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Response from Dr. Koch to Dr. Brandt

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October 21, 1955

William E. Brandt, D.C.
Philadelphia College of Osteopathy

Dear Bill:

Please accept my sincere apology for having taken so long to answer your very "on the ball" letter regarding insurance company contacts.

I have been in charge of a 9 day exhibit on osteopathic medicine at the recent Western Washington State Fair. This, incidentally, was in conjunction with lots of other organizational work, preparing and giving talks, working steadily daily from 9:00 A.M. to 7:00 P.M. and having myriads of letters to go through and to answer. (Incidentally, every one seems to think that the OSTEOPATHIC medical group did a terrific job in educating the public at our Fair booth which was right next to an exhibit of the ORDINARY medical association!)

I think it's really wonderful Bill, how on the ball you actually are. I was most happy to hear that you would try to arrange for insurance company interests in the osteopathic approach to treating and preventing heart disease.

At this particular date I'm not as positive as I would like to be about exactly what specific phase and figures I will be presenting in my convention talk in July. My title will be more or less assigned, and limited to 20 minutes. I can tell you however generally what information and figures I believe I can have available in New York.

(1) I should have some 50-100 postural xray studies (upper thoracic) of patients with proven organic or functional heart disease to show that a correlation is very definitely seen to exist in over 90% of the cases of patients with heart disease.

(2) Histories will be available to indicate that functional heart disease with negative E.E.G. and laboratory findings usually precedes the development of, and therefore can reasonably be presumed to be contributory to organic heart disease.

(3) That manipulative corrective treatment directed toward the "lesioned patterns" has "practically always" (—% to be reported later) resulted in complete disappearance of functional heart symptoms even though environmental factors (stress, strain, tension, and "nerves", etc.) are unchanged or even increased.

(4) That symptom disappearance and clinical recovery in cases of organic heart disease have, on the whole, appeared to have been more rapid when patients had manipulative corrections to the "lesioned patterns",...
(5) That the usually expected interval between the recurrences of various organic heart attacks (coronary, occlusion, "heart failure") has seemed to have been far longer when the lesioned patterns are correctly treated than those of ordinarily treated cases from statistics available.

I've also noted Bill, that an unusually high incidence of the occurrence of shoulder problems ("bursitis", etc.) seems to occur in patients with heart disease; these patients, of course, having obvious x-ray findings of "strain areas" in the upper thoracic area. You may recall how I emphasized that in my bedroom the night when I showed you and Dean Mercer the few x-rays. As a note of current interest; when President Eisenhower had his shoulder bursitis a couple of years ago, I remember chatting with my wife and other D.C.'s and reflecting that, "The most likely has an upper thoracic strain area", and we wondered if the D.C. that had treated him had done a postural thoracic study and had outlined follow up treatment to prevent it from causing heart and other recurrent health problems. This is an example of "segmental disease" as some men in our profession refer to it. Incidentally, I've got hundreds of case records of thoroughly examined patients revealing that segmental disease is the rule rather than the exception.

Now Bill, my main concern is this: when one sees these most obvious, easy to demonstrate spinal "strains" occurring with associated functional and organic disease so consistently all day long, one becomes alarmed. More research Bill, especially by x-rays and by thorough histories should have been done and must be done if we are to properly and overwhelmingly convince other scientists, the general public, and especially philanthropists, and intelligent well educated pre-medical students that our school of medicine is the most important key to the unanswered questions in the treatment of and the prevention of disease!

The sad thing to me Bill, is, that right at the core, in the very heart of the profession much time, money, and effort will have to be wasted in educating our own professors. Most shocking though is that the teachers who are supposed to be teaching the men who will become the profession in a few years are not deep down thoroughly convinced because they haven't had enough properly done scientifically controlled clinical research shown them. If it weren't for the fact that I see more and more of the allopathic schools of medicine recognizing more and more with growing enthusiasm the true validity behind our philosophy, I would not feel so alarmed and sporadically disheartened as I occasionally do.

Now Bill, if we can only get access to insurance companies that what we have with our more modern and scientific approach to health is apparently the closest answer to exactly what they are looking for,
it would be to their advantage for them to sit up and become interested in helping us. These things are: longer lives, lower death rates from heart and other degenerative diseases and far less disability when people do get sick! They can be made to realize that we, more than any other health movement have what they have been looking for, e.g. disease prevention and removal of the most universally and consistently found contributing cause of disease. If we could only show them scientifically accumulated statistics that will help them financially and otherwise, they would have to be very foolish indeed should they not divert large quantities of their research money to our professional research projects. And you and I know that they are certainly anything but foolish.

In conclusion Bill, there can be no difficulty at all in showing by x-rays that practically every heart case has upper thoracic "strain areas". All one has to do is sit and look at that. Although to my satisfaction the significance of this relationship is all important, it is on this point that we must have a more extensive and scientific work up in our clinics and research programs. That's where you and the school and insurance company support come in. But so help me Bill, if the osteopathic medical schools don't do this awfully soon, then the allopathic ones will. Even the chiropractors are in a terrific position to take the initiative on this and get the credit. Remember what William Galen said, "The credit for a discovery doesn't go to the one who made it but instead to the one who convinces the world".

Warmest regards to Dean Mercer, Tom and Dr. Barth.

Fraternally,

Richard S. Koch, D.C.

RSK:ph