The Weston A. Price Foundation

Autism and Vaccinations

MARCH 16, 2004 BY MARY MEGSON, MD
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I have practiced pediatrics for twenty-two years, the last fifteen years seeing only children with developmental disabilities, which include learning disabilities, attention deficit hyperactivity disorder, cerebral palsy, mental retardation and autism.

In 1978, I learned as a resident at Boston Floating Hospital that the incidence of autism was one in 10,000 children. Over the last ten years I have watched the incidence of autism skyrocket to 1/300-1/600 children.

Over the last nine months, I have treated over 1,200 children in my office. Ninety percent of these children are autistic and from the Richmond area alone. Yet the State Department of Education reports that there are only 1,522 autistic students in the entire state of Virginia.

MHMR (Mental Health Mental Retardation) agencies have created local infant intervention programs, and they have had a hard time keeping up with the numbers of delayed infants and toddlers. I have served as advisor to the City of Richmond and the surrounding counties as they have established entire programs for autistic children that fill multiple classes in several schools in each district.

The segment of children with “regressive autism,” the form where children develop normally for a period of time then lose skills and sink into autism, most commonly at 18-24 months of age, is increasing at a phenomenal rate. I am seeing several children in the same family affected, including in the last week four cases of “autistic regression” developing in four-year-old children after their MMR and DPT vaccination. In the past, this was unheard of.

In the vast majority of these cases, one parent reports night blindness or other rarer disorders which are caused by a genetic defect in a G protein, where they join cell membrane receptors, which are activated by retinoids, neurotransmitters, hormones, secretin and other protein messengers. G proteins are cellular proteins that upgrade or downgrade signals in sensory organs that regulate touch, taste, smell, hearing and vision. They are found all over the body, in high concentration in the gut and the brain. They turn on or off multiple metabolic pathways including those for glucose, lipid and protein metabolism as well as cell growth and survival.

Close to the age of "autistic regression," we add pertussis toxin, which completely disrupts G alpha signals. The opposite G proteins are turned on without inhibition leading to the following:

1. Glycogen breakdown or gluconeogenesis. Many of these children have elevated blood sugars. There is a 68 percent incidence of diabetes in parents and grandparents of these children.
2. Lipid breakdown which increases blood fats that lead to hyperlipidemia. One-third of families has either a parent or grandparent who died from myocardial infarction at less than 55 years of age and was diagnosed with hyperlipidemia.
3. Cell growth differentiation and survival which leads to uncontrolled cell growth. There are 62 cases of malignancies associated with ras-oncogene [a cancer gene] in 60 families of these autistic children.

The measles antibody cross reacts with intermediate filaments which are the glue that hold cells together in the gut wall. The loss of cell-to-cell connection interrupts aproptosis or the ability of neighboring cells to kill off abnormal cells. The MMR vaccine at 15 months precedes the DPT at 18 months, which turns on uncontrolled cell growth differentiation and survival.

Most families report cancer in the parents or grandparents, the most common being colon cancer. The genetic defect, found in 30-50 percent of adult cancers, is a cancer gene (ras-oncogene). It is the same defect as that for congenital stationary night blindness.

G-protein defects cause severe loss of rod function in most autistic children. They lose night vision, and light-to-dark shading on objects in the daylight. They sink into a “magic eye puzzle,” seeing only color and shape in all of their visual field, except for a “box” in the middle, the only place where they get the impression of the three dimensional nature of objects.

Only when they look at television or a computer do they predictably hear the right language for what they see. They try to make sense of the world around them by lining up toys, sorting by color. They have to “see” objects by adding boxes together, thus “thinking in pictures.” Their avoidance of eye contact is an attempt to get light to land off center in the retina where they have some rod function.

Suddenly mother’s touch feels like sand-paper on their skin. Common sounds become like nails scraped on a blackboard. We think they cannot abstract, but we are sinking these children into an abstract painting at 18 months of age and they are left trying to figure out if the language they are hearing is connected to what they are looking at.

The defect for congenital stationary night blindness on the short arm of the X chromosome affects cell membrane calcium channels which, if not functioning, block NMDA/glutamate receptors in the hippocampus where pathways connect the left and right brain with the frontal lobe.

Margaret Bauman has described a lack of cell growth and differentiation in the hippocampus seen on autopsy in autistic children. The frontal lobe is the seat of attention, inhibition of impulse, social judgment and all executive function.

When stimulated, these NMDA receptors through G proteins stimulate nuclear vitamin A receptors discovered by Ron Evans and his colleagues in December, 1998. When blocked, in the animal model, mice are unable to learn and remember changes in their environment. They act as if they have significant visual perceptual problems and have spatial learning deficits.

Of concern is the fact that the hepatitis B virus protein sequence was originally isolated in the gene for a similar retinoid receptor (RAR beta), which is the critical receptor important for brain plasticity and retinoid signaling in the hippocampus. After the mercury is removed, I understand we will restart hepatitis B vaccine at day one of life. Studies need to be done to determine if this plays an additive role in the marked increase in autism.

I am using natural lipid soluble concentrated cis form of vitamin A in cod liver oil to bypass blocked G protein pathways and turn on these central retinoid receptors. In a few days, most of these children regain eye contact and some say their “box” of clear vision grows. After two months on vitamin-A treatment some of these children, when given a single dose of bethanechol [a drug related to acetlycholene, a substance that transmits nerve impulses] to stimulate pathways in the parasympathetic system in the gut, focus, laugh, concentrate, show a sense of humor and talk after 30 minutes, as if reconnected.

This improves cognition, but they are still physically ill. When these children get the MMR vaccine, their vitamin A stores are depleted and they cannot compensate for blocked pathways. Lack of vitamin A, which has been called “the anti-infective agent,” leaves them immunosuppressed. They lack cell-mediated immunity. T cell activation, important for long term immune memory, requires 14-hydroxy retro-retinol. On cod liver oil, the only natural source of this natural substance, the children get well. The parasympathetic nervous system is blocked by the second G protein defect.

These children are unable to relax, focus and digest their food. Instead, they are in sympathetic overdrive with a constant outpouring of adrenaline and stress hormones. They are anxious, pace, have dilated pupils, high blood pressure and rapid heart rate. These and other symptoms of attention deficit hyperactivity disorder are part of this constant “fight or flight” response. These symptoms improve on bethanechol.

I live in a small middle class neighborhood with twenty-three houses. I recently counted thirty children who live in this community who are on medication for ADHD. One week ago my oldest son, who is gifted but dyslexic, had twelve neighborhood

friends over for dinner. As I looked around the table, all of these children but one had dilated pupils. After two-and-one-half months of taking vitamin A and D in cod liver oil, my son announced, “I can read now! The letters don’t jump around on the page anymore!” He is able to focus and his handwriting has improved dramatically. In his high school for college-bound dyslexic students, 68 of 70 teenagers report seeing headlights with starbursts, a symptom of congenital stationary nightblindness.

I think we are staring a disaster in the face that has affected thousands of Americans. The children with autism or dyslexia/ADHD are lucky. There are many other children not identified, just disconnected.

We must direct all of our resources and efforts to establish multi-disciplinary centers to treat these children. Insurance companies should pay for evaluations, both medical and psychiatric, and treatment. These children are physically ill, immunosuppressed with a chronic autoimmune disorder affecting multiple organ systems. Funding to look at etiology of autism, to identify children at risk prior to “autistic regression,” and to prevent this disorder is imperative.

Implementing vaccine policies that are safe for all children should become our first priority.

Mothers from all over the country have brought pictures of their autistic children to Washington this weekend. Most of these children were born normal and were lost to “autistic regression.” Look into their eyes and you will hear their silence.

Editor’s note: In addition to cod liver oil, children with developmental disorders should be given a nutrient-dense diet that includes plenty of calcium and other minerals. Additional vitamin D may also be helpful.

This article appeared in *Wise Traditions in Food, Farming and the Healing Arts*, the quarterly magazine of the Weston A. Price Foundation, Fall 2000 (http://www.westonaprice.org/blog/2000/09/30/journal-fall-2000-vitamin-d/).

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About Mary Megson, MD

Mary N. Megson, MD, FAAP, Pediatric and Adolescent Ability Center, received her degree of medicine from the University of Virginia. She completed her internship and residency at Bodton Floating Hospital, Tufts New England Medical Center. Dr. Megson completed a fellowship in ambulatory pediatrics at Boston's Children's Hospital and one in child development at the Medical College of Virginia. She is a fellow at the American Academy of Pediatrics and was director of Developmental Pediatrics at Children's Hospital in Richmond for nine years. Dr. Megson currently works at her own private practice where she is devoted to diagnosing and treating developmentally delayed children specializing in autism. She conducts research in the use of vitamin A and Bethanecol in treatment of autism spectrum disorders. Dr. Megson conducted a clinical trial to investigate her hypothesis that G-alpha protein defect is a high risk factor for developing autism after vaccination.