

Autism: a novel form of mercury poisoning

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FROM ABSTRACT

Autism is a syndrome characterized by impairments in social relatedness and communication, repetitive behaviors, abnormal movements, and sensory dysfunction.

Recent epidemiological studies suggest that autism may affect 1 in 150 US children.

Exposure to mercury can cause immune, sensory, neurological, motor, and behavioral dysfunctions similar to traits defining or associated with autism, and the similarities extend to neuroanatomy, neurotransmitters, and biochemistry.

Thimerosal, a preservative added to many vaccines, has become a major source of mercury in children who, within their first two years, may have received a quantity of mercury that exceeds safety guidelines.

A review of medical literature and US government data suggests that:

- (i) many cases of idiopathic autism are induced by early mercury exposure from thimerosal
- (ii) this type of autism represents an unrecognized mercurial syndrome
- (iii) genetic and non-genetic factors establish a predisposition whereby thimerosal's adverse effects occur only in some children

THESE AUTHORS ALSO NOTE:

Autistic spectrum disorder (ASD) is a neurodevelopmental syndrome with onset prior to age 36 months.

These children show:

- (1) Sociality impairments
- (2) Impairments in communication
- (3) Repetitive and stereotypic behaviors
- (4) Movement disorders
- (5) Sensory dysfunctions

The neurotoxicity of mercury (Hg) has long been established and recognized.

In 1999 the Food and Drug Administration (FDA) and the American Academy of

Pediatrics (AAP) determined that the “typical amount of Hg injected into infants and toddlers via childhood immunizations has exceeded government safety guidelines on an individual and cumulative vaccine basis.”

The mercury in vaccines is from thimerosal (TMS), a preservative, which is 49.6% ethylmercury (eHg).

Mercury-autistic spectrum disorder (Hg-ASD) symptoms onset occurs shortly after immunization and ASD prevalence increases corresponding to vaccination increases.

The authors do a very detailed comparison of traits commonly found in autism with those known to arise from mercury poisoning, and the traits are essentially identical. **[WOW!]**

A comparison of biological abnormalities found in autism and in those with mercury poisoning shows profound similarities in biochemistry, immune system function, central nervous system structure, neurochemistry, and neurophysiology.

Both autism and mercury poisoning have problems of dendritic tree development, synaptogenesis, and the development of complex connectivity within and between brain regions.

“Autistic brains show neurotransmitter irregularities which are virtually identical to those arising from mercury exposure.”

“Both the timing and nature of symptom emergence in autism are fully consistent with a vaccinal mercury etiology.”

“The discovery and rise in prevalence of autism mirrors the introduction and spread of thimerosal in vaccines.”

“Autism was first described in 1943 among children born in the 1930s. Thimerosal was first introduced into vaccines in the 1930s.”

In studies prior to 1970, autism prevalence was estimated at 1 in 2000.

From 1970 to 1990, autism averaged 1 in 1000, which was during a period of increased vaccination rates of the thimerosal containing DPT vaccination.

In the early 1990s, the prevalence of autism was found to be 1 in 500, and in 2000 the Centers for Disease Control found 1 in 150 children affected in various communities around the country.

“In the late 1980s and early 1990s, two new thimerosal vaccines, the HIB and Hepatitis B, were added to the recommended schedule.”

"Nearly all US children are immunized, yet only a small proportion develop autism. A pertinent characteristic of mercury is the great variability in its effects by individual, so that at the same exposure level, some will be affected severely while others will be asymptomatic. [3 references]

DISCUSSION

"We have shown that every major characteristic of autism has been exhibited in at least several cases of documented mercury poisoning."

Both the FDA and AAP have revealed that the "amount of mercury given to infants from vaccinations has exceeded safety levels."

"The timing of mercury administration via vaccines coincides with the onset of autistic symptoms."

The "standard primary criteria for a diagnosis of mercury poisoning – observable symptoms, known exposure at the time of symptom onset, and detectable levels in biologic samples – have been met in autism."

"Mercury toxicity may be a significant etiological factor in at least some cases of regressive autism."

Most infants receive ethylmercury via vaccines, and therefore vaccinal thimerosal should be considered the probable source.

"It is also possible that vaccinal ethylmercury may be additive to a prenatal mercury load derived from maternal amalgams, immune globulin injections, fish consumption, and environmental sources."

CONCLUSION

"This review establishes the likelihood that Hg may be etologically significant in ASD, with the Hg derived from thimerosal in vaccines."

"Thimerosal should be removed from all childhood vaccines."

Chelation for mercury poisoning should be used for autistic children and chelation treatments should be better developed for this purpose.

KEY POINTS FROM DAN MURPHY

- (1) Autism may affect 1 in 150 US children.
- (2) Many vaccines contain the preservative thimerosal, which is about 50% ethylmercury.

- (3) Mercury is a known neurotoxin.
- (4) A comparison of autistic children to those with mercury poisoning shows essentially the same pathology and clinical presentation.
- (5) A child's greatest exposure to mercury is through vaccinations.
- (6) Standard vaccinations have a quantity of mercury that exceeds safety guidelines.
- (7) Both the US Food and Drug Administration and the American Academy of Pediatrics have determined that the amount of mercury injected into infants and toddlers via childhood immunizations exceeds government safety guidelines.
- (8) The discovery of autism in 1943 and its rise in prevalence mirrors the introduction and spread of thimerosal in vaccines.
- (9) The timing of mercury administration via vaccines coincides with the onset of autism.
- (10) Thimerosal should be removed from all childhood vaccines.
- (11) The authors recommend chelation to treat mercury poisoning and autistic children.

ADDITION: San Francisco Chronicle, October 18, 2002, by Katherine Seligman
State Autism Rate Confounds Experts: 273% increase in 11 years

A new study by University of California at Davis pediatric epidemiologist Robert Byrd documents an alarming 273% in autism cases in the state of California, and "the numbers continue to spiral upward."

"California is in the midst of an autism epidemic."

The authors conclude that this increase cannot be explained by an influx of those with the disease to the state as 90% are born in California. Similarly, it cannot be explained by "loosening of the criteria describing the disorder or by misdiagnosis."

The 273% increase is a low figure because retarded children who may be autistic were not included.

Other states are having a similar explosion in autism cases but are unaware because quantifying studies have not been authorized.

A leading explanation of the autism explosion is "vaccine-related autism."