

THE RECOVERY PROCESS

The discussion of the recovery course of a large variety of disease expressions according to the same reaction schedule would ordinarily seem strange. Yet the removal of the fundamental basis of allergy and lost immunity should reveal a mechanism of health restoration differing from that based only upon the removal of secondary causes which characterize the specific condition at hand. Within physiological limits any and every disease that could engraft itself upon lost natural general immunity, no matter when acquired, or which of its expressions remain, could rightly be expected to be corrected, if the supportive basis is truly removed. The recovery process should therefore extend back to include the correction of changes remaining from early infection, hereditary injury to the germ plasma, and failures in proper development (22). This has been realized in many instances, not only in the involution of scars that have walled off infection for many years, but also in the restoration of the development of glandular systems as the thyroid and pituitary whose development had been suppressed for a number of years, the restoration to normal of backward children, and sometimes of idiots, and in the descent of testicles, with the recovery from feminism.

The catalysis of oxidation, being basically involved in all normal procedures, exhibits in its reinstatement several very fundamental phenomena, among them the unit of biological time concerned with natural immu-

nity. This feature is resident in two distinct motions, that of the activated electrons of the oxidation chain carrier, and that of the charged particles of the colloidal make-up of the tissues. Both are electric phenomena involving time as a function of space, and since colloidal dispersion depends in the living body upon the activation of oxygen electrons, through the carrier of the oxidation chain, the time unit of the periods of expanded and contracted colloidal dispersion is best observed by contrast during periods both in pathogenesis and during recovery while the oxidation mechanism is still weak. Regardless of the source, so long as the glyoxylide malonide or other catalyst used are energetically active, the recovery process is the same in its cyclic characteristics.

The history of the individual himself, both with respect to the pre-growth toxic state, its psoriasis, neuritis, gastric ulcer, neurosis or what not, and with respect to the mode of development of the malignancy, its periodicity, and its relation to the pre-growth changes will tell much that is useful in the conduct of treatment. Two factors appear in the periodicity. They are environmental and essential. The latter is a genetic affair that is well illustrated in the case of a two and a half year old girl with malignant gliomata of both eyes that had become well metastasized to the lungs and other organs. This child demonstrated mounting aggravations each day of the last quarter of the moon. This was the mother's usual menstrual period. With the next change of the moon, the subjective symptoms improved somewhat, but the progress of the growths made during the bad period would remain stationary until the next last quarter, when another advance in the disease was made. This

change was sharp and invariable whether the mother menstruated then or not. I do not consider this characteristic an environmental affair, well recognizing the fact that light reflected from large surfaces like the moon and the ocean is circularly polarized and can affect photochemic responsiveness. The rhythmicity is probably a part of the larger order of things which takes in the moon changes as one of the concomitants.

However, environmental affairs have their significance; and diet, elimination, toxic exposure, as to terpenes, anaesthetics, narcotics, fatigue, and the like, may set up variations of irregular rhythm. The victim of cancer is a poor oxidizer and susceptible to any form of allergy. In some, the neuroses that Freud bases upon sex behaviors are quite prominent as they are also in tubercular patients. We regard such departures which might be aggravated rhythmically with moon changes as essentially allergic phenomena in which the impulse generative fibrillæ of a certain group of neurones associated in some sex concept have adsorbed the allergenic agent which forces the passage of impulses through the neurone circuits of the group. Though such impulses may be sent out in some instances quite continuously, they may not be able to jump the synapses except under the rhythmic help of cyclic events as accompany the moon changes or various environmental influences, diet, toxins, suggestions, etc. We also regard all insane manifestations as similarly caused.

It is important to study the patient's daily habits and to choose the time of giving the injection of the particular oxidation catalyst chosen at a time when the aggravation first shows up. A close study of the history will reveal the most favorable time.

In the case of the baby with glioma here mentioned we could not wait until the beginning of the last quarter of the moon to institute treatment because she was so far gone that she would not live that long and her suffering was too intense; so the treatment was given at once, two days after the end of the last quarter. Reactions were quite strong, therefore, with fever of one hundred and one and over for about seven days when improvement set in and progressed splendidly. On the other hand, had the treatment been given at the time of beginning strongly increasing aggravation, a rapid subsidence of the aggravation would be expected. Never the less the oxidation catalysts employed abolished the essential rhythmicity since throughout the last quarter of the moon that followed, only improvement was observed.

It is true that the incubation period of cancer may be very long and the infection may attack the parent, producing cancer in the child and the grandchildren, in a very peculiar type of transmission, as occurs regularly in malignant glioma of the eye demonstrating its action through the genes. Moreover the infectious origin of allergenic toxins is neither impossible nor devoid of other examples. The tubercle bacillus produces such a toxin and the allergy may be expressed not only in an increased susceptibility to the products of the tubercle bacillus itself by an allergic necrosis in skin, lung, and joint tissue, but there may be terrific and prolonged allergic migraine, multiple arthritis of advanced degree, and even a coronary thrombosis as well, occurring in the same patient. Recovery takes place from all four conditions on the one treatment and the orderly disappearance of the various allergic changes follows the clearing of the system

from tubercular lesions, scars, and their debris, and the re-establishment of healthy lung tissue to take their places. Even in these secondary allergies an essential rhythm belonging to the original disease may show through.

The recovery process is cyclic, (23) the shortest time unit being possibly twelve hours, although the shortest unit easily observable is three and a half days or eighty-four hours. These units are doubled and tripled and further multiplied into cycles of three, six, nine, twelve, and twenty-four week periods or longer periods, all of which are multiples of three. Each cycle is comprised of a positive and a negative phase. During the negative phase there may be chills and fever in cancer or one of the chronic infections as tuberculosis, leprosy, or syphilis. The fever is not the result of colloidal lysis taking place in normal tissues, as occurs in infection or after tissue injury, but rather results from the burning of accumulated unoxidized fatty and waste material and the digestion of proteins of the neoplasm. Hence, the reactions may be accompanied by, or are soon followed by, an improvement in well being. Such reaction periods may last a few minutes or several hours or a few days. During the positive phase, improvement in general health, healing, and reconstruction of the local lesions to normal is observed. In this healing, scar tissue is not permanently produced, but rather a reconstruction of the organ by normal tissue elements takes place where this is possible. Therefore normal function is restored. Even when the treatment is given in cases with old scars formed many years previously to wall off infection, we expect the scar to disappear as the infection it encapsulates clears away consequent to the develop-

ment of immunity by the Ketenones. Such scars are not present to fill in space, but rather serve as barriers to the infection they carry through these years, and immunity to the infection disposes of their usefulness.

Biopsies taken from malignancy lesions at different phases of the reaction cycles display the local recovery mechanism. First a coagulation necrosis takes place in the malignant cells, the younger cells undergoing the changes the earliest, and the older cells following along more slowly. A calcification of the cell plasma plus nucleolysis sets in early; and soon small buds of vascular tissue preceded by a zone of liquefaction in the coagulated cells are seen to penetrate and absorb the coagulated material until the tissue becomes entirely absorbed and organized with vascular tissue. The process resembles the removal of a blood clot. Normal tissue elements soon appear and a reconstruction of the destroyed tissue is accomplished. Large areas of visceral walls are thus restored. Rectovaginal fistulae two inches in diameter or larger have many times healed to complete normalcy in this way so that no trace of injury can be found. Bone areas four inches in diameter completely destroyed have been fully replaced. The shafts of the long bones and the bodies of the vertebrae, the illia, and other bones have many times been repaired with a bone substance somewhat denser than normal bone, (24), (25). First the soft bony structures are reformed with restoration of the normal shape and then calcification and hardening takes place, so that distortion is overcome. In the healing of a fistula, left by absorbing the neoplasm, healing about the edge with epithelium is accomplished and the tissue elements extend inward toward the center of the opening, the edge always still covered by epithelium



Fig. 1.—Microphotograph (magnification 150 times) of squamous cell carcinoma of skin before treatment.

till only a pin point hole remains which finally closes. No supportive bridge is therefore required.

The criteria as to favourable progress, are not only the occurrence of reactions and greater well being with absorption and healing of the lesions, but also the blood changes indicated by the differential vanadium reactions worked out by Bendien and E. Cronin Lowe, (8) (9) the criteria as to improved colloidal dispersion described by MacDonagh, (10) and by improvement shown by the blood crenation test. The latter has a

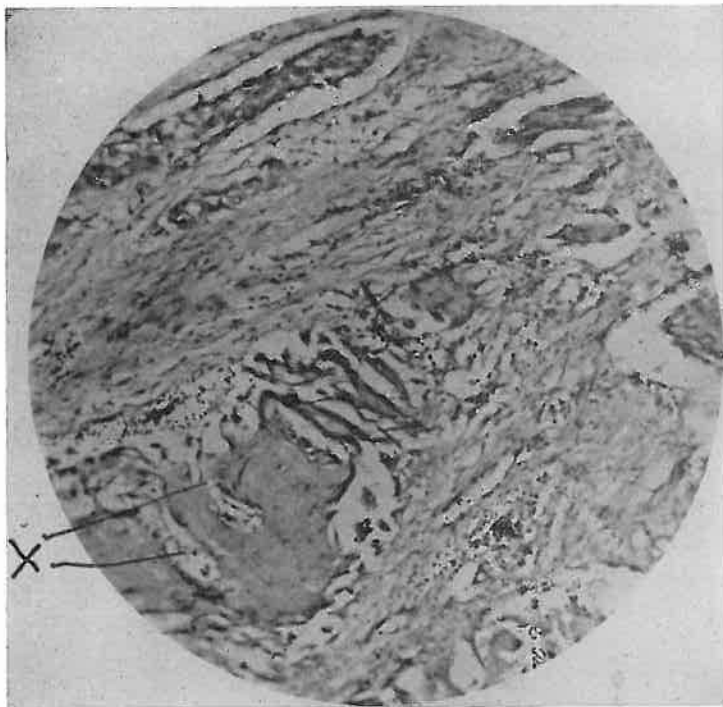


Fig. 2.—Microphotograph taken from same growth as Figure 1 several weeks after patient received the glyoxylyde injection. Here the cancer cells are nearly completely digested and swollen up to form gelatinous agglomerates. The small blood vessels are seen growing up into and about these gelatinous groups. As fast as the digestion of the cancer debris progresses, the products are absorbed by the blood vessels and carried away by the circulating blood and used for the general nutrition of the body. Finally, the whole cancer mass becomes replaced by small blood vessels as the debris is digested and absorbed.

double significance, since in malignancy the number of the red cells that do not crenate in a one per. cent salt solution is proportionate to the injury to the oxygen carrying power of the blood and also to the injury



Fig. 3.—Same as Figure 2.

to the reticulo-endothelial system. As the cells become able to crenate in greater numbers, the improvement in both respects and the lessening of the toxic factor becomes evident. Moreover, in patients exhibiting a low crenation number and marked anemia, improvement of the oxygen supply by subcutaneous injection of oxygen gas may occasionally prove helpful.

There are a number of interfering factors which may interrupt the recovery process for a time or permanently; and inasmuch as the ketenones are photochemic in their action, electromagnetic waves of correct fre-

quency are important in this respect. Geologic environmental features that cannot be definitely identified are thought to probably belong to this group. Improper diet and fatigue are factors which may interfere also.

It is well known that tumor cells respond, not only to chemical stimuli but to physical stimuli as well. Many surgeons lack accurate tactile sense and employ such excessive pressure in making physical examinations that they actually stimulate cell activity which in malignant neoplasms can bring about but one response, namely that of cell division. In making examinations the pressure used should not exceed that to which the cells are accustomed, and this pressure is equal to the blood pressure only. Whenever an examination has caused pain during the examination or even worse the next day, that examination has done harm for it has stimulated the growth by a mechanism that is physical and against which no anti-allergic measure can have any effect. I have had clinical assistants who persistently made crude rough examinations in spite of advice to do otherwise. Their recovery percentages were poor indeed. It is therefore better to sacrifice data as to exact anatomical extensions of a growth to the better cause of giving the patient the fullest opportunity to recover.

The deeper the disease, and the more chronic its course, the longer the time required for recovery, or even for a reaction to the treatment. Many a time in my early experience have I sent a cancer patient home telling her that since I observed no response to one dose in the first few months that the treatment did not fit her case. Many a time I was wrong in so doing for after a few more months reaction took place. Recovery in the course of a year or two also followed. The best reactions may not come till the seventy-second week after treatment. The time factor is just as important as every other factor.