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- Patient Report -

Multiple Sclerosis Treated with Injectable Vitamin B1 and Liver Extract

by Dale Humpherys

This is a case history of a recovery from a disease which exacts a terrible price in suffering and hardship from its victims and their families and for which orthodox medicine stubbornly insists there is no successful treatment.

MS has been reversed and cured by two doctors working independently and apparently unaware of each other since the 1940s. These two men were Dr. F.R. Klenner, MD of Reidsville, North Carolina and Dr. H.T.R. Mount, MD of Ottawa, Ontario. Dr. Klenner makes this claim in his medical paper "Response of Peripheral and Central

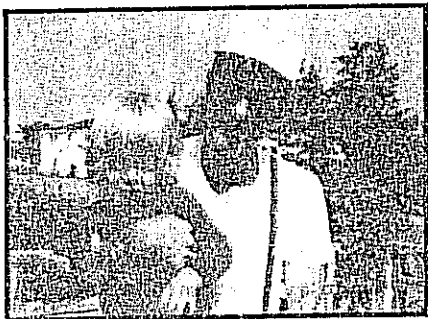
Nerve Pathology to Mega-doses of the Vitamin B-Complex and other Metabolites," in the *Journal of Applied Nutrition*, fall 1973. "Any victim of MS who will dramatically flush with the use of nicotinic acid and who has not yet progressed to the stage of myelin degeneration, as witnessed by sustained ankle clonus elicited in the orthodox manner, can be cured with the adequate employment of thiamin HCL and other factors of the vitamin B complex in conjunction with essential proteins, lipids, carbohydrates and injectable Liver Extract. If sustained ankle clonus is not bilateral, then it is not a deterrent. We have had patients who did demonstrate bilateral sustained ankle clonus, and who were in wheelchairs, and who returned to normal activities after 5 to 8 years of treatment." To cure MS is a dramatic claim to make for a disease which supposedly has no successful treatment. Dr. Klenner's results speak for themselves.

Dr. Mount on the other hand, describes his patients as "clinically well" or "clinically improved." For my part, MS is a brutal disease and anyone who has had it will have a reminder of it until the end of their days. The symptom that has remained with me is the heaviness in the feet when over-tired. I am otherwise symptom-free. I received

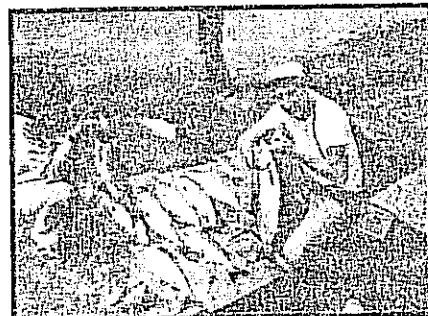
many calls from doctors after my story was published and their comments during the first 5 or 10 years were "you are in remission." Now in my 25th year I don't hear that "remission" bit any more. Am I cured or in remission? As long as I take my intramuscular injection of B1 200 mg daily and my 2cc liver extract weekly I am completely well. Call it what you wish!

I was diagnosed in 1972 at the age of 44 and treated with a series of ACTH injections. I seemed to recover but still had extreme fatigue and numbness in my feet and legs which slowly improved. I continued to work at my profession as a teacher. In 1973 I had a second attack which was more severe, affecting my legs and arms and the fatigue forced me to quit work. I was able to be up for several hours at a time but had to spend most of my time in bed. I was again given ACTH injections which didn't seem to have any effect. My GP and neurologist had no other treatment to offer.

They tried to encourage me by telling of the research being done on MS which was progressing rapidly and eventually would produce a drug which would cure MS, they assured me. While waiting for this cure to be discovered, I began to read extensively everything I could on MS. The exciting moment for me came when I was reading a book called *How to Get Well* by Dr. Paavo Airola, ND in which he said that Klenner was treating MS with much success.



1977. This beautiful little boy is our only grandson and our pride and joy. He is now Dr. Michael Dujela, DPM. He graduates at the top of his class in April from the Ohio College of Podiatric Medicine in Cleveland and has been awarded a two-year surgical internship at a hospital associated with the Cleveland Clinic where he will learn the latest orthoscopic and foot and ankle surgical reconstruction advances. My recovery from MS has enabled my wife and I to pay his university and medical school expenses.



Never having had a son I was blessed to have a daughter, Carrie, who shared my passion for fishing. 1987.



1977. This demonstration was held on the steps of the provincial legislature to draw the government's attention to people who could be helped with vitamin therapies but were too financially devastated by their illness to afford it. The government's answer? "The medical profession doesn't recognize these forms of treatment."



Demonstration at the legislature in Victoria, 1977.

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of the MS Society and the researchers' salaries and grants funded with public money. This is called Empire Building. When did we become a society that victimizes its most vulnerable citizens? We are seeing the same sordid situation in the Cancer industry and with the alternative therapy treatments that threaten the medical status quo.

Of great concern to patients on this treatment has been the lack of readily available supplies of injectables, thiamine 100mg per ml in 30 ml bottles and liver extract in 30 ml bottles. In Canada the Canada Health Protection Branch (the Canadian version of the FDA) wouldn't allow pharmacies to import thiamine and liver extract which were not produced here. Patients had to import their supplies from the US with all the red tape this entailed. Most pharmacies in the US didn't stock these supplies because of the limited demand and had to order them from suppliers. This lack of a readily available supply was a hardship for patients and many finally became discouraged and gave up.

Steris Laboratories of Phoenix, Arizona was the sole manufacturer of vitamin and liver extract injectables in the US. Two years ago the cold heavy hand of the FDA fell on Steris Labs and they were forced to stop producing vitamin injectables. This has been a tragedy for MS patients and I have received many calls from desperate people asking for help. With the FDA's record of crackdowns on nutritional

therapies and supplements, was this an orchestrated plan to eliminate one more threat to orthodox medicine (neurologists et al.) from alternative therapies? I have every reason to believe it was.

Three years ago, Merit Pharmaceuticals of Los Angeles began producing liver extract. When I learned in 1998 what had happened at Steris, I called Charles Fahr, president of Merit Labs, and asked him if he could begin producing thiamin injectable in 30 ml, 100mg per ml. He said he was considering it and would probably start in August if things looked favorable. In January of 1999 I was informed by my pharmacist in the US that thiamine was still not available. I phoned Mr. Fahr again and he said they had decided to produce a 30ml B Complex 100 injectable which had a formulation of thiamin 100mg per ml, B6, 2mg per ml, Pantothenate 2mg per ml, B2, 2mg per ml and niacinamide 100mg per ml. I asked why the thiamin wasn't being produced and he said he felt that the market for thiamin had been killed by the FDA action but thought that the B-complex 100 would appeal to a broader market as many doctors routinely use a B-complex injection for their patients. This was good news for us as this formula supplied the 100mg of thiamin required to treat MS. When I checked again with the pharmacy in May I was told that because of an FDA quarantine it wouldn't be available until July. This sounded like more FDA monkey business to me and I was receiving many desperate calls from patients. I saw Dr. Hoffer about it and he suggested having

a compounding pharmacy make it up here in Victoria. He called a pharmacist and was told it could be done. A 100mg per ml, 30 ml bottle would cost \$30. Patients require 2 bottles per month costing \$60. We were paying \$8 per bottle for \$16 a month for imported thiamin. More than 3 times as expensive locally, but at least the spectre of a wheelchair hanging over us has been lifted for now.

In summary, there is a roadblock at the neurologists' door for MS victims, but there is a ray of hope. In the 20 plus years I have been working to get the word out of a successful treatment for MS, I have talked with many GPs and the majority

of them have told me that they saw no harm in helping these patients with the treatment even though they felt it wouldn't work. With the increasing acceptance of alternative therapies by many physicians and the demand by an informed public for therapies which transcend the "cut, burn and poison" routine of orthodox medicine, an exciting new era is dawning for many people stricken with diseases which were formerly considered to be untreatable.

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Multiple Sclerosis and Other Demyelinating Diseases

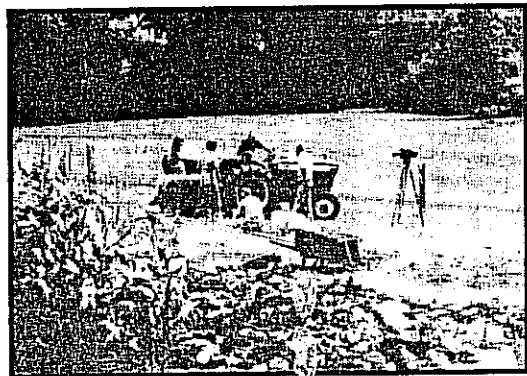
CMA Journal, June 2, 1973, Vol. 108

To the Editor:

Multiple sclerosis has been defined as a chronic progressive disease of the central nervous system, or rather a series of syndromes based on several as-yet-undetermined causative factors.¹ The etiologic factor or factors are unknown, but Harrison² has emphasized its relationship to other demyelinating processes. The pathological change underlying multiple sclerosis is presumed to be in scattered areas of the brain and spinal cord in plaques of varying size. There is associated edema of the axons and, with progression, degeneration and loss of function. Vitamins B1 and B12 are both essential components of myelin.^{4,5} Because demyelination of long nerve axons in the spinal cord is characteristic of severe vitamin B12 deficiency and because this vitamin arrests demyelination in combined system disease, it has been used in the treatment of multiple sclerosis with varying results.^{1-3,6-8}

On the theory that demyelination results from the lack of vitamin B1 and some factor or factors in liver extract, a therapeutic trial was initiated by the undersigned in 1943. The purpose of this letter is to report the results of that trial.

Materials and methods: Patients were selected on the basis of a history of neurologic deficits suggestive of multiple sclerosis which had been



CBC Television filming an interview with Dale Humpherys on our farm in 1978. This film was shown on national television in Canada and generated many inquiries from MS victims from Canada and the US and strong criticism from the medical profession who played their old recording "This is a case of remission and this raises false hope in victims of this disease."

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at age 43, made a rapid recovery and gave birth to a normal child two years later. On several occasions, because of irregular therapy, her symptoms recurred, but when treatment was resumed she improved rapidly. Now, at the age of 69, she is active and able to do her housework. In case 4, treatment was instituted within three years of the onset of the disease. The patient cooperated completely and therapy was continued without interruption. After nine months he stated that he felt perfectly well.

The effects of cessation and resumption of therapy are most clearly demonstrated in case 11. Following initial treatment from 1962 to 1964, her condition was improved and treatment was discontinued. In 1967, because of recurrence of symptoms, therapy was resumed on an irregular basis with subsequent improvement. In February 1971 the patient returned with symptoms of fatigue, inability to work, loss of balance and staggering gait. She was not able to return for therapy until March 1972, at which time her neurologic condition had worsened. She had visual and auditory difficulty, scanning speech and poor writing ability, unsteady gait and poor sense of balance. Routine therapy was recommenced and by June 20 of the same year she was able to return to work as a typist and stated that she felt perfectly well.

The protracted and capricious natural history of multiple sclerosis precludes dogmatic statements regarding the effect of a new therapeutic modality. Furthermore, the exact diagnostic criteria of multiple sclerosis are uncertain, leading to a frequent diagnosis by exclusion appropriate to the uncertainty regarding etiology and pathogenesis. However, with regard to the therapy presented here, patients with two other types of demyelinating diseases have been successfully treated. One of these, a patient with advanced bulbar palsy, is now almost completely asymptomatic. The other, a patient with subacute combined sclerosis who was totally incapacitated, became neurologically entirely negative. My experience suggests that some factor or factors in liver extract, associated with vitamin B1, can induce remyelination in

patients suffering from multiple sclerosis and probably in other cases of demyelinating diseases. It is suggested that this clinical finding should now be subjected to detailed laboratory studies in order to enlarge its use or to circumscribe its limitations.

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*Therapy was begun with Lederle's liver extract, but production ceased in the spring of 1972. Connaught Laboratory liver extract was used for a period of nine months. Lilly's liver extract is now used.

Table I
Fourteen patients with multiple sclerosis treated with thiamine hydrochloride and liver extract

Case	Age at onset	Age at 1st treatment	Treatment	Duration of treatment	Current clinical status	Patient's estimate of improvement
1	22	26	Irregular*	1943-1972	Clinically well	95%
2	38 mild 43 severe	43	Irregular	1947-1972	Clinically well	85%
3	26	57	Regular§	1970-1972	Clinically improved	80%
4	25	28	Regular	1971-1972	Clinically well	98%
5	20	41	Regular	1971-1972	Clinically improved	75%
6	26	31	Regular	July-Dec. 1972	Clinically well	95%
7	27	30	Irregular	1971-1972	Improved	50%
8	13 mild 40 severe	49	Regular	1971-1972	Greatly improved	95%
9	37	39	Regular	1971-1972	Improving	50%
10	17	24	Irregular	1964-1972	Improved	80%
11	17	19	Irregular	1962-1964 1967 Mar. 1972	Clinically well	95%
12	48	55	Irregular	1969-1972	Improved	40%
13	35	38	Regular	July-Dec. 1972	Improved	75%
14	26	28	Regular	Jan.-Feb. 1973	Improved	50%

*Irregular: patient receives regular treatment for a period of time and then does not return for supervision, generally because he or she feels well.

§Regular: patient cooperates in returning for routine therapy.