguments especially when it comes to your children if we get the right people listening, we will save a lot of money treating this and being preventative than living in this disaster. We've reached the point where I always make the joke doctors

aren't great economically, but it doesn't take too many brains to understand no system is designed for a bunch of chronically ill children are adults.

TOM: Right.

DR. GOLDBERG: You have to think preventatively how to get people well, or we all go bankrupt. It's not a joke anymore.

You guys seem very in tune but I flag on the, in the questionnaire I sent you, family conflicts. Are you two in synch? Is it other family members instinct?

BRENDA: Whoa, I mean --

TOM: We're in insynct.

BRENDA: We're insynct. It's the diet with my family, they just, they don't understand the whole diet thing.

DR. GOLDBERG: Okay.

TOM: There's a lotta pressure that they think we are not getting him to like foods.

BRENDA: Very restrictive.

TOM: Yeah that he's --

BRENDA: (INAUDIBLE) malnourished.

DR. GOLDBERG: Okay now that's why I ask the question like that.

TOM: No we are, we're very much insynct.

DR. GOLDBERG: I picked that up really fast. Okay. Now what that means is and this again gets into things. One is I trained in an era that you were borderline quack to ever talked about diet issues, okay.

BRENDA: Hmm huh.

DR. GOLDBERG: I was taught thankfully by excellent researchers, allergists, hey kids were (inaudible), congested think of dairy, think of food. What's making that happen? Okay. Now we grew up in a world that, that the whole medical world, this is where I do know it's been broken because we do what's called IGE testing. If it's positive in theory you're allergic, but if it's negative you could still be allergic. So what good is it?

You know we sit and tell people well your kid's not allergic to dairy and that test doesn't prove anything.

BRENDA: Right.

DR. GOLDBERG: Now when you come to family members, you have to really discuss this. That again I joke, I had a large pediatric practice. Grew up Jewish family. I learned it's not just Jewish families, every grandparent out there figures a kid has to eat or they're gonna be emaciated and trouble. Okay nothing to do, it's, it's all the grandparents, okay. And what they have to realize, I was seein' this when I still had a very, very large normal

practice. That if your in a sense think of it like your body's diverting energy for the allergies, okay. I would see this, I was always conscious of good growth, good development. I would see teenagers, their allergy cells are up. They weren't getting the height they wanted. What you have to let them know is yeah we all want Max to be okay.

BRENDA: Hmm huh.

DR. GOLDBERG: We want Max to have a chance to be healthy. But honest eating the wrong, eating no food would be healthier for him than eating the wrong food. This is a hard concept.

BRENDA: I wanna say that (inaudible) my mom. I wanna say that to my mom.

DR. GOLDBERG: Well I'm assuming you had got from Cory. But she asked us to end this. That in the condition of what's going on, I would argue this for a lotta people, but certainly for Max, that I want him to wind up eating and being healthy. I have many families who joke with me that his kid is the healthiest kid in the family, okay. So it's not like in the end, what are we talking about with diet?

Well essentially your Midwest. Many people have said this to me. In some ways I'm going back to how we grew up eating.

BRENDA: Oh yes.

DR. GOLDBERG: Leaf vegetable.

TOM: We've talked about eatin' that for ourselves.

DR. GOLDBERG: Little bit of potato and carb. It wasn't a whole bunch of tropical things. It wasn't a whole bunch of whole grains.

TOM: Processed.

DR. GOLDBERG: So this shouldn't be foreign to them. But what they have to realize is the choices are important.

You know I'll give you ammunition on them and you try to hopefully have your family members onboard. But again when I trained I was taught these issues. You were borderline quack to do it until research started supporting. One dairy is the most what they call politely bovine protein is the most common allergen in the whole world. Many people in the world get violently ill, they die if you give 'em dairy, okay.

Number two, let your parents check this out. If their concern is that Max has a chance to wind up healthy. Now in the literature there are multiple reports that bovine protein in a predisposed individual, your kid is predisposed, immune reactive, can fire off the immune system just like we were taught as doctors a food bug could

do. The immune system makes the mistake, attacks the pancreas. You're now a diabetic the rest of your life.

TOM: That's me.

DR. GOLDBERG: I'm not, I'll say facetiously congratulations, but it's not okay.

TOM: No but it, I read that part in the book and it fit my history.

DR. GOLDBERG: Well the whole, you know more and more the whole history of diabetes out there is immune related.

TOM: Yeah.

DR. GOLDBERG: And you know so in that case, I don't like to hear that on you. But in that case you have the additional argument that yeah if we do it right, we want Max to grow and be healthy.

BRENDA: Right.

DR. GOLDBERG: But giving him the wrong things just to get a kid to have something it's a disaster.

TOM: Right.

DR. GOLDBERG: The best way to be preventative for him is not to give him the wrong food.

BRENDA: Right.

DR. GOLDBERG: So I know the issue (inaudible) understand that okay. The other thing I find on there was that he will get aggressive when he's hungry. And it's like I say

this to you with a mixed statement. A part of me is always from a direction that I don't wanna tolerate a kid bein' aggressive, okay. Cute kid or not, he does not have a right to be aggressive with you. Okay on the flip side though, when you mentioned aggression with hunger, what happens with a group of these kids is they're the kids who get hypoglycemic. If, if that's occurring, two and a half, three hours after eating it's that the sugar goes up and then it comes down. And when it gets low, we're all miserable. You might understand that.

TOM: Absolutely.

DR. GOLDBERG: So essentially I still won't tolerate aggression. But we'll try, if we can even out the food and the diet, we'll try to avoid those things.

BRENDA: Okay.

DR. GOLDBERG: Okay.

TOM: Max!

DR. GOLDBERG: (inaudible) Max.

TOM: Max want some water?

MAX: No I --

DR. GOLDBERG: You noted sensitive to noises. As I write about, you know your kids get physical findings that if we literally took away the idea of AWARD, and focused on what's going on physically, we've have a whole new field of

research out there. But we might actually get somewhere constructive.

BRENDA: Hmm huh.

DR. GOLDBERG: Okay. When is a little kid supposed to have noise sensitivity? Think about it? They're not. And you brought out dad, unfortunately the diabetes.

TOM: Right.

DR. GOLDBERG: But your side of the family migraines. Okay both of you some allergies. It's like what you see over and over on these kids is not a family history of developmental disorder, genetic disorders, what you see is a family history of immune allergy.

BRENDA: Right.

DR. GOLDBERG: Okay. Everyone and again looking at his picture you posted, everyone always starts off they're right about him, adorable little kid, and he is okay. You know in your history you noted that your first focus I guess was on his brother, Andrew.

BRENDA: Yeah.

DR. GOLDBERG: Okay. Which one was twin A or B?

BRENDA: He's twin B.

DR. GOLDBERG: Okay.

TOM: Max is twin B.

DR. GOLDBERG: And I gather your first issues were that he had some, he had some you know concerns about him hitting milestones. Is he doing okay at this stage?

BRENDA: Oh yeah. Yeah he's, yeah.

DR. GOLDBERG: Good, good.

TOM: He pulled ahead and he, yeah he's hitting everything right on now.

DR. GOLDBERG: That is good.

TOM: Yeah.

DR. GOLDBERG: Okay. Um I will say to you if you just look at family history of allergies, what we're gonna talk about with Max I would do the same diet with his brother.

TOM: Yes.

DR. GOLDBERG: Okay.

BRENDA: Oh do they, because it just makes our life simpler.

DR. GOLDBERG: The simplest thing is to avoid stress. That's the simplest thing you can do is avoid stresses.

TOM: Right but one thing I will say about Andrew is he does have sound sensitivity, not unlike him. Not in this exact same way, --

DR. GOLDBERG: Hmm huh.

TOM: -- but there are many times when he is just like sounds bother him.

DR. GOLDBERG: But you see two things. One would be the fact that there was any initial concern, he maybe flirting slightly with (inaudible)

TOM: Okay.

DR. GOLDBERG: You always want to do though when you say that is get what are called Tinpanograms on his ears. He could have a little fluid there.

TOM: Okay.

DR. GOLDBERG: The world we live in many, many people have post nasal drip, allergies, --

TOM: Right and he does have

DR. GOLDBERG: Okay some of the things I will say yeah Max would apply there. But I'm a big believer nighttime antihistamines. If there's even a little stuffiness, Nasacort or an inhaler and he may just be havin' a little fluid towards the ears.

TOM: Okay.

DR. GOLDBERG: Okay. Now you would up having Max evaluated at that point. They started sayin' that he was a little behind.

BRENDA: Yeah.

DR. GOLDBERG: As you noted Andrew caught up. And what you note and this is important is somewhere around the 2 year old point, Max had this reaction. He had a and again I

think this is all verification that it's a combination of things, okay. He had this, he had this viral infection. You noted a couple weeks after getting (inaudible) he had hives over his body. He had that palsy with his legs. Again that kinda stuff the palsy is like again a, a reproducible thing going on. Kids get this thing called cenvitis. That is a common case, not that rare. But the hives, wouldn't have been common years ago. And the hives reflect that over reactive immune system. The, the virus that pushed them one more notch up the, up the level.

BRENDA: Cause over the summer last summer he got the hives twice.

DR. GOLDBERG: Okay.

BRENDA: He got the hives twice more.

DR. GOLDBERG: Well we'll talk but those are clues to foods usually to fightin' 'em off. Okay. You were seen by what I saw there what you gave me we'll go through them, but you were seen by good people. And I (inaudible) hypothesized probably correctly that a cold virus (inaudible) these are normal pediatric things. But you (inaudible) this is not okay with me, the hives never went away.

Well, this gets into what I see with a lotta kids that you have this reactive system and instead of focusing where they should which is what foods are now keeping those hives

going, they'll give you all sorts of fancy workup and won't come up with answers.

BRENDA: Yeah that's exactly what (inaudible)

DR. GOLDBERG: Pretty sad. Really sad. Again if I learned mid '70s food testing (inaudible) perfect, how can we base absolute like black and white decisions this is what your kids testing. You've gotta get a little bit of common sense in that somewhere.

If you had known me at the time, I would've had you off of dairy, off of whole wheat, whole grains, looking for the things beyond that okay. Using Benadryl didn't hurt him, but it didn't solve the problem okay.

What you see and this is the next part again I'm gonna give you both (inaudible) ahead of time I think you're very tuned in parents is you noted that after this infectious episode was when the occupational therapist noticed him spacing out more.

BRENDA: Yes.

DR. GOLDBERG: Now thankfully I think in his case it was not a true seizure. Okay they worry about what they always term sub clinical seizures on these kids. But this is the next thing hopefully get the family onboard. Not in the autistic literature but in this seizure literature is a lotta studies and data that show if you give a little

(inaudible) kids, a chemical irritate the GI tract, the brain becomes more vulnerable to a seizure. So it's again (inaudible) to say that the grandparents that yeah we want him to eat too, but if we give him the wrong food we're actually contributing setting up that brain for potential seizure issues.

BRENDA: Right.

DR. GOLDBERG: We don't wanna do that.

BRENDA: Right, right, right.

DR. GOLDBERG: So hopefully this common sense here that will get them to cooperate.

BRENDA: Right.

DR. GOLDBERG: Okay.

BRENDA: Right.

DR. GOLDBERG: You excluded gluten, but as it came out later, you know again it's not just gluten. Unfortunately when you look at kids with allergies, dairy's number one but wheat and grains are number two, not just gluten. Okay. But you did it with both boys and again I think in this case, what I will recommend to you is that minimum with the brother, do the do's and don'ts of diet. It's safe. It's, it's healthy. You won't have hurt anybody. And it may keep him from getting into trouble down the line. Okay.

You, you again flagged on spacey. This is where I wish the whole medical will (inaudible) In other words, any of us need our brains to go through school okay. I would not have made it through college much less medical school if I was 10% (inaudible). So when a kid is spacey, that's medical, that's physical. They're not doin' that to themselves. It's not psychological. We have to wake up, it's a physical point.

You meet with developmental physicians. Diagnosed him with autism. I say (inaudible) is always gonna be what criteria did he use? Well it's all subjective. It's a one objective test. You get your kid labeled AWARD. Well how can we and again I like your motive out there, we have to rally parents. How can parents accept their kid has no future, a disaster without one objective test to validate that. It's time to get parents to say no enough is enough.

BRENDA: Well (inaudible) I didn't know till just this whole journey is he's a little (inaudible)

DR. GOLDBERG: Hmm?

BRENDA: He's in a lot of pain. He's very you know he's a frustrated uncomfortable lot of times --

DR. GOLDBERG: Hmm huh.

BRENDA: -- before I changed his diet, but that's one of the things we, when we had him evaluated they don't really talk to you about (inaudible)

DR. GOLDBERG: Again, I really would like I believe we're gonna get along fine. And this is the right insight. If you away AWARD these kids are miserable. And if you take away AWARD and you realize it's a potentially intelligent bright kid in there, they are in pain a whole bunch. I, I, again, I go ballistic. I'll have parents come in well the kid has a very high pain threshold. They don't, they seem impervious to pain. Well I haven't had one kid like that that didn't feel pain when he become well. Then I'm not feeling pain, it's like they're living with so much what's a little more. That's ridiculous.

TOM: And that's their norm too.

DR. GOLDBERG: Exactly.

TOM: They don't necessarily know that that's --

DR. GOLDBERG: That's the kid's norm.

TOM: Right.

DR. GOLDBERG: So what's a little more pain. But when did I train that was supposed to leave kids in pain?

TOM: Right.

DR. GOLDBERG: That's not okay.

TOM: Do you want more, chippies?

DR. GOLDBERG: You saw pediatric allergists, you were still then concerned about seizure activity. But they did an EEG and no seizure there okay. You saw a Dr. Bower.

BRENDA: Yeah she was the pediatric behavior pediatrician.

DR. GOLDBERG: Okay she did different blood work. You know nothing came through bad that we'll talk against anything there. And you also have to be very careful. It's like the whole world is jumping on Vitamin D, okay. Now what is, yeah Vitamin D.

You can, again I think you are very good parents (inaudible) other families, unlike C and B you know I trained again in the '60s. Linus Pauly was goin' around tellin' everybody hey take all of the vitamin C you want okay. Well yes with Vitamin C there's a huge margin between deficient and too much. But even C that's relatively benign if too little gives you scurvy. You know what happens with too much C? You get a Sutoscurvy. It's like our bodies at some point say enough is enough. B vitamins I don't believe what they're doing with kids is okay. I think the B's are stimulatory. I think they may even be part of the over excitement on the brain. But even with B that's a big range of little to too much, okay.

Now D is quite different. What happens if you have too little D? You get something called rickets, severe

bone disease. A little too much D, not a lot, a little too much can induce rickets. So you tell me when some of these alternative medicine people are giving thousands of units of D are these kids, will Max tell you that his bones hurt him?

BRENDA: No but can they --

DR. GOLDBERG: They don't know what they're doing. It's, it's harmful to people. And, and again parents have to wake up, enough is enough.

BRENDA: I just, I don't understand why I mean when I went down this road and I found you and I found your book that there's a lotta people that just go to these autism (inaudible) doctors or whatever that don't have medical degrees. They're not pediatricians.

DR. GOLDBERG: It, it's you know what, we'll gonna keep gettin' along fine. My wife and I went to a ASA meeting, Autism Sighting of America which was presented by Spec Work and stuff and I wanna say this was midnight. You know what my wife's first comment was? Where are the MD's.

You know this has been a field and I know it from my training. I can explain it all. Anything that had to do with development, (inaudible) was not a doctor's issue. It was psychiatry, which we could argue should they be MD's, psychologists. So what happens is you have a field of

medicine that was never MD to start with. But now you just made a bigger and bigger basket out there that makes no sense. When we have a medical crisis in your children we need the MD's a lot.

TOM: Well we --

DR. GOLDBERG: This is medical.

TOM: -- in her research she found that like there's one (inaudible) that was a chiropractor that was a (inaudible) doctor. I'm sayin' are you kiddin' me.

DR. GOLDBERG: This, this is, we're taking, you know you can make lots of statements out there, but we're taking our most critical resources which is our children --

TOM: Right.

DR. GOLDBERG: -- and leaving it in everybody's hands but the medical system. That's not fair.

TOM: Yeah. Max you want some water?

DR. GOLDBERG: Now you noted over time the lack of eye contact, the sensitivity to noise, the stemming and again I will argue with you that he changed some time after the MMR, the viral infection. But the key point to understand is one it wasn't one thing. It wasn't the MMR, it wasn't the virus. It's the combination. Two is he was already on that track. Every time the kid got rashes. Every time he broke out to stuff was a level (inaudible) stress. So if

none of that happened, I would tell you there's even a fair chance the MMR and I would, you know you can't, you can control a variable. I don't believe we should give any vaccines when a kid's ill. Okay it's kinda like why stress the immune system when it's already stressed. Okay.

BRENDA: But see that's where (inaudible) he had like a slight ear infection and he's like (inaudible)

DR. GOLDBERG: My, my attitude to you is you just politely say no I'll come back.

BRENDA: Right and that's exactly what I said.

DR. GOLDBERG: And, and this is at least the world I trained in you did not give vaccines to a kid that was sick. And, and I had a large regular practice. If I said to a mom, your kid's fighting a cold, come back in a few weeks we'll do the vaccine. No problem. The reality is and, and I get angry about this. As much as I believe in academics, the Academy of Pediatrics didn't come up with give a vaccine any time you want for the fun of it. They came up with well there's parents that won't bring the kid back, so you better give the vaccine while they're in the office. Now that's a pretty poor reason for doin' it.

BRENDA: You get the vibe that (inaudible) but I'm like no I'm not.

DR. GOLDBERG: No, no. We have to get back to the truth. You know if I trained by good professors you don't give a vaccine when a kid's sick. Maybe there's a reason for that.

Now you wound up taking away dairy, you wound up getting more progress. He did begin with ABA and as I write about, if you look at a kid and if you look at what Kanner was talkin' about, I'm not, I wouldn't be happy with it. But if you really have a kid who forgive me is retarded, is damaged, is gone, okay, ABA is probably better than nothing.

BRENDA: Right.

DR. GOLDBERG: But if you look at your kids they have brains. They're intelligent. They're dysfunctional. They're smart. ABA is daunting. I, I, I frequently say this, I tell someone go take a hike. I wouldn't go along with it. You guys wouldn't go along with it. When you were in school if a teacher had you write your name on the board ten times, was it to teach you how to write your name? No it was punishment.

So --

BRENDA: Do you think that that's like cause he, he went from (inaudible) to OCD symptoms. Like very (inaudible) \

TOM: (inaudible)

DR. GOLDBERG: I think ABA is stressing the heck out of these kids when they're already having trouble with stress and anxiety.

BRENDA: Right.

DR. GOLDBERG: And then it depends on what they do.

TOM: No Max, down.

DR. GOLDBERG: Many times their ideals are reinforcers and bribery are things that hurt your kids. It probably did aggravate things to a degree.

TOM: You could do that, do that one in there.

DR. GOLDBERG: You know again in what people do out there with gluten free casing free, you saw this, rice flour, almond flour. No you couldn't pick which products if you think of the immune system. It's not your fault as a mom, okay I stress that to you.

BRENDA: Right.

DR. GOLDBERG: But the psychology out there is missing the issue.

TOM: You couldn't do that one.

DR. GOLDBERG: Okay. I am fine by the way with things like soy depends on the kid. Some kids react to soy. Goat is pretty healthy. But you think non-dairy means no cow stuff. But you don't go to rice or, or --

TOM: No.

DR. GOLDBERG: -- things like that. I was very pleased you saw the book out there. And I really stress this. I, I, you know I read a lot of stuff. I, I, I have to be careful there's a note from your husband don't give me too much crap. Okay I'm teasing.

But this is, you hit right on the button. It's time to get back to a medical (inaudible) children. This is not a time to have a bunch of amateurs literally working with your kid. To have a bunch of PhD's, it's time that board certified pediatricians got into this fight and you said it perfectly. You don't measure progress by kids behavior. If a kid is sick, the only way to judge his progress is getting back to a bright alert boy.

TOM: Okay now before we move on too far from it, going back to the ABA. We as parents have seen improvement and he actually in almost begs us to go there cause he sees it as play. But my question to you is --

DR. GOLDBERG: Now look when you say that, here's what you have to look at. One is I have a lot of families coming in and they're already noting the kid is resenting the ABA. In other words, the kid is hating it, not going to it.

TOM: Right.

DR. GOLDBERG: If Max is welcoming it, optimistically they're doing much more of a modified ABA with him. And

then you get into kinda like semantics out there okay. If people call it ABA, but they're working with him like he's a human being, and they're working in a way that makes it funny that is not being repetitive, then I'm not opposed to --

BRENDA: No they, they --

DR. GOLDBERG: -- call it what you want. You know what I mean? What I'm very opposed to is the repetitive dog training ABA.

TOM: Cause he, even while we've been drivin' around in California, he's been asking, he's been saying, cause he calls it playhouse, Playhouse. I'm like no we're not going to playhouse today.

DR. GOLDBERG: So if they're playing with him and making it fun, the issue you're gonna face while talkin', and we'll talk about this in terms of therapy. Because part of what's helping at this point almost do a better job affectively is, is to kinda steer you guys around therapy. So we'll talk about that in a moment. What do you want. Okay.

Now loaded question to both of you, currently how do you see Max? And by that question I mean bright alert, zoney, spacey, hyper all the above. You know how do you see your kid day to day physically?

BRENDA: He's bright in a word. He's not as zoney as he's been.

DR. GOLDBERG: Hmm huh.

BRENDA: Not hyper (inaudible) I mean this is hyper (inaudible)

DR. GOLDBERG: Okay. Well what we're doin' at this point so we don't (inaudible) him twice okay.

BRENDA: But I mean especially since when we took (inaudible) brain basically.

DR. GOLDBERG: Right.

BRENDA: So yeah no I don't --

DR. GOLDBERG: Now think about this. Essentially zoney is a way to look at these kids. You don't want them (inaudible). I would bet you if his, hello yeah. If his brother is doin' okay, when I start talking to you bright alert, there might be moments Max has it.

BRENDA: Oh yeah.

DR. GOLDBERG: But I doubt he's walkin' around too often with a sparkle sharpness in his eye. In other words, he maybe bright relative to what was, but if you think about it to what I'm sayin' he doesn't win this fight unless we get a bright alert sparkle in that kid's eye that's equal to his brother or any other kid.

BRENDA: Yes. That he (inaudible)

DR. GOLDBERG: That's how I want you thinkin' okay.

BRENDA: Not very.

DR. GOLDBERG: Now does, how is Max's day to day understanding?

BRENDA: It's generally good.

TOM: What was the question?

DR. GOLDBERG: How is his day to day understanding?

BRENDA: It's, it's usually good. Um, he just when he gets frustrated that's sometimes I don't even know what triggers it. I used to think it was food. Now I'm concerned I think it's the heat and humidity. And the lack of routine. (inaudible) pre-school or we don't you know --

DR. GOLDBERG: Well these, these kids and if you really think about it, part of the OCD is the brain dysfunction. But part of it is their way of regulating their life. Okay they don't have the flexibility to go, to go with things. And so if it's consistent he knows what's goin' on. If it's not consistent he has trouble. Well you gotta wait for that, okay.

Verbal somewhat from what I'm hearing.

BRENDA: Yeah he's gotten, he's improved (inaudible)

DR. GOLDBERG: Okay.

TOM: Generally speaking and it's hard not to do this but when we compare him to his twin, he's always about a year behind.

DR. GOLDBERG: Correct. Correct. And the goal is if we do this right, over a few years we want him equal to where, (inaudible)

TOM: Yeah.

DR. GOLDBERG: Now does he like computers?

BRENDA: Not so much, no. He's not like, he's not like Andrew.

TOM: That's true, he's not like Andrew. Yeah.

DR. GOLDBERG: Okay. And what would you tell me his present academics are? Is he doing like toddler stuff then, when you say that is he confused on toddler things?

BRENDA: Yeah he needs (inaudible) well he needs direction but I mean once you show him, once you like if you break it down for him, he'll get it, yeah.

TOM: Yeah that's true. Yeah like some of the games I've showed him on the iPad he'll be frustrated but if I walk through it and show him, where I can keep his attention long enough, then he, he will repeat it to me.

DR. GOLDBERG: Now when you mentioned attention, if, will he watch like any little kid video or DVD at all or --

TOM: Oh yeah.

DR. GOLDBERG: Okay how long will he give that attention?

BRENDA: Couple minutes. It depends.

TOM: Couple minutes but it (inaudible) I've seen him sit for as long as maybe 20 minutes.

DR. GOLDBERG: Okay so it's not like he's gonna sit there for like an hour.

BRENDA: No.

TOM: Oh no.

DR. GOLDBERG: Okay. Okay.

BRENDA: (inaudible)

DR. GOLDBERG: I hear you.

TOM: He's often, if he's payin' attention, he's often payin' attention while doing something else.

DR. GOLDBERG: Okay.

TOM: Like he might be eating or playing with a little car and he's lookin' off at the TV.

DR. GOLDBERG: Okay. Um, is his brother into computer or games at all?

BRENDA: Yeah but we generally don't really push the, I mean yeah he, if I --

TOM: He's more into the iPad.

BRENDA: -- he would do it.

DR. GOLDBERG: Okay. I mean again as we hopefully get Max doing better, his brother I think could be a very helpful

therapist, okay. They're both young. And if his brother gets Max to do more with him, it will be helpful.

TOM: Which he does try to pull him forward often Max, Max, do this.

DR. GOLDBERG: Good, good.

TOM: Absolutely.

DR. GOLDBERG: Okay. Now let's take a look real quick. I think I have most of the points I marked, but let me take a look through his records.

BRENDA: Okay.

TOM: Buddy, (inaudible) you want more water? Max.

DR. GOLDBERG: As I noticed in his picture in here the glasses, just bad vision, any problems beyond that?

TOM: Uh significantly worse vision in one eye over the other which has caused his right eye to turn in without glasses. With the glasses, he can see fine and he does have (inaudible) also help with the up close.

DR. GOLDBERG: Okay. He doesn't have amblyopia at this stage or --

TOM: No.

DR. GOLDBERG: Okay good.

TOM: He's been skirting that line.

DR. GOLDBERG: Okay.

TOM: But he just had an exam in the last six weeks and, and it was the full dilated eyes and everything.

DR. GOLDBERG: Good.

TOM: And he did very well.

DR. GOLDBERG: Okay now this I'm assuming is a pediatric ophthalmologist.

TOM: Yes.

DR. GOLDBERG: Keeping an eye on him.

TOM: Yes absolutely.

DR. GOLDBERG: Okay because if, assuming the guys knows what he's doing, he should they'll keep him from getting amblyopia.

TOM: He's mainly bringin' him in every three months just to stay on top of it.

DR. GOLDBERG: Good. Now what I have to see, one of the things I'm used to, I always focus on these kids like what's goin' on motor wise, what's goin' on developmentally. But and there's other reasons for things. But like when you mentioned eyes, motor, that may improve as we get him stronger. We have to see, okay. So I want you to stay on top of it.

TOM: Sure.

DR. GOLDBERG: It may improve, okay.

BRENDA: Hmm huh.

DR. GOLDBERG: You know they did chromosomes on your son, they were normal. OC kids are by the way. This goes back and I'll just flag a few things, but this goes back in November and when we (inaudible) he's running high allergy cells even then in November. This is what gives your kids the rashes okay. His vitamin D that this (inaudible) November it was a little low. I certainly recommend a normal vitamin supp --

BRENDA: I give him gummie vitamins.

DR. GOLDBERG: Yeah Gummies allergenic.

BRENDA: Okay well (inaudible)

DR. GOLDBERG: Now what you're gonna wanna do is get to like a Flintstones a Chock, a Poly-Vsal --

BRENDA: Okay.

DR. GOLDBERG: -- you know and you don't give him the red ones you use like the orange or grape ones. And then we'll retest things as we go. But if the vitamin D stays a little low, again I'm not a fan of high amounts of vitamin D, but like the vitamins are about 400 some of them are now getting up to 800. And that 800 is okay. But multi thousands is not okay.

This was the episode end of December that you mentioned. The spacing out, question seizure.

BRENDA: Yeah.

DR. GOLDBERG: I would tell you and this has been again when you look at your son, you look at the issues. My first statement to people over the years was well, if you're talkin' about viruses in the brain, you've got a common reason for kids to have seizures okay. If we were taught in medical school scurvy viruses happened to like the temple over the brain. And that leads to seizures, okay.

Now the, but the problem here is becoming what I said to you when you look at the seizure literature, you irritate the stomach, you give anything to your kids that's allergenic the immune system irritates the brain. So I am one a little concerned the episode, the end of December. The fact that it may have been like a prolonged zone attack in a form, but the fact that he was defined as unresponsive, out of it for about five minutes makes me a little more concerned.

TOM: (inaudible)

BRENDA: Was he, did I put that down, he was, five seconds.

TOM: No, no, no it was only five seconds.

DR. GOLDBERG: Oh!

TOM: And we did have an EKG done like --

DR. GOLDBERG: Okay now wait. Let's clarify this because this is I think in your pediatrician's notes. It said that the episode was about two seconds.

TOM: Uh huh.

DR. GOLDBERG: And then it said that he was out of it for about five minutes.

TOM: That might be true but I don't know I guess it depends on definition of out of it.

FEALE: You mean out of it meaning that he was just --

DR. GOLDBERG: Like not reachable, lethargic.

TOM: Okay that's probably not true.

DR. GOLDBERG: Okay if that's true, I would leave open and this is what we wanna get away from, it's another reason that the foods are so critical. But we don't ideally we don't want your kid evolved into a seizure disorder okay. The fact that the EEG was okay was good. But could it happen, yeah we're talkin' about in a world that I will again argue autism had nothing to do with seizures.

TOM: Right I remember that.

DR. GOLDBERG: They now (inaudible) 35%, 40% of your kids have seizures and the numbers gonna go up. It's not goin' down. I think a lot, unfortunately I think a lot of the damn stuff and anything that irritates your system adds to

those seizures. But the foods play that role too is the problem there.

A lot of times you kept having or (inaudible) the rashes. And again it's not your fault, it's not your doctor's fault alone, but we have to wake up medicine. That what triggers that and most of the time it will be a food, okay.

BRENDA: That just, they didn't make it sound like to me that the rashes were (inaudible)

DR. GOLDBERG: Well in a world we're living in nothing's a big deal. You know what more that I can say to you is, is the Academy of Pediatric Studies that say 25% of children have the chronic illness. Those illnesses are migraines, allergies, rashes. Well wait a minute, each individual thing isn't horrendous but when you add it all up, how many kids are walkin' around with stress systems and we're just, and, and we're just (inaudible) Somewhere those kids are gonna have more problems.

BRENDA: Right.

DR. GOLDBERG: I would argue that that's our starting point.

BRENDA: And honestly when you say that, how's he supposed to learn that it's like that he's supposed to go to

kindergarten. If I had that situation goin' on when I was 5 years old, I would never --

DR. GOLDBERG: You wouldn't have made it. I wouldn't have made it.

BRENDA: Yeah, no.

DR. GOLDBERG: Okay.

BRENDA: Yeah.

DR. GOLDBERG: And this surprised me a little bit although your doctor, this was and I'm presuming an IEGE skin test that actually showed reaction to rice. Now I questioned beef okay but your doctor noted rice, oats, --

BRENDA: We think --

TOM: It was everything that we were givin' him.

DR. GOLDBERG: And then they did another rash test and said oh no it doesn't count. Well that's the mistake. None of the testing consistent. And you've got to get that down to the fact, but wait a minute, here's your kid having rashes, okay. Well whether you showed it or not, see his (inaudible) was zero. But whether he showed it or not, you have an immune reactive child. The first greatest allergy in the world is the dairy. So whether it's the, whether it's proven on a test or not, you take out the dairy.

BRENDA: Right.

DR. GOLDBERG: Then next part is the grain. So with the testing at minimum it would've been smart to remove rice and oat. And what we gotta get to is a world that says hey we have to get to no rashes then we'll figure out what we can backtrack, do you see?

BRENDA: Right.

DR. GOLDBERG: Instead of what you go through, oh we test the kid now we don't have consistency, so they don't do anything. That's not acceptable.

BRENDA: Yeah, yeah. You're right.

DR. GOLDBERG: You gotta get back to figuring it out.

BRENDA: Hmm huh, well yeah.

DR. GOLDBERG: Okay. And, and again whoever did this, this was Dr. Moran. Went the rash test for food allergies showed he's not allergic to foods. Well right, how do you say that Max is not allergic when he's breakin' out all the time? This is what we're missing. This is part of the mistraining people, it's not just your doctor.

BRENDA: She did do a blood test (inaudible)

DR. GOLDBERG: Hmm huh. And they did an IEG test that was not particularly elevated.

BRENDA: Okay.

DR. GOLDBERG: Lots of ear infections along the way here. again I won't argue with anyone that every time he gets a

sinus, every time he gets an ear infection that's a great stress. See it's not just a shock, just an illness. Its recurrent (inaudible)

BRENDA: Right, right.

DR. GOLDBERG: They did a chromosome (inaudible) issues there. I think you, I think you made a comment or something in one of the notes yeah the doctor didn't complain about the CBC but when you look at his CBC --

BRENDA: Yes.

DR. GOLDBERG: Allergies are ultra sky-high. You know we gotta start --

BRENDA: I didn't know what I was reading though.

DR. GOLDBERG: Right. It's not your fault. Look it, I still come from a point you as mom weren't supposed to have to be the doctors.

BRENDA: Well that's how I felt though.

DR. GOLDBERG: I'm with you.

TOM: Well we feel like we have to because --

DR. GOLDBERG: The world we live in you are having to be. And this is what's got to change. Let's get this back to doctors being doctors. You're not supposed to have to do that okay. So it's really broken up.

BRENDA: So like they, (inaudible) in particular it, it says clearly on there it's abnormal.

DR. GOLDBERG: Right.

BRENDA: On the top. But what's like -

DR. GOLDBERG: No but see what we've done is we've just accepted the abnormalities like it's no big deal. And, and his test wasn't disastrous, okay. It wasn't like it's like the neuro fields were a little high. The allergy cells were significantly elevated. But to a doctor, no big deal. No that's wrong. You see we have to react to what your kid is giving us.

The LE test (inaudible) was normal. Heavy, as I tell people, heavy metals, (inaudible) toxic to the brain, they're disastrous but they aren't (inaudible)

TOM: I'm gonna throw one thing out that we just learned before we left for our trip which is we took advantage of not being there this week to get our bathroom remodeled. They pulled the walls down and found that one wall was three quarters filled with mold.

DR. GOLDBERG: Hmm huh.

TOM: Obviously it's a bad thing.

DR. GOLDBERG: Correct.

TOM: (inaudible) didn't think if you needed to know or not.

DR. GOLDBERG: Think of it like mold is a definite problem out there. My learning lesson when I started working with families back east was they, was these kids would go off

the wall come winter time. They get locked in these older classrooms, they'd have mold (inaudible). You know so yes think of it like that's an irritant. But again I will argue that it doesn't cause this thing okay.

TOM: Okay. It's, it's one factor but not like --

DR. GOLDBERG: Your son will not have mold growing on the brain.

TOM: No and I think that but I didn't know like is it something like oh my gosh, you can't even go home till you get that fixed.

DR. GOLDBERG: No. I, I don't feel that way.

TOM: And it's not sprayed all over his bed or --

DR. GOLDBERG: Right exactly. I'm not worried about it. You're a good guy, you really are.

It may have added to some of his ear stuff because again if you think of the mold in the background, it may add to a little congestion. But it isn't gonna do something more toxic to him, okay. And in his case you noted here and I woulda done this. You refused a 5-year old MMR and he doesn't need that. Well wait, this wasn't even 5, this was in '09.

BRENDA: Yeah.

DR. GOLDBERG: He had his first MMR.

BRENDA: Yeah we had it, we waited a year.

DR. GOLDBERG: No you know this is the other mistake we're making. When I because my background was very heavy infectious disease, I had trained in an institute where literally I saw teenagers with encephalopathy from measles is a serious illness. And you do okay like 5 to 10 is not a big deal. It's no fun but it's not a big deal. But teenage years you can get measles and two or three weeks later you go into a coma. Now therefore when I came into practice I was actually telling parents it's not required, it's not demanded but you should give your kid a measles booster, 10, 11, 12 years old before adolescence. You know what's the purpose of vaccine avoid complications. Okay.

Now I was really happy when the Academy came out and said hey, let's give what was called secondary school 10, 11, 12 years old an MMR booster. Why'd they move it down to 5? Forgive me stupidity, there's no need to give your kids a second MMR at 5 years old.

BRENDA: Okay well that's good to know because --

DR. GOLDBERG: Hmm huh.

BRENDA: -- my pediatrician just mentioned it like about them.

DR. GOLDBERG: If anything we can test his response. If he's not allergic we'll talk. But if he is allergic, I

believe in a booster but it should be 10, 11, 12 when the next risk is there. Not, not so much at this age okay.

TOM: Okay.

DR. GOLDBERG: And this gets me again and we're on the same page. But it's like you know this was summarizing you could sit in a preschool chair you know move his things, it's like they're defining your kids as a level of dysfunction. And then going a multi disciplinary conference where we have a little to discuss these findings. I don't wanna guess how many trees we cut down for the paperwork from all those meetings.

BRENDA: Right.

DR. GOLDBERG: And what are they doing? They're just defining an ill kid and we're, you know I had a new patient, three or four weeks ago. His mom was really sharp. She goes, it's like we're gonna talk a broken leg into therapy. You know we're doin' talk therapy for a broken leg

TOM: For a broken leg.

DR. GOLDBERG: Well let's get around to therapy for your kids cause they're sick. They're ill. And if we do that everything gets better. Including the whole teaching system, because and I've been exposed to this. You tell teachers well work with these kids. Help them but you know

what are you supposed to do to help when a kid is a space cadet, okay. I feel sorry for teachers. On the flip side I get a kid doing better and I have examples all over the country but I'm now smiling, I've got a cluster of kids in Texas it's like out of a special ed school of 9, for will be five of my kids there and they're changing the whole teaching technique for those children. I don't have any doubt in my mind that if we get to the fact your children are ill, they are children. The teaching profession will step up because now you're giving them a chance to help. See you're not just sayin' go through the motion but you're not really gonna get very far.

BRENDA: Exactly.

DR. GOLDBERG: You know it becomes hey we gotta help these kids and there's a way to do it. So I believe that could change.

Okay. Before we go over what to do, have I left out anything about your son that you think I should know that I have (inaudible) him.

BRENDA: He's and I know this is probably the age more than anything really aggressive (inaudible)

DR. GOLDBERG: Okay now --

BRENDA: I'm talkin' about like occupational therapy that to me is like I don't really see a need for that, but you

know and the ABAD social stories. Nothing's helping. DR.

GOLDBERG: No.

BRENDA: Nothing's helping where he is aggressive towards her and it really like disrupts his like --

TOM: It's highly triggered by the sound of her cry.

DR. GOLDBERG: Now how old is his sister?

BRENDA: 20 months.

DR. GOLDBERG: Okay. Now one, unfortunately knowing Max's dysfunction I can understand the sounds sensitivity and that 20-month old scream may hit a button there, okay. But essentially he has no matter what's going on, he has no right to terrorize a 20-month old sister. You understand that.

BRENDA: Oh absolutely.

DR. GOLDBERG: And in turn, this is the mistake, this is probably a good way to talk about things. I asked you Max's abilities. Let's imagine he's down there somewhere toddler area, okay. How old is a toddler? Two years old. Now what people have to do is one, you throw out the chronic logical age. Anything we're gonna talk about, we're not working with a three and a half gonna be four year old kid. We're working with a two year old kid, okay. But we're not working forgive me, with a dumb retarded two year old kid.

BRENDA: Absolutely, right.

DR. GOLDBERG: You're dealing with a dysfunctionally ill two year old, but he's not dumb or retarded. So when they give you behavioral advice, well let's read the kid social stories instead. Let's refocus and redirect him. As a --

BRENDA: (inaudible)

DR. GOLDBERG: -- as a pediatrician, that's giving your kids a license to be a disaster. I, I, you know I spent my whole time my goal was to help parents raise their kids. You know you don't use those words but even my take a one year old kid reaching for something on a table and you're essentially gonna refocus that. You're gonna take them somewhere else, okay.

BRENDA: Right, right.

DR. GOLDBERG: But somewhere, think about this, you seem (inaudible) somewhere by about 18-months, two years old, that kid's reaching for something on the table and they're not gonna get a warning, no.

BRENDA: Right.

DR. GOLDBERG: And then you're gonna give 'em a consequence, right?

BRENDA: Oh absolutely.

DR. GOLDBERG: If I, if I told parents to take and refocus two, three year old kids, that's a setup for hey I could do

anything I want. No one's gonna stop me. No. Wrong thing.

So even now you start with a simple point. You treat Max, my job is to help get his brain better. Usually and again I'm not gonna ever claim its easy but it's gotten easier for me. And if we can have him becoming more alert everything I'm saying will get easier. But even now no you put 'em on notice. He can scream and yell, he can go in another room, but he strikes at his sister, he's in trouble.

BRENDA: Yeah we do, we do time out.

DR. GOLDBERG: Well you --

TOM: Like zero tolerance.

DR. GOLDBERG: Correct.

TOM: Yeah like you do it once there's no warning, you go to your room and we set a timer.

DR. GOLDBERG: I would make this distinction, let's talk about discipline. Normal discipline for a 2 to 5 year old kid are time outs, okay. Now depending upon the kid, people can be time outs in different ways. But since I actually believe as cute as Max is he's probably got his stubborn streak in him.

BRENDA: Oh gosh.

TOM: Oh don't worry you might get to see it yet.

DR. GOLDBERG: Okay. I, I, I learn to read kids pretty well. Okay. So the cuteness will save him in the future, but, but the stubborn streak is an intelligent kid by the way. You have to (inaudible) but you're not stubborn. Your not difficult if you're dumb.

TOM: Cause you just would give me everything.

DR. GOLDBERG: Exactly. That, sadly if a kid really is retarded, they just go on with the game plan. They don't care.

TOM: Right.

DR. GOLDBERG: So the fact that he has a frustration level, that he has a stubborn streak is another sign he's got a brain in there, okay. But for now you're on the right track but my suggestion would be that you probably need to escalate time out a little bit and let me explain that to you.

If time outs work, the kid stops the behavior any, any method is semi-passable okay. But if I'm right your kid goes back to the behavior.

BRENDA: Yes.

TOM: Yes almost immediately after time out.

DR. GOLDBERG: Okay. So that means you need to be a little more rigid about time out. Time out means you pick the kid up, you don't give him the dignity or the luxury of saying

go to your room. You pick him up and you put him in his room. And here's the first difference, you close that door little latch on it so he cannot just come walkin' out. three minutes, four minutes, maximum of five you open the door but not with you're just opening it to let him out. You open it with an attitude that says Max are you going to behave yourself now? If Max looks at you with any kind of a get lost look, you close the door and you come back in another four, five minutes. He isn't leaving that room until you get that acquiescence to you that yeah I'm gonna try to be good.

TOM: We have done that but not consistently. I have done that at times where I'll say are you okay now and he'll go no.

DR. GOLDBERG: No, not okay. He's in trouble in there. We're not doin' this for him okay, it's are you going to behave yourself? See what you're looking for is that acquiescence of whose in charge you guys or him.

TOM: Yeah.

DR. GOLDBERG: See.

TOM: Cause sometimes he'll be pushin' around us to get out. Like you do when you say we shut the door, we do lock it so he can't get out.

DR. GOLDBERG: That's correct.

TOM: Sometimes we leave for days.

DR. GOLDBERG: Huh? We're gettin' along fine. I, I, our folks used to leave kids in there for 45 minutes to an hour.

TOM: We do three minutes.

DR. GOLDBERG: Three to five is fine.

TOM: Okay.

DR. GOLDBERG: I used to recommend when I was first in practice that my best solution for adolescence was to lock the kids in the closet and shove the food under the door till they were 18. That I was shocked at how many parents shook their heads yes, I shoulda learned back then.

You know my kids were still young when they hit adolescence you learn.

But no we can't do it for days.

TOM: We should do it consistently.

DR. GOLDBERG: Correct.

TOM: And I think that's probably the --

DR. GOLDBERG: The more consistent you are, even dysfunctional, he'll get better.

TOM: Yeah.

DR. GOLDBERG: You know what you learn on these kids is underneath the dysfunction there's an intelligent kid. But I always told parents if there's great, the kid keeps

pushin'. Okay it's almost like black and white. If the kid gets the message whose in charge, whose gonna, who I'm supposed to listen to, then if you're lucky you, you get a nice 6 months, 8 months, then we go test you again. But if you didn't pass that test, they didn't stop testing.

So with Max who is dysfunctional and has been through a lotta different signals, the more the two of you are very black and white, the better. What you wanna get to is go out of your way to give him time. Give him your attention when he's being good. Withdraw it, take it away when he's bein' bad.

TOM: Okay and then let me ask you, if you're done I'm gonna ask a related question, clearly it's her sound that sets him off.

DR. GOLDBERG: Hmm huh.

TOM: And clearly that's still gonna upset him.

DR. GOLDBERG: It is.

TOM: Now is there a way we can help sooth him or desensitize him or give him an alternate outlet to --

DR. GOLDBERG: He's hitting her, one is everything I'm gonna do is to get those ears working better.

TOM: So you're gonna help --

DR. GOLDBERG: I, I believe we will change that.

TOM: But in the short-term --

DR. GOLDBERG: Short-term

TOM: -- what we've tried is (inaudible) tried saying is can you hug her, like we try to --

DR. GOLDBERG: No, no, no, no. He, he, she's makin' him miserable at that point.

TOM: Yeah.

DR. GOLDBERG: So your message is one is he cannot strike his sister.

TOM: Correct.

DR. GOLDBERG: I have actually done this and, and, and it isn't terrible. Again I kept lookin' at him, he's a cute little kid. But if you wanna put up I've had parents put a mattress on a wall, a punching bag and if he wants to go hit that, be your guest. But he cannot, the message is you cannot strike your sister.

TOM: Right, okay.

DR. GOLDBERG: And the difference in that time out is he turns aggressive. He does something that's life-threatening. I'm talking about cords, plugs, going out the front door. Anything that if you didn't catch 'em was dangerous literally at your pickin' the kid up for the time out, he's gettin' a whack on the rear end that says don't you do that again. You use and, and pediatricians have

different opinions. But I believe in this spanking, open hand rear end, you're not gonna hurt a kid.

TOM: Right.

DR. GOLDBERG: And I believe in using it for that extra enforcement of the dangerous things.

TOM: Okay.

DR. GOLDBERG: So in this case it would come into play. If he strikes at his sister, you're pickin' him up with a whack on the rear end that still says don't you dare do that. In other words, I can't, on one hand I can't blame him if that cry, that sound gets to his ears.

TOM: Right.

DR. GOLDBERG: But that doesn't give him a right to terrorize a 20-month old.

TOM: Absolutely.

DR. GOLDBERG: Okay. She deserves protection.

TOM: Right.

DR. GOLDBERG: Okay.

TOM: Okay.

DR. GOLDBERG: So my goal is getting him back.

TOM: Okay so we were thinking maybe we should give her karate classes.

DR. GOLDBERG: Not yet.

TOM: Not yet.

DR. GOLDBERG: You're, you're doing very good. But down the line maybe.

TOM: Okay.

DR. GOLDBERG: Listen karate for her will be good if, if you know by the time she's dating if --

TOM: Oh I know. I thought about that already.

DR. GOLDBERG: -- it saves a lot of gray hair.

TOM: You know what I dated a girl in high school where the dad told me as I went to pick her up, he's like you know she's a black belt.

DR. GOLDBERG: So it makes you a little more cautious doesn't it?

TOM: Yeah. And he's like and so as once I had a daughter, okay I kinda understand it a lot more now (inaudible) take care of herself.

DR. GOLDBERG: Listen I tried to get my daughters to go out taking a Doberman with them and they wouldn't do it. I was training my dogs to be protective, but they wouldn't do it.

So we could talk about teenage years. But at this point it's really simple, your daughter is a kid.

TOM: Yes.

DR. GOLDBERG: Max is a kid. But he's ill, dysfunctional but it doesn't mean he has a right to hurt your daughter. And this is where the therapists miss it. I think you both

understand this. If Max was dumb, retarded, it still wouldn't give him a right to hurt your daughter, but you have to say how are you gonna discipline him?

TOM: Right.

DR. GOLDBERG: In this case there's no way in life he's retarded or dumb. And you just make the one compensation he's a two year old, not three and a half, four. And you guys will make, I really so far I'm hearing good decision. Other than your husband's decision for lockin' him in there for weeks, but somehow I don't think he's gonna do that.

BRENDA: No, no.

DR. GOLDBERG: Okay. Now all of this ties into what do we do for therapy? Okay. We've said it in a few different directions. If you throw away AWARD therapy becomes based on how do you help a kid that's (inaudible)? See that's the key. Get rid of AWARD you need to do therapy. But I'll give a few examples. And by the way I never use AWARD. Your son has viral encephalopathy which is fairly probable, his blood work will confirm. Allergy syndrome that's your hives your eczema, we don't use AWARD we use medical issues, okay.

BRENDA: Okay. (inaudible)

DR. GOLDBERG: No this is, again I really liked your attitudes because it is time to bring this to the medical

world. Autism is psychological. Has no place in your kids. He doesn't fit Kanner's Autism and I will argue he don't fit that. You don't use it.

BRENDA: And I don't understand this whole like (inaudible) cause that's where they, I just I get confused cause OCD cause that's another (inaudible) pediatrician about OCD (inaudible)

DR. GOLDBERG: Well, no.

BRENDA: (inaudible)

DR. GOLDBERG: Oh wait a minute. This is part of my argument out there. You guys cannot imagine what's coming and what they're calling DSM5. DSM5 is gonna take what we call physical symptoms and they're all under DS psychological.

BRENDA: Well that, that last, my visit to behavioral (inaudible)

DR. GOLDBERG: Disaster.

BRENDA: She told me the last time we brought 'em in --

DR. GOLDBERG: This is, this is honestly a threat to every one of you. Because we're not gonna have physical illness. Everything is gonna be psychological, developmental. Well this is forgive me, bull.

BRENDA: Right.

DR. GOLDBERG: DSM was psychological and, and I will argue a lot of what they call psychological was maybe medical. But now when the majority of this is medical and they want to just expand the psychological basket, disaster.

BRENDA: Well I, --

DR. GOLDBERG: Complete disaster.

BRENDA: My problem too is that they're not doin' the science behind what (inaudible)

DR. GOLDBERG: Well you know I know this is bein' recorded but the joke in medical school was often, should psychiatrists have MD's. They were the only field of medicine that didn't have to do objective studies. This was not, this is not a joke. We've known from the day I trained that psychiatry was not based on objective data. So now you have a field with no objective data to stand on. But they wanna disprove it with objective data. How do you disprove something that has no data to start with?

BRENDA: Right, right.

DR. GOLDBERG: This is the disaster that (inaudible) we're not using any thinking what we talked about earlier. We've (inaudible) hey why think. Follow A, B, C, D but in a field that doesn't have objective data, how do you disprove something objectively?

BRENDA: Right.

DR. GOLDBERG: Well the story in point is one I'm writing about. Let's get to reality.

By all the definitions out there, your kids don't have Kanner Autism. By any medical training, we have an epidemic. It has to be medical immune. Let's start with that and figure things out.

BRENDA: Right but a lotta people are not (inaudible)

DR. GOLDBERG: Correct.

BRENDA: Even where autism is concerned where they have their child --

DR. GOLDBERG: No.

BRENDA: -- that has been diagnosed and with that label it to me is like I (inaudible) sprinkle the sugar on a symptom.

DR. GOLDBERG: Again, I, I like both of your attitudes very much. The key here is you throw all that out, what you're doin' any way, I really like that.

BRENDA: Right.

DR. GOLDBERG: And you start sayin' well whadda we really have to do?

BRENDA: Right.

DR. GOLDBERG: Number one is Max or any kid has to be alert and healthy. So my job as a doctor is to, is to put the pieces together and get him well. Your job as parents for

now as much as let me say again, you're partly doing it. I wanna make a whole world change. The world threw the switch that your children are ill. 98% of the therapy (inaudible) would be (inaudible) I'll use an example.

I had a mom sitting where you are. This was me and her with her 7-year old son. And she was a trained speech pathologist. So we had a little different conversation. I go what were we taught in training to do with any child that has developmental delays, has had recurrent illnesses, ear infections, whatever. Now this mom (inaudible) after being here in Hollywood but this mom looks at me kind of blank eyed and I go remember you had to go back and rebuild their six month skills, their eight month skills, their ten month skills. This was (inaudible) and she goes I never thought of that before.

Now what I'm sayin' is here's a trained speech pathologist but under AWARD all that training goes out the window. Let's get back to training. Your, that's and this is the starting point. Even now my job is get that brain back. Your job is to get the therapist to listen to you and follow what we're talking about.

Starting point is when it comes to speech, your son, hello Max, you're bein' very good over here. Your son is one, the way you do it is your son is one of these kids

there maybe a lot more, but your son is one of these kids who was never really born with AWARD.

Therefore you want them to approach him as a kid that's been ill, go back to their pediatric training. Before you worry about words up here, you have to rebuild those skills. You have to come from the bottom, apraxia okay. Now if the person you're talking to looks at you like you've got four horns comin' outta your head, okay then you get rid of them and you get someone else. I think it isn't good out there, but I think in the world we live in, there's more and more therapists waitin'. So I really believe if you go through that process you'll get (inaudible) that's okay I understand. I've gotta work with this kid.

BRENDA: Right.

DR. GOLDBERG: Now when it comes to therapy, and, and what we talked about, your ABA people may not be doing anything bad. So again ABA is taught by (inaudible) opposed too. ABA is they use the name depends on what they're doing. But the whole key again becomes you go back, you take this kid, where's his develop 18-month old, 2-year old kid. That's the kid they start working with. But you don't do it ten times repetitive. As a mom said when I talked about and we'll get Max a little better, what I like to tell

parents to do there's a CD (inaudible) that was put together by a brilliant speech pathologist at least about a decade ago. So don't fall over laughing there's newer version of the programs. But you get that. And you arrange the list (inaudible) preschool, pre-K. The other thing you don't do with a regular kid, you don't jump on toddler kindergarten.

The way these therapists do things in ABA, they're just scattering the skills all over the planet. A normal kid develops in steps. We were all taught if you teach something out of order to the brain it's harder to undo the negative than if you learned it right to start with. These therapists the way they're doing things they're layin' a whole field of disaster in there, okay.

So what you want the therapist to do is start from the bottom and as I would tell parents, let's imagine we're at the stage I'm showin' you. Okay you start workin' with Max on the CD Rom's. What I tell parents to do is let's imagine a toddler program is working on colors. Here click on a blue balloon. Okay, what I want you to do or the therapists to do is to go hey Max, let's go and he has to be a little brighter when I say this to you. But hey Max, let's go see what's blue in the room. Let's go see what's blue in the living room. Let's find something blue outside.

So in a sense we do this, you're doin' it repetitively but it's different. That's how a normal kid learns. They're learning from their environment. They're learning from different angles you see.

BRENDA: Absolutely.

DR. GOLDBERG: So you don't just drill the kid ten times touch the blue balloon you know. Someone did that to me I'd tell 'em to take a hike.

TOM: And I don't think they do that.

DR. GOLDBERG: No I have a theory.

TOM: Only cause I've sat in on one, --

DR. GOLDBERG: No my gut feeling is the fact that he even wants to be there, they're not doing that, okay.

TOM: He's excited to get there and he doesn't want to leave.

DR. GOLDBERG: So my gut feeling is that, that, that the people are doing bad. But you talk to them. You make sure that they're understanding.

TOM: Okay.

DR. GOLDBERG: At least in Max's case this is a kid that was, that doesn't really have AWARD as used by Dr. Kanner. A way to think of this is he's been autistic but those autistic symptoms are coming from an illness. That's 100% statement to you.

BRENDA: Right, right. And I genuinely believe that as his mom, in seeing this progression or symptoms or these irritable be uncomfor5table, it's (inaudible)

DR. GOLDBERG: Correct. And --

BRENDA: (inaudible) He's bright, intelligent and he (inaudible)

DR. GOLDBERG: Again you strike me in a nice way as a very tuned in mom, okay. Think what your life would be like if when he starts falling into this, if the world said yes, your kid's ill. Oh he's got some autistic symptoms but he's ill. We've gotta figure out what the illness is. Your lives would be so different. Let's get to a world that does that.

BRENDA: Right I feel like I'm fighting --

DR. GOLDBERG: That's the message. That's the message with your blog. That's the message what we're doing. It's time to have parents step up. Your children are ill and they deserve the same focus, the same attention that my parents had when kids had measles, polio. You didn't have a medical world ignoring it, you had a medical world tryin' to figure out what the crisis is. This is just as serious.

BRENDA: My personal opinion, this is my personal opinion on this whole take. Most people do not wanna do the work

where the (inaudible) they don't wanna take stuff away that you know --

TOM: It's hard.

DR. GOLDBERG: Again you're really in tuned. Yes you have a mixture out there, and, and what I've learned over these years, some of it out of real frustration is one is there's a set of parents and this is mostly your older parents, who literally (inaudible) accepted, resented it but accepted the loss of their child. They don't wanna hear about options. And this shocked me when I came into this, but (inaudible). It's like that was bad enough. So even when you open up a door that could be optimistic, they don't necessarily wanna open that door.

TOM: They don't wanna be disappointed again.

DR. GOLDBERG: They're part of the ones clinging to autism okay. Number two, parents have bought into autism. So therefore what we've done is made a world out there that says hey your kids are succeeding in what they are and a certain group of parents still think that's okay. It's not. If you throw the switch to disease, I would be pretty miserable if I was having parents accept that hey I have to be this dysfunctioned. But they're out there.

You have people that bought into alternative medicine. They're out there. Oh we're gonna do biomed. But what you

now have I believe is an enlarging group of parents who know their kids are ill, know something's wrong, know this isn't fixing. And that's the group you tap into. That's the group that will lead a revolution to say let's fix these kids.

BRENDA: I think I just don't understand why (inaudible) can't see it that way because honestly if you look at some of the kids even when I take 'em to ABA you could see like --

DR. GOLDBERG: The kids are ill. No, no, no, look you're right on track. The good note is I think again I think that there's a chance to pull parents together in the right fight. So my attitude is two-fold.

One is I will do everything I can to help your son. And not do something to hurt him. And then in a good way, let's see if we can get a world that says fix this because I believe that switch gets thrown out there, your need for therapists, your desire to help your son will get a (inaudible).

Okay right now you have to lead the battle in a form, okay?

BRENDA: Yes.

DR. GOLDBERG: All right. Max in all honesty has been a good kid. You consider us talking, this is totally boring to him. Okay --

TOM: Oh this whole trip has been turned his world upside down. He's been awesome.

DR. GOLDBERG: Again it only reinforces. Underneath this dysfunction, you've got a good kid there. And again I smile a little bit on the stubborn because stubborn is usually an intelligent kid, okay.

So let's see what we can do. Let, let, let what I'd like to do is get a look at Max. I will have my girls go over things with you. But again this gets into medicine. Everything we do is one step at a time. You don't throw as I have many parents startin' to realize, well you throw out everything on the wall and something might stick. No that isn't medicine. That's middle ages, okay.

So we do one step at a time. My girls will go over this with you. You (inaudible) This isn't like again like you're on your own, we work together.

BRENDA: Right.

DR. GOLDBERG: Okay.

BRENDA: And that makes me feel good because when he was diagnosed, the EE, the neurologist that did his EEG, the nurse, there's like (inaudible) autism doctor. I don't

have one. Nobody told you that and I'm like do you need my
(inaudible) doctor (inaudible) she's like yeah.
(inaudible) I don't have one.

DR. GOLDBERG: You know what, this is, this is again
forgive me. But this is the part, this is one of the
things that I understand right now. But it's terrifying to
me.

Now this mystique of autism when I write the myth of
autism that mystique means good neurologist will say hey
whose your, whose your AWARD doctor? Cause we know so
little we're lettin' those guys do things we would never
except in medicine. When I say the Mind Institute's gonna
do a trial with tetracycline, I don't believe one second we
would allow that if we thought your children were children.
When nobody knows what to do, anything's fair game. And
that's not acceptable.

BRENDA: Yeah.

DR. GOLDBERG: Let's get back to a medical world that says
your children are children. They deserve pediatric care.
Then we change it. Okay.

So what I'd like to do is go get a look at Max.

BRENDA: Okay.

DR. GOLDBERG: I'm gonna have my girls setup depending upon
your insurance whether we could do it here or you have to

do it back home, he's a little kid. So I'll probably get about three quarters of blood I want. And then we'll fill in the rest of it with the next draw. Okay we don't need to, you know if we can have the basic immune viral things drawn, then what I would like to do is start something called Valtrex while we're waiting to go over the blood results. And think of the Valtrex as making his own test. Essentially this was part of what got me to get researchers to listen.

Again like (inaudible) what do viruses have to do with autism? Well if I could put a kid on Val, on an anti-viral they'd go through a kill off, they'd come out brighter. I don't do this anymore. I would pull the anti-viral then go back into the (inaudible)

TOM: I read that part in your book.

DR. GOLDBERG: Okay now that got the researchers to say okay Mike, we don't know what you're treating but it has to be a herpes virus. (inaudible) can't treat other things, okay. And that was probably got them to say okay we gotta figure out what you're talkin' about.

BRENDA: Right, right, right.

DR. GOLDBERG: So literally by the time we talk, we'll have the blood work. But if you, if we start Valtrex nothing happens, at least in theory it says there's no active

virus. With the history you're giving me, with his stuff, I think the chances of getting a dye off kill off of probably about 95%, 98%. And if that happens, again you'll be updating us, but the whole key is he's got to come out of that. He's got to start getting better.

BRENDA: Right, right.

DR. GOLDBERG: And we go step by step. Okay?

BRENDA: Is he gonna, do you think, would he be a candidate for the SSR --

DR. GOLDBERG: He probably will be. I think he will be. In essence probably one of the things that's changed me compared to when I started even trained as a pediatrician, I was reluctant to give a (inaudible) for a little kid SSRI. (inaudible) wait a minute. His brain has already missed (inaudible) development.

BRENDA: Right.

DR. GOLDBERG: You know part of your changing from 2 to 5 is the whole kid changes. That's been missed. So if I have a fully bright alert kid, I'm, I'm happy. But most of the time, I'm much quicker to go to the SSRI and it's made a difference. I got a lotta kids responding much faster than I had because we all (inaudible) When we get to the SSRI as I talked about the in the book, the whole key is the principle is consistence of temple lobe. But each kid

is different. And we have to make sure whatever we do works and agrees with Max.

BRENDA: Right.

DR. GOLDBERG: That's a promise. Okay?

BRENDA: Will he be like you know the neuro (inaudible) that you had to measure the, (inaudible)

DR. GOLDBERG: No in this case what we will do and your kid fits, and what I got used to, in a world that doesn't have data, we were 133 scans when I stopped counting okay and they were unfortunately completely consistent. You had variations but it was always the temporal lobe hypo profusion. Sometimes some frontal lobe stuff. Now unfortunately under Dan I'm seeing Parietal occipital lobes injured that were always normal.

So when I get upset out there, there's a reason okay. But in your son's case you didn't fall into that stuff. So this is brings me back to kind of where I'd gotten to. Eventually I stopped running a routine spec because you don't need that to tell me we're startin' off at a point. What we'll do is we'll get a spec, somewhere between six months and a year. Hopefully we gotten to a spot that he's doing good, then it will help me say okay have I covered everything? Am I missing something? But I don't need one to start. Okay.

BRENDA: And does he, do you, how long do you think he'll be on the anti-depressant?

DR. GOLDBERG: That depends on the kid. If, if he's totally well you don't need anything. If he's good but we're still fighting, see this is what I'm used to more likely. On getting kids well faster. But if they're still fighting immune stress, you need to maintain that. As the years go by it's gotten easier for me to get a kid well, but I've had more kids that I have to maintain and that's my push. It's time to get to the next level and get to the meds that would end that.

So I, I have kids that I've had to use medicines long-term but they are great kids. But my goal is, is if we could get this to be picked up by more people, then we'll get the pressure to get to the next level and make it easier.

BRENDA: Cause I feel like he's so young or younger than you know --

DR. GOLDBERG: In a sense his being young you're not doing bad things should make him easier to get him on track. Whether that means he snaps all the way out of this, or we have to maintain that's what we'll know by him. Okay.

BRENDA: And should I get allergy tests than for me, for him, for my other two kids then?

DR. GOLDBERG: You know unfortunately again the allergy testing is the classical IGE rash testing is not real accurate. You could do it somewhere along the line like what I send off to (inaudible) and you know with an IGG for test might be worth looking at. (inaudible) when we look at your husband you look at you, a safe statement to me is every one of you in the family should be off of dairy, off of whole wheat and whole grains. And you're gonna cover 90% of the issues that way.

BRENDA: Yeah we, we don't eat that way well because carbohydrates we've (inaudible)

DR. GOLDBERG: So you're, you're, you know in my mind we gotta get a world that starts looking at all this. Getting people answers. But as a temporary point, if you start with, with yourselves and your other kids, no dairy, no whole wheat, whole grains. I might throw in avoid tropical because anything tropical is something that's not native to us.

BRENDA: Right.

DR. GOLDBERG: You'll be covering about 98% of the stuff. Okay?

BRENDA: Yeah.

DR. GOLDBERG: All right.

BRENDA: I can't tell you how happy we are that you're --

DR. GOLDBERG: Well on one hand I will say it's a pleasure to meet you. And I don't just say that lightly. You've both are very tuned in people. But on the other hand I don't get happy meeting you because I don't want this happening out there. We've got to get back to a world that says fix your kids.

BRENDA: Right.

DR. GOLDBERG: So let's see and let's see what we can do. Max is a good kid. Let's bring him back there. And let's get a look at him and we'll start on this, okay. All right. Now the fun begins my friend.

NURSE: I'm gonna go over a few things with you guys and then also we're gonna schedule your next, you guys are from out of state?

TOM: Yes we are.

NURSE: Okay so your next appointment would be over the phone.

TOM: Okay

NURSE: And that'll be around four to three weeks maybe a little bit longer.

TOM: Okay (inaudible) Dr. Goldberg then?

NURSE: Yes. All your phone calls are gonna be with Dr. Goldberg. And the way that works is we'll schedule it like

a regular appointment for example let's say like um 2:00 PM Pacific time, our time.

TOM: Okay.

NURSE: You guys would call us at that time, check in with us.

TOM: Okay.

NURSE: And we'll let you know at that point how he's running. Right now he's in the around time. So --

TOM: He's a doctor.

NURSE: Yeah. Around time. So we'll let you know how far behind he is. We'll get your phone number, we'll call you back at the best number and then when we call you back you would call us back and we'll place you on hold to give you to him.

TOM: Okay that's fine.

NURSE: So we're pretty much going back and forth for a couple times.

TOM: To coordinate that's okay.

NURSE: Yes. And uh also before each consultation did he mention anything about starting the medication?

TOM: Yes.

BRENDA: Yeah he did --

NURSE: After blood work. Yeah if we get the blood work he's gonna start a medication and a week after starting you would send us an update.

TOM: Okay.

NURSE: He requires updates on his patients every seven to ten days. Or any time in between the seven to ten days if you feel your concerned, something's going on with him, he's reacting some kind of way. You just have that gut feeling something's goin' on you can send us an update and what you think is going on. His signs and symptoms good and bad.

TOM: Can we send this back electronically or is that through the mail?

NURSE: Hmm huh. You can fax it to us or you can kinda copy and scan it, or copy similar format and e-mail it to us. Our e-mail and our fax number, everything's on here. And there's a 24 to 48 hour turnaround time for us to respond back to you.

TOM: Okay.

NURSE: If you send it to us e-mail, we'll probably reply back to you e-mail.

TOM: Okay.

NURSE: If you send it to us fax, you'll get a verbal phone call from us.

BRENDA: Okay.

NURSE: And um for (inaudible) I'll give that back to you. This is our patient policy, what we expect of you guys as patients with Dr. Goldberg. You know let me go grab the third sheet to this.

TOM: Okay.

NURSE: I'll be right back.

TOM: Max, you're bein' such a good boy.

MAX: Bye.

TOM: I know. Not yet, we're almost done, okay.

NURSE: If I just need the date, his name and the signature there.

TOM: Okay.

NURSE: The date inside here.

TOM: Can I see the rest of it?

NURSE: Yeah this is, I'm gonna go over it with you guys right now.

TOM: Oh you're --

NURSE: Yeah. That's just to keep in the chart that you guys receive it. I'll briefly go over it and then when you guys arrive home or whenever you can go ahead and go over it thoroughly. All it is, talkin' about the first paragraph is that patients are due for appointments or

consultations every month unless told otherwise by the doctor.

BRENDA: Okay.

NURSE: Um parents, patient or the parents responsibility to insure that you have scheduled an appointment. So even after your phone consultation, he gives the phone, transfers you guys to us up front. If sometimes it's late at night and we're gone, he still stays and does his phone consults. So if we're not here, it's your responsibility to call us the next day as soon as possible to schedule that appointment or to pay for your fee. Cause if he books so quickly that patients wait till the week that they're due for the call and then they're pushed out for another month. And the appointment time is longer.

TOM: Okay.

NURSE: And the pay is more.

BRENDA: Okay.

NURSE: So we do highly recommend.

TOM: Okay.

NURSE: Sometimes you can schedule maybe two or three appointments. Like today you can schedule for September, oh you already scheduled for, we're in August. So September you can schedule for October and November as well

cause you guys are new patients. You guys are gonna be scheduled every three to four weeks.

TOM: Okay.

NURSE: Yeah. Until he sees improvement with him and he feels this is getting better than he'll push up the appointments a little bit longer.

BRENDA: Okay.

NURSE: And so that's what the first um, paragraph is about. And also let's see the second paragraph is patient's need follow-up lab work for the use of any medications. Blood work is done every two months. So he'll have blood work today and then two months from now he'll have more blood work. After --

TOM: (inaudible)

NURSE: Yes and he'll discuss that with you in the phone consult. He'll let you know I'm gonna order this, this and that. So when he transfers you to us everything he's telling you guys he writes in his chart.

TOM: Don't touch.

NURSE: So we look in the chart and we see that he has written lab work. So we'll let you know okay he ordered lab work. We'll mail that to you along with your invoice for today.

TOM: Okay.

NURSE: We send you an invoice letting you know it has a CBT Code, IC9's and all that, the amount. And if you pay over the phone it'll show your balance and that you paid.

But I think you guys have United Healthcare but they usually don't cover phone consultations.

TOM: Okay.

NURSE: You guys can submit that to insurance to get reimbursed.

TOM: Okay.

NURSE: And so as he'll we'll tell you you know we'll send you the, the, we'll put it on like a plain piece of white paper, it'll have the lab work and we'll have whatever checked off that he wants.

TOM: Okay.

NURSE: And it'll have everything so you guys can take that to your local pediatrician. If you have one at home or a lab out there.

TOM: Okay.

NURSE: And they'll forward it to us. And then once that is done, then we can go ahead and refill your medications. If you call us and we see there's no recent blood, there's a chance that the doctor can deny the request.

TOM: Okay.

NURSE: I mean he's really strict on that and the updates.

TOM: Good.

NURSE: Okay. And he's really strict on dates as well because if at any time something's goin' on with him, he'll wanna know and wanna he kept updated on what's goin' on with him. So he can have a better answer for you.

TOM: Absolutely.

NURSE: Also so that's for the blood work. And the third paragraph is about the updates as well. You guys can keep this. All (inaudible) symbol, (inaudible) explanatory, today's date, date of birth, his name, the weight is very important. Because if he does any medication change, he does everything off his weight.

TOM: Okay.

NURSE: So blood draw today, he's goin' off his weight as well. Then you would write the medication, the dosage and the day he started or the date of any change.

TOM: Okay.

NURSE: And also the weight and the dates are important. Then you'd write any positives on the medication. Any negatives on the medication, any comments you might have.

TOM: Okay.

BRENDA: He, he mentioned Valtrex what are some side affects to look out for?

NURSE: Hmm huh. He might have a die off sometimes the die off can kill off, can last for seven to twenty-one days.

BRENDA: And we're talkin' highly irritable, are we talkin' (inaudible)

TOM: What, what are the side affects that we would be --

BRENDA: Like looking for?

TOM; -- that we should attribute to the drug?

NURSE: You'll feel like he's not gonna feel good. Like he might catch a little slight fever. Like flue-like symptoms kinda. He can maybe sometimes be steamy. Very irritable. Just crying for no reason.

BRENDA: Okay.

NURSE: And then at times you can offer him Motrin or Tylenol, a couple of times a day.

BRENDA: Okay.

TOM: And what did you say that period was usually?

NURSE: From maybe 7 to 21 days.

TOM: Okay so as long as 21?

NURSE: Hmm huh. And then they won't last 21 but it sometimes it can last in between --

TOM: Not 21 years?

NURSE: No, no, no. 7 to 21 days.

TOM: Okay.

NURSE: And even though you call like he's having those symptoms you still wanna write it in there. The doctor might just tell you in the beginning continue present medications because you have to get through that die off period --

TOM: Okay.

NURSE: -- in order for it to start kicking in.

BRENDA: Okay.

NURSE: Taking its affect into --

TOM: Okay.

NURSE: -- his system. So you'd go ahead and do that. And um just you know keep us updated. Keep us in the loop of your child and that's our biggest thing. Also before phone consultations if it's been, you have a phone consultation coming up and it's been more than a week, we require one of these before every phone consult.

BRENDA: Okay.

TOM: Okay.

NURSE: So if you sent one maybe a few days before the consult, and nothing's changed since, it's a possibility we can use the same one. But he does like updates.

TOM: Okay we'll be very good about that.

NURSE: Yeah. And that's for you guys. I'll keep that. And then also the back part here is just as far as insurance. We'll submit and we'll submit whatever we can to the insurance, but whatever they don't pay the patient's responsible of course.

TOM: Yes.

NURSE: And the last one is the do's and don'ts of the diet. This is pretty much the little challenge of it all besides the medications. He does avoid all dairy products. Goats milk is okay, goats cheese is okay. Soy milk is okay. Avoid all milk chocolates. Dark chocolate's okay. Avoid all whole wheats, whole grains. He does recommend at mealtime rice, he used to but now he's saying limit rice. Sometimes don't even give 'em rice add potatoes into his diet. He's finding that rice is more, kids are more having allergic reactions to rice.

BRENDA: He's, he's one of those kids.

TOM: And the diet you just described is that what we already are?

BRENDA: Yeah we pretty much are except potatoes. I mean we don't know what's gonna affect 'em, so I eliminated potatoes.

NURSE: That can (inaudible) totally sensitive to everything, but also he does mention if he, the better his

immune system gets, the more stuff he'll be sensitive to. So more potatoes, all meats are okay just as long as it's grass fed. Chicken, chicken's okay. Fish is okay. As long as he doesn't have a reaction to it. Seafood okay. You wanna stay away from all tropical fruits. No mangos, no pineapple, no coconut. Nothing, no tapioca anything that contains tapioca in the ingredients is a no.

BRENDA: What about bananas?

NURSE: He can have his bananas, apples, oranges, even though, (inaudible) stay away from red and blue dyes. Red apples are okay. I think I have apples, bananas, oranges unless told to stay away from citrus. Grapes, the green, the purple, bananas, those, no berries.

BRENDA: No berries.

NURSE: No strawberries, no cherries, no blueberries, boysenberry, cherries. No peanuts, no almonds, no nuts of any kind. If he eats peanut butter and jelly, he prefers creamy peanut butter. He could have peanut butter just as long as it's creamy. No crunchy.

BRENDA: No we don't do peanut butter.

NURSE: And if he likes jelly he prefers grape jelly. No strawberry. If he gets jelly or yogurt or anything and the flavor is strawberry that's still a no, no.

BRENDA: Okay.

NURSE: If he eats yogurt, soy yogurt I believe sometimes can be okay. Just as long as it's not strawberry flavor. Also let's see sugars, if he drinks juice, we prefer it's diluted with water, half and half. (inaudible) carbs, less carbs the better. He only limits a couple slices of bread a day. So he could have a sandwich for lunch, breakfast he only likes Rice Krispies, (inaudible) or Corn Flakes. If he eats meat have a couple pieces of meat I believe bacon might be okay. If he eats French Toast, waffles or pancakes he wants that limited to one time every two weeks.

BRENDA: We don't do any.

TOM: So far you have not changed his diet.

NURSE: Okay.

TOM: I know it sounds like a lot but we've gone through the adjustment a while ago, so far you've made it easy.

NURSE: Yeah okay good. So pretty much everything is in here. You know about the sweets, limit sweets, all fruits if he does eat fruit, you want to limit his servings a day, maybe a couple times a day. A few pieces a day. You don't wanna overload him with maybe three bananas one day. Bread he likes and cheap white bread, Wonder Bread preferably. No bagels. One bagel is like four pieces, four slices of bread. So he doesn't want none of that. (inaudible) Pastas okay as long as you alternate with the dinner. You

don't wanna give him pasta every night. You know one night you could have maybe spaghetti, sauces are okay. Then the next night you want him on meats, vegetables, potatoes stuff like that.

BRENDA: Is there any vegetables he should stay away from?

NURSE: Um, I don't know he does, has been questioning like soy, I don't know the soy beans or peas.

BRENDA: Peas too?

NURSE: Stuff like that. It's kinda questionable.

TOM: The only thing he does like.

BRENDA: Yeah peas are like yeah that's one vegetable he will eat.

NURSE: I can double check with that. Cause see there might be a lotta stuff that's okay --

TOM: (inaudible) strawberries in shakes. What we've been doin' is most of his vegetables, has been improved comes to him through shakes or smoothies.

NURSE: Okay.

TOM: So actually there'll be a few things I have to put in now.

NURSE: Yeah like strawberries is --

TOM: Yeah and he gets a lotta strawberries.

NURSE: Oh yeah.

TOM: No, no, no. Over here buddy.

NURSE: You know limit sugars. (inaudible) for sugar no, no, brown sugar, corn syrup, fructose, natural fruit juices, glucose, jam, jellies, maltose, maple syrup stuff like that. And you know then he does mention that lunch time, lunch is a good time for leftovers again try to push extra protein. He's all for meats and vegetables. Overload him if that, if he will --

TOM: But you say grass fed is important.

NURSE: Hmm huh.

TOM: Is that because of the hormones. Yeah.

NURSE: Yeah. And any time you see something you might wanna give him or try, you can always send us the ingredients.

BRENDA: Okay.

NURSE: And he'll go through the ingredient to make sure that it's okay. Sometimes he'll go through stuff and be like no, no, no.

TOM: No Max.

NURSE: A lotta stuff that contains like roots in 'em is a no no. Sweet potatoes he's okay with. Vegetable,

BRENDA: Oh sweet potato okay cause, okay. Is the fresher the better? Like instead of white, like I used to --

NURSE: (inaudible)

TOM: Well I used to feed him like sweet potato fries, frozen sweet potato fries. But I don't think it was, it didn't have anything on it. But that should be okay right?

NURSE: Yeah. He got French fries. If you know, if (inaudible) okay if you're wondering like a reward or something, um, he can have McDonald's, he's okay with that just as long as if he eats a cheeseburger it's plain. Just the meat and the bun. French fries he's all for it.

BRENDA: Okay.

NURSE: If he wants to you know reward him with a soda, I (inaudible) --

BRENDA: No we don't do (inaudible)

NURSE: Stuff like that he's fine with. Anytime you have a question about any foods or you just wanna let the doctor know to see if you're on the right track as far as his diet, you fan always keep a diary for one week. But he likes it real detailed for breakfast lunch and dinner what he's had for one week. And he'll go through it. If there's anything in there that he doesn't want or any stuff that he wants added he'll let us know and we'll let you know. And so at any time if you have any questions about anything, you can e-mail us or fax us.

BRENDA: Okay, okay.

NURSE: And we'll go ahead and ask him. If we're not sure if we can answer it for you we'll ask him.

BRENDA: Okay.

TOM: Max. Is that yours? He's so cute. He's been so good.

NURSE: I didn't have a babysitter today. I was like it's only two patients.

TOM: He's so great. You're a cutie you know that?

BRENDA: That used to be me with my mom except I had a twin sister too. So --

TOM: No Max, no.

NURSE: So don't hesitate to call us any questions, concerns. You know we'll us girls in the front will try and answer for you if we can't we'll let you know, we'll ask the doctor.

BRENDA: Okay.

NURSE: And we'll get back to you. And to any response there's a 24 to 48 hour but we try to get back to you as fast as we can.

BRENDA: Okay.

NURSE: Okay and then also we do keep on file like pharmacy phone numbers for future reference if he needs any refills a pharmacy that you use you give us, provide us with the fax number. So if you call and say oh he needs

his Valtrex, or Tennex whatever medication he's on, and we'll ask you to the number on file? Yes, and we'll take care of it.

BRENDA: Okay, okay.

NURSE: And then if you use Valtrex, generic, is a white tablet. The brand is a blue tablet which we said stay away from blue and red dyes. If it comes blue you can just kinda wet you know with a little bit on your finger and kinda just wet the blue off the tablet.

BRENDA: Okay.

TOM: So we should try to get the generic?

NURSE: Yeah if you can get the generic he's okay with the generic.

TOM: Okay (inaudible)

NURSE: So that way you won't have to bother with the, so you won't have to bother with the blue dye. Yeah. And so we'll give you a prescription for that today if we're able to get his blood, if not if you guys wanna try at home to get his blood, that's just, if we don't get it, then you call us and let us know --

TOM: Why would you not get it today?

NURSE: Well just if he's crying or he's stressed out or --

TOM: Oh we don't care about that.

BRENDA: You know what, hey, no we'll do it today.

TOM: We'll do it today because it's not gonna be easier at home.

NURSE: So there's a couple of us in here that you know parent, he'll sit on your lap. Does he do better layin' down or --

BRENDA: The blood draw?

NURSE: Yeah.

BRENDA: We hold 'em.

NURSE: Okay.

BRENDA: We hold 'em and that's how we did it, that's how I did it before.

NURSE: Okay so we'll have 'em sit on your lap. One will draw blood and one will just kinda steady (inaudible) hold his arms to get it. So I'm gonna go get the appointment book so we can schedule the appointment and then we'll come back with the um I mean for the blood.

TOM: What's your name?

NURSE: Nyla, N-Y-L-A.

TOM: Nyla.

NURSE: The first available would be September 8th on a Thursday at 4:20 Pacific time.

BRENDA: That's 6:20 okay.

TOM: That's perfect. Does he ever do videos?

NURSE: Skype.

TOM: Skype or like okay so he has the ability to do that if we wanted a face to face.

NURSE: If you wanted to he, yeah you would have just make sure in the update you give us your user name and so forth.

TOM: Okay. That's good to know.

NURSE: Yeah and then we just let you know you know if you're gonna Skype just to stay logged on I believe that way --

TOM: Then he just initiates that.

BRENDA: Okay.

TOM: Cause then he could see us cryin'.

NURSE: And let me go grab a card for you guys.