

CHAPTER 7

CLINICAL PROOFS OF HIGH EFFICIENCY AND SSR OXIDATIONS

TOXIC NODULAR GOITRE

CASE No. 1

Dr. Baldor

Mrs. M. J. was 35 years of age in July, 1943, when she came to Dr. Julian Baldor for treatment of a rapidly developing weakness, tremor, sweating, a big change in her appearance, loss of weight, twitching of her muscles, continual excitement, excessive nervousness, pains in her legs, terrific heart palpitation, and shortness of breath. She noticed her eyes were “popping out”, and that her neck had become enlarged by a number of hard nodular tumors. Although the situation had only started a few months previously it had advanced rapidly until she was almost helpless. Examination by Doctor Baldor showed a very rapid pulse, a blood pressure of 190/110 and the other symptoms mentioned, and the Basal Metabolism Rate was found to be plus 104, instead of plus 4 or 6 which would be normal. He noted the nodular development of the goitre which meant that iodine therapy would not help as it does in other cases without this pathognomonic change. The exophthalmia was excessive, and meant an advanced stage of toxicity. Operation could not be done under the circumstances, without first reducing the symptoms to the limit and, in the only way this is attempted, he gave her the iodine therapy with ice bags to the neck and quiet, on July 8, 1943. This treatment was continued until October 30th when it was discontinued as a failure. Indeed her whole condition had become so much worse, she was about wild with excitement and nervousness, she experienced things that made her think she was losing her mind, the muscle tremors increased and jerked uncontrollably, besides. She had become so weak she had to be carried and had lost control of her hands and feet. The exophthalmus and the tumors of the neck had increased exceedingly, the heart showed signs of failing in the weakness of the ever rapid pulse, and the drop in the systolic pressure from 190 to 170, while the diastolic stayed at 110 showing that the toxic cause of the high blood pressure was still as bad as ever. Operation was out of the question, so Dr. Baldor decided to use the Reagent discussed in this book. The iodine therapy was stopped two weeks, so she would be ready for the SSR Treatment. In these two weeks, she became worse at the same speed as previously. Thus the pretreatment control period showed a steady advance of the disease.

She was so weak by Nov. 10th that she had to be carried into the car and into Dr. Baldor's office to be given the Treatment, an injection of 2 micro micrograms of the Synthetic Survival Reagent (SSR). Every physician knows the value of the patient's own

description of her symptoms and status, so we will let a few words from her personal report emphasize some of the points we wish to establish. She stated:

LA BENEFICA ESPAÑOLA LABORATORY REPORT		LABORATORY OF CLINICAL PATHOLOGY 911 CITIZENS BUILDING TAMPA, FLORIDA	
Patient	Mosetta E. J.	PATIENT	Mrs. Albert C. J.
Address	916 E. Hamilton	DO	Eslinger
Dr.	Baldor		
Date of Specimen	7/8/43		
Date of Report	7/8/43		
Basal Metabolic Rate: Plus 104% Pulse during test: 114 Body Temperature: 98.6 P.		SPINAL FLUID Kohner - - - - - Citric Acid - - - - - Cell Count - - - - - Differential Count - - - - - Stain for Bacteria - - - - - Sugar - - - - - Chlorides - - - - - Protein - - - - - Culture - - - - -	
Basal Metabolism BAR - - - - - plus 104% Pulse - - - - - 100 Temperature - - - - - 98.6 Pulse was taken after violent coughing spell.		BLOOD Kohner - - - - - Kohler Blue Stain - - - - - Kohler - - - - - Cell Count - - - - - Differential Count - - - - - Stain for Bacteria - - - - - Sugar - - - - - Chlorides - - - - - Protein - - - - - Culture - - - - -	
Signed <u>M. Faldor</u>		March 16, 1944 (Date) <u>H. Eslinger</u> (Physician)	
Author's Note: M. B. J. and Mrs. A. C. J. are one and the same person.			

“First, my trouble started in my fingertips with throbbing. It seemed as if the blood circulation was half stopped. My hands began to swell and I could not wear my rings anymore. I had terrific pains and then I began having trouble with my legs. I began to have contractions of the muscles; my toes would draw up into knots. I went to Dr. Baldor about it. He gave me one thing after another, but I did not improve any. He sent me to the

clinic for the metabolism test, and after that he started a different treatment. It was some drops. All the time I was taking on like crazy. I could not sleep at night. My husband had to lift me up in bed. My hands and legs got steadily worse. Finally I got so bad, my husband had to pick me up and put me in the car. I could not get in. My legs would just turn to water. Dr. Baldor gave me the Koch Treatment. About two or three weeks later, I felt like a new woman. My strength came back, my legs and hands cleared up, and I can use them again. I now have a job demonstrating. I carry a suitcase weighing fifty pounds in and out of homes.”

The Basal Metabolism Rate was taken three months after the Treatment, and found to be perfectly normal, namely plus 6, and physical examination showed her normal in all other respects, no sweating, no jerking, no tremor, no muscle twitches. The exophthalmus had completely disappeared, and so had the thyroid tumors. The thyroid gland was normal on palpation, inspection and function. The pulse was normal 80 to 90, and so was the blood pressure, 140/80. She was strong, slept well, and without any trace of the former disease.

An analysis and interpretation of this case notes two toxic states — one that is the result of the forced secretion of the thyroid cells, the thyrotoxicosis that nearly killed the patient. The other is the toxin that blocked the regulated energy production and the regulated energy acceptance and utilization in both the thyroid cells and the tissues in general. This is the pathogen toxin, which the Postulate identifies as an amine of higher O/R potential than the functional Carbonyl (FCG) group of the tissue cells that could dehydrogenate and thus burn out of the way. The pathogen toxin therefore had the upper hand and as it was being increased in amount, its effects were also increasing as the block to energy production and energy acceptance by the tissue functional Carbonyl groups. These normally initiated oxidations that produce energy efficiently, and received energy in a regulated way to perform work.

As a result the Krebs Cycle energy production took over, and had already largely replaced the high efficiency oxidations of the FCG's, when the patient came under observation of Dr. Baldor. If the toxic amine pathogen had been subject to dehydrogenation at the hands of the FCG, like the usual run of pathogens and fuel substrates, it would have been burned out of the way and would not have condensed with the FCG of either the high efficiency energy producing system, or the FCG of the energy accepting system of the cell, and blocked their functions.

It was evident clinically that energy was not reaching the working mechanisms. This was seen in the steadily increasing weakness of the skeletal and heart muscles and nervous system. It was also clinically evident that energy production was going on at the highest rate shown by the BMR of 104%. It was also seen that the thyroid gland was forced to the limit in producing its secretion to push cell activity to evolve more energy. But no matter

how much was produced even to the exhaustion of the patient, none was used by the energy-starved cells. The patient lost weight rapidly and to the extreme to supply material for energy production, but it could not get into the working mechanism via the blocked Carbonyl groups of the energy accepting system of the Postulate. The basic pathology then was the block to energy acceptance by vital working units. Since one toxin, an amine of high activation was the pathogen, it is also evident that the FCG's of energy production and energy acceptance are similar atomic groups and since these are dehydrogenators, the Postulate identifies them as highly activated Carbonyl groups. This conclusion is supported by the type of response to oxidation the integrated toxin gives, after it is condensed with the tissue cell FCG's. That is, the type of cleavage observed is that of an azomethine double bond when its alpha positioned hydrogen atom actually invites dehydrogenation and is removed so a free radical can be formed and add molecular oxygen to become a peroxide free radical which, accomplishes the oxidative separation with restoration of the functional Carbonyl groups of the tissue cell and the toxic amine group is burned away. The facts of the case history support this explanation. (See Appendix).

It is seen here that the pathologic state actually invites correction, and any clinician would suggest correctly how it could be done. He would say, since the FCG cannot dehydrogenate the toxin and start its combustion, because its O/R potential is too low, then the thing to do is to offer a Carbonyl group of higher activation with a potential equal to the job. This is what was done in this case. A molecule of correct steric advantage carrying a Carbonyl group of high O/R potential was used. The results were the rapid reversal of the pathogenesis. As soon as the integrated toxin was burned out of the way, energy could enter the cell working units, and the urgent call for more energy stopped. The thyroid was not called upon to whip up the tissues to do more oxidizing, and the nodules it had developed to aid its work subsided and disappeared. The BMR dropped to a normal of plus 6%, and all of the symptoms of the thyrotoxicosis, and of the basic pathogen disappeared. The woman was normal in 3 months after one dose of a highly activated Carbonyl compound.

This case proved a few things in the Koch Postulate, and it also shows that the thyroid secretion takes no part in the oxidation process, any more than the poisonous nitrophenol series, that some have classified as accelerators of the oxidations. As we pointed out here, the thyroid function is to whip up the cells to put their oxidation apparatus to work to supply the energy needed for the occasion. It itself does not enter the oxidation process. Nitrophenol blocks various esterifications with phosphoric acid which normally form high energy carrying phosphate bonds. Thus it starves the cells of energy and the tissues are whipped up to produce more energy for survival, just as in the case at hand. Nitrophenol thus works as an "uncoupler" and is so classified. It prevents the energy accepting mechanisms from receiving the energy. In the case at hand, the energy came to

the doors of the energy accepting mechanism, the FCG of energy acceptance, but the door was closed, — blocked by the condensation with the amine compound.

Thus the Carbonyl group of energy acceptance was already occupied and could not condense with the amine of the ATP that carried the energy that would be liberated by ATP-ase with the help of calcium. Our Postulate goes on to explain that with the liberation of energy by the hydrolysis of the ATP to ADP, the phosphoric acid set free can split the azomethine bond setting the ADP free to again do another cycle of energy transport with the acid.

One sees that there is no similarity in the actions of the thyroid secretion, the nitrophenols and the highly activated dehydrogenator Carbonyl compound (SSR) used to oxidize the pathogen out of the way. The SSR actually took the leading part in the oxidation mechanism and did the work the normal oxidation initiator would have done, if it had an adequate O/R potential. It is not possible to compare a reagent that prevents energy storage for use in work, with an agent that produces energy for use in work, and besides, actually starts the oxidation process in the cell by burning away the pathogen that was blocking energy production.

Further, the nitrophenols are pathogens whose action can wear out, if not forced too long. But if they are forced too long, they are subject to reduction to aminophenols, which would then act much like the pathogen in this case, and block the initiation of the oxidation progression, and bring about a dangerous situation much like in the case at hand. The nitrophenols proved to be pathogens in the attempt to beautify obese patients. The reduction in weight took place but, in too many, the destructive action continued because of the situation that existed in the case we are discussing, and these victims went on to their deaths. They need their FCG's freed from the obstructive amine as was accomplished in this case. However, the experts are still at sea with regard to the true action that caused the fatalities.

The block in the use of the energy of oxidation by dinitrophenol is seen also in its inhibition of mitosis in Sea Urchin eggs reported by Clowos (1951 *Ann. N. Y. Acad. of Science*). Even though the dinitrophenol in doses of .01 mm concentration caused a fourfold increase in the consumption of oxygen, the mitosis and phosphorylation was cut in half, and further increase in the concentration of the poison completely blocked mitosis and phosphorylation. So whether the oxidation process is blocked in producing energy, in transferring and carrying energy in phosphate bonds, or in receiving this energy, the reactive response is to produce more energy to make up for the energy starvation, in the tissues whose working mechanisms do not receive the energy. Thus, an analysis of effects of toxic amines and nitrophenols shows they do not give impetus to the oxidation mechanism, but block its ultimate purpose—the supply of energy to the vital mechanisms

of the tissues. Here we find in 1951, a nice confirmation of our Postulate measured with microscopic accuracy.

The thyroid secretion is a hormone whose intimate action is still unknown. However, it does not take any part in the oxidation process itself. Comparing its action with that of the SSR, one sees that the latter took the leading part in the oxidation mechanism. Further the action of nitrophenol and of thyroid extract are of different orders and challenge comparison. The former always has a toxic action, the latter is physiological, but the action of both, as explained before, is very different from that of the SSR. The high BMR in the case at hand, has a pathologic cause depending on the pathogen that blocked energy acceptance by the cell's working mechanism.

The statement of some biochemists that the oxidation process has no immunological significance is based on the fact that the Krebs Cycle has none. We gave the reasons before. The O/R potentials of the participants are too low. Then these biochemists also hold that the Krebs Cycle is the only mechanism concerned in the tissue oxidations, and is all sufficient. They do not consider that the Krebs Cycle is a hang-over from the process used by primitive forms as bacteria and though it is retained by the higher forms as animals and man, it is only used by such as an alternative pathway, when the High Efficiency System already explained is inactivated for a time. That it offers no protection is seen. Moreover, it gives no clues to the explanation of the Pasteur Effect. The early Chapters of "The Survival Factor in Neoplastic and Viral Diseases" show how both depend on the action of the FCG. While the Carbonyl group that initiates the oxidations of the High Efficiency Smokeless System, lacks the high O/R potential Carbonyl dehydrogenator, that some pathogens require for their destruction, yet its range of O/R potentials is twice as high (0.7 v) as that of the Krebs Cycle participants (0.3 v). So the opportunity to give protection by the High Efficiency System is considerable, — enough to maintain good health under the usual circumstances. The use of a Super-high Carbonyl dehydrogenator of correct steric advantage is proven, in this case, to offer protection by way of an oxidation process that imitates that Postulated for the High Efficiency System, and a close analysis of this case is all that is needed to prove the existence of the High Efficiency System.

However, two more cases will be submitted to show that the toxic basis for malfunction can be removed, and the pathology corrected by the processes of adequate dehydrogenating efficiency, started by the Super-high dehydrogenator, and continued by the natural dehydrogenator (FCG) system.

POST-PNEUMONIA NEPHRITIS

CASE No. 2

Dr. Evans

Tom E. 4 years old, was recovering from bilateral bronchopneumonia, when suddenly he took a convulsion of considerable severity. Oedema rapidly developed with blurred vision, headache, dizziness, delirium, etc. The urine secretion diminished as the oedema rapidly increased. The blood pressure was found to be 146/68, and the blood non-protein nitrogen 74.6 mgms %. Twelve hours later the pressure rose to 160/100, and two days later it was 180/130 showing a rapid development of the pressor substance that blocked the kidney elimination. The oedema had developed by then to the point where the contours of the chin and neck were obliterated, and very little urine was passed. Then the second convulsion took place. It was severe and the boy passed into coma. It was in this condition that he received the Synthetic Survival Reagent. A few hours later, the mental symptoms had improved, he came out of the coma; soon the headache, blurred vision, delirium, etc., gave way to rational mental comfort, the blood pressure steadily dropped and the urine increased as the oedema disappeared. The blood pressure was found normal in a few days with a normal non-protein blood nitrogen of 25 mgms.%. The correction was completed by rescuing the FCG so it would go back to work again. The pressor substance is well known now to be a toxic amine, so our Thesis is supported nicely by this case also.

ECLAMPSIA

CASE No. 3

Dr. Baldor

Mrs. D. was married seven years and could never carry a baby to term. Abortion was required before the end of the second month of pregnancy each time, and the period was shorter each time. This was the 4th pregnancy, and they all followed the same course and symptoms but with increasing severity. In each instance, she vomited profusely, with much salivation constantly; the urine was progressively decreased until only blood came, just as in the last hours of the parathyroidectomy intoxication. Convulsions followed by coma called for immediate abortion, if life was to be saved. This time, however, Dr. Baldor tried the Synthetic Survival Reagent as her big ambition in life was to have a baby. Twenty hours after the injection was given, vomiting had decreased from 20 times a day to twice per day. The urine increased and, in 72 hours, she was passing half a liter a day. This urine still carried blood and albumen. In four days, she passed a full quart of urine per day. The vomiting disappeared entirely within two weeks, but the salivation had continued and, during the third week, vomiting started again. She was given another dose of the Survival Reagent, and all cleared up quickly thereafter. No more symptoms of eclampsia returned. She carried her baby comfortably into the seventh month, when she

had an automobile accident, and spontaneous abortion threatened, so she was delivered of a 5½ pound baby that thrived well. She had no return of eclampsia symptoms and gained full health quickly.

Here we see again that the toxin that blocked the oxidations of function and the regulated energy acceptance by the working mechanisms, could be removed by an atomic group similar in kind but of higher O/R potential. The allergic uncontrolled spasms of the small blood vessels, and the anoxia caused by colloidal gellation, had to yield to restored efficient FCG function. The basic pathology was met and corrected, at its very inception. Still, some of America's greatest biochemists and clinical experts claim that "the oxidation mechanism has no significant action or position in the maintenance of health or in the combat against disease." They are limited, of course, by the performances of the Krebs Cycle, which to them is the whole oxidation mechanism. But, if one were to accept such a dictum, one would have to add, "it is impossible to die of asphyxia." The predicament is rather contrary to progress.

TOXIC GOITRE AND CANCER OF THE STOMACH

CASE No. 4

To show that one toxic agent (removable by one corrective attack) can cause a toxic hyper-function as in **Case I**, and also cause a very high-grade malignant neoplasm of the stomach in the same person and at the same time, the case of Mrs. W. is offered.

At the time this patient was treated, the Geiger Counter had not yet been invented, so it was impossible to estimate the earth's irradiations in her environment. However, it is noted that she lived in what is known as the goitre belt, a region of iodine deficiency and also of high cancer mortality rate. Her daughter had been treated for a rapidly developing brain tumor. Many other patients came from this region for Treatment. However, one thing this study lacks is a systematic correlation of the terrestrial radiations with cancer incidence and also the number of conditions allied to cancer to be met; and most of all, how the terrestrial rays affect the recovery rates both of the neoplasms and of the allied diseases.

There was no history of cancer in the ancestry, but her husband died of cancer 8 years previously, and her daughter, with a very malignant tumor, was only 28 years of age as compared with the patient's age of 58 years, at her first visit. One recognizes here the vigor of the carcinogenic flux of this region. Both the mother and daughter made typical recoveries under the Treatment. There was nothing in the geophysical environment that interfered with the cyclic reactions and the steady progress of the recovery process. One feature to be noted is that as cancer is associated with aging processes, this patient, at

only 58 years of age, looked like a person twenty to thirty years older. The skin and tissues in general were senile, though the hair was not grey. During the recovery process the senility changes disappeared. The main features were as follows:

The disease started two and one-half years previously as a steadily increasing nervousness, progressive cardiac weakness, tachycardia, increasing ease of perspiration, loose bowels, and tremor of characteristic hyperthyroid type. Radiographs showed considerable enlargement of the heart and mediastinal shadows early in 1927. There was dyspnoea on slight exertion or lying down. Exophthalmus developed rapidly, the skin was bronzed, and gastric distress and inefficiency set in. The feet and ankles swelled considerably, yet she lost weight, falling from 150 pounds to 108 pounds in less than nine months.

The physical examination revealed the exophthalmus as shown in the photograph before Treatment. There was also a greatly enlarged lymph gland (walnut size) in the left supraclavicular space; the veins of the head and neck engorged with blood when she laid down, and percussion showed a marked increase in the mediastinal dullness.

Examination showed the epigastrium and the whole area below the costal border down to two centimeters below the umbilicus on the right side to be occupied by a huge, bulging, solid, fixed, irregular tumor. The stools showed decomposed and occult blood. There was vomiting and great weakness and considerable pain throughout the abdomen. Thus the stomach, the liver, and probably the suprarenal glands were involved by the neoplasm. At the time of this examination she was very weak.

Mrs. W. before Treatment showing the exophthalmus from toxic goitre excited by the carcinogenic toxin.(Left photo)

Mrs. W. after Treatment and recovery from cancer of the stomach, and toxic goitre as secured from one chemical reagent. The exophthalmus is gone for good. (Right photo)



One dose of two cc. of a 10-(12) solution of the (SSR) serial Carbonyl system was used on September 28, 1929. The recovery process exhibited the usual cyclic three-week reactions, with chills, fever, and general aching, and with improvement following each reaction until the recovery became complete. At last report, ten years later, she was in good health. We lost track of her thereafter.

Regular FCG function, both for producing and using ATP energy, was blocked and this showed for the thyroid cells, the stomach growth mitotic mechanisms and the general tissue oxidations as demonstrated by the senility changes. Still the Krebs Cycle oxidations went on, and fermentation supported the neoplastic cells. Had we supplied a Carbonyl group of FCG oxidation potential, we probably would have gained nothing. However, a Carbonyl group of boosted O/R potential cleared the inactivator of FCG functions away so normal FCG metabolism (in contrast with the Krebs metabolism) was restored, senility, toxic goitre, and cancer all faded away permanently.

TOXIC GOITRE AND ETIOLOGICAL TOXIC FOCI

CASE No. 5

Dr. Jayme Treiger

In this case the pretreatment control or observation period lasted from September 12, 1953 until March 13, 1958. The development of the etiological factors with the progress of the disease itself was well noted.

Mrs. D. S., F. 27 years old, married, a thin brunette woman, very nervous, complained of dyspnoea, cold sweating, pharyngeal spasm (sensation of an egg in her throat), able to

bear heavy duties but not simple ones, urine sometimes fetid and strongly colored, acne, leukorrhea, sometimes bloody, and painful nodules in the right breast. These breast symptoms arrived after a second electro-coagulation of an ulcer on the cervix uteri, produced after the second childbirth. These nodules were helped by hormone treatment for a while but had returned, with further toxic symptoms as a tachycardia of 106 per minute, and slight thyroid enlargement, that started nine years previously. She had pertussis, measles and vericella during childhood.

During and since childhood, she had periodic crises of angina with high temperature and pus from the tonsils. Homeopathic treatment helped the tachycardia and the throat spasms and made her feel much better, but the basic pathology was not retarded, and she went to a gland specialist who treated her from November 1954 to January 1956. From him she received Dexamyl, Somniphene, Prometron, Ovocycline, Diiodotyrosine, Apliotil, Thiouracil, and Nodular on different occasions. She did not improve on this series of modified benzene rings, though enough were tried. This shows that the therapeutic conception was not based on physiological considerations, but was the fruit of modern pharmacology.

Feeling worse, she returned to Petropolis. The B.M.R. by Dr. T. showed a plus 45 and Cholesterol of 122 mgms. % on 3/12/58. She was now exhausted, extraordinarily excited, always tired, difficult to sleep, with frequent nightmares, pulse 106 per minute, and her blood pressure in a low range. She was given 2 millimicrograms of the SSR intramuscularly on March 13, 1958, and the reactions that followed are indicative of the sources of her toxins.

Reactions: Tonsillitis that was suppressed from activity while under the phenolic treatments mentioned above, started to be active with high fever, pus discharge and pain in violent periodic crises. The bloody drainage from the cervix uteri that was suppressed by the cautery started up again. However, one week after the Treatment in spite of the strong angina crises, she was feeling very well, as if with renewed vitality. A few weeks later she reported again. The pulse was normal, 82 per minute, the blood pressure normal 120/90, and as her good health was being restored, old symptoms of years of little difficulties returned briefly and disappeared. She felt good enough to not need a doctor. The throat had normalized and the cervix uteri had healed, and she did not return for more observation. She had received two injections of the SSR, the second one a year after the first, for while the cervix showed no abnormality on examination, there were symptoms suggesting reaction in the deep scars within. The BMR in February, 1960 showed 6% over normal, the breasts, tonsils, uterus, nerve responses were normal, temperature 36.7°C, pulse 60, the B.P. 110/70, and she enjoying the best health she had ever experienced.

In this case, the etiological lesions that brewed the toxins that attacked the breast tissues and the thyroid gland were, respectively, the cervix infection and the tonsil infection. The cautery sealed up the drainage facilities, and made the scar tissue that was infected more anoxic. The reactivity of the reticuloendothelial cells of the tonsils to their contained infections was suppressed by the phenolic derivatives, so the thyroid was poisoned all the more. Further, the poisons from the cervix and those from the tonsils, while showing some specificity to the thyroid and breast tissues, were also general poisons and affected all of the tissues, making her nervous and weak aside from a special thyroxin effect. Here the relation of the reactions (following the Treatment with the SSR Reagent, which were severe) to her improvement in tissue function showed that these reactions were not of a vaccination nature, but were actual reticuloendothelial battles against the disease agents going on in conjunction with the chain oxidation of these agents. Then, too, as the various FCG units were liberated from combined toxins and went back to work, she started to feel normal and her various functions behaved normally again. It is to be recalled that after the SSR was given the tonsils became acutely inflamed, and the cervix lesion broke loose with a strong inflammatory process. Thereby both lesions were cleared of their imprisoned germs and fibrosis integrated pathogens, and as the induced oxidations burned the pathogens away, the fibrosis disappeared also. The anoxic centers were wiped out, so the disease was cured right at its very inception. She has no more sore throats nor cervix troubles, and no more secondary effects, as thyroid enlargement or abnormal function. The breasts have no more nodules either. Her general health is normal. Her nervous system is steady. She sleeps normally and does not sweat as she formerly did. In other words, the pathology was fully reversed and discarded. This same course will be seen in the other cases reported here, and in all others when one takes the trouble to thoroughly check the recovery course.