



The potential role of fluoride in ASD

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- 1. Prevalence of ASD.**
 - 2. Definition and diagnosis of ASD.**
 - 3. ASD etiology; our hypothesis of immunoexcitotoxicity.**
 - 4. The potential role of fluoride in the ASD pathophysiology.**
 - 5. The potential role of aluminum.**
 - 6. The potential role of AlF_x .**
 - 7. Conclusions.**

ASD prevalence



▪ 1944	rare – Leo Kanner definition
▪ 1980	1 : 10 000
▪ 1990	1 : 1000
▪ 2002	1 : 150
▪ 2008	1 : 88
▪ 2011–2012	1 : 50

ASD EPIDEMIC

ASD – pervasive neurodevelopmental disorders

- **Autism (infantile)**
- **Childhood disintegrative disorder**
- **Asperger syndrome**
- **Rett syndrome (girls, genetic)**
- **PDD-NOS**
- **Hyperactive disorder (ADHD) with
mental retardation**

ICD-10

ICD-10 International Statistical Classification of Diseases WHO

ICD-10	DSM-IV
<p>A Abnormal or impaired development is evident <u>before the age of 3 years</u> in at least one of the following areas:</p> <ol style="list-style-type: none"> receptive or expressive language as used in social communication the development of selective social attachments or of reciprocal social interaction functional or symbolic play <p>B A total of at least six symptoms from 1), 2), and 3) must be present, with at least two from 1) and at least one from each of 2) and 3):</p> <ol style="list-style-type: none"> qualitative impairment in social interaction <ol style="list-style-type: none"> failure to use eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction; failure to develop peer relationships that involve a mutual sharing of interests, activities and emotions; lack of socio-emotional reciprocity; d) lack of spontaneous seeking to share enjoyment, (e.g. a lack of showing, bringing, or pointing out to other people objects of interest to the individual qualitative abnormalities in communication: <ol style="list-style-type: none"> delay in or lack of spoken language; b) relative failure to initiate or sustain conversation; c) stereotyped and repetitive use of language or idiosyncratic use of words; d) lack of varied spontaneous make-believe play or (when young) social imitative play restricted, repetitive, and stereotyped patterns of behavior, interests, and activities: <ol style="list-style-type: none"> an encompassing preoccupation with one or more stereotyped and restricted patterns of interest; apparently compulsive adherence to specific, nonfunctional routines or rituals; c) stereotyped and repetitive motor mannerisms; d) preoccupations with part-objects of non-functional elements of play materials 	<p>A A total of at least six (or more) items from 1), 2), and 3), with at least two from 1) and one each from 2) and 3):</p> <ol style="list-style-type: none"> qualitative impairment in social interaction: <ol style="list-style-type: none"> impairment in the use of multiple nonverbal behaviors (eye-to-eye gaze, facial expression body posture, and gestures to regulate social interaction); b) failure to develop peer relationships; c) a lack of showing, bringing, or pointing out objects of interest; d) lack of social or emotional reciprocity qualitative impairments in communication <ol style="list-style-type: none"> delay in spoken language; b) impairment in the ability to initiate or sustain a conversation; c) stereotyped and repetitive use of language or idiosyncratic language; d) lack of varied, spontaneous make-believe play or social imitative play restricted, repetitive, and stereotyped patterns of behavior, interests, and activities <ol style="list-style-type: none"> preoccupation with stereotyped and restricted patterns of interest; b) apparently inflexible adherence to nonfunctional routines or rituals; c) stereotyped and repetitive motor mannerisms; d) persistent preoccupation with parts of objects <p>B <u>Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:</u></p> <ol style="list-style-type: none"> social interaction language as used in social communication symbolic or imaginative play

DSM-IV

Diagnostic and statistic manual of mental diseases USA

TRIAD OF IMPAIRMENTS

- **deficits in socialization**
- **delayed or abnormal language and communication**
- **repetitive or unusual behaviors**



AUTISM

Persons with autism may possess the following characteristics in various combinations and in varying degrees of severity.



Inappropriate laughing or giggling



No real fear of dangers



Apparent insensitivity to pain



May not want cuddling



Sustained unusual or repetitive play; Uneven physical or verbal skills



May avoid eye contact



May prefer to be alone



Difficulty in expressing needs; May use gestures



Inappropriate attachments to objects



Insistence on sameness



Echoes words or phrases



Inappropriate response or no response to sound



Spins objects or self



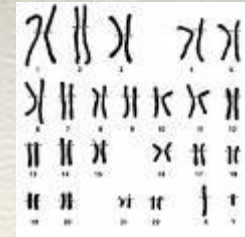
Difficulty in interacting with others

Current BIOMEDICINE

submits a lot of theories

- **Etiopathogenesis of ADS is not clear**
- **A cause is not known**
- **Effective prevention and therapy is not known**

Genetic research



MZ twins – 36–90% prevalence

DZ twins – 1,6–6,3% prevalence

**Autism Genome Project Consortium
2007: 1 500 families**

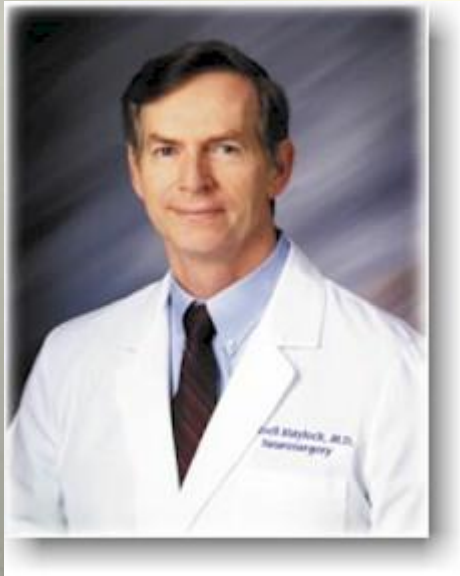
IMGSAC

**International Molecular Genetic Study of
Autism Consortium**

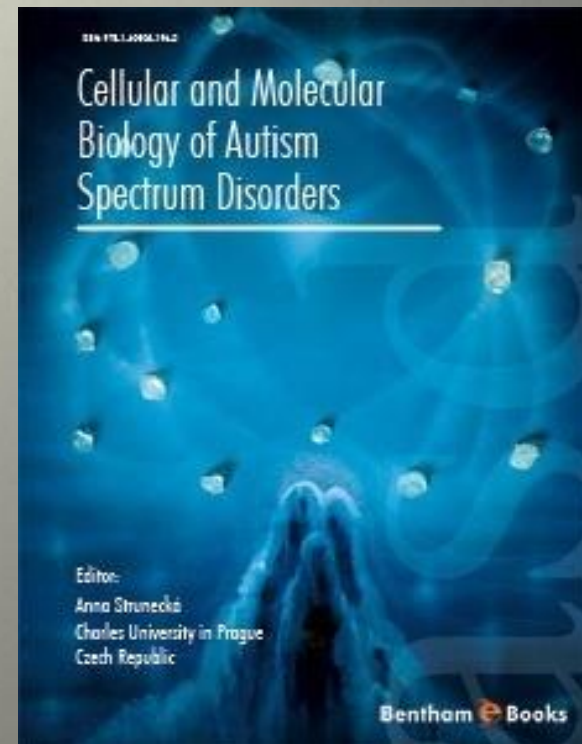


Immune-glutamatergic Dysfunction as a Central Mechanism of the Autism Spectrum Disorders

**CMC 2009
16 (2), 157-170**



R. L. Blaylock and A. Strunecka



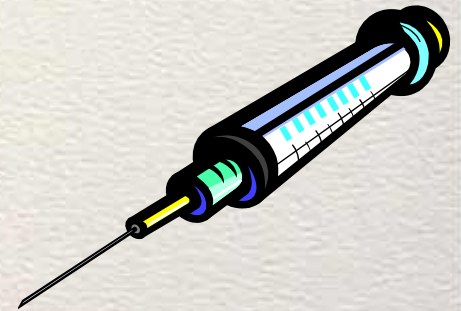
NEW VIEWS

- Vaccination
- Excitotoxins

Fluoride and aluminum

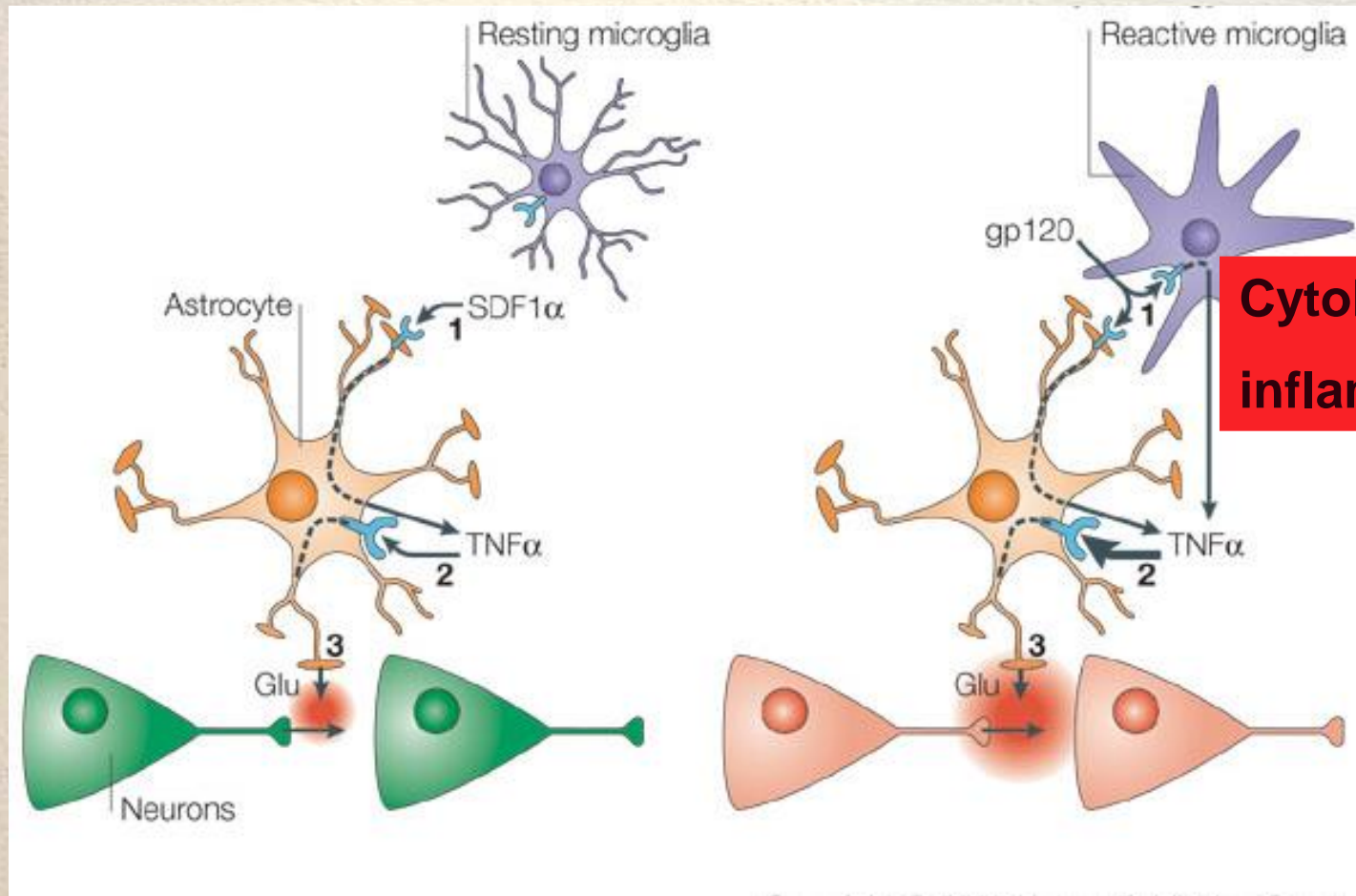
Glutamate and aspartam

Mercury



IMMUNOEXCITOTOXICITY

MIKROGLIA and ASTROCYTES



**Cytokines
inflammation**

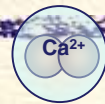
GABA

mikroglia

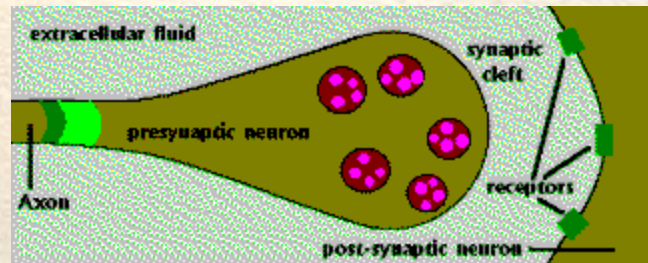
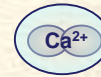
astrocytes

GLUTAMATE

glutamin



Free radicals,
NO

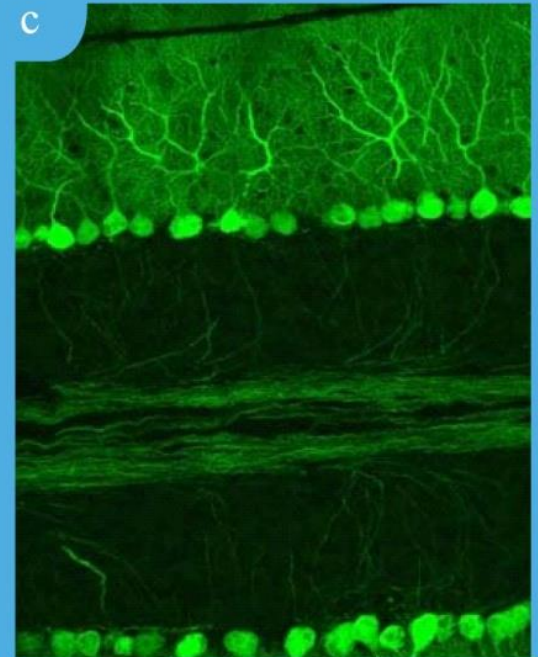
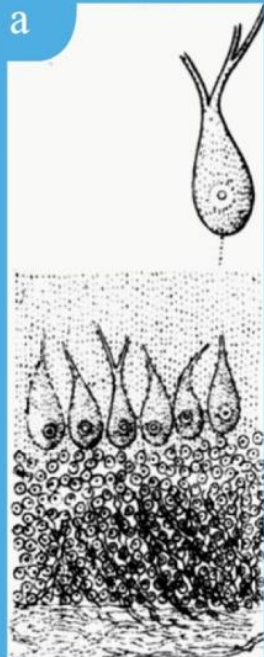


EXCITOTOXICITY

Neurodegeneration,
apoptosis, necrosis



J. E. Purkinje
1787 - 1869





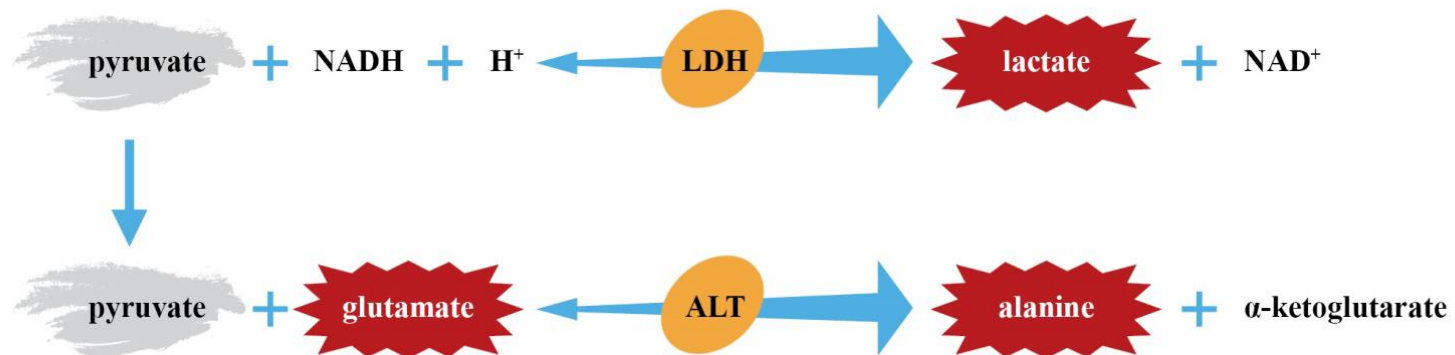
Bisphenol A



phtalates

**250 × more fluoride
3 × more aluminum
aspartame
hormonal disruptors**

<http://www.fluoridealert.org/issues/infant-exposure/>



Fluorid stimulated LDH in hepatocytes

ALT was increased in fluorotic children (Shivashankara et al.)

Mullenix PJ, et al. 1995. Neurotoxicity of sodium fluoride in rats. Neurotoxicol Teratol 17: 169-177.

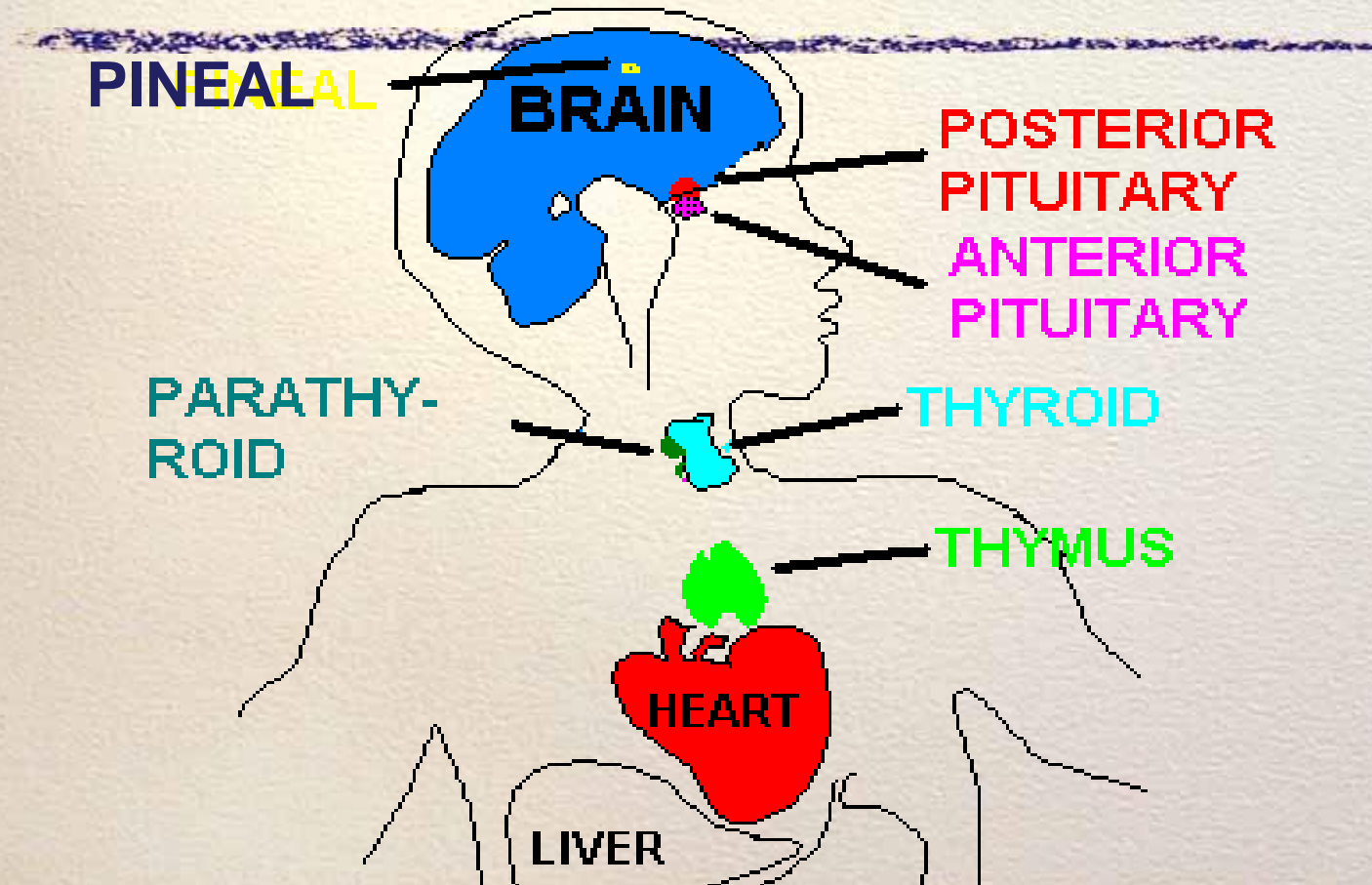
Strunecká A, Patocka J, Blaylock R, Chinoy N. 2007. Fluoride interactions: From molecules to disease. Current Signal Transduction Therapy 2: 190-213

Bryson C. 2004. The fluoride deception.

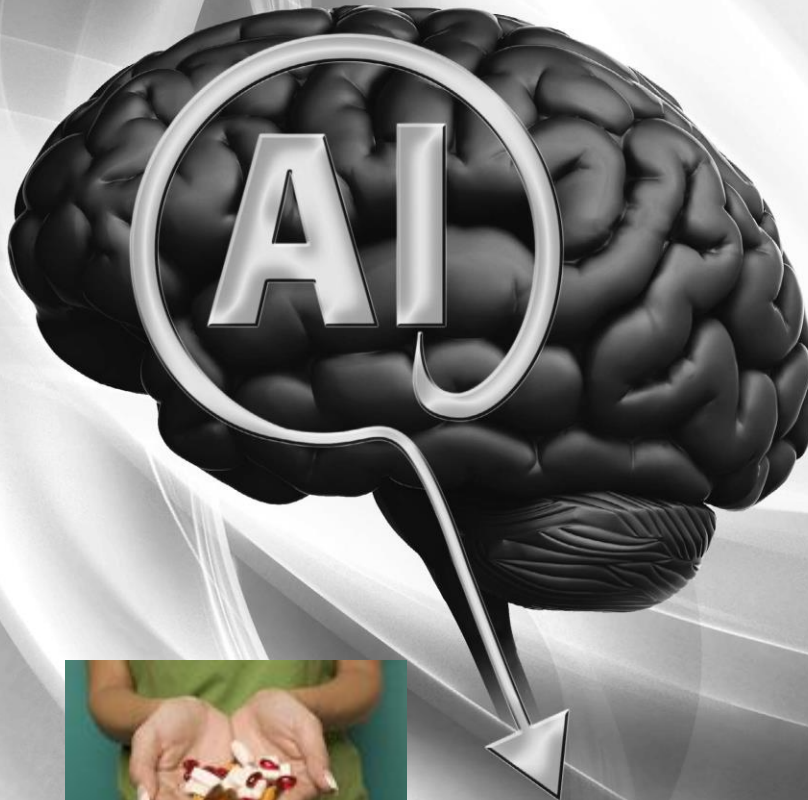
Susheela AK, et al. 2005. Excess fluoride ingestion and thyroid hormone derangements in children living in Delhi, India. Fluoride 38: 98-108.

Luke J. 2001. Fluoride deposition in the aged human pineal gland. Caries Res. 35: 125-128.

The endocrine glands are extremely sensitive
to fluoride and AlF_x

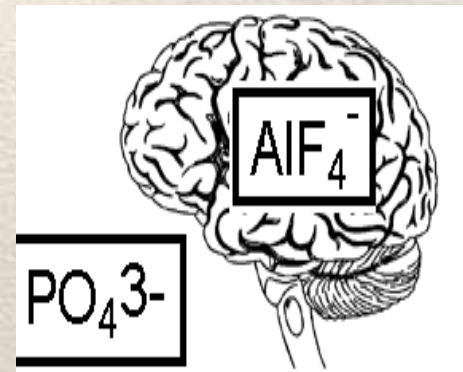


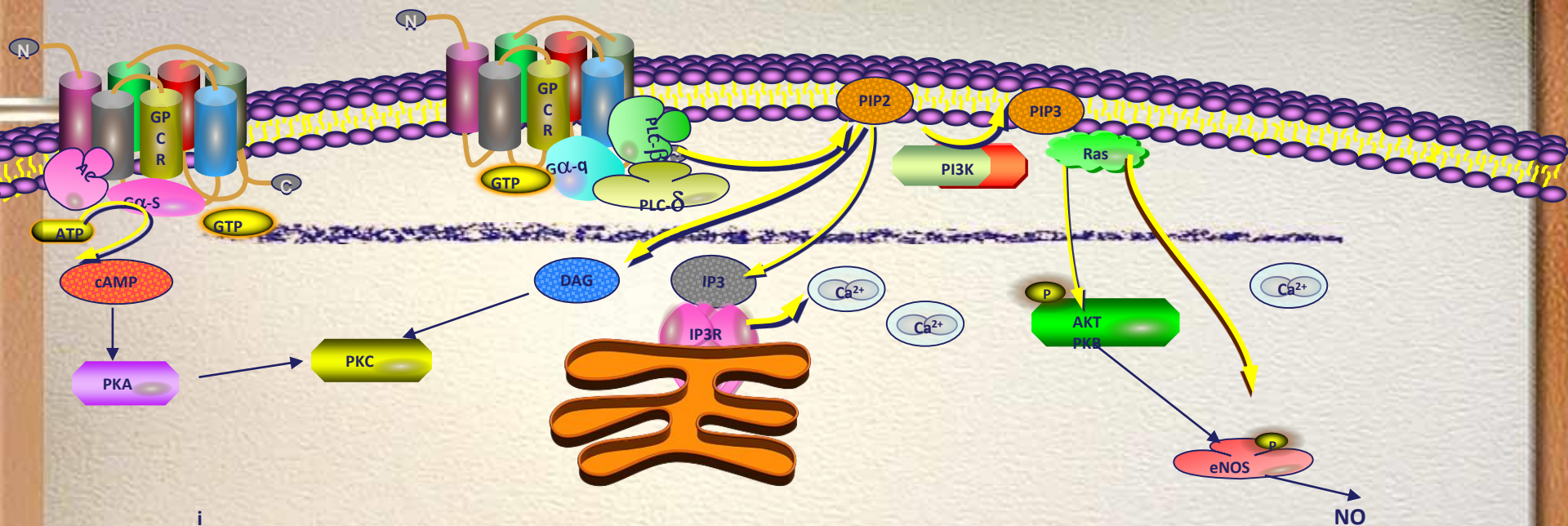
ALUMINUM



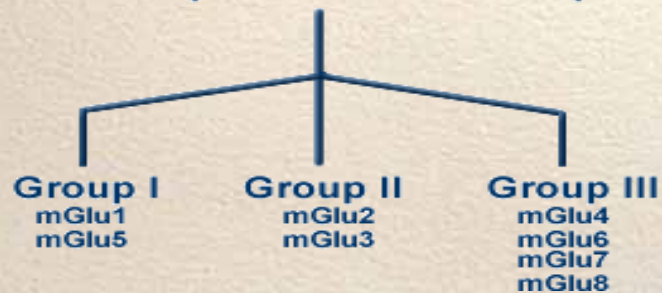
Varner JA, et al. 1998. Chronic administration of aluminum-fluoride...to rats... alterations in neuronal and cerebrovascular integrity. Brain Res 784: 284.

Khan Z, et al. 2013. Slow CCL2-dependent translocation of biopersistent particles from muscle to brain. BMC Med 11: 99.

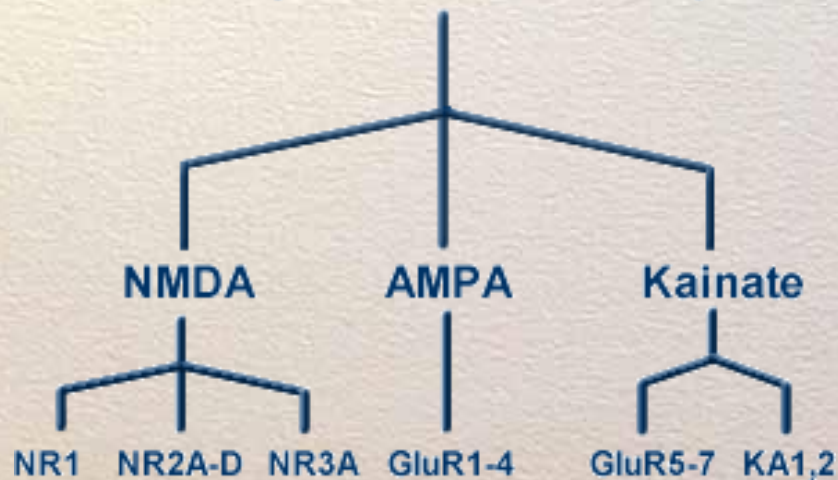


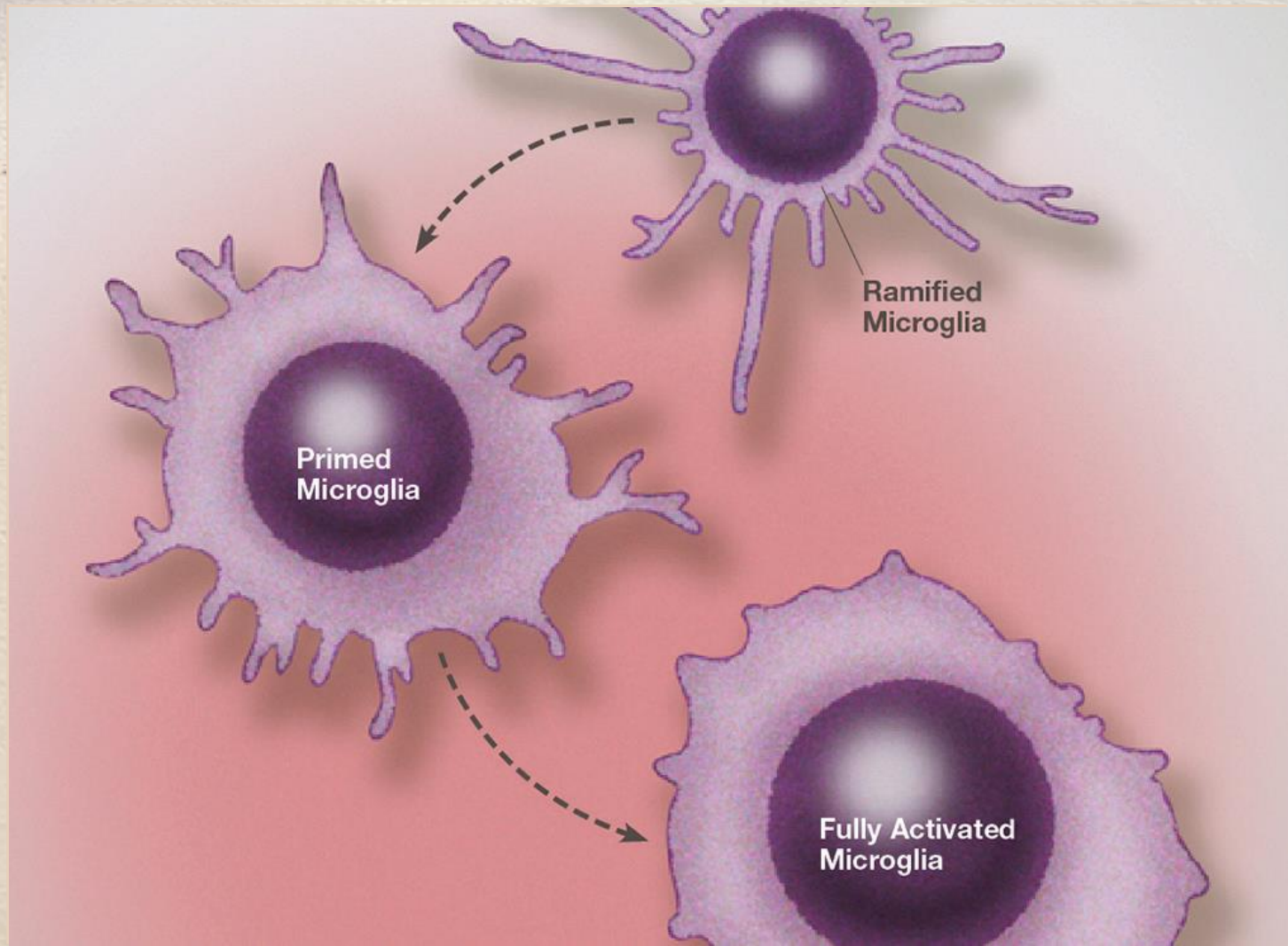


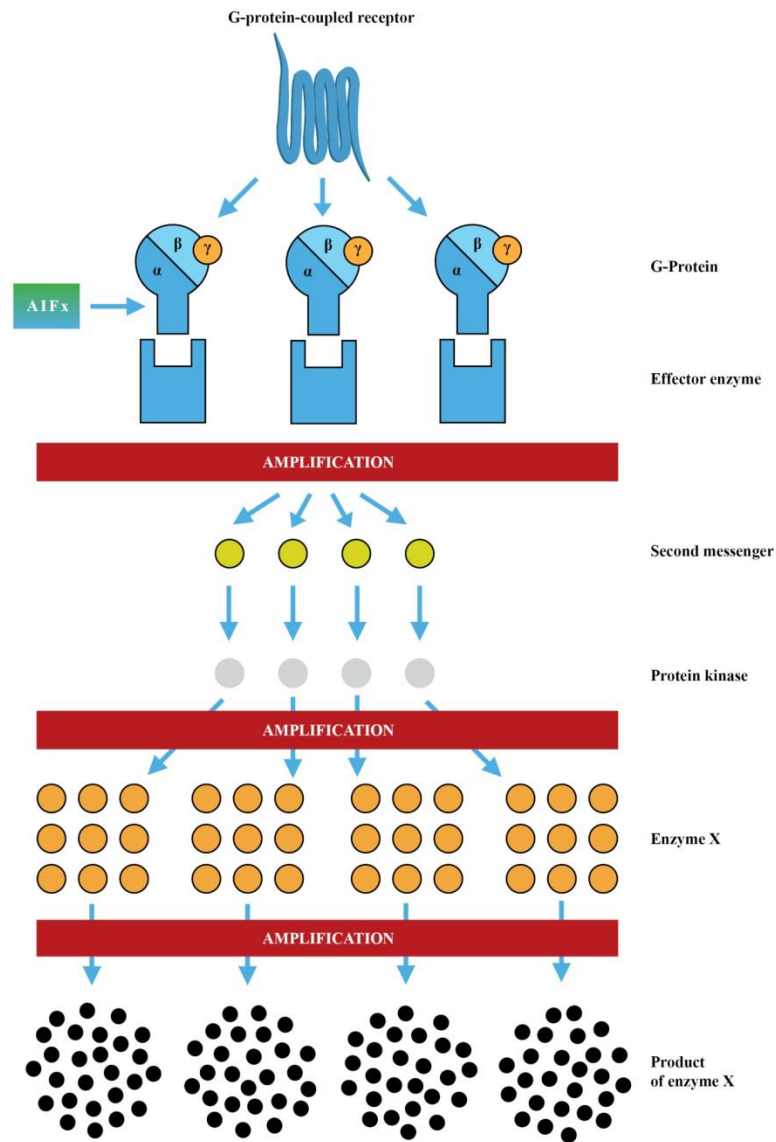
Metabotropic Glutamate Receptors



Ionotropic Glutamate Receptors



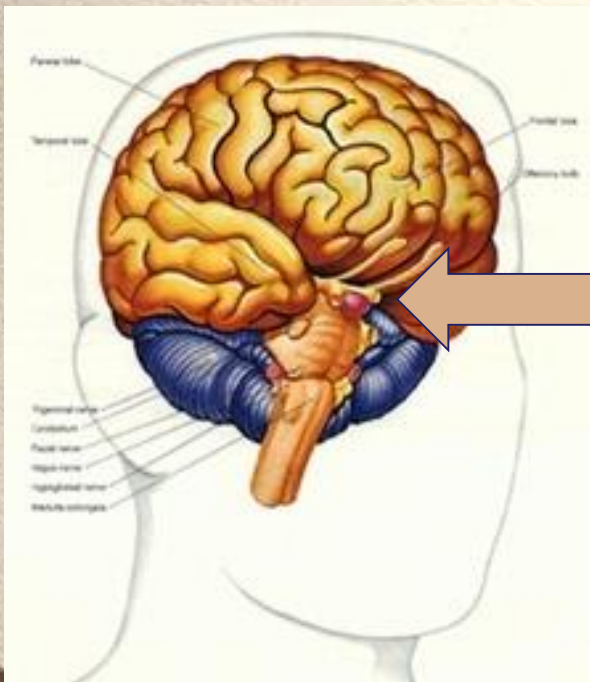




PINEAL and MELATONIN

ADS – low melatonin

J. Luke – F accumulates in pineal gland



Sleep disorders

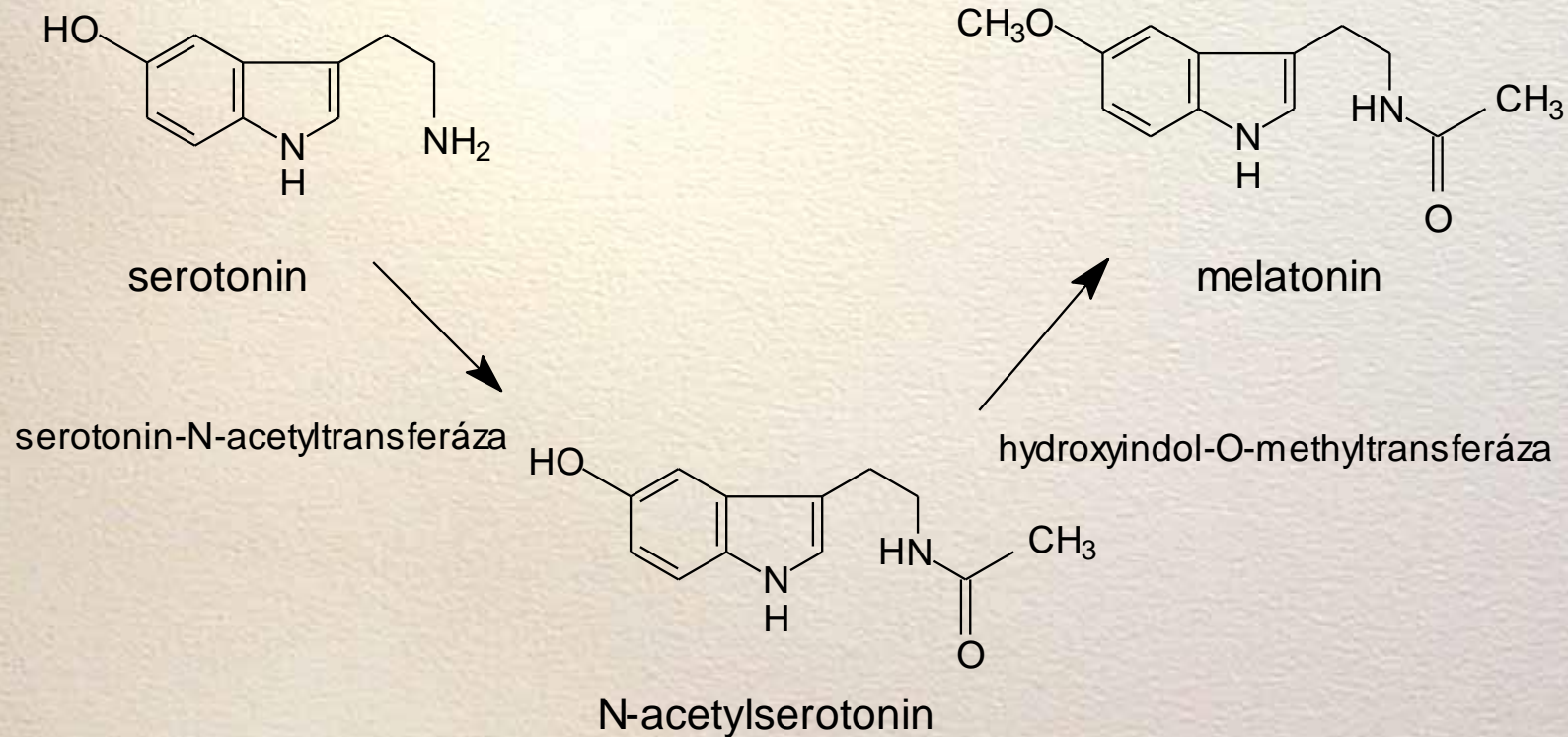
Loss of daily rhythm

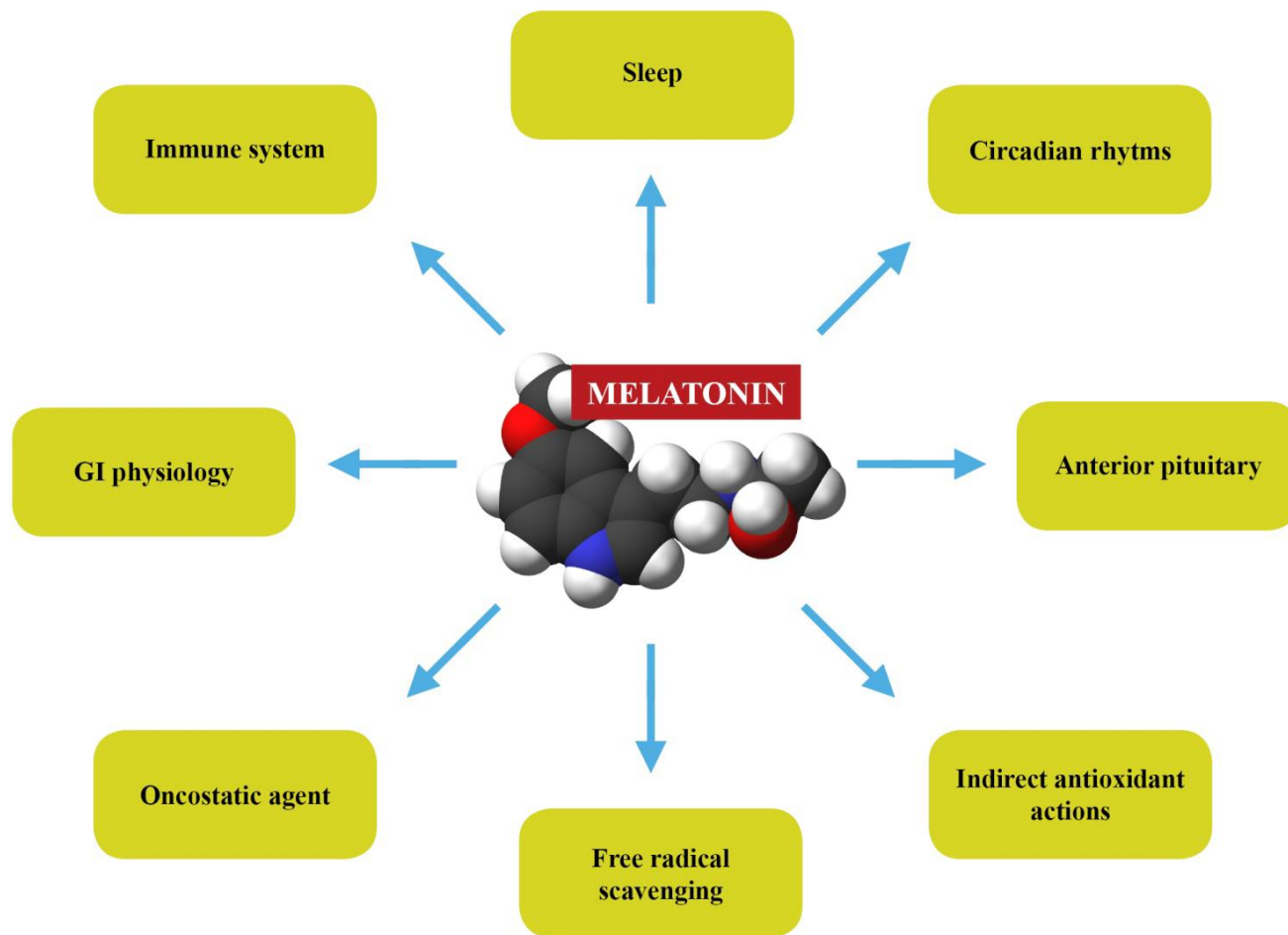
Early puberty

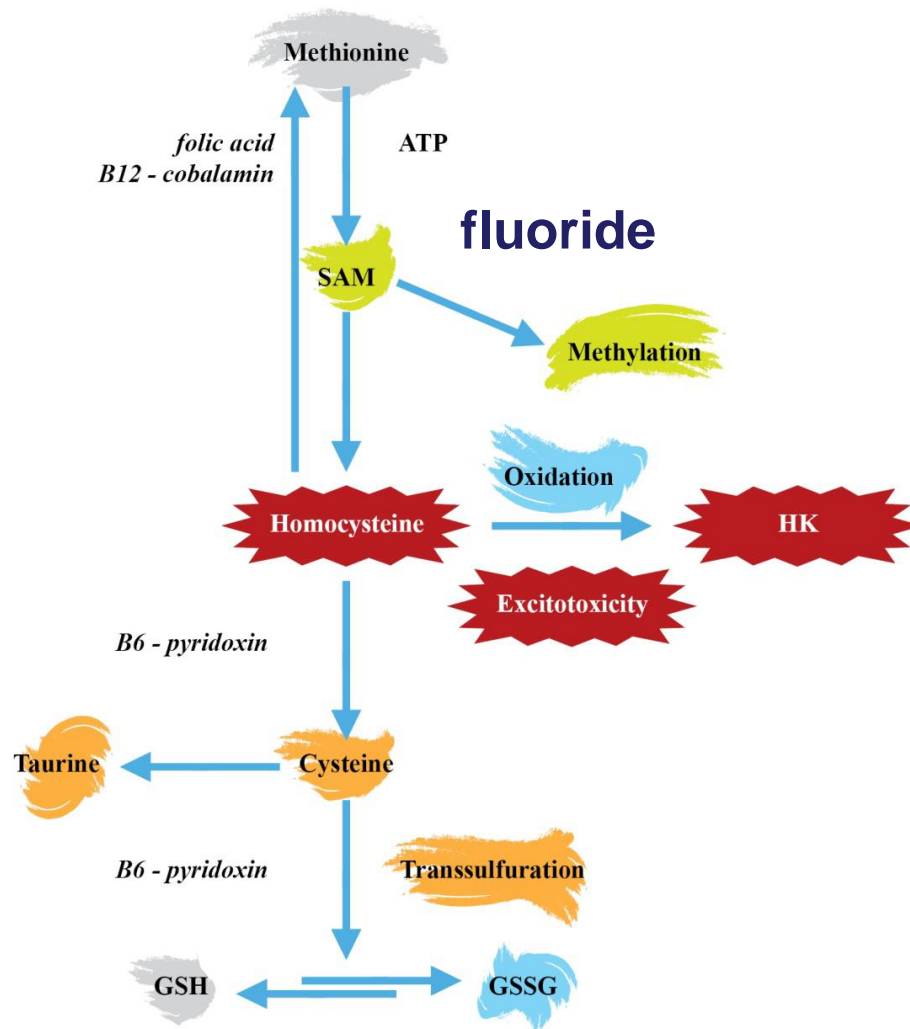


LIGHT

DARK



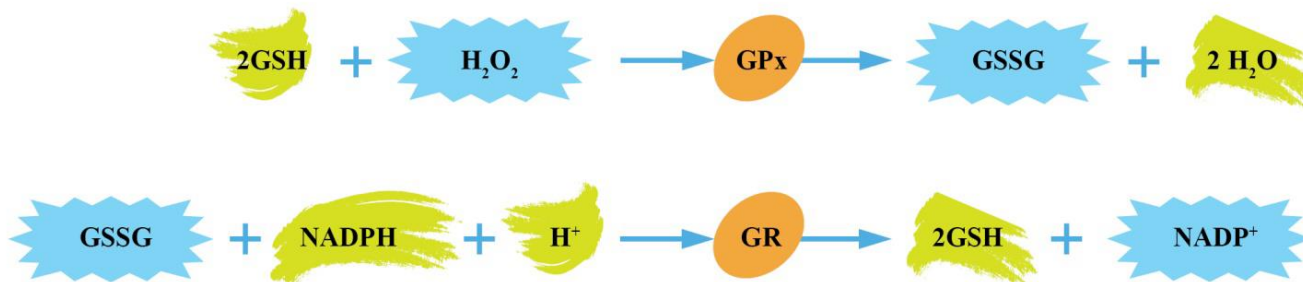




Homocysteine is a potent excitatory neurotransmitter

that binds to NMDAR and leads to oxidative stress, calcium influx, and cellular apoptosis.

Fluoride contributes to oxidative stress and inflammation



	Healthy children	ASD children
GSH $\mu\text{mol/L}$	4.2	1.4
GSSH nmol/L	0.3	0.4
Taurine $\mu\text{mol/L}$	97	48
Cysteine $\mu\text{mol/L}$	207	165

Symptoms of fluoride intoxication are the same as symptoms of ASD



**USA 46% of
children**

- **Neurodevelopmental brain disorders**
- **Decrease of IQ**
- **Decreased melatonin**
- **Hypomagnesmia**
- **Hypocalcemia**
- **Hypothyroidismus**

PREVENTION



- **NO fluoride**
- **Reduce aluminum**
- **NO glutamate**
- **No aspartame**
- **No mercury**
- **Sleep in a dark room**
- **Reduce vaccination**





AMELIORATION

- **Antioxidants**
- **Vitamins**
B6 + B9 + B12
- **Magnesium**
- **Zinc**
- **Vitamin D3**

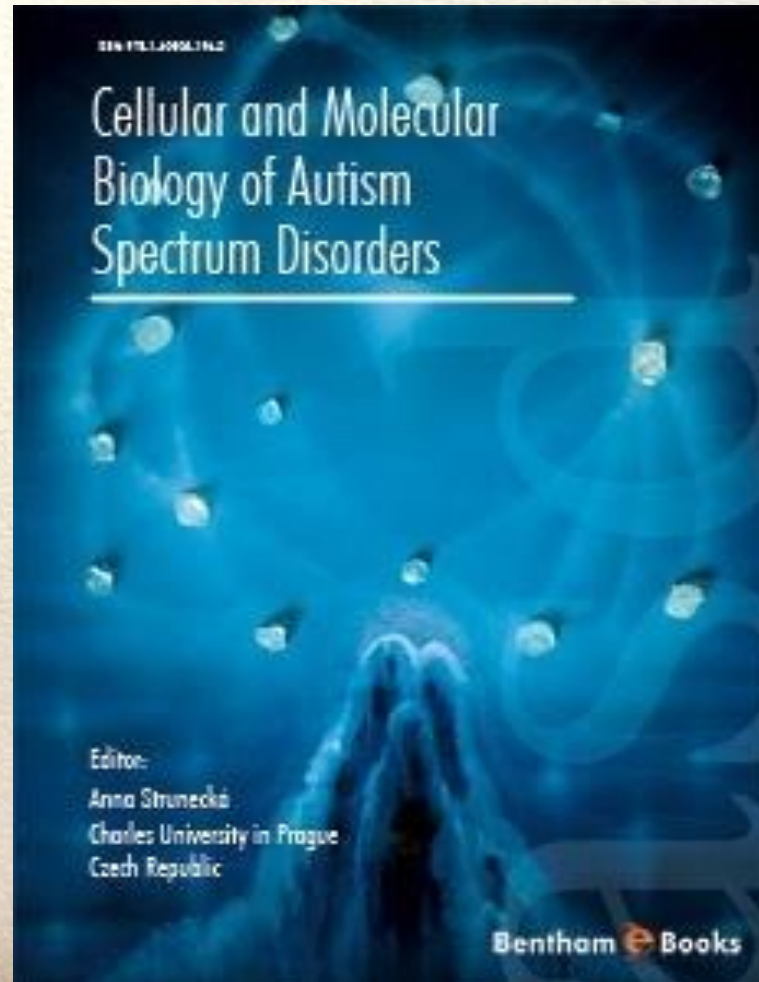
<http://www.bentham.org/ebooks/9781608051960/index.htm>

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Russell L. Blaylock

Ivo Paclt

Mark A. Hyman



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KVADOS

CERTIFIKÁT

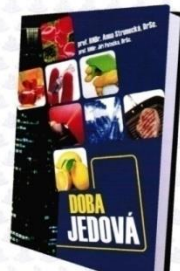
Nejprodávanější

odborná a populárně naučná kniha pro dospělé
v síti KNIHCENTRUM.cz za rok 2011.

Doba jedová
Strunecká, J. Patočka

nakladatelství

TRITON



europoint

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audioteka.cz

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BOOKTRANS

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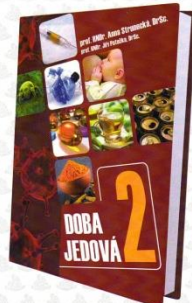
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Doba jedová 2

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Jiří Patočka

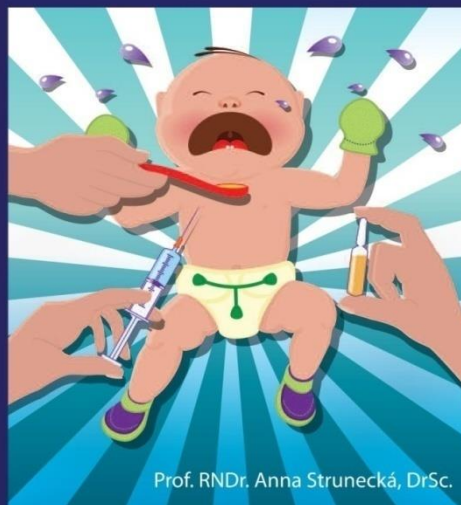
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Nakladatelství
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Šárka Burešová
Šárka Burešová

VAROVNÉ SIGNÁLY OČKOVÁNÍ



Prof. RNDr. Anna Strunecká, DrSc.

JAK PŘEŽÍT? DOBU JEDOVOU?



Prof. RNDr. Anna Strunecká, DrSc.

Prof. RNDr. Anna Strunecká, DrSc.



svazek 13

KNIHOVNIČKA
Meduňky

JAK
ZMĚNIT
SVĚT TADY A TEĎ



Anna Strunecká

**Thanks for
your
attention**

