

LETTERS TO THE EDITOR

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Dan! successful

To the Editor:

Our son, Marky, has progressed more in the last two months than in the last six years. This is due largely to information we acquired at the DAN! (Defeat Autism Now!) Conference, presented by Dr. Bernard Rimland, Dr. Jon Pangborn, Dr. Sidney Baker, and their colleagues.

In the last four years of attending the DAN! Conference annually, the children of the parents that have followed the DAN! protocol faithfully have made great gains. One child went from being diagnosed as severely autistic and moderately retarded to being mainstreamed in a regular class, with only slight language delays. One child is so advanced, he came home and asked his parents, "What does 'damn' mean?"

When you balance your child biochemically, all the other therapies work so much more easily, whether it's Applied Behavioral Analysis (ABA), occupational therapy, speech therapy, etc. The child is happier, calmer, and more focused. Very often, the child starts to retain what he is taught. One child even lost his "stim" behaviors after chelation.

There are no promises, but if you don't try, you'll never know how far your child can go!

In both Chinese medicine and Ayurvedic medicine, the sages believed that there were only two ways to health: one was to correct deficiencies, the other was to get rid of toxicities.

Miriam Jang, M.D.
Daly City, CA

Dr. Jang is a physician who graduated in Honors Biochemistry prior to attending medical school. Her letter was accompanied by a ten-page appendix which outlines the treatments that helped her son and gives an excellent overview of the DAN! process. For a copy, send a 9x12 self-addressed, stamped envelope (56 cents) marked "Dr. Jang" to ARI, along with \$1 to cover copying costs.

Dental anesthesia for autistic children

To the Editor:

I am a member of the anesthesiology faculty at Stanford University Hospital, writing in response to the question of autistic children requiring anesthesia for dental procedures. There are no data that any anesthetic drug(s) cause or worsen autism, nor are there any published data on preferred drugs for anesthetizing autistic children. The most important requirements for an autistic child's dental anesthesia are: 1) that an M.D. (or

sometimes a D.D.S.) anesthesiologist experienced in dental and in pediatric anesthesia does the anesthesia care, and 2) that standard hospital operating room monitoring instruments (e.g., pulse oximetry, ECG, and blood pressure) and resuscitation equipment (including a defibrillator) are present in the dental suite.

The preferred technique for dental office anesthesia is "deep sedation," where the child is asleep, without awareness or pain, is breathing spontaneously, and has stable vital signs. Major challenges are getting the intravenous (IV) started, and separating the child from the parents. Common techniques are: 1) if the child is cooperative, oral midazolam (Versed), a Valium-like sedative, is given, or 2) if the child is emotionally uncooperative, an injection of midazolam, ketamine, and atropine is given into the muscle. Both of these methods produce enough sedation to allow the child to be taken from the parents. An IV is then started, and further sedation can be given as needed, typically with a narcotic such as meperidine (Demerol), or the short-acting sedative propofol. The anesthesiologist is present throughout the procedure.

Please refer to our anesthesia website at www.aamgpaloalto.com, particularly the sections on dental anesthesia and pediatric anesthesia. An article providing more detail is available from ARI.

Richard John Novak, M.D.
Clinical Associate Professor

Stanford Department of Anesthesiology
Editor's note: This is one of two excellent responses to our request for anesthesia information. Dr. Novak is the father of a three-year-old autistic son. The other response, which also discusses surgical anesthesia, is from anesthesiologist Louise Kirz, M.D., the mother of two autistic sons. Her letter is considerably longer, and covers some additional points. To receive a copy, send a 9x12 self-addressed, stamped envelope (56 cents) marked "anesthesia" to ARI, along with \$1 to cover copying costs. Thank you, Drs. Novak and Kirz!

ARI is also interested in receiving information about the effects of anesthesia on the behavior of autistic individuals. We have heard of cases in which individuals exhibited far worse behavior after being anesthetized, and also of cases in which the children became much better behaved. If your child, or an autistic patient of yours, has improved markedly or become much worse following the use of medical anesthesia, we would appreciate your input. If possible, please include information about which type of anesthesia was used.

Advocacy group files suit to halt use of thimerosal-containing vaccines

A national advocacy group, Coalition for SAFE Minds, has filed a lawsuit in an attempt to compel the federal government to recall pediatric vaccines containing thimerosal. The additive, which contains mercury, has been implicated as a cause of autism.

The organization notes in its brief, "Thimerosal was originally determined to be dangerous in the 1970s, and was recommended to be withdrawn from... non-prescription products by the FDA's own experts in 1982. With typical FDA sluggishness, the chemical was finally banned for use in 'over-the-counter' pharmaceuticals in 1998 yet it continues to be used in pediatric vaccines."

The organization notes, also, that giving children the currently-recommended number of thimerosal-containing vaccines "results in a body burden that exceeds federal exposure guidelines [for mercury] by a factor of thirty or more times the permissible limit," and that multi-shot regimens can result in daily exposure levels hundreds of times in excess of the allowable threshold. "At this time," the coalition says, "parents are not being informed that pediatric vaccines carry a deadly neurotoxin and that the safety of these products has never been established through clinical testing. Through government mandated vaccination programs, our children are being used as an unwilling test group for reckless experimentation that borders on criminal negligence."

The organization urges parents who decide to vaccinate their children to insist on thimerosal-free vaccines.

"Sensible action for ending mercury-induced neurological disorders," Coalition for SAFE MINDS, October 24, 2000. Full text available at <http://www.safeminds.org>.

60 MINUTES SEGMENT AVAILABLE

A recent 60 Minutes segment discussed escalating concerns over the possible link between the MMR vaccine and autism. If you missed the segment, you can order a transcript by calling 1-800-777-TEXT, or order a videotape by calling 1-800-848-3256.