# Parent Forum

# Poisoning due to antimony and cadmium: disguised as autism diagnosis

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**Abstract**

I am sharing the story of my daughter, Toni Marie, who experienced adverse reactions to vaccines and then regressed. Toni was exposed to an unusual source of antimony and cadmium. When this was removed, she experienced drastic improvements in her health and abilities. It is plausible that environmental toxins play a role in autism. There are obviously a number of factors that could play a significant role in autism diagnoses, including antimony. Antimony, used in flame retardants (as antimony trioxide) since the 1980's, has tripled in use and the area of application is so close to our children—from pajamas to car seats to crib mattresses—it is everywhere that our children spend the majority of their time.

I believe in the 1980's, when this mass rush to make sure everything and anything was flameproof began—again as with mercury—we forgot to do the basic math (and insure safety). All sofas, automobiles, airplanes, pajamas, upholstery are now chemically treated and the requirements are only getting stricter—leading to more chemicals on top of the already existing heavy amounts.



*Keywords:* autism, lead poisoning, antimony poisoning, fire retardant, flameproof chemicals

## How it started

When our daughter, Toni, was 18 months old we noticed she had a speech delay. With the exception of a couple of ear infections and bad reactions to immunizations, she was otherwise a perfectly healthy child with normal development. Her father and I were not overly concerned with this speech delay because her father had also had one as a child and overcame it with minor supportive speech therapy. We were still concerned enough to seek a pediatrician who suggested our daughter next see an audiologist for a hearing evaluation. After our daughter's hearing evaluation, we began to notice that Toni was becoming more ritualistic in her play, and would commonly line up her toy blocks. We were referred to our local learning center for an evaluation. After the evaluation we were told that Toni was diagnosed as PDD-NOS (pervasive developmental disorder—not otherwise specified) and qualified for early intervention services. A speech and occupational therapist came to our home to begin providing these services. The occupational therapist brought some equipment for Toni's use, including a "weighted therapy vest". We were instructed to place the vest on her lap during therapies to keep our squirming toddler in place. Also, the vest was to be placed on her at bedtime for a calming effect.

## Visit to a new pediatrician

Over the next few months we utilized the vest as suggested by the occupational therapist. When Toni appeared to be getting worse, we became frantic and took her to a new pediatrician. This pediatrician directed us to follow up with Dr. Richard Soloman at The University of Michigan. He told us that our child was indeed autistic.

We now had many questions that needed answers, including: Why is our child so pale? Why doesn't she ever sweat or sunburn? Why are her bowel movements so full of mucus? Why can't she smell? Why doesn't she feel pain? Why does she have constant headaches? Why does she eat and lick non-food items?

The answer to each of these questions given by both Children's hospital in Detroit and her pediatrician was always the same, "Autistic children have a wide array of symptoms."

Although we believed the autism diagnosis, we were absolutely certain some other factor was responsible for, or was contributing to, her symptoms. The pediatrician ordered metabolic testing, molecular DNA, and stool cultures. He listened as we fired away with a dizzying array of questions.

In the end, we received *no* satisfying answers to our questions. We still did not understand to our satisfaction why our daughter was demonstrating no improvement despite aggressive therapies for two years, use of the GFCF (Gluten Free/Casein Free) diet, and all the additional measures that we had tried?

After two years, Toni had made minor progress on goals that the school had set for her. These goals were not huge ones—for example, Toni was to identify two body parts or two primary colors.

We sat down with the speech therapist one day and asked him, "You have worked with our daughter since she was 19 months old and it has now been over two years. Where do you think things are going?"

The speech therapist admitted that during these two years, Toni never looked at him and her abilities had actually declined. He felt she would likely continue at this level for the rest of her life. We were devastated, yet thankful for his honesty.

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**The therapy vest is removed**

In November of 2005, Toni was in my room and she took her weighted therapy vest that had lost its importance some time before and started to sling it against my footboard. Toni was not a child who understood verbal commands such as "stop that"—you could not negotiate with her. So when she turned her back, I quickly threw the vest under the bed.

The holiday season had arrived and life was hectic. I had forgotten about the vest under the bed. The local paper was doing a series of articles on autism. Because our family had a girl with autism, we were asked to provide input for the article.

In December, a two page story featuring our daughter was published. At the conclusion, it was the editor's wish that our daughter say "Mama," since Toni had never done so in over two years.

On December 13, 2005 my daughter finally said, "Mama." On that occasion, I recalled sitting on the kitchen floor for an hour in tears. This was a day that I had fought hard to achieve during the past two years. I was so overjoyed, I felt like calling every home in America with this news. I settled for sharing this milestone with anyone that I had ever met.

One week after Toni had first spoken "Mama", we realized that she was indeed picking up new words. You could not find a family more thrilled; but that feeling would soon be surpassed by another....

By the end of December, we had a child that was now social and playing ring-around-the-rosie with her cousins. Just one month prior, she would have shrunk back in fear and meltdown at the mere thought of touching another child. She also was becoming more cognitive. During an autistic child's life, the mother is asked at least two million times, "If you tell her to bring her shoes, will she?" This question is part of many of the screenings and yet I had always wanted to scream, "No. My child does not even know what a shoe is!" But I would simply respond, "No." and move on to the next question.

During December I was standing at the counter in the kitchen pouring Toni a cup of juice and at the same time talking to her as I always did saying, "We are going to get you juice and then we're going to get your shoes, then we can go bye bye." When I turned around, I realized my daughter had wandered off. Just as I went to look for her, she rounded the corner with her shoes in hand and said, "Shoes." It was at this point that my husband and I knew there was something amiss.

How does an autistic child improve verbally, socially, and cognitively all at once? Is this how it worked? Does something come and steal your child's abilities in the middle of the night and then two or three years later start returning them? We started to question things.

Our diet had not changed. We had taken Toni off of the GFCF diet eight months earlier following 10 months of being on it with no improvements and no change when we did a challenge. Also, we were not doing any new therapies, nor had we moved. Nothing had changed as far as we could determine.

**Could lead poisoning be involved?**

At 3 o'clock in the morning I awoke and asked my husband if re-enameling our cast iron tub could have made a difference? He stated, "No." Unable to sleep anymore, I got up and turned on my computer and searched the Internet for "old bathtub sick". The search found a website for the CDC. I clicked on the link and was mortified to see that 77% of cast iron tubs contain leachable lead and that if a child has a propensity for hand-to-mouth in the bathtub, he or she could become lead poisoned. I didn't sleep a wink the rest of that night thinking, *How in the world could this be true?* Yet I read it as a fact on the CDC's website.

I immediately called the pediatrician who ordered blood lead level tests for Toni for the next morning. In the meantime, we contacted the local health department inquiring about our home being tested. They indicated they had no such testing program, but that the state may possibly have one. We contacted the State and learned that there was an extensive waiting list. It would be at least a couple of months before testing could be scheduled. However, if we hired an independent lead risk assessor, this would hurry the process along.

Next, we contacted Wilco Inc. to schedule the risk assessment. We also received the results from Toni's blood lead level. It was 4—within the expected safe range of 1 through 10.

The state had told us that because we lived in an older home, we would probably need to do some work to remove some of the materials that might be contributing toxic effects. Due to their recommendation, we rented a home in the neighboring town—moving in with the essentials.

The next week, the lead risk assessor came to our old home and confirmed that we had lead in various places, including window casements and bathroom tile. He explained to us that since these locations did not seem to be degraded in anyway, it was unlikely that lead was the source of Toni's problems.

While testing our home, the lead risk assessor discovered the vest that I had tossed under the bed in November. The bed itself had now been moved to the rental home. He immediately asked "What is this?"

I told him, "It was our daughter's weighted therapy vest."

He replied, "This is not a therapy vest—it is a lead vest, the type used in a dentist office." He took samples for testing and told us he would give us a call in a few days with the results.

The assessor called back as promised and informed us that the vest was positive on the outside for lead. This meant that it probably left lead around our home in the form of dust.

Finally, the health department came to our home and upon examining the vest we realized that there were areas on the vest that had marks that looked like claw marks. We figured these must have occurred during the months the vest was under the bed where two of our cats spent the majority of their time. Strangely, both these cats died of kidney failure. Despite our vet performing a multitude of tests, no conclusions were discovered as to why they experienced kidney failure. Interestingly, a third cat that spent most of its time on top of the bed was still alive.

**Drastic improvements occur away from home**

During this time away from our home, our daughter continued to improve and was becoming more cognitive and verbal. She was beginning to eat foods that she had refused to eat for years. Her weight increased dramatically and her bowels cleared up. She became potty trained in a matter of weeks of

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our moving. She also developed skin color, moles, and freckles. She also stopped eating non-food items and started to smell and feel pain. All these improvements came within a few months. Our daughter who had gained little more than two pounds in two years and who ate little more than apples and lettuce, developed an appetite and gained 8 pounds in 4½ months in the last year. Since these improvements she has gained a total of 13 pounds and has gone from size 18-month clothing to size 5 clothing. Yet, we had no explanation for her improved status because her lead level was relatively low. We began a frantic search to find the answers and this started by questioning the other components of the vest.

**Antimony is another suspect cause of poisoning**

We took our daughter to the Great Lakes Environmental Center (in Chicago) in association with Cook County Hospital at the suggestion of the Agency for Toxic Substances and Disease Control.

When we had Toni's hair tested prior to going, we were told that her antimony as well as other heavy metal readings were off the charts (see Table 2) and so we wondered if this was in any way connected with the vest.

We had researched antimony and were aware that it could be used in the vest as a flame retardant and shared our thoughts with the team there.

We were amazed to see the results of the testing of the vest (Table 1) and how this correlated with Toni's hair test (Table 2) and exposure time to the ingredients in the vest.

**Toni Marie on May 15, 2006**

Currently, we are attempting to research the long term effects these exposures had on our daughter. Although we believe that our daughter was autistic, we firmly believe that her exposure to the vest kept Toni from making any gains in the two precious years that we lost. We now know that the antimony would have caused cognitive problems and severe gastrointestinal distress as well as a host of other symptoms. It is unfortunate that there has been scanty research done its effects. There are times when I am consumed with the thought that my daughter must have been in severe pain for two years without us putting the symptoms together.

We still have not received any apology from the occupational therapist that delivered the vest to our home. We learned that she had moved to Nebraska shortly before our discovery. We are very concerned that she may still be promoting treatments with these vests. Has her budget stretching secret of lead vests been shared with other families or other occupational therapists? Or, are we the only family that has been affected?

In researching antimony, my husband and I found that in October of 2006 the government ordered all beds in America be treated with enough chemical to where a blow torch can be held directly on the bed's surface for 12 seconds—after which time the mattress must not ignite for 30 minutes. The chemical of choice contains antimony—even though it is suspected to cause SIDS (Sudden Infant Death Syndrome).

We want everyone to be educated about the dangers of antimony. We have learned that parents especially need to question everything. We can never erase what happened that day when the occupational therapist brought the vest to our home, but perhaps we could have avoided all the harm simply by asking more questions, such as "Where did the vest come from?"

**Table 1. Non-Standard Sample Multielement Analysis Report for the weighted vest—lead side and foam side[1]**

| Element | Lead Side | Foam Side |
|---|---|---|
| Aluminum | 106 | 5.1 |
| Antimony | 529 | 229 |
| Arsenic | 1.8 | 2.0 |
| Beryllium | < detection limit | <detection limit |
| Bismuth | 1.7 | 0.11 |
| Cadmium | 49 | 87 |
| Copper | 14 | 1.7 |
| Lead | 492 | 198 |
| Mercury | 2.7 | 0.41 |
| Nickel | 2.0 | 0.25 |
| Platinum | 0.011 | < detection limit |
| Thallium | < detection limit | < detection limit |
| Thorium | < detection limit | < detection limit |
| Tin | 4.4 | 0.47 |
| Tungsten | 0.95 | < detection limit |
| Uranium | 0.014 | < detection limit |

[1]Doctor's Data Inc. 3755 Illinois Avenue, St. Charles, IL 60174-2420. Phone: (630) 377-8139; Fax: (630) 587-7860; Website: www.doctorsdata.com

**Table 2. Toxic elements analysis[1] of hair, Toni—age 3 years old**

| Toxic Elements | Result (μg/g) | Reference Range |
|---|---|---|
| Aluminum | **13** | <8.0 |
| Antimony | **0.73** | <0.066 |
| Arsenic | 0.075 | <0.080 |
| Beryllium | <0.01 | <0.020 |
| Bismuth | **0.32** | <0.13 |
| Cadmium | **0.52** | <0.10 |
| Lead | **1.8** | <1.0 |
| Mercury | 0.13 | <0.40 |
| Platinum | <0.003 | <0.005 |
| Thallium | <0.001 | <0.010 |
| Thorium | <0.001 | <0.005 |
| Uranium | 0.008 | <0.060 |
| Nickel | **0.49** | <0.40 |
| Silver | 0.08 | <0.20 |
| Tin | **0.39** | <0.30 |
| Titanium | **2.2** | <1.0 |

[1]Same laboratory as given for Table 1.

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