

Letters to the Editor

The rural alternative

To the Editor:

Thank you for the supportive words on the "rural alternative." I find it odd that anyone would consider rural living a step backward. There are definite programmatic advantages to the farming model. You mentioned meaningful and productive work alternatives which are not mundane and repetitive.

There is also an advantage in the control of socially inappropriate behavior. Many homes concerned about neighbor relations require a more intensive and immediate responses to socially offensive behaviors. At Bittersweet Farms, where neighbors are just outside of earshot, residents' inappropriate behaviors can be faded without excessive reinforcement.

Bittersweet Farms recognizes the importance of community interaction. It is not our intention to segregate ourselves from the mainstream of society. In fact it is our goal to be very much a part of it Residents of Bittersweet Farms go to the bank, do the shopping, visit the malls, go to movies, dine out, and participate in community events. Residents sell produce, crafts, and gifts to the community who enter the grounds on a daily basis to purchase these items. The sign on the front of the property advertises produce and crafts, not autism

The rural setting at Bittersweet Farms enables residents to accomplish more in very meaningful ways. It has not confined people away from the mainstream. I welcome all visitors to see for themselves how effective and progressive the rural alternative can be.

Thank you, Dr. Rimland, for airing points which needed to be said.

Charles R. Flowers, Director
Bittersweet Farms

Editor's note: Our editorial (4/3) on non-urban alternatives brought many favorable responses. The September 1990 *Journal of Autism and Developmental Disorders* (20/3), devoted to residential services and issues, contained many excellent and highly relevant articles. For information contact JADD, Plenum Publishing Corporation, 232 Spring Street, New York, NY 10013.

Brain defect findings no reason for dismay

To the Editor:

I was dismayed to read, in several issues of the *Autism Research Review International*, that a significant proportion of autistic individuals have serious defects in the cerebellar regions of their brains. I had thought that, since one can do nothing about such defects, there was no hope.

I have however recently revised my surmise that "nothing can be done." I think

perhaps it can, with a lot of help.

Marianne Smith

Editor's reply: Mrs. Smith's letter is typical of letters we get from time to time. Perhaps we should emphasize this point more often: findings showing brain abnormalities in some autistic persons must not be taken as grounds for pessimism, for several reasons. For one, in the MRI studies showing cerebellar damage, there was no relationship between amount of visible damage and level of functioning. In fact, the person with the most damage, by far, was the highest functioning of the group. Further, in populations of normally functioning individuals there are many people with massive destruction or removal of brain tissue (e.g., half the cortex missing) who have no discernable mental impairment.

DMG and vitamin B6

ARRI's recent editorial on dimethylglycine (DMG), and an earlier editorial on studies showing the effectiveness of vitamin B6 and magnesium with many autistic children, brought a large—and encouraging—response. Some sample letters:

To the Editor:

I am the lead instructor of a program for children with autism (ages four through twelve). Last summer I sent copies of your editorial about DMG (ARRI 4/2) to the parents and guardians of our 15 summer school students. I didn't see the students for seven weeks. When we started school in September I noticed significant differences in four of the students. I later found out that all four had been taking DMG.

Of the children who took DMG, three showed significant improvement in verbal communication and language skills. Three showed improvements in their ability to concentrate and focus on activities. Two appear calmer, showing less anxious and hyperactive behavior. All showed some improvement, and no negative effects have been noted by school staff or parents.

Karl L. Dunn
Autism Specialist, Otter Lake Elementary
White Bear Lake, MN

To the Editor:

I started my daughter, age 5, on DMG two and a half months ago. The results are amazing. She has not spoken, except to say "daddy," but her behavior has dramatically

improved. On days I forget to give it, which is rare, there is a noticeable difference.

She has nearly stopped temper tantrums, poop smearing, responds almost always to a first command, is more cheerful, seems to be "into" people more.

My mother, who had not seen Kathryn since we began DMG, was astonished at the difference in her. So was a good friend. This is no little thing, the results are very substantial. I highly recommend trying DMG.

Kathryn's nutritionist says DMG works because it enhances oxygen supply to the brain, and helps utilize oxygen supply . . .

Susan Stittgen

To the Editor:

We are the parents of a 15-year-old, mildly autistic boy. As late as April of 1989 the psychiatrists who consult at my son's school wanted to have him admitted for observation to a psychiatric hospital. Lee would occasionally spin around in class; he was extremely restless and quite oppositional. He was socially isolated. He had many obsessions. He stammered with no inflection of voice. He made unnatural movements with his shoulders and lips. Of course he was overweight, and his nose was completely stuffed most of the time, because of the Stelazine he was taking at the rate of 7 or 8 mg. daily. The doctors admitted they did not know why all of this was happening. So, we gave B6/magnesium a try after learning of your work in Temple Grandin's book, *EMERGENCE: Labeled Autistic*.

As of Aug. 1, 1990, Lee is a few inches taller and a few pounds lighter. He has begun to generalize with his thought processes. His nose has cleared. His oppositional behavior has disappeared. He speaks at a more normal pace, with some inflection. He has made a couple of friends. He received an award for academic excellence from his school. He can now take part in small group discussions. Best of all, we are successfully weaning him from Stelazine and all of its side effects. People are amazed.

I submit that psychiatrists' not telling parents like us about B6/magnesium therapy at the time of diagnosis represents cruel and unusual punishment of a significantly large sub-group of autistic children!

David W. Bomstein

Editor's Reply: David and Cathy Bomstein, and their delightful son Lee, are among the families interviewed in the new ICBR 60-minute videotape (VHS) on vitamin B6 and magnesium in autism. (Tape rental is \$8; purchase, \$16.)

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