

CHAPTER TWELVE

When Logic Supercedes Science

Presumed Scientific Explanations May be Wrong

“Chemoprophylaxis (**chemotherapy**)
has been too often a matter of faith
rather than science.”

~ Cancer Treatment and Research. Vol. 79. 1995

Picture if you will an eager, willing, but tired and overwhelmed medical student reviewing fungal diseases in a medical school microbiology or pathology class. This class is merely a slice of the concurrent schedule of required courses that must be crammed into one semester, and there are many semesters yet to go. Out of all the existing infectious diseases, fungal infections certainly will receive the least amount of attention. Introduce a pathology textbook that summarily dismisses fungal infections as anything of importance and that one blurb is all the medical student has room in his or her brain to store. The remainder of teaching on infectious disease is a deluge of information on bacteria and viruses. The message is burned into the mind: “fungal infections are rare - don’t worry about them; next...”

Yet, that same text will add that fungal infections exist in a compromised immune system. Corticosteroids and chemotherapy are examples of pharmaceutical stressors on one's immune system. Why, though, did the text fail to mention antibiotics as a risk factor for fungal infections? The mycology textbooks, *not* standard fare in medical school classrooms, clearly state that antibiotics predispose one to fungal infections;⁽¹⁾ they are thus immunosuppressants. Add the fact that at any given time *40 percent* of children in daycare centers are on antibiotics and you have a formula that makes immune suppression common! Children are set up with immunosuppression at an early age. They are further doomed down the line when, as adults, fungi invade at opportune times and go completely unnoticed because the physicians were not trained how to recognize them. Physician friends of mine will attest to this very fact.

Is it illogical, then, to consider fungi at the root of what appears to be breast cancer on mammography simply because routine training teaches its improbability? We are told in medical books how *Aspergillus* species of fungi produce calcium oxalate crystals and that "the presence of such crystals in a background of inflammatory cells should be a clue to infection with *Aspergillus niger*."⁽¹⁴⁾

Why are prostate biopsies showing inflammation (prostatitis) in almost all cases of *benign* prostatic hyperplasia and nearly half of cases of prostate cancer, which is the killer of over 40,000 men this year?⁽¹⁵⁾ Without bacteria or viruses isolated as an etiology thus far, fungi are begging

to be discovered as the cause of this inflammation; yet, at the time of this printing, no studies are being done to confirm or deny this.

Nevertheless, it has already been established that fungal infections are not only common but also under-recognized as a problem in general. That is why there is vagueness in understanding the disease of cancer.

The role of fungal toxins in the cancer process is discussed in chapter 10; cited is the carcinogenicity of mycotoxins such as aflatoxin. Fungal infections can be blatantly mistaken for cancers, as exemplified throughout chapter six. In chapter 11, evidence reveals cancer as an infectious process caused by the Ascomycete group of fungi. As fungi are related to cancer, "anti-cancer" necessarily equals "anti-fungal," and vice versa.

This concept has vast implications when cancer risk factors are defined. It should be known that tobacco has few harmful effects until it is fermented in sugar and yeast.⁽²⁾ After this processing, tobacco becomes the most lethal carcinogen in the United States.⁽³⁾ Numerous carcinogenic properties are obtained, or rather inherited in the course of fermentation. Modern scientific thought says that cancer metabolizes sugar. Is it logical, then, to provide a direct connection between sugar-cured tobacco and cancer? Fungi answer the question of why smoking causes cancer.

*** insert box on tobacco and cancer ***