

# LETTERS

## Defeat Autism Now! Conference

To the Editor:

I would like to take the opportunity on behalf of the thousands of parents with autistic children to thank you for sponsoring the "Defeat Autism Now!" conference in Texas. You brought together some of the best minds and talent to address head-on the critical issue of solving the great puzzle of what is causing this terrible condition and how best to cure it.

Rick Rollens  
Sacramento, CA

## Naltrexone and Rumination

To the Editor:

We read with interest the summary/review of Luiselli et al.'s treatment protocol for rumination (ARRI 9/1). We have used similar multi-modal approaches with relatively good success in most cases. In one recent case, however, we were not successful in reducing ruminations in a young female teenager, despite experimenting with various diets, feeding patterns, liquids/solids, and anti-emetic and anti-acid medications.

We involved this young patient in a naltrexone trial (100 mg/day) late last year, for treatment of self-injurious behaviors (SIB), largely at the patient's mother's insistence and interest. Naltrexone had almost absolutely no effect on her SIB, but it had a dramatic reductive effect on her ruminations! The effect continues to date, almost six months after initiation of the trial, as you will see in the enclosed brief report.

We wonder whether by happenstance other clinicians, investigators, or parents might have come across a similar finding, or might be interested in looking at the replicability of this effect in developmentally disabled children presenting with chronic ruminative behavior. Either way, we hope that other patients can benefit from this rather serendipitous outcome.

Dr. F. J. Barrera, Clinical Director  
Applied Behaviour Analysis Program  
Southwestern Regional Centre, Ont., Canada

*Editor's Note: A most interesting observation, which suggests to me that naltrexone may in some cases reduce symptoms of obsessive-compulsive origin. I am reminded of a case of an autistic boy who hyperventilated, often to the point of fainting. His parents tried many approaches to control his hyperventilation, none of which worked, until naltrexone was given, with quick and dramatic improvement. Readers knowing of similar cases are invited to share them.*

Dimethylglycine (DMG) may also be helpful in cases where there is an obsessive-compulsive component. One autistic adult developed the compulsive habit of vomiting, to the point that his weight loss was truly alarming. Drugs and behavioral treatments failed. At his mother's insistence, five tablets of DMG were given daily,

*with miraculously good results. I am aware of a non-autistic 15-year-old girl with severe obsessive-compulsive disorder (OCD) who had been greatly helped by Anafranil for a few weeks. When the Anafranil stopped working, DMG was tried, with excellent results. Since OCD is such a difficult problem, I would be especially interested in hearing from readers regarding their experiences with naltrexone, DMG or other treatments.*

—BR

## Vaccinations

To the Editor:

Re your article on vaccinations: My son Garrett was born a normal, healthy, beautiful boy who gradually became autistic after his MMR inoculation at one year of age. At 18 months he received an additional HIB inoculation and his symptoms became worse, to include extreme sound and tactile sensitivity and constant stimulatory behavior.

After 55 doctors and nine months of tests and evaluations, I finally found an immunologist whose medical procedures would ignite my son's recovery from autism. Gamma globulin infusion therapy boosted his immune system, lowered his vaccine titer levels, and soothed his inflamed brain enough to where he could focus, calm down, and allow the therapies to work. For the next two years between the gamma globulin infusion therapy, vitamin supplementation, and nutrition, Garrett's progress excelled. He is now a normal boy again, turning six next week.

There is much research available regarding vaccines and their potential to cause damage—from ear infections to autism to learning disabilities and death. More importantly the information available exposes the truth the government and medical empires will not tell you. For information, call or write: National Vaccine Information Center, 512 West Maple Street, Suite 206, Vienna, VA 22180, 1-800-909-7468 or 703-938-1342.

Cindy Goldenberg  
Laguna Beach, CA

*Editor's Note: Cindy Goldenberg first wrote me when her child was 2-1/2, and she had seen "only" 39 physicians. She kept trying and, as she notes, finally found the help she sought in Dr. No. 55! Dr. No. 55, one of those we invited to our Defeat Autism Now! Conference in January (ARRI 9/1), is writing a paper on his work in autism. When the information is ready, we will announce its availability in the ARRI.*

Cindy, who has told her story on several national TV shows, has prepared a 13-ounce information package on the danger of vaccines and the treatment that helped her child, that she has asked ARI to distribute for her. For a copy, send a check for \$15.00 to ARI, and request "vaccination info package."

—BR

## Vitamin B6/DMG

To the Editor:

My son and I both have mild autism. We had our first success treating our son's autism using 8 mg. of B6 per day. Some improvement was seen after only 12 hours, and

his echolalia stopped after 36 hours. Eye contact, general thinking skills, language usage, and sociability improved greatly. Every single one of the 12 adults who knew him raved at his change.

I began to experiment in earnest. As the intake increased over 100 mg. of B6 our son became worse. I found that he responded to between 15 and 60 mg of B6 and 250 mg. of magnesium per day, with higher or lower levels of B6 causing him problems.

I think there is a different effective level of B6 and magnesium for each autistic person. I have read (and seen) that the more severely impaired autistic children—especially those who are prone to seizures—tend to need the higher levels of B6. However, for those individuals who respond adversely to the higher levels, excellent results may still be obtained at doses in the 10 to 100 mg. level with a balance of B-complex vitamins and 100-250 mg. of magnesium. Experiment!

An adult with autism

*Editor's Note: Good point! In our literature we emphasize that each person is very different, and that only experimentation will reveal the optimum dosage of B6 (or drugs, or anything else) for each person. Our studies, as well as those of Dr. LeLord's group in France, show 8 mg per lb. of body weight per day of B6 (and 3 mg magnesium/lb./day) to be the average amount needed, but there is wide variation around that average.*

—BR

To the Editor:

I am writing to thank you for convincing me to try DMG/folic acid therapy on our 13-1/2-year-old severely autistic daughter... We added a DMG every other day, until she was taking twelve per day with 22 folic acid pills. The behavior changes are so dramatic: she was having several violent tantrums per day, complete with stripping off her clothes, hitting, biting, etc. That has all stopped and, when she must be disciplined, she handles it as well as our "normal" ten-year-old.

Ken Sue Doerfel  
Lawton, OK

## An overlooked solution

To the Editor:

My adult autistic daughter [has participated in many therapies] but the most dramatic help has come this month with prescription lenses. She shows more accuracy decoding words...is able to move from one line to the next...in the community, can read the amount of the bill in restaurants...and is more relaxed in the car. Irlen lenses helped, however prescription lenses [were the most effective]. My question is, why did it take so long for [someone to consider] her eyes?

A Mom

*Editor's Note: I'm reminded of a parent who once wrote an article about how he'd finally discovered that his autistic child's oral self-injury, which he'd tried to combat with everything from behavior modification to drugs, stemmed from undetected tooth decay. Sometimes we overlook the obvious! For more on eyeglasses, see page 5.*

—BR