

# SATURDAY *night*

Canada's Magazine

December 1992

## THE GENERAL RETURNS FIRE

*Lewis MacKenzie,  
Canada's controversial  
hero in Sarajevo,  
speaks his peace*

CONRAD BLACK  
ON MEDIA BARONS

WHY CAN'T A RADICAL  
CANCER TREATMENT  
GET A FAIR TRIAL?



70115

PRICE \$2.95

In 1989, a French-born biologist named Gaston Naessens was arrested in Quebec and charged with four counts of illegal practice of medicine and one count of contributing to the death of a patient. The patient, a woman with metastasized breast cancer in the terminal stages, had refused all conventional treatments and insisted instead on taking a camphor-based medicinal that Naessens had developed.

The medicinal, which he called 714-X, was designed not to destroy cancer cells in the way of conventional treatments but to bolster the immune system and help the body heal itself. Naessens, who had a tiny private lab on the banks of the Magog River in the Eastern Townships, had instructed a close friend of the woman's in how to inject the substance into the lymphatic

node in the groin. She received injections for seven months before she died in July, 1984.

The prosecution wished to prove that Naessens's patient might have stood a chance if she had pursued conventional treatment. The corollary was proving that Naessens knew his alternative treatment to be worthless — that he was a charlatan hoping to profit from the desperation of someone in the throes of terminal illness. The prosecution was not fooling around — the charge of contributing to the woman's death carried a potential life sentence.

The trial, which made the front pages of Quebec newspapers for three weeks in November, 1989, opened with a parade of doctors and scientists testifying to the scientific untenability of 714-X and the spurious

nature of Naessens's theories of cancer and its treatment. In the media, a sketchy, negative image of the man began to emerge; he claimed to have invented a microscope that could reveal the mysteries of living blood. He claimed to have discovered, through his studies of blood, something he called a somatid, which he said was a precursor of DNA and the absolute

ground zero of life. He claimed to have identified a sixteen-stage cycle through which the somatid passed, and claimed that he could link the various phases of that cycle with the health (or ill health) of a patient. He'd drawn the ire of medical authorities in his homeland; he'd been forced out of France twenty-five years earlier. He'd set up in the quiet backwater of Quebec, his critics said, hoping to evade medical scrutiny. By the time the

defence was ready to present its case to the jury, the mood was grim in the Naessens camp.

But it soon changed. Witness after witness took the stand to describe the horrors of their battles with cancer and the apparent cures they'd finally achieved after using Naessens's treatment. Gérald Godin, politician, journalist, poet, testified on the biologist's behalf, outlining his struggle with a brain tumour that he believed 714-X had helped to check. The French ambassador to the Seychelles told a similar story. In the court-

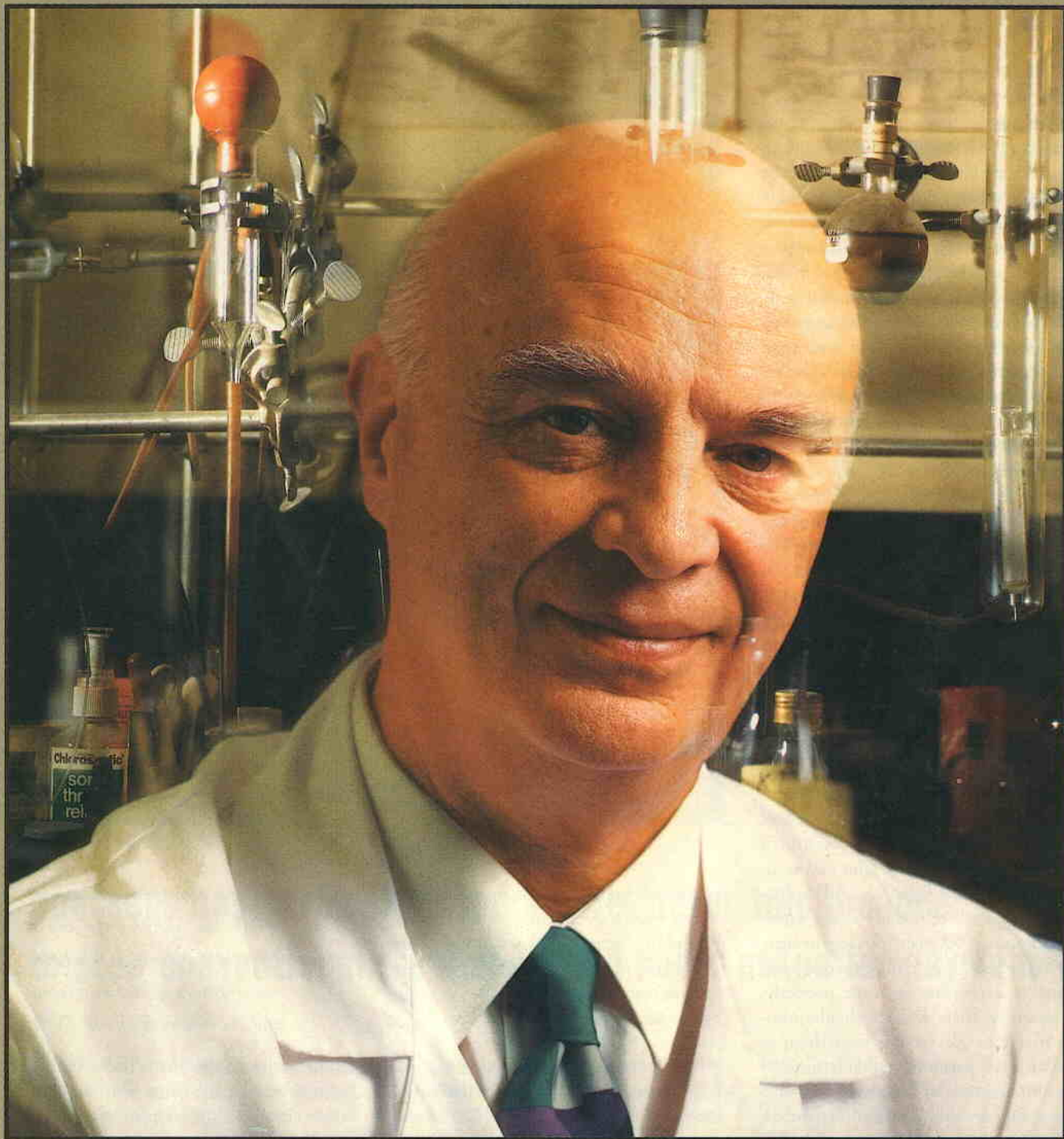
room the gratitude to Naessens was so apparent and emotions running so high that the prosecutor decided not to cross-examine defence witnesses on "humane grounds."

Moreover, the testimonials to Naessens's integrity were overwhelm-▶

# BLOOD FEUD

by Paul  
William  
Roberts

nd its  
ve im-  
ed to  
reveal  
ed to  
lood,  
e said  
olute  
fe. He  
denti-  
ge cy-  
h the  
, and  
could  
phases  
h the  
th) of  
drawn  
al au-  
ome-  
forced  
venty-  
He'd  
quiet  
uebec,  
oping  
scru-  
e the  
e jury,  
itness  
f their  
they'd  
ment.  
testi-  
strug-  
714-X  
dor to  
court-  
ns was  
nning  
ecided  
e wit-  
Naes-  
elm-▶



**Gaston Naessens claims to have discovered a new way of looking at blood that could revolutionize the treatment of cancer. Why does the medical establishment consider him so dangerous?**

ing: he'd never promised a cure, never told one of them to discontinue conventional treatment, and never asked for payment. When Gilles Vigneault, *chansonnier* and bard, a Québécois folk hero, arrived from Paris to show his support for Naessens, the effect was electrifying. To the press during a court lunch break, Vigneault described what was happening to Naessens as a "witch hunt" and went on to sing the praises of alternative medicine. He concluded: "One must seek, on humanity's behalf, medical progress unblocked by pharmaceutical lobbyism that, together with that of arms mongers, is one of the world's most powerful."

The jury was not long in coming to a verdict: acquittal on all five counts. The *Journal de Montréal* went to town, its front page headlined NAESSENS ACQUITTED. A sidebar, however, bore the headline "It's Twenty-Five Years Now That This Farce Has Continued," quoting Dr. Augustin Roy, the head of the Quebec Medical Corporation, the professional self-regulating and licensing body that had pushed for charges to be laid against Naessens. The trial, Roy said, was "wholly incomplete"; the prosecutor should have "savagely cross-examined every one of the patients who had testified on Naessens's behalf.... All the patients who testified simply don't know the difference between *feeling* healthy and *being* healthy.... All of them should stand at attention or, more properly, get down on their knees to thank orthodox medicine for having kept them alive." Roy apparently had not noticed that the majority of Naessens's patients were refugees from conventional medicine, which had either written them off or offered a treatment that frequently seemed worse than the disease.

And Roy was not about to relent. Within weeks of the not-guilty verdict, eighty-two more counts of practising medicine without a licence were brought against Naessens, each carrying the threat of a \$5,000 fine. As was clear from his rhetoric, Augustin Roy wasn't fighting any more to protect innocent patients from an unscrupulous quack. He was fighting

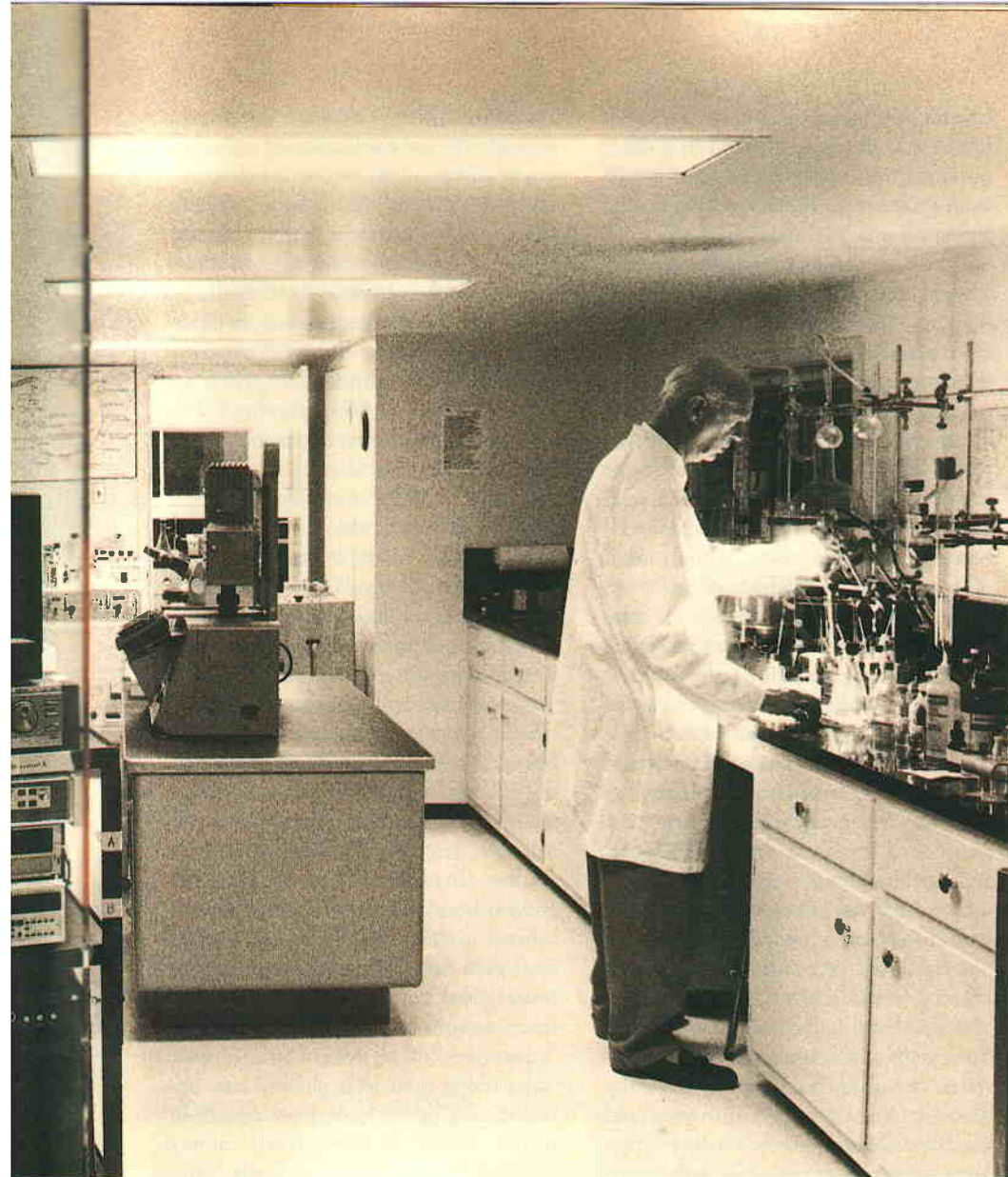
to protect his profession from an alternative vision of healing, an alternative model of disease processes, and a press that kept on insisting that this heretic, Gaston Naessens, was the Galileo of modern medicine and the microscope.

**N**aessens himself prefers a comparison with Antoine Béchamp. Not so well known as Galileo and not so persecuted for his "heresies," Béchamp, a professor of biochemistry and dean of the Faculty of Medicine at the University of Lille, France, in the last decades of the nineteenth century, had been Louis Pasteur's major adversary. The controversy between Pasteur and Béchamp — now a forgotten episode in medical history — had been the scientific equivalent of front-page news and concerned the very nature of disease itself. Béchamp believed that the cause of disease lay with-

in the entire system of the body; Pasteur insisted that disease came from without, which fitted with the formulation of his now famous and standard germ theory. It seems likely that both men were right to a certain degree, but Pasteur was a tireless self-promoter while Béchamp was diffident and somewhat reclusive. Pasteur's model was also more appealing to physicians who wanted a definite disease target on which they could make war, rather than a state of good health they had to delicately maintain. Thus: the Pasteur Institute, on the one hand, and, on the other, a baffled shrug from most



*Naessens in his tiny Rock Forest lab; the "somatoscope" sits at left, looking like a cross between an ordinary optical microscope and the insides of an old TV set*



mechanical proclivity that both amazed and terrified his parents. From manipulating Meccano sets at five the boy went on to build his own motorcycle and then an airplane just big enough to carry him – which his mother burned before it could take its maiden flight.

The Second World War broke out as Naessens was beginning to study physics, chemistry, and biology at the University of Lille. When the Nazis occupied the city both he and his professors ended up in exile near Nice, where he continued his studies towards a degree. Naessens received a diploma from the Union scientifique nationale française, the semi-official institution that operated during the chaotic conditions of the war. But in what turned out to be a typically independent fashion he never bothered to ask for the formal equivalences the de Gaulle government issued after the war. Consequently, he's been accused of having no academic credentials.

The young man went to work in a laboratory for blood analysis, and hated both the routine job and the imprecision of the microscopes he used. Blurrily he was able to observe something in the

## Naessens has never promised a cure, never told a cancer patient to stop conventional treatment, and never asked for payment

doctors if Béchamp's name comes up.

Under his microscope more than a century ago, Béchamp had observed in fermenting solutions tiny particles, which he called microzymas, that appeared to have powerful catalytic effects – facilitating change while remaining essentially unchanged themselves. He went on to note the presence of these particles in the bodies of animals, coming to the conclusion not only that they were the most fundamental form of all living matter but that they were essential to any form of life, from cell division and basic bacteria up. What seemed most extraordinary to

Béchamp was the observation that the microzymas could apparently actively participate in the destruction of an organism without being destroyed themselves. Indeed, their indestructibility was such that he believed a French palaeontologist had found evidence of them in 60-million-year-old limestone from the early Cenozoic era, the period when mammals first started to develop on earth.

How Naessens became Béchamp's inheritor is a bit of a convoluted story. The youngest child of a banker, Naessens was born in 1924 in Roubaix, near Lille in northern France. As a child he showed a

blood that had so far not been defined: other researchers had seen it, too, and called it "dross in the blood." He needed a better instrument. Searching the literature for research on blood and microscopy, Naessens learned of a nineteenth-century French biologist now best known as the "noon lunatic." Emile Doyen claimed to have observed through an ordinary microscope particles in human blood that were visible only around noon during the months of May and June. Naessens was as willing to laugh at the notion as anyone, but began to wonder whether there was any scientific expla- ►

nation of Doyen's findings. There was: during May and June, in the south of France and at around noon, the natural light available to anyone using a microscope contained far more ultraviolet light than at any other time of the year.

The work of the noon lunatic became the basis of the microscope Naessens went on to develop in the late 1940s, working in a lab funded by his mother at the family home in Lyon. An extreme and as yet unduplicated version of what is now called phase or dark-field microscopy, Naessens's instrument allowed him to examine living blood not only at high magnifications but with extremely high resolution. Although an electron microscope can approach 400,000 X magnification, it can do so only with fixed and dead tissue. Naessens's microscope, which identified particles with light refraction rather than staining, could approach 30,000 X with living tissue at a resolution of 150 angstroms (one angstrom is one-hundred-millionth of a centimetre).

The uniqueness of the microscope has to do with the way Naessens manipulates the light source to achieve that extraordinary resolution. (Several optical companies have approached him over the years but Naessens has been unwilling to give over control of his life's work to big manufacturers.) What the tool unlocked for Naessens the researcher was a deep view – the deepest and as yet unsurpassed view – into the processes of living blood.

Naessens started by looking at pre-

parations of his own blood – pricking his finger, transferring the drop to a slide, watching until the fresh blood began to clot. Through his microscope, he observed what he maintains are Béchamp's microzymas: the most fundamental particles of living matter that exist. He called them somatids (tiny bodies) and through seven years of observation concluded that they appeared to play an extraordinary role. No cell division was possible without them; they were seemingly a precursor to DNA, and probably the bridge between energy and matter. He found them all but indestructible, surviving carbonization temperatures of more than 200°C and 50,000 REMs of radiation (more than enough to kill a person); they were also unaffected by chemical agents.

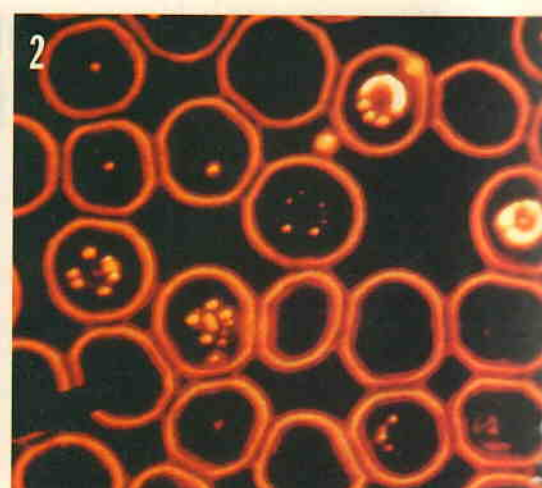
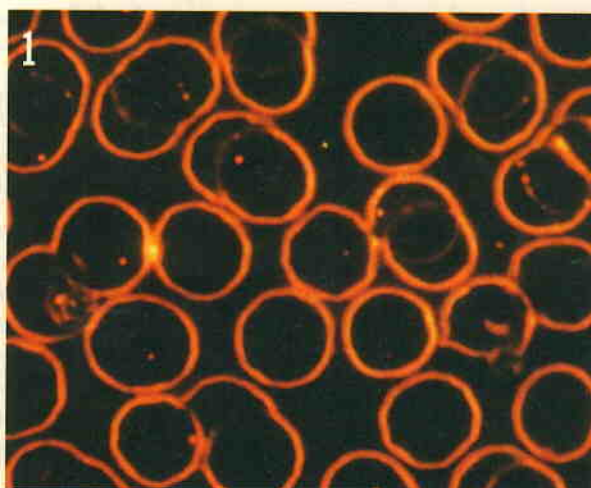
With a better tool to use, Naessens could go way beyond Béchamp, who was able to see only the largest of these microzymas. Naessens observed the somatid in human and animal blood to develop in a form-changing cycle. The first three changes of this cycle – somatid, spore, and double spore – were apparently not only normal in healthy organisms but crucial to their existence in that no cell division could take place without them. Having studied what he took to be healthy blood, he began to study blood from people he knew to be diseased, referred to him by physicians. Unhealthy blood looked drastically different, and exhibited somatids in not a three-stage but a sixteen-stage cycle. The other thirteen stages were apparently the result of

an immune system under stress, and seemed to signal the likelihood of degenerative disease up to two years before any symptoms appeared in the organism. Naessens began to believe that with observation of the somatid cycle – in effect, monitoring the physiology of blood – he could figure out when it was possible to intervene to prevent illness.

Take cancer, for instance. Every body every day produces a few cancer cells and a normal immune system destroys them. But when that system comes under stress, its ability to fight is impaired and the cancer cells proliferate.

When the ovum is fertilized by a sperm, growth (or cell division) begins: two, four, eight, and so on. There are many such divisions before cells begin to specialize, some becoming skin, some liver, some heart, and so on. This specialization is controlled by a series of growth hormones that "talk" to the various cells' nuclei. These intracellular commands come from various sources – lymphocytes, for example, controlled by one, liver cells by another. In normal circumstances, the growth hormones are controlled by inhibitors in the blood, but when a system is stressed these inhibitors diminish and more growth hormones are liberated. The result is almost a reversal of the cells' "education." They return to a simpler state, losing their individuality and "remembering" only basic functions from their origins, chief of which is the ability to multiply rapidly and chaotically. This, it is thought, is malignancy, the patho-

*Images from the somatroscope: (1) Healthy blood, its red corpuscles like jostling balloons (2) The presence of grit-like bodies within the red cells, says Naessens, is a signal that the patient is "pre-cancerous," giving up to a two-year warning of the disease*



**Naessens believes that his microscope can enable doctors to "pre-diagnose" cancer and intervene before symptoms appear**

logical cells resembling primitive organisms that have forgotten everything they have learned.

Naessens, through the microscope he called a "somatoscope," was able to observe the consequences of the diminution of sanguine inhibitors and the liberation of the growth hormone by watching the three-stage somatid cycle in the blood suddenly proceeding on through its full sixteen polymorphic stages – before patients had any conventionally diagnosable sign that they were ill. His next challenge was to figure out how to bolster the immune system to correct the imbalances in the body that led to disease.

He began experimenting with ways to combat the effects of degenerative or cancerous cells by neutralizing their mode of replication – developing a series of novel anticancer products. These early medicinals proved effective enough over a fourteen-year period for Swiss and German pharmacies to put them on sale and for numerous doctors to administer them to patients. (By 1964, more than 10,000 people had been treated.) On the strength of his sales, Naessens was able to move his lab to Paris in the mid-1950s. But in Paris he came to the attention of French medical authorities, after complaints from some pharmacists and physicians that this uncredentialed young biologist was dabbling in healing. In the early 1960s, Naessens was twice brought before the bar. He was fined heavily, his Paris laboratory sealed, and much of his equipment confiscated.

He tried to start again on the island of Corsica, but Corsica was still France. Patients began again to seek him out and the authorities were soon after him. Naessens decided he had to pursue his work far from France, in a place he believed to be more open-minded. He left Corsica for Canada in 1964, carrying only a few key components of his microscope with him.

Unable to obtain any funding to pursue his research, Naessens began life as an immigrant by working by day in an electronics repair shop in Oka, Quebec. The nights and the weekends he reserved for refining his somatoscope. Through some work he did repairing scientific equipment for several Quebec universities, he got what seemed to be his first break. A senior professor at the University of Sherbrooke hired him as a consultant on microscopy with a National Research Council grant of \$25,000. But soon word got around the university of Naessens's trouble with the medical authorities in France, and overnight the grant and Naessens's opportunity were gone.

It wasn't until 1971 that he could begin again as a medical researcher. A friend introduced him to David Stewart, scion of a tobacco fortune and head of the Macdonald Stewart Foundation, which had funded orthodox cancer research for many years. After losing a dear friend to cancer, Stewart had vowed to pursue any avenue that might lead to a cure, and he was decreasingly confident of the conventional approaches the foundation supported. He agreed to finance Naessens's research personally, and established a laboratory for him on the Macdonald Tobacco Company's premises in Montreal.

Naessens's run-ins with French medical authorities, however, had forever branded him a quack; his name was on the Quebec Medical Corporation's blacklist. His new laboratory infuriated the orthodox oncologists under Stewart's wing, and they complained bitterly to the philanthropist. Stewart's response was to advise Naessens to move his research to some low-key spot and avoid getting embroiled in any more controversy. Engaged by now to Françoise Bonin Sdicu, a divorced lab technician with four children, Naessens took over her family's summer cottage in Rock Forest, on the

banks of the Magog River near Sherbrooke. He winterized and refurbished the place and built a lab in the basement.

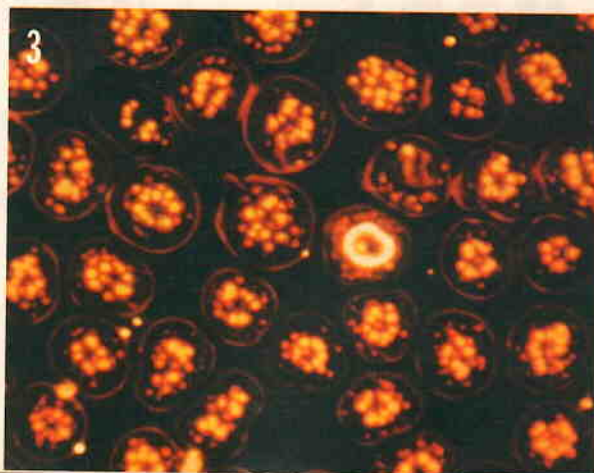
Stewart's next concern was to get independent validation of the somatid theory and of the latest of Naessens's immune-system boosters, 714-X; this was the nontoxic camphor-based medicinal, designed to be injected by way of a lymphatic node in the groin, that was to figure in his trial in 1989. Naessens had come to the conclusion – not essentially disputed by the orthodoxy – that cancer cells needed nitrogen to survive and "stole" this nitrogen from healthy cells. Discovering that camphor had a natural, if inexplicable, affinity for cancer cells, Naessens biochemically linked a molecule of nitrogen to one of camphor, aiming to force-feed the rogue cells – which would leave the immune system free to rebuild itself and fight the cancer.

Excited by the potential of 714-X, David Stewart approached the McMaster University Medical Centre in Hamilton, offering to fund an investigative research project into Naessens's theory of the somatid cycle and the potential of 714-X as an immune-system booster.

The initial meeting at McMaster in March, 1972, went well. The university was represented by Peter Dent, then chairman of the pediatrics department and a consultant in immunology to the Ontario Cancer Foundation. But of all those present to hear Naessens, the most impressed was a young assistant professor of pathology and surgery named Daniel Perey, who volunteered to head the proposed investigation.

Perey's first visit to Naessens lasted eleven days and was by all accounts a revelation to him; he saw through the somatoscope a new world to be explored. The next time he brought Dent with him, assuming that his excitement would be shared. But Dent was clearly not happy to look (*Continued on page 96*) ▶

*Unhealthy blood: (3) A sample from a full-blown cancer case, the red cells filled with grit (4) The typical look of AIDS blood; at right is a lymphocyte, bloated and shooting out filaments*



## Blood Feud

(Continued from page 57) through a microscope and see something that contradicted the definitions of disease he'd learned in medical school. On returning to Hamilton, he wrote to the National Cancer Institute of Canada requesting its opinion of Naessens and his work. The institute sent him a page taken from a longer report it had published called *Unproven Methods of Cancer Treatment*. The page concentrated on an account of Naessens's trial in France and the subsequent fine levied. This curt dismissal of Naessens's work confirmed Dent's unease.

But it was still Perey, not Dent, who was conducting the investigation, and his enthusiasm for the somatid theory remained undiminished. Over the course of several visits to Rock Forest, Perey observed each of the forms in the somatid cycle proliferating and their apparent relation to cancer and other serious stresses on the body. He recommended that Stewart's foundation purchase specialized photographic equipment enabling Naessens to capture these marvels on film – which was done. But the most telling sign of Perey's commitment to Naessens's work was the letter he wrote to support Naessens's application for landed-immigrant status in September, 1972. Emphasizing to the government the need for new and imaginative approaches to the search for a cancer cure, Perey extolled Naessens's contributions to the field, ending: "The scope and insight which Mr. Naessens has brought to this area of research potentially stand to benefit mankind and may be a source of pride for Canada." Apart from helping to secure landed status for Naessens, this letter – a solid endorsement signed by an orthodox medical researcher – augured well for the future. Or so one would think.

Just over two years later, Perey wrote another letter to Naessens, enclosing with it a copy of his final report to the Macdonald Stewart Foundation. The report rejected the somatid theory and Naessens's notion of bolstering the immune system to fight cancer. Even so, Perey tried to reassure Naessens that the report was not a condemnation of his work. Rather, he wrote, "We have come to different conclusions and interpretations based on the scientific evidence which we have gathered, although in many instances we have observed iden-

tical or similar phenomena as you have."

What had happened to change Perey's mind?

Late in 1972, Perey had been assigned other duties that effectively ate up the time needed to run the Naessens study. The day-to-day running of the project was passed on to a husband-and-wife team of researchers who were not in the least interested in proving the overarching theories Naessens had sketched. They were interested only in one large form of

**The patients of Naessens who testified, said a critic, "simply don't know the difference between feeling healthy and being healthy"**

the somatid cycle that had been described as a bacterium by German researchers who had isolated it in the 1930s. The couple wished to study claims that this particular form had an effect on rheumatism.

So although all future reports to the foundation on the Naessens project were still signed by Perey, their content was now a product of the new researchers, who did not accept Naessens's explanation for what they observed in live blood through the somatoscope. They dismissed the stages of the somatid cycle as "artefacts" produced by mistake during the process required to observe them. Perey, caught between two camps, wrote to Stewart that "microbiological dogmas are so entrenched in the couple's minds that they do not allow themselves the luxury of challenging them." More than that, however, he could not give.

After the McMaster stone wall, Naessens grew sceptical about the chances of the medical establishment's ever confirming his views – though his hopes rose briefly again in 1974 after Dr. Raymond Keith Brown, a consultant for New York's Memorial Sloan-Kettering Cancer Center, visited Rock Forest. Brown sent a memo to the centre's director and top staff about Naessens: "What I have seen is a microscope that reveals with spectacular clarity the motion and multiplicity of pleomorphic organisms in the blood which are intimately associated with disease states. The implications... are staggering.... It is imperative that what its

inventor, a dedicated biological scientist, is doing, and can do, be totally reviewed. I am convinced that he is an authentic genius and that his achievements cut across and illumine some of the most pertinent areas of medical science. If the review of his work is confirmatory, this man should be brought to New York and given unlimited support and facilities to continue his research."

Dr. Brown returned to Rock Forest with an oncologist and a microscopist

from Sloan-Kettering; the three eventually drafted and signed a second and longer memorandum that reiterated the first. These two memos generated much excitement among the hierarchy at the celebrated centre until someone noticed that Naessens's name appeared on the American Cancer Society's blacklist. Immediately, the memorandums were repudiated, the concerns of cancer bureaucrats outweighing the first-hand observations of expert scientists.

In August, 1980, Naessens supplied 714-X to Dr. Gaétan Jasmin, a professor of pathology and medicine at the University of Montreal, who was willing to embark on the standard animal-control test, injecting 714-X into cancerous and noncancerous rats. He found that the compound had no effect on the rodents' tumours, and his results were reported in the Macdonald Stewart Foundation literature in 1982. But Jasmin had refused to follow Naessens's protocol for use of the drug. He had injected the medicinal into the tumours themselves rather than into the lymphatic system, a procedure he had decided was impossible. Jasmin had treated 714-X as if it were a standard anticancer drug that essentially poisons either the cancer or the patient. Naessens's whole-terrain approach was designed to treat the symptom via the cause – the diametrical opposite of orthodox oncological approaches.

And so Naessens's reputation continued to be vilified among the cancer re- ▶

## Blood Feud

searchers – which may have served only to recommend him to the desperate underground of cancer patients. Through the 1970s and 1980s, more and more people flocked to Rock Forest, hoping for a personal miracle. And doctors began to come, eager to learn more about Naessens's new biology. Fully aware of the penalties for practising medicine without a licence, Naessens was not capable of turning away anyone who needed help. The suffering were taught to inject themselves with 714-X, or referred to doctors who were willing.

All this action was not lost on Augustin Roy, the head of the Quebec Medical Corporation. In his eyes Naessens had been a marked man the moment he had arrived from France; David Stewart's patronage had angered Roy but had also caused him to proceed with caution. In 1984 Stewart died suddenly. On December 13 of that year, the police and officers of the Quebec Medical Corporation raided Naessens's house and laboratory, seizing vials of 714-X and some 150 medical files. Out of that raid came the charges that would bring Naessens to trial in the Sherbrooke courthouse in 1989. He seemed doomed to the hinterlands of science.

I first travelled to Rock Forest in January, 1992, taking with me a friend who would be termed a high risk for cancer: his mother and one brother have died from the disease; his father and another brother are currently undergoing treatment for it.

An unlikely spot for a revolution in science, from the outside Naessens's laboratory looked like any other summer cottage. At -18°C, however, it was not summer, and the snow crunched and squeaked as we walked towards the second of two cottages in the compound. An informal seminar for two American MDs was being held that day, and we were invited to attend. Two guard puppies yelped, and tried to lick our faces, as Daniel Sdicu, one of Naessens's four stepchildren, opened the door.

Inside, in a room bare but for a long table and chairs, Naessens stood to greet us. Tall and imposing – even his stepchildren refer to him as "Monsieur Naessens" – he was formally polite. Introduced to the two doctors from Vermont, we sat quietly and listened. One of the

doctors, Bradford Weeks, interpreted Naessens's French for the other, a gaunt, worried-looking man. Part of the discussion in progress involved a new modified version of the somatoscope that Naessens calls an "ultramicroscopic condenser," which – attached to any optical microscope and for a modest \$3,000 – will enable a doctor or scientist to perform basic aspects of blood analysis according to the somatid theory. The rest covered what was to me by now familiar ground, with

blob had started life as a bit of muscle tissue he'd taken from a living rat, injected with a concentration of pure rat somatids, sealed in a sterilized glass jar under vacuum, and then put on his lab windowsill back in 1978. "Ever since," he added, "the cells have continued growing."

"Great," the doctor laughed uneasily. "Grow your own hamburger."

What everyone was really here for, however, was to see his own blood un-

## An eminent Canadian oncologist has recently agreed to test Naessens's theories, an action that could jeopardize his career

Naessens acting the strict but fair teacher.

Then we crunched fifty yards through the snow to the older, main cottage. Inside this neat and tiny house – clearly Naessens's home – we removed our boots, were given woollen slippers to wear, and were shown into a sitting room whose most prominent feature was an illuminated shrine to the Virgin Mary. In one corner of this otherwise ordinary room a staircase led down. At the foot was a real if somewhat antique laboratory: test tubes, retorts, specimen tubes, the lot. To one side, dominating everything, was the somatoscope. Looking like a cross between an ordinary large optical microscope and the inside of an old television set, the revolution in microscopy was definitely complicated. A metal box labelled Helium-Neon Laser was attached to one side and a small video camera to the top; a web of wires ran to other contraptions below and behind it; there was a computer to the left, and some high-tech electronics connected to a monitor and Super VHS machine on the right.

Wandering down the long narrow room, with its panoramic views of the Magog icescape, I came across a strange fleshy pink blob under clear viscous liquid in a sealed jar, like something left over from a David Cronenberg movie. I asked the worried-looking Vermont doctor what it was. He peered closely at the slimy bolus and eventually replied, "I don't know, but whatever it is it's alive." Naessens cheerfully explained that the

der the unique microscope. First taking a sample from Dr. Weeks – washing his hands, sterilizing the doctor's finger with alcohol, then taking the crimson pinprick onto a slide and covering it with a sliver of glass – Naessens moved to his extraordinary device, flipping switches, positioning the slide, peering through the eyepieces. After focusing, he flipped another switch and the nearby monitor suddenly revealed what he was seeing.

Tiny starlike dots pulsed and danced around brilliant circles that were, the biologist explained, red corpuscles. An awed silence followed, then gasps of amazement – there was a singular beauty to this spectacle. Carefully shifting the slide around – the tiny pinprick of blood at 20,000 X like a hot tub full of stars – Naessens explained the various forms we saw in normal and healthy living blood, untreated, unstained.

Then it was the worried doctor's turn. There was the wait as the slide was prepared. But this time the blood looked distinctly different: the level of pulsing somatids seemed greatly reduced, and the later forms of the sixteen-stage cycle were clearly present, some great twisted shapes, bars, and curious blobs with filaments. "This is so strange," the doctor murmured, "seeing your own blood. I mean, your own blood alive." Naessens scanned the sample more thoroughly than he had Dr. Weeks's. He asked if the doctor had been suffering from fatigue (he had) and the doctor in turn asked a few questions ►

## Blood Feud

about AIDS that seemed to indicate the source of his worry. Avoiding any explicit diagnosis, Naessens told him that there was definitely a stress on his immune system and that he should cut down his workload, rest more, and put himself on a strict diet — no red meat, no dairy products, lots of fresh fruit and vegetables. Then get his blood checked again in a month or so.

The man's mounting gloom was contagious; it also seemed a rather private moment to have strangers present, so my friend and I left, arranging to come back the next day. Neither of us could shake the image of that doctor faced with a picture of his mortality.

The next day it was my blood Naessens looked at first. With sweaty palms and a knotted heart, I waited until the video monitor was flipped on, seeing — that universe of stars and red corpuscles like jostling balloons. Naessens moved the slide, pointing out forms, each one of which had me asking if that meant cancer. But no, all was as it should be. Be-

yond an apparent indication of iron deficiency Naessens saw nothing amiss. Once I was able to relax, there was something inexpressibly thrilling about the play of the elements in living blood, my blood — something fundamental.

But the mood was shattered. My friend's blood appeared next on the monitor. The red corpuscles seemed more frail, less defined. And stretching across the screen, coiled and serpent-like, was the last form in the sixteen-stage cycle — the "thallus," the discarded shell that has expelled new somatids. As Naessens moved the slide, indicating other forms from the complete cycle, my friend paced the lab in shock and fear.

Naessens continued to scan, pointing out forms, one of which — a circular shape with waving snake-like protrusions that he termed the Medusa head — seemed busy surrounding "intruders" or seemed at least very busy. "Ask your most eminent haematologists what *that* is," Naessens told me. "They cannot answer."

When my friend emerged from a prolonged and silent spell in the washroom, Naessens assured him that all this activity showed that his immune system was

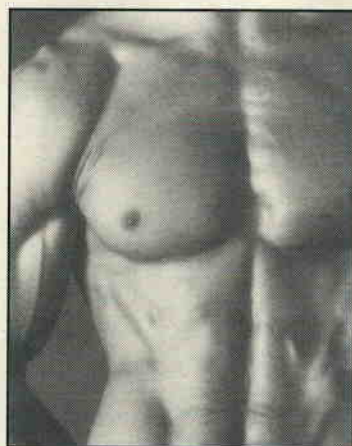
fighting, certainly, but in good shape. The somatid level was still relatively high, and the presence of the Medusa heads indicated an aggressive response to some form of stress. My friend then told Naessens his family history, but the biologist still resisted any diagnosis, and advised him to follow the same regimen of diet and relaxation he'd recommended for the doctor the day before.

Augustin Roy had accused Naessens of furtive and covert work, but Naessens was hardly secretive, his lab and files patently open to anyone who was interested. No-one was getting rich here either. When I asked if he'd supply 714-X free to anyone willing to perform standard animal tests he immediately said yes, providing the tests were carried out according to his protocols, the compound injected intralymphatically and not into the tumours or the blood. 714-X, I learned, cost just over \$300 for a series of twenty-one shots. In Canada, because of his problems, Naessens was giving it away to any physician who asked for it through official channels. As of October, 1992, 210 MDs across the country were administering it to patients, admittedly on compassionate grounds, in most cases, and at their patients' request.

In retrospect, what impressed me most during this first exploratory visit was the devotion of Naessens's stepchildren. Only in Rock Forest did I learn that their mother, Françoise, had died of a rare fungal infection just four months earlier. (It was one of those horrible ironies that Naessens, who had helped so many people in endgame situations, had been unable to help his wife.) Her children's faith in their late mother's strange and brilliant husband seemed absolute. That two of his stepchildren had degrees in biology said more for Naessens than any other fact of his life.

Shortly after we left, my friend's anxiety gave way to rage. How could I have subjected him to this? How could Naessens be so irresponsible as to put anyone through such an ordeal? Before we drove home we went back to Naessens again, who went out of his way to reassure my friend that the apparent stress affecting his bodily system could easily be corrected at such an early stage. Hearing, once again, about the diet he should follow, my friend just groaned, "But what's left to eat?"

Never did a man follow a diet so religiously as did my friend over the next ▶



## What Makes Us Better, Makes You Stronger.

**Well-Muscled Arms.  
A Defined Chest. Chiseled Abs.  
Powerful Legs. A Stronger Back.**

Add strength to every major muscle group in your body with the new advancement in strength training — **NordicFlex Gold.**



*Build your superior body with the superior strength trainer.*

### NordicFlex Gold™ is 5 ways better than Soloflex\*

1. NordicFlex Gold uses linear motion that better simulates free weights.
2. NordicFlex Gold features isokinetic patented resistance that better matches your natural strength curve.
3. NordicFlex Gold is faster to use than Soloflex.
4. NordicFlex Gold brings you strength training expertise with the exclusive workout video, training manual and exercise chart.
5. And, best of all, NordicFlex Gold costs 1/3 less than Soloflex.

Plus, the NordicFlex World Class™ Edition offers additional features to enhance your performance including Power Meter electronics.

**NORDIC FLEX Gold**

by NordicTrack

**To Order** or for more information, call **1-800-336-5361** Ext. 3F2L2

or write: NordicTrack, Dept. 3F2L2, 104 Peavey Road, Chaska, MN 55318

© 1992 NordicTrack, Inc., A GML Company • All rights reserved.

\*Registered trademark of Soloflex, Inc.

## Blood Feud

three months. And what I did, almost as religiously, was take the video tape of our blood and a description of Naessens's theories to anyone I thought might help me judge them.

**C**alling Tak Mak, head of cellular and molecular biology at the Ontario Cancer Institute, and one of this country's most eminent cancer researchers, I was surprised to find him unwilling even to hear an account of Naessens's work. "It doesn't sound kosher," was all he said, adding that blood wasn't really his field anyway. He referred me to a leading haematologist at the OCI, Dr. Mark Minden, who reluctantly agreed to meet me and view the video tape shot through the somatoscope.

Arriving early, I found Minden rummaging around his tiny cluttered office in jeans and sneakers. He claimed to have forgotten the appointment; he then left the room on the lookout, he said, for a VCR. He came back half an hour later, without the equipment and patently hoping that I'd be gone. Instead I suggested that the nation's finest cancer-research hospital might have an audiovisual department. Muttering about grant applications that needed his urgent attention, he finally led me up many stairs and down many corridors to a cupboard possessing a monitor and a VCR into which I plugged my tape.

What were the somatids? I asked. Platelets or proteins in Brownian motion, he replied, but I could see that something on the tape fascinated him. Did he ever study live blood? No – or very rarely – was the answer. The electron microscopes and ordinary optical microscopes he used required fixed and stained blood.

To prevent his running out of the cupboard – he hopped from foot to foot like an athlete about to make the hundred-yard dash – I fast-forwarded to my friend's blood, asking him about the difference between the samples. Well, he said, this blood was obviously in an advanced state of clotting. When I assured him that the sample had been taken under the same circumstances as my own, he pointed out that blood clots at different rates, though he'd have to look at it under the electron microscope to be sure of what he was seeing. What were the large coiled forms that Naessens identified as the final stage in the somatid cy-

cle? Fibrin, he said, a protein that forms when blood begins to clot. Why was there none of it in my blood sample, even after ten minutes of watching? He had no answer to that.

What Minden couldn't attribute to clotting he called "artefacts" – a scientific way of saying "bits of stuff." The term in microscopy also implies structures that are accidentally created in the human handling of the sample on the slide. We looked at the Medusa head – the form Naessens had told me to show to a top haematologist. He would have to stain and fix it to see if it had a nucleus, he said, before he could comment; it was the only artefact that seemed to shake his certainty.

I then showed him a diagram of Naessens's somatid cycle, which he dismissed outright. As I left Minden I thought, well, at least when pushed into a closet he was willing to look.

**I**t took a while to find a doctor with an orthodox scientific background who was willing to stand up for Naessens. Dr. Dietmar Schildwaechter is an MD and medical PhD who was a longtime faculty member of the University of Pennsylvania School of Medicine, the oldest medical school in the U.S. One of his special fields was early cancer detection; he left the university to take over the Ratzenburg Klinik für medizinische Rehabilitation, one of the world's most advanced cancer-rehabilitation centres, in his homeland, Germany. He now operates an office in the District of Columbia consulting in preventive medicine and oncology while continuing to care for patients in Europe.

Schildwaechter came across Gaston Naessens in 1990 after discovering they were both treating the same "celebrity" patient, a "relative of George Bush." In 1986 the woman was diagnosed with "one of the most devastating cancers: an oat-cell carcinoma of the lung that had metastasized to the brain, the adrenal gland, and the tissue between the lungs," says Schildwaechter. She and her husband had investigated the available treatments and discovered that for such a cancer there was no statistical survival after three years, though the rare individual did survive. Electing to go to the leading clinic in Bonn, she received chemotherapy, radiation, and various other primary treatments that brought the disease under control. Then she was referred to Schild-

waechter, who kept her on a maintenance programme, employing frequent cancer and immune-system profile tests developed by Dr. Emile Schandl, a Hungarian-born research biochemist and geneticist who lives in Florida.

The monitoring-test results – immune parameters, complete blood count, differential count, blood chemistry, and so on – were computerized, giving, over the years, some of the most exact documentation of the results of the treatment of this illness that exist. "At the end of 1989," Schildwaechter says, "her blood sample arrived and its values had changed remarkably. The immune-system values had improved drastically. We had always seen a slight activity from her cancer – which we'd kept in remission – now it was down to zero. There were also two other markers that could not be done during this testing because, as our lab said, of something like chemical interference in her metabolism." Schildwaechter called the couple to find out if something had been going on and found out that they had visited Naessens in Quebec, where the man had been taught how to give his wife injections of 714-X. "They did not want to tell me because they thought I might not approve." They needn't have worried.

Schildwaechter finally met Naessens at a seminar held at Sherbrooke in 1991, and he unreservedly accepted Naessens's theory. At medical school in Europe he'd learned about Béchamp and others "basically excluded from medical schools over here. We were prepared for something like this," he says. "I knew there was something in the blood we'd not been able to diagnose, and I realized that Naessens had discovered and identified what others had only partially seen."

The resistance to Naessens's work from orthodox practitioners was only to be expected. Schildwaechter himself had been "a totally orthodox, tunnel-vision MD who didn't want to look at anything out of the mainstream" when he had been at the University of Pennsylvania. But then as he practised he had begun to feel increasingly frustrated with the limits of his profession: "I had the most modern hospital, I could purchase the best equipment, yet I was still unable to monitor what I wanted." In his spare time Schildwaechter travelled the world visiting medical centres and studying their techniques for monitoring blood, finding that none of them, from Britain ▶

## Blood Feud

to the Philippines, had the specificity and sensitivity that he required. "I could not in all conscience tell my patients that they were free of cancer after a monitoring test that was only sixty-five-per-cent accurate."

Then he met Schandl and, in a sense, defected from regular medicine: "Colleagues I had worked with for years were not even willing to discuss this stuff, even though Schandl was a leading biochemist and his test results were couched in all the proper forms." In Schildwaechter's view, his colleagues' excuse for dismissing Schandl's testing was that it was too complicated and impractical for ordinary labs to achieve. The real reason, he believes, was that Schandl's tests could document the workings of alternative therapies that regular medicine had long dismissed and violently resisted.

The future of medicine in Schildwaechter's eyes lies in prevention, and the essence of prevention is a greater understanding of the workings of the immune system and the development of methods to detect telltale signs of imbalance long before symptoms appear. Combining, as he now can do, Schandl's tests with Naessens's somatoscopic monitoring, and something known as cell-milieu medicine – which determines the patient's exact needs for trace elements, amino acids, and vitamins – Schildwaechter claims tremendous success with his German practice in detecting and correcting imbalances that would lead to degenerative diseases. (He hesitates to practise in the U.S. for fear of Naessens-style prosecutions.) "Cancer," he announced with absolute conviction, "has become a truly preventable disease if we would only employ these blood tests."

"The number-one cancer today is breast cancer, so we tell women to have mammograms after forty. But regardless of how modern the equipment, there is still a high false-negative ratio. And by the time the mammogram detects something, we've lost two years during which we could have prevented the cancer if the somatoscopic blood scan and the biochemical blood tests had been used."

Naessens's day is coming, insists Schildwaechter: "A number of oncologists are impressed with his work, even if they won't admit it at the moment." He sighs, and adds, "Szent-Györgyi, the discoverer of ascorbic acid and one of the great Nobel laureates, remarked that whenever you pioneer something you first have to real-

ize you may be called a quack. But the Establishment will check you out, and if they find your discovery useful it will be accepted through the 'back door' – certainly without giving credit to the pioneer."

After three months' effort I did find two cautiously curious souls who were willing to look at the material through the back door and very much off the record. Even more off the record, they described Naessens's work as interesting, but hesitated

**"When you pioneer something you'll be called a quack. If the Establishment accepts the discovery it'll be through the back door"**

about coming to Rock Forest with me to see the somatoscope in action. Finally I found a young microbiologist, Jacqueline Conant, then working as an associate scientist with the Robert Wood Johnson Pharmaceutical Research Institute in Toronto, who was intrigued (and professionally brave) enough to make the trip with me – and one very nervous friend heading for his second appointment with his own blood.

The moment Naessens had drawn the blood in question and turned to slide it into the jaws of the somatoscope, that friend was heading up the stairs. Naessens flipped on the monitor, revealing a vastly improved picture. He laughed and shouted "*C'est meilleur!*" calling my friend back. The full cycle of somatids was no longer evident, and the red corpuscles seemed more defined, more robust. The fast-clotting blood, as Dr. Minden had described it, had changed its nature in three months.

Next Naessens showed us a video tape of blood from a patient with very advanced cancer. If normal blood had a sparkling beauty to it, this murky broth of filaments and tendrils had something deeply depressing about it. All the sixteen stages in the somatidian polymorphic cycle were clearly visible, floating like wreckage in the blood. I couldn't see anything resembling red corpuscles and asked Naessens if this were so. He pointed them out – bubbles filled with grit, their edges jagged filaments.

Then Naessens played a tape of the same patient's blood after three months' treatment with 714-X; after six months and a year. The progress was clear and dramatic. From what looked like Keats's last cough, the final tape revealed that bright dancing universe I'd come to recognize as life and health. My friend was cheered, more at seeing what diabolically cancerous blood looked like than at this unknown patient's restoration to health.

Jacqueline Conant had looked at eve-

rything with obvious fascination, asking many questions in tolerable French, but it was only on the way back home that I was able to find out what had been going on in her mind. "It was like entering the last century going down there," she said. "It reminded me of Banting and Best's lab at the U. of T. Then in the middle of it all, there's this feat of high-tech engineering through which he is able to make some truly remarkable observations." But what did she think he was seeing?

"It's never been possible to see these particular entities before – and I call them entities because they do appear to be living. What's their nature?" she asked. "They could possibly be fragments of genetic material, all right, but what exactly is their biochemical structure?"

One of the things Naessens had shown her was an electron-microscope photograph of a sectioned somatid taken at 140,000 X; it resembled something Norval Morrisseau could have painted. "I've never seen anything like it," she said, choosing her words with great care. "I certainly didn't recognize it to be of viral origin. It had definite structure, not structure as we normally know it, with a nucleus. But, there was definite order to this particular structure."

Could it be, as Naessens maintained, a precursor to DNA? After a long silence, Conant replied, "It is conceivable. It's the particular building blocks of DNA that one has never yet been able to visual- ▶

# tomorrow TODAY

## Experience Science and Technology in Canada

CBC  
NEWSWORLD



Watch us, Saturdays!

1:00 - 1:30 pm Pacific  
4:00 - 4:30 pm Eastern  
5:00 - 5:30 pm Atlantic

Produced by AirTime  
Multimedia Corporation  
(416) 366-2289

Commercial Spots and  
Sponsorship Opportunities  
available - call  
on the go marketing inc.  
(416) 962-7396

### Blood Feud

ize. In the electron microscope we've seen certain genetic fragments, chromosomes – the structures are fairly well elucidated." A mighty pause. "I have trouble with that term *precursor*, but I suppose, yes, it is conceivable." Then, with passion: "There are so many tools around today that we would be able to elucidate a lot of Naessens's work, and yet the exciting thing for me is the extraordinary power of that particular microscope."

For microbiologists such as herself, she said, "it would certainly permit better patient management and therapeutic monitoring. There are really all kinds of exciting applications for such a device both diagnostically and academically." She paused again, and frowned thoughtfully. "He was certainly able to show that many of the various examples of forms in the blood are quite disease-specific." Naessens had shown her still photographs of somatid forms in the blood of AIDS, cancer, and multiple-sclerosis patients.

I told her Dr. Minden had described most of the forms as artefacts, and asked if the term did mean "bits of stuff." She laughed and said it did. But where did the stuff come from, I wondered, and why was there such a regular pattern in its forms? Could it all be the result of human handling of the samples? She looked at me, gauging how far she wanted to go in her answer, and then, apparently, decided to jump: "There was very little manipulation between taking the blood, making the slide, and then viewing it. That's why there has to be something in it, and it certainly warrants further study. But it's so foreign to the accepted dogma, you know, that it's going to be a hard sell."

Perhaps Naessens will live long enough to see a front-door vindication of his life's work. In 1990, after receiving the positive results of nontoxicity tests, Health and Welfare Canada agreed that 714-X could be supplied by Naessens to doctors whose patients were suffering from terminal cancer. Doctors have to apply to Ottawa, where authorities may try to talk them out of using it, but such requests now cannot be refused. Naessens's frustration lies in not having approval for the medicinal's use in the early or precancerous stages of the disease, where he thinks it might be of the most use. But even with terminal patients he has begun receiving reports indicating that 714-X helps re-

lieve pain and restore energy during a patient's final days or weeks.

As far as his troubles with the Quebec medical authorities go, they've resulted in a temporary draw. Naessens and his lawyer, Conrad Chapdelaine, decided to fight back against the eighty-two counts that were laid after his first trial. They countersued, issuing subpoenas to Augustin Roy, among others. The medical college replied with a plea-bargain offer, and in the end dropped seventy-two of the counts and reduced Naessens's fine to \$5,000. Naessens and his lawyer regarded the outcome as a technical victory, and so far there have been no more initiatives on the part of the authorities.

There is also growing interest in Naessens's approach to AIDS; he was invited to the controversial conference on alternative treatments held in Amsterdam last May – also attended by Luc Montagnier, the French scientist credited with discovery of HIV. In Europe, the Philippines, New Zealand, and Australia, physicians are using 714-X, and researchers, covertly and overtly, are investigating his work. Daily, results come in – favourable and unfavourable – the conclusion being that 714-X does work most effectively when the immune system has not been totally wrecked by disease. This has always been Naessens's contention. And as the new biology and the new medicine emerge, the textbooks will be rewritten, as they always have been, this time the emphasis shifting from cure to prevention. An eminent Canadian oncologist (whom I will do the courtesy of not naming) has recently agreed, after visiting Rock Forest at my suggestion, to supervise certain tests to validate Naessens's somatid theory, an action that could jeopardize his career if publicized. In the U.S., an independent study on 714-X using human patients, sponsored by Charles Pixley, a millionaire from Rochester, N.Y., has been under way since last May.

In the Eastern Townships the man who may well be recognized one day as a Galileo or an Einstein continues the work he has devoted half a century to, seemingly unconcerned by the fuss, the orthodox hostility. He works in silence and concentration in his laboratory, its windows on the Magog showing a landscape scarcely changed since the glaciers retreated. Others have begun to praise him, but he himself might be content to live by a line from Paracelsus: "I pleased nobody except the people I cured." **SM**