Fungus

part four

In this part I want to summarize what I have seen materialize from my work with "Radiation Hormesis". If you look at the last two testimonials, you see Cindy's story. She was in a bad condition and her doctors had told her that "this is as good as it's going to get". She had spinal meningitis and aspergillus. A fungus. Within a matter of no time, the low dose radiation had killed the fungus and she was back on her feet. After that, Maxine from the last testimonial had contacted me about the breast cancer. She had told me about the smell. Fungus. You may have seen through the media lately how they are using dogs to identify cancer by smell. Fungus. Could this be the reason the low dose radiation has been working? After a lot of f research, I have come up with the following conclusion.

What is happening is the low dose radiation is damaging the cells and DNA in the fungus faster than it can repair itself It dies. Now, when fungus eats, it excretes mycotoxins. Poison. In turn, the mycotoxins kill healthy tissue, which creates more food for the fungus. When your immune system falls behind in repairing the damage the myc toxins have done and being able to kill the fungus, it is fighting a losing battle. When the fungus dies, as with any creature, it excretes. This means when we are starting radiation hormesis and are killing the fungus, there is going to be an increase in mycotoxins. This is when someone will get a response from the body making them feel worse. This will not last long.

Now that we have killed the cause, everything you have researched on radiation hormesis and the immune system starts working. It is time for the immune system to start repairing the damage the mycotoxins have created.

On the internet you can find many links to how radiation hormesis worked with a disease and you can usually always find a connection between the disease and fungus. You will not find information on how the low dose radiation is killing the fungus. This is because no one is practicing radiation hormesis *and* has been able to monitor it's effects.

I am currently working with people that have Parkinson's and MS and their bodies are responding exactly the way a cancer patient responds. Take MS for example. Just about everyone with MS has candida. Do you think we're missing something?

Unfortunately, most people think this has to be more complicated than it is. It doesn't have to be. I have also included some research on fungus and cancer that will put this all together. .

I am a medicine man and am covered under NAFERA. If you have any questions, you can always contact me at: jaynighthawk@comcast.net

Jay Gutierrez
Night Hawk Minerals LLC
1818 Kittredge St. Aurora, CO 80011

The Fungus, Yeast, Mould Connection to Cancer

http://www.cancertutor.com

I have studied more than 300 different alternative cancer treatments. I have studied dozens of different theories about why various alternative treatments work. But what is the thread that ties all of these treatments together?

Solving the cancer issue is like a puzzle. You hear many things, but it is sometimes difficult to put the pieces together. For example, several of the key alterntive doctors, such as Royal Rife, Hulda Clark, Virginia Livingston, and many others, all claimed that cancer is caused by a micro-organism. That sounds good, but what is that micro-organism? And even if there is a micro-organism, is it a cause of cancer or merely a harmless symptom of cancer or a laboratory contaminant?

Another common theory is alkalinity. Why is alkalinity so good for cancer treatments? You also see articles on diet, such as not to eat meat. You see articles to avoid certain other foods as well..

Many of the best cancer treatments, such as Gerson and Moerman, were developed largely by trial and error. Yet the diets these people put together are almost identical to the best cancer diets designed today.

So what is the "glue" that links all of these things together?

Some time ago I came across an article, quite by accident (in fact the article heading had nothing to do with cancer and if I hadn't had a cold at the time I probably would have ignored it), which started a chain reaction in my mind that allowed piece after piece of the cancer puzzle to start to be put together. Major pieces of the puzzle were bridged and seemingly independent theories and discoveries suddenly were related to each other.

That "glue" was a better understanding of alkalinity, fungi, moulds and yeasts. For example, in Dr. Gerson's book on cancer, he stated that when cancer patients came to him he noticed that several diseases were common to his cancer patients. He stated: "1 *found cancer frequently combined with chronic osteo-arthritis, high or low blood pressure, chronic sinus trouble, or other chronic infections ...* " Page 40

So what is so special about this list? First of all, chronic sinusitis is caused by a fungus. Even orthodox medicine admits that. Osteoarthritis is an inflamatory disease. The foods most suspected of creating this inflammation are rich in fungi, moulds and yeasts. The natural foods used to treat or prevent hypertension are very similar to the natural foods used to treat or prevent cancer, meaning these two diseases have something in common.

Furthermore, these two diseases have many of the same causes, such as tobacco, which is loaded with fungi and yeasts.

My point is that there is some common link to cancer and the list of diseases Dr. Gerson noticed were common in his cancer patients.

I have recently bought several books on cancer and alkalinity, fungus, moulds and yeasts (and a type of bacteria). It will not be until the end of 2005 (or later) before I have had an opportunity to read most of them. The list of books is at the bottom of this page.

The Articles

In the mean time, here are some superb articles that will get you thinking that in fact there is a connection between these things and cancer:
http://www.yourhealthmatters.tv/articlesl?id= 13
http://www.mercola.com/2003/nov/S/toxicfoods.htm
http://www.turnerwellness.com/media/media-ia-cancer.htm
http://www.mercola.com/2003/may/24/cancercontagious.htm
This is a short book which gives the big picture of what is going on:
http://www.thewolfeclinic.com/newsletter/Reclaim.pdf (Requires Adobe Acrobat)
http://www.consu merhealth .org/articles/display. .cfm?ID= 19990303 223214
http://www.rainbowminerals.net/Rust/rotrusttour3.html
http://biomedx.com/microscopes/rrintro/rrintro.html(Free. online book: How you Rot and Rust)
http"L/www .beaphmiracle.com/html/testimonials .html (See testimonial at bottom on cancer! !)

I mention these articles because of such things as grains (e.g. flour raised with yeast) and fruit juices, such as orange juice (but not grape juice), and nuts, especially cashews. They are in the Raw Food diet and my tutorial as being OK. However, if the fungi/mould/yeast theory of cancer is valid (and I am beginning to think it is), **we should be treating the fungus/mould/yeast AT THE SAME TIME we are treating the cancer!!!** We should also be treating the acidity (generally using diet), which allows these things to thrive.

The Books

The books I am currently studying are the following:
Sick and Tired? Reclaim Your Inner Terrain (the best book I have seen so far)
by Robert O. Young, Ph.D., D.Sc. with Shelley Redford Young, L.M.T.
(Note: This book replaces: **One Sickness, One Disease, One Treatment)**
Four Women Against Cancer (the best book on the history of research on pleomorphic microbes)
by Alan Cantwell Jr., M.D.
The Cancer Microbe
by Alan Cantwell Jr., M.D.
The Germ that Causes Cancer
by Doug A. Kaufmann
(Note: This is the specialized book that replaces: **The Fungus Link)**
Cancer: Cause, Cyre and Coyer-yp
by Ron Gdanski
The Cure For All Cancers
by Hulda Regehr Clark, Ph.D., N.D.
The Cure For All Advanced Cancers
by Hulda Regehr Clark, Ph.D., N.D.
The Cancer Cyre That Worked: 50 years of Syppression
by Barry Lynes
Choose Life or Death
by Carey A. Reams with Cliff Dudley
(Note: This is a book on the Reams Biological Theory of Ionization)
The Body Electric: Electromagnetism and the Foundation of Ufe
by Robert Becker and Gary Selden

Sunday, 03 October 2004

The Fungal/Mycotoxin Etiology of Human Disease (particularly CANCER)

Among all the various documents that comprise this web site, the subject of "Fungalbionics" vindicates and supports most the Hulda Clark paradigm of a parasitic contributing cause of cancer.. Fungalbionics are in intimate harmony with naturopathic healing methods and cannot even conflict in any way with orthodox medicine. In essence, at the Preventorium Institute, consider this approach (of Fungalbionics) to be essential if anyone is to harbor hope of recovery. Therefore, it behooves anyone who is conducting other than tangential research into this subject to become thoroughly familiar with this extremely interesting and valuable subject.

THE AUTHORS - Three medical doctors from the World Health Organization

Content: (Topics with links have been detailed here - those without are in the book)

- FUNGAL COLONIZATION OF HOUSES-HUMAN CANCER CLUSTERS
- TOBACCO, MYCOTOXINS AND CANCER
- ALL OF THE TOBACCO-RELATED CANCERS HAVE BEEN INDUCED BY MYCOTOXINS IN ANIMALS
- HUMAN ESOPHAGEAL CANCER CAUSED BY TOBACCO
- PANCREATIC CANCER CAUSED BY TOBACCO
- DIET, MYCOTOXINS AND CANCER-ADVERSE INTERACTION OF DIET AND FUNGIjMYCOTOXINS
- DIETARY FATS ENHANCE THE FUNGAL/MYCOTOXIN PROBLEM
- MEAT, MEAT PRODUCTS AND FUNGIjMYCOTOXINS
- BREAST CANCER CAUSED BY MEAT, CHEESE & BUTTER
- OVARIAN CANCER CAUSED BY MEAT AND MILK
- ESOPHAGEAL CANCER CAUSED BY MEAT
- GASTRIC CANCER CAUSED BY MEAT, CHEESE & DRIED FISH
- POLYPS OF THE COLON CAUSED BY MEAT
- CANCER OF THE COLON CAUSED BY EGGS AND CHEESE
- SMALL INTESTINAL CANCER CAUSED BY MEAT, CHEESE AND EGGS
- PROSTATE CANCER CAUSED BY RED MEAT, ANIMAL
- UTERINE CANCER CAUSED BY FUNGI MEAT AND FAT
- BRAIN TUMORS CAUSED BY MEAT AND CHEESE
- CANCERS CAUSED BY STORED GRAINS
- ESOPHAGEAL CARCINOMA CAUSED BY STORED GRAINS & POTATOES
- STOMACH CANCER CAUSED BY CEREALS

DEFINITION OF FUNGALBIONICS

The term FUNGALBIONICS was created in an attempt to describe one of the most dynamic microbial chemical factories ever encountered in the history of scientific exploration.

Fungi are masters at producing a wide array of biologically active substances which serve the producing fungus extremely well.

These biological metabolites are anti-predatory and pro-territorial-protective and insure the fungus will have a perpetual existence in a quite hostile world.

These metabolites are anti-viral, anti-bacterial, anti-protozoan, anti-insect, anti-animal and, of course, anti-human.

These metabolites are referred to as the mycotoxins. The term is derived from the Greek words "mykes" meaning fungus, and "toxicum", meaning toxin or poison.

Mycotoxins Are Poisons.

One could test the validity of this most biologically potent fungal reality by eating a cupful of poison mushrooms, a species of fungus. However, it would be less fatal to simply read about their deadly effect upon humans and all other animals. The name of the game is food for that mushroom because in nature the animal which nibbles on them dies and is consumed by the mycelium (root-like) under the ground which grow up into the hapless and now dead creature.

The term FUNGALBIONICS attempts to convey this remarkable degree of biological activity which these simple single-celled fungi demonstrate. All fungi are so empowered, some less to humans, some more so. While fungi are potentially our enemies, some of their mycotoxins, such as penicillin, are beneficial to humans with bacterial infections and other diseases.

The "bionic" nature of fungi is seen by the magnificent power of penicillin to save human lives from bacterial infection. That is indeed a bionic miracle. Other fungal-derived drugs are just as miraculous, as will be later described.

This series of FUNGALBIONICS books [two were available in 1994 and we are following up on possible remaining ones] provide documentary evidence that fungi and their biological metabolites, the mycotoxins, are the silent and relentless attackers of human health by causing the major "degenerative" and "cancerous" diseases which plague mankind.

FUNGALBIONICS appears to be a most appropriate term to describe the fungal/mycotoxin findings which will be presented in these pages. It is a term which the three physician authors have found acceptable. We hope that the reader will agree with us.

WHAT ARE FUNGI?

Fungi are single cell living forms of life which inhabit the land, air and waters of the earth. They are everywhere.

They are more highly developed than [the] bacteria and viruses and there are many more species than are found in the microbes. It is estimated that there are over 500,000 different species.

Fungi have been on earth several billion years and, quite remarkably, have had little genetic change over that period of time. They are survivalists. They can change their form from rapidly growing to no growth for thousands of years, such as seen in their living spores which have been found in Egyptian tombs. They make poisons called mycotoxins.

Single fungal cells can only be seen under the microscope but a colony of these cells makes a visible presence in the form of mushrooms, toad stools and molds on food and habitations.

While plants, animals and humans are alive and well, the fungi around us are unable to overcome the natural defense mechanisms which hiqher forms of life possess. But once death overtakes the living, the fungi are the principle undertakers and managers: they reduce all that have every lived into the molecules from which they were assembled. Biologists call this the carbon cycle while philosophers call it "from dust to dust".

However, there is one exception to this simple balanced equation of life and death and that is that the fungi can attack the living while they are alive.

At its most simplistic perspective, one has many fungi entering the intestinal tract, the nose and lungs, and organs exposed to the world at large. We generally do not develop an infection from these intruders. However, a person might contract a fungal infection such as "athlete's foot" or a "ring worm" on the skin.

At the opposite extreme is the patient with AIDS who faces death-threatening major fungal infections because that person's immune system has lost its effectiveness aqainst funqi. In between the extremes are funqal infections associated with diseases such as diabetes, cancer and other conditions including cross infections amongst humans.

Fortunately, the average person does not succumb to a serious fungal infection [such as Candida albicans] and average life expectancy is into the 70's.

All humans are colonized by Candida albicans and normal healthy persons do not die from this organism. This organism plays a very little role in causing human diseases. (The concept that Candida causes many diseases is NOT a part of Fungalbionics nor is it supported by the extensive medical literature relative to Candida.)

WHAT ARE MYCOTOXINS?

All physicians are familiar with fungal infections and the drugs used to treat them. With the exception of poison mushrooms, which are deadly to those foolish enough to eat them, few physicians are aware that [the] fungi make toxins.

MYCOTOXINS-FRIENDS?... OR ENEMIES?... THEY ARE BOTH...

AS ENEMIES

As many as 1,000 compounds, classifiable as mycotoxins, were studied by the pharmacology industry as potential antibiotics in the 1930's and 1940's only to be discarded as being too toxic for higher life forms to be of value in treating bacterial diseases in humans. Little, if any of the discarded data was published. Yet what these toxicity studies actually documented was the existence of a large number of fungal-derived toxins which caused serious target organ injury in various animal models.

Obviously, in retrospect, what was being seen was the pathology produced by the mycotoxins. in order to understand this toxicity, one only has to look at what some of these mycotoxins, used as medications, causes in humans:

The mycotoxin cyclosporin used for transplantation causes cancer and atherosclerosis, complete with hyperlipidemia in ALL humans who have received it. Many others develop gout and other diseases.

AS FRIENDS

However, to place the matter in proper perspective, the study of such fungal metabolites gave us penicillin at the beginning, quite later on cyclosporin, the most potent immunosuppressant transplantation drug, lovastatin, and the other 'statins' which have revolutionized the treatment of hyperlipidemia and atherosclerosis. The latter group is quite interesting in that they were initially developed as anti-fungal agents which just happened to have an effect in lowering blood levels of low density lipoproteins (commonly referred to as "bad cholesterol").

The members of this group of drugs are joined by another anti-fungal antibiotic, griseofulvin, which is also a remarkably efficient anti-atherosclerosis drug. All of this qoes a lonq way to confirm the funqal etioloqy of atherosclerosis. This appears to be a quite valid conclusion since all of the other effective anti-cholesterol and/or anti-atherosclerotic therapeutic modalities share nothing in common except that they possess anti-fungal and/or anti-mycotoxin activity.

DISEASES RESPONDING TO ANTI-FUNGAL DRUGS

The Fungalbionic Series of Books present data documenting the fungal/mycotoxin cause of a number of diseases. Equally important, the series also documents that each and every dietary measure or drug found to be effective in treating these diseases share nothing in common except that they are all anti-fungal and/or anti mycotoxic.

The importance of this therapeutic responsiveness should not be underestimated. If a cause of a disease is a microbe, it must respond to an appropriately selected antimicrobial agent.

In addition, diseases of unknown etiology which respond to anti-fungal-effective drugs suggest the probability that they have a fungal origin, particularly when there is no other proven explanation as to how the drug is working. Table 1 provides a number of human diseases which so respond and suggest a fungal/mycotoxin origin.

Table 1: Fungal/Mycotoxin Postulated Disease

COLCHICINE-RESPONSIVE:	GRISEOFULVIN-RESPONSIVE:
Acute Gouty Arthritis Alcoholic Cirrhosis Familial Mediterranean Fever Mollaret's Meningitis Bechet's Syndrome Psoriasis Thrombocytopenic Purpura Chronic Lymphocytic Leukemia Amyloidosis North	Atherosclerosis (Angina) Systemic Sclerosis Raynaud's Syndrome/Disease Shoulder-Hand Syndrome

African Leukocytoclastic Vasculitis Sarcoid Arthritis Rheumatoid Arthritis (some) Calcium Pyrophosphatopathy Hyperlipidemia Inflammatory Bowel Disease

COLCHICINE PREVENTS IN EXPERIMENTAL ANIMALS:

Atherosclerosis Casein Induced Amyloidosis Cushing's Disease

NYSTATIN-RESPONSIVE:

Psoriasis Inflammatory Bowel Disease Hyperactivty Syndrome Multiple Sclerosis

ALLOPURINOL-RESPONSIVE:

Sarcoidosis Oxalate Nephrolithopathy Idiopathic Respiratory Distress Syndrome/Newborns Duchenne's Muscular Dystrophy

KETOCONAZOLE-RESPONSIVE:

Inflammatory Bowel Diseases Disseminated Vascular Coagulation Idiopathic Female Infertility Precocious Puberty in Boys Hyper-Low Density L poproteinemia Hyperaldosteronism aldosteronism Prostate Carcinoma

Note: The anti-fungal nature of colchicine and allopurinol has been fully documented.

THE TROJAN HORSE: AND MYCOTOXINS IN THE FOOD CHAIN

Most of us know that food itself cannot be considered poisonous. Very few of us know that the toxicogenic fungi and their mycotoxins, which are characteristically present in stored and fermented food, are using our food chain as a Trojan Horse.

JUST HOW FUNGAL-COLONIZED IS OUR STORED FOOD?

The first question which must be answered in order to support a fungal/mycotoxin approach is just how much fungal-colonization of our food chain has been actually documented. Could our food be the source of that much toxic fungi and their multitude of mycotoxins?

If food is loaded with fungi, then the mycotoxin concept is fully operative and the disease-producing potential is more than obvious.

This Important question of how much fungal colonization offood exists is answered by a most recent reported mycological study of some quite representative foods; corn kernels, peanuts, cashew nuts and copra (dried coconut). Table 2 demonstrates the remarkable degree of fungal colonization of the INTERIOR of corn kernels, peanuts.

Humans who eat these foods are ingesting both the toxicogenic fungi and their mycotoxins. These fungi are capable of surviving in the intestinal stream where they may continue to produce their toxins.

Similarly, animals fed fungal colonized/ mycotoxic feed are not only at risk for developing mycotoxicoses, their meat and their fat, constitute another vehicle for human exposure to excessive
mycotoxin intake. Animal fat is increasingly being documented to be a major risk factor for a number of human cancers and atherosclerosis.

Table 2: Food from farmers, middlemen, and retail outlets in Bangkok.
Note: Surface was sterilized prior to fungal study.

CORN	Acremonium siricium, Aspergillus flavus, Aspergillus niger, Aspergillus tamarii, Aspergillus wentii, Bipolaris maydis, Chaetomium globosum,

Chaetomium funicola, Chaetomium spp. , Curvularia lunata, Eurotium amstelodami, Eurotium chevalieri, Eurotium rubrum, Fusarium moniliforme, Fusarium proliferatum, Fusarium semitectum, Nigrospora oryzae, Penicillium citrinum, Penicillium pinophilum, Penicillium raistrickii, Phoma spp. , Rhizoctonia solani, Rhizopus oryzae, Rhizopus arrhizus, Trichoderma harzianum

PEANUTS Aspergillus candir, Aspergillus flavus, Aspergillus niger, Aspergillus tamarii, Aspergillus wntii, Chaetomium globosum, Chaetomium funicola, Chaetomium spp. , Eurotium amstelodami, Eurotium chevalieri, Eurotium repens, Eurotium rubrum, Fusarium equiseti, Fusarium semitectum, Fusarium solani, Lasiodiplodia theobromae, Macrophomina phaseolina, Nigrospora oryzae, Penicillium aethiopicum, Penicillium citrinum, Penicillium funiculosum, Penicillium glabrum, Penicillium janthinellum, Penicillium olsonii, Penicillium pinophilum, Rhizopus oryzae

Source: Pilt JL, Hocking AD, Bhudhasamai K, Miscamble BF, Wheeler Ek P: The normal mycoflora of commodities from Thailand 1. Nuts and oilseeds. International J Food Microbil 20:211-226, 1993

Mycotoxins have been documented to cause a number of specific types of diseases and very specific organ lesions both in animals and in humans. Table 3 provides a summary of some of this documentation.

Table 3: Mycotoxicoses in which Experimental and/Epidemiological Data Suggest Human Involves

DISEASE	SPECIES	FOOD/FEED	MYCOTOXIN
Gout/Hyper-uricemia	Fowl, Fowl, Chicks, Chickens, Pigeons, Rats, Primate, Man, Man, Man, Man, Man	Moldy Corn, Barley, Beer/Wine/Bread, Meat Products, Rye	Oosporein, Ochratoxin, Kojic acid, Oxalic acid, Alloxan, Yeast, Aflatoxin, Cyclosporin, Penicillin, Multiple, Multiple, Ergotamine
Atherososcl erosis/ Hyperl ipidemia	Sheep, Man, Primates		Sporidesmin, Cyclosporin, Fumonisin, Ergot
Cardiac Ischemia, with Arrhythmias	Rabbit		Citreoviridin/ , Penicillium
Hypertension	Man, Rat		Alcohol, T-2 Toxin
Multiple Sclerosis	Man?		Ergot
Pulmonary Hypertension	Swine		T-2 Toxin
Scleroderma	Man		Amanita
Diabetes	Man		Cryptococcus/ , Alloxan

Crohn's Disease	Man	Fermentation	S. cerversisae
Lung Cancer	Man	Tobacco	Fusarium
Esophageal carcinoma	Man		Fusarium
Breast Cancer	Man	Fermentation	S. cerversisae
Endometrial CA	Man		Fusarium
Colon CA	Man		Fusarium
Hepatocellular, carcinoma	Man	Cereal grains, peanuts	Aspergillus
Hepatoma	Man		Aflatoxin
Cardiomyopathy	Man	Fermentation	Alcohol
Osteoporosis	Man	Fermentation	Alcohol
Alimentary toxic aleukia, (ATA or septic angina)	Man	Cereal grains, (toxic bead)	Fusarium, trichiodes
Dend rodoch io-toxi cosis	Horse, man	Fodder (skin contact, inhaled fodder particles)	Dendrodochium, toxicum
Kashin Beck Disease, "Urov Disease"	Man	Cereal grains	Fusarium, trichiodes
Stachybotryo-toxicsis	Man, horse, other, livestock	Hay, cereal grains, fodder (skin contact, inhaled haydust)	Stachybotris atra
Cardiac beriberi	Man	Rice	Fusarium
Ergotism	Man" animals	Rye" cereal grains	Claviceps, purpurea
Balkan-nephropathy	Man	Cereal grains	Penicillium
IGA Nephropathy	Mice	Grains	Vomitoxin
Reye's Syndrome	Man	Cereal grains	Aspergillus
Pink rot	Man	Celery	Sclerotenia, Sclerotiorium
Onyalai	Man	Millet	Phoma sorgina

Table 4: Natural Occurrence of Mycotoxins in Foods
This table provide a listing of many mycotoxins and the food containing them.

Mycotoxin	Producing fungi	Occurrence
Aflatoxin	Aspergillus flavus, A. paraciticus	Corn, peanuts, cotton seed, barley, etc.
Trichothecenes	F. roseum, F. tricinctum, F. nivale	Corn, barley
Fumonisin	Fusarium	Corn

Oosporein	Chaetomium, Ustilago maydis	Corn
Citrinin	Penicillium citrinum	Wheat, barley, peanuts
Ochratoxin A	A. ochraceus, R. veridicatum, R. cyolopium	Corn, barley, wheat, peanuts
Sterigmatocystin	A. versicolor, A. flavus, A. ruber, P. luteum	Corn, barley, wheat, oats
Zearalenone	Fusarium roseum, E moniliforme, F. nivale, E oxysporum	Corn, sorghum, wheat
Patulin	A. c1avatus, R patuluns	Silage, apples
Penicillic acid	A. c1avatus, R. puberulum	Corn, beans
Alternariol, Alternariol, monomethyl ether	Alternaria tenuis, A. dauci	Weathered grain, Sorghum, pecan pickouts
Tenuazonic acid	Altern. tenuis, A. tamarii, Shaeropsidales sp., Fyricularia oryzae, Phoma sorghina	Diseased rice, Plants [not fresh]
Ergot alkaloids, (ergotamine, etc.)	Claviceps spp., Aspergillus spp., Penicillium spp.	Ergots, infected pasture grass
Sporidesmin	Pithomyces charta rum	O. 1% in spores dead pasture
Kojic acid	A. flavus, A. oryzae	Moldy corn

The fungal fermentation processes, such as making bread, beer, wine, cheese, smoking/chewing tobacco, aging/curing meats, etc. , constitutes yet another part of the human food chain which places humans at potential risk. Bread has been recently epidemiologically incriminated as a cause of breast cancer in Japan and atherosclerosis in the United States.

Alcoholic beverages correlate not only with cirrhosis of the liver, but a wide range of other diseases which includes brain damage, cancers, fetal injury, etc. Alcohol is a fungal-produced toxic metabolite and the conditions that it produces are as mycotoxicotic in nature as ergotism or aflatoxicosis.

Cured mutton consumed by women at the time of conception results in the birth of diabetic infants. This is a fact not yet taken into consideration in efforts to find the cause of the markedly increasing incidence of this disease in some parts of the world. [we wonder if this has not something to do with the introduction of Faciolopsis buskii (the human sheep liver fluke) into the mother's body to seek its most fertile place in the organism - remember, the presence of the fluke in the liver spells CANCER, the fluke in the pancreas spells diabetes].

THERE ARE MYCOTOXINS FOUND IN HUMAN BLOOD AND BREAST MILK

In respect to the presence of mycotoxins in humans, it has already been documented by several of our collaborators that over half of German adults have ochratoxin in their blood, that leukemic children have aflatoxin in their blood, that patients with urinary tract cancers have ochratoxin in their blood, that patients with Crohn's Disease have aflatoxin in their blood, and finally, 18 to 90 % of nursing mothers

have mycotoxins in their breast milk.

Obviously, the problem of mycotoxins in human health is quite real and requires full elucidation, particularly since we all know that food is in some way connected to the major disease of humans.

DIETARY CHOICES INCREASE OR DECREASE THE MYCOTOXIN CONNECTION

Public awareness is particularly important in that the major means of preventing the development of these diseases rests most significantly upon the informed/intelligent selection of what the public eats and drinks.

A person's dietary choices play the critical role in the causation or in the prevention of all of the mycotoxin-caused diseases, not only for himself, but also for his offspring.

The selection of foods for chidden is going to determine the life expectancy and quality of health for these adults-to-be.

The dietary choices required for controlling the degree of mycotoxicity are all based upon documented facts found in the scientific literature. The diet must reduce the intake of mycotoxin-containing foods, not feed the fungi living within us, and decrease the toxicity of the mycotoxins which do enter our body.

DIETARY AVOIDANCE OF MYCOTOXIN-CONTAINING FOODS

Reduce the intake of fungal toxins which are present in stored grains, nuts, seeds, meats, grain-fed animal products (meat, animal fats, butter, whole milk) and fermented foods such as beer, bread, cheese and wine.

DIETARY CONTROL OF MYCOTOXIN-PRODUCING FUNGI IN THE HUMAN BODY

Fungal toxins are constantly being absorbed from toxin-producing fungi living in the host, particularly in the gut.

An increased fungal growth/toxin production is caused by diets high in sugar, fruit, oils, fats, and fermented foods such as beer, wine, bread and cheese.

A decreased fungal growth/toxin production is due to the anti-fungal action of fish/ fish oils, garlic, onion, herbs, spices, soya, yogurt and green vegetables.

DIETARY CONTROL OF DEGREE OF TOXICITY CAUSED BY MYCOTOXINS

Toxicity caused by mycotoxins is significantly reduced by increasing the amount of fiber in the diet. This is done by increasing the amount of vegetables in the diet. While fruit is also a source of fiber, the high sugar fructose) content of fruit stimulates fungal growth (fructose increases blood cholesterol and uric acid levels which are associated with increased risk of hypertension and atherosclerosis).

MEDICATIONS

Unlike the other dietary approaches to the prevention and treatment of human diseases, the mycotoxin concept does not exploit the adverse effects of drugs in an attempt to support a diet-only attitude. It should be noted that almost all medications are plant derived or chemical derivatives thereof. Aspirin derives from the bark of the willow tree. Colchicine derives from a plant.

Both aspirin and colchicine possess significant anti-fungal activity as do most plant-derived drugs. (They protect living plants from the fungi..) [Might this be the reason why the medical fraternity advocates the taking of an aspirin a day to prevent heart disease and strokes?]

Similarly, all of the other anti-inflammatory drugs possess significant anti-fungal activity. These drugs are cyclo-oxygenase inhibitors and fungal survival is dependent upon the competency of their cyclo-oxygenase-related metabolic pathways.

Interestinaly. corticosteroids not only sianificantly reduces the toxicity of mycotoxins

but are also anti-fungal against a number of fungi..
Actually, all of the medications proven to be effective in the treatment of the mycotoxin-induced diseases possess anti-fungal and/or anti-mycotoxic activity. It is a point overlooked by pharmacologists.

CONCLUSION (of the introduction)

WHAT IS THE BOTTOM LINE FOR A LONGER LIFE WITH THE ENJOYMENT OF GOOD QUALITY HEALTH?

FIRST	A DIET TO LIMIT INTAKE OF MYCOTOXIC FOOD/DRINKS
SECOND	LIMIT GROWTH OF TOXIN-PRODUCING FUNGI IN THE GUT
THIRD	INCREASED VEGETABLE FIBER IN DIET TO BIND AND PREVENT ABSORPTION OF MYCOTOXINS (REMOVAL BY DEFECATION)
THEN	DIETARY PLUS ANTI-FUNGAL DRUGS SUCH AS DAILY ASPIRIN (WILLOW BARK) TO PREVENT HEART ATTACKS AND STROKE
LASTLY	DIETARY PLUS ANTI-FUNGAL/ANTI-TOXIN DRUGS TO TREAT THOSE AFFLICTED BY EXCESSIVE FUNGAL COLONIZATION/MYCOTOXIN CONTAMINATION

THE FUNGAL/MYCOTOXIN ETIOLOGY OF CANCER

INTRODUCTION

Lee (1993), in his recent review of the food connection to cancer, notes that the concept of diet and nutrition having an important influence on health is an age-old one. its link with cancer was mentioned in Chinese medical writings in the Twelfth century.

Recent interest in this subject started in the 1930's with animal studies which progressed to extensive investigations of dietary factors implicated in various human cancers both from an etiology and a protective perspective.

The belief that diet is related to cancer is now generally accepted. However, the studies are confusing in that some show increased cancers associated with a particular food, while other similar studies show no such relationship. The only logical explanation to such conflicting reports is that the particular food itself is not the cause but is associated with a variably present co-factor. Thus, the first question becomes:

WHAT IS VARIABLY PRESENT IN FOOD WHICH CAUSES CANCER?

Cancer Risk is To Unnaturally Occurring Carcinogens

Scheu plein (1992) of the Food and Drug Administration has recently reviewed the relationship of cancer to diet, particularly the dietary carcinogenic risk to the specific classes of foodstuffs, food additives, pesticides, etc. These are tYPically requlated by the FDA. Scheuplein indicated that virtual all of the calculated cancer risk can be attributed to "naturally occurring carcinogens" in the diet. Thus the second question posed becomes:

WHAT "NATURALLY OCCURRING CARCINOGENS CAUSE CANCER?

The major "naturally occurring carcinogens" present in food which are well documented to cause cancer are the fungi and their toxins. Furthermore, they are variably present such that the involved food correlates with cancer when fungal colonization and mvcotoxin contamination is maximal., and does not when it is

minimal or absent.

There are two other "naturally" occurring items which must also be addressed, nitrosamines and viruses. However, viruses are not proven to cause any type of cancer in humans and the nitrosamines are increasingly being shown to be produced by a number of fungi, particularly in stored, cured and fermented foods.

It therefore appears that the answer to the two question posed above is:

FUNGI AND MYCOTOXINS ARE THE NATURALLY OCCURRING CARCINOGENS WHICH ARE VARIABLY PRESENT IN FOOD

Food additives and insecticides have for too long enjoyed a place amongst the popularly believed causes of cancer. However, there is little, if any, documentation to support that belief.

Doll (1992), in his keynote address to the Nutrition and Cancer Conference, noted that there has begun to emerge a consensus that diet is responsible for 30-60% of cancers in the developed world.

Doll also re-enforces the position of Scheuplein that food additives and pesticides, while constituting a popular belief that they playa major role in causing cancer, simply have not been documented to do so in humans. He states the very small effects, if any, can be attributed to food additives and to trace pesticides.

Dietary Changes Do Prevent Cancer

Doll (1992) also noted that it was qenerally aqreed that the principal dietary chanqes to prevent cancer are:

1. A reduction in the consumption of fat, 2. An increase in the consumption of fruit, 3. Increased green and yellow vegetables, 4. An increase in dietary fiber,S. Improvement in "food preservation".

Lack Of a Unitarian Explanation For Dietary Prevention Of Cancer

Interestingly, these five dietary measures described to prevent cancer share little in common except that fiber is also present in fruits and vegetables. This lends further support to what everyone knows; the cause of cancer has escaped elucidation.

Conversely stated, once we know the cause of cancer, we will then be able to explain just how these four dietary measures protect against cancer. Of course, that same explanation will also show us why some particular foods are variably linked to cancer..

The Fungal/Mycotoxin Etiology Of Cancer Provides a Unitarian Explanation

The fungal/mycotoxin etiology Of cancer does provides a Unitarian explanation for each of the dietary factors which has been documented to either cause or to prevent cancer.

CONCLUSION

With the exception of the cancers caused by cut/cured/ fermented tobacco leaf, the cause of cancer is generally stated as being unknown.

That statement is made invalid by the published research data collected and presented here which documents that fungi and their mycotoxins cause virtually every type of human cancer in either animals or humans or in both.

The viral etiologic concept of cancer in humans is unproved and therefore no longer acceptable.

There is a food connection to cancer but only to its connection with contaminating fungi and the mycotoxins which those fungi produce.

A future volume of the Fungalbionic series will present data proving the beneficial aspects of each dietary item which prevents cancer.

Each item will be discussed with the appropriately cited references which support its benefit.

These dietary facts provide the basis for a tasty and high quality food intake which should become one's personal Garden of Eden where cancer is non-existent.

THE AUTHORS

A. V. COSTANTINI, M. D. Head, World Health Organization (WHO) Collaborating Center For Mycotoxins In Food Division of Clinical Chemistry Department of Internal Medicine School of Medicine Albert Ludwigs University Freiburg, Germany and Clinical Professorial Faculty (Retired) University of California School of Medicine San Francisco, California U. S. A.

HEINRICH WIELAND, M. D. Medical Director, World Health Organization (WHO) Collaborating Center For Mycotoxins in Food Division of Clinical Chemistry Department of Internal Medicine School of Medicine Albert Ludwigs University Freiburg, Germany and Professor and Medical Director, Division of Clinical Chemistry Department of Internal Medicine School of Medicine Albert Ludwigs University Freiburg, Germany

LARS 1. QVICK, M. D. , Ph. D. Co-Medical Director, World Health Organization (WHO) Collaborating Center For Mycotoxins In Food Division of Clinical Chemistry Department of internal Medicine School of Medicine Albert Ludwigs University Freiburg, Germany and Medical Director, Pharmacia AB Stockholm, Sweden

Source: Please refer to introductory note by The Preventorium Institute shown above. We also have a companion page showing Hulda Clark's views concerning fungi and molds.

The book "Fungal Bionics" - the fungal/mycotoxin etiology of human disease Volume 2 - CANCER and other volumes related to the involvement of fungi in other disease processes are available from:

Johann Friedrich Oberlin Verlag Am M?hlbach 13 79114 Freiburg, Germany ISBN 3-930939 In Germany: Fax 0761-809140 From International: Fax: +49 0761-809140