

POSSIBILITIES FOR AUTISM

Feel Better + Live Better

MARCH 29, 2017 BY BETH SECOSKY

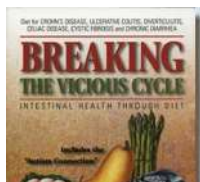
Diets that Heal: What are SCD and GAPS?

You may have heard of the many children and adults with autism and related conditions who have made dramatic improvements with the **SCD and GAPS** diets, and you may be wondering how SCD and GAPS are similar and different. In this post, I will outline how the two diets are similar. In my next post, I will outline how they differ.

Both of these diets are remarkable in that they have helped children and adults:

- Resolve digestive problems
- Improve absorption leading to healthy weight gain (or loss) and in children, growth
- Reduce/eliminate behavior, learning and mood-related conditions

In a broad sense, SCD and GAPS are the same. The SCD diet was developed in 1951 by Drs. Sidney and Merrill Haas. For many years, SCD was considered by many to be the most effective treatment for digestive disorders such as IBD, Crohn's, Ulcerative Colitis, Diverticulitis and Celiac. However, with the discovery that gluten is a major contributor to these conditions and the myth that medications can "bring these diseases into remission," SCD was almost completely eliminated from the medical texts.



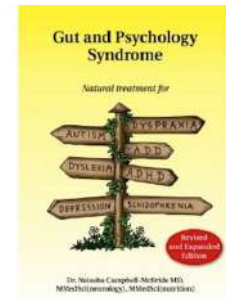
In 1958, Elaine Gottshall was able to heal her daughter's "incurable" ulcerative colitis with SCD. As she started seeing this amazing, effective diet being completely forgotten by the medical system,



SCD – *The Specific Carbohydrate Diet*

she became determined to keep SCD alive and wrote the book, *Breaking the Vicious Cycle*, which has become the official guide to the Specific Carbohydrate Diet.

In the 1990s, Dr. Natasha Campbell-McBride discovered the power of SCD in healing autism after using it to recover her son and other children in her practice. Dr. Campbell-McBride developed a healing protocol built around SCD. She called her protocol, GAPS, the Gut and Psychology Syndrome, because she learned that SCD and the protocol she built around it not only improves autism, it also improves psychological conditions such as depression, anxiety, ADD/ADHD, learning disabilities, bi-polar, and even schizophrenia.



GAPS – *Gut and Psychology Syndrome*

How SCD and GAPS are the Same

SCD/GAPS allow all healthy forms of protein and fat as well as “specific” carbohydrates. They eliminate sweet and starchy carbohydrates because those carbohydrates feed pathogenic bacteria in the digestive tract that cause digestive, mood, and behavior problems. The allowed food lists for these two diets are virtually identical.

Both diets allow certain dairy such as butter, cheese and fully fermented yogurt. However, most children with autism start with a dairy-free version of the diet because of the high incidence of casein sensitivity in autism and other neurological conditions. Casein is a protein found in all types of dairy from cows, goats and other mammals.

In addition, both diets have an optional “introductory diet.” SCD and GAPS’s introductory diets start with a small number of easy to digest foods and then add in a new food every 2 to 4 days. This strategy of slowly introducing new foods is called an elimination diet, and it allows you to watch carefully to determine which foods are currently tolerated. It will allow you to uncover sensitivities to some

foods without the cost of food allergy testing.

Some people choose to start with the introductory diet and gradually move to full-SCD/GAPS. Others choose to start with full-SCD/GAPS and may go to the introductory diet at a later time. There are many benefits to the introductory diet besides the ability to determine which foods are tolerated as mentioned above. The introductory diets also help users to heal faster because the easy-to-digest foods give the digestive system a rest and more quickly kill pathogenic bacteria.



Taylor's mom described her as 'The World's Pickiest Eater'. As pathogenic bacteria starved, she began to enjoy a variety of healthy foods.

I also find that picky eaters respond very well to the introductory diets because the pathogenic bacteria that are a significant contributor to picky eating are “starved” by the introductory diet. I find that within a few weeks, picky eaters open up to a wider variety of foods and even begin to truly enjoy healthy foods. In addition, parents find the structure of the introductory diet helps them overcome their own worries about finding foods for their picky eater because the choices are limited.

We started with the SCD introductory diet and worked our way to full-SCD. A while later, I wanted to experiment with the healing protocol of GAPS so we went to the GAPS introductory diet and gut healing protocol. In my next post, I will share my experience with SCD and GAPS and explain the differences in the two.

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