

Autism Research Review

I N T E R N A T I O N A L

A quarterly publication of the Autism Research Institute

Reviewing biomedical and educational research in the field of autism and related disorders

Transfer factor therapy: dramatic results reported

"Transfer factor therapy" is being tested as a weapon against a wide range of infectious and non-infectious diseases—and ongoing research indicates that the approach may help ameliorate the symptoms of autism as well.

"Transfer factors" are substances that, when collected from the blood cells of carefully selected healthy subjects and injected into disabled or diseased patients, appear to transfer immunity to, or improve the immune system functioning of, the recipients. Although the mechanism by which transfer factors work is not clearly understood, researchers have reported positive results when using transfer factors to combat diseases as diverse as cancer, AIDS, diabetes, amyotrophic lateral sclerosis, and herpes.

Immunologist Hugh Fudenberg recently reported the results of administering transfer factor to 40 autistic patients, ranging in age from six to 15. Of the subjects, 22 were classically autistic, while 18 exhibited many but not all symptoms of autism. Subjects received transfer factor from parents who had been in close contact with them for at least six months. Treatment ranged from 12 weeks to more than three years, based on the length of time required for symptoms to abate and biochemical parameters to normalize.

"Of the 22 [children] with classic autism," Fudenberg reports, "21 responded to transfer factor treatment... and 10 became normal in that they were mainstreamed in school and clinical characteristics were fully normalized." Of the 18 autistic-like children, only four responded to transfer factor.

"Age when treatment began did not seem to affect results," Fudenberg adds, "since one patient whose treatment began at 15 years of age... was essentially normal 3.5 years later,

Fudenberg says his subjects show symptoms strongly suggestive of an autoimmune disorder stemming from exposure to a virus.

working as a painter to support himself and living in a young adult co-op... when last contacted, he had been off therapy for 1.5 years without any deterioration and with excellent memory." The behavior of several subjects did decline when treatment was stopped, although not to baseline levels.

Fudenberg says his subjects show symptoms strongly suggestive of an autoimmune disorder (in which the body attacks its own cells) stemming from exposure to a virus. "It seems," he says, "that 'true autism' is probably due to adverse reactions to live virus or live virus vaccine in a genetically predisposed individual, one whose cell-mediated arm of

his immune system is not yet mature, or, in a very young infant, by transplacental IgG antibodies from a mother with high titers of antibodies to one of the vaccine constituents (e.g., diphtheria toxin)."

Fudenberg was the subject of controversy in the 1980s, when the Food and Drug Administration ordered him to stop performing transfer factor therapy (see ARRI 3/4, 1989). A federal judge ordered the FDA to allow Dr. Fudenberg to resume treating his patients.

The therapy, while now more widespread, continues to be controversial. Critics worry that diseases may be spread through the transfusions of transfer factor. Fudenberg, however, argues that because of the careful screening and purification processes he uses, patients are at less risk of accidental infection than other blood recipients.

Dr. Fudenberg will discuss his work at our September DAN! conference (see insert, this issue).

"Dialysable lymphocyte extract (DLYE) in infantile onset autism: a pilot study," H. H. Fudenberg, *Biotherapy*, 9, 143-147, 1996. Address: H. H. Fudenberg, NeuroImmuno-Therapeutics Research Foundation, 1092 Boiling Springs Road, Spartanburg, SC 29303.

Inositol: is nutrient a "natural Prozac?"

A recent study in the *American Journal of Psychiatry* indicates that the B vitamin inositol can be as effective in treating obsessive-compulsive disorder (OCD) as powerful drugs such as Prozac and Luvox.

In a double-blind, cross-over study, Israeli researcher Mendel Fux and colleagues administered high doses of inositol (18 g/day) to 13 individuals whose chronic OCD symptoms had not been alleviated by drugs, or who could not tolerate the side effects of the medications. For the first few weeks, the researchers report, inositol made no difference in symptoms. After six weeks, however, treatment with the nutrient resulted in marked improvements. The study authors conclude that "inositol is effective in depression, panic, and obsessive-compulsive disorder."

The *Harvard Mental Health Letter* notes that according to the study, inositol "appeared to work as well and as quickly as the selective serotonin reuptake inhibitors (SSRIs) fluvoxamine (Luvox) and fluoxetine (Prozac), which are accepted treatments for OCD."

No side effects were seen in subjects taking inositol. A long-term study of inositol treatment, by a different research group, found no side effects in individuals taking 1,000 to 3,000 mg daily for up to a year. However, Fred Penzel—who reports that about 60 percent of patients with OCD seem to improve when taking inositol—notes that the nutrient occasionally causes diarrhea and intestinal gas when taken at high doses. These symptoms, he says, sometimes only last a few days. To

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ARRI's (slightly) new look!

If your ARRI looks slightly different, it's not your imagination. In response to readers' requests, we have widened the inside margin of each page to make it easier to punch holes for binders. We hope you like the change!