ADENOCARCINOMA

OF

THE COLON

1972 - 1976

maxine tracy

A F F I D A V I T

Before me, personally appeared Maxine Tracy, who upon being duly sworn, depose and say as follows:

I, Maxine Tracy have carefully gone over the attached Medical History of myself and my bout with Cancer and my cure of Cancer with drinking the GENUINE ALOE VERA GEL, and ATTEST that all INFORMATION contained in this report is true and accurate and all personal history is factual.

FURTHER AFFIANTS SAYETH NAUGHT.

Maxine Tracy

Maxine Tracy

SWORN TO AND SUBSCRIBED, BEFORE ME, THIS 31 DAY OF DECEMBER, 1985

Seal

Notary Public

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP SEPT 16,1989
BONDED THRU GENERAL INS. UND.

ADENOCARCINOMA

OF THE COLON

1972 - 1973

1972 was not a very good year. The winter wasn't as severe as most, and spring came with its beautiful flower blossoms, and the trees were all proudly wearing their new green leaves, the grass was thriving. It was, that is wasn't a good year family wise either, the girls were starting to turn into young ladies, and we were surviving economically. It was my physicial condition, that was the problem, I was constantly tired and was physically weak, plus was loosing weight. When I became to exhausted to carry the clothes hamper down to the basement to do the laundry, my brother, who was staying with us at this time, suggested I go to a Doctor to see what was wrong.

In 1960 and 1961, I gave birth to two healthy girls. With both of them I had Toxemia, while in the process of delivering both, I had convulsions.

Afterwards I seemed to be fine, but with each progressing year, the tired feeling that kept dragging me down, got worse. My being tired, would cause me to work a while and either sit down or lay on the couch to rest. My family would listen to my complaints, and suggest that my problem was, I was laying around to much, and needed to get up and get moving.

Finally in June of 1972, when it became apparent that something was radically wrong, I went to a Doctor. He suggest some test, and blood work, plus made me an appointment to have a bowl examination, using a moniter to show them what was wrong, this was a new procedure, which is common place now.

During the procedure, the two Doctor's kept telling me to turn my head, as they didn't to want me to see what was on the moniter. They became engrossed in what they were discovering, I turned to watch, I knew I was in big trouble, there in my intestines was a long line of dark bumpy looking area all through the large intestine.

After all the results were in, the diagnosis was what my intuition told me it was. I was given the death sentence, it was *CANCER*.

The Doctors wanted me to check into the hospital, they were affiliated with, but we had just started a sign repair business, and we didn't have any insurance. So, instead I checked into the Milwaukee County Hospital, on June 21, 1972. This hospital is also a teaching hospital, with a good reputation.

After being examined, ex-rayed, it was determine the annular constricting defect in the ascending colon was felt to represent carcinoma.

June 27, 1972, I was taken to surgery where a right hemicolectomy was done. The tumor was of the right ascending colon and it had invaded the third portion of the duodenum. It was therefore felt that I should be started on chemotheraphy, 5-FU post surgery.

According to the day by day report I was always the same, but sometime towards the end of October, 1972, on one of my clinic visits, the examining Doctor told me the tumor in my abdomen the had started to grow. This explains why more test were done on November 3, 1972. On March 2, 1973 they did a total body scan on me, after this they mentioned a 2 x 2 cm mass on the left side of my neck.

After the clinic examination on March 6, 1973, I went to Florida with my brother, one of my sisters who lived in Florida, was visiting me at this time, and she rode back to her home with us. This was not a very enjoyable trip, as I was steadly getting worse as the trip progressed. Unbeknown to us, I was in a more critical state than we realized.

When returning home, my physical condition had worsen, in May I started throwing up fresh blood, and passing dark blood in my stool, by May 13th this was fresh also. I was vomiting fresh blood all afternoon, into the night. My husband finally called the hospital early in the A.M. They must have rustled one sleepy intern out of his sleep, as he suggested we wrap up the clots and bring them in, in the

following morning. In his sleepy fog, he must have thought that the bleeding was a result of a miscarriage. We waited until we knew the surgical team would be beginning their morning rounds checking all of their hospitalized patients. This was a good idea, as one of Doctors of the team that took care of me was in the emergency room, when I came in, recognizing me, he came right over to me and started taking care of me, took me up to a room. Being in pain, over and over moaning about the pain, the nurse kept asking me what was wrong, where was the pain. Trying me best to tell her, she started getting aggravated with me, the Doctor was trying to usher her out of the room, before he could get her out the door, Mother Nature took over, started throwing up all over me, the bed, the floor, all bright fresh blood. She understood. They came in with cell packs (blood transfusions) the most I counted at one time was thirteen

May 13, 1973 was operated on the second time in the Milwaukee County hospital, they didn't think I would live through the operation. Think it was Wednesday night, wasn't doing good all day, that night my sister Janet, insisted that she stay with me all night. The Hospital didn't offer her a cot or any thing half confortable, she slept across hard wooden chairs. She heard my shallow labored breathing, jumping up she pushed the button for the nurse, realizing sometimes they weren't too prompt, ran to the nurses station, and came back with two Doctors. They went to work and did revive me. obviously. Her quick thinking saved my life.

Before I left the hospital, they started me on the strongest form of radiation they had. June 1, 1973 the discharged me from the hospital. During the radiation treatments, my weight kept dropping. The lowest I weighed was 83 lbs. Notes taken from 7/25/73, show at this time I was very weak - I start walking and my knees would buckle underneath me, down I would go. Each time back up on my feet, and kept going. This went on during August and 1st of September. I would force my self to keep moving, I knew if I stopped, I would be finished, my duties weren't over with yet, there were still two young daughters to finish raising.

On September 4th, 1973, I got my first batch of Aloe Vera Leaves. My sister who was married to a Doctor, worked in his office, she overheard Mr. Stockton, tell waiting room patients that he was doing cancer research with the Aloe Vera Gel. She asked her husband if he thought the Gel would help me. He said "Its a natural product, he didn't think it would do any harm, but wasn't sure if it would do me any good." She called me and asked me if I wanted to take it, being I had nothing to loose, the Doctor's at this point told my family I had approximately 10 days to live. The first shipment came Sept. 4th 1973. I consumed in the beginning 3 to 4 leaves a day. The leaves weighed around 1 lb @.

I didn't know what to do with them, my Father was sitting in the kitchen talking to me. I said, What can I do with these"? He replied, "For crying out loud Max, filet it like a fish, bring it here, and I show you how to do it". So, every morning I would prepare enough for the day. My sister had called me and told me to get as much into me as I could in the begining. Every time I sat down I had a glass of Aloe Gel beside me and would sip it.

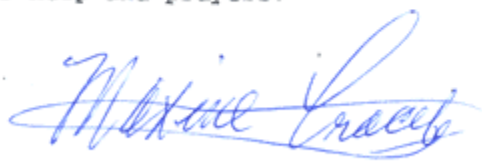
9/27/73 Today there were two appointments to keep, both at the hospital one at the Radiation clinic, the other at the Surgical Clinic. Usually one or another member of my family would be there to drive me, but today was an exception, my husband said he would stay home from work to drive me, "No, I said, "I think I can drive myself, was still rather weak, but I thought I could do it. So I did, the small hill leading up to the hospital felt like a mountain, going slowly I made it, First I went to the Radiaton clinic. The Doctor examined me, and stood and looked at me, turning his head this way and that way, then he examined me again. He patted me on the right cheek and said, "You are doing fine honey", and left the room. A Nurse came into the room holding a clip board with a peice of paper clipped to it. She asked me what I had been eating. I mentioned several foods, and then said plus a health drink, with different juices in it. I was then told I could go up stairs to the Surgical Clinic, which I did.

While checking into the Surgical Clinic, I was asked who drive me that day, I said I drove myself. They looked a little sceptic, but as no one else was around, they took my word for it.

After a short wait, I ushered into an examining room. The Doctor who was the head of the Surgical Team, came in, and he asked me who drove me, I said I drove myself. He asked a few questions about my state of health, then asked me to lay on the examining table, he proceeded to examine, he stood up straight and looked at me, and quickly left the room. He returned shortly with all of the other Doctors on the team. They all one by one went around the examining table and in turn examined me. No one said a word, and they all left the room with the Head of the Surgical Team. I heard them all talking at once, after a few minutes, the Doctor returned, he said to me, "The tumor you have in your abdomen has started to shrink." So that was the beginning, I kept consuming the GENUINE ALOE VERA GEL, recovery came very slowly. This was amazing to me, as just a few weeks before, they had given me ten days to live.

NOTE** All of time that I was taking the 5-Fu (Chemotheraphy) and radiation treatments, I would say to my husband, that cancer was being treated wrong. Chemicals and radiation was not the answer, how can your body recover and recuperate, when it was being torn down, good and bad cells were being killed. He would answer, "What is the right way?". My answer was, I don"t know, I only know that in my heart this is the wrong way. It is like blood letting was in the medieval days.

So I slowly kept on healing, finally in the beginning of the 80"s, my confidence returned, and felt secure enough to discontiune taking the Aloe. I am very Thankful to my sister Patricia, who discovered and suggested taking the Aloe Vera, to Rodney Stockton, for his vision, and both of my parents for their help, for Janet being there when I was dying and save me, along with all my brothers and sister, and numerous other relatives and friends, for help and prayers.



		DATE OF ADMISSION	
	TRACY, MAXINE	5-12-73	
		DATE OF DISCHARGE	DAYS IN HOSPITAL
		6-1-73	

INCLUDE (SIGN AND DATE AT END OF SUMMARY)

PRESENT ILLNESS / HISTORY

HISTORY OF PRESENT ILLNESS: This is a 42 year old white female who underwent a rig hemicolectomy for adenocarcinoma of the ascending with invasion into the third port of the duodenum. Patient has been followed in the White Surgery Clinic subsequent to this resection and had been given a course of 5-FU. Patient returned complainin of a eight hour course of dark red hematemesis and also a single episode of bright nonclotted blood per rectum mixed with stool. Patient had moderate upper abdominal not associated with the onset of bleeding. The patients hematocrit on entrance was 33%.

PHYSICAL

PHYSICAL EXAMINATION: Revealed a white female who was quite pale but in no apparen distress. Blood pressure 110/70, pulse 100 and regular. Head, ears, eyes, nose an throat examination revealed no acute changes. Lungs were clear. Breasts were with masses. Heart revealed a Grade III/VI holo systolic murmur heard best at the left sternal border, no gallops or other murmurs were heard. Abdomen was soft with mini tenderness to deep palpation in the right upper quadrant with a firm immobile 12X12 mass palpable, good bowel sounds without organomegaly. Rectal examination revealed Mahogony stool that was 4+ guaiac positive, there were no other lesions appreciated. Extremities were without edema. Neurologic examination was intact. N

LABORATORY

aspirate was bilious and there was no blood present and the aspirate was guaiac nega

Hematocrit on admission was 33%, white blood count 12,700, pro-time 12.5 seconds, glucose 122, BUN 13, amylase 63, sodium 136, potassium 3.5, chloride 97, CO_2 24.

X-RAY

HOSPITAL COURSE

Patient was admitted and given a procto examination which was negative. Immediatel later that evening the patients hematocrit dropped to 27% with no obvious source of bleeding. Later in the evening the patient had a dark red emesis. NG was inserted and an aspirate of dark red blood was obtained. The patient was subsequently follc with similar problems through the night, necessitating eventually ten units of bloc replacement to hold her hematocrit. The patient was therefore on 5-13-73 taken to operating room and an exploratory laparotomy was performed. The exploratory laparc revealed that tumor mass had encompassed almost the entire duodenum with invasion. There was also the presence of a duodenal colonic fistula. Tumor apparently was involving, on laparotomy, the right kidney, the duodenum, pancreas, mesenteric and small bowel. No definitive procedure was performed. The patient was continued to managed conservatively on the ward with a slow return of function. By the third postoperative day the patient was afebrile, she remained so and the patient was ref to Nuclear Medicine for radiotherapy. This had commenced at the time of discharge.

DISCHARGE MEDICATION

FOLLOW-UP RECOMMENDATION

FOLLOW UP RECOMMENDATIONS: The patient is to continue with Radiotherapy as an Out Patient. She is to be seen in the White Surgery Clinic in ten days.

DISCHARGE MEDICATIONS: Maalox
Talwin 50 mg. p.o. q. three to four hours p.r.n. pain
Multi-vitamins 1 p.o. q. a.m.

FINAL DIAGNOSIS

DISCHARGE DIAGNOSIS: 1. ADENOCARCINOMA OF THE COLON INVADING THE DUODENUM WITH UPPER GASTROINTESTINAL HEMORRHAGE

SIGNATURE

DATE OF SUMMARY

(Continued:)

3095

DISCHARGE DIAGNOSIS: Cont'd. 2. DUODENAL COLONIC FISTULA SECONDARY TO CARCINOMA OF THE COLON.

3. RECURRENT CARCINOMA OF THE COLON INVOLVING THE RIGHT KIDNEY, DUODENUM, PANCREAS, MESENTERY AND SMALL BOWEL.

J. Trader, M.D.

JT:fp
Dict: 6-1-73
Tran: 6-7-73

cc: Tumor File

perative Diagnosis Acute severe gastrointestinal hemorrhage secondary to invasion of carcinoma of the colon into the duodenum.

hetic General Started 1455 Stopped 1855

sthetist Martin/Burgos

peration of Field Ten minute Betadine scrub, betadine spray.

ration Exploratory laparotomy, duodenotomy, biopsy of tumor and insertion of drain.

Began 1520 Closed 1850

dings: Gross: Describe all pathological findings: The patient is a 43 year old white female who in June of 1972 underwent laparotomy for an adenocarcinoma of the ascending colon. At the time of surgery, the tumor had invaded the duodenum and tumor was left on the duodenum. During her postoperative course, she was started on 5FU and continued on that as an outpatient. Approximately 48 hours prior to this admission, she began vomiting blood and passing bright red blood per rectum. She also complained of a

scription of Operation six pound weight loss in the last few weeks along with generalized malaise. At gastroscopy, the blood was seen to be coming from the distal to the first part of the duodenum. After receiving ten units of whole blood and still showing signs of active bleeding, she was taken to the operating room.

PROCEDURE: The patient was prepped and draped in the supine position under general endotracheal anesthesia. The previous midline abdominal incision was opened and the peritoneum was entered uneventfully. Adhesions of the omentum through the old incision were sharply divided. There was apparent a large tumor mass in the right upper quadrant. The liver apparently was free of tumor and there was no other evidence of tumor elsewhere in the abdomen. The duodenum was first kocherized partially, this being made difficult by the fact that the tumor invaded the second portion and third portion of the duodenum.

Next, the ligament of Treitz was identified and this was divided, thus mobilizing the duodenum from the left to the right. In this manner, it was able to free the duodenum to over the inferior vena cava. At this point, dense tumor invaded the duodenum and attached it to the posterior abdominal wall. The tumor, on palpation, extended along the superior mesenteric vessels into the root of the mesentery. The tumor also extended into the retroperitoneum and was densely adherent to the right kidney. Superiorly, the tumor blended with the pancreas. The entire tumor

ocks - Drains 1 Shirley tube. 4 Penrose drains (CONTINUED)

ponge Count Correct x 2 By Reinke/Cuillard

Postoperative Diagnosis 1) Adenocarcinoma of the colon invading duodenum with upper gastrointestinal hemorrhage. 2) Duodeno-colonic fistula, secondary to carcinoma of colon. 3) Recurrent carcinoma of the colon involving the right kidney, duodenum, pancreas, mesentery and small bowel.

Staff Surgeon: R. Rodgers, M.D.

Resident Surgeon: J. Hofmann, M.D. R. Gomez, M.D. cc: Tumor file

Record Made By J. Hofmann, M.D./rn

dd 5-15-73 dt 5-15-73

Signature

mass measured approximately four inches, by five inches, by three inches. In the fourth part of the duodenum which had been mobilized, a longitudinal duodenotomy was made and upon opening the duodenum, a feculent smell was observed. It was then noted that the small bowel appeared relatively free of blood while the colon was full of blood. This suggested the presence of a duodeno-colonic fistula. Upon insertion of the finger into the duodenum, it was completely surrounded with hard, irregular tumor nodules. In one area, there was a small tract which seemed to lead to the colon about three inches proximal to the previous anastomosis and it was thought that this area represented the duodeno-colonic fistula. Upon pushing the finger in further towards the second and first part of the duodenum, the tumor nodules became larger and the finger could not be inserted completely through the duodenum into the first part of the duodenum. It was thought that these masses were almost completely obstructing.

Upon observation, there was no active bleeding from this area at the time. Because of the extent of the tumor and the inability to resect it, and because there was no active bleeding, it was thought that nothing further should be done. The duodenotomy was closed in a transverse manner using a running #3-0 chromic suture for the internal layer and an interrupted #3-0 silk stitches for the outer layer.

It should also be noted that three or four loops of small bowel were densely adherent to the tumor mass just underneath the transverse mesocolon in the area of the previous resection. There were tumor nodules studded on the small bowel in this immediate area. A biopsy of the tumor lateral to the duodenum was obtained. The tumor mass was outlined with silver clips for possible radiation therapy in the future.

The abdomen was closed using #2 nylon retention sutures and interrupted #28 wire in the midline fascia. The skin and subcutaneous tissue was left open.

Before closing the abdomen, two Penrose drains were placed in the right gutter in the area where dissection had been carried around the duodenum. A Shirley sump placed inside of a Penrose drain along with two additional Penrose drains, were brought up through a separate stab wound in the left upper quadrant and were placed down near the area of the duodenostomy in anticipation of a duodenal leak. The dressings were applied to the abdominal wall and the patient was returned to the recovery room in stable condition.

Packs and drains - there were a total of five Penrose drains and one Shirley sump.

Postoperative diagnosis: Adenocarcinoma of the colon invading duodenum with upper gastrointestinal hemorrhage. #2. Duodeno-colonic fistula, secondary to carcinoma of colon. #3. Recurrent carcinoma of the colon involving right kidney, duodenum, pancreas, mesentery and small bowel.

COUNTY GENERAL HOSPITAL
Milwaukee County

MARVIN F. NEELY, JR. • Hospital Administrator

October 8,1973

RE: TRACY, MAXINE
MCGH# 28-86-95

TO WHOM IT MAY CONCERN:

Mrs. Maxine Tracy was admitted in June of 1972 at which time a right colectomy with an ileotransverse colostomy done. At that time the colon tumor was very large in size and was noted to be invading the wall of the third portion of the duodenum. She was placed on 5-Fluorouracil postoperatively and continued to do well for approximately eight months, at which time a mass was palpable in the right upper quadrant. Successive GI series had demonstrated no enlargement of the tumor in the wall of the duodenum prior to that time. However, there was apparent escape from 5-Fluorouracil and the mass was noted with this escape.

The patient was subsequently admitted in May of 1973 with a massive upper and lower gastrointestinal bleeding. She was explored at that time and through a duodenotomy the tumor was biopsied in the wall of the duodenum. She was not actively bleeding on the operative table and no other surgical measures were undertaken. She recovered from the surgery and has been followed in the Clinic since that time. Radiation therapy was given and in June of 1973 the patient was noted to be losing weight. Radiation therapy was continued in spite of this and the patient's weight subsequently dropped from 105 pounds down to a low of 87 pounds. Radiation therapy was temporarily discontinued and the patient thereafter showed a dramatic response with disappearance of the right upper quadrant mass and successive increase in her weight. She was last seen on September 27,1973 at which time she weighed 102 pounds and did not have any nausea, vomiting or diarrhea. There was a suggestion of a deep mass in the right abdomen, although this was not of significant size.

The patient is being followed in our Clinic, and is to be seen again in two months.

Sincerely Yours,

Robert M. Schmidt, M.D.

RMS:mrh

8700 WEST WISCONSIN AVENUE • MILWAUKEE, WISCONSIN 53226 • TELEPHONE 258-2040

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Director of Medical Services

05-86-55
Tracy, Maxine

VA HOSPITAL SERVICE

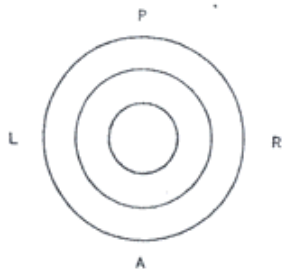
PROCTOLOGY

HIEF COMPLAINT S/P bled for massive Gastric Ca

ECTAL COMPLAINT none

ISTORY

		BRIGHT	DARK	AMOUNT (1, 2, 3, 4)
1.	BLEEDING			
2.	PAIN			
3.	ITCHING			
4.	PROTRUSION			
5.	SWELLING			
6.	DISCHARGE			
7.	ABSCESS			
8.	FLATUS			



REVIOUS RECTAL TREATMENT

ISTIPATION DURATION CATHARTICS

IARRHEA DURATION CONSTANT PERIODIC

D. OF STOOLS BLOOD MUCOUS CRAMPS

BDOMINAL SYMPTOMS

BDOMINAL EXAMINATION

EPORT OF PROCTOSCOPIC EXAMINATION

ISTANCE SCOPED 25 cm.

No pathology

IAGNOSIS (N) prostate

REATMENT none

EFERRED BY SEP

IGNED

Osteopathic Physician & Surgeon
1300 BAYVIEW DRIVE
FORT LAUDERDALE, FLORIDA 33304
TELEPHONE 305/565-4679

January 28, 1974

Aloe Creme Laboratories, Inc.
P. O. Box 9477
Fort Lauderdale, Florida 33310
RE: Maxine Tracy

Dear Mr. Stockton:

Maxine Trudy was seen and examined by me in April of 1973 and at that time related that she had undergone surgery in June of 1972 for a cancerous tumor of the colon at Milwaukee County General Hospital, Milwaukee, Wisconsin. They had given her no hope of long term survival since metastasis was wide spread. 5-Fluorouacil was administered for 8 months following surgery.

Her appearance was that of a wasted, fatigued person of 110 pounds who stated that prior to her knowledge of the cancer had weighed 145 pounds.

Abdominal examination revealed a right lateral rectus scar. An elevation of the right mid-abdominal area beneath suggested an easily palpable hard nodular mass irregularly approximating 15.0 centimeters in diameter. A complete blood count was normal and an erythocyte sedimentation rate was 20, (normal 0 - 15). 5 Fluorouracil was given as requested.

The report from Robert M Schmidt M.D. narrates later developments and the initial pathology and biopsy reports are enclosed.

At the time of the weight dropping to 87 pounds and no further suggestion for palliative treatment, the self administration of aloe vera gel was initiated. No promise was given other than that no harm would be done. The patient has continued this as sole therapy to this date.

The patient was seen in December of 1973 and re-examined. Since the May 1973 surgery had removed only a duodenal biopsy it is felt to be very significant that in the same area where the large tumor was felt a similar hard, nodular tumor irregularly 8.0 centimeters was palpable, this tumor being evident on a flat abdominal xray. The blood count was unremarkable other than a noteworthy hemoglobin of 14.3 grams. The erythrocyte sedimentation rate was 6. The patient's weight is 111 pounds, a good weight for her body configuration.

Sincerely

R. P. Bonham D. O.

RPB:pb

VINCE LOMBARDI [illegible] FEB 7 1974
COLUMBUS [illegible] | White   Wt 105 #

Adenoca of colon (R) colectomy 5-F-U [illegible] 1972
May 1973 - recurrence c̄ invasion to duodenum c̄ pancreatic extension

No studies since that time

12/73	alk phos	30	↑50	2/4/74
	SGOT	100	135	
	Total bili	3.5	1.3	

Now c/o fatty food intolerance as evidenced by RUQ pain associated c̄ vomiting

B.M's - "large" colored · float; smell worse than usual B.M's.

Exam - Gen'l - anicteric; in NAD

Abdomen - has moveable mass RLQ, nontender

Imp 1. Extensive disease c̄ multiple organ involvement
believe she is developing some pancreatic insufficiency

Plan (1) Viokase
(2) RTC 2 wks to see if Viokase helps
2-21-74 -

A. R. McGuan