

One Mother's Empirical Report on the Ketogenic Diet

Born in April 2000, Gregor had his first seizure at the end of his third month and it was a long way through many clinic stays, examinations and numerous drugs which did not produce the hoped-for success until he was finally diagnosed at a year and a half as having a Glut1 defect. We had never heard of this metabolic disease before and the same was true for the ketogenic diet as the single safe therapy at present.

When I thought of Gregor's future nourishment and that over 80% of his total energy intake would consist of fat, it gave me a mental pains. I had always given thought to a well-balanced diet for my family – and now fat was supposed to play the biggest role? The arguments for the ketogenic diet were the prospect of eliminating the attacks as well as stopping taking anticonvulsive drugs after a relatively short time on this diet. That is what we wanted for Gregor and thus the decision for the KD was made quickly.

My first questions:

- How do I prepare tasty meals?
- Which products have few carbohydrates?
- Will my child get fat?

were answered in the MILUPA brochure about the ketogenic diet. The accompanying support of a dietician whom I always asked for advice when I couldn't manage something gave and gives me the security I needed and it encouraged me.

Since I wanted to give Gregor as few unsaturated fatty acids as possible because of the cholesterol, my first step was to analyze *Reformhaus* products. I discovered vegetarian sausages and tofu rolls which, with their good values, can be used in different ways. Another consideration was how to be able to offer my child an in-between snack of fruit and things to nibble on without having to use fats such as butter or cream in the prescribed ratio of 3 to 1. I avoided the problem by switching to vegetable oil, enriching the taste with some sweeteners which Gregor had to drink first and which he willingly accepted. He then ate the fruit and snacks on his own, thus improving the fine motor deficits which were the results of the disease and also practicing those small steps leading to independence. Coconut chips, black olives and macadamia nuts were included in the ketogenic diet menu without adding fats.

Now after a good year I am better at dealing with the ketogenic diet and many things go more quickly and easily than in the beginning. Nevertheless, it takes time and what remains unchanged is:

- calculating the amounts and the exact weighing of the ingredients for each meal
- trying out new recipes and my own creations
- keeping my eyes open for new foods which are suitable for a ketogenic diet because of their values
- constantly checking to see if the composition of familiar products has changed which they sometimes do.

If I am unsure of the definite combination of groceries I turn to the sales personnel in the shops. Inquiries directed at producers are answered promptly and accurately.

The success of all my efforts is unmistakable: Gregor has no more attacks without having to take drugs and is making noticeable progress in his development. The many week-long stays in clinics are a thing of the past and the fear for the life of this small person is receded into the background.

And another thing: my son likes the food. His favorite snack at present is homemade cheese crackers with poppy or sesame seed which other members of the family can also get enthusiastic about.

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