

Treatment Options for Mercury in Autism

Treatment Options for Mercury/Metal Toxicity in Autism and Related Developmental Disabilities: Consensus Position Paper
February 2005 Purpose

During the last several years, there has been growing clinical and scientific evidence that most children with autism suffer from mercury/metal toxicity. Furthermore, there have been many reports from physicians and parents that removal of mercury and other toxic metals can be very beneficial to children with autism, sometimes resulting in a major decrease in autistic symptoms. A wide variety of detoxifying agents and protocols have been used, and the purpose of this paper is to discuss the pros and cons of the different treatments available. Overall, our consensus position is that removal of mercury and other toxic metals is one of the most beneficial treatments for autism and related disorders. More research is needed, but effective treatments are available now. Each child is an individual, so this report presents general guidelines rather than specific recommendations.

Evidence of Mercury Toxicity in Children with Autism

There is extensive evidence that many children with autism suffer from mercury toxicity. Briefly, the evidence shows that children with autism have low levels of glutathione and cysteine (the pre-cursor to glutathione), which is the major pathway for removal of toxic metals like mercury. The children also often had excessive use of oral antibiotics, which greatly inhibits excretion of mercury. Due to their limited ability to excrete mercury, they have low levels in baby hair (an excretory tissue), high levels in baby teeth, and higher excretion when given DMSA compared to controls. The symptoms of autism are consistent with that of mercury toxicity. The epidemiology studies are mixed, but several published studies show a strong link between autism and thimerosal in vaccines. Overall, it appears that most children with autism suffer from mercury toxicity, and may potentially benefit from detoxification therapy.

In summary, the paper by Bernard et al. shows that all the symptoms reported in the literature for autism have also been reported in the literature for mercury toxicity, and vice versa. It seems very likely that some children suffering from mercury toxicity would be given the diagnosis of "autism," which is simply a label indicating they have a communication/behavior/social disorder of unknown cause. Mercury toxicity seems likely to be a cause of many cases of "autism."

Overall, infants have limited ability to excrete mercury, and children with autism have an unusually low ability to excrete mercury due to low glutathione and excessive oral antibiotics. Furthermore, antibiotics increase the toxicity of mercury.

Click here for the full 42 page pdf report, covering:

- Testing for Mercury/Metal Toxicity
- Testing for Antibodies Against Metals and Their Binding Proteins
- Pre-Detoxification Treatment
- Detoxification Options
- Appendix A: Background on Mercury Toxicity
- Mercury exposure at potentially dangerous levels is common in the US.
- Appendix B: Evidence of Mercury Toxicity in Autism
- High Mercury/Metal Body Burden: Urine, Blood, Teeth, Hair
- Epidemiology of Autism and Thimerosal in Vaccines:
- Appendix C: Other Tests to Determine Mercury/Metal Toxication
- Appendix D: Treating gut dysbiosis

Source: Autism Research Institute.com