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Diabetes & its Complications

A Survey about Different Blood Types 0, A, B, AB between Mother/Daughter in Relation with Anorexia of the Female Adolescent

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ABSTRACT

This is an overiew of the theory that there is a relationship between different blood type (0, A, B, AB) between mother and daughter and the Anorexia of the Female Adolescent, whose causes are however psychological and existential. Based on this theory it is possible to monitor a limited population of girls at risk of this anorexia. It is therefore easy to make early diagnosis and even hypothesize a prevention for Anorexia of the Female Adolescent, where late diagnosis is the main cause of therapeutic failure today.

Keywords

Anorexia, Blood Type, Adolescent, Lorenzo Bracco, Trauma, Placental Trauma, Blood Mismatch, Predictive Diagnosis, Early Diagnosis, Weight Loss, Anorexia of the Female Adolescent.

Research Protocol

It is widely shared that Anorexia of the Female Adolescent (other kinds of anorexia are not subject of this study) is a consequence of psychological and existential causes of the girl (daughter/mother relationship, daughter/father relationship, daughter relationship with herself and with the world around her, affective and emotional communication inside and outside her family, poor dietary habits of the family...).

But upstream, according to my theory, there is a "conditio sine qua non", a condition necessary but not sufficient for the Anorexia of the Female Adolescent: different blood type (0, A, B, AB) mother/daughter + blood contact between the two during pregnancy and/or birth. I have collected wide statistics supporting my theory, more than 100 cases of Anorexia of the Female Adolescent collected over the last 25 years: anorexic daughter has always different blood type from the mother. I did not find any exceptions.

My theory allows you to interpret the relationship between mother and daughter not as conflicting. The relationship is loaded with an alarm triggered by the immunological, neurovegetative, physiological, and emotional alarm due to incompatible blood contact.

My new perspective brings a wave of peace within the family: one thing is to think that the relationship between mother and daughter is conflicting, and much else is to see that relationship as an alarming relationship.

The alarm is, however, a form of love, albeit dysfunctional. Interpreting the mother/daughter relationship as an alarmed and non-conflicting relationship leaves the family out of that shadow of shame in which it would tend to be in the case of anorexia.

The word "anorexia" would no longer be a source of shame, but it would become a speakable word by the family at the first suspect and this would also facilitate access to therapy. My theory also explains how within a family with two or more daughters, who have grown up in very similar existential and psychological conditions, only one is anorexic: the one with a blood type different from the mother + blood contact during pregnancy and/or birth.

My theory also facilitates early diagnosis by limiting observation, for Anorexia risk, to only daughters with a different blood type than that of the mother. It even allows for predictive diagnosis well before adolescence if the above-mentioned psychological and existential causes for the daughter are present and there is also

difference of mother/daughter blood type and you are certain of a blood contact between the two. For more information, see the book: "Anorexia, the Real Causes: Blood Types and Trauma", winner of the Cesare Pavese Award for nonfiction medical writing.

The different blood types are characterized by

- absence of a substance called antigen (blood type 0, where "0" = "zero", it means "antigen absent"), or
- presence of antigen A (blood type A), or
- presence of antigen B (blood type B), or
- presence of both antigens A and B (AB blood type).

The blood type difference between mother and daughter is usually not a problem, as the placenta only allows between mother and fetus exchanges of gas, nutrients and substances eliminated from the fetus. The placenta, under normal conditions, does not allow any contact between the mother's and the fetus's red blood cells. Neither of them feels the difference of blood types between each other. Contact between the mother's and the fetus's red blood cells can occur only in the case of placenta trauma or severe placental suffering or during any other event that may have led to contact between the blood of both mother and daughter. These events, which cause a reduction in placental impermeability, can be caused by placental suffering due to natural causes or sometimes also following invasive surgical or diagnostic intrauterine interventions. A second way of contact is at birth, if it is particularly traumatic.

In the case of blood contact between mother and daughter 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 daughter of different blood type:

- Mother of blood type A and daughter B or mother B and daughter 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 no surprise 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 a exogenous antigen, but being the immune system still in a maturing process is disturbed and confused by exogenous antigen. The daughter, even after birth, is likely to have a fragile immune system that is easily disturbed and easily alarmed.
- Mother of blood type A or B and daughter 0. In the case of contact between the two blood types, the person who is in danger is the daughter, since the blood type 0 is a universal donor. The daughter 0 for the mother is not a problem. Who lives the immunological, neurovegetative, physiological and emotional alarm is the daughter because both A and B blood types are incompatible with the daughter's type 0. It is no surprise that the daughter has a relationship of alarm and masked refusal to her mother. Moreover, the immune system of the daughter is not only alarmed by the introduction of a exogenous antigen, but being the immune system still in a maturing process is disturbed and confused by exogenous antigen. The daughter, even after birth, is likely to have a fragile immune system that is easily disturbed and easily alarmed.
- Mother of blood type 0 and daughter A or B. Blood type 0 is compatible with blood type A or B (so much so that blood type 0, 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, who lives an immunological, neurovegetative, physiological and emotional alarm caused to the organism by the incompatible blood contact is the mother and not the daughter 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 daughter.
- Mother of blood type AB and daughter A or B. In the case of contact between the two blood types, the person who is in danger is the daughter because if she is A doesn't have B and if is B doesn't have A. The daughter A or B for the mother AB is not a problem. Who lives the immunological, neurovegetative, physiological and emotional alarm is the daughter. It is no surprise that the daughter has a relationship of alarm and masked refusal to her mother. Moreover, the immune system of the daughter 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 daughter, even after birth, is likely to have a fragile immune system that is easily disturbed and easily alarmed.
- Mother of blood type A or B and daughter AB. In the case of contact between the two blood types, the person who is in danger is the mother because if she is A doesn't have B and if is B doesn't have A. The mother A or B for the daughter AB is not a problem. In the case of contact between the two blood types, who lives an immunological, neurovegetative, physiological and emotional alarm is the mother and not the daughter 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 daughter.

Anorexia of the Female Adolescent is characterized by:

- extreme weight loss
- loss of the menstrual cycle for more than three months (this occurs in a period close to the first menstrual cycle, within a maximum of three years)

and often by:

- loss of the female form (including shrinkage of breasts)
- distorted perception of one’s own weight (which always seems excessive)
- the body’s desire to undergo physical exertion beyond one’s capacity
- refusal to recognize the gravity of the situation

I have published the research protocol guidelines on Anorexia of the Female Adolescent (http://www.ecologicalnichediet.com/

project/dr-lorenzo-braccos-theory-biological-condition-for-the-anorexia-of-the-female-adolescent-inclusion-criteria-in-girls-group-with-anorexia-and-in-control-group/).

The research protocol requires two groups of girls and their mothers (each one with the datum of her own blood type):

- group of girls suffering from Anorexia of the Female Adolescent and their mothers
- control group of girls not suffering from anorexia and their mothers

FUNDAMENTAL QUESTIONNAIRE TO FILL FOR THE GIRL SUFFERING FROM ANOREXIA OF THE FEMALE ADOLESCENT

Blood type (0,A,B,AB) of the girl suffering from anorexia: …
Blood type (0,A,B,AB) of the girl's biological mother: …
Height of the girl: …
Weight of the girl: …
BMI (Body Mass Index) of the girl: …
Date of birth of the girl: month / day / year
Current-day age of the girl: years / months
Date of the menarche (first menstrual cycle) of the girl: month / year*
Age of the girl when she had the menarche: years / months*
Date of start of girl's amenorrhea: month / year *
Age of the girl when she had amenorrhea: years / months*
Time between menarche and the beginning of amenorrhea: months*

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* Very important data. Perhaps the patient must find this information at home, asking her mother or looking up an old diary.

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My inclusion criteria for girls in the control group of girls not suffering from anorexia (same number of girls and same age of the group of girls suffering from anorexia):

- Girls with a regular presence of the menstrual cycle
- Absence of Autistic Spectrum Disorders

The two groups must consist of the daughters and of their mothers and are:

- the group of girls suffering from Anorexia of the Female Adolescent (weight loss and loss of the menstrual cycle for more than three months - this occurs in a period close to the first menstrual cycle, within a maximum of three years) and of their mothers
- the control group of girls not suffering from anorexia and of their mothers

The aim of the research is to compare every daughter's blood type with that of her mothers, in order to certificate that there is a "conditio sine qua non", a condition necessary but not sufficient for Anorexia of the Female Adolescent: different blood type (0, A, B, AB) mother/daughter + blood contact between the two during pregnancy and/or birth.

There is a general agreement that the mother/daughter relationship is a very important element in the Anorexia of the Female Adolescent.

For this reason it is important that the two groups are homogeneous regarding the mother/daughter relationship on a crucial point: the girl must be the biological daughter of the mother.

It also makes no sense to talk about the mother/daughter biological alarm due to a different blood type between mother and daughter + blood contact between the two during pregnancy and/or birth if the girl is not the biological daughter of the woman she considers her mother. Hence, both research groups must exclude daughters living in a context in which the maternal role is covered by another person who is not the biological mother. We are talking about, for example, an adoptive family, or a family where the biological mother is completely replaced by the father's new partner because he is divorced or widowed.

The information that the maternal reference figure is also the biological mother should be obtained by asking the mother and not the daughter because the girl may not know it, and anyway, such a question could instill a destabilizing doubt in the girl.

If there is a girl in the research group who, in the interview with her mother, we find that she is not her biological daughter, we do not reject the girl because that may destabilize her, but her data and those of her maternal reference figure are excluded from the group.

Each person, mother and daughter of both groups (the group of girls suffering from anorexia and the control group), must show the results of the blood type test.

The blood type test must be certified by a laboratory (by the hospital where the girl was born, blood donors can be certified by the Blood Donors Association) or tested by a qualified person (e.g., the researcher, nurse, or Psychiatry Service, etc.).