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Research Article

A Patient from Cuba with Classic Autism and The Recommended Evidence-Based Treatment: An Educational Article and Expert Opinion

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Abstract

Background: For decades, autism disorders have been considered life-long disorders without curative therapies despite a variety of medications have been tried including pyridoxine, magnesium, thiamine, biotin, folic acid, and omega-3. However, we have recently described a new therapeutic approach aiming primarily at improving and curing the two major diagnostic features of autism which are poor responsiveness to their name and poor eye contact. The first book which described the cure of the autistic features was included in Book authority's lists best books of all time. Therefore, we have been consulted about the treatment of autism from many countries in the world including the United Kingdom, Canada, United Arab of Emirate, Tunisia, Palestine, India, and Pakistan, and many of the international cases have been reported.

Patients and methods: During November, 2023, we received a consultation about the possible treatment of a three and half year's girl from Cuba who was diagnosed with autism at about the age of three years. She has been treated mostly with supplements including thiamine (Vitamin B1), Biotin, and vitamin B6 daily. She was also receiving other treatments without any known scientific basis including homeopathic carcinosin, topical lugol iodine solution 1% (One drop daily), and Tibetan precious pill (Rinchen Ratna Jamphel) which was prescribed by the Tibetan Medical Institute.

Results: At the age of three and half years (November, 2023), she was still having the two major diagnostic features of autism which are the lack of appropriate responsiveness to own name, and the lack of eye contact. She was able to go to the toilet and possibly know about 100-150 words. However, she was saying mostly words like mama, juice (to ask for a juice), and bye-bye. She was also talking with herself most of the time, saying unintelligible words and meaningless sounds. She was capable of holding a pen and drawing circular figures and other things. She was also capable of identifying letters. She was able to eat with a spoon, but she needed help with hand washing. She was also able to announce her need to go toilet and she could go to toilet, but she was needing help with clothes after she has been in the toilet. Therefore, she had acceptable fine motor skills and adaptive behaviors and her disorder was considered to be associated with normal intelligence. Therefore, the patient received a provisional diagnosis of classic autism and the initial recommended evidence-based treatment included courses of intramuscular cerebrospinal and oral risperidone. After one month of treatment the parents reported great improvements that made risperidone no longer necessary, her behavior was better and she started talking more. The major diagnostic features of autism have disappeared. She began talking with sentences and using more verbs.

Expert opinion: The current evidence-based expert opinion suggests that the individualized use of courses of intramuscular cerebrospinal can be in this case of autism with the aim curing the major diagnostic features of autism. Citicoline treatment can be considered in this patient to improve speech after the occurrence of improvement in autistic features and hyperactivity.

Keywords: autism; evidence-based treatment; expert opinion

Introduction

Autism disorders have become increasingly known as pervasive developmental disorders especially in the United Kingdom since the 1980s. They are very complicated and multifarious group of chronic disorders that are characteristically marked by early impairment in social interaction and communication. Poor speech development, and repetitive body movements or behavior patterns are important associated features of autism disorders. The diagnosis of autism is clinical, and is based on the presence of the characteristic diagnostic manifestations which result from impaired social interaction and communication which cause the two major diagnostic features of autism which are the lack of appropriate responsiveness to own name, and the lack of eye contact. The variation in speech and cognitive development result in the subtypes of autism. The mildest type of autism was the first to be reported in the medical literature and is associated with acceptable speech and cognitive developments. This type was first described by Grunya Efimovna Sukhareva (Figure-1A), a Soviet pediatric psychiatrist in 1925, and she called the disorder autistic psychopathy.

Figure-1A: Grunya Efimovna Sukhareva, a Soviet pediatric psychiatrist

In 1944, Hans Asperger (Figure-1B), an Austrian physician reported children having the mildest type of autism which was first described by Grunya Efimovna Sukhareva in 1925. However, in 1981, Lorna Wing (Figure-1C) called the mildest type of autism Asperger syndrome. The type of autism that is generally considered the classic type is Kanner syndrome which was named after Leo Kanner (Figure-1D) in 1943. Despite this type is associated with a normal or high intelligence, it is associated with significant delay in speech development

Figure-1B: Hans Asperger, an Austrian physician

Figure-1C: Lorna Gladys Wing, an English psychiatrist

Figure-1D: Leo Kanner, an Austrian American psychiatrist

Autism disorders that are associated with subnormal intelligence but without significant cognitive impairment are generally associated with delayed speech, and are generally called typical autism rather than classical autism [1-18].

For decades, autism disorders have been considered life-long disorders without curative therapies despite a variety of medications have been tried including pyridoxine, magnesium, thiamine, biotin, folic acid, and omega-3 [19-24]. Neuroleptics and other medications such as baclofen and ondansetron have been used to control behavioral abnormalities and hyperactivity, and risperidone is probably the most commonly used neuroleptic because of its safety profile and the lack of extra-pyramidal side effects [3, 4, 5, 6, 7, 12, 13, 18, 25].

However, we have recently described a new therapeutic approach aiming primarily at improving and curing the two major diagnostic features of autism which are poor responsiveness to their name and poor eye contact. Injectable cerebrolysin was used as the main therapeutic component in this new therapeutic approach.

Marked improvement or disappearance of autistic features in these disorders has not been reported with any therapy before. However, almost all the patients treated with the new therapeutic approach experienced some improvement and lessening of the autistic features during the follow-up period. Treatment was also associated with initiation of speech and improvement of repetitive behaviors. It was initially possible to document complete disappearance of the main autistic features in twelve patients [3, 4, 5, 6, 7, 12], but other patients also achieved cure of the major autistic features, and some of them were reported [13, 14].

The first book which described the cure of the autistic features [4] was included in Book authority's lists best books of all time [26]. Therefore, we have been consulted about the treatment of autism from many countries in the world including the United Kingdom, Canada, United Arab of Emirate, Tunisia, Palestine, India, and Pakistan, and many of the international cases have been reported [16, 27,28, 29,30].

Patients and methods

During November, 2023, we received a consultation about the possible treatment of a three and half year's girl who was diagnosed with autism at about the age of three years. During toddlerhood, her sleep was considered by her parents as extremely poor especially during the period from one and half to two years. At night she was frequently experiencing a crying spell, screaming and crying sometimes for hours. The parents were feeling as if they went through hell. However, receiving very low dose of vitamin B6 5 mg daily was thought by the parents to have contributed to an important reduction in the crying spells, but the quality of her sleep didn't improve, and she was frequently waking up several times in middle of the night, and having night activities for hours. Her total sleep was less than 8 hours per day. She had very selective eating habits and she was mostly eating fried potatoes and drinking apple juice.

The girl was not responding to her name and had poor eye contact, and she started pronouncing some words at about the age of two and half years.

She was described by her parents as becoming very aggressive when she could not do what she wanted to do. However, surprisingly, she was enjoying going out and didn't have obvious repetitive behaviors. Sometimes, the parents thought that their daughter is a social person, but she does not know how to interact with other people because of the lack of social skills.

She had history of persistent diarrhea that improved after exclusion of gluten from diet. She has been treated mostly with supplements including thiamine (Vitamin B1) 20 mg daily, Biotin 2 mg daily, and vitamin B6 0.8 mg daily. She was also receiving other treatments without any known scientific basis including homeopathic carcinosin, topical lugol iodine solution 1% (One drop daily), and Tibetan precious pill 1/9 per day (Rinchen Ratna Samphel) which was prescribed by the Tibetan Medical Institute.

Results

At the age of three and half years (November, 2023), her sleep was better than before, and had some eye contact and her aggressive was less. She was able to go to the toilet and possibly know about 100-150 words. However, she was saying mostly words like mama, juice (to ask for a juice), and bye-bye. She was also talking with herself most of the time, saying unintelligible words and meaningless sounds. She was still having the two major diagnostic features of autism which are the lack of appropriate responsiveness to own name, and the lack of eye contact. She was still hyperactive and has some aggression to other siblings.

She was capable of holding a pen and drawing circular figures and other things (Figure-2A). She was also capable of identifying letters (Figure-2B). She was able to eat with a spoon, but she needed help with hand washing (Most normal children can wash their hands without help between the ages of three and four years). She was also able to announce her need to go toilet and she could go to toilet, but she was needing help with clothes after she has been in the toilet. Therefore, she had acceptable fine motor skills and adaptive behaviors and her disorder was considered to be associated with normal intelligence.

Figure-2A: The girl was capable of holding a pen and drawing circular figures and other things

Figure-2B: The girl was capable of identifying letters

Figure-2C: The girl was able to eat with spoon

The patient received a provisional diagnosis of classic autism and the initial recommended evidence-based treatment included: 1-Intramuscular cerebrolysin 3 ml given in the morning every third day (10 doses over one month).

2-Oral *risperidone* (Risperdal) 1mg/1ml in an initial dose of 0.5 ml daily at 9 pm which can be increased to 1ml daily. After one month of treatment the parents reported great improvements that made *risperidone no longer necessary*, her behavior was better and she started talking more. The major diagnostic features of autism have disappeared. She began talking with sentences and using more verbs.

Discussion

For decades, autism disorders have been considered life-long disorders without curative therapies despite a variety of medications have been tried including pyridoxine, magnesium, thiamine, biotin, folic acid, and omega-3 [19-24]. However, the current evidence-based expert opinion suggests that the individualized use of courses of intramuscular cerebrolysin can be associated with cure of the major diagnostic features of autism [3, 4, 5, 6, 7, 12, 13, 14].

Oral and intramuscular citicoline has been increasingly used to initiate or improve speech provided that the patients are not markedly irritable or nervous, or it can be used after control of excessive irritability and nervousness with neuroleptics [4, 5, 6, 7, 12, 13, 14, 31].

Therefore, citicoline treatment can be considered in this patient to improve speech after the occurrence of improvement in autistic features and hyperactivity. Emphasis has been increasing made that the patients who achieved complete disappearance of the main autistic features will need an intensive learning especially of speech to abolish the effect of the time when they were under the effect of autistic behavior, and to push them toward a total cure of their illness [14].

Cerebrolysin, a safe parenteral mixture of aminoacids which has been used with a benefit in a variety of childhood neuropsychiatric disorders, is the only medical therapy that is known to be associated with significant improvement and even cure of the major autistic features (Poor response to name and poor eye contact which indicate impaired communication) [32].

Expert opinion

The current evidence-based expert opinion suggests that the individualized use of courses of intramuscular cerebrolysin can be in this case of autism with the aim curing the major diagnostic features of autism. Citicoline treatment can be considered in this patient to improve speech after the occurrence of improvement in autistic features and hyperactivity.

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Conflict of interest: None.

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