MERCOLA
Take Control of Your Health

Why Does Tylenol Cause Chronic Illnesses Like Autism?

Analysis by A Midwestern Doctor | October 24, 2025

STORY AT-A-GLANCE

- Over-the-counter (OTC) pain and fever medications are widely used despite having marginal efficacy and significant side effects that hospitalize hundreds of thousands of Americans each year
- While a widespread practice, using these medications to reduce fevers has long been controversial, both due to their toxicity and the notion that fevers are essential for health
- During the 1918 Influenza pandemic, one of the most critical lessons was that avoiding fever suppression was vital for protecting patients from dying
- While considered the "safest" option, Tylenol has a wide range of issues, including liver damage, gastrointestinal issues, blood cancers, and kidney injuries
- An extensive body of data connects using Tylenol during pregnancy or in infancy to the development of neurological injuries (e.g., autism). Many of these tragic cases illustrate a longstanding observation within natural medicine — suppressing superficial reactions (e.g., fevers) can transform illnesses into chronic ailments that can cause far more issues

The Presidential Announcement

September 22, 2025, President Trump held a press conference about the potential causes of autism. Shortly beforehand, the press became aware that Trump would focus on the link between Tylenol and autism, resulting in the national media collectively ridiculing that link immediately before the press conference.

In that press conference, Trump stated he had felt very strongly about bringing attention to vaccines and autism for 20 years, that he felt we were giving too many shots too quickly, and that they needed to be spaced out. There was no reason to give the hepatitis B vaccine prior to children being 12 (which, as I showed here, is true), and Tylenol increases the risk of autism, so if possible, it should be avoided during pregnancy, and you should not give it to infants.

Secretary Kennedy added that some 40% to 70% of mothers who have children with autism believe a vaccine injured their child, and that President Trump believes we should be listening to these mothers instead of gaslighting them.

Note: *Regrettably, to show they believed in "Science," pregnant mothers began quickly posting videos of themselves taking large amounts of Tylenol (which I compiled on* 𝕏 ***here*** *— including one tragic overdose*[1]*).*

Over-the-Counter Pain Management

Because of how uncomfortable pain is, pain treatments have long been a core market in medicine. Remarkably, however, most standard pain therapies **have serious issues** and **often lead patients to needing more and more severe interventions**.

Typically, the first-line treatment for pain is an over-the-counter medication, such as acetaminophen (Tylenol), ibuprofen (Advil or Motrin), naproxen (Aleve), aspirin, or topical diclofenac (Voltaren gel). Unfortunately, these medications all have dose-dependent toxicity and typically only elicit partial improvement in pain. Many consider NSAIDs (ibuprofen and naproxen) among the most hazardous drugs in the U.S. because:

- **They are the leading cause of drug-related hospital admissions —** Often due to heart attacks, strokes, bleeding, and kidney failure[2] (e.g., at least 107,000 Americans are admitted to hospitals each year for NSAID GI bleeds).[3]

- **Kidney damage is a significant risk —** One study found a 20% increased risk of kidney disease from NSAIDs;[4] others found up to 212%.[5] Amongst kidney failure patients, 65.7% were found to be chronic NSAID users.[6]

- **NSAIDs raise cardiovascular risks —** NSAIDs also increase the risk of heart attacks and death (e.g., extensive studies have found between a 24% to 326% increase[7,8,9]). Two of the worst ones, Vioxx (Merck)[10] and Celebrex (Pfizer),[11] were designed to reduce stomach bleeding but instead caused heart attacks and strokes.

  Merck hid data on Vioxx's risks; eventually it was withdrawn after an estimated 120,000 deaths.[12] Celebrex, still on the market, has been linked to 75,000 deaths.[13] Merck's handling of Vioxx[14] later informed how pharma pushed the HPV vaccine and mRNA vaccines.[15]

- **Gastrointestinal bleeding is common and often fatal —** In 1999, over 16,000 Americans died from it.[16] NSAIDs also cause small bowel damage in over 50% of chronic users[17] — often undetected — leading to "small bowel enteropathy" and possibly chronic illness through gut permeability.[18]

- **They impair healing**, especially of ligaments, creating long-term re-injury risk.[19]

Note: *The dangers of NSAIDs are discussed further* ***here****.*

The poor efficacy of OTC pain medications, along with their significant toxicity, was one of the primary reasons I spent the last year trying to bring attention to DMSO, which is dramatically more effective than any other over the counter option (e.g., I compiled extensive literature demonstrating that here, and have received well over a thousand reports from readers saying it produced miraculous improvements in pain).

Tylenol Toxicity

Tylenol (acetaminophen or paracetamol) is generally considered safer than NSAIDs, though it too is often ineffective for severe pain. When metabolized, it produces the metabolite NAPQI (N-acetyl-p-benzoquinone imine), which is highly toxic to liver cells

because it irreversibly binds to essential cellular proteins.

Typically, relatively little NAPQI is produced and is quickly neutralized by liver glutathione. However, when too much Tylenol is taken, the other detoxification pathways get saturated, glutathione stores get used up, and rapid liver death from unneutralized NAPQI ensues.

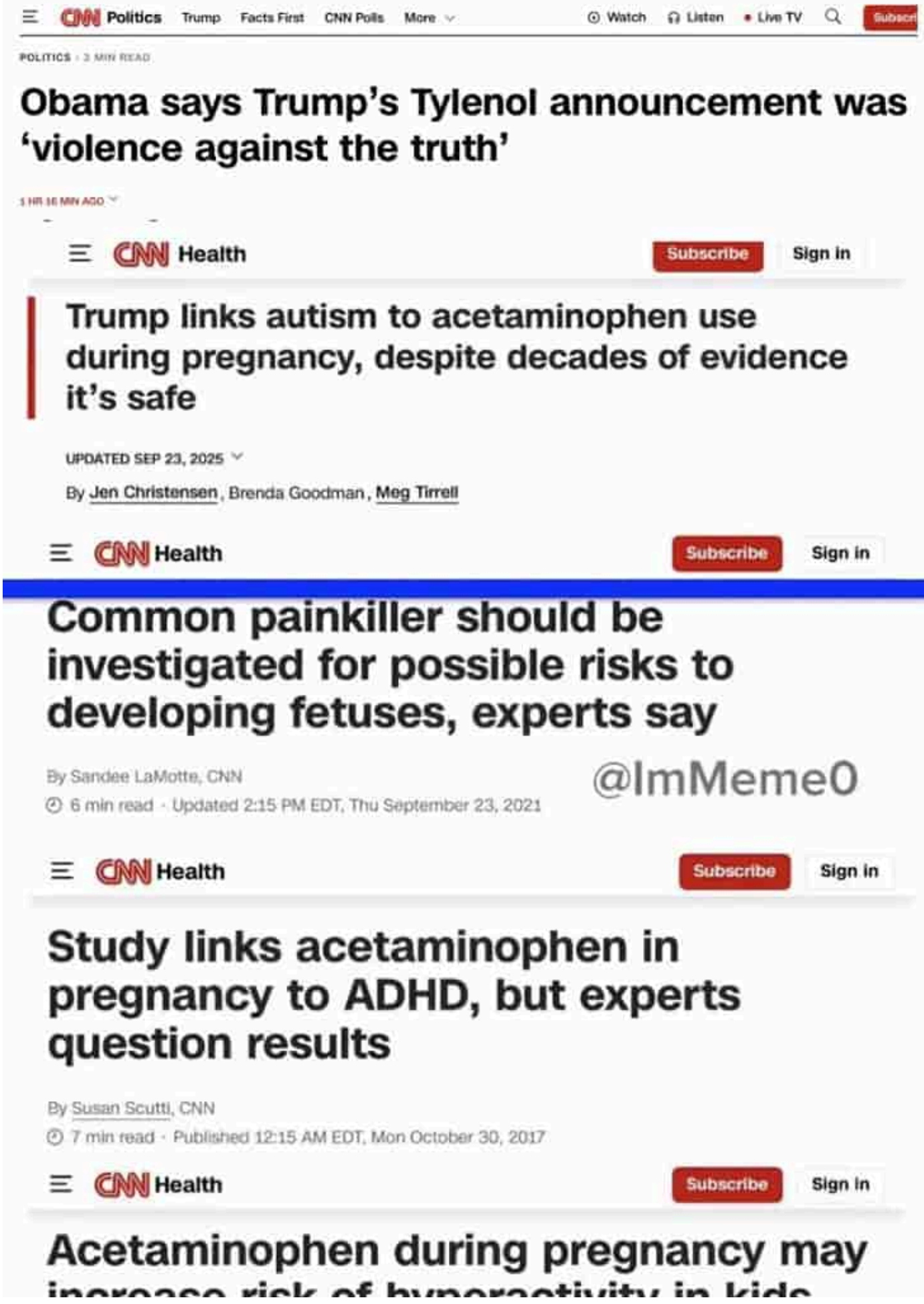
As a result, Tylenol overuse leads to 56,000 ER visits, 2,600 hospitalizations, and 500 deaths annually in America.[20] Additionally, Tylenol has several other major issues:

- NAPQI is also toxic to the kidneys, and in 1% to 2% of overdose cases, the kidneys are also damaged.[21]
- Numerous studies have linked gastrointestinal side effects to the use of Tylenol.
- In one review, Tylenol was found to increase the risk of: bleeding or perforated peptic ulcers (+6–121%), heart failure (+9–98%), myocardial infarction (+0–73%), hypertension (+7–62%), and chronic renal failure (+19–129%).[22]
- A systematic review identified data suggesting chronic Tylenol use increased blood pressure, increased asthma (a possible 15% increase), and caused a 3.6 to 3.7 increase in gastric bleeding.[23]
- Tylenol has been associated with an increased risk of blood cancers: +16% from low use and +84% from high use.[24]
- In children of mothers chronically using Tylenol, a review found the following increases: hyperkinetic disorder (+37%), ADHD medication use (+29%), autism spectrum disorder with hyperkinetic symptoms (+51%), and asthma in offspring from frequent use in late pregnancy (+110%).[25]
- A recent systematic review of 46 studies conducted on the risk of Tylenol during pregnancy causing neurodevelopmental disorders (NDDs) in offspring found that the majority of studies detected an increased risk, those of higher quality were

more likely to detect the association, and the increase was dose-dependent.[26] The increased NDDs included autism, ADHD, and other NDDs affecting learning, social/motor skills, attention, cognition, emotions, and behavior.

Note: *This study is arguably the most definitive proof that Tylenol is not safe during pregnancy and was the one Trump and RFK's team highlighted at their recent vaccine announcement.*

All of this led to a rather peculiar media phenomenon:



CNN Politics Trump Facts First CNN Polls More Watch Listen Live TV Subscri

POLITICS · 3 MIN READ

Obama says Trump's Tylenol announcement was 'violence against the truth'

1 HR 16 MIN AGO

CNN Health Subscribe Sign in

Trump links autism to acetaminophen use during pregnancy, despite decades of evidence it's safe

UPDATED SEP 23, 2025

By Jen Christensen, Brenda Goodman, Meg Tirrell

CNN Health Subscribe Sign in

Common painkiller should be investigated for possible risks to developing fetuses, experts say

By Sandee LaMotte, CNN

6 min read · Updated 2:15 PM EDT, Thu September 23, 2021

CNN Health Subscribe Sign in

Study links acetaminophen in pregnancy to ADHD, but experts question results

By Susan Scutti, CNN

7 min read · Published 12:15 AM EDT, Mon October 30, 2017

CNN Health Subscribe Sign in

Acetaminophen during pregnancy may increase risk of hyperactivity in kids

***Note:** Numerous internal documents[27] and public statements have shown that by 2017, Tylenol's manufacturer was well aware of the drug's link to autism.[28]*

Treating Fevers

A standard hospital procedure is for nurses to check patients' vital signs every few hours, and if anything is abnormal, contact the supervising doctor. One of my continual challenges was telling nurses I did not want to treat fevers — something which doctors had diametrically opposed views on, with the majority wanting to treat fevers. I was quite astonished to see the head of the FDA speak out against this practice:

- **Why do we treat fevers? —** There are a few justifications for treating fevers:

    1. Fevers significantly increase metabolic demand on the body, placing additional stress on vital organs. In ICU settings where organ functions are compromised, reducing metabolic demand may prolong survival — though it's acknowledged that fevers aid in eliminating infections. There is no clear consensus within critical care on how fevers should be managed.

        ***Note:** Ultraviolet Blood Irradiation, a potent therapy for infectious diseases that also treats a variety of other conditions and often appears to "re-energize" the body, as a myriad of poorly functioning systems resume their normal function during a UVBI session. I mention this as one of the primary "side effects" of UVBI is that when it eliminates an infection it will often create a fever.*

2. High fevers can cause brain damage. Hyperpyrexia is defined as a medical emergency,[29] with thresholds ranging from 105.8°F to 106.7°F. According to Penn State, brain damage generally won't occur unless the fever exceeds 107.6°F.[30]

3. In children, fevers can sometimes lead to seizures. However, a 2017 Cochrane review found that fever-reducing medications provide no benefit for preventing febrile seizures,[31] and the American Academy of Pediatrics recommends against this practice.[32]

4. To reduce the discomfort of the fever — the primary reason most Tylenol is prescribed, though I do not agree with this approach.

- **Arguments against treating fevers:**

1. Fevers provide valuable diagnostic information about new or recurring infections.

   Note: *In infants, unexplained fevers over 100° often warrant a (justified) immediate evaluation for sepsis — which is one of many reasons why the (fever-causing) newborn* ***hepatitis B vaccine is so problematic****.*

2. Relapsing fevers characterize certain autoimmune and infectious diseases, so, if a fever is artificially suppressed, the diagnostic signal is lost.

3. The body relies upon fevers to eliminate illness, and in some trials, suppressing fevers extends the duration of illness.[33]

4. As Tylenol has systemic toxicity and reduces liver function and glutathione (necessary to detoxify toxins), this can worsen certain illnesses or increase the likelihood a vaccine will cause autism.

5. Suppressing febrile illnesses transforms them into more severe infections.

Of these, the fifth is the least appreciated and hence will be expanded upon.

The 1918 Influenza

In December 2019, I became aware of COVID-19 and became very worried that it would cause serious problems. We spent January and February studying a variety of resources, including literature from the 1918 pandemic that provided critical insights for treating COVID-19 (and saved the lives of those in our close circle).

Note: *I consider the 1918 influenza pandemic one of the most deadly and devastating pandemics in history. Over 2.5% of those infected died*[34] *(with much higher rates ranging from 12% to 90% in Native American populations).*[35] *Since most of the treatments tried failed, the few that worked were quite noteworthy.*

Throughout that literature, many clinicians treating the infection stated that using aspirin on patients' fevers significantly increased their risk of dying and that those who had previously been treated with aspirin tended to have the poorest response to the therapies, which otherwise worked for the illness.

Note: *At that time, doctors routinely used large aspirin doses which are known to be toxic.*[36]

Since that time, fevers have been recognized as critically important in fighting infections. Some of the key pathways include:[37]

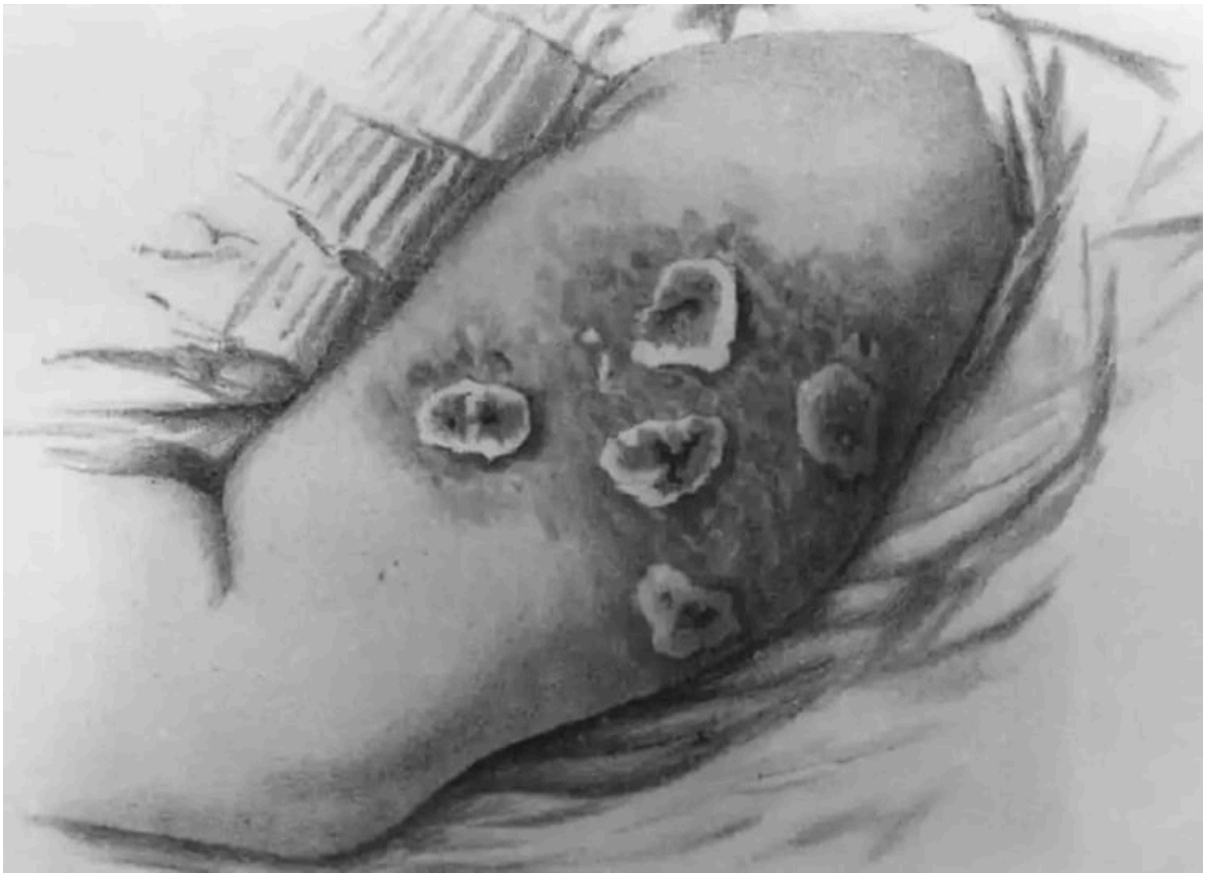
- Fevers boost the activity of immune cells like neutrophils, monocytes, and T-cells
- Fevers promote type I interferon responses that inhibit viral replication
- Fevers trigger heat shock proteins to activate immune defenses
- Fevers work synergistically with stressors like iron deprivation to amplify damage to pathogens
- Fevers slow pathogen growth early, helping to control infections

During COVID, I had multiple conversations with people where I advised them against suppressing fevers with Tylenol or ibuprofen. Still, they did anyway, then decompensated and had to go to the ER. I found that heating someone who was acutely ill (particularly with infrared mats) often made them feel significantly better immediately, and no longer want fever medication.

From this, I formed the hypothesis that the discomfort associated with fevers results not from the heat itself, but rather from the strain the body undergoes in trying to heat itself.

Smallpox Vaccines

Many do not know that the anti-vaccination movement originated with the smallpox vaccine, due to the vaccine frequently failing to prevent smallpox and severely injuring many recipients (detailed here).



When the smallpox vaccine was administered, it would often cause a significant inflammatory skin reaction. The medical field observed that those who the vaccine failed to protect had also not developed the characteristic skin eruption. As such, they adopted the stance that if the vaccine "did not take," it needed to be reapplied until the skin eruption happened.

In contrast, dissident physicians concluded the skin reaction was a proxy for a functioning immune system, so those where "it didn't take" were the same people who were likely to become severely ill from smallpox (hence making vaccination pointless).

Note: *A case can be made that this issue applies to many other vaccines too.*

Furthermore, once the vaccine was deployed, many highly unusual neurological injuries occurred in those where the vaccine "did not take," causing observers to conclude a lack of vitality had allowed the vaccine to "go inward" and then cause much worse chronic issues.

Note: *Many of those neurological injuries mirrored what would be seen from blood cells clumping together and obstructing blood flow,* ***a common consequence of vaccination that results from electrical potential shifts in the blood***.

Lessons from Chinese Medicine

Chinese medicine's 2,000-year written history provides unique insights into how humanity's disease patterns have shifted over time. Notably, **the previously described concept of microclotting causing disease** exists within Chinese medicine (called blood stasis), and blood stasis becoming a primary cause of illness roughly coincides with when the smallpox vaccine **was introduced to China**.

Within Chinese medicine, symptoms vary by how deeply disease has penetrated the body. **Systemic microclotting initially compromises blood flow in the smallest vessels**, but as it worsens, larger clots form that obstruct medium and eventually large vessels. If

the pathogenic factor penetrates deeper, the condition transforms from an acute reaction to an insidious “latent” chronic illness. In turn, to restore health, Chinese medicine seeks to expel the pathogenic factors by moving them to the surface.

Fevers and Cancer

Anthroposophic medicine, founded by Austrian mystic Rudolph Steiner, posits that cancers result from a “cold” state, where the warming influence of the body’s bioenergetic field is diminished. Fevers were seen as necessary for maintaining bioenergetic vitality and immune strength. Steiner believed childhood illnesses that produced fevers were critical for allowing both the body and the immune system to mature. Since Steiner’s time, evidence has accumulated supporting his hypothesis:

- Not having a childhood chickenpox infection increases the risk of brain cancer later in life.[38,39,40,41]
- Not having a mumps infection increases the risk of (frequently deadly) ovarian cancer.[42,43,44]
- Previous infections of influenza, measles, mumps, or chickenpox decrease one’s risk of malignant melanoma.[45]
- Measles and mumps have been observed to nearly halve the likelihood of having a heart attack, stroke, or brain bleed.[46]

In 1891, an American surgeon observed that a patient with an inoperable sarcoma experienced spontaneous tumor regression after surviving a severe streptococcal infection. He concluded that the high fever may have cured their cancer, and created a mixture of bacterial endotoxins (Coley’s toxins) which successfully treated many cancer patients. However, as radiation and chemotherapy emerged, his approach became largely forgotten.

Today, a related approach — whole body hyperthermia — has been widely used in Germany for decades, and is now viewed as a viable treatment for certain cancers.[47]

Systemic Suppression

In the 1970s, a conference was held where leading homeopaths predicted that doctors routinely suppressing symptoms would cause a global shift from less severe to more severe illnesses (cancers), while physical illnesses would be pushed deeper and replaced with psychiatric then spiritual ailments. I never forgot that conference because it correctly predicted the new illnesses that would follow (which included anxiety, depression, psychopathy, mass shootings, and spiritual disconnection).

This prediction reflected a belief within many schools of natural medicine that healing requires moving deep issues to the surface, and that conventional medicine instead creates chronic illness because the medications used are suppressive in nature, and by bringing things inward, transform minor acute reactions into greater long-lasting problems later.

Homeopaths, for example, map this through Hering's Law of Cure, which states symptoms improve from head down, inside out, and in reverse order of emergence.[48]

Note: *I've seen numerous cases where acute illness became severe and lifelong after* ***(suppressive) steroids were reflexively given*** *(particularly to address the symptoms of undiagnosed Lyme disease).*

Furthermore, many believe parallel depth exists within body, mind, and spirit. When physical symptoms are suppressed, more profound issues emerge mentally or spiritually. Likewise, psychiatric medications, by suppressing the current emotion, often create deeper psychiatric or spiritual issues (e.g., antidepressants **create characteristic responses** including emotional anesthetization and spiritual disconnection).

Note: *An African shaman who visited American psychiatric institutions provided numerous compelling examples of this spiritual suppression which mirror what I have also observed.*[49]

- **Suppressive antibiotics —** Natural medicine practitioners also frequently observed antibiotics "treating" acute infections in exchange for creating chronic conditions (e.g., Chinese Medicine describes "Latent Heat" where pathogenic factors penetrate without causing apparent symptoms, incubating and later emerge[50]).

  A consortium of researchers provided an explanation for this: when bacteria face lethal stressors (particularly cell wall-destroying antibiotics), rather than die, some enter a survival mode and transform into misshapen cell wall-deficient (CWD) bacteria.[51]

  Extensive research, in turn, shows that CWD bacteria are found in tissues undergoing autoimmune attack (as the immune system can tell they are hiding within the cells) and that these bacteria, in some circumstances, can transform back to normal and cause the previously vanquished infection to recur.[52]

- **Autism and Tylenol —** During my pediatric rotations during my medical training, I saw cases where children had vaccine reactions with fever and crying, were given Tylenol, then developed more severe reactions (e.g., severe rashes) immediately after the fever disappeared.

  Following this, I gradually came across more and more cases (e.g., shared by parents) where the reaction was even more severe, with the child developing a permanent developmental disability. I ultimately concluded three possible mechanisms could be at work:

  - These were direct illustrations of how driving symptoms inwards creating worse outcomes.
  - Fevers increase blood circulation and reduce clumping, preventing brain damage from vaccine induced microstrokes — suppression removes this protection.
  - Tylenol's stress on the liver reduces the ability to neutralize vaccine toxins, making harm more likely.

Conclusion

The evidence connecting Tylenol use during pregnancy and infancy to autism and other neurodevelopmental disorders has become increasingly difficult to ignore. Recent systematic reviews of dozens of studies have consistently found dose-dependent increases in autism, ADHD, and other developmental issues in children whose mothers used Tylenol during pregnancy.

However, the implications extend beyond just Tylenol and autism. This discussion highlights a fundamental problem in modern medicine: the reflexive suppression of acute symptoms may be transforming manageable, short-term illnesses into severe, chronic conditions.

Whether through fever suppression, overuse of antibiotics that create antibiotic-resistant or dormant bacterial forms, or the widespread use of steroids and other immunosuppressive medications, we may be trading temporary comfort for long-term health consequences.

Moving forward, we need a paradigm shift in how we approach illness — one that respects the body's innate healing wisdom while providing genuine support during acute illnesses. This means re-evaluating when symptom suppression is truly necessary versus when it may cause more harm than good.

Author's Note: *This is an abridged version of* ***a longer article*** *which goes into greater details on the points mentioned here, along with natural alternatives for managing pain or infections, how to select safer antibiotics and ways to reverse the long-term consequences of suppressive medicines. That article, along with additional links and references can be read* ***here****.*

A Note from Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician from the Midwest and a longtime reader of Mercola.com. I appreciate AMD's exceptional insight on a wide range of topics and am grateful to share it. I also respect AMD's desire to remain anonymous since AMD is still on the front lines treating patients. To find more of AMD's work, be sure to check out **The Forgotten Side of Medicine** on Substack.

Sources and References

- [1] A Midwestern Doctor @MidwesternDoc, September 23, 2025
- [2, 4] Br J Gen Pract. 2016 Apr;66(645):172-173
- [3] The American Journal of Medicine, Volume 105, Issue 1, 31S-38S
- [5] Clin J Am Soc Nephrol. 2021 Jun;16(6):898-907
- [6] Journal of the Egyptian Public Health Association, 94(1), 1-8
- [7] HERALD of North-Western State Medical University named after I.I. Mechnikov, 17, 2, (31-42), (2025)
- [8] Arch Intern Med: January 26, 2009, 169;(2):141-149
- [9] BMJ 2017;357:j1909
- [10] Wikipedia, Rofecoxib, Accessed September 2025
- [11] Wikipedia, Celecoxib, Accessed September 2025
- [12, 13] Amazon, CRC Press: August 28, 2013
- [14] Exp Diabetes Res. 2012 Aug 1;2012:824305
- [15] Mol Med Rep. 2015 Jun 22;12(3):4037-4042
- [16] Cleveland Clinic Journal of Medicine Volume 66, Number 9, October 1999
- [17] J Gastroenterol 44, 879-888 (2009)
- [18] Alzheimers Dement. 2020 Dec 7;16(Suppl 6):e047558
- [19] Advanced Physical Therapy Education Institute (APTEI), Thornhill, ON, Canada, July 14, 2014
- [20] Rep Pract Oncol Radiother. 2021 Aug 12;26(4):503-511
- [21] J Med Toxicol. 2008 Mar;4(1):2-6
- [22] Arthritis Care Res, 77: 666-675
- [23, 25] Br J Clin Pharmacol. 2018 Jul 20;84(10):2218-2230
- [24] J Clin Oncol. 2011 May 9;29(17):2424-2431
- [26] Environmental Health volume 24, Article number: 56 (2025)
- [27] MJTruthUltra@MJTruthUltra, September 26, 2025
- [28] Emily Kopp@emilyakopp, September 26, 2025
- [29] StatPearls Publishing; 2025 January
- [30] Penn Medicine, Accessed September 2025
- [31] Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD003031. DOI: 10.1002/14651858.CD003031.pub3. Accessed 30 September 2025
- [32] Pediatrics (2008) 121 (6): 1281-1286
- [33] Pharmacotherapy. 2000 Dec;20(12):1417-22

- [34] Emerg Infect Dis. 2006 Jan;12(1):15-22
- [35] United States Census Bureau, March 1, 2023
- [36] Clinical Infectious Diseases, Volume 49, Issue 9, 15 November 2009, Pages 1405-1410
- [37] Evol Med Public Health. 2020 Nov 23;9(1):26-35
- [38] Am J Epidemiol. 1997 Apr 1;145(7):594-7
- [39] Am J Epidemiol. 2005 May 15;161(10):929-38
- [40] J Neurovirol. 2011 Oct;17(5):448-54
- [41] Int J Cancer. 2014 May 1;134(9):2199-210
- [42] Cancer Causes Control. 2010 Aug;21(8):1193-201
- [43] Cancer. 1979 Apr;43(4):1375-9
- [44] Cancer. 1966 Jul;19(7):1001-7
- [45] Melanoma Res. 1992 Sep;2(3):207-11
- [46] Atherosclerosis, Volume 241, Issue 2, August 2015, Pages 682-686
- [47] National Cancer Institute, May 15, 2025
- [48] Homeopathy, Volume 101, Issue 1, January 2012, Pages 28-37
- [49] The Mind Unleashed, August 25, 2014 (Archived)
- [50] Amazon, Churchill Livingstone: July 27, 2015
- [51, 52] Amazon, CRC Press: October 26, 2000