

Autism Research Review

I N T E R N A T I O N A L

A quarterly publication of the Autism Research Institute

Reviewing biomedical and educational research in the field of autism and related disorders

Mercury detoxification report nearing completion

The role of mercury as a major possible cause of autism has come to light only in the past 18 months, after it was realized that the amount of mercury preservative in many vaccines is grossly in excess of the permissible standards (see ARRI 14/4, 14/3, 14/2).

During the past year, a number of physicians from throughout the United States have reported extremely good results in improving the health and behavior of autistic children when the mercury in the children's bodies was removed by a systematic process of detoxification. Some of these physicians, who have specialized in the treatment of autistic children for a number of years, and who have treated many hundreds of autistic children, report that no other treatment has brought about the remarkable improvement that they have seen in many cases of mercury detoxification. Detoxification is not simple, however, and there are many competing detoxification protocols.

In response to this situation, the Autism Research Institute convened a Consensus Conference on the Detoxification of Autistic Children, held in Dallas, Texas, in February. The attendees were 25 carefully selected physicians and scientists knowledgeable about mercury and mercury detoxification. The 15 physicians present included 7 who were parents of autistic children and who had detoxified their own children with excellent results. The physician attendees present had treated well over 3,000 patients for heavy metal poisoning, about 1,500 of them being autistic children. The chemists, toxicologists, and other scientists present had a combined total of almost 90 years of experience in studying the toxicology of mercury.

The purpose of the meeting was to arrive at a consensus document that would delineate the safest and most effective methods of detoxifying autistic children. Nine candidate detoxification protocols, including five submitted by non-attendees, were considered in detail by the conferees.

The meeting was an outstanding success. Despite some initial concern that the various areas of disagreement would prove divisive, the participants resolved the controversial issues harmoniously and arrived

at the consensus position that was hoped for.

The detoxification procedure involves giving several detoxicants in a series of cycles (typically for 3 or 4 days), followed by a rest cycle of 10 or 11 days. Several physicians reported children who began to speak—but only during the active phase of the detoxification cycle.

The Autism Research Institute will issue its consensus report on the detoxification of autistic children at the earliest possible date—most likely in mid-April—after the participants have had an opportunity to review and approve the document.

The ARI Mercury Detoxification Consensus Protocol will be posted at the ARI Internet website, www.autism.com/ari, when it has been approved. Subscribers to the ARRI may obtain a printed copy of the protocol by sending \$3.00 cash or check, for postage and handling, to ARI in an envelope marked "mercury protocol." Please include a tax-deductible donation to ARI if you are able to; donations will be used to defray the \$35,000-plus cost of the conference.

New study links distinct form of colitis to autism

A new study by Andrew Wakefield and colleagues offers more evidence that many autistic children suffer from a distinct form of colitis. In earlier work (see ARRI 12/1), Wakefield et al. strongly linked this newly-discovered bowel disorder, and the children's autistic symptoms, to measles-mumps-rubella (MMR) vaccination.

In the new study, the researchers performed ileocolonoscopy evaluations of 21 consecutive children identified as having both autism and bowel disorders. The children were compared to control subjects with no bowel disease, and to children with Crohn's disease, ulcerative colitis, and ileal lymphoid nodular hyperplasia.

The researchers found that the autistic children suffered from a form of lymphocytic

colitis that differed significantly from that seen in the other children with bowel disorders. They conclude, "Immunohistochemistry confirms a distinct lymphocytic colitis in autistic spectrum disorders, in which the epithelium appears particularly affected. This is consistent with increasing evidence for gut epithelial dysfunction in autism."

[Editor's note: mercury, contained in many vaccines although not the MMR, also can injure the gut epithelia.]

The researchers say the disorder they have detected may be analogous to celiac disease, in which exposure to the protein gluten causes damage to the lining of the bowel. Both disorders, they note, appear to involve an autoimmune component. "The known links be-

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Fall conference—San Diego, Oct. 5-7