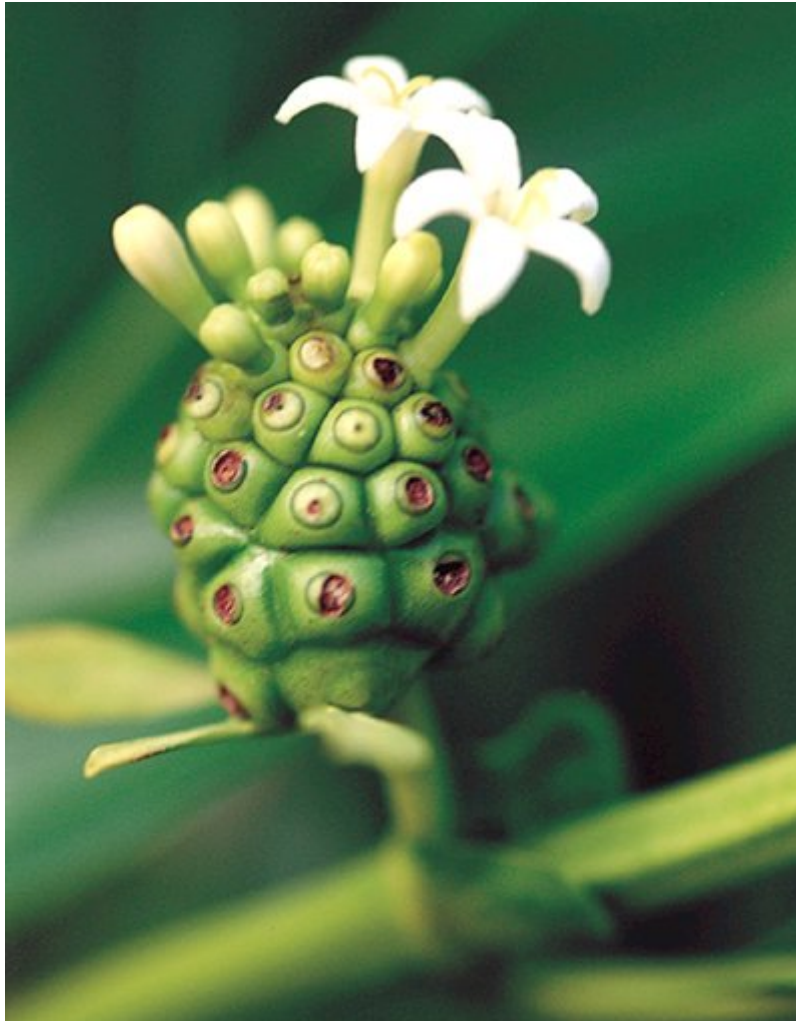


Take Control of Your Health



Autism

A Special Report by Dr. Richard Williams

Presented by

www.AskDrRichardWilliams.com

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For questions or comments concerning Noni use directed to the author, please send an email to DrWilliams@AskDrRichardWilliams.com

These documents are for educational purposes only. They are not intended to diagnose or treat. TNJ is not a medication and is in no way therapeutic or directly affects a disease or condition. The fundamental nutrients in TNJ support many of the systems of the body and, thus, improve the outcome of standard care. Improved system function is the true basis for Prevention and Optimal Health.

Taking personal responsibility for your health and the health of your family is vital. Educate yourself and seek information on all of the aspects of a healthy lifestyle. Learn how to manage the inherited or acquired health challenges you face. Understand the benefits of proper diet, adequate and special nutritional supplementation, and exercise, and stress management, emotional and family support. Become a team member with your doctors. Ask questions and make informed choices.

The information and guidelines in this booklet are intended to encourage personal responsibility and to supplement proper medical care. Have your doctor review and approve or modify these techniques based on your personal requirements.

TAHITIAN NONI[®] Juice (TNJ) is a trademark of Tahitian Noni International.

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Meet Dr. Richard Williams



Dr. Richard Williams

Dr. Williams earned an M.D. from the University of Miami, a Masters degree in Tropical Medicine from Mahidol, Thailand's premier medical university, and has been licensed to practice medicine in both the U.S. and Thailand. He is board qualified in Family Practice and had served as a U.S. Navy surgeon for 8 years. He has worked as a physician for circa 30 years, 19 of which were in Thailand. Dr. Williams was a regular volunteer to a number of Thailand's charitable foundations.

Tahitian Noni® Juice information by Dr. Williams includes:

- "Tahitian Noni® Juice & Modern Medicine" at www.AskDrRichardWilliams.com
- "Take Control of Your Health" DVD Sets available at www.AskDrRichardWilliams.com
- "Take Control of Your Health" Trifolds available at www.AskDrRichardWilliams.com

My experiences with Tahitian Noni® Juice (TNJ), a product of Tahitian Noni International, have been a revelation for me. An unexpected nutritional requirement plus the safety and efficacy of nutrients has changed my views on health and disease. The insights gained delving into the pathways of Noni's many benefits have helped to pull together very diverse elements of my own past as student, researcher, physician, athlete and coach. Time and available patients have not allowed us to cover the full spectrum of health problems and potential Noni benefits. Our work is continuing and we invite everyone who is interested in health, from a personal to a professional level, to join us in this exploration.

We are beginning to identify the specific connections between vigorous physical activity, diet and good health, as well as the hazards of a sedentary lifestyle. The earliest empiric lessons about a well-balanced diet and a well-balanced life are proven more valid the deeper we probe into stress and the metabolic syndrome. Clinical observations combined with advances in genetic and physiologic research have led to projections of the potential impact of this amazing product on the lives and futures of people around the world.

I am deeply grateful for the opportunities and support afforded me by so many.

Yours sincerely,

Richard A. Williams, M.D.

Tahitian Noni® Juice and Autism

Welcome to this Special Report on Tahitian Noni® Juice and autism. We first present basic information about autism, and then incorporate how Tahitian Noni® Juice interacts with the autistic individual to create a positive effect for a better lifestyle and a better quality of life.

Brief History

Autism is classified by the World Health Organization (WHO) and American Psychological Association as a developmental disability that results from a disorder of the human central nervous system. It is diagnosed using specific criteria for impairments to social interaction, communication, interests, imagination and activities. The causes, symptoms, etiology, treatment, and other issues are controversial.

Autism manifests itself "before the age of three years," according to the WHO's International Classification of Diseases (ICD-10). Children with autism are marked by delays in their social interaction, language as used in social communication, or symbolic or imaginative play, as cited in *Diagnostic and Statistical Manual of Mental Disorders*.

Autism is considered to be a neurodevelopmental disorder diagnosed on the basis of three behavioral impairments or dysfunctions: impaired social interaction, impaired communication, and restricted and repetitive interests and activities.

From a physiological standpoint, autism is often less than obvious, in that outward appearance may not indicate a disorder. Diagnosis typically comes from a complete patient history and physical and neurological evaluation.

Incidence

The incidence of diagnosed autism has increased since the 1990s. Reasons offered for this phenomenon include better diagnosis, wider public awareness of the condition, regional variations in diagnostic criteria, or simply an increase in the occurrence of autism spectrum disorders (ASD). The United States Centers for Disease Control (CDC) estimate the prevalence of autism spectrum disorders to be about one in every 150 children. In 2005, the National Institute of Mental Health (NIMH) stated the "best conservative estimate" as 1 in 1000. In 2007, NIMH estimated that the incidence was 2 - 6 in every 1000.

Theories

There are numerous theories as to the specific causes of autism, but they have yet to be fully supported by evidence. Proposed factors include genetic influence, anatomical variations (e.g., head circumference), abnormal blood vessel function, oxidative stress, and vaccinations. Their significance as well as implications for treatment remains speculative.

Conversely, some autistic children and adults are opposed to attempts to cure autism. These people see autism as part of who they are, and in some cases they perceive treatments and attempts of a cure to be unethical.

Characteristics

Individuals who have autism are physically indistinguishable from those without autism. Some studies show that autistic children tend to have larger head circumferences, but the significance in the disorder is unclear. Sometimes autism concurs with other disorders, and in those cases outward differences may be apparent.

Individuals diagnosed with autism can vary greatly in skills and behaviors, and their response to sensory input shows marked differences in a number of ways from that of other people. Certain stimulations, such as sounds, lights, and touch, will often affect someone with autism differently than someone without autism, and the degree to which the sensory system is affected can vary greatly from one individual to another.

Behaviors

Autistic children may display unusual behaviors or fail to display expected behaviors. Deciding how a child should behave is difficult because diagnostic tests must be objective, and because of this practitioners and researchers in pediatrics, child psychology, behavior analysis, and child development are always looking for early indicators of autism.

The diagnosis of autism must meet specific criteria, but there are also many characteristics that are idiosyncratic. Some behaviors cited by the National Institute of Child Health and Human Development may simply mean a normal delay in one or more areas of development, while others are more typical of ASDs — Autistic Spectrum Disorders.

Sensory System

Indicators of autism include oversensitivity or underreactivity to touch, movement, sights, or sounds; physical clumsiness or carelessness; poor body awareness; a tendency to be easily distracted; impulsive physical or verbal behavior; an activity level that is unusually high or low; not unwinding or calming oneself; difficulty learning new movements; difficulty in making transitions from one situation to another; social and/or emotional problems; delays in speech, language, or motor skills; specific learning difficulties/delays in academic achievement. However, it is important to remember that while most people with autism have some degree of sensory integration difficulty, not every person who has sensory problems is autistic.

Autistic individuals may sometimes also develop obsessions or routines around foods, restricting what is eaten to certain colors, textures, or types of food. Alternatively, they may obsessively avoid certain foods with similar characteristics.

Repetitive Behaviors

Although people with autism usually appear physically normal, unusual repetitive motions, known as self-stimulation, or "stimming," may set them apart. These behaviors might be extreme or subtle. Some children and older individuals spend a lot of time repeatedly flapping their arms or wiggling their toes while others suddenly freeze in position. Some spend hours arranging objects in a certain way, rather than engaging in pretend play as a typical child might, and becoming agitated if they are re-arranged or moved.

Repetitive behaviors can also extend into the spoken word. Perseveration of a single word or phrase can also become a part of the child's daily routine. Some may repeat words from movies and watch certain bits over and over again.

Autistic children may demand consistency in their environment, where a slight change in the timing, format, or route of a routine or trip can be extremely disturbing to them. Autistics sometimes have persistent, intense preoccupations. For example, the child might be obsessed with learning all about computers, television programs, lighthouses or virtually any other topic.

Causes and Etiology

The causes and etiology of autism are areas of debate and controversy. Researchers continue to study a wide range of possible genetic and environmental causes. Since the way autism manifests is different for each person, there are likely multiple "causes" that interact with each other in subtle and complex ways, thus, giving slightly differing outcomes in each individual.

Two environmental theories include the impact of vaccines on the immune system (of which a statistically significant link has never been found despite many attempts), and a more recent theory relating autism to high levels of television viewing while young. A correlation has also been found between autism and the mercury emitted from coal power plants, though the implications of this correlation are uncertain. Research claims also link

autism with abnormal blood vessel function and oxidative stress. This line of research may lead to new medical therapies.

Physiology and Neurology

Autism appears to involve a greater amount of the brain than previously thought. A study of 112 children (56 with autism and 56 without), published in the *Journal of Child Neuropsychology*, found those with autism to have more problems with complex tasks, such as tying their shoelaces or writing, which suggests that many areas of the brain are involved. Children with autism performed simple tasks as well as or better than those without.

In tests of visual and spatial skills, autistic children did well at finding small objects in complex pictures (e.g., finding the character Waldo in "Where's Waldo" pictures). However, they found it difficult to tell the difference between similar-looking people.

Children with autism tended to do well in spelling and grammar, but found it much more difficult to understand complex speech, such as idioms or similes when the meaning of the phrase is figurative. For example, they would not understand that "He kicked the bucket" meant someone had died, or were likely to actually hop if told to "hop to it."

Research has not yet established exactly what is specific to autism and what may be seen in other disorders. However, individuals with autism are far more likely to develop epilepsy than would otherwise be expected (estimated 10% - 30% incidence).

Genetic Component

A large database showing theoretical links between autism and genetic loci summarizes research indicating that the genetic influence may extend to every human chromosome. Some research posits that the chances that an identical twin of an autistic person will also be autistic are 85% - 90%. The increased probabilities of siblings having autism have been calculated at about 35-fold more than normal.

Accompanying impairments are also a common feature of autism. Some people with autism also have gastrointestinal, immunological, or neurological symptoms in addition to behavioral impairments. These associated complexes have also led to the search for specific genetic connections and help to focus on reasonable genetic implications.

Since genes provide the information for processes and structure at the level of the cell and its components during the growth and development of a human as well as maintenance during life, gene mutations (altered versions) and deletions (complete absence of genetic material) and possibly extra copies of genes would mean that the causes of autism begin very early. If a mutated gene fails to perform properly, then cells, proteins, enzymes and other crucial aspects of normal function may be significantly altered and operate incorrectly.

Deletions could mean the complete absence of a sequence of events due to missing proteins or cell components, for example. These genetic alterations

and deletions will simply bring about a changed structure or process which affects a great many other needed structures and processes.

Another important aspect of research in genetic factors is environmental effects and the incidence of autism. During the lifetime of a person, gene mutations and deletions may be environmentally triggered or exacerbated. Conversely, it may also be that environment will not be a factor and nothing will change the autism characteristics. For autism, the answer to these possible explanations is still being researched, and there is evidence that both may be true, simply because there is more than one way a person may develop autism.

Autistic Adults

Communication and social problems often cause difficulties in many areas of the autistic's life. A small proportion of autistic adults, usually with high-functioning autism or *Asperger's syndrome*, are able to work successfully in mainstream jobs, although frequently far below their actual levels of skills and qualifications.

Some have managed to gain self-employment. Others are employed in sheltered workshops under the supervision of managers trained in working with persons with disabilities. A nurturing environment at home, at school, and later in job training and at work helps autistic people continue to learn and to develop throughout their lives.

It is often said that the Internet, since it is almost devoid of the non-verbal

cues that autistics find so hard to interact with, has given some autistic individuals an environment in which they can, and do, communicate and form online communities. The Internet has also provided the option of occupations, such as teleworking and independent consulting, which, in general, do not require much human interaction offline.

Under the public law in the United States, the public school's responsibility for providing services ends when the autistic person is 21 years of age. The autistic person and their family are then faced with the challenge of finding living arrangements and employment to match their particular needs, as well as the programs and facilities that can provide support services to achieve these goals.

Many parents of autistic children also face financial difficulties, as they must often pay for essential support and therapeutic services. Furthermore, autism is often linked to poverty, because autistics who might qualify for financial assistance in one country are not eligible in another, because some nations do not recognize autism as a disability.

Basic Protocol of Autism and Tahitian Noni® Juice

What does Tahitian Noni® do? Let's start with people that are normal. You can measure the difference in function between the left side of the body and the right side of the body in almost everyone very simply with motor strength testing and with coordination of the left hand and the right hand. And people will be very consistently that way.

You can then give them 2 ounces of Tahitian Noni® Juice, wait 20 minutes, and you can see the normalization of function on both sides increase in strength on what would have been the weaker side and an increase in coordination on the uncoordinated side.

Most people are uncoordinated on the left side, so we'll pick on the left hand, but here we're seeing normal people. Pick anyone out of a group and you can measure the difference, because they function left and right, and, obviously, you've got one hand that works better than the other.

There are reasons for that, other than just handedness. There are actually dominants in the side of the brain that's functioning. But here you can measure significant increase in neurological function in normal people.

These same things occur in people that have developmental problems, so this is the first level of benefit they get. And we know this from a number of different things, that when you take 2 ounces of Noni on an empty stomach, the first measurable, noticeable benefit that we get is it opens blood vessels all over the body.

I talk about things not being passive. The impaired responses that we see in autistic children have to do with the way they relate to other people, the way they recognize faces, the way they can look at faces, and the way they communicate.

They don't have to be physically active to utilize these functions because they're interacting with their parents, brothers and sisters, therapists or teachers, and everything every day.

So, for a number of these aspects, there isn't a specific physical program that they need to do, but it's still not passive. It's an active interaction and function that's going on.

Again, we'll go back through this pattern. These are children who are verbally non-communicative. You talk to them and they do not respond well and they do not look you in the face. They don't communicate well that way. You don't have the recognition and you don't have the closeness.

These are children that are very frequently very much wrapped up in their own little world, and a lot of it is in a protective way. They cannot activate some of the protective mechanisms, and they have intense flooding of visual and auditory stimuli. They also have other physical stimuli that they use as well.

When you first start children with Tahitian Noni® Juice, the first thing that you notice is eye-to-eye contact, looking you in the face. The second thing that you notice is that you talk to them and they listen, they respond, and they'll turn and look at you, and they will begin to do the things that you direct them to do.

I'm working with a girl that's about 2-1/2 or 3 weeks down the line on Noni. She's four years from change and she's now beginning to say "Mama." At first she said it only indistinctly, but now she'll go around all day long saying "Mama, Mama, Mama, Mama." Her mother is delighted with this.

These are the steps in the progression of opening up the blood flow to the brain so that you can get the growth, and then the development, and then the integration.

Obviously, there's a lot of catch-up to do, depending on a child's age. Behavior problems can also come up. Can you imagine how frustrating it is to live in a world that you can't communicate and do things with, and yet, you have to be told to do this and do that and be constrained?

By the time that the children are 6 to 8 years old, they have become very frequently combative in the world that they have. In addition to the things that are going on, they're fighting the world that they live in. They're not happy in their world.

It's when they're in the age range of 4, 5, 6 that you also want to do things that are physical to help them with additional aspects of physical development.

When an infant begins to crawl, that infant will crawl with the arm and the leg on the same side at the same time, sort of like camels walking; you know, left/right, left/right. Both left legs move and both right legs move.

They will then switch over to where they crawl with the left arm/right leg, right arm/left leg. This is the early step of a cross-crawl pattern, and this is actually a pattern of neurologic evolution and development.

When they begin to walk, they walk like a chimpanzee does. They walk with the arm and the leg on the same side moving. It doesn't take them long and they switch over to the cross-crawl pattern, where they have the opposite alternate arm and leg movement.

You notice the chimpanzee never gets beyond the stage where they walk with that funny little waddle, with the arm and the leg on the same side. It's a pattern of evolutionary development. It is also very closely related to our ability to learn, to acquire information and language, and to communicate.

TNJ and specific activities and interactions will allow rapid improvement and development. Children age 3 or younger can take 2 to 4 ounces a day. Children age 4 and above should take 4 to 6 ounces a day. Daily changes may be subtle.

These benefits are seen with all persons, but most rapidly in young children. Younger children, 3 to 5 years of age, have less developmental delay and will respond, integrate, and normalize their interpersonal relations, including speech, listening, and non-verbal communication, faster than 8 to 10 year-olds and teens. They also have less problematic behavior from conflicts with parents, siblings, peers, and teachers.

The initial responses within 1 to 2 weeks include increased eye contact and facial expression; increased responsiveness to their name and verbal directions; increased verbalization and use of Mama, Daddy, and other names; increased interactive play rather than self play; increased tolerance and interaction with other children (sharing). There will be a decrease in verbal or physical “self-stimulation” as brain function increases. Sleep will be improved.

These benefits come, in part, from increased regional blood flow to brain areas previously unable to augment the flood of blood necessary to “turn on” full function. There is also support for neurotransmitter levels.

Autistic children are not usually well-coordinated. They run awkwardly and may flap one or both arms as self-stimulation. Observe a child 30 - 60 minutes after 1 to 2 ounces of TNJ and they will have better balance (for example, up and down steps) and run with more coordination and increased control of the weaker side, and with less arm flapping.

These benefits come from bi-hemispheric activation and integration of the brain. Cross-crawl patterning is stimulated (with all the learning and communication skills) and will rapidly increase with “tilt board” training and other motor skills activities.

Case Studies

This is one of the nicest stories that I have to tell about Tahitian Noni® Juice. I'll give an example of a four-year-old girl who was very disturbed, had been evaluated by two universities and three training programs, and could not be handled. The only one that could come close to her was her mother, and with anyone else she'd scream and hide and just be totally unapproachable.

She started on Tahitian Noni® Juice at 2 ounces a day, and within a week she was looking people in the face. And within two weeks, she was calling people in the household by name, and you could talk to her and she would respond.

At one month, she was able to go into the household of another family and also to friends of ours who had a 7-year-old girl and kittens and puppies, and she was able to play with the kittens and the puppies. That day was the first day that she actually got to be in the ocean, even though she actually lived her whole life at the shore.

That's a nice story, but the next step is that within another month, she had progressed to the level that she could be enrolled in a residential training program and be in the school from Monday through Friday, and then back home with mother just on Saturday and Sunday.

Her mother said, “I didn’t know what I was going to do with this little girl. Now I can see a future for her.” That is totally typical of the responses that we see with autistic children with Tahitian Noni® Juice.

A family had three autistic children and one that was ADHD. They were started on Tahitian Noni® Juice, and after three months they all had benefited greatly. There were two sets of twins. The boy was significantly autistic and had been under the care of the educational system in Hawaii with the same group of people for close to four years.

They were beginning to use a reading machine, and they were expected to have a progression of three different machines over a 1-1/2 to 2 year period of time. They thought that it would take two months of training in school before he could take the first one home and use it for about six months, and then another six months’ block for the second machine, and a six months’ block for the third machine.

Three months on Noni juice and they started him on the machine. He mastered the machine in a week and jumped to the next level in two weeks, that is, with people that had worked with him for four years. They knew what to expect. They couldn't begin to explain how he could make that kind of progress and to parallel his progress at home.

The ADHD sister was tested at Shriners Hospital and her IQ was 70. After being three months on the juice, tested at the same hospital by the same

group of people and with the same test, her IQ was 95. This degree of integration in brain systems is part of what Noni does.

We have never had an autistic child that has not responded. There are other things that we can do in the developmental pattern of this, e.g., exercises, things that we do with the learning and memory systems in the cerebellum and in the cortical area, but Noni will help all of these children.

There was another boy that when you looked at his face, you could see the apprehension. This boy was autistic. I asked his mother to put him on at least 2 ounces of juice a day, and better yet, 4 ounces a day. He was 6 years-old.

She said, "I think I'll just give him an ounce a day."

I said, "Well, you'll see benefit, but you'll see it faster and you'll see it more profoundly if you give more."

After about two months on 1 ounce of juice per day, he was a pretty happy boy.

This is one more of our autistic children who has had a great, continuous benefit from Tahitian Noni® Juice and is now able to do the things that will allow him to continue development. The entire autistic spectrum, all the way up to Asperger's syndrome, responds this way.

We've had people who were in their 20s, who are limited in the way that they interrelate with other people, where we are able to give them the juice and start them on a developmental program where they increase their ability to read, write, comprehend, and to relate to other people on a more appropriate basis. No autistic children that have been started on juice have failed to respond.

Tilt Board

Using a tilt board helps autistic patients to develop bi-hemispheric activation and integration of the brain that affects their motor skill activities, like balance. A tilt board can be constructed with relative ease for use at home or other safe location, and with regular use the autistic patient can enjoy a better lifestyle and a better quality of life.

This section includes additional discussion of developmental dynamics of autistic individuals and:

- How to construct and use a tilt board
- Additional case study
- A tilt board schematic

Children that did not learn to go through the full pattern of crawling and getting highly skilled at crawling, and then progress to where they walk and develop walk and run skills, actually have impaired evolutionary

development of the brain and the functions that are related to learning and communication.

We see this in a couple of different ways: 1) when you have a child that is carried all the time, where they don't learn to crawl, and 2) when you have a child that is put in one of those little round seats so their toes can barely touch the floor, so that instead of crawling on their hands and knees, they're just paddling along on their toes.

If they happen to be at the size where they can do the same thing with a tricycle, and if they don't crawl and learn to crawl rapidly and wiggle around and chase things and do that at an optimal level, if they get onto a tricycle too soon, the same thing happens. You will be able to see a significant difference in the pattern of function on the left side and the right side. You will see postural changes.

The easiest approach to helping the child develop better coordination and the one that is best taught for use at home is the tilt board. With conditions such as autism, ADD, ADH, and other learning impairments, when you put these children on tilt boards and teach them to balance and to juggle on a tilt board, and then teach them to juggle and talk on a tilt board while they're discussing things, you see a number of things happen.

Before instruction, many of these children are not confident and don't feel good about themselves. They start to do something, and then they'll run away to something different and avoid doing the activity altogether. They'll

give it a little half-effort, and then because they are not well coordinated left and right, they then drop that attempt, joke about it, laugh about it, shoo it away, avoid it, and don't learn to complete the attempt to master the task.

They don't practice and get better because they are very frustrated, and their neurologic deficit keeps them from being able to practice and get better. So, you have kids who are not happy with themselves or with the world they live in, and when they are first on a tilt board they think that it is impossible.

The best approach is that you make the tilt board a gentle game. But very quickly, as they realize that they're getting balance control, as they're balancing and holding onto you with both hands, looking down at the board and wobbling around, pretty soon they get to where they can be stable and steady a little bit, even though they're holding on with both hands.

And then they look up at you, and when they look up at you, they can see and understand that they're getting better at something. They're actually doing something and responding and getting better. And we're talking about seeing results in 5 and 10 minutes.

You see faces that were closed, unhappy and angry begin to open up. You see smiles that start in the eyes. As you continue the game, they get to where they can balance holding with just one hand to one of your fingers, and then they can balance without that. And then, you can start tossing a beanbag back and forth and watch these children open up and develop even more.

Construction

The techniques that are involved in doing this exercise are simple, but the equipment you can buy is very expensive for doing this. A soft half-ball with a flat surface on one side can cost anywhere from \$150 to \$250 U.S.

What I use is half of a 4-foot bookshelf that is 10 or 12 inches wide. You cut it into two (2) pieces. Cut those pieces of scrap molding and either a 1-1/2 inch dowel or a 1-1/2 inch PVC pipe as a pivot. And for \$2 to \$3 U.S. you've got a tilt board.

Totally, the tilt board is a home-based, do-it-yourself, less than \$5 setup, and it's a technique that will increase the ability to learn, balance, communicate and do things tremendously well, given prior limitations.

Now, how do you get beanbags? You get three socks of different colors and you fill them up with different weights of rice, or beans, or little gravel pieces, because a soft beanbag is easier to grab than a ball. Balls bounce too much.

Case Study

Let me give you an example. I was in Coff's Harbor, Australia to give a Noni presentation along with a good friend who has been teaching learning disabled children for nearly 30 years. I said to him, "I've got a technique that can bring kids up 2 or 3 or 4 levels in 15 or 20 minutes using a tilt board."

He looked at me and said, “There are no mechanisms that will do that. That’s impossible.”

I replied, “I don’t want to discuss mechanisms with you. I can go through that. I know what they are and do the things. But rather than having a discussion, what I’d like to do is tomorrow evening when we do this presentation, if you would let me have one of your hardest working, dedicated, but worst students and let’s see what we can do with him.”

We had a very appropriate 10-year-old boy who had a loving and dedicated mom, and we put him on the board. We tested him first at his level of being able to write his name, to write “Mary had a little lamb,” and to read a chapter in his book. But we took him beyond his level at that time.

We took him two or three chapters beyond having him read the paragraph, and it was painful to watch him try to write. He was struggling. He had his tongue stuck out, his jaw was clinched, and he was gripping the pencil with a death grip.

We put him on the board and he wanted to run away. He kept dropping the things and making a joke of it and wanting to get away from it. Pretty soon, he realized that he was getting better at it, and you should have seen his eyes open up.

We also did a reading test with him. We had him read from the book to his mother about 20 or 30 feet away, so he had to read out loud. It was in a

monotone, skipping, and in a very fixed, low level of voice, and he had virtually no comprehension with that.

When we went through 20 minutes with the tilt board exercise, finally, we got him up to where he was juggling the balls and having fun with them, and he was beginning to get a bit tired. You could notice that the pupils began to dilate a little bit and I said, “Okay, that’s enough. We’ve actually flooded the cerebellum with enough information that he’s now saturated, so we’ll just let him rest a minute.”

Again, we tested him with reading. But this time we went again two chapters beyond where he had read for us the first time, and he was able to read much more fluently without skipping and with modulation of voice. His mother’s eyes were just huge.

He was able to write two or three times as fast and he had comprehension. And that took place in 20 minutes.

And when I looked up to my friend, he said, “I’m building my board in the morning.” There was no discussion about mechanism, techniques, or the other things with that.

The impact of using the tilt board is that great, but it’s that simple, the things that you can do at home and these things that you can share with everyone.

Do you have to be learning disabled to benefit from this? No. I have taken gifted children that play piano and said, “Let’s have you play a new piece that you're struggling with, something that’s really hard for you,” and they struggle. And then I say, “Okay, come play on the tilt board.”

I put them on the tilt board and usually give them a bit of Noni as well, and then put them back on the piano. And in that period of time, the level of improvement is very clearly evident. Their eyes are bright and shiny and they're absolutely amazed they can do that. And we're talking about kids that are 10, and 12, and 18, and 20 that I’ve done this with.

Everyone at any level can benefit from the tilt board exercise. It is that simple and that straightforward, and this is the element that you add to Noni. You can add this to any existing training program without interfering or compromising the training program. We're talking about being able to show progress in 20 minutes and do it consistently three or four times a week and there’s a continual progressive improvement in function.

Demo and Schematic

The following pages demonstrate how to use a tilt board, where to place the feet and how to stand. A schematic on **Page 32** shows how to build a tilt board. One can be constructed with relative ease for use at home or other safe location.

Find out how this tilt board may help autistic kids improve their lifestyle. Visit www.AskDrRichardWilliams.com

Idea is to balance on the tilt board.



**It's simple, low-cost, and easy to build.
You can get the materials from any hardware store or D-I-Y shop.**

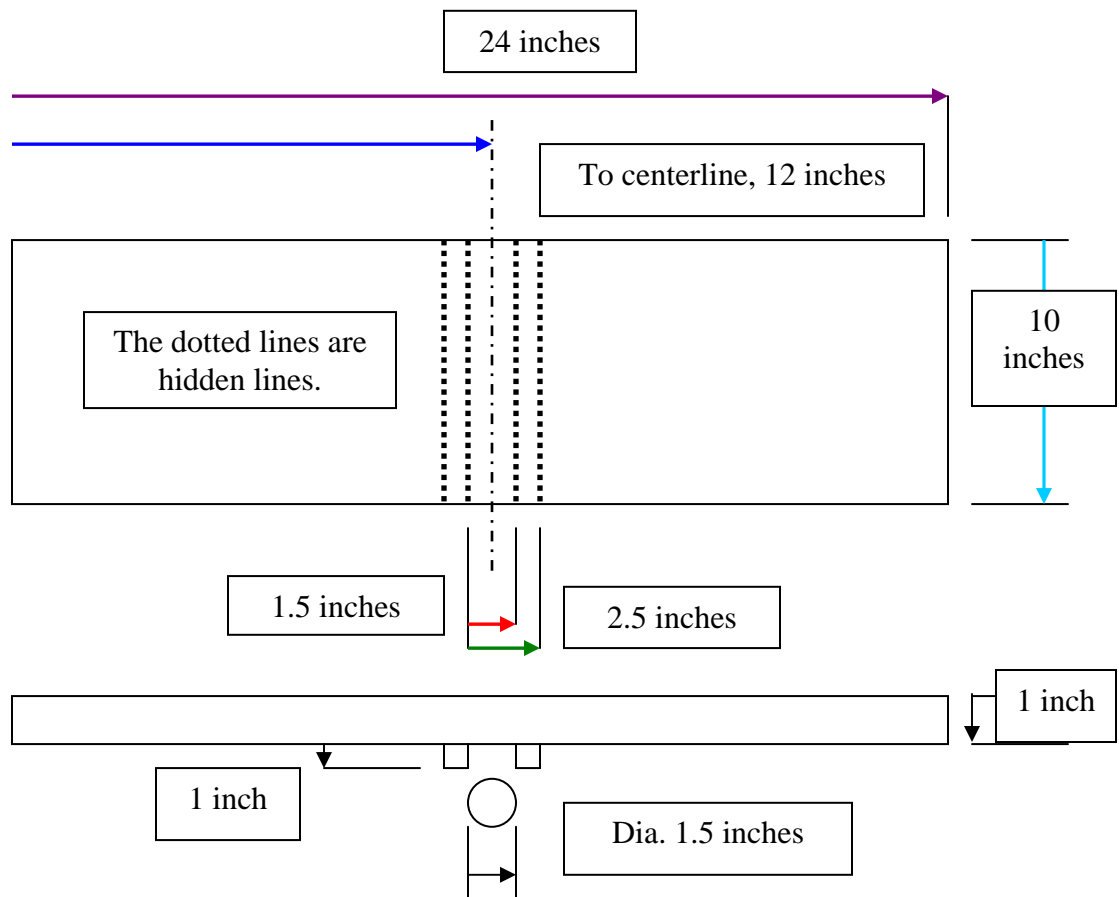
Idea is to balance on the tilt board.



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3-dimensional view of the tilt board.





Hydration and You

Instead of Feeling Energetic, Do You Feel Achy, Tired and Depleted of Energy After You Have Taken Noni Juice For A While?

----- **Hydration & You – Why You Must Stay Hydrated and How You Can Do So...** -----

Many people are significantly dehydrated and volume depleted. A senior physician in Australia prior to a big project decided to survey the community. He found that 85% of the people were significantly volume depleted. Add to that those that are sick and the numbers are even higher. When your volume is less than full, your blood vessels constrict around the smaller volume to provide some blood flow to peripheral tissues, just like putting your thumb on the opening of a hose so it will squirt further. When you take 2 oz of TNJ blood vessels all over your body dilate, and if you are not fully hydrated you get less perfusion, less food and oxygen to your tissues. You will feel achy, tired and no energy.

TNJ opens blood vessels and take the major load off the heart. It can put out more blood with each beat. TNJ increases renal blood flow and with ACE inhibition increases the amount of water and salts lost in the urine. Even if you were adequately hydrated when you started taking TNJ, if you do not drink extra salt and water for maintenance, you will become dehydrated in 2 to 3 weeks, feel achy and tired, and think that “Noni is not working for me anymore.” We also need more Potassium than is in our diets. Optimal Potassium is 5.0 to 5.2 mg/100ml of serum. Usual levels in the community are 4.0 to 4.5 mg/100 ml. Toxic levels begin at 5.8 to 6.0 mg/100 ml. Potassium is necessary to open blood vessels for hard work or exercise and to help the heart and muscles contract.

We recommend people get their salt requirement by either Gatorade or our "home-made gatorade" made by adding Morton Lite Salt a heaping 1/2 tsp, sea or table salt 1/4 tsp to a quart of water and flavoring (any flavor) to taste with a squeeze of lemon/lime and a splash of fruit juice or concentrate. If there is no high blood pressure (HBP), renal failure, or advanced liver disease, we replace losses with a liter of electrolytes daily for 3 to 5 days, then 1/2 liter 3 to 5 days a week, plus 1 to 2 liters of water every day.

Everyone drinking TNJ needs to stay well-hydrated with electrolytes and water. If you are tired, achy, out of energy, felt that “Noni is not working,” be sure to fill up with salt and water and you will feel great again.

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Get Started Today!

Get Started Today!

As a way of saying “Thank You” for reading this Special Report, we offer you the following FREE downloadable report on TNJ and the Asian Bird Flu:

“What Would You Do If You or Someone You Know Are Worried About the Asian Bird Flu (H5N1)?”

All you have to do to get this report is to join our private mailing list at www.AskDrRichardWilliams.com and the report is yours FREE.

In Addition:

You will find special resources to help you apply the principles from this book. By actively applying the principles, you can help many more people to “Take Control of Their Health.”

If you are serious about being a successful Tahitian Noni® distributor, visit www.AskDrRichardWilliams.com to find these resources now.

Thank You!

Join our mailing list to receive first-hand information on the use of noni juice at www.AskDrRichardWilliams.com

Take Control of Your Health



Tahitian Noni® Juice

The Full Immune Boost

- Day 1 to Day 4 >>> 1 bottle a day**
- Day 5 to Day 12 >>> 1/2 bottle a day**
- Day 13 to Day 72 >>> 8 oz a day**

Join our mailing list to receive first-hand information on the use of noni juice at www.AskDrRichardWilliams.com