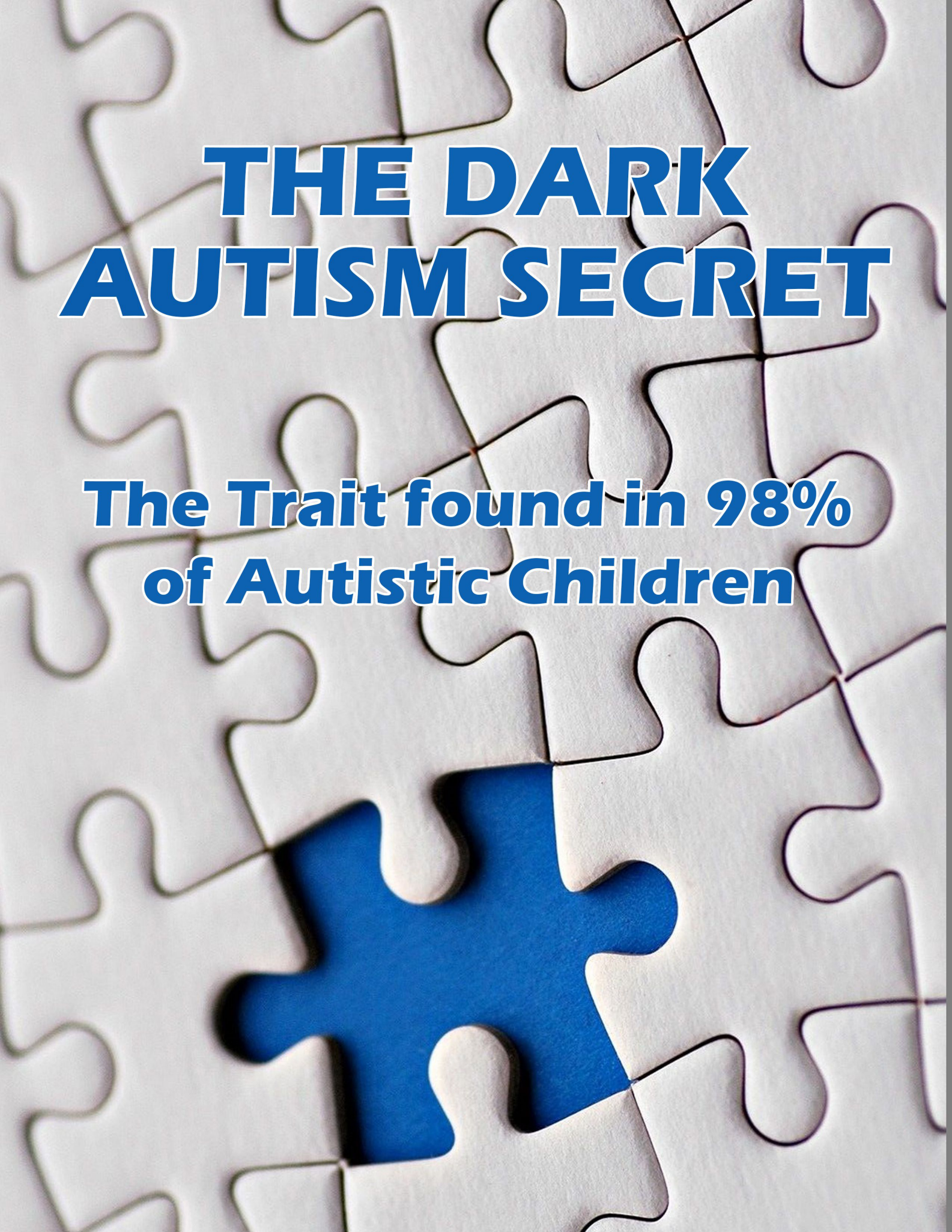
THE DARK
AUTISM SECRET
The Trait found in 98%
of Autistic Children

The white coat doctors and their Big Pharma masters are well known for lying about autism. After all, it has become the greatest epidemic of our time, with the CDC stating that the prevalence is 1 child in every 54 having autism.

The results were published in a 2016 report on their website, and if the government is admitting to this number, we can expect the real number to be much higher, with other independent estimates normally in the 1 in 20 to 30 range.

CDC Centers for Disease Control and Prevention
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Morbidity and Mortality Weekly Report (*MMWR*)

CDC

Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2016

Surveillance Summaries / March 27, 2020 / 69(4);1–12

***Please note:**. This report has been corrected. An erratum has been published..*

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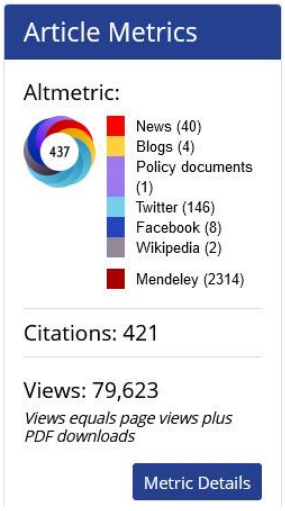
Abstract

Problem/Condition: Autism spectrum disorder (ASD).

Period Covered: 2016.

Description of System: The Autism and Developmental Disabilities Monitoring (ADDM) Network is an active surveillance program that provides estimates of the prevalence of ASD among children aged 8 years whose parents or guardians live in 11 ADDM Network sites in the United States (Arizona, Arkansas, Colorado, Georgia, Maryland, Minnesota, Missouri, New Jersey, North Carolina, Tennessee, and Wisconsin). Surveillance is conducted in two phases. The first phase involves review and abstraction of comprehensive evaluations that were completed by medical and educational service providers in the community. In the second phase, experienced clinicians who systematically review all abstracted information determine ASD case status. The case definition is based on ASD criteria described in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*.

Results: For 2016, across all 11 sites, ASD prevalence was 18.5 per 1,000 (one in 54) children aged 8 years, and ASD was 4.3 times as prevalent among boys as among girls. ASD prevalence varied by site,



With cases of autism continuing to rise, you would expect the authorities to focus on finding the cause, but instead, we get the opposite. The primary cause of autism has been known to be vaccines for many years, with over 100 scientific studies having been performed, and confirmed that vaccines cause autism, but instead, we find the governments sweeping the cause under the carpet, and denying it.

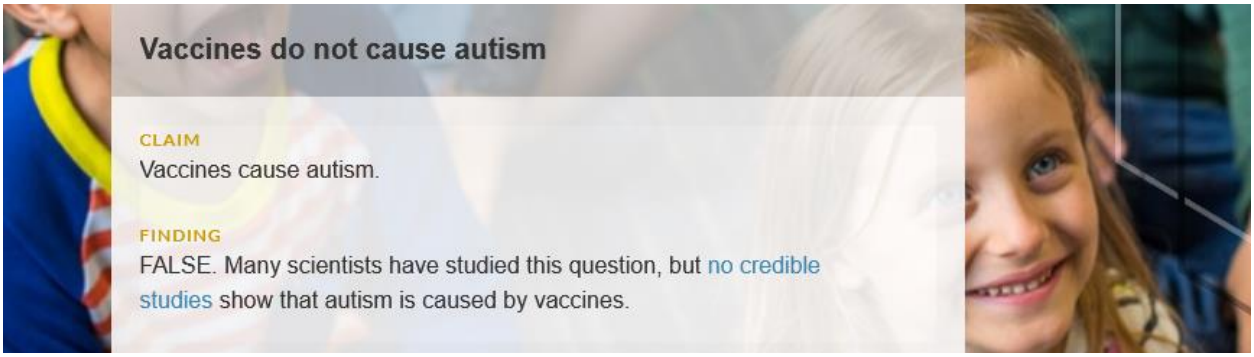
The CDC, National Academies, PublicHealth.org, and Big Pharma lapdog organization Autism Speaks, all claim on their websites that vaccines do not cause autism, contradicting hundreds of scientific studies which have proved the opposite.

Vaccines do not cause autism.

Some people have had concerns that ASD might be linked to the vaccines children receive, but studies have shown that there is no link between receiving vaccines and developing ASD. In 2011, an Institute of Medicine (IOM) report on eight vaccines given to children and adults found that with rare exceptions, these vaccines are very safe.

Myth #1: Vaccines cause autism.

The widespread fear that vaccines increase risk of autism originated with a 1997 study published by Andrew Wakefield, a British surgeon. The article was published in *The Lancet*, a prestigious medical journal, suggesting that the measles, mumps, rubella (MMR) vaccine was increasing autism in British children.



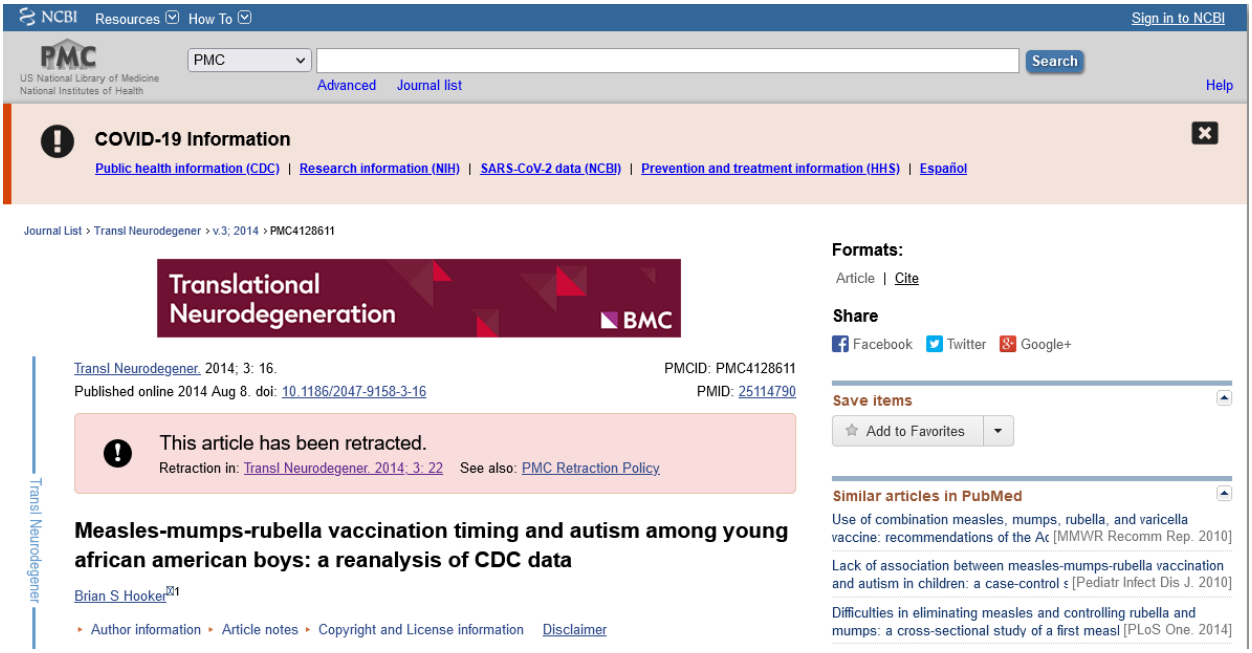
What causes autism?

- Research indicates that genetics are involved in the vast majority of cases.
- Children born to older parents are at a higher risk for having autism.
- Parents who have a child with ASD have a 2 to 18 percent chance of having a second child who is also affected.
- Studies have shown that among identical twins, if one child has autism, the other will be affected about 36 to 95 percent of the time. In non-identical twins, if one child has autism, then the other is affected about 31 percent of the time.
- Over the last two decades, extensive research has asked whether there is any link between childhood vaccinations and autism. The results of this research are clear: Vaccines do not cause autism.

Their lies about the cause of autism naturally extend into other facets of the condition, including susceptibility. One such example was when CDC whistleblower and scientist William Thompson revealed that the CDC engaged in systematic fraud to cover up data that showed that black African American males were twice as susceptible to developing autism than males in general.

The data was later published in the medical journal Translational Neurodegeneration by Brian Hooker, but it was forcibly retracted after it became the subject of a documentary video.

Interestingly, the paper also showed that the MMR vaccine was causing autism.



Methods

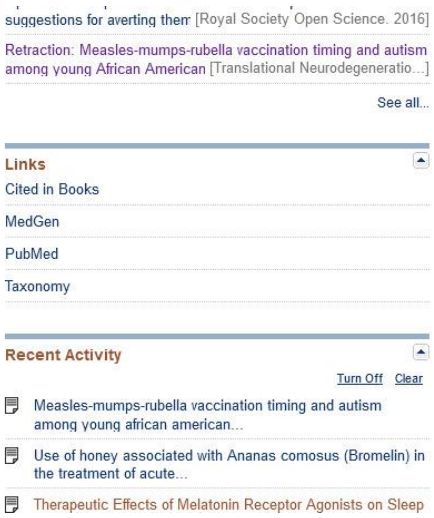
The author embarked on the present study to evaluate whether a relationship exists between child age when the first MMR vaccine was administered among cases diagnosed with autism and controls born between 1986 through 1993 among school children in metropolitan Atlanta. The Pearson's chi-squared method was used to assess relative risks of receiving an autism diagnosis within the total cohort as well as among different race and gender categories.

Results

When comparing cases and controls receiving their first MMR vaccine before and after 36 months of age, there was a statistically significant increase in autism cases specifically among African American males who received the first MMR prior to 36 months of age. Relative risks for males in general and African American males were 1.69 (p=0.0138) and 3.36 (p=0.0019), respectively. Additionally, African American males showed an odds ratio of 1.73 (p=0.0200) for autism cases in children receiving their first MMR vaccine prior to 24 months of age versus 24 months of age and thereafter.

Conclusions

The present study provides new epidemiologic evidence showing that African American males receiving the MMR vaccine prior to 24 months of age or 36 months of age are more likely to receive an autism diagnosis.



But while that risk factor is significant, it pales into insignificance to what was unearthed in an investigation published in the Journal of American Physicians and Surgeons, way back in 2004.

In Volume 9, number 4, there was a paper named Association of MTHFR Gene Variants with Autism, which was headed by Dr. Marvin Boris.

Association of MTHFR Gene Variants with Autism

Marvin Boris, M.D.; Allan Goldblatt, P.A.; Joseph Galanko, Ph.D.; S. Jill James, Ph.D.

ABSTRACT

Autism is a complex neurodevelopment disorder with numerous possible genetic and environmental influences.

We retrospectively examined the laboratory data of 168 children sequentially referred to our facility with a confirmed diagnosis of autism or pervasive developmental disabilities (PDD). Since folate and methylation (single carbon metabolism) are vital in neurological development, we routinely screened children for the common mutations of the methylenetetrahydrofolate reductase gene (MTHFR), which regulates this pathway. All children had polymerase chain reaction (PCR) DNA evaluation to determine the frequency of the 677 and 1298 common polymorphisms in the MTHFR gene.

We observed a significantly increased frequency of the homozygous mutation 677CT allele (TT): 23% in the autistic children compared to 11% in the control population ($P<0.0001$). Additionally, the heterozygous 677CT allele (CT) was present in

Clinically available testing for methylenetetrahydrofolate reductase (MTHFR) gene mutations (polymorphisms) has recently become available and had been incorporated into our evaluation process for developmentally delayed children. The MTHFR gene codes for an essential enzyme in folate metabolism. To further understand this condition, we retrospectively evaluated our findings regarding the genomic variations in the gene. MTHFR enzyme catalyzes the reduction of 5,10-methylenetetrahydrofolate to 5-methyltetrahydrofolate. Methyltetrahydrofolate is essential in one-carbon-donor metabolism for the remethylation of homocysteine to methionine and the generation of metabolically active tetrahydrofolate in the methionine synthase reaction.[1] Common polymorphisms in the MTHFR gene have been associated with reduced enzyme activity. A detailed review of folate metabolism and MTHFR is available from Schiver et al.[2]

MTHFR is located on chromosome 1 at 1p36.3. Common single nucleotide polymorphisms of the 677C→T and the 1298A→C alleles in the MTHFR gene decrease the activity of the enzyme.[3] The 677C→T allele has been associated with neural tube defects,[4-7] cerebrovascular and cardiovascular disease,[8-15] inflammatory bowel

analysis for MTHFR alleles at the Mayo Clinic (20.2%), North Shore University Hospital-Long Island Jewish Hospital Core Laboratory (58.3%), or Quest Laboratories (21.4%). All laboratories utilize standardized, commercially available PCR primer kits, with accepted internal controls. Laboratory selection was determined by the participants' insurance relationships with the various laboratories utilized. There were no significant differences in the frequencies of reported polymorphism between any of the laboratories.

Statistical Analysis

The Fisher's Exact Test was applied to a two-way frequency table. A null hypothesis of interest was stated, and a *P*-value was calculated. For each of 677C→T and 1298A→C variant alleles the following were compared:

a) Overall distribution of ASD and controls,
b) Proportion of homozygous in ASD and controls,
c) Proportion of variant (i.e., homozygous or heterozygous) in ASD and controls, and
d) Allele frequency in ASD and controls.

Discussion

The data demonstrate that 677C→T polymorphisms, whether homozygous or heterozygous, are significantly associated with ASD. The homozygous (TT) individuals are reported to have an approximately 50% decrease in MTHFR enzyme activity, and the heterozygous (CT) a 30% decrease in enzyme activity as measured in their lymphocytes.[2 12,2]

The 1298AA normal alleles are more prevalent in the control population than in children with ASD. The compound heterozygous state, 677CT/1298AC, which lowers enzyme activity by 50-60%,[2 2] was found to be significantly more prevalent in the autistic group. Notably, only 2% of children with ASD in our study presented without at least one polymorphism in the MTHFR gene.

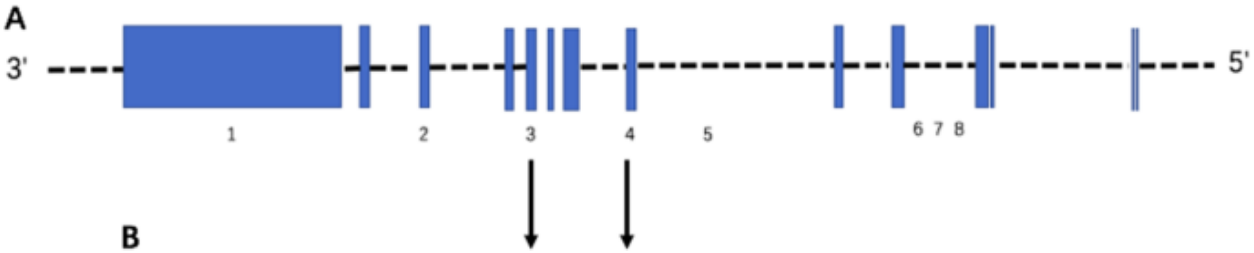
It is unlikely that any single polymorphism accounts for the majority of autistic risk factors. The high natural prevalence of MTHFR variants in the absence of autistic symptoms could be interpreted in various ways. Given the rising prevalence of ASD, it may indicate emergence of a new environmental risk factor that exposes this genomic vulnerability commonly present in the folate

As in the screenshot above, Dr. Boris and his colleagues found that 98% of the time, autistic children had at least one polymorphism in the MTHFR gene.

This is huge!

Or at least it should be.

They looked at both the C677T and A1298C alleles, which they say are caused by mutations. Humans have two copies of the MTHFR gene, and these mutations can affect one (heterozygous) or both (homozygous) of these genes.



B

A1298C	C677T
Heterozygous 83%	Heterozygous 67%
Homozygous 61%	Homozygous 25%
Compound heterozygous (677 heterozygous+1298 heterozygous) 48%	

Enzyme activity with *MTHFR* mutations (% of normal)

There may be no greater risk factor for a child developing autism, as 98% of autistic children carry this genetic issue. With this information in hand, the government and the authorities should be making sure that no child with a MTHFR gene polymorphism ever receives a vaccine again. The risk is far too great.

But what do we hear?

Crickets.

It is notable that this risk factor has been known since 2004, yet no action has been taken for almost 20 years to protect these children from autism. It is not too surprising, since protecting children based on this information would also require the governments to admit that vaccines cause autism.

However, the fact that the paper showed that 2% of people with autism did not have the gene polymorphism, demonstrated that everyone is susceptible to vaccine injury, albeit the risk of developing autism for children with no MTHFR mutations is far lower.

Conversely, the paper did not prove that vaccines were the only cause of autism, and people with the MTHFR gene polymorphism should also take extra care around other known risk factors.

There have been multiple papers showing that vaccine injured children have large concentrations of aluminium in the brain, often at levels 10 times higher, with one study in the Journal of Trace Elements in Medicine and Biology showing one boy having 22 times higher levels of aluminium in his brain, compared to normal healthy children in his age group.

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J Trace Elem Med Biol. 2018 Mar;46:76-82. doi: 10.1016/j.jtemb.2017.11.012. Epub 2017 Nov 26.

Aluminium in brain tissue in autism

Matthew Mold [1], Dorcas Umar [2], Andrew King [3], Christopher Exley [1]

Affiliations + expand

PMID: 29413113 DOI: 10.1016/j.jtemb.2017.11.012

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Abstract

Autism spectrum disorder is a neurodevelopmental disorder of unknown aetiology. It is suggested to involve both genetic susceptibility and environmental factors including in the latter environmental toxins. Human exposure to the environmental toxin aluminium has been linked, if tentatively, to autism spectrum disorder. Herein we have used transversely heated graphite furnace atomic absorption spectrometry to measure, for the first time, the aluminium content of brain tissue from donors with a diagnosis of autism. We have also used an aluminium-selective fluor to identify aluminium in brain tissue using fluorescence microscopy. The aluminium content of brain tissue in autism was consistently high. The mean (standard deviation) aluminium content across all 5 individuals for each lobe were 3.82(5.42), 2.30(2.00), 2.79(4.05) and 3.82(5.17) μg/g dry wt. for the occipital, frontal, temporal and parietal lobes respectively. These are some of the highest values for aluminium in human brain tissue yet recorded and one has to question why, for example, the aluminium content of the occipital lobe of a 15year old boy would be 8.74 (11.59) μg/g dry wt.? Aluminium-selective fluorescence microscopy was used to identify aluminium in brain tissue in 10 donors. While aluminium was imaged associated with neurones it appeared to be present intracellularly in microglia-like cells and other inflammatory non-neuronal cells in the meninges, vasculature, grey and white matter. The pre-eminence of intracellular aluminium associated with non-neuronal cells was a standout observation in autism brain tissue and may offer clues as to both the origin of the brain aluminium as well as a putative role in autism spectrum disorder.

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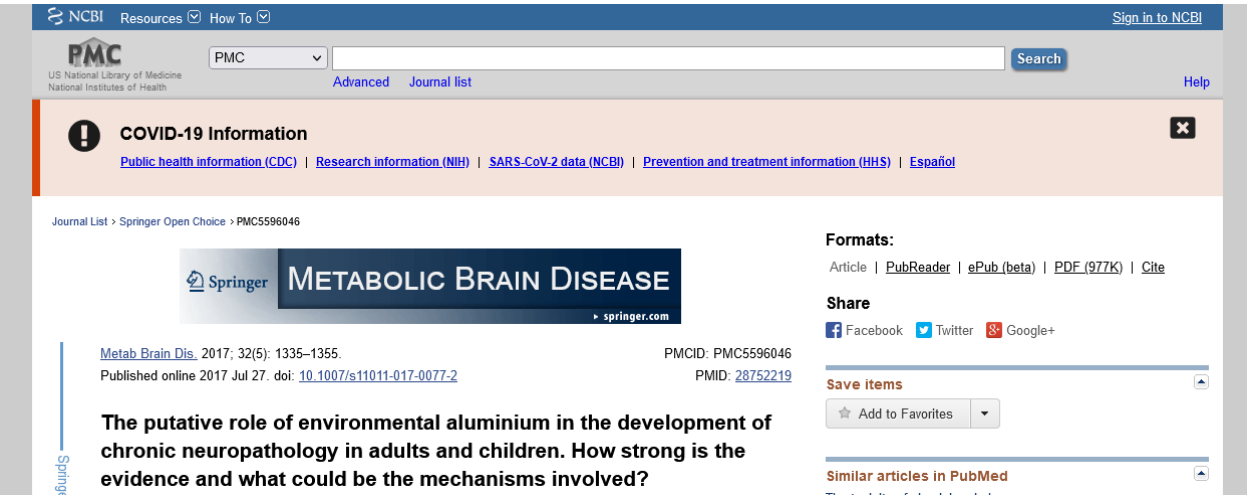
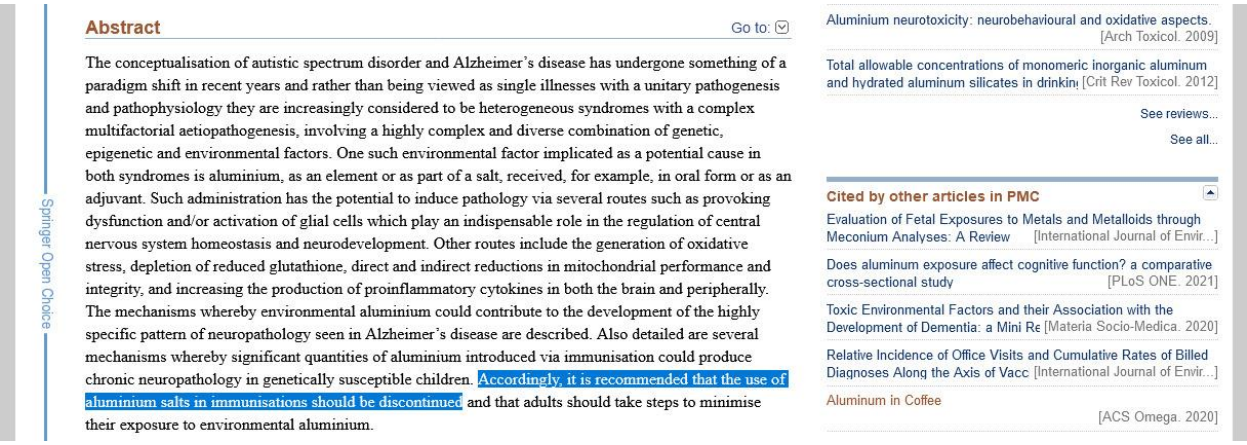
Another paper in the Metabolic Brain Disease Journal went a step further and recommended that aluminum be discontinued as an adjuvant in vaccines.





As the paper authors are aware of, the greatest risk of aluminium overload and subsequent deposits in the brain, is from vaccines, as the injection bypasses all of the body's natural defense systems.

But other common sources of aluminium exposure and storage come from the use of anti-perspirant deodorants, household cookware, canned drinks, and many common medications, including antacids. Although they are a lower risk, as they must pass through the defense systems of the stomach and skin.

In summary, considering that the dark secret is out, and we now know that 98% of children with autism have MTHFR gene pleomorphisms, this risk factor MUST be considered before vaccinating.

For further information on autism causes and recovery solutions, please visit HealthGlade.com