CHAPTER 16

THE TERMINATION OF THE MALIGNANT PHASE, THE CONSTITUTIONAL NATURE OF CANCER AND OF THE SURVIVAL FACTOR

We have considerable data on the speed with which the malignant state turns to normal, or is corrected, and the cancer cells are digested and disappear. The biopsy photo in Plate I, shows the calcification and organization of a squamous cell cancer of the skin within a month after Treatment. However, complete microscopic disappearance may take place in less than two weeks as is revealed in the report of Dr. E., a prominent internist, whose daughter was found to have a Grade III squamous cell cancer of the cervix uteri that was deemed inoperable from its state of advancement. She was given a dose of the SSR on June 2, 1957. On June 14th, the examination showed that all of the evidences of the disease had disappeared. There were no extensions into the adnexia and the cervix appeared normal and showed a normal texture. A series of biopsies were then taken from different parts of the cervix to see if any cancer cells could be found on serial sectioning. Every biopsy proved negative. She has remained free of any sign or symptom to date. This is the second case of cancer cured in this physician's family, both cancers confirmed by biopsy, and the cure fully established.

Twelve days is a short period when one thinks of the long time it takes for a cancer to reach recognizable features, and when one thinks of the years of the pre-growth toxic period that is characteristic. However, we have often observed that the last expression of the recovery process is an acute inflammation of some old focus of infection, as the tonsil on the same side as the breast under our Treatment for cancer. After the growth disappears from the axilla and the breast, the tonsil or a scar located where an infection once existed, lights up with an acute inflammation much like the inflammation that existed there years ago, long before the breast growth came. In about a week, the sore throat or other inflammation normalizes and then the tonsil that was deeply scarred or calcified and fixed becomes loose and pliable. We take this event to mean that the infection that gave rise to the carcinogen was still present in a partly asphyxiated state, elaborating its toxins which polymerized until they reached a carcinogenic structure, and then during the recovery process, a stepwise oxidation of the polymer tore it down through the various stages by which it had been poisoning the patient until it could produce cancer. Now, however, it had reached the monomeric form as produced by the captive germ, and while it was being burned out of the way with its imprisoning scar, this inflammation was going on. This event is the cleaning out of the pathogen of the very inception of the disease. It must be also recalled that each act of the correction process is going on independently in the different cells and regions concerned, and these may occur in parts of the body that are far apart. This is not only because the metastases are spread all about, but because of the distance of the "primary" lesion, the focus of infection that was able to brew the carcinogen because of its hypoxia. One would have to say

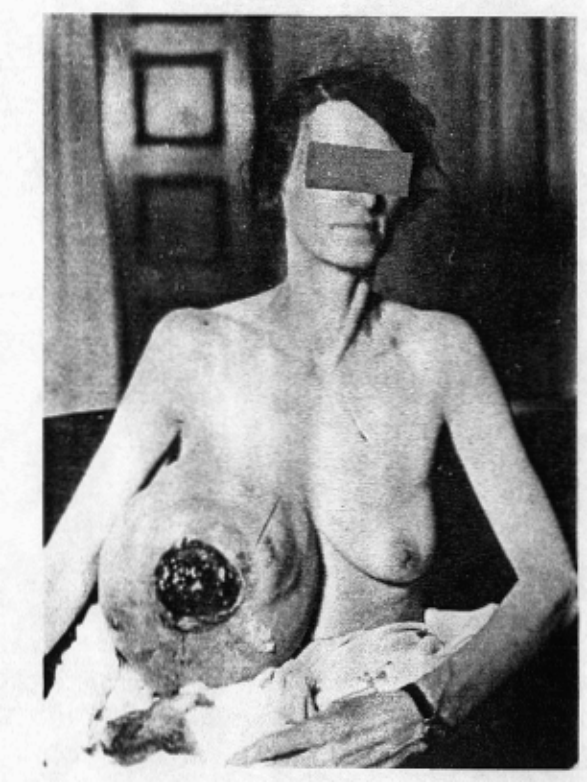
then that the case is not constitutionally cured until this primary focus was eliminated. However, locally at the site of the cancer growths, wherever they occur, the cure may be complete as shown by the biopsies taken, as in the case just mentioned, even in less than two weeks and is confirmable in five years, as in the case of Mrs. M. W., **Case No. 11**, by radical biopsy procedures.

However, getting the pathogen out of the way does not mean that some day another may not come along and start trouble again, that is, a new cancer develops or some other fatal condition comes about as in **Case No. 11**, five years after being cured.

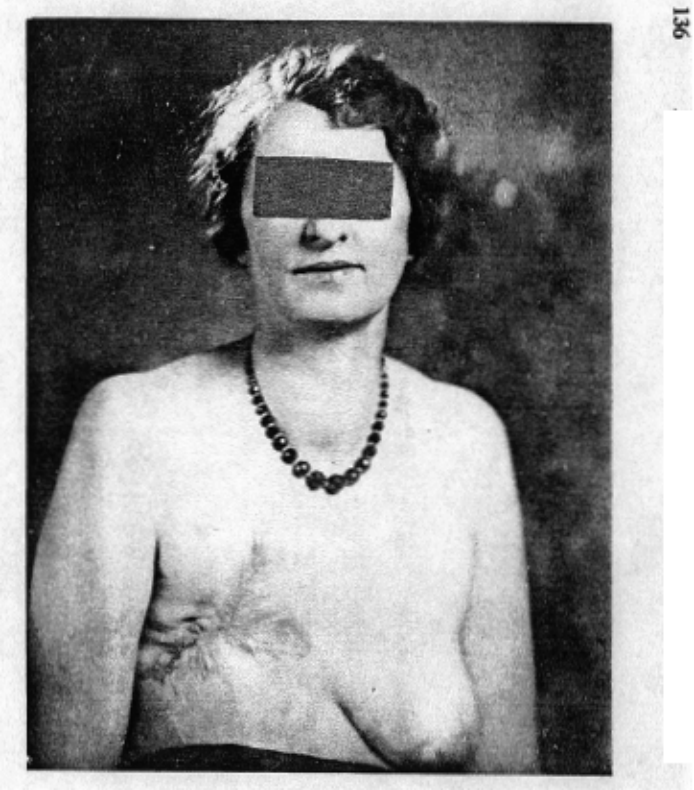
The speed of recovery has an additional significance. It is the last feature of the disease that regularly disappears first, in the reversal of the disease process and this is the malignant change. But as each region that plays a part in the disease is also undergoing recovery at the hands of the SSR independently, the events in the last tumors to come have no direct influence on the events of the first rumors, or of the primary lesion, the scar where the pathogen is brewed. To test out this proposition, we waited for some cases to show the need of getting rid of the necrotic material because of its toxicity and bad odor. The cases shown in the photographs demonstrate that after the SSR starts its work and the absorption of the corrected cells is well under way, manipulation which would regularly stimulate an untreated cancer to metastasize and grow faster and kill quicker, has no such effect. So the recovery process continues on in the extensions, as well as in the primary growth and even in the focus of infection that gave rise to the carcinogen. Both of these patients were permanently cured. The breast case visited in Detroit ten years later and was examined as thoroughly as possible physically. She was found completely well so far as one could tell. In the other case, the melanotic extensions of the growth continued to be absorbed and disappear, while the non-malignant pigmented moles remained unaltered. The independent correction course in each affected cell is thus demonstrated. The time element also speaks for the correctness of polymerization process we assign to the pathogen.

In considering the constitutional nature of cancer and of its correction, one must recall that when cancer is induced by applying chemical carcinogens, the lesion does not show malignancy until the applied pathogen is no longer detectable in the cells undergoing malignant change. It cannot even be detected by spectography, according to Peacock. Neither can it be detected in the bloodstream or in the other tissues of the body. It is our opinion, that it is integrated with the cancer cell under the alteration we assign to it. Hence, it would show an entirely different spectrographic character, if it showed any at all, when combined with the cell grana.

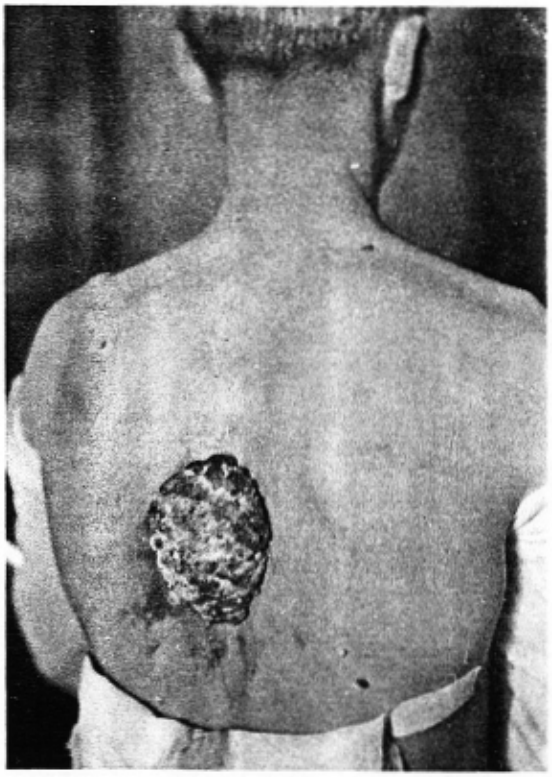
The situation should be compared with the clinical fact that while the recovery from cancer is progressing ideally, no trace of the injected SSR can be identified in the bloodstream or other tissues than those where the curative process is going on.



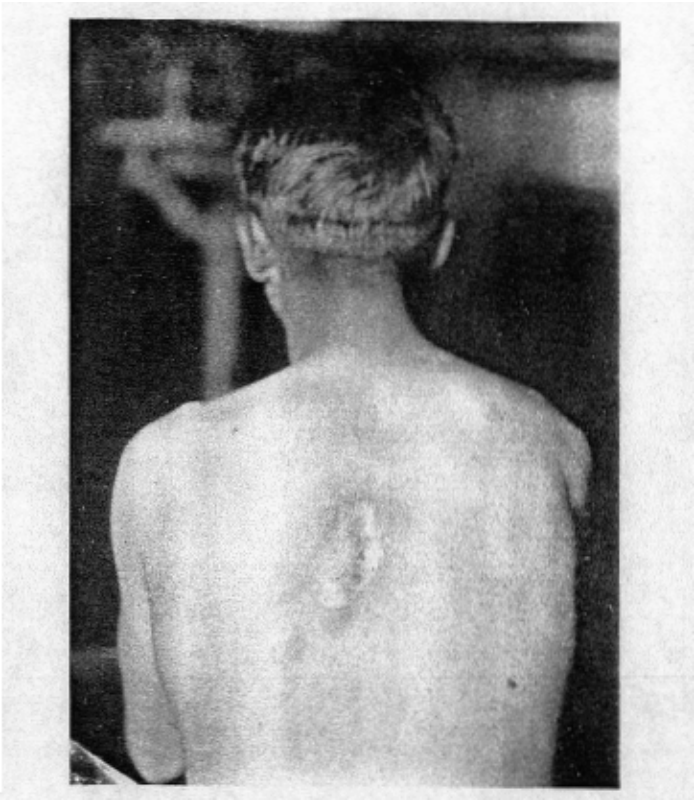
Miss N. after the growth started undergoing digestion after the Carbonyl catalysts were given, and before crude removal was done.



Miss N. after complete recovery.



Mr. L. after Treatment when the growths were undergoing digestion just before crude removal.



Mr. L. after complete recovery.

And here it is identified only by the curative change and not by any spectrographic or other tests. To illustrate a case under Treatment by Dr. Treiger is cited. This patient, age 38 years, developed a carcinoma simplex of the left breast. It was considered inoperable by the referring surgeon as the whole breast was involved including the axillary glands, and the chest wall was invaded so as to cause pleural pain. The nipple was completely retracted and the skin invaded so as to show the "pig-skin" appearance, indicating the high-grade malignancy, mucinous Grade III adenocarcinoma, on biopsy. Seven weeks after one injection of the SSR, and after several strong reactions, the tumor had reduced to the size of a small egg or big plum, was loose, the axilla was clear, the skin normal and the nipple out in normal fashion. There was no more pain and her health had returned very satisfactorily. One would think that she held an excess of the synthetic Survival Factor Reagent circulating in her blood, just as one would think that the progress of the cancer growth depended upon new pathogen attacking non-malignant cells. But this is not the case. It is likely that the pathogen-malignant-cell-integrate is established at the start and is a localized affair, and the reproductions carry the pathogen with the new generations of cells forward as metastases. The initial foci may be multiple, however, and the virus may multiply within the cancer cells and infect normal cells nearby when the parent host cell disintegrates in

its death. In the untreated case the death of each cancer cell would then supply virus for the infection of many other cells and cause them to go malignant. One occasionally sees an "independent" adenocarcinoma of gastric mucosa origin spring up in a case of squamous cell cancer of the cervix, and both cancers recover under the same Treatment.

The case mentioned show that there are no excess molecules of the SSR in the bloodstream seven weeks after the Treatment is given. The family of this patient all came down with mumps at the same time. She did also and it ran the regular course of eight days. Had there been excess SSR in the blood, it would not have developed, or would have cured up in hours, as mumps regularly does if treated early. The recovery from the cancer, however, went on uninterrupted. We consider this situation important to the management of the case and to the understanding of the recovery process. Whatever SSR was left in the system after the recovery is well under way is in the diseased tissue, and the infectious lesion that gave rise to the toxin that started the trouble, where it mediates the burning of the toxin polymer down through the initial monomeric form until no more is left as a chain process. That is what the clinical data shows. The constitutional quality rests in the fact that the lesion that sends the pathogen into the blood stream is generally at some distance from the injured area of anoxia or hypoxia where the pathogen has the chance to integrate with the cells injured by the anoxia, and in the early, widely spreading metastases. The rest of the body and particularly the reticuloendothelial system may be injured by the pathogen, in many ways for years, as it is polymerizing.