RELATIONSHIPS IN PARASITOLOGY AND BACTERIOLOGY;

SO WHAT IS IT ALL ABOUT

By Dr. Omar M. Amin, Ph.D. & DNM

Relationships in parasitology and Gestalt

My personal perspectives about Parasitology are not much different than my perspectives on jogging, swimming, painting, playing music, and writing. It is always a journey/hobby that brings meditative inner consciousness together with correct action. Recognizing the temporal and spatial relationships between parasitic infections and physical and psychological trauma is parasitology viewed through a gestaltic perspective. Those relationships may, in many cases, be operative at the sub-clinical level since early childhood years. Progressive or sudden overt disease may occur later on in life. The reactivation of infection is usually associated with depressed immune status. Age, hormonal changes, and physical or psychological stresses are important contributors to immune system suppression. Compromised immunity in adults renders the body wide open for many opportunistic infections that may become established in the adult stage, and not only during earlier years of life. Inter-relationships of this nature have not been the usual preoccupation of the traditional scientific or academic community. Rare exceptions, however, exist: The impact of major parasitic diseases on the immune system, as well as the subsequent effects of the latter on other parasitic infections, have been recently considered by Kirszenbaum (1). Short term studies on the direct impact of acute parasitic infections on human or animal health are, however, more frequently reported in the literature. In addition, the inter-relationship between host immune system and concurrent parasitic infections needs to be more
seriously considered. For instance, suppressed cell mediated immunity in patients with invasive amebiasis makes it possible for the opportunistic *Candida albicans* to develop frequently in those patients.

My particular interest in "holistic parasitology" is one facet of my overall philosophy on RELATIONSHIPS which has its roots in *Zen Buddhism*. We have come, of late, to recognize that it is not the nature of the beast that matters but rather how that beast interacts with other beasts. Observe for instance the working relationships in *quantum mechanics*. *Einstein* recognized the nature of atomic behavior and relationships as did *Heisenberg*\(^{(2)}\) in his initial work on the *Principle of Uncertainty*; see *Fritjof Capra* for interesting perspectives on these concepts. Capra\(^{(3)}\) also coined this paradigm shift in physics in his eloquent exposition of the relationship between physics and Taoism. Paradigm shifts have also been recently recognized in such fields as psychiatry, diplomacy, and health care. Few in the clinical field recognize that a malfunctioning organ does not exist in a void but also interacts with the total physical, mental, emotional and intuitive entities of the patient. While parasites can adversely impact host's immunity, a compromised immune system often issues an open invitation for increased parasitic invasion and invasiveness. In my practice in the Phoenix/Scottsdale area, those relationships, e.g., between chronic fatigue and parasitic infection, were clearly evident. In immune compromised patients, certain intestinal parasites, ex., *Blastocystis hominis*, were observed to be associated with marked gastro-enteric symptoms. Immune competent patients may not experience such pathologies.

Health is an expression of balance between one's physical, mental, emotional, and spiritual entities; see *Ouspensky*\(^{(4)}\). When that balance is disturbed by pressures, e.g., acute or chronic parasitic infections and/or non-physical factors, it needs to be restored. Homeopathic physicians
understand these relationships. They also respect parasites. I now realize why I developed such an appreciation for this community of practitioners. To me, it is the 21st century expression of what I always related to intuitively, i.e., the native doctor of the tribal culture in Central Africa that understood and dealt with the body and soul, of his patient, as one. I have been trained to research and publish in hard core scientific journals with readership not extending beyond the specialized professionals. One of the major features of the new paradigm shift in the sciences is the enlargement of the scope of coverage and treatment to address the non-specialized professionals and the public. See for example popular works by Steven Hawking\(^{(5)}\).

Certain relationships in the parasitological field need to be more fully explored, e.g. those between parasitic infections and host physical-mental-emotional states as well as environmental variables. The latter include direct or indirect animate (human, wildlife, or domestic animals) and inanimate sources. Here, one should stress again the fact that behavior of the same parasite species will not be the same depending on host innate and external variables.

**Regarding the relationship between bacterial pathogens and parasites**

In observations of many PCI (Parasitology Center, Inc.) patients over the years, we noted that many experienced GI symptoms but no parasites were detected from fecal samples provided. These cases were explained as possibly relating to “other pathogenic organisms, e.g., pathogenic bacteria, that can cause symptoms comparable to those produced by typical parasites.” In our cross-sectional study of 5,792 fecal specimens from 2,896 patients in 48 states and the District of Columbia, 32% were found positive for protozoan and helminth parasites during the year 2000. This prevalence rate was consistent in a number of subsequent PCI studies. The most common parasites, in order of prevalence, were *Blastocystis hominis*, *Cryptosporidium parvum*, and
*Entamoeba* spp. A sizable proportion of patients without infections, nevertheless, exhibited GI symptoms, including but not limited to diarrhea, constipation, and abdominal cramps, similar to those observed in patients infected with parasites. Those patients were unaccounted for in terms of causation. We later verified the original assumption of involvement of other infections, documented the identity of bacterial agents involved in the GI symptomology in patients proven to have had no intestinal parasites, and provided the results of sensitivity and resistance tests for treatment purposes. The GI symptoms in those parasite-free patients can now be explained by the pathogenic bacteria documented for each case, including but not limited to, *E. coli, Klebsiella* spp. *Proteus* spp., *Enterobacter* spp. *Serratia* spp., *Citrobacter* spp., and *H. pylori*, among others. Other studies show that IBS associated with abdominal pain, bloating, and diarrhea is caused by pathogenic intestinal bacteria. Associated skin manifestations may show infections with various species of *Staphylococcus*, among other cutaneous bacterial infections. They may also be related to allergic host reaction to the metabolic byproducts of the living parasites/pathogens; another relationship. None of the component parts of this relationship acts in a void but are invariably interconnected.

**REFERENCES**


N.Y., 198 pp.