

LETTERS TO THE EDITOR

To the Editor:

I read with interest the Editor's Notebook in Vol. 19, Number 1, 2005 on puberty, aggression, and seizures. As a parent and as a DAN! practitioner I would mention that we are using many supplements to calm agitated, aggressive, and self-injurious children and teenagers. This is even useful in some of the older adults. Magnesium has many uses and I will focus on it here.

The pain of headaches has been studied, and responds well to magnesium in many persons. Even though a blood count of magnesium could be "normal," often the magnesium balance is absolutely not normal for our children! They and our adult persons on the spectrum respond well very frequently to high doses of magnesium.

I would mention that magnesium glycinate, although a good product for many people, sometimes needs to be stopped. It is the glycinate component which we are now associating with OCD, uncomfortable "stimmy" mood, and agitation. Glycine is a brain and spinal cord stimulant. Other types of magnesium, such as magnesium aspartate and magnesium citrate, can be used, or in some instances increasing the current dose of magnesium will cause improvement.

Magnesium can also help GI pain and cramps, as well as constipation. Start with a low dose and move up every three days or so—and as with vitamin C, back off when you get diarrhea.

The concept of seizures and Dilantin is important, because Dilantin antagonizes vitamin D, which leads to a magnesium imbalance. Dilantin can also cause a depletion of certain forms of B6. Therefore children on the spectrum who are on Dilantin and other anticonvulsants may benefit from added B6 and magnesium. This may be especially true at puberty.

For patients who have "meltdowns," we use magnesium cream from Kirkman's. This can be applied up to 5 scoops twice a day and also on an as-needed basis. The majority of children have responded by becoming calmer and having more abbreviated episodes of meltdowns. The only side effect of magnesium is sleepiness; and if that happens, simply back off the dose!

Phillip C. DeMio, M.D.
Seven Hills, Ohio

Dear Dr. Rimland,

A few weeks ago, my 6-year-old son was diagnosed with Asperger's Syndrome. While browsing the internet trying to learn about AS, I came across a journal article you authored about Vitamin B6 and magnesium helping children with autism. I wondered if this approach could also help an AS child.

You were kind enough to speak with me and asked me to get back to you with the results.

Here are the changes we have implemented with our son: vitamin B6 and magnesium, omega-3 fatty acids, DMG, elimination of dairy products, and an herbal mixture called "Melissa." Almost immediately I saw a difference. He is less destructive; less clumsy; he has far fewer tantrums; he has a desire to please his parents and is responding to praise; he answers when he is spoken to; he is MUCH better about cleaning up his toys and brushing his teeth; he is not putting strange things in his mouth; he is fighting less with his brother and sister; he is not wandering off and touching things he is not supposed to; he is asking permission before he gets things; when he does have a tantrum or outburst (there have been four over the past three weeks—there

used to be several per day), it is short-lived. We have gotten no phone calls from the school, no bad reports from the bus driver, no horror stories from the baby-sitter, and he is more of a participant in our family activities.

His regular teacher wrote that he is "much improved, fewer outbursts and disruptions." His gifted teacher wrote that he has had a "wonderful 2 weeks," and his piano teacher stated without being asked that his "ability to pay attention has improved." Even his 10-year-old brother reports that "he has gone from annoying me 80% of the time to less than 25% of the time."

I'm just so pleased. Yes, he still has some of the hallmark symptoms of Asperger's—in other words, he's not "cured." But he is ten times better than before. And thank you Dr. Rimland, for helping to point me in the right direction.

A mom in
Tampa, Florida

Experts recommend vitamins for patients on seizure meds

Two experts in neurology and pharmacology are strongly urging doctors to prescribe a multivitamin regimen to any patients on long-term anticonvulsant therapy, in order to protect against cardiovascular disease.

Sherifa Hamed and Toshitaka Nabeshima note that prolonged treatment with anti-epileptic drugs can damage blood vessels in several ways:

—By elevating plasma concentrations of homocysteine, an amino acid which, when present in excess amounts, is toxic to the cardiovascular system (and which may also increase vulnerability to seizures, according to the researchers);

—By altering serum levels of cholesterol and lipoproteins in deleterious ways;

—By increasing levels of uric acid, which is implicated as a cause of injury to the cells lining blood vessels.

The researchers note that extensive evidence supports the role of multivitamin therapy in preventing or reversing damage to blood vessel walls, because of these nutrients' antioxidant and anti-inflammatory effects as well as their role in lowering homocysteine and optimizing lipid profiles. Thus, Hamed and Nabeshima say, "A convincing argument now develops that routine polyvitamin supplementation (folic acid, vitamin B12, vitamin B6, vitamin C, vitamin E, and beta-carotene) becomes increasingly important for women and men receiving antiepileptic drugs at all ages."

Scolding neurologists who "have little concern about the high atherosclerotic risk among epileptics," The researchers say it should be mandatory for physicians prescribing anticonvulsants to monitor homocysteine, lipid, and uric acid levels in patients taking anticonvulsants; identify patients who are genetically susceptible to elevated homo-

cysteine levels; and ensure that patients on anticonvulsants are taking proper nutritional supplements.

"The high atherosclerotic risk among epileptics: the atheroprotective role of multivitamins," Sherifa A. Hamed and Toshitaka Nabeshima, *Journal of Pharmacological Sciences*, Vol. 98, 2005, 340-53. Address: Sherifa Hamed, Neurology Consultant, Saudi German Hospital-Aseer, P.O. Box 2553, Khamis Mushayt, Saudi Arabia, hamed_sherifa@yahoo.com.

Additive combinations can act synergistically to injure neurons

(continued from page 1)

sequent stages and short-term disruptions may have long-term effects later in life."

Editor's note: This report provides yet more evidence supporting the theory that autism and related disabilities involve "excitotoxins" such as MSG and aspartame—and more proof that junk food, laced with preservatives, artificial sweeteners, and colorings, is a major culprit in the current epidemic of learning and behavioral disorders.

"Synergistic interactions between commonly used food additives in a developmental neurotoxicity test," Karen Lau, W. Graham McLean, Dominic P. Williams, and C. Vyvyan Howard, *Toxicological Sciences*, December 13, 2005 (epub in advance of print publication). Address: Karen Lau, Developmental Toxicopathology Unit, Department of Human Anatomy and Cell Biology, University of Liverpool, Sherrington Buildings, Liverpool L69 3GE, UK.

—and—
"Combining food additives may be harmful, say researchers," *The Guardian*, December 21, 2005.