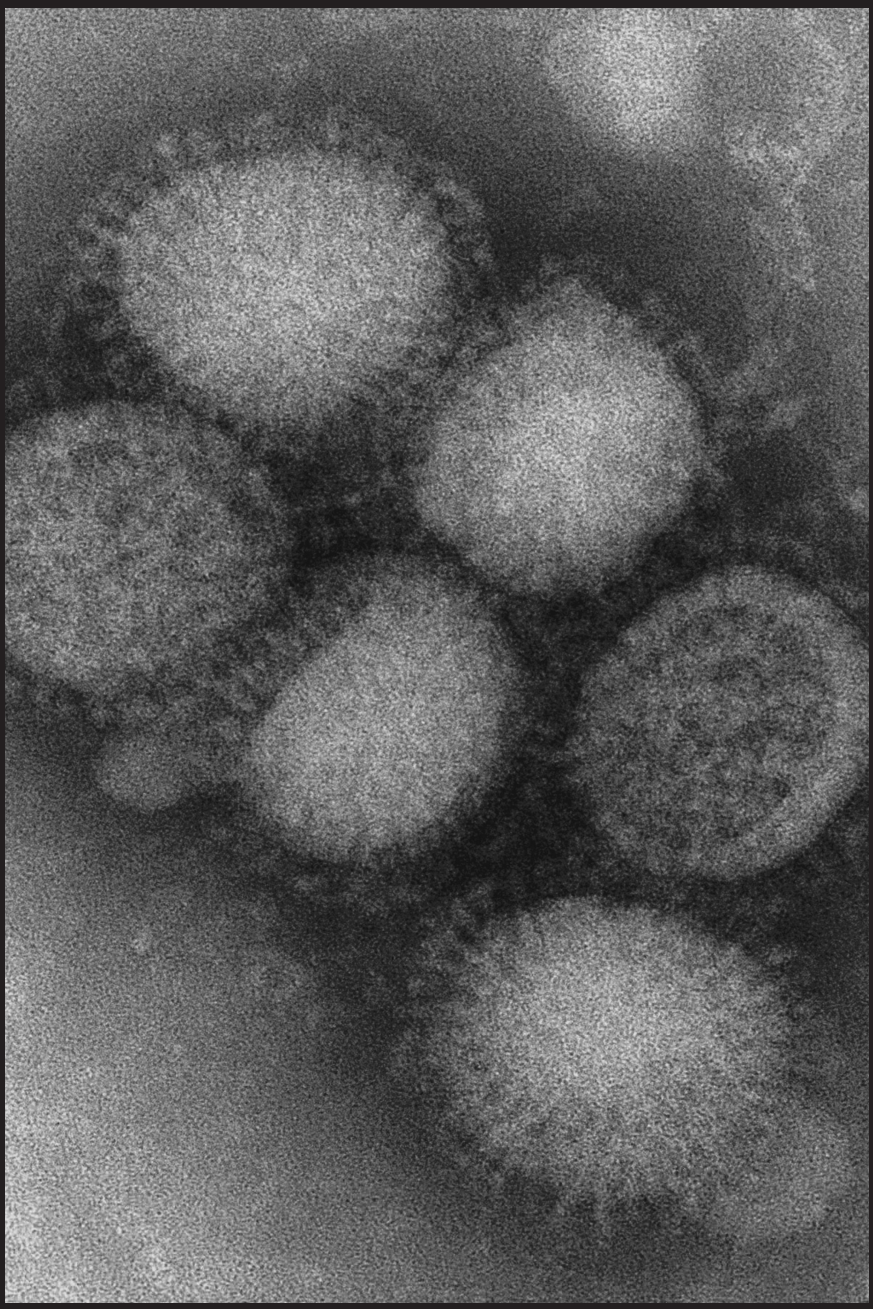
# VACCINE TRUTH



SCIENCE, RESEARCH AND THE HORRIFIC TRUTH

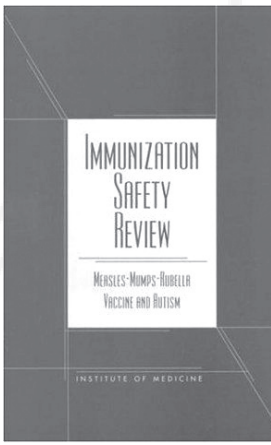
On April 3, 2000 Sallie Bernard, Albert Enayati, B.S., Ch.E., M.S.M.E., Teresa Binstock, Heidi Roger, Lyn Redwood, R.N., M.S.N., C.R.N.P. and Woody McGinnis, M.D. published a paper entitled *Autism: A Unique Type of Mercury Poisoning*. This detailed study looked at the similarities between Autism and Mercury poisoning, finding an astounding correlation between the social, neurological, digestive, epileptic, CNS and immune system abnormalities of the two illnesses, so much so that it lead the investigative scientists to look for a common cause. And they found it, thimerosol (sodium ethylmercurrithio-salicylate), a common ingredient in vaccinations otherwise known as mercury.

And no wonder, the study points out that:

> Vaccine injections are a known source of mercury (Plotkin and Orenstein, 1999), and the typical amount of mercury given to infants and toddlers in this manner exceeds government safety limits, according to Neal Halsey of the American Academy of Pediatrics (1999) and William Egan of the Biologics Division of the FDA (1999). Most vaccines given to children 2 years and under are stored in a solution containing thimerosal, which is 49.6% mercury by weight. Once inside humans, thimerosal (sodium ethylmercurrithio-salicylate) is metabolized to ethylmercury and thiosalicylate (Gosselin et al, 1984). The vaccines mixed with this solution are DTaP, HIB, and Hepatitis B (Egan, 1999).

This discovery was hit with a media campaign slamming the research, despite its clear validity. The counter research was conducted by National Academies Press, National Academy of Sciences, the National Academy of Engineering, the Institute of Medicine, and the National Research Council, which is, in reality, a single organization split up into its respective sectors.

> The committee's primary finding is that a number of epidemiological studies (both uncontrolled and controlled) provide no support for an association on a population level between MMR immunization and ASD (Dales et al., 2001; Gillberg and Heijbel, 1998; Kaye et al., 2001; Patja et al., 2000; Peltola et al., 1998; Taylor et al., 1999).




But there was a problem with the rebuttal research. All of the research was specific to the MMR vaccine, when the original study done by Bernard was comparing Autism to Mercury poisoning. It is well known that ALL vaccinations currently on the market, including Hepatitus B, DTaP, HiP, Polio (IPV), PCV 13, Rotavirus, Influenza and H1N1.

Thimerosal
(Mercury)

The word 'thimerosol' was then thrown into the ring after three studies were published between 2003-2004: *Thimerosal and autism? A plausible hypothesis that should not be dismissed*, *Neurotoxic effects of postnatal thimerosal are mouse strain dependent* and *Thimerosal and autism? A plausible hypothesis that should not be dismissed*.

Several other studies and research papers were also released over the next 6 years that implicated mercury as a key factor in causing brain damage and cellular abnormalities, such as difficulty producing heme, the structured center of blood's hemoglobin.

There have yet to be any studies that directly contradict the clear evidence. For example, the study *Association Between Thimerosal-Containing Vaccine and Autism*; Anders Hviid, MSc; Michael Stellfeld, MD; Jan Wohlfahrt, MSc; Mads Melbye, MD, PhD, found that thimerosal did not appear to have any significant impact concerning Autism. However, in reading the paper, it is clear the scientists and doctors have made rookie or intentional mistakes. They state:

> Although doses administered after June 1, 1992, were considered thimerosal-free, it is conceivable that a few thimerosal-containing doses may have been administered during the months after this date.

Whether or not the children in the study received thimerosal containing vaccines is unknown. If they had used the data from two years later accuracy would not have been an issue. The timing and administration of this paper was poorly carried out, leaving holes in the data making the study worthless due to its assumptive nature.

This trend of faulty, falsified and illogically compiled studies attempting to contradict thimerosal and mercury research continues today as new evidence, data and papers emerge.

There has also been an outpouring of research into solutions for those victimized by thimerosal, such as the intake of **glutathione**, which preliminary research has shown a reversal effect, most efficiently in younger patients; look into sites like oneworldwhey.com for info.

If your child suffers from insomnia, abnormally fussy eating, a high pitched scream or digestive problems as well as abnormal social behaviour it is likely that Thimerosal has played a much larger factor than you are lead to believe. Doctors are trained to bow down to big pharma and trust untested drugs and vaccinations, know better for you and your family. Ignorance is the enemy!

| MERCURY POISONING | AUTISM |
| --- | --- |
| **Unusual Behaviors** | **Unusual Behaviors** |
| Stereotyped sniffing (rats) | Stereotyped, repetitive behaviors |
| ADHD traits | ADHD traits |
| Agitation, unprovoked crying, grimacing, staring spells | Agitation, unprovoked crying, grimacing, staring spells |
| Sleep difficulties | Sleep difficulties |
| Eating disorders, feeding problems | Eating disorders, feeding problems |
| Self injurious behavior, e.g. head banging | Self injurious behavior, e.g. head banging |
| **Visual Impairments** | **Visual Impairments** |
| Poor eye contact, impaired visual fixation | Poor eye contact, problems in joint attention |
| "Visual impairments," blindness, near-sightedness, decreased visual acuity | "Visual impairments"; inaccurate/slow saccades; decreased rod functioning |
| Light sensitivity, photophobia | Over-sensitivity to light |
| Blurred or hazy vision | Blurred vision |
| Constricted visual fields | Not described |
| **Physical Disturbances** | **Physical Disturbances** |
| Increase in cerebral palsy; hyper- or hypo-tonia; abnormal reflexes; decreased muscle strength, especially upper body; incontinence; problems chewing, swallowing, salivating | Increase in cerebral palsy; hyper- or hypotonia; decreased muscle strength, especially upper body; incontinence; problems chewing and swallowing |
| Rashes, dermatitis/dry skin, itching; burning | Rashes, dermatitis, eczema, itching |
| Autonomic disturbance: excessive sweating, poor circulation, elevated heart rate | Autonomic disturbance: unusual sweating, poor circulation, elevated heart rate |
| **Gastro-intestinal Disturbances** | **Gastro-intestinal Disturbances** |
| Gastroenteritis, diarrhea; abdominal pain, constipation, "colitis" | Diarrhea, constipation, gaseousness, abdominal discomfort, colitis |
| Anorexia, weight loss, nausea, poor appetite | Anorexia; feeding problems/vomiting |
| Lesions of ileum & colon; increased gut permeability' | Leaky gut syndrome |
| Inhibits dipeptidyl peptidase IV, which cleaves casomorphin | Inadequate endopeptidase enzymes needed for breakdown of casein & gluten |
| **Abnormal Biochemistry** | **Abnormal Biochemistry** |
| Binds -SH groups; blocks sulfate transporter in intestines, kidneys Low sulfate levels | Has special affinity for purines & pyrimidines Purine & pyrimidine metabolism errors lead to autistic features |
| Reduces availability of glutathione, needed in neurons, cells & liver to detoxify heavy metals | Low levels of glutathione; decreased ability of liver to detoxify heavy metals |
| Causes significant reduction in glutathione peroxidase and glutathione reductase | Abnormal glutathione peroxidase activities in erythrocytes |
| Disrupts mitochondrial activities, especially in brain | Mitochondrial dysfunction, especially in brain |
| **Immune Dysfunction** | **Immune Dysfunction** |
| Sensitivity due to allergic or autoimmune reactions; sensitive individuals more likely to have allergies, asthma, autoimmune-like symptoms, especially rheumatoid-like ones | More likely to have allergies and asthma; familial presence of autoimmune diseases, especially rheumatoid arthritis; IgA deficiencies |
| Can produce an immune response in CNS | On-going immune response in CNS |
| Causes brain/MBP autoantibodies | Brain/MBP autoantibodies present |
| Causes overproduction of Th2 subset; kills/inhibits lymphocytes, T-cells, and monocytes; decreases NK T-cell activity; induces or suppresses IFNg & IL-2 | Skewed immune-cell subset in the Th2 direction; decreased responses to T-cell mitogens; reduced NK T-cell function; increased IFNg & IL-12 |

## MERCURY POISONING

**Psychiatric Disturbances**

Social deficits, shyness, social withdrawal

Depression, mood swings; mask face

Anxiety

Schizoid tendencies, OCD traits

Lacks eye contact, hesitant to engage others

Irrational fears

Irritability, aggression, temper tantrums

Impaired face recognition

**Speech, Language & Hearing Deficits**

Loss of speech, failure to develop speech

Dysarthria; articulation problems

Speech comprehension deficits

Verbalizing & word retrieval problems

Sound sensitivity

Hearing loss; deafness in very high doses

Poor performance on language IQ tests

**Sensory Abnormalities**

Abnormal sensation in mouth & extremities

Sound sensitivity

Abnormal touch sensations; touch aversion

Vestibular abnormalities

**Motor Disorders**

Involuntary jerking movements - arm flapping, ankle jerks, myoclonal jerks, choreiform movements, circling, rocking

Deficits in eye-hand coordination; limb apraxia; intention tremors

Gait impairment; ataxia - from incoordination & clumsiness to inability to walk, stand, or sit; loss of motor control

Difficulty in chewing or swallowing

Unusual postures; toe walking

**Cognitive Impairments**

Borderline intelligence, mental retardation - some cases reversible

Poor concentration, attention, response inhibition

Uneven performance on IQ subtests

Verbal IQ higher than performance IQ

Poor short term, verbal, & auditory memory

Poor visual and perceptual motor skills, impairment in simple reaction time

Difficulty carrying out complex commands

Word-comprehension difficulties

Deficits in understanding abstract ideas & symbolism; degeneration of higher mental powers

## AUTISM

**Psychiatric Disturbances**

Social deficits, social withdrawal, shyness

Depressive traits, mood swings; flat affect

Anxiety

Schizophrenic & OCD traits; repetitiveness

Lack of eye contact, avoids conversation

Irrational fears

Irritability, aggression, temper tantrums

Impaired face recognition

**Speech, Language & Hearing Deficits**

Delayed language, failure to develop speech

Dysarthria; articulation problems

Speech comprehension deficits

Echolalia; word use & pragmatic errors

Sound sensitivity

Mild to profound hearing loss

Poor performance on verbal IQ tests

**Sensory Abnormalities**

Abnormal sensation in mouth & extremities

Sound sensitivity

Abnormal touch sensations; touch aversion

Vestibular abnormalities

**Motor Disorders**

Stereotyped movements - arm flapping, jumping, circling, spinning, rocking; myoclonal jerks; choreiform movements

Poor eye-hand coordination; limb apraxia; problems with intentional movements

Abnormal gait and posture, clumsiness and incoordination; difficulties sitting, lying, crawling, and walking

Difficulty chewing or swallowing

Unusual postures; toe walking

**Cognitive Impairments**

Borderline intelligence, mental retardation - sometimes “recovered”

Poor concentration, attention, shifting attention

Uneven performance on IQ subtests

Verbal IQ higher than performance IQ

Poor short term, auditory & verbal memory

Poor visual and perceptual motor skills, lower performance on timed tests

Difficulty carrying out multiple commands

Word-comprehension difficulties

Deficits in abstract thinking & symbolism, understanding other’s mental states, sequencing, planning & organizing

## MERCURY POISONING

**CNS Structural Pathology**

Selectively targets brain areas unable to detoxify or reduce Hg-induced oxidative stress

Damage to Purkinje and granular cells

Accummulates in amygdala and hippocampus

Causes abnormal neuronal cytoarchitecture; disrupts neuronal migration & cell division; reduces NCAMs

Progressive microcephaly

Brain stem defects in some cases

**Abnormalities in Neuro-chemistry**

Prevents presynaptic serotonin release & inhibits serotonin transport; causes calcium disruptions

Alters dopamine systems; peroxidine deficiency in rats resembles mercurialism in humans

Elevates epinephrine & norepinephrine levels by blocking enzyme that degrades epinephrine

Elevates glutamate

Leads to cortical acetylcholine deficiency; increases muscarinic receptor density in hippocampus & cerebellum

Causes demyelinating neuropathy

**EEG Abnormalities / Epilepsy**

Causes abnormal EEGs, epileptiform activity

Causes seizures, convulsions

Causes subtle, low amplitude seizure activity

**Population Characteristics**

Effects more males than females

At low doses, only affects those geneticially susceptible

First added to childhood vaccines in 1930s

Exposure levels steadily increased since 1930s with rate of vaccination, number of vaccines

Exposure occurs at 0 - 15 months; clinical silent stage means symptom emergence delayed; symptoms emerge gradually, starting with movement & sensation

## AUTISM

**CNS Structural Pathology**

Specific areas of brain pathology; many functions spared

Damage to Purkinje and granular cells

Pathology in amygdala and hippocampus

Neuronal disorganization; increased neuronal cell replication, increased glial cells; depressed expression of NCAMs

Progressive microcephaly and macrocephaly

Brain stem defects in some cases

**Abnormalities in Neuro-chemistry**

Decreased serotonin synthesis in children; abnormal calcium metabolism

Possibly high or low dopamine levels; positive response to peroxidine (lowers dopamine levels)

Elevated norepinephrine and epinephrine

Elevated glutamate and aspartate

Cortical acetylcholine deficiency; reduced muscarinic receptor binding in hippocampus

Demyelination in brain

**EEG Abnormalities / Epilepsy**

Abnormal EEGs, epileptiform activity

Seizures; epilepsy

Subtle, low amplitude seizure activities

**Population Characteristics**

Male:female ratio estimated at 4:1

High heritability - concordance for MZ twins is 90%

First "discovered" among children born in 1930s

Prevalence of autism has steadily increased from 1 in 2000 (pre1970) to 1 in 500 (early 1990s), higher in 2000.

Symptoms emerge from 4 months to 2 years old; symptoms emerge gradually, starting with movement & sensation

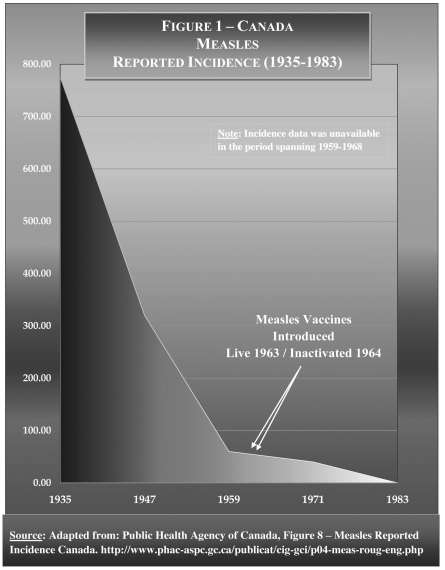
**A new scientific study published in The Lancet reveals that influenza vaccines only prevent influenza in 1.5 out of every 100 adults who are injected with the flu vaccine. Yet, predictably, this report is being touted by the quack science community, the vaccine-pushing CDC and the scientifically-inept mainstream media as proof that "flu vaccines are 60% effective!"**

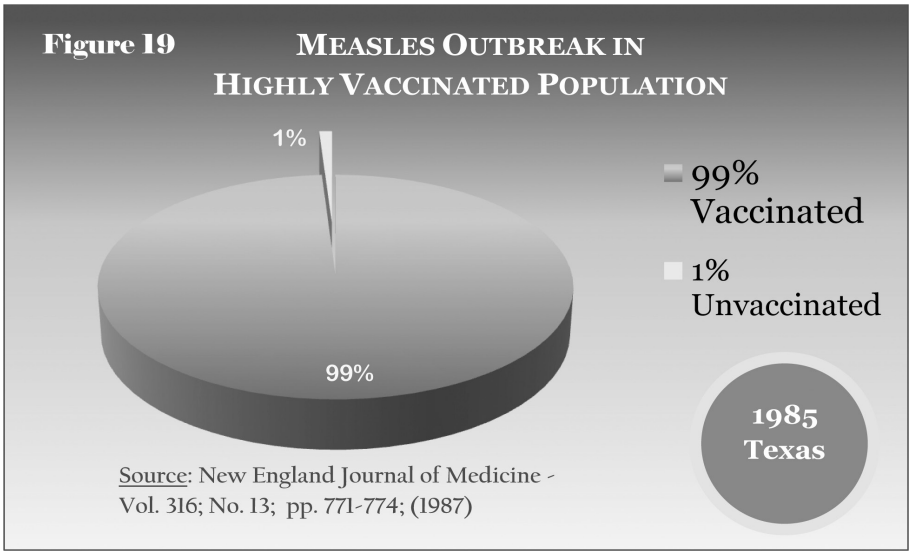
*Learn more: http://www.naturalnews.com/033998_influenza_vaccines_effectiveness.html#ixzz1c67npgp2*

# TAKEN FROM:

**HIBERIX PRODUCT INFORMATION*:**
**Haemophilus influenzae type b (Hib) vaccine**
**Local reactions:** Very common: redness (>2.0cm) ; Common: pain, swelling (>2.0cm)
**Body as a whole:** Very common: fever; Common: viral infection; Uncommon: asthenia, fatigue, injury; Rare: allergic reactions, including anaphylactoid reactions
**Dermatological:** Common: rash erythematous, injection site reaction; Uncommon: sweating increased, purpura
**Gastrointestinal:** Very common: loss of appetite, vomiting, diarrhoea; Common: gastroenteritis; Uncommon: abdominal pain
**Musculoskeletal:** Uncommon: spastic paralysis
**Nervous System:** Very common: restlessness, unusual crying; Common: nervousness, somnolence; Uncommon: insomnia, emotional lability
**Respiratory:** Common: rhinitis, coughing, respiratory disorder, upper respiratory tract infection, bronchitis
**Special Senses:** Common: conjunctivitis, otitis media
**Immune system disorders:** Very rare: allergic reactions (including anaphylactic and anaphylactoid reactions), angioedema
**Nervous system disorders:** Very rare: hypotonic-hyporesponsive episode, convulsion (with or without fever), syncope or vasovagal responses to injection, somnolence
**Respiratory, thoracic and mediastinal disorders:** Very rare: apnoea [see PRECAUTIONS].
**Skin and subcutaneous tissue disorders:** Very rare: urticaria, rash
**General disorders and administration site conditions:** Very rare: extensive swelling of vaccinated limb, injection site induration

*This is their own influenza insert warning manual. Would you risk these illnesses with yourself? Think of how much more susceptable your child is!



## THE FOLLOWING STUDIES ARE AVAIABLE AT TYRANNOSAURUSRADIO.COM:

**Autism: a novel form of mercury poisoning**; S. Bernard, A. Enayati, L. Redwood, H. Roger, T. Binstock

**Autism: A Unique Type of Mercury Poisoning**; Sallie Bernard, Albert Enayati, B.S., Ch.E., M.S.M.E., Teresa Binstock, Heidi Roger, Lyn Redwood, R.N., M.S.N., C.R.N.P., Woody McGinnis, M.D.

**A Prospective Study of Mercury Toxicity Biomarkers in Autistic Spectrum Disorders Mercury Toxicity Biomarkers in Autism**; David A. Geier, Mark R. Geier

**Analysis of Autism Prevalence and Neurotoxins Using Combinatorial Fusion and Association Rule Mining**; Christina Schweikert, Yanjun Li, David Dayya, David Yens, Martin Torrents, D. Frank Hsu1

**Autism Treatments: Chelation of Mercury**; Amy S. Holmes, M.D.

**Thimerosal and autism? A plausible hypothesis that should not be dismissed**; Mark F. Blaxill, Lyn Redwood, Sallie Bernard

**Glutathione in the treatment of autism: a preliminary investigation**; Leigh Ann Chapman ND, Will Gregory PhD, Heather Zwickey PhD

**HIBERIX PRODUCT INFORMATION: Haemophilus influenzae type b (Hib) vaccine**

**Immunization Graphs: Natural Infectious Disease Declines; Immunization Effectiveness; and Immunization Dangers**; Raymond Obomsawin Ph.D.

**Lasting neuropathological changes in rat brain after intermittent neonatal administration of thimerosal**; Mieszko Olczak, Michalina Duszczyk, Pawel Mierzejewski, Teresa Wierzba-Bobrowicz, Maria Dorota Majewska

**Low dose mercury toxicity and human health**; Farhana Zahir, Shamim J. Rizwi, Soghra K. Haq, Rizwan H. Khan

**Mercury and autism: Accelerating Evidence?**; Joachim Mutter, Johannes Naumann, Rainer Schneider, Harald Walach & Boyd Haley

**Neurotoxic effects of postnatal thimerosal are mouse strain dependent**; M Hornig, D Chian1 and WI Lipkin

**Porphyrin testing and heavy metal toxicity: unresolved questions and concerns**; William Shaw, Ph.D.

**The Severity of Autism Is Associated With Toxic Metal Body Burden and Red Blood Cell Glutathione Levels**; J.B. Adams, M. Baral, E. Geis, J. Mitchell, J. Ingram, A. Hensley, I. Zappia, S. Newmark, E. Gehn, R. A. Rubin, K. Mitchell, J. Bradstreet, J.M. El-Dahr

**Study of some biomarkers in hair of children with autism**; Eman Elsheshtawy, Salwa Tobar, Khalid Sherra, Sohayla Atallah and Rasha Elkasaby

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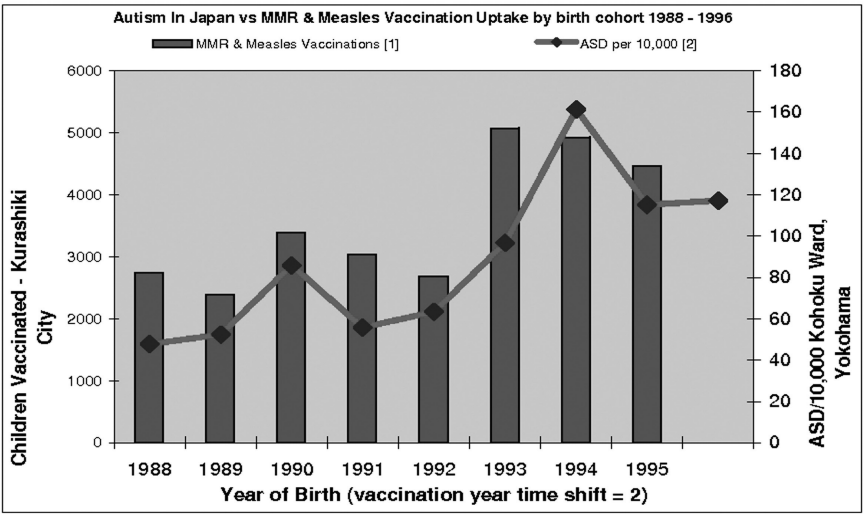


This is a comparison of Measles and MMR vaccination uptake in Kurashiki City [1] with ASD rates in a district of Yokohama [2]. The close correspondence indicates this is unlikely to be coincidental. NB. 1993 births cohort vaccine uptake blue bar is unadjusted. It represents 114% vaccine uptake compared to birth rate and requires adjustment down. The uptake indicates catch-up vaccinations in 1995/6 for those born 1993/4. ([1] Terada [2] Honda/Rutter).