

# LETTERS

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## *B6 safety fear; DMG*

To the Editor:

My husband and I were concerned about the recent articles circulating in the media about the use of "mega" doses of B6 and magnesium. Our concern is for our two-year-old son who is autistic and uses a B6 and magnesium supplement. He has been on the vitamins for two and a half months and we have noticed such improvements as:

- an increase in verbal abilities
- a reduction in self-stimulatory behaviors
- an improvement in his alertness and focus.

Also, his therapists, who were not told he was taking the vitamin, noticed marked improvements. They also noticed and told us of his regression when we temporarily took him off during our concern with the recent media articles.

We have put our son back on the B6 and magnesium because of the drastic change in his behavior. However, our concern remains—are we doing something that can harm our baby?

Concerned parents  
in Monroe, NY

*Editor's note: No! See editorial on page 3.*

To the Editor:

[In April] we started our son Zach on 1/2 of a DMG (dimethylglycine) pill. He came home from school that day and said, "Hey you." His dad and I were shocked. He had never put two words together before. A few days later Zach said his first sentence: "I want pop please." We almost cried. I told no one at school or speech what I was doing. On his second day of DMG, his speech teacher and her boss ran him through some tests. They were amazed at how well Zach behaved, listened, and did. At school the same thing, "Zach's been trying to talk all day, just babbling." "Zach's really doing good now, he's playing so much better with the children."

Each day we saw improvement in Zach. He has a friend now at school plus all the children were excited. One little child came up to me and said, "Zachy can talk now."

At the end of the month I told everyone what I had done. They were all amazed. I have increased him to one pill in the morning and as of 6/18/96 to one pill in the afternoon. He is a little hyper sometimes but it's nothing we can't handle. We visited the doctor at Easter Seals yesterday, and she could not believe that this was the same child she saw six months ago.

Lynn Gibbs  
McKinney, TX

*Editor's note: The following letter is from the staff at the school attended by the child discussed in the letter above.*

To the Editor:

I am writing to you concerning Zachary Gibbs and the remarkable progress that we have seen him make over the past several months.

I am the Associate Director of the Child Development Center where Zachary attends school on a full time basis. My staff and I have worked with Zachary for a little over a year now and have seen more progress occur during the past several months than in the time previous.

We (my staff and myself) were unaware that Zachary began taking an all natural medication which has been known to help children with autism and PDD. During this time, Zachary almost instantly became potty trained. He began to use more language, sounds and gestures. His verbalization also became more clear when naming teachers, children and communicating. He also began imitating sounds and actions of other children. We have also noticed that Zachary has begun to use more pretend play than before. He will on more occasions play in the dramatic play center with the other

children. He used to play more independently and now shows more of an interest in parallel play and group play.

Cory Buie, teacher  
Dawn Worthington, Associate Director  
Collin County Community College  
Child Development Center  
McKinney, TX

## *Celiac disease*

To the Editor:

In many autistic children major improvement is seen when gluten-based foods (wheat, oats, and barley) are removed from their diet. These children seem to have celiac disease, or a variant of it.

Parents with access to the World Wide Web may now obtain an entire set of 95 reference files, including many documents about autism, from the Celiac List at the following address:

<http://www.fastlane.net/homepages/thodge/archive.htm>.

Father of a gluten-intolerant child

## DMG and obsessive-compulsive behaviors

Obsessive-compulsive disorder (OCD) is a major problem for those with autism, as it is with many otherwise normal people. OCD takes many forms, but the overriding characteristic is the patient's compulsion to say or do certain things repetitively, with little or no apparent purpose. Repetitive hand-washing, or asking the same questions over and over, are common examples.

In the past few years, several prescription drugs such as Anafranil (clomipramine), Prozac (fluoxetine), Catapres (clonidine), and Risperdal (risperidone) have been promoted as treatments for OCD (see ARRI 10/2, 9/1, 7/4, 6/2). While sometimes useful, it is not uncommon for the initial improvement of OCD to last only a matter of weeks, returning full-force, or with even greater intensity, after that. Such temporary improvement with intense regression seems particularly common in autistic patients.

Although the value of DMG (dimethylglycine) in ameliorating OCD is far from established (let alone well-established), there have been a number of encouraging anecdotal reports which lead us to suggest that DMG be tried in such cases. As readers of ARRI know (see ARRI 4/2 and letters sections of numerous subsequent issues), DMG is a non-toxic food supplement widely available in health food stores or by mail. It is so safe a Federal court classified it as a "food." It has frequently been reported to stimulate speech and produce many other benefits in autistic patients (see letters in this issue), but so far as we know, its possible benefits in OCD have not been published before.

In one case, a 26-year-old autistic man compulsively squeezed things (TV sets, people, etc.) very hard when frustrated. DMG failed to stimulate his speech, but brought on a noticeable decrease in the compulsive squeezing.

In another adult autistic man, compulsive vomiting had led to a dangerously low weight. Drugs did not work. In desperation, his mother insisted that the group home try DMG. The DMG helped not only the compulsive vomiting, but a number of other symptoms of autism as well. In a recent letter, his mother wrote, "Tim is still doing very well on three 125 mg tablets daily. He started out on five but became hyper so they cut the dose to three tablets, and improvement was more than anyone hoped for." (In those few cases where DMG produces hyperactivity, the very safe B vitamin folic acid often helps. Give one or two 800 mcg. folic acid tablets with each DMG.) This mother went on to say, "The improvement is so noticeable that his aunt and uncle, who have not seen him for two years, were amazed."

Tim's teenaged niece, Anne, had a severe case of OCD. She would wake up several times each night to re-check all doors and windows, and under the beds. Anafranil helped for a few weeks, then the compulsions returned with a vengeance. Because of Tim's good response to DMG for OCD, DMG was tried on Anne, again with good effects.

ARRI would welcome letters from family members, teachers, or physicians who can provide additional information on DMG's effectiveness with OCD. Let us hear the results of your mini-experiments, whether the results are positive or not. DMG is a safe, non-prescription food and well worth trying.

For our information sheet on DMG, send a self-addressed, stamped envelope marked "DMG."

—BR