CHAPTER X

SEQUELAE TO INFECTION

FAR ADVANCED ARTERIOSCLEROSIS

With Senile Dementia

Mr. P., age 93. He was treated in April 1933 with an injection of the serially arranged carbonyl groups. He was a painter by trade and for some years was experiencing the effects of advancing arteriosclerosis. I had personally observed this change as I saw him at long intervals when I checked up on his wife who was one of my first cured cancer patients. This woman had had a complete obstruction of the pylorus to involve the liver and other organs. She made her recovery on two injections of the carbonyl catalysts in 1918, and remained well thereafter. It was at a call to check her condition that she showed me her husband lying in bed on his right side with knees bent some and unable to move at all. All the muscles were spastic. He could not speak and had to be fed and cared for like a baby. The heart was dilated and palpation of the radial artery showed a high blood pressure.

He presented a marked arcus senilis and heavy tortuous nodulated pipe stem blood vessels. In the previous year he had had several "strokes" and passed into senile dementia. The whole condition was an extreme senile change. The skin elasticity was completely lost.

A dose of the carbonyl catalysts was given and in a month a definite improvement took place. In seven months he was able to dress himself and walk about. He was rational and discussed political matters expertly. In a year he was able to lay a small cement sidewalk in front of his home and do other work. At that time the blood vessels had lost 80% of their sclerosis and all nodulations and the extreme tortuosity. The skin had lost its cyanosis and had regained its elasticity. The blood pressure had fallen to a high normal range for his age,

180 over 110. He remained well for three years longer and then died suddenly.

The reversal of the sclerosis in this case depended upon the oxidation chains that converted toxin into its antitoxic type of structure and so the recovery was progressive to the limit after it was well started. Years of accumulated incompletely oxidized metabolites of tissue cell and germ origin were gotten out of the way and the sclerosis they supported and which had absorbed them to inactivate them, had no more utility and left also, as the toxic factors were burned to completion.

CORONARY THROMBOSIS IN EXTREMUS

Mr. L. E. had been under the care of Dr. H. B. Mueller for some two years before the present complaint developed, on January 16, 1944, and for minor complaints only. After a short easy walk on January 16, 1944, numbness accompanied by pain occurred in the left arm from elbow to wrist. Almost immediately afterward pain developed in the epigastrium and extended to the throat. He never had suffered such severe pain before in his life. It was in the arm and precordial area. He was frightened and did not care what happened. It passed off in a few minutes and he went home. In twenty minutes the pain recurred with full severity, and did not respond to nitroglycerin, nor until two hypos of morphia were given, (½ grain).

Family history shows that his mother died of senility at 89, and his father was still in good health at 86 years of age.

The past history showed three or four years of occasional attacks of "palpitation." They were transient and forgotten quickly, after he was quiet for a few minutes. Bowel action regular, no nocturia, except once during the past month. Sleeps well more than 8 hours out of 24, has a mild cough slightly productive, smoked a package of cigarettes per day, recently reduced to three per day. Can do considerable work ordinarily without undue fatigue. No dyspnea. Wt., as regularly, is 157 lbs. Ht. five feet, ten and a half inches, age 47 years.

Physical Examination at the time of the attack showed a man in complete collapse, snow white, heavy cold perspiration,

almost pulseless shallow gasping breathing,—in a dying condition. He was given two cc. of the 12x solution of the serial system of carbonyl groups on January 20, 1944. He responded dramatically within the next half hour, but was held at complete bed rest on a light vegetable diet and without any medication whatsoever. He was kept in bed for eight weeks, and was well enough in another month so that he could climb the three flights of stairs to his apartment daily without discomfort, and was again fully active back to work within six months.

On April 15, 1944 his physical examination showed the heart apex to be in the 5th interspace one inch inside the M.C.L., the sounds were not well heard, no murmurs, pulse Mod. vol., regular in force and rhythm, 85 per minute. Blood Pressure 96/68, right, reclining after rest.

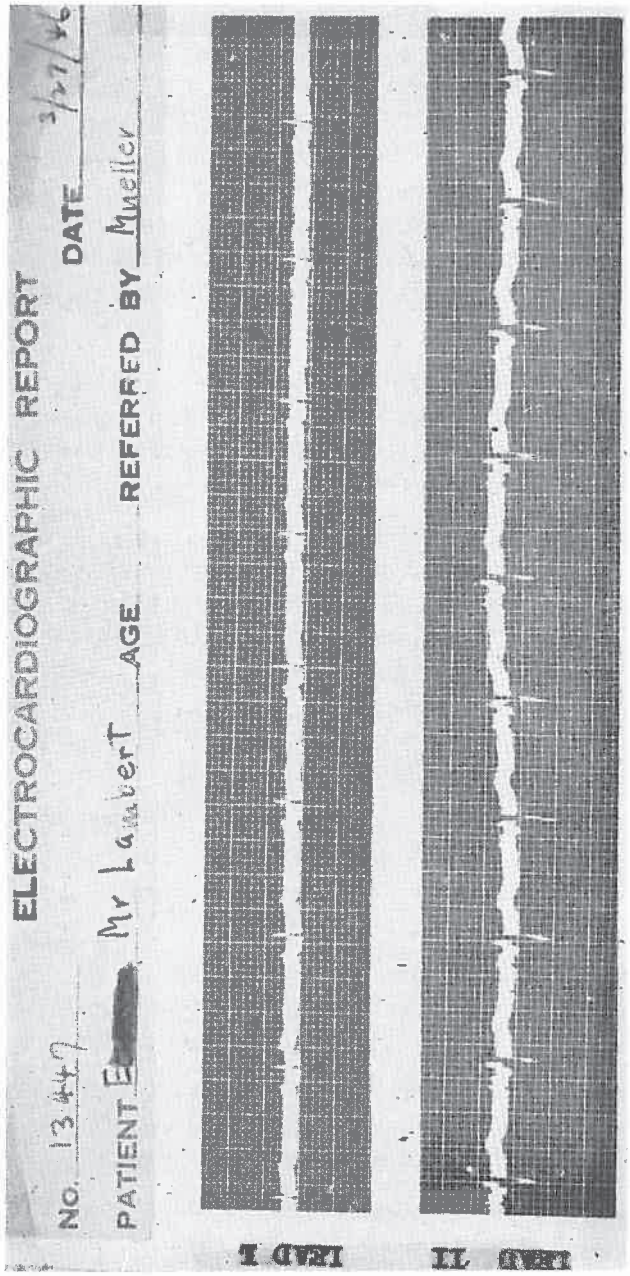
Electrocardiogram on this date showed Rhythm regular at rate 85, P and PR intervals are normal throughout, T_1 shows a late sharp dip. T_2 and T_3 are upright and normal. T_4 is deeply inverted. QRS complexes show low amplitude. QRS_1,— + ½ —1; QRS_2— —3; QRS_3— —5. There is absence of the R wave in lead IV. **Conclusions,** Low amplitude of QRS complexes, inversion of T_1, absence of R_4, suggest **healed infarction at apex of left ventricle,** signed R. A. Bagley.

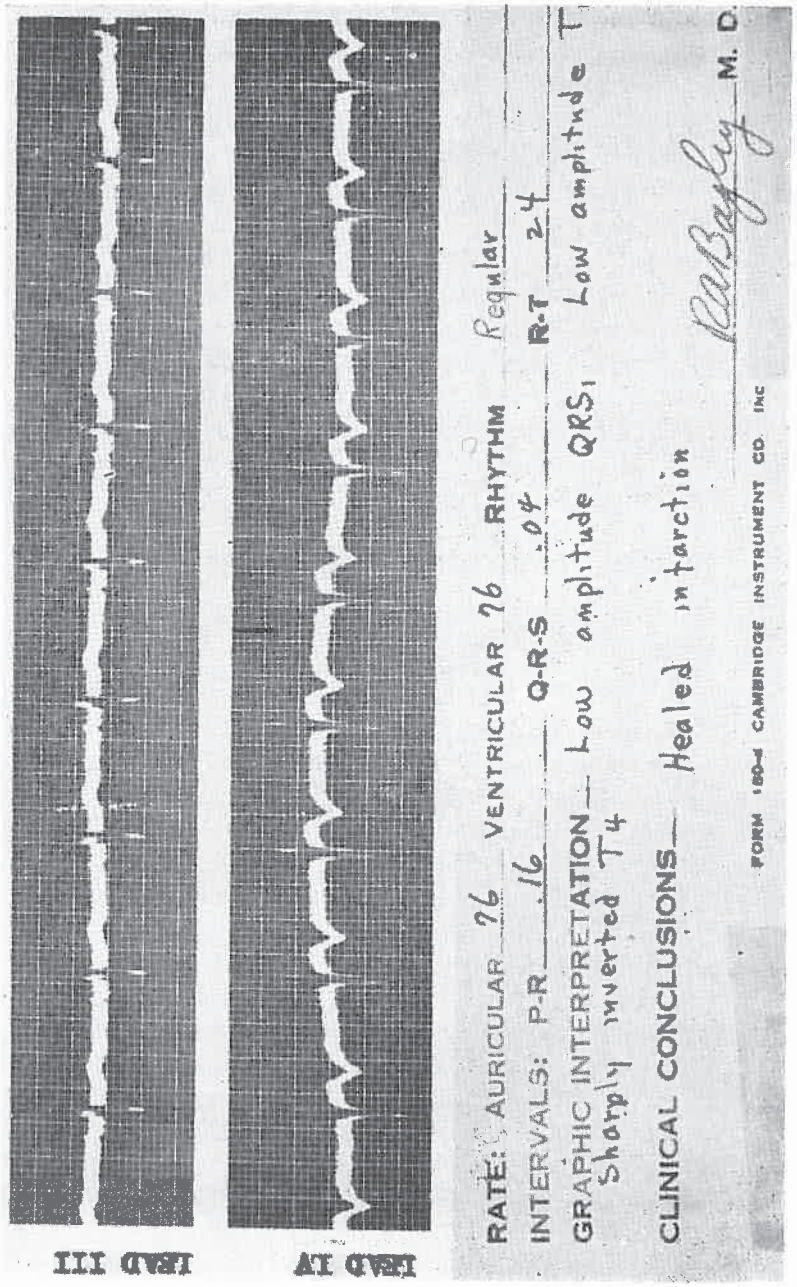
Electrocardiogram taken two years later, March 27, 1946 by the same expert reads as follows and is submitted. Regular rhythm at rate 75, P, and PR intervals normal. Amplitude of QRS 1—1½. Low T_1 ,Inversion of T_4.

Clinical interpretation, Low amplitude of QRS complexes and inversion of T_4 indicate healed lesion—probably posterior infarction. There is improvement over previous tracing.

Remarks, On this date, patient appears well clinically. Blood pressure is 110/70. The pulse is regular at 76. The heart shows no enlargement, and there are no murmurs. Signed R. A. Bagley.

This patient was last seen by Dr. Mueller on June 27, 1951. The patient felt so good at the time that he thought medical observation was no longer needed. This was over seven years


ELECTROCARDIOGRAPHIC REPORT
DATE 3/21/46
No. 13447
PATIENT [redacted] Mr Lambert AGE REFERRED BY Mueller
LEAD I
LEAD II


LEAD III
LEAD IV
RATE: AURICULAR 76 VENTRICULAR 76 RHYTHM Regular
INTERVALS: P-R .16 Q-R-S .04 R-T .24
GRAPHIC INTERPRETATION Low amplitude QRS, Low amplitude T
Sharply inverted T4
CLINICAL CONCLUSIONS Healed infarction
M. D.
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after treatment. He continued in good health until the fall of 1955 when he had what was reported as a subsequent attack of coronary thrombosis and died. This was over eleven years after treatment and a long period of good health.

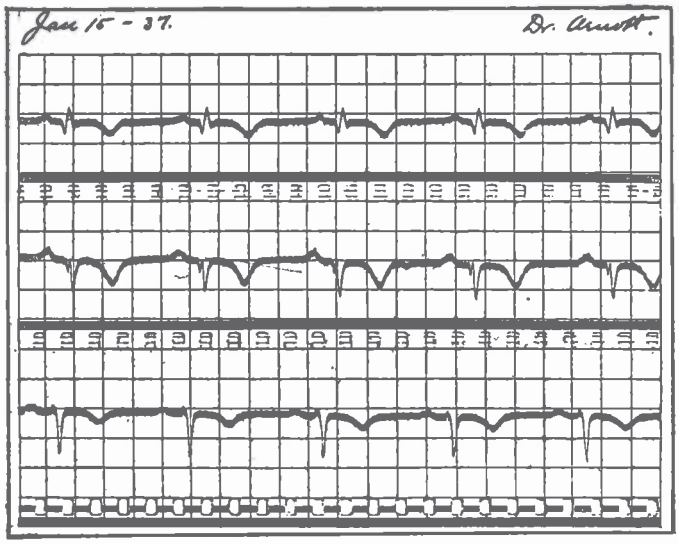
We attribute this subsequent attack of coronary thrombosis to a return to the living conditions that were etiologic in producing the disease in the first place. It took over eleven years to restore sufficient pathology to cause a coronary infarction again while no further treatments were given. Had this patient remained under medical observation by his physician, followed the recommended dietary living and received subsequent treatments, if and when advisable, we feel that he would be living today. Thus this case also illustrates the importance to the patient of continuing under proper medical observation and healthful living. See Chapter XIV.

CORONARY OCCLUSION*

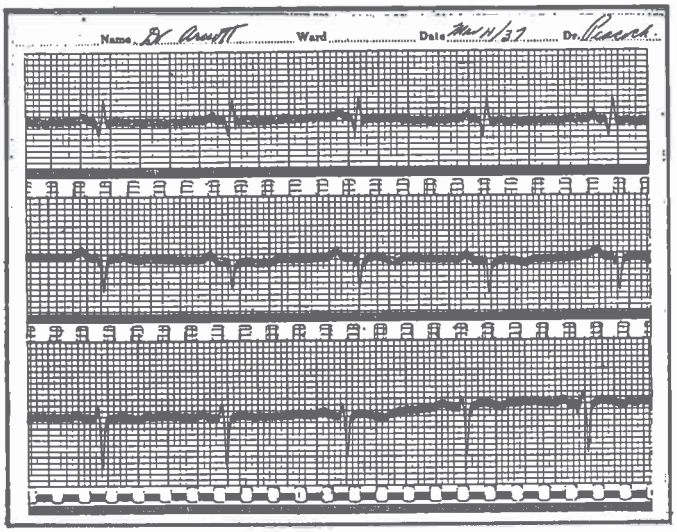
Treated in collaboration with
Dr. David Arnott

Dr. A., age 64, brisk and active habits, was taken with a mild attack while walking on December 2nd, 1936. This passed off in a few minutes after resting. Two days later an extremely severe attack followed while he was resting. Repeated heavy doses of morphia hypodermically influenced the pain only when sufficient to stupify him profoundly. The slightest lengthening of the intervals between injections was followed by severe pain. On December 8th, the carbonyl catalysts were given subcutaneously in a dose of two cc. of the 12X dilution. Considerable relief was had in one hour. Eighty-four hours later another dose was given after which the pain soon disappeared entirely and has not returned. The opiate was discontinued after the first injection of the catalysts and none has been required since. A careful convalescence was followed with strict observation of the diet and of good bowel hygiene. Effort was reduced to a minimum until the repair of the lesion was satisfactory for ordinary activity.

The electrocardiograph could not be made during the attack



Electrocardiogram taken as soon as possible after treatment, shows profound pathology.



Electrocardiogram II, taken eight weeks after the first shows good recovery. This was made three months after treatment.

and the first one which is reproduced here was made five weeks later. It still shows a profound pathology. But the tracing taken eight weeks later shows a good return to normal. He remained active and well for nearly fifteen years and died at the age of 79 years from a prostate operation sequel.

CORONARY OCCLUSION

Mr. L. K. in August 1946 had a heart attack of a different type. Though the attack caused some pain, he attempted to continue with his work. A cyanosis told of the failure of the heart to function properly. The blood pressure was found to be 35 mms. of Hg. over zero; that is three and a half centimeters of mercury for the systolic pressure and no diastolic pressure could be observed. He was moving about in bewilderment with slight pain in the back of his head and neck, but not the terrible pain that would stop him in his tracks as in the previous case. His situation was not so dramatic as in the former case though he kept the failing heart turning out more toxic sub-oxidized metabolites which aggravated the condition. A **dose of the carbonyl catalysts was given and in two hours the blood pressure rose to 80 mms. of Hg. over 40 mms. of Hg.** In two more hours the blood pressure was 100 mms. of Hg. over 60. The next day it gained to 120 over 80. However, he had to rest quite completely from 10 to 12 weeks before work was resumed.

He did well for four years, when another milder attack with practically no pain took place. Another injection of the carbonyl catalyst was given. During this four years he was very active for his condition and did more than one man's work. This called for excessive cardiac function. Had the disease response presented pain as a prominent feature, a better check on his regime could be held and the condition could be kept from recurring. However, the second dose of catalysts and a few weeks' rest and then easier work and a pleasure trip brought him back into good health. While coronary insufficiency and

sclerosis was present, jelling of the blood rather than true clotting or embolic occlusion was likely the actual condition. Had the treatment been delayed true thrombosis and infarction would be expected. In such instances, careful dietary control must be followed and good bowel elimination must be had. The cardiac activity must be held down so that no incompletely burned metabolites are formed to maintain or increase the interstitial fibrosis.

BRIGHT'S DISEASE*

Mr. C. L., lawyer, age 40, let his insurance payments lapse and to be readmitted was required to pass a physical examination. The urinary findings showed advanced chronic Bright's disease in harmony with his symptoms of elevated blood pressure and severe migraine headaches, that lasted three days to a week at a time. He was given the carbonyl catalysts in March 1925, and made a steady recovery so that the headaches ceased after the sixth week. One year later the urinary findings were normal so he applied for readmission to his life insurance. The company physicians examined him on surprise occasions and secured urine specimens by catheterization. After a year of such tests they concluded that he was cured, and accepted him on the usual basis of a healthy man of his age. He lived in good health, free from nephritis and from migraines, for twenty-three years and died from an abdominal injury.

PITYRIASIS RUBRA UNIVERSALIS

Treated in collaboration with
Dr. E. Klaveness

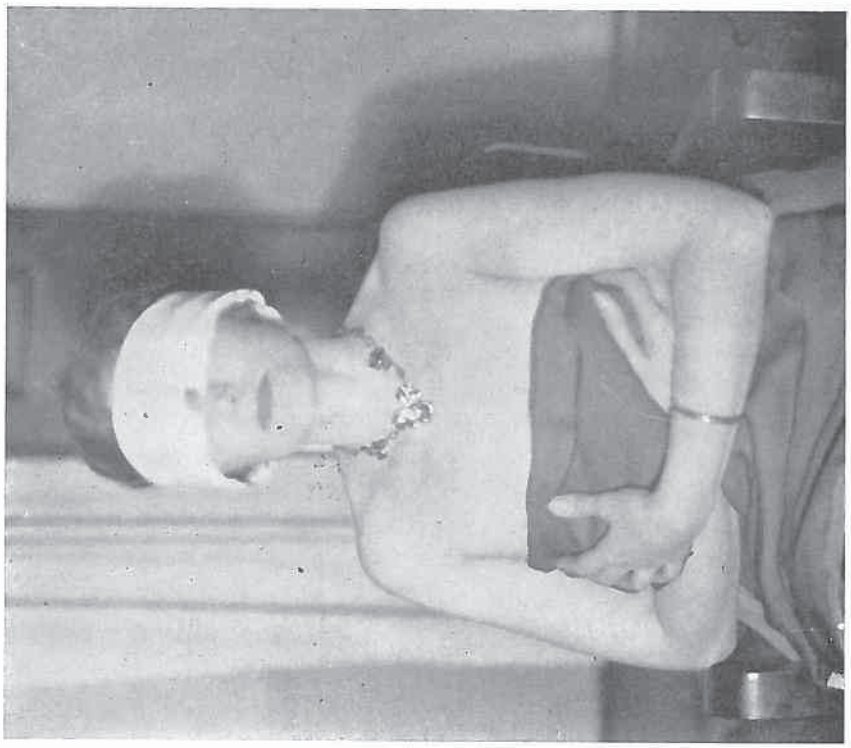
This "incurable" disease recovered after 2 doses of the carbonyl catalysts. This case in a man of 58 years, treated February 25, and in April 1950, had been suffering since October 1948 from a skin disease that answered the von Hebra description perfectly and was diagnosticated as Pityriasis Rubra by all available skin specialists, and also by Dr. Klaveness. While at St. Joseph's Hospital from December 16 to February 23 he lost 20 pounds, with terrific loss of scales daily, and steady deterioration in all respects. Normal wt. 193 pounds, February 25/50, 172 pounds showing pronounced erythema

of skin, from top of scalp to soles of feet, no papules, no blebs, no marked infiltration of skin which was richly covered by small thin scales, curled up from the periphery on itself, moderate itching. Inguinal glands enormously enlarged, felt chilly even when heavily clothed. The urine showed albumin, 2.5 grams per liter.

Recovery set in promptly after the carbonyl catalyst injection with no loss of weight. The scaling stopped, first on scalp then the trunk following the first treatment and scaling stopped on the extremities after the second, with change to normal color, gain in strength and weight and clearing of the urine of albumen, so that by July 22 he was discharged as cured. Found in good recovery also August 26, and September 9th. Examination then showed the whole situation, normalized with the inguinal glands very much smaller, possibly normal.

ACUTE FULMINATING PSORIASIS

While psoriasis is generally slow to recover and often disappointing, some cases recover rapidly and permanently. This is especially true of the acute type. An example is Miss N., age 32. (Her brother had psoriasis chronically and severely). The psoriasis came a month after an attack of tonsillitis with an acute tachycardia on changing posture as a sequel. She was much sicker than a case of psoriasis usually is. The lesions first appeared on the left thigh and spread rapidly in spite of the best attention of the experts until it covered the entire body affecting the hair and nails in usual fashion. Some of the lesions were deeper than we generally see and especially those between the head and ears. She was given the carbonyl catalysts by the writer on April 2, 1926, and a reaction followed on the fourth day with chills and fever and general achiness with an inflammatory reaction in the tonsils. Thereafter, improvement began to show in the last lesions to come. This improvement continued with slight aggravations in the congestions of the lesions during the third, sixth, and ninth weeks. In between the whole condition improved rapidly so that by the twelfth week only a few very small spots were observed and these were absent at the fourteenth week. She remained well, thereafter. The tachy-



Photograph No. II, showing patient after recovery.

Photograph No. I, taken at time of treatment.

cardia recovered right with the psoriasis. The photographs were taken at the time of treatment and at the fourteenth week. She remains well to last report in 1946 when she offered to testify at the court trial.

As in this case, we have offered enough example of toxin-host cell integration where both structural and functional changes resulted in different tissues. The psoriasis cellular defect and the neuromuscular control of cardiac rhythm both responded to correction at the same time with the withdrawal of the toxin through the agency of the same molecule. Here again is an indication that the type of toxin ligation with the host cell in both instances is the same. And after all the structural change in the psoriasis may be considered a functional matter, for epithelial cells of the dermis function by reproduction to afford protection. Both phenomena present hyperfunction beyond physiological control, and thus conform to our old definition of allergy. (Koch, Cancer And Its Allied Diseases, 1927) (The Chemistry of Natural Immunity, Koch, 1936). Neoplasia falls in the same classification, so the clinical evidences in humans on a wide front elucidate a simple pathogenic process to be met clinically, simply, and with complete success, in correctly managed cases. If pathology were always interpreted physiologically there would be very few serious defeats for the clinician. We will see that this is true for animal diseases as well.

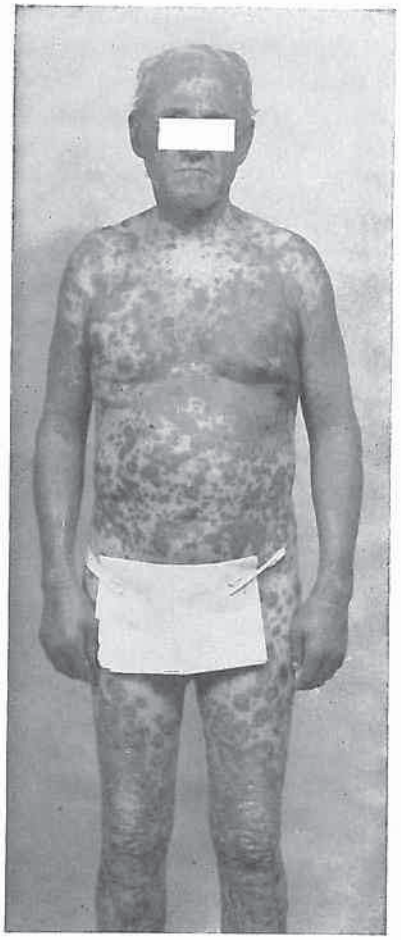
PSORIASIS UNIVERSALIS

Treated in collaboration with
Dr. Chester Dove

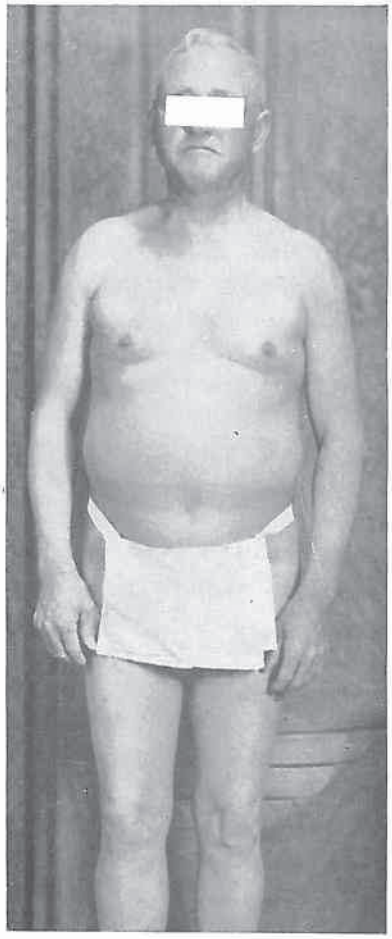
In this case of Mr. C., age 64 when treated in July 1934, showed universal redness from top of head to soles of feet with terrific amount of silvery scaling large and small, leaving a bleeding base with loss of hair, eye lashes, and finger and toe nails. The soles of his feet separated off as foul gangrenous sloughs. He suffered day and night without the least relief from the best medical attention available.

The photos show the situation before and after treatment.

He received two injections of the carbonyl catalyst, one on July 17, 1934, and the other in October, 1934. He made a com-



Photograph No. 1, taken at time of treatment.



Photograph II, taken after recovery.

plete recovery. In Februry 1957 he told Dr. Dove that there had been no recurrence of the psoriasis since his recovery in 1935.

MULTIPLE ALLERGY

Mrs. R., was 45 years old at the time of examination and treatment in May, 1934. For a year and a half she had continuous, intensive hay fever and asthma, burning, watering eyes, and running nose. She was found at the University of Michigan

Hospital to be sensitive to 60 different things including fur, feathers, and most foods. These she avoided most carefully but still suffered as badly. Continuous nasal sinusitis for years.

There was a continuous urticaria of the hemorrhagic type that added to her misery. There was also a disturbance of the bowel that expanded with gas at every eating, and an incontinence of urine. This was seriously troublesome.

In May, 1934, we gave her a 2 cc. dose of the 12X dilution of the serial arrangements of carbonyl groups with free radical terminals. In three weeks she was much improved in all symptoms, was able to sleep on a feather pillow, keep a dog and eat what she pleased. The recovery was complete in nine weeks and has so remained. The sinus infection became well also but was not fully cured until the twelfth week had passed. Here too the first condition to come, the sinus infection that supplied the allergenic toxin, was the last to completely heal. However, the toxins produced there were in large part immediately induced to undergo oxidation chain reaction and were made harmless.

While the allergy affected the secreting and involuntary muscle contractil fibrillae in this case, it often affects the nerve impulse generating mechanism or the conductile fibrillae in other cases. The following two cases show that the toxemia may be expressed by a cerebral allergy, in various ways. Psychic suggestion may have an instigating effect in nervous cases like a pollen does in the hay fever type, but we believe the fundemantal pathology in all is the block in the oxidation process which has to be corrected.

ALLERGY OF CEREBRAL CENTERS

On Infectious Basis

This patient is representative of the most serious cases of the common allergies. A less frequent type which illustrates the response of the psychic section of the nervous system is, also submitted.

The patient was the Rev. R., age 52. He came in December, 1938, for a serious sinusitis that involved the left maxillary sinus most severely. He had this infection for over five years and nothing used helped at all. He reported that for the past

few years he suffered from a compulsion neurosis that did not yield to treatment of any kind. When hearing a train whistle, he was forced to let out a yell at the top of his voice. We did not go into a psychoanalysis or ask whether or not he had a shock or fright associated with the sounds of a train. No matter what such shock might be, the toxin at the base of the trouble made the synapses hyperactive so contact was extraordinarily easy and impulse transmission easier than normal. Hence, removing the toxin should restore normalcy of function. Or we may say the nerve cell bodies were under higher energy evolvement because of the energy poured into their mechanism toxically. Thus only a slight impulse received would set off a maximum response that could travel a whole neurone system with a force much stronger than the inhibiting impulses could manage. He was given but one dose of Benzoquinone, 2 cc. of the 6X homeopathic solution and the sinus infection and the compulsory neurosis both cleared up in three months. He has reported no trouble since.

It is noteworthy that the nervous symptoms stopped immediately even before the infection was all cleared away. Thus the toxic state was first corrected and as in the other cases reported here, the bacteria can be considered non-toxic after the oxidation catalysis has accomplished its work.

ALLERGY OF CEREBRAL CENTERS

On Neoplastic Basis

Dual Personality

Another case of cerebral allergy is that of a woman of sixty with a massive carcinoma of the stomach. For two years she suffered a delusion that the air was full of needles and pins that she was breathing. Any drink brought her was full of the same sharp objects and her husband put them there. She recovered both from the cancer of the stomach and from the delusions. Even though the delusion of seeing the air full of needles was excited by hearing a phonograph play in the neighborhood, the delusions existed on a toxic basis as was demonstrated by the complete cure of both conditions at the same time as the result of the use of the oxidation catalysts. One dose was given of the

serial system of carbonyl groups with free radical terminals, on July 20th, 1924. She remained well until 1943 when last seen. At this time she explained that the "crazy notions" she had she knew were not true, yet she could not help but believe them. In this case a dual personality existed in conflict with each other. Thus one section of the brain was affected by the toxin while others were not.

Therefore the basis for Freud's hypothesis of abnormal psychic states falls flat, since he does not consider the oedematous effects of toxins on the synapses that take part in any concept. Nor does he consider the transfer of energy to the nerve impulse generating mechanisms in the brain cells that result from fluorescent toxins, as we are dealing with in this case and the previous one. His whole system must be altered to meet this newer information on the subject.

ALLERGY OF MOTOR CENTERS

The allergy may involve motor coordinating centers, and manifest itself by continuous repetition of the same motion without ceasing, as a phase of a highly toxic insanity that failed to respond to all known therapies, even to 1500 doses of metrozole and cardiozole, and the course going steadily toward death. Such a case was given to Prof. Renato Souza Lopes and the writer in 1941 by Prof. Roxo, the renouned professor of Nervous Diseases of the University of Brazil. The prognosis was fatality within two weeks so that if after the benzoquinone injection we offered to give, he would live three weeks, this would be a sign of favorable action, according to Prof. Roxo.

The patient was a young man of about 23 years of age. He had been ill for months without significant remissions, but each forward step of the disease was more severe than its preceding state. The man was raving, swinging both arms in the same order of motion with constant repetition, just as the secretory cells of the mucous membranes keep on acting in hay fever, or the bronchial musculature keeps on contracting in asthma. We gave him two cubic centimeters of the 6x homeopathic dilution of benzoquinone. He started to improve within twelve hours and was sent home on the fifth day as cured.

CHAPTER XI

OBSERVATIONS IN ANIMAL DISEASES

DAIRY CATTLE PLUS PUS INFECTIONS

We are indebted to Dr. David Arnott for development of the use of the carbonyl catalysts in the diseases of Diary Cattle. The enormous amount of data meticulously built up by the scientists of the Ministry of Agriculture and the University of British Columbia, Canada showed the basic place of this therapy in the tissue oxidation processes that use sugar. Thus some 95 to 100% of cases of acetonemia are quickly cured by a single injection per animal in both the acute and the chronic cases. The hundreds of cases treated for infectious mastitis show a rapid cure in the acute cases with hemolytic streptococcus and staphylococcus cases approaching 90% while the chronic cases. with much fibrosis showed something like an 80% cure rate with restoration of function, and replacement of the fibrosis with normal gland tissue. This is the only therapy that has ever demonstrated this result. In Brazil we showed that the fibrosis that completely invaded the udder and closed the teats after local treatments with various antibiotics, could be completely cured by this therapy too. The fibrosis and the infection it contained were eliminated by replacement with normal functioning gland tissue.

However the reports of the Minister of Agriculture of British Columbia to the Parliament in the official bulletins of years 1944 through 1949 inclusive not only verify our working hypothesis, in general, but also supply bacteriological counts before and after treatment which indicate the pathogenic germs of highest virulance before treatment may rapidly drop in numbers a few days after treatment when the udders are undergoing healing and also that where the injury was very severe, the bacteria at times increased in number during healing, and while the toxicity of the animal was rapidly disappearing. Our interpretation of this oft observed affair, especially in gangre-