

BOWMAN GRAY HAS LONG AND ILLUSTRIOUS HISTORY

The Bowman-Gray School of Medicine at Wake Forest University, where the double-blind test of Clotrimazole as an anti-amoebic compound in the fight against rheumatoid disease will take place, is one of the most respect medical schools in America today.

It was founded in 1902 as a two year medical program and called simply the School of Medicine.

It became a full, four-year school in 1941, associated with North Carolina Baptist Hospital, and was renamed Bowman Gray at that time in honor of the benefactor who made the expansion possible.

It is now part of a thriving medical center and a member of the Association of American Medical Colleges. It is also on the approved list of the Council of Medical Education of the American Medical Association.

Bowman Gray currently enrolls approximately 400 men and women in the Doctor of Medicine and allied health curricula and more than 100 others in programs leading to Master of Science and Doctor of Philosophy degrees.

The Rheumatoid Disease Foundation is pleased that this illustrious institution with its extremely capable medical and scientific staff, is conducting the double-blind test of Clotrimazole.

PLEASE SHARE YOUR AWARENESS WITH OTHERS

As a Member or supporter of the Rheumatoid Disease Foundation, you are aware of the discovery of the *Limax* amoeba as the cause for most rheumatoid disease, and that such disease can now be cured or at least controlled by attacking those amoebae.

Won't you please share that knowledge with a friend or acquaintance by passing along this newsletter when you have finished with it?

Double-Blind Studies are Planned at Bowman Gray School of Medicine

The double-blind studies required by the Food and Drug Administration to establish the effectiveness and safety of anti-amoebic compounds in the treatment of rheumatoid arthritis, will be conducted at the Bowman Gray School of Medicine, Wake Forest University.

Rheumatoid Disease Foundations' President, Dr. John R.A. Simoons, has arranged with Dr. Robert Turner, Professor of Medicine and Chief of the Section on Rheumatology at Bowman Gray to conduct the test.

The drug that has been selected for the test is Clotrimazol, an anti-protozoal compound from the Imidazole family (see related article).

Under the terms of the protocol which has been developed by Dr. Turner and his staff, a selected group of patients are to participate in the test. Half the group will re-

ceive Clotrimazole and the other half will receive a placebo.

To maintain the double-blind integrity of the test, neither the patients nor the doctors will know which group receives the placebo and which receives Clotrimazole.

The two compounds have been prepared in identical form and have been coded to prevent discovery. At the conclusion of the study, when the results have been scientifically, and objectively analyzed, the code will be broken and the results made public.

As RDF Members and supporters know, the successful conduct of a double-blind study is a requirement of the FDA before anti-amoebic treatments for rheumatoid arthritis can be approved and then accepted by the American medical establishment.

Continued on page 6

N-triphenyl-methyl-imidazolium chloride (Clotrimazole)

It is especially fitting that Clotrimazole is the anti-amoebic compound selected for the double-blind test at the Bowman Gray School of Medicine. It was the first compound used by Dr. Roger Wyburn-Mason.

And, in testing several anti-protozoal compounds, Dr. Wyburn-Mason found he obtained the best results from the IMIDAZOLE compounds to which family Clotrimazole belongs.

RDF President John R.A. Simoons, working with Dr. Wyburn-Mason to determine compounds specifically effective against *Naegleria Fowlerie* amoebae, reported the following:

"The most potent Imidazole compound against *Naegleria Fowleri* 'in vitro' is Clotrimazole, followed by Tinidazole, Nimorazole, Ornidazole and Metronidazole, in this order."

And, in a report to the Foundation's Board Members and Scientific Advisory Committee, Dr. Simoons stated:

"I cannot guarantee that the proposed double-blind study with Clotrimazole will be successful and that we will confirm Wyburn-Mason's findings. But based on the successful treatment of several thousand patients suffering from active rheumatoid arthritis with anti-protozoal compounds by physicians all over the world during the past seven years, and the 'in vitro' reports of Clotrimazole against *Acanthamoebae* of two species, the Castellanni and Culbertsoni reported by Tony Chapdelaine and our own findings against *Naegleria Fowleri* in concentrations of below one microgram/ml, we believe that Clotrimazole will be effective."

EDITORIAL

Guest Editorial

(ed. note: On an ongoing basis, the Rheumatoid Disease Quarterly Report will feature guest editorials by physicians and scientists who are helping to make widespread the cure or remission of rheumatoid disease that has been made possible by Dr. Wyburn-Mason's findings.)

This issue's Guest Editorial is by Robert Bingham, M.D., chairman of The Rheumatoid Disease Foundation's Physicians and Scientists Committee.

Dr. Bingham has written a book which we recommend highly. It is aimed at people who suffer from arthritis and rheumatism and who want to fight back against it! That's also what the book is named: *Fight Back Against Arthritis*. It is available for only \$14.95.

Dr. Bingham also edits and publishes the excellent *Arthritis and Health News*, a monthly publication containing many interesting and often new facts about arthritis. (Price \$11.60 per year).

As part of an ongoing patient education and treatment program, two pamphlets are also available: *Arthritis Program*, and *Patient Nutrition*. (\$6.00 each).

Any of these excellent publications may be ordered from the Desert Arthritis Medical Clinic, 13-630 Mountain View Road, Desert Hot Springs, CA 92240.

Dr. Robert Bingham was the very first to bring information of Roger Wyburn-Mason's work to the attention of the American physician through his report in *Modern Medicine*.

Like so many of our physicians, he cares!

For those reasons and more, we are most pleased to have Dr. Bingham's involvement with *The Rheumatoid Disease Foundation* and are especially pleased to have him lead off our Guest Editorial series. His editorial is an excerpt from his new book.

There are many who now suffer, believing that there is no possible way to get any better. There are thousands who are dependent on their families for care. The majority of patients cannot afford the time and money to come to the desert area for treatment. This book will be extremely useful to patients who have not improved or recovered with other methods of care.

The Rheumatoid Disease Foundation

The Rheumatoid Disease Foundation was chartered as a non-profit, charitable organization in the State of Tennessee October 13, 1982, and received its retroactive tax exempt status from IRS March 29, 1983.

The purpose of *The Rheumatoid Disease Foundation* is:

1. To disseminate the scientific findings of Professor Roger Wyburn-Mason, that the *Limax amoeba* is the source cause of most forms of rheumatoid disease;
2. To contract with professional scientific and medical organizations for research and developmental studies related to the cure and/or remission of rheumatoid diseases;
3. To fund basic research with such professional organizations;
4. To provide free and/or contributory treatment to needy victims of rheumatoid diseases;
5. To solicit funds from the general public in support of the above programs.

The book is written for physicians who are seeking improved and alternative therapies for patients who do not respond to conventional drugs and who are fearful of the stronger medications such as gold, penicillamine and the corticosteroids.

The book will tell you how you can help yourself and how you can furnish information to your physician so that he can duplicate these results.

At the DESERT ARTHRITIS MEDICAL CLINIC we call this method the ARTHRITIS PROGRAM. The emphasis is on the *patient* more than on the *disease*. It restores the patient to good health, rather than just supplying the patient medicine to reduce symptoms without seeking and removing the *causes*, wherever possible.

One of our discoveries is that *a large number of patients suffer from more than one type of arthritis*, both osteoarthritis and osteoporosis, for example. The medicines they have been taking for the one disease may be making the other gradually worse. There is no drug which does not have side effects or complications, particularly when taken in large amounts and over a long period of time. Some patients suffer more from "iatrogenic" or "treatment produced diseases" than from their arthritis.

The ARTHRITIS PROGRAM relies heavily on what may be called *natural methods*. The human body has a remarkable ability to repair itself and to cure diseases when assisted by the patient under medical supervision. For this reason climate, natural hot mineral water baths and exercise are given such an important place in the program.

Physical therapy is essential, especially at the beginning of treatment.

Diet, vitamins and minerals are used, to correct dietary deficiencies and therapeutically to build and restore the bone and joint damage of the arthritis patient. *Some medicines are used, of course, but not for long and not in larger amounts than absolutely necessary*. One of the best signs of improvement and recovery is the ability to decrease and finally discard the use of suppressive drugs.

Maximum improvement and recovery may be a matter of months, or years, but progress is seen in two or three weeks and continues as long as the program is followed.

The Rheumatoid Disease Foundation Newsletter is a project of *The Roger Wyburn-Mason & Jack M. Blount Foundation for the Eradication of Rheumatoid Disease, Inc.*, Rt. 4, Box 137, Franklin, TN 37064, (615) 646-1030. Published quarterly for members.

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LETTERS

To: Dr. Jack M. Blount, Jr. M.D.

First, if it were not for the FDA, some progress might be made in terminal disease research.

Please send your research information to the Arthritis Research doctors at Hanneman Hospital in Philadelphia, Pa. My sister was under their treatment for over 15 years and they accomplished *absolutely* nothing in all that time.

After terrible suffering from all the drugs, aspirin and gold treatments, etc., and being a guinea pig, she finally decided to give it all up. She found a nutritionist and now takes herbs and has a good diet. For the past two years she has felt better than all the 15 years under their care. Looks like money is the name of the game. An investigation is sorely needed by Congress to put the National Health Institute, American Cancer Society and AMA on the right track and accountable to the American people for their criminal actions where disease research is concerned. Billions of dollars are poured into these organizations and the sad part is that it is the American taxpayers' hard earned money.

Good luck. If the FDA is involved I doubt you will have much progress unless your treatments are outrageously expensive. Anything simple will not be agreeable to them.

R.H.M.

P.S. I'd be interested in knowing what treatment you propose.

To: The Rheumatoid Disease Foundation

We got the information from a friend of ours in Reeves, LA, Mr. A.O. He is taking your treatment and has found relief. I would like the information sent to me so I could give it to my Dr. here in Georgetown, Texas. I would also like to know of the nearest Dr. that does use your treatment in case my Dr. won't try it, I have had to retire 8 years ago with rheumatoid arthritis of the spine. I have tried many different kinds of medicine and am now on tolmetin 400 four times a day. I am never without pain.

I have no order blank, but please send me the book, *Rheumatoid Diseases Cured at Last* and information for my Dr. Enclosed is \$15.

Thank you. C.H.F.

To: The Rheumatoid Disease Foundation

Please accept the enclosed check in the amount of \$100.00 to help in your fight against rheumatoid diseases.

This money has been contributed by the employees of the Bureau of Management of the State Division of Housing and Community Renewal.

M.J.

To: Jack M. Blount, Jr., M.D.

Thank God that you have found the cure for arthritis. Of Course, we may not forget that Dr. Roger Wyburn-Mason was the first to discover the cause and the cure. God is rewarding him for his efforts for the good of mankind.

As a senior citizen, I'd like to let you know that I have tried my best to let the good news be known. Sometimes it is encouraging, but not always. I asked the *Westside Sun Paper* to publish it, also the *San Antonio Light News*. I have given the news to different ladies, they promised to write you and send at least \$15.00. . . .

Being retired, I can't do as much as I wished to do.

Wishing you success and with God's help, C.O.S.

To: The Rheumatoid Disease Foundation

Last year I was hospitalized for 30 days (two trips to two different hospitals, admitted by two different doctors) with numerous tests, scans, and x-rays, always with the same diagnosis -- ARTHRITIS. Plans were made for a hip transplant "as soon as the pain becomes bearable."

In October 1983, I made a visit to the office of Dr. Gus Prosch, Jr., M.D. in Birmingham. In February 1983 visit to Dr. Eugene Wolcott in Lewisburg, TN, nearer home.

At the present time, I am walking with more ease, with much less pain, sleeping well, working part time, shopping whenever I like and have no plans for a hip transplant!

My first contact with The Rheumatoid Disease Foundation was through Perry Chapdelaine.

THANKS FOLKS!! Arthritis sufferers just may have a chance yet! It's working for me. L.H.

To: Jack M. Blount, Jr., M.D.

I am happy to contribute a check for \$25 for The Rheumatoid Disease Foundation. On May 9th my daughter Sandra celebrated her 27th birthday. She has now had 17 years of suffering from Rheumatoid Arthritis. It has affected every joint in her body. She has had two hip replacements. The last one was 10 years ago. Now her knees are so bad she is just about bed

She is now on time-released aspirin plus 2 Climoril a day. Stie's had stomach problems but has never been diagnosed as having ulcers. Stie's also had gold shots plus radiation on her spine. She was on Indocin for years.

She did manage to graduate from high school and graduated second in her class. She has not been able to continue any further schooling or seek employment. We have taken care of her fully. She gets physical therapy every other week since her operations.

I am getting concerned lately if she does become bed-fast if I can physically take care of her.

I have contacted Dr. H.W. and we are on a waiting list for four weeks to see him. I pray that this will be the answer for relief for her.

Thank you for listening.

Mrs. C.E.

(ed: We hope it is, too, Mrs. C.E., and it's stories like Sandra's that make us all so determined to do everything in our power to realize that goal. God bless you.)

To: Jack M. Blount, Jr., M.D.

I went to your clinic in May 1981 in Philadelphia, Miss. Your treatment was effective and I'm thankful to still be free of pain.

I would appreciate names of physicians in this area that might be giving the same treatment. I have talked to many people that are hurting-and are using strong drugs.

Thank you.

G.B.

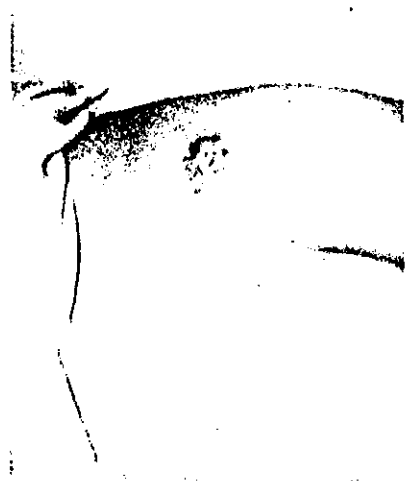


Figure 1.



Figure 2. Same patient two weeks later.

Run-Off from Anti-Amoebic Treatment

We all know that anti-amoebic drugs produce good remissions and cures in Rheumatoid Arthritis. These drugs also have a beneficial effect on other "incurable diseases" as the following case history shows.

The patient, a 64-year-old female, 47 years ago at the age of 17, began to suffer from Psoriasis and this has been present almost constantly ever since. She has received many treatments but without effect and has seen many specialists. For the last 16 years, she has also suffered from Rheumatoid Arthritis, mainly affecting the ankles and knees but also had slight deformity of her hands.

In May of this year, she presented for treatment of her arthritic condition and was given Flagyl in the prescribed dosage according to our protocol and intraneural injections for her individual joints.

Figure 1 shows a very chronic psoriatic lesion of the right buttock on May 23, 1984.

That evening, she took 2 gms of Flagyl and the following evening the second dose of the same drug. This she repeated a week later. No dressings were applied to the lesion and no other medication was given.

Figure 2 is a picture of the same buttock taken two weeks after the Flagyl was commenced.

Paul K. Pybus, M.D., F.R.C.S., D.R.C.O.G.

(Dr. Pybus is the Rheumatoid Disease Foundation's Chief Medical Advisor.)

Want To Learn More?

If you have received this newsletter from a friend and would be interested in learning more about the work of the Rheumatoid Disease Foundation, or perhaps in becoming a member, simply write or call:

**The Rheumatoid Disease
Foundation**
Rt. 4, Box 137, Franklin, TN 37064
(615) 646-1030

RDF Supporters Spread the Word

One of the things we have asked of everyone who has been helped by the Rheumatoid Disease Foundation or by Dr. Roger Wyburn-Mason's cure for rheumatoid arthritis is to help spread the word to others to help get the news out to 31 million sufferers that something can be done about this crippling, horrible disease.

That willingness to share hope with others is one of the most important contributions anyone can make to our efforts.

And apparently people are taking us literally. We continually receive letters from people who found out about the Foundation and the anti-amoebic treatment of rheumatoid disease through a seemingly impossible sequence of information sharing.

We received one letter recently, however, that is a graphic indicator of the unusual means by which word of our program is spreading.

The letter came from a woman in Hannibal, Missouri. A friend of hers who knew how much this woman suffered from arthritis, also happened to be a cook on an Ohio River tow boat.

The captain of the tow boat was telling the cook about his wife who had been treated according to the Rheumatoid Disease Foundation protocol with remarkable success.

The cook wanted to learn more and wished to contact us directly for additional information. The captain told her he didn't have the complete address with him but when their trip was ended, he'd get it for her from his home -- several days later.

The very next day, however, he came into the boat's kitchen and told the woman, "here's the information you wanted." She was surprised and asked how he had managed to get it so fast.

He told her that when the boat passed through the last lock, he learned that the lockmaster had taken his wife to Mississippi for the treatment and happened to have the address with him.

Even in the middle of the Ohio River, people are passing along the good word about the Rheumatoid Disease Foundation!

And the story has an even better ending. The woman who told us this story had

Continued on page 6

ARTHRITIS-RELATED MEDICAL TERMS

(Continued from the Fall of '84 issue)

PHAGOCYTE

A specialized white blood cell that ingests or swallows foreign particles, micro-organisms, or other cells.

PHAGOCYTOSIS

The process by which a specialized cell (a phagocyte) engulfs other cells, foreign particles, and micro-organisms.

PLASMA CELL

A cell derived from a B cell that produces and secretes antibody.

POLYARTHRITIS

Inflammation of several joints characteristic of rheumatoid arthritis.

PROLIFERATIVE

The stage in rheumatoid arthritis in which the cells of the synovium (the layer of tissue surrounding the joint) proliferate, forming the pannus that invades and destroys the joint.

PROXIMAL INTERPHALANGEAL JOINT

Located in the middle of the finger. Also called the PIP joint.

RHEUMATOID ARTHRITIS (RA)

A systemic disease most notably characterized by a chronic, inflammatory reaction in

many joints, such as the fingers, simultaneous synovial membrane. It often affects neously and is characterized by pain, limitation of movement, and deformity of the joint. Young and old alike can be afflicted.

RHEUMATOID FACTOR

An antibody that is antagonistic to another antibody (gamma globulin) and may be an indication that an "autoimmune" or exaggerated immune response is in operation. Tests for rheumatoid factor can be useful in confirming a diagnosis of rheumatoid arthritis, but are not definitive.

RID

Acronym for remission-including drug. Same as RMARD.

SAARD

Acronym for slow-acting antirheumatic drug. Same as DMARD.

SUBCHONDRAL BONE

The bone beneath the joint surface.

SUBCUTANEOUS NODULE

A nodule or bump under the skin; commonly found in 25% of all RA patients.

SYNOVIAL CAVITY

The space within a joint enclosed by the synovial membrane.

SYNOVIAL FLUID

The clear amber fluid usually present in small quantities in a joint to lubricate it.

SYNOVIAL MEMBRANE

The thin layer of tissue that lines a joint. It secretes synovial fluid into the joint space.

SYNOVITIS

Inflammation of synovium, the membrane lining the joint.

SYSTEMIC

Pertaining to the entire body rather than to one of its parts. Rheumatoid arthritis a systemic disease.

SYSTEMIC LUPUS ERYTHEMATOSUS

An inflammatory immune disease involving the skin, connective tissues, joints and internal organs. Also known as SLE.

T CELLS

A type of lymphocyte that has two functions: helps activate or turn on the cells responsible for antibody products (B cells) and also suppresses or turns off B cell antibody production once the antigen attack is over.

TENDONITIS

Inflammation of the tendons which connect the bones to the muscles and provide motive power to the joint.

Continued from page 3

To: Rheumatoid Disease Foundation

You will be surprised at the results you get both in arteriosclerosis and arthritis.

I have added the Rheumatoid Disease Foundation cure to my talks to the public about chelation. I also warn the public about how they are ripped off by most of the "disease" foundations. One exception is the Rheumatoid Disease Foundation. F.M. Logsdon, M.D., F.A.C.P.M.

(Thank you, Dr. Logsdon.)

To: Perry A. Chapelaine, Sr.

About eight weeks have passed since we met. That meeting has certainly brought about a dramatic change in my approach to treating patients with rheumatoid disease. In the meanwhile, you have probably received a letter from Mr. D in West Germany, informing you that I have started treating patients with Metronidazole (FLAGYL 400)

I started with this treatment only about 2 weeks ago, after I had finished reading the book, *Rheumatoid Diseases Cured at Last*. I am sorry now that it took me so

long to read it -- if I had only known earlier how most of my patients would respond, I would have introduced this type of treatment 6 weeks ago. I have really lost track of the number of patients that I have put on Flagyl -- all I know is that about 90% either call me up or come back after 1 week (i.e. 20 Tablets 3 times daily) and tell me of improvements in their joint pains and swelling that I have a hard time believing it. Today the first lady came describing what must have been the classic Herxheimer reaction: She took the first tablet on Friday evening and woke up on Saturday morning with nausea, severe vomiting, till she vomited bile, headache all day and rigors. The next day the joint pains became worse and for the past 2 days she is complaining less and less! Everyone is happy to get off the antirheumatoid medication (Indomethacin, Piroxicam, etc.) with their many serious side effects. The patients are extremely thankful, and I am very thankful for having met you.

Unfortunately, the drug CLOTRIMAZOLE (BAYER/ Leverkusen - the people who discovered Aspirin) is only available in Germany as sprays and ointments but not as tablets. If we import it from the States (from Miles Lab.) it costs approximately \$35 for 8 Tablets. But I will contact the Bayer people!!

Please let me know whether you are interested in getting my treatment protocol using fumaric acid (of which Psoriasis patients have too little in their body) for Psoriasis.

Enclosed you will find the completed Application Form. You may certainly list me as one of the physicians who is treating rheumatoid disease with Metronidazole. I would be very happy if you could keep me informed and possibly send me literature on the subject.

Very briefly, my curriculum vitae: I studied in Cape Town, South Africa, and qualified in 1967 with the degree M.B.Ch.B. I then returned to West Germany where I completed my Internship and started residency-training. I passed the E.C.F.M.G. examination in Cape Town already and left for the States in 1971. Did a 2 year residency at the University of Wisconsin, Madison, followed by a 1 year fellowship in Nephrology at the Milwaukee County General Hospital. I am Board-eligible. In 1971, I wrote my Doctor-thesis in West Germany on the subject "Suppression of Antibody formation with Immuran, Cyclophosphamide and Cortison in the experimental *E. coli* Pyelonephritis in the rabbit."

H.W.C., M.B.Ch.B., M.D.

PHYSICIAN AND SCIENTIST ADVISORY LIST UPDATE

The licensed physicians shown below are those who have been added to the *Rheumatoid Disease Foundation's* list of physicians who either use or are willing to use anti-amoebics in the treatment of rheumatoid disease. This list should be added to the one carried in the last previous issue of the Quarterly Report.

If a 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.

PHYSICIANS

England

Contact Kay Hitchen
2, Wylde Close, Chartwell Green
West End, Southampton, SO3 3LF
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(0703) 435-8630

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80030

Michigan

H. William Winstanley, D.O.
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625 West Fourteen Mile Rd.,
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(313) 435-8630

North Dakota

Brian E. Biggs, M.D.
718 Sixth St., SW, Minot, ND 58701
(701) 838-6011

Ohio

Heather Morgan, M.D.
Self-Health Institute, 138 South Main
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(513) 439-1797

Pennsylvania

P. Jayalashmi*, M.D.
New Life Center, 6366 Sherwood
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(215) 473-4226, 473-7453
M.J. Packovich, M.D.
215 Crooked Run Rd., North
Versailles, PA 15137
(412) 673-3900
288 Route 17 North, Upper Saddle
River, NJ 07458
(201) 825-8810

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.

If your family physician inquires of *The Rheumatoid Disease Foundation* s/he will be referred to one of the Advisory Member physicians or scientists and will be provided with a protocol for your treatment.

TX 77338
(713) 540-2329

K.R. Sampathachar*, M.D.
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Darrell Wells, M.D.
Nashville, TN

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As of November 1984

Continued from page 4

waited three months for an appointment at a medical center nearby. Then, she was told to take 16 aspirins a day, soak her hands in 140-degree paraffin then wrap in double towels for 20 minutes twice a day. She was fitted with special shoes with inside braces and told that outside braces would be added as her feet got worse.

When her friend passed our address along to her, she called to make an appointment. She expressed amazement when she was able to get an appointment in less than a week.

Let her tell the rest.

"After visiting you I had only minor pain in my shoulders from the injections. But after lunch I laid down in the back of the car and slept for a while. When I woke up NO pain anywhere. By tile time we stopped for supper my husband re-

marked how much easier I could get out of the car.

"When we arrived home the following day my daughter came to prepare supper, as she thought I'd be completely worn out. She remarked that I looked like I was in better shape than she was.

"Each day I continued to improve and people were dumfounded. To think that when I came from Columbia, I could only be up five minutes at a time.

"Before the next summer was over, I was mowing the lawn. This past fall -- 2 years since my visit to you, the ladder fell as I was trimming trees and I fractured my ankle. But there has been no problem there."

The woman concluded her story by telling us "I believe it was a God sent message that I heard about you, if not why such

a long way around. May God continue to, bless you and your work."

It's obvious that the real reason why our message reached this woman is the success of the treatment. People who have suffered in agony for years and now learn that they don't have to suffer any more quite naturally want to share their good news with others.

If word of Dr. Wyburn-Mason's cure can spread in the middle of the Ohio river, there's certainly no reason why it can't spread in every city and town in America!

Continued from page 1

The beginning of this important study at Wake Forest University, then, is perhaps the most meaningful step we have taken since Dr. Roger Wyburn-Mason first discovered this treatment -- a step that is critical to our ultimate goal of completely eradicating this horrible disease!

Rheumatoid Disease Foundation Members will be kept informed of our progress on this all important test and other developments through this Newsletter or Special Bulletins.

