

Vaccine Safety Questioned Yet Again

In the wake of mainstream media's and conventional medicine's reinvigorated push to get all Americans vaccinated against the measles (thanks to the measles outbreak that started at Disneyland), I wanted to share with you the results of one of the most thought-provoking studies in recent memory. It questioned the link between the explosive epidemic of autism and a change that took place in the manufacturing of childhood vaccines.



Dr. David Williams

Researchers at the Sound Choice Pharmaceutical Institute in Seattle, Washington, looked at public databases maintained by

the United States federal government, Western Australia, the United Kingdom, and Denmark. The databases contained vaccination records of all children born after January 1, 1970 who were later diagnosed with autism. (*J Public Health Epidemiol* 2014 Sep;6(9):271–86)

Prior to about 1980 in this country, autism was relatively rare. Researchers found this was also the case up until about 1990 in Western Australia and 1987 in the UK and Denmark. At those points in time, the researchers found a very significant change point, where levels of autism began to increase dramatically. And although their main focus circled around autism, they also saw the start of epidemic levels of other early onset neurodevelopmental syndromes such as pediatric schizophrenia and bipolar disorder. (*Acta Psychiatr Scand* 2013 Jan;127(1):62–8) (*Annu Rev Clin Psychol* 2008;4:163–87)

The official “party line” of the pharmaceutical industry, government agencies, and conventional medicine is that autism can be blamed on higher paternal age. In other words, older parents are having children and, due to age, they have more genetic mutations that get passed on to their

children, which can result in autism.

Aware of this theory, these researchers tested its validity by going back prior to the epidemic and looking at the rates of autism among children of older parents. The theory didn't hold up. Paternal age did not affect the rate of autism.

They did, however, discover a strong correlation between a change in the manufacturing of vaccines and the disorder.

Manufacturing Changes Could Be to Blame

The rapid climb of autism began when vaccine manufacturers switched from using animal cell lines to human fetal cell lines in the manufacture of the MMR (measles/mumps/rubella) vaccine. (This occurred in 1979 in the US.) It's no coincidence that each of the countries I mentioned earlier began to see their rates of autism take off around the time that human fetal cell line vaccines started being produced/introduced in their countries.

MMR was the first vaccine to utilize human fetal cell lines. They're now also used in the polio, chickenpox, hepatitis A and B vaccines, and likely others. It's

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You will observe with concern how long a useful truth may be known, and exist, before it is generally received and practiced on.

— BENJAMIN FRANKLIN

probably not a surprise that, as the number of required vaccines have risen, the rates of autism and other neurodevelopmental syndromes have, too.

In 1975, one child out of 5,000 was diagnosed with autism. The incidence doubled in 1985 to one in 2,500. Now estimates are as high as one in 50.

The autism rate among kids is higher in some areas than others (one in 45 in New Jersey vs. one in 175 in Alabama). I haven't seen figures that confirm that more children receive vaccinations in New Jersey than in Alabama, but I wouldn't be surprised if that were the case. I also don't know if there's a connection between state per capita income and vaccination compliance. The latest figures I could find from 2012 showed Alabama ranked 44th out of the 50 states in per capita income, and New Jersey ranked second.

This is the first ecological and laboratory study to question the relationship between autism and human fetal cell line vaccines. And you can bet these researchers will be crucified professionally for reporting their findings. Some have already stated that correlation doesn't prove causation, which is true. But the evidence in this particular case is too strong to ignore. In fact, it seems like every day

we see more and more evidence detailing the misinformation and corruption that inherently contaminates both the production and sale of vaccines.

A recent Italian court case has uncovered documents related to the combination childhood vaccine called Infanrix, first used in Italy and now across Europe. The document contains data that was disclosed to regulatory authorities but kept secret from the public, indicating that this vaccine made by GlaxoSmithKline causes sudden death in children. (autismoevaccini.files.wordpress.com/2012/12/vaccin-dc3a9cc3a8s.pdf)

Then we have the flu vaccine called FluLaval, approved for use in people aged 3 and older. The information insert accompanying FluLaval specifically states, "there have been no controlled trials adequately demonstrating a decrease in influenza disease after vaccination with FluLaval." In essence, GlaxoSmithKline admits that no evidence exists proving that the vaccine can prevent the flu. Seriously.

In addition, the unsuspecting public seems to think mercury preservatives have been removed from vaccinations. But that's not the case for many vaccines. The ingredient label for FluLaval clearly

states that it contains thimerosal (mercury).

In 2014, a senior scientist with the Centers for Disease Control and Prevention, Dr. William Thompson, admitted to omitting significant findings about a link between vaccines and autism in published research. If you want to read this damning statement, you can find it on the website of the legal firm representing Dr. Thompson. (morganverkamp.com/august-27-2014-press-release-statement-of-william-w-thompson-ph-d-regarding-the-2004-article-examining-the-possibility-of-a-relationship-between-mmr-vaccine-and-autism).

A Risk-Free Goldmine

I have little doubt that vaccine manufacturers are, and have been, aware of the link to neurodevelopmental problems and will do whatever it takes to block and/or stifle any research in this area. After all, vaccine manufacturing has become a risk-free goldmine.

Catty-corner to the White House is a building that houses the Office of Special Masters of the US Court of Federal Claims. The pharmaceutical companies refer to it as the "vaccine court." Parents of children injured by vaccines take their case here to be heard. In the 1970s and 1980s, numerous cases were brought before this court and

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Dr. Williams works with Healthy Directions, LLC to develop his unique formulations that supply many of the hard-to-find nutrients he recommends. Dr. Williams is compensated on the sales of these nutritional supplements and health products, which allows him to continue devoting his life to worldwide research and the development of innovative, effective health solutions.

many pharmaceutical companies dropped out of the vaccine business because of the lawsuits they lost. That changed in 1986 when Congress passed the National Childhood Vaccine Injury Act, which led to the National Vaccine Injury Compensation Program.

By the name, you would think this program helps compensate children injured by vaccinations, but as is often the case, bureaucrats get creative with naming bills to help them pass. In reality, this program provides a legal shield to pharmaceutical companies that make all kinds of vaccines. The most a company has to pay is \$250,000—and that's only if the parents can prove to the court that a vaccine caused their child's death. That's pocket change when you consider vaccine sales in 2013 totaled \$24 billion and are expected to rise to \$100 billion in 10 years. I'm certainly against frivolous lawsuits and excessive

verdicts, but the pharmaceutical industry has a long track record of burying adverse research data and valuing profits over efficacy and safety. Absolving them of liability can only make the problem worse.

Unlike drugs, where competitors can create generic versions, vaccines are biologic products that can't be copied. This gives vaccine manufacturers a monopoly and the ability to dictate whatever price they choose.

And that's just the first step. You can bet they are working diligently behind the scenes with government officials to make as many vaccines as possible legally mandatory. (Fifteen states already have legislation requiring healthcare workers to get immunized in certain circumstances. MMR vaccination is one of those required.)

If you've noticed a flood of television commercials lately promoting various vaccines, this is the

reason. Vaccines aren't just for children anymore. We have vaccines for shingles, pneumonia, and so on. Newer and more expensive vaccines will be coming to the market faster than ever before. It doesn't seem to matter if they work or if they're safe.

From a financial standpoint, vaccines have become the drug industry's most attractive product line. The pharmaceutical market is growing at a rate of 5–7 percent a year; the vaccine market is growing twice that rate at 10–15 percent each year.

The legal shield given by our government was a gift to the vaccine industry. It's a gift that millions of kids (and adults) will be paying for with their lives. And if that gift wasn't enough, in 2009 the vaccine court gave them another: They ruled that routine childhood immunizations have no link whatsoever to autism. ■

Cutting-Edge Probiotic Beadlet

Several years ago I had the opportunity to work with a Japanese company that developed some amazing encapsulating technology. Since I've been heavily involved in the area of probiotics for the last 30 years, it seemed like an ideal method to safely protect and deliver these beneficial bacteria to the colon. And it was.

This company had extremely precise and advanced machinery that could encapsulate live bacteria strains, along with a "feeding" liquid, inside a very small, hard, round beadlet. The probiotic bacteria were protected and sealed off from

the air and light, and they didn't require refrigeration to stay alive.

The beadlet was easy to swallow for practically everyone. In addition, stomach acid or digestive juices in the gastrointestinal tract couldn't break down the hard outer shell. Once it reached the colon, though, it simply disintegrated and released the well-nourished, live probiotic bacteria.

Once I figured out the most beneficial strains of bacteria to use, we were able to have the product encapsulated in Japan and shipped here. It was a phenomenal product. But being on the cutting edge of technology often comes with

additional challenges, and that's what happened with the initial beadlet. Issues arose that forced us to halt production and switch to a different delivery system.

But now I can proudly say that the beadlet technology is back and available.

Specially Made for the 50+ Crowd

There are several different probiotic products available right now, which allows us to pick the one that will provide the most benefit based on age and overall health. I spend a great deal of time poring over research and studying

the various strains of bacteria to determine exactly what they do, how they interact with each other, and which ones are more prominent in healthy individuals at different ages, etc. I'm sure that probably sounds boring, but to me, it's fascinating.

When you look at the research, it becomes obvious that the perfect probiotic for a 6-year-old might not be ideal for someone 50 or older.

As we age, there's less margin for error. We begin to notice the decades of wear and tear on our joints. We start to pay for the thrills of our earlier years when health issues begin to rear their ugly head. High blood pressure, cardiovascular disease, and diabetes are just a few of the reasons the majority of the population over 50 regularly takes some form of medication.

In addition, our immune systems are not as effective. We often have a harder time swallowing pills and

digesting certain foods, such as dairy. We often become less adventurous with our diets and routinely eat the same dishes. All of these factors should be taken into account when considering how to make a probiotic formulated for those 50 and older.

For example, a "senior" probiotic should do more than just help with constipation, diarrhea, bloating, gas, and other digestive complaints.

A *Bifidobacterium* strain called *B. lactis Bl-04* addresses these common digestive issues, as well as other problems unique to those of us getting older. Research has demonstrated this strain specifically helps prevent the toxic effects of wheat gliadin, a component of gluten that is a source of problems for many people. (*Clin Exp Immunol* 2008 Jun;152(3):552-8)

Another probiotic strain, *B. longum BB-536*, has been shown to boost immune function in older

adults for as long as 20 weeks, even *after* they stopped taking the supplement.

A custom probiotic formulation for those over the age of 50 should also include the strain *B. infantis*, which helps ease inflammation linked to everything from pain and cardiovascular disease to cancer. Unfortunately, inflammation has become one of the hallmarks of aging. There's no reason not to address it naturally with a targeted, daily probiotic.

I'm thrilled to help you in your health journey by offering the most beneficial strains of bacteria in the most advanced, cutting-edge delivery system. There's no reason not to treat or prevent so many of the health issues plaguing us today by simply taking a well-designed probiotic supplement. ■



Alternatives MAILBOX

Losing Those Last Few Stubborn Pounds

Question: I'm a 48-year-old mother of two, and I would like to lose about 10 pounds. I've cut out sugar and started jogging and incorporating interval training. I feel better and I've some weight, but those last 10 pounds just linger. I may be impatient, but do you have any other suggestions? — B.C., Medford, OR

Answer: It certainly sounds like you're on the right track. It's hard for me to make specific personal recommendations since I'm not privy to your overall

health history and lifestyle habits, but I can outline a few areas that a lot of people tend to overlook.

Boost Your Protein Intake

One of the biggest mistakes you can make when you want to lose weight is not consuming enough protein. Eating too little protein can put your body in a state of stress. Stress increases the production of the hormone cortisol, which slows down the conversion of the thyroid hormone T4 into T3. Cortisol also places a burden on the liver since excess cortisol has to be detoxified by this organ. The extra burden prevents the liver from being able to effectively break down other toxic compounds and hormones.

Stress also suppresses the function of the pituitary gland, which is responsible for releasing the thyroid

stimulating hormone (TSH). And don't forget, high cortisol levels promote the formation of belly fat.

One of the most common things people do when they want to lose weight is switch to a diet of salads and vegetables. When you analyze their daily protein intake, it can be as low as 20 grams a day. Oftentimes protein consumption is so low that, as a survival technique, the body drops its metabolic rate. That's one of the last things you want to happen if you're trying to lose excess weight and body fat.

Studies have shown young men need at least 20 grams of quality protein *per meal* and older men need twice that amount just to maintain muscle tissue. While healthy in many ways, vegetables are pretty poor sources of protein.

Muscle meats, such as those from poultry and fish, are higher quality and rank right up there next to salads and vegetables as favorites among dieters. But they also contain fairly high amounts of the amino acids tryptophan, methionine, and cysteine, which can suppress thyroid function. (*Braz J Med Biol Res 2000 Mar;33(3):355–61*)

A pure meat diet can actually lead to hypothyroidism—but this doesn't mean muscle meats are bad for you. Eggs, cheese, shellfish, milk, whey protein, and wild game are also rich in the same amino acids, yet they are all excellent food choices. The key is to get your protein from a variety of sources and, just as important, include other foods that balance or allow your body to properly utilize these amino acids without suppressing thyroid function.

Foods that help balance amino acids include stews that use all parts of the animal, bone broths, and/or gelatin. Believe it or not, we were designed to eat practically the entire animal. About half the protein in an animal is collagen (gelatin), which is formed primarily from glycine, lysine, and proline (but it is deficient in tryptophan and cysteine).

When you include gelatin in your diet, its "deficiencies" help balance out the other amino acids that are abundant in muscle meats. It's another example of how whole natural foods are balanced and much more than just a hodgepodge of separate ingredients. By increasing your intake of collagen or gelatin, you retain your muscle tissue without impairing your metabolism. (For more gelatin, refer to the September 2012 issue; Volume 15, No. 9.)

If you have decreased the number of calories you eat and you're consuming adequate amounts of the

right protein, then it's pretty obvious that your metabolic rate is low. Your thyroid gland regulates your metabolic rate, and I've discussed many times how to check for low thyroid function and how to correct it. You can find this information at drdavidwilliams.com.

Change Your Surroundings

In addition, I suggest checking out the work of Brian Wansink, who directs Cornell University's Food and Brand Lab. His group has studied eating habits for the last 25 years and their findings show that simply changing your environment can have a huge impact.

Rather than focusing on diets or exercise, his research looks at how your surroundings subconsciously influence what and how much you eat and drink. Here are just a few findings I've gleaned from his book, *Mindless Eating*.

The color of your plate influences the amount of calories you serve yourself. Your plate should be a different color than the food you're eating. For example, when study subjects helped themselves to white pasta on white plates or red (marinara) sauce on red plates, they served themselves 18 percent more calories than when the plates were a different color than the food. Since many of the higher carbohydrate foods so popular in this country are white (potatoes, pasta, rice, etc.), using darker dinnerware would be a better choice for anyone trying to lose weight.

The size of the plate makes a difference as well. Eating from a smaller plate that was 8.6" to 9.8" in diameter versus a larger plate 11.8" in diameter resulted in consuming 22 percent less. Even the size of the serving spoon makes a difference. People tend to serve themselves 14 percent less food with smaller serving spoons.

It's also helpful to serve yourself from either the stove or kitchen counter rather than putting food platters on the table. Having to get up and walk to the kitchen to get seconds, rather than having the food conveniently in front of you on the table, was shown to reduce food consumption by 19 percent. Before mindlessly getting seconds, you start to question whether you're really still hungry. So if you want

to consume more vegetables, make them readily accessible by leaving them on the table.

And almost everyone knows that having your meal in front of the television makes you eat more. Sitting together at the table is best.

I thought some of the most interesting findings came from a study where the researchers visited 230 homes in Syracuse, NY—a typical small city by US standards. In each home, they took detailed pictures of each kitchen and the refrigerator contents, and then weighed the inhabitants. The pictures and data were analyzed for eight months to see if there was any correlation between the two. They found that the contents in the kitchen, not the size of the room, had a huge effect, mostly on women.

The type of food left on the counter also influenced weight. Women who lived in homes with potato chips easily seen on the counter weighed roughly eight pounds more than neighbors who didn't. But the most damning counter food was breakfast cereal. Women whose kitchens had even a single box of cereal within eyeshot weighed an average of 21 pounds more than those women who lived in homes with no noticeable cereal boxes. Again, visible potato chips or cereal didn't correlate with weight differences in men, only women.

Wansink thinks this might be because most of the marketing efforts for these products are directed toward women. Either way, keep the snacks and cereals in the pantry...out of sight and inconvenient. The only food on your counter should be fruit. And speaking of fruit, keep fruits and vegetables highly visible and ready to eat on the middle shelf in your refrigerator.

Wansink's research also points out how to reduce wine consumption, which can be another source of excess calories.

When pouring wine, he found the focus is on the height of the pour and not the width. For that reason, people tend to pour 12 percent more wine in a short, wide glass compared to a tall, skinny glass that holds the same amount. (This also held true for hard liquor, as witnessed in a study involving professional bartenders. A typical bartender poured 32 percent more alcohol in short, wide glasses versus tall, skinnier glasses that held the same volume.)

Also, people pour 12 percent less wine when standing up and looking down at a glass, as

opposed to pouring when seated and looking at the glass from the side.

Wansink has a wealth of data that examines "mindless eating" in restaurants that also might be helpful to you. For instance, people tend to drink more when they sit closer to the bar. They eat more in general (particularly fried food) when they sit in darker areas of the restaurant or close to a television. They are also 73 percent more likely to order dessert. People sitting at high-top bar tables and closer to windows or the door tend to order more salads and make healthier food choices.

Additional Weight Loss Tips

- Consume *small* amounts of higher protein/fat foods every couple of hours (cheese, avocado, nuts, peanut butter, or cottage cheese). This will fight off cravings and, more importantly, keep your blood sugar from falling, which causes the adrenal glands to increase cortisol and stress.
- When you do eat salads, avoid dressings made with polyunsaturated oils. It's well established that polyunsaturated fatty acids inhibit thyroid function. (These include practically all of the highly-refined oils, including soybean, corn, and safflower.)
- Add coconut oil to your diet. A couple of tablespoons a day taken at different times should be enough. Roughly 2/3 of the fatty acids in coconut oil are of the medium-chain variety, which actually raise your metabolic rate without contributing to weight gain or fat storage. Everyone seems to have this phobia about consuming extra protein or any kind of fat, which is a huge mistake. Protein and dietary fat aren't converted by our bodies into fat...but that's exactly what happens with excess carbohydrates.
- Thinner individuals have a greater variety of beneficial bacteria in their intestinal tract. Make sure you have a proper mix of bacteria in your gut by eating fermented foods and taking a daily probiotic supplement.

Overall, I think these ideas and suggestions will help you lose those final 10 pounds. Keep me updated on your progress. ■

Anxiety Solutions

Question: I know you don't think too highly of anti-anxiety medications, but the panic attacks I experience are real and I believe inherited. I've tried natural remedies, including valerian root and St. John's Wort. At first I thought they were helping, but maybe it was the placebo effect because my anxiety and panic quickly returned. Can you please offer any other suggestions? My doctor and family want me to see a psychiatrist for medication, but I'd prefer to try other alternatives first. — M.S., Houston, TX

Answer: To say I'm not a fan of antidepressants or anxiety medications is an understatement. Chemically altering brain function is akin to playing catch with live hand grenades.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) from the American Psychiatric Association lists around 300 official mental disorders, including schizophrenia and autism to depression and ADHD.

While the accepted cause of all these mental disorders is a chemical imbalance in the brain, not a single one can be determined by a physical diagnostic test. Because there's no brain scan or blood, urine, or saliva test to define any of these conditions, doctors diagnose solely by behavior.

Everyone experiences periods of grief, doubt, uncontrolled anger, aggression, confusion, sadness, pain, and even depression at one point or another. Based on behavior alone, there's not a single one of us who couldn't be diagnosed with one of the 300 disorders on any given day.

But if a chemical imbalance is to blame, wouldn't it be reasonable to assume that you could make a true diagnosis by testing the levels of certain chemicals? And wouldn't a return of certain chemicals to appropriate levels validate that a treatment program was working? Unfortunately, that's not the way it works.

Psychiatrists will tell you certain behaviors are a sign of chemical imbalances or genetic aberrations, but those imbalances cannot be validated with any physical test. Their answer is to prescribe powerful drugs that chemically alter brain function, but without some kind of tangible baseline, there's no way to tell if chemicals are actually being "balanced." It's all based on behavior. Prayer, meditation, magnetism, and crystals all change behavior but are labeled as scams, placebos, or wishful thinking. But psychiatry

gets a pass. Psychiatrists claim it's different for them. The proof is in the pudding. If behavior changes, then it means the drugs are working.

The side effects of these drugs are often worse than the problem they are meant to treat. And in almost every case, if you read the warning labels, you'll find that taking them can actually cause the very issues they are supposed to eliminate.

You might ask, what about conditions such as autism, where it seems obvious that the behavior is a clear result of neurological problems? Like many other disorders, it's far easier to classify it as a chemical imbalance when you want to sell drugs, rather than admit it could be caused by a head injury, vaccinations, environmental toxins, or even a nutritional deficiency.

Psychiatry is one of the biggest hoaxes ever perpetrated. It has no basis or grounding in science. It is licensed, dangerous experimentation on the masses.

Fortunately, there are natural alternatives, some of which have been used for hundreds, even thousands of years without any safety issues or side effects.

- **Lithium:** One example is lithium, which is a trace mineral, not a drug as many people believe. Deficiencies in lithium have been linked to higher rates of manic depression, mental hospital admissions, suicides, homicides, rapes, criminal arrests, and alcohol and drug use. No toxicity problems have been reported at doses of 10–20 mg of elemental lithium a day. The chelated form of lithium—either lithium orotate or lithium aspartate—is recommended. Check the label to see the actual amount of elemental lithium the supplement contains. For example, a 120 mg tablet of lithium orotate provides roughly 5 mg of elemental lithium.
- **Glycine:** The amino acid glycine is one of the primary components of collagen (or gelatin). It wouldn't surprise me to learn that our lower intake of glycine-rich collagen over the last few decades is linked to an increase in panic attacks. In the past, glycine was shown to calm the central nervous system and be an effective method of controlling panic attacks. At the first sign of a panic attack, I've seen remarkable results by putting 2 grams of glycine powder underneath the tongue and letting it dissolve slowly. Glycine is one of those "therapeutic pearls" from the past that seems to have been forgotten. It's low-cost and widely available, but the fact that it isn't a

prescription drug probably doesn't add to its popularity in many circles.

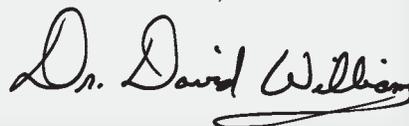
- **GABA:** Another amino acid, gamma-aminobutyric acid (GABA), has been repeatedly shown to safely help stop panic attacks. GABA is one of the inhibitory neurotransmitters that works as a counterbalance to excitatory neurotransmitters. If you know you're getting ready to encounter a situation that could bring on a panic attack, you can empty a 500 mg capsule of GABA under your tongue and let it dissolve slowly. Or if it's easier, just wash the capsule down with water on an empty stomach. GABA is also inexpensive—a bottle of 100 capsules runs about \$10, and it's even cheaper if you buy the bulk powder. Many people have found that using 1–3 grams at bedtime can help them relax and sleep better.
- **Kava:** Over 20 years ago, I experienced the anti-anxiety benefits of kava, another very viable and effective treatment option. Unless you live in the South Sea Islands, the easiest way to use kava for anxiety is to take a standardized extract of 50 mg of kavalactones (20–30 percent kavalactones) three times daily. Taking the entire dose just prior to bedtime can also help relieve insomnia.
- **Ashwagandha:** This Indian herb is one of the most powerful in the Ayurvedic healing system for not only dealing with anxiety and stress but also physical and mental fatigue. It is an adaptogenic herb that helps modulate or

adjust your body's response to an ever-changing environment. I've seen such positive overall results with ashwagandha that I've made it a supporting component in my multivitamin/mineral formula.

- **Zembrin®:** An extract from the South African plant *Sceletium tortuosum* that is sold under the name Zembrin, this nutrient has been used by South African tribesmen and early European explorers in that area for over 300 years. It has some very significant research studies to support its effectiveness and has never been shown to have any side effects or toxicity. I personally take Zembrin (combined with ashwagandha) every day, and although I don't have panic attacks or other mental disorders, I notice more calmness and an overall heightened sense of well-being. I also feel it has enhanced my cognitive skills, another positive effect that has been demonstrated repeatedly in clinical studies.

I understand your reluctance to hop on the pharmaceutical roller coaster. It's a ride that some are never able to disembark, and it is fraught with danger. Future generations will one day look back at the use of mild-altering drugs as a cruel and barbaric experiment on the unsuspecting public. Please give these natural anti-anxiety options a try and let me know how they work out for you.

Until next month,



This Month Online



Visit my website at **drdavidwilliams.com**, where you'll find information and recommendations for many of your top health conditions, including:

- *Bone and Joint Health*
- *Digestive Concerns*
- *Memory and Brain Health*
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