

less and taken home on August 2, 1940 and present treatment was continued for a few more days, but with no improvement.

On August 9, 1940 he was given an injection of the serially arranged carbonyl groups. In twenty-four hours the patient was better. In forty-eight hours, the patient was taking food. He was hungry and ate in quantity for the first time of his own choice since he took sick. He made a rapid improvement from that hour on. By September 10, 1940, the urine and blood was cleared and the lungs had considerably improved. The X-ray of the tibia bone showed a "moth eaten" appearance. On September 12, 1940, Dr. Andrews operated on the leg to clean out the dead bone and any infection that was present. It was packed with iodoform gauze. A second injection was given after the operation.

By November 4, 1940, the effects of the pneumonia had practically disappeared. The patient was discharged. The child is strong and vigorous. He made a complete recovery.

SUBACUTE STAPHYLOCOCCUS AUREUS INFECTION OF THE PROSTATE GLAND

With Septicemia Following The Incision And Drainage Of A Boil**

Treated in collaboration with
Dr. J. M. K . . .

The boy aged 18 years, while at camp in July, 1940, developed symptoms of appendicitis and was operated for it but the appendix was found to be normal. Soon afterward the pains concentrated in the kidney region and the urine showed the infection to be the staphylococcus aureus which was also found to be the cause of a superficial boil that was incised a month previously and after which all his troubles began. The pain however soon showed the major location of the infection to be the prostate gland. Sulpha drugs were used with other of the best hospital care that was guided by ample laboratory data. But they gave no help. The condition steadily became worse with high fever, and steady loss of strength and nutrition. Since incision for drainage of the prostate has uniformly turned out

fatal, this course was eliminated and when hope was abandoned, Dr. K . . . phoned the writer for an ampoule. It arrived in Los Angeles, by air mail, and was given without delay. Here again an infection that was steadily winning for months quickly reversed after receiving the carbonyl catalyst.

The change may be reported from Dr. K . . .'s testimony which has been paraphrased and reproduced here. It shows the intense interest of a father finding favorable facts. "The treatment was administered. The next day, from my observation the boy was better. He was definitely improved. There was a definite change. The change was one such as you see at a sick bed. I watched him from the next day on. The boy improved. He had an appetite then. He complained less, was less nervous and had less pain. His general condition was definitely improving until the seventh day after treatment when the abscess broke (as Dr. Koch advised it would). The pus discharged through the penis. The pus was cultured and it showed staphylococcus aureus. On the day it broke he had quite some pain and after this he was, to all appearances, well. I kept him in bed and kept him under close observation, but he was perfectly all right. His temperature was normal. He commenced to eat better. Of course he showed the effects of the sickness, but he had no more of the septic condition. The fever never came back. This was followed, of course, by a definite and lasting and complete recovery."

In these cases two things are to be recalled. The advancing infection poisoned the nutrition, food could not be taken, not even water, and the fevers persisted and mounted until they became chronic when the protective reactivity broke down, and the mumifying process set in. The hopeless prognosis was then evident too, and the sulpha drugs gave no help, but seemed to injure the patient as did the toxins of the infection. **It should be recalled that the activated amine group plays a part in both poisons.** The infection steadily went forward also. Then after the carbonyl catalyst treatment, the change was for the better. The appearances changed. Appetite returned, the fever stopped, the resistance showed up by sequestration of the infection and its discharge as in the Prostate case. Examination of

the discharged pus showed it to be the same staphylococcus both before and after treatment. But after the treatment the infection became suddenly harmless and was quickly thrown out. This is the experience with cows with infectious mastitis, as reported by the Ministry of Agriculture of British Columbia in five years of observation in cattle infections. In a few days the gangrenous infections that lay the cows low subside and the cows are up and about, even as the germ count increases the wounds heal.

This is an important observation as is also the **disappearance of the fibrosis** of the chronic mastitis infections in the dairy cattle. Evidently a change has taken place in the germ as well as in the patient. The metabolism of both have become normal and no toxins are produced. Thus the physiological approach which does not aim to injure or kill the germ, makes it no longer pathogenic, and the patient too burns his accumulated poisons out of the way so he is again hungry even after weeks and months of inability to take food, as he should.

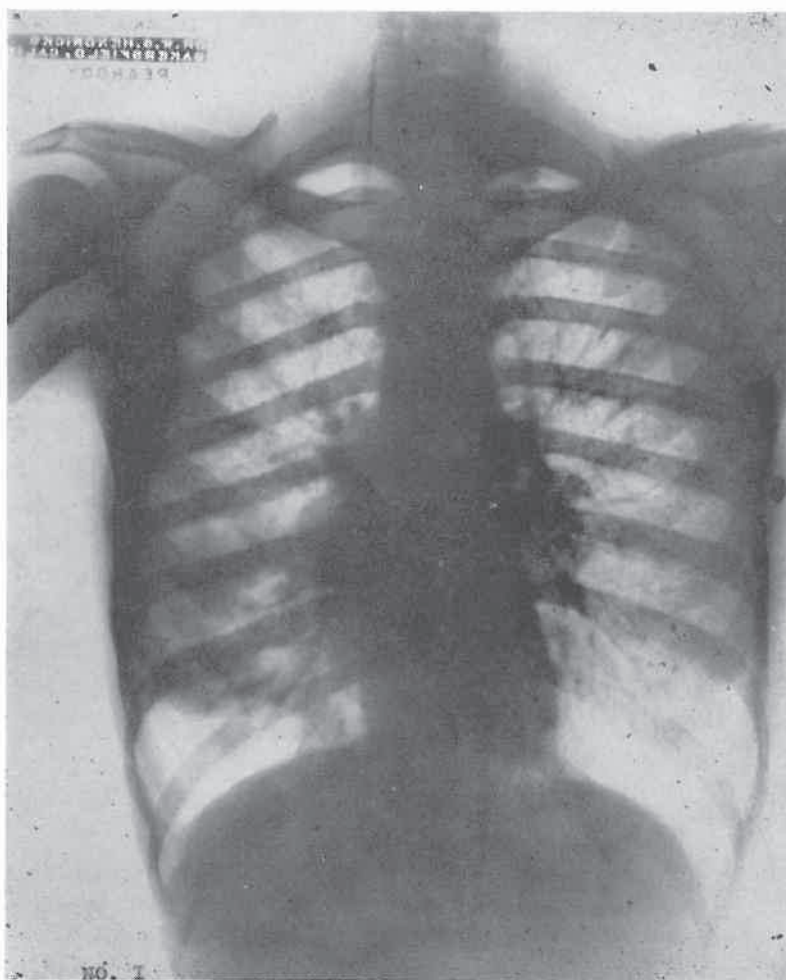
The metabolic fault in the tissues during chronic infection is well represented in bronchiectasis, for here not only is there an excavation of the lung substance starting in a bronchus, but the bronchial walls carry the infection forward so that lobectomy is the only hopeful procedure, from the orthodox standpoint. The following case like the others in our experience shows the normalization of the tissues resulting in the cure of the disease locally, and systemically, for this patient showed a terrific allergy to her bronchial infection through a most severe asthma. The correction of the fault made it impossible for the infection and its sequel the asthma to find soil, and the cure was therefore consequential to the restoration of an efficient oxidation catalysis.

ADVANCED BRONCHIECTASIS With Asthma*

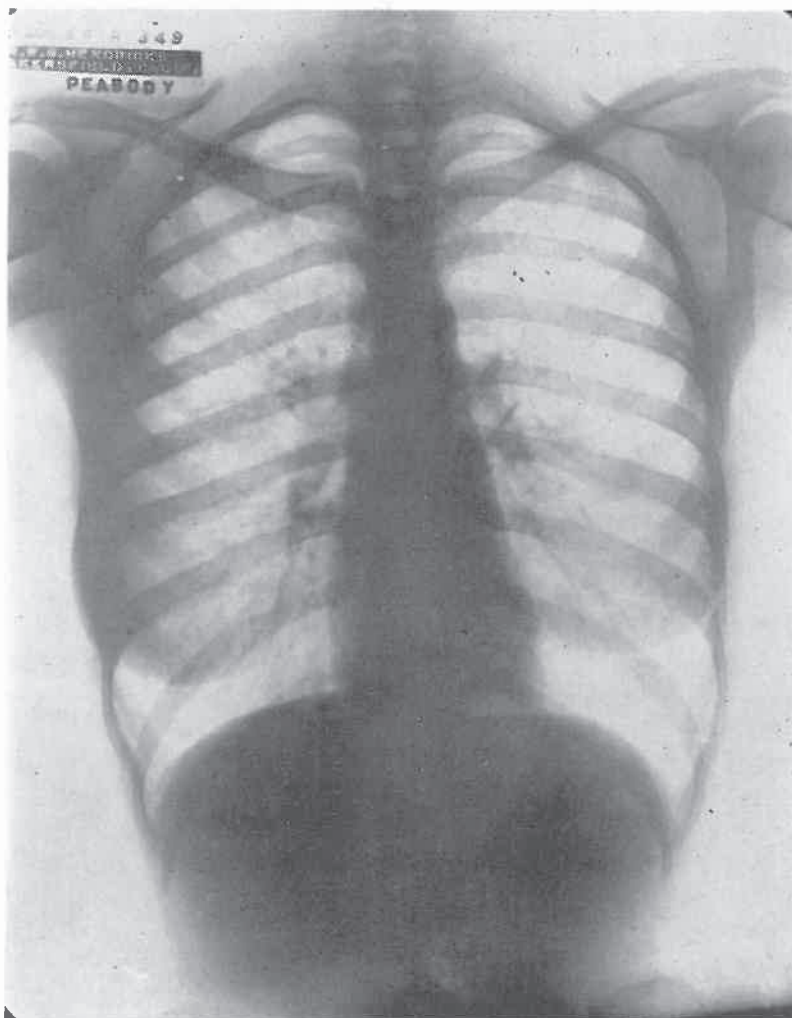
Treated with collaboration of
Dr. Wendell Hendricks

On January 26, 1944, Mrs. P., a woman of 31 years of age was helped into Dr. Hendricks' office. She weighed 82 pounds

and was in a severe state of asthma and coughing. The condition had persisted for many days and prevented sleep and correct nutrition, and brought her to the point of collapse. She raised enormous amounts of pus laden sputum for many years, but the asthma had persisted only for the past three years. A severe sinus infection was probably the initiatory factor. Her pulse was 130 beats per minute, and temperature 100.° The blood pressure was 100/80. It was necessary to be propped up



Radiograph No. I, taken at time of treatment.



Radiograph No. II, taken August 4, 1944, showing recovery. in bed to secure any sleep. The red blood count was 4,000,000, the hemoglobin 80%.

Carbonyl catalyst was given on January 28, 1944. Three weeks later she exhibited a reaction with chills and high fever. Following this reaction the asthma ceased, the blood pressure rose to 112/80, she gained 10 pounds in weight, and the fever dropped to 99.2°. By the 12th week the temperature was nor-

mal (98°) pulse 72, and the blood pressure 110/80. In another month the blood pressure was 120/80, and she gained to 93 pounds, but real marked relief from the cough and the excessive sputum did not come until the 24th week had passed. During the 27th week she was given a second injection. She made a complete recovery. There were no more symptoms of the disease, no more pus to be expelled and no more asthma. She slept normally and lived normally again, tending to her card parties and home duties as usual, and lived a brisk life thereafter. We believe that only through the proper restoration of the oxidation mechanism and its catalyst, can tissue vitality be restored and a permanent recovery obtained. X-ray films, taken before and after treatment are submitted in demonstration.

Occasionally during the observation visits she was given a lavage of the nasal sinuses to aid their elimination. Colon lavage was part of the general care, together with vitamins and the vegetarian diet upon which we insist in all of the cases under treatment. No honest physician, or expert in this dire disease will claim that an occasional nasal lavage would cure a deeply established bronchiectasis when indeed they admit the only cure is removal of the lung or the lobe that is affected. Even such cases relapse, it is found, as the fundamental tissue weakness still remains. Only the proper restoration of the oxidation catalysis can restore the tissue vitality.

FIBROGENESIS

Fibrogenesis may be general or at least at points quite distant from the source of the fibrogenic agent. Thus an infection that has become scarred-in and silent may still exist in a comparatively anoxic focus so as to evolve products of its metabolism that do not have a chance to be oxidized away, but form free radicals that can polymerize at the focus, or may enter the circulation as such. Hypoxia in any parenchyma subject to exhaustion from over work will also cause incompletely combusted metabolic products to be formed and exist as free radicals that may copolymerize with the product coming from the infectious focus. Thus there will be located at this distant point

a copolymer of incompletely burned metabolites of germ and tissue cell origins which, being irritant, call for the production of a protective fibrosis as occurred at the point of infection in the first place. The toxic polymer is taken up by the collagenous material of the fibroblast and enters into the structure of the fibrosis to cause functional deficiency or aging.

This type of fibrosis is different from the fibrous connective tissue of normal sheets and tendons for it contains the incompletely burned metabolites which still invite oxidation, and thereby dissolution. On the other hand the normal collagenous tissues contain chondroitin sulphate and hyaluronic acid and other polysaccharides which are insured against combustion by the cyclization of the carbonyl group which is flanked by an amine group besides. Thus the skeletal structures are quite "fireproof" while the scar tissue that combats infection and toxic states is open to disintegration via oxidation. The pathogenesis thus again provides for its correction. While our oxidation catalysts may clear up a fibrosis of coronary insufficiency or renal and cerebral insufficiency, they do not touch the normal structural fibrous connective tissues. Oxidative destruction of germ toxins makes the germ nonpathogenic, in our experience.

The pathogenesis depends upon suboxidation and toxins of various kinds. Cartilages are subject to dissolution however, not because they contain built in oxidizable units, but because of their colloidal adsorption characteristics and poor oxygen supply. Here toxins coming from a distance can be ADSORBED and held to call forth a fibrogenic invasion which will destroy a joint cartilage, for example. Such invasion is accompanied by angioblastic tissue. Together they destroy much of the joint structure and cause ankylosis. There is enough cartilage left to initiate joint reconstruction after the invading fibrosis is reversed by the oxidation of the toxic units built into its fibers. The pathogenesis thus again provides for the restoration of normal functioning tissues, following the institution of an efficient oxidation catalysis.

To keep the tissues young, elastic, oxic, and efficient, one

eliminates all infectious foci, no matter where they reside, and one avoids the fatigue of any functioning tissue, or activity beyond what can be well supported by oxygen and the catalysts involved. The ordinary industrial and road dust and smoke poisons, smoke from arsenic laden tobacco, as we pointed out many years ago when the tobacco mosaic became a menace, are common fibrogenic and carcinogenic factors. The dual nature of substances of this class is seen in the dissolution of a scar following the disappearance of a neoplasm that developed at a distance, and the transient repetition of the symptoms associated with the infection before its encapsulation by the scar. The joints may also be protected, and the vocal cords of singers may be helped to hold their very fine elastic and sensitive muscle qualities. All vital organs may be protected. See the chapter on diet also.

PERCENTAGES AND CAUSES OF FAILURE

In the acute infections, especially the severe type, there is no diet problem, as the patient is not able to take food and has generally vomited what he had. Intestinal lavage tends to the rest and the injection is given in greater concentration. The recoveries have been quick with clean tissue repair. Even after the best antibiotics have failed and the nurse advises the doctor his patient will not live till morning, an ampoule of the carbonyl catalysts has changed the trend immediately to recovery and in a few days the double pneumonia is a thing of the past. The etiological factor is out of the way before the patient is tempted to violate the regime.

In all chronic cases it is different. Where the eating and drinking habits of the past rule the mind, recovery may go on so long as the patient is under control, but when he is well enough to go free, he falls into the way of life that led to his illness. In cancer cases the etiological factor is not gotten out of the way entirely, until the growth is completely absorbed and the focus of infection that gave rise to the toxin is cleaned out and absorbed by a late reaction. Even then some old scars as from an early syphilis may still hold malignant cells that happened to drop in that way, and a still later reaction may be

needed to clean these foci out, although they generally clear up before the original focus of infection has been cleared away.

Breaking the regime before one is fully cured, and the cure is "seasoned," permits carbonyl group antagonists to develop and possibly wipe out the defense. Amines produced from meat in the colon, the harmful nitrogenous derivative in coffee or tea, the tars of smoke and coffee, sulphides in coffee or sulphides developed in the intestinal tract by bacterial action on eggs and meat, and sulphides in the drinking water, these all hinder or wipe out carbonyl activity and block the activating power of the conjugated double bond systems. Patients are usually grateful that there is a regime worked out that helps them get well, but all are not, and perhaps 30% will desert the regime as soon as they think they are well, which is always too early, and then there may be a slow reversal from the recovery status. Perhaps thirty percent of our patients waste their chance to get well because of gluttony. Others have been ruined by irradiation and while they may improve so they think they are well even for as long as ten years, they are not truly cured and never can be. Ultimately an irradiation anemia will conquer the corrected chemistry. In other cases, where extensive explorations or exposure of the abdomen to seeding of the malignant cells during a corrective operation, the healing following absorption of the neoplastic tissue may cause widespread adhesions which on contraction compress the viscera and prevent their function. Gall bladder and intestinal obstruction may thus take place, or the pylorus may heal shut. At times the adhesions are so dense it is impossible to correct the situation surgically. Embolism is an occasional cause of defeat in rapidly recovering cases. Thus in some series of cases of far advanced type only 46% are reported cured by experts with this treatment. In some series where most cases are not in the terminal stage, and one would look for a high percent of recovery, only 72% have recovered. And among the failures, some were not caused by giving up the regime too soon. Something in the system destroyed the reagent, so it had no effect.

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,