Chapter Four

The Catalytic Agent in Cases of Acute and Chronic Leukemia

Mr. Chairman, Physicians and Surgeons;

WE ARE HERE in Chicago to discuss again the difficult problems of Leukemia, a subject on which a preliminary report was given at our first National Convention in Detroit in June 1949. It is not my intention today, to entertain. I hardly expect to make you laugh, because I do not claim to be or to have the humor of the late Will Rogers. I do not hope to make you cry, because I do not have the dramatic ability of Barrymore. However, I do sincerely hope that I can cause you to think and act for the solution of Leukemia a disease, which has a steadily increasing mortality rate in the United States.

Perhaps this rise in the mortality rate of Leukemia is due to the fact that we are becoming more conscious of the diagnosis of these cases, (See **Figure 24**). This shows the relation of the pulmonary symptoms to Leukemia.) I wish here and now to explain to you that I alone take full responsibility for whatever I may say to you today. No one prompted me to make any statement: no one has read or asked to read my manuscript. If you have any objection to my remarks, place the blame strictly on me. As Dr. Ira Allison said in his address before the American Farm Research Association, "The prevention of most diseases has more possibilities than the treatment."

Recently we have admitted a four-year-old child, Cheryl Greene, from Hagerstown, Maryland as a patient in our Tampa, Florida hospital. This child has been afflicted with a chronic Leukemia of Lymphatic type for the past nine months. Cheryl was another case similar to many brought to our institution as a last resort. But, in her particular case, her name is very outstanding in our records due to the significant developments that occurred in her clinical case during the observation period in our hospital. She followed the same instructions as the other Leukemia patients under the Oxidation Catalytic Treatment, receiving Glyoxylide and a preparation of Cobalt Mineral solution. Her parents, particularly her father, Mr. Carl Greene, who is associated with the Central Laboratories Inc., manufacturer of Concentrated Minerals in Hagerstown, Maryland brought to my attention the remarkable results obtained with this Cobalt mineral solution in the field of nutritional problems.

Blood Formulas, Reaction Cycles and the Oxidation Catalyst:

Similar reports have been made by the association of the Southern Commissioners of Agriculture with the use of mineral solutions in the treatment of various infectious diseases. Our Leukemia cases today, receive among the

supporting measures, a daily dose of the Cobalt solution with gratifying results in the blood formula. These results are obtained in the weeks following the administration of the Glyoxylide solution. In our previous experience the blood count series made in Leukemia patients after the administration of the Glyoxylide solution reveals that in every instance a temporary decrease in the red formula and hemoglobin content occurs. This reaction is so pronounced that on occasions a small supporting transfusion, not over one hundred c.c. of blood is required by these patients. One typical example of this type of case, is our observation thirteen in which the patient reported a red blood count of 3,250,000 red cells and 60 percent hemoglobin at the time of his admission. After forty-eight hours he received one and one half cc. of the Oxidation Catalyst. His blood count then dropped to three million red cells and fifty-five percent hemoglobin. This temporary decrease, produced by the Glyoxylide solution in the blood formula in Leukemia patients, is just a part of the recovery process. We remember that the peripheral blood is produced in the bone marrow structure in which location the virus infection is first located. The statement that the first symptom to come is the last one to go, describes this process.

In our experience, the majority of chronic Leukemia patients under the Oxidation Catalyst do not show marked improvement in the red formula of hemoglobin before the sixth or ninth week after the administration of the injection.

However, in acute cases of Leukemia in which the diagnosis was made in the early stages, the blood regeneration takes place more rapidly due to the fact that the bone marrow structure has not been affected to any great extent by the infection. The physio-pathological interpretation in the blood decreasing reaction is well understood if we remember that in the recovery mechanism of chronic diseases, the pathological trend has to be changed to the acute stage before it is wiped out. As a rule it is observed within the first twenty-four or forty-eight hours after the Oxidation Catalyst has been injected, that in all the chronic Leukemia cases there is an increase in the temperature to 103° or 104° during the following days. Then the temperature subsides again gradually during the next three to five days. It is perhaps on this account that the blood formula receives a temporary setback. However, other clinical manifestations of recent appearance such as glandular enlargements, profuse perspiration, distended abdomen, and splenomegaly, improve very rapidly during the initial reactional periods above described. This was the case in our observation eighteen of a fourteen-year-old boy whose spleen enlargement reached the pelvic region at the time of his admission. In the following five days after receiving the Glyoxylide, the spleen enlargement decreased to such an extent that it was palpable above the umbilical line. It has been our experience with patients afflicted with chronic Leukemia that through the administration of highly diluted Cobalt Mineral solutions (taken internally, diluted with water, fruit juice, or milk at the

rate of ten drops three times a day) we find a remarkable improvement in the red blood count and hemoglobin. These beneficial results re-establish temporarily the depressive action that initially takes place after the administration of Glyoxylide.

Another interesting point to be discussed on this Leukemia mechanism concerns the hemorrhage problem. These hemorrhages take place in the forms of profuse nose bleeding, ear bleeding, and kidney bleeding; and on occasion rectal and colonic hemorrhages.

The nose bleedings are the most frequent and are sometimes so severe that they require nasal packing. They occur in the days following the administration of the Oxidation Catalyst and are, as a matter of fact, present in the patient at the beginning of the disease. I formerly used a local topical application of Thromboplastine supplemented by 10 c.c.'s of Thromboplastine hypodermically every twelve hours. But, since I have used the Cobalt Mineral solution, I find that a topical application with the solution in full strength is more effective than anticoagulants. The hemostatic effects of the Cobalt or mineral solution have been proved (in-vitro) by the work of Dr. Francis M. Pottenger, Jr. of Monrovia, California.

I use this mineral solution also as local topical application in the buccal cavity around the gum formation, painting the gums with an application twice a day or packing in the nose cavity with a gauze moistened in the solution.

During our observations of intestinal hemorrhages of the lower bowel, we used a solution of two teaspoons of Cobalt in one pint of warm water given as a retention enema at a very low pressure. This solution is similar to the one used for buccal cavity hemorrhages.

Urethral and Cystitis have also been used with Leukemia patients. We have discovered that bladder irrigations with these and similar solutions have responded very satisfactorily. All of the above Leukemia disease cases from the hemorrhage to the breaking down of the blood formula are expressions of chronic affairs, or more properly, manifestations of the disease in the far advanced stages. Very unfortunately for us, in our present day, Orthodox theories attack the problem of the disease with the idea that there is only one acute visible symptom in existence. In other words, the disease must be shown by an excess of symptoms and complaints, otherwise it is not in existence.

Malnutrition, Leukemia, Proteins and the Koch Diet:

If we see our Leukemia patients in the first two months of the onset of the first manifestations, I am sure that the recovery process under Oxidation Catalysts

will be as high as eighty to eighty-five percent. There are other factors of interest in the management of Leukemia patients, as well as in the development of the disease. There is the nutritional deficiency and the infection-producing organism. Concerning the nutritional problem, I would like to say, that the majority of our patients, as shown in our hospital records, are small children with a history of exanthemas (measles, chicken-pox, etc.) family histories of nutritional deficiency among the parents, and the birth of children to parents reaching their middle age. I am sure that more than one third of these Leukemia patients are suffering from malnutrition at the beginning of the disease. I mean by malnutrition, that these people or children were not receiving the proper food for good health or food of proper quality. These conditions of malnutrition are very insidious as Dr. Ira Allison said in his address before the American Farm Association, "It does not hit you on the head like a blow from a sledge hammer, it comes on you gradually. It reduces the body's resistance to disease."

Professor William A. Albrecht of the Agricultural College of Missouri and his vision of broad implication in nutritional problems said, I quote, "Our bodies are built from the ground up, and the minerals from the soil provide needed nourishment for our bones, blood, muscles and nerves." Working in 'the same direction, Dr. Levis of the School of Applied Science at Cleveland, Ohio and Professor Erf of the Ohio State University have both found in the analysis of the blood and brain of fifty Bangs reactions, that two small elements, Manganese and Copper were seriously depleted in the diseased animals. The same group of animals showed no traces of Cobalt remaining.

The investigators concluded that Manganese acts in the animal or human body somewhat as do the secretions of the endocrine glands. It forms antibodies, which afford protection against certain disease. As Dr. Allison says, "Civilization and good health prosper on fertile soils, civilization and good health deteriorate on infertile soils." Fifty to one hundred years ago this was no problem in America because our soil had these minerals in abundance, and of course kept the plants growing for those who feed on the plants. However, repeated and long continued trucking has long ago wiped out these reserves except in the newer lands of the West.

Now going back to our Leukemia problems, you can see also why the Koch Diet is a basic nutritional factor in the disease recovery process. Let us mention some of these subjects, milk, for instance. The Federal Pure Food Laws define milk as follows: Milk is the whole, fresh, clean lacteal secretion obtained from the complete milking of one or more healthy cows properly fed and kept. How much of our milk today meets this requirement? How can milk pass the pure food law requirements when between ten and twenty percent of our cattle are affected with Bang's disease? Do you know of any milk processing plant that requires milk to be tested for Brucellosis? They have used every means to make

popular the word pasteurized. Pasteurization is supposed to kill all infected bacterial material. Yet, we are having outbreaks in cities that require every bottle to be pasteurized before being sold. Pasteurization will often kill the Brucellosis bacteria, but not always. Remember when you consume milk you are consuming cooked bug juice. It is most positively a fact that pasteurization kills many desirable bacteria. Pasteurization also destroys many of the enzymes.

Let us examine another interesting fact in the Koch Diet; this observation concerns the requirements for meats. According to the pure food requirements, meat flesh is any cleaned, dressed, and properly prepared edible part of animals in good health at the time of their slaughter. 'We wonder if a Bang's cow is a healthy or a diseased animal? Now just what is happening today? What is done with the animal that has an abortion? Is this animal sold to the packinghouse? These animals that have died from infections, are cut up and sold for human consumption. These animals are purchased at a reduced price, yet often sold to you as grade A Government inspected meat. The common excuse given for killing cattle with Bang's disease, is that the disease is contained in the uterus and udder. You are also told that there is no danger possible to the housewife handling the meat. Dr. Harvey discovered the circulation of blood many years ago, and found that all blood passes through one organ, the heart. Remember we can and do grow cultured cultures from the blond of infected animals; also cultures can grow from meat, and from the secretion of the lymphatic glands.

I hope I do not spoil your appetite for steak this evening. The above statement concerning the milk and meat problems in our diet can be corrected with the proper mineral supplement fed to the animals. But it is clearly understood that the minerals intended to correct disease and malnutrition, are not supplied only with the feeding doses given in the forms of mineral to our livestock. In other words, the animals should get all of the necessary nutrition that they need from their pasture and their rations. If they do not obtain this mineral in the pasture, the meats and milk will not contain such minerals. This explains why we in the United States use two million pounds of vitamins per year. I will let you figure the cost. During the same year we purchase seven million pounds of aspirin to relieve the pain in our aching joints and heads. Any physician, if he is honest, who prescribes minerals or vitamins for his patients, will tell them that they can get what they should have from their diet. Until recently no effort whatsoever has been made in any medical college to teach the science of nutrition. Many are not doing so at the present time. It has been mentioned to me that there are not enough physicians prepared in nutrition to supply all of the medical colleges with competent men. At least one fourth of the medical students' expenses in a college should be devoted to the study of preventative medicine. By preventative medicine, I mean the understanding of proper nutrition and

sanitation. Then we will not need more hospitals and insane institutions, but we will need a better understanding of nutrition.

Leukemia and Infection:

It has been interesting to us to note that the majority of large medical institutions with facilities for wide research as to the cause of diseases have not been interested in the study of Leukemia from the standpoint of being produced by an infective organism. I am of the opinion that the day is coming, when these infective organisms will be visualized through the examination of a fresh specimen of blood under a powerful microscope of electronic type. When this comes to pass a blood specimen taken from the patient will be all that is necessary to obtain a specific auto-vaccine. The blood specimen should be placed under proper incubation at high temperature (240°) in order to destroy all secondary infective organisms. Any bacteriological technician knows that the only organisms to survive the incubation process will be a virus or spore form of bacteria.

The vaccine obtainable from this process will be autogenous with a dilution in increasing doses, and should be used with the Glyoxylide medication with no accompanying medication. The cultivation of the Leukemia sporo-virus should be obtained preferably from the chicken embryos. A dose should be given the animal under experimentation followed by standard autopsy examination of the heart structure, spleen, liver and lymphatic organs in order to corroborate the similarity of pathological lesion between the human host and the animal experimentation. It is our opinion that such Leukemia auto-vaccine, given to the Leukemia patients in increasing doses will destroy the majority of acute clinical manifestations (chills, fever, malaise, etc.) as well as the cardio-vascular manifestations. Recently, from close observations of the acute Leukemia patients we have noted the frequency of cardiac complications that have never been described in any medical textbook.

The special characteristic of the cardiac failure in the Leukemia patients in the rapid increasing heartbeat, paroxysmal tachycardia) and the presence of a heart murmur (mitral systolic murmur). Clinically, the patient is pale, with a typical bluish discoloration of the lips, fingernails, with occasional pains occurring over the precordial region. The cardiac complication is acute in character, is due to a direct injury over the endocardium membranes caused by the infective organism' (Leukemia, a virus-spore). From this source (septic endocarditis of anaphylactic type) hemolysin material will pass into the blood stream and into circulation causing a large number of red corpuscles to be destroyed.

In Closing: I will quote a statement made by Dr. Hale of Dow Chemical Company. "If a change is not made in our present methods of handling the soil so that we may get better food, only God can preserve this United States from diseases such as Leukemia, Polio, and similar virus infections."

It is my pleasure to show for the first time in Chicago, the sound and color picture of the importance of the mineral supply in the growth and conservation of health among the dairy farms in this country. This film will also attempt to show the results and how the mineral supply applies to the human race. We must have good food if we are to enjoy good health.

Summary and Conclusions:

1—Nutritional deficiency seems to be a prevalent factor in the majority of our records of the Leukemia disease, as well as the infective producing organism.

2—High dilute Oxidation Catalysts (Glyoxylide) has been proved of great beneficial results on Leukemia patients, provided it is taken in the early stage of the disease. In the chronic stage beneficial results are obtained but sometimes a booster medication, preferably Benzoquinone should be repeated at the end of the thirteenth week or perhaps the eighteenth week.

3—My percentage of recovery, in early cases, is as high as 80 percent to 85 percent when patients reach us within a 90-day period after the onset of symptoms. In chronic delayed cases, these recoveries decrease to 40 percent, due to the far advanced stage of the disease, as well as the administration of depressive medications, especially, aminopterim (folic acid derivative) radiated phosphorus and nitrogen mustard.

4—The necessity of "early diagnosis" in Leukemia is of tremendous importance in the recovery process, and makes true the statement: the prevention of disease has more possibilities than the treatment of disease.

5—Physicians should be "Leukemia conscious" as well as Appendicitis conscious in Acute Abdomen.

6—The administration of Cobalt solution in a high dilute dose on our Leukemia patients has proved beneficial for improvement of the blood count as well as in checking bleeding complications. Supporting medication such as Benzoquinone and Chloromycetin has also been satisfactory.

7—A better understanding of nutritional problems as well as "prophylactic" administration of the Oxidation Catalyst in a ''potential host'' of the Leukemia

disease may help prevent the ultimate development of this family tragedy that occurs today so frequently in American homes.

Thank you for inviting me as your guest today. I appreciate the opportunity to speak to you on this subject which is so much a part of my life and my work, and which is so important to the health and welfare of our country. I hope that someday through the efforts of those in the medical profession, the dreaded disease, Leukemia, will finally become a curable and a less frequent disease.

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