

# SECOND THOUGHTS ABOUT DISEASE

A CONTROVERSY AND BÉCHAMP REVISITED

by

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PIERRE JACQUES ANTOINE BÉCHAMP  
*when Professor of Medical Chemistry and Pharmacy  
at the University of Montpellier 1857-1875*

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SECOND THOUGHTS ABOUT DISEASE. A CONTROVERSY  
AND BECHAMP REVISITED.

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G.C. Dettman

Modern medicine is based on Pasteur's germ theory of disease - a specific organism causes a specific disease and a specific vaccine gives specific protection. Shades of doubt concerning the validity of this dogma were seen when it was observed that some Aboriginal children did not get protection and, in fact, died when vaccines were administered.

It soon became obvious that individuals became susceptible to disease for various reasons, and the germs themselves simply take advantage of the susceptible state. Vaccinating susceptible individuals does not necessarily render them immune; it may have the reverse effect.

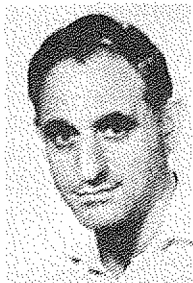
Further light was shed on this problem when it was found that Pasteur plagiarised the work of a great scientific contemporary, Béchamp. According to this astute observer the basis of life is not the cell but a living "gene" that he called a microzyma. Microzymas can evolve with changes in the nutritional environment to become viruses or bacteria, harmless or harmful, and although apparently specific viruses and bacteria can be reproduced as similar organisms, this is only true if specific environmental conditions exist. Under other conditions evolution into other viruses and bacteria can take place.

In the same way an infection can be exogenous but it can also be endogenous - evolving by a process of microzymian evolution. The fallacy of vaccines is thus explained and the importance of the nutritional environment of the cell understood.

Ascorbic acid, the universal detoxifier and tolerance factor, can be placed in its true position as an important weapon against disease.

## Second Thoughts about Disease: A Controversy and Bechamp Revisited

Archivides Kalokerinos, M.D. and Glen Dettman, Ph.D.



Dr. Kalokerinos took his medical degree from Sydney University in 1951 and then spent six years in England. On his return to Australia he was appointed Medical Superintendent of Collarenebri Hospital where he served until 1975. He is a Life Fellow of the Royal Society for Health, a Fellow of the Australasian College of Biomedical Scientists, a Fellow of the Hong Kong Medical Technology Association, a member of the International Academy of Preventive Medicine and of the New York Academy of Sciences.

Dr. Kalokerinos has authored a book with profound orthomolecular medicine implications entitled *Every Second Child* as well as many scientific papers. He is also the author of two books on the subject of opal on which he is considered an international authority.



Dr. Dettman is founder and Director of the Oakleigh Pathology Service and Orthomolecular Medisearch of Mentone, Australia. He served with the A.I.F. in World War II as a senior medical technologist and later earned his doctorate in microbiology and a B.A. from the Independent University of Australia. Dr. Dettman's research activities have included such fields as antibiotics, bovine mastitis, phagocytosis and studies of staphylococci including a modified autogenous vaccine. He is a Life Fellow of the Royal Society for Health (London), Life Fellow of the Royal Microscopical Society, Fellow of the Institute of Science Technology (U.K.), Fellow of the Australasian College of Biomedical Scientists, Fellow of the Hong Kong Medical Technology Association, member of the International Academy of Preventive Medicine, the New York Academy of Sciences, Australian Institute of Medical Technology and American Society of Medical Technologists. Dr. Dettman has authored many scientific papers and was appointed the head of a research team in 1969 to investigate the claims of Dr. Kalokerinos, with whom he has been a co-worker ever since.

### Introduction

The following findings and speculations have grown out of our joint study of Aboriginal infant mortality in Australia associated with immunizations meant to save them, and out of our findings concerning the value of megascorbic therapy, specifically, and of orthomolecular medicine, generally, as treatment approaches.

We are not surprised that the editor of this *Journal* was initially reluctant to accept our earlier manuscripts for publication due both to their lack of documentation and highly speculative nature. In addition to the editors of the *JLAPM* we would also like to express our gratitude to Mrs. Dorothy Knafelc, FRMS, who first introduced us to the work of Bechamp, and who is presently assembling the relevant arguments and evidence for a serious consideration of Bechamp's work by contemporary biologists.

We recognize the leadership of the International Academy of Preventive Medicine in the holistic health care reform movement in the world today and welcome this opportunity to share our thinking and work with its members. We have already been corresponding with some IAPM members for some time now, among them, Irwin Stone, Linus Pauling and Frederick Klenner. These men have offered us encouragement in our work in Australia where we are endeavoring to organize a chapter of the IAPM to promote the practice of Orthomolecular Medicine.

### *The Closed Mind of Medicine*

Dr. Cynthia Cummings recently visited Australia where she told us of her role in the organ transplant bank at the Institute for Medical Research at San Jose, California. An interesting exchange of ideas resulted where we were reminded of the fact that the average medical graduate does not really get the opportunity to question the validity of much of the medical dogma he is taught, with the result that the seeds of the "closed mind of medicine" are sown very early in training! We ask at this time that our readers not lose sight of the dogma of organized medicine that all too often blinds us and that you be especially conscious of this fact as you read our findings and speculations.

History, of course, is studded with examples of man's reluctance to accept new concepts. Imagine how Columbus must have felt when he "knew" the earth was round while scholarly opinion rejected this notion. Then, too, what of Galileo who was forced to kneel before the dignitaries of the Church and denounce his "heresy" concerning the movement of the earth. Moreover, it was 35 years before the work of Mendel was accepted, while another scientist by the name of Waterson was told by a referee of the Royal Society that his

thesis on molecular gases was nothing but nonsense!

### *An Australia Experience*

Some seven years have now elapsed since we jointly commenced researching the role of ascorbic acid specifically and good nutrition generally in the treatment of Australian Aborigines. Throughout, Irwin Stone's outstanding work has helped us practically and his example of bold inquiry has proven a constant source of spiritual support as well. We often found ourselves borrowing from his courage to stand for what he believes as we struggled to be heard above the rigid drums of orthodox medicine in Australia and elsewhere. Stone's work and example have also encouraged us to turn back the pages of history to better understand our own orthomolecular work with the problems of Aboriginal infant mortality generally and with immunizations specifically. In so doing we have uncovered two controversial issues: (1) an interpretative one, (2) one that involves directly the fields of immunology and nutrition. In the discussion that follows we will endeavor to share with our readers the questions and implications raised by our work with "closed" Australian populations and our review of the history of microbiology.

## **Part I**

### **A Supplemental Disease Model**

#### *Background*

It is generally accepted that if we can establish the presence of a virus or a microorganism with a disease, then that microorganism or virus must be the "cause" of the disease. We perform toxicity tests with laboratory animals and make vaccines which "boost" immunity which theoretically should protect the recipient from the devastating effects of the disease. However, such immunization is not without dangers as has been dramatically shown in the book, *Every Second Child* (Kalokerinos, 1974). Indeed, our studies have shown us something quite controversial and phenomenal; namely, that immunization is potentially a health hazard *at times* and one that organized medicine has not sufficiently examined. Moreover, immunization might profitably be seen as having stolen the show from a more holistic and nutritionally oriented consideration of a host's susceptibility and resistance factors which our work has shown us to be so critical in disease states and immunization procedures themselves!

When our observations first forced us to examine the possibility of immunization being a health hazard, under certain conditions at least, it seemed rather absurd and very puzzling to us. However, the facts were before us here in

closed Australian Aboriginal populations where children and adults have been found suffering all too often with severe and even fatal immunological accidents. As scientists we found ourselves taking a second look at the history of microbiology in order to better understand what we were seeing with our own eyes as a consequence of the mass immunizations conducted among the Aboriginal populations.

### *Louis Pasteur's Place in History?*

We found in our study of history that there is good evidence that Louis Pasteur's position in the history of science may need considerable re-evaluation. E. Douglas Hume has demonstrated quite conclusively in her book, *Bechamp or Pasteur* (Hume, 1963), that the person who really developed the secrets of fermentation was a little known contemporary medical scientist named Bechamp. It is impossible to fully explain Bechamp's complex hypotheses and findings covering 53 years of dedicated scientific research (1853-1905), and we do urge skeptical readers of our findings and interpretations to study his prolific works. In the year of his death, 1908, eight pages of the *Moniteur Scientifique* were required to set forth a list of his scientific works. Bechamp spoke of his last work, *The Blood and Its Third Anatomical Element* (Bechamp, 1912), "as the crown to a collection of works upon ferments and fermentation" which he had pursued without relaxation since 1854. On page 79 of this book Bechamp gives an interesting account of Pasteur:

"Now in 1872 M. Pasteur attempted his boldest plagiarism; he discovered all of a sudden eight years after my discovery thereof, (I will state elsewhere on what occasion) that the ferments of vineous fermentations exists naturally upon the grape. In this connection he discovered, also, that plant and animal matters contain normally the things which cause them to alter spontaneously, in their cellules, without the atmospheric germs. . ."

It appears to us that not only did Pasteur plagiarize, but he also distorted Bechamp's hypothesis itself which we now offer to our readers in the spirit of continuing inquiry and of encouraging an objective re-evaluation of this man's work in light of our current knowledge of the importance of *nutrition-immunization interactions* of the sort documented in the book, *Every Second Child* (Kalokerinos, 1974). Very briefly, it was Bechamp's thesis that most disease is endogenous in origin or "born" within us and of us in the form of an enzyme transformation. Specifically, Bechamp proclaimed that special enzymes, which he called microzymas (soluble ferments), under certain conditions may evolve into viral or bacterial entities and that the latter may thus originate from within the organism, without seeding, as a permutation of the endogenous microzymas factors of the organism when conditions of

nutritional breakdown are right to favor such change or microzymian evolution.

### *What Is a Microzyma?*

In his book, *The Blood* (Bechamp, 1912), Bechamp states:

"The microzyma is the beginning and end of all organization. It is the fundamental anatomical element whereby the cellules, the tissues, the organs, the whole of an organism are constituted."

"... In a state of health the microzymas act harmoniously and our life is, in every meaning of the word, a regular fermentation. In the condition of disease, the microzymas do not act harmoniously, the fermentation is disturbed, the microzymas have either changed their function or are placed in an abnormal situation by some modification of the medium."

### *Our Work Leads Us to Correspond with Others*

Reporting some details of our work to Dr. Abram Hoffer, he replied:

"I have enjoyed going over the material you sent me recently. This whole field is very new to me, especially the relationship of bacteria or viruses to nutrition. Is it correct that (regarding Bechamp's thesis) you state bacteria and viruses can develop in a proper nutritional medium, for example, in various places of the body without having to be seeded there in the first place by previous bacteria or viruses? I do believe that when nutrition is adequate, the tendency for infection must be very much less because I have seen this over and over with my patients, who, when they take large quantities of vitamins, do seem to be healthier and have very much fewer infection rates" (Hoffer, 1975).

Dr. Hoffer's question may, in part, be found answered in the work of Dubos on the proliferation of microorganisms *in vivo*. Dubos states: "Spores of *Cl. tetani*, *Cl. welchii*, or other clostridia can persist for years in the tissues without causing any symptoms of disease or even multiplying; whereas, they are often brought into activity by non-specific stimuli, such as trauma, surgical intervention, or local infection" (Dubos, 1954). Does this throw a shadow of doubt on current concepts of infection generally and on the value of immunization and the use of antitoxin in particular? We thought so, and subsequently Klenner's article concerning the treatment of poliomyelitis (Klenner, 1955) and lockjaw with vitamin C and tolserol (Klenner, 1954)

encouraged us to further re-examine matters in the light of Bechamp's hypothesis. It became increasingly apparent to us that the problems relating to infection and immunization were, to say the least, oversimplified by organized medicine. Perhaps Bechamp was thinking in advance of our modern molecular biologists who refer to genes controlling enzymes! We wondered whether Bechamp's writing anticipated, in some respects, the discovery of RNA and DNA? It now appears to us that the experimental data described in Bechamp's works has, in part, been independently and unknowingly repeated by Professor Bayev of the USSR Academy of Sciences. In a personal communication with Professor Bayev (1974) concerning the common factors of his and Bechamp's work, Bayev states: "Self restoration of the molecule from its parts was obtained with pure transfer ribonucleic acid from bakers yeasts. It is rather a simple organic substance of molecular weight 30,000 daltons. Its chemical structure is now identified exactly. I think the microzyma by Bechamp has a more complex chemical nature than a simple organic molecule, but our experiments with transfer ribonucleic acid molecules prove that self-restoration is possible already at the molecular level."

Thus, we see Bayev's findings support a possible existence for a "microzymian-like" entity as proposed by Bechamp long ago. Further, modern investigation has established that we can take more accessible particles of DNA out of one bacterium and transfer them to another in transfer experiments of the sort being covered by a nervous world press these days: might it not be possible that such genetic engineering itself could be further advanced by a serious reconsideration of Bechamp's work. It is little wonder, then, that Pasteur and the establishment science of his day could not understand the brilliance of Bechamp's work which has had to await our modern day understanding of host resistance and susceptibility, immunization-nutrition interactions and RNA, DNA and genetic transfer experimentation. Finally, might we not also ask ourselves how much our uncritical acceptance of Pasteur's work has retarded the development of medical science to this day? In our own work we found that when we became aware of Bechamp's arguments we were better able to understand some of the puzzles of our findings with Aboriginal infant death problems in Australia which initially lead us into conflict with the prevailing medical models of disease and immunization. We feel that we have gone too far to turn back and that we need the help of all health care professionals, who dare to think for themselves, in working through the tangled web of relationships that govern disease-immunization-nutrition interactions.

### *A New Spirit of Inquiry*

It is in the spirit of free, objective inquiry, then, that we have submitted these questions and arguments to the *JIAPM* so that a wider and talented audience of

professionals might join in a further exploration of the relevance of Bechamp's thinking in our times.

It is obvious that we are not alone in questioning the current disease theory or model, for Professor Linus Pauling on his visit to Monash University in Melbourne recently questioned the current disease models when he stated that, "I know a man, Rene Dubos, professor at Rockefeller University, who in 1957 wrote a book in which he said: 'Viruses and bacteria are not the sole causes of infectious diseases. There is something else'" (Pauling, 1973). We would respectfully add that we have come to speculate that this "something else" may be Bechamp's "microzyma," or an equivalent entity, found in the organism itself. Clearly further investigation is called for to settle this controversial thesis. It remains encouraging to us when hardly a day passes without some immunological concept becoming amenable to the microzymian theory of Bechamp which in our view seems to integrate the paradoxical findings of modern microbiology so effectively.

## Part II

### Immunization Reconsidered

#### Introduction

Perhaps one of the great dangers of Pasteur's "germ theory" is that it is a part-truth! As a part-truth it has stolen the show and taken our attention away from endogenous, host factors of resistance and susceptibility that may indeed be the "show" if Bechamp is correct and our own powers of objective observation have not totally failed us! Orthodox "germ theory" has most certainly taken our attention away from host factors in disease in any fully meaningful sense.

Assured that we had at least reasonable grounds to doubt the validity and effectiveness of immunizations (see *Every Second Child*), we set out to investigate some of the lesser known facts and hazards of immunization. In this regard we sought responsible statements from responsible persons. Here it was encouraging to find that, despite an unawareness of Bechamp's thesis, progressive notions about disease were readily available in the responsible scientific community: e.g., Sir Graham Wilson, M.D., LL.D., FRCP, DPH, formerly director of Public Health Services and Honorary Lecturer in the Department of Bacteriology at the London School of Hygiene and Tropical Medicine, wrote the following:

"The risks attendant on the use of vaccines and sera are not well recognized as they should be. Indeed our knowledge of them is still too

small and the incomplete knowledge we have is not widely disseminated. . . The late Dr. J.R. Hutchinson of the Ministry of Health (U.K.) collected records of fatal immunological accidents during the war years and was kind enough to show them to us. We were surprised to learn of the large number of persons in the civil and military population that died apparently as the result of attempted immunization against some disease or other. Yet only a few of these are referred to in the medical journals. When one considers that Dr. Hutchinson's records covered only four or five years and was limited to Great Britain and that in other countries in Europe, Asia, Africa, America and Australia probably much the same proportion of accidents were occurring, and further that such accidents have been going on for the last 60 or 70 years, one realizes that a very small proportion can ever have been described in the medical literature of the world" (Wilson, 1967).

Such statements serve to support our own similar contentions published in the *Medical Journal of Australia* in August 1973 (Kalokerinos, 1973) and April 1973 (Dettman, 1973).

In 1972 Professor George Dick (Bland-Sutton Professor of Pathology, Middlesex Hospital Medical School, U.K.) made a plea for caution by stating:

"Now that the idea of selective epidemiological control has been accepted for smallpox, that some of the newer vaccines are being introduced selectively (e.g., rubella), that some of the older vaccines are becoming obsolete via a selective route, we can perhaps look forward to more precise and less blunderbuss prevention of some diseases" (Dick, 1972).

How many readers are old enough to remember the crude methods of immunization which were inflicted upon us during the war years under the jibes of our mates in arms: "You'll be sorry". . . how ironic for some in the unit in which one of us served. Three out of 500 immunized troops died, all were severely ill, and, yes, the remark was ironically prophetic, and we are sorry!

#### Antibiotics, Immunization or Improved Nutrition?

In 1973 Dr. D. Powles observed:

"The major contributing factor toward improved health over the past 200 years has been improved nutrition. Nearly 90% of the total decline in the death rate in children between 1860 and 1965 due to whooping cough, scarlet fever, diphtheria and measles occurred



before the introduction of antibiotics and widespread immunization against diphtheria" (Powles, 1973).

Epidemiologist Dr. G.T. Stewart made a similar statement which was reported in *Lancet* of May 18, 1968; and prior to this Sir Robert McCarrison, the great English physician, wrote:

"Obsessed with the invisible microbe, virus, protozoa as all important excitants of disease, subservient to laboratory methods of diagnosis, hidebound by our system of nomenclature, we often forget the most fundamental of all rules for the physician, that the right kind of food (nutrition) is the most important single factor in the promotion of health and the wrong kind of food the most important single factor in the promotion of disease" (McCarrison, 1936).

In a personal communication (1974), Dr. Klenner made the following important observations:

"Many here voice a silent view that the Salk and Sabin vaccine, being made of monkey kidney tissue, has been directly responsible for the major increase of leukemia in this country. Your own Dr. Nossal from the Institute of Medical Research, Melbourne, Australia made the statement which was published in our *Medical Tribune* that, 'Most killed vaccine in use today was not fit for a mouse.'"

Elsewhere in the same communication Dr. Klenner astutely sums up some pertinent reasons for our inability to make successful viral vaccines as follows:

"I am of the opinion that virus units have the potential of going from one type to another by just altering their protein coat. We see chicken pox at Thanksgiving, mumps by Christmas, red measles in the spring and polio and what we now know was Cocksackie in the summer. When the red measles vaccine was given to the children in our community we immediately had an epidemic of sore throats and many of the older people demonstrated Koplik's spots" (Klenner, 1974).

These viewpoints appear to constitute food for thought. Moreover, it is disappointing to observe the futility and ineffectiveness of many "flu" vaccines that have been accepted by an unwary public. If we consider Bechamp's thesis that viruses and bacteria can be extensions of enzymes ("microzymas"), that there are specific disease conditions rather than specific diseases, that the virus and the bacterium are the concomitants, not the antecedents of disease, is it not conceivable that these entities may become, by evolution and nutritional breakdown, the viruses and bacteria we are studying so intently? Is Klenner

right? Was Bechamp right? Is this why we cannot make a successful vaccine? In closing this section we should like to leave with you studying the implications of Figures 1 and 2 that follow. Figure 1 was presented at the Presidential Address

#### THE IMMUNIZATION MYTH?

England & Wales: Deaths of children under 15 years attributed to scarlet fever, diphtheria, whooping cough and measles (Porter, 1971).

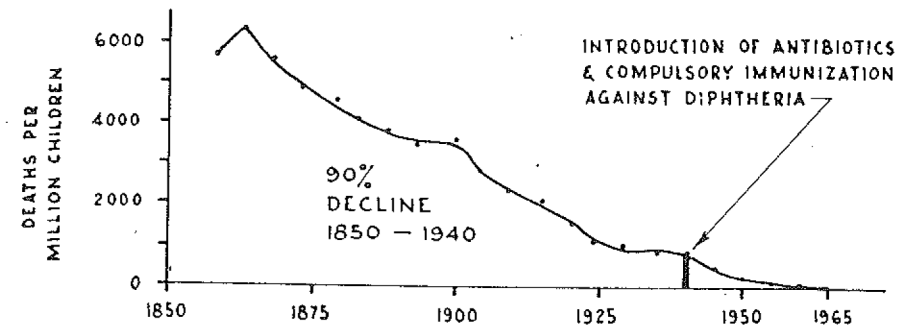


FIGURE 1

#### THE IMMUNIZATION MYTH?

Declining death rates attributable to infectious diseases of infancy and childhood, such as tuberculosis (upper curve) and typhoid fever (lower curve). No immunization against TB has been adopted in the U.S. The effectiveness of typhoid vaccine is questionable (Dingle, 1973).

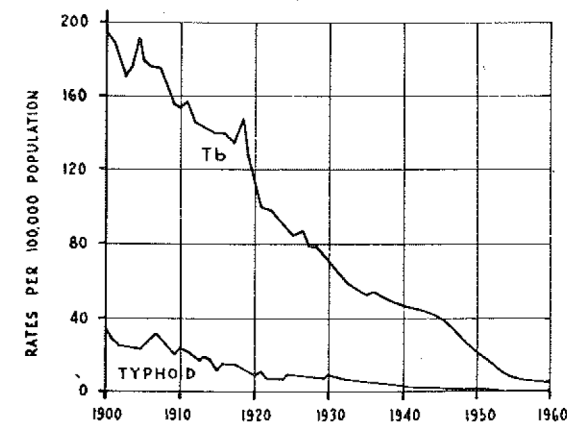


FIGURE 2

of the British Association for the Advancement of Sciences (Porter, 1971), and Figure 2 appeared in an article published in *Scientific American*, written by Professor John Dingle (1973). These two countries are widely separated but the conclusions are similar.

### *Smallpox*

In the hope that we have awakened your general critical faculties, we should now like to comment on several specific diseases. During a recent visit to the Philippines we were fortunate enough to address their own medical health officials where we reminded them of the incidence of smallpox in formerly "immunized" Philipinos. We invited these officials to consult their own medical records and asked them to correct us if our own facts and figures disagreed. No such correction has been forthcoming and we can only conclude that between 1918-1919 there were 112,549 cases of smallpox notified with 60,855 deaths. Systematic vaccination started in 1905 and since its introduction case mortality increased alarmingly. Their own records comment that, "The mortality is hardly explainable" (Hume, 1963).

In a recent letter from Dr. A. Ward of the Pathology Department, University of Hong Kong, in which he requests permission to use some of our findings in his textbook on immunology, Dr. Ward states:

"I again like you do not worship Louis Pasteur and I consider Edward Jenner to be one of the great criminals of history."

How many know of Creighton's two-volume history of epidemics in Great Britain? Sir Mcfarlane Burnet praised them as medical classics. Creighton had this to say concerning Jenner on vaccination:

"It is difficult to conceive what will be the excuse made for a century of cow poxing, but it cannot be doubted that the practice will appear in as absurd a light to the common sense of the twentieth century as blood letting now does to us. . . The longer the compulsory law is maintained the more marked will the contrast become between public intelligence and professional dogma" (Creighton, 1891-1894).

Let us remember that current knowledge concerning the ability of the virus to change its protein coat does little to enhance the validity of vaccination procedures but much to justify Creighton's and Klenner's viewpoints! Let us now puzzle over some of the other diseases that immunization is alleged to have conquered.

### *Measles*

The World Health Organization did a study and found that in a measles susceptible group that the normal rate of occurrence was 2.4%. In the control group that had been immunized the rate rose to 33.5%. It was suggested that this may have been due to bad handling, or faulty vaccine (*American NHF*, 1969).

### *Rubella*

At a recent seminar held at the University of Melbourne, Australia, Dr. Beverley Allan, a medical virologist, cast very serious doubts about the efficacy of rubella immunization: antibodies were formed but they were not protective. In a trial group of recruits who were immunized it was observed that they produced antibodies as a result of their vaccination; however, 80% of these apparently immune recruits became infected with rubella when exposed to it in an area known to have an annual outbreak. Dr. Allan issued two grave warnings:

1. "We have no information whatever on what would have happened if those people had been women in early pregnancy."
2. "The question of herd immunity also seems to have taken some nasty knocks in the last couple of years. . . one must wonder whether the American decision to rely on herd immunity might not have to be rethought" (Allan, 1973).

Dr. Allan did not say it, but we don't know how to sort out the real antibodies from those that are only apparent. What is being overlooked here? Might host nutrition-immunization interactions be a crucial factor in building a *quality antibody*?

### *Tuberculosis*

As demonstrated by the graph in Figure 2, tuberculosis has been steadily declining in the USA over the past 60 years and to quote Professor John Dingle:

"No immunization against tuberculosis has been adopted in the U.S." (Dingle, 1973).

This may surprise many physicians and health scientists, but Dubos has pointed out that a group of young Danish physicians who were prisoners in German concentration camps during the Second World War overcame their



microbial maladies including tuberculosis shortly after their return to a normal environment and often without the help of a specific therapy:

“Even in the case of tuberculosis, rapid recovery was the rule, though no antimicrobial agent was then available for its treatment” (Dubos, 1954).

### *Diphtheria*

Whose knowledge was not shaken when Sir Macfarlane Burnet declared that the deadly toxin of diphtheria was not produced by the corynebacterium, but by a virus (Burnet, 1973)? Without doubt the non-informed will continue to believe what their tutors taught them! Recalling the war years of 1941-1944, the Ministry of Health, and the Department of Health, Scotland, admitted almost 23,000 cases of diphtheria in immunized children and more than 180 proved fatal. Further figures in this article demonstrate that where immunization became compulsory the disease rate increased, but when relaxed the disease decreased (Hume, 1963). What does this mean? Time and space prevent us from presenting more disturbing figures from the Australian and American medical literature; however, we are reminded by Burnet, et al., that an antibody does not of necessity mean immunity! Is there just the remote possibility that by injecting antigens and obtaining an antibody response that we are blunting or blinding our R.E. system and thus making ourselves under certain conditions more prone to the infective agents? Might not such blunting be avoided by proper nutritional preparation prior to immunization? It does seem to us that this matter of nutrition-immunization interactions is a tragically neglected subject in the community of modern medicine!

### *Poliomyelitis*

Considerable controversy exists in this area and here we would do well to read Klenner's little known published data. Klenner argues that the Salk vaccine was not only useless, as we have shown, but dangerous. Dr. Klenner further contends that the Salk and the Sabin vaccines may be allied to the increase of leukemia in the USA. Equally important in his discussion is his demonstration that recovery from most viral diseases results in permanent or genuine immunity and that this is responsible for the false notion that presence of an antibody always indicates immunity. This may be true only when those antibodies are the result of natural infection (Klenner, 1955). Elsewhere Rivers (1936) has stated that, “The individual is known to be immune not because of the antibodies, but because of the recovery from a natural infection as indicated by the presence of antibodies.” As previously noted, Burnet, et al. have also cast doubts upon the antibody-immunity axiom and we have further cause to wonder if the antibodies induced by artificial immunization protect the recipient or put him at risk.

## Part III

### Disease and Bechamp's Hypothesis: A Final Consideration

We will now examine some of the current literature in light of Bechamp's thesis. In a special article recorded in the *Medical Journal of Australia* and entitled, “Viral Leukemia in Domestic Cats,” the authors report that clinically normal cats had the virus as well as cats with the leukemia (Bennet and Sabine, 1975). It seems to us that such findings might not have entirely surprised Bechamp! Let us recall moreover that Professor Bates of Harvard University defined viruses and their place in nature in his book, *Man in Nature*, as follows:

“These (viruses) are obligate pathogens because no one has found them in the absence of disease conditions, and none has ever been grown in a medium free of living cells. Once a virus has been isolated, the virus particles can be photographed and studied with the electron microscope, but if there are free living viruses in sea water or in the slime of ponds, we have no way of finding them since we recognize viruses only by the symptoms of the diseases with which they are associated.”

When we examine the literature we find that most “pathogens” are part of an existing bacterial pool and become “pathogens” when our nutrition is at fault or when specific disease conditions exist as, for example, in a flood situation.

Moore and Lines (1973) in the *Medical Journal of Australia* published details of the Murray Valley encephalitis virus which occurred in Eastern Australia in 1971. This article shows that 22% of the population tested had HI antibodies to MVE and further tests upon young fowls clearly demonstrated that the virus was present in the region during the summer of 1971; however, no clinical evidence of infection associated with the virus was demonstrable during that period! It is now suspected that the disease only occurs during particularly wet seasons: in other words when the specific disease conditions are optimal, and the population affected is *nutritionally depleted* and especially *scorbutic*.

It has been further shown that antibiotics are not only unnecessary for treating enteropathic diseases but also undesirable. It is further suggested that the more likely cause of the illness is a virus. Many will recall how we searched for the virus or bacterium that caused pellagra, ignorant at that time that the etiology of the disease was a nutritional deficiency pattern altering host resistance. Let us not forget either that Sir Albert Howard, the renowned English agronomist, showed after prolonged research that foot-and-mouth disease was simply the consequence of poor nutrition (Howard, 1943). In our

research of the literature we became further confused when we read that bacterial flora changes daily with an inability to relate these changes to specific therapeutic or manipulative procedures (*J. Neurosurgery*, 1973). Moreover, another article describes 54 permanent "carriers" of salmonella discovered in Massachusetts: the article stating that orally administered antibiotics were uniformly unsuccessful in curing the carrier states (*Arch. Int. Med.*, 1973). Two articles appearing recently concerning gonorrhea made the familiar lavatory seat joke a little suspect (*JAMA*, 1973): the first article describes symptomless gonorrhea in the male and female and the subsequent article gives an account of neonatal gonorrhea. If you are still motivated to tell your patients that intercourse is the only source of gonorrhea, you may want to read how gonococci survived 24 hours on towels (*Med. World News*, 1972b); how laboratory animals have been infected with gonococci (*Science*, 1972); that it has been isolated from cases of stomatitis (*JAMA*, 1973), endocarditis (*N.Y. State J. Med.*, 1972), pharyngitis (*B. J. Ven. Dis.*, 1972a), and infantile arthritis (*B. J. Ven. Dis.*, 1972b). Your minds like ours must boggle when you read that the disease is asymptomatic in 50% of infected males (*Med. World News*, 1972a) and equally importantly if you think of L-forms as a type of microzymian evolution, then these too have been reported in patients with gonorrhea (*B. J. Ven. Dis.*, 1972c).

We have already shown how Dubos' finding of clostridia in normal tissue supports Bechamp's thesis and it should come as no surprise to discover that almost every pathogen may be isolated from the majority of so-called "healthy" people: candida is such an example and here we quote from the *Manual of Clinical Mycology* (Conant, Smith, Baker & Callaway, 1971): "Since pathogenic strains of *C. albicans* can be isolated from (1) normal skin, (2) normal oral and vaginal mucous membranes and (3) stools of normal individuals, it is obvious that most infections have an endogenous source and the determination of the source of the infections is as difficult a problem as it is in staphylococcus aureus infections."

Such a statement, together with the findings noted above, can only justify a further consideration of Bechamp's hypothesis and do little to support the exogenous theory of disease which most of our immunology is based upon. The problem is, when does the pathogen become a pathogen? For example, let's recall that clostridia are found in normal tissue. *Corynebacterium* are frequently found without any evidence of clinical disease, but on the other hand, *Corybeare*, the Bible of medical textbooks at Melbourne University, states: "It must be realized that the presence of diphtheria bacilli does not necessarily mean that the patient is suffering from diphtheria" (*Corybeare*, 1947). Do we apply this logic to all other "infectious" diseases?

It is now recognized that the administration of antibiotics may so alter the

normal flora that the patient may become predisposed towards other infections. In this respect lactic acid producing organisms have a particularly important role: they are important not only as inhabitants of the vagina and the gut, but also the lactating breast. There is an absence of lacto-bacilli in the vagina until a child reaches puberty, but thereafter they become essential and normal flora. Can we, after Bechamp, consider that these organisms, like all other organisms, are "born of us and within us. . ." in the form of a microzymian evolution which becomes, by poor nutrition, that which they need to become so as to accommodate themselves to a condition of existence? Are there alternative explanations? There are hormonal influences, to be sure, and the organisms might just have seeded themselves from an exogenous source as well. However, is this so in all instances? Bechamp reminds us that:

"This is because the cause of our diseased condition is always within ourselves, external causes contribute to the development of the affection, and hence the disease, only because they have brought about some material modification to the medium in which live the ultimate particples of the organized matter which constitutes us; namely, the microzymas. . ."

Specifically, Bechamp leaves us with the possibility of the endogenous evolution of pathogens from host microzymas accompanying a nutritional breakdown of the host.

A further search of the relevant literature produced the following: "S. Typhi has been isolated from surgical wounds and gall bladders of patients not known to be typhoid carriers" (*Arch. Surg.*, 1972). Showing the influence of orthodoxy the article then concludes that these patients are infection hazards. We wonder aloud how many "infection hazards" we would detect if we did a bacteriological survey upon all the passengers of a jumbo jet? Surveys that we have participated in show that a large percentage of the sample may indeed "carry" so-called pathogens without any clinical symptoms of disease. Perhaps it is time we revised the word pathogen? W.A. Altemeier describes the increase of mixed infections which he alleges are due to indiscreet use of antibiotics, which produces viral, fungal and L-forms which are much more difficult to control. Altemeier then describes how the bacterial flora is ever changing and cites a case of septicemia: this commenced as a staphylococcal infection and then successively became pseudomonas, bacteroides, E. Coli, Enterobacter, aerogenes, anaerobic streptococci, serratia and finally proteus (Altemeier, 1975). How many realize that the results of a culture and sensitivity collected from a patient the day before may have changed by the time the result is readable in the laboratory? In other words, yesterday's tests may be today's mistakes! This behavior of the microorganism might appear much less strange if we adopt more the viewpoint of Bechamp who described the microzymian

endogenous evolution of microorganisms some 100 years ago.

Dr. Virginia Livingston of the USA explains how *Progenitor cryptocides* may be demonstrated in the tumors of most malignancies and in freshly stained human blood. An acid fast dye and dark ground illumination are necessary to demonstrate the cryptococcus in its many forms displayed through its life cycle. These range from a simple streptococcus-like rod form to a full blown fungal structure. These findings are reported in an abstract of her work which states: "By darkfield microscopy rods and pleomorphic structures, apparently organisms, can be seen in erythrocytes of patients with malignancies and collagen disease" (Livingston, 1974). We wonder if any research has been carried out by the blood banks, and if the work of Dr. L.A.G. Hissink, with protein-hydrolysate capain, might not be, as he suggests, a more suitable alternative to blood transfusion in a number of circumstances (Hissink, 1945, 1950)?

Bechamp contended that the microzymas have been constituted physiologically as imperishable and that they are living organized entities. By contrast Pasteur was a "protoplasmist" where the living cell was considered to be the unit of life. Bechamp made his discoveries of his microzymas principle without the benefit of our modern equipment or knowledge of RNA and DNA chemistry. A part of his work that proved especially prolific was his application of polarimetric measurements to his observations on soluble ferments. The polarimeter, the instrument in which light is polarized or made to vibrate in one plane by means of one nicol prism and examined by means of a second nicol prism, was utilized by him in experiments which allowed him to pioneer the isolation of a number of "ferments" to which he was to give the name "zymases." In short, Professor Bechamp employed his brilliant mind, the polarimeter, the microscope, and his knowledge of the chemistry of his day to enable him to glimpse into our twentieth century molecular biology.

#### *The Kitten Experiment*

Further supportive evidence of Bechamp's hypothesis comes from his so-called "Kitten Experiment" which took seven years to complete. He killed a kitten and buried it between two beds of carbonate of lime, protecting it in such a way that air had free access to it but dust was excluded. After seven years every part of the body except some fragments of bone had disappeared. Bechamp demonstrated that there was nothing in the layers of the carbonate, but where the kitten had been, microzymas were present. This was in the 1860's; and in 1934 Dr. J.A. Goodfellow found bacteria in the clay strata beneath the coal measures, and when he transferred them to a suitable medium they grew (Hume, 1963).

#### *Second Thoughts*

The *Melbourne Herald* (Australia) reports two American scientists discovering bacteria in soil and rock samples taken from below the surface at depths varying between 290 and 1400 feet. Geologists dated the samples from 10,000 to 1,000,000 years old. When the bacteria thawed out, all but one strain revived, grew and reproduced. A skeptical scientist at Caltech at Pasadena commented: "If it's true, it is a significant discovery, but the catch is, if it's true" (*Melbourne Herald*, 1974).

Continuing our discussion concerning the extraordinary durability of these microorganisms, we note in passing that Dorothy Branson, Ph.D. in her paper entitled "Timely Topics in General Microbiology" reports: "A Russian reported that microorganisms dormant for 250,000,000 years were revived" (*Assoc. Press*, 1972).

Finally, Bechamp demonstrated that bacteria could grow in damaged tissue without exogenous seeding, and an article entitled "Bruised Poultry Tissue Can Be A Source of Staphylococcal Infection for Poultry Workers" is a recently reported finding in this regard (*Appl. Microbiol.*, 1972).

#### **Conclusion**

We would like to believe that we have presented evidence in this paper to raise valid questions concerning Pasteur's "Germ Theory." We realize that orthodox science may explain some of the questions we have raised but would it be so outrageous to suggest that we also re-examine Bechamp's hypothesis in the light of today's knowledge of pleomorphic microorganisms, enzymes, RNA-DNA, and assorted unexplainable phenomena observed generally in the world of microorganisms. Clearly, moreover, we have not examined sufficiently the whole matter of nutrition-immunization-quality antibody-interactions and a consideration of these factors in light of Bechamp's work would seem long overdue at this time.

Burnet's argument doubting the validity of immunological experiments upon laboratory animals where many of them synthesize their own ascorbate would seem to deserve further attention; for, adults and children often die when exposed to many of the severe immunological challenges we subject them to without prior orthomolecular evaluation as to their ascorbate levels.

Degenerative diseases have somehow increased since we introduced herd immunization and it is now known that slow viruses may play a role in this increase: do attenuated strains used in vaccines further this risk?

Finally, we would like to restate Sir Graham Wilson's observations:

1. The risks attendant on the use of vaccines and sera are not as well recognized as they should be.
2. That accidents are still taking place all over the world and have been occurring since the introduction of immunization.
3. Only a very small proportion of these tragedies have ever been described in the medical literature of the world.

On the practical side we would like to urge orthomolecular preparation of patients prior to the utilization of any immunization procedure. One method we have used in this regard is the administration of adequate ascorbate supplementation prior to, during and after immunization. We do believe that a better understanding of Bechamp's thesis will give a new dimension to the action of ascorbate; for it is not impossible that ascorbate activation and control of a microzymas-like entity may indeed discourage the birth of endogenous micro-organism infestation. We may find that Bechamp has outlined for us in general terms the mechanism of host resistance and susceptibility so long ignored due to the half-truths of Pasteur's Germ Theory which have stolen the show.

Hopefully there may be others among you who will be motivated to examine these issues and launch serious research into this lost chapter in the history of microbiology. Such an investigation, we feel, will cause one of the biggest medical upsets of the century, and we welcome inquiries from those who decide to contribute to bringing the light of understanding to this important subject.

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#### References<sup>1</sup>

- Allan, B., Rubella immunization, *Aust. J. Med. Tech.*, Special Issue, November 1973.
- Altemeier, W.A., Changing patterns in surgical infections, *Garramyacin Int. News Letter*, 8:3, November 1975.
- American N.H.F. Bulletin*, November 1969.
- Appl. Microbiol.*, Bruised poultry and staphylococcal infections, 23:683, 1972.
- Arch. Intern. Med.*, Permanent carriers of nontyphosa salmonellae, 132:869-872, December 1973.
- Arch. Surg.*, S. Typhi and surgical wounds, 104:349, 1972.
- Associated Press*, Dormant organisms, February 10, 1972.
- Bayev, A.A., Institute of Molecular Biology, USSR, Personal Communication, July 2, 1974.
- Bechamp, P., *The Blood and Its Third Anatomical Element*, London, John Ousley, 1912. Also available in translation by Montague R. Levenson, M.D., Boericke & Tafel, Philadelphia, 1911, from the Library of Surgeon General's Office, Library of Congress.
- Bennett, A.M. and Sabine, M., Viral leukemia in domestic cats, *Med. J. Aust.*, July 12, 1975.
- Brit. J. Ven. Dis.*, Gonococcal pharyngitis, 48:182 & 184, 1972a.
- Brit. J. Ven. Dis.*, Gonococcal infantile arthritis, 48:306, 1972b.
- Brit. J. Ven. Dis.*, Gonorrhoea, L-forms in patients, 48:496, 1972c.
- Burnet, F.M., Influenza, the disease, *Med. J. Australia*, Special Supplement, June 2, 1973.
- Conant, Smith, Baker and Callaway, *Manual Clinical Mycology*, Toronto, W.B. Saunders & Co., 1971.
- Conybeare, Textbook of Medicine*, 8th Ed., London, E. & S. Livingstone, Ltd., 1947.
- Creighton, C.C., *History of Epidemics in Great Britain*, 1891-1894.
- Dettman, G.C., Aboriginal infant health and mortality rates, *Med. J. Aust.*, April 7, 1973.
- Dick, G., *Medical News Tribune*, March 6, 1972.
- Dingle, J.H., Life and death in medicine, *Scientific American*, 56:1973.
- Dubos, J., *Biochemical Determinations of Microbiol. Diseases*, Harvard University Press, 1954.
- Hissink, L.A., Patients treated for surgical shock, *J. Lab. & Clinical Med.*, 30:12, 1034-1036, 1945.
- Hissink, L.A., Case in hydrolysate for surgical shock, *Med. J. Aust.*, 11:2, 1950.
- Hoffer, A., Saskatoon, Canada, Personal Communication, September 16, 1975.
- Howard, A., *An Agricultural Testament*, Oxford University Press, 1943.
- Hume, E.D., *Bechamp or Pasteur?* Essex, U.K., C.W. Daniel Co., Ltd., Revised Ed., 1963.
- JAMA*, Neonatal gonorrhoea, August 13, 1973.
- JAMA*, Neonatal gonorrhoea, August 13, 1973.
- JAMA*, Symptomless gonorrhoea, August 13, 1973.
- J. Neurosurg.*, Bacterial flora and infection in patients with brain injury, 710-716, June 1973.
- Kalokerinos, A., Cot death survey, *Med. J. Australia*, January 13, 1973.
- Kalokerinos, A., *Every Second Child*, Australia, Thos. Nelson, 1974.
- Klenner, F., Recent discoveries in the treatment of lockjaw with vitamin C and tolserol, *Tri-State Med. J.*, July 1954.
- Klenner, F., Poliomyelitis vaccine-Brodie vs. Salk, *Tri-State Med. J.*, July 1955.
- Klenner, F., Personal Communication, December, 2, 1974.
- Livingston, V., *Transactions*, New York Academy Sciences, June 1974.
- McCarrison, R., *Nutrition and Health*, London, Faber & Faber, 1936. (Cantor Lectures delivered before Royal Society of Arts, together with two earlier essays, Postscript by H.M. Sinclair.)
- Med. World News*, Asymptomatic gonorrhoea, April 21, 1972a.
- Med. World News*, Gonococci on towels, June 6, 1972b.
- Melbourne Herald*, Antarctic bacteria revived, Australia, May 2, 1974.
- Moore, B.W. and Lines, A.D., Murray Valley encephalitis virus in Eastern Australia, *Med. J. Aust.*, January 13, 1973.
- N.Y. State J. Med.*, Gonococcal endocarditis, 72:2782, 1972.
- Pauling, L.C., Nutrition and health, Grimwade Lecture, Monash University, Australia, May 1973.
- Porter, R.B., The contribution of the biological and medical sciences to human welfare, Presidential addresses of British Association for the Advancement of Science, Swansea Meeting, 1971.
- Powles, D., *National Times*, November 12, 1973.
- Rivers, T.M., *Am. J. Public Health*, 26:136, 1936.
- Science*, Laboratory animals infected with gonorrhoea, 177:1200, 1972.
- Wilson, G., *The Hazards of Immunization*, University of London, Athlone Press, May 4, 1967.

<sup>1</sup>As furnished by authors.

## Recommended Reading<sup>1</sup>

- Abstracts*, Ann. Meet, ASM, Respiratory organisms and streptococcus mitis, M264, 1973.  
*Acta. Path. Microbiol. Scand.*, Alpha streptococci and inhibition of neisseria, B81:102, 1973.  
Brennan, R.O., *Nutrigenetics*, New York, M. Evans & Co., 1975.  
Burnet, F.M., Genetic factors in disease, *Impulse*, 14:24, December 16, 1975.  
Burnet, M., *Changing Patterns*, Sun Books, 1970.  
Burnet, M., *Genes, Dreams and Realities*, Aylesbury, Medical and Technical Publishing, 1971.  
Burnet, M., *Auto-immunity and Auto-immune Disease*, Aylesbury, Medical and Technical Publishing, 1972.  
Campbell, A.M., How viruses insert their DNA into the DNA of the host cell, *Scientific American*, December 1976.  
Cheraskin, E., Ringsdorf, W.M. and Brecher, A., *Psychodietetics*, New York, Stein & Day, 1974.  
Dettman, G.C., Immunization: Is it now a health hazard, *J. Hong Kong Med. Tech. Assoc.*, 2:2, 1975.  
Edgar, R.S. and Epstein, R.H., The genetics of a bacterial virus, *Scientific American*, February 1965.  
Ilich, I., *Medical Nemesis*, London, Lothian.  
*J. Milk Food Tech.*, Streptococcus diacetylactis: a food starter, 35:349, 1972.  
*The Magic Bullet*, Mark Diesendorf (Ed.), Australia, Southwood Press.  
*Microbiol.*, Lysogenic staphylococcus and its prophage, 6:97, 1972.  
Pauling, L., *Vitamin C and the Common Cold*, Freeman & Co., 1970.  
*Proc. Soc. Biol. Med.*, Growth of bacteria and electrical currents, 129-929, 1972.  
*Res. Vet. Sci.*, Salmonellae in fowls, 13:84, 1972.  
Sager, R., Genes outside the chromosomes, *Scientific American*, 212:1, January 1965.  
Stone, I., *The Healing Factor*, New York, Grosset & Dunlap.  
Townley, R.R.W., Today's drugs: Antibiotics are not favoured for treatment of diarrhoea, *AMA Gazette*, March 20, 1975.  
Williams, R.J., *Nutrition Against Disease*, Pittman Publishing Co., 1971.  
Wilson, G., *The Hazards of Immunization*, London, Athlone Press, 1967.

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<sup>1</sup> As furnished by authors.

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Ed.

"Bechamp or Pasteur?" by E. Douglas Hume,

"Nutrition Against Disease," by Dr. Roger J. Williams,

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