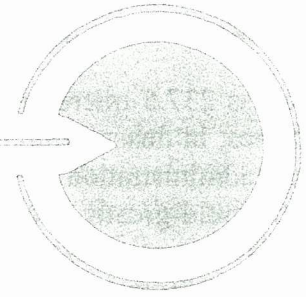


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NEWSLETTER



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AUTISM: IS MERCURY A FACTOR?

A growing number of parents of autistic children think that it is! This was the topic of the hearing conducted by the Government Reform Committee of the U.S. House of Representatives on 18 July 2000. The hearing was entitled "Mercury in Medicine - Are We Taking Unnecessary Risks?" *Bio-Probe, Inc.* has obtained transcripts of some of the testimony presented to the committee [www.house.gov/reform/hearings/healthcare]. The thrust of the committee was on the use of mercury (thimerosal) in vaccines. Testimony was provided by parents of autistic children, physicians and scientists. The information presented was overwhelming!

One physician provided documentation on her treatment of autistic children with mercury chelators. The treatment resulted in a marked improvement in the symptoms of autism and a large provoked increase in urine mercury. Other witnesses provided documentation on the appearance of autism following vaccinations containing thimerosal. Others detailed the amount of mercury (thimerosal) received from vaccinations, which far exceeded existing mercury exposure standards (for adults). The USEPA standard is 0.1 micrograms per kilogram of body weight per day. This equates to 7.0 micrograms for the 70 kilogram (154 pound) adult.

It was detailed that children could receive as

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much as 237.5 micrograms of mercury from vaccines, in doses of up to 25.0 micrograms. Thus, administration of a single vaccine to a child would greatly exceed the USEPA adult standard.

It was also pointed out that prior to 1970 the prevalence of autism was 1 in 2000; in 1970 it was 1 in 1000; in 1996 the NIH estimated it to be 1 in 500; in 2000, the prevalence of autism is now estimated as 1 in 150. Parallels were drawn between vaccine thimerosal and autism. Evaluation of the amount of mercury eliminated in the urine from a series of administrations of a mercury chelator is intriguing. A significant portion of the known dose of vaccine mercury was eliminated. With the knowledge that mercury is very difficult to eliminate from the body, especially from the central nervous system, this would not be expected. This information suggests a pre-existing body burden of mercury prior to vaccination.

The fact that mercury from amalgam dental fillings transfers through the placenta to the body tissues of unborn babies and to newborns through mothers' milk is well established by published human and animal studies. [see BPNL, 14(4), July 1998]

An introduction to the subject of dental mercury was heard by the Committee on Government Reform. A brief presentation was given by H. Vasken Aposhian, Ph.D. of the Univ. of Arizona, who presented documentation that dental amalgam is the largest contributor of mercury to the body burden of non-occupationally exposed individuals.

There are several organizations dedicated to the investigation of autism. These include *Cure Autism Now* (CAN), *Defeat Autism Now* (DAN), and the *Autism Research Institute* (ARI). All of these seem convinced that mercury is a primary cause, if not the primary cause of autism.

ARI [www.autism.com/ari/mercurylong] has

provided a 70 page document entitled "Autism: A Unique Type of Mercury Poisoning." This document details the correlations between autism and mercury poisoning, symptom by symptom. Twenty-two of these pages are published scientific references, establishing the connection between mercury and autism. The Synopsis states: "The parallels between the two diseases are so thorough as to suggest, based on total Hg injected into U.S. children, that many cases of autism are a form of mercury poisoning."

In the section *Diagnosing Mercury Poisoning in Autism*, the document states:

- 1. Observation of impairments in many but not all of the following domains: (a) movement / motor disorder, (b) sensory abnormalities, (c) psychological and behavioral disturbances, (d) neurological and cognitive deficits, (e) impairments in language, hearing, and vision, and (f) miscellaneous physical presentations such as rashes or unusual reflexes.*
- 2. Known exposure to Hg (a) at a level that has been documented as causing impairment in similar individuals under similar circumstances, and (b) at approximately the same time as the symptoms emerge, with allowances given for the latency period. It should be noted that the dose which is considered "toxic" vs. "safe" is unresolved among toxicologists; some researchers feel that any amount of exposure is "unsafe."*
- 3. Detectable levels of mercury in urine, blood, or hair. Importantly, because mercury can clear from biologic samples before the patient feels symptoms or is tested, the lack of detectable mercury is not cause for ruling out mercury poisoning; and conversely, detectable levels have been observed in unaffected individuals.*
- 4. Improvement in symptoms after chelation. While many patients' symptoms resolve with chelation, some clearly poisoned individuals do*