Some principles of Somatic Ecology

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Abstract

The interplay between on one hand all unknown particles and structures, on the other the tissue cells of the soma in the blood plasma and the rest of the body fluids, is summarized under the title ”Somatic Ecology”. If this interplay leads to a state of health or a disease-state is discussed. In the former case the interplay is characterized as symbiosis, in the latter as dysbiosis. The importance of dysbiotic food is brought up for discussion. The degree of severity of the state of dysbiosis is explained as well as an allopathic view of the blood.

Introduction

The term ”somatic ecology” is based on the blood microscopy research work carried out by Professor Günther Enderlein (1872-1968) and is supported by more recent microscopic observations of untreated blood described here.

Professor Enderlein asserted that there are always microorganisms in blood plasma as well as in the various blood cells and that these microorganisms can be divided into several different types, which he was able to identify[1]. He also believed that these microorganisms were always to be found as an integral part of the life process. They are not only able to divide, but can evolve through particular stages of development, each with modified properties. Thus, Enderlein was the foremost advocate of the pleomorphistic theory of bacteriology.

According to Enderlein, the majority of these microorganisms spend their earliest stages of development in a mutually beneficial relationship with the tissue cells in the soma - this is the so-called stage of symbiosis[2]. In the later developmental stages they can attack the cells of the different tissues of the soma and this is known as the stage of dysbiosis. Enderlein asserted that this dysbiosis can cause the development of somatic disturbances which, in turn, lead to the individual's experience that he is gradually moving from a ”state of health” to a ”state of illness”.

According to Professor Sylvia Silver there is a widespread normal flora of microorganisms with anaerobic qualities throughout the body[3]. Under certain circumstances they can develop into pathogenic forms and cause infection. Silver also maintains that a normal reduction-oxidation potential in a range between 120-150 mV, which is mainly related to the oxygen contents in the tissues, is probably one of the body's major defences against infections caused by pathogenic development of the normal anaerobic flora, as well as by other facultative anaerobes invading the tissues.

Different techniques which increase the oxygen intake, such as deep breathing or inhalation of oxygen according to the method of Professor Ardenne[4] or by using negatively ionized oxygen and ozone therapy, have for a long time proved to be very effective in the treatment of a large number of chronic diseases. Organically-bound germanium also has the ability to raise the oxygen contents of the tissues and has been shown to be very effective in the treatment of many illnesses[5].

The research background

The following microscopic investigations of untreated blood described below were carried out based on the knowledge of:

a) The literature concerning microbial flora in the blood.

b) The therapeutic successes using techniques which raise the reduction-oxidation potential of the tissues.

The blood of two groups of experimental subjects were examined:

a) 60 healthy subjects ranging in age from 20 to 30 years.

b) 500 patients with chronic illnesses taken from my practice, who had already been diagnosed at the hospital. The types of patients involved were primarily those with severe allergies, neurological diseases, skin and muscle diseases, and different types of malignant processes.

Microscopic equipment

Leitz' laboratory microscope Dialux 20 equipped with a 100W halogen lamp. Modified UK-condenser for darkfield, lightfield and interference contrast, plan-fluotar-objective, and a binocular photo tube FSA. All documentation was made with Leitz' completely automatic microscope camera, Vario-Orthomat.

Material and specimens for microscopy

Blood from the fingertips of the experimental subjects. The drop of blood was smeared out by capillary action to form a thin layer between the cover slide and the object slide. In order to prevent drying, the edges of the cover slide were covered with immersion oil. Microscopy work was carried out immediately or within four hours of the specimens being obtained.

Microbe-like formations

In two earlier studies[6] [7] it is shown that all the blood examined contained microbe-like formations and that they are found both in the cells and in the plasma. In several cases it has been possible to observe them for several weeks in a thin plasma film between two glass- slides and notice that they exist in a great number of different forms and sizes. In most cases the smallest forms were found in the blood of healthy individuals; the forms often proved to be larger and in a greater quantity in blood from persons with serious states of diseases.

In observing the microbe-like formations in blood from corpses, all the microorganisms which can be seen in a living individual's blood still show the same amount of activity. They often had increased further in size, and often there was a sudden emergence of very small and rapidly mobile forms (not equivalent to the Brownian movement).

Initially, it was difficult to prove that these particles really were microorganisms as Enderlein maintained. However, it was possible over a period of a few days to follow these microbe-like formations and photograph them microscopically.

This showed that they exhibit remarkable properties, such as suddenly emerging from apparently nowhere and then developing into a variety of new and varied forms. This might be a proof that these observed particles really are living units…microorganisms. Enderlein also stated that they can be cultivated and develop from very small forms 0,01µ (virus forms) into bacterial forms and further into fungal forms which are found in the tissues during their degeneration following the death of the individual.

It is therefore postulated here that these microbe-like formations in blood really are microorganisms. According to Enderlein's theory, the smallest microbial forms behave in symbiosis with the tissue cells. The higher developed forms, however, are able to attack and destroy the tissue cells. This process results in an increasing dysbiosis. The differing states of symbiosis and dysbiosis within the soma will be called "the interplay in the soma".

The interplay between microorganisms and tissue cells in the soma always takes place in a fluid medium consisting of blood plasma and interstitial fluid. However, in our fixed tissues such as muscles, nerves and organs etc, all cells are interconnected. These tissue cells are surrounded by the interstitial fluid in exactly the same way as the blood plasma surrounds blood cells.

From this fact it becomes evident that the structure of the blood is, in principle, similar to that of the fixed tissues. The essential difference is that blood is a form of fluid tissue. It could therefore be argued that, if Enderlein's discovery of microorganisms in the blood is correct, then similar microbial conditions can also be found in our fixed tissues.

This understanding of the relationship between the blood and the tissues reveals that there is a continuity of microbial activity throughout the soma as a whole. This continuity is, however, not to be confused with uniformity. The microbial interplay within the soma is far from homogeneous. In the first place, there are gradients in the density of their occurrence throughout the soma. Secondly, there is a difference between the ecological properties of the microorganisms, either symbiotic or dysbiotic.

Nutrition, oxygenation and circulation

Within the monomorphistic microbiology of today, it is assumed that microorganisms multiply solely by division, that bacteria gradually increase in size and then divide to create two new bacteria. The pleomorphists, however, maintain that this means of propagation in a bacterial culture only takes place when the culture is constantly and gradually nourished. When nourishment is lacking, microorganisms in a medium do not cease to exist, but rather evolve towards other forms of increasing size with variable properties and characteristics.

It is likely that a decrease in circulation of the body fluids in part of or throughout the whole soma over a period of time would result in a decreased supply of' nourishment and of oxygen to those parts of the soma. This same principle of depleted nourishment, in its extreme, occurs in the stagnation of the body fluids of a dead person.

A result of this deficiency would be an increase in the microbes' aggressive behaviour towards their environment, which in this case are the tissue cells. According to the pleomorphistic way of thinking, the microorganisms develop into other forms, able to consume and destroy the tissue cells, first causing diseases and then later the putrefaction of the soma[8].

Good oxygenation is important because it normalizes the pH in the tissues[9]. This contributes to keeping the microbial flora at a symbiotic level. A similar effect on the pH in the blood also occurs through a predominantly alkaline-forming diet. Through a good circulation, oxygenation and nourishment supply, it is possible to counteract dysbiotic development.

It therefore becomes evident why increased breathing (increased oxygen supply) and increased pulse rate (increased circulation), together with appropriate nutrition are such important factors in bringing an individual's soma from a state of dysbiosis (illness) into a state of symbiosis (health).

In this connection it is interesting to note the result of Ardenne's research on the influence of infections on the oxygen partial pressure of the arterial blood. This pressure is normally about 97 mmHg, but in elderly people (70 years) it decreases to an average value of 70 mmHg. This pressure can be lowered to an average of 25 mmHg by infection and also by other stress factors, such as radiation treatment, surgical trauma and long durations without movement. In this case the minimal partial pressure of oxygen becomes increasingly lower, the lower the initial oxygen pressure of the patient.

The oxidation-reduction potential in the tissues of elderly people can become very low because of many reasons and this explains, partly, the increasing tendency to develop increased severity of disease in the later years of life.

Dysbiotic food

It is likely that the principles of somatic ecology, described so far, are equally relevant to all the life processes throughout nature. The pleomorphistic developmental stages, towards more pathogenic forms, occur whenever the environmental conditions are conducive in any tissue, whether plants or animals[10].

It is important to realize that the soma of an individual is in a dynamic interaction with

the external environment. There is an intimate exchange of intake and output of inanimate and animate substances. For example, the quality of the life process in the form of food consumed by an individual will have a great influence on its somatic ecology as it becomes an integral part of the person.

Daily environmental factors therefore play a critical role in the maintenance of a symbiotic state or the development of a dysbiotic state within the soma. The consumption of food in dysbiosis will influence the consumer's quality of life in a negative way. For example, to eat much of the food which today is depleted of quality due to its growth under artificial conditions is dysbiosis-forming.

Research findings

During my microscopy work I have been able to find evidence to support everything which was presented by Enderlein in his book *Bakterien-Cyclogenie*[1]. I also verified the occurrence of microorganisms in the blood of chronically ill people which have not been described previously in the literature of allopathic or alternative medicine[6 7].

If microbial masses, present in the blood, occur in the solid tissues, they may be responsible for different manifestations of disease through their polymorphic alterations of the tissue cells. Such histological changes of the fixed tissue are particularly evident in malignant tumours.

Severity of dysbiosis

These microorganisms in the body fluids are, most likely a necessary component in the life process which probably cannot function or "flow on" without them. They have adapted to the different cell types in the soma, so that they can exist in either a state of symbiosis or dysbiosis, depending upon the environmental conditions of the soma.

The severity of dysbiotic disturbance depends on the type of cells involved, as well as the degree of pathogenic behaviour displayed by these microorganisms towards these tissue cells. For example, if the red blood corpuscles were attacked primarily by aggressive microorganisms, the infection would lower the partial oxygen pressure of the blood and, in addition to this, anaemia would gradually develop and further lower the partial oxygen pressure. A lowered oxidation-reduction-potential causes a multiplication of the anaerobic bacteria throughout the whole organism. The result of this development would, in course of time, lead to a more general attack on many other tissue cells of the soma.

According to this reasoning, a condition such as leukaemia might not be considered a primary disturbance of the white blood corpuscles. Their increase in the blood, which is also sometimes observed in the course of anaemia, can be explained as the soma's defence against the aggressive attack of the microorganisms. The intracellular attack which can frequently be observed in the red blood corpuscles in this type of somatic disturbance is probably only the easily visible part of the entire intracellular attack taking place in the soma, during the development of these serious symptoms.

This could explain why patients with degenerative diseases can sometimes lose up to 15-20 kilograms in weight, along with the dramatic deterioration in general condition which frequently occurs and cannot be explained solely by a decrease in haemoglobin count. Perhaps a more general attack upon the soma's tissue cells can also explain why leukaemia patients die suddenly despite the fact that the haemoglobin count is, at death, still compatible with continued life. If, instead, these microorganisms are aimed primarily at cell types which are less important for overall survival of the individual and not crucial for the maintenance of a normal circulation and

internal milieu in the soma, other disturbances occur which certainly decrease the quality of life for the individual but do not pose an immediate threat to it.

Therapeutic applications

Professor Enderlein's results showed that some of the microorganisms he observed in the blood could be structurally transformed by the same microorganisms at earlier developmental stages. By using this biological phenomenon, it is possible to decrease the aggressive activity of the microorganisms in the soma and even make them harmless to its tissue cells.

The administration of symbiogenic remedies, which contain dilutions of the transforming microbial particles, to a soma in a state of dysbiosis, can bring about the fundamental cure of a disease. This is the core of what Enderlein showed: that it is possible to regulate a dysbiotic interplay by introducing to the soma symbiosis-producing microorganisms. He developed remedies for the treatment of both acute and chronic degenerative somatic diseases which are used in conjunction with the regulation of pH and increasing circulation, nutrient and oxygen intake. Through this kind of treatment, patients with troublesome and fatal chronic diseases are able to have astonishing improvements. The restructuring process in the soma ceases and a state of "health" returns, and the patients seldom suffer relapses after the treatment is completed.

Allopathic pharmacological forms of treatment mainly camouflage symptoms, while the symptom-producing, dysbiotic interplay in the soma progresses in an uninterrupted way. This results in an increase of symptoms and a further need for pharmacological symptom-suppressing preparations.

Enderlein's somatic, reharmonizing, biological form of therapy, "Symbiosis Therapy", has very high success rate. It would be rewarding to carry out further investigations into states of diseases which have not yet responded well. This is probably because Enderlein in his lifetime did not manage to describe in detail all the various types of processes in the ubiquitous particle-cell interplay which occurs in the soma. Undoubtedly, there are a number of other kinds of microorganisms which have to be identified. A continued study of microbial particles in the soma unknown so far, and their ability to alter the living substance, will gradually help us to understand how a multitude of different chronic, troublesome and serious illnesses arise. This could enable Enderlein's method of treatment to reach its full potential in dealing with the entire panorama of diseases which are based on forms of dysbiotic interplay.

Allopathic view of microorganisms

It is remarkable that the microorganisms in the blood are so far unrecognized within allopathic medicine. This may be because all haematological research carried out in the past has employed microscopy methods that make it impossible to see these microorganisms in the plasma and blood cells.

Many attempts have been made in medical microbiology to cultivate the kinds of micoorganisms which may occur in the blood. In the case of various chronic illnesses these investigations have not met with success, and gradually allopathic medicine began to believe that most chronic illnesses were attributable either to chromosomal changes or to chemical disturbances in the cells. The reason why such cultivations have been unsuccessful, despite the fact that blood is full of microorganisms in all conditions of chronic illness, is probably the use of inappropriate research methodologies.

An important reason why virtually no researcher has thought of examining the presence of microorganisms in the blood from patients with different chronic diseases may be that within

conventional haematological research it is assumed *a priori* that blood is sterile. This idea has continued to dominate the thinking within orthodox medicine and prevents research into the possible existence of microbial life in the blood.

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