

2008

Polypathogenic Autism

A basis for integrated intervention in acquired juvenile neuropathology.

Multi-pathogen infections cause immune system deadlock. Permanent pathogens continuously generate toxins that accumulate in cognitive brain centers. The combination of deadlocked infection and cognitive dysfunction is autism.



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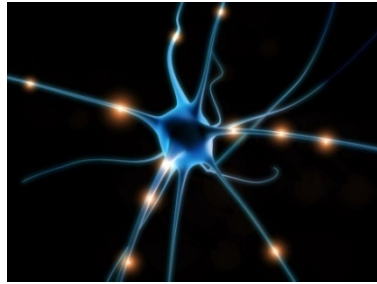
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Introduction

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, 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 spectral detoxification and spectral-immune support, enhanced with energetic support.



Language

We use relatively simple language. There are three major factors in autism:

1. Too many bugs of multiple species for the host's immune system to overcome;
2. Too much toxin for host to eliminate;
3. A tendency for toxins to accumulate in cognitive and behavioral centers of the brain.

Resources & Support

If you feel that the disease model present here may be applicable, we invite you to contact us through one of our websites:

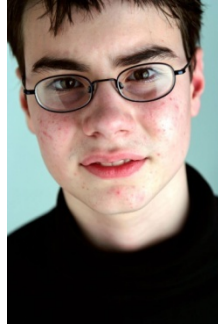
- <http://www.dshedu.com>
- <http://www.wholehealthnetwork.com>
- <http://www.rejuvicell.com>
- Call 970 372 4274
- Email contact@wholehealthnetwork.com

Autism Basics

Autism is a neuro-toxic condition which affects approximately one in 81 childbirths in some states. 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.

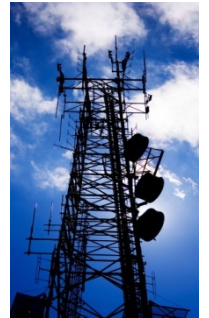
There are concurrent tendencies for mood and learning inhibitions also.

Incidence Observation Roundup

The incidence acceleration from one in several thousand to one child in 81 over the last fifty years is strong evidence that the cause is environmental or medical 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;
- Autism rates appear proportional to vaccination rates;
- Digestion in autistic children is poor with poorly formed tan stools;
- The digestive tracks in autistic children contain lesions, and host multiple parasites and infections;
- Autism rates tend to be higher near powerful EMF sources, like military bases;
- There is an apparent positive correlation between parental intelligence and autistic child incidence;
- Autistic children usually test **LOW** for toxins in heavy metal analysis suggesting compromised detoxification.



Therapeutic Observations

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

The parents of autistic children try almost anything in the often 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.

The Vaccine Factor

The time interval between vaccinations and autism onset is highly suspicious in a statistically significant percentage of cases.

We assert that the relationship between autism and vaccination real, but causally incorrect.



The prevailing belief that autism is caused primarily by mercury exposure, [thimerosal](#), in the vaccines is inconsistent with the continuously escalating incidence statistics and removal of thimerosal levels from most childhood vaccines.

We assert that the autism and incidence are driven by three virtually unrecognized, cofactors:

1. Autism toxins, including metals, that cause autistic symptoms come from pathogens in situ, do not require external toxin source to trigger onset;
2. The vaccination-challenge contributes to Immune deadlock which sets the stage for autism;



3. Stealth pathogens, like [I-form bacteria](#), immune to chlorination and pasteurization, may contribute host immune system challenge.

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. Many of them were exceptionally bright, only days or weeks before they became autistic. What happened? How could it happen so sudden?

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.

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?
- Why are more boys affected than girls?
- Why are girls more strongly affected than boys?
- 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?

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**.

Toxic interventions are generally incompatible with diseases driven by toxins.

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 not 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 by adding to an already bad problem.

The already overwhelming load of toxins is by definition more than the host can process. The net result is 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.

Toxins are bug tools

Disregarding toxins is the core of autistic syndromes, and popular medicine virtually disregards toxins as a cofactor in autism, and disease in general.

In the simplest terms bugs make toxins. These toxins are integral to the survival of the bugs. Toxins assert two major influences on host metabolism:

- Inhibit the immune system to enable the bugs to survive, and propagate within the host;
- Disturb the metabolism of the host in ways that create more food, or a more favorable environment for the bug.

Toxin Categories

There are three major categories of toxins:

- [Immunosuppressive](#) – are compounds which inhibit the host's immune system from mounting a purgative response to the pathogen. These toxins tend to be neuro-regulatory and generally seek to disrupt the intelligence-targeting of the immune system. Absorption by motor, sensory, or cognitive, nerves causes causing performance disruption in motor, sensory or cognitive performance systems.
- [Free-radicals](#) – are compounds which drive oxidative stress and generalized cellular damage, inflammation and load cellular term

repair mechanisms. Inflammatory markers, [homocysteine](#), and [lipid imbalances](#), normally accompany overgrowth of organisms which generate free-radical toxins.

- [Energetic Toxins](#) – inhibit cellular energy production resulting in generalized fatigue syndromes, and overall compromised immunity. They normally result in globally disrupt hormone balance, [glucose regulation](#) and compromised [immunological competence](#), and often cause generalized fatigue syndromes, like [chronic fatigue](#).

In autism, the relationship between bugs and toxins is critical. The intimate and self-locking relationship between bugs and toxins suggests treating autism is a dual and interlocked priority.

**Detox and debug
*at the same time.***

If you detoxify but leave the bugs, then the bugs make more toxins. If you debug but leave the toxins, immune suppression lets the bugs to come right back.

Either way you end up right back where you started.

Misdirection & Misinterpretation

While the social interpretation of disease is outside our scope, it may be useful to articulate reasons why this seemingly simple model has failed to emerge earlier.

There is a rapidly growing army of caring parents and health care providers concerned with autism. The army's growth is fueled by the simple fact that in 2006 there were over [259,000 cases in the US](#). This map shows the [autistic rates by state](#), with a maximum rate of 1 in 81 childbirths in Minnesota.

The parents and grandparents of these kids ends with an unwanted but very compelling reason to care about autism.

Cure (noun) versus Cure (verb)

A major challenge is medical tendency to interpret the word "cure" as a noun implying single cause, single bug, and hence a single act to restore health.

To cure (verb) is an act or process of health restoration, involving as many or as much intervention needed to get the job done.

The difference the noun and verb forms of the same word in different ears, inhibits the ability to see relationships, and coordinate intervention accordingly.

In other words, the notion that each disease has one cause and one cure is terribly misleading.

Conditions with multiple causes tend to defy cure (verb), because products that **cure (noun)** don't do enough to resolve conditions caused by a set of interrelated problems.

Pathogen and Hosts

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

1. They consume food, glucose, lipids, proteins and other agents to drive their own metabolic processes. This consumption deprives the host of these resources leading to metabolic deficiencies in spite of diet and apparently normal metabolic agent production;

2. They produce toxins which interfere with competing or suppressive components of the host organism.

Host Immune Selectivity

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.

These assumptions are often counterproductive with multi-pathogen syndromes *like autism*.

Vulnerability Assessment

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

Loose observations, like immune compromise, bowel dysfunction, inflammatory markers, 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 communities of pathogens which inhabit autistic kids are enough to make anyone sick.

The Polypathogenic Autism Model suggests that autism susceptible to three different modalities – but only when applied concurrently:

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

None of which are functionally available in traditional medical care.

Intervention Model

Moreover earlier, debugging is a big challenge because of the Polypathogenic, or multiple symbioses of pathogens.

In other words there are three tough goals:

1. *Over-restore immune competence.* Immune deadlock resulted when too many critters got a foothold at the same time and generated a toxic spectrum which put the immune system in perpetual check;
2. *Spectral detoxification.* Drive all three major toxin categories to unilaterally reduce the metabolic and immune inhibitors to help the host regain immune and metabolic dominance.
3. *Energetic Restoration.* Use energetics to lift cellular performance and help catalyze detoxification and immune competence.

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.

Practical and Functional Components

Autistic care protocols need to be compatible with children who may not cooperate.

Designing a protocol which accommodates the behavioral peculiarities of autistic kids creates usability requirements:

- Utilize passive interventions which can occur during sleep when possible;
- Use food based components, or supplements which can be integrated into food.

Plus functional constraints as well:

- Differential toxins are off-limits to avoid exacerbation of symptoms driven by the hyper-toxic condition;

- Immune up-regulation is key to durable response;
- Modulate detoxification with pathogen die-off;
- Use baseline spectral detoxification to accommodate the baseline load.

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.

Strategy

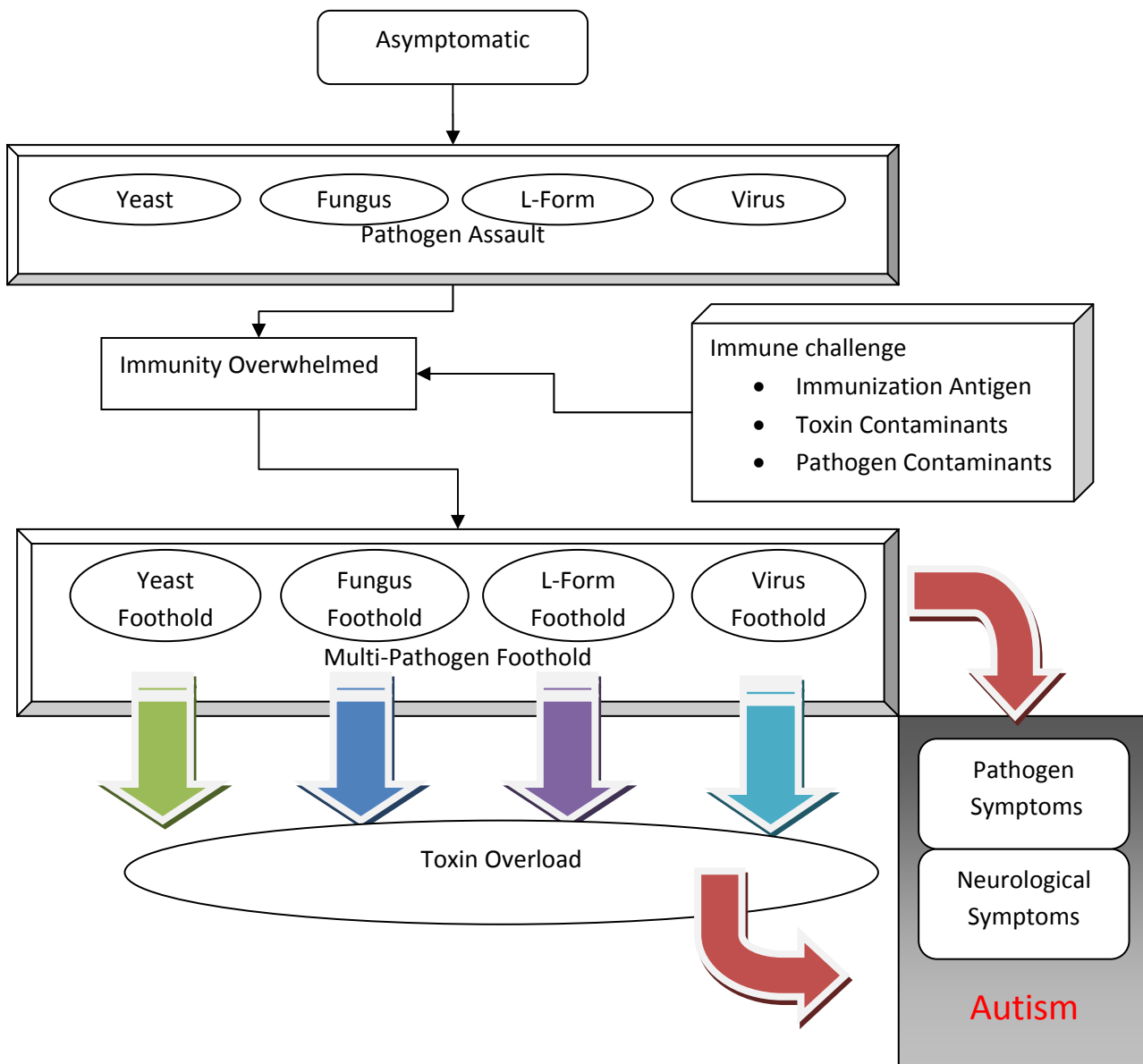
Here are the principles of a basic program:

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.

Intervention Design

The diagram below pictorially represents the environment which set the stage for autism.

1. The child is living with a normal immune load, asymptomatic with one or more normal infections which present a normal immune challenge from one or more yeast, fungus, l-form organisms or virus;
2. The child receives an immune challenge, either as an immunization, or one more bug than the immune system can handle;
3. The pathogens gain a foothold, where collectively the immune system cannot overcome the combination of pathogens. Success with one enables the others to bloom forcing the immune system to respond to the bloom, and abandoning the partial success.
4. The pathogenic toxins begin to accumulate creating a set of toxin related symptoms;
5. The continuous pathogen environment sets a pattern of continuous infection in multiple systems;
6. Immune suppressor toxins accumulate in nerve tissue enough to interfere with cognitive performance;
7. The problem is deadlocked because the immune community cannot overcome the pathogen symbiosis.



Sample Protocol

Immune Support	Qty	Dosage	Role & Notes
Spectrum Mushroom Blend	2.5	Grams/day	Hetero-polysaccharide and immune system modulator widely useful to enhance immune performance during immune challenge.
Colostrums Transfer	3	Grams/day	Helps immune system targeting of invading pathogens
Cat Claw Extract	1	As Directed	Cats claw is a useful interfering with life cycle of I-form pathogens and other opportunistic pathogens that exploit immunological overload.
Blue Shark Liver Oil	1	As Directed	Detoxify lipid cell structures. Wraps toxins protecting renal tubules & liver from exit-path toxic damage.
Detoxification			
Neural Detox Blend	1	Tsp	Inhibit pathogen toxins effects, supports Methylation, and lipid detoxification.
Bile Flow Enhancer	300	mg per meal	Thins Bile for flow. Hepatic dysfunction is a given by the time neural symptoms occur.
Bile Bind	300	mg when UpH > 5.7	Binds bile to aid in bile-bound toxin elimination.
Silymarin	500	mg per meal	Milk Thistle helps cellular liver detoxification support
Digestion			
Spectrum Probiotics	3	Grams / Meal	Helps support gut flora
Protease and Lipase	1	Grams daily on an empty stomach	Fibrin enzymes help expose pathogens to immune system, Protease and Lipase help break down waste products which contribute to detoxification symptoms.
4:1 Oil	1+	Tbsp/day	Balanced fatty acids increase turnover. 4 units omega 6 to 1 unit Omega 3.
Energetics			
Electron Emitter Pad	1	Sleeping Mat in Bed	Neutralizes free-radical toxins, disrupt pathogen lifecycle, Stimulate immune system, Inhibits opportunistic fungus and yeast overgrowths, Active within blood/brain barrier, Long-term support, Ease of use.
PEMF Exposure	15-30	Minutes 3x/week	Facilitate neural regeneration and detoxification.
Hyperbaric Oxygen Therapy	30-60	Minutes/day	Maintain optimal tissue oxygen saturation: <ul style="list-style-type: none"> • Aids detoxification • Inhibits anaerobic organism overgrowth; • Breaks down renegade lipid toxins.

Digestion & Diet			
Low Carbohydrate foods	min	Grams/day	Pathogens tend to favor glucose and carbohydrates.
Detox Diet as possible			Minimize sugar based food supply that feeds bacteria. Eating program minimizes: insulin, Glucose, mannose.

Support Recap

If you feel that the disease model present here may be applicable, we invite you to contact us through one of our websites:

- <http://www.dshedu.com>
- <http://www.wholehealthnetwork.com>
- <http://www.rejuvicell.com>
- Or dial 970 372 4274 (Jim)
- [Find Support Product Packages.](#)