

Israeli research indicates inositol as effective as Prozac

(continued from page 1)

avoid them, he recommends reducing the dosage, taking inositol with meals, and/or dividing the daily intake into three doses.

While the Israeli researchers administered 18 grams per day of inositol to their subjects, Penzel reports that "some people improve on as little as 2 grams." Like the Israeli team, Penzel cautions against expecting instant results. "It may take several weeks to see any effect," he says, "although some have responded within two weeks."

Inositol, a nutrient, helps the liver manage fat, and functions as a cell growth factor by stimulating the body to manufacture a type of fat used to construct myelinated nerve material. According to nutrition researcher Jeffrey Bland, "inappropriately low amounts of inositol can reduce nerve growth and regeneration." Sheldon Hendler notes that "although clear-

cut deficiency states of myo-inositol [the nutritionally active form of inositol] have not been identified in humans, they have been described in other animals." Inositol is currently used to treat sensory nerve problems in diabetics, and new research suggests that supplemental inositol taken by pregnant diabetic women can dramatically reduce the incidence of neural tube defects in their children.

Editor's note: The new findings about inositol are of great importance to parents who need help in treating their children's crippling OCD symptoms, but are afraid of the potential side effects of powerful drugs. One such parent, Kathi Basehore, wrote us recently to say that she had taken her daughter off Prozac when side effects developed. When she read of the inositol study,

she started her daughter on the nutrient. At the initial low dosage, she saw no effects; but when she increased the dosage, her daughter's teacher—who had threatened to pull the girl out of several classes due to her behavior problems—suddenly reported that she was "great," "excellent," "wonderful." Basehore says her daughter "notes when it wears off (after 8 or 9 hours) that she 'doesn't feel too happy.'"

Parents interested in trying inositol can find it in health food stores, or order it from mail-order houses. The powder is less expensive than tablets or capsules. ARI is very interested in hearing from parents who try inositol—whether results are positive or not.

"Inositol treatment of obsessive-compulsive disorder," Mendel Fux, Joseph Levine, Alex Aviv, and R. H. Belmaker; *American Journal of Psychiatry*, Vol. 153, No. 9, September 1996, pp. 1219-1221. Address: R. H. Belmaker, Beersheva Mental Health Center, P.O. Box 4600, Beersheva, Israel.

—and—

"Inositol for OCD," *Harvard Mental Health Letter*, December 1996.

—and—

Letter, Fred Penzel; *OCD Newsletter*, April 1996, page 5. Address: Fred Penzel, Western Suffolk Psychological Services, Huntington, NY.

Herpes linked to tics, behavior problems

Can infectious diseases cause chronic psychiatric disorders? Recent reports (see ARRI 10/3) suggest that strep infection can sometimes lead to symptoms of obsessive-compulsive disorder (OCD) or Tourette's syndrome. (Tourette's, which sometimes co-occurs with autism, is characterized by tics and behavioral problems.)

In addition, researchers have implicated the Borna virus, an infectious agent commonly seen in animals, in the development of OCD or schizophrenia in humans (ARRI 10/3).

Now several physicians offer a case study suggesting that oral herpes simplex 1 played a role in their patient's development of tics, attention deficit hyperactivity disorder, and OCD.

Cathy Budman et al. say their 11-year-old patient's early development was normal,

except that she suffered from recurrent outbreaks of herpes simplex type 1 beginning when she was three. At age five, the girl began exhibiting motor and vocal tics. At age six, she was diagnosed with Tourette's, OCD, and attentional and learning difficulties.

At age 10, the girl's symptoms worsened

markedly shortly after an outbreak of herpes lesions had cleared up. "It was therefore agreed," her doctors say, "to give [her] a 10-day trial on acyclovir [used to treat herpes]"

Budman et al. report

that "her mother reported a significant improvement in tics and behavioral symptoms within 48 hours of the initiation of acyclovir," and that by the fifth day the girl's tics dropped to baseline levels. When her tics and behavior problems worsened again two months later, the physicians repeated the acyclovir treatment (even though, again, no herpes lesions were evident); they report that "again, her tics and behavioral symptoms were attenuated within a few days."

While noting that a placebo effect cannot be ruled out, the researchers conclude that "the potential role of a viral infection in initiating and/or exacerbating symptoms of Tourette's syndrome must be strongly considered and warrants further investigation."

"Viral infection and tic exacerbation," Cathy L. Budman, Mensud Kerjakovic, and Ruth Bruun; *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 36, No. 2, February 1997, p. 162. Address: Cathy L. Budman, North Shore University Hospital, Manhasset, New York.

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"Autism gene" discovery reported

Edwin Cook and colleagues have announced preliminary evidence of the first specific gene linked to autism.

Studying 86 autistic children and their parents, Cook et al. found that autistic children preferentially inherited a shortened form of the serotonin transporter gene. This gene codes for a protein that reabsorbs serotonin into neurons after it is released.

Abnormal levels of serotonin are tentatively linked to autism, although evidence is unclear as to whether there is too much or too little serotonin in the autistic brain.

Cook et al. say that the shortened gene, found in 16% of the general population, would not, by itself, cause autism. Rather, the researchers speculate that the gene works in conjunction with other genes and possibly environmental factors to cause the disorder. The shortened form of the gene also has been tentatively linked to anxiety and bipolar mood disorder.

"Evidence of linkage between the serotonin transporter and autistic disorder," E. H. Cook, Jr., R. Courchesne, C. Lord, N. J. Cox, S. Yan, A. Lincoln, R. Haas, E. Courchesne, and B. L. Leventhal; *Molecular Psychiatry*, 2, 1997, pp. 247-250. Address: E. H. Cook, Jr., MC 3077, University of Chicago, 5841 S. Maryland Ave., Chicago, IL 60637.

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