

PRINCIPLES OF THE KOCH THEORY INTRODUCED IN 1918

PATHOGENESIS

Primary, general, and residual focal infections take place and persist only where there is deficiency in the tissue oxidation catalysis.

Germ poisons absorbed from infection foci may circulate in the blood and adsorb into tissues and produce their specific effects only when the oxidation catalysis of blood and tissues is deficient.

Germ poisons are negative oxidation catalysts. They secure "anaerobic" environment necessary to the life of germ chemistry and unfavorable to the progress of tissue oxidation chemistry, by (a) totally quenching it and producing tissue necrosis, by (b) absorbing the energy of cell oxidations and under specific conditions transferring it to the chemical process of some functional unit in the cell, thus forcing uncontrolled, continuous allergic activity of that functional unit. (The specific condition that determines this energy transfer and acceptance action is the similarity in emission range of fluorescence of the toxin to the energy absorption range of the functional unit;) by (c) quenching the oxidation of ethylene or quinone groups of fluorescent substances in foods or tars or certain germ poisons so they remain to disturb function, producing allergic action of the reproductive elements, or of the contractile, secreting, or conductile elements of the cell, thus producing cancer, asthma, hay fever, contractures, or fixed ideas, etc., respectively.

The atomic groups concerned in all germ poisonings and allergenic action are the unsaturated valencies between carbon atoms, between carbon and oxygen, and between carbon and nitrogen, which confer photochemic properties. They are destructible by vigorous oxidation brought about through appropriate oxidation catalysis.

The severity of any allergic change follows certain definite conditions. Thus the degree of malignancy is proportionate to, (1) the degree of oxidation deficiency present (2) the amount of toxin circulating, (3) the closeness of the source of toxin to the malignant cells, as when the neoplasm takes origin in the infection focus itself, (4) the degree of injury to the circulation within the focus of infection and within the neoplasm, as when caused by scar or the effects of traumatism, and finally (5) the degree of malignant expression in the forefathers, especially where each successive generation tends to develop cancer earlier and earlier in life. (Thus the pre-growth toxic period tends to become shorter and shorter with each successive generation until the growth develops and kills before the reproductive age arrives.)

THERAPY

The destruction of toxic action through oxidation is the natural protective process. The catalysts concerned are those that mediate oxidation of sugars and fats for energy production for normal functional purposes. These bodies are Glyoxylide, $O=C=C=O$. Malonide, $O=C=C=C=O$. Ketene, $H_2C=C=O$. Lactene, $H_2C=C=C=O$. and 1:4, Benzoquinone. They activate oxygen and they also activate ethylene and quinone groups of toxic molecules to take up oxygen, thus destroying the free valency that produces their toxic photochemic action. This is the ultimate in all immunity chemistry and even where obscure chemotherapeutics have been found helpful this principle will be found operative fundamentally.

For instance, the sulpho compounds in common use are very toxic to the tissues, each must first be oxidized to para amino quinone, which is next oxidized to 1:4, benzoquinone and then to two molecules of the suboxide of carbon, "Malonide" or three molecules of Glyoxylide before it serves as a protective oxidation catalyst.

When the tissue oxidations are too feeble to accomplish this oxidation, harm instead of benefit is received. There can be no question as to the preference of the harmless directly active agents, over the original toxic sulphonamide molecules.

Glyoxylide is basic to every disease known to man in our experience and is not contraindicated in meningitis or any other condition but can be used with the expectation of doing good and not injuring the patient in any way whatever.

RECOVERY PROCESS

When the pathogenic toxin is removed by this type of oxidation, its intermediaries have catalytic curative action also and so the "cause is turned into the cure," as I have insisted since 1918. The germs depending upon it must die and all secondary toxins are burned; tissues still living resume normal function; injured cells are removed and replaced by normal tissue elements, and not by scar. Hence, normal function is restored. Scars that had been protecting focal infections are now obsolete and are absorbed and replaced by normal tissue elements more or less thoroughly. Focal infection as well as acute germ invasion is routed out and the allergies and degenerative diseases depending upon the old focal poisoning give way to normalcy, even with tissue reconstruction and return of function.

This return to normalcy is a cyclic procedure, the periodicity of which is grossly similar to the periodicity of the genesis of the disease. The periods are made up of positive and negative phases, the shortest unit of which is three hours. This period is multiplied into twelve, twenty-four, thirty-six hour cycles, etc., these are further multiplied into three and a half, seven, ten and a half. and fourteen-day cycles, these into three-week, six-week, nine-week, and twelve-week cycles, and these into six-month, nine-month, twelve-month, and greater cycles. Especially important are the twelfth, twenty-fourth, thirty-sixth, sixtieth and seventy-second-week periods.

Recovery is generally secured on one or two doses, but if the dose is to be repeated this is done during a negative phase only and at one of the divisional periods, such as the third, sixth, ninth, twelfth, twenty-fourth, thirty-sixth, fifty-first, sixtieth, or seventy-second week. It is never repeated while recovery is in progress.

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