

**Calming Behavior in Children with Autism and ADHD:
The Electromagnetic Radiation (EMR)-Lowering Protocol
That Has No Cost Or Side Effects [Abstract](#)**

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In 2012, the Centers for Disease Control and Prevention (CDC) found that one in 88 children had autism. Two years later, in March, 2014, the CDC's *Morbidity and Mortality Weekly Report* presented a nearly 30% increase in this number. Now, one in 68 U.S. children has autism. The diagnosis is much more common in boys (one in 42--up from one in 54 in 2012) than girls (one in 189).

If this trend continues, then eventually, most boys will have autism.

Here, a pediatrician, two scientists and a father explore the environmental factors that may worsen illness in children with autism--and free protocols that may reduce the disorder's severity.

Toril Jelter, MD, general practitioner since 1985, pediatrician since 1990 In 2006, a two-year-old boy who'd been in my practice since birth was diagnosed with autism. The boy had delayed speech, high-pitched screaming and anxious behavior. During office visits, he crawled under my exam table to hide. An indirect test suggested that mercury was an issue--perhaps because the mother had eaten lots of mercury-laden fish during her pregnancy, hoping that the fish oil would make him smarter. A biochemist proposed chelating (eliminating) the mercury as a treatment for the child's autistic behavior. The parents asked me to monitor their son during this treatment. I declined, because I'd never heard of such a treatment. I knew about speech therapy and reinforcing good behaviors.

The family left my practice and found a pediatrician who monitored their child while the biochemist chelated him with DMSA.

Three years later, the family visited my office again. To my complete astonishment, the boy--now five years old--made fantastic eye contact with me and spoke normally. He had friends and performed above average without an aid in the classroom. I was shocked. I thought, *if one child can recover from autism, so can many more.*

Starting with a call to the biochemist, I began researching environmental and integrative medicine. I learned that in environments with less electromagnetic radiation, children with autism excrete greater amounts of heavy metals (a good thing). I learned that exposure to EMR from wireless technologies can impair a person's ability to detox.

I reviewed volumes of scientific studies and found that symptoms of heavy metal toxicity are similar to symptoms of exposure to EMR. I also saw overlap between autism and exposure to EMR. Scientists get curious with an overlap of one biological dysfunction. I saw an overlap of fifty, including genetic alterations, retina optic damage, increased inflammatory reactions, immune shifts, geno toxicity, increased oxidative stress, altered fetal development and increased auto-immune risks. The list goes on--which tells us that more research is warranted. Until then, there's no harm in trying a two-week electromagnetic radiation (EMR) reduction trial. I offer this protocol to families as my first approach for children with autism.

Two-week Electromagnetic Radiation (EMR) Reduction Trial

1. Turn off Wi-Fi at night for at least 12 hours. For Internet access, use a CAT 5 or 6 Ethernet cable.
2. Unplug all cordless (DECT) phones. Keep all mobile devices at least six feet from children and off in the car. (*If both parents agree, do not use any wireless technologies 24/7 for two weeks.*)
3. From the breaker box, turn off the electricity to your child's bedroom at night if you can do so safely. Keep a flashlight beside your child's bed. (Note: if you have a "smart" digital, transmitting utility meter on your home, avoid being near the meter for prolonged periods. Learn about your state's regulations; get an analog meter restored. Learn more about "smart" meters at www.electronicssilentspring.com.)

Before beginning the trial, parents need to fill out an autism treatment evaluation checklist to rate their child's sleep quality, behavior, mood and speech. Find a checklist at the Autism Research Institute's website, www.autismeval.com/ari-atec/atec_form.pdf.

After the two-week trial, fill out the list again, then compare the two.

For an even simpler evaluation, parents can name three of their child's biggest problems and quantify each of them from zero to ten before the experiment--and then again two weeks later. (Zero means no problem; ten means the worst imaginable.)

One of the first families who tried the EMR-Lowering Protocol had a four-year-old boy with an autism-spectrum disorder who had slept poorly for two years. At night, he climbed into his parents' bed. So his parents had not slept well for two years, either. Within the first week of their EMR remediation trial, the boy slept through the night, in his own bed.

After two weeks, I prescribed a multi-vitamin and pharmaceutical-grade, molecularly distilled fish oil. His appetite improved, and his bowel movements became regular.

Later, the boy's poor sleep returned, and he climbed into his parents' bed again. His mother thought he'd eaten too much sugar for Halloween. Then she learned that her older child had re-activated their Wi-Fi. Once she turned the Wi-Fi off again, the four-year-old started sleeping again, and his behavior calmed down. Within two months of reduced EMR exposure and taking the multi-vitamin and fish oil, his cognitive level improved two grade levels. His school principal and teachers were shocked.

Another family had an aggressive, non-verbal ten-year-old child with autism. Every night, the boy ran around the house, screaming from 10pm until 3am. This family lived on a military base with high levels of background EMR, so I doubted that the Protocol would have any effect. But the parents wanted to try it. They kept the electricity on in their son's room, but they eliminated their Wi-Fi at night and unplugged all of their cordless phones. Within three days, the boy's aggressive behaviors decreased, *and he spoke a complete sentence for the first time.*

Motivated, the family eliminated all of their wireless technologies 24/7. I also prescribed pharmaceutical-grade, molecularly-distilled fish oil for this boy. After three weeks with the Wi-Fi router turned off and daily fish oil, his nightly screaming stopped. His speech, digestion and sleep continued to improve. His anxiety--and his mother's seizure disorder--both decreased.

If an effect is not apparent within two weeks of the EMR-Reduction Protocol, I suggest that parents return to their original electronics usage, and again rate the child's three main problems from zero to ten. If no effect is observed, EMR may not be contributing to the child's illness, or the home's baseline EMR exposure may be so high that moving to an area with less EMR exposure may be the only way to calm behavior.

Of course, diet also plays a key part in children's health. The January, 2010 supplement to the *Journal of Pediatrics* reports that 40-80% of children with autism have gastro-intestinal problems that can be difficult to diagnose. A diet that is not right for a child can increase her vulnerability to environmental exposures. Likewise, optimal nutrition can increase a child's resistance to such exposures. For good information about optimal nutrition for special needs children, I recommend Julie Matthews' *Nourishing Hope for Autism* and Judy Converse's *Special Needs Kids Eat Right*.

This work has taught me to consider my office a lab: if a child becomes hyperactive in my waiting room and calms down outdoors, that gives me a clue that the home environment or my waiting room may need EMR reduction.

As researchers explore possible environmental contributors to autism, they'd be remiss not to include EMR. Indeed, we're all researchers now, in our high-tech world. Our children are like canaries in the coal mine. We might welcome our children's agitated behaviors as indications that we need to use technology more safely. By making technology safer, we are also likely to improve health for ourselves, wildlife and the planet.

Andrew Goldsworthy, PhD, is a retired lecturer in biology from Imperial College in the UK Some genetic forms of Autism Spectrum Disorders (ASD) can be accounted for by known mutations in genetic coding for ion channels that result in an increased concentration of calcium in neurons. This can lead to neuronal hyperactivity and the formation of sometimes inappropriate synapses, which in turn may lead to autistic behaviors.#1

Just after birth, a child's brain goes through an intense period of becoming aware of new sensory input, e.g. recognizing his or her mother's face, her expressions, and eventually other people and their relationship to him or her.#2 During this process, the neurons in the brain make countless new connections, and the brain stores what the child learns. Connections that are rarely used are pruned. The patterns that remain could become fixed into the child's brain. This pruning process is completed by the time of sexual maturation.#3

If the child is exposed to RF fields during this pruning process, the production of too many and often spurious signals will generate frequent random connections. These will not be pruned, even though they may not make sense. Because the pruning process in children exposed to RF fields may be more random, these children--who may have more brain cells than the rest of us--may lack the mindset for normal patterns of social interaction. This may then contribute to the various autistic behaviors.

Like mobile phone signals, Wi-Fi signals can also cause cell membranes to leak and calcium ions to flow through them in a relatively uncontrolled manner.#4 In the classroom, this may result in children's brains losing the ability to concentrate.

Further, electromagnetic radiation (EMR) such as that from Wi-Fi, cell phones and their base stations may affect the body like light does at night--and inhibit melatonin production. Melatonin is a sleep hormone and a powerful antioxidant. It can reverse oxidative stress that results from radiation.#5

While scientists explore further how EMR exposure reduces melatonin production and study whether EMR-induced oxidative stress contributes to autism--along with many other questions--we ought to *first, do no harm* to our children.

Wi-Fi should therefore be considered an impediment to learning, rather than an aid. Wi-Fi may be particularly hazardous to pregnant teachers, since exposing the brain of a fetus or a very young child to EMR may prevent normal brain development.#6

Because of genetic and environmental variability, not everyone will suffer the same symptoms. Some may not suffer at all. For the sake of those who do suffer, Wi-Fi is not a good idea in schools--or anywhere else for that matter. Cabled Internet access is a healthier choice.

Peter Sullivan, software designer From birth, our elder son (born in '96) got triggered easily, especially by noises and touch. At three, he was kicked out of preschool and diagnosed with sensory integration disorder (a symptom of autism). Our younger son (born in '99) seemed to develop normally. Then, at four, he regressed and stopped playing with other children. He, too, was diagnosed with autism.

I'd thought that autism was entirely genetic and that there was nothing we could do about it. Then I started reading about healthy children regressing into autism and others who'd been diagnosed with the disorder and *recovered* from it.

Meanwhile, I struggled with multiple food allergies. I heard constant buzzing. Tests showed that everyone in our family had high levels of toxic metals. Over several years, my wife and I detoxed ourselves and our sons. Our elder son calmed down, and our younger son started to make friends again. Everyone felt better.

Still, something was off for me. Sleep had become an issue.

For nearly two decades, I worked in the computer industry. Four years after detoxing from heavy metals, I started to realize that my nervous system got overloaded around flickering fluorescent lights and wireless devices.

We turned off our Wi-Fi and used Ethernet cables for Internet access. We quit cordless DECT phones and went back to corded landlines. We stopped putting cell phones near our heads, put them in airplane mode at night, and never used them with a bluetooth. We got demand switches to turn off the electricity to our bedrooms at night. I'm still exploring how to operate a solar power system without degrading power quality, creating electrical noise and causing biological harm.

Both of our teenagers understand the dangers of cell phone use; and, they both have them. At school, they're bombarded with Wi-Fi; but at least their night-time EMR exposure is very low.

Neither of our sons has autism symptoms now. Both have become high performance kids. Our elder son will start college this Fall.

In Silicon Valley, if one in 100 iPhones didn't work properly, the assembly line would be studied systematically, and the problem's source would be eliminated in a month. We need to respond to autism in the same way. We need to find the source of autism's dramatic increase and eliminate it--and give our children a healthy chance. As Frank Clegg, former President of Microsoft Canada, says, "We're not citizens for no technology. We're citizens for *safe* technology."

Endnotes

1. Hawley, T. and M. Gunner, "How early experiences affect brain development," (2000),
2. Huttenlocher, P.R. and A. S. Dabholkar, "Regional differences in synaprogenesis in human cerebral cortex," *J. of Comparative Neurology*, vol. 387, no. 2 (1997): 167-178.
3. Egghias, J. et al, "Dynamics of Pruning in Simulated Large-Scale Spiking Neural Networks, *BioSystems*, Vol. 79 (9); 2005.
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5. Lerchi, A. et. al (1991), "Pineal gland 'magnetosensitivity' to static magnetic fields is a consequence of induced electric currents (eddy currents)," *J. of Pineal Research*, 10: 1009-116. doi: 10.1111/j.1600-079X.1991.tb008261.x.
6. Krey, J. F., "Molecular mechanisms of autism: A possible role for Ca²⁺ signaling," *Current Opinion in Neurobiology*, vol. 17, no. 1 (2007); 112-119.

Advice to Fathers-To-Be, Pregnant Women and Parents of Young Children On Reducing EMR Exposure

By Cindy Sage, MA

Sage Associates www.BioInitiative.org

DO NOT DO THIS

No cell phones in pants
pocket or on the belt (men)

Moms, no cell phone use
during pregnancy

No wireless laptops

At school, no iPads,
no wireless computers

In the house, no wireless
routers

No cell phones, particularly
iPhones

No cordless (i.e. DECT)
landline phones

No baby monitors or
wireless surveillance devices

No compact fluorescents (CFLs)

DO THIS INSTEAD

Keep phone on the desk away from
body (protect sperm quality and motility)

Moms, use corded landlines

Wired computers and laptops*

Wired classrooms, wired Internet

Cabled (wired) modems**

Corded landline phones

Corded landline phones

Use your eyes and your ears

Use incandescent bulbs.

* At least unplug the Wi-Fi when not in use during the day and overnight while sleeping.

** Be sure to get a non-wireless router as your firewall. Most routers operate wirelessly by default whether or not you use them wirelessly. Also, you will not be able to tell if it is transmitting wirelessly unless you measure with an RF meter.

Resources

“Autism and EMF? Plausibility of a pathophysiological link–Parts 1 and 2” by Dr. Martha Herbert (pediatric neurologist at Harvard Med Sch) and Cindy Sage (co-editor of BioInitiative Reports) in Pathophysiology 2013.

www.BabySafeProject.org posts an excellent, brief video about the effects of in utero cell phone exposure on children’s behavior.

BioInitiative Reports 2007 and 2012; www.bioinitiative.org; 1800 peer-reviewed studies about the bio effects of exposure to EMR. Co-edited by Cindy Sage, MA and David Carpenter, MD.

Buie, T., “Evaluation, diagnosis and treatment of GI disorders in individuals with ASDs: A Consensus Report,” Pediatrics, 2009-1878c.
Doi:10.1542/peds.

www.centerforsaferwireless.org has info about cell phone towers and antennas on school property.

Citizens for Safe Technology offers concerned parents a Wi-Fi non-consent form that educates adults in a school community about Wi-Fi and children’s health. www.c4st.ca.

Dunkley, Victoria, MD, Reset Your Child’s Brain: A Four-Week Plan to End Meltdowns, Raise Grades and Boost Social Skills by Reversing the Effects of Electronic Screen-Time, New World Library, 2015.

www.resetyourchildsbrain.com

Mallery-Blythe, Erica, MD, “Children, Radiation and Health,”
<https://www.youtube.com/watch?v=sNFdZVeXw7M>

www.saferemr.com Peer-reviewed studies about the bio effects of EMR exposure, posted by UC/Berkeley Schl of Public Health.

Singer, Katie, An Electronic Silent Spring, Steiner Books, 2014;

www.electronicssilent.spring.com.

www.youtube.com/watch?v=O3iRrVQPDBk; Dr. Toril Jelter speaks about EMFs, Autism and Child Behavior.

National Association for Children and Safe Technology; nacst.org.

Take Back Your Power, Josh del Sol’s film about “smart” meters and health.

www.TakeBackYourPower.net.

www.WiFilnSchools.com