

Correspondence

Kidney Cancer—What Cured this 83-Year Old Patient?

In mid June, 2001, I was consulted by a patient who had inoperable kidney cancer. Her symptoms started six months earlier. At laparotomy she was found to have a large cancer of the kidney with metastases. The surgical report stated “Laparotomy revealed a large, fixed renal mass. The mass had grown into the posterior abdominal wall, was surrounding the aorta and vena cava and there was a huge nodal mass. The posterior lobe of her liver was firm and felt as if it had been infiltrated by tumor. It was inoperable.” No treatment was offered.

I advised her to decrease her intake of sugar and to add the following supplements: (1) vitamin C - 2 grams in juice taken six times spread over the day; (2) niacin - 100 mg after each of three meals; (3) B complex - 100 mg once daily; (4) folic acid - 5 mg once daily; (5) selenium 200 mcg once daily. Three months later she was very pleased with her progress. In August, 2003, she was de-registered from both Hospice and Home Nursing care because she was doing so well. Her daughter noted how amazed the professional workers were. In December, 2006, her card to me expressed her gratitude that she was doing so well

What really did happen? There is no question that she had a most serious lesion that was visualized and well examined and that all the prognostic indicators suggested she should be on Hospice care and she was. She received no treatment whatsoever, no surgery, no chemotherapy and no radiation. Yet six years after the first symptoms she is free of symptoms and is generally healthier than she was when I first saw her. Probability statistics are of no value when dealing with individuals. They may be helpful only when dealing with large numbers of people. So here are some possible factors.

Surgery: This was exploratory not therapeutic. I doubt surgeons would consider that opening her up and having a good look and feel around is therapeutic. But they might prefer this explanation rather than give vitamins and minerals any credit. Of course it might be said that the surgeons were totally incompetent and could not distinguish between a large tumor and a normal organ. I would sooner believe in miracles.

Spontaneous cancer cures are very rare in medicine and perhaps they are rarer than cancer specialists accept as possible. Foster¹ showed many years ago that most cases of spontaneous recovery were in fact responses to activity by the patients or to the patients who recovered.

Orthomolecular: Clinical evidence is gradually accumulating which shows that these nutrients have therapeutic effects. I like this explanation that the vitamin C and the other nutrients were important therapeutic factors, but of course I am biased by the good results I have seen since 1960.

My healing personality: When I first reported that schizophrenic patients were getting well on vitamin B₃ this was not believed possible and I was told that it was most likely my personality. My answer was that my personality only appeared to be therapeutic when my patients were getting the vitamin and not when they were getting placebo even though I did not know what it was they were getting. I felt pleased that they thought so highly of my healing ability and insulted that I would not know the difference.

A Miracle: I am not an expert on miracles and have no comment. I think that most oncologists will assume that it was spontaneous or a miracle. They will prefer this to the possibility that vitamins may play role as they are so fixedly against

vitamin C especially because it is an antioxidant.

A Fraud: It is remotely possible this patient and her doctors created the whole episode as a fantasy, that she is dead and that she had arranged for someone to send me a card every year to perpetuate the fraud. Fraud is very rare in medicine but does still occur too frequently. If you want to believe this explanation for her recovery let me know as I have a bridge in Brooklyn to sell you.

Conclusion

One patient with terminal kidney cancer recovered by following the orthomolecular program. Surely there are many more around who would respond the same way. If we do not look for them we will never find them

—Abram Hoffer, M.D., Ph.D

References

1. Foster HD: Lifestyle changes and the 'spontaneous' regression of cancer: an initial computer analysis. *Intl J Biosocial Res*, 1988; 10(1): 17-33.

Is your patient a pyrrole excreter?

It would be well worth finding out if he/she presents with—

- Schizophrenia, mental disturbances, or autism (20% are pyrrole excreters)
- Knee pain
- White spots on fingernail

Urinary pyrroles are chemicals that attach to vitamin B₆, zinc and manganese. A genetically determined pyrrole excreter carries large amounts of those nutrients out of the body. The effects of pyrrole excretion can be easily corrected by taking vitamin B₆, zinc and manganese.

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