EDITOR'S NOTEBOOK/Bernard Rimland, Ph.D.

The Autism-Secretin Connection

Parker Beck is a friendly and happy five-year-old, a delight to be with. Two years ago, he was a miserably unhappy, non-verbal, very troubled child with chronic diarrhea, whose parents, Victoria and Gary, had literally tried every treatment and every test they could find, including MRIs, EEGs, SPECT scans, allergy evaluations, and many, many others. In desperation, they took Parker to yet another major medical center for yet another test. The Becks wanted an endoscopy, an examination of Parker's GI tract. Victoria, who had studied the subject intensively, insisted that the test include an infusion (slow injection) of secretin.

Secretin is given scant attention in medical dictionaries and textbooks. It is a natural substance, a hormone (the first hormone identified), and is used to diagnose—not treat—digestive problems.

The physician resisted. Secretin was not part of his normal procedure for endoscopy. However, Victoria's reading and her observation of Parker's food preferences convinced her that pancreatic enzyme deficiency and acidity were important issues in his case. She managed to convince the physician that, since secretin was safe, he should humor this determined mother.

Parker's immediate response to the secretin was surprising. His pancreas reacted very strongly to the infusion. Parker's longer-term response was even more surprising: he began to improve in every area! Within three weeks, he had progressed from a two-word vocabulary to hundreds of words including short sentences ("I want juice"). He initiated eye contact, and began to attend to people, to videos, and to music. He was suddenly potty trained, and soon began to respond to requests. He started to draw and to name items drawn. At five weeks, however, the improvement began to wear off. Parker needed more secretin, but the physician was still skeptical.

It was then, July 1996, that Victoria Beck phoned me. I was fascinated. No, I told her, I had never heard of this before. I offered some suggestions that proved helpful, and encouraged her to prepare written documentation of her discovery, so that it might be better shared with others.

A repeat SPECT scan and blood tests done at the Becks' request at other laboratories confirmed Parker's improvement. At the Becks' insistence, the physician finally did repeat the infusion nine months later, and again three months after that, each infusion bringing about more improvement. Responding to the challenge of proving the value of the infusions, the Becks compiled convincing before-and-after videotapes of Parker, along with before-and-after lab test data.

Victoria became the hub of a small network of keenly interested parents. She referred other parents to the physician. She informed other parents and other physicians about her discovery in an effort to learn if Parker's case was only one of a kind.

Glowing reports from other parents and physicians made it clear that Parker's response to secretin was not unique. To the best of our knowledge, about 120 autistic and autistic-like children have received secretin infusions to date, given by about 20 physicians throughout the U.S. All were inspired by what happened to Parker Beck. The numbers are growing every day, and in the near future, after Victoria gives her first public lecture at our Defeat Autism Now! (DAN!) Conference in New Jersey October 3-4, and after NBC *Dateline* breaks the story at about the same time, the numbers will *really* grow. I have urged Ferring Laboratories, currently the sole producer of secretin, to consider markedly increasing their output.

The best guess of the physicians with the most experience is that about 60% of autistic and autistic-like children (and possibly adults) respond positively to secretin. The results are sometimes remarkable.

One mother of a 13-year-old daughter told me that within days there was eye contact. The girl began speaking coherently, and soon rejected the heavy-duty ear protectors she had always insisted on wearing because of hyperacute hearing.

The parents of a four-year-old boy reported (this will probably be on *Dateline*) that the boy's IQ rose from the 60s to the 120s within a few months.

A high-functioning autistic adult wrote to a friend that he "became much better oriented in space," and that "for the first time colors were remarkably pure and clear and there was no distortion. Deepest colors were stunning to me because I had never seen them that way before."

In addition to such behavioral, cognitive, and sensory improvements, there are multiple reports of important and quite unexpected changes in physiological functions following secretin. For example:

- The rubella and/or mumps antibody levels in at least four children (including Parker Beck) have gone from extremely high to normal levels.
- Significantly improved blood flow was seen in several children in repeat SPECT scans.
- Several children have shown a significant drop in blood ammonia levels.
- Secretin has normalized the bowel function of numerous children who had diarrhea or constipation.

How could *secretin*, a lowly digestive hormone, do all these things? Well, it turns out that, in addition to its role in digestion, secretin is intimately involved in many activities of the brain, including stimulating the production and utilization of the neurotransmitter serotonin. There are secretin receptors in many places in the central nervous system, including the eyes.

Secretin undoubtedly plays a role in the gastrointestinal problems common in autistic children. [See ARRI reports on vaccine damage (e.g., ARRI 12/1) and gluten/casein intolerance (e.g., ARRI 11/3).]

While we believe that the hormone secretin is very safe and very helpful in many cases of autism, there is much more that we *don't* know. Everyone is in a learning mode. We do not yet have the answers to important questions that are commonly asked, such as:

- Which children (or adults) are the most suitable candidates?
- What is the appropriate dosage?
- How often should secretin be administered, for optimal effectiveness?
- How effective are other routes of administering secretin, such as by a patch, lozenge, spray, or salve?
- Since secretin is a digestive hormone, are children with digestive problems most likely to benefit?

As a prescription drug, secretin must be administered by a physician. FDA regulations permit the physician to use prescription drugs as he or she wishes, so even though secretin is labeled for use diagnostically, it may legally be used "off label" for other purposes, such as in treating autism.

The Autism Research Institute is working closely with Victoria and Gary Beck to learn as much as possible about this phenomenon, and we are in touch with the doctors and families involved. We are systematically collecting data to help us learn all we can for the benefit of our readers.

If you have or know of an autistic child or adult treated with secretin, please write or fax ARI (fax 619-563-6840) for a copy of our one-page secretin data collection report form, or copy it from our website at www.autism.com/ari or www.secretin.com.

Victoria and Gary Beck have compiled a booklet of useful information, titled "Unlocking the Potential of Secretin." It will be available from ARI in late October. Cost: $15.00 including priority mail postage (in California, $16.16, including tax). Mail orders only: Autism Research Institute, 4182 Adams Avenue, San Diego, CA 92116.