UNICELLULA CANCRI & THE PROTOZOAL SYNDROME

Lectures on Unicellula Cancri, Part III

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In this third article on topic of protozoal infections, it should be evident that regular medicine has emphasized acute protozoal infections like malaria and trichomoniasis yet pays little attention to dormant infections, subclinical manifestations, and the many who are asymptomatic carriers. A subclinical infection—also called a preinfection or asymptomatic infection—is an infection by a pathogen that causes few or no signs or symptoms of infection in the host. Subclinical infections do occur in both humans and animals. Depending on the pathogen, which can be a viral, bacterial, fungal or intestinal parasite, the host may be infectious and able to transmit the pathogen without ever developing symptoms; such a host is called an *asymptomatic carrier.* Many pathogens, including HIV, typhoid fever, and coronaviruses such as COVID-19 spread in their host populations through subclinical infections. However, not all hosts of asymptomatic subclinical infections will become asymptomatic carriers and pose dangers for others. For example, hosts of Mycobacterium tuberculosis bacteria will only develop active tuberculosis in approximately one-tenth of cases; the majority of those infected by Mycobacteria have latent tuberculosis, a non-infectious type of tuberculosis that does not produce symptoms in individuals with sufficient immune responses. Mary Mallon (1869 – 1938), known commonly as *Typhoid Mary*, was an Irish-born American cook believed to have infected more than 100 people with typhoid fever. The infections caused three confirmed deaths, with unconfirmed estimates of as many as 50. She was the first person in the United States identified as an asymptomatic carrier of the pathogenic bacteria Salmonella typhi and forcibly quarantined for nearly 30 years until her death. (Mallon's case became the first case in which an asymptomatic carrier was discovered and isolated forcibly by the state. The ethical and legal issues raised by her case are still circulating.)

Because subclinical infections often occur without eventual overt sign, in some cases their presence is only identified by microbiological culture or DNA techniques such as polymerase chain reaction (PCR) tests which of late has been totally discredited as a diagnostic tool. Therefore, for monastic physicians, we need resort to a detailed knowledge of signs and symptoms of subclinical infections, the pathophysiology of the microbes involved, and decided skills with the microscope and laboratory.

There were many practical tests and techniques developed before the advent of commercialized laboratory, that were once taught to physicians, but then abandoned after world war two.

I will point out some perspectives on clinical considerations on protozoal/parasitic infestations as they are so often overlooked and unrecognized.

A Brief History

Intestinal parasites have existed since our evolution as homo sapiens, yet were only recognized as medical entities in the last 200 years. Antony van Leeuwenhoek (1632-1723) wrote his description of the protozoa Giardia in 1681 as he was examining his own diarrheal stools under the microscope. The next description of this parasite was not until 1859 when it was observed by Vilem Dusan Lambl and described by him as Cercomonas intestinalis. These intestinal protozoa were thus a large contributor to European living and carried to the New World thereafter. Diarrheal diseases are a primary cause of infant mortality. Those with a strong immune system and better nutrition survive, but during their lives many may never recognize abnormal bouts of bowel disorders or realize their full energy potential. One may wonder if the *Spanish siesta* (afternoon nap) was not a cultural manifestation of unnatural lethargy caused by these epidemic protozoal infections like giardiasis, Dientamoebiasis (traveler's trots), amoebiasis, etc. These prevalent, potentially disabling diseases, especially amoebic dysentery, became important diagnoses along with cholera, salmonellosis, and typhoid fever in the early 1900s. Lack of knowledge of these infections, world wars, and other disruptions now led to tyhpoid mary's all over the world of one sort or another.

The 1980's

Louis Parrish, M.D. back in the 1980's tried to raise medical community awareness regarding a major, hidden health problem of infections caused by the intestinal protozoa *Entamoeba histolytica* and *Giardia lamblia*, which he clinically proved by appropriate therapy remediation, and how such infestations cause devastating health consequences, only to be masked by palliative therapies (and thus inculcating huge swarths of the population as carrier hosts). As discrete infectious etiologies, he called it *The Protozoal Syndrome*. Protozoa are one-celled animal parasites with two main disease-causing genera easily transmissible by human contact, food handlers, food production, etc.: Entamoeba histolytica and Giardia lamblia. These two protozoa are worldwide in distribution and once entrenched, as they now are, they are difficult to eradicate, as they have evolved successful survival mechanisms.

Protozoan pathogens such as Plasmodium (malaria), Leishmania, Trypanosoma, and Entamoeba are responsible for several of the most widespread and lethal human diseases. Their successful survival depends mainly on evading the host immune system by, for example, penetrating and multiplying within cells, varying their surface antigens, eliminating their protein coat, and modulating the host immune response. Immunosuppression occurs in nutritional deficiency, overuse of antibiotics, poor hygiene, etc. but is sometimes caused directly by parasite products and sometimes involves antigenic mimicry, which often appears in association with many parasitic diseases.

In addition to food and water, protozoa are transmitted sexually and have been found in up to 85 percent of gay men, reported as in The New England Journal of Medicine as early as Aug. 7, 1986. The amoeba produce a lectin that destroys human leukocytes, and this can speed up the time it takes for any virus, including HIV-infected cells, to develop signs of acquired immunodeficiency syndrome. Any

uncontrolled infection, stress, environment pollutants or any insult to the body weakens the immune system, and enough insults to the immune system can lead to the complete power failure that is HIV-AIDS. This is especially important to physicians to recognize now in our post-CoVid, promiscuous world.

The symptoms these protozoal organisms produce in humans are so varied, intermittent and similar to other infections involving the immune system, that only someone skilled in their knowledge, modes to transmission, symptomatology, and decided microscopic and laboratory skills can recognize as a primary cause of generalized illness. Amoebiasis, Dientamoebiasis, and Giardiasis are generally unrecognized as a forgotten cause of long-term illness in millions of Americans. The allopathic medical community has now by its undefinable social and scientific attitudes, fake news and views, etc. perfunctorily rejected these often sub-clinical illnesses and the all too frequently accepted false-negative lab results. The wide variety of gastrointestinal symptoms, irritable bowel, reflux esophagitis, chronic fatigue, and general toxicity can compromise a clinical picture making these infections hard to diagnose without the knowledge and skills. The facts are clear, easily more than 50% of the industrial world's populations are suffering from some degree of the symptoms of *The Protozoal Syndrome* while the real cause of the problem — protozoal enteropathy – is ignored and masked. Once diagnosed and properly treated, most can be restored to health.

Geography and under-development are today, of course, no longer the only criteria to account for understanding and mapping parasitic infestation. Mass migrations into Europe and America bring in with it not only new populations of people, but also the parasites they host and carry. The updated evaluations cited by Parrish in 1987 indicated that over 600 million people world-wide are infected with Amoebiasis, 300 million with Giardiasis, and over 100 million with Dientamoebiasis (traveler's diarrhea). A conservative estimate of the continental United States infection rate (1987) was 60% (30% Amoebiasis, 20% Giardiasis and 10% Dientamoebiasis). Contributing factors besides direct contact are local water supplies (from recycled sewatge), and the third world influx into major cosmopolitan areas, and travel abroad. We can easily surmise now our clinic adage, *in the face of symptoms, infection until proven otherwise!*

"I have found over the last 25 years that such a syndrome in many of my patients is caused by protozoal infection and the damage it can do to the body's immune system. Patients with the protozoal syndrome have a long list of physical, mental and emotional problems with a physical depletion that is so overwhelming that patients often fall asleep in my waiting room; they tell me they constantly need sleep and more sleep, yet it does them little good as they wake up too tired to start the day... The more the world is said to "shrink" because every part is accessible to so many, the more we can be sure no place is completely "sanitized," and it wouldn't take too much contamination of water and, of course, food, to lead to an epidemic that could prove very difficult to contain... Millions are suffering from the symptoms of The Protozoal

Syndrome and even after medical evaluations, are unaware of the real cause of their problem — the protozoa. Once diagnosed and properly treated, most can be restored to health. LOUIS PARRISH, M.D. New York, Aug. 6, 1987. Editorial New York Times"

Pets

When we think of protozoa infection, we must think of more than the cancer predilection from just malaria or trichomoniasis as pointed out in my first two articles. For example, *Giardia* infection is commonly identified in dog's stools, but veterinarians decide if it is a significant finding, based on symptoms and may not treat it. *Giardia duodenalis* has a variable prevalence in the canine population; infection is often asymptomatic but can cause soft stools or watery diarrhea. *Giardia duodenalis* is one of the most common intestinal protozoan infections reported globally; in 1996 the World Health Organization (WHO) estimated that ~200 million people have symptomatic giardiasis in Africa, Asia, and Latin America, with around 0.5 million new cases annually.

Feline trichomonosis is recognized to occur worldwide and is regarded as one of the most common infectious causes of colitis in the domestic cat. The infection is widespread in catteries, owners of multiple cats, and animal shelters; and, while remission of diarrhea may occur over time, persistence of the infection is most common. Cats get *Toxoplasma* infection by eating infected rodents, birds or other small animals, or anything contaminated with feces from another cat that is shedding the microscopic parasite in its feces. After a cat has been infected, it can shed the parasite for weeks. **Cats** affected by **trichomoniasis** are likely to be infected with other protozoa. The most common co-infection is Giardia spp. The parasite becomes infective one to five days after it is passed in the feces of the cat. The parasite can live in the environment for many months and contaminate soil, water, fruits and vegetables, sandboxes, grass where animals graze for food, litter boxes, or any place where an infected cat may have defecated. Most **cats** infected with T. gondii show no signs of disease. Infections with toxoplasmosis are associated with a variety of neuropsychiatric and behavioral conditions. Occasionally, people may have a few weeks or months of mild, flu-like illness such as muscle aches and tender lymph nodes and do nothing at all. In those with a weak immune system, severe symptoms such as epileptiform seizures, fatigue, and poor coordination may occur. If a person becomes infected during pregnancy, a condition known as congenital toxoplasmosis may affect the child. Toxoplasmosis is now known to have a worldwide distribution, and although the cat is the sole definitive host, the parasite can have significant implications for both human and animal health.

Parasitic protozoans have invaded and successfully established themselves in hosts from practically every animal phylum. The spectrum of **intestinal protozoal** infections can range from asymptomatic to invasive disease (in the cases of E histolytica or B. coli) to severe and/or chronic and protracted diarrhea (in the cases of giardiasis, amoebiasis, or in individuals who are severely immunosuppressed with spore-forming protozoal infections). Animal diseases spread to humans are called zoonoses. Among the principal routes of transmission of disease are contact, vectors, and transport vehicles. Contact can be direct or indirect. Direct transmission occurs from person to person by such things as touching, kissing, and sexual intercourse. In other words, pet owners clinically, can be assumed carriers until proven otherwise.

Viruses of Protozoan Parasites

In today's world of viral awareness, this aspect is completely ignored. Viral infections caused by protozoan parasites burden the world with huge costs in terms of human and animal health. Most parasitic diseases caused by protozoans are unrecognized and clinically neglected, particularly those associated with poverty and tropical countries, but is now spreading to industrialized areas due to mass migrations. In this climate, the discovery and repurposing of anti-parasitic drugs are being used and explored as new alternative/synergic treatment strategies for cancer and its prevention.

Viruses, either native or engineered, are carried by pathogenic protozoa. Increasing evidence is accumulating that many protozoan, but also helminthic parasites (worms) harbor a huge range of different classes of viruses that are mostly absent from humans. Although some of these viruses appear to have no effect on their parasite hosts, others either have a clear direct negative impact on the parasite or may, in fact, contribute to the virulence of parasites for humans, which is only now starting to be explored.

The first clear evidence of viral endosymbionts in parasites was the discovery of virus-like particles (VLPs) in parasites such as the infectious protozoans Entamoeba histolytica and Leishmania hertigi (currently Paraleishmania hertigi), and the platyhelminth Diplectanum aequans, a parasite of fishes. Since then, VLPs and true viruses have been documented in a variety of protozoan and helminth parasites that in turn parasitize humans, animals, plants, many more are expected to be discovered in the near future due to the extensive application of high-throughput sequence technologies. [https://virologyj.biomedcentral.com/articles/10.1186/s12985-020-01410-1]

Therapeutics

What this new found knowledge on parasitic diseases points to is the need to address parasite infections, first and foremost, in all cases stemming from chronic viral infections, which we can assume in today's post-covid world, 100% until proven otherwise. Further being researched are the viruses of protozoan parasites *Trichomonas vaginalis*, *Leishmania* spp., *Giardia duodenalis* and *Cryptosporidium spp.*, and their viral endosymbionts, as model systems to present for exploiting their human parasitic diseases together with the challenges associated with their infestation. Suffice it to say, only eradication of the parasite will logically reduce or remove the viral infection load.

With all these physical considerations, as physicians we must ask, how much of our therapeutics are just "band-aids", trying to overcome the symptoms chief complaints with such treatments as thyroid deficiencies, anti-oxidant therapies, anti-viral therapies, energy imbalances, etc.; without consideration of latent parasitosis first and foremost.

THIS IS DEFINITELY SOMETHING YOU WANT TO SCOPE OUT

We in are our medical school of Monastic Medicine, will be exploring a comprehensive course of study on this issue beginning in January 2024. I invite all members to audit this course, along with our core students actively enrolled now for one year in this program. A one week microscopy workshop will be held on campus April 22-28, 2024 and many patients will be examined as well as each student. Further,

a 3 day symposium is planned for Quito Ecuador, May 17-19, 2024 (pending) as a course wrap up and international exchange with our Brothers and Sisters there. The pertinent, and hard to obtain German texts, have already been scanned and posted on the school website. In addition, the study course includes a comprehensive video series with accompanying textbook on medical parasitology, probably the most ignored study in the world's medical curricula. Further, and most importantly, are examined the treatment protocols of Weber and Lebedewa. Since the onslaught of the Covid "vaccine," strange objects and artifacts are being witnessed in blood microscopy by hundreds of microscopists. It is vital that progressive doctors take on this study now of parasitology along with the new bacteriology and virology.

Here is the online course agenda for those members who wish to enroll or audit:

World's most unique course in Parasitology, Cancerology, & Natural Hygiene -- Diploma Course

includes opportunities in training for functional light microscopy for:

• Live blood analysis LBA.

• Heitan dry blood HDB.

• Weber flame blood smears WFB.

• Weber Parasite blood smears WBS.

• PAP smears.

Applicant must be a Church Member and have prior education in basic biology.

1. Parasitic Diseases Video Course, a 45 video lecture series (~30 hrs.) that explores the biology and pathogenesis of eukaryotic and protozoal parasites. Includes Z-Library link to the instructors supplementary textbook.

2. Doc's zoom lecture series on GAIA biology, microscopy screening, cancerology, cell biology, and natural therapeutics.

3. Bowel Ecology & GI Tract Healing a 30 video lecture series (~30 min. ea).

4. Cancerology For the Vitalist & Hygienist. Online course with lectures and texts, a treasure trove of information and treatment protocols. Provides a historical education on the "other schools" who early on went against the mainstream and the choke-hold held by Big Pharma and the American Medical Association. Thus, one can expect only to learn gems for practitioners who will struggle against the monster called cancer.

5. Selective download of rare books, translated materials, etc. not available elsewhere.

6. Unique composite podcasts [Doc's Monastic Medical] on parasitical diseases, food & waterborne illnesses, etc.

7. Training available for functional light microscope for Weber blood mounts (includes on board video monitor, blood charts); Heitan ROT mounts, PAP smears, Live Blood Cell analysis, Urinoscopy; etc.