

Endarteritis -- Potent Factor in Many Diseased States

Endarteritis — which may be defined as an inflammation of the inner lining or intima of an artery, has long been recognized as a clinical entity. It is to be regarded as a grave disorder leading to a gradual choking off of the arterial supply to the tissues, and also frequently causing embolism with its catastrophic results.

This process of endarteritis is in most cases a gradual affair, and may be found producing a gradual compression of the arterial supply, with consequent dysfunction due to defective oxidation, or a terminal condition, as in endarteritis obliterans with rapid development of gangrene, due to circulatory blockage. In either case whether the manifestations are early or late, endarteritis is to be valued as a serious malady, frequently leading to fatal results.

The causative factor in endarteritis as in many other manifestations of disease is undoubtedly a toxæmia, the presence of which in the circulating blood leads to the inflammatory response on the part of the tissues involved, in this case the intima of the arterial walls. The origin of this toxæmia may be obscure, or it may evidently arise from some focus of infection in the body. Toxic molecules elaborated from some focal point or points, give off fluorescent energy to the body cells when both are of the same spectrum tune. The normal oxidation catalysis is thus inhibited, and a negative catalysis is substituted, causing a deviation of the functional energy of the body cells from their normal course into byways of disease. All sorts of functional perversions are thus possible, and as long as the

toxic molecules are manufactured just so long will the disease persist. So behind the endarteritis is the underlying toxæmia which is a causative factor. This toxæmia in turn, as cited above, is produced by the presence of these toxic molecules, and instead of a normal positive oxidation catalysis there exists an abnormal negative oxidation catalysis, which is the basic cause of the toxæmia.

In the presence of a depressed oxidation mechanism, with the tissues more or less vitiated from the toxæmia, pathogenic organisms find a favourable nidus for growth, especially those of the anaerobic and facultative anaerobic types. Also the various disease viruses and allergenic toxins flourish in this sort of twilight oxidation with consequent detriment to the host. Under normal oxidative conditions no such revelry is permitted by the body defenses, the only feasible explanation being that the natural immunity has been crippled allowing the forces of disease the ascendancy.

There seems to be good reason to believe that a gradual developing endarteritic process is the basic pathogenic feature in many diseased states especially so in malignancy. The gradual choking of the vital arterial supply with the consequent diminution in the supply of normal oxygen to the body tissues, leads to a mechanical state of suboxidation. Areas of the body which have been subjected to injury are the first to become the site of such an endarteritic process. Hence the frequency of breast cancer following a blow or other injury; the frequent occurrence of cancer of the uterus following the traumatism incidental to child-birth, and among man other instances

the prevalence of cancer of the rectum in constipated individuals who have long courted such a response by neglect of regular defecation.

It may be that much which has been said in the foregoing paragraphs is common knowledge, but one feels that a preliminary survey of the situation is essential before launching out into a description of a course of active medical treatment for such toxæmic states. Heretofore the attention of the profession at large has been centred upon the local lesion, and every effort has been exerted towards removal or correction of the local manifestation. On the other hand the body defenses are so arranged that local manifestations do not occur without a preliminary state of suboxidation having been previously initiated. A crippled oxidation mechanism, with the consequent accumulation of toxic substances in the blood and tissues, is the invariable fore-runner of such conditions as Neoplasia, Tuberculosis, Allergic states, chronic infectious conditions such as chronic rheumatoid arthritis, etc.

At this stage it may be well to state what the writer's views are as to the treatment of toxæmia and its far-flung manifestations. Briefly, the indication is to endeavour to institute a vigorous oxidation catalysis of a positive character to offset the negative oxidation catalysis present in disease. That such an effort is possible today and has been possible for a number of years, is owing to the brilliant discovery by Dr. Wm. F. Koch of Detroit, Michigan, some 20 years ago, of the presence of tissue metabolites or catalysts in the heart and brain of animals freshly killed. With these natural products Dr. Koch was able to cause the disappearance of malignant growths both in animals in the laboratory and in human beings. Inasmuch as the extraction of these tissue metabolites from animal tissues is a tedious and expensive process, Dr. Koch was

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led to analyse the chemical composition of these natural substances, and as a result he was able to prepare similar compounds synthetically. This has simplified the production a great deal, and a suitable combination of these catalytical agents is now available to the profession under the name of Glyoxylide. The Wm. F. Koch Laboratories of 226 Queen's Ave., London, Ontario, are fully equipped to distribute the product direct to physicians in Canada, and to furnish advice where necessary.

In order to support the statements which have been made in this paper the writer hereby appends the following case-report dealing with a frank case of endarteritis obliterans:

An elderly woman, 74 years of age, called me to see her on March 6/39 with reference to an acute pain in her left foot, especially in the big toe. This had been present for two weeks prior to my visit and had caused her considerable pain. She thought it was rheumatism until she noticed that her toes, especially the first and fifth phalanges were turning black, with loss of sensation.

My examination on March 6/39 showed the patient to be in average health, with fairly well marked arteriosclerosis generally. Her blood pressure was 220/120; heart, lungs and abdomen clinically negative; Urine showed a trace of albumin, no sugar, S. G. 1020; Blood sugar on fasting stomach taken March 7/39 was .98% which was well within the normal limits; left toes were cyanosed, especially the first and fifth phalanges, which were bluish-black; also an area on the lateral aspect of the fifth metacarpal had become gangrenous. Only slight tactile sensation in toes of left foot; presence of a definite cyanosed area on plantar aspect of left foot; which corresponds to the plantar arch of blood-vessels. Dorsalis pedis artery faintly palpable, artery sclerosed and beaded. Patient was suffering acute pain in left toes, tender on palpation.

In view of the above finding I made a diagnosis of endarteritis obliterans, the negative blood-sugar and urinalysis ruling out Diabetes. She was treated with a single dose of Glyoxylide on the morning of March 8/39, and had the first fairly comfortable night without sedatives in the past two weeks. The following day I saw her and was delighted to find the pain considerably less, the cyanosed areas pinkish-blue, and the whole foot suffused with an intense hyperaemia, with some return of sensation and warmth.

On March 16/39, 8 days after treatment with the Glyoxylide, I saw her again, and found the big toe which had been practically black, now pinkish-blue, and the other toes a normal colour. The area of cyanosis on the plantar aspect over the plantar arch had also

entirely cleared up, with return of sensation and warmth. The dorsalis artery was also much more readily palpable, and the blood-pressure had dropped to 190/120. The patient was feeling much improved with no pain in the left foot, and just an occasional sensation of pins and needles in the toes.

On March 22/39, 14 days after treatment I again saw her, and this time her toes, including the big toe, had returned to normal both in appearance, in sensation and in warmth. This patient has continued to improve in her general health, and to date there has been no return of the obliterating endarteritis. Needless to say I have a very grateful patient to deal with, especially as a friend of hers had her leg amputated below the knee for a similar condition some years ago, and she retained a lively recollection of this friend's pitiful condition leading up to a painful death.

If Glyoxylide will and does produce results

of this order in gross obliterating endarteritis, what must be the histological changes taking place during the recovery process in Cancer and many other diseases which yield to its sway? I believe with Dr. Arnott of London, Ont., with whom I have closely collaborated during the past year, that Dr. Koch's theory of a faltering oxidative mechanism as being the etiological factor in malignancy and many other diseased states, is fundamentally sound, and clinically correct. After all the proof of the pudding is in the eating, and no one with an unbiased mind, such as I trust I have had during these past months, could witness such results and not, to say the least, be profoundly stirred. When one thinks of the thousands of helpless sufferers, who could be benefitted by the intelligent use of this medicament, one longs for the day when it will come into general use by the profession at large.

H. M. Candlish, M.D.

Les cours de perfectionnement en médecine

Cette enquête fut faite par l'A.P.I.M. en 1934.

Les Groupements nationaux ayant répondu à cette enquête sont :

Allemagne, Autriche, Belgique, Danemark, Danzig, Espagne, Estonie, France, Grande-Bretagne, Hollande, Luxembourg, Norvège, Suède, Suisse.

Question 1:—

Les "Cours de perfectionnement" (c'est-à-dire après diplôme et au cours de l'exercice de la profession) sont-ils organisés dans votre pays?

Réponse :

Allemagne, Autriche, Norvège: Ils sont organisés de façon uniforme étant d'ordre national.

Belgique: Il n'existe aucun cours de ce genre en Belgique institué pour des médecins après la sortie des Universités. Plusieurs essais ont été tentés, principalement à l'Université de Bruxelles. Les seuls cours de perfectionnement post-universitaires seraient ceux suivis, à titre personnel, par les jeunes médecins, dans les cliniques ou laboratoires. Beaucoup de jeunes médecins belges, d'ailleurs, vont faire un stage à l'étranger où ils suivent des cours et cliniques particuliers à Paris.

Danemark: Oui, de tels cours sont tenus tous les ans à Copenhague, organisés

par l'Association générale des Médecins danois. Ils le sont aussi, avec des programmes plus restreints, dans certaines petites villes, où ils sont organisés par les Associations médicales.

Danzig: Ils sont organisés par les corporations médicales.

Espagne: ils sont organisés non par organisations uniformes, nationales, ni régionales, mais par diverses initiatives.

Estonie: Ils furent organisés, mais pendant quelques années seulement, pour les médecins des districts ruraux. C'était une organisation nationale uniforme qui maintenant n'existe plus.

France: Dans un certain nombre de villes possédant une Faculté de médecine, ces cours de perfectionnement existent, mais sans une organisation nationale uniforme, ni même régionale. A Paris, en dehors des cours de perfectionnement faits par des médecins des hôpitaux (chirurgie, médecine, ophtalmologie et autres spécialités).

Grande-Bretagne: Il n'y a, chez nous, aucune organisation générale, d'ordre national ni régional. Chaque Groupement qui organise un "cours" fait son propre programme. Les plus importants de ces Groupements peuvent être définis ainsi que suit: a) Universités et hôpitaux pourvus d'écoles de médecine; b) Hôpitaux non pourvus d'écoles; c) Les "Royals Colleges of Physicians and Surgeons" d'Angleterre, d'Ecosse et d'Irlande; d)



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