



PEDIATRIC HEALTH

Vaccine Injury? The Autism Debate (Part 2)

THE AUTISM DEBATE (PART 2)

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As suggested in my first article on this topic [August 2018],¹ my impression is that the vaccine authoritarians and radicals have not helped to mold a proper social / political environment for addressing the issue of vaccine injury. Autism is the most extreme example of vaccine injury, the incidence of which is typically denied by the authoritarians and inflated by the radicals.

To help put autism in perspective, my recommendation is to watch the movie "Temple Grandin," which is a true story and quite amazing. Dr. Grandin was born in 1947 and her autistic behavior was noticed at age 2 by her mother. This timeline is important because her case of autism developed before vaccines were broadly introduced to the population. Therefore, we know for sure that vaccines are not required for autism to emerge.

The CDC Admits Vaccine Injury

We also know that vaccines appear capable of causing autistic symptoms, as highlighted on CNN by Dr. Sanjay Gupta. In 2008, Dr. Gupta interviewed a medical neurologist father (Dr. Jon Poling), whose daughter (Hanna) regressed into an autistic state after being vaccinated. This was admitted to being the case by Dr. Gerberding, a director at the CDC at the time (who thereafter went to work in the vaccine division at Merck).

Both Drs. Gupta and Poling stated how surprised they were that vaccines could actually cause autism. Dr. Gupta stated that this admission by the CDC goes against everything they were taught (by the authoritarians who conditioned his mind) in medical school.¹

In this interview, Dr. Poling explains that, in the aftermath, he learned that Hannah had a

mitochondrial disorder which rendered her potentially susceptible to having a regressive response to vaccines. He stated that he was told mitochondrial disorders were rare, but then discovered that in fact, they are not so rare.^{2,4}

Dr. Poling's hope, in 2008, was that the pediatric research community would identify factors which place infants at risk for regression. Clearly, to date no such outcome has been realized. Instead, we are treated to the ongoing assertion by authoritarians that vaccines are "safe, safe, safe," and if you question this establishment view, you are a tinfoil hat-wearing conspiracy theorist who should be ignored and shamed.⁵

Autism-Prone Phenotype

The mitochondrial issue described above appears to be one of the first in a growing body of components that constitute an autism-prone phenotype in a child. Note how a mitochondrial disease expert characterizes how mitochondrial dysfunction can predispose a child to autism:⁴

"Hannah's mitochondria were already underperforming, so when she developed a fever from her vaccine, the increased energy requirements likely pushed them past their thresholds. A fever caused by an ear infection or the flu would likely have triggered the autism symptoms if they occurred before or between the ages of 24 and 36 months, he says, which is when classic, regressive autism, which affects one third of sufferers, usually appears."



In other words, any immune-activating inflammation event that is strong enough and occurring at the right developmental time, such as vaccination, ear infections, the flu, etc., can potentially induce

regression into the autistic spectrum.

When it comes to predisposing factors, there are many to consider and we can modulate most of them with appropriate lifestyle choices, especially nutrition. Space does not permit a detailed discussion of each issue in this article, so for more information, most of the referenced articles can be freely accessed and studied:

- Maternal inflammation⁶⁻⁸
- Neuroinflammation⁶⁻¹¹
- Digestive inflammation^{8, 12-13}
- Mitochondrial disorders^{2-4,9,14}
- Antioxidant imbalances^{9,14-16}
- Methylation issues¹⁵⁻¹⁶
- Vitamin D deficiency¹⁷⁻¹⁸
- Excess brain arachidonic acid^{8, 19-20}

In addition to looking at the references for these issues, you can do Google and Pubmed searches for each topic. For example, search for maternal inflammation and autism, and multiple studies will appear. After examining this information, one would be hard-pressed to ignore that an autism-prone phenotype exists, which means these infants are inflamed prior to getting vaccinated.

It appears that these infants may respond with a heightened inflammatory reaction during an immune-activating event, such as vaccination, the flu or an ear infection, which is too much for their young brains to handle, leading to a regression into an autistic state.⁴

Vaccines and Acute Inflammation

To be sure that vaccines induce inflammation, all one needs do is go to the CDC website,²¹ which tells us that the MMR vaccine will cause fever in one in six infants and seizures in one in 3,000 infants. The MMRV vaccine causes fever in one in five infants and fever-induced seizure occurs in one in 1,250 infants. We are told that the DTaP vaccine will cause fever in one in four infants, and one in 50 children will vomit, while a full one-third of infants will develop mental fuzziness.

Assuming that about 3 million infants are vaccinated each year, this means the MMR vaccine will cause 500,000 fevers and 1,000 seizures. If, instead, the MMRV vaccine were given to 3 million infants, it would cause 600,000 fevers and 2,400 seizures. The DTaP vaccine would cause 750,000 fevers, 60,000 vomiting events and 1 million fuzzy infant brains.

The CDC classifies fevers, vomiting and dull, fuzzy brains as mild problems, and seizures as "moderate" problems – I think parents might use a different categorization system. This volume of potential side effects is damaging to the authoritarian position that vaccines are without risk. And, it turns out their assertions that make it appear as if vaccines have saved humanity from certain death are also incorrect.

Did Vaccines Really Save Us From Infectious Diseases?

The authoritarians correctly argue that correlation does not equal causation in terms of autism expression, and will further assert that the above-mentioned side effects are OK compared to the problem with children dying in droves due to the infectious diseases they would contract if not for

vaccinations. Really?

In 2000, an article published in *Pediatrics* stated that while vaccines against diphtheria, tetanus and pertussis became available in the 1920s, their widespread use did not begin until after World War II. Thus, the impressive declines in mortality from infectious disease before 1950 are clearly not due to vaccines.²²

Regarding the measles, vaccine authoritarians would have us believe children would be dropping like flies from the measles if it were not for vaccines. However, the CDC published a graph demonstrating that deaths from infectious disease was the same 1996 as it was in 1960, before the measles vaccine was introduced.²³ The authoritarians never mention these important details.

What does this mean? According to the CDC, vaccines were not responsible for the reduction in infectious disease and related deaths that occurred in America during the 20th century. Clearly, vaccines are not the Holy Grail of health promotion they are loudly claimed to be by the authoritarians.⁵

What We Can Do About the Vaccine-Prone Autism Phenotype

In my next article, I will look more closely at the factors involved in the autism-prone phenotype and describe lifestyle choices that can help reduce maternal inflammation, which appears to be the pivotal issue in relation to autism expression. Not surprisingly, most of the lifestyle factors involve pro-inflammatory nutritional choices.

References

1. Dr. Jon Poling interview with Dr. Sanjay Gupta: <https://www.youtube.com/watch?v=YxfgqsZ8BV0>.
2. Poling JS, Frye RE, Shoffner J, Zimmerman AW. Developmental regression and mitochondrial dysfunction in a child with autism. *J Child Neurol*, 2006;21(2):170-72.
3. Weissman JR, Kelley RI, Bauman ML et al. Mitochondrial disease in autism spectrum disorder patients: a cohort analysis. *PLoS ONE*, 2008;3(11):e3815.
4. Swaminathan N. "Vaccine Injury Case Offers a Clue to the Cause of Autism." *Scientific American*, April 22, 2008.
5. Perle SM. "The Case for Vaccination." *Chiro Econ*, July 20, 2017.
6. Estes ML, McAllister AK. Maternal Th17 cells take a toll on baby's brain. *Science*, 2016;351:919-20.
7. Angelidou A, et al. Perinatal stress, brain inflammation and risk of autism-review and proposal. *BMC Pediatrics*, 2012;12:89.
8. Madore C, et al. Neuroinflammation in autism: plausible role of maternal inflammation, dietary omega 3, and microbiota. *Neural Plasticity*, 2016.
9. Rossignol DA, Frye RE. A review of research trends in physiological abnormalities in autism spectrum disorders: immune dysregulation, inflammation, oxidative stress, mitochondrial dysfunction and environmental toxicant exposures. *Mol Psychiatry*, 2012;17(4):389-401.
10. Young AM, et al. Aberrant NF-kappaB expression in autism spectrum condition: a mechanism for neuroinflammation. *Frontiers Psychiatry*, 2011 May 13;2:27.
11. Young AM, et al. From molecules to neural morphology: understanding neuroinflammation in autism spectrum condition. *Mol Autism*, 2016 Jan 20;7:9.
12. Luna RA, et al. Distinct microbiome-neuroimmune signatures correlate with functional

- abdominal pain in children with autism spectrum disorder. *Cell Mol Gastroenterol Hepatol*, 2016;3(2):218-230.
13. Frye RE, et al. Gastrointestinal dysfunction in autism spectrum disorder: the role of mitochondria and the enteric microbiome. *Microbial Ecol Health Dis*, 2016;26:27458.
 14. Frye RE, James SJ. Metabolic pathology of autism in relation to redox metabolism. *Biomarkers Med*, 2014;8:321-30.
 15. Rose S, et al. Intracellular and extracellular redox status and free radical generation in primary immune cells from children with autism. *Autism Res Treat*, 2012;986519.
 16. James SJ, et al. Metabolic biomarkers of increased oxidative stress and impaired methylation capacity in children with autism. *Am J Clin Nutr*, 2004;80:1611-7.
 17. Vinkhuyzen AA, et al. Gestational vitamin D deficiency and autism spectrum disorder. *BJPsych (OPEN)*, 2017;3:85-90.
 18. Saad K, et al. Vitamin D status in autism spectrum disorders and the efficacy of vitamin D supplementation in autistic children. *Nutr Neurosci*, 2016;19:346-51.
 19. Tamiji J, Crawford DA. The neurobiology of lipid metabolism in autism spectrum disorders. *Neurosignals*, 2010;18:98-112.
 20. Parletta N, Niyonsenga T, Duff J. Omega-3 and omega-6 polyunsaturated fatty acid levels and correlations with symptoms in children with attention deficit hyperactivity disorder, autistic spectrum disorder and typically developing controls. *PLoS One*, 2016;11(5):e0156432.
 21. CDC website; side effects of vaccines: <https://www.cdc.gov/vaccines/vac-gen/side-effects.htm>.
 22. Guyer B, Freedman MA, Strobino DM, Sondik EJ. Annual summary of vital statistics: trends in the health of Americans during the 20th century. *Pediatrics*, 2000;106:1307-17.
 23. CDC report: Achievements in public health, 1900-1999: control of infectious disease. *MMWR*, 1999;48(29):621-29.

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