

REPORT  
CONSTRUCTIVE RESEARCH FOUNDATION

This Report, the first published by Constructive Research Foundation since 1961, considers our work from two important points of view. First, it discusses the concept of Regenerative Therapy which has been both the moving and the formal cause of our theoretical research. Secondly, it describes the first practical result of that research-Homogenate Therapy. It tells a story of successive improvements in our techniques, and of an ever-widening range of therapeutic applications, with a glimpse of even wider and more exciting horizons beyond.

The progress we have made so far has been achieved on lamentably small resources; we feel we have reason to be proud of it, though we do not mean to rest content with it. The goals we have set ourselves will require us to use every dollar, and every hour, to the full. But yesterday's struggles, today's achievements, tomorrow's aspirations, do not belong to the Foundation alone. We gladly share them with a multitude of friends whose free-will offerings of money, of time, and of labor both mental and physical have made possible whatever we have accomplished. The money to buy such an array of talent would tax the resources of our wealthiest colleagues; no money could buy the disinterested devotion with which that talent was put to work on our behalf.

To all of you who celebrated some happy occasion - or some equally happy impulse of generosity - by sending us a check; to all of you who answered our calls for help when some unforeseen and immediate need for money threatened to put a stop to our work; to

all of you who spent uncounted and ungrudged hours administering our finances, tabulating our statistics, organizing our work-space, building and maintaining our equipment, running our errands and cleaning up the recurrent chaos which seems to go hand-in-hand with medical research undertaken on a shoestring, Constructive Research Foundation owes an immeasurable debt. We know of no adequate way to thank you; we are proud to consider you not so much our supporters as our colleagues,

Before we pass on to an account of the Foundation's work, we would like to bring to your attention an important step forward in its administration. We have been fortunate enough to obtain the services of Mr. Sol Reich. Mr. Reich comes to us with an outstanding reputation and an impressive record of financial achievement in the cause of medicine. Our efforts to raise the large sums of money required are directed and co-ordinated by Mr. Reich, who will be pleased to discuss them with anyone interested in our work. He is the visible part of our overall operation. The funds flowing in to the Foundation through him are, so to speak, "processed" into medical research, which is processed again into our true end-product - relief, or restored health, for scores of sick people today and possibly thousands tomorrow. These patients depend on the Foundation for treatment, and their treatment requires, as one of its most important raw materials, an adequate and assured income. Our only possible source of revenue is people - people with generosity and imagination. We hope for help from those of them who, by reading this report, have given evidence of their goodwill towards Constructive

Research Foundation. We appreciate your wish to be informed about our activities, and hope that we have stimulated you to take the all-important step which leads from curiosity to interest, and eventually to support, commitment and collaboration.

With deep gratitude for your efforts on our behalf; with assurance that, as you read on, you will be pleased with what those efforts have already accomplished: with a firm determination that we will continue to merit your friendship, we respectfully dedicate this report to you who have made it possible.

Julian Gumperz, President  
CONSTRUCTIVE RESEARCH FOUNDATION

Constructive Research Foundation owes its inception, its continued existence, the successes we can report today and the greater successes which we believe to lie ahead, to its Medical Director, Max Jacobson M.D. Its research program is intended to develop, evaluate, improve and report on practical applications of the medical philosophy which he has evolved over four decades of wide-ranging experience in the theory and practice of medicine.

Every system of thought radiates out from a central, seminal concept, and at the center of the Foundation's methodology lies Dr. Jacobson's concept of Regenerative Therapy. Without a general grasp of this, it is difficult to follow the Foundation's activities, or to appreciate the reasons for its departure from the well-trodden paths of conventional medical thinking.

In medicine, as in other branches of science and technology, we are living through a process of increasing fragmentation. Almost every major human ailment is today the subject of a separate, specialized research effort - a trend foreseen a quarter of a century ago by Norbert Wiener, and developed at length in his fascinating book, The Human Use of Human Beings. As each line of research is pushed further, it tends to diverge from others which are moving forward along different lines, until the various branches of medicine are becoming clearly and increasingly inaccessible to each other. To take an extreme instance, the doctor working at the frontiers of immunology and the doctor working at the frontiers of gynaecology have by now almost nothing in common.

common except their medical degrees. A similar breakdown in communications can already be foreseen even between such cognate fields as virology and bacteriology.. If specialists are only distantly acquainted with fields other than their own, the busy doctor in general practice has even less opportunity to stay abreast. As an inevitable consequence, while research becomes increasingly compartmented, so does therapy. Most of us have had the experience of being referred to a specialist, then to another specialist, and so on, with four or five stages required to establish a diagnosis, let alone a treatment.

Regenerative Therapy entails a different, almost an opposite, approach to the investigation, control and ultimate conquest of disease. Its theoretical basis cannot be exactly stated if we are to avoid technicalities, but even a simplified, and therefore necessarily inexact, explanation is better than none at all.

Diseases, as everyone knows, differ widely in their symptoms, in their apparent origins, and in their effects on the human system. However, there is one characteristic that they share, and which is the preoccupation of Regenerative Therapy. Every disease is accompanied by an interruption of the normal, healthy flow of nutrients within the human organism, either by diversion to some alien invader, or by an apparent loss of the body's ability to produce some substance necessary to its own efficient functioning. When disease is present, constituents of our diet which would normally go to build up new body cells as replacements for those worn out in normal use, go instead to support a parasite, a fungus, a virus, bacteria, a malignancy, or some other intruder which is absent from, or innocuous

in, a healthy body. The word "disease" should be taken more literally than it is. It means "an absence of ease" - a sense of discomfort which alerts us to look for something amiss. The healthy organism is in a state which physicians call "homoeostasis" - literally "everything fitting together properly" - which is characterized by unawareness of the body's functioning because it is as smooth and comfortable as efficient mechanisms usually are.

Sometimes the needed substances may, through a failure in biochemical processing, be lacking or wasted, and some essential product thus lost to the human organism. This is true no matter what part of the body is under attack; the cells whose normal replacement cycle is impaired in this manner may be those of the blood, the connective tissue, the brain, the nervous system, the various internal organs, etc. The concomitant of all diseases is this interference with the replacement of cells lost through daily wear and tear, which is known as the anabolic process, or anabolism. (To clarify an important distinction, metabolism is the series of chemical reactions through which the body's intake of food is converted into the specific substances needed for the maintenance and replacement of its various component cells. In other words, our food is metabolized into a bewildering variety of complex chemicals, which in turn are anabolized into living cells.)

It seems logical to devote a good deal of attention to the factor which is common to all diseases, rather than to concentrate exclusively on what distinguishes one disease from another. And as soon as we do so, we can hardly fail to ask ourselves whether we can certainly

tell the difference between cause and effect. Does the invader from without (or the treacherous malignancy within) somehow break in on and interrupt the anabolic process? Or is it sometimes the case that a breakdown of anabolism precedes, and in so doing makes possible, the invasion? One suggestive fact is the evidence recently developed that old age, the commonest disease of all, begins when the body cells start losing the ability to reproduce by mitosis (splitting), which they do at all stages of human life from embryo through adult. Can we identify any other diseases thus caused? Could they, in theory at least, be prevented by sustaining anabolism at the level where it confers immunity against them? If so, how can the theory be applied in practice? And how can the prerequisite level of immunity - if it exists - be determined?

Perhaps it cannot be shown that anabolic insufficiency is a condition precedent, rather than a consequence, of any disease. None the less, exciting possibilities have been opened up. We may concede that a patient falls sick because of a successful act of aggression against some strategic point of his anabolic defenses - so to speak - from outside. Could we, along some such lines, facilitate the "recapture" of the diverted nutrients, and their return to the proper function of building healthy new cells? And would this not mean that the formerly triumphant aggressor would eventually be starved out (or the formerly established malfunction corrected) and the conditions necessary to restored homoeostasis thus re-established? This hypothesis, if supported by experiment, would be potentially capable of very wide application; many, perhaps most, diseases could in theory be attacked from a new direction, by depriving them of their subsistence.



Theory may suggest, but unhappily only practice can answer, questions of this nature. And at a practical level, no matter how much we may prefer rigorously scientific procedures - those which start without any assumptions about what is to be proved - they may fail us here. The present "state of the art" in biochemistry and biophysics is probably inadequate for this purpose, even if applied on a scale far beyond the resources of Constructive Research Foundation. We are forced to fall back on a pragmatic approach - reasoning our way to the most plausible assumptions, and deriving therapeutic methods from them as though they had been provisionally confirmed. Materials and methods would have to be subjected to the most rigorous testing, individually and in combination, at every stage of their tentative application. From these tests would evolve a therapy which had been proven safe, and whose effectiveness in use could be assessed by clinical observation over a period of time.

This was admittedly an unsatisfactory approach, since even when a therapy worked, there would be no objective determination why it worked, and only a rule-of-thumb explanation of how it worked. But the Foundation's directors felt that, subject to certain conditions, analysis and methodology could be left for later investigation. If the therapy were sufficiently effective in some area where conventional medicine had no record of success, it might reasonably be expected that financial and technical support would be forthcoming from outside sources.

Two crucial decisions had still to be made: what disease should be chosen as the first target? and what should be the first materials and methods used in attempting to remedy anabolic dysfunction? Neurodegenerative conditions, particularly multiple sclerosis ("M.S.") almost forced themselves on the Foundation's attention, for several reasons. Here, anabolic insufficiency is not only an accompaniment of the disease but also its principal symptom (as suggested by the common term "wasting diseases." The equivalent medical term is "demyelinating diseases" - i.e. those which attack the myelin or medullary sheath, a kind of insulation for the nerves. The effectiveness of any treatment could probably be estimated at an early stage, and measured continuously thereafter, by the stabilization, remission or (hoped for but scarcely expected) the actual reversal of easily detected functional failures. Almost as important, medical science knew of no way to arrest, let alone cure, M.S. A few fortunate victims might find that their condition grew no worse over a period of months or even years. But there were no reliably recorded instances of recovery, and most sufferers were simply advised to resign themselves to the inevitable.

In broad outline, the therapeutic approach was a natural extension of projects already begun by Dr. Jacobson, using the growing body of knowledge about the way in which the enzymes in the human system perform their vital function as specialized catalysts in the anabolic process. (A catalyst is a substance which promotes a given chemical change without itself becoming involved in it. Enzymes are protein - like catalysts, of which more than 600 varieties occur in the human body, each one essential to a particular phase of the anabolic process of one of the equally numerous kinds

of specialized body cell. Which particular enzymes are needed, and how much of each must be available to ensure adequate replacement of each type of cell, is still in controversy, but the principle is not.

The Foundation's decision to commit its resources to the development and testing of organic homogenates (suspensions or emulsions containing ultra-fine particles) rich in enzymes was not as bold as it may seem on the face of it. Previous M.S. research might have no victories, but it had at least left a body of documented defeats. Deficiencies of minerals, of vitamins and of many other substances had been virtually eliminated as possible causes of M.S. - because the remedying of such deficiencies had been conclusively shown to have no curative effect whatsoever. Simply by elimination, enzymes were due for a trial.

At this point the Foundation was required to surmount two previously unconquered obstacles, one of theory and one of practice. The former could be summed up in a simple query: which enzymes? Previous attempts to overcome it had been lost in the endless permutations and combinations of hundreds of different synthetic and animal-derived substances. Dr. Jacobson, however, had already developed and verified by experiment an effective short cut; he had learned how to extract the enzymes from human cell material (the placenta is particularly rich in them) and maintain them in a state of biochemical activity.

Much more serious was the difficulty of administration. Enzymes closely resemble proteins, and - as we have been reminded by the intensive press coverage of surgical organtransplants in recent months - the human body rejects almost all proteins other than those of its own manufacture with a violence that can re-

sult in serious illness or even death. This is true particularly of proteins (and of many enzymes as they occur in nature) administered parenterally - i.e. outside the digestive system. Nerve tissue and brain tissue have given great trouble in this respect, so that any attempts to replace such tissue where it had been destroyed by M.S. or other neurodegenerative diseases had been rejected as too risky. Administration to laboratory animals had invariably resulted in the so-called "experimental allergic encephalitis." The group of symptoms compendiously referred to as "antigenic" or "allergic" or "anaphylactic" shock are very imperfectly understood, as indeed are most of the physical and chemical processes by which human nerve cells do their work.

Once again, however, experience was able to supply the deficiencies of exact theoretical knowledge. The technique for grafting a "foreign" cornea onto the human eye, now in general use and still the only type of organ transplantation of proven safety and effectiveness, had led to observations that, depending on the age of the donor, the donated tissue stimulated biological functions in the recipient which gave the impression of a general rejuvenation. Dr. Jacobson had established that something of the same effect could be produced by an enzyme-rich homogenate. By greatly reducing the size of the contained particles, Dr. Jacobson had given them a larger total surface area for producing chemical activity, and enabled them to slip unrecognized through the body's detective systems. Thus, they could be administered by injection without risk of shock, carrying with them the basic elements needed in cell construction and repair.

Since the Foundation began its M.S. project, it has greatly refined and improved its therapeutic materials, until today it is firmly established in the promising new field of molecular medicine. The various processes applied to the homogenate, which eventually break down its particles to molecular size, now include exposure to extra-low temperatures, irradiation with ultra-violet light, bombardment with ultrasonic waves, and subjection to a strong magnetic field. The identifiable results of these processes are a further great reduction in the particles' size and a change or neutralization of their electric charge. These methods, and the increased ease of administration and therapeutic effectiveness that they confer, will be the subject of a scientific paper in due course.

The Foundation, though, is a consumer as well as a producer of research, and it has already measured the value of its evolving Cell Therapy by statistical analysis of its own Multiple Sclerosis project. This has involved the treatment and meticulous observation, over the last ten years, of more than 150 patients suffering from M.S. or, as regards some 10%-15% of the group, from related degenerative conditions. A summary of the project's results appears earlier in this report. It covers 88 victims of M.S. and 12 of related degenerative diseases, totalling 100 of the 150 case histories available, since cases of doubtful evidential value, where the original diagnostic and neurological reports, or, failing them, a clear and authoritative statement from the referring physician, are lacking, have been rigorously excluded. As will be seen even in a cursory glance at the figures, therapy with these homogenates has restored lost function, to an extent which the Foundation believes to be unprecedented, in the majority of patients treated.

The degree of function recovery was determined and reported in accordance with standards similar to those developed for the U.S. Army. Some of this work was done by qualified independent observers.

The Foundation has also made measurable progress in applying Homogenate Therapy to conditions of the eye not amenable to any previously-known treatment, such as macular degeneration, retinitis pigmentosa and retinitis diabetica. So far treatments have been regularly administered to only six patients, all of whom had already been diagnosed, by specialists in no way connected with the Foundation, as suffering from one of the above-mentioned diseases. The patients were again examined, after treatment, by independent specialists (in some cases those who had made the original diagnosis), who reported the recovery of an "amazing" proportion of the lost vision, accompanied by other marked improvements.

These visual ailments appear to have nothing in common with the neurodegenerative diseases in which the Foundation originally specialized - except that both respond dramatically to Homogenate Therapy. Given the facilities to develop a wider range of materials and techniques for administering them, the Foundation intends to evaluate their usefulness in many other kinds of illness, with special emphasis on those where sufferers cannot obtain significant benefit from existing methods of treatment.

Such refractory conditions are becoming more common rather than less so. The progress of medical research is paced, or even outpaced, by the growing pressures of our complex, artificial environment. The human

organism took several hundred thousand years to adapt by natural evolution to the natural world, which mankind then tamed and took over. That nature was never entirely reconciled to her new master is indicated by the proven occurrence of allergies far back into prehistoric times. But man, determined to overcome all obstacles to the satisfaction of his curiosity, has reached far out into space and far down into the microcosm, changing his own environment in ways whose total result he cannot foresee. In the last half-century we have imposed on our world changes which, at any other time in our racial memory, would have been drawn out over several millennia. Of course we cannot hope, in so short a time, to effect by evolution all the adaptations which these changes necessitate. This can be done, if at all, only by a concerted effort and expenditure which will dwarf the Manhattan Project - and which has not yet been recognized as necessary except by a few pioneers. Encouraging progress has been made in approaches to a few specialized problems of adaptation, such as those of astronauts and of mine workers in the high Andes. But no attempt has been made to co-ordinate these or to fill in the gigantic gaps between such isolated research projects.

Every day, in cities throughout the globe,

hundreds of victims are claimed by such environmental novelties as smog, water pollution, motor traffic, and the cumulative psychological demands imposed by overcrowding, noise, and the pressures of competition.

A high proportion of such failures in adaptation take the form of traumatic damage, particularly to the nervous system.

There is evidence, of a provisional and preliminary kind, that Homogenate Therapy (or perhaps in this context it would be better to talk in broader terms of Regenerative Therapy) may eventually offer hope

in such cases which at present respond irregularly, or not at all, to all the efforts of the medical and social sciences. Patients representing a fair cross-section of modern society appear to exhibit a high incidence of beneficial results, enabling many of them to continue to meet, without difficulty, the unpredictable and exacting demands imposed on us by life in today's world. Some of the most notable improvements have been achieved in spite of serious pre-existing loss of efficiency.

The Foundation's goal is to investigate the potentials of Regenerative Therapy in these and other new fields, moving forward as fast as its resources allow to develop a broad spectrum of materials, techniques and applications. Concurrently, work will continue on new ways of treating the materials, so that yet higher standards of purity and therapeutic value can be attained in the future. As suggested above, the Foundation cannot respond adequately to the challenges now confronting it without further substantial expenditures. It should have more, and better, laboratory equipment and instrumentation. It should have at least one qualified research assistant to the Medical Director. It will use raw materials and other supplies in ever-larger quantities. It requires the help of statisticians and medical journalists, if its achievements are to be effectively presented to the scientific community.

Since you have read as far as this, we assume that we have retained your interest through our brief account of the Foundation's work. You may be ready to discuss with us ways in which you could help. If so, just fill in and detach the prepaid postcard below, and Mr. Reich will be in touch with you to answer any questions you may have, and explain our current needs.

A.P.O. Sheet Protector M-153

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Transcript of report on  
"Research On Multiple Sclerosis"  
of the Constructive Research Foundation  
dictated by  
Dr. Max Jacobson, March 16, 1967

Nearly three years that the last report appeared in print and in the intervening years nothing basically could be reported, especially in the research of our multiple sclerosis. That it is difficult to interpret, it is appropriate that after ten years, we have undertaken to review the project in order to find out what this method really has achieved.

About 84 cases and more, an additional 9 cases of which diagnosis, such as demyelinating nerve condition and similar, were used in order not to make the committal diagnosis of multiple sclerosis. A very interesting investigational work was done in the other neuro-degenerative disease. Cases that - whose long duration and treatment now could be evaluated properly, such as muscular dystrophy, amyotrophic lateral sclerosis, and lateral sclerosis. On the other hand, of equal importance if not more so was the treatment of degenerative eye conditions that incidentally drifted in under wrong diagnosis. As in these conditions, there was only a one way road and any remission has not been reported and this was during. It was much simpler to see the one length stand under specially diagnosis and evaluation of treatment by means of inspection and <sup>reading card</sup> tests. It <sup>was</sup> very impressive that those cases, many of them declared legally blind - t-hat means a decrease of visual acuity of 22% - I don't know it by heart, had now not only maintained their initial improvement, but continued to improve throughout the years by continuing the therapy.

<sup>the</sup> ~~In~~ the question of the material and combination of glandular homeo-static emulsion used in the therapy of multiple sclerosis, ~~there~~ <sup>there</sup> has been no basic change. However, with one regard, especially as the mixture was at that time, considered multiple sclerosis essentially as an allergic disease. There ~~no~~ we were especially interested to decrease the dose in order not to have <sup>an</sup> overlapping direction ... forget about that preceding sentence.

An improvement of therapy could be made by decreasing the dose of the applied material as the purification of the measured were benefited especially by the process of cryogenic methods. These methods permitted to a final selection of the glandular substrate that forms the basis of the medication. That constituted only an improvement on the work that had been done already at the appearance of the second report. The material was benefited by a smaller particle size that permitted the incorporation in - to ointment that the patient applied between the injections. Now the statistics show the following important progress:

This part is being left to Dr. Gumperz for evaluation. Thank you.  
Dr. Max Jacobson.

In our statistics, we have set up four degrees of severity of each symptom described. In each unreached symptom, we have listed the number of patients and the percentage of the total MS group who formed the nucleus of each category of symptom severity at the beginning and at the end of treatment. It is shown that the bulk of these patients, in each case, have improved - gone from the maximum severity down to, various lower categories - and in each case, the minimum severity, such as a slight problem or a moderate problem, have gone down to even no problem at all. <sup>Each</sup> or all of the cases in each category, have more or less become reduced into the minor categories. from the beginning to the end of treatment. In other words, all categories, generally, were to be considered <sup>(1)</sup> improved.

(1) Dictated by Mr. A. (Tiny) Freeman

Here Dr. Gumperz suggests that we obtain, from the MS society as much material as, we can of the recent ten years, in order to compare their results and their communitative methods, as to compare them with our results. I think they are pretty well ordered.

The 'Tiny Evaluation', especially, was dropped out of treatment. Re-appearance in several cases disappeared.

The famous case where I was once in Brooklyn and the patient tried to get up and fell on his face abd had to be put back to bed and once i a while he ordered an injectible material for his physician or the solution applied by Morris and two years later he appeared walking into the office. But of course there are many cases who have dropped out after <sup>the initial -</sup> having↑made the initial improvement which we can not have for our credit, unfortunately.

So, The statistics, in view of the delicate diagnosis, is the committal diagnosis of the creeping physician who stole them, as orthotropic as the disease diagnosis and therapy itself. There have been <sup>other</sup>↑quite frequent reports and I can remember off hand, about a dozen, that patients that were always trembling for not having a sufficient supply on hand, in the case of injectible, in case the mail or premature death of the inventor should interfere with it, had finally resulted in an new technique. They aged the solution up to one year which, á propos, speaks favorably for the sterility of the solution and claimed that then the aged solution injected, gave them a better and longer lasting result.

I believe that the treatment of degenerative eye condition that didn't form actually a part of the MS treatment is so important in its social aspects and its medical aspects that we want to go into detail of this particular section of our activities. Now, the eye conditions that were treated were: macular degeneration, retinitis diabetica, retinitis pigmentosa. The development of this condition, shall we say the prognosis, is, as you can see from any textbook, very dim. In neither -

in either disease, regardless of the pragmatic factors that has caused them, a remission of the tissue involved to functional -- to functional state is not known. So in that respect, at least, we face an easier way in - to judge the result of the therapy. The therapy was simple: an intermuscular injection that contained vitamin A, vitamin E, riboflavin, and one cc of MS. A regenerative homeostatic emulsion was injected at the same rate as the therapy in MS, that means at an average of twice or three times a week, intermuscular. At monthly intervals, patients came for a reading test by the Standard Reading Charts and for intervenous injection that contained vitamin B<sub>6</sub>, riboflavin, vitamin C and calcium. The most startling part of this therapy was that results, and I may say startling results and improvement could be obtained within half an hour - immediately, but nobody would believe it anyway -- within half an hour after the injections. There is one element that in the evaluation of such a therapy that should be strongly emphasized. The eye that is being projected, telescoped at the third month of pregnancy, comes from the layer----> germinal layer from which the brain is formed and constitutes part of the brain. But as such only, is the transmitter of an image. The actually 'Seeing Process' is the interpretation through the various sections of memory storage of the brain. Much more complex and better and faster than any computer known, the brain sums and splits seconds or split of split seconds (voice in background - nanoseconds) splits nanoseconds through approximately 10,000 information that had been accumulated in a lifetime and forms a judgement and reprints that at the same time. That means, the explanation of the improvement is not only an improvement in the transmitter, but certainly, in my opinion, an increase of cerebral acuity. Again the question arises as whether we have a substitute therapy that is known as insulin in diabetes in which results can only be obtained through a continued therapy or whether there was actually an improvement that outlasted the injection. We have definite proof that they deal with both. First of all, apparently the

transmitter is benefited and that means the condition of the tissues in the fungus of the eye and sometimes in the muscles that control the movement of the lens. But certainly as we know from our other observations that the cerebral acuity, once it forms a table of reference is-- becomes a matter of fact and in improvement that at least in part, outlasted any therapy.

A newer test about the way in which ---(interruption: buzzer ringing). Here the photos are the report on three cases that are especially representative of the way you measure the functioning and to what extent you cling to the picture for which we especially in general, take a dim view, for eye disease, had improved. We could have added to that the way in which generally, -you, probably ask that as the public. If you are so good, why the heck doesn't everybody else do it? Where is the sensational report in the New York Times that sometimes predates the MA report? Well, it is very simple, like in any other field in which I have dared to interfere - LASER photography - or whatever you want. The experts, in the beginning, are pre-opinionated. First of all, you may not speak or may not be well versed in the ---what my old boss called the "gang lingo", that is a partial protection of the brotherhood. But, on the other hand, it seems to be firmly established as he is not a member of the (wedding/dwelling ?) , what the hell can he contribute and if we let him, well, how do we get the egg off our faces, you know?

I said the opposite. I said, "There is always a way in which one can consider any organo therapy and organic therapy. In any case, whether it is new or degenerative or otherwise, that as little as you would oversee an organism, one would, as for this type of therapy, only the maximum results have the smallest quantity which would improve, replace, but not interfere with the function of the organism.

Occupational Return? Every agency counts on a return.

When I was so rudely interrupted, said. in the beginning, "How am I ever going to detach myself" or should I say, "Little did I know what I let myself in to when I started". The more and better our results are, the more difficult it is to make: a. a limitation of the number of patients or try to terminate this project to devote yourself to any other. So how we will justify and rejuvenize our gross procedure in the perfect merge, I don't know yet.

I don't believe that the present attitude of the FDA --that agency, the Federal Drug Administration, for all uninformed --has helped the encouragement of any researches. As a matter of fact, I am informed that there was a great protest against interference of the big organizations that have all of a sudden, their heads swollen sky high after one of their members made the discovery of the baby mutilization <sup>so</sup> talked about during pregnancy, that they were riding rough shod about every attempt to, get the researchers - withdrew silently in order not to become the unfortunate victims of big organization.

In spite of that, I only quote my therapy for infectious hepatitis that has been unequalled in any publication. That, through the publication of smearing of cortisone that any application of cortisone as therapy alone or in combination - that written and those accused any therapy of that kind as shoving dust under the rug - and lay the groundwork for a terrible relapse of the condition once the inflammation affect has <sup>ceased</sup> discouraged a lot of research people to go into that. So the infectious hepatitis keeps on roaming happily along and the potential number of victims that are the silent ones will still deliver or squirt their blood into the pools to account for -- similar increase in emergency exercised during the Korean War.

I would say the size of this project compares very favorably with all reports that have

come out about the commotion in background while Dr. Gumpertz lists a number of agencies



Well, it should<sup>be</sup> rather said that the medical profession has very often benefited from that Norbert Wiener chemists, engineers, and it was at first Norbert, <sup>T</sup> yes Norbert Wiener who returned the compliment in saying, "If only the engineers and the electricians and the electrical engineers", pardon me, "could only learn a very small percentage in which nature handles certain problems, then the sugar industry would be severely damaged once we catch onto the photosynthesis - and so on and so forth", so we should not be too ticklish about it. When such a case was sent back, like many of our MS cases, to the authorities, we would say, "Well, probably that was the wrong diagnosis". Well, I remark of your opinion, it was the wrong prognosis. That is about all I want to say about that.

I'm telling you what I'll be doing. . You have the formulas - the continuity of the work that was described in the second brochure. How that continued during the last two years? And then , at the end of the brochure, what the project of work is for the period ahead? <sup>(2)</sup>

You can add to that that it is rather difficult for any conscientious physician after he had established such a relation and dependency to people that expected nothing and less of their own future if they were thoroughly indoctrinated by other organizations. I don't want to mention the Multiple Sclerosis Society that swallows a tremendous amount of money - millions - only to put gaiety into the hearts, if you pardon the expression, into the hearts of the afflicted and teaches them how to accept the unavoidable with grace and joy. Well, I don't think that those merits are so terrific that those people should be supported, but if you only get their slides, we try to do the opposite. It has been shown in extreme cases that the expectation of the impossible is rather the advice of ... ask any victim of concentration camps who, in the situation in which he was said, "We have no outlook" and maintained it on account of the survival quality -- every brain has a survival issue. And I think we should take heed from there and not an exaggerated effort of honesty and <sup>I</sup> believe honesty should never be made a celebration issue, it should go without saying. But while one talks gently with hope, to the multiple sclerosis cases, one crosses his fingers behind the back and that's certainly the best method I have found so far.

I could not make out the names clearly and thus have omitted them, NH) in the accounting  
(3)  
of the amount of money that has been available. If one now considers that the impossibility of letting a project go without being severely disturbed at night, you know, for the sin of omission, and has continued without decreasing their number and very often after financial personal sacrifice at the start. Now just compare the budget available to those that have contributed - other projects and the small shoestring contribution that we have, ..being able to work that project out. We say as a conclusion, we can say then, if one compares these results with the projects of other organizations, it must - it can be said with confidence that a greater availability of funds would permit - would give more and precise - not more - would result into a tremendous increase of information that could be gotten for the benefit of the therapy of this disease, for the foundation and other interested organizations and probably be able to handle other projects that are of equal if not greater importance as mentioned before - only think of eye disease or related disease, virus or cancer. That - that would permit the application of this method for other conditions. That was my great ambition always, that the CP treatment - that I would have enough money to try my skills on CP because CP is one of those conditions where one gets old. He is more intelligent than he lets on to in trying to hide the brain damage that actually prevents him from the of such non-existent conceptions. So I hope that, that CP, that is an equal obstacle in our economy, will be made available for this kind of therapy, which is in the value that is shown in other diseases.

We can elaborate, you know, though, that the tremendous amount of eye damage on sight damaging diseases is a tremendous cut into our economy because a blind person, though he may not be hospitalized, requires always the help of another person in order to be able to exist in life and becomes to a very great extent, incapacitated with the decrease of his vision which, only possible to push these structures out for 3 to 5 years or prevent them altogether.

Then I believe that is full justification for further investigation.

There is a very strange story about the improvement of a tooth ache cure of eye condition.

\*\*\*\*\*End of tape, side A\*\*\*\*\*

REPORT ABOUT THREE CASES REPRESENTATIVE OF THE WAY IN WHICH THIS THERAPY  
ACTED!

CASE NUMBER 1:

An executive, who tried to enlist in the beginning of the Second World War, learned the eye charts by heart in order to ... being very well aware of his condition and was discovered, and in order to prevent any future attempts to enrich the American army with heroes, declared legally blind. That is, on the other hand, representative of the extent of the decrease of his vision. He was seeing about a year and a half prior to this report and had already given up reading his correspondence and as he was unable, in spite of use of magnifying glasses and strong lights, to decipher letters. He was unable to drive his car and did not recognize people that passed him and was disgruntled, hostile and aggressive. I hope that John is going to read it too. He was, as a matter of fact, -it comes to my mind- he was responsible for giving <sup>the</sup> union card for camera men and everybody. That was how I made his acquaintance - because Mark Shaw trembled with the idea of having to deal with him and was afraid that he would not receive his union card. So finally he did and I met the gentleman when the first pages came off the press for the famous blue book. There he was, bent over the paper and trying to make a good impression, having his nose on the paper itself only separated by two magnifying glasses. I provoked him by tipping him from behind on the shoulder and asking whether he was looking for something special. So he, in great furor, he wanted to go into an argument and I explained to him that I was hoping to be able to be of some service to him and he accompanied me to the office and ten minutes later, after the first injection, overcome by emotion of being able to read, had the crying spell that could not be stopped before an hour. Now he takes it <sup>now</sup> for granted - you can extract whatever you want from that, of course, he takes it for granted that he reads his own correspondence and at times he even drives his car. Now I did not have the heart, even for the benefit of scientific deduction, to discontinue the therapy. However, as I said before, through my frequent troubles, he was deprived of the

use of this material, sometimes for a week or two, which had not in any way infringed upon his condition.

The CASE NUMBER 2 was a pharmacist who found it increasingly difficult to decipher the label of his bottles which is, of course, a condition that makes him, as we say in french, 'a pharmacie en premier classe'. Finally he gave up altogether. Oh, I forgot to mention that CASE NUMBER 1 was advised to study braille in order to continue functioning in his position. The same, in this condition, of the pharmacist who was, and he must have had pretty good eyes because he was a fighter pilot in the Second World War. He returned as I said. He finally had to engage somebody to - who read the labels for him and luckily for our scientific deduction, had to, was forced for economic conditions, to discontinue his business and, in order to make a living for his family, he studied for a doctor's degree, reading of course, with his own lily white eyes, all the papers that were necessary to pass his examinations and at the same time became a professor at a well known college. He admitted, by the way, that ~~he~~ was moonshining still as a pharmacist. This without any

help ~~from~~ a native guide. Now there is, we don't have to bring the proof that there was an improvement of his condition, but we have continued to check his reading charts, of which, after a small time elapse, he was able to have a corrected 20/20.

So the THIRD CASE was entirely different - was a middle aged woman that had been suffering for a long time of a severe diabetes and then suffered what is known as retinitis diabetica, that that forced her finally to give up her position as a teacher. Afterwards, - two months and that was about three years and longer even, after a short period of this therapy - approximately two months, she re-applied for her position as a teacher and has been teaching ever since.

There was a short remark - I think that we cut all that-. About the number of cases involved and the really serious impact on the economy of this country that a blind case constitutes and not only being incapacitated or unable to follow his original profession but forced to hire or impose upon his family for functioning in a reduced rate by being - needing dogs or, dogs or relatives. The question is whether we have any cases in which this therapy did not work can be easily answered, that I have never seen any exceptions from this rule.

I think that it would be an appropriate remark which does not have to be further evaluated about the cerebral attack of this therapy. All patients with new or degenerative diseases but especially represented Parkinson's, which they almost have the attitude of the far eastern beggars that made a great show of their infirmities and dig 'em into your face and tremble and seek position in which you could be fairly well convinced <sup>that</sup> your trembling would occur. (putting your foot on the tip, only the hand supported with one finger). -shows that the new and degenerative patient is well justifiable and explain that we demonstrate the shortcomings to the normal human being to almost show them the obligation to be supported. That is correct, isn't it? Therefore, it is of very urgent importance, to show that part of the explanation by all

patients, our overw<sup>whelming</sup> majority, is being - is continuing that therapy and became very well, patients that did not have to be encouraged to continue the therapy - that their mental attitudes, not only to the improvement of their symptoms, but certainly to the, ... a better and more logical approach to their own condition. That was a result of that special therapy.

Question: Are you talking about totally blind animals?

Answer: You don't know, that blind people talk about grey and black blindness. You know, many people ~~that~~ that are blind or declared blind are never totally blind altogether. They have an orienting light - like so the question, the question..... Well, I can tell<sup>you</sup> one thing. That we have one very startling case that is is ... still alive and living in Florida where the man was really a case of what you would call "Lecht Light" that had been able to, read Optic Physics, to read the headline of a newspaper and throw the whole staff of Presbyterean Hospital into actual confusion.