According to the California Department of Developmental Services, the rate of children diagnosed with full-syndrome autism between 1999 and 2002 nearly doubled from 10,360 to 20,377.

The report further revealed that “between Dec. 31, 1987, and Dec. 31, 2002, the population of persons with full-syndrome autism has increased by 634 percent.” That is a doubling of autism cases every four years, and the staggering increases are not limited to California. According to data provided by the U.S. Department of Education, in 1992 Ohio reported 22 cases. A decade later the number had increased by 13,895 percent to 3,057. In Illinois the rate of autism cases climbed from just five in 1992 to 3,802—an increase of 76,040 percent. Only Puerto Rico can claim to have an increase of less than 100 percent, with the remaining states reporting increases of at least 500 percent during the same period. Although once considered rare, during the last two decades the chance of a child being diagnosed with autism has skyrocketed from one in 10,000 to one in 150.
Autism: Is There a Vaccine Connection?

Written by Melissa Millner, D.C.
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So what could be leading to the disastrous decline in our children’s health potential? From my research, I believe the dramatic increase in the number of vaccines children receive plays a big role. I am not saying that vaccines are the only cause, but that they play a key role in the increase.

No one wants to believe such a horrendous reaction, like regressive autism, can occur as a result of vaccination processes, especially in the United States. When Dr. Andrew Wakefield, a gastroenterologist, previous surgeon, and research fellow at the Royal Free medical school in London, published his findings linking the MMR vaccine to inflammatory bowel diseases in the Lancet in February 1998, he was fired. The paper was based on 12 children. In eight cases, parents or doctors reported that symptoms of autism developed after the MMR shot. In one case, they were said to have developed after the child had had measles. The team at the Royal Free hypothesized that the measles virus could conceivably be the link between the gut problems and the autism. Dr. Kawashima from Japan has confirmed that the virus found does indeed come from the MMR vaccine. Dr. Wakefield cites Dr. John O'Leary, professor of pathology at Trinity College, Dublin, who says he has found vaccine strain measles virus in samples from the gut tissue of the 12 children initially studied and over 75 other children studied since then.¹ ² The paper projected Dr. Wakefield into the limelight. He was the only one of the 12 authors to suggest that the MMR should be given as separate vaccines, instead of the tri-valent single shot. These findings and his urgent suggestions for the future safety of our children lost him his job. Since this time he has studied hundreds more children including nearly 200 previously normal children who apparently developed the combined autistic behavior and digestive problems after receiving the three-in-one MMR vaccine. 170 of these had the measles virus isolated from their intestine and verified by Dr. Kawashima. Dr. Arthur Krigsman, from New York University School of Medicine, reported the first independent corroboration of the research findings of Dr. Wakefield. Dr. Krigsman observes serious intestinal inflammation in autistic children identical to that described by Wakefield. This is extremely significant because it independently supports Wakefield’s conclusion that a previously unidentified and devastating combination of bowel and brain disease is afflicting young children. Dawbarns Law Firm of England published a paper reporting on over 600 instances of side effects following the MMR vaccination including 202 cases of autism, 97 of epilepsy, 40 hearing and vision problems, and 41 with 100 behavioral and learning problems.³

The hypothetical model for MMR vaccine as a cause of autism is as follows. Nerve cells of the brain function by conducting nerve impulses, much like electrical wiring. These cells require
insulation to function normally. This insulation is provided by myelin sheaths, made up largely of fatty material. For the most part myelination of nerve cells of the brain does not commence until after birth. Most is laid down during the first 5 years of normal development. It is now generally thought that the process of encephalitis, whether from wild viruses or live-virus vaccines, is associated with an interference with the myelination process brought about by the development of antibodies against myelin basic protein, a constituent of the myelin sheaths. In theory there are several mechanisms whereby the MMR vaccine could have increased potency to induce harmful autoantibodies (antibodies which attack the body’s own tissues and organs, including the myelin sheaths), once injected into the human system.

First and perhaps foremost, MMR is incubated in chick embryo culture medium, which necessarily includes precursors of all the organ systems of the chick, including myelin basic protein. The human body recognizes the chick protein and launches an attack, unfortunately destroying both the human and the chick myelin basic protein. The second theoretical reason is that the MMR vaccine is injected by needle directly into the system. This differs from the natural infections, which are “cushioned” or buffered by the mucosal immune system (Secretary IgA) of the respiratory tract. By passing this mucosal immune system, the injection may carry greater potency for harmful autoantibody formation. Third, measles virus carries protein similar to those found in myelin sheaths so that antibodies induced by the measles vaccine may cross-react harmfully with myelin.

Furthermore, in 1993 Vijendra Singh, PhD University of Illinois, published a study in which they found antibodies to myelin basic protein in 50 to 60% of autistic children tested. Recently at a public meeting Dr. Singh presented information on an unpublished, preliminary study of 27 autistic children in which he found a nearly 50% correlation between MMR antibodies and antibodies to myelin basic protein in serum drawn from the children. Additionally, in a study published in 2002, Dr. Singh of Utah State University found more than 80% of 52 children with autism had measles antibodies when compared to 30 normal children and 15 siblings showing no antibodies. Singh believes the presence of antibodies shows that these kids suffered an abnormal response to the measles element of the MMR causing them to develop inappropriate antibodies. This study, published in the online version of the Journal of International Pediatrics, found children were five times more likely to develop neurological diseases after receiving the MMR shot than they were after receiving the DTP. So the next question is, what is the rate of neurological disease correlation with the DTP?

There has been increased raised awareness about the preservative thimerosal, which is 49.5% ethyl mercury by weight formerly in most vaccines. Mercury is a potent human toxicant, especially harmful to the rapidly developing fetal and infant brain. Federal agencies have published acceptable levels for exposure, but in actual fact, mercury is a poison at any level.
Following the vaccination schedule recommended by the CDC, infants studied were exposed to between 0.0 to 187.5 mcg of mercury, depending on the vaccine manufacturer, and total exposure over 18 months could be as high as 237.5 mcg. The dose the EPA deems allowable is 0.1 mcg per kilogram per day. If an average five kilogram (11 lb) infant received all thimerosal-containing vaccines at a two-month visit, his or her exposure that day would be 62.5 mcg—125 times the EPA guidelines. Exposure in utero should also be of concern. One study of children with autism found that 50% of their mothers had received thimerosal-containing Rhogam, whereas only 9% of mothers of non-autistic children had received Rhogam. F. Edward Yazbak, M.D. collected 240 questionnaires to determine if there is a connection between vaccination during or shortly after pregnancy and autism. His results were alarming. Included in the 240 responses were 20 out of 25 women who were vaccinated with MMR shortly after delivery, breast-fed their babies and sadly had children who developed autism. Of the remaining five, three of the children have allergies, and one has cerebral palsy. Another subgroup from the 240 included 7 women who were vaccinated during pregnancy. Six of the seven children born to these mothers were diagnosed with autism, and the seventh with an autism spectrum disorder. The last child was one of twins. The other twin was stillborn. Subsequent to this study, Dr. Yazbak received 22 more reports from women who were vaccinated either shortly before, during or immediately after pregnancy and all of them had at least one child with autism. Another study found that 1 in 175 children who completed the full DPT series suffered “severe reactions” and a Dr. report for attorneys stating that one in 300 DPT immunizations resulted in seizures.

The FDA estimates that as few as 1% of serious adverse reactions to vaccines are reported and the CDC admits that only about 10% of such events are reported. In fact, Congress has heard testimony that medical students are told not to report suspected adverse events.

Despite the astounding amount of studies stating information similar to that stated above, the FDA has only "encouraged" vaccine manufacturers to reduce or eliminate thimerosal. Numerous vaccine products containing the neurotoxic substance are still on the market. Awareness of the availability of vaccine products without thimerosal is of utmost importance for the consumer. Parents research the safest car seats and toys for their children but don't realize they need to research vaccines as well. Parents must be given the necessary knowledge to make informed decisions about vaccination.

What conclusions can we draw? We can hypothesize again that having an inflammatory response happen in the intestines may make children more susceptible to mercury toxicity because of the lowered health of the intestinal walls. Whether that mercury comes from
vaccines, fish, dental fillings, paint, or over-the-counter nose and eyedrops, it has more of an ability to negatively affect our system because of the auto-immune responses in the gut and myelin sheaths as we have described. From my research on the available studies, I know each of the possibilities mentioned have a negative affect on our children’s health. Should we stop vaccinating our children? Many feel this is a dangerous approach to stopping the autism epidemic but here are some pertinent facts:

From 1911 to 1935 the 4 leading causes of death among those aged 1 to 14 years, covered by Metropolitan Life Insurance policies, were diphtheria, measles, scarlet fever and whooping cough. (13) By 1945 the combined rates from these 4 diseases had declined by 95%, before mass vaccine programs began in the United States. (14) By far the greatest factors in the decline were better housing with less crowded conditions, better nutrition, and other public health, hygienic, and medical measures.

In 1979 Sweden banned the pertussis (whooping cough) vaccine, considering it both ineffective and dangerous. In spite of the banning, or perhaps because of it, Sweden maintains one of the lowest infant mortality rates in the world. In 1975 Japan raised the age of pertussis vaccine to 2 years of age, considering it dangerous in infancy. Since that time, sudden infant death syndrome (SIDS) has largely disappeared in Japan. (15)

Other nations with either voluntary vaccine programs, such as England, or less stringently enforced programs have lower infant mortality rates than the US. With few exceptions, they have not had a return of deadly epidemics (with high mortality).

The bottom line is that autism is a complex disorder, and pinpointing the cause may be even more complex. Whether it’s the MMR vaccine, the mercury in the DTaP, Hepatitis B, Hib, Flu shot, Rhogam, mercury exposure through environment or diet, a combination of all or a factor yet to be uncovered, a link between vaccines and autism seems to grow clearer and clearer as the evidence surfaces.

Whatever your personal vaccination decision, make it an informed one: you have that right and responsibility. It is a difficult issue, but there is more than enough at stake to justify whatever time and energy it takes.
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