The case of the “LAETRILE” (Vitamin B17)

“Laetrilists are not just advocating a single substance but, like the advocates of other unorthodox therapies, are proposing a new kind of treatment for the patient’s body and mind.”

...Experiments in this century, and particularly in the past thirty years, have suggested that the body has natural immune mechanisms against cancer analogous to those that function in microbial infections. The corollary of this view is that cancer can be...
controlled by enhancing the body’s normal immune functions, which orthodox methods tend to destroy.
On the case a patient we observed that he presented with symptoms of a disease characterized by recurring episodes of fever, malaise, and severe constitutional symptoms. The disease was suspected to be a form of respiratory infection.

After a thorough examination, the patient was diagnosed with a viral infection, likely caused by a new strain of a previously unknown virus. The patient was immediately isolated to prevent the spread of the disease.

Medical teams worked tirelessly to develop an effective treatment regimen. They administered antiviral medications and supportive care to alleviate the patient's symptoms. Despite the efforts, the patient's condition deteriorated, and the disease progressed rapidly.

In a desperate attempt to save the patient, a team of researchers began an urgent search for a potential vaccine. They worked around the clock, coordinating with international research centers to accelerate the vaccine development process.

After weeks of intense research and development, the vaccine was finally ready for clinical trials. The team initiated the first phase of the trial, enrolling a limited number of volunteers to test the vaccine's efficacy and safety.

The results of the phase I trials were encouraging, showing a promising response to the vaccine in the trial participants. Encouraged by these results, the team moved forward to the next phase of clinical trials, which would involve a larger number of participants.

As the trial progressed, the team continued to refine the vaccine formulation, aiming to create a more effective and safer product. The ultimate goal was to develop a vaccine that could protect the population from the new disease.

In parallel, the team worked on developing appropriate control measures to prevent the spread of the disease. They implemented strict isolation protocols, contact tracing, and quarantine measures to contain the outbreak.

Despite the challenges, the team remained committed to their mission. They knew that the success of the vaccine and the control measures would be critical in stopping the disease's spread and protecting the public.
research being carried out in both the US and Canada. Depending on how the numbers were read, either a small majority or a large plurality of patients remained "stable" while on the injectable part of the program, and only advanced into further disease after the 21 days of injections ceased. It later surfaced "anecdotally" that at least one patient was urged not to continue on the program (claiming he had "done too well"). As a corollary, a preliminary test found amygdalin not to be toxic, at least in the ranges suggested for therapeutic use.
There were too many doctors stepping forward with case histories...too many dissident scientists claiming there was some merit in the notion of anti-cancer efficacy from glycosidic compounds, and far, far too many “anecdotes” from patients treated in Mexico or even within the USA to be able to claim the apricot kernel extract was totally without value...Notable failures of Laetrile therapy got plenty of press attention, particularly if the failures came from the growing caseloads of Drs. Contreras and Richardson. Such negatives were indeed reported in gruesome detail—yet it was only an occasional journalist who dared contrast failures on vincristine, 5 FU, adriamycin, radiation and surgery, since somehow a failure on an orthodox modality was somehow less a failure than one on unorthodox therapy.

Committee for Freedom of Choice in Cancer Therapies, 1976-1981, stuck to a single sweeping principle—that the issue was not so much freedom for Laetrile as it was freedom of informed consent in cancer therapy in general, for physician and patient...One observer after another joined the conceptual battle and usually remained clear on the separation of the issues of freedom of choice in medicine vs. the efficacy of Laetrile: by what stroke of logic or presumed vested interest does the state have the right to intervene in lifeand-death decisions between a physician and a patient, particularly when the patient is said to be “terminal,” as with cancer?

Advocates of Laetrile’s use in cancer treatment include many highly educated and prominent doctors and scientists whose familiarity and practical experience with the substance vastly exceeds that of their detractors. To deem such advocacy “quackery”
distorts the serious issues posed by Laetrile's prominence and requires disregarding considerable expertise mustered on the drug's behalf. While the record reveals an impressive consensus among the nation's large medical and cancer-fighting institutions as to Laetrile's ineffectualness, a disconcerting dearth of experience with the substance by such detractors is revealed...

The current debate is fierce. The issue appears largely unresolved as to Laetrile's true effectiveness, in large part because FDA has prevented adequate testing on humans.... It is only when the substance is openly used, and its results carefully observed and fully reported that this controversy will be resolved.