A case of mammary cancer that healed completely after surgery and oral intake of 4-hydroxybenzaldehyde

Case Report

In 1985, Mutsuyuki 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 medicine 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 medicine. Most, if not all, of so-called anti-tumor agents are incapable of ceasing carcinogenesis. In other words, they are only able to control multiplications of malignant tumor cells. Still in other words, they inhibit divisions of malignant cells. Therefore, they cannot be used for cancer-prevention. Kochi passed away in 2004 without leaving any information about the action-mechanism of the compound. However, participation of Tyrosine kinase in carcinogenesis was reported in 1989.\(^3\) Concepts that compounds of structures similar to those of substrates of enzymes are able to inhibit the activities of the enzymes have been established as early as 1962.\(^4\) It is evident that the action-mechanism of the compound is competitive inhibition of Tyrosine kinase. There are three common groups in molecular formulas of both compounds; Tyrosine and 4-Hydroxybenzaldehyde; Benzene nucleus, Carbonyl group, and Hydroxyl group. A detailed explanation of competitive inhibition is that the substrate-site of the enzyme mis-recognizes the inhibitor as the substrate.

Case 1: A 68-year-old woman (RA) visited the author’s clinic on June 6, 2012. She said that she had been examined for possible existence of mammary cancer on her right breast on June 2, 2009. Results of the pathological examination were that she had a spheric mammary-gland-carcinoma of 15mm-diameter with IIA-malignancy, of which histology was solid carcinoma. There were two metastases among the right axillary lymph nodes. She underwent a surgical operation extirpating whole right mammary gland and axillary lymph nodes at The Kinki University Hospital in Nara on June 24, 2009. During the period from July 31, 2009 until February 19, 2010, she received intravenous infusion of Docetaxel 8 times in toto.

She began to take orally 50mg; 10ml of 5mg/ml aqueous solution) of 4-Hydroxybenzaldehyde at 5-day-intervals on June 7, 2012. She raised the dose to 63mg/5 days on September 13, 2012. She raised the dose to 83mg/5 days on February 16, 2013. She raised the dose to 111mg/5 days on June 15, 2013. She raised the dose to 167mg/5 days on September 13, 2013. She raised the dose to 222mg/5 days on December 12, 2013. She raised the dose to 333mg/5 days on March 13, 2014. She raised the dose to 500mg/5 days on June 13, 2014. She kept taking it until the end of 2016. As of January 25, 2018, she is enjoying a healthy life.

Acknowledgment

None

Conflict of interest

None.

References