



# Autism Friends Newsletter

## SCIENCE & RESEARCH

### Case-control study finds no link between autism and vaccines

Prior to the implementation of measles vaccines in 1963, three to four million people were newly infected each year, 400-500 died, 48,000 were hospitalized, and 1,000 developed chronic disability from measles encephalitis. From January 1 through July 2008 the Centers for Disease Control and Prevention received 131 reports of confirmed measles virus infection in the U.S., the highest number for the same time period since 1996. Of these 131 cases, 91% occurred in individuals who had not been vaccinated or had unknown vaccination status.

In 1998, a report of the presence of measles virus RNA in intestinal tissue from children with autism spectrum disorders and GI disturbances (Wakefield et al.) resulted in public concern over the safety of MMR vaccine. Although epidemiological investigations found no associations between MMR vaccine and autism, no subsequent studies tested for the presence of viral RNA in GI tissues of children with autism and GI disturbances or examined the temporal relationship of MMR, GI disturbances, and autism. Failure to have done so may have contributed to persistent concerns that have influenced vaccine acceptance rates, resulting in outbreaks of measles.



Scientists at Columbia University Mailman School of Public Health's Center for Infection and Immunity and researchers at the Centers for Disease Control and Prevention, Massachusetts General Hospital, and Trinity College Dublin, evaluated bowel tissues from 25 children with autism and GI disturbances and 13 children with GI disturbances alone (controls) by real-time reverse transcription (RT)-PCR for the presence of measles virus RNA. Samples were analyzed in three laboratories blinded to diagnosis, including one wherein the original findings suggesting a link between measles virus and autism had been reported.

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"Our results are inconsistent with a causal role for MMR vaccine as a trigger or exacerbator of either GI difficulties or autism," states Mady Hornig, associate professor of Epidemiology and director of translational research in the Center for Infection and Immunity in the Mailman School, and co-corresponding author of the study. "The work reported here eliminates the remaining support for the hypothesis that autism with GI complaints is related to MMR vaccine exposure. We found no relationship between the timing of MMR vaccine and the onset of either GI complaints or autism."

Analysis in all three laboratories found two biopsy samples with measles virus RNA, one from a boy in the autism/GI group and the other from a boy in the control group, showing that the presence of measles virus sequences was not associated with an autism diagnosis (autism/GI group, 4%; control, 8%).

The temporal order of onset of GI episodes and autism relative to timing of MMR vaccine administration was examined as well. If MMR is causally related to either GI disturbances or autism it should precede their onset. Analysis indicated no role for MMR vaccine in either the pathogenesis of autism or GI dysfunction. Only five of 25 subjects (20%) had received MMR vaccine before the onset of GI complaints and had also had onset of GI episodes before the onset of autism.

"Over 20 epidemiologic studies have reported no temporal relationship between MMR vaccine and autism, however, no published studies from other research groups have addressed whether measles virus RNA is present in bowel of autistic children with GI disturbances. Here we report results of independent, blinded testing in this particular subgroup for the presence of measles virus RNA in bowel tissues," says corresponding author W. Ian Lipkin, John Snow Professor of Epidemiology and director of the Mailman School's Center for Infection and Immunity.

He adds, "The study design process was a critical piece for us, as there is still so much public concern over the safety of the MMR vaccine. For this reason, we involved the autism parent/advocacy community as we designed the study to ensure that all issues were being addressed. We are hopeful that this process of community engagement will build important partnerships among members of the autism community, physicians, public health agencies, and clinical researchers; serve as a paradigm for the conduct of future studies to understand the causes of this disorder; and facilitate the rapid communication of clinically relevant scientific findings to the broader community."

### Source:

Columbia University's Mailman School of Public Health (2008, September 5). No Connection Between Measles, Mumps, Rubella (MMR) Vaccine And Autism, Study Suggests. ScienceDaily. Retrieved September 4, 2008, from <http://www.sciencedaily.com/releases/2008/09/080904145218.htm>

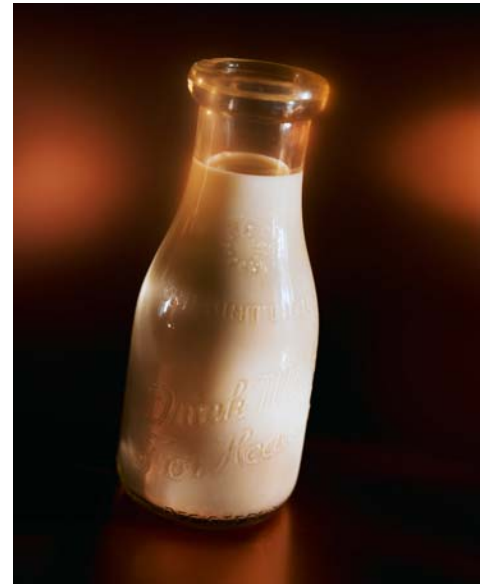
# How beneficial are Probiotics?

## Probiotics are the beneficial intestinal microbes

- Nearly 100 trillion (1.5 kg) beneficial bacteria live in an adult's intestines.
- This number is 10 times of the total number of the cells in the human body.
- These bacteria cover up the 300 m<sup>2</sup> surface area of the intestines like a layer

## Functions of the probiotics

- To strengthen the immune system.
- To aid in the breakdown of carbohydrates, proteins and fats in food and facilitate the digestion of the foods (By secretion of their enzymes).
- Synthesis of vitamin K, B12, biotin and niacin.
- To protect the intestinal wall from dangerous substances, to decrease the permeability of the intestines.
- To prevent the passage of the toxins to the bloodstream.
- Decrease the gastrointestinal complaints (reflux, diarrhea, constipation etc).
- To prevent food allergies and eczema.
- Prevent depression (tryptophan)
- Prevent chronic inflammatory diseases and cancer.



## Disturbance of the intestinal flora

- Diet rich in carbohydrates and refined foods, various toxins and antibiotics disturb the normal intestinal flora while allowing an increase in pathogenic bacteria and fungi
- The disturbance of the protective layer over the intestinal surface produced by the probiotics increases the intestinal permeability.
- The neutralized toxins and under digested food passes to the bloodstream.

## Protection of the normal intestinal flora

- Use a diet rich in natural foods like vegetables, fruits, meat and eggs, poor in flour and sugar.
- Fermented products (yoghurt, cheese, wine, pickles, zither, and vinegar) increase the probiotics in the intestinal flora.
- Pasteurization and UHT disturbs the probiotics in the food.
- Human milk and kefir are the foods richest in probiotics

## COOKING CORNER

### Mashed Potato Bread

Contributed by  
Angie Halten , Gluten Free Club.com

This interesting bread has a moist texture. It uses mashed potatoes to give it extra depth and flavor.

#### Ingredients:

- 2 cups brown rice flour
- 2 tablespoons soy flour
- 3 teaspoons gluten free baking powder
- 1 teaspoon baking soda
- 1 teaspoon cream of tartar
- ½ teaspoon salt
- 2 tablespoons butter
- ¼ cup sugar
- 6 eggs with the yolks and whites separated
- ½ cup mashed potatoes
- ¾ cup milk (Rice, potato or Soy)



#### Directions:

1. Preheat oven to 350 degrees.
2. Make sure the mashed potatoes are lump free. After you do that, warm them up in the microwave.
3. In a medium bowl, mix the butter and sugar together on high until creamed. Put the mixer on medium and add the egg yolks in one at a time. Add mashed potatoes and beat until well combined.
4. In another bowl, sift all of the dried ingredients together. Add a small amount of dry ingredients to the butter and sugar. Beat on medium until combined. Add some milk. Beat on medium until combined. Continue pattern until all of the dry ingredients and all of the milk is gone.
5. Beat the egg whites on high using a fresh set of beaters in a separate bowl until soft peaks form. Fold the egg whites into the rest of the mixture using a rubber spatula.
6. Grease an 8 x 4 inch loaf pan. Pour batter in pan. Bake in center of oven for 60 minutes, or until bread is golden and an inserted toothpick comes up clean.

## Child Locator

This child locator is cute and fun to wear. The keychain when pressed emits a chirping sound that will lead you to your child. This is really handy for shopping trips, for trips to the park or others places where crowds can create a hazard for your child. Attach the bear to the child's shoe, or on their belt, even on a necklace! LucasWorks offers this product for just \$30.00



This Child Locator is great! The little bear lives on your child's shoe or belt, and emits a chirping sound when activated by a transmitter that can be put on your key chain, belt, purse, etc.

The signal on our Child Locator transmits up to 150 feet away when you press the button! It comes complete with batteries for instant use.

#### **To order visit**

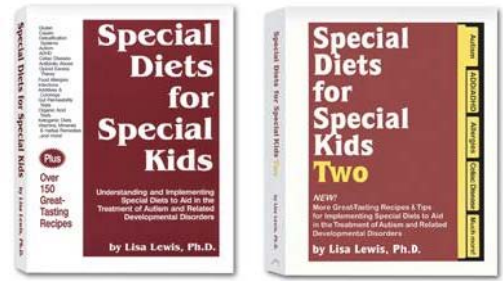
<http://www.lucasworks.org/child-locator.html>

# Book Corner:

## Special Diets for Special Kids

### The Ultimate Guide to the Gluten-Free, Casein-Free Diet

by Lisa Lewis, Ph.D.



Within the pages of this book Lisa Lewis explains, in an easy and readable manner, a complex yet intriguing intervention strategy for helping children and adults with autism. Drawing upon her own success with removing gluten and casein from her son's diet, she answers the many questions parents and professionals might have about choosing a dietary intervention. Why choose a special diet? Are there tests to help me decide? Is there research to support this type of intervention? Will my child starve? What do I cook?

Also within these pages are over 150 good-tasting recipes to get started on the diet...everything from Spaghetti & Meatballs to Holiday treats and sweets to edible clay! A MUST-HAVE book for anyone thinking about the benefits of a special diet.

### ABOUT THE AUTHOR

Lisa Lewis, Ph.D. is the mother of a child with autism who has benefited greatly from dietary intervention. Without a doubt, this was a strong motivator for her co-founding of ANDI, the Autism Network for Dietary Intervention. ANDI publishes a quarterly newsletter on the subject of diet and autism and serves as a clearinghouse for diet-related information.



Lisa authored Special Diets for Special Kids and Special Diets for Special Kids Two. She regularly pens articles for The Autism and Aspergers Digest and Sully's Living Without magazine and she contributed to the book Biological Treatments for Autism and PDD edited by Dr. William Shaw.

**Book is available at Child Early Intervention Medical Center Library to read if you want to order visit :**

<http://www.mcssl.com/SecureCart/ViewCart.aspx?sctoken=72f7d5fe1cc041e196e606f15634d72d&mid=BDCB752F-34DC-4DCF-8740-2AE2784F1C7B&bhcp=1>