

Diabetes Europe: 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

Introduction:

This is an overview 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 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 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 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.

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