



Supplement to
The Art of Getting Well
Rheumatoid Arthritis: Two Case Histories

Sources are given in references.

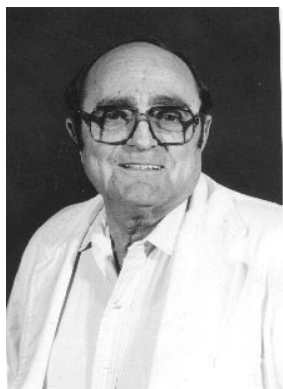
Authors of contributions/quotations are alphabetically arranged;
major author, if any, is underlined.

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Jack Blount M.D.

Dr. Jack M. Blount's "Miracle"

*Dr. Jack M. Blount's
Gift to Mankind*

Dr. Jack M. Blount's story is an emotionally gripping account of a man who has been to the very depths of hell and has come back to tell us how he escaped the fires. He tells his story simply, without any attempt to embellish, and it is told with a genuineness that makes you believe in his continued concern for your health and welfare. In this chapter Dr. Blount will tell his own story in his own words. Keep in mind that he is cured of the ravages of rheumatoid arthritis, that he has since treated better than 17,000 patients successfully, and that he freely gives of his knowledge to any who ask. He is a man who was active physically in his youth although his symptoms began as a systemic illness in his teens with muscle pain, metatarsalgia (pain in the foot), lumbago (pain in the back), intercostal (between ribs) pains, iridocyclitis (inflammation of eye), psoriasis (skin lesions) and that eventually he got pains in the joints, generalized arthritis with effusions (fluids into joints), carpal tunnel syndrome (compression of nerve in wrist), paresthesia (loss of feeling or perverted sensation), ulcerative colitis (sore or inflammation of colon), aseptic necrosis (death) of a femoral head for which a prosthesis (steel and plastic joint) was inserted, etc. He was reduced to total invalidism and took to alcohol, morphine-containing drugs,

barbiturates and was a terminal case. He had to give up his medical practice in March 1974 and had taken steroids for more than twenty years.

Dr. Blount's Story: Rheumatoid Disease is of the Entire Body

I cured myself and more than 17,000 others of an incurable illness. "Rheumatoid Arthritis." I call it a MIRACLE.

I had rheumatoid disease. Rheumatoid Arthritis is a disease of the entire body, not of just the joints although most of the pain and destruction seems to be in and around the joints. I was hopelessly ill.

In the Spring of 1974 I had developed aseptic necrosis (complete destruction) of my right hip socket and femoral head. I had to quit work (private medical practice) and take to the bed. The only thing that would help was a hip replacement with a prosthesis. The orthopedic surgeon that I went to said at first he would do the operation but then changed his mind giving the excuse that because I was only fifty-two years old at the time I was ineligible. They didn't know, yet, how much dependence to put on the procedure.

Despair

Despair set in, I could only lie in bed and stare at the ceiling. The cure of my illness was hopeless. No one knew the cause. No one knew anything useful to do for it. The usual advice was to take a lot of aspirin and learn to live with it. Pharmaceutical companies tried to improve on aspirin and gave us Butazolidin®, Indocin®, Motim®, Tolectin®, Nalfon®, Naprosyn®, Clinoril®, Meclomen®, etc. They called these "nonsteroidal anti-inflammatory" agents [NSAIDS]: all were useless except for some analgesic effect.

"Cortisone" was introduced in 1949 and was hailed for a while as the long awaited answer. It was, and still is, the quickest relief of arthritis symptoms, but it causes devastation worse than the disease. These adverse effects included hyperadrenalism (Cushing's Disease) diabetes, ulcers, weakened bone, (decalcification) etc. I took a form of this for about twenty years.

While lying in bed my arthritis became complicated by colitis, with diarrhea of sometimes up to twenty times a day, kidney stones, alcohol, and drugs. I was in and out of hospitals repeatedly. I thought I would surely die. Friends kept sending word that they were praying for me. I often thought of committing suicide. The pain and agony were unbearable. One morning after I had accumulated about forty Seconal® capsules (sleeping pills) I swallowed them all. Four have been known to kill. I didn't want to kill myself, but I couldn't endure such perpetual agony. After some hours my wife found me unconscious and on finding the empty bottle, she knew what I had done. I awoke very groggy and tied to a hospital bed. After regaining enough sense to know anything at all, I wanted to know if I had been apneic. (Had I been deprived of oxygen long enough to cause permanent brain damage?) I was assured the answer was "no". Despite such an overwhelming dose of sleeping pills I had continued to breathe adequately without supplemental oxygen or assisted breathing. This was a miracle in itself. "Somebody up There" was not ready for me.

Why Was I Saved?

Back home I kept breathing but hardly living. Why was I still here at all? I had been waiting for some earthly savior and none came. Was there some "learned University professor or researcher" somewhere who knew something to do?

The Miracle of

Professor Roger Wyburn-Mason

One day in the spring of 1976 I came across an article in *Modern Medicine*¹ entitled "Rheumatoid Disease: Has One Man Found the Cause and Cure of Rheumatoid Disease? Arthritis," written by Robert Bingham, M.D., practicing in California. Dr. Bingham, orthopedic surgeon, had heard of work done by

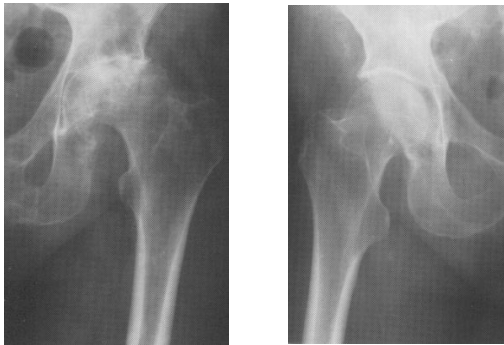
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Professor Roger Wyburn-Mason, England, and had gone to there to interview the Professor. His article told about how the English researcher, practitioner, microbiologist, had determined that the etiological agent (cause) of rheumatoid disease is actually a germ, a protozoon, an ameoba, similar to the "lettuce bug" amoeba that causes dysentery. He also reported that a chemical (in fact, several chemicals) had been found that would kill the "bug" in patients without killing the patient.

He was curing people who had the disease that was killing me. The chemical (medicine) that the Professor was using successfully was called clotrimazole³.

That's wonderful, but how could I get some for myself? It was not and still is not on the market anywhere in the world for systemic use. [For a source, contact a compounding pharmacist.]

Finally, in the Spring of 1976, my orthopedic surgeon decided to operate. They removed the upper part of the right femur with the femoral head and reamed out the acetabulum (socket). The socket was filled in with plastic to make a new one and the bone was replaced with a "comma-shaped" steel rod with the pointed end inserted down into the marrow, distally, of the remaining femur.



Jack M. Blount, M.D. hip x-rays for joint replacement

Now, I thought I would recover. But recovery was terrible. I still needed my pain medicine and booze. My brother became disgusted with me and had me sent to an alcoholic ward and "detox" center at the State Hospital. After a month there I was off everything addicting except my daily early morning "Cortisone." I still had my rheumatoid disease -- my germs, the amoeba. I still had to rid my body of them. The operation seemed to give them new life.

Somehow, I remembered that clotrimazole is the active ingredient in a preparation used to treat yeast and fungus infections of the skin but it was just one part clotrimazole plus ninety-nine parts propylene glycol, car antifreeze -- Prestone[®]. This is poisonous to man if taken internally.

I decided to telephone Delbay, the company that puts the mixture together, and see if I could get clotrimazole that hadn't been mixed. The answer was "no". They were afraid of the U.S. Food and Drug Administration.

Failing with that endeavor I started wondering if there might be something else almost the same that would work. I looked at the word 'clotrimazole' and focused on the 'azole'. I looked that up in the medical dictionary and found that the parent of this is 'imidazole'. Somehow I remembered that I had heard that word somewhere before. I kept repeating it. Then I remembered that this is the chemical name of the medicine metronidazole, or Flagyl[®]. I compared the formulas of the two and they looked close enough alike that I thought it was worth a trial. We [Americans] had had Flagyl[®] since 1962 and used it to cure amebiasis (intestinal) and vaginal trichomonas infections. It was known to be able to kill both

of these protozoa. I decided to try it. Later I pulled out a drawer in my bath room and there was a bottle of one hundred Flagyl[®] tablets. A MIRACLE! God had put the answer to my illness that close to me.

How should I take it? I realized that the small dosages that were recommended for trichomonas and intestinal amebiasis would not do any good. If it would have, someone would have discovered it accidentally. I checked the medical text books and saw that it had been given in doses as high as three tablets, 250 mgm, three times daily. That is the amount I started to take.

I Experiment On Myself

I didn't know how long to continue taking it. I didn't know if it would kill me. I realized I didn't have much to lose; therefore I took all I had which lasted eleven days. On the morning of the eleventh day, I got nauseated while brushing my teeth -- and emptied my stomach. Then I knew I couldn't take anymore even if I had had more readily available, so I stopped. [This early experimental dosage is not recommended. See The Rheumatoid Disease Foundation protocol for correct dosages by body weight¹⁷. Ed.]

But during these eleven days a miracle had begun to happen. My arthritis started getting better. I awoke in the middle of the night and realized that the soreness, stiffness, and swelling had started subsiding. I looked at my hands which had been so bad and now were so much better. I couldn't hold back the tears. I started praying and thanking God.

After that I didn't know how much was enough. I knew that I was still sick. I still had sweats and felt cold. I was bound to still have the infection. After two weeks I decided that I needed more. I restarted taking three 250 mgm tablets three times a day. I took it for eleven days more and on the eleventh day I got nauseated again. But, I was surely improving by the day. I decided to continue this pattern.

More Successful Patients

I decided to find out if some of my former arthritis patients were brave enough to try it.

I telephoned them and invited several of them to my home, one at a time. To each I explained what it was all about. Every single one was eager to try it, nothing else had ever helped. Why not? During the Summer of 1977 about thirty of them were treated and most of them had the same good experience that I had. Some got nauseated from the start and decided to quit.

Among the thirty was a Reverend Ethel Beall. Brother Beall not only had arthritis, but had lost a leg due to an automobile accident. The bone in the stump of the leg had gotten infected and drained constantly and was always painful. During this treatment period with Flagyl[®] his arthritis got better and his leg got well and stopped hurting. (Several months later he died suddenly of embolus [blood clot] while recovering from a prostate operation).

Well Again!

After 8 months I was able to return to my private medical practice on a limited basis. I had been out three and one-half years. On September 1st 1977, I was back in the office seeing patients by appointments. [Dr. Blount is now retired: 2000, Ed.]

I decided to write Professor Roger Wyburn-Mason in England and tell him of my experiences. I owed him my life. He answered immediately and said that he had decided to include my case in a book he was writing. *The Causation of Rheumatoid Disease and Many Human Cancers -- A new Concept in Medicine*. My story appears on page 205 in the book¹.

We continue[d] to correspond and I visited with him during the Summer of 1978. He told me that he tried metronidazole at one time and it didn't work. His dosage was not adequate; he had tried giving only 250 mgm three times daily. However, later he gave 750 mgm three times daily and it did work about equally as well as clotrimazole.

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He found other nitroimidazoles that would do the job, also. [This dosage is not recommended. See The Rheumatoid Disease Foundation protocol for correct dosages by body weight¹⁷. Ed.]

Lately he has found three commonly used medications that are amoebicidal when used in high doses: furazolidone, allopurinol and rifampicin. [There are also others¹⁷. Ed.]

His experiments proved that Flagyl® and the other nitroimidazoles are excreted slowly from the body and it is not necessary to give them on a daily basis. After giving a loading dose for two days there is an effective blood level (for killing the amoebae) for several days more. During the past six years I have treated more than 16,000 arthritic people with very gratifying results. Some are cured of the disease while in others it has been arrested. People are now coming from all over to share in the miracle.

Professor Roger Wyburn-Mason should be nominated for the Nobel Prize in medicine.

Prayer for the Entire World

I pray that the entire world will soon know and people everywhere can receive the same relief that I have. What a joy I know now!

I thank God!

This information is free to whomever will take and use it. I need no wealth and seek no fame.

Important Note

William Renforth, M.D. (Connersville, IN, USA) deserves respectful praise for research of nitroimidazoles prior to 1977, distributing information and pioneering in the use of metronidazole for treatment of Rheumatoid Disease. Dr. Archimedes Concon, (Memphis, TN, following a non-amoebic theory, also effectively used metronidazole for Rheumatoid Diseases prior to 1976⁴.

Professor Roger Wyburn-Mason died June 16, 1983. As of 1994, Jack M. Blount, M.D. is still free from Rheumatoid Arthritis and, after restoring a limited private medical practice, retired in 2000..



Anthony di Fabio (Pen-name for Perry A. Chapdelaine, Sr.)

Anthony di Fabio is Also Cured

The Beginning of Arthritis

In 1978 the author, at age 53, began suffering from the first pangs of rheumatoid arthritis, although at the time it was passed off as simply unimportant, transitory pains in toes and fingers and groin of unknown origin.

By choice the author slept on a hard, cotton-pad, but slowly shoulder pains became so great that foam padding had to be overlaid.

Later visits to medical specialists brought out that the pains

were from “degenerative arthritis.” This diagnosis was confirmed by medical doctors at the Veteran’s Administration Hospital.

Fatigue and Depression

During the following year the author began experiencing a kind of fatigue that sapped strength and made for a hopeless despair at times which was never part of his former life. Considering the fact that the author had normally worked more than one job or position, had stayed busy seven days a week writing or teaching, or working about the yard and house, and now he has listless and suffering periodic bouts of almost complete apathy, it became clear early that something more serious was wrong. During one of these severe periods, when apathy was deepest, a misunderstanding with spouse triggered off a divorce after thirty years of marriage and ten children.

Since there seemed to be a medically defined distinction between rheumatoid arthritis and degenerative arthritis, and the writer was told (wrongly) that the former required considerable more rest and the second required active exercise of a moderate nature, this writer undertook to begin learning to play the piano and to also dance.

There’s little question that the various physical exercises kept joints fluid, although painfully so at times, but the greatest puzzle was in the fact that within two years of the initial diagnosis of “degenerative” arthritis, the small finger on the right hand began to turn sidewise, and a typical rheumatoid arthritis and hard nodule had begun to form at this joint. [Roger Wyburn-Mason considered that all forms of arthritis should be rested, as joint activity increases inflammation and pain and prevents healing.]

Pains Increase

Pains continued to increase at various joints, and finally, about three years into the disease, the hands began to flush red and hot and to swell, especially on arising early mornings. A great number of like symptoms lasted throughout the day.

It became almost impossible to type on the author’s regular manual typewriter, because of pain kick-back to the joints.

Now the little finger on the left hand began to twist also, and all the joints at the hands began to almost glow a fiery red.

The author was having difficulty opening ordinary bottles; catchup, pickle jars, soft drink; and the problem of opening small sacks of peanuts became a procedure of first cutting the celluloid wrappings with a knife, instead of gripping and tearing with fingers.

Lifting pots and pans became an exceedingly painful chore.

Changing a tire without help was excruciatingly difficult.

His children could not understand why the author’s habits had changed so drastically. Once there was nothing he would ask them to do in the way of farm or house maintenance that he himself, would not chip in to do.

Hopelessness extended from self to family to friends, and finally even to passing acquaintances who could instinctively sense the unhappiness carried about by this rapidly aging man.

How could one make fast friends when daily his body was changing, and daily one became weaker and much more ineffective with everything touched?

How could long-range commitments be kept, or strong personal relations be acknowledged? How fair is it to impose on those you love such burdens: future helplessness and twisted grotesqueness?

The author was sufficiently imaginative to know where it would end, and frankly did not want to burden anyone with what was coming. He would rather be dead than crippled and helpless and apathetic and sapping the youth and vitality of his children.

Still, the author, having had an extensive scientific background (mathematics, chemistry, physics, psychology) and also a very wide-ranging background in many different disciplines,

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started searching through technical literature (just as did Dr. Blount) and talking to people. Only by fortuitous accident did he come to be helped by Dr. Jack M. Blount, and it came about through this series of connections:

The Discovery

A daughter-in-law knew of the author's terrible pains and his search in the literature. She mentioned the author's search to parents. They had a friend who'd been to Dr. Blount and had been cured. They suggested to her that her father-in-law write to Dr. Blount.

Like so many others in like predicament, the author sent out the letter, not with great anticipation -- frankly he thought he'd be fluffed off to his family doctor -- but because by now (as those with the same condition know) one cannot afford to overlook anything.

Lo! A most amazing answer came back, consisting of three pages, that described Dr. Blount's own search and cure, as told in the preceding, and in that correspondence was embedded the name and amount of the drug necessary to produce the cure -- at no expense to the author

The Cure

The author tried Dr. Blount's treatment, which lasted six weeks. Here's what happened:

- After two weeks the puffiness and redness of fingers disappeared for the first time in a half year.
- After four weeks the pain, depression and fatigue ended.
- After seven weeks the redness of finger joints nearly disappeared.
- After seven weeks the author's attitude toward life and people changed remarkably, and again he feels like life is worth the effort, and so are people and personal relations.

There are still problems. The twisted little fingers are still distorted, and they still hurt when used. Damaged joints may never heal, but where capillaries exist, over time, healing may again proceed faster than self-destruction. There is some redness of the other finger joints from time to time, especially when used for long periods at the typewriter. There is still some pain of other joints here and there. Dr. Blount says that experience shows most of these residual pains will settle out in time.

But, the author can daily turn more bottle tops, and lift heavier loads, and wrestle playfully with another without screaming bloody murder!

And best of all extreme apathy is gone, as is middle-of-day fatigue!

Can there be a better gift from one human to another, than this, that health and happiness is restored, and at no cost, except that of minor medicines?

Need the author state: I love Dr. Jack Blount and Professor Roger Wyburn-Mason, the first for courage, fortitude and charity, the second for wisdom, persistence and intelligence!

What has happened to

Anthony di Fabio since the above was written?

A 57 year old male (written in 1994 at age 69), with stress from his job, marriage, and finances, developed progressively increasing symptoms of heated and swollen joints. He was filled with pain, lethargy and depression, and he often woke up nights finding his bed soaked with sweat. He was told by his family doctor that he had Rheumatoid Arthritis, that he would be crippled soon, and there was no hope, other than the temporary easing of pain and other symptoms by means of Non-Steroidal Anti-inflammatory drugs (NSAIDS); and later, as the disease progressed, use of cortisone,

gold shots and then methotrexate. (Rheumatologists now seem to reverse this progression, starting first with damaging methotrexate.)

The idea of being crippled was perhaps the greater fear, and even deeper lethargy and depression set in.

Intuitively this patient knew that he had to relieve stress, and he took necessary steps to do so. There was also a sufficient spark of hope in this patient to continue to search for alternatives, and at last, after trying various home-folk remedies proffered by one friend or another, he found the treatment recommended by Roger Wyburn-Mason, M.D., Ph.D. and Jack M. Blount, M.D. Dr. Blount, himself a victim of crippling Rheumatoid Arthritis for many years, sympathetically taught this patient what to do, and which prescription medicines to take. Dr. Blount wrote prescriptions for metronidazole and allopurinol which the patient took, although his family doctor felt it would be safe but useless.

Within three days a severe Herxheimer effect⁵ occurred and, had the patient not been strongly warned of these consequences of taking his prescription medicines, he would have assumed that his Rheumatoid Arthritis was now flaring up in an extreme manner. More joints than before began aching excruciatingly, night sweats increased in severity, joints became more swollen and heated, and lethargy and depression had reached what he described as "the pits."

The Herxheimer effect tapered off during the next six weeks. It became clear to this patient that all the key characteristics of Rheumatoid Arthritis were gone: pyrexia (heat), edema (swelling), lethargy and depression, night sweats and an increasing number of painful joints.

There had been a great deal of damage to this patient during the period while Rheumatoid Disease was progressing, and so various joints still held pain. Dr. Paul Pybus, developer of Intra-Neural Injections⁶ visited America from Africa and between Dr. Pybus and Gus J. Prosch, Jr., M.D. (who learned, further developed, and taught Pybus' technique), the patient began receiving intra-neurals every three to four months. The doctor would palpate -- touch with his finger -- key nerve ganglia near the surface of the skin. As these nerve ganglia led to joints with pain, whenever one was found with disturbed cellular nerve cell membranes, the doctors would mark the spots, and later inject them with a combination of Depot Medrol and a very dilute solution of Triamcinolone Hexacetonide, a pain killer and cellular membrane stabilizer. This combination of medicines, acting locally, not systemically, caused the pain in the joints to disappear immediately. Pybus's past evidence showed that such relief lasted anywhere from three months on up to five years. Over a period of two years, treatments taken three to six months apart, the patient observed that there were increasingly less painful nerve ganglia, and that the beneficial effects of the treatments lasted longer each time taken.

Also, every three to six months the patient had to repeat the prescription medicines, each time going through the Herxheimer effect, but not in the severe form first encountered, each Herxheimer lasting but a night, or at most, two nights.

After two years the patient at last heeded Dr. Gus Prosch's⁷ (and other physicians) advice to pay attention to diet and vitamin and mineral supplements, including avoiding the wrong kind of fats and oils, and consuming the correct kind of essential fatty acids. He convinced himself to change his life-style based on the saliva litmus test designed by Carl Reiche, M.D., finding that his saliva invariably gave an extremely pale color indicating extreme acidic condition.

It was difficult for this patient to change his life style, as 59 years (by now) of education in faulty nutritional advice had led him to live on fast food hamburgers, candy bars and pop, canned goods, margarine and so on. As an experiment he studied the use of mega-dosages of vitamins and minerals, and grudgingly started eating

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fresh fruits, vegetables, whole grains and fresh-water fish. He also changed his cooking oils to that of Virgin Olive Oil, used butter rather than margarine, supplemented with a quality grade of Flaxseed Oil, and ate more nuts, such as walnuts, all according to Gus J. Prosch, M.D.'s advice.

While it took time to observe a difference, it eventually became clear that he no longer needed the intra-neural injections.

While the struggle to change diet continued, this same patient still suffered from extreme tiredness and claudication in the legs, a pronounced symptom of pain and cramping on lying down. He learned of EDTA Chelation Therapy⁸, and also DMSO Intravenous (IV) Therapy⁹, taking more than eighty-eight of the former and nine of the latter. It is clear from loss of specific symptoms and ease of exercise that this patient benefited greatly from these intravenous (IV) treatments.

The same patient tried oral Hydrogen Peroxide¹⁰ treatment, but could not tolerate the oral administration which produced in him extreme nausea.

He also learned that all Rheumatoid Disease victims suffer from Candidiasis by reason of having had a weakened immunological system, and so he sought advice and treatment against these organisms of opportunity, also learning to supplement with *Lactobacillus acidophilus* and *Bifido bacterium*¹¹, along with other vitamin, mineral and essential fatty acid supplements¹².

He found himself impotent, and after several trials and studies he twice injected bis-beta carboxyethyl germanium sesquioxide, Ge₁₃₂, which solved the impotency problem¹³.

He successfully used the "pure water five-day diet" solving some difficult problems by permitting the body to detoxify in that manner, while also learning to which foods he was especially allergic.

Damage done to his body had resulted in extreme pain in the neck and shoulder which normally would have required spinal fusions. Fortunately, this same patient, being wise enough to search out additional alternatives, discovered reconstructive therapy (sclerothrapy or proliferative therapy)¹⁴ through William J. Faber, D.O. Dr. Faber referred him to James O. Carlson, D.O., who specializes in non-surgical sports medicine. Over the period of twelve months, one treatment per month, Dr. Carlson helped the patient restore his body's structure, pain-free. It should not have taken more than three to six months, but his basal metabolism was low. This he learned by the use of the Broda O. Barnes', M.D. armpit temperature measurement technique, and is now on thyroid replacement therapy additionally. As use of reconstructive therapy depends on the body's ability to repair itself, the basal metabolism must be functioning effectively for rapid success after treatment¹⁵.

He completed a series of Rolffing massages, restoring his structural integrity, and which also reduced a great deal of pain in the left leg, leaving tendonitis from instability aggravated by fast (swing; jitterbug) dancing, which he still does, at age of 69, three or four times per week.

For a period he suffered from active gout, and took for several years ColbenamidTM (probenecid and colchicine) and allopurinol. How it finally resolved itself is unknown¹⁶.

He tried Life Crystals (dna/rna/glucose) and Chondrianas (alleged precursors to mitochondria with ability to restore organs) as described by the Life Crystal Company, to no good effect, learning that there were no Chondrianas in the substances received, but rather dangerous gram-negative bacteria.

He received live-cell therapy from Lester Winter, Ph.D. and found some improvement in a skin condition and in hypoglycemia.

From Susana Alcazar Leyva, M.D. he receives injections of a form of thiamine (cocarboxylase) and nicotinamide dinucleotide

plus adenine. These self-administered shots, now taken twice weekly, have greatly improved energy through, presumably, improvement of metabolic activity.

His tendonitis problem has been intransigent for more than four years, and calcium spurs are beginning to interfere with his ability to type. He's therefore exploring new means to solve these two problems. He's now exploring the usage of DHEA, as a replacement hormone, because of his age. He's delighted with the effects of this safe, replacement hormone, finding a great deal more energy. He will undoubtedly try additional treatments for the remainder of his life, chiefly to improve the quality of his remaining years.

Despite bothersome Osteoarthritis and calcium spurs -- for which he's searching for answers -- the patient reports a renewed lease of life -- at least his quality of life -- and wants everyone to know what he's accomplished. He also wants folks to know that he's still got other problems stemming from prior damage done by the raging disease process, and also aging problems, accompanied with some long time mold and house-dust allergy problems. Nonetheless he follows the advice, to search out means for solving, not just alleviating, the symptoms⁶⁵. He will probably investigate one thing or another until the day his whole system finally gives out, probably like the one-hoss shay, all at once.

One thing is clear: Rheumatoid Disease is a great crippler unless the individual is willing to search out and to use treatment modalities that are not otherwise accepted by the established medical doctrine; and further, that the patient be willing to take personal responsibility for his/her own recovery, not despairing because one doctor or one form of treatment is not successful, but rather going on to find the one suited to one's own unique condition.

Anthony di Fabio has tried many other alternative/complementary therapies since 1994, and has solved additional problems resulting from the damage of arthritis as well as from aging problems. As of this writing (2002), at age 77, he is still functioning at a level that provides a genuine pleasure in living.

The above case history is presented to demonstrate what can be done if you're determined to get well, and to improve the quality of your livingess.

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For all those paragraphs not footnoted, see other publications of The Rheumatoid Disease Foundation.