Efrain Olszewer, M.D.

A New Approach to Rheumatic Diseases

by

Efrain Olszewer, M.D.

7376 Walker Road, Fairview, Tn 37062

No matter how many nonsteroidal antiinflammatory, immunosuppressive, and cortisone-related drugs were introduced in the past year as first option for rheumatic diseases, the improvement obtained was poor because most of the time we only control the pain and the inflammatory symptoms, but the disease continues to destroy the tissues.

Because of this situation, four years ago we proposed a triple approach for sero-negative and sero-positive rheumatic diseases with clinical and laboratory results above what we originally expected.

The triple approach includes:

1. DMSO (Dimethylsulfoxide) one of the most powerful antioxidants known, and has a strong antiinflammatory effect. It has been used since 1940 as an industrial solvent, and after the studies of Jacobs was included in 1960, for osteomuscular diseases.

In 1978 the FDA approved the use of DMSO for interstitial cystitis, but there are multiple studies showing an improvement in different pathologies with the use of DMSO.

In degenerative diseases like Osteoarthritis free radicals (FR) attach and degenerate the cartilage, decreasing the space inbetween the bones of the joint, and this contact will produce pain with movement.

In inflammatory diseases, FR are closely related to leukotrines synthesis as described in pathologies like rheumatic arthritis. In both cases DMSO will decrease the synthesis of FR, inhibiting its deleterious effect on the bone structures.

Experimental studies in animals confirmed that DMSO dissolves the collagen of the fundamental matrix, improving elastic tissue and increasing the elimination of hydroxyproline, only in patients with collagenopathies, but not in normal individuals.

2. Enzymo-Injection-Pressure (EIP) consists in using a complex formula in order to create pressure points in the ailing joints; this approach has antipain, antiinflammatory and fibrinolitic effects.

It works by a pressure mechanism that will stimulate the amyelinated fibers that measure from 5 to 15 microns in diameter, and send to the brain the pressure stimuli with a speed of 30 to100 meters per second. By this method the pressure stimuli will always arrive first at the brain regulatory center over the pain stimuli.

The formula (called F3) included in each 30cc multiple vial dose the following:

Papain ..... 0.005 grams
hyaluronidase 0.001grams
trypsin ..... 0.005 grams
UTP ..... 0.001 grams
novocaine chloride ..... 0.100 grams
saline solution 0.9% ..... 30 cc

3. Mucopolysaccharides, also called glycoaminoglycans, formed by the hyaluronic acid, chondroitan and dermatan sulphate, that are components of the fundamental matrix, and are used to stimulate the mitotic activity of the condrocytes to keep the cartilage integrity.

After a follow-up of three years in 36 eligible patients with Osteoarthritis, we prepared a retrospective analysis that soon will be published, where we obtained the following results:

a. From the 36 patients included in the follow up, 33 (91.66%) had a complete recovery of the general signs and symptoms as: joint swelling, joint pain, limitation of movements, morning rigidity, crippling, partial social inactivity.

The other 3 (8.45%) had a partial recovery but much better than obtained with traditional therapy, and without side effects.

b. The important aspect of thus study was that it included only patients that had been using three or more different kinds of antirheumatic drugs as follows:

1.) 100% use nonsteroidal drugs
2.) 89% use or used cortisone
3.) 66.6% use or used oral gold salts
4.) 22.7% use or used IM gold salts
5.) 18% use or used different kinds of immunosuppressive drugs
6.) 0% plasmapheresis

c. Thirty two (89%) of the patients were women and 4 (11%) men. Our protocol included an intensive course of treatments for 5 weeks and a maintenance therapy monthly.

d. Nine patients (25%) had a partial recurrence.

e. Multiple joint diseases were included: coxo-femoral, knee, shoulder, hand (interphalangeal distal) cervical and lumbar backbone, etc.

In the last two years we included patients with Rheumatoid Arthritis and sero-negative rheumatic diseases. After more than 500 patients were treated we are extremely positive of this triple approach for rheumatic disease and we present the following conclusions:

1. The triple approach therapy is highly successful in patients with Rheumatoid Arthritis but it takes more treatments in the first part of the therapy; however in our opinion this therapy modality keeps the patients antisymptomatic for longer periods of time.

2. Patients with Ankylosing Spondylitis represent a small number of our patients, but the improvement seen in these patients is sometimes astonishing compared to the usual approach (antiinflammatories and physiotherapy).

3. Other sero-negative rheumatic patients have variable results that suggest more intensive studies in each particular disease.

4. Finally, patients with Rheumatoid Arthritis and Psoriasis, Lupus Erythematosis and other autoimmune diseases complicated with joint pathology need more attention, but it seems that we can get an outstanding therapeutic result in a long term therapy. But we still

need longer follow-up studies in these specific diseases.

As we know, one third of the population over 35 suffer from Osteoarthritis and millions of others suffer from Rheumatoid Arthritis and other rheumatic diseases, so we should consider this group of pathologies the most crippling diseases in the world.

Most of the drugs used for rheumatic disease are associated with heavy side effects, a situation not observed with the triple approach therapy.

Conclusions

Rheumatic diseases represent one of the most crippling of all diseases and deserves special attention because most of the control is done by drugs associated with side effects, which only control of pain and inflammation no matter how fast the disease develops.

Simultaneously using DMSO plus Mucopolysaccharides and enzymo-pressure-injection, seems to be an important way to control the disease evolution, and at the same time, gets the patient back to normal activities. In this kind of therapy we did not find any complications and no side effects. Instead we find extremely important improvements in the patients treated.

As much as we know of the implication of the free radicals (FR) with degenerative and inflammatory pathologies, more important seems to be the relationship with antioxidants like DMSO.

Regrowing damaged but not dead cells, is possible when we can offer the tissues that which is necessary material for autoregeneration. The homeostasis of the body is a result of the equilibrium between tissues. That is the mechanism of action of our triple conjugate therapy for rheumatic diseases.

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(Also see http://www.arthritistrust.org, Ed.)