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Autistic Polypathogenesis

Integrated strategy to reverse juvenile
neuro-toxin accumulation

A dietary and energetic system nontoxic intervention for multi-pathogen disease syndromes leading to neural toxin accumulation.

[Whole Health Research Alliance](#)

mark.squibb@wholehealthnetwork.com



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Autism Basics

Autism is a neuro-toxic condition which affects approximately one in 70 childbirths. The condition is most often permanent.

Autism is diagnosed when a child with normal behavior shifts to erratic. The shift is accompanied with decrease in mood stability, and a sharp decline in the ability to concentrate.

Speech and rational intellectual functions are significantly impaired. Autistic children briefly focus until their attention shifts driven by near random stream of environmental and internal influences.

A key difference between autistic and non-autistic children is the ability to ignore an environmental triggers stimulus. Autistic children seem to lack the ability to retain focus in the presence of a distracting environmental influence.

The decline in autistic cognitive function relates to a decline neurological information filtering systems. The nerve groups that enable the brain to sort and then prioritize input, and the automatically disregard low-importance events.

This breakdown causes the autistic child to react to most everything all the time, with a consequent inability to concentrate on anything.

There are concurrent tendencies for mood and learning inhibitions also.

Incidence Observation Roundup

The incidence acceleration from one in several thousand to one child in 70 over the last fifty years is strong evidence that the cause is environmental and not genetic.

Here is a list of incidence observations that accompany autistic onset:

- Autism usually starts between ages 2 and 7;
- Primary symptoms onset usually occurs within 3 months of vaccinations;

- Autistic children usually test **LOW** for toxins in heavy metal analysis suggesting the inability to detoxify;
- Digestion in autistic children is poor with poorly formed tan stools;
- The digestive tracks in autistic children contain lesions, and host many parasites and infections;
- Autism rates tend to be higher near powerful EMF sources, like military bases;
- Autism rates in unvaccinated children ten who live a reasonable distance from powerful EMF sources is lower than 1 in 70;
- There is an apparent positive correlation between parental intelligence and autistic child incidence.

Therapeutic Observations

Raising normal children is hard enough. Autistic children present an unending challenge.

The parents of autistic children try almost anything in the life-long quest to enable their children and themselves to have a normal life.

These techniques usually help autistic children:

- Hyperbaric chamber treatments. Children usually begin to respond after 70 hours in a chamber;
- Digestive support with probiotics;
- Sometimes chelation to augment detoxification.

Why?

Persistence in spite

In spite of the best efforts of the parents, and in spite of a young resilient body, with active and ongoing neural growth capability, autism persists.

These kids should be able to heal.

They are young. They are growing. Most of them are mentally bright and often exceptional, only days or weeks before they were autistic. What happened? How could it happen so sudden?

Why do brighter kids seem more susceptible?

The dramatic shift from well behaved children learning quickly to dysfunctional and even spastic behaviors leaves parents shocked and in a frantic quest for answers.

Explanation of negative results

Medical science is nominally helpful. Here's why.

A traditional narrow definition of infectious pathology has led to exclusive availability of suppressive pharmaceutical agents based on a differential toxin model.

The Differential Toxin Model

Antibiotics are fungal toxins which inhibit bacteria. Anti-fungal compounds are fatty toxins which exploit minor differences in lipid expressions fungal cell membranes to be slightly more damaging to fungus than the host.

Both antibiotic and anti-fungal agents are toxic interventions that rely on the notion that the anti-pathogen is somewhat more toxic to the pathogen than the host. These are *differential toxins*.

Toxin Diseases

Toxic interventions are generally incompatible with diseases driven by toxins. When you have a disease of toxins, more toxins aren't going to help and usually hurt.

Multiple Pathogenic Toxic Syndrome

When multiple pathogens gang up, they are often hard to identify. They produce toxic slurry which tends to create a baseline symptom profile by affecting the cells in one or more organ systems.

In a multiple pathogen condition, comprised of natural competitors, say a bacteria and a fungus, suppression of one with a differential toxin, produces an overgrowth of the other.

It shifts the balance, and hence the toxins, and finally the symptoms, but does tends not to change the severity of the condition.

A differential toxin intervention in poly-pathogen conditions shifts the pathogen population, leaving the pathology source intact, altered but generally unhindered.

Pathogen Symbiosis

The result is a symbiosis of competitors. Damaging one with a toxic agent helps the competitors to thrive. The competitors maintain the disease state by producing toxins which add to the toxic agent in the first place.

Toxin aggregation creates shifting symptoms. When a toxic agent is introduced, the toxic sludge mix shifts. The new mix produces equally acute, but slightly different toxic host disruption. The resulting symptoms are different, but not better, and usually slightly worse.

Differential Toxin Aggravation

Moreover differential toxins usually aggravate the situation.

The already overwhelming load of toxins is by definition more than the host can process. The net result are symptoms, and a tendency for toxins to participate in durable accumulation in more essential cell structures and tissues.

The result is that the toxins accumulate.

Basic Pathogen Load

+

Differential Toxin Load

+

Exogenous Toxin Load

Equals more toxins than you started with, so interventions tend to have a net negative result with a shifted but slightly worse symptom set.

Culture Mismatch

Most medical technologies are functionally misfit for autistic applications.

Autistic beneficial techniques do not create a collateral liability. Autistic kids are so sensitive, that the smallest insult to a collateral system, like immunity, or detoxification, often produces these negative results.

Any drug that increases liver stress, consequently decreases gut health, and results in an increase in system toxicity, and hence symptom worsening.

Conversely, gentle interventions like probiotics, reduce toxins by improving gut health, and hence tend to improve symptoms.

In short, autism must be approached with kid gloves. Interventions must be gentle, and accommodate detoxification, particularly fatty structures, in concert with pathogen suppression.

Pathogen suppression must be collateral to prevent overgrowth of competing organisms.

Autism Basis

Disregarding toxins is the core of autistic syndromes, and popular medicine virtually disregards toxins.

Pathogen and the Host

In most cases the pathogens interfere with the host organism in two ways:

1. They consume food, usually glucose and some proteins to drive their metabolic processes;
2. They produce toxins which interfere with competing or suppressive components of the host organism.

Conversely, the host interferes with the pathogen using immune systems which are highly selective to the pathogen.

Natural immunity is very selective. The host immune system exclusively targets pathogens using a matrix of complex systems.

The medical quest for differential toxicity presumes several key things:

- The host immune system is incapable of suppressing the pathogen by itself;
- Suppress pathogen using a differential toxin on behalf of the organism;
- The host will always detoxify itself.

Vulnerability Assessment

Research data undeniably supports that pathogens are a component in autism.

Loose observations, like immune compromise, bowel dysfunction, liver dysfunction, defy the identification of a “single” pathogen.

The quest for single pathogens in medical science is a snipe hunt. Autism is the result of multiple symbiotic pathogens, each contributing to a toxin disease.

The community of pathogens which inhabit autistic kids are enough to make anyone sick.

In other words, autism is susceptible to three different modalities:

- Immune enhancement;
- Nontoxic pathogen suppression;
- Detoxification.

None of which are available in western medical care.

A battery of questions

Autism is a tough mystery. It defies both common sense and logic. In simple terms, these kids should be healthy, but they're not.

- Why aren't these kids able to bounce back?
- Why are there less toxins in the hair of autistic kids?
- Why does hyperbaric exposure seem to help?
- Why are brighter kids more susceptible?
- What's wrong with their digestive systems?
- Why don't antibiotics help?
- Why do they all seem to develop similar neurological patterns?
- Why do vaccinations seem to trigger onset?
- Why don't they ever recover?
- Why don't detoxification programs seem to help much?

Answers to a lot of questions

Pathogens make toxins, including heavy metals.

Autistic kids have inhibited detoxification systems so toxins gunk up the lipids that make up nerves. The gunk damages the developing complex neural systems which filter incoming information.

Toxins inhibit immunity to protect pathogens.

The Program Components

Here is the program:

Component	Caveat
Detoxify Lipid Structures	Most detoxification programs only work on water structures.
Collateral Pathogen Suppression	Cannot use toxins like antibiotics, or anti-fungal which increase toxin load or imbalance populations
Rebuild Immune System	Requires competent liver function, digestive function, detoxification.

The Master Caveat

All of this has to happen to an autistic child who tends not to cooperate. Autistic kids exhibit behavior problems, which is part of the definition of autism.

Designing a protocol which accommodates the behavioral peculiarities of autistic kids creates an interesting challenge.

Invariably involve substances and therapies which are hardly tolerable for motivated adults, let alone autistic kids.

Intervention Requirements Roundup

Our goal is to design an intervention which overcomes all of the practical and physiology factors:

1. Detoxification must exceed toxin creation.
 - a. Baseline toxins from resident pathogens;
 - b. Plus toxins from food supply;
 - c. Plus toxins released by pathogen die-off.
2. Restore liver function, cellular, bile flow, lymphatic flow.
3. Debug the gut.
4. Collateral pathogen suppression:
 - a. Yeast
 - b. Fungus
 - c. Bacteria
 - d. Macro parasites.

- e. Anaerobic forms .
5. Minimum Carbohydrates.
6. Drive lipid turnover.
7. Compatible with autistic behaviors.