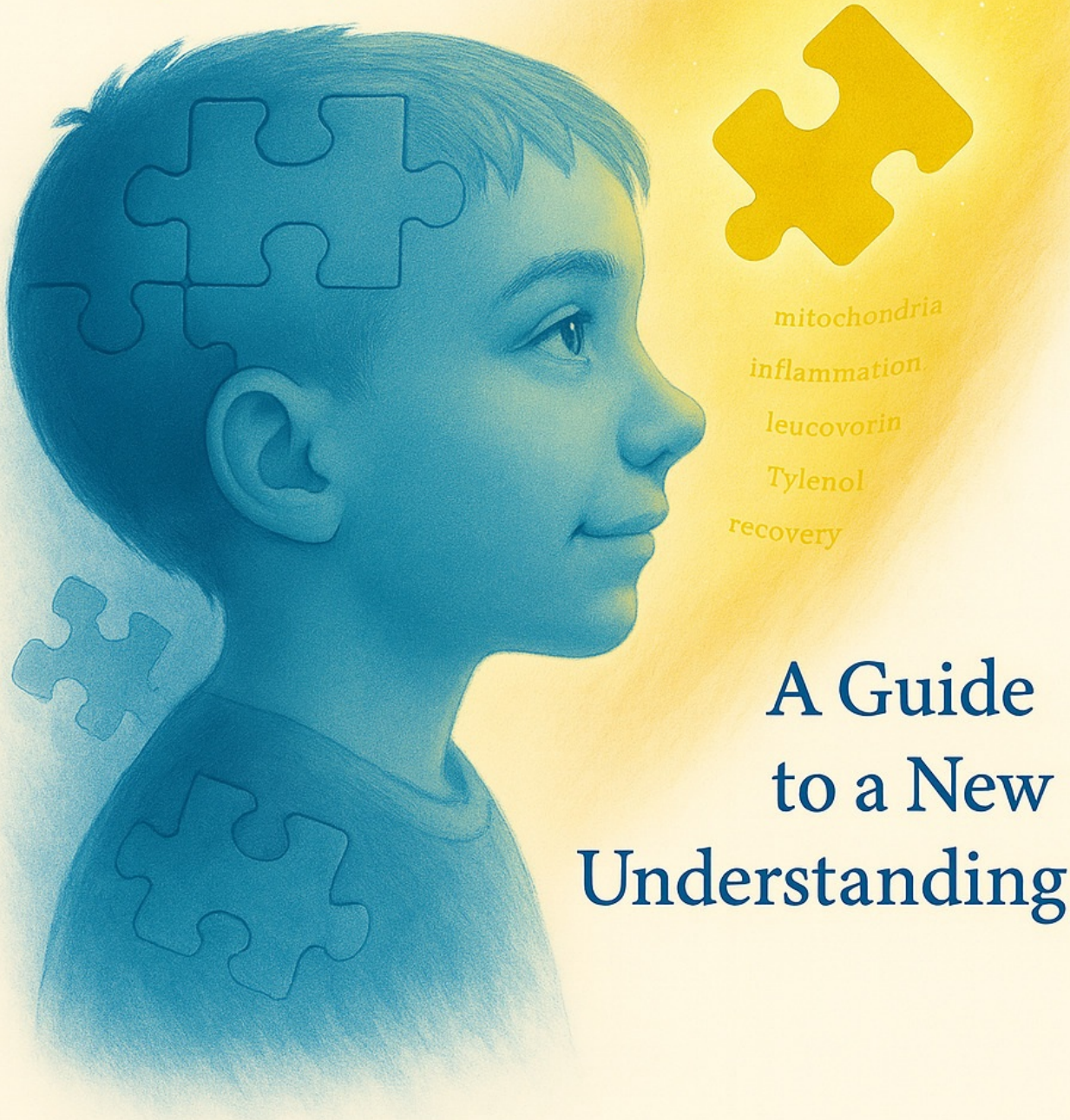
OTHMANE BOUMAALIF, MD

AUTISM, MR TRUMP

Beyond Tylenol and Leucovorin



A Guide to a New Understanding

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Autism, Mr Trump

Beyond Tylenol and Leucovorin - A Guide to a New Understanding

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Preface

On September 22, 2025, U.S. President Donald Trump stood at the White House, alongside Health and Human Services Secretary Robert F. Kennedy Jr. and senior health officials, to address the nation about autism. It was no ordinary press conference. For the first time at a presidential level, autism was recognized as an epidemic of immense scale, requiring urgent national and global attention.

The announcements were bold. President Trump declared that autism is not only a medical challenge but also a societal one. He announced new measures: an updated label for leucovorin (folinic acid) to support children with cerebral folate deficiency linked to autism, and new guidance warning against widespread use of acetaminophen (Tylenol) during pregnancy. For families around the world, it felt like a turning point.

This moment carried undeniable positives. Autism was finally being spoken of outside the narrow frameworks of pure genetics or psychoanalysis. For the first time, biomedical and immune factors were placed at the center of the conversation. By highlighting leucovorin, the administration indirectly acknowledged the possible autoimmune dimension of autism. For countless families, that recognition alone was long overdue.

Yet concerns remain. True to his populist style, President Trump reduced autism's complex causality to a single factor: acetaminophen. While there is research suggesting a link, such a simplistic explanation risks obscuring the broader reality. Autism is not the result of one medication. It is the outcome of multiple overlapping vulnerabilities: immune dysregulation, metabolic imbalance, gut-brain disruption, mitochondrial stress, environmental toxins, and chronic inflammation. To reduce it to Tylenol alone is misleading.

Leucovorin, too, while promising in carefully selected cases, is not a miracle cure. It has helped some children with cerebral folate deficiency improve in speech and social skills, but it is no universal solution. Its use must be cautious, personalized, and combined with therapies addressing the whole child.

I write these words not from Washington, but from Morocco. My journey began when my own son was diagnosed with autism at just two years old. That moment transformed my life and medical career. Since then, I have worked with

thousands of children and families across Morocco, North Africa, Europe, the Middle East, and beyond. I have seen their struggles—the sleepless nights, the gut problems, the self-injury, the isolation—and I have witnessed their resilience. Autism is not an abstract concept to me. It is a lived reality.

This book is my contribution to a new, science-driven, compassionate movement. We must go beyond politics, beyond borders, and beyond ideology. Autism is a global challenge. It demands unity, knowledge, and courage. No nation can solve it alone. Families from all around the world, are waiting for real solutions, not soundbites.

For Iyad, my son. For every child and every parent walking this difficult path. May this book open the door to hope, healing, and a better future.

Autism, Mr Trump is not a provocation — it is a call to awareness.
Through this title, science speaks to power and to every parent, urging a new, systemic understanding of autism — one rooted in biology, compassion, and hope.

Autism: Toward a New Paradigm

“You have to grieve this child.” Those words, spoken by a child psychiatrist, struck my wife and me like a blade. That day, we learned that our son—only two years old—had just been diagnosed with autism. The sentence, brutal and implacable, rang out like a final verdict, asking us to give up any hope of seeing him progress or flourish like other children. The shock was immense, leaving a deep wound within us.

Nothing seemed to predestine our family for such an ordeal. We lived in a loving, stable home. My wife had put her career on hold for two years, wanting to offer our only child the best conditions in which to grow. But destiny—unpredictable and cruel—decided otherwise.

This diagnosis did not only overturn our daily life; it set off an unrelenting quest to understand and to act. What at first looked like a desperate attempt to save our child’s future became a personal and professional journey that redefined my life.

I am a general practitioner, yet my career has never been limited to a single discipline. Over the years, I have explored many areas of medicine. I specialized in systemic diseases, geriatrics, diabetology, nutrition, as well as occupational medicine and toxicology. My long path through the health industry allowed me to train in fields such as biostatistics, pharmaco-epidemiology, clinical research, and even more technical domains, ranging from molecular screening to translational research.

With hindsight, I see these stages as a “divine” preparation—a path traced to arm me with the tools needed to grasp the complexity of autism and to help my son. I am profoundly a person of faith, and that faith allowed me to accept this challenge as a mission.

This journey led me far beyond my family circle. What was once a modest medical practice became a place of hope for thousands of families. Autistic children came from all over Morocco and even from abroad—from France, Spain, Italy, Luxembourg, the United Arab Emirates, Saudi Arabia, Canada, and the United States—and found a welcome there.

Every child, every parent, carried a similar look: a blend of pain and hope, a universal wound I knew in my own flesh. What I learned while accompanying

them nourished my fight for my son and also strengthened my commitment to this community—so often marginalized and misunderstood.

Over time, a conviction took hold in me: autism is not simply a “difference” or an “alternative way of functioning,” as some romanticized discourses try to present it. Behind autism there is immense suffering. Autistic people are not always individuals endowed with extraordinary talents or charming quirks. The reality is far more cruel.

I think of children who are totally nonverbal, unable to communicate. Of those who do not sleep; of debilitating intestinal disorders; of motor difficulties; of the absence of compassion; and of repetitive, compulsive behaviors. I also think of self-injury, anxiety attacks, aggression, violent temper outbursts, and emotional collapses that punctuate their daily lives—and those of their families.

These families, often left to themselves, find themselves isolated, neglected by their loved ones, and sometimes judged or stigmatized by society. That society, so often cruel, passes hasty judgments, sharp criticisms, and rarely extends a helping hand. Added to this are the inertia and misunderstanding of the medical profession, and the lack of any truly inclusive vision in the school system.

Faced with this picture, my approach has always been simple—but unique. I do not claim to wield a magic wand or to possess a miracle cure. My approach rests on translational medicine: I use tools grounded in the most recent research, combining basic science and clinical data to offer a response that is tailored and personalized to each child.

Thanks to this approach, I have had successes. I am proud to have contributed to hundreds of complete recoveries from autism. Other children have shown significant progress. But I have also known failures. There is no miracle. Every child is unique, and outcomes depend on many factors, often beyond our control.

What makes my work special is the bond I establish with families. This positive transfer—based on love and trust—has allowed me to give the best of myself to every child. Through them, I always saw my son, which amplified my determination.

This suffering allowed me to find a mission: to accompany thousands of other children and their families. The quest continues. It is demanding, sometimes exhausting, but also deeply rewarding.

This colossal and exhausting work would never have been possible without the love and tenacity of my wife, Meryem. In the darkest moments, she drew upon an inexhaustible energy to carry on this fight—our fight. Through her, I pay tribute to all the mothers of autistic children who endure everything with unshakeable strength, sustained by the hope of seeing their children flourish.

This struggle is not romantic. It is brutal and cruel. It includes scenes that many families live through every day: a child who wakes at midnight and self-injures; another who screams or strikes his parents during endless car rides; a child who refuses to eat to the point that IV infusions must be considered. These are children who repeat stereotyped gestures for hours on end, who undress in public, or who display deeply disconcerting social behaviors. They are not "poorly raised" children or the product of parental shortcomings; they are children in pain, showing the signs of an underlying disease that goes far beyond the simple notion of neurodiversity.

This suffering touches not only the children, but their families as well. Couples break apart; parents sink into depression or live in total isolation, unable to find support or empathy.

This book is a response to that reality. It rests upon scientific evidence to demystify autism and offers a sincere call to all stakeholders—physicians, educators, families, and decision-makers—to bring our energies together and overcome this disease.

For Iyad, my son. For all the autistic children I have had the honor to accompany. For all those courageous families. I dedicate this book to you, in the hope that it opens a door toward a better life.

My approach is meant to be modest and respectful. It does not in any way call into question the competence, integrity, or dedication of my colleagues, whatever their discipline. On the contrary, it is part of a desire for complementarity, aiming simply to contribute to a better understanding of autism and to possible approaches for improving care. This work reflects above all a sincere wish to share knowledge and experiences, in the hope of offering helpful insight to the families and professionals concerned.

A systemic disease is a condition that goes beyond the simple involvement of a single organ or isolated function, and instead engages a multitude of interconnected biological mechanisms throughout the body. Autism—long

perceived as an exclusively neurodevelopmental disorder—reveals itself to be a truly systemic disease, affecting diverse biological systems and operating according to a complex dynamic of interactions between the brain, immunity, metabolism, and the environment. Numerous studies highlight these multiple dysfunctions, which cannot be understood or treated from a reductionist perspective.

One of the pillars of this systemic view rests on chronic inflammatory processes, both cerebral and peripheral. Elevated levels of inflammatory cytokines—such as IL-1β, IL-17, or TNF—as well as persistent activation of microglia in the brain, alter the development of synapses and neuronal connectivity, thereby disrupting crucial functions like cognition and social interaction. This brain inflammation is often accompanied by a systemic immune imbalance. For example, an excess of Th17 lymphocytes—associated with acute inflammatory states—and a deficiency of regulatory T cells (Treg)—charged with modulating these responses—create a state of constant immune activation that affects the entire organism.

These immune disturbances also express themselves in the gastrointestinal tract, where up to 70% of autistic individuals suffer from symptoms such as intestinal dysbiosis or hyperpermeability. These conditions produce an imbalance in the bacterial flora, favoring the proliferation of pathogens like Clostridia, capable of producing neuroactive toxins such as p-cresol. These toxins modify neurotransmitter levels, notably raising dopamine to toxic levels and worsening behavioral and emotional symptoms. Moreover, alteration of the intestinal barrier allows inflammatory molecules to pass into the bloodstream, contributing to systemic inflammation that aggravates brain dysfunction through the gut-brain axis.

In parallel, metabolic and mitochondrial abnormalities are central elements in this systemic approach to autism. Mitochondria—the true energy powerhouses of cells—are often dysfunctional in autistic individuals, which results in insufficient energy production and generalized oxidative stress. These abnormalities directly affect neuronal development by making neurons more fragile and reducing their capacity to meet the growing energy demands of the developing brain. In addition, toxic compounds derived from intestinal dysbiosis —such as p-cresol and propionic acid—disrupt essential metabolic cofactors like coenzyme A, thereby worsening energy deficits and reinforcing systemic