Smoke and Mirrors vs. Real Science on Vaccines, Vitamin D, and Autism
AutismOne 2012
Mayer Eisenstein MD,JD,MPH
www.homefirst.com

Don’t Mess with Mercury

Compact fluorescent Mercury light bulb controversy
• When you “handle a knife,” you don’t spread poisonous mercury around your home. The Atlantic Monthly ran a letter or column on how senseless it is to buy these bulbs, that overall they are more harmful to the environment in their manufacture and disposal than the pitiful amount of electricity they save. Yet the federal government and the CFL bulb makers are going to force them down the public’s throat. Imagine a landfill full of thousands of these bulbs, or mercury encrusted glass from thousands of these bulbs. Imagine having to replace your wall to wall carpet because you broke a light bulb. I’m stocking up on incandescent. What’s good enough for Tom Edison is good enough for me.

What to Do if a Mercury Thermometer Breaks
• Have everyone else leave the area; don’t let anyone walk through the mercury on their way out. Make sure all pets are removed from the area. Open all windows and doors to the outside; shut all doors to other parts of the house.
• DO NOT allow children to help you clean up the spill.
• Mercury can be cleaned up easily from the following surfaces: wood, linoleum, tile and any similarly smooth surfaces.
• If a spill occurs on carpet, curtains, upholstery or other absorbent surfaces, these contaminated items should be thrown away in accordance with the disposal means outlined below. Only cut and remove the affected portion of the contaminated carpet for disposal.

Houston We Still Have A Problem
They are injecting Mercury into Children and Pregnant Women
Dr Robert Mendelsohn 1973

"The greatest threat of childhood diseases lies in the dangerous and ineffectual efforts made to prevent them through mass immunization.... There is no convincing scientific evidence that mass inoculations can be credited with eliminating any childhood disease."

Dr Robert Mendelsohn, M.D.

Homefirst Health Services

Since 1973, my medical practice, Homefirst Health Services, has cared for more than 40,000 children who were minimally vaccinated or not vaccinated at all. We also have virtually no autism, asthma, allergies, respiratory illness, or diabetes in our unvaccinated children, a telltale revelation when compared to national rates.
Ingredients in Vaccines

- Parents should understand that vaccines are drugs. They contain antigens, preservatives, adjuvants, antibiotics, buffers, diluents, emulsifiers, excipients, residuals, solvents, and inactivating chemicals. They also contain residue from animal and human growth mediums. Here is a partial list of vaccine ingredients, with brief comments:

  - **PRESERVATIVES:** Are used to stop microbial contamination of vaccines.
    - Thimerosal (mercury) is a recognized developmental toxin and suspected immune, kidney, skin and sense organ toxin.
    - Benzethonium chloride is a suspected endocrine, skin and sense organ toxin.
    - Phenoxethanol is a suspected developmental and reproductive toxin; chemically similar to antifreeze. Phenol is a suspected blood, developmental, liver, kidney, nervous, reproductive, respiratory, skin and sense organ toxin.

  - **STABILIZERS:** Inhibit chemical reactions and prevent vaccine contents from separating or sticking to the vial. Fetal bovine (calf) serum is a commonly used stabilizer. Monosodium glutamate (MSG) helps the vaccine remain unchanged when exposed to heat, light, acidity, or humidity.
    - Human serum albumin helps stabilize live viruses. Porcine (pig) gelatin, which protects vaccines from freeze-drying or heat, can cause severe allergic reactions.

  - **GROWTH MEDIANS:** Viruses require a medium in which to propagate. Common broths include chick embryo fibroblasts; chick kidney cells; mouse brains; African green monkey kidney (Vero) cells; and human diploid (fetal) cells (MRC-5, RA 27/3, WI-38).

  - **ANTIBIOTICS:** Prevent bacterial growth during vaccine production and storage. Neomycin is a developmental toxin and suspected neurotoxin.
    - Streptomycin is a suspected blood, skin and sense organ toxin.
    - Polymyxin B is a suspected liver and kidney toxin.
CONTAMINANTS: Vaccines may also contain dangerous, unintended substances, such as SV-40 found in some polio vaccines, and HIV discovered in early hepatitis B vaccines.

ADDITIVES (Buffers, diluents, emulsifiers, excipients, residuals, solvents, etc.): Some of these, such as sodium chloride, are probably benign. Egg proteins and yeast can cause severe reactions. Ammonium sulfate is a suspected liver, neuro and respiratory toxin. Glycerin is a suspected blood, liver and neuro toxin. Sodium borate is a suspected blood, endocrine, liver and neuro toxin. Polysorbate 80 (Tween 80) is a suspected skin and sense organ toxin. Hydrochloric acid is a suspected liver, immune, locomotor, respiratory, skin and sense organ toxin. Sodium hydroxide is a suspected respiratory, skin and sense organ toxin. Potassium chloride is a suspected blood, liver and respiratory toxin.

Are Vaccines Effective???
Vaccines and Autism

"More children will be diagnosed with autism this year than AIDS, diabetes and cancer combined."
—Congressman Chip Pickering

SICK MONKEYS: RESEARCH LINKS
VACCINE LOAD
AUTISM SIGNS
The first research project to examine effects of the total vaccine load received by children in the 1990s has found autism-like signs and symptoms in vaccinated infant monkeys.

Reports show developmental delays, behavior problems and brain changes in macaque monkeys that mimic "certain neurological abnormalities of autism."
The findings are being reported at a major autism conference in London.

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What do the DTaP vaccine manufacturers say?

• A recent check of the most current product data sheets published by DTaP vaccine manufacturers—as of July 2009—revealed dire warnings of irreversible risks and an extensive list of serious adverse reactions
• that have been reported following receipt of the DTaP shot. The following list includes "events which have a probable causal connection to components" of the DTaP vaccine: anaphylactic reactions, encephalopathy, neuropathy, brachial neuritis, Guillain-Barré syndrome, demyelinating diseases of the central nervous system, lymphadenopathy, bulging fontanelle, cranial mononeuropathy, seizures, grand mal convulsions, high-pitched crying, persistent cry, screaming, hypotonic/hyporesponsive episodes, cellulitis, cyanosis, thrombocytopenia, anorexia, diarrhea, vomiting, ear pain, autism.
• apnea, difficulty breathing, and sudden infant death syndrome (SIDS).

The Pertussis vaccine and AUTISM:

• The first cases of autism in the United States occurred at a time shortly after the pertussis vaccine became available in the 1930s and 1940s.
• During the 1960s, mass vaccination campaigns were instituted. The growing number of children suffering from this new illness directly coincided with the increasing popularity of the mandated immunization programs.
• during these same years. Europe began promoting the pertussis vaccine in the 1960s; the first cases of autism began to appear on that continent in the same decade. In England, the pertussis vaccine wasn’t promoted on a large scale until the late 1950s. Shortly thereafter, the first autism support organization in the United Kingdom was required and established.

MMR and AUTISM

• Many parents report that their perfectly healthy children became autistic after receiving the MMR vaccine. (Before is a complete autosterne)
• and developmental delay. Correlation symptoms include inappropriately aggressive, autistic-like behavior, self-injurious behavior, sleep abnormalities, gastrointestinal disturbances, or refusal of food. As high as 3% of children with autistic spectrum disorders (autistic, Asperger’s and related syndromes) may have these symptoms.
• The affected children were developing normally, then regressed after receiving the triple vaccine shot, losing their previously acquired skills.
• Most medical authorities deny a connection between the MMR vaccine and autism. However, Dr. Andrew Wakefield investigated in 1997-98 a number of children who subsequently suffered from chronic disabilities and ongoing developmental delay and brain damage.
• In most cases, "a close temporal relationship between the onset of vaccines and symptoms consistent with autism and regressive developmental disorder, including a loss of previously acquired verbal and nonverbal communication skills, repetitive and stereotyped behavior patterns, and severe neuropsychiatric symptoms (such as irritability, sleeping difficulties, or aggressiveness) ... a close temporal relationship in the appearance of" symptoms of autism and gastrointestinal dysfunction was noted.
• Both the risk and severity of autism... Although historically these rare adverse events of meningitis may have been associated with only a small proportion of normal children, today’s high vaccine load for all component agents in a single vaccine (MMR) may have changed this...
MMR and Autism: Case Reports by Parents

- "After my son’s MMR at 12 months, his development and personality changed.
- He would stare off and not notice anything, even the waving of my hand in front of his face. His personality became nothing—he lost all words and still has none. It is hard to see my only son lose his personality and life to a shot."
- "My son received the MMR shot shortly after his first birthday. I complained to his doctor when he did not walk, talk or respond as a normal one-year-old.
- I was told that the shots would not have that reaction. He was diagnosed as mentally retarded, autistic, and Tourette’s syndrome."
- "My son is vaccine-injured. After his 15-month vaccines, he could no longer stand, quilt talking, and had terrible diarrhea that still isn’t resolved six years later. He is autistic, and his spinal fluid contains vaccine-strain measles virus."
- "When our beautiful, healthy, only son was 15 months old, he was given MMR. In four days he was at death's door with meningitis. He could no longer walk, talk or respond as a normal one-year-old."

The Yazbak autism studies:

- In 1999, Dr. Edward Yazbak published two separate studies showing significant correlations between MMR and autism. In the first study, mothers who received an MMR vaccine prior to conception and again shortly after giving birth, increased their child’s risk of autism when they breastfed their child and later permitted the child to receive an MMR shot.
- In the second study, six of seven children (86%) born to mothers who received an MMR vaccine prior to conception and again during pregnancy were diagnosed with autism. The seventh child had developmental problems.

Mercury in Vaccines: A Link to Autism

- In 1929, Eli Lilly, a vaccine manufacturer, developed and registered thimerosal under the trade name Merthiolate 29. Thimerosal is nearly 50 percent mercury by weight.30 Mercury is the most toxic element on earth, after plutonium.
- Even very low amounts—whether inhaled, eaten, or placed on the skin—can cause nervous system and brain damage.31 In the 1930s and 1940s, thimerosal was added to pertussis vaccines (and DPT) as an anti-bacterial preservative.32 In the 1990s, additional mercury-laced vaccines were added to the mandatory schedule of childhood shots. Starting in 1991, infants received several doses of the mercury-filled hepatitis B vaccine, with the first shot given just hours after birth. Multiple doses of the mercury-filled Hib vaccine were given to babies as well.

The Simpsonwood Gathering:

- In 1999, Dr. Hugh Fudenberg, director of the NeuroImmuno Therapeutics Research Foundation, published a pilot study on infantile onset autism and noted that 75 percent of his subjects exhibited their initial symptoms within one week of vaccination.18 Dr. Sudhir Gupta, world-renowned immunologist, also noted an association between the onset of autistic symptoms and vaccination, especially MMR. He presented his findings at the National Autism Association in Chicago.19 Dr. Bernard Rimland, director of the internationally recognized Autism Research Institute, spoke at the Chicago conference as well. He confirmed that overzealous childhood vaccine programs are a leading cause of autism epidemics.

Throughout the infamous era of mercury-tainted vaccines—sadly, still occurring—outraged parents of vaccine-damaged children pleaded with anyone who would listen: Why is mercury being injected into our precious babies? No one had an answer. In fact, the medical community refused to even acknowledge their pleas—despite a secret memo from 1993. Apparently, pharmaceutical executives had calculated that six months old babies who received their recommended shots could receive a mercury dose up to 87 times higher than federal guidelines for the maximum daily consumption of mercury from fish.33 Eight years later, health officials finally recommended removing thimerosal from vaccines.
Dr. Bill Weil, with the American Academy of Pediatrics (AAP), told the group, "You can play with this all you want," but the results "are statistically significant."46 Dr. Richard Johnston, an immunologist and pediatrician, exclaimed, "I do not want my grandson to get a thimerosal containing vaccine until we know better what is going on."47 Yet, instead of taking quick action to warn parents and recall the unsafe shots, this audacious group of 52 vaccine proponents spent the next two days calculating how to conceal the truth.48

The generation rescue study:

On June 26, 2007, Generation Rescue, a nonprofit institution, published the results of a study that it commissioned comparing rates of autism (and other neurological disorders) in vaccinated versus completely unvaccinated children. The $200,000 survey, conducted by SurveyUSA, an independent research firm, collected data on 17,874 children. Here is a summary of the most notable findings:

- Vaccinated boys (ages 11-17) were 112 percent more likely to have autism, 158 percent more likely to have a neurological disorder, and 317 percent more likely to suffer from attention deficit hyperactivity disorder (ADHD), than unvaccinated boys.
- Vaccinated children (ages 4-17) were 120 percent more likely to have asthma.

In transcripts of the meeting, the IOM’s study director, Kathleen Stratton, predicted that the IOM would conclude that the evidence was "inadequate to accept or reject a causal relation" between thimerosal and autism. Apparently, that was what "Walt wants"—a reference to Dr. Walter Orenstein, director of the CDC’s National Immunization Program.55 The CDC sought additional "proof" that thimerosal-laced vaccines are safe. In May 2001, Dr. Gordon Douglas, then-director of strategic planning for vaccine research at the National Institutes of Health, assured a Princeton University gathering that "four current studies are taking place in order to undo the harmful effects of research claiming to link the [measles] vaccine to an elevated risk of autism, we need to conduct and publicize additional studies to assure parents of safety."56

"We are in a bad position from the standpoint of defending any lawsuits," said Dr. Robert Brent, a pediatrician.49 However, Dr. Robert Chen, head of vaccine safety for the CDC, congratulated his group for their apparent success thus far at concealing the facts, and expressed relief that "given the sensitivity of the information, we have been able to keep it out of the hands of, let’s say, less responsible hands."50 Dr. John Clements, WHO vaccine advisor, was more blunt, declaring that perhaps the CDC study "should not have been done at all because the outcome could have, to some extent, been predicted." He stated that "the research results have to be handled, and warned that the study "will be taken by others and used in ways beyond the control of this group."51

The federal health officials and industry representatives had assembled to discuss an alarming new study that confirmed a link between thimerosal (mercury) in childhood vaccines and neurological damage, including recent dramatic increases in autistic spectrum disorders. Tom Verstraeten, a CDC epidemiologist, had analyzed the agency’s massive Vaccine Safety Data link (VSD) database containing millions of medical records of vaccinated children and was "stunned" by what he saw:

"We have found statistically significant relationships between exposure to mercury in vaccines and outcomes. At two months of age, developmental delay; exposure at three months, attention deficit disorder. Exposure at one, three and six months, language and speech delays—the entire category of neurodevelopmental delays."43,44

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"The CDC wants us to declare, well, that these things are pretty safe on a population basis... We are not ever going to come down that [autism] road of taking quick action to warn parents and recall the unsafe shots, this audacious group of 52 vaccine proponents spent the next two days calculating how to conceal the truth.48"

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Where are the autistic children at Homefirst® Health Services?

- In 1973, I founded Homefirst Health Services, an alternative medical facility where babies are often delivered at home and are rarely vaccinated.
- "We have a fairly large practice. We have about 30,000 or 35,000 children that we've taken care of over the years, and I don't think we have a single case of autism in children delivered by us who never received vaccines."

- Mayer Eisenstein, MD, Director, Homefirst Health Services

Where are the autistic Amish?

- Amish community for cases of autism. He began his quest in Lancaster County, the heart of Pennsylvania Dutch country, where statistically there should have been at least 130 people with autism. However, the Amish, who still ride horse-and-buggies, also shun modern medicine and do not vaccinate their children. This may have been the reason Olmsted had a difficult time finding autistic Amish.

Vaccines and Autism: Case Reports by Parents

- "My beautiful, four-year-old grandson is not talking, and showing signs of autism. He was a vibrant, healthy baby, and was growing well until his baby shots at 14 months. Within a two-week period after receiving his shots, he stopped giving eye contact, turned inward, and has never been the same. He is developing well physically, but mentally and emotionally he is very delayed. My daughter suffers daily from his emotional and mental disability. It breaks my heart to see this. I don't know if he will ever be able to live a normal life. Someone committed a horrible crime against these children."

- "One day after receiving her shots, my four-year-old niece went into seizures. She slept for two days. After waking up, she had infantile behavior and was mentally challenged. She was sent to a children’s hospital for physical, speech, music, and other therapies. There have been slight changes: she now mimics some words, not as much biting, but now licking things. My sister’s 4-year-old is on a 1-year-old verbal level, but a 1-month-old level as far as focusing and recognizing. An infectious disease specialist said that it was probably a combination of an infection and the immunizations, but now she is being told that it was just a coincidence that she had the shots the previous day."

Vitamin D Autism

Doctors eye vitamin D link to Autism

July, 2008

STOCKHOLM, Sweden, July 15 (UPI) -- Two Swedish doctors are calling for more vitamin D amid a possible link between lack of sunlight and an increased rate of autism.

A lack of sunlight during Sweden’s winters, combined with the use of sunscreen and efforts to avoid sun exposure can result in vitamin D deficiencies, which some doctors say could contribute to depression and autism, The Local newspaper said Monday.
5/3/12

The results presented here for season of birth and prevalence variation with effective latitude are consistent with maternal vitamin D's being a risk factor for development of IAD. However, in the late 1990s, the rates of IAD prevalence became several times higher than those prior to 1985, to the point where maternal vitamin D deficiency is no longer discernible in the epidemiologic data. Further work is required to determine whether vitamin D could be used to reduce the risk of autism, perhaps by reducing the risk of infectious disease or adverse reactions to vaccinations.

Vitamin D and autism:

- "My autistic son is 12 years old. The first effect was his morning mood.
- He would be very agitated. I started him on 4,000 i.u. of vitamin D3. Now he comes down to breakfast with a smile, saying ‘Good morning, mama.’
- He is much more verbal, engaged, and doing better with his school work.
- He is not ‘cured’ but we are in a better place. His fits have decreased in number and intensity. The probiotics changed his life as well. His seasonal asthma diminished since he started to use them. Thank you.”
- —Mother of an autistic child

- "Dear Dr. Eisenstein, prior to seeing you, my 5-year-old autistic son was very aggressive, head-butting other children, bruising his teacher.
- I wondered what will happen 5 or 10 years from now when he is bigger and stronger than me, when he has a meltdown and becomes aggressive.
- Will I fear for my life? One month after you started him on 5,000 i.u. of vitamin D, he is focused, engaging, happy, and laughing appropriately.
- He is less aggressive. He is vocalizing, and seems to be picking things up easier. His understanding is better than before. Thank you so much for what you have done to make our whole family’s quality of life better.”
- —Mother of an autistic child

Dr. Eisenstein’s Daily Minimum Recommendations for Vitamin D3 supplementation

Based on the Latest Scientific Findings

1. Pregnant and nursing mothers- 10,000IU
2. Newborn breastfed-no additional supplementation. Vitamin D obtained from their mother’s milk. See #1—supplement the mother!
3. Newborn bottle fed- 1,000-2,000IU
4. Children 2,000-3000IU
5. Adults 5000IU
6. Chronic illness 5,000-10,000IU
7. Respiratory infection 50,000IU for three to seven days
8. Blood levels should be in the range of 40-60ng/ml
9. Blood levels for chronic conditions
80-100ng/ml
10. 20 minutes in midday sun with 40% body exposure will give you about 5,000-10,000IU
11. If no sun use Vitamin D3 supplements

The 25(OH)D blood test can determine your level
1000IU of Vitamin D will raise your blood levels approximately 10ng/ml

Vaccine Exemptions
Falsus in uno, falsus in omnibus.
Untrue in one thing, untrue in everything.
Latin Expression

20th Century medicine has been shown to be false in many of its assumptions and it has held physicians with non-interventionist philosophies to a higher standard than interventionist physicians. The unscientific thinking of "I think therefore I believe" has replaced scientific evidence based decision making. How can we have trust in a medical system which has been shown to be untrue in some of its practice? The answer is with great scepticism. Let us pray that scientific reason will prevail and the motto for the 21st
Tim and I both have seen huge changes in his need for deep head pressure, maybe 1-2 times a day he will need a little extra pressure but nothing like before, in regards to being real aggressive that has diminished greatly, he has been easier if he does get angry to calm him down and I have seen him relax and sit and play with Legos and do quiet activities for at least 30 min without running all over my house being so active like before.

His feeding and speech therapists have worked on things such as head nodding for yes and no and he never understood that before- and now you ask him Michael do you want a cookie? Without even showing him a picture and he will nod yes. We worked on nodding no and he picked it up in one speech therapy session. His feeding therapist made a comment about how great he is vocalizing - my son is non verbal but is playing with so many more sounds and vowels than before and its great to hear outside people say this and it’s not just my imagination!!!

He just seems to be picking things up easier, his understanding was getting better since about last year but it’s even better than before and my friend has stated that he seems happier and she sees him pretty often. They were playing a peek a boo game and he was so engaging the whole time and laughing appropriately and overall he seems so much better.

The only thing we have changed in him is adding the Vit D- 5000 IUs a day, we did not change his supplement or diet or anything he was on prior to the 24th of April. There is something huge in Vit D and I know this is why God led me to you. Thank you so much for what you have done to make our whole family's quality of life better and we look forward to continue seeing you for Michael's care.

May God Bless you and your family and your medical practice.

Love, 

JB

Dr. Eisenstein comments

The whole country suffers from Vitamin D deficiency. I recommend everyone have a Vitamin D blood test (25[OH]D). The goal is to take enough Vitamin D to raise your blood level to at least 60-80 ng/ml. Scientific studies have shown that levels even as high as 300 ng/ml are not toxic. Vitamin D scientists like Dr. John Cannell recommend approximately 5,000 - 10,000 IU per day. The exact amount is determined by what your blood level is. For more information on Vitamin D go to www.homefirst.com.

Vitamin D, Vitamin D and More Vitamin D!
Beneficial Supplements on a Budget

AutismOne 2012

Dr. Mayer Eisenstein, MD, JD, MPH, is a graduate of the University of Illinois Medical School, the Medical College of Wisconsin School of Public Health, and the John Marshall Law School. Some of his many guest appearances include: “The Oprah Winfrey Show” and “Hannity and Colmes”. His new Metabolic Syndrome and Weight Loss Clinic has helped him lose over 100lbs and his patients have lost more than 20 tons.

http://www.homefirst.com

More Vitamin D3 less Autism Case Histories
Mayer Eisenstein MD, JD, MPH

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A synopsis of a case history from: John Cannell, MD
Executive Director Vitamin D Council
www.VitaminDcouncil.org

John is a seven-year old boy living in the northeastern U.S. with a long-standing diagnosis of autism. Symptoms include temper tantrums, repetitive self-stimulatory behavior, impaired language, mood swings, fear of being alone, toileting problems, digestive issues, and impaired muscle strength. John spends a lot of time outdoors starting in the spring and his mother noticed a distinct seasonal variation in his symptoms in that he improved in the summer and regressed in the
winter. A 25-hydroxy-vitamin D in April of 2008 was 25 ng/ml and obtained after John had begun to play outside.

I advised the mother to stop all products containing vitamin A including cod liver oil and begin John on 5,000 IU of vitamin D3 per day for two weeks followed by 2,000 IU per day in the form of powdered vitamin D dissolved in juice.

Within a week of starting the vitamin D, John's language began to return and he was no longer as fearful of being alone. At the end of two weeks his language showed further improvement, he began to toilet himself, counted to 10 and knew the spelling of his name. After three weeks language continued to improve and some improvements were noted in his dysbacteriosis.

After four weeks of vitamin D treatment, the mother noted improvements in muscle strength as well as continued improvements in language

Comment from Dr. Cannell

Finally, as you now know, organized medicine would say you should stop the vitamin D and watch your son deteriorate, which is why slavery to evidence based medicine is fine for scientists and unethical for practitioners.

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Prior to seeing you, Michael was very aggressive, needing a ton of deep pressure especially in his head. He was easily upset and it was so hard to calm him down. He head butted me so hard one time that I had a headache for over an hour and he is only 5 years old. He would be digging his head into my side, my back repeatedly for about 2-3 hours in a 24 hour period and this is not normal. Autism or no autism that need for such deep pressure in his head was so hard to deal with and I just didn't understand why he needed that. Prior to seeing you in April he had been real aggressive at school- sometimes beating other children to get the needed deep pressure he was craving, he bruised a teacher from putting so much pressure from his chin on her arm, he had regressed in his bowel habits. He went from feeling the urge and running to the bathroom when he first got potty trained at 3 and half to just pooping in his underwear or on the floor whenever he felt the urge at 4 and a half without going to the bathroom unless we led him there in time. My major concerns with Michael were all of these issues along with what is going to happen 5 years from now, 10 years from now when he is stronger and bigger than me and than what do I do when he has a meltdown and becomes aggressive. Am I going to fear for my life, fear being in the same room or house with him? He is such a sweet and loving child but when those moments of aggression and anger came out it was devastating as a mom to see and he is only 5.

We saw you on April 23rd and we talked about his blood work- he had a testosterone level of 15 which according to your levels was at the age of a 12 year old boy, he was severely deficient in Vit D - his level was 27 when it should be 100, he had 3 out of 5 porphyrins in his urine slightly elevated as well. The rest came back normal. These results were interesting to me since to think of a 5 year old with the testosterone of a 12 year old is like a 5 year old on steroids and I felt like that was where this aggression and need for such deep pressure especially from his head came from. Leaving your office I was pretty convinced that we had to go this route of the Lupron injections and then something interesting happened. I found out that Michael's Glutathione was off the charts at 1600 where we just want it over 600 so according to the theory where the elevated testosterone inhibits the glutathione from being produced and therefore not allowing these kids to chelate themselves naturally and cause neurological symptoms such as Autism it was interesting to me and I started thinking that possibly the Lupron was not the solution in Michael's case. I believe you have to take it case by case because there are going to be kids with high testosterone, low Glutathione that need the injection to better the quality of their lives and its important that people understand since Autism is so complex and there is a spectrum not every child is going to fit in a particular theory. You handed us a bottle of Vit D and told me to start Michael on 5000IU a day and we started on the 24th of April- this email is being sent on the 22nd of May and here is what we have seen.

Michael has gone to his OT since he was 18 months old and on the 2nd of May she gave us a glowing note- Michael had stayed at a table top for 40 min without one sensory break and stayed on task- was focused and very engaging and happy and smiling. The following 2 weeks same report- Michael is doing great, focused, things she has worked on in the past such as dressing a doll he was able to do without any problems where he could not in the past.

Michael's teacher states that he is less aggressive and has not needed as much deep pressure in school. He has not hurt or been aggressive to other children in his class and to me that is a blessing in it of itself.