

## Autism

Dr Viera Scheibner

with Bronwyn Hancock BSc. Feb 2001



There has been a fair degree of publicity recently, more in some parts of the world than others, in relation to the research that has linked the MMR vaccine to autism. What is the most publicised is that UK researcher Dr Andrew Wakefield and his group of researchers studied children who developed Crohn's disease and autism and linked them to the MMR vaccine that they had been administered (Lancet 1998).

It is good that this is being brought to light, but since parents have been repeatedly reassured by many doctors that the vaccine is safe, which they now can see is not true, it is important for them to logically reason that they cannot trust ANYTHING they are told by doctors, particularly about vaccination, and see that they need to re-search the whole vaccination issue. Sadly, when this is done, it is realised that this MMR/autism link is only the tip of the iceberg.

There are various relevant very important issues which are not addressed by this publicity, and which I will cover here. It will then be recognised that this is a much wider problem, and only after understanding this can parents make an informed decision about what to do. The issues are as follows:

1. Is the MMR triple vaccine the only cause of autism?
2. Is the administration of measles, mumps and rubella vaccines individually a solution to the problem of autism?
3. Are gastrointestinal problems the only mechanism causing brain dysfunction characterised by the diagnosis of autism?
4. What constitutes the evidence of causality?
5. What IS the solution to the problem?

The answer to the first three questions, which we will address first, is a resounding NO! The fourth and fifth questions are addressed subsequently.

1. Is the MMR triple vaccine the only cause of autism? There is not only a documented link of autism to the MMR vaccine, but also to the other vaccines, such as the DPT and polio. We also know of a case of a child developing autism after the Hepatitis A vaccine and others after the Hepatitis B vaccine.

2. Are gastrointestinal problems the only mechanism causing brain dysfunction characterised by the diagnosis of autism?

Even though it is evident and proven that the MMR causes bowel problems which result in malabsorption and malelimination of waste product of digestion, which results in brain dysfunction called autism, autism as a diagnosis was defined for the first time by Kanner (1943 and 1944).

This was the time when the measles, mumps and rubella (and the MMR) vaccines did not exist. However, it WAS the time of intensified diphtheria, pertussis (whooping cough) and tetanus vaccination. The recipients of these vaccines developed encephalitis (or encephalomyelitis) and the mechanism of behavioural problems described by Kanner as autism was soon described by others as postencephalitic syndrome. This is another, in fact the original, explanation for the observed behavioural problems often alternatively described as post--vaccinal encephalitic syndrome and caused by ANY vaccine. This is amply described in a book written by Harris I. Coulter: "Vaccination: Social Violence and Criminality, the Assault on the American Brain."

3. Is the administration of measles, mumps and rubella vaccines individually a solution to the problem of autism? The researchers above and parents, particularly in the United Kingdom, are calling for the three vaccines (measles, mumps and rubella) to be administered individually as if this were the solution to the problem. However it is not just the combined vaccines, such as MMR or DPT that cause autism, and therefore the separate administration of the vaccines will NOT resolve the problem. In fact we know of cases of autism occurring after the individual vaccines. Indeed, the risk may, to the contrary, be even increased. Dr Wakefield has not referred to ANY research that has looked into the relative risk of developing autism after the separate vaccines as opposed to the combined MMR (and we are not aware of any), so there is no basis for such a recommendation. It appears to be purely based on speculation, and even that speculation can be said to be founded on a poor amount of study of the available published refereed research, which shows in more detail what the cause of the problem actually is. Much of this research is covered in "Behavioural Problems in Childhood - The Link to Vaccination", by Dr Viera Scheibner.

It is important to understand that ANY of the vaccines - any type and given either singly or combined, can disturb the balance in the body and cause autism. In fact it has even very rarely developed after an immunological assault that was NOT vaccination (we know of 2 such cases), but it does NOT develop otherwise in unvaccinated children. Notably, we know of NO cases of autism in which there was no clearly identifiable immunological assault preceding its development.

4. What constitutes the evidence of causality?

Let us start by not relying on the words of medical "authorities" in western countries.

A clear illustration of how truly authoritative their assertions are can be seen from looking at what has happened in other countries. For example, Sugiura & Yamada (Pediatr Infect Dis J, 1991;Vol 10(3):209-13) describe what happened in Japan. Very briefly, when the MMR triple vaccine was shown to cause meningitis in 1 in 2026 recipients, not only did the Japanese health authorities recognise the causal link to this vaccine, they also discontinued its use (and also significantly, no unusually large epidemic of any of these infections followed).

Not surprisingly, the incidence of vaccine-caused (and overall) meningitis plummeted (the minority who were hell-bent on getting the vaccine could still get it). So, there is a precedent of a whole major country abandoning the offending vaccine and of a recognition of the causal link between the offending vaccines and the observed reactions. Yet despite this, medical "authorities" in other countries, such as Australia, the UK and the US, continue to ignore (or not read?) the research in published, refereed medical journals, and claim that there is only a temporal and coincidental association.

It is important to note that the only studies that have claimed to discount the link of the MMR vaccine to autism have been funded by vaccine manufacturers (the most recent being Merck, which makes MMR, and reported in January 2001 in The Pediatric Infectious Diseases Journal). This is a case of history repeating itself - how many times have tobacco companies published research "demonstrating" that cigarettes do not cause cancer or heart disease, etc?

Looking at the arguments in relation to the causal link

It is unfortunate that rather than simply caring to take the scientific approach of searching for and studying the published literature revealing the mechanisms for how vaccines cause the development of autism, vaccine promoters will simply follow the politician's approach of making weak claims and reasoning to discount the link. They even deny such literature exists, presumably because they have never searched for it. An example of this is that Dr. Eric Fombonne, from the Institute of Psychiatry in London, UK claims in a letter in Pediatrics (Pediatrics 2001;107:411-413) that the rise in the number of reported cases of autism over the past 30 years was caused by doctors adopting a broader definition of the disease and using better diagnostic tools.

Whilst doctors may be more aware of autism now and as a result look for it more, the reason they are more aware of it is because it is more evident - it is now occurring at a much higher rate. Autism is not just a label. Autistic children are placed into special schools, or special extensions of existing schools, because it is so obvious, and always would have been, that their needs cannot be met in a normal classroom. Special schools for autistic children are now overflowing and greatly increasing in number.

Further, it is well documented that there has been a rise in the numbers of children who are diagnosed with a host of developmental, speech and learning disorders, regardless of what you choose to call their problem. These facts should put an end to any debate over diagnostic criteria changes.

Dr. Luke Tsai, a professor of psychiatry and paediatrics at the University of Michigan Medical Center in Ann Arbor, said that if the disease was caused by a vaccine, "we would see hundreds of thousands of kids with autism. And we don't." Well, if Dr Tsai has studied so much medicine and yet has still no concept of variations in susceptibility from one individual to another (let alone all the other factors that vary from one administration to the next), one really has to wonder what they DO learn in medical school, apart from pharmacology (i.e. which toxic concoctions interfere with which efforts of the body to defend or heal itself). Apart from that though, with autism occurring at the rate it does, there ARE at least two or three hundred thousand children in our developed countries around the world with autism! What planet does he live on?

Vaccine promoters also commit another politically motivated lapse in logic: they admit that the REACTIONS to all vaccines do occur, but say that they are only TEMPORAL and COINCIDENTAL. To our dismay, many of them seem to actually believe this nonsense which represents an insult to basic intelligence. This is because firstly, the word "reaction" itself is a word that directly implies causality. Secondly, establishing a TEMPORAL relationship is the first precondition of causality. Thirdly, why do they not even consider the significant fact that these REACTIONS never occur BEFORE and always AFTER vaccination? The magnitude of this "coincidence" is impossibility in the realm of probability calculus.

It is actually considered prudent medical practice that if a medical procedure is administered and symptoms occur afterwards, that procedure must be considered as the cause. However further to this there is plenty of information available that enables one to piece together not just that there IS a link, but how the damage occurs.

Suppose you are a parent who has never even picked up any medical literature at all on vaccination or autism.

To start with you might know only that vaccines do SOMETHING to the immune system. Then you observe that after a vaccination your child develops a condition that clearly involves an immune disorder - you can see this because when the child eats certain foods his behaviour goes particularly abnormal. Then you communicate with other parents of autistic children and lo and behold, they have observed the same temporal link.

A statistical probability then forms. If you read that more than one in 175 of all children in the UK ("Telegraph", 18 Feb, 2000), and similar in other "developed" countries with high vaccination compliance, suffer autism, but not in developing countries, which have low vaccination compliance, you see a statistical link on a larger scale. (Notably, a similar pattern of confinement to developed countries occurs with cancer, leukaemia, asthma and other modern scourges of children.)

Then you learn what is in vaccines - .01-.025% each of formaldehyde, mercury (or substitute #6-pheno-oxyethanol, a protoplasmic poison), aluminium, paint thinner, coolant, anti-freeze, dye, detergent phenols, solvent, borax, disinfectant, MSG, glycerol, sulfite & phosphate compounds, polysorbate 80/20, sorbitol, polyribosylribitol, betapropiolactone, Amphotericin B and other chemicals, plus hydrolyzed gelatin, casein, dead animal tissue and blood (e.g. cow, chick embryo, monkey, sheep, pig, dog, etc), aborted human foetus cells, mutated (more virulent) human viruses, contaminant animal viruses (e.g. SV40, which causes cancer in humans), bacteria, bacterial endotoxins, antibiotics, yeast & animal, bacterial and viral DNA (which when injected can be incorporated into the recipient DNA).

You reasonably conclude that perhaps it is not enormously healthy for your child to be injected with this big mixture of poisons, and it just MIGHT cause some damage to the immune system?

Then you might go further and look at what these poisons are documented to do. You might start with the first one on the list - formaldehyde. You ask Poisons Information or the National Research Council what its potential effects are and they give you this list:

Eye; nasal; throat and pulmonary irritation; acidosis; acute sense of smell; alters tissue proteins; anaemia; antibodies formation; apathy; blindness; blood in urine; blurred vision; body aches; bronchial spasms; bronchitis; burns nasal and throat; cardiac impairment; palpitations and arrhythmias; central nervous system depression; changes in higher cognitive functions; chemical sensitivity; chest pains and tightness; chronic vaginitis; colds; coma; conjunctivitis; constipation; convulsions; corneal erosion; cough; death; destruction of red blood cells; depression; dermatitis; diarrhoea; difficulty concentrating; disorientation; dizziness; ear aches; eczema; emotional upsets; ethmoid polyps; fatigue; fecula bleeding; foetal asphyxiation (and they say they don't know what could cause SIDS?); flu-like or cold like illness; frequent urination with pain; gastritis; gastrointestinal inflammation; headaches; haemolytic anaemia; haemolytic haematuria; hoarseness; hyperactive airway disease; hyperactivity; hypomenstrual syndrome; immune system sensitiser; impaired (short) attention span; impaired capacity to attain attention; inability or difficulty swallowing; inability to recall words and names; inconsistent IQ profiles;

inflammatory diseases of the reproductive organs; intestinal pain; intrinsic asthma; irritability; jaundice; joint pain; aches and swelling; kidney pain; laryngeal spasm; loss of memory; loss of sense of smell; loss of taste; malaise; menstrual and testicular pain; menstrual irregularities; metallic taste; muscle spasms and cramps; nasal congestions; crusting and mucosae inflammation; nausea; nosebleeds; numbness and tingling of the forearms and finger tips; pale, clammy skin; partial laryngeal paralysis; pneumonia; post nasal drip; pulmonary oedema; reduced body temperature; retarded speech pattern; ringing or tingling in the ear; schizophrenic-type symptoms; sensitivity to sound; shock; short term memory loss; shortness of breath; skin lesions; sneezing; sore throat; spacey feeling; speaking difficulty; sterility; swollen glands; tearing; thirst; tracheitis; tracheobronchitis; vertigo; vomiting blood; vomiting; wheezing.

Then you investigate mercury?

Aphthous, stomatitis, catarrhal gingivitis, nausea, liquid stools, pain, liver disorder, injury to the cardiovascular system and hematopoietic system, deafness, ataxia, headache, paresthesia of the tongue, lips, fingers and toes, other non-specific dysfunctions, metallic taste, slight gastrointestinal disturbances, excessive flatus, diarrhea, chorea, athetosis, tremors, convulsions, pain and numbness in the extremities, nephritis, salivation, loosening of the teeth, blue line on the gums, anxiety, mental depression, insomnia, hallucinations or central nervous system effects.

Exposure may also cause irritation of the eyes, mucous membranes and upper respiratory tract. Acute poisoning may cause gastrointestinal irritation, renal failure, fine tremors of extended hands, loss of side vision, slight loss of coordination in the eyes, speech, writing and gait, inability to stand or carry out voluntary movements, occasional muscle atrophy and flexure contractures, generalized myoclonic movements, difficulty understanding ordinary speech, irritability and bad temper progressing to mania, stupor, coma, mental retardation in children, skin irritation, blisters or dermatitis. Exposure may be fatal.

Well how about that? These ingredients cause exactly the type of damage that your child is suffering. Even these two ingredients, let alone the rest, cause sensitisation to the immune system for example, and your child, since the vaccination, is sensitive to certain foods, which intensify his autistic behaviour.

You learn about Dr Wakefield's, Professor O'Leary's and others' research where they are developing an understanding of the damage the vaccines can do to the gastrointestinal system, and how this is intricately linked to the condition. You quite likely note that your own son has been suffering tummy problems at the same time (if the autism developed by that mechanism, and not from encephalitis), and again only since that vaccination.

You remember how after his vaccines in his first year he started getting several bacterial, particularly ear infections, and was frequently on antibiotics, which you know could have increased the susceptibility of his gastrointestinal system before the 12-15 mth MMR and Hib or 18 mth DPT. You recognise the typical pattern. You might even ask on email lists if there are any unvaccinated children that have developed autism, and you may get back a negative response. We ourselves have only been able to find 2 such cases, and in each case there was another clearly identifiable immune assault. We have found NO case of it developing in a previously healthy unvaccinated child.

Then you discover, and read, whole books that are compilations of a huge amount of medical research on vaccination and behavioural disorders (including autism), each research study they reference establishing a link that makes up one or more pieces of the jigsaw. These books include Dr Viera Scheibner's "Behavioural Problems in Childhood - The Link to Vaccination", Greg Wilson's "Vaccination and Behavioral Disorders - A Review of the Controversy", Harris Coulter's "Vaccination: Social Violence and Criminality, The Assault on the American Brain", Karen Seroussi's "Unraveling the Mystery of Autism".

The first two of these books document over 500 relevant medical papers between them. By now we have the situation that if this were put to trial in a fair court, the verdict would be "Guilty beyond all reasonable doubt." If courts required further proof than this before they came to a verdict with traditional "garden-variety"

criminals, our jails would be empty and murderers would be running around loose on the streets. Of course unfortunately for "common" murderers their activities are not protected by a multi-trillion dollar industry.

5. So what then IS the solution to this problem? Seeing the solution requires an understanding of the whole vaccination issue. This requires a decent amount of research, if all that we have believed or assumed about vaccination up to this point is what the medical establishment has told us. Before doing any such research, parents could be concerned that if they do not vaccinate, their children could catch these infectious diseases, and die or suffer permanent injuries as a result. However once parents do more research they come to realise that this concern is invalid in two respects:

1) It assumes that vaccines prevent diseases. Research reveals that the actual effect of vaccines is actually sensitisation, the word "sensitisation" even specifically used in medical journals in describing the effect. "Sensitisation" means that the recipient is made MORE, not less sensitive, i.e. more, not less susceptible to contracting the infection and more vulnerable to it, increasing the chance of developing a 3 to 4 year cyclic disease, and when this decline in vaccine compliance occurred whooping cough incidence remained at an all time low for the longest recorded interepidemic period. The overall infant mortality rate also plummeted, being also the lowest on record for an epidemic when the next epidemic came around.

The same happened in Japan after 1975 when the vaccination age was lifted to 2 years; Japan zoomed from a much higher rate (17th place) to the lowest infant mortality rate (1st place) in the world (Los Angeles Times, March 1,1990).

In contrast to this, after the US mandated the DPT vaccine in 1978 there was a documented 300% sustained increase in the reported cases of whooping cough, and it is still rising, to the point that, with mandatory vaccination in most states and 5 doses of the vaccine, it now occurs at a far higher rate than before the introduction of the vaccine (see Sutter, R.W., and Cochi, S.L., 1992. Pertussis hospitalisations and mortality in the United States, 1985-1988. J Amer Med Ass;267(3):386-390).

Indeed, despite the overall far superior living standards in other respects - better housing, clean water, nutrition, etc, the US infant mortality rates rival those of the third world. Significantly it went from 6th place in the world in the early fifties before mass vaccination started to 20th place by 1990, and it has since dropped several ranks further (down to 26th place a few years ago). Similarly, measles had virtually disappeared in Europe, UNTIL vaccination began, after which it rose again.

Sadly, it seems that almost whatever the vaccine promoters say, you can simply change their claim to say the exact opposite, and then you will know the truth. With the few times that what they say is true, they are giving only part of the story, which is misleading because people then make false assumptions about the rest.

2) The other respect in which the above claim is invalid is that even if vaccines DID prevent infectious diseases, these are not life-threatening diseases that are untreatable.

They may be untreatable by the medical establishment, but that is because, with its very heavy ties with an industry that markets poisonous substances as bringers of health, it is unable to get away from this obsession of interfering with the immune system (usually by such administrations), instead of supporting it.

It is important to understand that the immune system is designed to do a job, and is quite capable of doing so - the complexities of this in-built intelligence developed, as it did in other animals, long before Homo Sapiens even began to evolve. Thanks to the damaging effect of the vaccines their mothers had, weakening the transplacentally transmitted immunity, young infants are now susceptible to whooping cough, which is dangerous (only) under 6 months, but even then it is still treatable. Any deaths represent the damage done and bad management by medical establishment (illustrated clearly in MJA March 1998); they are not curses of nature.

It is natural to survive. In fact properly supported (and ideally at the age of childhood, as nature intended, not infancy), the exercise of dealing with childhood infections such as measles, mumps, rubella, whooping cough and chicken pox, has been documented in medical literature to be beneficial- it primes and matures the immune system, lowering the risk of serious diseases such as cancer in later life (Lancet, 1985, Cancer 1966), and asthma (Lancet 1996, 1999).

It has also been seen to help the development of the brain - often evident in such things as children's drawings before and after they go through the infections. The name "measles" itself is an old Sanskrit word meaning "visitation by a goddess". The recognition of these benefits has even manifested in a tradition of measles (etc) parties, to which parents bring their children deliberately to be exposed to the child with the infection, in order to enable them to gain these benefits as well as immunity for later life, when it is far more unpleasant to go through. So even if the vaccine WERE effective, it is inappropriate to be even trying to prevent these infections anyway. Children will only get them if and when they need them, and once they have them they only need to be properly managed.

When the immune system fails to do its job, it is not because it is inherently incapable of overcoming the infection, but because we have denied it the resources that it needs, or interfered with its activity.

All the resources it needs are?

Resources for the immune system

- \* a sufficient nutritional status (not really a problem in developed countries today, though many people would do better if their levels of these, particularly Vitamin C, were higher),
- \* plenty of clean water, and
- \* energy through sufficient rest.

We interfere with its activity when?

- \* we divert the body's labour resources to other activities such as digestion (making the person eat),
- \* by giving Panadol and other anti-pyretics, we prevent it raising or keeping its temperature at the level it knows it needs (N.B. It raises it because for every degree rise in temperature, the rate of production and travel of leucocytes to the site of infection, actually DOUBLES), and/or
- \* we harm organisms in the body that have an important role in the immune system (i.e. when we give antibiotics).

Further, when a person is vaccinated, ironically it only damages and weakens the immune system, and further severely saps its resources, such as Vitamin C, and therefore only increases the challenge it has in its effort to deal with infections, but even these diseases are still treatable. They just need to be properly supported. The immune system can manage if it has the basic resources it needs and is then left alone to get on with the job, even though it causes a fair degree of discomfort in the process.

Contrary to popular belief, the body is not suicidal! It raises its temperature to a level that is still safe and helps it fight the infection, not to put itself under threat of brain damage! Apart from this, convulsions occur due to it rising very RAPIDLY from normal (which is not uncommon after vaccination), not due to it being too high.

So, if you ever hear of a child suffering a complication or dying "from", say measles, ask two questions:

1) Was the child vaccinated? This is most probable, though he/she will most likely be assumed not to have been until the medical records are checked. (By vaccinated we mean at least ONE dose of ANY vaccine - not necessarily the measles vaccine - they ALL weaken the immune system),

2) What treatment was the child given? Sure enough you will find that the illness was mismanaged, as described above.

Non-vaccinating parents in our developed countries are commonly asked what they "do" to their children that makes them so vibrantly healthy and alert. It is actually normal for a properly nourished and nurtured child to grow up in good health, WHEN there is no administration of toxic substances. In a healthy child, infections, even colds, are rarely seen, and if and when contracted they are dealt with easily and quickly. Indeed, most of the time an infection is contracted it is dealt with so easily by the immune system that the person does not fall ill, so is unaware of it.

So, in summary, the incomplete analysis and handling of the autism problem is muddying the issue and only results in what can best be described as a logical mess in relation to the whole issue of causality of autism. Some parents discount the link completely because they know that their or other's children developed autism before the MMR, or much later (after another vaccine).

Others expend vast amounts of energy searching for, and traveling long distances to, medical centres that will give separate measles, mumps and rubella vaccines. As a result, many thousands of children continue to be damaged, developing autism and many other serious effects, as a result of being given the MMR vaccine itself, the SEPARATE measles, mumps, rubella vaccines and/or the OTHER vaccines. And most ironically, they are only more, not less, susceptible to these otherwise harmless, indeed (if properly managed) beneficial, infections.

An example of the logical mess and resultant tragedy was reported to us recently. A couple of mothers who are friends had read an article in the daily newspaper about the MMR vaccine causing autism. One of the mothers had an autistic son. Initially she wondered then if the MMR had caused the autism in her son, but then she discounted the link because she remembered that her son started showing the signs of autism BEFORE being given the MMR.

When, as a result of remembering this, she told her friend that her initial concern about the MMR link was wrong, this reassurance encouraged her friend to submit her own son to the MMR. Now, shortly after that, this friend's son is starting to show the signs of autism. One cannot successfully fight mistruth with other mistruths. Without the full, in fact basically simple truth, we just get confusion and more poisoning, with the resultant needless suffering.

Please help us teach the community what does and does NOT bring good health, so that children in the future can be spared autism and other tragedies.