Anti-Malignancy Factors Apparently Present In Organically Grown Foods

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This clinical note is written with considerable hesitancy, and yet on five different occasions during the past thirty-six years of practice, I have seen a marvelous phenomenon occur.

Five patients have been observed with extensive malignancies, proven by biopsies, of either the gastrointestinal tract, or blood (leukemias), or sarcomas. Strangely, these five individuals all died many years later from diseases unrelated to these former malignant processes. It was shown in all five instances, following most thorough and painstaking autopsies, performed by highly competent pathologists, that no discernible pathologic evidence could be found then that such patients had ever previously had the various malignant diseases, proven by adequate biopsies to have been present in the past.

The only constant factor in the lives of these five persons was the fact that they all ate home raised, organically grown foods that were free from various chemical preservatives and insect repellent sprays. Unfortunately, here in Los Angeles we have learned to our dismay that smog apparently destroys these beneficial factors in organically grown foodstuffs. Possibly, such optimum foods possess unidentified antibiotic factors that are antagonistic to malignant growths in some humans. Some recent evidence attributes such beneficial actions to certain antibiotics studied so far.

This brief clinical note is written with the hope that it may prove of possible benefit to other Coloproctologists dealing with apparently hopeless malignant disease in their own patients. Surely, this recommended adjuvant therapy is innocuous and might prove life-prolonging or even arresting the further progress of the malignant disease. This is certainly worth trying and remembering for possible future use.

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No E	Patient's Initials tion: Occupa- and	Sex, Age— at Death, Race:	Type of Malig- nancy and Grade:	Metas- tases, present?	Age at time of Diag. of Malig.:	Lo- cation of Malig- nancy:	Was Sur- gery Per- formed?	Type of Operation Performed:	Was Organ- ically- Grown Food Eaten?	
									Pre- Op.	Post Op.:
by seleneriverpress.col	R.L.F. Painter.	Male 84, W.	Adeno—Ca., iii.	Yes, in Liver.	52.	Descend Colon.	Yes.	Partial Left— Colectomy; Transverse to Sigmoid Colotomy.	No.	Yes.
d educational use only	S.R.S. Student, House- wife.	Female 78, W.	1. Osteo- genic Sarcoma. iii; 2. Adeno- Ca., ii.		1.— 15, 2.— 54.	1. Rt. Femur, Mid. 1/3 2. Mid- Rectum.	Yes.	1. Amputation, Rt. Thigh Prox. 1/3. 2. Comb. AbdPerineal Resection.	1. No. 2. No.	1. No. 2. Yes.
Posted for noncommercial historical preservation and educational use only by seleneriverpress.com	J.R.Mc M. Butcher	Male 81, W.	1. Adeno— Ca, iii. 2. Lymph.— Leukemi 3. Adeno— Ca, iii.	2. Yes. - 3. a Yes.	1.— 48, 2.— 50, 3.— 60.	1.— Stomach 2. Gen- eralized: 3.— Recto- Sigmoid	2.— Yes. 3.— Yes.	1. 2/3rd Gastric- Resec- tion, Ant. Polya. 2. Biopsy, base L. Neck. 3. Combin. AbdPerin. Resection.	1. No. 2. No. 3. No.	1. No. 2. No. 3. Yes.
d for noncommerci	R.W.C. Janitor.	Male 74 Negro.	1. Hodg- kin's Dis. 2. Adeno— Ca, ii.	1. Yes. 2. Yes.	1.— 27, 2.— 53.	1.— General ized. 2. Uppe Rectum.	2.— er Yes.	 Biopsy Axilla. Comb. AbdPerineal Resection. 	1. No. 2. No.	1. No. 2. Yes.
Poste	R.T.J. Accountant.	Male 79, W.	Adeno— Ca., iii.	- Yes.	59.	Cecum.	Yes.	Rt. Hemi- Colectomy, Ileo- Transverse Colostomy.	No.	Yes.

^{***} Note:—These were all my own personal Patients.