Which previously unheeded factor plays an outstanding part in cow's milk allergy?

Alan E. Baklayan, Naturopath, Munich

Ladies and gentlemen, colleagues,

It is a great pleasure for me to be able to give this lecture. It is not every day that a new discovery in therapy represents not an isolated finding but

1. **makes connections even easier to understand,**
2. **resolves contradictions and**
3. **makes therapy easier as well.**

This is one of those great moments given to us as therapists using bioenergetic testing. We all experience these now and then in our work and are reminded that we have made the right choice about the therapy to use.

The knowledge that ascarides and/or ascarid larvae are involved in cow's milk intolerance (as described in my book „Parasiten — die verborgene Ursache vieler Erkrankungen" [Parasites — the hidden cause of many diseases]) has now been accepted and is being applied successfully in a large number of practices, as numerous colleagues continuously tell me.

However, as I have already mentioned in previous lectures, some questions remained unanswered.

1. It was noticeable from the outset that successful ascarid elimination therapy did not automatically lead to the disappearance of cow's milk allergy. Numerous studies which I carried out on this largely confirmed that, if ascarides and ascarid larvae no longer tested in a patient, the cow's milk engram could easily be treated in one, at most two, sessions. This is a relief to the extent that, where a patient has multiple allergies and intolerance to a number of foods, one can make a start with wheat or hen's egg allergy, for example. Treating ascarides at the same time so that the patient does not subsequently have to keep off cow's milk for too long.

Iro— **Successful ascarid therapy does not mean cow's milk allergy will automatically disappear.**

2.1 kept noticing that cow's milk intolerance frequently tested **on one meridian,** while ascarides tested on a **different meridian.** So there was obviously a **connecting element** missing between the two. I often wondered what was the connection between these two conditions since cow's milk allergy hardly ever crops up without ascarid infestation. I made a lot of enquiries about the ingredients of cow's milk, their effects and on the toxins excreted by ascarides without coming up with anything. I had food chemists send me lists of ingredients of cow's milk and I can assure you that you cannot imagine the number of substances contained in cow's milk, albeit in small quantities. Virtually every environmental toxin you have ever heard of is found in cow's milk.

Cow's milk intolerance tests on one meridian, ascarid infestation on a differ ent meridian.

Ascarides are suspected of excreting aldehyde and cow's milk is believed to also contain formaldehyde. Consequently the obvious thing to do would be to rule out formaldehyde allergy in the patient.

Another supposition pointed me towards fungal infestation, especially Saccharomyces cerviciae or Candida Kefir. However this was not confirmed.

Finally, about 10 months ago, I noticed a strange coincidence in my testing: after checking a number of times I observed that **Geotrichum candidum** tests both on the meridians which show

Colloquium staged by the International Medical Working Group *BICOM* Resonance Therapy and *BICOM* Resonanz-Therapie-Gesellschaft from 28 to 30 April 2001 in Fulda

Example:

Lymph meridian	**ascaris**		**Geotrichum candidum (191;** Ai **10-fold, frequency sweep** 3 **sec, 10 min)**
Small intestine meridian		**cow's milk allergy**	**Geotrichum candidum (998;** Ai **64-fold,** all **frequencies, interval mode,** 3 **min)** + **basic ampoule allergy**
Allergy meridian		**cow's milk allergy**	**Geotrichum candidum (998;** Ai **64-fold, all frequencies, interval mode,** 3 **min)** + **basic ampoule** allergy

ascarid infestation and on the meridians on which cow's milk tested!

Moreover, it emerged that Geotrichum candidum tests synergetically both with ascarides and also with cow's milk, sometimes with program 191 (Ai 10-fold, frequency sweep 3 sec, 10 min), sometimes with program 998 (Ai 64-fold, all frequencies, interval mode, 3 min), together with the basic ampoule allergy, and so leads to the interpretation that it registers only as an allergic condition.

Geotrichum candidum tests synergetically with ascarides and cow's milk

Geotrichum candidum tests not just on the meridians on which cow's **milk tests**

but on the meridians on which ascarides test, either with program 191 or 998 plus basic ampoule allergy.

This discovery made me very curious and I conducted several experiments. In patients with this condition we first treated other food allergies (e. g. wheat or hen's eggs) and then treated Geotrichum candidum allergy and the Geotrichum candidum infestation itself. Furthermore, various therapists who I told about this connection have already investigated this in their practices and confirmed that, when patients had a problem with cow's milk and ascarides, Geotrichum candidum either tested allergically and/or as an infestation (see example on top of this page).

I was obviously very surprised when I looked up „Geotrichum candidum" in the literature. The name translates as „lacteal mould". According to the definition, lacteal mould is a fungus similar to yeast, one of the Fungi imperfecti which occurs on acid foodstuffs (sour milk, butter, cheese, sauerkraut). However, it does not cause acidification.

Furthermore, it is occasionally detected in the oral mucosa and the stool; rarely pathogenic in man.

The question immediately arose: „is there therefore a documented connection between the clinical picture of Geotrichum candidum and the symptoms of cow's milk allergy familiar to therapists using bioenergetic testing?" I very quickly made a find. In a study in France Geotrichum candidum was observed to be involved in a disorder of the bronchopuhnonary system coupled with hypereosinophilia of fungal origin.'

There is also an Australian study from 1991 which describes allergic alveolitis triggered by mould in a wooden building where Geotrichum played a decisive role. Modifying and renovating the house brought about an improvement in the situation.[2] Cases of bronchial geotrichosis have been documented which are assumed to have been encouraged by local and general immunodeficiency.[3] This all seems very familiar to us in the context of the treatment of bronchial asthma in conjunction with cow's milk allergy, ascarides and moulds.

You will certainly be wondering exactly where lacteal mould is found. This is a ubiquitous mould infestation so it is found virtually everywhere. Later on in the lecture I shall be explaining that it is not only constantly present in dairy products but

1 Lahoute C, Tonnel AB, Fournier E, Ramon P, Voisin C, ,Bronchopulmonary pathology with hypereosinophilia of fungal origin", Poumon Coeur 1983; 39(2):87-93

2 Bryant DH, Rogers P, „Allergic alveolitis due to wood-rot fungi", Allergy Proc 1991 Mar-Apr; 12(2):89-94

3 Popescu L, Veresu 0, Crisan E, Vladescu A, „Secondary active-evolutive cavitary pulmonary tuberculosis of the apicodorsal segment of the left upper lobe associated with bronchial tuberculosis and bronchial geotrichosis", Pneumotziologia 1997 Apr-Jun; 46(2):127-30

paradoxically is even used in industry for processing.

Moreover, it is a remarkable fact that geotrichosis is spread mainly by bugs with the tomato serving as intermediate host. Remember this when you get your next patient with both cow's milk allergy and tomato intolerance!

The next example is now almost anecdotal: Geotrichum candidum and other moulds are present in archives in concentrations classed as „injurious to staff health".4

It is also used in the cheese industry to combat the growth of other moulds. In other words, Geotrichum candidum is deliberately cultivated so that other pathological types of mould cannot grow! It is subsequently skimmed off again.[5]' [6]

In addition, cases are being documented of anorexia nervosa and epigastric pain where the duodenum is colonised by Geotrichum candidum, something not found in the literature in the past. Think how frequently we test cow's milk intolerance in the duodenum.'

Irritable bowel syndrome with hypersensitivity to food is also described. Investigations led to the conclusion that mould infestation, especially of Candida albicans and Geotrichum candidum, plays an essential part in this and antimycotic therapy has been shown to improve sensitivity to foodstuffs considerably.[8] There is even a documented case of duodenal obstruction which was caused by bezoar secreted by Geotrichum candidum.9

In all this, think of the umpteen cases of Crohn's disease, ulcerative colitis, accelerated intestinal passage and even irritable bowel, etc. which we have helped very nicely with our cow's milk therapy.

Now we come to what I believe is one of the most interesting studies: a faecal examination was carried out in 1990 at Johann Wolfgang Goethe University in Frankfurt on a large group of patients (patients with psoriasis and atopic dermatitis) and the following figures were published:

Mycotic infestation in	
patients with psoriasis	**68** %
patients with atopic dermatitis	**70** %
so-called healthy control group	54 %

Now you'll be thinking 54 % of the control group, i. e. of the population as a whole, infested with mycosis as against 70 % of patients with atopic dermatitis is not really a convincing difference. When Geotrichum candidum was studied specifically, the following values emerged:

Geotrichum candidum infestation in	
patients with psoriasis	22 %
patients with atopic dermatitis	**10** °A
so-called healthy control group	3 %

22 % of patients with psoriasis as against 3 % of the control group — here in this audience I do not need to say anything more about the reliability of faecal examination and what an official figure of 22 % actually means — however, this was very impressive as far as Geotrichum candidum was concerned. Remember here the initial improvement we experienced with psoriatic patients who were given a cow's milk diet and therapy. This explains quite a lot.10

There are other findings regarding parasitic infestation of patients with psoriasis which lie outside the boundaries of this lecture however. I therefore invite you to attend my parasite course on 12-13 May 2001 when these connections will be discussed in more detail.

One final study aroused my interest, namely: allergic cross-reactivity between various yeast fungi and other fungi. This means that where a fungus does not provoke a reaction, cross-reac-

4 Krysinska-Traczyk E, „Contamination of archives by filamentous fungi and their evaluation for potential pathogenicity", Med Pr 1994; 45(6):495-500

5 Nielsen MS, Frisvad JC, Nielsen PV, „Colony interaction and secondary metabolite production of cheese-related fungi in dual culture", J Food Prot 1998 Aug; 61(8):1023-9

6 Nielsen MS, Frisvad JC, Nielsen PV, „Protection by fungal starters against growth and secondary metabolit production of fungal spoilers of cheese", Int J Food Microbiol 1998 Jun 30; 42(1-2):91-9

7 Vasei M, Imanieh MH, „Duodenal colonization by Geotrichum candidum in a child with transient low serum levels of IgA and IgM", APMIS 1999 Jul; 107(7):681-4

8 Petitpierre M, Gumowaki P, Girard JP, „Irritable bowel syndrome and hypersensitivity to food", Ann Allergy 1985 Jun; 54(6):538-40

9 Goszcz A, Mach T, Bogdal J, „A case of high intestinal obstruction caused by mycotic bezoar of the duodenum", Pol Tyg Lek 1989 Apr 10-17;44(15-16):367-9

10 Buslau M, Menzel I, Holzmann H, „Fungal flora of human faeces in psoriasis and atopic dermatitis", Mycosis 1990 Feb; 33(2):90-4

tions may still occur if several fungi are involved."

When I identified the link between cow's milk and ascarides, I kept being horribly reminded of three cases of severe neurodermatitis in which I ventured to treat cow's milk and ascarides which tested synergetically in an input cup together. These examples which I often quote where the patients, despite weeks of therapy, of observing abstinence and the necessary attenuation measures, reacted so violently that we had to admit failure and agree to a short course of cortisone had the additional complication that all three were **severely infested with mycosis.** We now know that mycosis infestation can be superimposed onto spreading ascarides, in other words Geotrichum candidum is introduced as an infection. We know that milk and dairy products can be contaminated with Geotrichum candidum. (Incidentally, the list of foods which can be contaminated with Geotrichurn candidum is relatively long. Further research is required here.) And we also have the general problem with Geotrichum candidum which once again is present everywhere. This explains why treating these two basic conditions, cow's milk and ascarides, in a patient with severe mycosis infestation may lead to this type of uncontrolled reaction.

One final note to avoid misunderstandings:

Attention:

Patients who are simply infested with ascarides do not necessarily have geotrichosis. This is only indicated by sensitisation with cow's milk!

I have tried to gain a clearer understanding of the role of cow's milk and dairy products and in doing so, came across the following:

The book „Lebensmittel-Mikrobiologie" [Food microbiology] by *Johannes Kramer* (published by Eugen Ulmer Verlag fir Wissenschaften, Stuttgart) contains the following in connection with dairy products and Geotrichum candidum: *„As afresh product, unpasteurised quark is extremely susceptible to spoilage micro-organisms such as yeast fungi and moulds, including Geotrichum candidum. "*(p. 282)

Koivildco A, Kalimo K, Nieminen E, Savolainen J, Viljanen M, Viander M, „Allergenic cross-reactivity of yeasts", Allerg. 1988 Apr; 43(3):192-200

On the opposite page of the same book it reads: *In the production of sour milk cheese with surface smear (Harzer Kase, Mainzer Kase, Olmiitzer Quargel), the surface is deacidified from the outside inwards through the growth of yeasts and by Geotrichum candidum."* (p. 282/283)

And: „In *the preparation of sour milk mould cheese (Handkase, Korbkase, Stangenhise, Spitz-/case) ... before the blue mould film forms, yeasts and Geotrichum candidum develop which induce breakdown of the lactic acid.*

... A layer of Geotrichum candida frequently forms on the surface of hard cheese as it ripens. In the case of white mould cheese, Camembert and Brie, first yeasts and Geotrichum candidum multiply on the surface, then moulds." (p. 283/284)

And now it gets interesting. For it goes on to say: „ *The ripening process... also continues once the cheese is packaged. If cheese is over-ripe, proteolytic enzymes may cause the whole cheese to liquefy and ammonia and other decomposition products to form."* (p. 287)

Perhaps some of you may recall the parasite paper three years ago which stated that ascarides also excrete ammonia. I found an answer to my attempt to explain whether Geotrichum candidum is pathogenic or not on page 282 of the book: „ *Yeasts and mould levels are mainly used ... to indicate whether hygiene standards in the production process are adequate. Quark only achieves the maximum point score as a quality rating if...maximum 5 x 10^3 yeasts and moulds are detected in I g. Sensory changes due to the metabolic activity of yeasts are generally clearly noticeable at 10^4 to 10^5 yeast/g quark."*

So up to 5 x 10^3 / g, contamination is within the normal range, beyond that it becomes quite alarming!

You'll now probably be asking yourselves: Has Herr Baklayan succeeded in making therapy even more complicated than it was before? I am pleased to be able to reassure you that the answer is „no". Therapy is now even easier.

Important: Patients whose **Geotrichum infestation has been successfully treated** generally **no longer test for cow's milk allergy,** as dozens of cases confirm. It seems as if, in the case of patients with multiple allergies where we do not know which food to treat first and how long to apply therapy, we could simply skip cow's milk and go straight on to wheat allergy and mycosis infestation, for example, since we treat the Geotrichum

candidum here as well. Once Geotrichum candidum has disappeared, it no longer seems necessary to treat cow's milk allergy. In parallel with this of course the whole parasitic infestation which has hugely increased the tendency to allergies in the form of an immunoglobulin reaction.

THERAPEUTIC APPROACH

Example: Patient with wheat, cow's milk and hazelnut allergy

1. **First skip cow's milk allergy**
2. **Wheat and hazelnut allergy with program 998**
3. **Treat ascarid larvae**
4. **Treat Geotrichum candidum and any yeast fungi present**

Does this mean we no longer need to make the patient abstain from drinking cow's milk? As a rule, we don't.

However please remember that cow's milk is muciferous and causes immunodeficiency and, what is more, is full of contaminants. Reducing or temporarily halting milk intake can bring considerable relief and must be carefully considered in each individual case.

I have obviously asked myself in this connection whether there is an effective remedy against Geotrichum candidum. According to laboratory studies, it is destroyed by high doses of nystatin, natamycin and amphotericin B — medications which are strictly banned in my practice. I have not so far succeeded in finding a specific remedy. Basically only high doses of vitamin B2 display a beneficial effect in supporting therapy. However successfully treating Geotrichum candidum has never been a problem with Bicom therapy and the mycosis system you're all familiar with.

I hope my observations will help you in your daily work and wish you every success in the future!