

Two Cases Lung Cancer Successfully Treated with 4-Hydroxybenzaldehyde after Surgical Operations

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Case Report

In 1985, Kochi [1,2] reported a novel anti-tumor agent after acquiring a Japanese Patent in 1969. According to his patent, 4-Hydroxybenzaldehyde is an anti-tumor agent without any side-effects. My impression is that this stuff is capable of preventing carcinogenesis when used quantitatively sufficiently. In order to treat developed cancers, you ought to start giving your cancer patient a small dose of the stuff because, otherwise, the patient may suffer from a serious hemorrhage of the tumor caused by excessive necroses. Therefore, lymphomas and leukemias can be treated more easily because these tumors have no blood vessels. Consequently, those who have these diseases can receive considerably large dose of the stuff.

Case 1: A 71-year-old woman (MS) visited my clinic on November 12, 2014. She told me that she had undergone a surgical operation extirpating the lower part of the upper lobe and upper part of the lower lobe of her left lung due to presence of multiple tumors of small cell lung cancer, size of each tumor being less than 1cm, on March 19, 2014. To prevent recurrence of the tumor, she took 4 cures of Cisplatin. I prescribed 5 mg daily of 4-Hydroxybenzaldehyde; 1 mL of aqueous solution of 500 mg% per os for 4 weeks, raising the daily dose by 40% every 4 weeks until the daily dose reached 50 mg. Then, I raised the dose to 63 mg/day for 32 days. I kept raising the doses, namely, daily 83 mg for 36 days, daily 111 mg for 63 days, daily 167 mg for 54 days, daily 222 mg for 90 days, daily 333 mg for 18 days, daily 500mg for 56 days, daily 667 mg for 24 days, daily 1 g for 52 days, daily 1.5 g for 112 days, daily 2 g for 115 days, and daily 3 g since April 26, 2017. She is currently taking 3 g every day. Her blood-tests showed an instability in neuron-specific enolase activity; a tumor marker of lung cancer, as follows: 26.3 ng/mL (12/27/2014), 17.2 ng/mL (2/21/2015), 24.3 ng/mL (4/22/2015), 17.1 ng/mL (12/21/2016), and 18.9 ng/mL (4/12/2017). Its normal limit is 16.3 ng/mL.

Case 2: A 53-year-old woman (A.F.) visited my clinic on January 15, 2014. She told me that she had undergone a surgical operation on June 18, 2012 extirpating the upper lobe of her left lung due to presence of an adenocarcinoma, of which the longest diameter was 52 mm. In order to prevent a recurrence, she kept taking 100mg daily of TS-1 for 19 months after the operation. Then, she began to take aqueous solution of 4-Hydroxybenzaldehyde. Her initial daily dose was 35 mg, which she kept taking for 28 days then she took 50 mg daily for 20 days. I kept raising her daily dose, namely, 63 mg for 32 days, 83 mg for 36 days, 111 mg for 36 days, 167 mg for 30 days, 222 mg for 36 days, 333 mg for 36 days, 500 mg for 36 days, 750 mg for 88 days, 1 g for 90 days, and 1.5 g for 44 days. Then, I changed my prescription to 1.5 g of the therapeutic agent as a 10-fold mixture with starch, starch being 9 times as much as the drug, every 2 days for 638 days. Her blood tests showed a mediocre stability in CEA (Carcino-embryonic antigen; a marker of most malignant tumors) and CYFRA (Cytokeratin 19 Fragments; a marker of adenocarcinoma and squamous cell carcinoma of lung) values as follows: CEA 4.1 ng/mL, CYFRA 2.1 ng/mL (1/29/2015), CEA 3.8 ng/mL, CYFRA 1.4 ng/mL (5/28/2015), CEA 3.6 ng/mL, CYFRA 1.6 ng/mL (2/4/2016), CEA 3.4 ng/mL, CYFRA 1.7 ng/mL (4/25/2016), and CEA 2.8 ng/mL, CYFRA 1.2 ng/mL (1/12/2017). Their normal limits are 5.0 ng/mL and 2.2 ng/mL, respectively. Both of these patients are currently enjoying apparently healthy lives taking the agent continuously.

References

1. Kochi M (1985) Antitumor activity of benzaldehyde derivative. *Cancer Treatment Reports* 69: 533-537.
2. Kochi M (1969) Manufacturing Process of Anticancer Substance. Japanese Patent.

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