



A Case of Cervical Cancer that Healed Completely after Surgical Extirpation and Prevention of Recurrence with Oral Intake of 4-Hydroxybenzaldehyde

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Introduction

In 1985, Mutsuyuki Kochi reported a novel anti-tumour agent after acquiring a Japanese Patent in 1969 [1,2]. According to his patent, 4-Hydroxybenzaldehyde is a water-soluble anti-tumour agent without any side-effects. Mostly, so called anti-tumour agents are incapable of ceasing carcinogenesis. In other words, they are only able to control multiplications of malignant tumour cells. Still in other words, they inhibit divisions of malignant cells. Therefore, they cannot be used for cancer prevention. On the contrary, 4-Hydroxybenzaldehyde is capable of stopping carcinogenesis via competitive inhibition of tyrosine kinase activity, which is regarded as a rate limiting enzyme in the pathway of carcinogenesis [3]. The concept of competitive inhibition originates in the classical enzymology, which tells you that the enzyme molecule accepts a molecule that has a similar but not identical structure of its substrate as an error. In the case of competitive inhibition of tyrosine kinase, the rate-limiting enzyme in carcinogenesis, 4-Hydroxybenzaldehyde has three groups in common with tyrosine, benzene nucleus, carbonyl group and hydroxyl group. In conclusion, 4-Hydroxybenzaldehyde can be used for cancer prevention, e.g., 1000 mg of the compound dissolved in 200 ml of mineral water orally taken once a month will prevent most carcinogenesis. In order to raise the probability of the prevention, you can either raise the monthly amount of the compound or shorten its interval.

Case Presentation

A 44-year-old woman (Y. T.) visited my clinic on September 10, 2011. She told me that she had been diagnosed as an early stage of cervical cancer in April, 2011, that she had received one course of a chemical anti-tumor agent as an intravenous drip infusion, and that she had undergone a conical extirpation of the tumor eradicating nearby lymph-nodes. I prescribed her with 35 mg/day of 4-Hydroxybenzaldehyde; 7 ml of 5 mg/ml aqueous solution of the drug, for 84 days. Thereafter, I prescribed her with 50 mg/day of the drug for 60 days. The doses were raised to 63 mg/day for 64 days, 83 mg/day for 60 days, 111 mg/day for 63 days, 166 mg/day for 60 days, and 222 mg/day for 90 days. Thereafter, I prescribed her with daily 250 mg of the drug mixed with 9 times as much starch for 51 days. Thereafter, I prescribed her with daily 500 mg of the drug mixed with 9 times as much starch for 90 days. Thereafter, I prescribed her with once in 5 days of 333 mg of the drug as an aqueous solution (66 ml of 5 mg/ml solution) for 90 days. Thereafter, I prescribed her with every 5 days of 1000 mg of the drug mixed with 9 times as much starch for 90 days. Thereafter, I prescribed her with every 5 days of 1500 mg of the drug mixed with 9 times as much starch for 1,260 days. In order to observe possible tendency of recurrence of the tumor, blood tests of squamous cell carcinoma antigen and carcino-embryonic antigen were estimated on February 15, 2012, April 21, 2012, June 20, 2012, December 12, 2012, March 13, 2013, June 15, 2013, September 14, 2013, December 7, 2013, March 8, 2014, June 14, 2014, September 6, 2014, December 6, 2014, February 28, 2015, May 30, 2015, December 5, 2015, March 2, 2016, and June 2, 2016. Results were all within normal limits: Not more than 2.0 ng/ml for squamous cell carcinoma antigen and not more than 5.0 ng/ml for carcino-embryonic antigen. In more detail, results of tests of squamous cell carcinoma antigen ranged from 0.5 ng/ml to 1.0 ng/ml and those of carcino embryonic antigen from 0.9 ng/ml to 1.8 ng/ml. She claimed no subjective symptoms whatsoever. I stopped treating her on November 25, 2016. As of April 20, 2019, she was enjoying a healthy life.

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