Useful empirical values for the treatment of asthma

Alan E. Baklayan, Naturopath, Munich

THE CAUSES OF BRONCHIAL ASTHMA:
HISTORY OF ITS DISCOVERY

Therapists testing bioenergetically were largely responsible for discovering the cause of bronchial asthma. We can gain a valuable insight into the disease and its treatment by examining the history of its discovery. The first chapter in the history of bronchial asthma came about through a connection with allergies and food intolerance. Credit should mainly go to Dr Schumacher, a paediatrician in Innsbruck, who discovered, amongst other things, that allergy sufferers also display a hidden reaction to foodstuffs. He called this masked allergy. This was a sensational discovery which brought extraordinary therapeutic success. Success rates of 80 to 90% were obtained with allergy sufferers by treating these basic foodstuff allergens, namely cow’s milk, wheat and hen’s eggs, one after the other. All that was needed to complete the success was to treat one or two of the well-known inhalational allergens or contactants and even this was not always necessary. Fungal therapy was often also applied as an accompanying measure.

In the process he had discovered that all allergy sufferers react to at least one of the three or four principal foodstuffs.

Although this discovery represented a milestone in allergy therapy and yielded corresponding success some 15 years ago, many questions remained unanswered and some allergies which had been successfully treated even returned. More particularly, asthma’s clinical picture was harder to control than neurodermatitis in children where success rates of up to 90% were actually recorded. It should also be pointed out that the clinical picture of allergy has become more complicated over the years. There are now many cross-allergenicity reactions requiring more complex treatment. This again confirms the suspicions ever present in naturopathy that chronic syndromes not only increase with various environmental stresses and conditions of life, but are also constantly changing.

After pursuing this approach with electroacupuncture for years, Dr Hulda Regehr Clark’s discoveries on parasites and their connection with various syndromes appeared. She published the results of her research in two books in which she claimed, amongst other things, that Ascaris and its larvae had been found on the lungs of asthma patients and that, after appropriate therapy, the asthma either completely disappeared or was at least significantly alleviated. This was sensational news and I began to examine the link between parasites and disease and also that between parasites and asthma and found agreement, to a large extent, with Dr Clark’s studies and work.

The results of these efforts were reflected in my book “Parasiten – die verborgene Ursache vieler Erkrankungen” [Parasites – the hidden cause of many diseases] which was published in 1998 by Goldmann Verlag. This contains all the discoveries we made regarding parasitic infestations and deals with the connection with the immune system, allergies and cancer as well as with all other disorders.

However, what is the state of our research into parasitic infestation now, three years down the road?

It can be confirmed with increasing certainty that parasitic infestations play a central role in chronic disease. A considerable number of therapists have now become proficient in this field through lectures and further specialist training. They too integrate parasitic infestation and its treatment into their practices and have obtained similar results to us in their work.

Moreover, it can be confirmed that virtually all patients are infested with parasites. It has emerged

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that the word “hidden”, which I used in 1998 in the title of my book to describe the cause of chronic disease, can actually be taken literally. For we do not consider parasites to be the direct cause of disease because, although a person has parasites, they may not necessarily suffer from allergic symptoms. If someone suffered from asthma as a child or at any time in the past but these symptoms are no longer acute, because he now lives somewhere different, has changed jobs or is simply physically more robust, the Ascaris larvae can still be detected in his lungs. Consequently, there is no causal connection between the Ascaris larvae detected and the symptoms of asthma. The big mystery lies in the question what makes the Ascaris larvae or Ascarides become active? It has not so far been possible to answer this question completely, however, we can definitely say that it has something to do with the patient’s internal milieu.

Ascarides + ascaris larvae on the lungs cannot always be equated with asthma.

Parasites certainly now seem to me a bit like Trojan horses or aircraft carriers. For, since we have begun investigating the links between parasites, environmental toxins, bacteria, viruses and fungi, we have reached the conclusion that all parasites harbour certain bacteria and viruses. And, while various mycoses can probably be found on their surface, they also absorb heavy metals and other environmental toxins. Since the 1930s numerous scientific publications have spoken of Ascarides carrying a whole range of bacteria. And it is a well-known phenomenon in parasitology that the surfaces of fungi are also infested with bacteria.

Like aircraft carriers, parasites are completely autonomous and possess every possible defence mechanism, they can emit all sorts of things to defend themselves, they can paralyse the human immune system, they can fight, above all, they can move. Experiments we have conducted have now convinced us that they can move.

I am convinced that there are two situations in which parasites really become active and trigger allergic symptoms:

1. If the composition of the internal milieu becomes alien and hostile for the parasites due to psychogenic stress and associated hormone release, through acidaemia or through a substantial increase in adrenalin release, they are forced to make a stand against this environment. These defence mechanisms then provoke the symptoms.

2. Furthermore, I am now convinced that parasites, which serve as a kind of reserve for various environmental toxins, become so inundated and overburdened with these toxins after a certain time that they themselves become ill. This probably activates their defence mechanisms which then, in turn, cause those diseases in us.

Moreover, we have frequently found with cancer patients that parasites exploit the weakness of the immune system by settling precisely where environmental toxins are already deposited.

We repeatedly observe that it is not large parasitic infections which trouble the patient but mainly the larvae and eggs, or in the case of flukes, the various developmental stages of the parasites, which provoke symptoms.

It seemed that, wherever there was cow’s milk allergy, there was also infestation with Ascarides or Ascaris larvae. This connection was portrayed in detail in my paper “Parasiten – ein hoffnungsvoller Kampf” [Parasites – a promising battle] in RTI Volume 23, May 1999. When I published this theory in my book in 1998 and presented it in a number of lectures, it provoked a sensation.

My discovery of the role of lacteal mould, which I presented in a paper entitled “Welcher bisher nicht beachtete Faktor spielt bei der Kuhmilchallergie eine überragende Rolle?” [Which previously unheeded factor plays an outstanding part in cow’s milk allergy?] at the international colloquium of bioresonance therapists in Fulda in 2001 represented a further milestone. I would ask you to read this paper again as it contains a great deal of very important information to help understand the therapeutic procedure (RTI Volume 25, 2001, 40–44).

ASTHMA, PARASITES AND SCIENCE

The connections described above still left me with some concerns, however. I wanted to try to clarify a number of contradictions since, as with any therapeutic approach, sometimes things went well and other times there were problems.

A search of on-line medical libraries using the search term “asthma and parasites” reveals over 170 scientific studies. According to these studies, the IgE immunoglobulins are dramatically increased in allergy sufferers and also in the case of para-
sitic infections with helminths. Initial joy at the wealth of information on-line is soon dampened. For every study which demonstrates a connection between allergies, asthma and parasitic infections, there are others which more or less prove the opposite. When I used scientific research to extend my knowledge, I was repeatedly surprised that scientific studies prove scarcely anything in human medicine. Each new factor leads, in turn, to new results and the theory changes. All those who nowadays blindly trust science and medicine should take a closer look at this.

AN EXCITING SUSPICION

In my practice I have studied the links between Ascaris larvae and other infestations through hundreds of tests with electroacupuncture (EAV). I noted here that Ascarides can be tested with Mycobacterium smegmatis (toxin from mycobacteria), the Tuberculinum bovinum nosode (hereditary toxin) and also the Mycobacterium bovinum as bacteria ampoule and some other bacteria and viruses could also be found. So they test as coupled or synergistic, as we say in bioenergetic testing circles. This means that the infestations can all be found together and at the same time at one electroacupuncture point. This means that these infestations live or are contained in the Ascaris itself.

Testing and therapy:
Treat Ascaris lumbricoides
+ Tuberculinum bovinum (hereditary toxin)
+ Mycobacterium bovinum (bacterium)
+ Mycobacterium smegmatis (bacteria set)
comprehensively with program 191 using all amplifications

Attention: Applies only to Ascaris lumbricoides ampoule and not to Ascaris larvae or nosodes.

I tried to eliminate these infestations, namely Ascarides and Tuberculinum smegmatis, and the other infestations, which I had tested, together in further studies. Surprisingly the patients were healed quicker this way, the therapy proved successful sooner. I announced the results of my study in 2000 at a parasite seminar for therapists which I chaired. This study was also published on the Internet, in the parasite forum. I relied on my testing as science could not provide me with satisfactory answers; the resulting improvements in my patients confirm this.

ALLERGIC ASTHMA OR INFECTIOUS ASTHMA?

Another very interesting mystery is that Ascaris lumbricoides tested on the lungs of some asthmatic patients while only the Ascaris larvae could be found in others. There is not automatically a link with Mycobacterium smegmatis or with mycobacteria toxins in the larvae found. Consequently, Ascarides do not bequeath the tubercular toxin to their offspring as a matter of principle. Instead, as adult Ascarides, they develop a tendency to become infected with the tubercular toxin, according to my tests, to 100 per cent. In other words, I did not find any exceptions. The idea of testing Ascaris larvae as allergens solved the mystery. Ascaris larvae could actually be tested, both as an infestation and/or as an allergising antigen in asthmatics and other allergy sufferers. This result led me to the assumption that there are two different forms of asthma:

1. The asthma of a fundamentally allergic patient who was either infected with Ascarides as a child or later reacts allergically to various allergens through contact with Ascaris larvae. Here studies agree that Ascaris larvae occur everywhere, even in countries with highly developed hygiene systems. Allergic attacks repeatedly arise through simple contact. Larvae increase sensitisation and allergic reactivity enormously.

2. The asthma of patients who actually have Ascarides in their lungs and where the principal disease is bronchitis or an infection. Ascarides harbour bacteria, such as the Tuberculinum toxins, which can appear again and again.

Allergic asthma:
Ascaris larvae + basic allergy ampoule with program 998
and / or
infectious asthma: Ascaris lumbricoides with program 191.
Test and treat both comprehensively on lung meridian.

To gain a better understanding, let us now examine in more detail various aspects within scientific research.
Tapeworms to combat allergies?

A number of studies, particularly in Japan, describe how parasitic infections result in fewer allergies. Vaccinations have even been developed and experiments conducted in which scientists infected themselves with parasites to prove that their allergies recede. On closer inspection we find that these were infections with tapeworms. It was also proven that fewer allergies actually occur when infected with Schistosoma, especially Schistosoma haematobium and Schistosoma mansoni, found throughout the world, compared with population groups not infected with Schistosoma. We can therefore state that tapeworms and fluke genera can produce substances which, in turn, increase the IgE, i.e. inhibit the allergic reaction. If this substance is deficient and there is still contact with Ascaris, this can provoke increased susceptibility to allergy and asthma. Perhaps this lies at the heart of the steadily growing asthma problem amongst the black population of America, which has almost reached epidemic proportions. Some scientific theories say, on the one hand, that the abrupt uprooting of people from their African environment 200 years ago did not alter their problem with Ascarides infections, on the other hand the more prevalent parasitic infestation (particularly tapeworms and flukes) in these African latitudes was reduced through improved hygiene and better medical care. So they lack the very substance produced by the tapeworms which reduces allergies, while their contact with Ascarides remained unchanged.

The solution to the mystery

Another very interesting study by Dold et al. (1998) showed that the level of total IgE was ten times higher in children who are seropositive to Ascaris-IgE and they thereby naturally had much more allergy-specific IgE in their serum. These children developed a greater number of cases of allergic rhinitis and asthma than those who were Ascaris negative. Their sensitivity to house dust mites was three times higher.

The final connection became clear to me when I got hold of a fantastic report by Cuscun & Mofert. This article again draws attention to the various contradictions and investigates the reaction of asthmatics to house dust mites. House dust mites grow in warm, damp conditions and are inevitable where people sleep. There also appears to be a connection between asthma, the number of house dust mites and people’s reactions when exposed to them or the antigens.

House dust mites?

Moreover, it is reported that modern houses with good heating and insulation are responsible for an increase in the concentration of house dust mites. It has been demonstrated that the number of asthmatics rose in Japan as the population slowly turned its back on the traditional method of construction with very well ventilated houses and adopted the western style of house building. House dust mite allergy is rarely found in dry weather. Surprisingly, asthma is just as common in a latitude such as Arizona, in the desert town of Tucson, as in the other states! The reaction to inhalational allergens must originate somewhere else.
Air pollution?

Air pollution can also aggravate already existing asthma. It is not responsible for the asthma epidemic. A comparative study between Leipzig in the former GDR, which is severely polluted with industrial fumes, and the, in comparison, really good clean Munich air surprisingly discovered that the incidence of asthma was lower in the east. Similar studies in Sweden and Poland yielded similar results.

Immunity?

The next interesting link which German scientists were able to prove was that asthma occurred far less frequently in younger children of large families than in first-borns. This may indicate the following connection: it is not environmental pollution and not just Ascarides which provoke asthma. I believe that infections which have not run their full course provoke the development of asthma. For, in the generally poorer polluted countries and third world countries where medical provision is not so good, these children have to suffer more infections. Younger children suffer more frequent infection than first-born children as they are also infected by their older siblings.

Tubercular toxin!

And they finally concluded that a precise relationship exists between atopic or allergic tendency and immunity against tuberculosis. The connection was made through the skin test for tuberculin. Through vaccination, tuberculosis has continued to decline in modern societies such as Japan, Europe and America because these populations have been inoculated with the bovine tuberculosis vaccine. The defensive reaction to tuberculosis at age 12 using the tine test is generally accepted as proof, on the other hand there is the occurrence of asthma and a clearly significant increase in IgE serum concentration.

When I got hold of a copy of this study, everything fell into place. For now it was plain that if a person exhibits increased reactivity, while at the same being infested with Ascarides which, in turn, continuously introduce these same tuberculin toxins, he is continuously under attack internally from these mycobacteria toxins and ultimately the asthmatic syndrome will develop (Belli, 1969). Other studies confirm this (e. g. Banerjee, 1984).

Note: The tubercular toxin was the missing link which resolved many of the contradictions.

A study was carried out in China on 301 patients with bronchial asthma. The patients were given 50 mg BCG bacteria (tuberculosis bacteria), destroyed by heating, in tablet form once or three times a week over a prolonged period. The recovery rate was 80% after one year’s treatment. In the two subsequent years, the rate fell to 42.31% however. This study is very impressive as, once again, it proves the link between tuberculosis toxins and therapy as a kind of desensitisation. At the same time, it is equally clear to me that the missing element, namely Ascaris therapy, which would have led to lasting, and perhaps even greater, success, was not integrated into the treatment plan here. (Zhong Xi, Yi Jie He Za Zhi, 1991)

One of the most extensive studies came from the children’s hospital of the Klinikum Innenstadt [city centre hospital] in Munich (von Mutius, 2000). This study analysed relevant statistics from 85 international centres in 23 countries, i. e. an average of 235477 children aged between 13 and 14. It was evident that contact with Mycobacterium tuberculosis clearly reduced the risk of developing asthma. I mention all this for the sake of completeness; perhaps our research will be able to uncover further interesting connections for you in future.


This is all fantastic for it proves precisely those connections which I have discovered with my tests using electroacupuncture. Homeopaths practising traditional methods also describe tuberculin as a hereditary toxin, thus supporting therapists who use bioenergetic testing who postulate that cow’s milk allergy and Ascarides are connected with the tubercular toxin. Everyone knows that tuberculosis is connected with the lungs and it is entirely logical that bacterial and viral infections which have not run their full course might lead to the pulmonary epithelium not maturing completely. This discovery now completes the picture, enabling the necessary therapeutic action to be determined.
Exceptions

Are there any exceptions? As far as parasitic infestation is concerned, there are definitely always exceptions or additions to this picture.

One is that various studies repeatedly suspect a connection between allergies and Giardia lamblia protoza because Lamblia, which occur in large numbers, (it should be remembered that these are very small and can often live unnoticed on the intestinal mucosa), in addition to Ascarides and pinworms, can very often make the intestinal mucosa “porous” leading to reactions. This may be connected with certain food allergies. In my testing I have also sometimes found Lamblia on the mucosa of the lungs, intestines and small intestine. These must then be included in the therapy (Di Prisco et al., 1993). Another study from 1998 reports similar findings (Di Prisco et al., 1998).

The other is that a link also exists between asthma, O-acetylsalicylic acid and Trichinella. It is well-known in orthodox medicine that asthma sufferers, in particular, are sometimes allergic to O-acetylsalicylic acid (aspirin) or it may provoke this allergy. My research into parasitic infestations and clinical pictures has revealed that there is a connection between the presence of Trichinella and sensitivity to O-acetylsalicylic acid. Other acids may be implicated besides O-acetylsalicylic acid.

In summary, it can be said therefore: traces of both Ascaris larvae and/or Trichinella and possibly Lamblia can be detected in asthma sufferers. We can achieve resounding success by simultaneously...
integrating deacidification measures, Trichinella therapy and desensitisation to various acids into our therapeutic approach.

**With asthma look out for:**

- Ascaris
- Lamblia
- Trichinella + deacidification measures

**FURTHER CONNECTIONS AND SUMMARY**

A remarkable study was carried out at the Humboldt University in Berlin (Paul, 1997). This study reports on a connection between hen’s egg-specific immunoglobulins and allergies. If they are determined at the age of 12 months, they are a principal indicator of sensitisation to allergies, which then cause asthma, allergic rhinitis or various forms of allergic skin disease. If sensitisation exists in the context of a familial condition, specificity to allergic tendencies increases to 99%. This may serve as confirmation of today’s rise in allergies. Yet, even though I tested hen’s egg intolerance in every allergy sufferer and asthmatic and treated it if present, I have so far been unable to confirm this relationship. My investigations show a close link between hen’s egg allergy and infestation with Salmonella. Every patient who reacts allergically to hen’s eggs also has a latent Salmonella or Salmonella toxin infestation and frequently also an infestation with a mould known as Cryptococcus. It has been revealed that, if the Salmonella infestation is carefully treated, the hen’s egg allergy or sensitivity disappears.

Other parasites to bear in mind, which have a particular affinity to the lungs, are Paragonimus (lung fluke) and pneumocysts, Clonorchis sinensis (Chinese liver fluke) and Fasciola hepatica (large liver fluke). However, I was unable to establish a direct link to asthma for these parasites. They are nonetheless considered, especially with persistent forms of asthma. I mention them here in order to give the full picture.

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**Summary of all the parasitic infestations possible in the lungs**

Carefully test and treat with program 191

- Ascarides and/or larvae
- Trichinella and/or larvae
- Lamblia and/or trophozoites
- Paragonismus and/or all stages of development
- Clonorchis sinensis and/or all stages of development
- Fasciola hepatica and/or all stages of development
- Pneumocyst infections

Additional connections between the asthma syndrome and the old temperament theory, the psyche, etc. together with detailed instructions for therapy and prescriptions can be found in my book “Das Asthma-Buch – verborgene Ursachen und neue Heilungsmöglichkeiten” [The asthma book – hidden causes and new possibilities for successful treatment], Goldmann Verlag, due to appear in August 2002. Please read it.

Dear colleagues, I wish you every success with your asthma patients. They are never the easiest to treat.

**LITERATURE**

Belli E., “Tubercular toxins as asthmatic antigen”, 1969

Banerjee S. K., “Can asthmatic attack be due to latent Mycobacterium tuberculosis?”, 1984


