Research Article **ISSN 2639-944X**

Journal of Medical - Clinical Research & Reviews

Autism, Blood Types and Vaccines

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Received: 30 October 2019; **Accepted:** 18 November 2019

Citation: Bracco Lorenzo. Autism, Blood Types and Vaccines. J Med - Clin Res & Rev. 2019; 3(6): 1-3.

ABSTRACT

My theory on autism is that the cause is a blood contact between mother and child during pregnancy and/or at birth and the two have different blood types (O, A, B, AB) and the mother's blood is incompatible for the child. I found this difference in blood type in all the 12 cases of autism I observed. The alarm caused to the body by uncompatible blood contact activates the central nervous system and if this alarm occured at the stage when the brain was maturing (during fetal life and early childhood), not only synapses become more active, but they also increase in number. A greater number of very active synapses gives greater intellectual capacity, but makes the system less resilient with a tendency to panic. The activation may have been so severe that the child is already born autistic or there might be an immune activation at a time after birth. This activation, which must be avoided as much as possible, can be caused by: food antigens - traces of gluten (Prof. Alessio Fasano), cow's milk, all potentially allergenic foods-, environmental antigens, antigens of an infectious disease, taking traces of the incompatible blood type A or B during breast-feeding. Also vaccinations - constituting an immune activation - should be done only if necessary for the patient, not for herd immunity, and delayed as much as possible to allow the child's nervous system to reach greater maturity. There would be an additional risk of vaccination if the blood type of the fetus and mother, from which the cells for the vaccine virus culture are taken, were A or B or AB. I think that to get safer vaccines, the "conditio sine qua non" is that the mother and fetus from which these cells are derived are both blood type O, Rh-.

Keywords

Asperger, Autism, Blood Incompatibility, Blood Types, Viral Vaccines.

Introduction

This study concerns autism, whose nosographic framework is in full evolution [1], in which the classic clinical signs of the autistic syndrome are present, while malformations and dysmorphic features are absent [2-9]. This study also does not cover cases resulting from infections contracted by pregnant women (such as rubella and cytomegalovirus) and cases deriving from prenatal exposure to teratogenic agents such as thalidomide or anti-epileptic valproic acid.

My theory on primary autism is that the cause is a blood contact between mother and child, not necessarily clinically detected, during pregnancy and/or at birth and the two have different blood type (O, A, B, AB) and the mother's blood is incompatible for the child. I found this difference in blood type, without exception, in all the 12 cases of autism I observed.

In the case of blood contact between mother and child during pregnancy and/or birth, it is no problem if the two are of the same blood type - and in many cases they are of the same blood type. Let's see what happens in the case of blood contact between mother and child of different blood type:

1. Mother of blood type A and child B or mother B and child A. It is the worst case for absolute blood incompatibility for both: blood type A is incompatible with B, blood type B is incompatible with A. In the case of blood contact, both are experiencing an immunological, neurovegetative, physiological and emotional alarm caused by incompatible blood contact. It is not surprising that the relationship between the two is burdened with mutual alarm and masked refusal. Moreover, the immune system of the fetus is not only alarmed by the introduction of an exogenous antigen, but being his immune system still in a maturing process is disturbed and confused by exogenous antigen. The child, even after birth, is likely to have a fragile immune system that is easily disturbed and easily alarmed.
2. Mother of blood type A or B and child O. In the case of contact between the two blood types, the person who is in danger

is the child, since the blood type O is an universal donor, but can only receive from O. The child O for the mother is not a problem. It is the child that lives the immunological, neurovegetative, physiological and emotional alarm because both A and B blood types are incompatible with the child's type O. It is not surprising that the child has a relationship of alarm and masked refusal to his mother. Moreover, the immune system of the child is not only alarmed by the introduction of an exogenous antigen, but being his immune system still in a maturing process is disturbed and confused by exogenous antigen. The child, even after birth, is likely to have a fragile immune system that is easily disturbed and easily alarmed.

3. Mother of blood type AB and child A or B. In the case of contact between the two blood types, the person who is in danger is the child because he has only one of the two blood types that the mother owns. The child A or B for the mother AB is not a problem. It is the child that lives the immunological, neurovegetative, physiological and emotional alarm. It is not surprising that the child has a relationship of alarm and masked refusal to his mother. Moreover, the immune system of the child is not only alarmed by the introduction of an exogenous antigen, but being the immune system still in a maturing process is disturbed and confused by exogenous antigen. The child, even after birth, is likely to have a fragile immune system that is easily disturbed and easily alarmed.
4. Mother of blood type O and child A or B. Blood type O is compatible with blood type A or B (so much so that blood type O, the so-called "universal donor", can donate to other types but do not receive from them), therefore, in the case of contact between the two blood types, it is the mother that lives an immunological, neurovegetative, physiological and emotional alarm caused to the organism by the incompatible blood contact and not the child who has no particular immune effects from the event. The mother feels alarmed and in danger and consequently would have an alarmed and masked rejection with her child.
5. Mother of blood type A or B and child AB. In the case of contact between the two blood types, the person who is in danger is the mother because she has only one of the two blood types of the child. The mother A or B for the child AB is not a problem. In the case of contact between the two blood types, it is the mother that lives an immunological, neurovegetative, physiological and emotional alarm and not the child who has no particular immune effects from the event. The mother feels alarmed and in danger and consequently would have an alarmed and masked rejection with her child.

All 12 clinical cases of autism analyzed by me are in 1) 2) 3), including those with Asperger's syndrome (pervasive developmental disorder, included among autistic spectrum disorders that, without causing neither delay in acquiring language skills nor intellectual disabilities, is commonly considered an autism spectrum disorder «high functioning»).

The immunological, neurovegetative, physiological and emotional alarm caused to the body by uncompatible blood contact is so active that it also activates the central nervous system. Synapses (from Greek σύν "with" and ἅπτειν "touch", means "connect") are what allows the communication of nerve cells (neurons) between them and also with other cells. Through synaptic communication, the nervous impulse travels from one neuron to the other. In the case of strong alarm, that is a trauma [10-14], even an immunological one, synapses become much more active. If, moreover, this big alarm occurred at the stage when the brain was maturing (during fetal life and early childhood), not only synapses become more active, but they also increase in number. A greater number of synapses, and each one more active, gives this person an increased intellectual capacity, particularly evident in particular fields, such as maths, card games, etc... But this also makes the system less resilient because the activation of all these synapses easily leads to an alarm level no longer manageable by the subject, with an extreme tendency to panic. It is the case of the autistic: he can have, if cultivated, incredible abilities given by the increased number of synapses but, precisely because of this large number of synapses, he has a great tendency to panic. He therefore tends to retire from social contacts in an attempt to contain the hyperactivation of the synapses that social relationships would give him and would certainly lead him to panic.

Let’s go back to the immune aspect. According to my theory, everything would be caused by the immune storm that the baby had unleashed after the introduction of mother's antigen (A or B) in his body during gestation and/or birth. Thus, the baby has a highly activated immune system that, with a new immunological stimulus, can respond abnormally, even with a high activation of brain cells. To make an example, we could compare this immune system to the straw that breaks the camel’s back.

Let's try to explain my theory a bit better. Immune activation may have been so severe, during fetal life and/or birth, to cause such a significant increase in the number and in the activation of brain synapses that the child is already born autistic. Or there might be an immune activation, at a time after birth, which becomes the straw that breaks the camel’s back.

In any case, the immune activation can worsen the clinical situation. This activation, which must be avoided as much as possible, can be caused by:

- food antigens, such as traces of gluten, cow's milk, all potentially allergenic foods (Prof. Alessio Fasano) [15-17];
- environmental antigens, etc ...;
- antigens of an infectious disease;
- taking traces of the blood type A or B during breast-feeding with milk of the mother or other woman which has the incompatible blood type for the child.

At this point of the discourse we enter a land that today appears a mined field, in which we must be very careful to remain in a scientific research and not be dragged on one side and another in a war: we are talking about the vaccines.

Much has been said, even with burning tones, of autism and

vaccines, and it is my intention to avoid adding fuel to the fire.

According to my theory, it would be prudent to avoid any immune activation as much as possible, if there is a suspicion that during pregnancy and/or birth there was a blood contact between mother and child in the case of 1) Blood type mother A and child B or mother B and child A, or 2) Blood type mother A or B and child O, or 3) Blood type mother AB and child A or B. In my opinion, the real problem of vaccines, in this case, is the possible reactivation of an immune response already hyperactivated in these subjects, 1), 2) e 3). In cases of different blood type mother/child, vaccinations - constituting an immune activation - should be done only if necessary for the patient, not for herd immunity, and delayed as much as possible to allow the child's nervous system reaches greater maturity.

A further problem occurs with vaccines against viral pathogens, such as measles. It is not obvious to know the detail of cell culture used each time to replicate viruses from which antigens of every vaccine are obtained, being the procedure one of those practices largely covered by industrial secret. As far as I have been able to get information, they are human cells, from a fetus (after a caused abortion), replicating for decades. My question is: When those cells were harvested, was the fetal and mother blood type considered?

Human fetal cells, duly washed, should not contain blood type antigens. My idea is that we can also be sure that traces of these antigens do not remain after cellular washing techniques, but the virus to replicate itself enters the cell genome and this has in itself the information of the blood type of the human body from which the cell came. In cellular replication, for each cell line in the lineage of subcultures, it is possible that this information is maintained and inherited. This phenomenon goes beyond the real presence of the antigen A or B of blood type and in quantum physics, an analogous process is described as “entanglement”. Quantum entanglement is a physical phenomenon that occurs when pairs or groups of particles are generated, interacted or shared in space in ways that the quantum state of each particle cannot be described independently of the state of the other, even when the particles are separated by a large distance.

If the blood type of the fetus and of the mother, from which the cells were taken for the cultivation of pathogenic agents for vaccines, had been A or B or AB, there would be a risk. This risk increases with increasing polyvalency of the vaccine because each viral agent was cultivated in its own culture medium that could have come from fetus and mother with blood type (nobody knows) A or B or AB.

I think that for safer vaccines, an analysis of the blood type of the fetus and the mother from which the human cells come from is needed. I establish, as a "conditio sine qua non", that the mother and the fetus from which these cells are derived must absolutely be of blood type O, Rh-.

I believe that this choice to be made upstream of each harvest and subsequent cultivation of cells will bring a decisive improvement for the production of safer viral vaccines for humans.

My theory that hypothesizes different blood types between mother and child as a biological condition for autism, not only allows an exhaustive explanation of autism, but also allows us to produce safer vaccines.

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