

Chapter 19

PUS INFECTIONS

The etiological position of chronic infection in the causation of cancer requires that any treatment that will cure cancer must very efficiently cure infection. We will show by a few of the many cases cured how fulminating Staphylococcus Septicemia of the most virulent kind, that failed to yield to the other methods at hand, did reverse and become cured after a dose of one of the Reagents reported here. Since these cases are decisive more need not be given.

ACUTE FULMINATING STAPHYLOCOCCUS AUREUS PYEMIA

With Double Pneumonia and Pyelonephritis
Complicating Osteomyelitis in a Boy

CASE No. 52

Dr. L. Andrews

N. R., age 5 years, took sick with 105° fever and pain in the left tibia. This was opened at the Victoria Hospital and yielded 300 cc. of pus, which proved to be a pure culture of the Staphylococcus Aureus. In a few days the symptoms pointed to infection of both kidneys and the urine showed the same organism in large amounts. Lobar pneumonia in both lungs appeared immediately and the blood culture showed a pure rich infection of the same organism. He rapidly and steadily declined and soon it was difficult to get him to take food and water. The fever remaining high, led to progressive weakness and a sort of mummification in spite of all of the best hospital care. His brother was immunized with a vaccine made from a pure culture of the Staphylococcus Aureus. Then the brother's blood serum was given to the patient. He had nine blood transfusions while in the hospital between July 13 and August 2, 1940. Neither this nor other measures as sulfathiazole made any impression on the advance of the disease. The patient was given up as hopeless and taken home on August 2, 1940, and present treatment was continued for a few more days, but with no improvement. He refused all food and even water.

On August 9, 1940, he was given an injection of the serially arranged Carbonyl groups. In twenty-four hours the patient was better. In forty-eight hours, the patient was taking food. He was hungry and ate in quantity for the first time of his own choice since he took sick. He made a rapid improvement from that hour on. By September 10, 1940, the urine and blood were cleared and the lungs had considerably improved. The X-Ray of the tibia bone showed a "moth eaten" appearance. On September 12, 1940, Dr. Andrews operated on the leg to clean out the dead bone and any infection that was present. It was packed with iodoform gauze. A second injection was given after the operation.

By November 4, 1940, the effects of the pneumonia had practically disappeared. The patient was discharged. The child is strong and vigorous. He made a complete recovery.

SUBACUTE STAPHYLOCOCCUS AUREUS INFECTION OF THE PROSTATE GLAND

With Septicemia Following the Incision and
Drainage of a Boil

CASE No. 53
Dr. J. M. K----

The boy, aged 18 years, while at camp in July 1940, developed symptoms of appendicitis and was operated on because of the diagnosis but the appendix was found to be normal. Soon afterward the pains concentrated in the kidney region and the urine showed the infection to be the Staphylococcus Aureus which was also found to be the cause of a superficial boil that was incised a month previously and after which all his troubles began. The pain, however, soon showed the major location of the infection to be the prostate gland. Sulpha drugs were used with other of the best hospital care that was guided by ample laboratory data. But they gave no help. The condition steadily became worse with high fever, and steady loss of strength and nutrition. Since incision for drainage of the prostate has uniformly turned out fatal, this course was eliminated and when hope was abandoned, Dr. K---- phoned the writer for an Ampoule. It arrived in Los Angeles, by airmail, and was given without delay. Here again an infection that was steadily winning for months quickly reversed after receiving the SSR injection, 2 millimicrograms.

The change may be reported from Dr. K---'s testimony, which has been paraphrased and reproduced here. It shows the intense interest of a father finding favorable facts. "The Treatment was administered. The next day, from my observation the boy was better. He was definitely improved. There was a definite change. The change was one such as you see at a sick bed. I watched him from the next day on. The boy improved. He had an appetite then. He complained less, was less nervous and had less pain. His general condition was definitely improving until the seventh day after Treatment when the abscess broke (as Dr. Koch advised it would). The pus discharged through the penis. The pus was cultured and it showed Staphylococcus Aureus. On the day it broke he had quite some pain and after this he was, to all appearances, well. I kept him in bed and kept him under close observation, but he was perfectly all right. His temperature was normal. He commenced to eat better. Of course, he showed the effects of the sickness, but he had no more of the septic condition. The fever never came back. This was followed, of course, by a definite and lasting and complete recovery."

In these cases, two things are to be recalled. The advancing infection poisoned the nutrition, food could not be taken, nor even water, and the fevers persisted and mounted until they became chronic when the protective reactivity broke down and the mummifying process set in. The hopeless prognosis was then evident, too, and the sulpha drugs gave no help, but seemed to injure the patient as did the toxins of the infection, it should be recalled that the activated amine groups plays a part in both poisons. The infection steadily went forward also. Then after the Carbonyl Catalyst Treatment, the change was for the better. The appearances changed. Appetite returned, the fever stopped, the resistance showed up by sequestration of the infection and its discharge as in the prostate case. Examination of the discharged pus showed it to be the same

Staphylococcus both before and after Treatment. But after the Treatment the infection became suddenly harmless and was quickly thrown out. This is the experience with cows with infectious mastitis, as reported by the Ministry of Agriculture of British Columbia in five years of observation in cattle infections. In a few days, the gangrenous infections that laid the cows low subside and the cows then are up and about, even as the germ count increases, the wounds heal.

This is an important observation as is also the disappearance of the fibrosis of the chronic mastitis infections in the dairy cattle. Evidently a change has taken place in the germ as well as in the patient. The metabolisms of both have become normal and no toxins are produced. Thus the physiological approach, which does not aim to injure or kill the germ, makes it no longer pathogenic and the patient burns his accumulated poisons out of the way so he is again hungry, even after weeks and months of inability, to take food as he should.

The metabolic fault in the tissues during chronic infection is well represented in bronchiectasis, for here not only is there an excavation of the lung substance starting in a bronchus, but the bronchial walls carry the infection forward so that lobectomy is the only hopeful procedure, from the orthodox standpoint. The following case, like the others in our experience, shows the normalization of the tissues resulting in the cure of the disease locally and systemically, for this patient showed a terrific allergy to her bronchial infection through a most severe asthma. The correction of the fault made it impossible for the infection and its sequel the asthma to find soil, and the cure was therefore consequential to the restoration of an efficient Oxidation Catalysis.

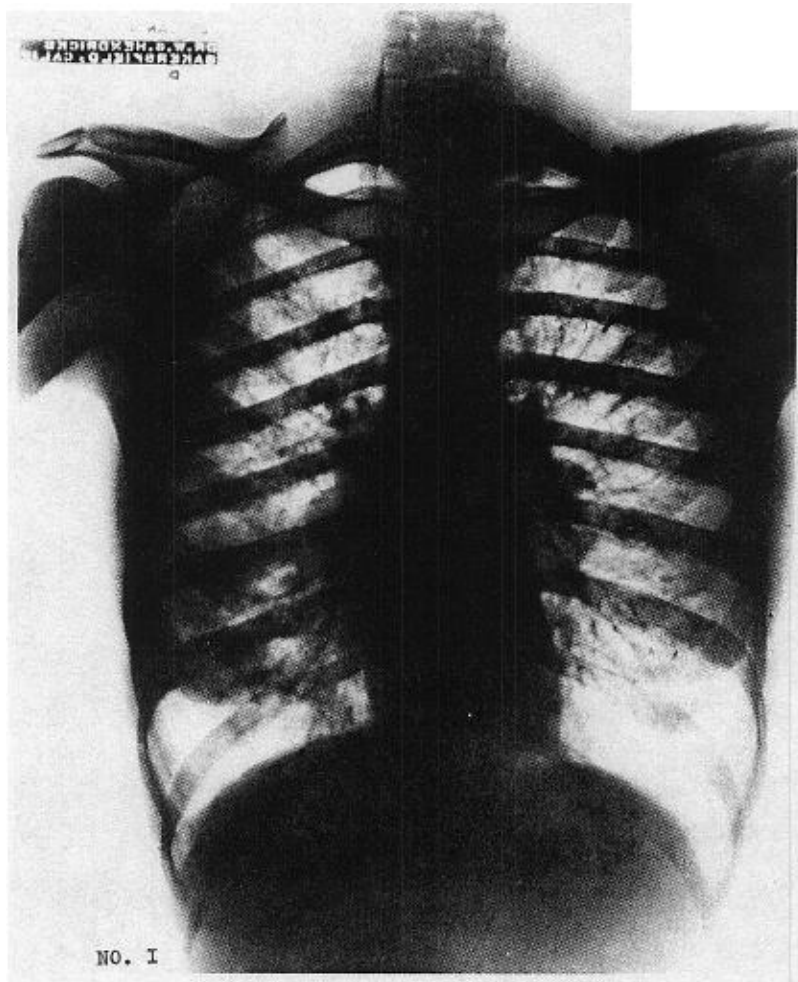
ADVANCED BRONCHIECTASIS

With Asthma

CASE No. 54

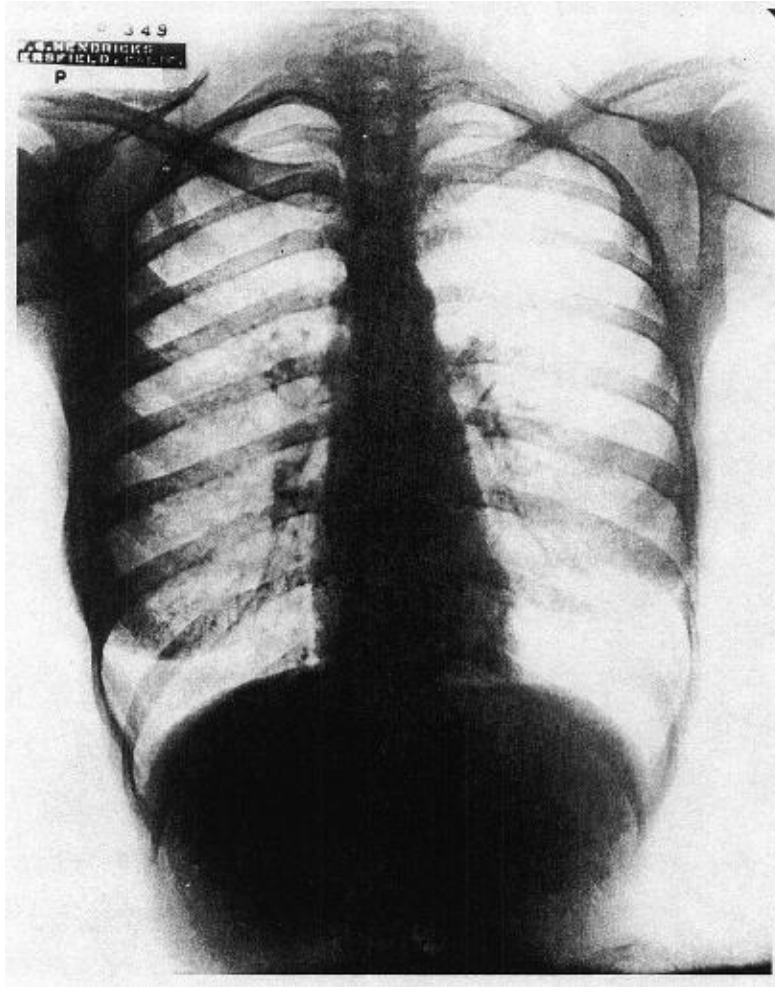
Dr. Wendell Hendricks

On January 26, 1944, Mrs. P., a woman of 31 years of age, was helped into Dr. Hendricks' office. She weighed 82 pounds and was in a severe state of asthma and coughing. The condition had persisted for many days and prevented sleep and correct nutrition, and brought her to the point of collapse. She raised enormous amounts of pus-laden sputum for many years, but the asthma had persisted only for the past three years. A severe sinus infection was probably the initiatory factor. Her pulse was 130 beats per minute and temperature 100 degrees. The blood pressure was 100/80. It was necessary to be propped up in bed to secure any sleep. The red blood count was 4,000,000, the hemoglobin 80%.



Radiograph No. I, taken at time of Treatment.

One dose SSR was given on January 28, 1944. Three weeks later she exhibited a reaction with chills and high fever. Following this reaction the asthma ceased, the blood pressure rose to 112/80, she gained 10 pounds in weight, and the fever dropped to 99.2°. By the 12th week the temperature was normal (98°) pulse 72, and the blood pressure 110/80.



Radiograph No. II, taken August 4, 1944, showing recovery.

In another month the blood pressure was 120/80, and she gained to 93 pounds, but real marked relief from the cough and the excessive sputum did not come until the 24th week had passed. During the 27th week she was given a second injection. She made a complete recovery. There were no more symptoms of the disease, no more pus to be expelled and no more asthma. She slept normally and lived normally again, tending to her card parties and home duties as usual, and lived a brisk life thereafter. We believe that only through the proper restoration of the oxidation mechanism and its catalyst, can tissue vitality be restored and a permanent recovery obtained. X-Ray films, taken before and after Treatment are submitted in demonstration.

Occasionally during the observation visits she was given a lavage of the nasal sinuses to aid their elimination. Colon lavage was part of the general care, together with vitamins and the vegetarian

diet upon which we insist in all of the cases under Treatment. No honest physician or expert in this dire disease will claim that an occasional nasal lavage would cure a deeply established bronchiectasis when indeed they admit the only cure is removal of the lung or the lobe that is affected. Even such cases relapse, it is found, as the fundamental tissue weakness still remains. Only the proper restoration of the oxidation catalysis can restore the tissue vitality.

ANTIBIOTIC RESISTANT GONORRHEA

The response of the antibiotic resistant gonococcus infection to the Carbonyl Therapy depends partly on the general health of the patient, and partly on the chronicity of the case when one is comparing the time required to make a full recovery. One may compare the progress of the two young men of nearly the same age each with about the same involvement, and both antibiotic resistant. One had the infection two years and the other four years. The former was in fair health giving a test of the red blood cells of 100% no crenation. The other was very depleted and showed a very poor crenation of his red cells in a one percent salt solution.

Case 54 A, was a boy of 22 years of age. He sustained his infection two years earlier and had received all the antibiotics on the list without stopping the specific infection. This germ had acquired immunity to antibiotics before it infected him. The urethral discharge of gonococci continued. The urine sediment was also positive to Gram-negative “coffee bean” intracellular diplococci, on January 15, 1960, when he received two micrograms of Benzoquinone (2 cc. of the 6x homeopathic solution) intramuscularly. His prostate was seriously involved so that it interfered with the passage of urine and feces. Two weeks later there was still the same secretion of pus and gonococci. But the crenation test of the blood had improved to 90% crenation two weeks later and only a few extra-cellular diplococci could be found in the urinary sediment. Two weeks later the urinary sediment gave only a few gram-negative diplococci. But they were pleomorphic and extracellular. No intracellular “coffee-beans” were found. Ten days later and ever since until now, there were no symptoms either prostatic or urethral, and the urinary sediment was free of gram-negative diplococci. Only a few leukocytes could be found. Thus, he made a full recovery on one dose of 2 cc. of the 6x homeopathic solution of Benzoquinone given intramuscularly, though the germ in this case was persistently resistant to all the best-known antibiotics right from the very start.

Case 54 B, was 25 years old when he became infected in March 1956. Besides the urethral involvement there was a venereal papyloma and a prepuce lesion, but the blood tested negative to the lues. He received 1,600,000 units of Penicillin. There was a slight improvement and then an acute recurrence with prostatic involvement that interfered with both the passage of feces and urine. On October 23, 1959, when he received his dose of 2 micrograms of Benzoquinone the urethral discharge showed the typical “coffee bean”. Gram-negative intracellular diplococci of gonorrhea. There was a reaction with aggravation 84 hours later (this is typical of the recovery process). There was some pain on passing urine, but the pus discharge had become only slight,

and in a few days, he felt much better in many ways. The feces passed easier with less prostatic interference. But on February 19, 1960, there was abundant secretion, though he had gained 7 kilos in body weight as he was overcoming his great depletion of ill health. This was the beginning of his 18th week after the Treatment and is a usual reaction week in a chronic infection. But it was not a reaction that won recovery. The Benzoquinone was not adequate. On March 16, the dose of SSR was given. A reaction followed in two days with headache and burning in the stomach. The secretion started to diminish the day following the Treatment, and then disappeared. On May 30, he was free of every symptom and of gonococci in the urinary sediment. He had gained 10 kilos, and the urethra and prostate were normal. The urinary sediment showed only a few extra-cellular pleomorphic diplococci. He was found cured again on June 15, and has remained well ever since. It took six months for his health to reach the good level where he could react with a full cure. The SSR gave an immediate response while the Benzoquinone was helpful to his general health and improved the infection considerably but did not produce a cure. For this the more highly efficient Carbonyl groups of the SSR were needed and then the response was immediate and complete.

In both cases it is seen that the resistance gained by the germ to the toxic amine group of the antibiotic did not influence the response to the oxidation initiating Carbonyl group. Indeed, resistance to the injury is along the same line as welcoming improvement in the vital chemistry. Evidently the germ was made non-parasitic and non-pathogenic for surely it was not injured by an agent that gave its oxidations a boost. And the patient was improved in his whole vital chemistry at the same time. Thus, both patient and germ were not injured, but benefited. These observations, like so many others, show that the physiological attack on infection has a rational basis, while the pharmacological attack, which rests on a destructive principle, may invite failure. The data at hand again emphasize the paradox of trying to correct by way of destruction. Here success is had within certain limitations or excluded entirely where nature has full sway. The constructive philosophy, on the other hand, is not hedged in by limitations and nature aids the corrective process from every side and angle. It appears here also that the sicker the patient, the sicker the germ and the longer it takes to establish the correction. The correction of the fault in the patient and in the germ run parallel—"hand in hand." Both faults are of the same order, as they respond to the same Reagent.