GUEST EDITORIAL

Daniel's story: A doctor's concerns about vaccination

By Harold Buttram, M.D.

Daniel (not his real name) is a four-year-old autistic child. In a sense his story is a mystery in that the cause of his autism remains inconclusive. The mother firmly believes that his autism resulted from routine childhood immunizations administered when he was 18 months of age. Medical consultants remain skeptical about this conclusion. This is his story:

For the first 18 months of his life Daniel developed normally. According to his mother he was bright, intelligent, and affectionate. He took active interest in his surroundings and with other children with whom he associated. By 18 months he had a vocabulary of 25 words.

He did have febrile reactions from the routine series of childhood vaccines at 2, 4, and 6 months of age, but had no other apparent adverse reactions. The vaccines consisted of DPT (diphtheria-pertussis-tetanus), Sabin polio, and HIB (hemophilus influenza bacillus).

At 18 months he was given the fourth in this series of vaccines. About three days following these vaccines Daniel's mother developed a flu-like illness with fever and achiness. In another two days (five days following the immunizations) Daniel developed vomiting, fever, lethargy, and excessive sleepiness. Daniel's illness continued for a total of three days, although the vomiting ceased after two days. On the third day of his illness Daniel had an episode of inconsolable high pitched screaming during which he rejected all attempts at comforting.

Daniel's parents noted that immediately following the screaming episode he ceased to talk. There was a similar rapid change in sociability and in his interest in people and objects around him. Although he was formerly quite sociable with neighborhood children, he now ignored them and avoided eye-to-eye contact. His eyes appeared vacant and lusterless. In addition he displayed hand-flapping and stereotypic, repetitive behaviors, all features of an autistic state. Although there has been slight improvement in the intervening years, the basic characteristics of autism have persisted up to the present.

After it became apparent that Daniel's regression was more than a passing phase, he was taken to prestigious medical centers where he was examined by several pediatric neurologists. Extensive tests were done checking for possible causes of the autism. Most of these were normal with the notable exception of brain scan (magnetic resonance imaging) which showed diffuse brain inflammation. Although other causes of the autism had been ruled out, none of the neurologists would confirm the mother's strong opinion that it had been caused by the immunizations.

This story is more than an isolated incident. There is an organization, The National Vaccine Information Center (512 W. Maple Ave., #206, Vienna, Virginia 22180 USA), which has collected large numbers of cases of brain-damaged children thought by parents to be the result of vaccines. Many have stories similar to that of Daniel. It is the belief of this group that brain injury to children resulting from routine childhood vaccines is far more common than officially admitted.

In Daniel's case, in my opinion, there are sound arguments that the vaccines administered at 18 months of age, especially the DPT vaccine, were responsible for the encephalitis (brain inflammation) and autism. These arguments are based on the following medical and scientific publications:

In 1984 a little noted letter was published in the *New England Journal of Medicine* which reported a significant though temporary drop in T-helper lymphocytes in 11 healthy adults given routine tetanus vaccines. In explanation, T-helper lymphocytes are a class of white blood cells which help to govern the immune system. Special concern rests in the fact that drops in T-helper lymphocytes are characteristic of acquired immune deficiency syndrome (AIDS). In 4 of the 11 subjects the T-helper cells dropped to levels seen in active AIDS patients.

This was the effect on healthy adults. One must wonder what the effects of multiple vaccines must be on the highly immature immune systems of infants, but as far as I am aware, this has not been tested.

Viral vaccines have been shown to depress cellular immunity, which serves as the body's first line of defense against infection.

The pertussis vaccine, as a component of DPT, has long been suspect as a cause of many cases of childhood autism. Defenders of the pertussis vaccine have published studies in which they attempted to dismiss this relationship. A typical example was a recent article in the *Journal of the American Medical Association* which reported there is no evidence of increased brain damage following pertussis immunization. However, many would question the validity of this study which was limited to a follow-up period of only seven days following the vaccine. It does not allow for the likelihood of delayed reactions which may far outnumber acute reactions seen within seven days. In the case of cancer we know that there may be a delay of many years following the original body insult and onset of cancer. Similar delays may also be common with the pertussis vaccine and autism.

Further evidence for the depression and/or derangement of the immune system following immunizations can be found in the following reports:

—In a survey published in the *Journal of the American Medical Association* it was found that children receiving the pertussis vaccine were nearly six times more likely to develop asthma than children not receiving the vaccine.

—In 1975 Japan raised the age of pertussis vaccination to two years of age rather than during early infancy as in the USA. Since that time there has been a decline in sudden infant deaths (cot deaths) and spinal meningitis among Japanese infants.

—In the *Journal of Infectious Diseases* in 1992 there was a report of the DPT vaccine provoking a significantly higher incidence of paralytic poliomyelitis in Oman during a polio epidemic in that country. Presumably the increased incidence of polio following vaccines came about as a result of immune depression by mechanisms previously described.

In the case of Daniel, one could theorize that he contracted a viral infection from his mother. Under ordinary circumstances he would have suffered only a minor illness, but with immunizations, the viral infection rapidly spread into a virulent form of encephalitis.

It is also possible that immune injury resulting from the immunizations could have extended directly to the brain. There is a uniquely close association between the brain (central nervous system) and the immune system with many cell receptors common to both systems. Injuries to the immune system may at times be transferred directly to the brain, each having identical cell receptors.

Harold Buttram, M.D.

(Reprinted from the Townsend Letter for Doctors and Patients, *February/March 1996, 911 Tyler Street, Port Townsend, WA 98368-6541, (360) 385-6021. Dr. Buttram: Woodlands Medical Center, 5724 Clymer Road, Quakertown, PA 18951. Dr. Buttram's letter included numerous references which space prohibits us from reprinting. For a list of references, send SASE and ask for "vaccine references.")*

Editor's Note: When I phoned Dr. Buttram to request permission to reprint his article, Dr. Buttram remarked that he had seen a sudden increase in new cases of autism. He was not aware that others have also reported such an increase (see ARRI 9/3, Editorial).

There is a fast-rising tide of interest in immune dysfunction, and vaccinations, as possible causal factors in autism. Obviously this is a controversial issue. Readers of the ARRI will be kept apprised of new developments as we learn of them.

Several researchers in immunology were among the invitees to our original Defeat Autism Now! Conference. Among them was Sudhir Gupta, M.D., Ph.D., who was the 55th (!) doctor that mother Cindy Goldenberg had taken her vaccine-injured son Garrett to (see ARRI 9/2, Letters). Dr. Gupta administered intravenous gamma globulin therapy to Garrett, with sudden and remarkable results. Now Dr. Gupta and his colleagues are conducting a multi-center study of IGIV treatment in autism—work which has attracted international attention. Dr. Gupta will present this work at our DAN! Tutorial Conference in Chicago, June 15-16 (see story, page 1).