The putrefactive process as the cause of disease and death and microbe-like formations in the blood of chronically ill people

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Abstract

In the lecture delivered at the International Cancer Congress on 16-18 April 1994 in Darling Harbour, Sydney, Australia, the states of diseases in general are explained as a consequence of different forms of growing processes in blood and solid tissues and how these processes continue in the soma after the moment of death. They are supposed to cause both disease and putrefaction. A number of growing principles is demonstrated.

Introduction

We are in my office in Gothenburg with my patient Beverly, who has breast cancer. Tumours have been found in her right breast. She refused any orthodox treatment except surgery, which was performed about a year ago. Now she has new tumours in the remaining parts of her breast and in the scar. I gave her various alternative treatments. The tumour changed and became weak in its consistency. I was able to press parts of the tumour out of her breast manually.

At once I took a little piece of this cancer substance, put it on a slide, placed another slide over it, and pressed the two slides very hard between my fingers. Thus I could press out the cancer substance, getting a very thin layer between the two glasses, and examine the histopathology of the sample microscopically.

The cancer substance seemed to consist of two parts. Lots of moving granules of different sizes, and a kind of cheese-like substance in which the granules were also seen. I was really most astonished when I saw the moving granules, because looking at them did not make me think of cancer cells. They represented something else.

However, when I looked very carefully at the cheese-like substance, I could see that it consisted of rather large cells about 15-25 μm in diameter, the contours of which were almost totally rubbed out. Among these cells there were also lots of very thin filament-like structures going through the specimen in all directions. It was possible to see these filaments better if the preparation was influenced by different chemical substances.

The granules in the cheese-like substance did not move, probably because they were mixed up with the substance and pressed so hard between the glasses that they couldn't move. The tumour substance was sent to the pathology lab at the University of Gothenburg, and the examination showed the histological picture of a highly malignant tumour.

To find an effective treatment for Beverly was until now not possible. In the following statement I will try to remind the audience how important it is to make a correct interpretation of any histopathological finding, in order to understand its deepest nature, so that an adequate therapy can be chosen and random treatments avoided. That is, to understand from the histopathological picture, the very abstract processes in a tissue that cause normal histology to change into pathohistology, resulting in a somatic disturbance with a secondary disease picture, *conditio sine qua non* to be able to find a cause-blocking remedy to hamper the propagation of the somatic disturbance, in order to stop the development of or to eradicate the disease picture. In the following I am going to speak about growth as a plausible cause.

Growth

Growth implies a relationship between a growth product and a soil and the growth process in the product. Growth can only continue if there is a feeding soil in close relation to the growing product. Consequently, we can also maintain that nothing can grow in itself because a growth product cannot function as a feeding soil to itself for its own growth. That could be an axiom. Now, soil is not only feeding the growing growth product, but it is also impoverished by it. From this point of view, the growth process and the growth product are always dominating the soil, and the growth will not stop as long as the soil is delivering nourishment. From this philosophic discussion and the fact that tumours are actually growing in the body, we can extrapolate that a growing tumour also needs its soil (the tissues) to be able to grow, and that a cancer substance is something quite different from the tissues within which it is growing. It is not possible to postulate that it is emanating from normal tissue cells that changed their behaviour.

In Beverly's case, as you will understand later from this lecture, there are strong reasons

to suspect that the granules and the filaments in her cancer substance may show a pathogenic fungus infection. My hypothesis is that the granules represent the yeast-phase of this fungus. Budding and multiplying locally, they create the growing ”cancer substance” in the breast tissue. This kind of postulated parasitic growth will eventually change the tissue in its microstructure and metabolism as well as physically. Many of these granules will also spread out into the body fluids. Budding and multiplying at the expense of the body, they will eventually change and impoverish the tissues, as growth throughout nature reduces the nourishment contents of the soil towards poverty.

The more intensive a growth is, the more inconvenience the body will experience. This suffering most often ends with death. The inner functions of the individual cannot be fettered to the soma if this kind of growth process damages it too much, but leaves it. From the linguistic aspect, we could note that ”to die is to leave the life behind oneself”.

The destruction of the soma by a growth process will therefore continue, after this moment - according to the dominance over the soil - and eventually the growth process will transform all tissues to something quite different. The end result of this transformation and growth process can be studied in old - normally putrefied corpses.

Consequently, I'm trying to say that growth processes can start in the soma and are responsible for both the disease and putrefactive processes, which basically represent the same thing - the somatic destruction. Understanding these growth processes in order to learn to hamper them (or better still stop them) must be *conditio sine qua non* - to define a treatment that would make a diseased individual experience a feeling of coming over from the state of disease to the state of health.

Professor Enderlein of Germany gave me the impulse to think about disease in this way, and he maintained that the whole life process (any tissue) contained special living potentials (vegetations) that suddenly could become able to grow within and destroy our bodies.

Because I had never before heard about these vegetations during my whole medical career, I decided to check what Professor Enderlein had seen in the microscope, and to try to find these vegetations in the body fluids and tissues of chronically ill individuals and in corpses. This study made me understand that Enderlein stated something very interesting when he declared that different kinds of growing vegetations in the soma can cause both the disease and putrefactive processes. He also stated that these vegetations seem to be more aggressive after death, when the situation in the corpse is totally calm, which means that the circulation will not supply them with nourishment any more. According to the dominance of a growth product over its soil, they will now, more and more, increase their growth in all the different tissues of the soma, at much greater speed than before death.

I am now going to show you some of these vegetations and also give you some examples of interpreting them, through comparing them with already well-known facts in the accepted established microbiology.

To begin looking at blood microscopically means that the researcher will become aware of more or less a jungle of different structures and particles, spread out in the plasma among the red and white blood cells. Blood from individuals with different chronic diseases does not show the same microbe-like formations and growing structures, and this will eventually make an observer believe that they in some way must be interlaced with the disease process. To see all these things for the first time also means that it is difficult for an observer to relate them to already well-known conditions, which of course is necessary in order to be able to define their relative role and importance in the body. I myself could, to begin with, only with certainty maintain that what I saw in the microscope until now had not been described in the ordinary medical books.

To make a very first interpretation of these structures, I decided to find out if something similar to these life forms was described in the already established microbiological literature.

This seemed to give a very first relative understanding of some probably unknown structures, that already might have been described in the excretions, and infected solid tissues of individuals attacked by different pathogenic fungi and actinomycetes found in human beings. First, however, I will show the cheese-like substance from Beverly's cancer growth. It exposed thread-like structures going through the specimen in all directions (*Figure 1*). Similar filament-like structures were also found in the living blood, visible through the configuration of the erythrocytes (*Figure 2*). The flame-like pattern shows that there is something mixed up with the blood - probably growing.

Why do I think so? First of all, not only because a structure is not there *a priori*, it must have been formed or developed, but also because these filaments can show a budding growth of small particles. This might show the transition of a mycelial growth to the yeast-like form of the same fungus (*Figure 3*).

Similar filaments can also be fragmented into small particles, and it is common that this happens among the species in the order of actinomycetales in the plasma (*Figure 4*). If only a few particles can be seen in the plasma, it is impossible to get any understanding of them. But as soon as you get an idea how they are created - here from the filament - you will at once think that these structures might be associated with a kind of actinomycotic infection (*Figure 5*).

This very strange thing was impossible for me to connect to anything in microbiology that I knew. I found round white cavities in the blood-smear. Large numbers of moving, microbe-like formations of different shapes and sizes always appear in the cavities. The cavities may be bubble-like formations. They occur singly, but also in large numbers, and are often held together with band-like threads that run between the blood-corpuscles in the smear.

In one patient - a new-born child with Down's syndrome - I found very, very big bubbles with large numbers of moving particles (*Figure 6*). The plasma around the bubbles was almost

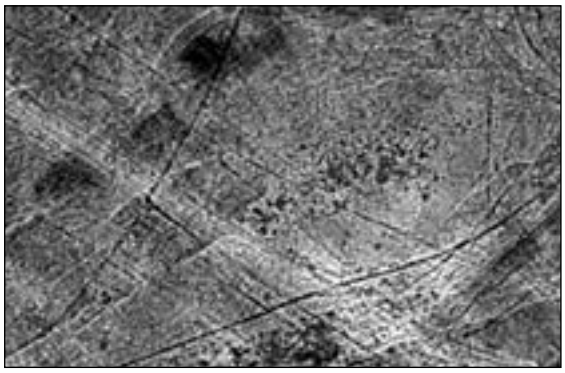

Figure 1 *Cheese-like substance from breast cancer tissue (Light field, 100x magnification)*

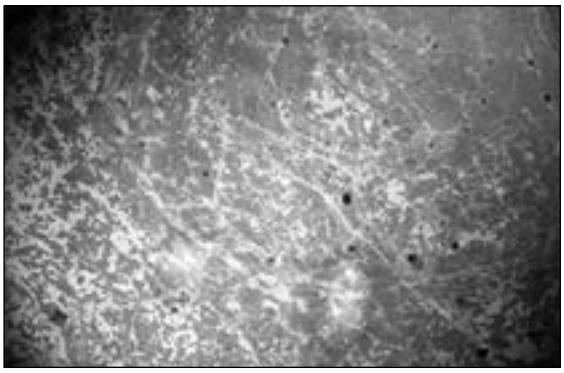

Figure 2 *Living blood from breast cancer patient (Light field, 100x magnification)*

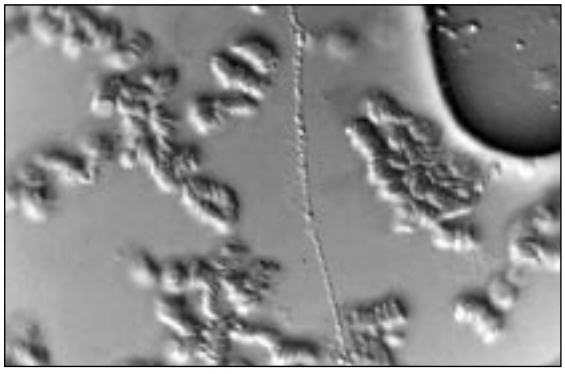

Figure 3 *Living blood from breast cancer patient (Interference contrast, 1200x magnification)*

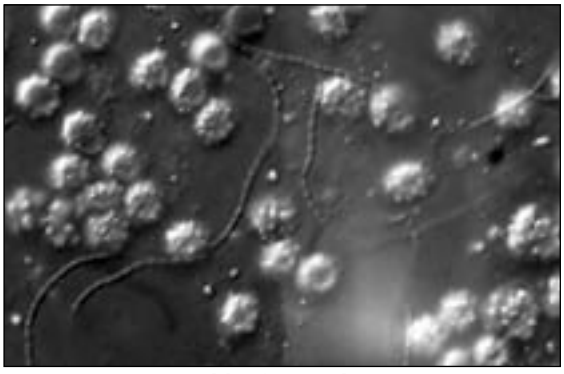

Figure 4 *Living blood from breast cancer patient (Interference contrast, 1200x magnification)*

clean. So, these bubbles seem to be filled with microbe-like particles. It is remarkable that children with Down's syndrome eventually get rid of these contaminations in their blood. The blood clears up and later in life the blood looks normal. Perhaps this kind of infection damages the soma very easily, leading to a diffuse somatic impairment. Later development and growth of the body towards these definite impairments of the fetal soma might result in the characteristic look of these children.

In *Figure 7* you can see a strange structure, revealed by the configuration of the red blood cells. It can be described as a disc consisting of an opaque substance, surrounded by a light corona zone in which lots of moving, microbe-like formations are found. In the blood, this structure must be floating around freely as a ball-like structure, with an infectious potential at its periphery. If observed in the same patient during a long period, it is possible to find that they can increase in size. It is easy to understand what this might mean to the body on different levels. Of course, it is possible that these ball-like formations can grow also in a solid tissue, and this would then eventually create a resistance.

In the literature, it is possible to find similar structures, described as the so-called "sulphur granules". They can be found in solid tissues infected by the pathogenic actinomycetes and contain an opaque mass in the centre.

In *Figure 8* you can see strange bright areas without erythrocytes on this slide. These have no clear border on the surrounding blood cells.

Likewise, even if an area looks empty, it almost always shows something similar to an infection, with many different types of microbe-like formations. If there are some red blood cells in these areas, they are partly destroyed and look moth-eaten (*Figure 9*). You can also see filament-like structures that have been fragmented. When you look at this, and if you read about the pathogenic actinomycetes, you will probably suspect that this infection might belong to this family.

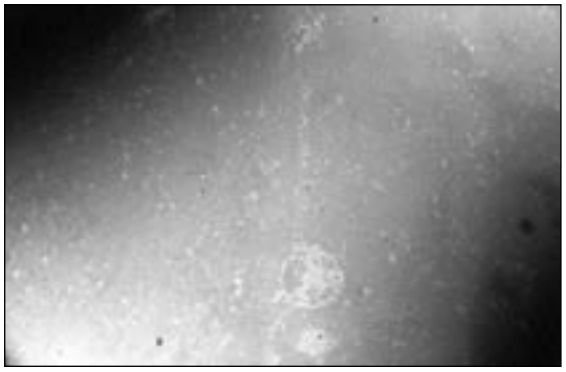

Figure 5 *Blood smear from breast cancer patient (Light field, 100x magnification)*

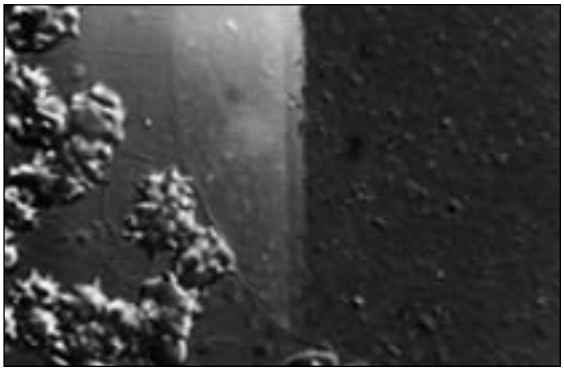

Figure 6 *Blood from new-born child with Down's syndrome (Interference contrast, 1200x times magnification)*

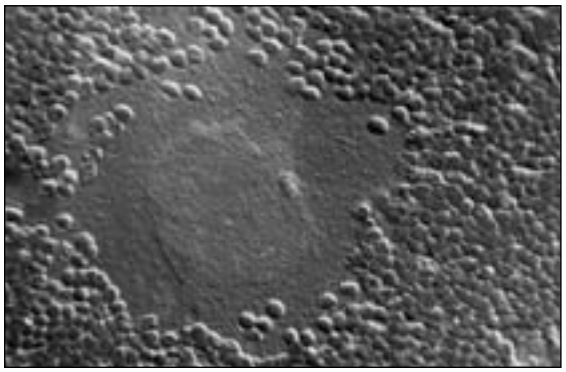

Figure 7 *Disc-like structure in blood (Interference contrast, 1200x magnification)*

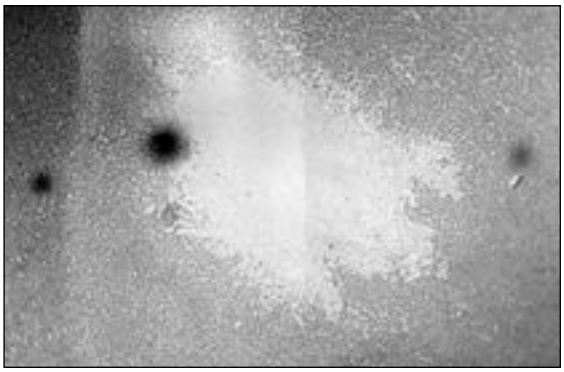

Figure 8 *Blood showing areas without erythrocytes (Light field, 100x magnification)*

It is easy to realize what will happen if different solid tissues are attacked by these suspected infections in the same way.

In 1984, I found something that I named a ”flake”. At first I believed it was of no interest on the glass, but then I saw that such a flake suddenly was able to produce lots of small granules, and that these granules were budding and growing, and changing their form (*Figure 10*).

All this was possible to observe on the slide in the microscope during a week. The flakes were similar to the so-called ”grains”, which are common in fluids coming from tissues infected with pathogenic fungi and the pathogenic actinomycetes. These grains can be found in biopsy material, in pus, and on gas bandages. They are up to 0.5 mm in size. In the literature, they are described as a product of intertwined filaments. With the interference contrast microscope it was, in fact, sometimes possible to see that the flakes found in the blood also showed and contained filament-like materials.

It is interesting to speculate on the possibility that the ”filaments” of these flakes represent the mycelial growth phase of a pathogenic fungus, or the filamental growth of a pathogenic actinomycete, and that the sudden production of granules from these flakes represents the budding yeast-phase of a fungus or a transition of actinomycetic filaments into these granules.

In *Figure 11* you can observe a little flake in the middle of a heap of granules probably produced by and from this flake. Once the budding process has started, it goes on by itself, and in the blood you will then find lots of heaps of roe-like formations floating around, perhaps creating thrombose-like states of disease. It is easy to realize that budding of these granules in solid tissues could create a resistance - a tumour - as in Beverly's breast-tissue.

Figure 9 *”Moth-eaten” appearance of erythrocytes (Interference contrast, 1200x magnification).*

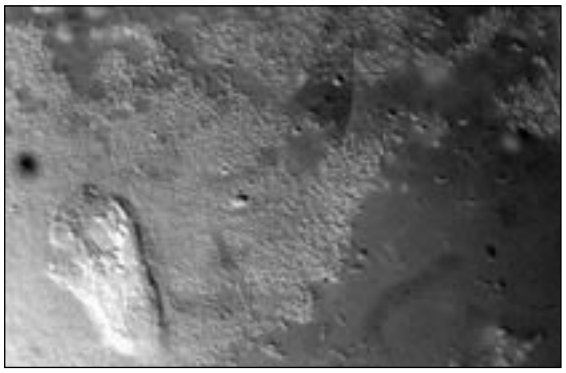

Figure 10 *”Flakes” in blood sample (Interference contrast, 1200x magnification)*

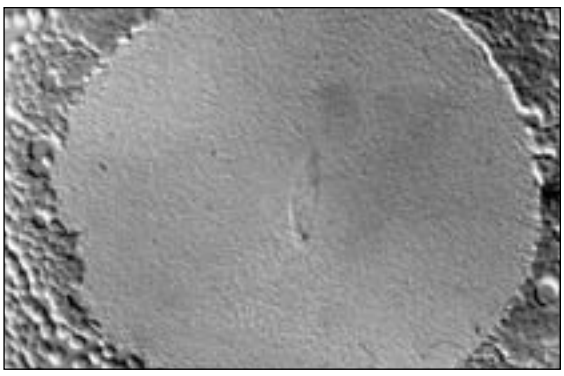

Figure 11 *Small flake in blood sample (Interference contrast, 1200x magnification)*

Conclusion

My information here showed only the tip of an iceberg. As you already understand, it is not a task for a single person to map out and interpret the role of these different vegetations in a body. To implement this, there must be an institutionalization of this field of research within the science of pathology.

To understand how these vegetations are growing and destroying the body, will eventually help us to develop a biological concept of disease according to the biological phenomenon that it is.