Autism is one of a group of conditions known as pervasive developmental disorders. This mysterious disability, first described and named more than 60 years ago, is characterized by striking emotional and cognitive isolation and detachment.

Autistic children are characterized by their apparent inability to form human relationships, abnormal or absent speech, and many usually limited range of activities and interests. It is estimated that three to six out of every 1000 children in the United States has autism, about three quarters of them are boys, and the number of cases appears to be rising. It is not clear whether this is due to better detection and reporting of autism, a real increase in the prevalence, or both.

While symptoms of autism often occur in the first months of life, they may be disregarded at first, but by the age of two or three it is clear that something is seriously wrong. Autistic children show little interest in others, children or adults. They do not communicate, and their play is characterized by repetitiveness and restriction. They may spend hours performing ritualistic repetitive motions, such as spinning or twirling an object, or repeating a phrase. Such behaviors are frequently accompanied by unusual sensory experiences and there is little if any spontaneous or imaginative play; instead they prefer monotonous, solitary activities. They may spend hours performing ritualistic repetitive motions, which can be frustrating to the child or annoying to his surroundings and to people who live with him.

Their wall language develops slowly and in an odd way, making them unintelligible; some do not speak at all. The vast majority, but not all, are retarded. A few, who may or may not be retarded, have unusual talents; they are known as savants.

There is no cure for autism, nor is there “one-size-fits-all” treatment. Treatment options include behavior and communication therapy, educational therapies and drug therapies. Our interest here is in exploring the possibility of a new drug therapy.

Drugs have a place in treating autistic symptoms, but their uses are limited. Antipsychotic drugs and mood stabilizers may help autistic patients who repeatedly injure themselves. The older conventional antipsychotic drugs have serious side effects on body functions. The novel or atypical drug risperidone (Risperdal) has shown a glimmer of promise in recent research. Antipsychotics can be useful in suppressing explosive and calming severe anxiety. About 20% of autistic people have epileptic seizures, and some researchers have suggested that unrecognized partial complex seizures, which cause changes in consciousness but not muscular convulsions, are one source of autistic behavior disturbances.

In several studies, selective serotonin reuptake inhibitors (SSRIs) have been found to relieve depression and anxiety and reduce compulsive ordering, collecting, and arranging. Unfortunately, little is known about the long-term effects of drugs in autistic children, and no known drug has any effect on the underlying lack of capacity for empathy and communication.

A Mother’s Report

With the explosive growth of interest in exploring the medicinal capacities of marijuana, some courageous parents, concerned about the toxicity of the above-mentioned drugs, and desperate to find pharmaceutical means of relieving their children of some of the harsh symptoms of autism, have been experimenting with oral doses of cannabis. The following anecdote was provided by Marie Myung-Ok Lee who teaches at Brown University. She is the author of the novel Somebody’s Daughter and is a winner of the Richard Margolis award for social justice reporting.

“My son J, who is nine years old, has autism. He’s had seizures for two serious illnesses, and has an inflammatory bowel condition, all of which may be causing him pain, if he could tell us. He can say words, but many of them don’t convey what he means. His school called me an month ago, and me for a meeting about J’s tantrums, which were affecting his ability to learn. Their solution was to hand us a list of child psychiatrists. Since autistic children like J can’t exactly talk, this meant sedating, antipsychotic drugs like Risperidone (Risperidone).

“As a health writer and blogger, I was intrigued when a homeopath suggested medical marijuana. Canabais has long-documented effects as an analgesic and an anxiety moderator. Best of all, it is safe. A publication by the Autism Research Institute described cases where medical marijuana alleviated aggressive behavior and permanent side effects.

“After a week on Marinol, which contains a synthetic cannabinoid, J began garnering a few glowing school reports. But I tend to build tolerance to synthetic, and in a few months, we could see the aggression behavior coming back. One night, at a medical-marijuana patient advocacy group, I learned that the one cannabinoid in Marinol cannot compare to the 60 or more cannabinoids in marijuana that.

“Rhode Island, where we live, is one of 14 states where the use of medical marijuana is legal. And yet, J was unable to find it. Now we were dealing with an illegal drug, one for which few evidence-based scientific studies existed precisely because it is an illegal drug. But when I sent his doctor the physician’s form that is mandatory for medical marijuana, he came back signed. We underwent a background check, and J became the state’s youngest licensee.

“The coordinator of our medical marijuana patient advocacy group introduced us to a licensed grower, who had figured out how to cultivate marijuana using a custom organic soil mix. The grower left us with a month’s worth of marijuana tea, glycerine, and olive oil—and a cookie recipe. We paid $80.

“We made the cookies with the marijuana olive oil, stirring J off with half a small cookie. J normally goes to bed around 7:30 p.m. But before, he was tired and cooked out. As we anxiously peeked in on him, half-expecting some red-eyed ogre from Reefer Madness to come leaping out at us, we saw instead that he was sleeping peacefully. Usually, his sleep is shallow and restless. When J decided he didn’t like the cookie any more, we switched to the tea. After two weeks, we noticed a slight but constant lessening of aggression. Since we started him on his “special” face, which is sometimes a mask of pain, has softened. He smiles more. For the last year, his individual education plan at his special needs school was full of blanks because he spent his whole day in an irritated, frustrated mess. Now, April’s report shows real progress, including “two community outings with the absence of aggression.”

“The big test has been a visit from Grandma. The last time she came, J hit her. This time, she remarked that J seems calmer. As we were preparing for a trip to the park, J disappeared, and we wondered if he was going to throw one of his tantrums. Instead, he returned with Grandma’s shoes, laying them in front of her, even carefully arranging them so that they were parallel. He looked into her face, and smiled. ‘It’s strange, I’ve come to think, that the virtues of such a useful and harmless botanical have been so clouded by stigma. Meanwhile, in treating J with pot, we are following the law — and the Hippocratic oath: first, do no harm. The drugs that our insurance would pay for, and that the people around us would support without question — pose real risks to children. For now, we’re sticking with the weed.’

“Over the last four months into our cannabis experiment? Well, one day recently, he came home from school, and I noticed something really different: He had a whole shirt on. ‘Pro per’, I think that was their word. He chewed the collar of his T-shirts while stealthily deconstructing them from the bottom up, tearing apart and then swallowing the threads. His chewing behavior so uncontrollable we couldn’t let him sleep with a pajama top (it would be gone by morning) or a pillow (ditto the case and the stuffing). The worst part was watching him scream in pain on the toilet, when what went in had to come out.

“Almost immediately after we started the cannabis, this stopped. Just stopped. J now sleeps with his organic wood and-cotton, temptingly chewable comforter. He pulls it up to his chin at night and declares, ‘I’m cozy!’

“Next, we started seeing changes in J’s school reports. At one August parent meeting, his teacher excitedly presented his June-July ‘aggression’ chart. For the past year, he’d consistently had 30 to 50 agressions in a school day, with a one-time high of 300. The charts for June through July, by contrast, showed he was actually having days — sometimes one after another — with zero aggressions.

“I don’t consider marijuana a miracle cure for autism. But I do consider it a wonderful, safe botanical that allows J to participate more fully in life without the dangers and sometimes permanent side effects of pharmaceutical drugs, now that we have a good dose and a good strain. Free from pain, J can go to school and learn. And his violent behavior won’t put him in the local children’s psychiatric hospital — a scenario all too common among his peers.

“We have pictures of J from a year ago when he would actually claw at his own face. That little child with the horrifically bleeding and scabbed face looks like a visitor from another world. The J we now know just looks like a happy little boy.

“We worried that ‘the munchies’ would severely aggravate J’s problems with overeating in response to stress. Instead, J puts on weight. For the first time in 3 years, he has modulated these symptoms. J can get over-excited if he likes a food too much, so the other day, we dared to experiment with doenjang, a tofu soup...
The first obstacle in the path of anyone who wishes to explore cannabis as a medicine is to overcome the widely held belief that it is a very dangerous substance.

Medicinal cannabis has been in use for thousands of years. It is used to treat a wide variety of medical conditions, including pain, nausea, and muscle spasms. The therapeutic effects of cannabis have been studied extensively, and many patients have reported significant improvements in their symptoms.

Cannabis is a Schedule I controlled substance under federal law, which means it has a high potential for abuse and no currently accepted medical use. However, in some states, it is legal for medical use under certain conditions.

Physicians also have available evidence that cannabis is a safe and effective medicine. A 2016 study published in the journal *Cannabis and Mental Health* found that patients with chronic pain who used cannabis had lower pain levels and fewer opioid prescriptions compared to those who did not.

There are now available medical cannabis products which vary in potency and are available through a variety of delivery methods, including oral, topical, and sublingual. These products are manufactured under strict regulations to ensure safety and efficacy.

In conclusion, cannabis is a promising medicine for the treatment of a wide variety of medical conditions. Further research is needed to fully understand its therapeutic potential and to develop safe and effective products for patients.

Address reprint requests to editor@beyondthc.com

Copyright 2013 by O'Shaughnessy's. All rights reserved.