

# ETIOLOGY AND TREATMENT OF CANCER AND TUBERCULOSIS

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Life never exists apart from the colloidal state of matter. Indeed a very rigorously maintained state of dispersion of the colloids of our tissues is essential to the retention of life and health. Orthodox pathology has not yet adapted itself to the advances made in physical chemistry in recent years. Its misconceptions and enigmas still persist, while the more modern and efficient conceptions of health and disease are detailed only in a few foreign texts and monographs and such writings as my own. However, the wealth of physical chemical data now at hand forms a strong foundation for therapeutic advance, including osteopathic practice, and offers the only rational explanations of disease and recovery processes.

Aside from traumatizations, every disease state is the result of the action of one or more toxins, generally of germ origin but sometimes of medicinal origin, and the essential fundamental disease change is a reduction in the state of dispersion of the tissue colloids. The location of maximum action of the toxin and the degree of change characterize the disease picture and serve its classification, but the most interesting matter is the mechanism provided physiologically to protect against and bring about recovery from the fundamental colloid injury.

The tissue colloids are made up of ultramicroscopic particles of quite uniform size and quite uniformly dispersed in the tissue element. Each particle carries a surface charge of electricity in consequence of which it repels all other particles and thus presents Brownian motion. Chemical change in the particles, through toxic action, causes them to undergo lysis, that is, to lose their electric charges and motion. They fragment and clump together to form large, sluggish particles that may even include the dispersion medium within their substances and form a gel. In the areas affected, the various characteristics of inflammation are thereby produced. The capillaries dilate or disintegrate, the coagulability of the blood is altered, the tissue swells and the blood may become so greatly gelated that it no longer flows. Capillary disintegration may go far enough to result in hemorrhage, with consequent tissue injury and symptoms. When severe and acute, a fatal encephalitis, hepatitis or nephritis may result, and when mild and chronic, secondary tissue changes, such as arterial sclerosis, arteromatous change, obliterative endarteritis, fibrosis, infiltrations and the parenchyma degenerations result.

Inasmuch as the primary change that leads to the rest of the pathology is a loss of correct dispersion of the colloid particles, nature has presented three types of recovery and immunity mechanisms that meet the issue at its very inception. These mechanisms are the electric charges that accompany nerve impulses, electronic action of the internal secretions and the direct action on the toxin accomplished by such protective glands as the parathyroids.

Although physiologists have long recognized the fact that an electric charge accompanies every nerve impulse, yet no idea of the significance of this charge has ever been ventured. We must now admit that such charges not only cannot simply disappear by going to waste, but that they must exhibit an electronic effect upon the tissues to which the nerves are distributed. In the first place, they enhance the dispersion of the colloids of the gland cells about to enter activity because of the nerve impulse and they also correct the lysis of the colloids that was brought about through the products of oxidation of glucose formed in the energy producing process. Thus these charges maintain the efficiency of the physiological mechanism and assure continued normal function.

Their value in the correction of colloid lysis brought about by disease toxins is quite as important and osteopathic practice has demonstrated this in an exceptionally striking way in pneumonia. Here the hepatization of a lung presenting such extreme lysis of the colloids that they have gelated so that the blood can no longer flow through the capillaries, and the capillaries themselves through injury to their walls have become so extremely dilated that the lung appears solid. Yet the shower of electric charges directed into the region along

the nerve fibers can change the gelated colloids back to their normal dispersion and the blood flows on, the capillaries contract and the congestion disappears, breathing is again restored and normalcy is re-established. In the presence of a good colloid dispersion, the pneumonia germ has no soil on which to thrive. It dies off and is eliminated. Here, the electric charges associated with nerve impulses have routed a toxic invader.

However, the body also has provided means for correcting colloid injury by means of the chemical bodies it elaborates in the glands of internal secretion. The thyroid and pancreas secretions protect against slow lysis of the tissue colloids. The adrenals and parathyroids protect against rapidly lytic toxins and the gonads protect against all types of injury. Inasmuch as the toxins concerned are most often generated in the constipated colon or in infected tonsils and teeth, the tendency is that the body is subjected to many years of toxic action before rational measures are used to correct the situation, and the tissues have been profoundly injured, the protective glands exhausted or have taken on aberrant changes, as in toxic goitre. The economy has learned that more effective means are needed to prevent tissue injury than simply the correction of an injured dispersion and the attempt to attack the toxic group and convert it into a harmless substance was inaugurated. My work on the parathyroid function demonstrates the mechanism of this attempt very well. The rapidly lytic guanidin poisoning, which always becomes evident in a week or so after complete removal of the parathyroid glands and which gives rise to the most profound tissue degenerations, convulsions and death, is constantly prevented by the action of the minute parathyroid glands. This protection is accomplished by the conversion of the guanidins to the germless substances, for the ureas tend to aid in the dispersion of the tissue colloids. In a measure at least, the cause is changed into the cure and again nature's wonderful efficiency is demonstrated.

The parathyroid glands are latest to evolve in the animal kingdom and they represent an improvement on the earlier type of internal secretion activity. In the embryo their development is attended with cell pictures resembling cancer tissue, even infiltration and metastasis. Even in the adult animal, parathyroid tissue is found metastasized to the various neighboring tissues and into the chest. This resemblance to malignant behavior suggested that cancer tissue might also be a new gland of internal secretion in the early process of its evolution and, therefore, that the cancer effort is directed toward the destruction of a certain lytic toxin ultimately. By following this surmise, we first ascertained that the advent of a cancer growth is preceded by years of intoxication, that in eighty percent of the cases the pre-cancer toxic symptoms are ameliorated after the growth gets well under way, that the increase of the toxin in the body speeds up the rate of cancer development and growth, that the removal of the toxin by immunization is followed by complete involution and disappearance of the malignant growth and all its metastases and permanent recovery is had no matter what part of the body was involved. Thus we are able to predict the perfection of a new gland of internal secretion on the order of the parathyroid, which will protect those who live in the distant future from many of the toxic states that people must suffer from in this age.

However, the practical features of this research are far more interesting and valuable, for the toxin that causes the cancer growth to come is responsible for most of our present-day ills of so-called unknown etiology. It took years of concentrated effort to isolate and identify this toxin and after much study we learned in what direction the cancer cell activity attempts to change the toxin to make it harmless and useful. It thereby became possible to prepare the altered toxin synthetically and study its therapeutic action. The chemical problems involved are too technical for discussion in this paper. The therapeutic observations are of interest to everyone engaged in the art of healing and the most salient findings are detailed here.

The altered toxin, instead of exhibiting colloid lysis, enhances the state of colloid dispersion exemplified in the increase in heal by weight and growth of patients cured of cancer. The altered toxin thus presents an antitoxic activity on the tissues of the body but it demonstrates this actions' more in that it photo-chemically converts the toxin present in the body to its own antitoxic type of structure. It changes the cause into the cure even more

effectively than the parathyroid. We, therefore, name it the synthetic cancer antitoxin, even though its curative range includes other fatal diseases than cancer.

Very often one dose of the antitoxin given hypodermically will bring about complete and lasting recovery from the most advanced state of cancer. Our earliest treated cases remain cured for a period of eleven years and are perfectly well.

After the antitoxin is administered, a series of recovery reactions running in definite cycles is instituted, through which the toxic cause is converted to antitoxin and thus is removed and no longer can call forth the cancer cell effort. Thus the cancer cells become obsolete and useless. They undergo self-digestion, are converted back to the nutrient elements taken from the blood that were used for their growth, and these elements are returned to the blood where they can again be used for the general nutrition. The hemoglobin may increase from twenty percent to fifty percent in four weeks and to one hundred percent in twelve weeks.

The areas involved are reconstructed back to normal as healing takes place and function is re-established as the following case histories demonstrate.

The pregrowth toxic changes disappear and complete normalcy is had the order of recovery is the reverse of the development of the disease. Thus the last extensions and metastases disappear first, then the earlier extensions and finally the original growth, and thereafter the toxin vascular injury, endarteritis, sclerosis and myocarditis, nephritis, the thyroid aberration or insufficiency, the epilepsy, weakened tissue resistance to tubercular infection or whatever the toxic change may happen to have been.

The recovery reactions are characterized by febrile and grippy attacks coming at three-week intervals until all cancer tissue has been digested and absorbed and until complete immunity has been established.

Inasmuch as this immunity prevents the existence of the cancer causing poison in the body, the tissue injury this poison is able to produce is no longer possible and the infections that ordinarily can thrive on the tissues so injured no longer have support in the immunized individual. The most important infection concerned in this connection is tuberculosis. This fact is amply demonstrated in that cancer cases who harbor tuberculosis recover from both conditions after the cancer treatment and tuberculosis patients who are free of cancer no longer carry the germs twelve weeks after receiving the cancer antitoxin. About four to six weeks following treatment, the tubercle bacillus is found dead in the sputum and other secretions that formerly exhibited living germs, and the germs are then seen undergoing fragmentation and digestion within the bodies of the leucocytes. Just like in the case of the cancer cells which can no longer live in the body from which the toxin was removed, so here the tubercle bacillus can no longer find a suitable soil and dies off and is removed like any dead tissue debris.

Dizziness is a very frequent pregrowth symptom, since the more delicate structures of the brain, such as the center of equilibrium, are most easily injured by the toxin. Two cases are here reported to illustrate.

Mrs. M., age 58, Nurse by profession. Carcinoma of Uterus with extensive abdominal involvement. History taken June 22, 1926.

Family History - Malaria, Typhoid, scarlet fever, several attacks of diphtheria, after eighteen years of age.

Pregrowth Symptoms - Dizziness and blind spells that were very severe at times and associated with loss of muscle control. These spells have been better for the last year. Had to take soda constantly for years to allay hyperacidity of gastric ulcer.

Present Illness Operated for severe cervical laceration after first baby was born. Second childbirth caused still greater injury nineteen years ago. When a young girl, she was thrown from a horse that lightly stepped on her abdomen. Abdomen tender ever since.

Noticed bleeding from the uterus in April, 1926, (ten years after menopause). Bleeding more or less constant ever since, also odorous discharge, pain in abdomen and back. Examined at the Harper Hospital clinic, Detroit. Specimen removed and diagnosis of cancer of cervix given. Patient applied for antitoxin treatment June, 1926, and our examination revealed a much nodulated vaginal vault fairly widely infiltrating the region and fixing the uterus. The greatest changes were found in the lower abdomen and pelvis, where a lobular fixed mass as large as a boy's head filled the region below the umbilicus, and on the left side reached, above the umbilicus for a distance of one and one-half inches. This mass interfered greatly with bowel action and pressed upon the bladder. Mass continuous with the uterus and fixed, adnexia involved. Black stools for a month indicated bowel involvement.

Patient was placed on detoxication regime for a week, re-examined, findings confirmed and antitoxin administered. Recovery was completed by October 12, 1926, so far as physical findings were concerned, but in November a more or less complete general misery, achiness, chilliness and fever, a slight amount of bleeding from the uterus, reflex bladder irritability and pain in the lower ribs and epigastrium was experienced, with some paid in the lumbar muscles of the right side. At this time, the dizziness, which subsided soon after the antitoxin was administered, returned for a few weeks and then left permanently. In December, the patient started to enjoy the best health she ever had. She was again examined by a number of very able surgeons and pronounced free from any trace of disease. She is at work and in the best of health.

This patient made a rather easy recovery on the treatment. Her strongest reaction occurred about the time of the twentieth week, presenting the usual detoxication symptoms and reflexes that extended rather widely to the muscles of the abdominal wall in the viscera. Since the cancer mass was a large one and much toxic material was absorbed in a period of four months, the general misery and achiness of the twentieth week period was fairly intense. Although the patient presented a fair advanced carcinomatous condition, she was able to make a splendid recovery.

The recurrence of the pregrowth toxic state of dizziness for a short period, during her last reaction, is in keeping with our observation that the first sign of the disease to come is the last to go. Thus the nerve tissue that first took up and combined the toxin and were, therefore, the longest exposed to its action, were the last to regain normalcy through immunization. Therefore, complete freedom from the pregrowth toxic state is the last event in the recovery process. Likewise the last expressions of the sickness are the first to disappear. Thus, the digestion of the growth is the first noticeable step in the recovery process. These observations emphatically characterize the pregrowth toxic state with relation to the cancer growth.

Another, but even more advanced case that displayed dizziness at the dominant pregrowth symptoms is here given to demonstrate that regions of the body which have absorbed and held the toxin are the more favorable locations for metastases to take hold and flourish. It will be seen that the following case of cancer of the rectum presented severe headache and dizziness for years before the rectal growth came and that the brain became the site of a serious secondary growth. Our explanation of this phenomenon is that circulatory factors favored the deposition of toxin in the brain, thus providing plenty of stimulus as well as a favorable focus for such cancer cells that lodged there, so that rapid growth of such cells was supported.

Pregrowth toxicity of central nervous system predisposing to metastasis of certal cancer to the brain.

Mrs. D., age 32.

Family History - Mother had Cancer of Uterus (cured by antitoxin).

Pregrowth toxic period characterized by dizziness with loss of balance as well as frequent severe headaches for ten years before growth appeared.

In December, 1923, she began to suffer with pains just below the navel and in the small of her back. In March 1924, bleeding and discharge started coming from the bowel. In April, vomiting set in with hemorrhages from the stomach. Even as early as January 1924, the headaches became the most serious factor in the disease. They were constant and intense. By March, the headaches became associated with tension in the muscles of the neck, which gradually assumed a state of constant spasm. About the middle of May, this condition spread to involve all the muscles of the back until a constant state of convulsion with head drawn back was established. During the first week in May, she was taken to Grace Hospital for X-ray studies. A few days later, a specimen of tissue was removed from the rectum for microscopic examination and the report was given her husband that it was cancer.

Our first observation of the patient was made May 15, 1924. Two-thirds of the abdomen was found occupied by a large lobulated mass that involved the liver, the stomach region and the left side down into the pelvis. The rectal examination revealed a copious, putrid, bloody drainage coming from a growth within, that appeared to obstruct the lower segment of the bowel. She suffered constantly with her head drawn back and the back arched in continuous spasm. Vomiting of putrid, bloody material had been on day and night. The vomitus was projected some 6 feet at times. Headache was evidently agonizing. These symptoms were positive and sufficient proof that a growth was also present in the brain.

Treatment was given and recovery followed rapidly at first, and then gradually until its completion was definitely established in November, 1924. All masses had been absorbed and all tissues healed. Her strength, normal blood quota and normal weight returned by October but some dizziness recurred for the last two weeks of that month and did not entirely subside until November. Thus, with the passing of the first symptoms of the pre-growth toxic state, recovery was completed. She remains in the best of health she has ever known.

The interesting feature demonstrated in this case was the prolonged and intense poisoning of the brain tissue by the cancer-causing poison; expressed by the dizziness and headaches. We believe that an obliterative endarteritis of moderate degree was the first change initiated. Thus the circulation was impeded and the brain tissues placed at a disadvantage so that toxin could accumulate and interfere with the function of some of the brain tissue. This same vascular change also provided an advantageous site for the lodging and support of metastasis arising from the growth in the abdomen. There can be no doubt but that the metastasis to the brain occurred fairly early in the history of the case.

The return of perfect health, with complete recovery from cancer as widespread and advanced as was presented in this case, is certainly a tribute to nature's ability to fight for normalcy when the cause of the abnormal condition is correctly removed.

**(To be continued).**

Ed. Note.-A copy of Dr. Koch's book "Cancer and Its Allied Diseases" will be mailed free of charge to any physician if they will kindly send their request to the Editor of this Journal.

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A baby's cry means hunger, fear, anger, or temper. Sometimes it is a combination of these, as when a hunger cry not appeased may show temper.

If you don't think cooperation is necessary just try taking one wheel off your car and see what happens.

The following facts concerning cancer are truths that everyone should know:

1. Cancer is an abnormal growth of cells in the body.
2. Cancer is neither infectious nor contagious.
3. Cancer is not a blood disease.
4. It is a mistake to think that cancer is always a fatal disease.
5. Many cases of cancer can be cured.
6. Cure depends upon the discovery of cancer before it has grown so large as to do irreparable injury to the part affected and has extended to some other part.
7. Chronic irritation is one of the causes of cancer.
8. Many so-called pre-cancerous conditions (easily controlled) are caused by chronic irritation; therefore,
9. In some instances, it is a preventable disease.
10. There are only three known ways to treat cancer: surgery, X-ray, or radiation. Sometimes, these methods are combined.
11. A good many persons are now taking steps to prevent cancer. They are not waiting to see whether cancer will develop before going to a doctor. They have a periodic health examination to find whether any cancer is present.

The New York City Cancer Committee of the American Society for the Control of Cancer has pamphlets available for free distribution, which will be sent upon request.

In Greater New York, qualified speakers are furnished to groups of thirty or more. You can help arrange a talk by doing your share.

The sale of the little Christmas booklet and donations make this educational work possible. Address inquiries to New York City Cancer Committee, 34 East 75th St., New York, N. Y. Pharm. Adv.

