Viral Pathogens Hidden in Carriers Detected in the Intestinal Tract After Overcoming Infection Are a Potential Source of Serious Human Diseases, Including Cancer. New Medicine

Vladimir Zajac *

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Article

Viral Pathogens Hidden in Carriers Detected in the Intestinal Tract After Overcoming Infection Are a Potential Source of Serious Human Diseases, Including Cancer. New Medicine

Vladimir Zajac

Formerly scientist at the Cancer Research Institute, BMC, SAS, SAV, Dúbravská cesta 9, 84505, Bratislava, Slovakia; arturzajo@gmail.com; Tel.: +421908281354

Abstract: Every virus is a parasite that cannot exist on its own and is fully dependent on its carrier. This is the basic condition of its existence. The host of viruses is a living cell. Based on many years work with BLV in stables, I came to the conclusion that the carrier of the virus is a bacterial cell. This idea was subsequently tested in a model of HIV, where it was also shown that both bacteria and yeast in the intestinal tract can be its hosts. Similarly, we monitored the presence of the new coronavirus in the intestinal tract of the infected. Rectal swabs were taken from patients who overcame infection with the new coronavirus four weeks ago. The results show that in the majority of patients (83%) the virus is still present in their intestinal tract and can cause a de novo infection in the patient and infect others. Based on these results, it was concluded that many, if not all, viruses can be transmitted by bacteria, yeast. After overcoming viral infection, a part of the virus in most infected people passes into the intestinal tract hidden in carriers. This is indicated by the increasing number of new variants of the novel coronavirus, and the high infectivity detected in wastewater around the world proves that the coronavirus is in the tract long after the epidemic is over. By identifying the carrier and its elimination, we will also destroy the virus. The viral load localized in the intestinal tract is under the control of the immune system. Vaccines are ineffective in the intestinal tract.

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The view that the human body is imperfect, producing errors and mutations that cause many diseases, still prevails in clinical practice. This view arose at a time when very little was known about viruses, pathogenic microbes, and parasites. The main attention in the treatment of the disease is focused on the respective damaged organ and work is being done on its repair. In many cases, this approach is sufficient, the damage is removed and the patient is cured. Thanks to such approaches, it was possible to solve and eliminate many diseases that have plagued humanity since time immemorial.

Tumor diseases belong to the group of so-called degenerative diseases together with - rheumatoid arthritis, systemic lupus erythromatosis, multiple sclerosis, cirrhosis of the liver, Alzheimer's disease, Jacob-Kreuzfeld syndrome, kidney failure, arthritis, schizophrenia and others that humanity has not yet solved. Is it appropriate to ask the question, why are we not able to solve these diseases, despite huge investments in their research? It is very likely that we failed to detect something fundamental, on the other hand, maybe something very trivial. We maturely live in a kind of vicious, dogmatic circle that binds us and does not allow us to seek new approaches. According to evolutionary biologists Paul Ewald and Lewis Thomas, we often provide only secondary care to patients suffering from these "degenerative" diseases [23,24]. Many experts say that today's diseases are a tougher nut to crack than in the past and that they cannot be expected to be solved anytime soon. This is only partly thrue, the evidence shows that we continue to find decisive solutions to diseases. We achieved their solution thanks to the knowledge of primarily infectious causes. Over

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the past decades, a large number of cases of liver cancer and hepatitis infected with the hepatitis B and C virus have been prevented, and also thanks to the hepatitis B vaccine. Stomach ulcers and stomach cancer can now be treated with antibiotics.

Most experts currently dealing with diseases of the human population study the problem of causality based on the principle of building blocks. They strive to understand how the disease manifests itself at the cellular and biochemical level, in the hope that the solution will eventually reveal itself. Such an approach, however, has not yet brought any significant success, while significant medical success is understood as a decisive solution. If, in the case of infectious diseases, significant successes were achieved, it was more by deductive leaps than by induction based on the principle of building blocks - Edward Jenner, John Snow, Ignaz Semmelweis, Paul Ehrich, Alexander Flemming and others. The aforementioned scientists knew very little about bacteria, viruses, parasites and other pathogens. These examples highlight the importance of thinking beyond the building blocks that guide modern medical research. When dealing with uncontrolled diseases, it is most often considered that the main alternative can be an infectious cause - chronic diseases can be caused by infectious agents. This alternative does not deny the theory that evolutionary explanations are embedded in the context of genes, but emphasizes that we must not limit our hypotheses about the causes of chronic diseases to the human gene pool. At the same time, we must also take into account the genetic makeup of bacteria and other microbes.

These considerations necessarily lead us to a fundamental question - is the human organism really a perfect system - the pinnacle of evolution on our planet - that can correct almost all errors and mutations? If we accept this alternative, then how is it possible that humanity suffers from a large number of diseases? Evolution cannot lead to an increase in errors, but to their minimization. So what is their cause, where is their source? In seeking an answer to this question, based on the above results, we could come to the logical conclusion that all these types of human diseases are caused by the second kingdom in our body – prokaryotic – i.e. bacteria, but also yeasts and other single-celled organisms that reside mainly in our intestinal tract.

We have to live in symbiosis with this kingdom, we cannot exist without it. Recently, however, there have been major changes in its composition. The use of antibiotics, drugs and medicines created enormous pressure that sensitive microbes mostly did not survive. However, their infinite variability – each bacterium is unique – allowed them to survive. Statistically, one bacterium in 10 million survives and creates a new clone that is resistant. This process is constantly repeated and new resistant forms of bacteria arise. The original bacteria that lived in symbiosis with the organism largely lost this ability after acquiring resistance. Their goal - to survive, to adapt to the new situation - made them disrespect the host. This is how many microbes have turned from helpers and allies to potential enemies.

We know very little about our intestinal tract. Why has this important body not been given due attention until now? Only recently, under the pressure of new information, this organ begins to be more closely monitored and investigated. Our past is stored in it, and we will very likely find microbes and parasites from ancient times there. Evidence of the presence of viruses - bovine leukemia virus (BLV), HIV, and novel coronavirus - in the intestinal tract hidden in carriers after overcoming infection is the first record of interactions between bacteria and viruses [1–22]. This act overcame an unwritten taboo that essentially denied or circumvented this relationship. In the case of the BLV and HIV viruses, these carriers have already been identified - they are bacteria and, in the case of HIV, also yeast. The carriers of the new coronaviruses are still unknown. With this finding, we paradoxically find ourselves in a situation where, on the one hand, we are trying to eliminate the virus, but on the other hand, we are unknowingly cultivating it in our intestinal tract. These new findings reveal the amazing rationality of the prokaryotic kingdom. They reveal the previously unthinkable, that bacteria, yeast, and very likely other organisms are capable of taking up viruses and becoming their carriers. This discovery broke the unwritten taboo that viruses and bacteria have nothing in common. Nature once again showed how rational it is and how it uses all available means to survive.

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The limitless willingness of bacteria to accept foreign genetic information is one of their most basic properties. Receiving new genetic information gives bacteria a better chance of survival, existence and advances them in development. On the one hand, this is a very positive feature, because without it there would be no evolution, without which there would be no human population and no music. On the other hand, however, bacteria also acquire viral and other pathogens and thus become carriers of genetic material that can harm people and induce diseases In these cases, we must intervene and eliminate the pathogens.

The gate was open by the detection of viruses - BLV, HIV, new coronavirus - hidden in carriers in the intestinal tract after overcoming infections [1–22]. It is the first, direct evidence of dangerous pathogens found in our intestinal tract. Virus carriers become part of the microflora, which allows them to exist there for a long time, but they are under immune control. However, if the immune system is weakened, the carriers of the virus multiply, penetrate through the immune barriers into the body, cause a de novo infection and subsequently can infect others.

Presence of viruses hidden in carriers in the intestinal tract is also indicated by the number of new variants of the novel coronavirus, because the carrier does not prevent the virus from mutating. Similarly, the high infectivity found in wastewater worldwide points to the fact that the coronavirus is localized in the intestinal tract long after the epidemic has ended. The viral load in the intestinal tract is increasing rapidly worldwide, which leads to continuous stress and weakening of the immune system. This process will represent a biological time bomb for humans in the future.

After entering the body and interacting with the cells of the organs, infectious agents have the potential to damage them inconspicuously, but over a long period of months to years, 24 hours a day. This will most likely manifest itself in the form of serious diseases, especially degenerative ones, which will only manifest themselves in later life. It is an almost invisible process and difficult to detect and stop. The mechanism of this process is similar to when drops fall on a stone and after a while a hole will form there.

Clues to the significant role of prokaryotes in causing diseases such as cancer, Alzheimer's and Parkinson's diseases, diabetes, IBD, Crohn's syndrome and others have been known for a long time. The indications were not translated into clinical practice because there was a lack of direct and indisputable evidence of the role of prokaryotes in the development of these diseases. Despite long-term and intensive research, we still do not have a precise and descriptive characteristic of a tumor cell. If we were to characterize a tumor cell in light of these new findings, we might conclude that: a tumor cell is functionally similar to a prokaryotic cell with a non-functional complete eukaryotic genetic makeup. From this perspective, a highly differentiated eukaryotic cell under attack by a prokaryotic carrier containing a viral or other pathogen is transported back to a time millions of years ago, when only the prokaryotic kingdom existed. That is, until the period when higher organisms gradually began to develop from prokaryotic cells - through evolution. We cannot now answer the question of what mechanism could have caused this change. What might happen if a prokaryote carrying a pathogen comes into contact with a highly differentiated cell? Could it lead to higher differentiation? Very likely not, it is much more likely that it will transfer it to its prokaryotic level. The prokaryotic cell carrying the pathogen moves through the blood system and settles in a specific location. Is it a coincidence, or is it related to that organ? We don't know yet. Subsequently, the prokaryote containing the pathogen gets close to, in contact with, or even inside the eukaryotic cell. We also do not know the mechanism by which the pathogen changes the cells of the attacked organ into its own image. Another important question is whether the viral pathogen alone is involved in invading eukaryotic cells, or in symbiosis with a vector. Now we can only state that this is very likely a long process that could take years, even decades. Considerations pointing to the possibility that a prokaryotic pathogen can turn a differentiated cell into a prokaryotic one may suggest that eukaryotic cells have functionally reverted to their original prokaryotic form from which they evolved. And what about other viruses...Let's take a common one - the flu virus. It attacks people in the fall and winter, then it goes away. Where does it go?? That's a very important question. The answer??? It travels to China or Hong Kong? By plane? So a return ticket for next October? It's not real, is it? No,

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it doesn't travel anywhere, the virus in carriers remains in the intestinal tract of infected people until autumn and is under the control of the immune system. If the immune system of an infected person is weakened – very often due to autumn colds, illnesses, infections, injuries – the virus carrier multiplies, penetrates from the intestinal tract into the body, infects it and the infected person can infect others. This cycle repeats itself every year.

Current methods of eliminating viruses - antivirals, physical therapy, vaccines - cannot completely eliminate viruses. From our perspective, it just feels like a gentle scraping. Their complete elimination occurs if we eliminate them in the intestinal tract. Vaccines are ineffective in the intestinal tract. The basis of further investigation should be the analysis of the contents of the intestinal tract and the identification of all virus carriers and their subsequent removal. At the same time, viruses that cannot exist and multiply without carriers are also eliminated. After eliminating the detected pathogens, it becomes clear which diseases they caused. It is assumed that several diseases, especially degenerative ones, will gradually be eliminated in this way. Furthermore, it will be necessary to apply the achieved results into clinical practice, which will most likely bring a significant improvement in the health status of the human population. It will be a fundamental change in the diagnosis and treatment of diseases that humanity has not yet coped with. It will be a new way - New Medicine.

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