Journal of Molecular and Genetic Medicine

Ayoade, J Mol Genet Med 2017, 11:4
DOI: 10.4172/1747-0862.1000297

Commentary Open Access

Koch's Postulates and Germ Terrain Dualism; Cellular Dust as Yet Another Term for Microzymas

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Abstract

The Germ-terrain duality theory of disease states that the etiology of certain diseases/diseased states is better explained as a complex interplay between germs and the inherent anatomical/physiological integrity of the body cells.

Keywords: Microbes; Cellular dust; Microzymas; Medicine

Introduction

The Germ-terrain duality theory argues that the etiology of certain diseases is not fully explained merely by the presence of germs (Germ Theory) or by a mere loss of cellular integrity (Terrain Theory) [1-4].

As a result, the prevention and treatment of such diseases should focus not just on fighting germs but on maintaining/restoring the anatomical/physiological cellular integrity.

The Germ-Terrain Duality (GTD) theory is a harmonization of the current Germ Theory (popularized by Louis Pasteur) and the hitherto discarded Terrain Theory (popularized by Pierre Bechamp) [5-7].

Koch's postulates and the germ terrain duality theory are not necessarily entirely mutually exclusive. They correlate and correspond tolerably well so far it is acknowledged that germs/microbes are scavengers of dead/damaged tissue/cellular waste.

What is cellular dust?

"Cellular Dust" is the term used to describe the smallest and basic unit of living thing according to the germ terrain duality theory.

Who discovered cellular dust?

Whereas it is often claimed that the first reference to cellular dust was made in the 1858 Dictionary of Medicine and Surgery in which Charles Robin described "very small granulations formed of organic substance"; Henle the anatomist in 1841 had noticed these micro sized entities but had only a vague appreciation for what they were. The general consensus of scientists at the time was that they were formless, meaningless particles. They were finally properly documented and comprehensively described by Professor Antoine Bechamp in the 1860s. The "little bodies" were named "microzymas" (Greek for "small ferments" or "small enzymes") by Bechamp.

Through the years other scientists have re-discovered these microscopic entities and given them other names viz-

Virginia Livingston called them "Progenitor cryptocides" [8]. Professors Estor and Bechamp called them "Molecular Granulations". Wilhelm Reich called them "Bions". Gunther Enderlain, a zoologist called them "Protits" (not to be confused with protists). The Dermatologist Alan Cantwell called them "Scintillating Corpuscles". The biologist Gaston Naessens who was born in 1924 called them "Somatids" and finally the pharmacist Wilhelm Von Brehner called them "*Siphonospora polymorpha*"

How small is cellular dust?

The largest microzyma are 500 nanometers in size. To put this in perspective the average human cell is 100,000 nanometers in size! The smallest human cell (the granule cell of the cerebellum) is 4 to 4.5 nanometers! So the largest of the microzymas are 8 to 9 times smaller than the smallest human cell! Human red blood cells are 6,000 nanometers. The human male gamete cell is 50,000 nanomneters and the female gamete cell (ovum) is 100,000 nanometers.

Unlike cells, which suffer death, cellular dust is indestructible!

The germ theory denies the existence of these microscopic entities and continues to insist that the cell is the basic unit and building block of life and living things.

Discussion and Clinical Implications

Since cellular dust is indestructible, I can think of no other endeavour more important to science today than to study cellular dust and to learn how (if possible) to manipulate it. If cellular dust can be manipulated, incurable diseases will virtually be eliminated, or at least greatly diminished. Medicine will be able to make the blind see, the deaf hear, re-grow limbs of amputees; and dramatically slow ageing.

Eventually, physical immortality might (theoretically) become within reach!

Conversely, in the hands of evil men, very scary biological weapons, capable of turning a healthy human being to a rotten corpse in a very short space of time could be developed.

Because microzymas coalesce into microbes such as bacteria in a series of stages akin to a life cycle it is possible to see a virus or other microbe being developed and to attack it before it comes to term so to speak. Hence, up to two weeks in advance, sicknesses can be foreseen before they actually strike!

Conclusion

Creating machines that can properly read and map microzymas

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Received October 11, 2017; **Accepted** October 23, 2017; **Published** October 26, 2017

Citation: Ayoade S (2017) Koch's Postulates and Germ Terrain Dualism; Cellular Dust as Yet Another Term for Microzymas. J Mol Genet Med 11: 297 doi:10.4172/1747-0862.1000297

will be just as revolutionary, if not more revolutionary as the invention of the X-Ray machine was at the close of the 19th century.

I envision a future where every nurse, doctor, paramedic and microbiologist has a portable, hand held "Cellular Dust reader".

In the Star Wars Movie Phantom Menace in 1999, a hand-held device was used to measure "midichlorians", tiny organisms similar to cellular dust. Science fiction movies etc. sometimes have an uncanny way of accurately predicting the invention of gadgets. The Star Trek TV series foresaw the cell phone as far back as the 1960s, and the DVD player was predicted in Robocop in 1987.

The childishly stubborn refusal of the mainstream medical and scientific community to even acknowledge the existence of the micozymas, talk less of studying them is hindering the progress of medicine.

References

1. Koch R (1876) Investigations into bacteria (V): The etiology of anthrax, based on the ontogenesis of *Bacillus anthracis*. Cohns Beitrage zur Biologie der Pflanzen 2: 277–310.
2. Walker L, Levine H, Jucker M (2006) Koch's postulates and infectious proteins. Acta Neuropathol 112: 1–4.
3. Huebner, Robert J (1957) Criteria for etiologic association of prevalent viruses with prevalent diseases: The virologist's dilemma. Ann New York Acad Sci 67: 430-438.
4. Evans AS (1978) Causation and disease: A chronological journey. Thomas Parran Lecture. Am J Epidem 108: 249–258.
5. Ayoade S (2017) Etiology, epidemiology and therapeutic history of malaria validate germ-terrain duality; Postulates thereof. J Mol Genet Med 11: 261.
6. Ayoade S (2017) Thalassemias validate germ terrain duality of malaria. Health Sci J 11: 3.
7. Mister SA (2017) Elucidation of the postulates of the germ terrain duality theory with a specific reference to semantics and the distinction between diseased and damaged tissue. JOJ Nurse Health Care 2: 555-599.
8. Livingston VW, Livingston AM (1972) Demonstration of progenitor cryptocides in the blood of patients with collagen and neoplastic diseases. Trans NY Acad Sci 34: 433-453.