ALLERGIES OF THE CONTRACTILE MECHANISM

In both coronary occlusion and obliterative endarteritis besides the allergy to such toxins as that in tobacco which excite the angiospasms and the hypertrophic response in the cells of the intima, the pain of the vascular spasms and muscle spasms occurring with occlusion and circulatory failure are due to the presence of incompletely burned materials produced by muscle contraction in the absence of a supply of oxygen and glucose. In such areas the oxidation catalyst must also be exhausted, and a fresh supply behaves specifically in reducing the pain and correcting the pathology. The spasms and hyperplasia of the original allergic response are quickly corrected and sufficient circulation is soon restored to the part to burn up the pain producing products of muscle spasm through the catalysis of the glyoxylide. The toxic substances and their effects are thus removed and with reasonable time the whole pathology is corrected.

A few case histories illustrate.

Coronary Occlusion (Thrombosis)

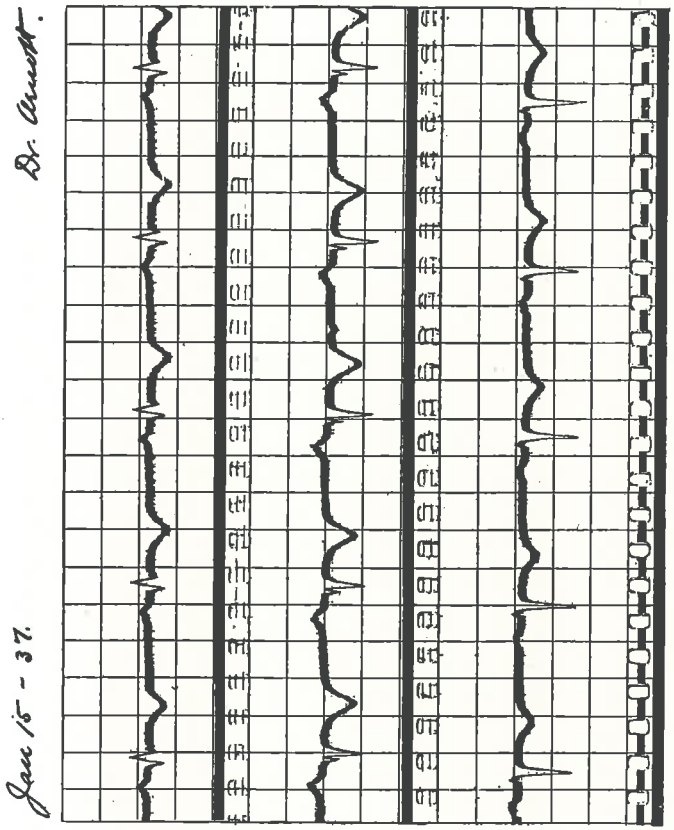
Dr. A.—Age 64. Brisk and active habits. First attack occurred while walking Dec. 2, 1936, and passed in a few minutes after resting. Dec. 4th an extremely severe attack of pain while resting. Repeated heavy doses of morphine, hyperdermically influenced the pain only when sufficient to stupify him profoundly. Dec. 8

Glyoxylide was given subcutaneously, followed by very considerable relief within an hour. Eighty-four hours later another dose of Glyoxylide was administered, after which the pain soon entirely disappeared, and at the time of writing, has not returned. A careful convalescence was observed, and he has been restored to good health, and able to live his ordinary life in comfort.

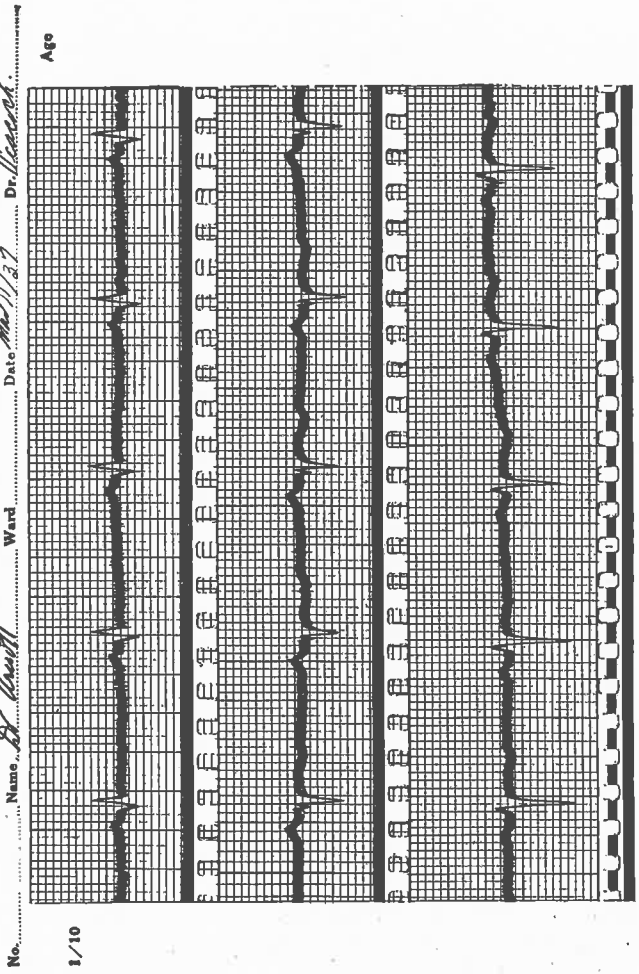
Five weeks later an electrocardiogram was taken which showed a grave condition due to coronary thrombosis though all pain had been relieved. Nine weeks later a second electrocardiogram showed a normal condition. He now is in good health, reasonably active, and free from any symptoms of his old trouble.

Coronary Thrombosis

Dr. B.—Age 58 at time of treatment, January, 1926. In this case the coronary thrombosis was complicated by marked arterial and coronary sclerosis, as revealed by radiographs and electrocardiographs. Patient had been a busy country practitioner up to 1917 when angina pectoris pains compelled him to cut down on his work. They came on exertion and after eating. At the end of 1925 pains were so commanding as to prevent any work and it was impossible to walk a hundred feet even very slowly without precipitating one or more attacks. In January, 1926, one dose of the diketal as prepared from fructose phosphoric acid, was given intramuscularly in the arm. Recovery was steady so that in three months he resumed his practice with comfort, and gradually came to normal which he still is.



No. 1. Electrocardiogram made five weeks after treatment when pain was entirely gone.
March 11, 1937. Dr. A.



No. 2. Electrocardiogram taken eight weeks after No. 1 when recovery was established.

Mrs. H.—Age 74. In February, 1936, had marked symptoms of angina pectoris. Careful dieting and quiet habits were observed with considerable relief but was obliged to be in bed most of the time for several weeks during the summer of 1937.

December 6, 1937,—a sudden seizure with very severe pain in the chest revealed a condition of coronary thrombosis, and rest in bed did not relieve the pain, which at times was agonizing. The Koch Glyoxylide was administered December 11. On December 12 the patient reported very marked relief and in three days no more pain bothered her while resting except slightly after her meals. This soon disappeared also, and in a fortnight she was able to go to the bathroom without causing any return of symptoms. At the end of six weeks she reported that for a fortnight she had not required any hot water bottle to her feet, night or day, though there was cold winter weather, and during the summer of 1937, while confined to bed, she had been obliged to have hot water bottles to her feet constantly night and day.

She is able to move about the house quietly, symptom free, and in a general way feeling better than for two years previously.

Mrs. B.—Age 51. Failing health prompted a rest away from home for three months but no benefit was received. On her return severe repeated colds, painful joints in her hands, shoulders and knees obliged her to remain in bed for three weeks. Bronchitis with profuse expectoration, sometimes blood-stained with marked dullness in the upper left chest suggested the presence of lung cancer since no TB germs were found in the sputum.

X-ray of the chest revealed a dilated heart and

aorta, and no growth or TB lesions, so a diagnosis of "An arterio-sclerosis affair" was the report of the x-ray reading.

Koch Glyoxylide injected November 11, 1937, gave such help in six days that 90% of the symptoms had disappeared. She now is about freely with no signs of bronchitis since three weeks after receiving the Koch treatment.

One could not fail to notice that her habitually blue tinged lips had become normal in color in a few days and continued in satisfactory condition.

Advanced Arterial Sclerosis

Mr. P.—Age 93.

Quite well most of his life, was a painter by trade. High blood pressure and attendant usual symptoms increasing in degrees for years. Quite feeble for last two years. In the fall and winter of 1932 several "strokes" and a complete spastic paralysis took place making him perfectly helpless and stupid; an extreme case of senile paresis. This state remained until April, 1933 when a dose of Ketenes was given. At this time the arteries were tortuous, nodular, and hard generally. Improvement was evident in a month, and in seven months his mentality had returned to normal. He was also able to walk about and dress himself. In a year he could do some work about the house. In the meantime the blood vessels became smooth and elastic, the tissues lost their cyanosis and the elasticity of the skin and tissues also returned. He remained well and active for three years that I knew of.

Two things are to be noted, first that the cause of the pain is removed by removing the pathogenic toxin

through the restored oxidation mechanism. This is promptly accomplished. Secondly, the pain is not the result of the arterial sclerosis, which is consequent to the causative factor like the pain. Since the sclerosis is a stubborn structural change it takes a longer time to be removed and corrected. Both the pain and the sclerosis are removed by the same mechanism that restores the normal function for the dilated heart return to good tone again, though not as quickly as the pain goes. In other chronic toxic states like tuberculosis with dilated heart a good tone is restored more rapidly than lung is restored or the body becomes completely free from germs. We may say then that the pain causing factor is the toxic factor that causes the mycordial weakness and lowers the resistance to infection, and causes the sclerosis.

It is found that acetyl choline produced at parasympathetic nerve endings during their function, prevents the accumulation of fat in the liver on heavy fat and cholecstrol feeding, when injected into the body in such minute dosage as one to ten million. One is inclined to look upon an exhaustion of its function by fatigue and failure in its production as a cause of cholesterol deposition and of the changes that regularly follow in the degeneration of the vessel wall; whereas an over-production with consequent vessel spasm and impoverished circulation in the wall accounts for coronary spasm and the changes that are consequent. Since the excess acetyl choline is normally burned and destroyed by a normal mechanism, in the presence of good oxidation catalysis, no harm can come, but where this is lacking coronary spasm follows. The key to recovery here is the restoration of normal oxidation catalysis, which burns up the acetyl

choline not used. But the action is deeper here as it also is in the other conditions where actual degenerative changes are going on in the vessel wall, for the toxin causative to the crippling of the oxidation mechanism and the ability to produce acetyl choline is also burned up, and the pathogenesis of both states is nipped at its source.

Angioneurotic Oedema

Mr. J. H.—Age 23. Angioneurotic oedema of lungs, larynx, whole face, and even the cornea. Stridulous breathing. Dyspnoea came on suddenly after quick change in temperature from hot to cold. Vision obscured so that automobile head lights looked like pin points. Tremendous swelling and apparently complete obstruction to breathing. Condition seemed almost fatal for a half-hour before glyoxylide was given intramuscularly. In less than two minutes relief was perhaps 80 per cent. Recovery complete within one hour.

Obliterative Endarteritis

Mr. K.—Age 50. Treated July, 1928. Obliterative endarteritis, both legs and feet to the knees. Much pain, bedfast. Amputation at knees requested by surgeon. Blood sugar 380. One dose glyoxylide followed in three months by much improvement and in six months by complete recovery. Blood sugar 80. No return of trouble. Patient died recently after a fall. Autopsy was not permitted.

Luetic Dermographia

Mrs. F.—Age 37. Syphilis since 1922. Tertiary stage. Skin and mouth lesions. Angioneurotic oedema and dermographia outstanding symptoms. Resistant to usual antiluetic treatment. Blood Wassermanns repeatedly positive and not influenced by forced antiluetic treatment. Large welts developed at easy pressure or slightest rubbing. Marked welts on stroking skin. One dose potassium glyoxylide solution given, November, 1935. Recovery complete in six months. Three Kahn tests taken at three-month intervals were negative each time. Patient enjoys the very best health. No lesions or skin pathology. Very slight hives sometimes.

Asthma and Hay Fever

Mrs. R.—Age 45. Multiple sensitivity. Grandfather had asthma badly. Severe cystitis nearly continuously for twenty-five years. Resisted all treatments given. Hay fever, asthma, severe sinusitis, generalized, pigmented, itching hives constantly. Skin tests showed hypersensitivity to over one hundred different substances. Fifty of which were immediately and extremely toxic, dermographia. No help from various treatments. One dose of glyoxylide was given in May, 1934. Recovery complete in all respects within six months.