

## Predictive and Preventive Medicine for Anorexia of Female Adolescents

### P4 Medicine: Predictive, Preventive, Personalized, Participatory

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**Received Date:** Dec 20, 2019; **Accepted Date:** Jan 15, 2020; **Published Date:** February 15, 2020

**Keywords:** P4 Medicine, Preventive Medicine, Predictive Medicine, Anorexia, Anorexia of the Female Adolescent, Blood Type, Adolescent

#### Abstract

Regarding to Anorexia of the Female Adolescent, a P4 Medicine would be desirable. Nowadays we are able to use a Personalized and Participatory Medicine, taking care of psychological, relational and nutritional causes. But we need also a Predictive and Preventive Medicine (in order to reach all the 4 P), otherwise the mortality rate remains high and frequent are the consequences (eg: osteopenia, osteoporosis). In my data collection (more than 100 cases in 25 years): only girls who have different blood type (O, A, B, AB) from the mother are anorexic and from the patient's history can be assumed a contact of blood mother/daughter during pregnancy or childbirth. There are no exceptions in my data. However, many women have blood types different from their mothers and are not anorexic. My theory is that the blood types difference (O, A, B, AB) between mother and daughter plus the contact between the mother's blood and her daughter's blood during pregnancy and/or childbirth is the biological condition, necessary but not sufficient by itself, for the Anorexia of the Female Adolescent. My theory makes a Preventive Medicine possible, because, being at risk of anorexia only girls with blood types different from the mother can be easily monitored by the school psychologist or the general practitioner. Recognizing this biological condition for Anorexia of the Female Adolescent allows an early diagnosis, a predictive hypothesis in the presence of the causes and a fair view of the mother/daughter relationship, which is not conflictual but is simply disturbed by an immunological alarm occurred during pregnancy and/or childbirth. It is a reframing from conflict to an alarmed relationship, which however underlies an interest, which is a form of love, albeit dysfunctional. Fetal trauma, resulting from contact between incompatible blood types, causes the alarm that disturbs the mother/daughter relationship and can be profitably treated with trauma therapy, eg. EMDR.

#### P4 MEDICINE

So far, when we talked about eating disorders and in particular Anorexia, we have used and continue to use personalized and participatory medicine, which is absolutely necessary.

However, about the Anorexia of the Female Adolescent, if we do not also manage a predictive and preventive medicine, the mortality rate remains very high and the consequences are serious.

#### ANOREXIA

The term anorexia refers to a severe rejection of food. Anorexia is an eating disorder in which the most serious cases can continue over a prolonged period of time and might involve the total rejection of all kinds of food.

In order to prevent and treat anorexia, we should distinguish between [1]:

- Anorexia independent of age and sex (the form of anorexia that can arise at any age in both males and females)
- Anorexia of the Female Adolescent

(anorexia that arises in the female during adolescence).

The most important (90%) and the most dangerous of anorexia is Anorexia of the Female Adolescent.

#### ANOREXIA OF THE FEMALE ADOLESCENT

Anorexia of the female adolescent manifests itself precisely during the phase of a young woman's blossoming femininity and fertility. The fertility of the girl begins with the menarche. After some cycles, anorexia may arise. There can also be relapses of this kind of anorexia over the course of life.

This kind of anorexia strikes societies and social classes where the variety and quantity of food can be abundant.

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)

These two points are sufficient to make a diagnosis of Anorexia of the Female Adolescent. And there are also: loss of the female form (including shrinkage of breasts), distorted perception of one's own weight (which always seems excessive), the desire to undergo physical exertion beyond one's capacity, refusal to recognize the gravity of the situation.

Most of the authors, myself included, agree that the causes [2] of anorexia of a girl are about:

- Psychological Problems
- Relationship Problems within and outside the Family
- Eating Habits of the Family

25 years ago, while I was visiting a girl suffering from Anorexia of the Female Adolescent, who was with her mother, I asked the daughter for her blood type (O,A,B,AB):"My daughter doesn't have my blood type", the mother screamed. I was astonished by the vehemence and the emotional charge of the mother. "Curious", I thought, instead of becoming irritated as a result of the mother's quite violent interruption. The daughter's fetal life and birth had been constantly problematic: placenta abruption happened several times with bleeding and her birth was extremely bloody. From that day on, I consistently asked every girl suffering from anorexia and their mothers about their blood types. To my great surprise, the result was: young women suffering from anorexia do not possess the same blood type (O, A, B, AB) as their mothers.

### **A LITTLE BIT MORE ABOUT PLACENTA**

The placenta manages the exchange of oxygen, carbon dioxide, nutrients and waste between the blood of the fetus and the blood of the mother. The placenta does not permit red blood cells of the mother and those of the fetus to come into contact. For this reason, usually there is no problem between mother and daughter with different blood types (O, A, B, AB).

But what happens if the different blood types of the mother and of her daughter come into contact. For example during a high-risk pregnancy and/or birth or any other event that may have led to a contact between the blood of the mother and the one of the daughter. Even if only a few drops of blood come into contact, the biological alarm of incompatible blood contact starts.

### **MY THEORY: THE BIOLOGICAL CONDITION FOR THE ANOREXIA OF THE FEMALE ADOLESCENT**

In my personal collection of data (until now more than 100 cases collected in 25 years): only the women who have a different blood type (O, A, B, AB) from the mother were anorexic (for example I know a family with two daughters and only the one with a blood type different from that of the mother suffered from anorexia, the other daughter did not). There are no exceptions in my data. Of course, many women have a different blood type from the mother and are not anorexic.

So, my theory is that:

different blood types (O, A, B, AB) between mother and daughter plus the contact of mother's blood and the blood of her daughter is the "conditio sine qua non"(the necessary but not sufficient condition) for Anorexia of the Female Adolescents[3].

If and only if this "conditio sine qua non" (necessary but not sufficient condition) is present, the causes of anorexia (psychological problems, relationship problems within and outside the family and eating habits of the family) open the door to Anorexia of the Female Adolescent.

The causes of anorexia, psychological, relational and nutritional, are the objects of therapy and it is very important to start the therapy as soon as possible.

At the basis of the gratification given by reduced food intake there is the dopaminergic system of reward which leads to an increase in the push towards food restriction in order to keep the dopamine production high. The dopaminergic system gives a gratification also if the hunger persists[4]. For this reason many girls suffering from anorexia arrive for the first time at medical services when they are skin and bone (long after three months of the absence of the menstrual cycle: six months, one year, two years ...).

Nowadays Anorexia of the Female Adolescent is very dangerous (the mortality rate is 10.5%, from some statistics). This mortality usually depends on the fact that the diagnosis is made too late [5].

### **EARLY DIAGNOSIS**

Anorexia affects only the girls who have a different blood type from that of their mother. By limiting the field of observation only to these girls, it is easier to make an early diagnosis, not long after the third month of the absence of the menstrual cycle and treatment of anorexia can start immediately. This new perspective could save many lives.

The family doctor and the psychologist of the school can observe just the girls with a different blood type from their mothers: a small percentage (about 5%) of girls to consider for risk of anorexia. The Anorexia of the Female Adolescent can easily be diagnosed. In fact, if they notice that the girl is losing weight, it is sufficient that they ask her the question about the menstrual cycle and if it turns out that she hasn't had it for more than four months, anorexia is diagnosed and therapy can start immediately. This is a secondary Preventive Medicine intervention.

My perspective (about different blood types between mother and daughter) permits us to reach a very early diagnosis of Anorexia of the Female Adolescent and even to formulate a hypothesis of risk (predictive diagnosis) before adolescence and treatment of anorexia can start immediately.

### **PREDICTIVE DIAGNOSIS**

The blood types of mother and daughter are different, there was a likely mother/daughter blood contact at the same time there are the causes of anorexia (psychological problems,

relationship problems within and outside the family and eating habits of the family), so we can set a preventive therapy without waiting for the girl to lose too much weight to make a diagnosis of anorexia. This is a Predictive Medicine intervention. Being underweight constitutes a hazard for life and in any case causes deficiency syndromes (such as osteopenia and osteoporosis) that may have consequences over time.

### **NEW PERSPECTIVE**

The fruit of my research brought me to my new perspective that I have summarized in my book: ANOREXIA. The Real Causes: Blood Types and Trauma [6].

My book won the Cesare Pavese Award for Nonfiction Medical Writing. The Jury's motivation was: "Lorenzo Bracco presents an in-depth investigation into the real causes of anorexia and offers innovative perspectives on understanding and treating this profound condition of existential distress".

Patients as well as mass media say: "This book is bringing a great deal of peace to families affected by Anorexia of the Female Adolescent".

### **TREATMENT OF THE ANOREXIA OF THE FEMALE ADOLESCENT**

Usually the therapy of the Anorexia of the Female Adolescent consists of:

- Psychological therapy for the girl
- Family therapy
- Diet

### **THERAPY OF THE TRAUMA OF CONTACT BETWEEN INCOMPATIBLE BLOOD TYPES (O, A, B, AB)**

The biological alarm of incompatible blood contact during pregnancy is a trauma. This alarm perturbs the relationship between mother and daughter especially during such a sensitive period as the daughter's adolescence. We can also set up a therapy for this trauma.

In the daughter the fetal trauma [7-8-9-10] can be memorized only in that part of the brain active in the fetus, because it is already myelinated: the brainstem. According to Paul MacLean's "Triune Brain" theory this is the "reptilian brain", the most archaic part of our brain[11-12].

The extra-pyramidal motor system starts from here in the cranial nerves. It is very fast because it consists of a single motor neuron, with many functions: motor coordination, balance, oculo motor, facial expression, swallowing, visceral (vagus nerve), fight-or-flight response...

A trauma therapy working on a fetal trauma and not only on secondary effects must act on the reptilian brain, on the extra-pyramidal motor system. For example: Hippotherapy, Katzugen Undo (Seitai) of Haruchika Noguchi[13],EMDR (Eye Movement Desensitization and Reprocessing) of Francine Shapiro[14]...

The post-traumatic response of a very early trauma is managed and continues to be managed by the reptilian brain with fight-or-flight response

which are both related to the extra-pyramidal motor system, whose nuclei are found in the reptilian brain. The reptile tends to have crystallized responses: once the fight-or-flight response model is structured, it tends to use it in an always identical way, regardless of the fact that perspective and context can be different. The contact with incompatible blood has triggered a fight-or-flight response that continues to interfere with mother/daughter contact, ie in the mother/daughter relationship.

To pull the reptile out of its reiterative response, it is necessary to position the extra-pyramidal motor system of the reptile in a dynamic situation, for example by stimulating the motor coordination of balance, or the extra-pyramidal movement of the Katzugen Undo, or simply the eye movement.

Stimulating the reptilian brain with the movement of the eyes is particularly suitable because it can be done at any time of life and also in pathological conditions (except for some ophthalmic conditions).In addition, eye movement can be easily applied in a psychotherapy session where the mother/daughter relationship is targeted.

If we understand the reasons for this traumatic alarm and set up a trauma therapy, we get a reframing of the relationship between mother and daughter:

- We understand that it is not a conflict between mother and daughter, but simply an alarmed relationship
- Thinking there is a mother/daughter conflict is trauma for both. The awareness that there is an alarmed relationship between the mother and daughter is a very different situation.

### **FROM CONFLICT TO PEACE**

With the awareness and the treatment of this alarm, the differences between mother and daughter could be a source of enrichment for both. My perspective (about different blood types) permits us to remove shame and blame from the anorexic girl's family. The family in which there is an anorexic girl is no longer involved in playing the game:

- Who is to blame?
- The mother?
- The daughter?
- The father?

The shadow of blame and shame goes away from the family. To blame somebody has, as a result, the intensification of his/her dysfunctional behavior, this is the paradox.

In the case of anorexia, the daughter is not a person who is gratuitously hostile, she is a person who is searching for her own identity. Respecting these differences between mother and daughter may encourage the young girl in her discovery.

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