



## Autism and alternative therapies – do they help?

A parent's innate desire to help their children has led to wide ranging complementary and alternative therapies being trialled on children with autism spectrum disorders.

Assorted studies have shown that up to 92 percent of parents have tried complementary or alternative medicine (CAM) treatments for their children in the hopes of achieving, at least, some improvement and at best, a cure.

And while some therapies have benefitted some children, no studies have scientifically proven the value of any treatment beyond doubt.

Complementary therapies are those used in addition to traditionally prescribed interventions, while alternative refers to those used in place of mainstream treatments.

The CAM range includes animal therapy, auditory integration training (AIT), chelation, craniosacral therapy, hyperbaric oxygen, magnetic therapy, music therapy, patterning (Doman Delacato method), secretin, special diet and special vitamins.

Most CAM therapies are tried on the recommendation of other parents. A summary of a number of research papers found that most parents who reported using CAM therapies were well-educated people earning medium or high incomes. They understood the value of early intervention in treating ASDs and did not

believe they had time to wait for full research results before trialling CAMs on their child.

"They are willing to do whatever is necessary to improve their children's outcomes. Thus they may find the claims of unvalidated treatments to be attractive options," said an article on CAM treatments in a recent issue of Research in Autism Spectrum Disorders (Christon et al, 2009).

The study noted that only 62 percent of parents of autistic children shared their CAM use with the child's doctor.

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A related article on a trial of hyperbaric oxygen therapy for children with autism showed no significant differences over 80 one-hour sessions in the HBOT chamber between children receiving treatment and those receiving a placebo (Granpeesheh et al, 2009).

Similarly, studies of autistic children on gluten-free or casein-free diets found no reason to support such diets in the treatment of ASD (Mulloy et al, 2009). These diets were worthwhile only when food allergies or intolerances were diagnosed.

Findings from much of the CAM research to date suggests that more research is needed.

One conclusion from the article noted that CAM treatments for ASD were

controversial and understudied but this had not stopped parents from using them.

“Parents enter these treatments with high expectations. They vary considerably in their assessment of whether the CAMS actually helped their child: the most frequent reason for stopping a treatment was that, in the parents’ view, it did not work.

“It is likely that some of the CAM treatments were helpful for some of the children and that the treatments had no effect for some of the children; it is possible they harmed some children.

“Without valid assessment of efficacy, we do not know. Clearly, more methodologically sound research needs to be done...and this information needs to be disseminated to families so that parents are able to make educated judgements in choosing their children’s interventions.”

## References

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