PEDIATRICS®

Advanced Search

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Post-publication Peer Review (P^3 ^{3}R please go to the article you wish to respond to and click on the link that reads "P^3Rs: Submit a Response." Submission of P^3Rs are open to all health care professionals and experts in related fields.

Post-publication Peer Reviews to:

ARTICLES:
Paul T. Shattuck
The Contribution of Diagnostic Substitution to the Growing Administrative Prevalence of Autism in US Special Education
Pediatrics 2006; 117: 1028-1037 [Abstract] [Full text] [PDF]

P^3Rs: Submit a response to this article

P^3Rs published:

▼ **The obfuscation of the iatrogenic Autism epidemic**
Kenneth P Stoller (5 May 2006)

The obfuscation of the iatrogenic Autism epidemic

5 May 2006

Kenneth P Stoller, pediatrician
International Hyperbaric Medical Assoc

Send letter to journal:
Re: The obfuscation of the iatrogenic Autism epidemic

E-mail Kenneth P Stoller

UW-Madison researcher Paul Shattuck concludes that special education figures being used are "faulty and do not substantiate such a claim" (that there is an autism epidemic). Paul Shattuck seems to be saying that all the reported autistic children have always been here, they were just called something else.

As a pediatrician, who has been in practice for over two decades, I find it more than a little insulting as well as disturbing to have someone say that these children were always there. As a scientist, I find the current approach to the autism epidemic – "The Emperor's New Clothes" approach - to be deeply disturbing. For years the vaccine division at the CDC and others have said the reason for the dramatic increase in autism is due to "better diagnosing" and "greater awareness." They have encouraged those like Paul Shattuck to manufacture uncertainty. Nevertheless, with eighty percent of autistic Americans under the age of 18, we will see, clothes and all, a dramatic impact on Social Security in coming years as these children become dependent adults. There are no studies that have found the previously

undiagnosed or misdiagnosed autistic individuals among older Americans. They simply aren't there.

We need to address the real reason for the alarming autism rate. No more secrets or truth-spinning. This is not a faux epidemiological epidemic, nor an infectious epidemic, nor a genetic epidemic (as there are no genetic epidemics). That leaves an epidemic linked to some sort of exposure. Now, the increase of autism has been linked to the increase in mercury exposure through fish and industrial sources, amalgam and additionally, through increased parenteral exposure to ethylmercurithiosalicate. No controlled, randomized study regarding the safety of amalgam or ethylmercurithiosalicate exists.

A recent study, using infant Macaca fascicularis primates exposed to injected ethylmercury or those exposed to equal amounts of ingested methylmercury, showed that ethylmercuy was retained twice as much inorganic mercury in their brains in comparison to the methylmercury exposed primates.(Burbacher T, et al. Comparison of blood and brain mercury levels in infant monkeys exposed to methylmercury or vaccines containing thimerosal. Environmental Health Perspectives, 2005 Aug:113(8):1015-21.)These primates were exposed to mercury levels at a rate equal to what children in the United States received via standard childhood vaccines from 1991- 2003.

Cysteine and glutathione synthesis are crucial for mercury detoxification, and are reduced in autistic children, possibly due to epigenetic polymorphisms. (Deth, R.C.: Truth revealed: New scientific discoveries regarding mercury in medicine and autism. Congressional Testimony before the U.S. House of Representatives. Subcommittee on human rights and wellness, Sept. 8. 2004, Waly M et al: Activation of methionine synthase by insulin-like growth factor1 and dopamine: a target for neurodevelopmental toxins and thimerosal. Mol. Psychiatry 9, 358-370 2004).

Therefore, autistic children have 20% lower levels of cysteine and 54% lower levels of glutathione, which adversely affect their ability to detoxify and excrete metals like mercury. (James, S.J. et al.: Metabolic biomarkers of increased oxidative stress and impaired methylation capacity in children with autism. Am. J. Clin. Nutr. 80, 1611-1617 2004).This leads to a higher concentration of free mercury in blood, which then transfers into tissues and increases the half-life of mercury in the body, as compared to children with normal levels of cysteine and glutathione. As was shown by Bradstreet et al (Bradstreet, J et al.: A case control study of mercury burden in children with autistic spectrum disorders. J. Am. Phys. Surg. 8, 76-79 2003) in a study involving 221 autistic children, vaccinated autistic children showed about 6 fold elevation of urinary mercury than normal controls after appropriate mobilization with the chelating agent DMSA.

Delayed detoxification of mercury severely impairs methylation reactions (required for the correct expression of DNA, RNA, and neurotransmitters), which further adversely affects growth factor derived development of the brain and attention abilities. Phospholipid methylation, which is crucial for attention, is impaired in autistic and attention deficit hyperactivity disorders. Ethyl mercury levels, seen ten days after vaccination (Pichichero et al: Mercury concentrations and metabolism in infants receiving vaccines containing thiomersal: a descriptive study. Lancet 360, 1737-1741 2002) with ethylmercurithiosalicate doses lower than what infants received during the 1990s, produced greater than 50% inhibition of methylation.

In vitro studies have shown that ethylmercurithiosalicate was more than 100-fold more potent than inorganic mercury in inhibiting such essential

methylation reactions. Inorganic mercury was found to be 10 fold more potent than lead in inhibition of neuronal microtubule. (Stoiber, T et al.: Disturbed microtubule function and induction of micronuclei by chelate complexes of mercury(II). Mutat. Res. 563, 97-106 2004; Thier, R et al.: Interaction of metal salts with cytoskeletal motor protein systems. Toxicol. Lett. 140141, 75-81 2003). Inorganic mercury also leads to growth inhibition and denudation of neuronal growth cones. (Leong, C.C. et al: Retrograde degeneration of neurite membrane structural integrity of nerve growth cones following in vitro exposure to mercury. Neuroreport 12, 733-737)

. It was also shown that concentrations of ethylmercurithiosalicate, which can occur after vaccination, induce membrane and DNA damage and initiate apoptosis in human neurons. (Baskin, D.S. et al: Thimerosal induces DNA breaks, caspase3 activation, membrane damage, and cell death in cultured human neurons and fibroblasts. Toxicol. Sci. 74, 361-368 2003).

It has been estimated that about 15% of the population may show enhanced susceptibility to mercury exposure. Levels of ethyl mercury found 8 days after vaccination leads to 50% inhibition of methionine synthase (MS). Compounding this toxic sequelae of ethylmercurithiosalicate, neurons are unable to synthesize cysteine, the rate limiting amino acid for glutathione synthesis. Thus, neurons are most sensitive to mercury toxicity since glutathione is the major intracellular agent in mercury and heavy metal detoxification. It is known that ethylmercurithiosalicate and inorganic mercury depletes intracellular glutathione levels, which subsequently leads to oxidative stress, neuronal cytotoxicity and death.

In vitro studies suggest that the neurotoxicity of ethylmercurithiosalicate is enhanced through neomycin and aluminium hydroxide (ingredients in vaccines) and testosterone, while estrogen decreases the toxic effects. Estrogen has been shown to decrease the toxicity of inorganic mercury which may explain the 4 to 1 ratio of boys to girls in autism. Lead may play a synergistic pathogenetic role in neurodevelopment disorders and autism. Combination of lead and mercury resulted in an increase of toxicity in vitro.

In a first analysis of the VSD datasets, Verstraeten et al had described a 7.6 to 11.4 fold increase of autism risk in children at one month, with the highest mercury exposure levels compared to children with no exposure. In four subsequent separate generations of the analysis, which involve the exclusion of children with no ethylmercurithiosalicate exposure and less than two polio vaccines, the statistical significance disappeared.

Ethylmercurithiosalicate was tested only once, by Eli Lilly on 22 adult patients suffering from meningitis. There was no chance for follow- up to observe long-term effects, as all of the patients in this "study" died. Even if follow-up had been possible, damage to the developing brains of very young children would have remained an unknown. Eli Lilly said it was safe and the medical community accepted it. After the creation of the FDA, its use was simply continued. The federal government has never tested the type of mercury in vaccines for toxicity. This is an unconscionable oversight failure at best, at worse it is an example that we have left consensus reality to be created by the liars, thieves, cheats, killers, and the PR junk scientists they employ.

So, here we have a real problem, autism affecting 1 in 166 or even more – where is the public funding? Where is the public outcry? Where is the response from academia? There isn't any! But in the case of bird flu, with no real evidence that the H5N1 virus is a health problem for humans that do not have the most intimate contact with birds combined with a compromised immune system, billions of dollars have been allocated to clothe this "Emperor."

We have troubling glimpses, in the press, of the brand-new bird-flu containment plan the White House is laying out as detailed in an April 16 Washington Post piece by Ceci Connolly, "U.S. Plan For Flu Pandemic Revealed Multi-Agency Proposal Awaits Bush's Approval." "...Experts project that the next pandemic -- depending on severity and countermeasures -- could kill 210,000 to 1.9 million Americans…National Guard troops could be dispatched to cities facing possible 'insurrection,' said Jeffrey W. Runge, chief medical officer at the Department of Homeland Security. ...The federal government -- as well as private businesses -- should expect as much as 40 percent of its workforce to be out during a pandemic, said Bruce Gellin, director of the National Vaccine Program Office at HHS. Some will be sick or dead; others could be depressed or caring for a loved one or staying at home to prevent spread of the virus. 'The problem is, you never know which 40 percent will be out,' he said."

Putting down INSURRECTIONS, no more Bills Of Rights for the duration of the "pandemic." Chaos! Madness! Protect government workers first and foremost. All based on ZERO scientific evidence, all this is swinging into gear. April 15, two days before the above Washington Post article, an article in the Tacoma Tribune by M.A. Otto. It reports on a public-health conference in downtown Tacoma, with featured speaker, Julie Gerberding, the head of the CDC. " 'There is no evidence it will be the next pandemic,' Dr. Julie Gerberding, head of the Centers for Disease Control and Prevention in Atlanta, said of avian flu. There is 'no evidence it is evolving in a direction that is becoming more transmissible to people.'" "Gerberding's comments on bird flu contrast earlier statements from the federal government that tended to emphasize worse-case scenarios."

So, there is no evidence of a pandemic, but thank you for the $7 billion anyway?

We are living in a time where an incredible overplay and lies and self-aggrandizing behavior and non-science is the norm. Autism is a real problem, not a potential problem. We have tolerated the junk science that has covered up the true cause of this epidemic at a considerable cost to science, the public, and our very way of life in this country. Is it stretch to realize that by putting our heads in the sand about the autism epidemic we have made it possible for the groundwork to be put in place for Marshal Law?

Not something easy to contemplate? Then ask why haven't pediatricians come forward to demand the end of the use of ethylmercurithiosalicate once and for all, and to advocate for the treatment of these children before it is too late?

Conflict of Interest:

None declared