Report of findings from microscopic examination of fresh blood from two patients with Hodgkin's disease and three patients with malignant tumours

By Dr. Erik O.H. Enby, MD

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Abstract

Microbe-like findings in blood from patients with Hodgkin´s disease and malignant tumours observed through microscopic examination in ordinary lightfield and interference contrast are described. Research background and information about the course and results of the microscopy. Ideas about continued research.

Microscopic Equipment

Leitz' laboratory microscope Dialux 20 equipped with a 100 W halogen lamp. Modified UK-condenser for darkfield, phase contrast and interference contrast. Plan-Fluotar-objective. Binocular photo tube FSA. All documentation was done with Leitz' completely automatic microscope camera, Orthomat.

Technical and photographic advice and modification of the UKcondenser: Christer Engdahl, Micro-Macro AB, Terrassg. 1, 411 33 Göteborg. Tel. 031-20 22 70.

Patients

A (Patient seen in my own practice). The diagnosis of Hodgkin's Disease was made at the Jubileum Clinic, Sahlgrenska Hospital, Gothenburg. Journal at Sahlgrenska Hospital.

B (Patient at the Jubileum Clinic, Sahlgrenska Hospital, Gothenburg). The diagnosis of Hodgkin's Disease was made at the Jubileum Clinic, Sahlgrenska Hospital, Gothenburg. Journal at Sahlgrenska Hospital.

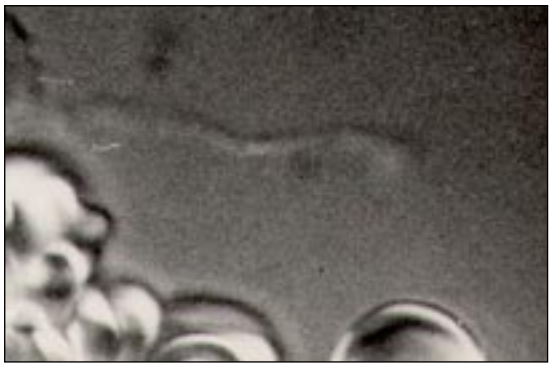


Figure 1. *Patient A. To the left is an attacked erythrocyte, and from this a well-anchored microorganism of worm-like appearance stretches out in the surrounding blood plasma. The rounded "head" can be seen furthest out.*

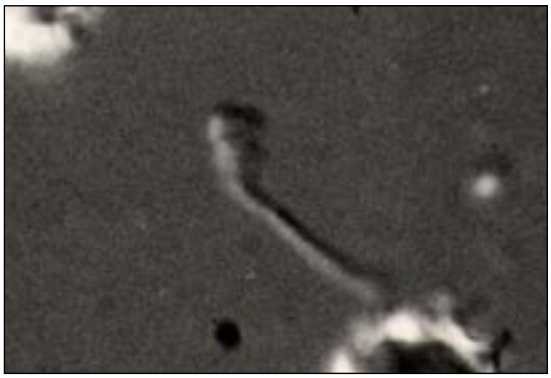


Figure 2. *Patient A. In the middle of the picture the larger, rounded back end of a worm-like microorganism is seen. It has stretched out its front end towards an erythrocyte with a thorn-apple form. Between the upper "spikes" one can see the microorganism´s "head".*

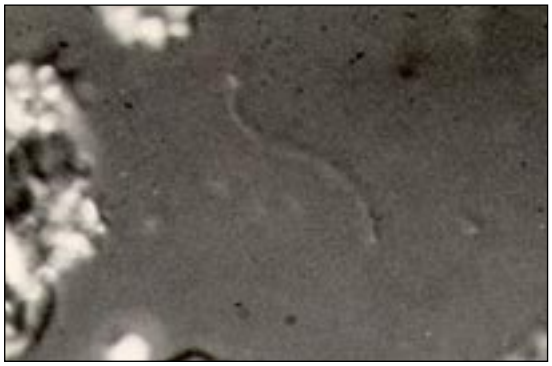


Figure 3. *Patient B. Here is a worm-like microorganism which has withdrawn from an erythrocyte and noticeably moves freely in the blood plasma. The "head" is at the bottom right.*

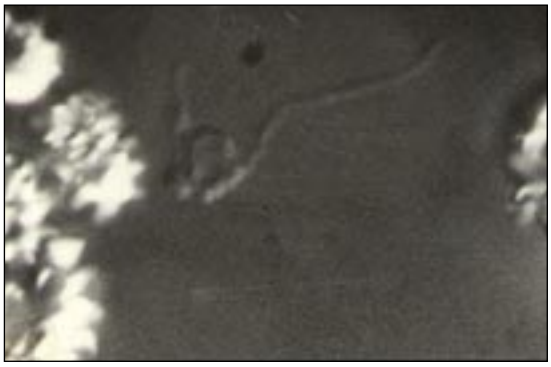


Figure 4. *Ibid Figure 3.*

Specimens for microscopy

Drops of blood from the above patients.

Background

Since 1974 I have kept myself informed about alternative medicine. To a large extent my free time has been taken up with reading literature in the field of what is usually called "Erfahrungsheilkunde", i.e. , that trend within therapy, commonly present in Germany, which is directed towards biological totality in treatment. For literature on the subject, see the special list of references.

As I could not use my new knowledge within my regular work as ward physician on long-term care medicine, I opened my own private practice in 1977 where I could provide biologically oriented methods of treatment to those patients who wanted it. This group is increasing.

My interest soon became focused on the category of diseases which has no clear lines in terms of course, such as Hodgkin's disease among others. One patient became my personal friend and I was able to follow the course of this disease, Morbus Hodgkin, almost day by day. A patient at Vasa Hospital in Gothenburg also increased my interest since I was able to follow the course of her disease under particularly favourable conditions. The patient had refused all traditional treatment. Her lymphatic tissues reacted, swelled maximally, became ulcerous and disintegrated. I made associations with certain tropical parasitic diseases with similar courses such as leprosy, for instance.

As I was prevented from doing research at Vasa Hospital, where there were empty laboratories - research within this part of the university is directed towards establishing the health conditions of 70-year old individuals (the so-called 70-year study) - I realized that the only way open was again to do it on my own. I obtained, not without sacrifice, the costly photographic and microscopic equipment for carrying out the following microscopic investigation.

Earlier research

Two principal lines of thought, which are contradictory to one another, can be observed within bacteriology: monomorphism, where it is thought that microorganisms are constant, and pleomorphism, where it is thought that microorganisms can have cycles, that is, they go through different stages of development. Monomorphism is the viewpoint that has been sanctioned within traditional medicine.

Using darkfield microscopy on fresh blood, one of the foremost advocates of pleomorphism, Professor Günther Enderlein (1872-1968), thought he could establish different stages in microorganisms. He also thought that these microorganisms caused different diseases during the course of the cycle.

These findings, which were presented in "Bakterien – Cyclogenie" (1981) as well as elsewhere, have until now been disregarded by medical science. The book has nevertheless influenced the direction of my research.

In "Grundlagenforschung über Krebs und Leukämie" (1981), Professor Szilvay claimed that by microscopy of fresh blood one can anticipate the occurrence of certain malignant diseases. These lines of thought inspired me to conduct my own research in the same direction. I began to look at blood under the microscope.

Professor William Dunbar also conducted research concerning the hypothetical pleomorphic character of the microorganisms. His thoughts are documented in the book "Zur Frage der Stel-

lung der Bakterien, Hefen und Schimmelpilze im System" (1981). Professor Dunbar was strongly influenced by Professor Enderlein´s hypotheses about the presence of blood parasites in the blood in certain diseases. This is something I believe I have been able to verify through my research.

In "Die Summationsdiagnostik auf Karzinom und Präkanzerose" (1982) Karl Windstosser shows how certain signs in laboratory studies can indicate malignancy. He believes that with microscopy of fresh blood in cases of precancerous or tumour diseases, one can regularly find damaged and greatly agglutinated blood cells and that they form so-called coin rolls, so-called erythrocyte shadows and thorn-apple forms. The above lines of thought were guidelines for my research.

Course and results of microscopy

I began with darkfield microscopy in order to see what the above researchers saw in the blood 50 years ago when darkfield proved to be a method of observing what even today are the unknown constituents of the blood.

In patients with Hodgkin's Disease I saw how certain bright points moved in the same direction at the same time, even if with a certain shifting of phase. Then I suspected that there could be a connection between them and thought this showed in the darkfield.

At examination of the preparation, fresh blood, in interference contrast alternating with darkfield, it turned out to be a microorganism. It resembled a worm with a thickening at each end. It was the ends that sometimes gleamed during darkfield microscopy.

One end appeared somewhat thicker and could elongate the middle, worm-like part. This elongation could in certain cases become many times longer than the diameter of the thickened part, which in turn - as far as I have been able to determine - may become as large as an erythrocyte. The elongation may become up to 70 µ long. I have seldom found this size in my preparations and have often found smaller, in fact, small sizes.

At the tip of the elongation is the smaller thickening which I regard as the microorganism's front pole. There are large numbers of these microorganisms in the patients' blood plasma, and they can only be seen by interference contrast microscopy and adjusted illumination.

The microorganism moves in vitro and the direction is towards the nearby blood cells which it appears to invade. The erythrocytes often have changes, that look like small holes about 0,5 µ large. They are almost impossible to convey to paper but are clearly seen under the microscope, especially in A:s blood.

The morphological changes verified until now in a patient with Hodgkin's Disease (see, for example, Williams "Hematology" (1977) and Kaplan, "Hodgkin´s Disease" (1972)), if the microorganism I have found is a blood parasite, could be seen as the outward manifestation of a counter-reaction, a battle against the attacker. Thereafter I examined the blood under the microscope of three patients with malignant tumours.

Patients

C (Patient seen in my own practice). Diagnosis of kidney tumour made at Sahlgrenska Hospital, Gothenburg. Journal at Sahlgrenska Hospital.

D (Patient seen in my own practice). Diagnosis of breast cancer made at Sahlgrenska Hospital, Gothenburg. Journal at Sahlgrenska Hospital.

E (Patient seen in my own practice). Diagnosis of lung cancer made at Renströmska Hospital, Gothenburg. Journal at Renströmska Hospital.

Specimens for microscopy

Drops of blood from the above patients.

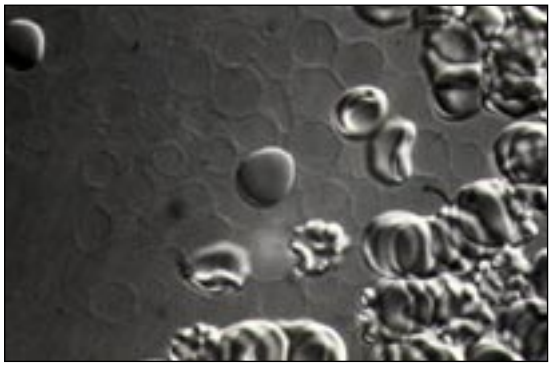
Course and results of microscopy

In the same manner as in the previous cases, I examined fresh blood from the three patients with malignant tumours. I could then ascertain that a large number of worm-like microorganisms were also present in the plasma of these patients.

The plasma can also be full of something that can be described as clear, round disc-shaped formations about 7 μ in diameter, that is slightly smaller than the blood cells. These formations contain small granules that whirl around at great speed. They probably do not move as a result of Brownian movement, the speed is too high.

The crystal clear, round, large discs, about 7 μ in diameter, might exist in the blood as bubble-like formations which sometimes burst and emit their contents. Many such burst bubble-like formations can be seen in the plasma under the microscope. Then small granules are not seen any longer. (*Figures 5 and 6*).

I have also found large roe-like collections where the different granules move around at great speed. I have sometimes seen how one part of the "roe" has separated itself and moved away out among the surrounding erythrocytes. (*Figures 7 and 8*).



Figures 5. *Patients C and D. Collections of clear, transparent bubble-like formations. They constitute a large amount of the blood's components.*

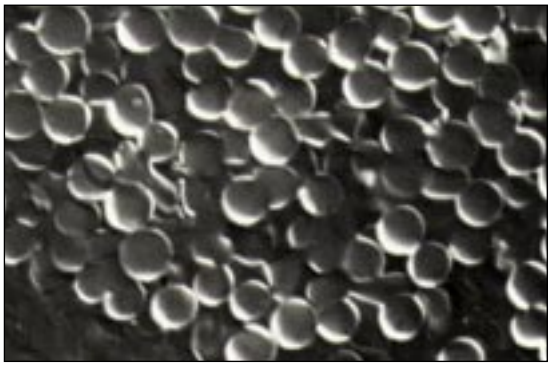


Figure 6. *Ibid Figure 5.*

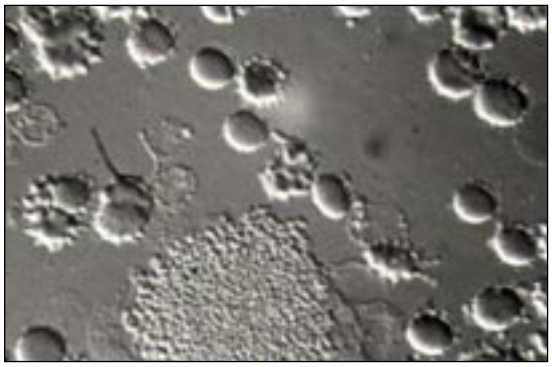


Figure 7. *Patient C. At the bottom, a collection of small granules. To the left and right of these there are seen round, transparent, bubble-like formations with small granules in them. How these bubble-like formations are developed was not possible to follow under the microscope. Nearly all erythrocytes show thorn-apple formations as signs of parasitic attack.*

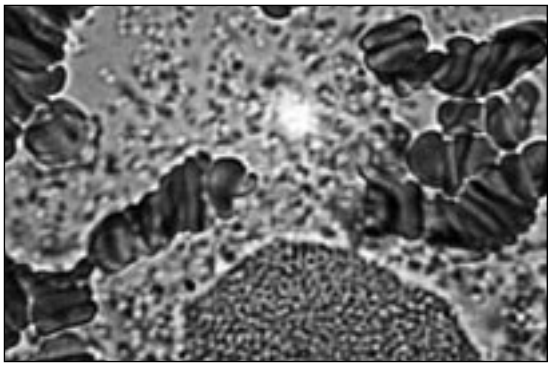


Figure 8. *Patient C. Roe-like collection which emits small granules out into the periphery. The granules move back and forth at great speed. Coin-roll formation of still relatively well-preserved erythrocytes.*

There were also roe-like collections in the plasma - about 25 μ in diameter - with three to four round disc-like formations in them. The small roe granules move around these disc-like formations at great speed. I do not regard these formations as white blood cells. The small granules resemble all too clearly the contents in the large roe-like collections described above and increase in size during observation under the microscope and developed dumbbell-forms during a 24-hour period. (*Figure 9*).

By microscopy of blood from the patient with breast cancer I saw, in addition to the findings described above, that many erythrocytes were coated with a transparent sheet that sometimes emitted a long "neck", sometimes with a small thickening at the end of it. The transparent sheet seemed to be closely bound to the blood cell. Could this contribute to explaining the cancer patient's still unexplained tendency to develop an anemia and the numerous thorn-apple formed erythrocytes on the object slide? (*Figures 10, 11 and 12*).

The microorganisms are difficult to see. They readily hide among the blood cells on the object slide. Perhaps this could provide a clue as to why blood cells in the cancer patients often clump and stick together as soon as they are put on an object slide. The microorganisms act as a sort of "cement".

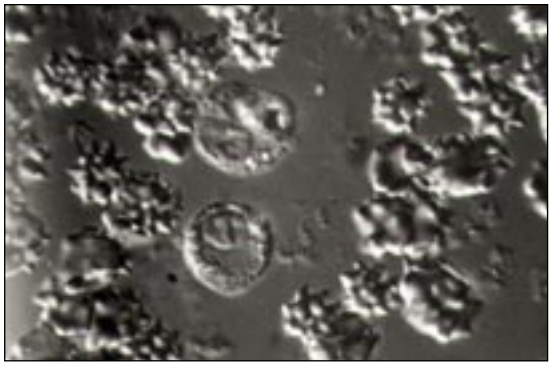


Figure 9. *Patient E. Thorn-apple formations all the way due to parasite attack. In the middle of the picture two round collections of small granules are seen with two disc-like formations in them. Their size can increase and the granules can develop to dumbbell-forms which can be followed on the slide. Similar formations are found also in the blood-picture of patients with Hodgkin's disease and rheumatoid arthritis and psoriasis. The formations resemble the Sternberg giant cells.*

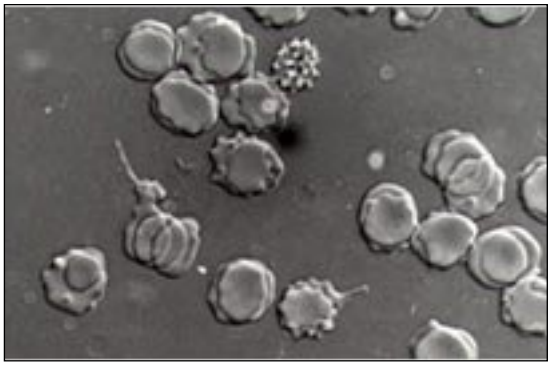


Figure 10. *Patient D. Parasite with stretched neck on a thorn-apple formation.*

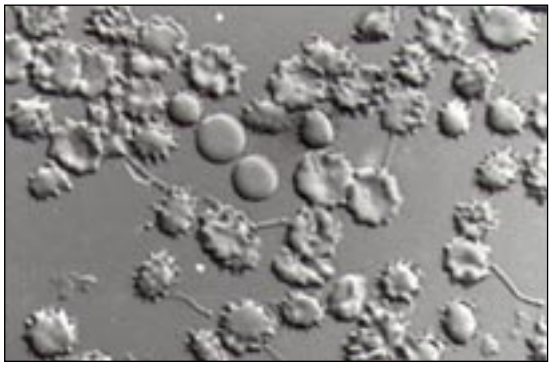


Figure 11. *Patient D. Thorn-apple formations, It is seen clearly here how the parasite stretches out a neck from certain thorn-apple forms towards other blood cells.*

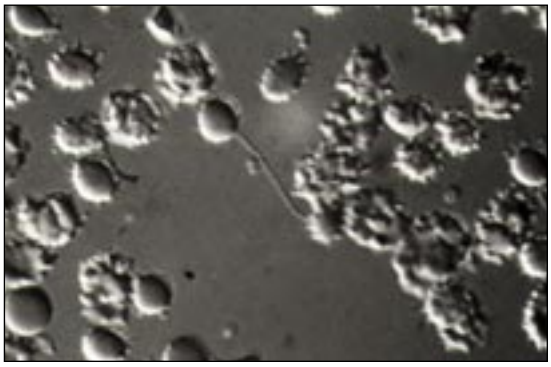


Figure 12. *Patient D. A parasite on a thorn-apple form stretches out its neck towards a less damaged blood cell.*

At first sight one does not see any blood parasites on the object slide. One should leave the blood undisturbed for a few hours. Only then do the worm-like microorganisms, the parasites, appear and move about in the empty plasma. After two days the sample can be interwoven with particles in different forms.

The microorganism probably needs peace and quiet in vitro in order to venture leaving the blood cells and moving out from its hiding place. It probably gets peace and quietness in the capillaries most peripheral in the circulation. Here it probably leaves the erythrocyte and begins moving freely in the plasma and can then probably penetrate surrounding tissues where in continued quietness it can continue its life and possibly complete part of its cycle. This could result in tissue destructions. There are probably many different kinds of parasites and their appearances are not entirely the same for the five patients who have been described.

It is possible that each form of parasite prefers to complete its cycle in its special tissue, which could explain why disturbances will come to existence in different tissues. Some patients develop cancer of the liver, others contract brain tumours or colon cancer.

The microorganism also gets peace and quietness in the skin where certain types of parasites probably complete their cycles and thereby cause skin symptoms for example itching in certain patients with malignant diseases. For instance, I think of a number of blood diseases which go along with such pronounced skin symptomatology that the patients are cared for in dermatology clinics instead of in medical clinics. Joint pain is another symptom in patients with malignant tumours. The question can be posed whether rheumatoid diseases, as is perhaps the case with malignant diseases, are also caused by a parasite with a partiality for joint capsule tissue.

By means of microscopy with interference contrast one can probably also identify many other kinds of particles in the plasma of individuals with other chronic diseases.

In order to establish whether the tumours in a number of cases are pure parasitic centres, the tumour tissue ought to be studied somewhat differently than is customarily done in histopathological laboratories.

My theories about the different forms of microorganisms that I have found can provide one explanation of recidivation in cancer patients as well as of the fact that a patient with cancer often "fades away".

It would be interesting - even if peripheral in this connection - to clarify what happens with these microorganisms when death occurs. Do they contribute to putrefaction? Are patients who carry these parasites already on the way of breaking down and putrefying during the time they are ill, prior to death? This could explain the difficult-to-explain weight decrease of 10-20 kilos which is often seen in these patients.

Hypothesis

Hodgkin's Disease is a parasitic disease and this also applies to many other malignant diseases.

Thoughts about continued research

Some suggestions:

- The possible affinity of the disease picture with parasitic findings ought to be investigated.
- Investigation of the life cycle of the parasites.
- The entry of the parasites into the blood.

• Chemo-therapeutic testing of the parasites.

• Investigate the methods of treatment. For example, is X-ray treatment a camouflage treatment where the body´s lymphatic tissue is weakened and is no longer able to react against the invader?

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