

Viruses Hidden in the Carriers of the Intestinal Tract are a Potential Source of Cancer and other Chronic Diseases. New Medicine

Vladimír Zajac

PhD. Former researcher at the Institute of Cancer Research, BMC, SAV, Dúbravská cesta 9, 84505, Bratislava, Slovakia.

Corresponding author

Vladimír Zajac, PhD. Former researcher at the Institute of Cancer Research, BMC, SAV, Dúbravská cesta 9, 84505, Bratislava, Slovakia.

Received: May 25, 2026; **Accepted:** June 02, 2026; **Published:** June 08, 2026

The main trend in the treatment of most diseases is to focus on the damaged organ and work to repair it. In many cases, this approach is sufficient, the damage is removed and the patient is cured. Thanks to such approaches, it has been possible to solve and eliminate many diseases that have plagued humanity since time immemorial.

Tumor diseases belong to the group of so-called degenerative diseases together with - rheumatoid arthritis, systemic lupus erythematosus, multiple sclerosis, cirrhosis of the liver, Alzheimer's disease, Jacob-Kreuzfeld syndrome, kidney failure, arthritis, schizophrenia and others that humanity has not yet solved. This is despite intensive research and large investments that have been made in their research. According to evolutionary biologists Paul Ewald and Lewis Thomas, we often provide only secondary care to patients suffering from these "degenerative" diseases (23, 24). Many experts say that we cannot expect today's diseases to be solved in the near future. This is only partly true, as evidence shows that we continue to find crucial solutions to diseases that we have come to know through our knowledge of their primary infectious causes. In recent decades, large numbers of cases of liver cancer and hepatitis caused by hepatitis B and C viruses have been prevented. Stomach ulcers and stomach cancer can now be treated with antibiotics

Let's try to look at the situation in this issue from an evolutionary perspective. The basic question is, whether the human organism as the top of evolution is able to deal with all errors, mutations and disorders or not. Most clinicians are convinced that the human body is not perfect, that it produces errors, mutations, that cause diseases. They claimed that their position was based on everyday practice. This view arose at a time when very little was known about viruses, pathogenic microbes, and parasites, but despite the fact that much is known about them today, this opinion surprisingly still prevails. This approach, which

lacks an evolutionary emphasis, is still fully accepted and has far-reaching consequences in the treatment of, in particular, degenerative diseases for which we do not yet have a cure. As a result of this approach, new alternative approaches are not being actively sought and developed in clinical practice and research.

The process of evolution is directed towards a higher level and quality of all living organisms on our planet. It assumes that the human organism, as the pinnacle of evolution, is a perfect system that can correct its own errors and mutations, thereby preventing disease. Adopting this evolutionary stance logically raises the question: how is it possible, then, that humanity currently suffers from a large number of diseases? According to the WHO, up to 17 different types of cancer are increasing every year, and their occurrence is affecting people at a younger age. How should we evaluate, explain this fact? This is certainly contrary to the evolutionary process, which cannot lead to an increase in diseases, but to their minimization. However, if there is an increased incidence of disease, does this lead us to view it as a failure of the evolutionary process? We must not forget that the evolutionary process is extremely complex and complicated. It is influenced by many factors, some of which are negative.

Let's take a look at these factors. One of the most powerful factors is the changes caused by the difference between the modern environment and the environment that largely shaped the genetic makeup of humans.

Another factor, and probably the most important one, may be infectious causes of chronic diseases. Paul Ewald and Gregory Cochran concluded that in the case of chronic diseases, the evidence, considered in terms of evolutionary principles, points to infectious causes (23, 24).

Infectious agents cause systemic and long-term tissue damage, which ultimately manifests as serious diseases. The infectious causes of chronic diseases are currently being intensively investigated, but their acceptance depends on the quality of the evidence. However, according to expert analyses, it is currently unlikely to obtain convincing evidence of infectious causes of these diseases (23, 24).. There is strong pessimism in this regard, as conclusive evidence of infectious causes of most chronic diseases is considered very difficult to achieve. This is especially true given the general resistance to accepting the infectious origin of cancer, which is very deep-rooted. This is despite the fact that more than 20% of human tumors have an infectious cause and their incidence is expected to increase. What are these infectious factors, what is their source? In seeking an answer to this question, based on the above results, we could logically conclude that all these types of human diseases are most likely caused by the second kingdom in our body – prokaryotic – i.e. bacteria, yeasts but also parasites and other single-celled and multi-cellular organisms, which are found mainly in the intestinal tract.

We must live in symbiosis with this kingdom, we cannot exist without it. However, there have been fundamental changes in its composition recently. The use of antibiotics, drugs and medicines has created such enormous pressure that sensitive microbes have mostly not survived. However, their infinite variability – each bacterium is unique – has allowed them to survive. This process is constantly repeated and new resistant forms of bacteria arise. The original bacteria that lived in symbiosis with the organism have largely lost this ability after acquiring resistance. Their goal – to survive, to adapt to a new situation – has forced them to show disrespect for their host. In this way, many microbes have turned from helpers and allies into potential enemies.

The unlimited willingness of bacteria to accept foreign genetic information is one of their most fundamental properties. Accepting new genetic information gives bacteria a better chance of survival, existence and advances their development. On the one hand, this is a very positive property, because without it there would be no evolution, without which there would be no human population and no music. On the other hand, prokaryotes also take in viral and other pathogens, thus becoming carriers of genetic material that can harm humans and cause health problems. In these cases, we must intervene and eliminate pathogens.

We know very little about the contents of our intestinal tract. Why has this important organ not been given due attention until now? Only recently, under the pressure of new information, has this organ begun to be monitored and analyzed more. After all, our past is also stored in this organ, with a high probability we will find microbes and parasites that we received in ancient times. We don't know what else could be in it besides the aforementioned bacteria, yeast, parasites, and other single-celled and multi-celled organisms. No one has yet considered the question of whether viruses could be there.

The detection of viruses – BLV, HIV, novel coronavirus – hidden in carriers in the intestinal tract after overcoming infections has opened a floodgate. (1-22). This is the first direct evidence of the presence of pathogens hidden in carriers in our tracts. Viral

carriers are part of the microflora, which allows them to exist for a long time, but they are under immune control.

However, if the immune system is weakened, virus carriers multiply, penetrate immune barriers into the body, cause de novo infection and can subsequently infect others. A virus, as a pathogen, does not lose its power when it hides in a host. On the contrary, its tentacles protruding from the host give it another dimension and possibilities.

A clear example of immune failure is the course of influenza virus infection. It attacks people in the fall and winter and then disappears. Where will he disappear to for half a year, since he will return in the fall? That's a very important question. Is it traveling to China or Hong Kong? No, it does not spread anywhere, the virus in carriers remains in the intestinal tract of infected people until autumn and is under the control of the immune system. If the immune system of an infected person is weakened - very often due to greatly underestimated autumn colds, infections, - the virus carrier multiplies, penetrates from the intestinal tract into the body, infects it, and the infected person can also infect others. This cycle repeats itself every year.

The presence of viruses hidden in carriers in the intestinal tract answers the question of why new variants of the coronavirus are constantly emerging. Carriers do not prevent the emergence of new variants of the virus, they can mutate uncontrollably in them. The high infectivity of coronavirus detected in wastewater worldwide suggests that the coronavirus is localized in the intestinal tract long after the epidemic has ended and is gradually shed in carriers (25 - 34). The viral load in the intestinal tract worldwide is growing rapidly, leading to constant stress and a weakening of the immune system. This process will represent a biological time bomb for humans in the future. Weakened immunity also leads to pathogens penetrating the bloodstream into the body's organs and settling in them. After interacting with the cells of the organs, infectious agents begin to realize their potential, invisibly damaging them 24 hours a day, for months and years. The mechanism of this process is similar to when drops fall on a stone and after a while a hole forms there. This invisible process that is difficult to detect and stop, is very likely to lead to the development of serious diseases, especially degenerative ones, which manifest themselves only in later life.

Indications of a significant role of prokaryotic pathogens in the development of diseases such as cancer, Alzheimer's and Parkinson's diseases, diabetes, IBD, Crohn's syndrome and others have been evident for a long time. Of the above diseases, human papillomavirus has been accepted as the pathogen causing cervical cancer, and appropriate vaccines are effective against this infection. In the case of the other diseases mentioned, these considerations have not yet been transferred to clinical practice due to a lack of convincing evidence. Since these are specifically human diseases that cannot be tested in animal models, it is very difficult to obtain experimental evidence of their infectious origin. We currently do not know by what mechanism infectious agents can induce this disease. But what might happen if a viral pathogen came into contact with or even penetrated a eukaryotic, highly differentiated cell? Can it initiate them towards higher differentiation? Very likely not.

Based on this reasoning, we could conclude that a highly differentiated eukaryotic cell attacked by a prokaryotic carrier containing a viral or other pathogen can transform back to the period when higher organisms gradually began to evolve from prokaryotic cells. We also know nothing about whether the viral pathogen participates in the invasion of eukaryotic cells alone or in symbiosis with a vector, and we also do not know the mechanism by which the pathogen changes the cells of the attacked organ. These considerations point to the possibility that highly differentiated cells are transformed by viral pathogens into quasi-prokaryotic cells and revert back to the original prokaryotic form from which they evolved. It is realistic to assume that this could be the path of tumor cell development. Given these new findings, we could conclude that the tumor cell is functionally similar to a prokaryotic cell with a non functional complete eukaryotic genetic equipment.

Current methods of eliminating viruses—antivirals, physiotherapy, vaccines – cannot completely eliminate viruses in the body. Their complete elimination will occur if we eliminate them in the intestinal and respiratory tract. Vaccines are only effective in the target cells that viruses attack. In the case of HIV, these are cells of the hematopoietic system that have the CD4 receptor. In the case of the new coronavirus, these are cells with the ACE2 receptor. Vaccines are ineffective in the above tracts.

The basis for further research should be the analysis of the contents of the intestinal tract, the identification of all virus carriers and their subsequent elimination. Viruses cannot exist and multiply without carriers. After eliminating the identified pathogens, it was revealed which diseases they caused. It is assumed that in this way, several, if not all, degenerative diseases will be gradually eliminated. And at the same time, potential outbreaks of diseases will be stopped preventively. This would bring a significant improvement in the health of the human population.

It would be a fundamental change in the diagnosis and treatment of diseases that humanity has not yet coped with. It would be – New Medicine.

Acknowledgments

Author is grateful A. Lisková for their cooperation and to H. Komjathy for support and stimulating discussion.

Funding

This work was supported by these grants: APPV-06-46-11, VEGA 2/0096/11 and VEGA 2/0170/13. This publication is also the result of the project implementation: SF ITMS project code: 26240220058 supported by the Research & Development Operational Programme funded by the ERDF.

Disclosure of Conflict of Interest

The authors declare that there is no conflict of interest. Statement of Informed Consent Informed consent was obtained from all individual participants included in the study.

References

- Zajac V, Kovac M, Ciernikova S, Mego M, Rauko P, et al. Detection of HIV sequences in colon bacteria of AIDS positive patients. *Clin Microbiol Infect.* 2005. 11: 53.
- Zajac V, Mego M, Kovac M, Stevurkova V, Ciernikova S, et al. Testing of bacteria isolated from HIV/AIDS patients in Experimental models. *Neuro Endocrinol Lett.* 2006 27: 101-104.
- Zajac V, Stevurkova V, Matelova L, Ujhazy E. Detection of HIV-1 sequences in intestinal bacteria of HIV/AIDS patients. *Neuro Endocrinol Lett.* 2007. 28: 591-595.
- Zajac V, Adamcikova Z, Holec V, Hainova K, Stevurkova V, et al. Chapter in a book: *Microbes, viruses and parasites in AIDS process*. Editor: Vladimír Zajac. Printed in INTECH pp. 2011. 375-390.
- Zajac V, Matelova L, Liskova A, Mego M, Holec V, et al. Confirmation of HIV-like sequences in respiratory tract bacteria of and HIV-positive pediatric patients. *Med Sci Monit.* 2011. 17: 154-158.
- Hainova K, Mego M, Wachsmannova L, Adamcikova Z, Stevurkova V, et al. Microflora of intestinal and respiratory tract in AIDS process, *J Antivir Antiretrovir.* 2013. 15: 1-6.
- Hainova K, Adamcikova Z, Ciernikova S, Stevurkova V, Krcmery V, et al. Detection of proteins homologous with HIV-1 antigens in bacteria of positive patients - phase II. *Neuro Endocrinol Lett.* 2014. 35: 101-106.
- Zajac V. The fundamental role of bacteria and yeasts in AIDS progression. *J Vaccines Vaccin.* 2014. 5: 4.
- Wachsmannova L, Ciernikova S, Majek J, Mego M, Stevurkova V, et al. Internalization property of intestinal bacteria in colon cancer and HIV/AIDS patients. *Neuro Endocrinol Letters.* 2016. 37: 245- 250.
- Zajac V. Evolutionary view of the AIDS process. *J Int Med Res.* 2018. 46: 4032-4038.
- Vladimír Zajac. Can CCR5 delta 32 mutation be a proof of possible HIV participation in the Black Dead epidemic? *Journal of Clinical Microbiology and Infectious Diseases.* 2020. 3.
- Vladimír Zajac. An Overview on the Fundamental Role of Bacteria and Yeasts in AIDS Progression. *Current Topics in Medicine and Medical Research.* 2020. 3.
- Vladimír Zajac. Elimination of the new coronavirus and the prevention of the second wave of infection. *World Journal of Advances Research and Reviews.* 2020. 08: 148-150.
- Zajac V. The Role of Bacteria in Viral Transmission. *Japanesse Journal of Gastroenterology and Hepatology.* 2020. 4: 1-2.
- Vladimír Zajac. The irreplaceable role of coronavirus carriers in its transmission and in second wave of infection. *World Journal of Advances Research and Reviews.* 2021. 09: 226-228.
- Anna Liskova, Vladimír Zajac. Identification of a new coronavirus in rectal swabs from persons infected 15-25 days ago. *World Journal of Advances Research and Reviews.* 2021. 10: 356-359.
- Anna Lišková, Vladimír Zajac. Identification of novel coronavirus in rectal swabs: new perspectives. *Perspective of Recent Advances in Medical Research.* 2023. 11.
- Vladimír Zajac. The main reservoir of viruses hidden in carriers is the intestinal tract, where vaccines don't work. *4th International Conference on Vaccine Research.* 2024.
- Vladimír Zajac. Complete Elimination of HIV Hidden in Carriers of the Intestinal Tract After Overcoming the Infection. *New Medicine. J HIV AIDS Infect Dis.* 2024. 11: 1-6.

20. Vladimír Zajac. A new approach to stopping viral infections. Intestinal tract as the main important reservoir of viruses hidden in carriers after overcoming infections. *British Journal of Healthcare and Medical Research*. 2024. 11: 166-170.
21. Vladimír Zajac. Instructions for the complete elimination of HIV in reservoirs after overcoming the infection and stopping the further use of antiviral drugs. *Int J Mol Biol Open Access*. 2024. 7: 109-110.
22. Vladimír Zajac. How to Destroy the Main Reservoir of HIV After Infection: New Medicine. *British Journal of Healthcare and Medical Research*. 2024. 11: 118-122.
23. Ewald PW. *Evolution of infectious diseases*. New York: Oxford University Press. 1994.
24. Ewald PW. *Plague time. A new theory of the germs of disease*. Ancron Books. A division of Random House, Inc. New York. 2002.
25. Crossley G, Chen, Yawen. China SARS Fighter Returns to Spotlight in Coronavirus Battle. *Medscape*, cit. 2020. 01-27.
26. Chen N, Zhou M, Dong X, Qu J, Gong F, et al. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. *Lancet*. 2020. 395: 507-513.
27. An Tang, Zhen-Dong Tong, Hong-Ling Wang, Ya-Xin Dai, Ke-Feng Li, et al. Detection of Novel Coronavirus by RT-PCR in Stool Specimen from Asymptomatic Child, China *Emerg. Infect. Dis*. 2020. 26: 1337-1339.
28. Chen Y, Chen L, Den g Q, Zhang G, Wu K, et al. The presence of SARS-CoV-2 RNA in the feces of COVID-19 patients. *J Med Virol*. 2020. 92: 833-840.
29. Du W, Yu J, Liu X, Chen H, Lin L, et al. Persistence of SARS-CoV-2 virus RNA in feces: case series of children. *J Infect Public Health*. 2020. 13: 926-931.
30. Thakur AK, Sathyamurthy R, Velraj R, Lynch I, Saidur R, et al. Secondary transmission of SARS-Co-2 through wastewater: Concerns and tactics for treatment to effectively control the pandemic . *J Environ Manage*. 2021. 290: 112668.
31. Goodwin L, Hayward T, Krishan P, Nolan G, Nundy M, et al. Which factors influence the extent of indoor transmission of SARS-CoV-2? Rapid evidence reviews. *J Glob Health*. 2021. 11: 10002.
32. Holm-Jacobsen JN, Bundgaard-Nielsen C, Rold LS, Jensen AM, Shakar S, et al. The prevalence and clinical implications of rectal SARS-CoV-2 shedding in Danish COVID-19 patients and the general population. *Frontiers in Medicine*. 2022. 8: 2860.
33. Tao Zuo, Qin Liu, Fen Zhang, Grace Chung-Yan Lui, Eugene Yk Tso, et al. Depicting SARS-CoV-2 faecal viral activity in association with gut microbiota composition in patients with COVID-19. *Gut*. 2021. 70: 276-284.
34. Zuo T, Zhan H, Zhang F, Liu Q, Tso EYK, et al. Alterations in Fecal Fungal Microbiome of Patients With COVID-19 During Time of Hospitalization until Discharge. *Gastroenterology*. 2020. 159: 1302-1310.