

LETTERS

Vitamin B6/DMG

To the Editor:

My husband and I decided not to tell anyone about [starting our 2-1/2-year-old son on B6/magnesium therapy] in order to conduct our own "blind study." Within one week of receiving the full dosage, five of the six therapists who work with my son commented on his increased attention span, ability to focus, and increased eye contact.

One very special moment occurred only a few days into the treatment. I had come home from work and greeted Erik in my usual fashion, kneeling down next to him. For the first time since he was 12 months old, Erik looked directly at me, put his hands on my face, and gently touched my entire face, looking at me as if seeing me for the first time. Since then, he has "looked at" and acknowledged five other people who have come into our home (friends, relatives—even my mother for the first time) and [this] has continued over several days.

Erik's purposeful use of words had been increasing before we administered the vitamins, and that has been enhanced as well.

Kathy Fuller-Nordberg
Minneapolis, MN

To the Editor:

I started my daughter on DMG approximately five weeks ago. I give her two tablets in the morning and one in the afternoon. I have found that she seems more "organized" and focused. She doesn't seem to become restless and frantic as often, or at least as intensely, as before. She is more aware of her surroundings and people, or more tolerant. She is much happier.

A Mom

Landau-Kleffner Syndrome

To the Editor:

Consequent to [ARRI articles about Landau-Kleffner syndrome, ARRI 5/1, 5/2, 5/4, 6/1] I received a number of referrals from around the country from parents who were concerned that their child more closely fit the description of Landau-Kleffner Syndrome than autism. One of these cases came to see me from Pittsburgh...It was apparent to us that this child would not, by normal standards, meet criteria for Landau-Kleffner Syndrome. However, when we assessed him on our evoked potential procedure, he showed grossly abnormal responses consistent with the kinds of pathophysiology associated with Landau-Kleffner Syndrome. This, in addition to some mild lucency in temporal lobes on a SPECT scan, suggested to us that...he was sufficient similar to these children to initiate a comparable treatment regimen. He was subsequently placed on corticosteroids (Prednisone) and when seen again in the 24th week of the 28-week trial, his receptive and expressive language had progressed about 3-4 years. Moreover, there were measurable improvements in his evoked

potentials. The parents are ecstatic about his progress, as we are, and we are now writing this up as a case study. We believe there are many more children like this.

We thought you would be pleased to hear that our "networking" had resulted in such dramatic improvement in the quality of one child's life.

Gerry A. Stefanatos, Director
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Thomas Jefferson University, Philadelphia, PA

Melatonin caution

To the Editor:

We, along with many other parents, have been using the hormone melatonin on our autistic son for the treatment of his irregular sleep/wake patterns. Our results, and the results of the others with whom we have stayed in contact, have been very favorable, not only with regard to sleep, but also to behavior in general.

We have found 3 to 6 mg of melatonin given 30 to 40 minutes before bedtime to be very effective. At these dosages, short term use of melatonin is very safe. While there is no evidence that chronic use of melatonin at these dosages should present a problem (our son has been taking melatonin for seven months, and I know of others who have taken it for over a year) there is always that potential as melatonin affects not only daily, but also long-term cycles, such as seasonal and lifetime events including the onset of puberty.

This is not to imply that I am aware of any studies which would indicate problems with chronic use of melatonin; simply, that prudence dictates that melatonin should only be used if other equally safe alternatives such as B6/magnesium are tried first and fail. Melatonin then should be used only at the minimum dosage required and for the minimum of time required to restore the normal sleep-wake cycle.

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Briefly...

A new newsletter, *Latitudes*, offers information on alternative therapies for Tourette's, ADD, and hyperactivity. Subscriptions are \$24 in the U.S., \$29 in Mexico and Canada, and \$36 in all other countries. Sample issues are available for \$2. Contact: *Latitudes*, 1120 Royal Palm Beach Blvd., #283, Royal Palm Beach, FL 33411.

ARI would like to hear from readers who have used vitamin B6 and/or DMG for children with Asperger's, and from readers whose children (or patients) are diagnosed as having autism and Down Syndrome, blindness, deafness, chromosome disorders, celiac disease, or tuberous sclerosis.

AIT Update

The May 1994 issue of the *American Journal of Speech-Language Pathology* (Vol. 3, No. 2) contains a series of seven articles on various aspects of auditory integration training (AIT). The 41-page section includes papers by researchers, advocates and critics, and thus provides a valuable overall current perspective on AIT. Papers included are:

- "Auditory integration training: the use of a new listening treatment within the profession," by Tina Veale, page 12
- "The effects of auditory integration training on autism," by Bernard Rimland and Stephen Edelson, page 16
- "Auditory integration training: placing the burden of proof," by Judith S. Gravel, page 25
- "Commitment to theory," by Sandy Friel-Patti, page 30
- "Weighing the promises and the problems: AIT may be a risk worth taking," by Tina Veale, page 35
- "Is theory better than chicken soup?," by Bernard Rimland and Stephen Edelson, page 38
- "Parental viewpoints on change following auditory integration training for autism," Dana K. Monville and Nickola Wolf Nelson, page 41.

The major paper by Rimland and Edelson presents the findings of our recently completed study on 445 autistic children and adults, followed up after 6 or 9 months. Our paper, and the others, will be summarized in the next issue of ARRI. When our full report is ready for distribution, we will announce its availability to our readers.

In the meantime, for parents trying to decide whether to invest the thousand dollars (give or take a few hundred) that the 10-day Berard-type AIT costs, our advice remains: "If you can afford to pay for the treatment without having to mortgage your house or farm, the evidence for the efficacy of AIT is sufficiently strong that it is probably worth going ahead. Despite results which are thus far promising, and perhaps even compelling, AIT cannot as yet be said to be a treatment which has been conclusively proven to be helpful in autism."

For a list of practitioners of Berard-type training in your area, send a self-addressed, stamped envelope to ARI.

For our AIT information package, which includes additional information about AIT, send \$4.00 to ARI and ask for "AIT package."

For a copy of the May 1994 issue of the *American Journal of Speech-Language Pathology*, send \$15 to the AJSLP, American Speech-Language-Hearing Association, 10801 Rockville Pike, Rockville, MD 20852-3279 (ASHA members, \$10).

REMINDER: a subscription to the ARRI is an excellent gift for a friend, relative, or teacher interested in autism!