Trials and Tribulations of a New Remedy

By JOSEPH W. WILSON, M.D.

The following address delivered by Dr. Joseph M. Wilson, M.D., to a group of National Health Federation members, is so apropos to the trials and tribulations of a new remedy and so aptly illustrates the obstacles to the cancer problem, we are reproducing the entire address, that our members may become acquainted with the facts:

I don't know how many of you are familiar with the Drosnes-Lazenby cancer treatment, known as MUCORHICIN. I will give you a short summary of where it originated and the trials and tribulations occurred in the advancement of this material as a treatment of cancer.

Mucorhicin was developed by a Dietician, Mrs. Lillian Lazenby, and Mr. Philip L. Drosnes, owner of an established tire business. They both had individual ideas and both had experienced heartaches of cancer in their own families. They were striving in their own way to produce something that might be able to overcome the scourge of the American people. Mrs. Lazenby, being a dietician, worked in a local hospital and was very interested from a nutritional standpoint and actually based the cause of cancer on nutritional deficiency. Mr. Drosnes having ideas along the same lines, joined with Mrs. Lazenby in a common endeavor. At this time the mycins and molds were being used in the treatment of infectious diseases and they figured that being an antibiotic and most molds being enzymatic in nature, this would possibly be a good starting point for their research work. Mrs. Lazenby, in conjunction with some of the doctors in one of our Pittsburgh hospitals, worked with guinea pigs, mice, rats and various other animals in the initial experimentation. Later on the doctors became disinterested, possibly because of the pressure of the administration of the hospital and forced Mrs. Lazenby and Mr. Drosnes to go into their own basement for their own elemental experimentation on these things. After five or six years of experimentation with the various animals, molds and chemicals of all sorts they arrived at one mold, which was a combination mold and later on termed MUCORHICIN.

Mucorhicin is actually a heterogeneous mold, or mixture of molds, the three main molds being Mucor, Rhizopus, and an unidentified strain of Penicillium. It is actually a substrate, or a liquid which forms under the mold plate. The mold grows on a media and in between the mold and the media forms a fluid or substrate. This substrate is actually the substance of Mucorhicin.

They had done all this initial experimentation on animals and then decided it was about time to try it on human beings. With the help of a doctor—in fact he was Chief of Staff at a New Kensington, Pa., hospital—they opened a clinic in a church basement in Pittsburgh. Within a very short time Dr. Sparks was forced to leave because, being Chief of Staff, he had to leave either the hospital or the Clinic and naturally being a family man, he went with his own profession and stayed at the hospital. At this time one of our parish priests, Rev. F. X. Feldmeier, in the Bloomfield section of Pittsburgh brought the parish physician, Paul A. Murray, M.D., to the Clinic and he conducted the clinical experimentation with Mucorhicin. When this hit the newspapers, not the big newspapers but the little local newspapers, there was a deluge of patients to the Clinic.

Dr. Paul A. Murray conducted his experiments there, operating a free clinic and donating his time. His efforts were finally rewarded by a group known as "Friendly Neighbors." This group consisted of housewives and men of the Bloomfield area who got together and formed a club, donating $1.00 per month to pay the rent for a building in Bloomfield. It was in this little place at 4774 Liberty Avenue that Dr. Murray first opened the actual Drosnes-Lazenby Cancer Clinic, which it is known as today. There is one thing that has been noteworthy of Mucorhicin. The first patient they treated got a miraculous response to Mucorhicin, as have many patients since.

I did not join the Clinic until July of 1949, which was about a year after Dr. Murray had endeavored to put the experiment into such a form that it could be accepted by the Medical profession and, of course, at that time he didn't know what was going to happen in the very near future. I think if he had, he would probably have taken a different approach. When I went with him in 1949, Dr. Murray and I had a terrific patient load. Mrs. Lazenby and Mr. Drosnes being quite humanitarian, wanted to give their material to the world; they did not want any part of it. They didn't realize how hard it was to give something away. We had a local meeting of the Public Health Department in Pittsburgh, along with Dr. Spencer who was the former head of the National Cancer Institute, and at that time he decided they didn't want it but that Dr. Murray or any licensed physician had the prerogative of using the material experimentally and clinically in their practice, which ruling they later tried to rescind because they figured Dr. Murray would become disgusted and would very soon quit. However, Dr. Murray was a boy of the old school and was very persistent, for he saw something that he hadn't seen before in his practice and he was endeavoring along those lines to bring it out to the people.

Mrs. Lazenby and Mr. Drosnes were arrested for practicing medicine without a license—of which they were never guilty—they were under the direction of doctors at all times. The only chore they did was to carry the medicine to the patient. They were convicted at the first trial and on retrial were acquitted, but the medical profession had accomplished their main purpose, the initial bad publicity. They figured the Clinic would die a rather rapid death in view of all the claims of quackery which were in the headlines of our big Pittsburgh newspapers. But they still didn't know Dr. Murray. He kept on with his work and I worked with him as well as I could. We were operating a free clinic and we were receiving spontaneous donations, mostly from the neighborhood wives and men of the mills who could not afford too much money from their salaries. Eventually the Clinic got too far into debt and naturaly had to go on a paying basis, which we have continued to the present time.

While I was away in the service, our Dr. Murray died. He had to assume the whole work load while I was away for a year and a half. Upon my return we once again got the Clinic going and it has been operating at the same place ever since. That actually brings the history of the Clinic up to the present.

As far as the evaluation of Mucorhicin Therapy is concerned, we still have some of the original cancer patients which were started in May of 1948. They are still living today at normal gainful occupations and the only ones who aren't working are those who are too old to work. We have produced the same results which were experienced initially with Mucorhicin all through the past eleven years—almost twelve years now. During that time we have had clinical changes in malignancies, most of them in terminal stages. In fact we only treated terminal malignancies when the Clinic originated, mainly to get away from criticism of trying to supplant the orthodox "cures" for cancer by something which at that time was questionable. Since that time we have treated malignancies in all its stages of occurrence. Unfortunately we have not been able to get them at the initial cellular change. They seemed to come through the other avenues first before we ever saw them. Of the terminal patients there have been approximately 90% to 94% of these patients who have been extended symptomatic relief from the terrible pains and sufferings that go along with termination of malignancy.

I was just looking through one of our local Cancer Society manuals here and I noticed something rather significant. Their cancer drives all seem to be striving for a cure for cancer, yet the whole gist of this one article from the "Bulletin of Cancer Progress" titled "At a Glance . . . One Minute Abstracts from the Literature on Palliation of Cancer" deals with palliation only (Palliation means relief of symptoms—not cure).

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They list the following articles:

"Management of Advanced Cancer"
"The Art and Science of Dying"
"Rapid Palliative Irradiation"
"Palliation in Breast Cancer"
"Pain in Terminal Cancer"
"Surgical Relief of Pain"
"Palliative Radiation"
"Saline Lobotomy" (in other words, ruining part of the brain with a saline solution)
"Palliation in the Home" (What the person can do to relieve their loved ones)
"Palliation of Effusion by Talc"
"Palliation in the Aged"
"Hormone Prothesis in Esophageal Cancer"
"Palliation in Lung Cancer"

It is all "PALLIATION." There is not one indication in these articles that there is some definite approach or something that has any definite bearing on effective therapy for cancer.

I was quite upset originally because one keeps reading of cancer cures. After a doctor gets into the actual orthodox cancer work he doesn't see a bit of evidence of cancer cures until he determines how they classify them. First, they classify some as cancer cures which are placed in the category of "pre-malignancies," not an actual malignancy but a condition which shows concern because it may possibly turn into cancer. One also finds there is such a thing as a misdiagnosis. Now when I went to school, I had some of my Pathologists right up on the pedestal because I thought they were just about the closest thing to being perfect that I ever saw. However, after a person meets them in business, a lot of difference can be seen between the original ideal and the one portrayed in actual practice—these men, too, can be wrong.

We went to the National Cancer Institute in Washington to try to get them to evaluate Mucorhicin, to find out whether or not it was, according to their standards, a cure for cancer. They were ready for us when we got there. They had about fifteen doctors sitting around in a circle. I had all the mice tissue slides; slides that we had made up in our own crude way. We put them down and each doctor grabbed a slide, walked over to the microscope, took one quick glance, one twirl of the focus knob, and said "nothing there." I have been using a microscope for many, many years and I don't think I can focus a microscope that fast, let alone look at the cells and identify them. These men were not Pathologists—they were Clinicians at the Institute. After it was all over they decided that it didn't warrant even looking into and Dr. Shearer, who was working with Polysacharides at the Institute, stated that we should go home and forget about it. Even Dr. Spencer at one time said, "Say you did save these 250,000 people every year who died, what would you do with them?" "How could we absorb them into our economy?" In other words, people had to die to establish an economic balance here in the United States. I do not believe this statement covers the feeling of either you or myself.

Later we applied for grants-in-aid to try to get the money to do a little more experimental work, of which we were direly in need. Of course, we were turned down every year because the Advisory Council did not feel our endeavors warranted any financial help, in that there was no promise of any help to the American public. On the other hand, they weren't interested in the American public, because they had to die. This does not quite make sense.

In our own way and with our meagre funds we had some analytical work done to try to find out specifically what we were using. Organized medicine has been doing a little research work on some bacteria and they found a nucleo-protein in the gram positive organisms, which is a pigment and has been known to reduce cancer growths. Nucleo-protein is a type of chemical—an organic chemical—and we know that Mucorhicin is definitely an enzyme product containing the various types of enzymes—the Carbohydrolitic, the Lipolytic, or Proteolytic types, which are the policemen of our physiology. In other words, the growing structures of the body are produced by certain chemical processes which go on in our body and we need enzymes to act as catalysts and policemen of certain functions that have to take place in our body for essential nutritional absorption. We are working on the basis of nutrition and also on the basis of the antibiotic qualities in Mucorhicin. We in Pittsburgh feel that cancer is a combination type of involvement. First, a nutritional deficiency, and secondly, an invasion of nutritional deficient tissues by a virus. In Mucorhicin we have a combination enzyme-antibiotic.

There has to be more experimental work and more analytical work done on the material. It is just like taking a bucket of soap suds and trying to find out what type of dirt, what kind of dirt, how much dirt and how much of the particles go into it. As I told you originally, Mucorhicin is a heterogeneous mixture and we have to find out what constituents, or what combination of constituents, actually are providing the relief which we have noticed over this long period of years. We have always wondered whether we were looking at this a little biased in our own observations. We have had doctors from 46 of the 50 States and ten foreign countries using Mucorhicin and submitting reports to us and we find that they have obtained the same basic results that we obtained eleven years ago. We have spontaneous reports from over 150 doctors on their specific evaluations of Mucorhicin along those lines. These 150 doctors come from approximately 1,000 doctors throughout the United States and the ten foreign countries I was talking about.

Another thing that has been in our favor and which I imagine has softened criticism from organized medicine is that Mucorhicin is a completely non-toxic preparation. It has been used in over 4,000 patients now without any toxic results or side-effects outside of, as far as I can remember, three very mild allergic reactions which were easily controlled by the antihistimines. Another remarkable thing about Mucorhicin is that even penicillin-sensitive patients (and I told you before that Mucorhicin contained unidentified strains of Penicillium) have been able to take Mucorhicin without a toxic or allergic recation. The three cases that did occur were very questionable but naturally we attributed the reaction to Mucorhicin.

Patients tolerate the material very well and one thing that is very much in favor of the patient is that they can take it themselves. It is an oral preparation taken by mouth. Patients take the material and put it in a diluent. We usually suggest distilled water, orange juice or some other nutritional adjunct to their diet. The only reason for diluting it is to insure that the patient gets all of the medication, as the dose is only fifteen drops.

Patients may notice a few symptomatic reactions during the first week, such as sweating, drowsiness, maybe a little nausea, increased bowel movement, and perhaps a pulling and drawing sensation around the site of involvement. These reactions disappear by themselves and usually within three months we notice a definite physiological change in the tumor involvement. In a number of cases we notice improvement much sooner.

While treating these terminal cancer patients we noted some were suffering from various other conditions, such as arthritis, duodenal or gastric ulcers, phlebitis, decubitus, ulcers, warts, moles and various benign tumors. We observed that these disappeared along with the original tumor. However, we have never pursued any specific interest in these conditions, but upon the request of the patient we have treated a fair number of them with very, very gratifying results.

I see my time is up, even though there is much more to tell. Those who are interested in further information may see me after the close of the program and I shall be glad to answer any questions you may have.

Thank you for your interest and kind attention.

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