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# **Key Concepts in the Teachings of Professor Enderlein**

**About the due change in our understanding of microbes**

**by Dr. med. Maria Bleker**



„But in the sciences as well, that which one has learned and has had passed on at the academies is at the same time regarded as one's personal property. Now, if someone comes along with a new idea, which contradicts the creed worshipped for years and passed on to others in turn to worship, threatening even perhaps to overthrow it, then all rise up passionately to suppress it by any and all possible means. One resists it any way one can: pretending not to have heard it, or deprecating it, as if it weren't even worth the effort of inspecting and investigating it. And thus can a new truth have a long wait until it is finally granted recognition.“  
(J. W. von Goethe)

### **Doctrines by Prof. Enderlein**

„Unlike the manifold occasional ailments of mankind which can be ascribed to specific pathogens *Micrococcus catarrhalis*, *Bacillus influenza*, *Treponema syphiliticum*, *Pneumococcus*, etc. man harbors two microparasites which are, in effect, his constant companions. Moreover, these two parasites have a certain relationship to and mutually complement each other. The first is the tubercle bacillus, which exhibits a series of developmental stages, of which some are the source of the disease tuberculosis. In its primitive stages (Protit and Chondrit) it is passed on to the next generation in the embryo.“

„There is an even more dangerous human parasite which has an indissoluble biological/functional relationship with Koch's bacillus, which I have called the Endobiont. Millions of years ago, the entire class

mammalia was infected by a fungus - *Mucor racemosus* Fresen. The Endobiont is thus omnipresent in animal bodies and cannot and in all likelihood should not be removed; but the conditions attending its development influence all focal infestations and thereby every form of clinical disease. This fungal parasite traverses, in the body, all stages of its entire developmental cycle, which can (to greater or lesser degree) infest all tissues and organs. Prof. A. Leschke has shown that even sperm and egg cells are infested, unlike tuberculosis, for which an infection must take place.“

The preceding citations present the essential core of Prof. Günther Enderlein's discoveries and teachings. His findings are based on more than 60 years of rigorous scientific research. Prof. Max Planck once explained: „In science it takes, not 30, but 60 years before a new, revolutionary insight can take hold. Not only the old professors, but their disciples as well, have to die off first.“

### **There are still three fundamental errors**

In our current medicine, three fundamental errors still hold sway. It is finally time to rid ourselves, once and for all, of these. These fundamental errors have blocked the way to and rendered impossible an understanding of nature and thus the biological relationships, which are the cause of disease in general and chronic diseases in particular.

#### **Error No. 1**

The first and most fateful error originates with Prof. Ferdinand Cohn, Breslau (now Wrocław,

Poland), who in 1870 decided to assign all microbes and bacteria to a single growth and reproductive form each (mono-morphism). In his work *Bakterien-Cyclogenie* [Bacteria Cyclogeny], Enderlein scientifically proves the reality of polymorphism (i.e. various microbial growth and reproductive forms). Monomorphism is a biological impossibility. Nature never creates statically unchanging organisms, least of all in the world of microbes.

All microbes, including the ones which reside permanently in our organisms, are subject to the same rhythmic developmental course: colloid microbe (primitive phase) bacteria (medial phase) fungus (terminal phase = culminante) which, of course by no means implies that all microbes have to develop all the way up to the fungal phase. It all depends on the culture medium and the valence (information) of the nucleus. Concerning the nutrient medium for the microbes, the „milieu“ with its differing acid-base status is decisive. For their continued development, the various phases need :

- Primitive Phase: a strongly alkaline pH value
- Bacterial Phase: a slightly alkaline pH value
- Fungal Phase: an acidic pH value of distinctly less than 7.0.

To this end, each microbe produces a species specific purely organic acid from its very first phase on. Thus, for their milieu to develop further, the widespread *Aspergillus niger* van Tieghem produces citric acid, and the at least equally



widespread *Mucor racemosus* Fresen produces lactic acid.

The pathogenicity of a microbial organism inheres only in a single developmental phase, very rarely in two or more (e.g. the diphtheria bacillus). The only exceptions are our „permanent tenants“, in which nearly all developmental phases are more or less pathogenic. The only exceptions to this are the first primitive phases - the Protit and the low valence Chondrits - which are completely non virulent and even play a regulatory role vis á vis the higher, pathogenic stages by breaking them down by their natural copulatory processes. In this sense, these stages have to be considered as medical therapeutical regulators.

The different developmental phases can be shown to exist in human and animal blood, this by the diagnostic means of a darkfield microscopy for vital blood examination. This kind of microscopy, where the background is black in contrast to the conventional brightfield microscopy, reveals the first delicate developmental forms. These stages are totally swamped by the flood in light in brightfield, and thus rendered invisible.

### **Error No. 2**

The second fundamental error comes from Prof. *William Harvey*, London, who in 1651 (!) - designated the cell as the smallest functional biological unit. This teaching was spread later also by pathologist *Virchow*, as is well known. Prof. *Enderlein* was also able to produce evidence to contradict this teaching and thus, to

substantiate the second error. He did so by his work *Das Ende der Herrschaft der Zelle als letzte biologische Einheit* [The End of the Cell's Reign as the Ultimate Biological Unit], published in the *Botanische Zentralblatt* [Central Botanical Journal] in 1921, in *Bakterien-Cyclogenie* [Bacteria Cyclogeny] in 1925 and in *Archiv für Entwicklungsgeschichte der Bakterien* [Archive for Bacterial Phylogenesis] in 1931. With these publications, *Enderlein* was able to prove that the cell is not the smallest biological unit: the Protit is. The name Protit was chosen as an allusion to „Proton“, at that time the smallest discernible subatomic particle. According to *Enderlein's* findings, the cell is only the result of the formation into societies of lower or more primitive forms of life.

### **Error No. 3**

The third error goes back to Prof. *Louis Pasteur*, Paris, who in 1873 was able to make a convincing case for the sterility of blood. This conception has also long since turned out to be wrong, as it can be depicted in a microscopic darkfield even with healthy blood. Our blood is not sterile; instead it is the „playground“ of all manner of pathogenic and apathogenic microorganisms. In fact, it is known to be the best culture medium for all kinds of microorganisms. In his writings, Prof. *Enderlein* named this error, too, as such.

### **Microbes are subject to „drives“**

As living beings, microbes are subject to the same „urges“ or „drives“ as higher organised living beings, i.e. loosely adapting from *Sig-*

*mund Freud*: the drive to self preservation, the sexual or reproductive drive and the drive for power.

The „drive for self preservation“ is noteworthy for its „bulimia“ [excessive appetite] whereby it should be stressed here that our Endobiont (= *Mucor racemosus* Fresen) is a pronounced protein eater. The logical consequence is that microbes also have their own mini metabolism of which results, for each microbe, a specific organic acid, as has been mentioned above with respect to our „permanent tenants“.

The „sexual or reproductive drive“ manifests itself as a strong „urge to get close“ (for the purpose of copulation) which inheres in all developmental forms, from the first stages on, even when they are located inside blood cells. This thus gives rise to more or less large and solid „heaps“ (called Symplasts), which, by their very nature, can clog our blood vessels, with predictable consequences for the oxygen supply. There occur symplasts out of colloids or symprotits, thrombocytes, erythrocytes, leukocytes or a mixture of all of these.

The „drive for power“ expresses itself as the urge to become „anchored“ in order to attain to a high-r and more stable form. In this anchorage, which is referred to as Systatogeny, all developmental phases even of different provenance can be found together, since this is not a case of sexual union, which is strictly species specific.



I would like to point out here that according to Professor *Johannes Wislicenus* (co-developer of stereochemistry), the minuscule components of the colloids can present 18 trillions of differences and structural variants, and that these can combine with each other as well as with all chemical substances, including heavy metals, in our own bodies. And our body precisely is the location of these dramatic events. This anchorage hinders all „participants“ in their further upward development. On the other hand, however, the structures resulting from this anchorage present a great obstacle to the circulation of blood.

Of all our bodily tissues in which these formations and reformations of our constant microbial companion take place, they are the easiest to observe in the blood tissue. From the depicted current developmental phase, we can - always keeping the disease picture and clinical findings in mind - draw useful conclusions with respect to a diagnosis with a greater degree of certainty. It would be foolish to continue ignoring these facts any longer. *Enderlein* once said: „One cannot fight an unknown enemy.“ And the famous privy councilor Prof. *August Bier*, commented towards his students: „Gentlemen, I would like to ask that you re-

cognize the fact that even the most successful surgical intervention represents nothing less than the proof that we were not able to heal this or that disease.“

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