

**SURVIVAL FACTOR
IN
NEOPLASTIC AND VIRAL DISEASES**

**An Introduction to Carbonyl and Free Radical Therapy
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A Study of the Phenomena of the Free Radical, the Double Bond,
and its Alpha Placed Hydrogen Atom in the Pathogenesis and
Correction of Neoplastic, Viral and Bacterial Diseases

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DEDICATION

This book is dedicated to the memories of two leaders in American Science and Industry, **Dr. Willard H. Dow**, and **Dr. William J. Hale**. Their humanitarian genius was great enough to build the vast Dow Chemical Company to its present portions and service, and also take an interest in other humanitarian efforts, such as our own, which they investigated fully, evaluated carefully, and then supported effectively in our court battle.

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The world's leading surgical journal, the *London Lancet*, gave an editorial review of the present status of surgery in the treatment of cancer. It gave the same conclusions as did Sir James Paget a century ago, when he stated in his text on cancer that this is not a surgical disease, that the condition was profoundly constitutional, and that operated cases did not live as long on average as those that were left untouched. From 1910 to 1950, the American Cancer Control Society created an energetic propaganda that 85% of breast cancer could be cured surgically or by irradiation, and that early diagnosis was a prime advantage. Now, after the statistics are analyzed the *Lancet* quotes the world's leading surgeons on the results of early operation with the same discouraging conclusions as Sir James Paget stated a hundred years ago. In the meantime, life insurance statistics and others established the fact that operated cases, the early cases, lived less by two and a half months than the inoperable, far advanced cases that were not operated. Add to this two and a half months the year or so it took the early case to become inoperable and advanced, one sees that surgery done with all its courage, sacrifice and dexterity is not the attack that is required to win against this disease. The *Lancet* states, "The intensive campaigns to awaken the public to keep on the watch for tumors and report for the earliest possible diagnosis and treatment has met with good response, but the anticipated drop in the mortality rate did not follow." "Despite a long and intensive educational program for the early detection and treatment of cancer, the death rate from cancer of the breast shows *no downward trend.*" In fact, "The comparative mortality index, which allows for changes in the age structure of the population, shows for men a rise of 6% in

cancer mortality between 1938 and 1950." "The size of the primary tumor is no guide to curability; two-thirds of patients reporting with tumors of the breast which were smaller than a hazel-nut already showed metastases," and with regard to lung cancer, "If recent experience is typical, however, by the time definite abnormality appears in the radiograph, most cases of pulmonary cancer have progressed too far for successful resection." "Survival rates after simple excision, radical mastectomy, and irradiation are depressingly uniform." "Our basic approach may be wrong; the attempt to treat cancer as a local disease rather than a general disease may be as irrational as treating syphilis by excising the primary chancre." "In most if not all, lethal breast cancer, remote spread takes place by the blood stream before interference is practicable." "The survival rates after different periods of delay before seeking medical advice often shows a curious paradox. Thus, Swynnerton and Truelove reviewing 395 cases of gastric carcinoma, showed that the greater the delay and the longer the history of symptoms the greater was the survival rate." Here we find in the *Lancet* of April 3, 1954, p. 714, with other statements so similar import, the conclusions of the world's most advanced surgeons. A year later, Dr. George Crile of the famous Crile Clinic in Cleveland gave thorough information to the profession and the public on this subject and was in exact agreement. Now comes the report of the 12th annual scientific meeting of the Detroit Institute of Cancer Research. The consensus was the same, Dr. Harden B. Jones, professor of medical physics at the University of California, gave the ultimatum, "The odds for or against the recovery from cancer are set long before the patient sees a physician." and "There is no evidence that treatment by surgery or radiation, the only recognized methods of therapy affect the course of the really malignant forms of cancer." and "Early treatment is a nice theory, but there is no evidence that it benefits the patient." "Some drastic cancer therapies not only do not help but are harmful." "The tumor easily could have a billion cells before it is large enough to be recognized as cancer. Some of these cells are already in the bloodstream."

Unfortunately, radiation does not answer the needs of the patient but adds to the basic pathology. The convention of the American Roentgen Ray Society of September 1954, added to the report of the Roentgenologist of the University of Pennsylvania in 1925 when he stated that irradiation before and after surgery opened the vascular and lymph spaces and helped the spread of the disease instead of retarding it. His report was so unpopular that it was suppressed. But today the statistics are so disheartening that even the radiation therapists are bold in reporting that where deep therapy is poured into a neoplasm of one type, a more malignant form or a bone sarcoma is created underneath only too often. When one recalls that viruses are thousands of times more resistant to irradiation than tissue or cancer cells, the situation is logical.

Fifty years ago, nothing was known about cancer except the diagnosis, which

was about all there was to become an expert in. Gross and microscopic pathology was so well learned that the resort to biopsy was regarded as a sign of poor training (Ewing) (Warthin). Our professor of pathology insisted that we make 100% correct diagnoses and give the microscopic description from the gross findings alone. Every surgeon on the University staff did it regularly.

Today, however, high specialization makes the biopsy an essential for many. For many years ahead of my day, all that was known beyond diagnosis was that cancer was caused by "irritation." But no one knew exactly what "irritation" meant, or how it operated to cause cancer. Further, there was no information to serve as a starter to investigate the problem. But still the walks through the hospital wards fervently cried for the solution. The surgeon was doing his untiring best and the radiologist hoped and hoped that his approach might some day prove fruitful. And yet no facts stepped forth to show how to even make a start nothing from within the cancer properties themselves.

So the writer decided it might be helpful to get the basic facts on any of the deepest injuries to the body chemistry that could be produced, observe their effects on every tissue quality possible, and then figure out how any of these changes might take part in the pathogenesis of cancer.

The effects of complete parathyroidectomy were chosen for this purpose, largely because the great experts of that day on this very subject seemed to have overlooked the main factors in parathyroid insufficiency, and because a subject as important as that should be at least reasonably explored.

As the writer's investigations progressed in accumulating more data, it began to appear that he had made the correct start. The findings were carefully evaluated, the conclusions drawn, and from these a Postulate was formulated and tested out in the broad field of disease. It was hoped that if the venture would be propitious, a century of ignorance would be hurdled, and a basis for investigating the cancer problem itself would be reached. A landing in barren territory simply called for a fresh start and another trial. However, the first attempt proved fortunate. Our Postulate had been drawn up with every effort at precision, and the conclusions were fruitful. Under the circumstances this was even more important than if our interpretations were correct or "true," For the aim was to reach a position of utility.

The utility has two leading aspects. One lies in the proof that the four primary cell functions — contraction, secretion, conduction, and cell division — are provided with energy that is produced and received by each functional unit in accord with one and the same pattern, and when interrupted so as to produce disease, the fault is the same in pattern and subject to the same type of correction by one and the same atomic structure. The other phase of utility is the explanation

of both viral and neoplastic parasitisms, the atomic bondings and electronic displacements that constitute the integration of the pathogen with the host cell, which not only accomplish the pathogenesis, but actually provide for and invite the oxidative cleavage that leaves the host cell in normal functional status, perfectly reconstructed, and the virus no longer to be found. The text demonstrates this as well as the fate of the neoplastic cell and the process by which it is disposed of. These matters are based on firm chemical laws, as the text will show.

So whether the cell contractile fibrillae as in asthma, or the secreting fibrillae as in hay fever, or the conductile fibrillae as in a compulsory neurosis, or some other phase of insanity, or the mitotic fibrillar system as in neoplasia, happens to be attacked, the basic pathology is the same and its correction is necessarily the same, too. This is the subject we will demonstrate in this text. We have no thought that our presentation is the best that could be made. However, since we have opened the door and uncovered the mysteries it enclosed, it is our chore to make the disclosure. This door stands open for endless investigation and for collaboration as well. It should be inviting for our proofs of the cure of the many forms of cancer offered in this text to stand firm, firstly in their diagnoses made by America's leading surgeons, with the patients housed in our proudest institutions where every facility for a firm diagnosis was at hand. Then, too, the clinical diagnoses were confirmed by our foremost pathologists. Secondly, the cures were demonstrated to be permanent with reconstruction of tissue so good function was restored and accomplished by a definite process without leaving even a microscopic trace of cancer cells.

It will be seen that whether the correction happens to be in far advanced cancer of the vital organs, widely metastasized, and the patient in extremis, or the correction happens to be in the terminal phase of rabies, hog cholera, or some other 100% fatal viral disease, the reversal of the pathogenesis follows the same definite order. This physiological aspect of the correction, we will attempt to show, depends upon well-proven laws in chemistry that are basic to tissue cell energy production and energy use, and primarily basic to all vital processes. Thus, a Least Common Denominator in pathogenesis and its correction has been reached. It serves as a key to the interpretation of disease production and also to its correction in the whole field we have investigated so far.