

THE CURE OF
CORONARY THROMBOSIS

KOCH'S GLYOXYLIDE
is
SAFE TO USE; EASY TO ADMINISTER

KOCH'S GLYOXYLIDE
MASTERS THE PAIN AND THE PATHOLOGY

With
Other Cognate Studies



D. H. ARNOTT, M.D.

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THE CURE OF CORONARY THROMBOSIS

The most potent forces affording us protection from disease are natural within our bodies. These functionings are inherited; and where our ancestors constantly have survived particular diseases, selective resistance to these troubles frequently has been passed on to us. Therefore, heredity is in no wise a thing apart from the environment of our predecessors. To understand many difficult medical problems of today, one must never lose sight of this fact.

For good health, a supply of food adequate in amount and variety must be used; but there is another requisite for good health—one which is clear to, and frequently under the control of those physicians who treat their patients by using the catalytic agents discovered and developed by Dr. Wm. F. Koch, of Detroit, Michigan.

This further needed condition requires that the body transform food into living energy at a vigorous normal rate, burning it properly in each individual cell in the body, where it continuously unites with oxygen for this purpose.

It is upon the degree approaching perfection with which this is done consistently, that fundamental conditions requisite for the best of good health depend.

Therefore, when there has been established a long-continued sluggish habit of this fundamental, biochemical reaction, various pathological states must and do arise from this one cause. (1).

It is Dr. Koch's belief that the last step in the transition of energy contained in the food we consume for nourishment, into that of living energy—life as we see it—takes place through the catalytic action of certain carbon compounds which are natural to the body; and that a chronic deficiency of oxidation necessary for vigorous living energy and requisite for its support, results when the supply of these essential compounds becomes depleted.

He believes this deficiency frequently can be corrected by the hypodermic administration of the solutions which he discovered and has developed, and which—named Glyoxylide—he distributes to doctors in single glass ampules, together with hypodermic syringe and needle, all sterile and ready for use and which must be used as received.

In writing of the Koch treatment, one of the highest ranking scientists in Europe (2) who had "spent the last five years in the study and development of this treatment" reaffirmed his opinion expressed previously:

- (3) "IT IS A VERY IMPORTANT STEP IN MEDICINE AND IS APT TO CHANGE THE WHOLE PICTURE OF MEDICINE AND PATHOLOGY."

From a long list available, let us examine two important, distinctive, easily-repeatable, clinical successes obtained through the administration of the Koch treatment, which together place this statement beyond dispute.

ENDARTERITIS OBLITERANS

- (4) "Miss A. R.—

PRESENT COMPLAINT: The left foot had been badly discolored for some months, was stone cold to the touch and devoid of feeling.

PHYSICAL FINDINGS: The left foot was black, cold to the touch, and for a distance of nine inches up the leg the colour of the skin was dark red, mottled with several darker patches. It was evident that there was a serious degree of obliterative endarteritis affecting these parts.

TREATMENT: One cc. of Glyoxylide was given immediately. (February 7th, 1938).

SUBSEQUENT HISTORY: Observed thirty hours after the treatment was given the whole foot was dark red in colour the day following it was pink and white. Ten days later it was normal in appearance and warm to the touch. The patient at this time reported that the foot felt warm to her. Later on she could walk with the normal tactile sense restored. At the time of writing, April 18, 1939, the foot is normal in appearance and the patient reports no abnormal feelings or disabilities exist in the affected parts. Also, she says that her general health has improved so that it is better than it had been for several years previously. . .

DR. KOCH's treatment rests upon the theory that his reagents are directed towards a defective oxidative mechanism in order to restore this function to its normal efficiency. The condition in the patient described illustrates a gross and unmistakable defect in oxidative mechanism of the left foot and the lower part of the left leg. The restoration of a normal oxidative function after the use of Glyoxylide was prompt, readily recognized, and by the use of one dose of Glyoxylide re-established as a continuing habit."

This patient continues well at the time of writing, November 15th, 1941.

For more than 50 years post mortem findings have disclosed Obliterative Endarteritis, such as affected the foot of Miss A. R., has its parallel in the pathology exhibited in Coronary Thrombosis.

CORONARY THROMBOSIS

(5) "Dr. H. G. A.—Age 64.

A physician, like our father before us, had been bothered for a couple of years with pain and stiffness in his shoulder joints; but one did not recognize the essential rheumatic nature of his disability. While walking down Yonge St., Toronto, December 2, 1936, he was suddenly disturbed with a severe pain in the center of his chest. After resting a short time, this passed away. However, it returned with terrible severity two days later, while he was quiet in his own home. Heavy, hypodermicly - administered doses of morphine relieved him, only while the narcotic action rendered him unconscious.

W. M., noted on page 128 of "Natural Immunity," still was alive and well, so Glyoxylide was used December 8, and this gave him considerable relief in a few hours. Three and a half days later, a second dose was given, following which all pain subsided and has not recurred.

Five weeks after the pain had left him, an electrocardiogram showed evidences of severe coronary damage. Nine weeks later, a second tracing disclosed a practically normal condition. These graphs are reproduced. (Omitted here).

The injury to his vitality has been most far-reaching and the first ten weeks of convalescence were spent in bed, for the most part. But, long before he was able to be around, he was surprised and pleased to find himself free from his stiff, sore shoulder symptoms.

For a time I had observed his lips were pale or cyanosed when he had become fatigued, but soon after the Glyoxylide was used, this gave place to a normal healthy appearance.

Now, fourteen months since his seizure, he leads a normal, fairly active life, free from any sign of his old coronary symptoms."

Nearly five years later, November 15th, 1941, he is active and well.

MY OWN ATTACK OF CORONARY THROMBOSIS

For some time previous to being struck down myself by a severe and commanding attack of Coronary Thrombosis on November 12th, 1940, I had been well aware from repeated slight seizures of what impended. During 1938-39-40, I had been constantly engaged in, and deeply preoccupied with preparing and assisting to present the Cancer Commission of the Province of Ontario with adequate information and substantial proof of the merits of the Koch treatment. (6)

In July of that year a situation had developed, serious enough to warrant the Department of the Attorney-General in showing considerable concern. Interviews with me solicited by the Department were granted, and the documentary evidence which the Department expressed a desire to possess was placed in its hands. Therefore, I was reluctant to admit to myself, or to disclose to anyone this threat to my health and life, lest the Department might regard their chances for successful action in the public interest were lessened thereby. The deliberate delay in caring for myself properly, enabled me to prevent any such consideration entering into the picture.

DIAGNOSIS

Pain is a term we apply to suffering which may be slight or severe. This is so with the pain of coronary disease; but the pain is of a grinding-pressure type located in the mid-sternal region.

The character and location of the pain in coronary disease is rather distinctive, and first is experienced during exercise or emotion sufficient to raise the frequency of the heart beat. After lying down, relief from the pain comes with disquieting delay. The pain may continue for hours and may recur, unprovoked by exercise or emotion.

Pain, as described above, experienced by a patient from the early forties on, otherwise unexplained, is a strong indication of coronary disease.

Some seizures may add to the essential clinical picture by giving the history of pain also extending up the neck, and into the jaws, or down one or both arms, during seizures.

Now that in the Koch treatment of coronary thrombosis we have an easily applied, and highly successful active medicinal treatment of the disease, negative findings by an electrocardiograph examination in the face of symptoms described above, unless accompanied by a written and signed definite alternative diagnosis by the cardiologist, should not be allowed to carry even the most trivial weight. Only too frequently has the electrocardiograph finding been negative where the disease subsequently, in a matter of weeks, caused the death of the patient.

After a firm diagnosis has been obtained, the Koch treatment can be used by the general practitioner with confidence that the suffering can be controlled; and the pathological trend reversed; and the patient restored to gainful pursuits, in over 90% of those properly treated.

TREATMENT

The program of treatment should be outlined for the patient and agreed to by him before direction of the case is assumed. The patient should agree to re-

main in his room continuously for six to eight weeks, except where the bathroom is on the same floor and close to hand. Daily enemas should be used and a bland diet chosen from the general diet list approved by Dr. Koch.

The active medicinal treatment consists of the subcutaneous or intramuscular hypodermic administration of Koch's Glyoxylide (7) in doses of 2 c. c. This is sharply painful for two or three minutes but it soon passes and no local inflammation results. Being made from pure chemicals it is entirely free from the hazards inherent to the therapeutic inoculation of serums, tissue extracts or bacterial vaccines.

The interested physician will learn from his patients how far-reaching has been the constitutional upset. Early in the attack food of any kind often is disturbing. When this is so, I recommend that the noon meal be eliminated entirely, during this period. The enemas, though effectual, may give no convincing sense of evacuation to the patient. There may be times, and hours, when some return of pain is reported, but it will be found to be less severe and to subside more quickly as the weeks pass.

While confined to his room, the patient should not be required to remain in bed continuously, but should be allowed to sit up, resting his arms and head on a pillow placed on a table suitable for that purpose, or in any other position he finds most comfortable.

The reversal of the pathological trend effected by the use of the Koch treatment should have six to eight weeks to make progress before any exercise be allowed the patient beyond the limited confines agreed upon. Then the patient should be instructed to exercise carefully, resting as soon as any definite symptom of pressure in the mid-sternal region has been provoked by it.

In my own problem the recovery has progressed nearly at the same pace which characterized the onset of the symptoms. It was eight hours after the treatment was injected before satisfactory comfort resulted. Since that time some definite improvement has been noted each month for a year now. This was instituted and has been held by the use of but one dose of Glyoxylide.

Where recurring symptoms disturb the patient treated for coronary thrombosis, I think Glyoxylide could be repeated with benefit at three-month intervals.

These patients should be taught to practice deep breathing. They should inhale as deeply as possible and exhale thoroughly in a group of ten to twenty respiratory excursions every hour. This should be done while lying or reclining comfortably, and may

provide the tissues with extra oxygen needed by the treatment; and often will prove effective in cutting short a return of symptoms.

An attack of influenza should cause the gravest concern, and Glyoxylide should be repeated as a rule, four to six weeks after convalescence has been established.

No set of rules can be drawn up which shall prove to be both simple and practical, and for which no exceptions shall occur. When graduated exercises can and should be used, usually depends upon the length of time the pathology existed prior to using the Koch treatment; the general severity of the attack; and the age of the patient. In the mildest type of seizure this should be delayed for six weeks after using the Koch treatment; and in the more severe, as much as twice that time.

With the reversal of the pathological trend well established, graduated controlled exercise to the point of return of slight discomfort can and should be instituted. In this way, there can be a period of careful, constant and useful conditioning aimed towards eventually meeting ordinary demands. Symptoms of discomfort can be countered effectively by resting, accompanied by deep breathing.

Those physicians who went through the Influenza Epidemic which began in 1918, had plenty of opportunity to become infected with a strain of virus which to them was of particular virulence. It is quite possible that we now know why Coronary Thrombosis so aptly has been termed "the doctors' disease."

In reviewing my own clinical experiences, I think I have been able to recognize two types of Influenza seizures which were most liable to be followed by Coronary Disease:

One is characterized by the severe and prolonged acute stage of the attack; the other resembled a slight cold, produced no prostration, but ran a course of many months, during which exacerbations for a few days, disclosed the failure to establish immunity to the disease. I believe my own attack of Coronary Thrombosis had, its origin in a seizure of this type.

Largely, natural immunity is a matter of inheritance. In our own civilization there had been no opportunity for selective immunity to have been acquired in this way as a protection against the ravages of the Influenza Epidemic of 1918, and subsequent years. The present high mortality from Coronary Thrombosis might well be some of the far-on consequences of that disease.

It is not intended here to recount any of the various cogent reasons for this view.

(8) Elsewhere I have made record of the usefulness of the Koch Glyoxylide. These published clinical reports have been repeated and have been fully

corroborated by other (9) "medical men whose scholarship and practical experience with the treatment proved them well qualified for the work."

Those suffering from Coronary Thrombosis can have their condition correctly diagnosed by the General Practitioner. He also can use the Koch treatment so effectively that 90% thereby could have restored to them an important measure of dependable good health.

IN OTHER WORDS, THE USE OF THE KOCH TREATMENT IN CORONARY THROMBOSIS IS A PRACTICAL PROCEDURE, WHICH TODAY COULD BE OF MORE IMPORTANCE THAN WERE IT TO CURE 100% OF CANCER CASES AND NO OTHER DISEASES.

To disclose the nature of the Koch treatment; how it acts naturally and effectively; how to apply it successfully in the pathological states described above, is regarded as sufficient justification for the publication of this brief brochure.

No academician so prominent or scornful as to shake our faith! No dialectician so facetious and impudent as to disturb our conviction! What we have learned through using the Koch treatment during many years, we know. Ours is a living knowledge: It has grown; it continues to grow.

FOOTNOTES

- (1) "Pathogenesis and Immunity, As Conveyed by Ethylene and Carbonyl Groups.—In the Cause and Cure of Cancer, Allergy and Infection."
Free on application to Koch Laboratories, Inc., 8181 Jefferson Avenue, East, Detroit, Michigan; Wm. F. Koch Laboratories of Canada, 226 Queen's Avenue, London, Ontario.
- (2) "Proceedings": Cancer Commission, Province of Ontario, Canada, regarding Koch treatment, 1938-39-40—D. H. Arnott, M.D., page 255. Price one dollar, Koch Laboratories.
- (3) "Proceedings": Page 45.
- (4) "Proceedings": Pages 51-52.
- (5) "Reversing the Pathological Trend in Rheumatic Fever and Coronary Thrombosis." Free on application to the Koch Laboratories.
- (6) "Proceedings": Cancer Commission, Province of Ontario, Canada, regarding Koch treatment, 1938-39-40—D. H. Arnott, M.D. Price one dollar, Koch Laboratories.
- (7) "Pathogenesis and Immunity," as conveyed by Ethylene and Carbonyl Groups. Free on application to Koch Laboratories.
- (8) "Reversing the Pathological Trend in Rheumatic Fever and Coronary Thrombosis." Free on application to the Koch Laboratories.
- (9) "Proceedings": Cancer Commission, Province of Ontario, Canada, regarding Koch treatment, 1938-39-40—D. H. Arnott, M.D. Price, one dollar, Koch Laboratories.

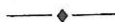
REVERSING THE PATHOLOGICAL TREND IN RHEUMATIC FEVER AND CORONARY THROMBOSIS

BY

D. H. ARNOTT, M.D.,
London, Ontario.

Reprinted from the Fourth Edition of "Natural Immunity, Its Curative Chemistry in Neoplasia-Allergy-Infection."

By Wm. F. Koch, Ph.D., M.D.



A CORROBORATIVE STUDY

BY

D. H. ARNOTT, M.D.

During the two years which have elapsed since contributing clinical data with brief conclusions for the Second Edition of "Natural Immunity," much of informing interest has been experienced through the use of Glyoxylide, some of which now is submitted.

However solemn and complete the post mortem findings may have been in corroborating and condoning the lack of successful method of treatment, nothing, on the other hand, is comparable to the authority vested in an easily applied medical treatment, which has given, and which shall continue to give, new and satisfactory clinical results.

I wish to discuss the medical control of rheumatic fever in its more obvious manifestations, and in its far-on and obscure ravages. "The only real advance made recently is the demonstration that it is one of the most widespread of diseases in the tissues of the body, affecting not only the heart as a whole but practically all tissues," writes H. B. Cushing, M. D., (1). Therefore, successful treatment has before it a very wide field of possible usefulness; but for the present, we shall regard it as applied to rheumatic fever in some of its commoner forms and in the repair of circulatory damage, including that of coronary disease.

The real cause of rheumatic fever is allergy, which prepares the body to accept streptococcus and other bacterial infections; an allergy which must continue as an active essential partner of these various forms of bacterial invasions.

Frequently it has been possible to correct the allergy, with the result that this one therapeutic manoeuvre has been followed by such a brisk and widespread favorable response I have chosen to regard it as reversing the pathological trend.

That allergy may be the basic course of rheumatic fever is a theory held by many who have done research work in the disease, and from the Editorials of the *Canadian Medical Association Journal* I am able to quote:

"The majority of investigators seem to have fallen back on the theory of allergy." (2) At once, you perceive, we have the majority with us, which is very reassuring; and "The most plausible explanation, therefore, appears to be some form of allergy."

"Considerable evidence may be adduced in favor of this theory. A suggestive parallel may be drawn between rheumatic fever and tuberculosis, the latter disease, as is admitted, being often accompanied by allergic manifestations." (3).

The month previous, the Editor had written on "Rheumatic Fever as an Infection," but with little heart for his task, since he begins with: "After a perusal of the recent literature on rheumatic fever one turns away with a feeling of disappointment and dissatisfaction. ***We seem, indeed, to be very little nearer the complete solution of the problem. Possibly the reason for this is a lack of proper method." (4)

While infection does seem to play an important part in rheumatic fever, it must have some unusually favorable soil in which to establish and to maintain itself, such as allergy provides, and the Editor continues "Rheumatic Fever as an Infection" with:

"Wilson and Edmond concluded that bacteria may gain access to the blood stream of both healthy and sick children and are filtered out in various organs, where they are destroyed. The presence of certain bacteria in the blood of rheumatic children would not seem to be of prime etiological importance in their opinion, unless, of course, we postulate that the tissues of the rheumatic child are specially sensitive to the organisms present in their blood. Allergy as well as bacteraemia may be invoked here." (5).

He proceeds:

***"Nor have attempts to produce rheumatic fever in animals always proved successful.

"It is clear that the final proof that any particular micro-organism is the specific cause of rheumatic fever is still wanting. ***The streptococcus is found in the lower animals as well as man, is ubiquitous, is, in some forms at least, parasitic and not pathogenic, and is inconstant in its features. But this only means that the methods of research should be better standardized, be more comprehensive, and more searching." (6)

Now animals, in general, lack the allergy which exists in rheumatic human beings, and thus prove resistant to the infection of streptococci which help to produce rheumatic fever in us; and one repeats what the Editor wisely has suggested, "Possibly the reason for this is a lack of proper method." (7)

We have here before us, therefore, high authority which warrants our seeking the solution of rheumatic fever by employing treatments which shall be directed against allergy as the basic cause of the disease. One might pause to recall Kitasato's prediction made in 1926, "that bacteriology now had its back to the wall; further development would be along the lines of bio-chemistry." (8)

For over two years now I have been able, by using Glyoxylide, to correct this particular allergy, frequently. It is natural, therefore, that the clinical results which have been satisfactory, also have been varied and important.

Before continuing, let me direct your attention to the burden of rheumatic fever since "In England it has been estimated that chronic rheumatism produces one-sixth of the total industrial invalidism." (9). Also, we might note the different clinical pictures which have been recognized as genuine rheumatic fever, or rheumatism.

"For example, Longcope (1931) noted that in Baltimore rheumatic fever was not associated with the severe involvement of the joints that he saw in New York; it was, rather, characterized by cardiac involvement of an insidious nature, with mild exacerbations, yet ending in severe damage. A similar condition of affairs was observed by McLean in Birmingham, Ala. There rheumatic fever is primarily a disease of the heart, with insidious onset, but with little emphasis relatively on arthritic and choreic manifestations. ***It is important to realize that these clinical variations exist." (10).

"Rest is the most potent of all remedies" for rheumatic fever (11). My good Editor has not directed the treatment of rheumatic fever in his writings during the time I have referred to his opinions, but his medical treatment of coronary thrombosis prescribes, "absolute quiet in bed and for the rest we trust in Providence." (12)

There can be no quarrel, therefore, when we also, as here exemplified, use identical methods in the treatment of rheumatic fever and of coronary thrombosis, successfully.

Dr. H. G. A., Age 64.

A physician, like our father before us, had been bothered for a couple of years with pain and stiffness in his shoulder joints; but one did not recognize the essential rheumatic nature of his disability. While walking down Yonge St.,

Toronto, December 2, 1936, he was suddenly disturbed with a severe pain in the centre of his chest. After resting a short time, this passed away. However, it returned with terrible severity two days later, while he was quiet in his own home. Heavy, hypodermicly - administered doses of morphine relieved him, only while the narcotic action rendered him unconscious.

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Five weeks after the pain had left him, an electro-cardiogram showed evidences of severe coronary damage. Nine weeks later, a second tracing disclosed a practically normal condition. (These graphs are omitted here.)

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For a time I had observed his lips were pale or cyanosed when he had become fatigued, but soon after the Glyoxylide was used, this gave place to a normal healthy appearance.

Now, fourteen months since his seizure, he leads a normal, fairly active life, free from any sign of his old coronary symptoms.

Mrs. H., Age 72.

Seen in February, 1936, complained of pain in the chest on slight exertion, typical of the symptoms complained of by cases of angina pectoris. She was unable to perform her household duties owing to the ease with which the painful seizures were provoked, and on December 6, 1937, a very severe return of the pain required her to remain in bed continuously. This time, rest failed to produce relief, and the lightest of food was always followed by very great pain.

The Glyoxylide was used on December 11, as no sign of improvement made its appearance, and when seen the day following, she was found very much better. There was steady progress, till no pain was experienced at the end of three days, except slight discomfort following meals. Gradually she was able to go to the bathroom without producing any discomfort. January 28 she revealed that, during the summer of 1937, while confined to bed, she had suffered from cold feet, and required the hot water bottle, renewed several times daily, but now, for a fortnight, she

had required no such help, night or day, though the weather had been quite cold. Also, her hands then were pink, when previously they had been dark and bluish. She is in much better condition than any time during the last two years; and the many, unexpected evidences of improved health so delight her, it is a particular pleasure to visit this patient now.

Mrs. P., Age 58.

During periodic examination in 1933, her pulse was found to run 106, and since that time has never been noted less than 104. She explained this might be due to nervousness. The Summer of 1937 she suffered from pains in her knee, shoulders and hands, and these symptoms were relieved upon the use of suitable vaccines. January 10, 1938, found her with her left hand and wrist badly swollen, painful and tender. She had not slept all night, owing to the severity of the pain. Having nursed her husband through two attacks of rheumatic fever, each of which lasted over three months, she was well aware that her condition was the early stage of an attack of rheumatism. The Glyoxylide was given at once, subcutaneously, and the full regimen instituted. In twenty-four hours the swelling of the hand had subsided 50%, with great relief from the pain and tenderness. Her pulse, while standing, was found to be 72 per minute. In a week all signs and symptoms had disappeared and her lips, which had been purple for years, were a normal color. Her lips in another week had been free from chronic burning feeling, which had extended into her mouth. Also, for the first time in years, she was able to lie on her left side, and even go to sleep in this position, though, previous to the treatment, a few minutes in this posture would have been most uncomfortable. On February 3 she remarked that for years her head had not felt right, as though she might be suffering from high blood pressure. This discomfort had entirely disappeared and she was astonished that so much improvement had been achieved in so brief a time, and with little reaction, or other discomfort.

Mrs. M., Age 89.

A severe chronic arthritis in 1934, affecting the left hand and wrist, did not clear up after the removal of a few remaining and infected teeth. Several months' treatment, with small doses of suitable vaccines, effected a removal of all symptoms. In 1935 there was a lot of pain in her hip, which bothered her a good deal until 1937, when there was a return of the old trouble in the same wrist. After this had been controlled, there developed a severe pain in her neck, which was so commanding that its rheumatic nature, as well

as that of the hip pain, became apparent. Glyoxylide subcutaneously, was administered January 24, with complete relief of the hip pain in three days. Ten days later saw the last of the pain in the cervical area. Moderate reactions were observed from the 4th to the 10th day after the injection, but the complete relief from her old pains in less than a fortnight both astonished and delighted her.

M. G.

Reported on page 128 of "Natural Immunity" remains free from all her old symptoms, and is in good health. She has informed me that, during her third attack of iritis, there ran a co-existent rheumatic fever, lasting several weeks.

Mrs. B., Age 51.

Took a three months' trip away from home to see if this change would restore her failing strength. The results were disappointing, as her shortness of breath on exertion, sore joints, tendency to suffer from repeated severe colds, continued. At last she remained in bed continuously for three weeks, under treatment for a severe bronchitis, which caused profuse expectoration, sometimes blood-stained, and there was considerable distinct dullness on percussion over the upper part of the left lung. One thought of cancer, since examination of the sputum had failed to disclose the presence of any tubercle bacilli. An X-ray examination disclosed neither cancer nor tuberculosis, but enlarged heart and aorta, with the conclusion that "films suggest an arteriosclerosis affair."

Glyoxylide was given subcutaneously on November 11, and a marked improvement in appearance and lessening of cough was noted in 24 hours. Headache was complained of during 15th, 16th and 17th, but by the 18th the patient judged herself 90% free from all symptoms. Her old sore joints became normal and there was such an improvement in her bodily well-being and spirits that her delight was a great pleasure to note. In this case there was a selective damage affecting the pulmonary artery rather than a coronary vessel. Recovery period took in all about six weeks.

A. R., Age 70.

February 7, 1938, I was asked to observe and advise in regard to the left foot of this patient, aged seventy, since it had turned black, was without sensation, and felt as cold as a stone. In fact, the first glimpse I had of the trouble rather startled me. The great toe was black and the rest of the foot a dark purple, with dark red discoloration extending for nine inches up the leg,

marked with several dark purple spots, irregular in size and shape. The diagnosis which had been arrived at before showing it to me was that of gangrene, and I saw no reason to dispute the reasonableness of the decision. Recalling some surprising results observed after the use of the Glyoxylide, a dose of it was given subcutaneously. Thirty hours after this, the foot was red in color, and the day following it was pink and white. Today it is normal in appearance, feels warm to the touch, and a somewhat natural sense of warmth and feeling is reported by the patient, herself. Therefore, from such disturbing condition to practically normal in appearance and feeling in ten days, is such a wonderful and unexpected deliverance that her delight is equalled only by her astonishment. I do not like to think of what my duties in that home must have been were it not for the use of Glyoxylide.

Generally, the allergy from which rheumatic fever may arise and work its widespread damage, not only to "the heart as a whole, but practically all tissues," can be corrected, promptly, by the use of Glyoxylide. The allergy of cancer is more difficult to correct, tiresome to demonstrate and, after all, less important.

- (1) *Rheumatic Fever and Heart Disease in Children*, by H. B. Cushing, M.D., Professor of Paediatrics, McGill University, Montreal. *The Canadian Medical Association Journal* of October, 1937, Page 312.
- (2) *Editorial Canadian Medical Association Journal*, April, 1937, Page 410.
- (3) *Editorial Canadian Medical Association Journal*, April, 1937, Page 410.
- (4) *Editorial Canadian Medical Association Journal*, March, 1937, Page 291.
- (5) *Editorial Canadian Medical Association Journal*, March, 1937, Page 292.
- (6) *Editorial Canadian Medical Association Journal*, March, 1937, Page 293.
- (7) *Editorial Canadian Medical Association Journal*, March, 1937, Page 291.
- (8) *An American Doctor's Odyssey*, by Victor Heiser, M.D., Page 414.
- (9) *Editorial Canadian Medical Association Journal*, February, 1937, Page 185.
- (10) *Editorial Canadian Medical Association Journal*, February, 1937, Page 185.
- (11) *Rheumatic Fever and Heart Disease in Children*, By H. B. Cushing, M.D., Professor of Paediatrics, McGill University, Montreal. *The Canadian Medical Association Journal* of October, 1937, Page 312.
- (12) *Editorial Canadian Medical Association Journal*, March, 1937, Page 293.

SEARCHING FOR A NON-EXISTENT GOAL

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London, Ontario.

Huxley once remarked that many a pompous theory had been murdered by one small fact. He regretfully added that it was astonishing how many theories had contrived to continue to live long after their brains had been knocked out.

Recently published official views of the Canadian Medical Association and associated organizations, as to the nature of cancer; how to prevent it; and how to treat it, furnish perfect interlocking examples of this latter remark.

As member and then Chairman for a number of years of the Study Committee on Cancer of the Canadian Medical Association; trustee of the King George V. Silver Jubilee Cancer Campaign Fund for Canada; president of the Canadian Society for the Control of Cancer, (set up by the Canadian Medical Association at the request of, and with the financial assistance of, the Board of Trustees of the King George V. Silver Jubilee Cancer Campaign Fund for Canada), Dr. J. A. McEachern was vested with highest ranking authority possible for an individual to receive from the hands of organized medicine in Canada, in regard to the Cancer Problem.

A statement by him as president of the Canadian Society for the Control of Cancer, was published in a signed editorial in the August 1938 number, Page 177, of the Journal of the Canadian Medical Association, and these official views are therefore recent, and from the standpoint of the Canadian Medical Association, authoritative. In part, here are his official views about cancer:

"If recognized, early treatment is neglected, no power on earth can cure it.

"We can truthfully state dogmatically that no form of treatment except surgery and radiation has ever been proved to have curative value."

At no time during the last fifty years could this truthfully have been said by a clinician of experience and scholarship.

Nearly 90% of human beings are protected from cancer all their lives by a power natural within their own bodies. When this protective power falters, many die of cancer; but it is equally true some have

been stricken with cancer of severe types, in whom the loss of effective natural protection against cancer has proved to be temporary. Sometimes, the natural protective power has been renewed without medical assistance, and the victims have recovered perfectly.

The recovery from cancer is just as natural an event as death from it; though one which does not occur so frequently.

During the presentation of the Koch treatment before a Committee of the Cancer Commission which sat in London, on May 18th and 19th, 1939, the authority of the Canadian Medical Association to instruct the medical profession in regard to the origin of cancer and to dictate that treatment be limited to the use of surgery, X-rays and radium, was challenged. In Toronto, before the Commission on October 2nd and 3rd, 1939, this challenge was repeated, supported by direct evidence so effective that the Handbook on Cancer as an authority on the nature of cancer, its prevention and treatment, became obsolete.

The presence on the Commission of high-ranking officers of both the Canadian Medical Association and the Ontario Medical Association, left much to be desired were a favorable verdict on the evidence, which had to be adduced in camera, expected; but that did not prevent me from attempting to have the evidence recorded.

One does not need to quote Dr. Koch in regard to the following observations:

Life can be sustained, though food consumed be less than the amount regarded as sufficient for normal needs. For good health, food adequate in amount and variety is required.

There must be a stage where food which has been consumed, digested, and completely elaborated for the purpose of nourishment, at last becomes changed into living energy and sustains life as we are aware of it.

A prominent pathologist has resorted to the use of poetry in dealing with the phenomena of life, announcing that oxygen is the breath of life, and the cell is the seat of life.

One does not need to dispute this word of wisdom, providing he agrees there is its corollary which requires oxygen in the cell there unite with metabolic products, to complete the bio-chemical cycle needed to promote and sustain life.

It is upon the degree approaching perfection with which this is done and maintained, that fundamental conditions requisite for good health, depend.

It is Dr. Koch's belief that where the union of metabolic products with oxygen in the cells of the body, takes place over a prolonged period of time,

at less than the rate needed to sustain a vigorous, normal, physiological function of the body, the natural inherited defences of the body against many different kinds of disease, are lowered and as a result of this one cause, different pathological states arise, including cancer, tuberculosis and coronary disease.

The *Evidence disclosed that cancer in only one of the visible tentacles of a DISEASE Octopus.

The Evidence disclosed that cancer in many parts of the body, had been cured by the administration of the Koch treatment.

The Evidence disclosed how, employing another of the Disease Tentacles, I demonstrated that on human beings, Dr. Koch's treatment acted quickly, effectively and selectively, as claimed.

This particular tentacle was chosen for the demonstration because:

- (a) The dullest could not fail to recognize the test had been conclusive.
- (b) The most impatient scoffer had not time to turn away before seeing it completed.
- (c) No alternative active medicinal treatment is available; and those caught in the tentacle, hitherto have faced death as surely as have the victims of cancer.
- (d) This therapeutic triumph led directly to the successful treatment of another condition, which today is causing more deaths than does Cancer.

The Evidence disclosed the entire Disease octopus is vulnerable to attack by the use of the Koch treatment. The Family Doctor can administer it properly in the homes of his patients.

The Evidence disclosed those who seek the solution of the Cancer Problem through the using of surgery, and radiation only, have been searching for a non-existent goal.

**Proceedings of the In Camera Sitzings of the Cancer Commission of the Province of Ontario, Canada, Covering the Presentation of the Koch Treatment, 1938-1939-1940: Price One Dollar, postpaid. The Koch Laboratories, 226 Queens Ave., London, Ontario, Canada, and 8181 Jefferson Ave. E., Detroit, Mich., U. S. A.*

- (a) A. R. Page 4; Proceedings Page 54
- (b) 48 hours—A. R. Page 4; Proceedings Page 51.
- (c) Obliterating Endarteritis.
- (d) Coronary Thrombosis, 5; Proceedings 19, 21, 173, 183, 350.

*(Reprinted from L'Action Medicale, Montreal,
Que., May, 1940.)*

THE TREATMENT OF TUBERCULOSIS IN MAN

HIGHLY EFFICIENT MEDICAL METHOD PROVIDED
BY
GLYOXYLIDE

Seventy-five years ago, the leaders of the medical profession regarded the scourge of tuberculosis as arising from mysterious, evil humors which existed in the night air.

The scientific studies of Robert Koch, of Germany, in the '80's, established the fact that a bacillus, which we call the bacillus tuberculosis, was an essential factor in the incidence of the disease.

A specific treatment by the use of tuberculin introduced by Robert Koch in 1890, proved disappointing, but the increased knowledge as to the nature of the infection, resulted in the erecting of special hospitals for the care of these patients; and the isolation of active cases in these institutions, helped to check the spread of the disease.

There were many years of disappointing results, but segregation of actively tuberculous cases proved useful and afforded splendid chances for intensive study of the trouble. Efficient X-ray equipment was developed, making it possible to identify the extent of the lesions even in fairly early stages.

Surgery, which had been making great strides in adopting new and useful methods, attacked tuberculosis, since these workers had found immobilization of an infected part was a great aid in successful treatment. Artificial pneumothorax, phrenectomy and thoracoplasty were used, and when skilfully employed, proved helpful.

For the present, the treatment of tuberculosis is one directed by specialists in special institutions where segregation helps prevent the spread of the disease; adequate dietary measures are prescribed and surgery works towards the immobilization of the area involved.

In Ontario, it now is proposed to adopt as a government policy, the segregation of all persons found to be tuberculous, in institutions, where the above methods of treatment may be routine. Results have left much to be desired, and while the plan used is expensive, with the development proposed this will be enormously increased, since the Government will need to take over the cost of maintaining the homes of those whom they so segregate.

It was reasonable to expect an effective, specific treatment of tuberculosis would spring from the discovery of the germ which definitely was responsible for the spread of the disease.

It was logical to turn to the use of segregation, providing fresh air, adequate nourishment and immobilization, in its management.

It is true that the results of this expensive persistent method of treatment have been disappointing.

Is it not true, also, that having discovered some of the elements essential to the incidence of the disease, the real fundamentals have escaped our understanding?

What fundamentals have been neglected?

What other effective potentialities remain unemployed?

Some individuals have proved to be relatively resistant to the disease. Obviously, we have neglected to study the natural forces which create and maintain this highly desirable state. We drop the subject with the explanation that this is a state of natural immunity.

The effective potentialities which still remain to be employed, in the active medical treatment of tuberculosis are those chemical compounds, natural within the body, which ensure this immunity.

Pulmonary respiration takes oxygen from the air, which is forwarded to the entire body, receiving in exchange and discharging from the body, the carbon dioxide and other products which result from the chemical reactions inherent to life. However, normal pulmonary excursion is relatively unimportant, since a thorough thoracoplasty ensures the permanent destruction of much of this function in one lung, and is a highly regarded method of treating some serious, clinical problems of pulmonary tuberculosis.

There is another respiratory act, the adequate and sustained functioning of which, more intimately concerns the preservation of health, and the recovery

from disease: Food which has been digested and properly elaborated, is supplied to the cells of the body, together with the oxygen requisite. In the cell, these are combined, and when properly controlled and co-ordinated, life is promoted. This respiratory act is essential to life and must be maintained vigorously to provide normal development and to ensure good health.

In the September issue of *L'Action Médicale*, Candlish made note of suboxidation being a cause of tuberculosis; and in the November number, the development of obliterative endarteritis was ascribed to the same condition. These and other hitherto baffling diseases are found to be secondary to prolonged oxidative habit of body less vigorous than are the normal requirements. Fortunately, this primary cause often can be corrected by the use of Glyoxylide, discovered and developed by Dr. W. F. Koch, of Detroit, Mich., and distributed by the Wm. F. Koch Laboratories of Canada, Ltd., 226 Queen's Ave. London, Ontario.

His reagents consist of a solution of carbon compounds which he believes to be natural within the body, upon an adequate supply of which, through their catalytic action, depends the metabolic oxidation needed for the preservation of good health.

Glyoxylide can be used readily and effectively by the General Practitioner in the homes of his patients, and he can thereby produce satisfactory clinical results, in a considerable percentage of his patients, who have been at a standstill, or losing ground, though treatment ordinarily regarded as rational, has been employed diligently.

Even those with a severe degree of involvement may be found to improve though immobilization has not been practised. Those who have developed a considerable amount of fibrous tissue during their resistance to the disease, have been able to absorb this after Glyoxylide has been administered.

Once the favorable course has been established, it may be maintained for many months as a continuing habit from the use of but the one initial dose.

As our knowledge of the pathology of tuberculosis grew, we adopted methods for its control and treatment which are expensive to employ, tedious to undergo, and disappointing in results.

In Glyoxylide, we have an active medical treatment which is easy to apply, inexpensive to employ, safe for the General Practitioner to use. This treatment acts directly against the fundamental causes of the disease, letting loose and directing curative forces

which are natural within the body and it gives an important percentage of recoveries which take place with comparative rapidity.

When this is generally realized, we can look for its use early in the disease. Prevention through the practice of isolation, will be outmoded by this active medical treatment; and the exclusive use of methods now regarded as essential will be known to be obsolete.

D. H. ARNOTT, M.D.

THE EVIDENCE

COVERING

THE KOCH TREATMENT

SUBMITTED DURING

IN-CAMERA SITTINGS

OF THE

CANCER COMMISSION

OF THE PROVINCE OF ONTARIO, CANADA
1938 — 1939 — 1940

In book form with comment by
D. H. ARNOTT, M.D.

ONE DOLLAR

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Application for full page display of the above advertisement, to be paid for at ordinary rates, was refused by the Canadian Medical Association Journal, March 26, 1941.

D. H. ARNOTT, M.D.