

# THE KOCH TREATMENT

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(Ed. Note: This is part of a series, which has been published during the past year by Herald of Health to acquaint the public with different approaches to the cancer problem. This article is not intended as an endorsement of the Koch treatment, nor is it designed to promote its use, but rather to present the history of this particular type of therapy so the public may intelligently decide whether or not the government has been used by private interests to suppress remedies which by use have proven beneficial in the control of cancer).

## (PART ONE)

Controversy has swirled about the work of a pioneer in the science of treating cancer without the use of surgery or irradiation—Dr. William Frederick Koch, M.D.

Books have been written about him and he has written books. He has been termed a saint by some, a charlatan by others (the name-calling coming from some of the higher-ups in his own profession).

“Dr. William Frederick Koch is the modern Pasteur,” said Dr. William Hale, of the Dow Chemical Company.

“I hope that a little more time will prove that your work is really an epoch-making work and that you will ultimately secure the full credit and profit to which your service entitles you,” said Dr. A. R. Mitchell, member of the Board of Trustees, American Medical Association, November 12, 1924.

“... I consider him one of the outstanding scientists in the medical profession, and he is so far ahead of the thinking of his profession that he is naturally being ridiculed somewhat. As a matter of fact, the inventor of penicillin was completely ridiculed for about 20 years until the war

brought about its acceptance by the medical fraternity. The mere fact Dr. Koch has a treatment definitely affecting virus diseases is of itself sufficiently important that it ought to be analyzed from every angle by the medical profession. As I understand it, his treatment of the virus type of cancer will run anywhere from 40 to 60 percent cure. If he had a 10 percent cure it would be something the medical men ought to look at “—the late Willard H. Dow, President Dow Chemical Company, in letter June 21, 1946, to Laurence B. Thatcher, Imlay City, Mich.

These are but a few of the tributes paid this man by contemporaries. Thousands of persons so called little people from all walks of life—have asked the Lord’s blessing for him.

And so we come to the enigma—he says there’s no mystery about it, so Why has this man been sparring with the big names of organized medicine— mostly behind the scenes—and in open court battles, not once but three times with agencies of the United States government?

William Koch has grown frustrated over the years by the refusal of his colleagues to look at his theory and to test it seriously in their clinics and practices. This is not to say that hundreds of medical doctors haven’t used it—they have, with success in many, many cases. But it is done at the risk of losing a license. And that’s no small matter to a man who has spent years studying and training and practicing. In fact, the club is too potent, almost, for the honest practice of medicine.

### **ONE CAN UNDERSTAND**

As you follow this outline of highlights in Dr. Koch’s career, you’ll understand why he has grown cautious—not of all practitioners by any means, but of the handful who call the plays for American Medical Association, and for certain men who became instruments of the A.M.A. policy, and used the power of big government to throttle the use of the chemical, Glyoxylide, discovered by Dr. Koch. Used in a highly diluted form, Dr. Koch describes it as “a polymer of the structure  $O=C=C=O$ .”

After developing the remedy as a young man, his brushes with A.M.A. officials started. And threats were made by government officials that Koch would be put out of business.

He first was arrested on a complaint issued by the Food & Drug Administration in April 1942. The five-month trial ended with the jury refusing to vote for a conviction. The FDA took Doctor Koch back to court in 1946, and after another five-month trial, the case ended in a mistrial. The FDA dropped all of its charges against him in 1948.

This, however, did not conclude the monumental effort to stop Dr. Koch from manufacturing and selling to physicians his Glyoxylide, which has been proven to have therapeutic effect not only with cancer, but polio, coronary thrombosis, angina pectoris, arthritis, rabies, tuberculosis, and other degenerative diseases.

### **PLENTY OF EVIDENCE OF THERAPEUTIC VALUE BUT THE FTC SAYS, “NO.”**

Two federal juries refused to convict Dr. Koch so another approach was conceived. In 1942, the Federal Trade Commission moved in and obtained in the Detroit courts a ‘temporary’ injunction, drastically curtailing the distribution of the material. It was this case, which was finally upheld by an Appellate Court—and it is this case the *Herald of Health* will review in some detail.

Dr. Koch is emphatic in the contention that this agency of the U.S. government actually is guilty of “fraud and deception.” He gives evidence that the trial examiner deliberately withheld from the Appeals Court material which would have vindicated him and the Treatment; that it presented to that court, testimony of men unqualified by training and/ or experience, as scientists and unreliable as men—more candidly, prevaricators.

The injunction is restrictive in that he is not permitted to fully advertise the product and its merits, but the even greater injustice is the harassment by government officials of physicians using the Treatment. In the state of Washington, local medical societies brought charges against three men who administered it, and the result was they were finally ousted from practice. This has been repeated across the country, and as Koch points out, the Commission’s injunction has had the effect of preventing three million Americans (who have died from cancer since the injunction was obtained) from learning that a treatment exists which has aided many persons.

Dr. Koch had spent some time in Brazil, lecturing and researching in a country in which research was not hamstrung as in United States. It was following his return to this country from such a mission that he was first arrested. After the temporary injunction was obtained, he returned to Brazil and has lived there since, disillusioned with the form of American justice meted out to him, but still possessing the determination to see that his formulas are made available to those wishing them. The distribution has been handled several years by the Christian Medical Research League, Detroit, but that organization in September discontinued distribution and arrangements are being made for another organization to act as distributor.

### **CHEMISTRY HIS PASSION**

Dr. William Frederick Koch received his B.A., M.A., and Ph.D. degrees from University of Michigan. While there he held the position of instructor in histology and embryology. Dr. Koch became professor of physiology and biochemistry at the Detroit College of Medicine (now a part of Wayne State University) in 1914. In 1918 he received his Doctor of Medicine degree from the Detroit College of Medicine. For four years he was a chief pathologist at the Woman's Hospital in Detroit. Chemistry is his first love—after people, that is—and those who knew him at school attest to his drive and his scholastic achievements. And those who have come into contact with him in the decades since have learned to respect his indestructible determination to make his discovery available to suffering humanity, in spite of the opposition of the world's tightest controlled monopoly and its obedient “yes-men” in certain government positions.

Before launching into the Commission Trial, which resulted in the injunction, let's take a layman's look at what has become popularly known as “the Koch Treatment.” It is described, in *The Birth of a Science*, published in a revised fifth edition in 1957 by the Lutheran Research Society, Inc., thus:

### **IN SIMPLE LANGUAGE**

“Koch therapy searches out the root cause of human ailments. The following is an attempt to explain the basic principle in simple language:

“The human body normally is not afflicted by disease. Poisons come into the system from food, living habits, air and various opposition forces in nature with which everyone is bombarded. The oxidation system (denied existence by Koch critics when first propounded by him but now given credence in high scientific circles) burns off these toxins and keeps them from harming the body.”

“Something may happen to keep the oxidation mechanism from functioning normally. The poisons remain in the system and cause a reaction—disease. In one man who has a certain weaknesses, it may manifest as cancer, in another, as tuberculosis, and so on, depending on the type of toxin, which has invaded the body.

“The immunity process is impaired. The oxidation mechanism must be restored to burn off the accumulated toxins. The Koch treatment consists of a cleansing regime to eliminate poisons from the bowels, and to cleanse the liver and other organs by diet. This is accompanied by an injection of the Koch Antitoxin, which acts as a catalyst or stepping-up agent, to help restore the oxidation mechanism so that natural immunity is enjoyed.

“As this takes place, the disease leaves since it cannot exist in a body whose oxidation mechanism is functioning as the Creator intended.”

Sounds simple, doesn't it? And reasonable. But actually, the young Doctor Koch labored years in painstaking laboratory experiments before the answer was revealed. He is the first to admit that even now he does not know why certain things happen, but he knows the results, and he believes that life, and saving it, is more important than losing it because the total secret may not yet have been revealed to science. (Ed. note: This thought should be carefully considered by members of the California State Senate Interim Committee, and the Legislature before deciding to establish a state-medical commission with power to dictate what types of cancer therapy could he legally used in that state).

While at Detroit College of Medicine, he discovered the oxidation procedures (burning of toxins) in a dog's body. Here he developed the theories and postulations as to the chemical reactions

occurring in oxidation procedures. Such postulations suggested the presence of oxidizers, chemical catalysts or enzymes as being essential to the complete oxidation of food nutrients to their normal end products in the metabolism of the tissue cells of the body.

“Convinced of the presence of these catalytic substances,” says *The Birth of a Science*, “Dr. Koch began a systematic search by chemical analysis of body tissues for their detection. For analysis, he selected brain and heart tissues as being most likely to yield these reagents, since these tissues showed a greater survival against starvation than any other body tissue.

“After many attempts he succeeded in isolating certain substances showing marked catalytic action as oxidation reagents. These substances he identified as being polymers having a unit structure of the formula  $\text{O}=\text{C}=\text{C}=\text{C}=\text{O}$  and  $\text{O}=\text{C}=\text{C}=\text{O}$ .

“The former is the anhydride of malonic acid and the latter is the anhydride of glyoxylic acid. The basis of his assumption of the above formula was the fact that they represented chemically the only substances that could explain the formation of the polymers he was able to obtain.”

After testing the reactions of these substances in dilute solutions by animal injection, and satisfied as to their safety, he started using them in treatment of terminal cancer patients in his private practice in the Detroit area in 1918.

### **TRIBUTE FROM DOW**

Under a mandate from Willard H. Dow, late chief of Dow Chemical Company, who was satisfied that Dr. Koch ‘had something,’ the laboratory facilities of that powerful organization were made available for research of the Koch theory. Dow chemists had, by 1946, proved to their own satisfaction the valid chemistry of the Koch products. Said Dr. Dow: “The complete evidence is available to anyone interested, as a general conclusion, we can say that in every single case where an experiment was possible, the results were consistent with the views expounded by Dr. Koch. We have not, as yet, secured any results inconsistent with these views.”

Dr. Dow did not hesitate to make his chemists available to Dr. Koch during the FDA trials, nor was he reluctant to state his personal views regarding these law suits: “. . . (Dr. Koch’s) recent trial in connection with the Pure Food and Drug Administration has brought him the support of some of our technical people on the basis of submitting technical information that is available here and has been proved and which the government had attempted to misrepresent.

“Our intention all the way through has been to try to get at the truth of this whole matter, and whether it is Dr. Koch or somebody else, we would take the same attitude to try to prevent an innocent man from being crucified.”

“We cannot understand what the Food and Drug Administration is driving at for the reason that all our information to date would indicate Dr. Koch has been exonerated from illegal practices as far as the Administration is concerned, and as for the mislabeling of packages, like everyone else, it is merely a matter of interpretation rather than willful violation of any law.”

“Before the present trial (in 1946) came up, Dr. Koch had appeared before the Washington representatives of this department and thought the whole matter was straightened out to their satisfaction, but apparently not so it is strange, because the same procedure is run into time and again by industry, when it is necessary to get a label properly approved before it goes to the public, but in his case it does not seem to be possible without a trial. He has had no trouble proving his points, but the government has spent a tremendous amount of money to try to prove he is wrong. It almost sounds as if a certain group is attempting to persecute him unjustly. . . .”

These comments (as published in *The Birth of a Science*) were contained in the letter from Dr. Dow to Mr. Thatcher. It is interesting to note that this was the case, which was finally dropped by the FDA in 1948. But of course, the Federal Trade Commission was able to obtain the temporary injunction, which restricted distribution of the product, almost as much as an FDA order, had it been successful in convincing either jury that Dr. Koch was a fraud. It should be noted, too, that while confirming the FTC injunction order, the Appellate Court stipulated that Dr. Koch would be permitted to write “scientific books” on the subject, and that such could not be construed as advertising by the Commission.

In Canada, Glyoxylide has been investigated by government agencies with the cooperation of Dr. D. H. Arnott, M.D., a long-time advocate of the treatment who has defended it and Dr. Koch publicly, on frequent occasions. In fact, Dr. Arnott had made arrangements for Dr. Koch to give to Canadian legislators a demonstration of the efficacy of the treatment in March 1942. It became generally known that this demonstration had been scheduled. Was it coincidence that, just a week before he was to go to Canada, Dr. Koch was arrested by FDA officials, placed under heavy bail, and restrained from going? Drs. Arnott and Koch don't think so! But it happened!

### **OUR JOB, FACTS**

And now we come to the hub of this article on the Koch Treatment—an exposé of facts pertaining to the testimony and conclusions of the Trial Examiner of the Federal Trade Commission—events leading up to the injunction order.

It is not within our province to suggest motives. The human mind works in strange and sometimes devious ways. Why a trial examiner closed court one day, 30 minutes after it opened, when he learned Dr. Koch would offer evidence refuting the testimony of Dr. Stanley Reimann, a government witness, is a matter of conjecture. Why the examiner once, and later the Commission itself, twice refused to let that evidence be admitted so it could be offered to an Appeals Court is difficult to comprehend—if the purpose of the trial was to see that justice was done.

Why the same trial examiner failed to present to the Appeals Court the record of many cured cancer cases? Why he disregarded one cure case, because defense witnesses could not remember the exact size and shape of a bottle in which they had carried a specimen to a laboratory 25 years before—answers to these questions can only come from the trial examiner. And he hasn't been talking about it!

I might say that Dr. Koch, in not—too-gentle language, brands the circumstances of the various trials, and the acts of certain officials and witnesses, as part of a deliberate and premeditated



conspiracy to annihilate the Koch therapy. He believes that the root of the opposition lies with the greed of certain members of the profession who stand to lose fat fees, if a simple type of therapy such as Glyoxylide becomes universally used. This is a serious accusation. I do not make it. Our job is to present facts. If facts will create public awareness, and in turn help correct an injustice done, not so much to one individual as to the millions who should have the information, as stated by Dr. Arnott, that “This treatment may be used by any family doctor, in the homes of his patients, with it he gives hope always, considerable relief from pain generally, and an absolute cure sometimes”—then we will have accomplished a worthy purpose. We proceed, then with the facts.

## CONCLUSIONS

1. The Commission has the power to consider whatever evidence it wishes.
2. It may offer to the Appeal Court evidence putting a defendant in an unfavorable light, or it may withhold evidence favorable to the defendant’s case.
3. It has the resources of the U.S. Government to hire attorneys and pay witnesses’ expenses to a designated trial site.
4. Defendants with limited resources might be said to be “licked before they even start,” if the officials are determined to prosecute, despite the moral issues involved.

In the Koch trial, it heard a mass of evidence, but it carefully “screened” the evidence, presenting to the Trial Judge that which would be most likely to result in a decision upholding the Commission’s position.

The defense proved the curative status of the therapy. Diseases were adequately diagnosed. Each case exhibited a pre-treatment control period adequate to establish the fact that the disease was considered in terminal stage by experts, and no other curative treatment was used that could be given credit for a cure.

After the Koch Treatment, the trend reversed and the cure progressed to completion, the recovery process following a definite, characteristic course of cyclic reactions in viral and neoplastic diseases, identifying it as caused by the Koch Treatment. Cures were permanent, some as long as

35 years and still in effect. Destroyed tissues were reconstructed along physiological lines by normal parenchyma. Function was restored. Proofs were clear-cut and definite, sufficient in number to establish the validity of the Koch Thesis.

A review of the case indicates that opinion-testimony presented by government witnesses was accepted as factual and as coming from an expert (in the case of Dr. Wirth) when in fact he admitted under cross-examination that he did not know even simple fundamentals of pathology, nor simple procedures in physical diagnosis. The Commission therefore was not justified in taking his opinions as fact, or in making conclusions of fact from these opinions. Refusal of the Commission (twice petitioned by Koch attorneys) to permit introduction of evidence by qualified medical doctors refuting “opinion-evidence” offered by Dr. Reimann throws a shadow on the motives of the examining officer as well as the Commission. This refusal was at least partly responsible for the Appellate Court’s decision to uphold the Commission’s injunction.

The fact that Dr. Koch was not restrained from writing scientific books gives rise to at least some hope that the injunction will be repealed when science catches up with his thesis. Scientific discussion by many others besides him, as demonstrated in mitotic work, will reveal the Commission’s error, and the fraud committed by “opinion-witnesses”. The Commissioners were deceived of that there can be no doubt. It is their responsibility to repeal the injunction when this fact is fully established.

The Federal Trade Commission, it should be pointed out, enjoys a position of confidence, having been created by Congress as a fact-finding body to keep commerce on a high ethical level. It was supposed to be impartial and hence was endowed with vast power, almost as sweeping as that given the Supreme Court. The FTC was given considerable leeway in assembling facts, and its reports of fact and conclusions of fact of course are expected to be as near the truth as it is possible for human beings to attain.

Under these circumstances, and in view of its history, the FTC holds a special position of confidence before the U.S. Court of Appeals. Unfortunately, in this instance, the confidence was not merited.

## **IN THE BACKGROUND**

While the A.M.A. has not been officially identified with the case, it never has denied playing a part in the decision of the Commission to file the complaint against Dr. Koch. Certain of its witnesses are prominent A.M.A. members, and the attacks on Dr. Koch, originating with the one-time A.M.A. Journal Editor, Morris Fishbein (a man who never practiced medicine though holding a degree), would lend credence to the charge that the FDA and FTC litigation was a result of A.M.A. prodding.

Dr. Koch was charged with making factually untrue statements in literature describing the therapy in some 20 cases, although these cases never were investigated by official A.M.A. committees or by FTC. Also attacked was Koch's thesis that oxidation of tissues is necessary to maintain health and life.

Because some of the cases were located in various parts of United States, it was necessary to hold hearings in different cities so patients, physicians, and families could present the testimony, which proved the accuracy with which Dr. Koch had made his reports. In each case, he proved that facts had been correctly stated, without exaggeration or deviation from the truth. Only one case could not be traced, a case of rheumatoid arthritis treated by Dr. W. A. Purington of Dover-Foxcroft, Me. The doctor had died and the patient had moved west and could not be located.

In addition, many other cases were presented to demonstrate the pattern of the cure process and other information essential to a complete and accurate analysis of the question under discussion—was Dr. Koch a quack or a genius? All cases had been cared for in private practice, not in experimental clinics or by methods used in animal experimentation.

“This is important,” Dr. Koch says, “since the destruction of cancer was conducted along physiological lines that supported and enhanced the best body chemistry for the body as a whole instead of trying to differentially kill what has not bowed to such methods.”

This is the kind of factual information the great research institutions claim to be searching for

under multi-million-dollar grants. The information was carefully presented to the Commission, but the facts were not passed on to the laboratories, or to the Appeals Court. One wonders why?

The Commission consists of five persons served by a staff of lawyers, technical people and agents. One of the active agents in this case was Trial Examiner Bramhall, the attorney and technical advisor. With the help of the “opinion-witnesses”, described as “experts,” these people prepared the case against Koch. Conclusions of fact were reached from consideration of evidence, which included the “opinion-testimony” of these so-called “experts,” who testified under oath to answers to certain questions, which were based solely on their opinion.

The Commission has the right to accept only such testimony as it wishes, and it exercised that right.

The Court of Appeals held: “the general medical and pharmacological knowledge of the doctors qualified them to testify as to the lack of therapeutic value of the Koch products.” This was in answer to the petitioner’s urging that, “the record shows that the Commission’s witnesses had no clinical experience with the products.” Since the Koch products, and none like them had been used in medicine before, nor discussed in literature other than that published by physicians of the Koch school, there was no possibility of Commission witnesses knowing anything about them. That is not hard to understand, is it?

But more difficult to comprehend is why, in view of the lack of knowledge on the part of the “expert” witnesses testifying on the Koch products, they were viewed by the Commission and the Appeals Court as “qualified to testify as to lack of therapeutic value.”

## **A DIFFERENCE**

This conclusion becomes even more paradoxical when one considers that the Koch doctors who testified had made their observations according to the classical program of clinical investigation, using a sufficient pre-treatment control period that proved patients were deteriorating in general health while the disease advanced. No other remedy was allowed to be used, nor other variable

admitted to obscure the picture. Thus, the post-treatment changes had to be credited to the treatment.

(Ed. note: Observations by equally or even better-trained experts that are made in this way must be respected, and repeated, before they can be criticized. If Commission witnesses were indeed experts, they would recognize this as fundamental. They do not deny this truth, since they know that clinical observations of ACTH and Cortisone were made in exactly such a manner. The try-out of Cortisone was made by closely arranged clinical observation by some 200 experts using the Koch system of the pre-treatment control period in the treated patient as a basis of comparison with the post-treatment events to obtain an accurate picture of the drug action. No guesswork based on general wisdom and “ pharmacological knowledge” was substituted for actual observation. It never is, and the government witnesses knew it. The Court’s ruling, then, that the “general medical and pharmacological knowledge” of the government’s “expert” witnesses qualified them to testify in this matter is contrary, not only to reason, but to the established practice in studying and recording the action of drugs. The pretension can properly be labeled a fraud.

(It is the business of the scientist to make and record observations accurately. No scientist ever reported a guess as a fact. Firm structure in science depends on the accuracy with which facts are observed and reported.) In the case of the Koch drugs, there was no similarity to the action of other drugs to even base a guess, as there had been in the case of the Ketosteroids where Cortisone, Testosterone and Progesterone possess the same active atomic groupings in addition to general similarity in structure.

(But the scientists and doctors using the Koch Treatment waited until thousands of observations had been made. Then they reported, and they are still reporting 10 years later, and each report brings data that had not been anticipated from past experience. The Commission witnesses were not telling the truth when they testified that their general knowledge qualified them to condemn the Koch drugs.)

## **CONDEMNED—AND VINDICATED**

One of Dr. Koch's remedies is parabenzoquinone. It was condemned by Commission witnesses as having no action. They made no observations on which to base the statement, and none were ever recorded. Science is catching up. A book by Dr. Bieseke, Antibiotic Poisons and the Cancer Problem, a report to the Sloan-Kettering Foundation, notes that (Koch's) quinone is highly active, as estimated by its antimitotic action on tissues in culture and by other means. Commission witnesses claimed that the dilution of one part to a million could have no action. Observations reported by Dr. Bieseke reveal that solutions 1,000 times more dilute are highly active.

Dr. Bieseke, on page 33, states, "The mechanism of action of these agents remains a fascinating puzzle."

In short, Koch's clinical work was confirmed by Bieseke who showed the action to be pre-mitotic and not injuring the mitotic function. This is demonstrated by the fact that after administering quinone and the other activated carbonyl structures, which Koch has used for the same and enhanced effects, tumors have involuted completely and permanently while the body tissues, in general, have overcome their cachexia and redeveloped to normal weight and strength; a process that involves extensive mitosis.

The point is this: Had the Commission expert witnesses repeated Koch's observations they would have confirmed them and perhaps would not have made false statements on the stand about his observations. Significantly, they did not even examine his reports or those of the other doctors who reported similar findings. Was this a characteristic of a truthful, scientific approach, upon which conclusions of "fact" were ultimately based?

Government witnesses, labeled by the cynical as "government wise men," offered opinions without having subjected the subject matter to trial. To a scientist who deals only in fact, that constitutes fraud. The Koch solutions varied from 10-(6), 10-(9), to 10-(12) in special cases; all were condemned by the "experts" as inactive. Today a Sloan-Kettering report shows compounds

related to Koch's and including his benzoquinone as being active antimitotic agents, not only in a concentration of 10<sup>-6</sup>, but also 10<sup>-9</sup>.

Another phase of the problem of anti-mitosis, taken as the heart of the conquest of cancer, was elucidated to by Koch in his writings, condemned by the Commission as "false, fraudulent and deceptive."

## **DIET RESTRICTIONS**

Practical application of the principle is seen in the Koch diet prohibiting foods that give rise to or supply activated amines or sulphydryl groups. The diet is vegetarian, avoids eggs, fish, meat. It stipulates that fresh vegetables and fruits and whole grain cereals will be found "in harmony with the chemistry of recovery." Raw foods are encouraged. Banned are tea, coffee, chocolate, spices, alcohol and tobacco, likewise coal tar medical preparations and aspirin, the Salicylates, barbitol and luminal. Forbidden also are aluminum cooking utensils. Granite, iron, stainless steel or nickel steel are preferable, Dr. Koch says. Free bowel movements are essential to recovery, with enemas if needed, and a substantial drink of warm water before breakfast recommended.

To those comprehending the technical terms, the following is of interest:

Dr. Biesele found that "the mitotic inhibition caused by some quinones and by maleic acid has paralleled their uptake of sulphydryl."

Koch eliminates sulphides, and foods yielding them, from his diet because "the action of quinone depends on the ability of its double bonds to make sulphydryl and free radical additions. These inactivate carbonyl groups." He adds, "the Commission brain-trust did not let that bother them for they knew nothing about such reactions. In order to interpret them, they would have to know why cells in tissue culture actually undergo mitosis, and their broad general knowledge of medicine and pharmacology would not inform them of that because they never had studied this specialty. And furthermore, the work we refer to now was never reported before - 1950."

Even then in 1952, the explanations of Lettre that “the effect of the quinones on mitosis resulted from blocking sulphydryl groups is found to be not adequate,” and none of the Commission experts ever did any work on the subject to find the correct explanation, all of which would be necessary to denounce the Koch thesis as “false, fraudulent and deceptive.”

Actually, Koch’s explanation is different in that the dehydrogenating chain, the oxidation initiating activity of the quinone carbonyl group, depends upon the quota of electrons it receives from the two sets of double bonds with which it is conjugated, and these are proportional to the ability to add sulphydryl. (Koch regards tissue culture mitosis as a response to functional oxidation deficiency).

Did the government witnesses examine this phenomenon in detail and study its relation to the inhibition of mitosis? By now you have learned the answer is, No! Nevertheless, they denounced it without knowing the subject even existed! Yet the Court of Appeals ruled that these witnesses were “qualified to testify as to the lack of therapeutic value of the Koch products.”

When a hitherto incurable viral disease such as rabies experiences 86% cures on one dose when treated in the terminal paralytic stage, and all untreated control cases died typically...When the Koch Treatment cures another 100% fatal viral disease such as hog cholera with a record as high as 100% in some cases, and normally 90% or more, how can it be maintained by anyone, layman or expert, that the treatment is inactive and is not based upon a deep essential principle in pathology?

To be able to predict that the Treatment will be highly effective in these diseases, one also must understand the chemistry of the viral host cell integration. Why didn’t the experts in their omniscience predict this ability to free the host cell of its parasite and restore the functional structure of the host cell so the paralysis must give way to healthy function? They simply testified, “no action.” The Appeals Court held that their “general medical and pharmacological knowledge” qualified them as competent to pass on the question of the therapeutic value of the Koch Treatment. Yet it is evident from every aspect that they did not possess the knowledge, either of medicine or of pharmacology, fitting them to act as a jury in the case. Their claim to



such knowledge was fraudulent and deceptive. Indeed, it would appear this was what the Commission wanted!

‘Convicted’ Without Jury

## **(PART TWO)**

One of the opinion witnesses appearing for the Commission was Dr. Dean Burke, a biochemist. Perhaps Burke’s testimony should be interpreted in the light of a conversation he held with the Commission attorney, overheard in the men’s room during a recess at the first hearing in Washington, D.C. Said the attorney: “I doubt we can hurt Koch very much.” And then Burke’s answer, “Nevertheless, it will be a good fishing expedition.”

Burke sought to lure Koch into giving information about the oxidation mechanism. Koch had written, in agreement with every other writer on the subject—American, British, German, or French—that scarcely anything is known about the oxidation mechanism. Burke testified this was not true, that he knew all about it. Koch had written that calcium is concerned in the oxidation mechanism; Burke testified this is not true, even though his tables in his Symposium on the Pasteur Effect showed he was wrong. Koch had written that the mechanism of energy transfer still was unknown. Burke denied this, saying science knew all about it. The correctness of Koch’s statements can be verified, biochemists know they are true. Burke was endeavoring to draw him out with a rebuttal, and after the Koch thesis had been exposed, to contradict it.

Dean Burke’s Symposium demonstrates that the Commission experts were in no position, by way of general or specific knowledge, to even discuss the Koch Treatment, much less condemn it. It is proof that the Commission experts knew nothing of the “core and kernel” of the Koch Thesis and were in no position to discuss it. It showed that science up to that time knew nothing of the Pasteur Effect, not its position to metabolism. This, in effect, is what Dean Burke proved in his Symposium by quoting the principals of the hydrolytic Glycolysis battle, from Meyerhof and Parnas down to Burke himself, showing there was no definite knowledge and no consensus (just as Koch had written). Burke’s testimony meant that the Pasteur Effect stood then, as today, unsolved. And to be able to discuss the Koch Thesis in truth, basically, it must be understood. Of

course, no one is to blame for this lack of knowledge. But to claim it, or to scientifically reach a conclusion on Koch's work without the knowledge, is neither honest nor possible.

When the Commission took its testimony, Burke and the rest of the experts did not know that guanidine destroyed the Pasteur Effect. Koch knew the essentials of this proposition through his early Parathyroid work, published in 1912-13. This knowledge laid out the possibilities of chain oxidation initiated by highly activated carbonyl groups, and the inactivation of such groups by condensation with amine groups to form azomethine double bonds of difficult or easy rupture. When inactivated by condensation with the amine group of guanidine or some virus or other toxin, Koch maintains, disease resulted, annulling the Pasteur Effect. When condensed with creatine or some physiological amine with which it reciprocated normally in the oxidation cycle as Koch explained in his book, *The Survival Factor*, normal function continued and the Pasteur Effect was in operation.

"The experts testifying for the Commission had no information on this situation so they could not understand the Pasteur Effect as depending on carbonyl function within physiological pH ranges," Koch declares. "One must read *The Survival Factor* to get the details. The Burke Symposium proves Commission experts were entirely unequipped with knowledge for a discussion of the Koch Thesis. Since this proof was in the hands of the Commission, I believe they committed fraud when they claimed knowledge they knew they did not possess. So the Commission's summary condemnation of the Koch Thesis had no basis in fact, and meant nothing in fact, except as it characterized the Commission.

It is recognized that in all branches of human activity, that there are specialists men and women who devote a major amount of time to a particular phase or problem. They are the ones who teach, write the textbooks, and become the authorities. So diverse are the areas of research that no one person nowadays can hope to master it all. Yet that is exactly the role assumed by Dr. Wirth, testifying for the Commission. He recognized no authority or superior in any problem under discussion. Koch quoted the eminent James Ewing, leader among English-speaking scientists, in the realm of the pathology of tumors. Dr. Wirth threw doubt on Ewing as a pathologist.

## **EWING DISPUTED**

Wirth insisted the biopsy is essential to a diagnosis of cancer. Ewing stated, “resort to the biopsy is an indication of lack of information on the ‘subject.’” Thus, the man who knows his Grosse pathology need not resort to biopsy. Indeed, there are many cases in which a biopsy merely spreads the disease and hastens death.

## **QUOTING THE COURT:**

In its decision confirming the Commission’s injunction order against Koch, the Court of Appeals stated... “They-state the disease cured was true cancer. They represent by implication that the disease is permanently cured. They state this result was achieved by the Koch drug.

“The Commission made findings on all these points. Its statement that the evidence of the petitioners was unconvincing because of faulty evaluation and inaccurate diagnosis was a finding of fact.

“The Commission heard extensive testimony as to the existence of every kind of disease claimed to be cured by the Koch Treatments. Yet again, it found as fact, that very grave doubts were warranted in various cases, as to whether a number of these diseases actually existed. It heard testimony that when various cases were cured and found as fact, that the improved condition manifested in some cases undoubtedly was attributable to conventional therapeutic treatments rendered prior to administration of the Koch drug.”

“Inspection of these statements indicates they followed the form of A.M.A.’s denial originated by George Simmons and encountered by Dr. Koch (and by others using conventionally unaccepted forms of therapy) in his first skirmishes with the American Medical Association as early as 1919!” (The Wayne County Medical Society’s Investigation of the Koch Treatment.)

It is significant, however, that while charging that incorrect diagnoses were made, the Commission did not subpoena doctors who had diagnosed the cases, as from the Ford Hospital or the Mayo Clinic, for instance. Instead, “opinion-witnesses” for the Commission blandly offered

their own opinions as to diagnoses. Had the Commission desired to do a fair job, it would have called in the men who made the original diagnoses, would it not? Or it would at least have selected experts of the same caliber as those who made the Koch diagnoses in the first place, instead of getting an opinion from someone who had never seen the patient, but still would attempt a diagnosis without examining the subject.

While Dr. Wirth insisted that biopsies were necessary in diagnosing all cases, many doctors are trained in Grosse pathology so thoroughly that they are required as students to describe microscopic findings from the Grosse pathology before any sections are cut. There are instances in which the Grosse pathology tells more than may be learned from the section under the microscope. Dr. Wirth, however, when confronted with descriptions of cases for his opinion, did not look at a biopsy slide, nor even ask to look at one.

Whether he had looked or not, may not have been too important, because under cross-examination this expert admitted he did not know the difference between a giant cell and a spindle cell, the first resembling a basket of eggs, the second, a cigar, by comparison. The giant cell is 50 or more times larger than the spindle cell and is round or oval in shape and has 50 or more nuclei. The spindle cell is slender, and has but one nucleus. Pathologists use this knowledge daily.

The case in point was that of a 41-year-old man who in 1933 noticed pain in the right arm and shoulder as a result of throwing a ball. The shaft of the humerus had been fractured and sarcoma developed, proven by biopsy. The following year, an examination at University of Michigan Hospital revealed a tumor over the scapula on the back as well as tumefaction of the shoulder. Because of the cellular destruction, shown on the X-ray as Paget's disease, fibrosis osteitis cystica, and multiple myeloma had to be differentiated from endothelial sarcoma. This was done by blood and urine examination, and biopsy. This is a form of sarcoma comparatively slow in development, but always fatal.

No other treatment was used. The man was informed by the Hospital staff that his condition was hopeless, that surgery would not help. He then went to see Dr. Koch who testified the tumor was

about half as large as an orange. Another tumor was found nearer the spine, smaller, but of the same texture. The man was given Koch's Treatment and within two years had made a full recovery. Ten years later, he testified that he still enjoyed good health.

Asked to rebut the diagnosis, Dr. Wirth said it was his opinion the patient had osteitis cystica fibrosis, a condition which is not a tumor and which is not characterized by loss of calcium from the osseous structure that is repaired by fibrosis. In fact, this actually was the case of a tumor, a neoplasm, as indicated on the radiograph, the biopsy slide and in the urine and blood analysis. But Dr. Wirth did not look at the biopsy slide. Again, the question is raised as to what good would have been served if he had looked at the slide, since he had admitted he did not know the difference between a giant cell benign tumor and the spindle cell of an endothelial sarcoma, termed by Dr. Koch as "kindergarten work in pathology."

"If an expert is an expert, his testimony should agree with that of other experts when the same facts are involved in a particular case," Dr. Koch believes. "But another government expert, Dr. Birkelo, testifying (in the facts of the above case at a different time), gave the opinion the man had a benign giant cell tumor. The two opinions thus did not agree. Were they then entitled to be called experts and should their testimony have been accepted as fact?" (Did neither doctor, Wirth or Birkelo, bother to check the biopsy or urine and blood work, before they gave their "expert" diagnosis? Where the doctors and laboratories who rendered these evaluations, simply discounted as incompetent in order to disallow Koch's Treatment as having any therapeutic value?)

Dr. Birkelo was asked to what he attributed the cure and he said it was cured by the man's bumping his elbow. Everybody bumps his elbow, and so do cancer patients. If it were an effective therapy, then most cancer cases could be cured by bumping their elbow. They all go to the grave, no matter how many times they are bumped, and the cause of death is cancer. Would you classify either Wirth or Birkelo as experts?

Case inserted here....

In another instance, Koch presented testimony on the case of six-year-old Beverly C. who had developed pain in chest and abdomen, had great difficulty breathing, fever, and a high white-cell count, such as occurs in fulminating types of sarcoma that kill quickly.

Dr. Kannel, the surgeon, found an enlarged spleen. He made an exploratory operation, found the spleen had grown up into the left chest, compressing the left lining to one third its volume. It pressed the diaphragm ahead of it as it grew forward into the interspaces as hard ridges. Dr. Kannel testified thus: “There was a nodular condition of the spleen, irregular with impressions of the ribs in it, and it was very hard.”

### **KOCH COMMENTS**

Commenting on this case: Dr. Koch says: “This answers the descriptions of the museum specimens. It is pathogenic and no biopsy is required to confirm the diagnosis. In fact, the Grosse pathology is so definite it cannot be confused with any other disease. Dr. Kannel did not take a biopsy because it was not needed for the diagnosis, and because to cut into an organ with such large open vascular spaces would give impetus to the disease.”

“It might again be recalled here that the Court of Appeals commented that the dangers of biopsy had been disputed by the government’s expert witnesses. But this was before the International Cancer Congress held at Rio de Janeiro in 1954, where it was agreed by the convention that biopsy is dangerous and does spread the disease via metastasis. Of course, the real experts knew that many years ago, but Wirth testified it was not. (Ed. note: Dr. Andrew Ivy referred to the period a few years ago in medical circles when the pros and cons of biopsy were hotly argued. He, as Dr. Koch, knows there are times when it should not be performed).

“In rebutting this case,” Dr. Koch continues, “Dr. Wirth showed he lacked information about some of the simplest matters in physical diagnosis. . . He consistently gave the opinion that a neoplasm was an inflammation. Here was a fever and a high white count as found in the infections (inflammations). So it looked easy to him. He gave the opinion it was a septic (infected) spleen. However, it is universally known in medicine that the septic spleen is very soft, while the neoplasm is always hard, very hard as in this case. Becoming worried over the

prospects of cross-examination, Dr. Wirth testified, ‘you cannot feel (palpate) the spleen anyway to determine if it is hard or soft for fear of rupturing it, for the capsule is too thin.’

“Thus he cast doubt on whether Dr. Kannel actually had touched the spleen to learn if it were hard or soft, or to ascertain its other characteristics. But the doubt did not last long. Dr. Westphal, another government expert witness testifying on sonic X-ray plates referred to during examination of a liver, was asked: ‘How do you palpate the spleen?’ He answered, ‘the same way on the other side.’ Q.: ‘You apply pressure?’ A.: ‘Yes, sir.’ Q.: ‘Is there danger of rupturing the spleen?’ A.: ‘Oh, no, not by palpation, Sir.’ Q.: ‘Is it possible and proper to palpate the spleen by applying pressure to determine what it is? What would you determine by that?’ A.: ‘I always consider if I can feel the spleen that it is enlarged.’ Q.: ‘Is the spleen contained in a capsule?’ A.: ‘Yes, sir.’ Q.: ‘Any danger of rupturing it?’ A.: ‘Not by palpation, you could not rupture it.’”

Continuing, Dr. Koch observes: “The testimony of Dr. Westphal is known to be true by every mother and father, for when the doctor comes to examine the sick child, he palpates the spleen and the child is told what is going on. It is one of the rudiments of physical examination. Yet Dr. Wirth had testified the spleen could be ruptured by palpitating it, and the Commission took this amateur’s nonsense to the Appeals Court as fact and based weighty conclusions on it.

“It was Wirth’s testimony that influenced the Appeals Court to make the following statement: ‘Moreover, the clinical data relied on by petitioners were shown by cross-examination to be based on insufficient diagnosis or to be inaccurate because of such circumstances as the use of conventional treatment along with the product. For example, benign lesions, which are inflammatory, were shown to be difficult to distinguish from true cancer. A claimed cancer of the oesophagus, described in case histories presented by petitioners, was stated by an expert physician testifying for the Commission to present the symptoms of an abscessed throat.’

“This ‘expert,’ was Wirth,” Koch comments, “but he could not be expected to know that any cancer of the oesophagus of long standing would contain multiple abscesses and would necessarily show symptoms of an abscessed throat. That does not rule out cancer, but shows it is far advanced and not a subject for biopsy. Today we have antibiotics to protect the patient. But

Dr. Wirth would not know, perhaps, that a simple abscess of the oesophagus would open and drain and heal in a month or so. So a prolonged case of the type mentioned must have some other diagnosis to account for its persistence.”

The Appeals Court, commenting on another case, said: “In one case originating in cancer that caused removal of the uterus, ovaries, and tubes by one of the doctors testifying for the petitioners, radium treatment also was given. Because the patient suffered severe pain and experienced passage of blood through the rectum, the doctor testifying for petitioners concluded there was a metastasis which established that carcinoma of the rectum existed. He took no biopsy to confirm this. The expert testifying for the Commission concluded that the symptoms were those of delayed radium reaction and there was no metastasis.”

“The ‘expert’ should have known,” Dr. Koch says, “that the reaction to radium is right away and is delayed only in the case of a radium burn or necrosis or cancer induced by radium. No transient action of radium produces the severe pain and bleeding exposed here. Further, radium action and cancer do not mutually exclude each other. The lesion therefore can be both. The necrotic effects of radium described here, the pain and bleeding continue until death, whereas this lesion cured up after the Koch remedy had been administered. Koch remedies do not cure late radium effect.”

“Cases as desperate as these should be appreciated by any genuine expert for the good that was done, regardless of what the diagnosis might have been, because the patient would have suffered and died in due course had not the Koch remedy been effective. These cases should be evaluated by a fact-finding body for what they are worth, even in a minimum degree. Since there were plenty of biopsy-diagnosed cases of cancer in the far advanced (extremus) stage, diagnosed by the nation’s foremost experts at our proudest institutions in the regular order of work, and not to satisfy some side of a controversy, and these cases received no other treatment and had been branded as hopeless by the experts who did the diagnostic work on the patient resident in the hospital, it would seem important to have mentioned them to the Appeals Court. This the Commission did not do, referring only to what they termed doubtful cases for want of sufficient



clinical experience. What is more important, the cure of a hopeless case of cancer thoroughly established, or arguing about one where doubt exists?"