**CHAPTER 24**

# PERCENTAGES AND CAUSES OF FAILURE

In the acute infections, especially the severe type, there is no diet problem, as the patient is not able to take food and has generally vomited what he had. Intestinal lavage tends to the rest and the injection is given in greater concentration. The recoveries have been quick with clean tissue repair. Even after the best antibiotics have failed and the nurse advises the doctor his patient will not live till morning, an ampoule of the Survival Reagent has changed the trend immediately to recovery and in a few days the double pneumonia is a thing of the past. The etiological factor is out of the way before the patient is tempted to violate the regime.

In all chronic cases it is different. Where the eating and drinking habits of the past rule the mind, recovery may go on so long as the patient is under control, but when he is well enough to go free, he falls into the way of life that led to his illness. In cancer cases the etiological factor is not gotten out of the way entirely, until the growth is completely absorbed and the focus of infection that gave rise to the toxin is cleaned out and absorbed by a late reaction. Even then some old scars as from an early syphilis may still hold malignant cells that happened to drop in that way, and a still later reaction may be needed to clean these foci out, although they generally clear up before the original focus of infection has been cleared away.

Breaking the regime before one is fully cured, and the cure is "seasoned," permits Carbonyl group antagonists to develop and possibly wipe out the defense. Amines produced from meat in the colon, the harmful nitrogenous derivative in coffee or tea, the tars of smoke and coffee, sulphides in coffee or sulphides developed in the intestinal tract by bacterial action on eggs and meat and sulphides in the drinking water, these all hinder or wipe out Carbonyl activity and block the activating power of the conjugated double bond systems. Patients are usually grateful that there is a regime worked out that helps them get well, but all are not, and perhaps 30% will desert the regime as soon as they think they are well, which is always too early and then there may be a slow reversal from the recovery status. Perhaps thirty percent of our patients waste their chance to get well because of gluttony. Others have been ruined by irradiation and while they may improve so they think they are well even for as long as ten years, they are not truly cured and never can be. Ultimately an irradiation anemia will conquer the corrected chemistry. In other cases, where extensive explorations or exposure of the abdomen to seeding of the malignant cells during a corrective operation, the healing following absorption of the neoplastic tissue may cause widespread adhesions which on contraction compress the viscera and prevent their function. Gall bladder and intestinal obstruction may thus take place or the pylorus may heal shut. At times the adhesions are so dense it is impossible to correct the situation surgically. Embolism is an occasional cause of defeat in rapidly recovering cases. Thus, in some series of cases of far advanced type, only 46% are reported cured by experts with this Treatment. In some series where most cases are not in the terminal stage, and one would look for a high percent of recovery, only 72% have recovered. And among the failures, some were not caused by giving up the regime too soon, but something in the system destroyed the Reagent, so it had no effect.