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The Free-living Amoebic Causation and Cure of Activity in Rheumatoid and Auto-Immune Diseases

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Editor's Note: This is from the last manuscript by Doctor Roger Wyburn-Mason. While it repeats information previously published, it also includes material inserted shortly before his death and an updated bibliography to 1979. As a basis for the research work at three schools of medicine and the clinical practice of over 250 physicians throughout the world and the formation and function of the Rheumatoid Disease Foundation [now The Arthritis Trust of America], it has historical as well as medical value.

However, numerous species of *free-living amoebae* are known. Most fall into two genera, *Acanthamoeba* and *Naegleria* and some are pathogenic to man and animals; they are found on the surface soil preferring warm, moist conditions and proliferate in warm stagnant pools and at the bottom of rivers and lakes, particularly around the entry sites of warm effluents. They have been found in the domestic water supply, in human feces and in unpasteurized milk. Pathogenic free-living amoebae are readily isolated from chlorinated swimming pools, potable water, sewage and human nasal and throat cavities. They often contaminate tissue cultures. In inimical conditions, they form hollow spherical cysts which are present in the air in most parts of the world and can easily be found on agar plates exposed to air. Free-living amoebae prefer warm surroundings, and they tend to migrate from cool environments to body temperature, a property known as thermotropism.[1]

All terrestrial animals and plants and those inhabiting fresh water and also probably the sea, live in a world surround by many species of free-living amoebae, which certainly pass into the mammalian respiratory passages as cysts or trophozoites in the gastrointestinal tract of many animals, including man, since they are found in their feces. As the organisms are motile, it would be unreasonable to suppose that, once they had entered the orifices of man or other warm-blooded animals, they would not migrate under the thermotropic influences into the body tissues. Since the amoebae may prove to be either non-pathogenic to animals, the same must also apply should the organisms reach human tissues.[1]

Recently it has been shown[10] that the sera of all humans, including that of the cord blood, contain antibodies to either *Acanthamoeba* or *Naegleria*, indicating *universal* present or past infection of man and the newborn with these organisms. Textbooks on protozoology state that "unspecified types of amoebae have been isolated at times from every tissue in the body,"[3] or "there is hardly an organ in the body from which somebody has not obtained amoebae."[4] Thus, *all human bodies appear to contain free-living amoebae* somewhere in the tissues. A few cases of leisons due to species of such organisms have been described in plants and man, in particular amoebic meningo-encephalitis.[5,6]

The whole syndrome resembles syphilis. Waldenstrom and others, indeed, state that "if the spirochaete had not been discovered, syphilis could be taken to be the ideal model of an autoimmune disease. The variety of tissue reaction antibodies, the wide-spread lymphocytic tissue damage and the vasculitis are characteristic features."[21] Rheumatoid disease closely resembles the rheumatic manifestations in leprosy[22] which may present with an acute arthritis affecting one or a number of joints, polymyositis, skin leisons, fever raised ESR, etc., with increase in circulating gammaglobulins and positive serological tests for autoantibodies, RF and ANF, as in rheumatoid disease. This is an immune complex syndrome with antigen provided by disintegrating *M. leprae*. The reaction may be precipitated by antileprosy drugs, a reaction known as Lucio's phenomenon, which is identical in nature with the Herxheimer reaction. The syndrome confirms the deductions made regarding rheumatoid disease. Such observations prove that every tissue in the body may contain unsuspected free-living amoebae, which, if pathogenic, may cause tissue infiltration by lymphocytes with germinal centers and often plasma cells in genetically susceptible subjects as governed by their tissue types. They are the source of Glynn's previously postulated unknown chronic antigenic stimulation,[23] as the cause of rheumatoid disease. [See "The Herxheimer Effect," http:www.arthritistrust.org.]

References

15. Wyburn-Mason, R. The free-living amoebic causation of rheumatoid and autoimmune diseases. *International Medicine* 1: 20-25; 1979.

16. Wyburn-Mason, R. New views on the aetiology of rheumatoid arthritis. *British Medicine* 12-14; August 21, 1979.

17. Wyburn-Mason, R. The Naeglerial causation of rheumatoid disease and many human cancers. A new concept in medicine. *Medical Hypotheses* 5: 1237-49; 1979.

18. Williams, H.D., Lockwood, G.M., Russell, B.A. Inhibition of reticuloendotheial function by gold and its relation to post-injection reactions. *Brit. Med. J.* 2: 235-7; 1979.

19. Levamisole in rheumatoid arthritis. Multicentre Study Group, *Lancet* ii: 1007-12; 1978.

20. Herxheimer, K. Ueber eine Syphilitischen vorkommende Quecksilberreaktion. *Dtsch. Med. Wchsch.* 28: 895-6; 1902.

21. Quoted in Doniach, D., Roitt, I.M., Taylor, K.B. Autoimmune phenomena in pernicious anaemia. Serological overlap with thyroiditis, thyrotoxicosis and systemic lupus erythematosus. *Brit. Med. J.* i: 1374-9; 1963.

22. Glynn, L.E. The chronicity of inflammation and its significance in rheumatoid arthritis. *Ann. Rheum. Dis.* 27: 105-11; 1968.