Reconstructive Medication

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Managing Editor's Note

Dr. H. 0. Veach has been practising medicine for many decades and has come through eras of medicine which began in the days of asepsis, through the use of the earliest antibiotics and the sulfa drugs, and into the present Orthomolecular era. Unlike so many physicians, he is still curious, eager, innovative, and well ahead of the medical times. When I discovered that he had used a combination of parenteral vitamins, calcium, and one of the original sulfonamides for a variety of conditions, and had seen very good responses, I asked him to let me have a note in which he described his results.

Although he has not run double-blind controlled studies, he has conducted other kinds of controlled studies — the controls used by any observant clinician. The hypothesis some might call upon that his recoveries were due to faith is more incredible and less probable than his conclusion that his patients were benefited because of his chemotherapy.

I requested Dr. Veach to submit this material for two reasons:

(a) to provide leads to the rest of us which we can follow up in research, to find out how sound his observations are, and hopefully to help many more patients;

(b) to provide some priority for our pioneer physicians who were able to make what might be very important observations but who have not been able to publish them because they were unable to get by committees of medical journals.

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A variety of intractable diseases are curable by certain medicines acting singly or together. I preferred the intravascular routes, but such administration is dangerous and must be used with extreme care (1) (2) to avoid damage to the patient. I gave many thousands of intravenous (i.v.) and intraarterial (i.a.) injections, however, with injury to none, but health to many moribund. The intravascular routes gave more prompt and definite therapeutic results than oral or intramuscular. They are not for careless hands.

For reconstructive action, I used three medicines:

A = azosulfamide, in 5 percent aq. sol'n, formerly- Winthrop's Neoprontosil, but now sold as the red powder by Sterwin Labs, of N.Y. I took the Hg out of neoprontosil in 1956 and called it "azulamide". Usually I gave 5.0 ml doses, but went as high as 25 ml with impunity.

B-+ = Vitamin B Complex, containing several of the vitamin Bs, and usually Vitamin C, as in Lederle's Folbesyn (2 to 4 ml per dose) and Upjohn's Solu-B (5 or 10 ml).

Ca = Calcium chloride, in 5 percent aq. sol'n, but in the late '60s and 70s I have used only the pharmaceutical preparations of the gluconate gluceptate and ascorbate (dosage 5 or 10 ml).

Occasionally I had Pasadena Research Laboratories prepare aq. sol'ns of B+ to my specifications. These medicines were successful singly or in pairs, but I got fastest action and greatest applicability to diseases by combining them in one formula, X = A,B + , and Ca.

Case Results

X was very effective in multiple sclerosis, chronic alcoholism, and atrophic cirrhosis of the liver — as illustrated by a man who suffered nine years, from 1947 to 1956, first with multiple sclerosis until the fall of 1953, then with chronic alcoholism and m.s. to March 8, 1955, and finally with atrophic cirrhosis of the liver which joined the m.s. and alcoholism in November, 1954, and left March 14, 1955. The m.s. remained until November, 1955.

I began to treat him February 8, 1948 with B+ and with very slow improvement until the summer of 1953. During this period, he was also in three large hospitals and treated by other doctors. Then I added Ca, and all signs of disease of the brain disappeared by the fall of 1953. Then he quit my chemotherapy and substituted ethanol, by heavy consumption of wine daily. He and his wife then requested my psychotherapy once monthly until December, 1954, when I told her confidentially I could not help him.

In January and February, 1955, he was resident in a very large hospital three times and attended by excellent internists, but became progressively more moribund. As a last resort I was called again on March 8, 1955, and gave him X at 8:45 p.m. Immediately his ethanolism ended and his strength increased. It was my first "one-shot" cure of alcoholism. I repeated X on March 9 and March 10, and he was up, walking around. On March 11, he climbed into the ambulance and went to the hospital for paracentesis, which yielded 7,000 ml. The wound closed by March 14, and no free fluid ever collected in his abdomen again.

I continued to give X once weekly through 1955 and his m.s. was gone by November. I checked with him in August, 1973, and he was still free of these diseases and happily and profitably employed. I have reported this case (3) and give it here as an example of synergy. He is now 64 yrs. old.

As B+ in X, I used my special 1955 formula per ml:

para-aminobenzoic acid .....10 mg.
niacinamide ..... 50 mg.
biotin .....1 mg.
B_2 .....10 mg.
B12 ..... 15 mcg.
calcium pantothenate .....20 mg.
inositol ..... 20 mg.
B1..... ..... 10 mg.
B6.....5 mg.
Choline chloride.....10 mg.

With 1 ml of this and 3 ml of 5 percent Ca, I mixed 5 ml of A in perfect aq. sol'n for i.v. use in this case.

After a few months, I exhausted my supply of the 1955 formula and substituted Lederle's folbesyn, which when dissolved per 2 ml contained:

thiamine chloride .....10 mg.
riboflavin.....10 mg.
niacinamide.....50 mg.
B12 ..... 15 mcg.
sodium pantothenate .....10 mg.
Pyridoxine HCI.....5 mg.
ascorbic acid .....300 mg.
folic acid .....3 mg.

By "one-shot cure" I mean an immediate remedy for a disease that does not recur.

Between 1955 and 1973 I have treated about 30 cases of ethanolism. Four were one-shot cures and one a two-shot cure. One of these had only the one shot but never craved liquor after the i.v. in May, 1969, up to his last report to me in June, 1973. I usually gave a series, however, to improve the general health and insure the cure. About half my cases stayed cured after cessation of therapy, but in the others the urge was only lessened. They all spoke of improved health and personality. Probably I did not use sufficiently high dosage to get a greater proportion of cures, especially one-shot cures (20).

I had better results in senile dementia in the '50s in cases of varying severity, and some of the milder are forgotten. I can't recall any failures, and none in the '60s and '70s. The length of follow-up was limited by death from other causes and lack of cooperation. I

treated them with A and B+ singly, but X was faster. X gave me a one-shot cure, but the patient died five weeks later suddenly of coronary thrombosis. In this 69-year-old man, I used my 1954 special formula B+ consisting of the following per ml:

para-aminobenzoic acid.....10 mg.
inositol.....20 mg.
biotin.....1 mg.
calcium pantothenate.....20 mg.
B12 .....15 mcg.

He was carried into my office on November, 1954, emaciated, incontinent, incompetent, and unconscious in deep slumber (4). A minute after X (B+ 2 ml), he leaped up yelling, "I've got to have a bowel movement!" He raced to the toilet and made it successfully. His incompetence and incontinence were over. He enjoyed his five weeks of mental health and was a pleasure in his household. Symptoms of senile dementia did not return after his one and only X.

A 61-year-old had also a strong component of cortone poisoning etiologically. He was totally demented, incontinent, and bedfast. His physician asked me to treat him on the bare chance I might save his life. Between February 10, 1953, and March 24, he fully recovered with Lederle's folbesyn three times weekly, and on June 29, 1953 he returned full time to his position of electronic engineer in a large factory. He was profitably employed thus for two years, when he died suddenly of heart failure (4a).

My schizophrenics were few in number for I always referred them to psychiatrists. One 64-year-old woman, however, had been treated by several psychiatrists without improvement during her 35 years of continuous mental illness. In 1953 I gave her X, and she was well. As I recall, this X consisted of 4 ml folbesyn, 5 ml Ca, and 5 ml A. After completion of the i.v., her return to normal cerebration required only 20 minutes. The disease had not returned to the end of the 1956, when I lost clinical contact.

Another female, 32 and para ii, had been disabled for six years by hebephrenia. The illustrious psychiatrist, Cullen Ward Irish, M.D., was her physician, and he welcomed my chemotherapy. From October, 1952, I gave her B+ once or twice weekly until July, 1953, and Dr. Irish and her mother were greatly pleased with her increased emotional stability and capacity to learn (5). Then I changed to X at the same frequency, and she improved further and took college courses leading to the Bachelor's Degree successfully. About the end of 1954 she felt well and discontinued therapy. She was normal to the end of 1956, when I lost clinical contact.

Several other cases came to me, not severe enough for continuous hospitalization, and desultory in treatment. I gave them X only. One case in 1966 I referred to my attending physician, who gave him X three times in four months. I had advised three per week but the patient refused. After each i.v., however, his special nurse reported to me that he was quite normal and humorous for four days but then would relapse into his state of fantasy and stubbornness. His relatives thought the three injections improved his condition about 35 percent. The others also improved but discontinued therapy after a few treatments.

In January, 1947, a physician referred a case to me for maternity care, stating that she had been sleep-bound for 21 years following an attack of spinal meningitis. She was 35 years old and para vii. She slept 20 hours per day and dozed the remaining four. This sleep-somnolence remained unchanged until I gave her an A of 5 ml, on April 5, 1954. Immediately she sprang into vivacious mood and demanded that her husband take her for a drive in the beautiful Mulholland Hills, and he very joyfully did so. Her mental torpor never returned in my two and a half years of observation thereafter. Eight hours of sleep in the 24 were enough for her, and she had a very happy existence (6).

At the end of 1952 I began to cure nephritis and never failed if the patient followed my directions. One case of 21 years' duration was referred to me by the brilliant urologist, Dr. Elmer Belt, and though improved after two

and a half months of sparse, desultory treatments, she quit my chemotherapy voluntarily and died six months later (7). Seven successful cases are reported (8) (9) (10). The successful medicine was A.

The following case is now being reported for the first time. I began treating her February 21, 1946, primarily for whisky addiction, and had a little success in reducing her daily intake. On June 12, 1955, I was called to her home for a different illness. I diagnosed the case severe chronic glomerulonephritis and gave her X and 700,000 u penicillin, the latter intramuscularly. On June 14, her glomeruli had bled her Hgb. down to 30 gms percent and her R.B.C. to 1,002,000. I had her placed in a private room in a hospital, with continuous special nursing and O2, and gave her another X on June 15. A transfusion of a pint of whole blood was also given on the morning of the 15th. The BUN was elevated and the serum bilirubin was normal. Immediately after the X, the patient would drink no alcoholic beverage and the husband and special nurses were surprised for I had forgotten to tell them that X might cure alcoholism and chronic Bright's disease. Her craving for ethanol never returned.

I repeated X and the transfusion every morning for the first hospital week and then stopped the transfusions. I gave seven more X before sending the patient home on July 3. Thus she entered the hospital a chronic ethanolic and nephritic and left free of these diseases. I continued to treat her with X about once weekly and discharged her as cured on September 25, 1955. She became very healthy and active and enjoyed life. Finally she died unexpectedly in her sleep of heart failure in 1971 at age *77.* The alcoholism and nephritis never returned.

From 1941 on, I cured rheumatoid arthritis with A or X in all cases who followed my directions. The swelling, limitation of mobility, pain and deformity all left and did not return after cessation of therapy. The shortest period of treatment was seven days and the longest four and a half months (11) (12). After cessation of medication, the disease did not again afflict the patient, for periods now extending to 19 years (13). One 71 -year-old man took 174 i.v.s. of A, varying from 5 to 25 ml per dose, before the disease was conquered (14).

Alopecia areata was cured in two or three months without fail in women, and to a lesser extent in men, by B+ (15) (16). A plus Ca cured diabetic gangrene (17), recalcified bone in osteoporosis, and regenerated atrophic joint cartilage, as demonstrated by X-ray (18). X cured two cases of acute bronchitis immediately and was helpful in chronic bronchitis and bronchiectasis (19). A single X cleared away the most extensive and repulsive case of psoriasis that I have ever seen. A 60-year-old female consulted me for asthenia in 1955, and her blood showed severe leukemia. X every other day for three doses reduced the W.B.C. to normal count and improved her so much she felt well and would not return.

A and X were remedial in all cases of arteriosclerosis and were the best medicines I ever found for coronary disease. In severe cases of ischemia of leg and foot, I gave X into the homolateral femoral artery to prevent gangrene. In 1945 a series of Ca cured intermittent claudication for the duration of my follow-up of 11 years. In certain cases of arterial hypertension in women, A would lower the pressure to normal. X raised it in the hypotension of nervous exhaustion.

Discussion

The work of Hoffer and his many associates (20) emphasizes the value of increased vitamins in the bloodstream in schizophrenia. I tried his method in the '40s but had few cases and most of them were desultory in therapy. Therefore I changed to the intravascular route. Thus I got my quick, rather spectacular recoveries, but probably they would have been more uniform had I increased the dosages as Hoffer advocates. He writes me that psychiatrists are now using the

intravenous route.

A long-standing principle of medicine has been to restore molecular and ionic concentrations to the average normal, but all individuals do not function best on average levels. Prof. Pauling postulates an optimal or othomolecular theory of therapy, varying with the individual (21). Accordingly, my medicines increased the flow of blood to diseased tissues (22) and improved its quality and thus helped environ the degenerating cells with healing tissue fluids. Dr. Lawrence C. Kolb, illustrious Professor of Psychiatry at Columbia, told me in April, 1972, he believed the cure of schizophrenia was near thanks to noble chemists and psychiatrists who work day and night to relieve the mentally ill.

Conclusions

(1) Certain medicines are remedial in a variety of intractable diseases.

(2) Intravascular therapy may give quick cures and is safe if given with sufficient care.

(3) Insufficient blood supply may be an etiologic factor.

(4) Intracarotid injection might help mental illness more than intravenous.

REFERENCES

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