MITOCHONDRIA AND THEIR CLINICAL ASPECTS

Complicated as the mitochondria are now shown to be by modern methods, the patterns detailed are far too simple to account for their complex performances. And while our observations are made on the intact patient via case history and physical examinations we were able thereby to outline decades ago what the microbiologists are demonstrating today. The clues gained from our parathyroidectomy experiments were indeed fortunate not only in teaching us the effects of activated amine groups in bringing about anoxia, but also the mechanism whereby they blocked the use of oxygen, and the operation of the Pasteur Effect: and step by step, even to the conclusion that the direction of flow of electrons over the double bond bridge whether to or from an alpha placed carbonyl, amine or methylene group determined a normal, a pathogenic or a corrective process. Other guides for determining most likely reaction sites and courses in oxidation reduction substitution affairs were the loosening up of hydrogen-carbon, hydrogen-oxygen, and hydrogen-nitrogen bonds by the electron mechanics of neighboring groups, as in the hydroxyl of the phosphate, the exposed amine group of the adenine and the methylene (2) group conjugated with the ring oxygen of the ribose fraction of the ATP. The same earmarks of energy transfere agency admit creatine phosphate and guanosine triphosphate and the whole series of substituted quinones to the energy transmission belt, each holding its specific position in each particular function, and the ketosteroids may also be included. Each must be identified with its clinical signs of deficiency as the basis of a rational therapy.

Another simple principle in chemistry recalled by the clinical events is that the energy liberated by exergonic reactons must be disposed of or the reaction will be blocked. It usually passes into and energizes another process or is lost as heat. Intrinsic in the mitochondria is the function-trophic ballance whereby the gene pattern of its architecture is maintained. So it appears that the energy the working mechanism is not adequate to use, is shunted into trophic processes that build up the mechanism until it is able to use supplied energy effeciently. In a sence the need for the function determines the amount of energy offered, and the mechanism either uses it or is built up by it, or it passes into the mitotic mechanism in cells that can reproduce. None reproducing cells as the anterior horn cells, undergo mitochondrial reconstruction and Nissle substance rebuilding to meet the functional demands after the obstructing virus or carcinogen is oxidatively removed. Thereby also the trophic neurones are enabled to again resume the development of tissues that were destroyed by cancer, or were stopped from developing during a symbiotic Polio infection as the case histories show, Retarded growth of a limb may thus be corrected 20 years after the Polio infection took place, oven to nearly the normal.

PROVEN REVERSIBILITY OF CANCER

And this leads to the question posed by Warburg as to the irreversibility of cancer which we show exists only so long as the carcinogen is integrated with the cell's energy producing and receiving mechanisms for function and mitosis, and which is reversed by oxidatively removing the integrated carcinogen, virus, etc. The case histories of the text are good examples.

The diagnoses were made by America's most noted experts, surgeons and pathologists, at our proudest institutions with all the facilities for making a firm diagnosis in the regular course of business. Only a few examples are used here, but they are enough Besides, the American Medical Association and its Wayne County Medical Society officially proved that cancer is fully and perminently reversible away back in 1919 when they investigated this therapy on "five undoubted cases of cancer" treated in the terminal stages as is fitting for such a test. Three weeks after the treatments were given, the several patients started to improve so rapidly that the official committee became panicy, and closed the investigation, sending the patients back to their distant homes with the warning that further treatments would not be allowed. However, three of the five patients continued to recover until they were again normal with full reversal of the pathogenesis, and perminently so. A fourth patient also made such a rapid recovery from a generalized von Recklinghausen neurosarcoma that had invaded his whole body, and the uncountable tumors dissolved away so rapidly that the committee warned the patient that if he received another treatment he would melt away just like the tumors and he had better return home for safety's sake. He lost no time in doing so. It was notpossible to follow him personally thereafter as he lived over 300 miles away. So I can not personally state I found him cured like the others., However five years later patients continued to come from his home town because of the good results they observed in his case, and unless he were cured he certainly could not have survived over a few months from the time of treatment. Certainly a recovery rate of 60% or 80% of cases treated in the terminal stage is not, "nothing came of it" as was officially reported, moreover five years later when I reported the curative results to the Medical Society and asked them to change their misleading report, they persistently refused.

The full perminent reversibility of far advanced cancer was also firmly and factually uncontradictably proven in two Federal Court trials of daily sessions of about five months each in 1942 and 1946, whereby the Food and Drug administration was forced to withdraw their false charge that the remedy of this text was ineffective. The answere to the Warburg question is established "Cancer is fully reversible, and perminently and completely so."