# Correspondence

## Recovery from Acute Myelogenous Leukemia

Some years ago I described my own very personal "close encounter" with that particularly, rapidly lethal form of cancer and how I had survived long enough to write such a paper.[1]

As I had stated in the paper, for many years before I became ill I had always thought that, if I were to develop my form of cancer, I would seek aggressive Orthomolecular treatment rather than undergo the rigours of chemotherapy or radiotherapy. But I also knew that it would take time for such Orthomolecular Therapy to work.

When I did become ill with Acute myelogenous leukemia (AML) I knew from the severity of my state that I did not have the necessary time for Orthomolecular treatment to work. I had just days to survive without therapy. Therefore I did agree to undergo chemotherapy even though I knew that it might kill me - and it nearly did. There was no alternative to taking such a risk. I did survive the three rounds of chemotherapy and I did enter what is called "complete remission."

However I was still ill, albeit convalescent, and the oncologists had nothing further to offer me in the way of prevention of a recurrence other than to sit at home and "wait for the other shoe to drop".

That was when I embarked upon the Orthomolecular treatment as outlined in the above cited paper. I am pleased to report to your readers that I passed the five year anniversary of the diagnosis of the AML on August 14, 2001, and that I remain well on Orthomolecular Therapy as I described in the paper.

The significance of the fifth anniversary is that Hematological oncologists dealing with AML reckon a disease-free survival of five years is a cure. I am not as confident. I shall see what August 14, 2006 brings.

–Erik T. Paterson, M.B., Ch.B.
12-1,000 Northwest Blvd,
Creston, BC
Canada V0B 1G6

## References

1. Paterson ET; Acute myelogenous leukemia - an orthomolecular case study, *J Orthomol Med,* 1999; 14: 161-168.

## Epidermolysis Bullosa and Zinc Deficiency

In a previous paper in this journal (*JOM 7; 245-246:1992*) I reported how a young patient with epidermolysis bullosa recovered when placed on an orthomolecular program with zinc as one of the main ingredients. The 17 year-old youth suffered from this condition from birth and had failed to respond with any treatment then used in Canada at some of the best hospitals but had improved to the treatment offered in Germany by a biochemist. His desperate parents took him to Germany twice. The first time there was a limited response. The second time was less but after that they could not afford to take him there anymore. When I saw him he was totally incapacitated. His fingers were fused by the lesions, he had limited use of his hands, he was stunted, appearing to be age 10 and he could not move his bowels and had to be routinely evacuated by his parents. For a complete description read the original report. On the treatment he became almost well except that the anatomic pathological changes induced by the illness could not be repaired. He remained on the program at least one year and after that followed it sporadically. Recently his mother came to me for help and told me that her son died two and half years ago following a bowel obstruction but that he had been getting along very well from the time I first saw him. I suggested that this condition was caused by a zinc deficiency. I have not seen anyone else follow up on the observation and searching the Internet, I found no recent work indicating that anyone else was taking this finding seriously. I suggest that epidermolysis bullosa is a serious zinc deficiency disease.

–Abram Hoffer, M.D., Ph.D.
#3A 2727 Quadra Street, Victoria, BC
Canada V8T 3P5