OTHER INTERVENTIONS

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Allergy treatments

Allergies also have an impact on dietary choices. About 5 percent of all children have food allergies, but the rate of both food allergies and food sensitivities among people with autistic spectrum disorders appears to be higher. The most common causes of food allergy are milk, eggs, peanuts, soy, nuts, fish, and shellfish.

The most common tests for food allergies are the skin-prick test and the radioallergosorbent test (RAST). Of the two, the RAST is preferred for young children and anyone with eczema. It is also more specific, although the skin test may actually be more sensitive. The RAST is a blood test that measures the level of immunoglobulin E (IgE) antibodies to specific foods. If there are no IgE antibodies present in the blood, the person does not have food allergies.

Make sure your allergist knows what medications the patient takes before the RAST is administered. Antihistamines, steroids, and some other medicines can skew the results by inhibiting the inflammatory response.

The only sure treatment for food allergies is food avoidance. There are desensitization shots available for other types of allergens, such as pollens, but this therapy is only in its formative stages for food allergies. Some allergists are willing to try so-called neutralization shots or sublingual drops, also called low-dose immunotherapy. The efficacy of these is not proven, although some clinical trials have been very promising.

Severe allergic reactions are rare, but those at risk must be extra-careful about reading labels and should always carry an emergency kit. Your allergist can help you put this together. People who have both asthma and allergies have a higher risk of dangerous allergic reactions. Food sensitivity reactions can sometimes be cut short with a simple dose of baking soda, or commercial preparations containing bicarbonate of soda, such as Alka-Seltzer.

Allergies to food colorings and additives are relatively rare, although some people may have unusual (but not allergic per se) reactions to these substances.

Eye therapies

Do the eyes have it? Of all the areas that parents and patients may choose to investigate, eye-related procedures are among the most hotly contested. Little hard research has been done. Accordingly, you should assess claims carefully.

Irlen lenses

The use of colored lenses like those developed by the Irlen Institute is highly controversial as a treatment for autism, although some patients and parents have reported benefits. Glasses with colored lenses are used to remediate visual perception problems (the Irlen people call it scotopic sensitivity). Many people with autism do report visual perceptual problems, such as tunnel vision, reliance on peripheral vision, or difficulty in telling foreground from background.

Vision therapy

Also called eye training, visual training, behavioral optometry, and a host of other names, vision therapy is delivered by some optometrists and ophthalmologists. Eye exercises, and sometimes-prismatic lenses, are used to address obvious eye defects such as "lazy eye" and crossed eyes. Some practitioners use these same rehabilitative methods to treat visual processing deficits that may have behavioral consequences.

Some people with PDDs have reported a reduction in symptoms due to vision therapy. For more information, see the Children with Special Needs web site and the Center for the Study of Autism's visual training section.

Rapid eye therapy (RET)

With this therapy, the patient blinks rapidly to simulate movements of the eye during REM sleep, while the practitioner moves a wand back and forth. According to RET believers (including Ranae Johnson, author of a memoir of life with her autistic son called Winter's Flower), this activity stimulates the limbic system, pituitary gland, and pineal gland. There does not seem to be any hard evidence for this therapy's efficacy in autistic spectrum disorders.

Iridology

Iridologists believe you can diagnose illnesses by looking at the irises of the eye. The eyes may be windows on the soul, but generally speaking, the irises alone can tell you nothing about autism. Despite persistent reports of parents taking their children to iridologists to find out about underlying conditions, there is currently no evidence that this procedure (or any therapy suggested by iridologists) is at all useful for autistic spectrum disorders.

Bodywork

The general label of "bodywork" applies to many types of therapeutic touch. When performed by a trained practitioner, none of the common bodywork methodologies listed here should be harmful. They can relax the patient, and may increase flexibility and range of movement. Some bodywork boosters make more extravagant claims for their work, such as neurological or even spiritual benefits. Don't accept such claims at face value--ask to see any studies that a practitioner refers to, and do your own research before choosing either a method or a practitioner.

Acupressure is similar to acupuncture, which is discussed briefly at the beginning of this chapter. Instead of using needles, acupressure employs touch on specific sites on the body. The pressure may be light or firm. Like acupuncture, acupressure does have a track record in helping with chronic pain and some other disorders. Its efficacy for autistic symptoms is unknown.

Massage comes in many forms, including Swedish, Shiatsu (which resembles acupressure in some ways), and more. It's relaxing and enjoyable, and one study at the University of Miami School of Medicine's Touch Research Institute showed that autistic toddlers who received a thirty-minute massage two times a week for five weeks showed socialization and imitation improvement by objective measures, as compared with a control group of children who were held by a teacher while playing instead.

The *Feldenkrais method*, developed by Moshe Feldenkrais, concentrates on rebuilding sensory and movement systems, particularly through unlearning poor movement patterns. A number of Feldenkrais practitioners work with children who have neurological problems, including autism. The therapy is gentle, and some children have experienced gross-motor, fine-motor, sensory, and relational improvement--as have some autistic-spectrum adults. A variant called Feldenkrais for Children with Neurological Disorders (FCND) is specially geared toward this population. FCND practitioners have had additional training. For more information, see the Movement Educators web site.

Craniosacral therapy, discussed earlier in this chapter along with *osteopathy*, involves delicately manipulating the plates of the skull and the "cranial tides" of the body. Some may question the scientific basis of craniosacral work, but it is gentle, noninvasive, and has been reported as helpful by parents of many children with neurological problems, including autism. Adults with PDDs may also enjoy this approach. Most craniosacral therapists employ a certain amount of "talk therapy" along with the bodywork, which may or may not appeal to you. For more information, see the Craniosacral Therapy web site.

The Alexander Technique is used by practitioners to help patients streamline and increase the gracefulness of their movements. Patients try new, more balanced movement patterns. Since self-awareness is an important part of this approach, the Alexander Technique is probably more applicable to adults with PDDs (especially those who have significant problems with clumsiness) than to children. For more information, see the Alexander Technique web site.

There are many other bodywork methods, but the five listed above are the ones you are most likely to hear about in relation to autistic spectrum disorders.

For any bodywork method, including those not mentioned here, be sure to check the practitioner's credentials and make sure you feel comfortable with both the person and the methodology. All of the modalities listed here have accrediting bodies in most Western countries. Generally speaking, accredited, well-trained practitioners are more likely to do beneficial work than self-trained or nonaccredited practitioners.

Parents of children with PDDs, partners of adults with PDDs, and practitioners of related disciplines such as occupational therapy and physical therapy may want to get some training in one of these methods themselves. If you happen to be near a massage school or a training center for another bodywork method, inexpensive classes may be available. Some schools also operate free or low-cost clinics that allow students to practice on live patients under close supervision.

Multifaceted approaches

There are so many possible alternative medicine approaches to treating PDD symptoms that it's hard to choose a starting point. As the story that opened this chapter indicates, most families and patients end up trying several different options.

For example, the Centre for the Study of Complimentary Medicine in Manchester, England, has a treatment protocol for autism that includes PST testing, and a low-salicylate diet if PST levels are low; herbal and homeopathic medications to repair problems in the GI tract and liver; probiotics; DMG; and vitamin supplements, among other interventions. The CSCM also recommends using applied behavior analysis, and pharmaceuticals are prescribed if indicated.

DAN!

The Defeat Autism Now! (DAN!) protocol ("Clinical Assessment Options for Children with Autism and Related Disorders: A Biomedical Approach," available from the Autism Research Institute) is similarly inclusive, with more than 40 pages of information about nonpharmaceutical treatments that participating doctors may choose from. DAN! doctors have attended at least one of the yearly DAN! conferences sponsored by ARI since 1995. They are not necessarily recommended or approved by ARI, however.

Each doctor using the DAN! protocol has his or her own biases and preferences. Some eschew pharmaceuticals entirely; others practice complimentary medicine, mixing both alternative and medical therapies. Some may simply be interested in the latest research, and continue to use primarily traditional treatments. For more information about DAN!, including a list of practitioners, see its web site.

Evaluating alternative interventions

Desperate to find something that works to ameliorate difficult symptoms, parents and adult patients tend to pile on the interventions. That makes it hard to tell when something really is working--or if it would work without interference from some other remedy!

To get the clearest picture possible of any alternative interventions, you must introduce them independent of each other, and independent of pharmaceuticals or therapeutic interventions. Obviously, this will often be impractical—you wouldn't stop speech therapy to see if DMG might help with speech, for example.

Barring the one-thing-at-a-time scenario, keep careful, daily records of supplements and dietary changes you introduce, when they are given and in what amounts, what brands you used, and any visible effects that you observe. If after four to six weeks you have not seen improvements with a supplement, it's unlikely that it will be of benefit. Dietary changes, bodywork, and other interventions may take much longer to bear fruit.

Remember that many parents report initial problems with supplements and dietary changes, and some children may be resistant to bodywork at first as well. Don't gloss over dangerous side effects, but expect to weather some behavior problems for a couple of weeks.

If you can convince your physician to make alternative therapies part of his prescription, you're in luck. Some actively oppose them, and that may force you to find a new doctor. Whatever you do, don't operate behind your doctor's back in any significant way. If you're philosophically incompatible, you should simply part ways--but you need a medical expert on your team.