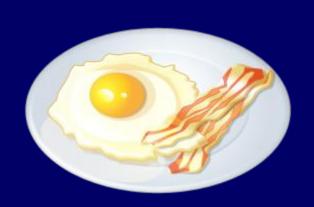
Low Carbohydrate Diets and The Brain





Eric H. Kossoff, MD

Medical Director, Ketogenic Diet Center
Associate Professor, Neurology and Pediatrics
Johns Hopkins Hospital
Baltimore, Maryland
July 9, 2010





Topics

The Ketogenic Diet for Epilepsy

What is the "Modified" Atkins Diet?

Other neurological disorders and low carbohydrate diets?

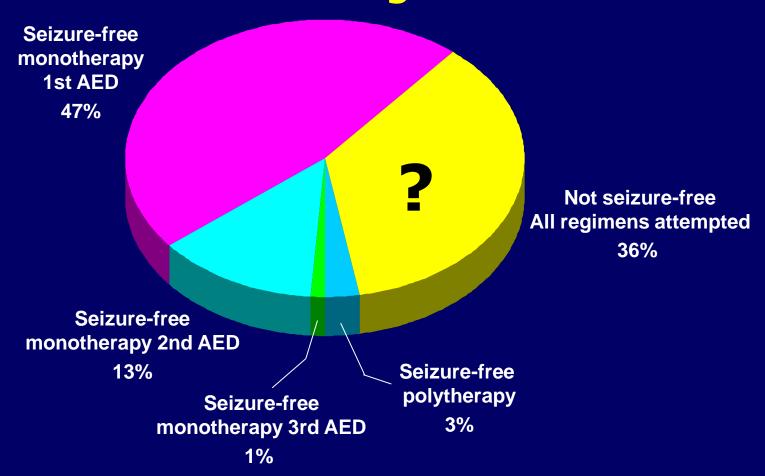
What is Epilepsy?

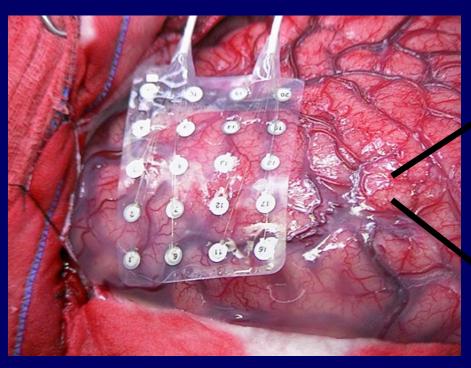
- Repeated seizures
- Electrical abnormality of the brain
 - Can be genetic or a structural cause
- Unpredictable and terrifying
- Medications started in most cases

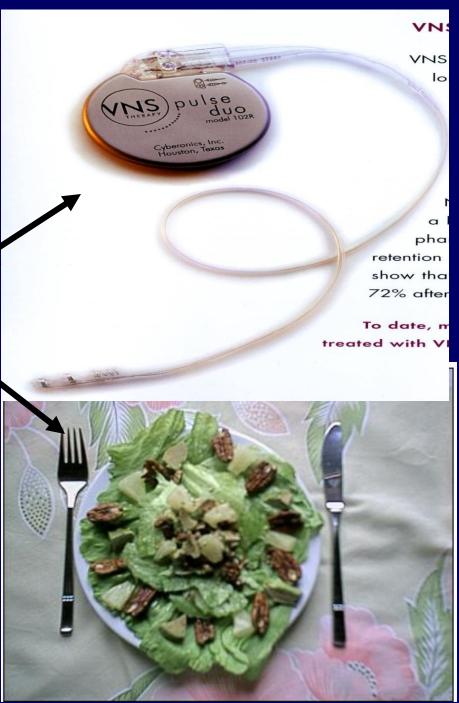




Seizure-Free Rates With Different Strategies







The Ketogenic Diet: Basics

- 90% calories are fat
 - 4:1 ratio of fat: carb+protein (grams) most common
- Fluid and calorie-limited
- Foods weighed on gram scales
- Typically started in the hospital over 4 days
 - 24-hour fasting period optional
- Children continued for about 2 years if effective









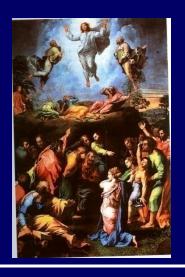












THE KETOGENIC DIET IN THE TREATMENT OF EPILEPSY*

A PRELIMINARY REPORT

M. G. PETERMAN, M.D. ROCHESTER, MINN.

1921



~400 BC

FASTING AS EPILEPSY CURE.

Osteopaths Hear That 22 Days on Water Usually End Fits.

LOS ANGELES, July 5 .- Epilepsy may be cured by fasting, Dr. Hugh Conklin told the twenty-sixth annual convention of the American Osteopathic Association, now in session here. Epilepsy, ac-

tion, now in session here. Epiliepsy, according to Dr. Conkiln, is caused by the improper functioning of certain slands in the bowels. By fasting for twenty-two days, taxing only water, a cure may be effected, he said.

"Many people," added Dr. Conklin, "fast thirty days and are never afflicted by fits again. The longest fast which any patient ever took under my direction lasted sixty days. Out of thirty-seven tests in which children were used as patients, only two still are affected by the disease. The children all were under the age of 11 years, but we effect cures in older patients in from 50 to 60 per cent. of the cases we undertake."



1911

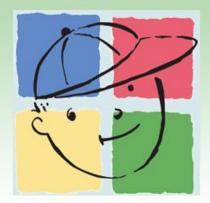
1938

30 mg 100 mg †Dilantin® Kapsea 1994

F.A.O. RESOURCES EVENTS FOUNDATION HOSPITALS CONTACT US

THE CHARLIE FOUNDATION TO HELP CURE PEDIATRIC EPILEPSY





OFFERING HOPE THROUGH THE KETOGENIC DIET

The Charlie Foundation to Help Cure Pediatric Epilepsy was founded in 1994 after twenty month old Charlie Abrahams, having endured multiple daily seizures, and failed every available anti-convulsant drug and one brain surgery, was cured of his epilepsy by the ketogenic diet at Johns Hopkins Hospital. The diet was undertaken despite resistance from the five pediatric neurologists he had seen.

When Charlie's parents realized that Charlie was but one of hundreds of thousands of children whose families were either not being informed, or being misinformed about dietary therapy, they started The Charlie Foundation... **READ MORE...**







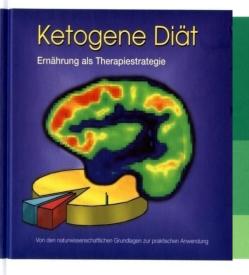








J. Klepper, B. Leiendecker, E.H. Kossoff



POCKET GUIDE KETOGENE DIÄT

The Ketogenic Diet Journey A Parent's Guide



sps

sps

Epilepsy and the **Ketogenic Diet**

Carl E. Stafstrom, MD, PhD Jong M. Rho, MD



KETOGENIC

A TREATMENT FOR CHILDREN AND OTHERS WITH EPILEPSY

> John M. Freeman, M.D. Eric H. Kossoff, M.D. Jennifer B. Freeman Millicent T. Kelly, R.D.





HELPING KETOGENIC DIET

DEBORAH SNYDER, DO

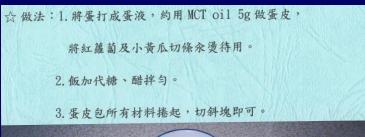
Dieetbehandelingsrichtlijn ketogeen dieet voor kinderen met refractaire epilepsie

Evidence-based handleiding voor een multidisciplinaire behandeling















ON DIETARY THERAPIES FOR EPILEPSY AND OTHER NEUROLOGICAL DISORDERS

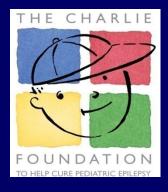
> April 2-5, 2008 The Ritz-Carlton Phoenix







Sponsored by The Charlie Foundation, CURE and Nutricia N.A. Hosted by the Barrow Neurological Institute at St. Joseph's Hospital & Medical Center





Epilepsia, 50(2):304–317, 2009 doi: 10.1111/j.1528-1167.2008.01765.x

SPECIAL REPORT

Optimal clinical management of children receiving the ketogenic diet: Recommendations of the International Ketogenic Diet Study Group

*Eric H. Kossoff, †Beth A. Zupec-Kania, ‡Per E. Amark, §Karen R. Ballaban-Gil, ¶A. G. Christina Bergqvist, #Robyn Blackford, **Jeffrey R. Buchhalter, ††Roberto H. Caraballo, ‡‡J. Helen Cross, ‡Maria G. Dahlin, §§Elizabeth J. Donner, ¶¶Joerg Klepper, §Rana S. Jehle, ##Heung Dong Kim, §§Y. M. Christiana Liu, ***Judy Nation, #Douglas R. Nordli, Jr., †††Heidi H. Pfeifer, ‡‡‡Jong M. Rho, §§§Carl E. Stafstrom, †††Elizabeth A. Thiele, *Zahava Turner, ¶¶Elaine C. Wirrell, ###James W. Wheless, ****Pierangelo Veggiotti, *Eileen P. G. Vining and The Charlie Foundation, and the Practice Committee of the Child Neurology Society

Table 1. Included Studies

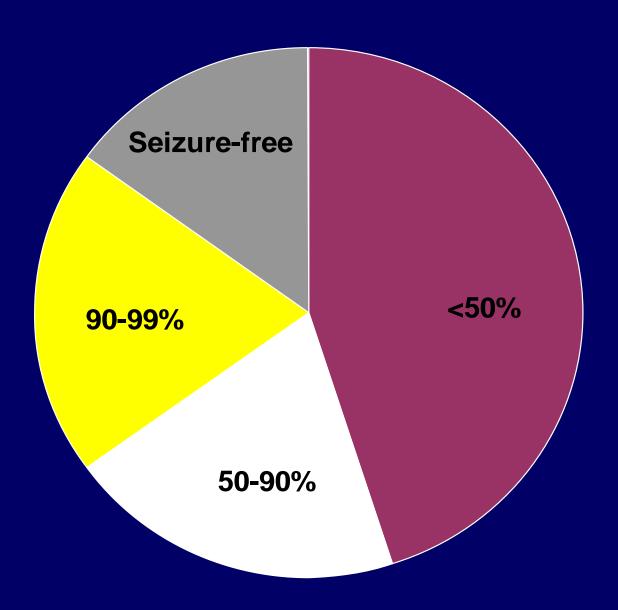
Study	Study Type	Year	Subjects (Total)	Duration (mo)*	Males	Age (yr) Mean (Range)	Diet Type	Strength of Evidence†
Hopkins and Lynch ⁷	Prospective	1970	34	24	_	(1.0-12.0)	CD	IV
Sills et al®	Prospective	1986	50	24	_	_	MCT	IV
Woody et al ⁹	Prospective	1988	15	24	_	2.4 (1.7-8.0)	MCT	IV
Vining et al ¹⁰	Prospective	1998	51	6	34	4.7 (1.3-8.6)	CD	III
Freeman et al ¹¹	Prospective	1998	150	48	85	(0.3-16.0)	CD	III
MacCracken and Scalisi ¹²	Prospective	1999	11	36	_	4.8 (1.0–12.6)	CD	IV
Kankirawatana et al ¹³	Prospective	2001	35	12	16	5.4 (0.2-12.0)	CD/MCT	III
Lightstone et al ¹⁴	Prospective	2001	46	6	26	5.3 (0.4-16.5)	CD	IV
Vining et al¹⁵	Prospective	2002	237	12	130	3.7 (0.2-9.8)	CD	III
Coppola et al¹6	Prospective	2002	56	18	36	10.4 (1.0-23.0)	CD	III
Trauner ¹⁷	Retrospective	1985	17	_	10	(1.0-13.0)	MCT	IV
Hassan et al¹8	Retrospective	1999	52	_	27	5.5	CD/MCT	III
Couch et al ¹⁹	Retrospective	1999	26	_	11	4.4 (2.0-11.0)	CD	III
Maydell et al ²⁰	Retrospective	2001	143	12	87	7.5 (0.3-29.0)	CD	III
Nordli et al ²¹	Retrospective	2001	31	_	18	1.2	CD	III
Wirrell et al ²²	Retrospective	2002	14	_	_	7.3 (1.0–16.8)	CD	IV
DiMario and Holland ²³	Retrospective	2002	48	12	16	6.5 (1.0–15.0)	CD	III
Kossoff et al ²⁴	Retrospective	2002	23	_	17	1.1 (0.4-2.0)	CD	III
Mady et al ²⁵	Retrospective	2003	45	_	25	14.4	CD	III

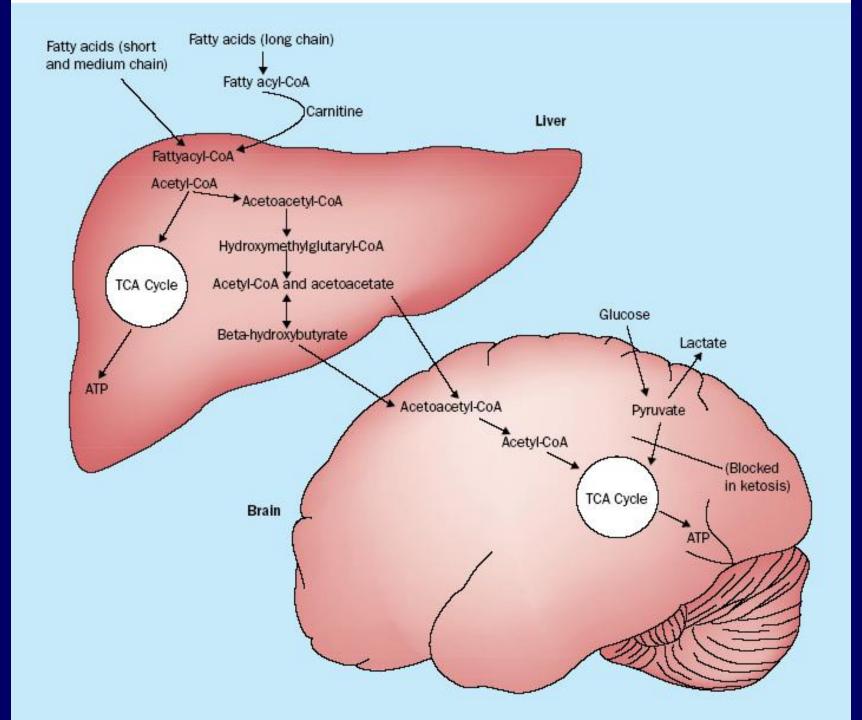
CD = classic diet; MCT = medium-chain triglyceride.

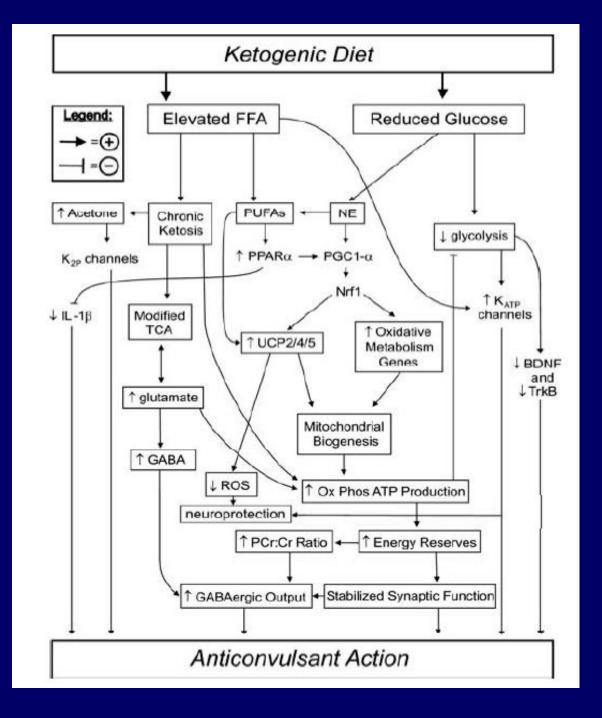
^{*}Total months on diet.

[†]Class I-IV based on a standard classification scheme for treatment studies (see Appendix).5

6-Month Seizure Reduction from Ketogenic Diet







"Ideal" Diet Situations

- Glut-1 deficiency
- Pyruvate dehydrogenase deficiency
- Infantile spasms
- Doose syndrome
- Severe myoclonic epilepsy of infancy (Dravet)
- Rett syndrome
- Patients receiving formulas only
- Combination therapy with vagus nerve stimulation
- Patients on zonisamide
- Recently worsened seizures

Ketogenic Diet: Side Effects

- Common (50%)
 - Constipation
 - Slowed weight gain
 - Acidosis
- Occasional (5%)
 - Reduced height velocity
 - Significant dyslipidemia
 - Renal stones
 - Gastrointestinal upset
- Rarely leads to diet discontinuation

Table 4. Supplementation recommended for children receiving the KD

Universal recommendations

Multivitamin with minerals (and trace minerals)

Calcium with vitamin D

Optional extra supplementation

Oral citrates (Polycitra K)

Laxatives: Miralax, mineral oil, glycerin suppository

Additional selenium, magnesium, zinc, phosphorus, vitamin D

Carnitine (Carnitor)

MCT oil or coconut oil (source of MCT)

Salt (sodium to add to modular formulas if used for greater than age I year)

All supplements listed should be provided as carbohydratefree preparations whenever possible.

FrederickNewsPost.com

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High-Fat Ketogenic Diet Diminishes Seizures For Local Man With TSC

Originally published June 24, 2008

By <u>Susan Guynn</u> News-Post Staff

New Market -- Joedy Atkinson eats chunks of butter and drinks heavy cream at every meal.

It's part of a special diet he's followed most of his 28 years. His mother, Eva Atkinson, is certain Joedy's high-fat diet is responsible for diminishing multiple daily seizures to a total of about 25 during the past 23 years.

At 3 1/2 months, Joedy began having seizures. He was diagnosed with epilepsy.

"Around 9 months, we noticed he wasn't progressing," said Eva. "His gross motor skills were fine," but when it came to making eye contact and speech, Joedy was lagging.

Further testing showed Joedy also had a genetic disorder called tuberous sclerosis complex (TSC). It causes benign tumor-like tubers to form in different organs, primarily in the brain, eyes, heart.



Photo by Doug Koontz

Eva Atkinson measures out meals for her son Joedy, 28, who has tuberous sclerosis and epilepsy. Eva says following a strict ketogenic diet for the past 23 years has reduced Joedy's seizures from multiple daily to about 25 since he began the diet around age 5.

What about years after the ketogenic diet is over?

- 101 families surveyed
 - Current age: 13 years (2-26)
 - Median 6 years post-KD
- Seizure control generally still good
- Labs normal
 - Mean total cholesterol: 158 mg/dl
- Height/weight/BMI normal
- No myocardial infarctions

Is There an "Alternative" Diet?

At CME

An Easier Diet for Epilepsy Patients

Bissett Schwanke first noticed that her 4-year-old daughter, Genevieve, was having tics in January 2004. Then, after she had scheduled an appointment with her pediatrician, she saw something new—a seizure. Visits to a local neurologist and tests confirmed her worst fears—Genevieve had childhood epilepsy.

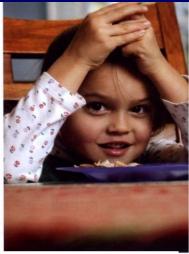
"It was pretty devastating," Schwanke says. "It snowballed from head nods to four to six seizures a day."

On top of that, the prescribed drug therapy seemed to have no effect. Antiepileptics take months to take hold therapeutically, she was told. But when Genevieve's seizures became even more frequent and intense in the spring of 2005, Schwanke consulted with Hopkins neurologist Eileen Vining. But Vining saw some improvement in Genevieve's seizure control and recommended that she stay with the drug therapy. Give it a real opportunity to work, and then consider other options.

Schwanke knew that the high fat/low carbohydrate ketogenic diet was effective in controlling epilepsy, but it had its drawbacks, including a required fast and a hospital stay during which families are trained in the rigors of the diet. Side effects include kidney stones, constipation and stunted growth. When she returned to Hopkins, Vining told her about a less-restrictive, modified Atkins diet that also produces ketones-a chemical by-product of fat that can inhibit seizures-but requires fewer restrictions on calories, fluids and proteins, and no fast or hospitalization, Also, Hopkins pediatric neurologist Eric Kossoff was conducting a small pilot study of this diet. When Schwanke still saw no success with the anti-epileptics by the fall, she enrolled Genevieve in the six-month study. The results were astounding.

"Within 36 hours she did not have another seizure, and she's remained seizure free," Schwanke says. "It was a complete miracle. We did not expect that kind of response."

In Kossoff's study, presented at a Hopkins neurology conference and a meeting of the American Epilepsy Society last December, 13 of 20 patients had a greater than 50 percent improvement in seizures, and seven had a greater than



90 percent improvement. In addition to Genevieve, three other patients were seizure free. Nearly half were able to reduce or completely discontinue medications. Also, side effects were low.

"Our findings suggest relatively good efficacy compared to the ketogenic diet," Kossoff says. "Our study wasn't large enough to say a modified Atkins diet should replace the ketogenic diet, but the results are encouraging and intriguing."

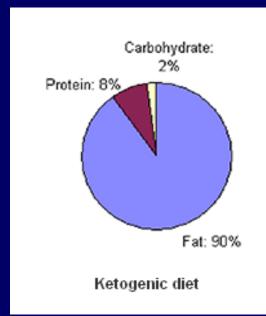
Schwanke couldn't agree more: "The meds wore her out. Now she's active, goes to school, plays with her friends. It's like we turned a page and got our child back." For more information, call 410-614-6054. \(\frac{1}{2} \)

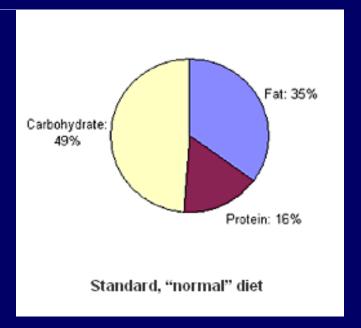
Topics

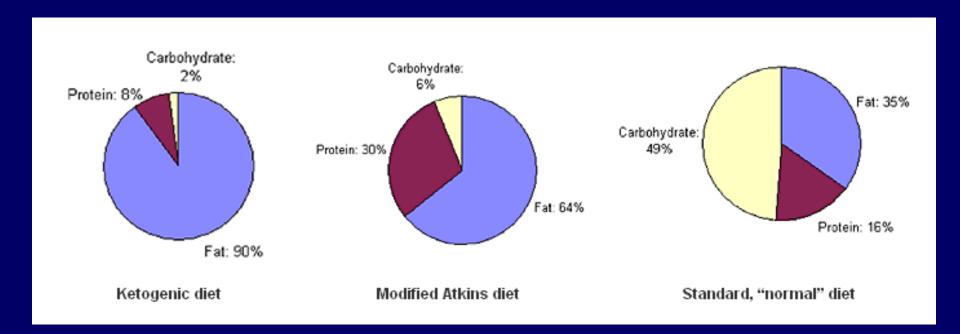
The Ketogenic Diet for Epilepsy

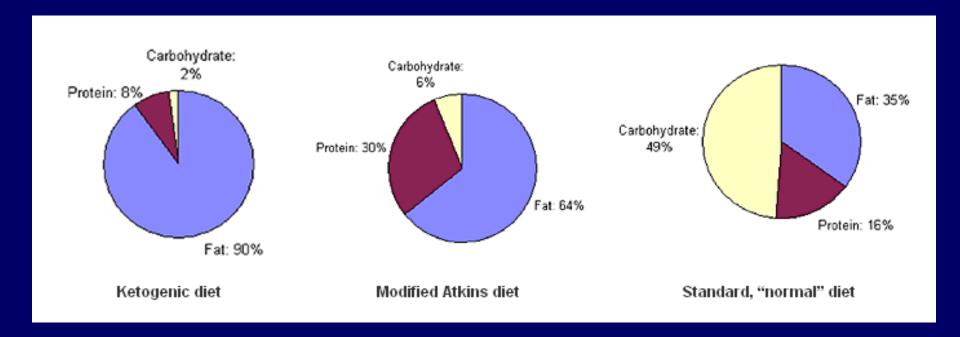
What is the "Modified" Atkins Diet?

Other neurological disorders and low carbohydrate diets?









- No calorie restriction
- No fluid restriction
- No hospital admission (clinic education)
- No weighing of foods on gram scales
- No fasting required

How is it "modified"?

Atkins

 High fat foods are allowed

Modified Atkins

 High fat foods strongly encouraged

How is it "modified"?

Atkins

 High fat foods are allowed

 Carbs 20 grams per day induction

Modified Atkins

 High fat foods strongly encouraged

 Carbs 10-20 grams per day indefinitely

How is it "modified"?

Atkins

 High fat foods are allowed

 Carbs 20 grams per day induction

Weight loss is a goal
 monitor calories

Modified Atkins

 High fat foods <u>strongly</u> encouraged

 Carbs 10-20 grams per day indefinitely

Weight loss not usually a goal

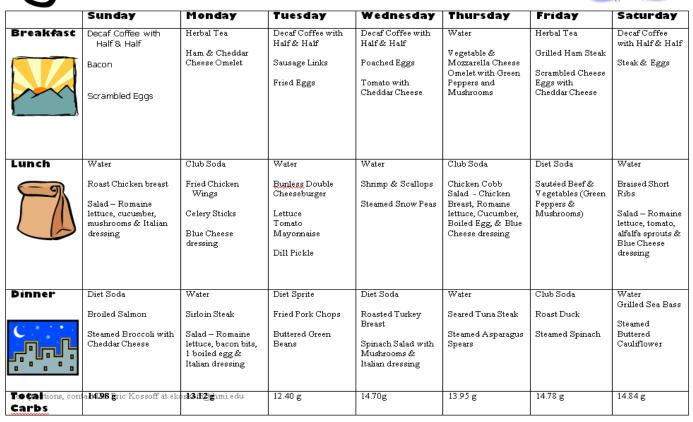
CARBOHYDRATE GRAM COUNTER

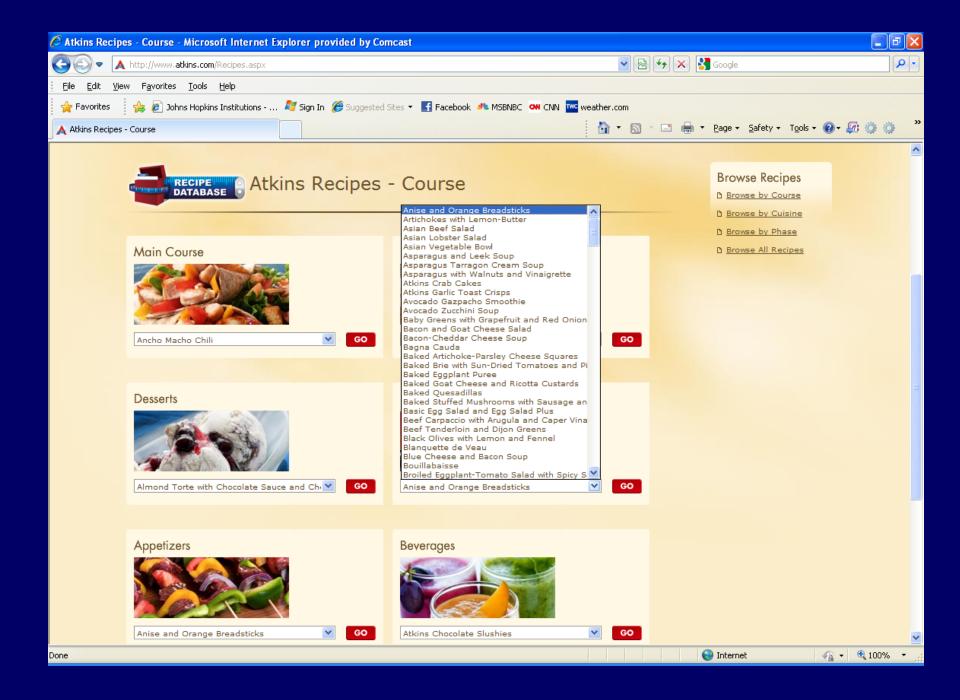
FOOD CARBOHYDRATE MILK PRODUCTS	GRAMS	Pancake (using dry mix)	17.4
Cream (light, 1 tbsp)	0.6	Pancake (using dry mix) Popcorn (popped, 1 cup)	5.0
(sour, 2 tbsp)	1.0	Rice (cooked, 1 cup)	49.6
(heavy, 1 tbsp)	0.5	(puffed, 1 cup)	11.5
Half and Half (1 tbsp)	0.5	(рипеа, 1 сир)	11.3
Milk (whole, 1 cup)	11.0	SOUPS	
(soy, unsweetened, 1 cup)	13.0	The state of the s	1.9
Plain Yogurt (skim, 1 cup)	13.0	Chicken Consommé (1 cup)	7.4
(whole, 1 cup)	12.0	Chicken Gumbo (1 cup)	
(whole, 1 cup)	12.0	Cream of Chicken (1 cup)	14.5
CHEESE		Cream of Mushroom (1 cup)	
TOTAL CONTROL OF THE	0.5	Turkey Rice (1 cup)	10.0
American (1 oz)	0.5	uspas	
Camembert (1 oz)	0.5	HERBS	
Cheddar (1 oz)	0.6	Allspice (1 tsp)	1.4
Cottage (fat-free, 1 cup)	10.0	Basil (1 tsp)	0.9
(whole, 1 cup)	8.0	Caraway (1 tsp)	1.
Cream Cheese (2 tbsp)	1.0	Celery (1 tsp)	0.
Feta (1 oz)	1.0	Cinnamon (1 tsp)	1.
Muenster (1 oz)	1.0	Coriander Leaf (1 tsp)	0.
Provolone (1 oz)	1.0	Dill Seed (1 tsp)	1.
Swiss (1 oz)	0.5	Garlic Clove (1)	0.
		Ginger Root (fresh, 1 oz)	3.
NUTS		(ground, 1 tsp)	1.
Almond Paste (1 oz)	14.5	Saffron (1 tsp)	0.
Almonds (1 oz)	5.5	Tarragon (1 tsp)	0.
Brazil (1 oz)	3.1	Thyme (1 tsp)	0.
Cashews (1 oz)	8.3	Vanilla (double strength, 1 tsp)	3.
Coconut (1 oz)	4.3		
Hazelnuts (filberts) (1 oz)	4.7	VEGETABLES	
Macadamia (1 oz)	4.5	Asparagus (4 spears)	2.
Peanut Butter (1 tbsp)	3.0	Beans, green (boiled, 1 cup)	6.
Peanuts (1 oz)	5.4	Beans, yellow or wax	
Pecans (1 oz)	4.1	(boiled, 1 cup)	5.
Pignolia (1 oz)	3.3	Broccoli (1 cup)	8.
Pistachio (1 oz)	5.4	Brussels Sprouts (1 cup)	9.
Pumpkin Seeds (1 oz)	4.2	Cabbage (1 cup)	6.
Sesame Seeds (1 tbsp)	1.4	Carrot (7 in.)	7.
Soybeans (½ cup)	6.0	Cauliflower (1 cup)	5.
Sunflower Seeds (1 oz)	5.6	Celery (1 stalk)	1.
Walnuts (1 oz)	4.2	Coleslaw (1 cup)	8.
		Collards (1 cup)	9.
GRAINS		Corn (1 ear, 5 in.)	16.
Bagel (1)	30.0	Cucumber (sliced, 1 cup)	3.
Bread (pumpernickel, 1 slice)	17.0	Dandelion (1 cup)	6.
(whole wheat, 1 slice)	11.0	Endive (1 cup)	2.
Corn Muffin	20.0	Kale (1 cup)	6.
Farina (1 cup)	22.0	Kohlrabi (1 cup)	8.
Frozen Waffle	29.0	Lettuce (Romaine, 1 cup)	1.
Noodles (1 cup cooked)	37.3	(Boston, 1 cup)	1.
Oatmeal (1 cup cooked)	27.0	(Iceberg, 1 cup)	1.

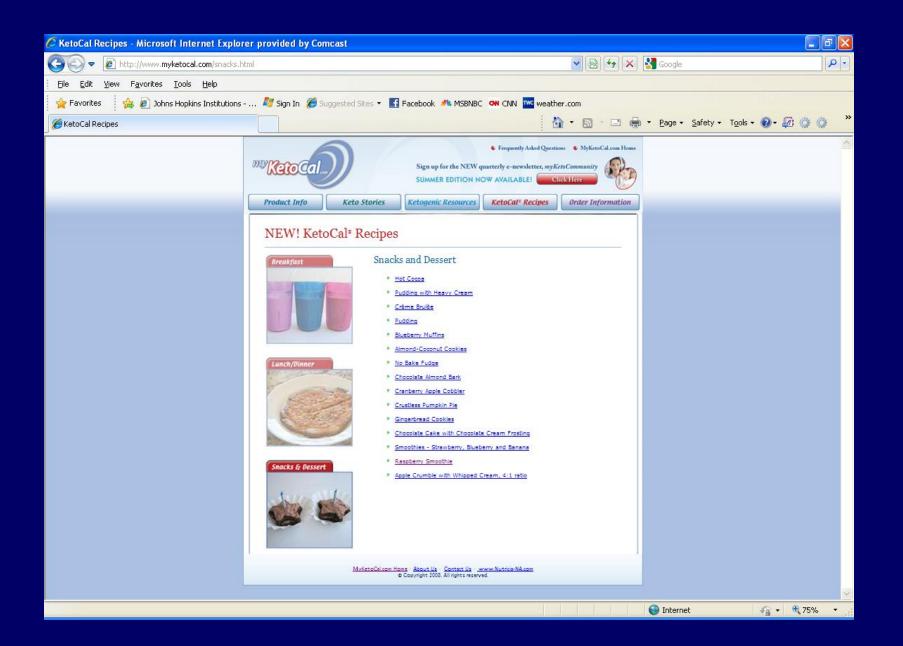


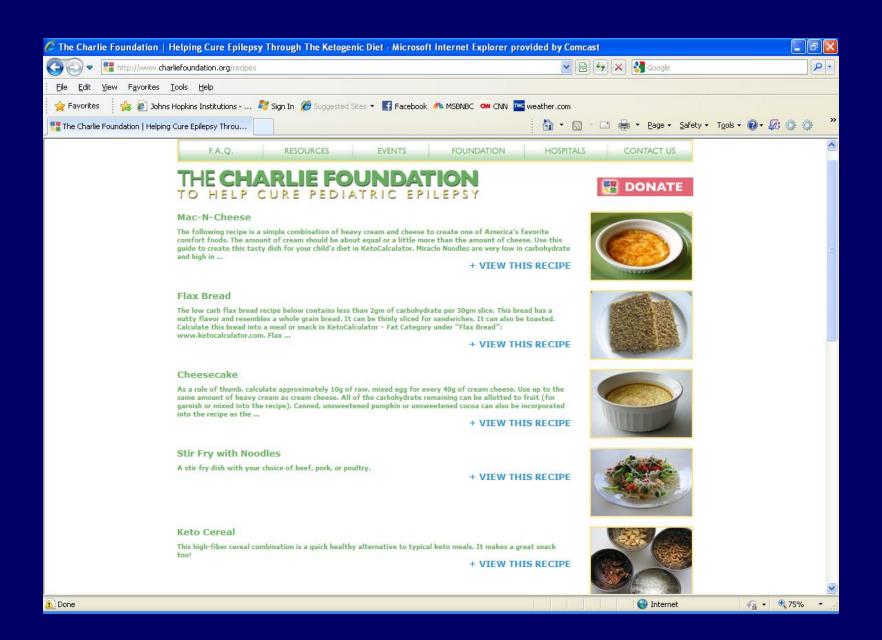


Sample Menu for Atkins Diet









Modified Atkins Diet: 2010

- 78 (49%) of 160 children and adults with >50% seizure reduction to date
 - 18 (11%) became seizure-free
- Appears more effective when a ketogenic diet formula "milkshake" is used during the initial month in children*
 - 80% with seizure reduction after 1 month
- Improvement can be very rapid

Kossoff Neurology 2003; Kossoff Epilepsia 2006; Kang Epilepsia 2007; Kossoff Epilepsy Behav 2007; Ito Brain Dev 2007; Kossoff Epilepsia 2008; Carrette Clin Neuro Neurosurg 2008; Weber Seizure 2008; Porta Seizure 2009; *Kossoff J Child Neurol 2010

Topics

The Ketogenic Diet for Epilepsy

What is the "Modified" Atkins Diet?

 Other neurological disorders and low carbohydrate diets?

Neurologic Uses for Diets Other than Epilepsy

Autism	2003
Brain tumors	2003
Depression	2004
Narcolepsy	2004
Glycogenosis Type V	2005
Alzheimer's	2005
Traumatic brain injury	2005
Parkinson's	2005
ALS (Lou Gehrig's Disease)	2006
Migraine	2006
Sleep disorders	2007
Post hypoxic myoclonus	2007
Post anoxic brain injury	2008
Schizophrenia	2009

'Milkshake' could fight Alzheimer's

[ASSOCIATED PRESS]

WASHINGTON // Drinking a milkshake-style medicine at breakfast seems to feed brain cells starved from Alzheimer's damage, researchers reported vesterday.

The milkshake drug, called Ketasyn, is a new way to approach dementia. It hinges on recent research suggesting that diabetic-like changes in brain cells' ability to use sugar for energy play a role in at least some forms of Alzheimer's.

Special fatty acids in Ketasyn offer an alternate food source to revup those hungry neurons, researchers told an international Alzheimer's meeting here yesterday. In a study of 150 patients, adding Ketasyn to their regular medicines produced a small but important boost in mental functioning—but only in people who don't carry an Alzheimer's gene called ApoE4. Still, that's about half of all patients.

"We see this as a co-therapy," not a way to stop Alzheimer's, cautioned Dr. Lauren Constantini, a former Harvard scientist now with the company Accera Inc.



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Ageing Research Reviews





Review

Ketogenic diets: An historical antiepileptic therapy with promising potentialities for the aging brain

Marta Balietti^{a,b,*}, Tiziana Casoli^a, Giuseppina Di Stefano^a, Belinda Giorgetti^a, Giorgio Aicardi^{c,d}, Patrizia Fattoretti^{a,b}

- ² Neurobtology of Aging Laboratory, INRCA, Via Birarelli 8, 60121 Ancona, Italy
- b Cellular Bioenergetics Laboratory, INRCA, Via Birarelli 8, 60121 Ancona, Italy
- Department of Human and General Physiology, University of Bologna, Via S. Donato 19/2, 40127 Bologna, Italy
- d Interdepartmental Centre "Luigi Galvani" for the study of Biophysics, Bioinformatics and Biocomplexity, University of Bologna, Via S. Giacomo 12, 40126 Bologna, Italy

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ABSTRACT

Ketogenic diets (KDs), successfully used in the therapy of paediatric epilepsy for nearly a century, have recently shown beneficial effects also in cancer, obesity, diabetes, GLUT 1 deficiencies, hypoxia-ischemia, traumatic brain injuries, and neurodegeneration. The latter achievement designates aged individuals as optimal recipients, but concerns derive from possible age-dependent differences in KDs effectiveness. Indeed, the main factors influencing ketone bodies utilization by the brain (blood levels, transport mechanisms, catabolic enzymes) undergo developmental changes, although several reports indicate that KDs maintain some efficacy during adulthood and even during advanced aging. Encouraging results obtained in patients affected by age-related neurodegenerative diseases have prompted new interest on KDs' effect on the aging brain, also considering the poor efficacy of therapies currently used. However, recent morphological evidence in synapses of late-adult rats indicates that KDs consequences may be even opposite in different brain regions, likely depending on neuronal vulnerability to age. Thus, further studies are needed to design KDs specifically indicated for single neurodegenerative diseases, and to ameliorate the balance between beneficial and adverse effects in aged subjects. Here we review clinical and experimental data on KDs treatments, focusing on their possible use during pathological aging. Proposed mechanisms of action are also reported and discussed.

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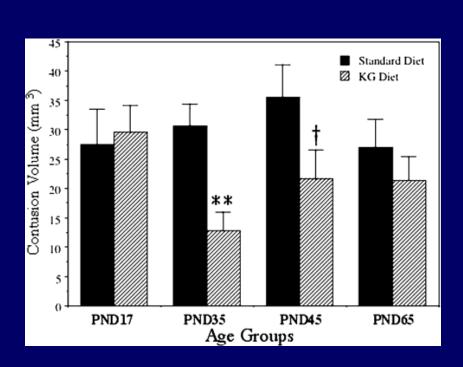
Approved March 2009

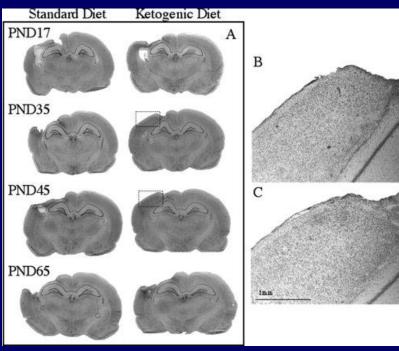
- 2 studies showing benefit
 - Both sponsored and authored by Accera, Inc.



- Alzheimer's Association
 - "medical foods a subject of concern"...

Head trauma





Fluid percussion model; KD started immediately after trauma.

SEARCH

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Can a High-Fat Diet Beat Cancer?

By RICHARD FRIEBE

Monday, Sep. 17, 2007

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ARTIN JEPP / ZEFA / CORBI

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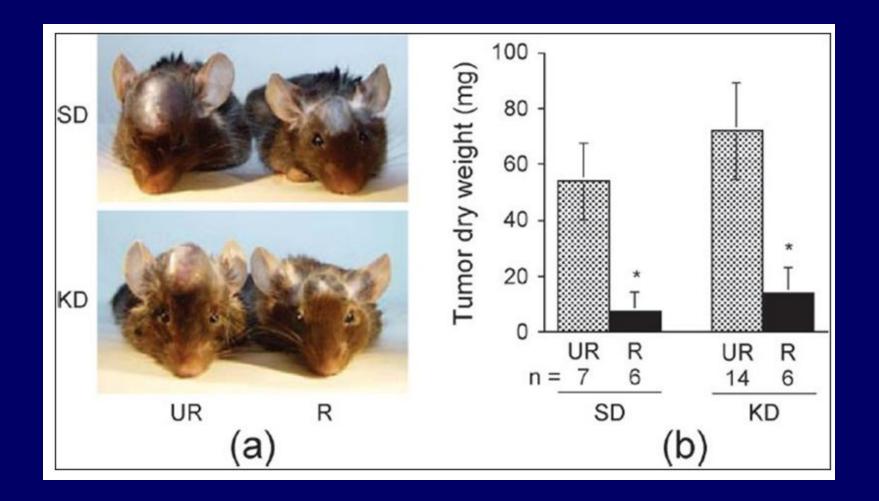
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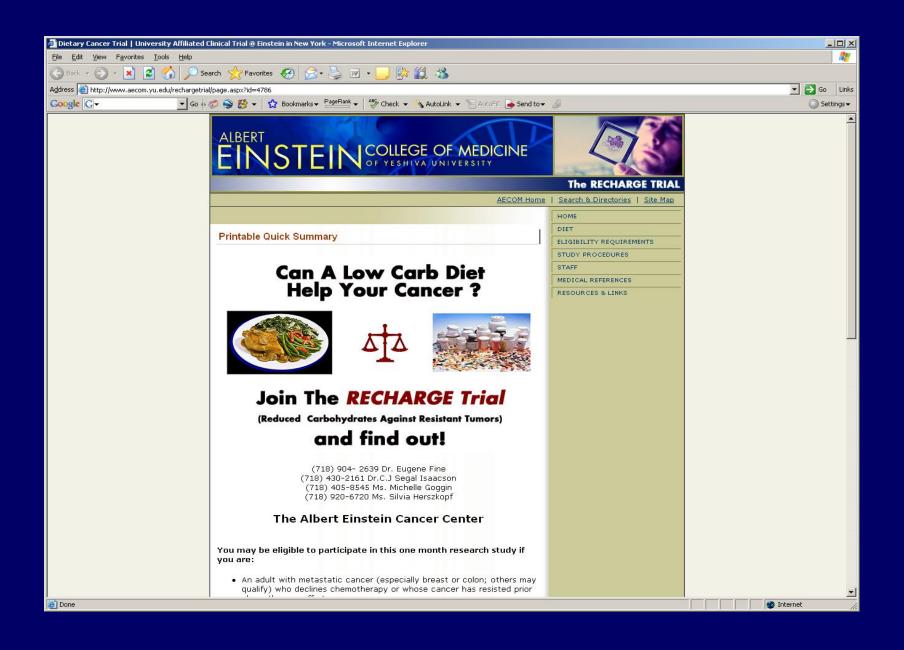
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Summary

 Low carbohydrate (and high fat) diets are becoming very widely used in epilepsy

Other neurologic disorders under investigation

Johns Hopkins Ketogenic Diet Center

James Rubenstein MD

Adam Hartman MD

Patti Vining MD

Mackenzie Cervenka MD

Zahava Turner RD
Jennifer Dorward RD
Bobbie Henry RD

Paula Pyzik

Gerry Harris

Jaimie Franz

Anita Charpentier, PharmD

Paula Heneberry, LCSW

Cheryl Connors, RN

Rebecca Fisher, RN





www.hopkinsmedicine.org/neurology www.epilepsy.com/ketonews