## **Medical History of Carolin**

Our daughter Carolin was born in 1994 after an uncomplicated pregnancy and birth. The first conspicuous developments appeared after about 3 to 4 months. She hardly moved, lay flat on the floor and made no attempts to crawl or raise her head. Her condition also did not improve through physiotherapy. At nine months of age she could not turn over by herself, could not sit and it was difficult for her to raise her head. After a neuropediatric examination another kind of physiotherapy was recommended – also without success. A diagnosis could not be made. The older Carolin got, the greater were the differences to children of the same age despite slow progress in development. At 14 months Carolin could sit up and began sliding on her bottom to move forward. Her vocabulary was developing quite well although speech itself was slow and somewhat unclear. In spite of further long stays in the hospital the diagnosis remained uncertain. Just wait and see was the motto. Gradually, we had come to accept living with the disease and to support Carolin as well as possible.

At five years of age Carolin started to walk freely, but with an insecure and noticeable gait. After a short hospital stay before starting to go to school a lumbal aspiration was carried out and a glucose transport defect was diagnosed because of the low sugar level in the liquor. We learned that this disease could be successfully treated with a so-called ketogenic diet which was begun during the hospital stay. During this time I was instructed as to how to measure blood and urine ketone values. With the aid of a special dietary plan worked out for Carolin I was told the principle of the diet and how to carry it out in several conversations. I learned to use replacement and nutritional tables in order to be better able to meet Carolin's food requests.

Back home again we had to put the diet into practice. In the beginning, shopping is time-consuming since you have to read the ingredients on the food packages carefully. Calculating, weighing and preparing the food is uncustomary at first. With time you get more and more routine. It proved to be very helpful to save the recipes once they had been calculated and to fall back on them again if necessary. Sometimes I cooked meals to have in reserve and deep froze them. I was thus able to prepare a quick meal for Carolin when time was short.

After half a year with the ketogenic diet Carolin was much, much better. Her gait was much more secure and she could walk longer. Her tiredness disappeared. Since the summer of 2001 Carolin has been going to a school for the physically handicapped where she feels very well. She continues to get a ketogenic diet there, which I have prepared, as well as getting comprehensive support. Dealing daily with a ketogenic diet is surely not easy and keeping it up consistently requires a great deal of patience since our daughter at times did not feel like eating this food. The progress in development mentioned, however, motivated us over and over again to continue with the ketogenic diet. Increasing experience and talks with others also affected, e.g. recipes, practical problems such as the ketogenic diet in kindergarden and school, help to live well with the ketogenic diet and to constantly improve it.

2002