**Adrenalin deficiency and cancer**

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There are many differences of opinion, as we also saw today, about the causes of the so-called “cancers “ and it is still the case that ever more people, and ever more young people, die from this type of disease, not less. It is actually not that difficult to destroy malign cells; there are sufficient means at our disposal such as chemotherapy, radioactive radiation, the effect of direct heating and one can also, if necessary, simply remove a large number of tumours without difficulty “deeply into healthy tissue“ by operating.

However, when all of these measures do not lead to complete healing, except in exceptional cases, and a large proportion of the carefully handled patients rapidly produce metastases and die from them or other results of the disease, or even due to the therapy used itself, then there simply must be something wrong with all of these measures.

It naturally stands to reason that a disease for which it has been demonstrated that there are hundreds of causes must be very difficult to bring under control.

We do know than cancer can be caused by viruses, by chemical substances, by physical effects, by mental/psychological changes, by smoking and countless other noxa, but no-one has sought to search for a common factor or factors and to clarify why all of these very different causes lead to a single group of diseases which, also when they occur in different organs and in various degrees of malignancy, still always develop in the same manner.

The only common factor which these both named and unnamed causes for development of such malignant and pernicious diseases is the fact that they all cause permanent over-stress or distress for the living organism.

The common factor for everything which causes distress is, however, a slow drying up of the adrenaline production. I can make this statement today (after 46 years of experience in making such measurements) as a proven fact. Patients suffering from cancer do not produce any adrenaline!

It is not the cause but the rather the pivotal point for development of the cancers, that is the lack of adrenaline after years of distress, caused by decades of unphysiological over-production of the hormone.

It was by chance in 1956, while repeating the teaching about hormones for all endocrine glands, that I found a description of over-functioning and under-functioning, for the chromaffine system, but in which both noradrenaline and the extremely important adrenaline is produced, whereby in a number of books there was just a description of the over-functioning, that is the phaeochromocytoma. There was no under-functioning. This was also not described in the other literature.

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This fact would not leave me in peace since I knew from the research work done by Selye that overly high demands on the chromaffine system, caused for example by highly acute, feverish illnesses, can often lead to collapse of the body’s own immune system over a long period of time. We also learned that this was closely related with adrenaline production.

The other effects that a lack of adrenaline can have are, however, less well known.

In the first instance adrenaline is, for example, present as an opposite number to insulin, responsible for glycogen breakdown from the cells while insulin incorporates sugar in the cells; adrenaline mobilises this out of the cells again as required and, for example, offers it again to the muscles after some physical activity. Noradrenaline, on the other hand, has no effect whatsoever on sugar metabolism and is also produced outside the chromaffine system.

Thus if adrenaline production came to a standstill at any point then no more sugar would be broken down and increased over-precipitation of some and later all body cells would occur. Excess sugar would normally naturally simply be converted into fat but this does not work anymore if there is a relative excess of insulin and noradrenalin. Insulin increases the permeability of the cell membranes and there is a build-up of fatty acids in the cells where these can no longer be metabolized, and also a build-up of free sugars instead of glycogens, and the presence of plentiful quantities of noradrenalin (which, as mentioned, can also be produced outside the chromaffine system, for example in the nerve ends and in the intestinal mucosa) leads to ongoing restriction of all blood vessels, which in turn is associated with the respective oxygen deficiency.

This fact also explains why a first cancer cell must be produced: while adrenaline is capable of expanding or restricting blood vessels at various locations, even doing these at the same time (that is modulation by means of Alpha and Beta receptors), noradrenalin can only restrict them. An excess of sugar in the cells and oxygen deficiency in the whole organism must, however, in a case of an adrenaline deficiency, inevitably lead to a situation whereby at least one cell at a certain locus “minoris resistentiae” gets into such a desperate condition that it gives up its normal metabolism and has to switch over to fermentation. However this first fermenting cell now produces laevorotatory lactic acid, a substance which increases the mitosis eight-fold per unit of time. The cell now ferments and continues to divide and the first tumour to be produced in this way now helps the organism to initially get rid of its sugar problem. Due to the over-precipitation of all cells with sugar the patient is, at that time, in a diabetic metabolism condition. The added sugar can no longer find any place in the cells, cannot be converted into fat and just circulates in the blood. This preclinical hyperglycaemia has also already been demonstrated in tumour patients years before the tumour was discovered.

Thus, paradoxically, the tumour can act as a lifesaving measure, namely a type of sugar burning plant. Unfortunately the time will come at some point when there is not sufficient sugar present for the growing tumour and the body’s reserves of fat and protein must serve the tumour as its nourishment. The affected patient dies now in a state of cachexia. And why? Simply because without adrenalin the organism was not in a position to recognise the newly arising oven as “foreign“ and to destroy it. The body also needs adrenalin to establish a defence against any harmful noxa. There is no functioning immune reaction without adrenalin. The healthy defence of the acute type is normally as follows: shivering, through which there is creation of large quantities of dextrorotatory lactic acid, stimulation of adrenalin production, release of immune cells from the bone marrow and combatting of the noxa by these cellular and also humoral defence systems.

So much initially regarding the simplified hypothesis. It is simplified because, naturally, all register of the replacement for the adrenalin must be withdrawn first for collapse of the adrenalin production; but that is going into too much detail. The fact remains that the illness “cancer“ started many years before the tumour, a statement for which we would have been put into jail 45 years ago but which is at least is common knowledge today), and that removal or destruction of the tumour cells cannot lead to healing (one could still be put into jail today for making such a statement). This is true even though this adrenalin deficit hypothesis has been proven to be true for some time now by the Max Planck Institute for Neurology and Brain Research. Rats suffering from cancer treated with adrenalin injections showed one hundred percent regression of a tumour after just a short time.

One naturally cannot and should not treat people with any form of replacement therapy using adrenaline since the side effects would be extreme; replacement of adrenaline would, above all, only lead to total collapse of the patient’s own ­production. One must, therefore, do everything possible to precisely get this function going again.

In my practice we do this with the aid of organ-specific regeneration according to Dyckerhoff of the dextrorotatory lactic acid, all of the currently newly praised vitamins A, B, C, D and E (which we were already using in the 50s), the newly discovered selenium which may only be administered, however, when the measurements in the blood are really too low (otherwise there is the threat of liver necroses), liver infusions for distinct periods with Hepa-Merz, actovegin to improve the oxygen supply, Derivatio (for washing out of toxins and acids), cleansing of the colon and, above all, a diet which must take account of the fact that the tumour cells live from carbohydrates, and particularly those which can be easily be incorporated in the cells.

However, one would one have to make a separate presentation about that.

I am very sure that there may also be other effective therapies such as a purely homeopathic one. The goal must remain in all cases to stimulate adrenalin production and thus to achieve back-regulation of all other hormones in order to solve the sugar problem, to achieve de-toxification and removal of acids from the organism and to get the immune system working again. I can assure you of this: since this hypothesis concerning development of malignant diseases is correct, the system of therapy is also correct.