THE RHEUMATOID DISEASE FOUNDATION
NEWSLETTER

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LECTURE

by
Dr. Paul K. Pybus
(November 19, 1983)

Part II: Osteoarthritis

Treatment of Osteoarthritis by means of Intraneural Injections

This is a short treatise on osteoarthritis and are ideas on cause and treatment that I have developed as the result of my past association with the late Professor Roger Wyburn-Mason.

The circulation of nutrients in the joint cartilage is carried out through the medium of the synovial fluid as there are no blood vessels in cartilage. The cartilaginous matrix is semi-solid and expands and contracts as pressure is applied to it, so during weight-bearing the fluid is squeezed out like a sponge and when the pressure is released, the cartilage expands by its own resilience and the fluid is once again sucked up into it as shown in this slide. [Readers may look on page 102 of our premium book *Rheumatoid Diseases Cured at Last* or in the free treatment protocol, page 3. Ed.]. In the event of this sponge-like action being prevented, the deeper cells can no longer get rid of waste products, with an increase in CO_2 concentration and oxygen lack, and hence pain and dissolutionment of the cartilage.

Effect of Continuous Pressure on Cartilage.

In 1960-62 experiments done by several investigators on the effect of constant compression on knee cartilage by means of a Charnley's clamp applied over the knee of rabbits and monkeys showed almost identical results. An animal was sacrificed daily and these knees fixed in formalin and examined. All investigators claimed similar results, namely after three days signs of early osteoarthritis could be seen, in three weeks the condition was very advanced. One further investigator removed the clamp after two weeks and allowed the animals to survive for six months at the end of which time it was found that the osteoarthritic type lesions had partially resolved. These experiments show conclusively the potent effect of continuous pressure producing osteoarthritis.

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HELP! FROM YOU!

Needed: Physicians willing to stand up!

If you know doctors who are using or willing to use antiamoebics when treating Rheumatoid Disease, please send their names and address for inclusion in the list below.

We have many inquiries from people who live in cities, states, or countries without a physician listed on our referral sheet. Many arthritis victims do not have travel funds. Please help us locate doctors willing to be included in the list below. [We include only those who will to sign our query form. Ed.]

PHYSICIAN & SCIENTIST ADVISORY LIST

[If the physician is starred (*), then he/she is also willing to use the Wyburn-Mason/Pybus intraneural injection technique for the sciatica pain resulting from RD damage and/or the treatment of osteoarthritis.]

The Rheumatoid Disease Foundation provides this list as a public service to those who inquire. Inclusion of physicians in this referral list does not indicate an endorsement of any physician's practice nor a guarantee of effectiveness of treatment.

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LETTERS TO THE EDITOR

From Dr. Y.M.M to Editor:

My only reason for wanting to delete my name from the book [*Rheumatoid Diseases Cured at Last]* was in case the [Medical Council] construes the publishing of my name as "advertising" and the legislation regarding matters like these is very strict.

For example, in another matter I sought the opinion of the medical association of [my country] regarding the publishing of my name and address in a register to be published in Europe . . . . I enclose a copy of the letter to show the attitude of the medical authorities:

". . . . it would be a contravention of the ethical rules . . . . to have your name published in a directory, even if it were to be in [a foreign country) . . . ."

The reader has undoubtedly heard the old phrase, "You can't get there from here!" Well, seems to the editor this is another case where "ethics" prevents us from getting there from here!

Dr. Y.M.M. further says in an article to *Voortgesette Geneeskundige Onderrig*, Deel I, November 1983, p. 12:

History has shown that when new discoveries are made they are ignored by academics of the time only to be appreciated and accepted years later.

Aspirin was used for pain and no-one knew until the 1960's how it worked. Electroconvulsive therapy (ECT) is still in use today and how it works is still unknown. [If it works! Ed.]

The August issue of the *Journal of Continuing Medical Education* on Rheumatology . . . article on rheumatoid arthritis (RA) was excellent, yet there appears to be a resistance in the mentioning, let alone acceptance of, alternative approaches to the aetiology [cause] — and especially treatment — of RA, however established they may be.

I refer in particular to the works of the late Professor Roger Wyburn-Mason on the use of antiamoebicidal therapy.

Rheumatologists often quote treatment and results of trials carried out in the UK in this area as insignificant. This could largely be due to improper patient selection, as most patients in arthritis clinics have been on pencillamine, gold and other 'heavy drugs', after which treatment lack of response to antiamoebicidal agents is now already known. Chloroquine and Levamisole are used to treat RA by rheumatologists and these are known to work because of their antiamoebicidal action.

I am sure that many rheumatologists are awaiting results of protocols and trials in this area, but perhaps history is repeating itself again.

When everyone sits on their academic-wide chairs waiting for the other guy to prove or disprove effectiveness of Wyburn-Mason's treatment, then history will indeed repeat itself — along with great discoveries made by Semmelweis, Jenner, Koch, Harvey, Ross, Lister, Pasteur, Ehrlich, Sister Kenny, and Roentgen.

Why are we humans so often pig-headed?

From R.J.F. to *San Francisco Sunday Examiner and Chronicle*:

I've been a regular reader of the Sunday paper for several years, and I don't remember ever reading an article about the subject of this my letter to you. As a newspaper I believe you are uniquely qualified to research the matter; and the subject is doubtless of critical importance to the life of millions of human beings.

Earlier this month I had a letter from PROJECT CURE . . . . The letter solicited my signature on a petition to my Representative in Congress; and on cards to our two U.S. Senators. Including six pages of "explanatory information" and "facts" the letter petitions "a full scale Congressional investigation into the medical establishment (named as the American Medical Association and the National Cancer Institute) and their refusal to use proven nutritional treatments to prevent and control cancer."

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We are glad to receive article contributions from physicians and readers, and will give consideration to whatever you send. Please place your name and address on each page, and keep copies of all of your work, as we are not responsible for return of manuscripts and letters. [Editor.]

LETTERS TO THE EDITOR

(Continued From Page 2)

I probably would not be writing to you about the above if it were not for the information I have received from the Rheumatoid Disease Foundation (RDF). I first heard from them late last July, and since then I have been investigating as well as I could alone without expenditure of more than a very nominal contribution for literature. I have spoken to three medical doctors and one chiropractor about RDF and not one of them had ever heard of it before. RDF states that they have been utterly rejected without trial by both the AMA and the Arthritis Foundation. Yet RDF has the accumulated experience of many physicians in the United States and elsewhere and a noted scientist, Roger Wyburn-Mason, who died last June, spent over 20 years researching the roles of pathogenic protozoa in human tissues.

RDF literature shows that the diseases are mostly caused by a certain amoeba and its effect upon the immune system. They have proof: Have isolated it, grown it, and etc. Antiamoebic medicine has been available for many years; and the secondary effects are much less severe and damaging than those of what AMA recommends simply to allay the effects of the diseases. RDF has available records of many thousands of patients in whom the continuing deterioration has been stopped by the treatment. RDF gives freely on request from any enquiring physician standards of practice for treating rheumatoid and osteoarthritic disease.

Why then is RDF rejected by the AMA and the Arthritis Foundation that assumes omniscience in its field? There must be thousands of people in the San Francisco Bay Area alone who would give almost anything for a chance for relief from their particular curse of arthritis. (It takes many forms.) Are you interested in the readers you can attract by discovering the answer?

The address for PROJECT CURE is Suite 350, 2020 K St., NW, Washington, DC 20070-2008, for readers who are interested.

We are not clear what role the AMA (a professional association) has in maintaining status quo non-treatment, but R.J.F.'s letter seems appropriate for the Arthritis Foundation.

We also applaud R.J.F.'s attempt to get wider local publicity through newspapers.

EDITORIAL
Reinfection

If you suffer from RD you (like me) have been designed by Mother Nature as genetically susceptible to the *Limax amoeba*.

We suffer from an infectious disease, and are susceptible to the protozoon and its products! We get reinfected, and "cured" again by taking adequate doses of appropriate antiamoebics.

The *Limax amoeba*, like bacteria, adapts to every medicine, and we wish and pray for more and stronger antiamoebics.

Still the question arises: Why did we not suffer equally when young: a child, a juvenile, a young adult?

Answer: Because our growth hormone clock turns off at about age 30.

When certain hormones from the pituitary gland turn-off (as they've apparently been designed to do on our inception), the thymus gland turns off.

Growth hormone is required for building muscle and causes the body to burn fat for energy; it also stimulates the thymus gland. The thymus gland has "troops", the T-cell immune system that defends the body against bacteria, atherosclerotic plaques, viruses and cancer (and we presume also from protozoa), and autoimmune self-attacks such as in rheumatoid arthritis.

Question: How can we turn on the growth hormone clock?

Answer: By taking certain combinations of vitamins and minerals in the right dosages and the right timing, along with the prescription medicine L-dopa (1/4 gm for the younger to 1/2 gm for the older each night before bed, on empty stomach).

The whole procedure, according to Durk Pearson and Sandy Shaw (*Life Extension*, Warner Books, 666 Fifth Avenue, New York, NY 10103, 1982, $10.95) is both simple and complex.

I'm sufficiently impressed by their massive 858 page paperback book to want to try their formulations and to suggest that you buy it and read it.

I'm one of those who gets repeatedly reinfected.

I'm sure readers will like to hear the end result of my new experiment — perhaps a year from now — meanwhile there must be many who have their own story to tell on how they've conquered the reinfection cycle.

We'd like to hear from you.

LECTURE

(Continued From Front Page)

Electrical Disturbances in Nerves Caused by Trauma.

Normal nerve is electrically stable with a negatively charged interior and a positively charged exterior. It is well known that stimulation at either end of the normal nerve will result in an impulse progressing from one end to the other. However, pressure on the normal nerve does not produce an impulse, but only distal anaesthesia as shown in the "Saturday Night Palsy".

If a nerve is damaged, it has been shown that the area of trauma acts as a local generator of impulses, by producing a local destablization of the membrane and an area of local negativity. This sets up impulses travelling from both antidromic and prodromic directions. The antidromic impulses produce peripheral signs of inflammation, hyperanemia, oedema and effusion into the joints. This produces Osteo-arthritis. Prodromic impulses however, are relayed to the spinal cord to produce spasm of the muscle and compression of the cartilage and hence resultant osteoarthrososis.

Now [that] it is seen, the treatment is obvious, namely one of stabilizing the damaged membrane of the nerve. This can be achieved in two ways, namely:

1. Removal of excess electrons by an acupuncture needle which is very successful.
2. (a). Injection of local anaesthetic which is temporary in its action.; (b) Local anti-inflammatory action which can be obtained by injection of a small amount of depot steroid. This is semi-permanent.

Method and Demonstration

1. Assess joint with examination of degree of mobility, Crepitus and pain.
2. Palpate carefully around the joint along tracks of known superficial nerves and mark tender areas with skin pencil.
3. Raise a bleb of local anaesthetic in each marked spot.
4. Make up a mixture of 10 mls 1/2% local anaesthetic and 0.5 ml of a depot steroid. Lederspan, Depot Medrol, Aristospan or Celestone Soluspan are all suitable for the purpose.
5. Introduce the mixture, after probing with the needle for the tender spot. There is a momentary pain but the joint then takes on a numb feeling, range of movement increases, the pain goes and the crepitus is markedly less.
6. Test for normal mobility and function.
7. This can be repeated as required. The action is semi-permanent and may last for up to 5 years, but the average is about I year. [Based on 2,000 cases, the average is 10.4 months. Ed.]

The Editor, as well as others have had this treatment for the sciatica pains of Rheumatoid Disease, and the result is fabulous. A number of Foundation *cooperating physicians are now routinely using the above treatment.*

The above lecture, Part I and II, was given in Nashville, TN (US) to interested physicians along with successful demonstration. We hope to bring Dr. Pybus into the United States again, soon, for more demonstrations for interested physicians which, we predict, will be legion.

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