Every veterinary knows not to give a cat, a domestic cat acetaminophen. That's because they don't have that little bailout pathway called gluten re-honidation.

And when you're first born, you are very deficient in it, just like a cap. We protect our cats, but we're not protecting our babies, which is a problem.

Hi, welcome to the MAPS webinar series, Healing Tomorrow's Future. We are thrilled to be bringing you this series packed with valuable information and education within our community.

My name is Honey Rinusella and I am the Executive Director of MAPS, the Medical Academy of Pediatrics and Special Needs. Within these webinars, we're able to empower clinicians on the knowledge and tools to support patients facing a variety of health challenges.

For more information on MAPS or to register for a conference, please visit us at www.medmaps.org. Thanks for joining us on this journey towards a brighter, healthier future.

Hi, I'm Dr. Nancy O'Hara and welcome to the Medical Academy of Pediatric Special Needs, MAPS, Healing Our Futures Today. And I am so excited to be here with Dr William Parker, one of the leading researchers in the country.

I have known William for years and he first taught me about helmet therapy. and a particular type called Hymenolepis dimunutus cistocercoids. Not going to spell that for you, but he is an expert in so many ways.

And so when the information came out about acetaminophen, and I saw that William had written about this, researched it, I knew he was the source to go to, to get the real answers.

So William, thanks for being here. Thank you very much, Nancy. It's a pleasure to be here And when we talk about acetaminophen, which you've just lectured about here at MAPS, what are we talking about?

Well, we're talking really about the world's most popular drug that's used in pediatrics, and which is a problem, a huge problem. But even more importantly, it's use in labor and delivery, obstetricians, even a bigger problem And why is it a problem?

Well, it's a problems because like so many other drugs, there can be a subset of children that are sensitive that have, we don't want to call it metabolic deficiency per se, but they're in part of that spectrum where they can't process that drug safely.

And this has been known since the 1980s. Yeah. New news, but it wasn't until 2008 that somebody actually figured out hey When these kids are regressing into autism sort of the the ghost in the corner the silent thing in The corner is acetaminophen and then you know the correlations at that time, you known as a professional scientist I know that difference between causation and correlation and at time there was just a really strong correlation or association between regression into autism and the use of acetaminophen.

It was to the tune of 20-fold. Twenty- fold. Not 20 percent. 20 fold, and this is Stephen Schultz's work published in 2008 in the journal Autism. He was a dentist, his child regressed into autism after the MMR shot.

There's some studies which indicated it probably wasn't the MMR shot, in fact, the regression into Autism had first been connected to vaccinations by Bernie Remlin.

And that was the DPT shot which is completely different. So both shots leading in the same thing. He quit his dentistry practice, went to the University of California, got a PhD, did the study.

found that with the use between 12 and 18 months of acetaminophen, 12 to 18 month of age, that you get this 20-fold increased risk of regression. And now we know that it's not just regressive autism, but it is infantile autism.

The riskiest time is not during early childhood. It's probably right around what we call the peripartum period, labor and delivery, the first couple of months in life.

Right, right. So, so much to unpack there. And, you know, as my mentor and our friend, Dr. Sid Baker, always said, genetics loads the gun, environment pulls the trigger.

What that says is not every child who takes acetaminophen is going to become autistic. Right. There needs to be the susceptibility and then that trigger Acetaminophen, in this case, that causes the outcome, the phenotype that we end up seeing, right?

Right. And so in case genetics plus a lot of environmental things all loads the gun. Right And then acetaminophene pulls the trigger. So it's a very, I mean, you know, we're looking at increases in all kinds of pesticides, both herbicides and insecticides, and plastics.

You know, and then you've got a lot of artificial additives to our food. So all of that is loading the gun. And then again, we're. Based on all available evidence, and when a scientist says the best explanation for the data means it's very likely right, is that autism is to acetaminophen, sort of what fetal alcohol spectrum disorder is, to alcohol.

You've got a complex spectrum, the gun is loaded, as you say, very good analogy, then the drug pulls the trigger. Yeah. And as you said, this isn't new news.

This isn' something that just came out in September. We knew this information from the Journal of Autism in 2007, 2008. I remember lecturing about it way back then.

You know, but nothing has changed. And now we have 30 studies, 29 of which say the same thing, that it's safe. But what you said in your talk today and what and I have discussed in the past is they're going on the failed premise.

So talk about that a little bit more, why those studies are showing that and why it is incorrect. Right, so since, to be precise, since President Trump made that announcement, which is only about six months ago now, early September, there have been 30 studies that have come out and said, nope, president is wrong, absolutely not.

It seems like a consensus, but this is what is known as in sociology, an illusion of consensus. So, first of all, peer review doesn't happen that fast.

We've been working now for almost two years to get our latest just summary of evidence through peer reviews. So this is something else. It's just a flood of papers all with the exact same mistake.

And we, in 2024, there was a big study that came out. it was in the Journal of the American Medical Association, known as JAMA. And it was a sibling control study.

And everybody thought, well, this proves there's no association between use of acetaminophen during pregnancy and autism spectrum disorder. Now, as soon as we saw that, we knew they made a huge mistake.

Three months later, it's a mathematical proof that they make a mistake, that analysis that can't tell the difference between a confounding factor versus something and what we call an interacting variable or a cofactor.

So you mentioned before loading the gun. What they proved was if your gun isn't loaded, a Cetaminophen won't pull the trigger. That's absolutely what they prove.

We can show that mathematically. So if, you know, there's no family history of depression or anxiety disorders or there is, autoimmune disease, even poverty can help load that gun.

And there are a lot of metabolic deficiencies as well. So, if you have none of that in your family, then acetaminophen probably will not cause autism even if it's given at the worst time in life.

Right. So that's what they proved. Now, these 29 papers came out and all said, nope, nothing to worry about all because of that. single mistake. Now, there was one more paper that came out and it said, no, it's probably not acetaminophen because acetaminephine wasn't approved for use until 1954 and autism was discovered in 1943. So that's completely wrong.

Autism was identified in 1925 by a Soviet clinician and acetaminephin, for practical intents and purposes, came on the market in 1886 with the introduction of a prodrug, acid aniline, which was a very commonly used until more recently that is metabolized into acetaminophen.

So anyway, that's just one anomalous paper just so that that they're both, both are errors, right? One is error in facts and the other's error and analysis.

And people ask me, well, you know, who can confirm this? Any statistician, any professional statisticians can tell you that that analysis they're doing is developed by a guy named David Cox.

It cannot tell the difference between a confounding factor, which is distracting you, versus something that loads the gun. Any professional statisticsian in any toxicologist familiar with the seed, no matter if at all, can you tell that Yeah, acetaminophen, it's okay unless you're running out of this important molecule called glutathione and you have some other metabolic issues and then acetamenophan it just gets shunted by your own body straight into a toxic, It makes a poison basically.

Your body makes it into poison. And we at MAPS have been looking at that from research from Jill Janes and Dick Dietz showing those children who are susceptible.

So these studies are just taking children that are not susceptible and saying, yeah, you can have some acetaminophen. It's not going to hurt you. But in the ones that are susceptible, the one that have problems with methylation, sulfation, detoxification, then this becomes a poison, a toxicant in that susceptible child.

Yeah, and when you talk about methylation, sulfation, there's one other bailout, which is glucuronidation. But the kids with autism are low in that. That's part of how we metabolize our plastics.

And they can't do that either. Newborn babies don't have it at all. This is just sort of a fun fact. It's kind of scary fact, but every veterinary knows not to give a cat, a domestic cat a acetaminophen.

Yeah. Because they don' have that little bail out pathway called glucuroonodation and, when your first born, you're very deficient in it, just like a cat.

But we protect our cats, but we're not protecting our babies, which is a problem. Yeah. So at the time of birth when we may be doing a circumcision and giving acetaminophen or the child may in pain or have a fever for other reasons, that glucuronidation, detoxification is not developed enough to allow these susceptible kids to handle it.

Yeah, and the data out of Johns Hopkins, which is extremely compelling, is showing us that a lot of the problem is using acetaminophen during labor and delivery.

Because when you clamp that umbilical cord, that baby is left all by itself. So if you lined up a million people and said, who can metabolize acetamon from the safest?

On the safe end would be pregnant women, because when a woman gets pregnant, her liver really does a good job of protecting that fetus and ramping up metabolism.

And then at the very, very worst end, would a brand new baby. Because their liver is not there. I mean, the biology is that they're just not going to get exposed to all these things that adults get exposure to.

Right, right. Now, I know you're not a clinician, but people are going to ask, what do we do? What do you do for pain and fever? And you know, you are taking something that we use every day away from us by telling us about this loaded gun and all these triggers.

Do you have anything to say to families in that way? Yeah, I think it's really fun for me to be at a conference like MAPS because you've got clinicians everywhere.

So once again, if you lined, there's 500, 700 people here. If you line us all up as who's most qualified to answer that question and who is least qualified, There's only two of us here that are PhDs with no clinical experience.

And we're down here, right? Which is really funny. But I have done a lot of work looking at, you know, is the fever dangerous? Just in the scientific literature.

Of course, most of the clinicians know especially here a fever in general is a normal part of immune response. It's protective. There's just no reason to panic and treat these things.

And of course, a lot of the physicians here know how to treat pain without using drugs. So what we don't know entirely, and going back to everybody's focus on pregnancy, but most autism is not induced during pregnancy.

Even Bernard Remlin deduced this. It's induced very late, maybe right around the time of birth. They already figured it out. So the, we don't know a lot about what happens during pregnancy.

It's going to be less than 20% of all autism, probably less and maybe less 10%. So it's the data suggests that if you're using it for pain and you get a of exposure over time, that's gonna put you at some risk, but not near as much as if use it during labor and delivery, But still at risk.

And then we really know how much risk there is for occasional treatment of fevers and pain. I have to, in the really clear that there's some things we just don't know if, you know, because you've got maternal immune activation and the first trimester, do you need to immunosuppress the patient with acetaminophen?

You know we don, as a scientist, like well the data is not clear. Do you use it in labor and delivery as the scientist? Like that doesn't make any sense because we got this huge risk.

Like I've, we spent thousands of hours, probably a little over 2,000 hours going through all the safety data for acetaminophen. It was never proven safe for neurodevelopment.

And it's funny, we tried to publish that paper and the pharmacologists wouldn't let us publish it in their journals because they said, look, nobody ever tests anything for neural development.

What did you even do this for? And we said look the clinicians think it safe. So we need to do this experiment. But the bottom line is, we looked through all these papers, tons of these paper, and everybody's testing for liver function, which was bad.

They should have been testing, for neuropsychiatric function later in life, but not one paper ever showed that it saved a life. That would have made major headline news, if Acetaminophen would've saved the life never proven to save a lot.

It only proved that, it did not kill Sylvan. And what about the Swedish study that you talked about during the lecture? Yeah, so the Swedish study has the best data that I've ever seen coming out of a large population with two million and they have so much detail and Drexel University did a great job of publishing those details and not just saying, well, we adjusted for all these factors and here's the final result.

They showed you the effects of adjusting for these factor. So again, it's a beautiful proof that you have to load the gun to make acetaminophen safe it is absolutely not a beautiful proof as everybody's and they're confused and JAMA and the Lancet and you know all these may the BMJ especially oh my goodness they are really confused

about this they all think well it means it's safe but number one they'r only looking at pregnancy when it' s not that dangerous and number two they've adjusted out the susceptibility so It's just like saying it's okay to smoke cigarettes just because you found a family of people that can smoke without getting lung cancer or getting heart attacks.

It doesn't make any… I mean, I understand why they're… I understand where it comes from, but it is not right. Just scientifically, again… Any professional statistician knows, any toxicologist familiar with acetaminophen knows.

It's just wrong. But yeah, that's what's dominating, A, the medical literature right now since President Trump made the announcement, and B, it's the media.

Right. Yeah. And acetaminophen has been known in very large doses to be almost something we could use for suicide. Yeah, but that's not, I mean, that a bad way to go is to kill your liver.

But yeah, you can kill you liver with it if you take a massive dose and it's horrible and definitely not a good idea Yeah, and one of the things we've seen since our president came out and said this is people testing by drinking a bottle of acetaminophen and saying, I'm fine.

Again, this not something to play around with. This is not to do a TikTok video on and prove. You know, again, those genetically susceptible, especially children, Well, so for adults, right, if you take an overdose, it is known to be lethal.

And there's something called a RUMAC diagram. It was developed by Barry Rumak, who interestingly was one of the ones that was instrumental in acquiring acetaminophen safe for babies back in the 1970s.

That RUMAG diagram tells you if take a certain amount, as an adult, you will damage your liver. The weird thing is, we've known since the mid-1980s that if you take a neonate, a laboratory animal, even lethal doses of acetaminophen don't damage the liver.

So again, and people ask me, well, what's the difference? I mean, there's so many, the enzymes in our body that make acetamine toxic are distributed really differently in a baby than they are in an adult.

And in adult, it's your liver, your liver really attacks that acetaminophen and converts it into a toxin, whereas in babies, that doesn't happen. It happens somewhere else, including in the brain.

We did not test acetamine in a laboratory animal for neurodevelopment until 2014. Wow. Yeah. 2014, and it was a guy named Henrik Weiberg that did it, it flunked.

It flonked in flying colors. I mean, this is a spectacular flunke. This drug could never be approved for even experimental use in children if it had gone through the normal approval process.

I mean, you read that paper, and you're like, wow, these are very small doses of acetamin, less than what some children get. And these mice permanently lose their ability to learn.

It's only two doses, too. Like I said, mice are a little bit more sensitive than humans, And humans are more sense than rats. But the bottom line is, that's why we do these tests in lab animals, is just to know, should we even try this in a human?

And the answer is nope, never should have been tried. And it's interesting for me, as a clinician, walking around talking to other clinicians, so many have come up to me after your lecture and said, I'm calling my office, and changing my protocols.

I am not going to recommend acetaminophen after IVIG, or I will not recommend it in this way. And I can hear the parents saying, well, what do I do? My child's in pain, my child has a fever, they're miserable.

And as you said, as clinicians, we do have a lot of things that are safe that we can do. You as a parent need to go to your clinician and talk about other things.

They may not understand the acetaminophen literature as it should be read, but they should certainly be able to give you other alternatives. not always ibuprofen.

And again, as you said, fever is a good thing. Now, As a doctor, I said that to all my patients for years, then I had my own child, he had a fever and I'm like, ah, you know, because you don't want your child to suffer.

But, those tepid Epsom salts baths, the chicken soup, it's a real thing, The fluids, ibiprofin when you can, there are so many things we can do. and there were so other natural agents.

that our naturopaths and our homeopaths have taught me about. And so I really ask our parents to go and ask about alternatives or find a MAPS provider that can talk to you about these other alternatives because you don't know really As a parent, maybe, is my child susceptible?

You're a pregnant mom, you're not knowing what I should do. Ask. Find a MAPS provider. Yeah. An interesting story to happen this morning. that one of the doctors who's been here wanted their husband, who is a physician, to come in and talk to me.

And she said, well, he said it's just association and that's not causation. Of course, telling a professional scientist that is sort of like me trying to explain to you the difference between pediatrics and geriatrists, right?

I mean, you know these things. I shouldn't be giving a lecture about it. So we sorted it out. Yeah, we know the differences between this, but unfortunately, A lot of the pediatricians, I think of them as the astronauts of medicine.

They're the best trained people in the world, but they're dependent upon the people, the engineers who made that space shuttle. The scientists like myself who said, well, this is safe.

This is not safe, that kind of thing. And so they just assumed, no, there must be some mistake. But after a couple of minutes, he's like, okay, Okay, they get it, right?

But they assume that it can't be This sibling control study must have made everything okay. This must just be confusing about association and causation, but it's not.

I mean, I've been- Talk about that sibling controls study a little bit more, because I don't think we delved into that. Yeah, so with the sibling controlled study, what you start out with is two million children and a lot of cases of autism.

And they're only, again, monitoring acetaminophen use during pregnancy, none versus low, medium, and high. And you see that with high dose usage of acetaminophen, there's a strong association, but not as strong as, say, use during labor and delivery.

But they're strong with autism spectrum disorder, the prevalence of. So it's about a 1.75, somewhere in there. And then low uses is much lower prevalence, about 1,2, which means there is a 20% increase.

which is not much, there's a lot of things, almost anything that loads the gun, all those oxidative stressors are that much or greater. So then they started adjusting for factors.

All these factors that made babies susceptible and, you know, poverty, socioeconomic status, history of mental illness in the family, which, is a sign of neuroinflammation, that's what loads of the guns, right?

So all these things. Autoimmunity, as we know, autoimmune problems create metabolic problems. It's a huge issue when it comes to safely metabolizing acetaminophen.

So as they start to correct these things out, then the risk drops, and it keeps dropping as by the time they've

corrected for about 30 factors. And then they control basically for genetics, which is a big factor that determines how we metabolize acetamine with this sibling control study.

then the risk is just gone. And we can, we ran, I said we have a mathematical proof. We proved mathematically, published in 2024 in the journal Life, that if acetaminophen plus oxidative stress and all these things causes autism, then the numbers look exactly, we use the same analysis and show the risk will go away.

It starts high and it will away, so they're basically proving, they didn't prove that we're right, but they proved that the data are consistent with our conclusions.

But yet then they were saying, oh no, nothing to worry about. So again, it's a really surreal, just kind of bizarre and you got 29 papers and especially the BMJ was the biggest defender, but it is all kinds of major medical journals and the professional societies are coming out with their statements, oh, the Trump is wrong for all the same reasons, all because of this Swedish study.

Which again, it's not a consensus. It's an illusion of consensus because nobody's actually thinking. Everybody's like, oh, okay, well, he said it, so it must be okay.

Or she said, and so the AAP said. So now the ACOG is going to say it. And so these organizations that are helping medical doctors treat their patients, but it's not good, you know?

And at the same time, they have no explanation for the pandemic of autism. And we have a really clean, solid one that explains all the observations. Yeah.

It's incredible. You know, as parents, we're always looking for that practitioner who will listen, who help us figure out for a child. As a practitioner, I'm always look for, the interventions, tests, studies, that have integrity, that, have real science behind them, not just because somebody else said it was good.

I want to see the data, I wanna be that detective for the family, finding out that those things. And William, you have been that researcher for me and for so many, the amount of both compassion and integrity that you bring to your work, the way that you really are looking at it and not following a pack.

There's no way lemming would be in a description of you whatsoever. And I just so honor that and thank you for that because we need that type of curiosity, that to get the real truth out there for our families.

Thank you. To get them better. So if people need to got in touch with you or want to find you, how would they do that? Yeah, we have a website. It's called preventautism.org and we And they can find all the information there.

That would be the best way to do it. And we encourage people, when you look at that information, make a plan in advance. It's sort of like emergency preparedness.

You don't want to, you know, your kid just got circumcised and they're really fussy and you really want And if you just have a plan and you stick with your plan that's evidence-based, you know, and obviously if your child is severely ill, go see a doctor, right?

But we're talking about regular aches and pains and fevers, then you need a plant based on the evidence. Make the plan in advance and then, I mean, it's so much stress, when you have the kid who's not well.

My wife and I weren't even brave enough to have kids, right? So I can't imagine what that's like. So make a plan in advance, and that'll be tremendously helpful.

It'll prevent people from making sort of split-second decisions that they may regret later. Yeah. PreventAutism.org. Yes, ma'am. A lot of great information there.

Thank you. And a lot great of information from you, Dr. Parker. And we'll see you next time at the Medical Academy

of Pediatrics and Special Needs, Healing Tomorrow's Future Today.

Thanks so much for joining us today. I'm Honey Rinusella, and this is MAPS. As we heal tomorrow's future, we appreciate you joining