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This article to be read in conjunction with *Arthritis: Osteoarthritis and Rheumatoid Disease Including Rheumatoid Arthritis* by Anthony di Fabio and Gus J. Prosch, Jr., M.D.

Ankylosing Spondylitis

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The Roger Wyburn-Mason and Jack M. Blount Foundation
for the Eradication of Rheumatoid Disease

AKA The Arthritis Trust of America®

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The Case of Thomas Benson

Through an endless progression of tests and treatments, physicians and clinics, Thomas Benson was delighted with his recovery, saying, "After suffering for seven years with a debilitating, supposedly incurable, auto-immune disease called Ankylosing Spondylitis, I've found out how to defeat it. I'm cured at last!"

"My illness began early in 1979, although I suspect that the minor vasectomy operation I had in 1970 began the alteration of my immune system, and also the beginning of my health's downslide.

"Early in 1979 I began getting severe arthritic-like pains in various parts of my body. It might be behind a shoulder blade for several days, then move to my neck, to a hip or to the small of my back, or -- worst of all -- to my ribs.

"The nutritionist I sought help from could not alleviate the problem, and after hundreds of dollars in tests, my traditional (allopathic) physicians seemed to be baffled. This doctor told me I was simply under stress, and it would take between 30 to 40 massages to solve my problem. Between the excruciatingly painful and expensive massages and vitamin B₁₂ shots, I soon lost patience.

"The next healer specialized in holistic medicine. His clinic did not have fluorescent lights, considered harmful, no perfumes were permitted because of possible patient allergies, and the bill before I even started tests was humongous. This doctor went up and down a lot of blind alleys, constantly coming back to the fact that my hair analysis showed that I was suffering from excessive aluminum. I couldn't believe this, as I was always careful to cook in enamelware, and also I did not drink from canned soft drinks.

"Some years earlier I'd had some of my thyroid gland removed with radioactive iodine at a time when I was told that I was secreting too much thyroid. Of course, they got the dosage wrong, and killed off too much tissue, which was the reason I was on thyroid replacement therapy. The only thing I learned was that if I stopped taking my thyroid supplements, arthritic-like pains began. (See "Thyroid Hormone Therapy: Cutting the Gordian Knot," <http://www.arthritis-trust.org>.)

"After much thrashing about with this new doctor, some of my friends suggested I see an endocrinologist. The doctor prodded and poked, x-rayed and tested for more than an hour.

"I arrived at the next appointment one week later expecting to find out what was wrong with me. Alas! It was not to be! All I got from this endocrinologist, after thousands of dollars, was gobblegook: double-talk. He was so slippery it was impossible to pin him down. I wouldn't have minded if he'd said, 'I really don't know what's wrong with you,' but instead, he wanted me to talk to his partner next week. His partner was a rheumatologist and probably could have given me an instant correct diagnosis, but the endocrinologist did not tell me this, and, as I was boiling mad by this

time, I didn't return for another appointment.

"I'd already read all the books about the famous Edgar Cayce, and, being impressed, I went to a psychic. She also suggested that my problems were a result of business stresses, and she referred me to a psychiatrist, a man who worked with color wheels, and who could, presumably, determine my emotional state from an analysis of these wheels. (See "Stress," <http://www.arthritis-trust.org>.)

"The psychiatrist made up music tapes for my meditation, and I believe I blew another thousand dollars.

"In January somehow I blundered into a rheumatologist's office and received the diagnosis that I suffered from arthritis, and I was pronounced as incurable. Two years of agony, and two years of shifting from one 'expert' to another, and now I was incurable?"

"One day I became acquainted with a lady whose husband was (unknown to me) a rheumatologist. As I was impressed with reports of his honesty, I visited his office, and he described for me a number of my symptoms, including some I didn't know I had, especially pain located at key points. He obviously knew my disease well. When I left his office I had mixed emotions: almost joy that I finally knew I had Ankylosing Spondylitis, and extreme sorrow, that I was 'incurable.'

"In my case the calcium deposits itself in the spine, and the spine slowly fuses, and bends to the left and forward, a scoliosis. I was originally 6'2" tall and was now about 5'7". That's not the worst part. All the nerves of the body pass through the spine. Calcium deposits press on nerves causing severe joint and muscle pains throughout the body. The imbalance caused by bending forward and sideways also causes special muscular strain and tension. Gradually you lose neck movement, which makes it difficult when you come to a stop sign while driving. Soon you find yourself discovering stray coins, as your gaze is constantly at floor level. (See "Tendinitis and Tenosynovitis," and "Sclerotherapy, Proliferative Therapy, Reconstructive Therapy: Treatment of First Choice for Osteoarthritis and for Other Arthritic-like Pain," <http://www.arthritis-trust.org>.)

"Since the nature of my disease was 'migratory' I never knew what part of my body would hurt and be very sensitive to touch. One becomes 'untouchable.' You can imagine what this can do to a relationship or even with just your friends!

"One day the wife of a friend wanted to give me a hug and a kiss, saying goodbye. She pulled me down to her level. I screamed loudly and half scared her to death

"The disease is also a debilitating one. It saps your energy so that you barely get by at work, and in the evening you'll fall asleep at the TV, and you find yourself staying at home nights more frequently, because the disease affects you nocturnally, when you're all achy and sore so that you hardly feel sociable.

"It was emotionally devastating to me to go from a tall, lean, tennis-playing athlete to a bent, shriveled man looking many years older than my actual age.

"I later learned that the tendency for this disease is genetic, as my mother's brother, my uncle, had had it, although he was wrongly diagnosed as having Osteoarthritis. It also seems to be more prevalent among women than among men, and it usually starts in the late teens, with exceptions. I was 48 years-of-age when mine became apparent.

"I was still angry with all the physicians who'd taken my money, and couldn't put a finger on what was wrong with me, when I visited the rheumatologist who'd named my disease. He put me on a non-steroidal anti-inflammatory drug, Clinoril®. I was also supposed to take a muscle relaxant, but it gave me a "martini buzz," and so I refused to take it very long. I couldn't function with two martinis in me all day.

"After taking Clinoril for a solid year, I noticed I was barely dragging around, and I was having stomach pains and indigestion. Another physician discovered that I was anemic, and discovered that the side effects of the drug I'd been taking were ulcers and anemia, etc., and so I cut the dosage in half for several weeks, and

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then cut it in half again and then stopped it completely, also taking iron pills, which brought my energy back. So did some of my soreness and aches and pains, but that still seemed better than anemia and ulcers!

"I vaguely remembered reading a book by Norman Cousins, *Anatomy of Illness*. Cousins claimed to have been cured of Ankylosing Spondylitis, using intravenous vitamin C and laughter. My rheumatologist told me it was b--s--, saying 'I don't believe he really had Ankylosing Spondylitis, and I don't believe you can cure it that way.' My rheumatologist refused to treat me in the same manner as Cousins, but I found a doctor willing to treat me with intravenous vitamin C. (See "Vitamin C: The Great Missing Vitamin," <http://www.arthritis-trust.org>.)

"For me, the intravenous vitamin C was palliative, lasting only a few days with each treatment, although I did get a lot of comedies to watch.

"The same doctor who was willing to give me vitamin C also gave me a blood test for food allergies, and that set me thinking in a different direction. There were foods I could avoid, and when I didn't avoid them, my sickness flared up. (See "Allergies and Biodetoxification for the Arthritic," <http://www.arthritis-trust.org>.)

"Next I tried macrobiotics, but, of all things I tried, this one seemed to me the most dangerous. Perhaps I yinned when I should have yanged. I attended cooking schools religiously, and, although I ate plenty of food and plenty of protein, my body began to evaporate. Within four or five months I'd dropped from 175 pounds to 145 pounds. I looked like death warmed over, my right shoulder froze, and I couldn't lift my arm to comb my hair. By analyzing the whites in my eyes, my guru assured me I was allright.

"Later, I went to a macrobiotic convention where I talked to the grand pooh-bah, a Japanese gentleman who, I feel, didn't have the faintest idea what Ankylosing Spondylitis was. When I left the convention, my first thought was to find a good hamburger or some chicken. (See "Proper Nutrition for Rheumatoid Arthritis," <http://www.arthritis-trust.org>.)

"It took several years to undo the loss-of-weight problem. I'd found a deep muscle therapist who put me through a torture routine. I was always hoarse from yelling at the end of the massage session, but it did work and I was able to use my shoulder again. I still use his services.

"I joined a group called the Schizophrenia Association. They believe that psychoses are often caused by endocrine, immunological, nutritional, cerebral allergy and other bodily dysfunctions, and they were against all of the drugs used by conventional psychiatry. There I learned about yeast infections, *Candida albicans*, chelation therapy, environmental ecology, and so on. Many of their papers were helpful. (See "Chelation Therapy," "Environmental and Psychiatric Pollution," and *Our Toxic World: Who's Looking After Our Kids?* <http://www.arthritis-trust.org>.)

"I considered trying allergy treatments, live cell therapy, and psychic phenomena, but I ended up with a psychic who recommended I see a chiropractor, which I did.

"Using the method of kinesiology, testing the strength and balance of opposing muscles, he deduced the kind of vitamins and minerals to take along with some other medicines. I got so sick from trying them, that I didn't plan to go back to him. As I also discovered that the chiropractor was treasurer of the psychic's foundation, I never went back to either of them.

"I tried homeopathy with another physician, who failed to explain to me that I'd get worse before I got better. I quit him, although he probably -- on looking back -- was sincere and a good man. (See "Homeopathy for Arthritics: Western Medicine or Homeopathy -- Which One is Real Science?," <http://www.arthritis-trust.org>.)

"My therapist suggested using colonics, as I was probably harboring toxins in my colon. At first I tried psyllium husks, then I decided to go to a clinic for enemas. They actually pump water in and out of your colon with a pipe. It's not dignified or comfortable,

but it's amazing all the stuff they get out of you.

"I found no benefits after some 20 irrigations. I thought I felt better, but only marginally so. [Ozone colonics, and other forms of enemas can be performed at home with some training. See *Tissue Cleansing Through Bowel Management*, <http://www.arthritis-trust.org>.]

"As the same clinic promoted iridology, they took a photo of my eye, and studied an enlargement, informing me that my colon was in bad shape. They weren't terribly expensive compared to other physicians I'd been to, but the cost/benefit ratio seemed rather small.

"Next I began allergy desensitization shots at a clinical ecology center, getting shots for pollens, foods, animal dander, petroleum fumes and so on. The shot they put into my left arm was -- after a day -- extremely painful, so that my arm now dangled by its side and it took a week before I could use the arm normally again. Unfortunately, as my allergic rhinitis got better my Ankylosing Spondylitis got worse. I ached so badly that I walked like I was 80 years-old. I decided that I preferred my runny nose to the Ankylosing Spondylitis.

"The same doctor suggested that I try a five day pure water fast, and then a food challenge test eating only one unmingled food at a time. I found I had severe Ankylosing Spondylitis after eating salmon steak, tuna, flounder and beef. Everything else I ate was no problem, even fresh water fish was no problem. After much consideration, I decided I must be sensitive to the mercury residues in the sea food, although I didn't know what could be in the beef. These thoughts brought me to thinking also about the many mercury amalgams in my teeth, and a dentist after tests told me I was definitely sensitive to mercury. On getting additional opinions -- skin patch test for mercury, voltage/current tests on mercury fillings, urine mercury tests and blood mercury tests -- all of them turned out negative. [See "Root Canal Cover-Up: Conceals Many Side Effects," *It's All In Your Head* and *Root Canal Coverup*, <http://www.arthritis-trust.org>.]

"I tried EDTA (Ethylene Diamine Tetracetic Acid) chelation therapy as a means of getting potential mercury from my system. After the end of 12 chelations my creatinine clearance test -- an index for renal function -- went up from 35 to 140, well within the normal range. I was able to last longer through sleep at night without arising to urinate. I used to get up 3 or 4 times a night. When I'd complained to the doctor who'd done my vasectomy, he explained that I had a small bladder, which didn't explain how come it was small after the vasectomy, but not before. The doctor who administered these intravenous chelations told me that I'd had mercury poisoning impairing my kidneys. (EDTA will not remove mercury, but other types of chelators will. See "Chelation Therapy," <http://www.arthritis-trust.org>. Ed.)

"I decided to set up a support group, and when I contacted the Arthritis Foundation, I was told they'd cooperate provided we did not advocate any treatments not approved by them. I politely told her where she could get off. If somebody in the group was helped by copper bracelets, I wanted to hear about it. When word went out about this incident, a local rheumatologist called to apologize, but I still didn't feel good about the Arthritis Foundation.

"By now I was using homeopathic remedies, and while they didn't cure me, I felt better, and had been off of anti-inflammatory drugs for three years now.

"One man in our group had dry eyes and glaucoma, and when I had my eyes checked without finding a sign, I realized that the difference was that he was on anti-inflammatories, and I was not.

"I finally got to realize that a great many people treasure their disease. It got them lots of attention from their spouses, gave them a chance to complain and whine, and enabled some to retire early on disability from their jobs. I simply couldn't stay in the support group I'd founded, because I couldn't stand their negative attitudes.

"As a brief aside, travel was torture for me, as I've had to sleep in a reclining chair for years. Pain from a regular bed would awaken

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me all night, and even a water bed proved worse. I traveled to Florida where another homeopathic physician helped raise my energy level, and sense of well-being. I still had aches and pains, but never attacks as severe as before seeing this man. I flew to Florida to see this physician each month for seven months. Unfortunately medical authorities closed him down for 'practicing medicine without a license.'

"I tried electronic acupuncture, which didn't seem to work on me, and so I decided to try regular acupuncture, a Vietnamese woman, but always felt worse afterwards.

"After walking my dog daily, I'd jump into a hot shower, as hot as I could stand it. It loosened me up for the day, and so I got to thinking about using a hot tub, bought one, and soaked hot all the way up to my neck. I soaked religiously in it every night for as long as I could stand it, at 108° Fahrenheit. [Another form of detoxification, especially when combined with substances that stimulate toxin removal through pores.]

"I noticed that my spine didn't seem to be as painful to touch, and also seemed less inflamed, my digestion improved, and my stress quotient, too. I suddenly gained 10 pounds, my face got fuller and all my friends commented on the improvement of my appearance and well being. However, I hadn't gotten rid of the aches and pains, although they were somewhat diminished.

"Someone suggested I try a special aspirin coated to get through my stomach before dissolving. With this, I could almost forget my aches. This was the closest to well-being I'd been in years.

"Robert Cathcart, III M.D. -- an orthopedic surgeon in Los Altos, California, and a physician who has extended Dr. Linus Pauling's considerations on the use of vitamin C into a clinical setting -- suggested that I take manganese supplements which would assist the way my body was using vitamin C. He also suggested other changes, including the use of kelp tablets, and these suggestions helped me to get rid of the daily use of aspirin. I still had aches, but they were so slight I didn't need the aspirin at all.

"The most important thing, however, is that Dr. Cathcart told me about The Arthritis Trust of America/The Rheumatoid Disease Foundation, and to order one of their books, *Rheumatoid Diseases Cured at Last*, [Available at <http://www.arthritis-trust.org>, only: Ed.] which I did. [Also see "Vitamin C: How to Use the Great Missing Vitamin" *The Art of Getting Well, Little Known Arthritis Treatments, and Arthritis: Osteoarthritis and Rheumatoid Disease Including Rheumatoid Arthritis*, <http://www.arthritis-trust.org>.]

"The book described the [broad spectrum anti-microorganisms] treatment in detail, which I used. Wonder of wonders! After six weeks of treatment I could pound my chest like Tarzan again. Such an act would normally have destroyed me. I wasn't sore to the touch anywhere. My hip bones, spine and ribs were all pain free.

"Suddenly too, my alkaline phosphatase measures -- tests that can be an index of disease conditions -- were back to normal. I was still a crooked man, but I did have energy levels I haven't seen in years.

"There's still a lot of anger in me, the expense, suffering, crippling effects that were totally unnecessary -- and there's a lot of thankfulness in me, not so much for myself, as for my son, who may, contrary to my two daughters, also be a carrier of the genetic links to Ankylosing Spondylitis."²⁵

What Went Wrong With Thomas Benson's Cure?

Thomas Benson's "cure," lasted 4 years, and then he regressed, most probably for many reasons none of which will be positively identified, but most probably because of (1) insufficient attention to proper follow-on diet and supplements, (2) failure to eliminate heavy infestations of *Candida albicans* and related organisms-of-opportunity, and foci of infections as well as attending to dysbiosis factors; i.e., undesirable microorganisms in the bowel, (3) failure to find and stay away from all allergy inducing foods and chemical sensitivities, (4) inappropriate thyroid replacement hormone that determines temperature which determines utilization of enzymes, and inattention to other requisite hormones.

Obviously microorganisms of some kind were the basis to Benson's problem -- as may be true of other Ankylosing Spondylitis sufferers. Lee Cowden, M.D. of Texas has found that parasites will not fully leave the body until accumulated herbicides and pesticides have been detoxified, and those won't leave until mercury is eliminated, including dental fillings and the mercury used to color dentures red. (See Hal Huggins, D.D.S. *It's All in Your Head*, this foundation) EDTA therapy taken by Benson would not have chelated mercury, as this poison requires special techniques and chemicals to successfully remove it from the body. (See "Chelation Therapy," <http://www.arthritis-trust.org>.)

George E. Meinig, D.D.S. of California (*Root Canal Coverup*, <http://www.arthritis-trust.org>.) reports on persisting foci of infection -- root canals, at tooth extraction sites, tonsils, adenoids, intestinal tract -- as producers of deadly toxins that affect our tissues and the way they respond.

Harold Buttram, M.D. of Quakertown, PA says, "Based on my own experiences in environmental medicine, most relapses of this nature are brought about by exposures to toxic environmental chemicals, usually in the form of solvent fumes. . . . one patient of mine came down with severe polymyalgia rheumatica (chronic, inflammatory condition of large arteries) and Rheumatoid Arthritis whose disease began 3 years earlier when she purchased a badly smelling mattress. Her symptoms began soon after she began sleeping on the mattress -- presumably due to the foul smell was due to fire-retardants, chemically related to organophosphate pesticides and was quite toxic."³³ (See *Our Toxic World: Who Is Looking After Our Kids*, <http://www.arthritis-trust.org>.)

Thomas Benson owned and operated a copy center, also a center for many environmentally suspicious chemicals. Improvement received during his body soaks may well have been related to detoxification which could have been enhanced. Colon therapy, of which there are many variations, could have included ozone colonics twice daily at his own home, the rule of thumb being, according to Dr. Cowden, 2 times daily, 1 week for each 20 years of life.

Apparently Thomas Benson has stumbled on the correct paths, but without necessary guidance by others who've successfully tread the path to wellness.

What is Ankylosing Spondylitis?

Ankylosing Spondylitis is one of a family of chronic inflammatory disorders (spondyloarthropathies) primarily affecting peripheral and axial joints of the body. It is considered a "primary" disease because there seems to be no causal event producing it, whereas Reiter's syndrome, psoriatic arthritis, enteropathic (intestinal) arthritis, and others, are considered "reactive" because they seem to occur as a result of other inflammatory conditions.⁴

Distribution of Ankylosing Spondylitis

As reported in a *Harvard Health Letter Special Report*,¹ apparently Ankylosing Spondylitis has been with humans since the dawn of civilization. In 1912, an Egyptologist unearthed a mummy from around 2,900 B.C. whose spine was as rigid as a block of stone from the sacrum to the neck. According to studies of Egyptian mummies, Ankylosing Spondylitis has been with mankind since at least 2,900 B.C.¹

About 2,000,000 United States citizens suffer from a cluster of diseases that involve the spine and arthritis. Among these are about 300,000 who find themselves suffering from inflammation and gradual abnormal immobility and consolidation of a joint (ankylosis) primarily of the spine and adjacent spinal (paraspinal) structures. Leon Chaitow, N.D., D.O.,² editor of the *International Journal of Alternative and Complementary Medicine*, United Kingdom osteopath and acupuncturist, estimates that, in the United Kingdom, about 80,000 are severely affected, while about 750,000 are less acutely affected. Chaitow's estimates probably mean that, in the United States, considerably more than 300,000 may be acutely affected, with millions of other people suffering from related or associated conditions.

A *Harvard Medical School Report*¹ presents the ratio as 3 men

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to 1 female.

Clinical Symptoms

Early and mild: appearance of stiff back; recurrent low back ache; morning back stiffness; pain along sciatic nerve, from buttocks, down leg and foot; sacroiliac joint tenderness and distortion

Progression over time: anemia, mild; fatigue; gradual immobility of joints, especially the spine; heart problems; inflammation and pain of peripheral joints in later stages: hips, knees, shoulders; inflammation of eye (iritis); limitation of neck and spine movements; ("poker" spine) or hump back; morning muscle stiffness; spreading pain from lower back to mid-back and neck; soft tissues surrounding joint calcified; and weight loss

Ankylosing Spondylitis symptoms often begin with a stiff back on arising in the morning, a recurring low back ache, pain along the sciatic nerve that descends from the buttocks, down the leg and foot, and sacroiliac joint tenderness and distortion due to muscle spasms. After a few minutes of moving about, and perhaps with a hot shower, both the pain and stiffness may disappear.

With some, coughing, sneezing or the act of deep inhaling may cause chest pain. They'll also feel pain and tenderness along the spine, shoulder blades, pelvis, hips, knees, below the knees and along the breastbone. Sometimes first symptoms are arthritic pains in the shoulder and hip.

Untreated, and over time, there will be calcification and eventual conversion into a bony substance (ossification) of the fibrous ring (annulus fibrosus) of the intervertebral discs, and of adjacent connective tissue. Fully developed conditions may involve the sacroiliac, the vertebrae joints and the soft tissues surrounding the joints.

Onset is usually in patients aged 10 to 30 and is uncommon after age 30.

Onset is usually insidious with episodes of aching restricted to the low back, especially the sacroiliac and lumbar regions. Pain is distributed in the region of the sciatic nerves. There may be well-defined morning stiffness. Symptoms become progressively worse with time, spreading from the low back, frequently into the mid back, and occasionally into the neck. Some peripheral joints may be affected in later stages, especially large joints such as the hips and shoulders (about 1/3 of cases), and less frequently, the knees and other more peripheral joints. Fatigue, weight loss, mild anemia, and muscle stiffness may occur in severe disease.

Associated Conditions

Associated conditions are inflammation of the eye (uveitis) (25%-33% of cases)⁴, where symptoms are sensitivity to light, blurring of vision, tearing, and eye pain. Usually but one eye is involved at a time.

Involvement of the heart (5%-10% of cases)⁴, includes cardiac abnormalities (arrhythmias) or aortic insufficiency.

Amyloidosis, resulting from amyloid -- which resembles a white insoluble protein substance found as an abnormal deposit in various organs -- may be present in about 4%.⁴

Occasionally a fungus, aspergillus, may affect the lungs.⁴

The association of regional enteritis (ulcerative colitis) lead some to believe that there is a relationship between overgrowth of undesirable bacteria in the bowels (dysbiosis), according to Leon Chaitow, N.D., D.O.²

When the condition has progressed to the point of a fragile, stiff spine, a vertebrae fracture may occur from relatively minor accidents.

Slipping of a vertebrae, after long-standing disease, may result in about 2% of those afflicted becoming paralyzed from the neck down.

Those who have had the condition for 20 to 30 years may find that the normally elastic surfaces of the lungs or heart have been changed to stiff fiberlike tissues. They will often develop symptoms similar to tuberculosis, with chronic coughing producing blood-stained sputum. Difficulty in breathing may also result from an invasion of a fungal organism-of-opportunity in the lungs, aspergillus.

Although Ankylosing Spondylitis is a chronic systemic inflammatory disease which affects joints, heart, eyes and lungs, there is a degenerative preference toward erosion of openings where tendons and ligaments insert into bone. Inflammatory erosive action at these sites causes our body's biochemistry to attempt to fill in the defect with new bone growth that results in soft tissue being replaced by hard tissue, or bone -- that is, there is ossification and fusion of the joint at that site.

Cartilaginous joints are found in greater abundance in the pelvis and spine, and therefore the spine and pelvis are primary disease locations.

Leon Chaitow, N.D., D.O., in describing the typical posture of a victim of Ankylosing Spondylitis, says, "Ultimately the spine becomes fused into a bent position, often to such an extent that the individual cannot look straight ahead without extreme difficulty."²

Drs. Leon Chaitow and Natasha Trenev also feel there is a strong link between altered bowel flora and Ankylosing Spondylitis, as well as osteoporosis.²⁴

Leo Galland, M.D. and Stephen Barrie, N.D., reporting in the *Journal of Advancement in Medicine*, write, "Dysbiosis is a state of living with intestinal flora that has harmful effects. It can be described as being due to either putrefaction, fermentation, deficiency, or sensitization. A number of inflammatory diseases within the bowel or involving skin and connective tissue have been reported in association with dysbiosis."²⁴

Genetic Marker

That there is a genetic relationship has been suggested through genetic markers [HLA-B27(W27)] found in 96% in one study.³ Carriers of this gene have but a 1-2% chance of developing Ankylosing Spondylitis¹, unless the parent also has the gene, in which case the risk increases to 10-20%.

There is no guarantee that those without the marker will be free of the disease.

The prevalence of Ankylosing Spondylitis generally parallels the frequency of the gene marker HLA-B27 in different populations: 0.1% to 0.2% of American and European Caucasians, or 2% of the 6%-14% who possess HLA-B27. African-Americans, who have a lowered frequency of HLA-B27 are affected with a lesser frequency. As the genetic marker is rare in Black Africans, Japanese and American Indians, Ankylosing Spondylitis is equally rare.

Diagnosis

An experienced physician may have difficulty in making an early diagnosis of Ankylosing Spondylitis because many of its early symptoms are similar to other forms of Arthritis. The following five characteristics will alert the physician to the possibility:

1. Pain and stiffness increase gradually.
2. The victim is under 40 years of age.
3. Symptoms have been present for at least three months.
4. Pain, discomfort and stiffness improve with exercise.
5. Back stiffness occurs in the morning.

An index for measuring degree of inflammation without regard to the underlying cause, [Erythrocyte Sedimentation Rate (ESR)], may be elevated in about 60%, with a mild anemia.

Unfortunately, X-rays are not very revealing until about 5 years after the disease's onset, after which time, the margins of the sacroiliac joints become blurred on film, and later the bones have become fused, and the joints are almost invisible. Most people would like to know about, and halt the disease before these latter two conditions occur.

Causation

It is generally believed that microbial agents constructed of protein molecules that resemble certain specific human tissue molecules (HLA-B27) are the cause of inflammatory joint and extra-articular lesions in Ankylosing Spondylitis.⁴ Overgrowth of these "mimicking," undesirable bacteria in the bowels, called "dysbiosis," was reported by Leon Chaitow, N.D., D.O., who also described the work of Dr. Alan Ebringer of Kings College Hospital, London. Dr. Ebringer speculated that in its efforts to get rid of an undesirable

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bacteria, the body's immunological system attacks it's own tissues, as it is unable to differentiate between the protein of the foreign bacteria, and tissues of self. One such organism which seems to be indicted is *Klebsiella pneumoniae* bacteria which enters the blood stream.

Mrtinez-Gonzalez, O., and other scientists have developed recent evidence from studies of healthy relatives and a control group tested for intestinal permeability, that the intestinal permeability increased before the advent of Ankylosing Spondylitis.¹¹

Leon Chaitow, N.D., D.O.², and some other physicians, feel that the modern-day scourge of the yeast/fungus, *Candida albicans*, and other organisms of opportunity, paves the way for bacteria such as *Klebsiella pneumoniae* to enter our bloodstreams.

Alan Gaby, M.D., clinical practitioner, reviewer and evaluator of scientific medical studies and columnist for *Townsend Letter for Doctors and Patients*, reviewed a study consisting of twenty-five patients who were advised to eliminate dairy products (milk, cheese, yogurt, ice cream and butter) from their diet. After 6 weeks, 18 of the 25 patients had followed the diet and 13 of them reported less pain and morning stiffness, fewer joint and spine symptoms, and less need for medicine. In contrast, none of the 10 Rheumatoid Arthritis patients improved on a dairy free diet, despite good compliance.

Dr. Gaby's interpretation is that certain bacteria (gram negative *Klebsiella pneumoniae*) have been implicated as provoking factors in arthritis of the vertebrae, such as Ankylosing Spondylitis and associated spinal arthritis (spondyloarthropathies). "There is evidence that milk and milk products contain bacterial fragments, despite high-temperature processing. These bacterial fragments might trigger allergic or autoimmune reactions in susceptible individuals."⁵

Leo Galland, M.D.,¹² New York, identifies "Four Vicious Cycles" in the relationship between food sensitivities and the Leaky Gut Syndrome, the name given to intestinal permeability. (1) food allergy, (2) malnutrition, because of poor nutritional absorption, (3) bacterial dysbiosis, a state in which disease or dysfunction has been induced by organisms that alter the metabolism or immunoligical responses of their hosts, (4) liver stress, as the liver is now working overtime to remove damaging macromolecules and to oxidize toxins.

Becoming overly sensitive to normal gut microflora is an important part of dysbiosis, and has been implicated in Crohn's disease and Ankylosing Spondylitis.¹²

Besides the factor of genetic disposition, as seems to be indicated by the HLA-B27 gene marker, a weakened immunological system -- wherever in the body manifested, and however produced -- seems to be the chief key to understanding the precipitation of Ankylosing Spondylitis, and also may be the key to its prevention and cure.

Dietary and enzyme deficiencies, of course, are interrelated with the production of a weakened immunological system, as well as stress, injuries, medical operations, other infectious organisms, allergies and chemical sensitivities, pollution, metal toxicities, intake of harmful chemicals, hormonal imbalances and other metabolic problems.

Seldom mentioned, but of critical importance, is the proper replacement of liothyronine [thyroid (T₃)]. According to E. Denis Wilson, M.D.,³⁴ perhaps 60 or more "disease" symptoms are a result of inability of cells to obtain the proper thyroid (T₃), and as a survival adaptation mechanism under stress, fasting illness or use of various drugs, are bathed in reverse reverse liothyronine [thyroid (RT₃)]. The significance of this factor is that thyroid (T₃) stimulates the cell to create a temperature between 98.4⁰ and 98.6⁰ farenheit, said temperature being critical to optimum functioning of the tens of thousands of enzymes necessary for life. When reverse thyroid (RT₃) takes the thyroid receptor positions normally reserved for thyroid (T₃), enzymes no longer act at their optimum efficiency, or don't operate at all. Such an event, all too common,

has a serious impact on every disease condition and may, in fact, be the primary source of the disease itself. (See *Wilson's Syndrome* and "Thyroid Hormone Therapy: Cutting the Gordian Knot," <http://www.arthritisrtrust.org/>.)

Traditional Treatments

Traditional treatments normally include suppression of joint inflammation, along with physical therapy. Since Ankylosing Spondylitis, and associated spinal arthritis (spondyloarthropathies) don't respond well to salicylates, corticosteroids and long acting drugs such as gold salts, D-penicillamine, or hydroxychlorquine, there is often prescribed non-steroidal anti-inflammatory drugs (NSAIDS) such as indomethacin, tolmetin, piroxicam and others which primarily suppress symptoms and inflammatory signs.

In cases that "do not readily yield to treatment," phenylbutazone may be used, with blood tests that are carefully monitored.

Immunosuppressive agents, such as methotrexate or azathioprine, may also be used, after additional tests, and with careful monitoring.

Physical therapy with exercises designed to preserve the range of motion in the affected spinal and peripheral joints, includes promoting "good posture," as a means of preventing contractures and spinal deformities.

Swimming is highly advocated as a recreational exercise.

What's Wrong With Traditional Treatments?

Traditional treatments address only the symptoms of the disease, not its source or cause.

Analgesics and

Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)

Orally prescribed analgesics and non-steroidal anti-inflammatory drugs, over time, destroy the lining of the stomach, and create other ill effects that sometimes can add additional burdens to an already diseased body. Weakening or destroying the lining of the stomach can also bring about the very conditions which are sought to be avoided; that is, organism-of-opportunity infestations and increasing food allergies.

Cortico-steroids

Cortico-steroids have many well-known damaging side-effects, including the impairment of wound healing, increasing the risk of infection, and upsetting the delicate balance of the immunological system. Over time, ever-larger dosages are required to achieve the same level of symptomatic relief, and, in time, the body's ability to produce its own cortisone-like substances diminishes until one becomes absolutely dependent upon the drug for life itself. As reported in many publications by this foundation, many other bodily functions are also disturbed, or permanently damaged by long-term corticosteroid usage.

Cytotoxic Drugs

Cytotoxic drugs, such as used in treatment of cancer, and more recently in Rheumatoid Arthritis and related Rheumatoid Diseases -- methotrexate, et. al. -- on the other hand, are even more damaging than any of the above. Their justification for use are to "modulate the immune system," which simply means to hammer our defensive system -- presumed to be at fault -- in some unknown way also presuming that something good might come out of the damage done by the hammering.

As none of the above are used for anything but relief of the symptoms -- rather than addressing the problem of source and causation of Ankylosing Spondylitis -- and often contribute additional burdens -- they are not recommended, except on a temporary emergency basis, at best.

Physical Therapy

Physical therapy which is prescribed for the purpose of sustaining range and flexibility of motion, can be useful. However, Professor Roger Wyburn-Mason, M.D., Ph.D. -- who believed in an infectious causation for most forms of Rheumatoid Disease including Ankylosing Spondylitis (as did Thomas McPherson Brown, M.D.) -- cautioned that "If the infectious organism is not addressed first, then exercise will spread the germ around the body much

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Candidiasis

faster than normal, and the disease will progress faster."⁶ This advice appears to be significant, since one component of Ankylosing Spondylitis involves at least one well-identified invasive organism, *Klebsiella pneumoniae*. Other organisms have been associated with Reiter's syndrome, and also many different organisms are also suspect in an increasing number of "arthritic" diseases.

Outlook

According to the *Textbook of Internal Medicine*, with the above traditional measures, "less than 20% of patients progress to permanent disability," while less than 5% die as a result of spinal fractures, heart complications and amyloidosis (deposition of a white insoluble protein substance found as an abnormal deposit in various organs).⁴

There is no known report as to how many would progress to permanent disability if they would not follow the above traditional, often damaging measures.

Alternative Treatments for Ankylosing Spondylitis

Anti-Microorganism Therapy

As there seems to be a strong association between many forms of arthritis and genetic or developed sensitivity to the poisonous toxins or dead protein products of various micro-organisms, this foundation's treatment protocol as described in *Arthritis: Osteoarthritis and Rheumatoid Disease Including Rheumatoid Arthritis*, by Anthony di Fabio, and Gus J. Prosch, M.D., is recommended. (See <http://www.arthritis-trust.org>.) That treatment uses broad-spectrum anti-microorganism drugs which wipes out large populations of organisms, creating a Herxheimer effect, otherwise known as a "die-off" effect. [See "The Herxheimer Effect" <http://www.arthritis-trust.org>.]]

While this treatment is effective up to 80% of the time with various kinds of rheumatoid diseases, including Ankylosing Spondylitis, it can be, but may not be permanent because of hidden foci of infections. These foci of infections stem from past tooth extractions or root canal work, effect of mercury and other metals in tooth fillings, former andoidectomies or tonsilectomies, and intestinal tract parasites and infestations. [See *Root Canal Cover-Up*, <http://www.arthritis-trust.org>]

Bio-magnetics

According to William H. Philpott, M.D. of Oklahoma, a magnetic research protocol has been prepared "for all types of inflammatory reactions for joints, muscles, tendons, nerves, skin, internal organs, and so forth, no matter what the initiating cause may be."¹⁰

Combining magnetic therapies with other therapies is acceptable, and should serve to assist in "reversing the disordered pathology of specific tissues, pain relief, sleep enhancement, and the antibiotic effect. Magnetic therapy cannot replace adequate nutrition and therefore, nutritional supplementation based on laboratory assessment is always in order along with the magnetic therapy."¹⁰

Placement of magnets on joints should be enough to cover the joint involved. The principle is that the magnets need to be larger than the lesions that must be healed. See *Magnetic Resonance Bio-oxidative Therapy for Rheumatoid and Other Degenerative Diseases*, <http://www.arthritis-trust.org>.

Boron

The Case of Bill Leonard

Rex Newnham, D.O., N.D., Ph.D.²⁹ describes Bill Leonard, a plumber in his mid forties suffering from Ankylosing Spondylitis. Bill lived in Reservoir, Victoria, in Australia.

Bill Leonard could not bend his back at all, and had not been able to tie his own shoe laces for years. He just could not work and had not done so for some years, but as he was the boss, he could direct others to work.

Traditional treatments had done Bill no good. Dr. Newnham gave him tablets that are now called Osteo Trace[®], 3 times daily, containing 3 mg of boron as the main mineral supplement. In just over a month, Bill was better. He could now tie his own shoe laces, and Dr. Newnham saw him bend to pick up something from the floor. He can also work again. (See *Away With Arthritis*; *Boron*

Leon Chaitow, N.D., D.O.⁷ of London, England emphasizes treatment of an overgrowth of *Candida albicans*, which infestates the intestinal tract, usually in the fungal form. Such invasion, he believes, permits klebsiella bacteria to enter the bloodstream, and it is this organism which seems to create many of the adverse problems encountered with Ankylosing Spondylitis. Dr. Chaitow recommends an anti-candida program. (See "Candidiasis: Scourge of Arthritics," *Conquering Yeast Infections, Chronic Fatigue Syndrome and the Yeast Connection*, <http://www.arthritis-trust.org>)

Chiropractic

John O.A. Pagano, chiropractic physician, reports that, in addition to utilizing proper diet and nutritional supplements and other useful treatments, "the chiropractor or the osteopath must exercise extreme caution by not being too forceful in their downward pressure in an attempt to achieve movement of the spinal motor units. Gentle, steady downward pressure all along the spine, without attempting to adjust anything, is the procedure I follow. We are aiming for improved flexibility, not spinal correction. It is all that can be expected anyway, and the patients will love their practitioner for being gentle in their approach. In time, with the steady use of peanut oil massages, particularly along the spine, the doctor may feel minor adjustments taking place. With continued conservative manipulation, more flexibility will be established and, in time, a greater range of motion, without pain, will be experienced by the patient.

"In cases of this severity, treatment must be expected to continue for a year or more, which is nothing when one considers the alternative. At least something is being done about it that will help put the condition in check and slowly reverse the disease process. Doing nothing invariably means a continued lifetime of pain with increasing immobility leading to possible invalidism."⁸

Dr. Pangborn also advises adjunctive treatments that will change tissues from acidic to alkaline, as is also described in the Gus J. Prosch, Jr., M.D. diet. (See *The Art of Getting Well, Arthritis: Little Known Treatments, Arthritis: Osteoarthritis & Rheumatoid Disease including Rheumatoid Arthritis*, and "Proper Nutrition for the Arthritic," <http://www.arthritis-trust.org>)

Diet

The so-called "cave man" diet is recommended, with limitation of excessive consumption of sugars, caffeine, and processed grains and corn, and protein intake, elimination of foods containing yellow dyes, emphasis on whole grains, seeds, nuts, soybeans, fresh salmon and cod (cold-water, non-farmed), brewer's yeast, molasses, liver, wheat bran and [wheat]germ.

For those who wish a juice diet, carrot, beet, parsley, potato and alfalfa is recommended.⁷

Avocados, bananas, cabbage, green leafy vegetables, peanuts, prunes, raisins, walnuts, blueberries are listed as good sources, by Vita Chart, Inc., with additional recommendations to restrict alcohol, estrogens, oral contraceptives, penicillamine, post-menopausal drugs, radiation exposure and tobacco.⁹

Reported by Leon Chaitow and Natasha Trenev, a study of over 200 patients who were instructed to cut out bread, pasta, cereals of all sorts, rice and potatoes, as well as sugary foods (as *Klebsiella pneumoniae* bacteria live on these substances), and unrestrictedly consume vegetables, fruit, eggs, cheese, fish and meat, the majority had their disease process halted. "One patient was quoted as saying: 'Once I stuck to the diet religiously I noted a real improvement after six months or so. Movement became easier and the lethargy and depression lifted. The best I can describe it is that after years of pain and stiffness I suddenly feel well-oiled.'²² (Also see "Proper Nutrition for the Arthritics," and *Arthritis: Osteoarthritis & Rheumatoid Disease including Rheumatoid Arthritis*, <http://www.arthritis-trust.org>.)

Enzyme Therapy

The Case of Immanuel Chavez

Immanuel Chavez²⁶ suffered from an umbilicus hernia, for which

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he sought help from the Mexican Social Security Institute. He had many medical consultations, but the hernia operation was never done.

Meanwhile Immanuel began to feel stiffness in all of the joints on the right side of his body, and later all over his body. He began to lose muscular strength, weight, flexibility and mobility, until he became a cripple.

Unfortunately Immanuel was not diagnosed properly. During a period of eight months, Immanuel visited various physicians, clinics and naturopathic centers in many different Mexican cities, but found no hope of relief until he met Dr. Roberto Juarez, who diagnosed Ankylosis Spondylitis.

Returning to the Mexican Social Security Institute with the correct diagnosis, Immanuel received physical therapy, Huber's tub, gymnasium exercises, drugs such as diclofenac and cortisone, and many other traditional "remedies."

After two years of traditional forms of treatment Immanuel could no longer walk, and must use crutches. He decided, at last, to approach alternatives in therapy, visiting nutritionist Veronica G. Guzman who had taken a seminar on alternative medical treatment for Rheumatoid Arthritis from Hector E. Solorzano del Rio, M.D., Ph.D., D.Sc., Guadalajara, Mexico.

Immanuel Chavez called up Dr. Solorzano immediately, receiving an appointment in three days. Dr. Solorzano examined Immanuel, also advising that "You've been sick a long time, and it may take a long time to recover, but it can really be done."

Professor Solorzano began Immanuel on good, natural diet, supplements, including vitamins C and E, essential fatty acids, calcium, fiber, enzymes, cellular therapy, magnetics, homeopathy, DMSO (dimethylsulfoxide), and acupuncture using laser beams.

During the first year Immanuel was treated every 2 months. He had to stay in Guadalajara, Mexico for 11 days each treatment.

The next year Immanuel was treated every 4 months. Then Immanuel's treatment was spread out over each 6 month interval, and then once a year, according to his condition.

Chavez's improvement was gradual and favorable. Today he can walk almost straight up, he can extend his arms and he can work as a physical education teacher in a sport center in Veracruz City.

Dr. Solorzano explains his treatment as consisting of "Natural proteolytic enzymes in large doses to stop the production of autoantibodies; *Lactobacillus acidophilus*, essential fatty acids whose deficiency is seen in most of the rheumatic patients, vitamins, minerals and amino acids, according to nutritional assesment (using mineral hair analysis, blood and urine samples); DMSO (dimethylsulfoxide) for pain and inflammation; and magnetic therapy treatment using low frequencies. "It has been seen that in Ankylosing Spondylitis, the polarity of the bones change. Normally a bone behaves as a magnet. Normal vertebrae each face a positive polarity, which means that the bones repel each other all the time." (See "Systemic Enzyme Therapy," "DMSO (Dimethylsulfoxide) Treatments in Arthritis," "Friendly Bacteria --*Lactobacillus acidophilus* & *Bifido bacterium*," "Magnetic Resonance Bio-Oxidative Therapy for Rheumatoid and Other Degenerative Diseases," Essential Fatty Acids are Essential,"<http://www.arthritistrust.org>.)

"In the case of Ankylosis Spondylitis, polarity of bone changes, and then one vertebrae with a positive polarity faces another vertebrae with a negative polarity, causing each bone to attract one another all the time, producing a rigidity in the spine with all the consequences known."

Hector Solorzano del Rio, M.D., D.Sc., Ph.D., Coordinator of the Program for Studies of Alternative Medicine and Professor of Pharmacology of the University of Guadalajara in Mexico, successfully uses pancreatic and plant-derived enzyme therapy for inflammatory conditions such as rheumatic disorders, soft tissue trauma, viral infections, arthritis, multiple sclerosis, cancer, and autoimmune diseases, including AIDS.

Dr. Solorzano del Rio gives dosages both orally, on an empty stomach, or by injection. He writes, "You must know that without enzymes, there is no possibility of life, in animals, plants or persons. Enzymes are essential for each and every reaction in a living organism.

"We could even follow the arising of life on earth, if we think of enzymes that were necessary for the evolution in each stage. Oxygen from the air arose because certain new enzymes were formed by single plants that released oxygen. These plants had learned to produce certain enzymes that separate oxygen from carbon dioxide in the air. Today, we accurately know how this works. Every second we change; every second we become a new human being. This is because more than 2,700 different enzymes act with an incredible speed to keep our vital functions in order.

"Since ancient times it was known by Egyptians and the Arabians that there was an invisible force which made all living things shift. It was a mysterious force that transforms one substance into another; milk became a cheese, grapefruit to wine, etc.

"Enzymes are catalysts, or rather we should say, 'biocatalysts.' We are dealing with determined substances whose presence causes the transformation of an organic substance and it also accelerates it, just as a catalyst would do it. Today we know what these enzymes are and how they act.

According to Hector del Rio Solorzano, M.D., Ph.D., D.Sc.: "Catalysts produce, with a small effort, a big effect. Nature can not waste energy. In technical terms, enzymes are albuminoid, macromolecular bodies, with a complex structure and are active biocatalytically speaking. These albumins are made of 20 different amino acids. Each enzyme is specific not only in its substratum (the place where they react) but also in its effect. In 1930 we only knew 80 enzymes. In 1993 we know more than 2,700 enzymes. However, we do not know how many are left to be discovered.

"In biochemistry, when something is designated with the ending "ase," one can almost be sure that we are talking about an enzyme. In the early stage of the discovery of the enzymes, they were known with names that ended usually with an "in," like the well known pepsin and trypsin.

"To act adequately, enzymes must be exposed to certain physical conditions. Each of them needs a specific temperature and pH, which causes them to have different speeds of action. To have an appropriate idea of the speed, you must know that lysozyme (an enzyme that helps in the elimination of bacteria) produces a change of approximately 30 molecules of substratum per minute, that is, every 2 seconds. On the other hand, the fastest degrader among the enzymes is quite different, it is carboanhydrase, which changes an incredibly 36 millions of substratum in only one minute.

"Some enzymes live only 20 minutes and must be replaced by new enzymes of the same type, recently produced. Other enzymes remain active for a period of several weeks before they are eliminated and when they are, they are eliminated because of their age."

"Enzymes are necessary for the adequate functioning of our whole metabolism. In our body, every part of it is related to all the rest; that is, that even one tiny disturbance, biochemically speaking, can result in a complete imbalance. Diseases are the consequence of this disorder.

"Enzymes are constantly produced within our body. Described in a simple way, there are certain organic molecular pieces that in small quantities are required to form these enzymes. These pieces are the vitamins, minerals and trace elements. Altogether they are called 'co-enzymes.'

"The deficiency of any of these co-enzymes will result in a specific medical condition. For example, vitamin B₁ deficiency will elicit 'beri-beri.' The vitamin B₁₂ deficiency causes a special anemia called 'pernicious anemia.' The same thing happens with deficiency of essential minerals and trace elements. Basically, in these cases, we are speaking of an illness elicited by a disturbance in the

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enzymatic balance.

"These co-enzymes, in fact, are different from the enzymes. It was already said that enzymes are made of albumin and the co-enzymes are not. The enzymes are rather large molecules. On the other hand, co-enzymes are rather small. Enzymes are not consumed in the true sense during their activity, while co-enzymes are consumed in it and they must be replaced through our diet.

"At the Program for Studies of Alternative Medicines of the University of Guadalajara (Mexico), we have researched the therapeutic value of these natural proteolytic enzymes in the treatment of acute and chronic clinical conditions. We have had the opportunity of reaffirming that enzymes are catalytically active polymer compounds made of amino acids. They are involved in virtually all of the vital metabolic processes. They set metabolic conversions in track (in train), control energetic processes and regulate syntheses. Without enzymes, nothing goes on at all within an organism.

"It is therefore normal to use enzymes for therapeutic purposes."¹¹

Lita Lee, Ph.D. of Eugene, Oregon, has seen many multi-faceted medical problems resolve when attention is paid to enzyme deficiencies. Although there are now over two thousand health professionals who practice enzyme therapy in the United States, there is still a great need for understanding how and why diseases are linked to enzyme deficiencies.⁷

According to Edward Howell, M.D., who pioneered in enzyme therapy in the United States, "No mineral, vitamin, or hormone can do any work without enzymes."⁷

Enzymes are the key to converting food we eat into proteins, carbohydrates and fats. They are required in abundance to digest and utilize cooked food. Cooking food destroys important plant enzymes, as enzymes are more heat sensitive than vitamins. Any food that is pasteurized, canned, microwaved, or otherwise processed, has had enzymes destroyed, and our body must attempt to work overtime to make up the difference, often failing.

Both plant-derived enzymes and pancreatic enzymes may be used in enzyme therapy.

Plant-derived enzymes predigest our food thirty to sixty minutes prior to the accumulation of sufficient hydrochloric acid to affect the food. The hydrochloric acid merely immobilizes the enzymes for the time being, so that the enzymes become active again in the upper segment of the small intestine (duodenum).

Pancreatic enzymes -- animal enzymes -- include proteases, amylases and lipases. They're found in the intestine and in the blood. Supplemental pancreatic enzymes aid digestion in the intestine, sharing the workload of our own body's pancreatic enzymes. They do not digest food in the stomach, but rather contribute to the important step of predigestion, as do the plant enzymes.

Both plant and pancreatic enzymes play an important role assisting our immune system. When protein molecules are only partially digested in the small intestine, some of them pass directly into our bloodstreams where they become recognized as a foreign invader, an antigen. We create antibodies to counteract these antigens, which, in effect, is a kind of immune reaction, the creation of circulating immune complexes (CISs). In a healthy person, these immune complexes (CISs) are easily handled by the lymphatic system, and neutralized, but in a sick person, these immune complexes (CISs) accumulate in the blood where they initiate a multitude of "allergic" reactions. When the kidney cannot excrete enough of these immune complexes (CISs), they began to accumulate in various soft tissues, causing various forms of inflammation.

Pancreatic enzymes break down the immune complexes (CISs) so that they can more easily pass through the kidneys for excretion.

Reported by Dr. Edward Howell's²⁶ *Enzyme Nutrition: The Food Enzyme Concept*, in a series of 557 cases of various types of arthritis, 283 were found to be much improved, and a further 219

were improved to a less marked extent. Of 292 cases of Rheumatoid Arthritis, 264 showed improvement of various degrees. Improvement was also noted in other forms of Rheumatism, Still's disease (child/infant Rheumatoid Disease), and relief of pain was noted in Osteoarthritis.

In another study of 700 private patients over a seven year period, "good results were obtained in Rheumatoid Arthritis, Osteoarthritis, Fibrositis, and some intractable cases of Ankylosing Spondylitis and Still's disease also responded to enzyme therapy."

According to *Alternative Medicine: The Definitive Guide*, "The human body makes approximately twenty-two different digestive enzymes, capable of digesting protein, carbohydrates, sugars and fats."⁷ At each step of the eating process -- mouth, stomach, small intestine, there are specific enzymes that break-down different types of food.

Bee pollen, that is correctly gathered, processed, packaged and stored, according to James F. Scheer, health writer in the *Health Freedom News*, contains 185 of the known nutritional ingredients, 22 amino acids and higher amounts of the eight essential ones than most high protein foods, 27 mineral salts, the entire range of vitamins, hormones, carbohydrates and fats, and more than 5,000 enzymes and coenzymes, necessary for digestion, healing and for the continuity of life itself.¹² Is it any wonder, then, that so many good reports have come from the use of bee pollen and other bee products? (See "Bee Pollen: The Perfect Food," <http://www.arthritistrust.org>.)

Dr. Howard F. Loomis, Jr., D.C., of Forsyth, Missouri states that "The ability to absorb the nutrients in the food we eat is at the foundation of good health. If we treat digestive disorders, other complaints often clear up as a result. . . . Of course, if a patient is eating a diet of junk food, all the enzymes in the world won't improve his or her basic health. Enzyme therapy needs to be combined with good eating habits. Fresh fruits, vegetables, nuts, and seeds can provide plentiful plant enzymes, and plant enzyme supplements are only meant to supplement those that naturally occur in food."⁷

Lita Lee, Ph.D. "has frequently seen the consequences of eating a predominantly cooked-foods diet -- various inflammations, pancreatic hypertrophy (enlargement), a toxic colon, and allergies. Because of inflammation, conditions such as bronchitis, sinusitis, cystitis, rhinitis, and arthritis may occur, and may be accompanied by a fever, redness, swelling, and pain."⁷

Hector Solorzano del Rio, M.D., D.Sc., Ph.D., writes that "When someone gets sick of any disease we can be sure that something is wrong with his/her enzymes. If the enzymes had been able to eliminate the cause of the disease, then the person would not have become sick.

"What we logically must do, in almost any disease, is to replace the type and quantity of the required enzymes as soon as possible. Our body will automatically do the rest.

"It is so simple, we just take some enzymatic tablets to help ourselves. In emergency situations, we can administer them in great quantities through injections or even rectally."¹¹

Among the large variety of diseases (almost all diseases) that can be benefited by enzyme therapy are those related to inflammation, such as various forms of arthritis, and those related to viral diseases, multiple sclerosis and cancer.⁷

In many instances, enzyme therapy may prove unnecessary, if a deficient thyroid gland -- or deficiency in utilization of proper thyroid (liothyronine: T₃) -- is brought to functioning properly again, producing the correct body temperature between 98.4^o and 98.6^o Fahrenheit, according to E. Denis Wilson, M.D.³² Since enzymes are dependent upon this optimum body temperature for proper functioning, a person whose thyroid, or thyroid utilization, is low (hypothyroid) will suffer with what Dr. Wilson describes as "multiple enzyme deficiency," or "Wilson's syndrome." The deficiency will produce a large number of disease symptoms (80 or so) which will disappear upon correction of mal-functioning thyroid or defi-

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ciency in thyroid utilization. (See *Wilson's Syndrome*, and "Thyroid Hormone Therapy: The Master Regulator," <http://www.arthritistrust.org>.)

Fluoridation

Distribution of Fluoride in the United States

According to *Alternative Medicine: The Definitive Guide*, "Fluoride is commonplace today in toothpastes, mouthwashes, and drinking water. In the United States alone, over 121 million people are now drinking artificially fluoridated water. However, after reviewing the scientific evidence objectively, fluoride has been banned in Austria, Denmark, France, Greece, Italy, Luxembourg, the Netherlands, Norway, and Spain."⁷

Gus J. Prosch, Jr., M.D., Birmingham, Alabama, believes that fluoride creates an excess of free-radicals in the body, and speeds up the aging process.³⁰ Free-radicals are chemical substances that are active chemically, and have the power to combine with other tissues and cells in undesirable ways.

Fluoride and Back Pain

Richard A. Kunin, M.D., San Francisco, California, an orthomolecular physician, writes, "I've seen spinal arthritis cases that have responded to removing fluoridated water. I've been amazed to find that some arthritis and osteoporosis patients are still being treated with fluoride therapy, at doses of 12 to 50 mg per day of sodium fluoride, 3 to 10 times the tolerance level recognized by the Environmental Protection Agency -- and naturally they get worse: more back pain and less range of motion."¹³

Although this book is not the place to tout the pros and cons of fluoridation, the subject of fluoride poisoning through our municipal water system is so important to regaining health, according to many physicians such as Rex E. Newnham, N.D., D.O., Ph.D., that it would be a disservice to those afflicted with various forms of arthritis not to cover basic principles of the nature of the poisoning. (See "Fluoridation: Governmentally Approved Poison," <http://www.arthritistrust.org>.)

The Case of Jade-Emma Smith

Dental surgeon Geoffrey E. Smith wrote that "my 12-year-old granddaughter, Jade-Emma, has 'mottled' teeth, and my wife suffers from osteoporosis.

"Jade's disfigured teeth were caused by fluoride, and there is now a growing body of evidence suggesting that fluoride can be a factor in the development of osteoporosis.

"Is the dental wonder of the 1950s set to become the medical blunder of the 1990s?

"Such a thought is particularly frustrating for me since I belong to the profession -- dentistry -- which has, for the past 40 years, claimed that fluoride was essential for sound teeth and 'good' for bones."¹⁵

Lack of Proof

There is little, if any, scientific evidence that fluoridation protects the teeth. In fact, scientific evidence that exists is based upon a misinterpretation of statistical data begun in 1930 by Dr. Trendley Dean, "the father of fluoridation," who was responsible for developing the hypothesis that fluoridation was safe and would protect teeth from cavities. He was also the person who established the first trial of fluoridation of the water supply in Grand Rapids, Michigan in 1945. Since that time, Dr. Dean has twice testified in court that statistics from the early studies, allegedly supporting the use of fluoridation in community water systems, were invalid.¹⁶

Pennsylvania Supreme Court Judge John P. Flaherty, after meticulous study of the scientific data presented before him, wrote, saying, ". . . I entered an injunction against the fluoridation of the public water supply for a large portion of Allegheny County. . . . In my view, the evidence is quite convincing that the addition of sodium fluoride to the public water supply at one part per million is extremely deleterious to the human body, and a review of the evidence will disclose that there was no convincing evidence to the contrary."¹⁶

Besides weakening of the immunological system that affects all forms of arthritis, fluoridation also causes dental fluorosis, excessive hip fractures, osteoporosis, adverse effects on red blood cells, cancer and neurotoxicity effects on the nerve and brain cells.¹⁴

American citizens load themselves up with excessive fluoride through their public water supply, then become huxtered by toothpaste ads, loading up their bodily systems with damaging fluoride even further, far beyond dosages that are actually safe. William Campbell Douglass, M.D. writes that "A study from Britain reported that the difference between a safe dose of fluoride and a harmful dose is 'impressively small.' Danish scientists concurred in a report in which they said: "There is no magic 'borderland' between a safe and a toxic dose."¹⁷

Lack of Cost Savings

One argument in favor of fluoridating the public water supply is that parents will have less cost in repairing their children's cavities. This has already been debunked in proper scientific studies at every level. Richard G. Foulkes, B.A., M.D., has detailed the presumed savings by comparing the cost of supplying fluoride tablets for children as opposed to the tax load placed on communities to fluoridate the water. According to these calculations, on average, "for every \$1,000 spent by the taxpayer for fluoride chemicals, less than 50 cents goes toward purchase of fluoride for children. Apparently, the ten-year lifetime cost to supply an individual child with fluoride tablets, for the purpose of preventing teeth caries, is somewhere between \$12 and \$18. The remainder [of fluoride] expenditures is used to purchase a pollutant such as industrial grade sodium fluoride or hydrofluosilicic acid to flush through the community water system into the environment."¹⁸

True Causes of Declining Dental Caries

According to John R. Lee, M.D., "If one were to argue that swallowing fluoridated water leads eventually to higher fluoride levels in dental enamel, one would then have to explain away the fact that dental enamel fluoride concentration in children from fluoridated communities in the U.S. is no different than the fluoride concentration in teeth of children from non-fluoridated communities."¹⁹

More than likely, the true causes for decrease in dental caries are the following factors, given by Dr. John R. Lee, M.D.

- Better nutrition
- Less sugar intake (e.g., use of artificial sweeteners in kids' diets).
- Better dental hygiene (tooth brushing)
- Rising immunity to *Streptococcus mutans*, the plaque germ responsible for the conversion of simple dietary starches into acids that dissolve enamel
- General use of antibiotics bacteriostatic or bacteriocidal to *Streptococcus mutans*.

• Use of fluoridated toothpaste. This latter factor does not vindicate water fluoridation. The concentration in toothpaste (which is applied directly to dental enamel) is 1000-1500 ppm whereas drinking water (which passes the teeth into the gut and then excreted in urine) contains only 1 ppm fluoride [but can be considerably higher in some communities]. The higher concentration in toothpaste is sufficient to kill or seriously impair the enzyme processes of *Streptococcus mutans* plaque germs, whereas the low concentration in drinking water is simply ineffective.¹⁹

More than likely safer substitutes are available for the same teeth brushing purpose, that will serve to kill *Streptococcus mutans*.

Dangers of Using Fluoride

Gerard P. Judd, Ph.D.²⁰ summarizes the actual and indicated dangers from forceful feeding of fluoride as follows:

- Slightly poorer teeth (more decay, missing teeth, fillings), with egg-shell white fluorosis and brittleness.²⁰

According to Professor Cornelius Steelink, Department of

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Chemistry at the University of Arizona, who headed up a subcommittee for study of addition of fluoride to the Tucson, AZ water supply, their study showed that "... the more fluoride a child drank, the more cavities appeared in the teeth²¹."

- More brittle bones in the aged;²⁰
- Destruction of at least 60 out of 63 enzymes, including cytochrome C, cholinesterase and others handling oxygen;²⁰
- Genetic change, both in the sperm and other cells;²⁰
- Dramatic heart death increase in Antiogo, Wisconsin, where a long-term study was made;²⁰
- Down's syndrome increase of 250%;²⁰
- Probable major cause of sudden infant death syndrome (SIDS) and chronic fatigue syndrome (CFS), since allergic (toxic) symptoms the same;²⁰
- Infant mortality increase: for Washington, D.C. African-Americans 4 times, for Caucasians 3 times (48 years of fluoridation) and for the average U.S. population 1.4 times;²⁰
- Infant birth defects increased 3 times in Chile during its experiment with fluoridation;²⁰
- 39% increase in cancers overall, with 80% for rectal cancer in the U.S. after 33 years;²⁰
- Fluoride accumulates about 50% daily in the bones and soft tissue;²⁰
- Miscarriages and spontaneous abortions increase;²⁰
- Fifty side effects: arthritis, immobility, blindness, bladder and urinary tract effect, blood loss in kidneys, uterus, and vagina, bone pain, bruises, cancer increases, Chizzola macula (skin spots), collapsing legs, diarrhea, dizziness, dry mouth; 8 allergies proven by double blind tests by Moolenburgh using 12 physicians and 60 patients, Down's syndrome increase with 70% cataracts, epileptic seizures, fatigue, weakness, loss in strength, fluorosis, genetic chromosome change, severe headaches, large heart death increase, hemorrhages in the skin, incoherence, inner ear disorder, intestinal cramps, distention and constipation, itching, mental depression, mental concentration inability, nasal disease, nausea, nystagmus (involuntary movement of eyes), pain in muscles, intestines, bowels, head, spine, and stomach, polyuria (excessive secretion and discharge of urine containing increased amounts of solid constituents), scotoma (visual field impairment), seizures, spastic bowels, stomach bloat, cramps and gas, stomatitis (lip cracks), tendon-ligament calcification, thyroid calcification, tinnitus (ringing in ears), ulcers in the mouth, skin eruption around the mouth, vision blurring, vomiting and weight loss.²⁰
- Possibly Alzheimers, multiple sclerosis (MS) and other viral disease are made worse due to antibody destruction.²⁰

How to Avoid the Consequences of Fluoride

Of course, the safest way to avoid the consequences of fluoride is to become politically active, forcing those who have less knowledge of its effects than you do to prove their erroneous claims -- or to get the fluoride out of your's and your child's, drinking water.

The second most effective way is to purchase only non-fluoride toothpaste, or to mix bicarbonate and salt together for your brushing. Even better is the combination of bicarbonate of soda and hydrogen peroxide.

Faced with the problem of an immovable, ill-educated, emotional-stimulus-response public works bureaucracy, most physicians will recommend -- as does Gus J. Prosch, Jr., M.D.³⁰ for all of his patients -- that you purchase and install a reverse osmosis filter, along with an activated charcoal filter in your house or apartment water system. The reverse osmosis filter will remove the fluoride, whereas the activated charcoal filter will remove other undesirable ingredients. Cost savings for you and your family's health will be well-worth the additional capital outlay, and can have a direct effect on one kind or another of the various arthritic diseases.

Food Allergies

Most probably food allergies will be a heavy factor in most

arthritides, including Ankylosing Spondilitis. Alan R. Gaby, M.D. has successfully treated Ankylosing Spondilitis by identifying allergic foods and recommending avoidance of those foods that create allergic conditions.

Accompanying food allergy tests might be additional tests for identifying gut problems, stool samples and scrapings to identify amoebic, bacterial, fungal or other parasitic problems.

Also assess for digestive enzyme problems.

The majority of patients placed on a low-starch diet had the disease process halted, according to researchers at Kings College Hospital in London, England.² (See "Food Allergies and Biotoxification" and *Our Toxic World: Who's Looking After Our Children*, <http://www.arthritistrust.org>.)

Herbs

Herbs that will assist in quenching inflammation will support other desirable treatments. "A simple approach," according to *Alternative Medicine: The Definitive Guide*, " involves combining equal parts of meadowsweet and willow bark tinctures and taking one teaspoonful of this mixture three times a day.⁷ (See *Alternative Medicine: The Definitive Guide*, <http://www.arthritistrust.org>.)

Robert Bingham, M.D. found yucca plant extract very useful in improving the condition of arthritic patients.

Studies performed at several Chinese universities showed devil's claw to be effective in relieving symptoms with many having Ankylosing Spondilitis, doctors rating its effectiveness at about 67%.

Homeopathy

Homeopathic remedies selected depend upon the person's physical condition, constitution and personality.

Zeel (pronounced heel) has proven effective in treating Ankylosing Spondilitis and degenerative Osteoarthritis, and also in stimulating normal cartilage and joint function. This can be used in the form of tablets, ointments or injections.⁷

Dr. Andrew Lockie²⁸ advises to be taken 3 times daily for up to 5 days, the following:

Aesculus 6c for pain around the sacroiliac joint which is aggravated by walking and stooping.

Calcium fluor 3 times daily, along with "some form of daily exercise -- swimming is especially good. Deep breathing for several minutes each day will help to keep the joints between your spine and ribs mobile. . . . If you smoke, try to stop."

The Case of Jose Mendez

Jose Mendez, age 37, was a chronic case of Ankylosing Spondilitis, much bent over, who had been sick for 6 years during which time he'd been using non-steroidal anti-inflammatory drugs (NSAIDS) with limited relief from pain. When Jose approached Dr. Catherine Russell,³⁸ Guadalajara, Mexico, for help, she placed him on supportive nutritional therapy, which included calcium/magnesium and vitamin C supplements.

She also used 30 C *Rhus Tox* and *Calcarea*, which "had good success removing pain and stiff rigidity," she reported.

"I also injected procaine locally using Huenke's Neural Therapy, along areas of most pain, and Jose was much better in 3 months, moving around with much less stiffness and pain."

Intraneural Injections

For the control of pain, those suffering from Ankylosing Spondilitis can get immediate relief, at least for a time period, by using the Gus J. Prosch/Paul K. Pybus/Wyburn-Mason intraneural injections.²³ (See *Intraneural Injections for Rheumatoid Arthritis and Osteoarthritis and The Control of Pain in Arthritis of the Knee*, Paul K. Pybus.)

Mineral Infrared Therapy

Dr. Tsu-Tsair Chi has reported on an infrared ceramic-coated device that has beneficial effects in strengthening the immune system, decreasing pain, unblocking lymph channels, increasing circulation, and providing lacking trace elements.²⁷ (See *Arthritis: Osteoarthritis & Rheumatoid Disease Including Rheumatoid Arthritis*, di Fabio and Prosch, M.D.)

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Probiotics

According to *Alternative Medicine: The Definitive Guide*, "Two major health problems, Rheumatoid Arthritis and Ankylosing Spondylitis, have been found to be associated with overgrowth in the intestines of particular harmful bacteria, proteus and klebsiella respectively. Both of these can be controlled by healthy bowel flora. The natural antibiotics manufactured by *Lactobacillus bulgaricus*, *Lactobacillus acidophilus* and the *Bifido bacterium* kill both of these bacteria.

"British research shows that people with Ankylosing Spondylitis benefit if they go onto a diet low in fat and sugar and high in complex carbohydrates -- the very diet that enables friendly bacteria to perform efficiently.

"Rheumatoid Arthritis patients have been shown to benefit in recent Norwegian trials from a vegetarian diet something which also dramatically improves the health and function of the friendly bacteria."³⁷ (See "Friendly Bacteria -- Lactobacillus acidophilus & Bifido bacterium," <http://www.arthritistrust.org>.)

*Qigong for Arthritis*³¹

The balancing or distribution of bioelectrical energy to body parts in need can be an important therapy. (See *Qigong for Arthritis Curing Arthritis Naturally With Chinese Medicine*, <http://www.arthritistrust.org>.)

Reconstructive Therapy and Neural Therapy

Often it is lax tendons or ligaments, sometimes remotely located in the body, that can create the condition of pressure on the nerve that produces the pain in Ankylosing Spondylitis. (See *Arthritis: Osteoarthritis & Rheumatoid Disease Including Rheumatoid Arthritis, Pain, Pain Go Away, and Prolo Your Arthritis Pain Away!* <http://www.arthritistrust.org>.)

The Case of Cheryl Winner

Ross A. Hauser, M.D.,³⁵ a Physiatrist of Caring Medical & Rehabilitation Services, Oak Park, Illinois, describes Cheryl Winner as an unfortunate 29-year-old, having had rods placed in her thoracic and lumbar spinal column for abnormal vertebral column curvature (scoliosis). Cheryl's condition was such that she could not straighten herself up, and X-rays revealed significant degenerative disc disease in parts of her spine. There was also abnormal immobility and consolidation of portions of her spine (ankylosis).

On physical examination, Cheryl had marked spasm in the lower back with exquisite tenderness. Her orthopedic surgeon wished to fuse her only two "free" segments in her lower back, which Cheryl did not desire.

Dr. Hauser administered "prolotherapy" (sclerotherapy or reconstructive therapy) to Cheryl's lower spine and sacroiliac joints. Immediately greater than 50% of her pain disappeared, and she could stand relatively straight again.

Five days later Cheryl's pain was significantly improved, and the treatment was done again. She needed less injections this second time.

Seven days after her second injections, the treatment was repeated. Her pain was now down to a 3 out of 10.

On follow-up two months later, Cheryl experienced no pain. She was back to doing aerobics and other physical exercises. Dr. Hauser says that "Cheryl's physical examination was normal.

"As of eleven months later, she is still without pain even while being an aerobics instructor!"

Universal Oral Vaccination

Early research with Rheumatoid Arthritis and "Rheumatism," involved staphylococcus and streptococcus killed organisms injected as antigens, the successful results thus strongly supporting the infectious nature of Rheumatoid Arthritis. As many forms of Rheumatoid Disease seem to have an infectious and/or allergenic component, such as Ankylosing Spondylitis, candidiasis, Crohn's disease, Fibrositis, Fibromyalgia, food allergies, rhinitis, and so on, this form of protection may be not just all-inclusive, but also cheap and all-important.

Injecting known, specific allergens or antigens into the cistern (base of teat) of a cow just prior to calving produces protective substances that are curative.

This form of treatment has been shown to be effective with a wide variety of ailments including Rheumatism, Rheumatoid Arthritis, coughing, respiratory problems, sore throat, skin conditions, acne blemishes, upset stomach, cold and flu, diarrhea, and impetigo. (See "Universal Oral Vaccine," <http://www.arthritistrust.org>.)

ANKYLOSING SPONDYLITIS

Bruce Lacey of Zimbabwe

and the Schistosomiasis/Bilharziasis link.

(A story of hope from Africa).

This story begins with the positive news that Bruce Lacey of Zimbabwe (now 36 years) has been pain free since Christmas 2000 in spite of having feet that look like a mixture of a rangatung and a tree frog. I was shocked when I saw his X-rays in 2003 and thank God for the information I was able to read and use to create a health plan which worked for Bruce. It was wonderful seeing him swimming in the sea with his two young sons in May 2003.

Perry A. Chapdelaine [Executive Director of The Arthritis Trust of America] wrote an important message to me stating "A fundamental principle that should not be overlooked is this: regardless of what treatments are used, they should be aimed at UNLOADING THE IMMUNE SYSTEM". He also stated Rheumatoid diseases and degenerative diseases generally are multi-factoral (have more than one cause). I clearly understood our approach to helping Bruce heal had to consist of more than one step to eliminate all possible causes and have listed the steps we took as all of them had a part to play.

The genetic inherited tissue group: HLA B27: Before I begin, I would like to point out that some are of the opinion that the inherited gene, HLA B27, is "the cause" of A.S. I realize it makes a person more vulnerable to A.S. but does not cause it. I clarify this point because one needs to concentrate on the originating causes of the disease such as Focci, Klebsiella, Protozoa, Pollution and in most cases a combination of causes.

March 2000: I received a sad letter from Bruce's mother, Bammy Lacey, asking me to find out about Ankylosing Spondylitis. The rheumatology professors who treated Bruce had told him "there is NO HOPE" and he would be in a wheel chair at the age of 40. Their prediction got me motivated into researching and finding some answers to get Bruce right. I made a commitment that I would be like a mother baboon who would turn every stone until I found the cause and cure for his disease. (Baboons turn stones to find grubs to eat and leave upturned stones behind wherever they go).

We applied seven main steps to getting Bruce better:

1. **A Health Plan** to record all possible causes, nutrients and supplements for healing and record any improvement and progress and references of all material read.

Keep in mind everything had to be sent via post from Cape Town, South Africa to a farm in Mvuvuwri, north of Harare, Zimbabwe. This was expensive and at times difficult as the country has been heading on a downward spiral both politically and economically. I only saw Bruce in May 2003 after helping him.

2. **Diet** was changed from ACID to ALKALINE: Bruce was advised to stop eating meat without delay. I strongly suggested dark green leafy salads at lunch time because of an improved chance of absorbing true calcium.

Progress: Bruce noticed the stiffness in his joints had improved within two weeks.

3. **Supplements** taken: Bruce started to take Barley Green to boost his immune system due possibly to improved enzyme metabolism, amino acid absorption and vitamins and minerals. (The

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Glucosamine and Chondroitin (amino acids) containing natural painkillers such as Devil's Claw,

Tumeric, ginger, feverfew. At least 800 mg to 1000 mg Glucosamine per day to get started.

Essential Fatty acids: (Cold pressed virgin oils only). Flaxseed oil morning and lunch. (Not at night as it can prevent sleep). Olive oil in his salads. An excellent chart on Essential Fatty Acids can be found in *Arthritis: Osteoarthritis and Rheumatoid Disease Including Rheumatoid Arthritis* by di Fabio & Prosch; [and also in the article "Essential Fatty Acids are Essential!" all on our website at <http://www.arthritis-trust.org>. Ed.]

Progress: After one month Bruce was able to get out of a car more easily.

4. **Supplements continued:** Vitamin C was added to promote the healing of ligaments. Minerals: Calcium Complex powder at night. (I found a good product made in Constantia, Cape Town containing: Calcium citrate, magnesium complex, Vitamin C, Silica, Potassium, Zinc, Boron, Vitamin B₆, Copper and Vitamin D₃. (This product is good for relaxing muscles at night).

I added Vitamin B Complex to Bruce's diet (especially with vitamins B₆ and B₃ as I read it was important for the spinal and peripheral joints.

Progress: Sleeping much better and able to cut right down on painkillers. Down to ONE pain killer per day WITHIN FOUR months.

Boswellia: Bruce took this in the colder months to improve his circulation and help get the Glucosamine and vitamin Bs to his feet. (The summer months were too hot to take it).

Boswellia is good for improved blood supply to arthritis-damaged joints and lower limb circulatory disorders.

Progress: Bruce said his feet were feeling much better and we feel the Boswellia definitely helped.

5. **Environmental Hazards.** I feel this is of importance. Bruce had been running his own welding business and must have been exposed to the following welding fumes and grinding dusts: cadmium, mercury, chromium, nickel, manganese, fluorides, copper, lead, zinc and silica. His back problems began during this time as his immune system must have been badly compromised.

Having read about chelation in the publications by the Arthritis Trust of America, I realized we needed a means to off-load Bruce's immune system. A combination of amino acids and vitamins were taken by Bruce. (L-Cysteine, L-Methione, boosted with Vitamin B, Vitamin E and selenium). It was important Bruce took the Calcium Complex at night so his bones had a chance to absorb the calcium before it could be chelated away.

Progress: Bruce felt wonderful after taking this combination and full of energy. (September 2001)

6. **Pollutants.** Whilst working on a tobacco farm, Bruce had been surrounded by pesticides and herbicides. I was very thankful he changed his job and moved away from his polluted working environment. We now had to expel the herbicides and pesticides. I managed to invent a homemade sauna using a plastic trailer cover, three hot water bottles and blankets. Two full handfuls of Epsom Salts were added to a hot 15-20 minute bath to promote sweating.

Progress: It worked well and again helped off-load Bruce's immune system.

A word of caution: to anyone who has been working with or has absorbed DDT. Detoxification should be avoided as DDT is stored in fatty tissue as it cannot be expelled. With detoxification or a sudden weight loss, it could move into a person's vital organs. (DDT is now being used to eradicate malaria in Africa.

[See "Allergies and Biotoxification" on our website at <http://www.arthritis-trust.org> for effective means of discharging stored toxins. Ed.]

7. The Bilharzia Treatment.

Notes on the anti-amoebic therapy using Flagyl [metronidazole], which has cured so many, had been sent to Bruce to share with his doctor. The doctor just stated: "whomever sent this information is ahead of us in their knowledge of this disease and informed Bruce there was little hope for him anyway."

In September 2000, I realized we were going down the wrong road in our quest to treat Bruce with the anti-amoebic therapy. We needed to look at the protozoa/parasite factor as one of the main causes of Bruce's A.S. I had read a very interesting article called "Adequate Treatment for Fighting Back Against Arthritis" with a section called "Conquest of the Amoebae" by Robert Bingham, M.D. in which he mentioned parasites of tropical diseases in which malaria was listed. [See our website: <http://www.arthritis-trust.org>.]

Bruce had experienced malaria twice but had also been treated for the schistosomiasis BILHARZIA and thought he was cured because the tests "were clear". In my opinion (WRONG) as the bilharzia was able to cause damage later when Bruce's immune system was compromised. (by his welding business). Funny enough, Bruce even forgot to tell me about having had bilharzia prior to his A.S. symptoms because he did not consider it a problem!

Fortunately a General Practitioner at Mvuvuwri treated Bruce for bilharzia at our request. He was treated with Biltricide: Trade name for Praziquantel. "An anthelmintic drug used to dispose of tape-worms, schistosomes, liver flukes and lung flukes). Ref: *The Royal Society of Medicine: Encyclopedia of Family Health*.

Progress: Bruce was able to have a totally PAIN FREE Christmas in December 2000.

Proof of my theory at this time was the revealing conversation I had with Mr Gordon Gazard of Johannesburg in October 2000. Gordon has suffered from A.S. for about twenty years. I asked Gordon whether he had had malaria and his answer was no but he was in Zimbabwe in the 1970s and swam in the rivers there. He had later been treated for bilharzia and a few years after that suffered from A.S. This was the confirmation I needed!

At the same time Bammy Lacey met Mr Garry McInnes of Durban who had had "paralysis of the spine". He was given a lumbar punch and the doctor found and treated him for bilharzia about ten years ago. He was cured and able to walk again and to date has not suffered a relapse.

Time magazine (March 26, 2001) reported that 200 million people around the world, 80% in sub-Saharan Africa, are infected with schistosomiasis. I have since read that both malaria and bilharziasis will spread due to an increasingly warmer climate. The rivers of potential danger are those that are found in the Tropics (between the Tropical lines of Capricorn and Cancer). This includes the Nile river, rivers of India, Asia, Central and South America, Africa and the east flowing rivers of northern and central South Africa. I feel travellers should be warned of this.

Schistosomiasis (Bilharziasis) is a wide spread disease of the tropics caused by blood flukes. It is contracted by drinking or bathing in water contaminated by snails which harbour the larvae or the parasite. The larvae penetrate the skin and when mature, settle in the blood vessels of the intestine or bladder. Symptoms caused by the release of eggs by adult flukes include anemia, inflammation, diarrhoea and dysentery (from an intestinal infection) or cystitis and blood in the urine (from bladder infection).

How do I know about Bilharzia? We were always warned about the long term dangers of it in Zimbabwe. I remember there were only two areas in the whole of Zimbabwe where the river

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waters are totally free of bilharzia: The farm where I was brought up in the Chimanimani area and Inyanga Highlands, geographically known as the Eastern Highlands of Zimbabwe. Our farm was about 6,000 feet above sea level. We had to watch out for bilharzia in any rivers or dams below our farm in which the water was not fast flowing and the water was warmer, i.e., a good 90% of the rivers in Zimbabwe.

How are people missing the Bilharzia and Arthritis disease link?

Once a patient has been treated and checked for bilharzia and has recovered, they forget about it.

I have known people to get infected more than once. About three to six years later, the bilharzia parasite starts damaging the collagen/ligaments. Unfortunately both doctors and patients are unaware of the damage this parasite can possibly create in the joint areas.

Bruce had a slight relapse in April 2001 and was treated again for Bilharzia. In May 2001, I realized we needed to do a "complete clean up programme" to off-load his immune system and Steps 5 and 6 were carried out for the first time.

July 2004: Our fourth year in which Bruce takes no painkillers. He exercises by walking in a good pair of shoes and cycling and swimming when he gets the chance. He is cheerful and pain free.

We realize that as long as he keeps himself healthy, Bruce stands a chance of keeping his A.S. in remission.

Our prayers were answered. I end with special thanks to Perry A. Chapdelaine (Snr) for his advice and the special information published by the Arthritis Trust of America. We share this story with you to help anyone with Ankylosing Spondylitis or experiencing arthritic joint problems who either live in or visited the Tropics. They might be suffering from the parasite bilharziasis.

Dee Olivey-Airey
July 2004

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