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Autism Cascade

A causal model of autism.

Autism is a cascade effect where vulnerability enabled triggers cause systemic, motor and cognitive degeneration. This document establishes a causal model which describes the risk and incidence process that leads to autism spectrum syndromes. The model provides a basis for recovery protocol.

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Abstract

This document suggests a system to improve the healing responses in for autism spectral syndromes. The approach supports concurrent repair of as many systems at the same time using all means available.

Foreword

Dr. Moulden, www.brainguardmd.com, has opened a new and truly enabling chapter in the process of autism by identifying the ***Zeta Trigger Effect***.

Vascular clots and the resulting damage are the second phase of autistic cascade where vulnerability becomes reality.

Dr. Moulden lives a huge political issue by showing why vaccinations so often trigger autism – and identified the character of the hidden variables that make it seem so random.

This essay focuses on the physiology of recovery and abandons political aspects of the discussion.

Dual observations:

- Frequent observation that vaccinations precede autistic onset;
- Autism incidence increases with increased vaccination;

Are sufficient to describe trigger role toxin shock in the autistic cascade. Vaccinations are one of several possible toxin-shock triggers which initiate the autistic cascade.

This document provides two pivotal disclosures regarding autism:

- Vulnerability management, limiting toxin exposure, and optimizing natural detox, is the optimal way to protect kids;
- An orderly strategy to approach the matrix of factors that optimize recoverability in the autistic deadlock.

Blood coagulation variability is the susceptibility factor to the first stage of the autism cascade.

His video title, Tolerance Lost, is eerily appropriate.

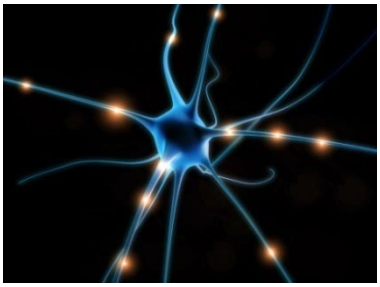
> Blood coagulation potential is the primary risk factor that determines the child's vulnerability.

Introduction

These pages presents a novel description of neurological condition called autism.

We propose a multi-pathogen model, where a community of pathogens, or infectious bugs, inhabit a host, and keep the immune system in perpetual check, unable to overcome the set of infections.

The pathogens generate neurotoxins that overwhelm detoxification capability. Eventually neurotoxins affect nerve centers and disrupt both cognition and behavior.



The host, persisting in a chronic state of infection, cellular malnutrition, overwhelmed with neurotoxins, remains locked in a neuro-toxic condition, unable to either rally immune response, or detoxify enough to regain cognitive function.

Autism is a deadlock condition, multi-pathogenic and neurotoxic.

This definition suggests a new intervention/support strategy, combining intestine repair spectral detoxification and spectral-immune support, enhanced with energetic support.

Multi-System Trauma

Autism is persistent because it involves recovery from multiple concurrent damages to health-critical systems.

Traumas, resulting from ischemic damage, create a damage network, which fixes physiological dysfunctions into deadlock, and set stage for unrecoverable syndrome.

Deadlock results from concurrent inhibition of multiple systems:

- *Immune System* – See Polypathogenic Autism
- *Digestive System* – Concurrent disruption in each digestive stage creates both malnutrition and gut-leak toxins that both inhibit and overload the immune system;
- *Healing System* – from nutrition failure because of poor digestive performance;
- *Neurological System* – that govern resource immunological and healing processes are damaged, resulting in command/control challenge;
- *Detoxification Systems* – Initially unable to recover from assault become even less able to recovery from toxins produced by spectral opportunistic organisms.

Recovery Challenge

All of these systems down at once create an extreme recovery challenge. Some observations:

- The single-intervention approach seldom produces recovery because it recovers too little of the system to resolve the deadlock across all systems;
- Collateral failure preserves deadlock because system interdependence;

- Must fix enough systems at the same time to enable recovery.

Autism Cascade

A **cascade** is a sequence of events that leads to a disaster.

A cascade has two parts:

- Vulnerability is a set of pre-conditions which enable a sequence of events;
- A trigger starts the process which, in the case of autism, is a lifetime disaster.

Both vulnerability and strength of the trigger determine the total damage, and affect the severity of the cascade.

Autism Cascade Phases:

1. Zeta Vulnerability
2. Zeta Trigger
3. Pathogen Infection
4. Shock Lock

Autism is a permanent condition because the combined factors create a ***deadlock*** where the body cannot heal.

The frequent observation that autism occurs shortly after vaccination suggests that vaccination is a frequent ***trigger*** for autism.

Variability of incidence obscures the cause-effect relationship because the risk is a ***combination*** of hidden factors.

This assessment suggests it is both possible and necessary to reduce the incidence of autism by managing vulnerability.

Stage-1: Zeta Stress

Zeta is old science. Zeta potential was the top research topic prior to WW-II because of its wide application in health and industry.

Zeta Potential is the tendency of liquid/blood suspended particles coagulate/clot.

Zeta potential in blood is ***the*** risk and resistance factor for ischemic events of all kinds.

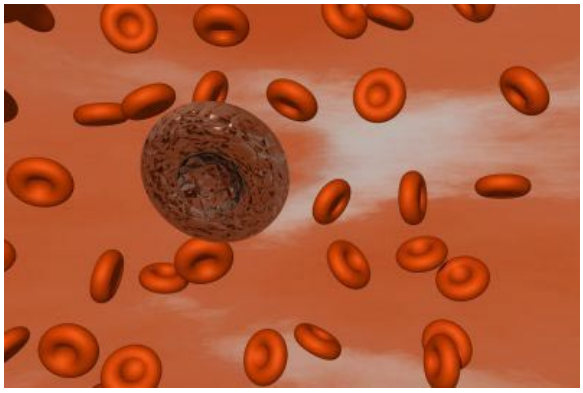
Zeta Vulnerability

Zeta Stress resistance factors:

- Anionic buffer reserves that absorb cationic triggers;
- Blood electro-dynamic status reflects energetic status of a fluid which also influences zeta potential.

Energetically and nutrient buffered individuals can "take" a bigger Zeta Shock without passing the point of no return.

This tolerance/vulnerability model explains the seemingly random incidence, as well as the tendency for vaccination to trigger the autistic cascade.



Specific vulnerability to autism triggered by zeta shock, environmental factors that affect zeta potential:

- Immunological load – active infections produce toxins which reduce zeta potential;
- Dietary Clotting Agents – aluminum in food, as well as too many anionic agents common in processed foods deplete cationic reserves;
- Stress – from emotional, physiological or other environmental conditions;
- Energetic Influences – from high power broadcasts, like near military bases, suggest relationship between autistic incidence and proximity to continuous high frequency emission sources.

Stage-2: Zeta Shock

Vulnerability to a *Zeta Shock* event depends on the nutrient and energetic state of the body prior to the shock event.

Vulnerability reflects the organism's nutrient and energetic reserves to resist exposure to zeta shock or trigger.

Zeta Shock is any event that crashes zeta potential.

A *Zeta Crash* triggers widespread micro-vascular occlusion which clogs blood flow to choke tissue fed by tiny vessels everywhere in the body.

Individuals with high vulnerably because of high Zeta Stress enter the next stage of the Autism Cascade because low resistance.

Tiny Pipes Clog First

Clumps clog smaller vessels first.

Larger clumps clog larger blood supplies. Eventually the clumping is so bad that major, unrecoverable damage happens.

These clumps "take out" chunks of:

- Brain
- Immune System
- Healing System
- Random Systems

Creating an autistic stage, where multiple cooperative systems that need each other for mutual repair *are so broken at the same time* that recovery can't happen.

This is deadlock.

Point of No Return

The worse the Zeta Shock, the worse the damage.

Severe enough shock damages the parts of the body that support healing.

When these become too damaged, healing becomes so limited that full recovery is no longer possible under normal conditions. *Our goal is to develop practical ways to achieve "**special conditions**" which enable healing.*

Anytime healing-systems are damaged beyond a point of no return, damage persists for life.

The *Point Of No Return Effect* happens often and sets the stage for a spectrum of chronic health conditions.

Permanent damage to healing systems, which limit healing, has no "symptoms" other than other than a tendency to conditions that never quite heal, for life.

Broken Healing is for life

Frequency Matters

Damage is cumulative when more damage happens before the old damage is fixed.

Repeated zeta shocks have two bad effects:

1. New damage before old damage repairs adds up;
2. Each shock further depletes zeta buffers, so the next shock does worse damage.

Deadlock

The systemic trauma shuts down blood flow to immunity, digestion, and the brain, causing an un-repairable deadlock across all critical healing systems.

The deadlock compounds from repeated cumulative administration clotting agents, included in vaccines, and other sources, as unresolved clots, and downstream tissue suffocation, accumulate faster than the body can heal, eventually reaching a point of no recovery.

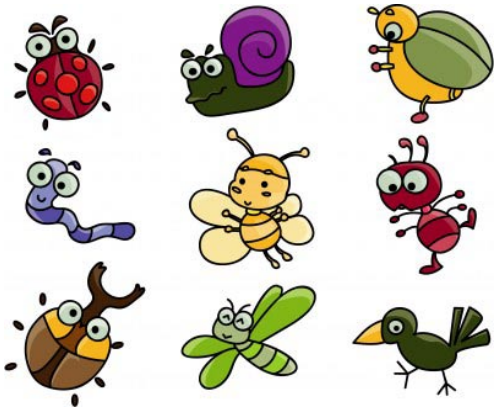
Stage-3: The Zoo

Zeta shock affects all systems including the immune system.

When immunity is down – bugs move in.

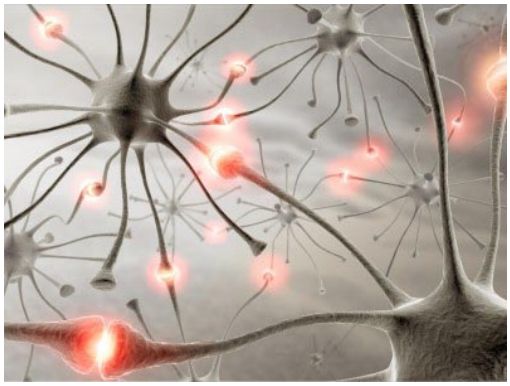
Pathogens exploit niches within the body.

They manufacture toxins to for survival advantage, usually neurotoxins which inhibit the host's immune system (floating nerve cells).



With the immune system further limited more bugs grow, and produce more toxins.

Eventually these toxins soak into the central



nervous system.

Neuro-toxin accumulation adds neuro-toxic distress resulting in toxic-behavioral tendencies on top of oxygen starvation symptoms.

These symptoms set in a few weeks after Stage 2, Zeta Shock, as bugs gain foothold toxin pollution accumulates.

Stage 4 – Stress Lock

Stress accumulates creating a persistent shock.

Long term shock depletes shock buffers, and sets the nervous system into a survival pattern of fight-or-flight, which becomes a long term, sometimes life-long metabolic state.

Chlorine buffers, deplete, see digestion discussion, disabling first-stage digestion.

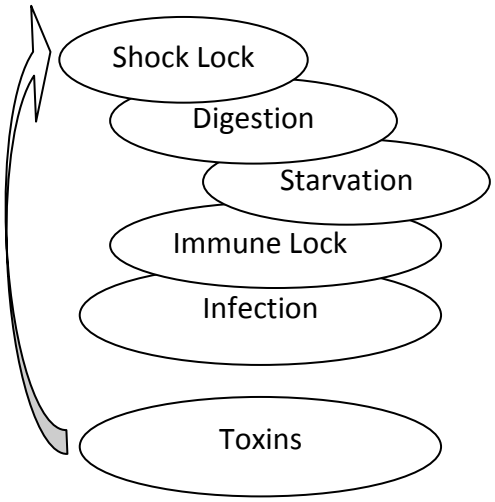
Without chlorine, the lower gut becomes a pathogen incubator, which cranks out more toxins...

Chronic stress triggers adaptive growth patterns. Cellular and systemic metabolic development adapts to tolerate antagonistic influences which persist from the cascade sequence.

Persisting stress drives core adaptations, which causes cumulative deviation from normal development during growth.

Eventually a portion of the deviance becomes built in and the compensatory deviance persists until the body can grow out of the condition.

In summary, the sooner the effects of the cascade resolve, the less compensation gets built in during growth.



Fixit Model

Autism is a hard problem. The cascade model describes autism as a cumulative metabolic process which degenerates factors which prevent recover accumulate.

More importantly the sequence view suggests a process to back-out of the cumulative sequence by organizing

priorities.

Our assessment suggests that the order of priorities is quite different than the symptom patterns suggest.

Thinking backwards and then mustering courage to resist convention is daunting.

The journey must start at the beginning, with priority determined by the first things first, and next, next and so on.

Brain damage is a life limiting, and sadly lifelong symptom, which results from the autistic cascade.

Unfortunately, dealing with this symptom, requires fixing the entire process.

Fortunately, safe and effective tools to aid journey exist.

Kids should heal – when not, then why?

The Whole Problem

The autistic cascade model presents priorities that differ from the trigger.

Sorting *cause* from *effect* from *symptom* is the ultimate requirement.

Healing is rate limited by a sequence of obstacles that prevent it from going faster.

Limiting factors change when healing happens to the next limiting factor in the sequence.

Success creates stall.

Tools that eliminate healing blocks enable progress back through the autistic cascade. Conversely, any tool which produced an improvement did so because it enabled healing.

Mysteries Uncloaked

Our model explains mysteries:

- Why autism spans body systems;
- Why therapy response is limited;
- Why autism is usually permanent;
- What causes vulnerability;
- Why digestion crashes;
- Why autism develops in stages;
- Why onset often follows vaccination;
- Neurological symptom accumulation;
- Geographic autism clusters;
- Why drugs don't work.

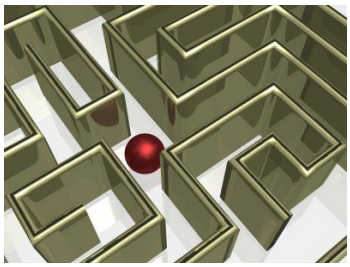
Detox 101

Detoxification is under-defined.

We define toxin as any substance that interferes with optimal cellular metabolism. Both the substance and the cell matter. So "substances" per se, are toxic when they adversely affect cells. This means what toxin and which cells are vitally important to the detoxification process.

The common perception that "detoxification" is a simple act is profoundly misleading.

Consideration and support of the abused cells, and clearing the exit path to get the toxin completely overboard, are vitally important.



An ***exit path*** is a route the body uses to completely dispose of a toxin. The body is made of compartments within compartments:

- As skin wraps the body;
- Sheaths wrap organs;
- Cell membranes wrap cells;
- Sub-cellular membranes wrap sub cellular structures;
- And so on downward.

Real Detox

Toxins tend to accumulate in compartments at various levels. Real detoxification passes toxins upward, through each higher level until they finally exit the body.

Detox Flow

Whenever detox at a higher level is blocked then accumulation occurs.

Toxin flow stalls when the exit is blocked or when detox nutrients deplete.

Prolonged excess concentrations can enable toxins to overflow, or leach into other tissues served by the compartment.

Certain body compartments contain toxin storage areas, or buffers.

Body fat is an example of a systemic buffer that absorbs toxins to protect more vital fatty tissue like nerves. When body-fat compartments cease to absorb toxins, then they overflow to other fatty tissues like nerves creating neurological degeneration.

When toxins leach into vital areas then other symptoms occur. This is toxin relocation.

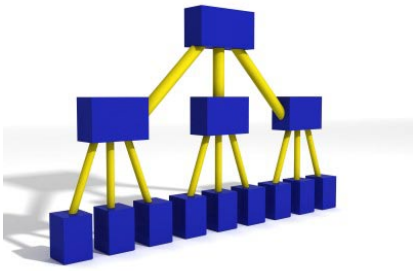
When toxin release from lower compartments floods higher, usually because the higher level path is blocked

somehow, excess concentration at higher levels causes either:

- Herxheimer's Reaction – exceed symptom threshold, results in feeling sick for a short time, until the upper level clears;
- Toxin Relocation – where the toxin level gets so high that other cells absorb toxins and produce symptoms that persist.

Detox Hierarchy

Detoxification must follow the body's compartment hierarchy – only backwards.



When a high level chokes because tissue at a lower level dumps more toxin than can leave, or some process generates excess toxin, then other tissues below that compartment accumulate toxins.

This accumulation often disrupts cellular performance at the lower level.

For example, fatty tissue is the prime storage for system-level toxins which cannot exit by standard paths of feces, urine and sweat.

Fat cells swell to store these compounds, adding mass, and protecting vital tissue from pollution.

Unexplained weight gain often indicates toxin accumulation in fatty tissue to protect vital tissue.

The Digestion Problem

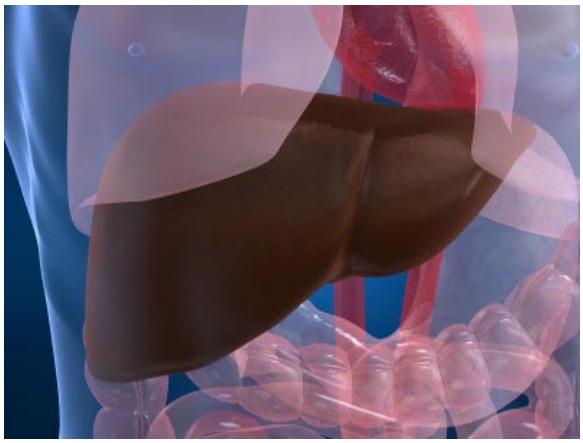
Both nutrient selection and waste disposal processes must be in good order to enable healing.

Starving cells in toxic soup cannot repair.

Digestion is often thought an "intake" process. More correctly it is the master sorting process where the body sorts food from trash.

> It seems odd to start discussion on fixing brain damage by talking about poop.

The liver serves as the top of the recycling chain where most of the bodies recycled material collects into bile, which is also used for digestion. Click here for a video tutorial.



The liver dumps body internal waste into the top of the digestive tract to sort out what to keep. That which the body chooses not to keep is exits as poop.

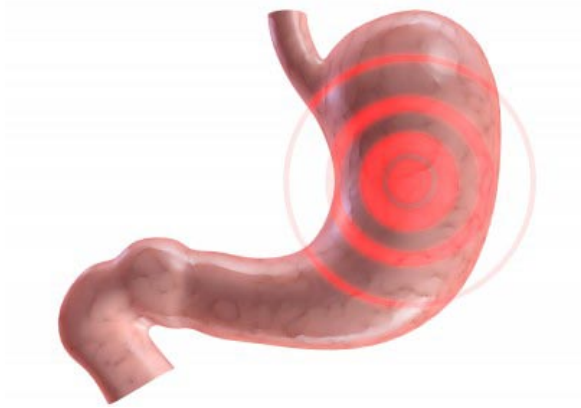
Digestion is a multi-phase process.

1. Chew and swallow breaks the food into preferably tiny pieces and mix in first stage enzymes from saliva;
2. Food lands in stomach to mix with Hydrochloric Acid for ionization, aka stomach acid (severely deplete in most autistics – for reasons we will discuss later);
3. Acidified food exits into duodenum to mix with bile for lipid emulsification, and enzymes from liver/pancreas break down proteins, sugars and fats for later processing in the gut;
4. Small intestine hosts many bacteria which convert foods into a massive spectrum of building blocks;
5. Intestines selectively absorb building blocks into the blood, which goes to the portal vein;
6. Which goes 80% to the liver, which extracts components needed to continue digestion and discard more toxins;
7. Everything not absorbed exits as poop.

Autistic Poop

Autistic kids nearly always exhibit poor bowel flow, and develop symptoms of malnutrition almost regardless of diet.

Parents of autistic kids say "I tried diet and it didn't work". This is a natural and inevitable result. Unless digestion works diet is almost irrelevant.



Both poor nutrient absorption and gut-toxins naturally result of compromised digestion. Malnutrition inhibits healing

while toxins interfere with healing. Both contribute to the problem.

1. Early digestive breakdown begins in the stomach where an absence of stomach acid fails to prepare the food for digestion, ionize minerals, and kill potential pathogens normally resident in foodstuffs;
2. Absence of acid prevents the liver from bile release which fails to emulsify fat and conduct the second stage of digestion leading to poor liver flow, further leading to clogged lymphatic flow, hence cellular toxin accumulation;
3. Semi-digested food remnants feed pathogenic organisms which survive the stomach that should have killed them with stomach acid.
4. The organisms make noxious toxins which etch and eventually damage gut.
5. The damaged gut leaks toxic waste into the blood.
6. The immune system cleans clean the blood, and generates antibodies that enable future immune responses to toxic byproducts that result from broken digestion leading to food alergies.
7. Gut flow stalls resulting in constipation and/or a stinky mess in the toilet which looks and smells more like rot than poop.

Autistic Stomach Acid

Stomach releases hydrochloric acid, or HCl. This acid is responsible for:

- Killing potentially pathogenic organisms in food;
- Breaking down proteins into building blocks and minerals.

When stomach aid fails, digestion is bad from top to bottom, literally. This is typical with autism.

Upper digestion is fueled by Hydrochloric acid, which is copious in healthy children. Little known references by Welt on shock provide actionable clues to why HCL becomes and remains functionally deplete in autistic kids.

The first clue is the Type A blood that most autistic kids share. These kids have immune systems which are a bit more permissive, and enable different flavors of pathogens like viruses, mycoplasma, and who knows what else to gain foothold. We refer to this spectrum of inhabitants as *bugs*.

These bugs manufacture substances which provide them a survival advantage, *toxins*.

Many species manufacture toxins that interfere with the immune system. As bugs and toxins accumulate, the autistic kids become a zoo, where the immune system and gut are an unrecoverable wreck, which prevents almost anything from healing.

Individuals with type-A blood exhibit weaker immunity, hence are more susceptible to pathogen foothold, especially when the immune system takes a critical hit from ischemic trauma.

Chlorine Detox

Revici documented that individuals with ongoing immunological or stress load exhibit decreased stomach acid.

This phenomenon is likely a result of the body's utilization of chloride for stress and noxious toxin neutralization in preference to digestion, likely because poison presents a greater metabolic threat than starvation.

Indications of this chronic condition show several telltales:

- Poor digestion;
- Systemic alkalosis (2 x Saliva pH + UpH) / 3 > 6.4 Click here for more information. The body discards alkali substances to compensate for an absence of acids.

Prolonged absence of stomach chlorine prepares the gut for multiple infections which contribute to deadlock:

- Forever malnutrition;
- Continuous source toxin from gut;
- Cellular toxin backlog from inhibited liver flow.

Welt / Revici Chlorine Pathway

Welt and later Revici documented use of chlorine donors to buffer shock. In simple terms most stressors, including pathogens, cause the body to produce anti-toxins which bias metabolism to resist the influence of the toxin.

Prolonged or repeated toxin exposure tends to cause accumulation of these anti-toxins which aggregate into persistent metabolic anti-toxin bias.

Fortunately the body also creates an anti-toxin breakdown mechanism to dissolve these agents over time.

Breakdown of persistent anti-toxins is governed by anti-toxin metabolites involving primary reagents chlorine, sulfur and selenium.

Welt used Chlorine donors to buffer shock.

Autistic Chlorine Depletion

It appears likely that opportunistic pathogens present in autism. It is further likely these agents trigger generation of anti-toxins, which in turn deplete oxidative minerals, chlorine, sulfur and selenium.

The author suggests that the depletion is the likely source of several observable attributes:

- Ongoing digestive under performance downstream of the stomach;
- Gut environment which hosts pathogenic gut flora due to nutrient stream inappropriate to healthy gut flora;
- Liver stagnation where bile accumulates as a result of balancing stomach acid;
- Bicarbonate accumulation resulting in inflammation of pancreas and upper third of the small intestine;
- Lesion formation throughout the gut as a result of surfacing chlorine-neutralized anti-toxins reentering the digestive system.

Resolving Chronic Chlorine Depletion

Continuous anti-toxin breakdown demand likely depletes mineral reserves, particularly chlorine, sulfur and selenium. Most autistic children tend to exhibit hyperactivity that attributes to accumulated catabolic anti-toxins.

Generally, pathogenic toxins are suppressive. In response, anti-toxins are excitatory. Interventions that evidence elevated excitatory behavior indicate a decrease in primary toxin load – and unfortunately an apparent worsening of hyperactivity symptoms in spite of therapeutic benefits.

The remaining challenge is to accelerate the breakdown of the anti-toxins, and curtail the hyper-excited response.

Use of lipid-bound selenium and sulfur with chlorine-donor salts titrations to accelerate drug detoxification has proven beneficial with individuals diagnosed with MS and ALS who exhibited similar neurological-excitation phenomenon.

Chlorine Deficit recovery & Gut Healing

This strategy proposes concurrent nutrient profile toward restoring gut:

- Dietary chlorine donor salts (not NaCl), KCl, MgCl, NH4Cl to supply sufficient chlorine to satisfy system toxin neutralization demands;
- Probiotics to aggressively seed the gut with healthy flora;
- Beet top product and choline to encourage bile flow;
- Aloe and other polysaccharides to support gut healing;
- Anabolic intestine extracts to accelerate healing of intestinal lesions.

Most importantly this program can be incorporated into food. The flavor profile of these agents is mostly salty, sweet, or tart.