



Supplement to *The Art of Getting Well* Arthritis

Sources are given in references.

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

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Introduction

There are many kinds of arthitides determined by observation of symptoms, each named uniquely. The three most prominent are Osteoarthritis, Rheumatoid Arthritis and Gouty Arthritis.

Tens of millions of Americans suffer from either Osteoarthritis or Gouty Arthritis. At least thirteen million Americans suffer from so-called incurable Rheumatoid Disease, a name given to a broad cluster of diseases, perhaps 100 in number that, while appearing to be different diseases because they are differently named, are all related by the fact that collagen tissue is somehow affected. An estimated forty million people have Osteoarthritis, six million have Rheumatoid Arthritis and about one million Americans have Gouty Arthritis^{1, 2, 3, 4, 5}.

Most people know "arthritis" as a joint disease: painful, swollen, or heated joints. Most treatments, therefore, are aimed at relieving pain at the joints without in any way attending to the

systemic nature of the diseases.

It has been stated by some practicing physicians that at least 50% of us will have Osteoarthritis (Osteo) if we live long enough, and therefore Osteoarthritis is often said to be a "degenerative" or "aging" disease. It is characterized by swelling that is bony with irregular spurs and occasional soft cysts, whereas Rheumatoid Arthritis (RA) is characterized by synovial, capsular soft tissue that is bony only in late stages³. Tenderness is normal for RA, but is usually absent with Osteo, except during occasional acute flare-ups and particularly at the onset. The distal interphalangeal joint (closest to the nails) is usually not involved with RA (except thumb) but quite characteristic with Osteo. The proximal interphalangeal joint (middle) is usually involved with RA, and is frequently involved with Osteo. The metacarpophalangeal joint (knuckles) is usually involved with RA, but never with Osteo, except for the thumb. Wrist involvement is normal for RA but never involved with Osteo, except for the base of the thumb³.

Osteo is characterized by degenerative loss of joint cartilage, deadening of bone beneath the cartilage, and cartilage and bone proliferation at the joint margins with subsequent bony outgrowths. Impaired joint function and synovial inflammation is common³.

Osteoarthritis is said to be "inflammation of the bones and joints" according to a medical dictionary.

While Osteo is painful, and leads to progressively less usage of joints, it is not the greatcrippler that characterizes Rheumatoid Arthritis. Rheumatoid Arthritis usually is known by a cluster of easily observed symptoms distinguishing it from Osteo: Joints are swollen, heated, and an increasing number of them become affected over time. Night sweats, depression and lethargy accompany this disease¹.

Gouty Arthritis, on the other hand, is characterized by sharp painful joints, as if a needle were probing the internal structure of the joints. One can have attacks of fever, chills and, of course, the described excruciating needle-like pains. Gout victims will suffer for weeks at a time often with loss of mobility; and, as these attacks become more frequent, they will eventually be disabling. Kidney disease, heart disease, and many other complications can set in⁵.

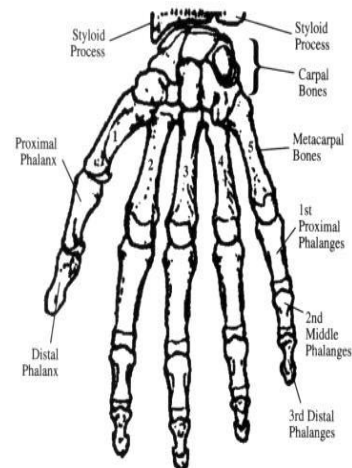


Figure 1:
Names of Joints
of Right Hand

OSTEOARTHRITIS

WHAT CAUSES OSTEOARTHRITIS?

Osteoarthritis appears to be caused by a combination of factors. Hormonal deficiencies certainly play their part, as one-third

more women suffer from Osteoarthritis after menopause than do men. Faulty nutrition and stress may also play their fair share, as probably do genetic predisposing factors^{1, 2, 3, 4}.

Prevailing general medical theory suggests that Osteoarthritis may be divided into two categories, primary and secondary¹⁷. "In primary osteoarthritis, the degenerative 'wear-and-tear' process occurs after the fifth and sixth decades, with no apparent predisposing abnormalities. The cumulative effects of decades of use leads to the degenerative changes by stressing the collagen matrix of the cartilage. Damage to the cartilage results in the release of enzymes that destroy collagen components. With aging, the ability to restore and synthesize normal collagen structures is decreased.

"Secondary osteoarthritis is associated with some predisposing factor which is responsible for the degenerative changes. Predisposing factors in secondary osteoarthritis include: congenital abnormalities in joint structure or function (e.g., hypermobility and abnormally shaped joint surfaces); trauma (obesity, fractures along joint surfaces, surgery, etc.); crystal deposition; presence of abnormal cartilage; and previous inflammatory disease of joint (rheumatoid arthritis, gout, septic arthritis, etc.)^{3, 4}"

PREVENTION OF OSTEOARTHRITIS

There are, apparently, three major aspects to the prevention of Osteoarthritis: restore proper nutrition, relieve stress and replace hormones^{3, 4}.

Nutrition must be designed to fit each individual, of course, but there are always good broad outlines that are safe and helpful for each of us. According to Gus J. Prosch, Jr., M.D.⁹⁵ in principle, the closer we can eat to the "caveman diet," the better the nutritional values received. Our human bodies evolved through a varying diet of grains, nuts, berries, fish, meats and other food substances. Known as the "caveman diet" it is generally described by recommendations of fresh fruits and vegetables, whole grains, nuts, cold water fish (non-farmed) and other sources of essential fatty acids. One mineral apparently of great importance to the prevention of Osteoarthritis is boron. Dr. Rex E. Newnham, Ph.D., D.O., N.D. of Leeds, England demonstrated demographic and clinical evidence for the usefulness of Boron in preventing and treating Osteoarthritis and some forms of Rheumatoid Disease^{3, 4}.

Dietary supplements often used are: Niacinamide^{89, 90, 91} (under close medical supervision), Methionine, Glycosaminoglycans, Superoxide Dismutase, Vitamins A, E, Pyridoxine, Pantothenic Acid and minerals Zinc and Copper¹⁸. Linus Pauling Ph.D.⁶⁴ and Robert F. Cathcart, III M.D.² both recommend large quantities of Vitamin C, either orally or as an injectable. Many of the above supplements are either anti-oxidants, anti-inflammatories, synergistic with other substances, hormonal replacements or blockages, or intended to encourage the maintenance of, or faster re-growth of, connective tissue.

Various herbs⁶⁰ have been historically useful for the same purposes, especially in treating inflammation without the serious side-effects attributed to aspirin and other Non-Steroidal Anti-Inflammatories (NSAIDs). These are *Glycyrrhiza glabra*, *Medicago sativa*, *Harpagophytum procumbens*, and the Proanthocyanidins, Cherries, Hawthorn Berries and Blueberries^{17, 19}. Wayne Martin, B.S., who synthesizes and writes about a great deal of medical treatment possibilities suggests daily use of ginger mixed in milk, tea, coffee, or cold drinks.⁵⁵

Stress⁶⁹ is a factor that is perhaps most often overlooked by the normal medical practitioner. Often there is one or more persons in the close work or home environment who are suppressive to another, such suppression expressing itself in a way that constantly invalidates a person's actions, thoughts or emotions. It is a negative stimulus that depresses our beingness, our will to want

to engage in friendly exchange of ideas or activities. A person who is so related to another will often suppress his/her emotions and behavior in ways that express outwardly in the form of hormonal changes and accompanying clinical sicknesses. The medical terminology is "psychosomatic," indicating that the person's mind governs his emotions and bodily condition. This is true to the extent that a person permits suppressive conditions and "suppressive" people to influence his/her mind/body. As few physicians have training in recognizing the causative patterns, and would probably be resisted by their patients if they mentioned them, stress sources are often ignored in treatment, although they may be the largest component of all diseases, acute or chronic².

Hormonal replacement therapy is practiced by many physicians who recognize that our organs decrease in ability to perform as we age. Their goal is to achieve a natural balance of all hormonal factors, which is presumed to be a restoration of health that was once ours. The fact that Osteoarthritis is most frequent among women after menopause is a critical clue, as both estrogen and progesterone may be decreased or unbalanced with aging and especially after menopause. According to Raymond F. Peat, Ph.D., "Stress-induced cortisone deficiency is thought to be a factor in a great variety of unpleasant conditions, from allergies to ulcerative colitis, and in some forms of arthritis. The stress which can cause a cortisone deficiency is even more likely to disturb formation of progesterone and thyroid hormone, so the fact that cortisone can relieve symptoms does not mean that it has corrected the problem.

"Besides the thyroid, the other class of adaptive hormones which are often out of balance in the diseases of stress, is the group of hormones produced mainly by the gonads: the 'reproductive hormones'.⁷³" There is often need to consider hormonal replacement, not just in serious cases of thyroid deficiency, but also in marginal cases. A physician who understands the relationship between stress, hormones and disease should be consulted, and, in the case of determining Thyroid deficiency borderline cases, many will recommend the method of Broda Barnes, M.D.^{6, 33} who developed a method based on taking armpit temperature before arising every morning, as laboratory testing is not geared to discover marginal deficiencies⁶.

Dehydroepiandrosterone (DHEA) may also be an important and relevant replacement hormone, as described in the Rheumatoid Disease section that follows⁹⁶.

TREATMENT OF OSTEOARTHRITIS

Treatment for Osteoarthritis can be divided into four components: Treatment for the (1) pain, (2) defective skeletal structure, (3) faulty nutrition, (4) hormonal imbalances.

As treatment for faulty nutrition and hormonal imbalances have already been mentioned, and as they both require individualized attention by holistically minded physicians, we shall further discuss only treatment for pain and defective skeletal structure, with the exception of repeated emphasis of the use of niacinamide as per William Kaufman's Ph.D. M.D. early and lengthy research work^{89, 90, 91}.

Pain

Professor Roger Wyburn-Mason M.D, Ph.D. more than thirty years ago was able to demonstrate that the source of pain in both Osteoarthritis and Rheumatoid Disease is not in the joints — where most modern-day treatment lies — but in certain key nerve ganglia leading to the joint. These nerve ganglia are found in uninsulated nerves usually lying close to the skin's surface, known as "C fibers."

Intra-neural Injections

Using Roger Wyburn-Mason's theory, Dr. Paul Pybus⁷ found that a combination of Depot Medrol with a very dilute solution

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.

of Triamcinolone Hexacetonide (Lederspan[®] or Aristospan[®]) not only immediately halted the pain appearing in remote joints, but also permitted the nerve cell lesions to heal, probably by stabilizing nerve cell membranes.

Pybus stated that these nerve lesions triggered off two signals, one set following the nerve path to the brain, the other following a reflex arc to the spinal column and back. The signal to the brain came back to represent pain at the joint. The reflex signal to the spinal column came back to the joint to produce the following easily recognizable phenomena: heated joints (pyrexia), swollen joints (edema) and tension or clamping of muscles at the joints. It is the tension or clamping of muscles at the joints which creates degeneration of cartilage at the joint which results in the pain of Osteoarthritis (or the pain of Rheumatoid Arthritis), and this was explained by Pybus by knowledge of Charnley clamps used on knee joints which, while producing a forcible compression of joints, also resulted in destruction of cartilage in the joints.

Destruction of cartilage (leading to pyrexia and edema) is caused because cartilage, having virtually no blood distribution system of its own, requires a continuous squeezing and expanding of the cartilage in the joint, squeezing out blood and sponging it up, respectively. When one side or both sides of a joint are continually clamped together — as with a Charnley clamp or because of nerve cell lesions constantly sending a reflex signal to tense or clamp the joint — then the cartilage begins to degenerate and this decomposition results in the creation of additional secondary and tertiary problems, including free radical chemical reactions that are further destructive, also producing the symptoms of pyrexia and edema. Gus J. Prosch, Jr., M.D.⁹⁵ successfully developed the Wyburn-Mason/Pybus intraneural treatment for arthritics in the United States, and taught many a physician.

Acupuncture

Most of the traditional acupuncture points are exactly the same as the trigger or key nerve ganglia used in Intra-neural Injections, and the physics of explanation is identical for both, as the developer of Intra-neural Injections, Dr. Paul Pybus, was first an acupuncturist and surgeon. He said, "Acupuncture . . . shows no great permanency in the relief afforded just by one treatment, as when the needle is removed the membrane is still destabilized and the condition reverts to the status quo ante." This seems to be confirmed by the experience of Arabinda Das, M.D. who says, "acupuncture may help localized pain of rheumatoid arthritis but chronic generalized rheumatoid arthritis is not amenable to acupuncture as [is true with] many chronic infectious conditions⁷⁹."

When Pybus combined acupuncture with a substance that stabilized the nerve cell membrane, he began to see long-term improvement in both Osteoarthritis and the pain of Rheumatoid Arthritis. Undoubtedly others who were familiar with Acupuncture discovered this same phenomenon, as there is now practised "Pharmaceutical Acupuncture."

In addition to good effects on pain, Acupuncture is said to strengthen the immune system⁶⁹.

The excellent work of Dr. Rex Newnham, Ph.D., D.O., N.D. has already been mentioned with regard to Boron. Also of special mention is the excellent work of William Kaufman, Ph.D., M.D. in the use of Niacinamide for both Osteoarthritis and Rheumatoid Arthritis. Dr. Kaufman, through clinical observation, determined that Aniacinamidosis was a constant and persistent with those having joint problems of Osteoarthritis or Rheumatoid Arthritis. He invented a measuring device easy for other doctors to use, and thus standardized by an objective measure improvement, or lack of, in patients. Over many years and with the help of many patients, including those with aging problems, Dr. Kaufman developed an

oral schedule of niacinamide per day, the Niacinamide being taken in frequent intervals during the day in, usually, 250 mg each dosages because of the quickness by which niacinamide flushed from the body.

Defective Skeletal Posture

Neural and Reconstructive Therapy

Another cause of the pain of Osteoarthritis is defective skeletal posture resulting in pains remote from the source of defect or misalignment, and also pain from Osteoarthritic calcium spurs usually located along the spinal column and rubbing on branching nerves from the spine⁸. Possibly the first treatment of choice by Osteoarthritics should be that known by D.O.'s as Sclerotherapy, by M.D.s as Proliferative Therapy, and by some modern-day physicians as Reconstructive Therapy.

Strangely enough, and little known, scar tissue from past penetrations of the skin, can also cause skeletal mis-alignment problems, and these are usually treated at the same time using Neural/Fascial Therapy⁹, a treatment developed by German physicians, and especially Ferdinand Huenke, M.D. and Walter Huenke, M.D.¹⁶. The knowledgeable patient will find a physician who practices these two treatment modalities before any other forms of treatment.

More than 30 years ago demonstrations on laboratory animals showed that loosened, stretched or torn tendons and ligaments could be tightened up by means of inserting just beneath the skin a natural bodily substance (Sodium Morrhuate) which would promote the growth of collagen tissue and fibroblasts. Other substances besides Sodium Morrhuate are also used.

As we age, our tendons and ligaments tend to stretch or can be torn from their connections to fascia through sports or accidents, or can be weakened through poor nutrition, disease or unbalanced chemistries. As the body's skeletal posture is held together by means of tendons and ligaments — not the muscles per se — a stretching of one set of tendons or ligaments will be unconsciously compensated for by other pulley and lever mechanisms in remote parts of the body. According to Thomas Gervais⁸⁸, "Tendons are muscle ends. Fascia apparently gives ligaments and bones their proper place/structure. The fascial connective tissue thickens and becomes most rigid at places of greatest/most frequent use and demand. This 'ossification' process of fascia makes a return to good posture difficult." One compensatory mechanism is the production of Osteoarthritic spurs in the spine. Although the body's problem is lax or torn ligaments or tendons elsewhere, the body's chemistry attempts to compensate by creating calcium spurs along the spinal column. Were these calcium spurs cut out, the body's tendon and/or ligament problem would persist, and the body would attempt to compensate in another manner.

To illustrate: James A. Carlson, D.O. of Knoxville, Tennessee was asked to look at a patient's right index finger-joint nearest to the fingernail. The joint (between 1st and 2nd Middle Phalanges) had been inflamed for months and was deforming. After study Dr. Carlson deduced that the cause was a left foot heel bone out of alignment. This may sound peculiar until one is versed with the manner in which the skeleton is held together, and the means by which the human body compensates. A bone awry at one place affects structure remotely connected. Using Osteopathic manipulation, he placed the heel bone back, and then using reconstructive therapy, Dr. Carlson placed near the proper tendons and ligaments substances that promote the body's ability to keep the bone in place. The finger immediately ceased its pain and deformation stopped¹⁰.

In a similar instance, the finger nearest the small one on the left hand was unable to touch the palm of the hand. It was very stiff and

often hurt. Dr. Carlson determined that the cause was an arch-bone in the left foot out of alignment. Again he manipulated the bone to its proper location and then used reconstructive therapy to place the bone permanently where it belonged. The pain immediately disappeared and the patient had restored ability to touch the palm of the hand with that finger¹⁰.

Many other instances -- much more spectacular^{8,9} -- can be described for all parts of the body where Osteoarthritis is presumed but in fact it is the slackness or disruption at the connective base of ligaments and tendons, through their interconnections via pulley and pulley belt and lever and fulcrum interconnections, that slowly create Osteoarthritic symptoms⁸.

According to Gus Prosch, Jr., M.D., Intra-neural Injections and Reconstructive Therapy cannot be performed at the same time, as the chemistry of the two therapies work in opposition to one another^{2, 8}.

Rolfing^R

Ida P. Rolf, Ph.D.⁸⁶ developed and applied Rolfing to solve her personal Rheumatoid Disease problem⁹².

According to the Rolf Institute⁸⁷, founded on Dr. Rolf's work, "Fascia belongs to a family of closely related connective tissues found throughout the human body. Although fascia is technically a tissue, Rolfers sometimes speak of it as the 'organ of form' because it literally holds your body together and gives it shape." Fascia is found throughout the body and surrounds all organs. If healthy, it is slightly elastic with strong resistance to stretching. It can break or tear however.

The nature of fascia is to fasten and hold. According to the Rolf Institute: "1) Slack strands of fascia can adhere to one another [adhesions] and shorten a fascial structure, thus distorting the three-dimensional fascial network and pulling the skeleton (and body segments) out of alignment. This can occur in response to poor postural or movement patterns, injury, [chronic emotional patterns] or surgery. . . . 2) Adjacent fascial structures can adhere to one another and bind two structures together. Even in a healthy body, the fascial envelopes of adjacent muscles may adhere to one another. Two muscles, which should glide over each other, become yoked together; neither muscle can function independently and efficiently."

Fascia can adhere to itself and change shape causing the fascial network to become distorted, but this plasticity, fortunately, can also work in the other direction, restoring the structural integrity with the proper Rolfing applications of pressure.

According to Dr. Ida Rolf, ". . . the 'joint' is much more than the bone of the ball-and-socket. All muscles and ligaments that weave or support its structure are part of it. This is true of any joint. Trouble in any of the component parts -- muscles, ligaments, bones -- is apt to be interpreted or at least verbalized as being in the joint. Unnumbered, casual, hasty diagnoses of 'arthritis' reflect nothing more serious than a shortened or displaced muscle or ligament resulting from a recent or not-so-recent traumatic episode. True arthritis, on the other hand, is deterioration of the joint, characterized by chemical change in the blood and in joint tissue. Arthritic pain is the result of joint compression. Not all cases of true arthritis are painful; where there is adequate capsular space, the individual may well be pain-free. When your shoulder or your hip hurts, it is well to paraphrase an old adage: not only is all that glitters not gold, but, even more hopeful, all that hurts is not necessarily arthritis. It may be merely pseudoarthritis, a disorder in the tendons and ligaments. . . . Appropriate muscular organization can give the pseudoarthritic movements and render him pain-free."

Rolfing, through restoration of fascial integrity, restores natural posture which, for the arthritic and pseudo-arthritic alike, means more freedom of movement and lessened pain, and also improve-

ment of metabolism, circulation, neural transmission, joint and tissue repair, emotional stability, and, generally, an overall increase in available energy that was otherwise bound up in maintaining the poor muscular imbalances.

Other Treatments

Photopheresis

Photopheresis is a new form of treatment that exposes portions of the blood mixed with a light-sensitive chemical to ultra-violet radiation. Its object is to "immunize" the body against malignant T cells found in the immunological system. It has so far shown promise for the treatment of various Rheumatoid Diseases (Scleroderma, Lupus Erythematosus, Rheumatoid Arthritis), autoimmune diabetes mellitus, organ transplant rejection and AIDS related complex²⁵. William Campbell Douglass, M.D. of Georgia reports excellent success with many otherwise intransigent disease conditions, using photopheresis, and especially against AIDS²⁶.

Cryogenic Exposure and Exercise Treatment

Japanese scientists first studied the effect of cryogenic exposure on degenerative disease. Tonis Pai²⁷, M.D. of Tallin, Estonia continues this work reporting improvement among patients with various joint diseases, including Rheumatoid Arthritis and Osteoarthritis. Patients enter a chamber (cooled cryogenically by liquid nitrogen) for repeated visits for a duration of 1-3 minutes. They then exercise strenuously. Dr. Pai has reported improvement in various arthritic conditions.

Ge₁₃₂: Bis-Beta-carboxyethyl Germanium Sesquioxide

Dr. K. Asai of Japan designed Bis-Beta-carboxyethyl Germanium Sesquioxide (Ge₁₃₂), finding thereafter many interesting and useful properties. Ge₁₃₂ is a substance that does not easily enter into bodily tissues, and therefore has been found to be non-dangerous. It performs several valuable functions, among which is the ability to take up excess electrons from the cell's mitochondria, and flush them from the body. This function is analogous to increasing basal metabolism in that excess electrons can create free-radicals which may lead to pain and inflammation. Ge₁₃₂ also decreases pain by increasing endorphins in the brain. "In both humans and animals Ge₁₃₂ has been shown to increase gamma interferon in the blood, activate macrophages and natural killer cells, bring blood hemoglobin levels up and white cell counts down, stimulate immunomodulation activity in the B cell system and demonstrate antitumor and antiviral activities. This substance, therefore, may be an excellent adjuvant (aids the operation) of immunochemotherapeutic agents. The effects of Ge₁₃₂ on various immune parameters are almost identical to that of known gamma interferon immunomodulating activity. In addition, studies on immune-suppressed animals and on patients with malignancies or rheumatoid arthritis suggest that Ge₁₃₂ normalized the function of T cells, B lymphocytes, anti-body-dependent cellular cytotoxicity, natural killer cell activity and numbers of antibody-forming cells. Obviously organic germanium has a 'normalizing' influence on the immune system^{57,58,59}," and it can be effectively used either sub-lingually or as an injectable.

Caution: do not take Germanium Oxide, which can be damaging, even poisonous.

Live-Cell Therapy

According to Lester Winter, Ph.D.^{12,85,93}, European Live-Cell Therapy has been available to the rich and famous since 1915. This replacement therapy now is available at a reasonable cost outside of the United States in Europe, Bahamas, Mexico and other countries. Briefly, either calf or piglet embryonic tissue is injected (or placed) in the body. For a period of one to four years, depending upon nutrition, metabolism and life-style, these foreign tissues supply hormones and other vital chemicals which the body uses as its own.

In particular, according to Dr. med. Gerhard Shettler⁹⁴, intra-articular cellular therapy is often effective in replacing joint cartilage. Live-cell therapy is well worth exploring for various health reasons, not just Osteoarthritis and Rheumatoid Diseases.

Homeopathy

Homeopathy is several centuries old, and was once a widely practiced healing discipline, until the dominance of allopathic medicine in many parts of the world. According to the Arizona Revised Statutes 32-2901, "Homeopathy means a system of medicine employing substances of animal, vegetable or mineral origin which are given in microdosage, prepared according to homeopathic pharmacology, in accordance with the principle that a substance which produces symptoms in a healthy person can cure those symptoms in an ill person. The practice of homeopathy [in Arizona] includes acupuncture, neuromuscular integration, orthomolecular therapy, nutrition, chelation therapy, pharmaceutical medicine and minor surgery⁶⁶." As some practitioners of Homeopathy do not subscribe to the total practice as described herein, we will discuss only the first part of the above definition.

Dr. Samuel Hahneman (one of Napoleon Bonaparte's physicians⁶⁶, ⁶⁹), Kent⁶⁶, and others founded and defined the basic outlines of Homeopathy. On Napoleon's route to conquer most of Europe, Napoleon used "Dr. Hahneman to keep his troops free of typhoid fever. Hahneman created a totally new concept of medicine, which he called 'Homeopathy,' derived from the Greek words, 'homeos,' which means 'similar,' and, 'pathos' or 'disease'. Hahneman's basic law was, 'Let's cure a disease with the disease itself, or like cures like⁶⁹.' Hahneman and other physicians observed and reported that an extremely minute dosage of a substance that could reproduce some of the symptoms of a known disease could somehow teach the body how to heal itself. Substances, therefore, are diluted to such an extreme dilution that scoffing scientists will describe the dosages as being the "essence of residual vibrations of a ghostly spirit passing quickly through the room one time."

Carefully selected substances are sequentially diluted (and struck; percussed) to concentrations such as 0.9×10^{-61} . The more diluted is the substance chosen, the more "powerful" its effect -- a phenomenon which stretches normal imagination beyond training of allopathic physicians.

While it is true that modern medicine has a difficult time reconciling healing with a dilution so tiny that no molecule of the original substance can possibly remain, there are efforts to develop hypotheses to explain the mystery. Several clinical experiments have stood up to scrutiny, including increase in growth of wheat seedlings, diastase hydrolysis of starch and lymphoblast growth rate. Studies using nuclear magnetic resonance spectra, photoelectric densities and dielectric constants have been made, and new hypotheses have been created, seeking a "rational" explanation⁶⁷. To the great chagrin and consternation of traditional practitioners, *The British Medical Journal* (Feb. 9, 1991) published a groundbreaking survey of clinical research on homeopathic medicine. Three experts on clinical research analyzed 107 controlled clinical studies which were published between 1966 and 1990. They noted that 81 trials indicated positive results⁷⁰.

While Homeopathy is not licensed in all states, it has been available in many European countries for 200 years. Certain present-day royalty and other governmental leaders would not have any other kind. And, while John D. Rockefeller (the original) is said to have promoted allopathy in many American medical schools -- as drugs increased his profits -- he, himself, would not permit any other kind of physician than one who practiced Homeopathy.

In addition to healing, Homeopathy is said to strengthen the immune system⁶⁹. Many success stories, with every form of disease,

have been reported through the use of Homeopathy. According to Corazon Ilarina, M.D.⁴⁰, recommended Homeopathic remedies are Traumeel, Belladonna, Injul Farte arsemium, Album Injul, Hepeel, Injul-Chal, Phosphor Injul and Lachesis. She says that "Traumeel and Zeel ointments are very good for swelling and inflammation when applied topically on affected joints⁴⁰." Dr. Ilarina also uses Homotoxicology which is the Homeopathic process of ridding the body of toxins that contribute to disease.

Recently, there has come increasing successes combining Homeopathy with work originally defined by Louis Pasteur's contemporary Antoine Bechamp. "Professor Dr. Guenther Enderlein (1872-1968) and his associate Alfred Baum, M.D. along with discoveries of German doctor Alexander von Seld, M.D. and Wilhelm von Brehmer⁶⁸" state that they have developed Homeopathic medicines that cause pleomorphic organisms in one state to revert to a state capable of being handled by the body, and they include a very wide range of diseases, including various arthritides, in their successes. (Also Royal Rife, Gaston Naessen⁸⁴, Virginia Livingston-Wheeler, M.D.⁸³, Lida Mattman, Ph.D.⁷⁷, Gerald J. Domingue, Jorgan U. Schlegel and Hannah B. Woody⁷⁸ have followed up wholly or in part, or rediscovered, Antoine Bechamp's⁷⁶ work but applied concepts other than Homeopathy.)

Dehydroepiandrosterone (DHEA Sulfate) Therapy

C.A. Hackethal, M.D. has reported excellent success in treating Parkinson's Disease by use of replacement therapy of DHEA. Apparently the bad side-effects of L-Dopa are avoided, and the Parkinsonian victim is restored to appropriate functioning. As a collateral observation, Dr. Hackethal has observed Rheumatoid Disease patients (who also have Parkinson's Disease) become well even when C-reactive protein and Rh-factor is positive. This may be a linkage between loss of homeostatic hormones and the onset of Rheumatoid Disease, and conversely, this may also highlight the reason why replacement therapy of cortisone increases the rate of disease progress, as well as its other bad side effects on Rheumatoid Disease victims. According to Julian Whitaker, M.D.⁹⁶ "Blood levels of DHEA in men and women peak around age 20, and it is the only hormone that declines in a linear fashion in both sexes. As such it is one of the most reliable markers of aging. By age 80, blood levels of DHEA are only 5% of what they were at 20."

DHEA has also been helpful for cancer, Alzheimer's disease, multiple sclerosis, memory loss, chronic fatigue syndrome and Parkinson's disease⁹⁶.

Hydrogen Peroxide Therapy and Ozone Therapy

Hydrogen Peroxide has been in medical use for several centuries^{34,37,39}, and there are thousands of scientific studies on its use. What is not well known is that Hydrogen Peroxide is also used by many both internally³⁷ and externally for many different disease conditions, including Rheumatoid Disease. Ozone Therapy³⁵ is somewhat newer on the medical scene. These two are often referred to as "Oxygen Therapies," which is somewhat of a misnomer. One can take a breath of air and receive more oxygen than one can receive from Hydrogen Peroxide Therapy, and the use of Ozone Therapy³², although not entirely understood, is clearly not that of supplying additional oxygen. Like Photopheresis, a certain supply of blood is removed, treated with Ozone, and then replaced in the patient.

In desperation for relief -- any kind of relief -- arthritics will gradually increase their oral intake of food-grade hydrogen peroxide, many reporting relief of their symptoms, and sometimes their degenerative conditions.

Other physicians, including Charles H. Farr, M.D., Ph.D.³¹, have shown that the intravenous usage of hydrogen peroxide has a beneficial effect on many disease states. They have also shown that

the good effects of intravenous hydrogen peroxide usage stem principally from its ability to activate oxidation enzymes.

Osteoarthritis and Rheumatoid Arthritis have been historically viewed by established medical practitioners as two far-ranging "unsolved" disease conditions. As established medicine admits to no answer despite a multitude of modern scientific tests and categorizations of phenomena, it is not surprising to find that trial and error medicine by those concerned and those afflicted have brought about some practical answers. What is surprising is that many of these answers have no clear or clearly known underlying basis. For example, among various proffered solutions to either the inflammatory conditions, or to the underlying unknown physiological mechanisms are Diet, Extreme Cold Therapy, Hydrotherapy, Poultices and Topical Treatments, Homeopathy, modern methods based on Professor Dr. Guenther Enderlein's work⁶⁸, Biomagnetics, Colon Therapy, Sound Therapy, Color Therapy, Aromatherapy, Mental Healing, Ayurveda, Dental Involvement (replacing poisonous mercury amalgams), Live Cell Therapy, Hydrogen Peroxide Therapy, Acupuncture, Acupressure, Rolfing, Oxygen and Ozone Therapy, Photopheresis, Yoga, Chelation Therapy⁹⁸ and many specialized organic substances from either the land⁶¹ or sea³⁶. Obviously not all of these treatments work for 100% of the afflicted or there would be no reason for this chapter. The Rheumatoid Disease Foundation takes the position that -- since established medicine admits to no answers -- each person must search out the medical answer for him/herself, and that search may require open-mindedly trying one recommendation after another. After all, to the afflicted, it is not the correct theory that is important, but whether or not desirable results are achieved.

RHEUMATOID ARTHRITIS

WHAT CAUSES

RHEUMATOID ARTHRITIS?

There are several hypotheses as to the cause of Rheumatoid Arthritis, among which are (1) a defective immunological system, and (2) a genetic susceptibility to the antigens of a foreign protein usually ascribed to micro-organisms, such as bacteria, protozoa, yeast/fungus, *Mycoplasma*, and viral. Both of these hypotheses are acceptable to the established medical organization, but only the first receives the majority of funding from pharmaceutical companies who have an interest in convincing that their patented immunomodulating drugs are better than someone else's. Other hypotheses include an unbalanced hormonal system⁸⁵ and/or nutritional factors¹. Corazon Ilarina, M.D.⁴⁰ basis her medical practice on the idea that toxins are "trapped" in collagen (connective) tissue, and that these toxins may be from virus, bacteria, fungus, chemicals, foods and drugs.

If the truth were wholly known, we would probably find that Rheumatoid Arthritis (RA) is a manifestation of the body from multiple causes, among which are (1) a weakened immunological system, (2) a developed internal allergic response to unknown allergens, (3) Candidiasis, (4) external allergies and also food allergies³⁸, (5) lack of appropriate nutrition, including vitamins and minerals, (6) hormonal factors, (7) stress, and (8) other unknown factors².

Until the discovery of the Syphilis Spirochete, that disease would have been classified as an ideal example of a defective immunological system — just as many Rheumatologists now view Rheumatoid Disease^{1,2}. Prior to the discovery of the Tubercle bacillus, there were perhaps 100 different names (and therefore presumed to be 100 different diseases) for external symptoms observed by physicians. After the discovery of the Syphilis Spirochete and the Tubercle Bacillus — single source-causations — Syphilis was no longer viewed as a defect of the immunological

system and those one hundred Tuberculosis names collapsed into one name: Tuberculosis of the spine, of the lung, of the skin, of the bone, and so on^{1,2}.

Historically, Rheumatoid Disease seems to model itself after both Syphilis and Tuberculosis in that nearly all pharmaceutical research is aimed at proving that the individual's immunological system is defective and therefore needs modulated by some drug that damages the immunological system even further; and also in that there have been created many different names created on the viewing of differing symptoms, but in fact all belonging to the same disease process. Seldom are the named diseases found pure and isolated, but rather there will be components of many named diseases found in the same patient, indicating that the underlying commonality is collagen tissue disease, now newly named under the cluster heading of Rheumatoid Disease²⁹. All have a commonality in that they are collagen tissue diseases which are pervasive throughout the body affecting every portion of the anatomy including, but not limited to, peri-arthritis, Paget's Disease, cysts, myelomas, tremors, seizures, bronchitis, intrinsic asthma, dysrhythmias, myocardial disease, pericardial disease, appendicitis, mesenteric adenitis, ulcerative colitis, thyroid, parathyroid, thymus, pituitary, adrenal, gonads, atrophic mucosa (pernicious anemia), webs, iridocyclitis, exophthalmias, bursitis, ovarian cysts, fibroids, salpingitis-sterility, tubal pregnancies, neuroses, psychoses, senility, systemic lupus erythematosus¹⁴, polycythemia, purpura, arthritis, pyelonephritis, calculi, hepatitis, cholangitis, gallbladder disease, regional enteritis, Crohn's disease, alveolitis, lymphomas, splenomegaly, headache, meningomas, myositis, trigeminal neuralgia, multiple sclerosis, rhinitis, eustachian salpingitis, enlarged tonsils, and adenoids, fetal deformities, abortions, pancreatitis, maturity diabetes, noninsulin dependent diabetes, SICCA syndrome, psoriasis¹⁵, alopecia, erythemas, urticaria, degenerated discs, low back syndrome, tendonitis, ganglion, and coeliac disease^{1,29}.

PREVENTION OF RHEUMATOID ARTHRITIS

There are several primary keys known to effectively prevent Rheumatoid Arthritis with most people, although it is also true that embryos and newly born children can be affected by unknown mechanisms or by means of circumstances beyond their control. Among these primary keys, of course, are the dual mechanisms of insuring proper diet^{62,63} and vitamin⁶⁴, mineral and essential fatty acid supplements, and relief from stressful living conditions^{1,2}.

Nutritional factors are again those common to health, which means, according to Gus J. Prosch, Jr., M.D.⁹⁵, use of unpolluted fresh vegetables and fruits, whole grains and nuts, cold water fish (non-farmed) (for essential fatty acids), and so on. As researched and demonstrated by Carl J. Reich, M.D. of Canada, the object is to insure that bodily tissues are sustained as an alkaline, as opposed to an acidic condition, and this can be tested easily by a simple litmus paper test on saliva that is free from food and drinks momentarily. A litmus paper test of small children, then older children, and so on upwards toward older adults, will demonstrate that litmused saliva tends to be very dark purplish with the younger and then slowly fade out as an acid condition takes over from inappropriate nourishment as we age^{1,2}.

Nutrition must take into consideration possible food allergies for each individual. Robert Bingham M.D.²⁰ has reported that about 1/3 of the arthritics are sensitive to solanines (nightshades), which should be eliminated from the diet. Solanines (nightshades) are potatoes, peppers, eggplant, tomatoes and tobacco.

As with the treatment of Osteoarthritis, joint conditions can be

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greatly improved through the usage of William Kaufman's Ph.D., M.D. regimen of niacinamide, the dosage dependent upon the degree of joint inflexibility as measured by a special easy-to-use scale^{89, 90, 91}.

Eating the proper essential fatty acids, and avoiding the wrong kind of fats, is very important with most degenerative diseases, including Rheumatoid Arthritis, according to Gus J. Prosch, Jr., M.D.^{21, 95}.

Stress Management is absolutely essential for the Rheumatoid Arthritic. The reason is this: When we are under stress, adrenalin is produced which turns on cortisone in the form of a substance called "cortisol." Cortisol, to provide us with quick energy during emergencies, causes small proteins in the immunological system to be utilized as a quick energy source. When we are under stress continually, this process goes on continually. The utilization of portions of the immunological system as quick energy causes the natural balance of cells responsible for defending us from invaders to be upset, and that, in effect, creates a kind of weakening of the immunological system. The weakening of the immunological system permits organisms of opportunity (such as *Candidas albicans*) to spread throughout the body, which further creates problems².

HOW CAN RHEUMATOID ARTHRITIS BE TREATED?

Rheumatoid Arthritis is known as "the great crippler," and as such, this condition frightens a great many. Established medical doctrine does not admit to any solution or knowledge on how to make one so afflicted well. According to *Clinics in Rheumatic Diseases*¹¹, a peer-reviewed summary of peer-reviewed research literature, established treatments are statistically no more effective than if the afflicted were left alone, or about one out of three would spontaneously remit — at least for the moment — if left alone. Actually the statistics are somewhat worse when one realizes that traditional immuno-modulating drugs such as methotrexate, gold, penicillamine and long-term cortico-steroids are not only not effective but also further damage the immunological system. It is hardly recommended, therefore, that any kind of traditional treatments including the above damaging drugs be accepted by the patient.

First and foremost for those found to be afflicted with Rheumatoid Disease is the searching out and removal of (or removal from) causation of stress².

Secondly, nutritional guidance and vitamin and mineral and essential fatty acid supplements must be sought²¹.

A whole life-style change may be involved in accepting the two recommendations above, and so the question the afflicted must ask is this: Do I want to be well or will I continue to raise barriers against wellness?

Third, a holistically minded physician will begin to rule out other conditions that the body uses to mimic Rheumatoid Arthritis. These may include, but not be limited to, external allergies from various pollutants and known allergens, internal allergies such as from food, air or drink, Candidiasis, bacterial pathogens (from ticks: Lyme Disease, for example), and from the inability to properly bring nourishment through the blood stream because of atherosclerosis. In this latter condition, of course, would be recommended Chelation Therapy².

Fourth, a holistically minded physician may also want to determine if the hormonal system is in balance and, if replacement hormones are suggested, to so provide them to the patient⁶.

Allergies

Of all the conditions that create symptoms perceivable as "arthritic" certain ones seem to be most prominent. Candidiasis and others will be discussed briefly.

Candidiasis^{41, 42, 43, 71}

The yeast/fungus *Candidas albicans*, is an ever-present micro-organism. C. Orian Truss, M.D. first identified the characteristics and symptomatic patterns that deduced whether or not an individual was being overwhelmed by this organism. *Candidas albicans* invades various parts of bodily tissues, resulting in the appearance of localized infections. Common sites of infection are the mouth as in infant Thrush, gastrointestinal tract, vagina, urinary tract, prostate gland, skin, fingernails and toenails. Under normal conditions your body is able to resist this invasion, as it does other germs. Whenever various substances weaken the immunological system, the yeast/fungus begins to spread, and creates havoc throughout body parts and systems. It may cripple the immune system so that it can no longer repel invaders. It can create allergies to chemicals and foods. It is believed that it invades the intestinal wall where toxins from microorganisms and protein molecules from food enter the blood stream directly from the intestinal tract. Once inside the bloodstream these foreign proteins are recognized as foreign antigens and the body manufactures antibodies to it. This is the start of additional food allergies which progresses with the progress of Rheumatoid Disease².

As the subject of treatment for Candidiasis is covered elsewhere, we shall not go further with the subject here. However, it has a clear relationship to bringing about wellness in the Rheumatoid Disease patient as well as having a strong contribution to the general subject of allergies.

Other Allergies

Allergies are often described as being extrinsic (to the body) or intrinsic. Examples of extrinsic allergies are pollen, chemicals, fabrics, and so on. Examples of intrinsic allergies are: (1) foreign invaders protozoa, bacteria, mycoplasma, yeast/fungus, virus or toxins produced by these microorganisms; and (2) residual chemicals or derivatives of chemicals that are stored in lipids (fatty parts) in the cells. Intolerance to foods may be genetically derived or might very well be from weakened intestinal lining from such agents as Candidiasis.

As any of the above allergies can (1) produce symptoms that mimic various arthritic symptoms and (2) contribute to free radical pathology that enforces the arthritic condition, serious attention should be paid to either avoidance of the allergenic substances or treatments that cure the underlying allergenic response.

Treatments for Extrinsic and Intrinsic Allergies

There are various alternative treatments reported to have affect on the course of otherwise intransigent allergies. These are Ozone Therapy^{32, 35} Photopheresis, Hydrogen Peroxide (IV) Therapy^{31, 34, 35, 37, 39} Carnivora Pitcher Plant (Venus Fly Trap) Therapy⁴⁴, Live Cell Therapy⁸⁵, and Bee Pollen^{30, 45, 46, 55, 81}. No one is entirely sure how all of these treatments function, but they obviously have an underlying ability to strengthen the immunological system, provide proper nourishment and/or enzymes, or help in the repair of crucial organs. J.O. Hunter found that food intolerance has been implicated in many conditions, and exclusion diets were found to be effective when treating "migraine, Crohn's disease, eczema, hyperactivity and rheumatoid arthritis⁸⁰." Additional treatments include Bio-Detoxification and Clinical Ecological Treatment.

Bio-Detoxification

Bio-Detoxification covers a broad spectrum of various means for ridding the body of undesirable pollutants found in either the intestinal tract or the fatty parts of cells (lipids.) According to Jeffrey S. Bland, Ph.D., J.O. Hunter points to abnormal bacterial flora in patients with rheumatoid arthritis and ankylosing spondylitis, as well as Crohn's disease⁸⁰. Hunter concluded that "if food allergy is

not an immunological disease in many patients, it may rather be a disorder of bacterial fermentation in the colon and might appropriately be named an 'enterometabolic disorder' associated with metabolic toxicity⁸⁰." Colon cleansers are widely used to remove pathogens and long-standing feces from the colon, where pathogens live. Others address the whole intestinal tract by means of various drugs, herbs, and/or other substances such as fatty acids inimical to *Candidas albicans* and other pathogens. They will use products intended to scrape out these organisms, or a combination of removal and killing of the pathogenic organisms such as combinations of Psyllium seed with Bentonite, Caprylic/Virgin Olive Oils. There is also simultaneous replacement with natural micro-flora: *Lactobacillus acidophilus* and *Bifido bacteria*⁵⁶.

Clinical Ecology

Clinical Ecology^{2,47} addresses itself primarily to determining the specific nature of the allergen and then laying out a course of action for avoiding it. Theron Randolph, M.D. is considered the grand-daddy of this approach which has found numerous successful practitioners. Quite surprisingly, at least to the layman, Theron Randolph's work and the work of other physicians such as Marshall Mandell, M.D. (Alan Mandell Clinic) has clearly shown that addictions to particular foods are based upon an allergy reaction, and in that sense, at least, food allergies and their addictions have a physiological similarity to drug addictions. A chocolateholic, for example, is almost surely allergic to chocolate. Those foods we purchase most frequently, and really like, are often the chief source of allergic reactions. Theron Randolph, M.D., Marshall Mandell, M.D. and many other physicians have shown that people may become allergic to almost anything. One person, for example, was known to be allergic to tantalum sutures⁵², a substance originally chosen as one that was non-allergenic. Others have found themselves allergic to every kind of food, natural and automobile gas and oil, any kind of fabrics, air and water pollutants and food preservatives and contaminants, and so on. By isolating the individual in a clinic constructed to be allergy free, and then by exhausting the intestinal tract through a five day fast, with nothing except pure water to drink, the individual can find their specific allergens. Usually this is done by trying one food at a time. When a substance is ingested that has allergenic properties, the individual usually has a more severe reaction than before this trial. When one learns all of the possible allergens, and returns to normal life, s/he must be most careful about exposure to these substances, either eliminating them as food or from the environment completely, or taking them as foods but sparingly, usually only once every third or so day^{2,47}.

Sauna Bio-Detoxification

Zane Gard, M.D. and Erma J. Brown, BSN, PhN state that "According to the EPA, by 1980 over 400 chemicals had been detected in human tissue; 48 were found in adipose tissue, 40 in breastmilk, 73 in liver, and over 250 in blood. The National Academy of Sciences reports that an average American today ingests about 40 mg of pesticides each day as DDT, each year in food sources alone -- and carries approximately 1/10th of a gram permanently stored in body fat.

"Human accumulation of such compounds as DDT, PCP, PCB, THC, and dioxin, reflect biologically persistent chemicals which are partitioned within the body from water into lipids. . . .

"Chemicals stored in the body pose a serious threat to both physiological and psychological health.

". . . the human body has no previous experience with these chemicals and there is no natural machinery in the body to break them down, much less eliminate them.⁸²."

None of the above treatments will totally eliminate pollutants stored in the fatty parts of each cell (lipids). One method that has

proven to be quite effective is that of proper use of sweat saunas coupled with the proper mixture of replacement water, vitamins, minerals and essential fatty acids and minimal exercise. This detoxification is known by several names, among which are those of Sauna Bio-detoxification and Hubbard detoxification program.

Although sweat saunas have been used for centuries, the first to take up a systematic study of biological and psychological phenomena that saunas produce is that of L. Ron Hubbard, founder of the philosophy of The Church of Scientology^{R 2, 48}.

One of the first scientific studies of Hubbard's development and hypothesis -- that residual pollutants stored in the fatty parts of cells were the triggering agents for many diseases and mis-understood psychological phenomena -- was funded by the United States Environmental Protection Agency and conducted by David W. Schnare, Max Ben, and Megan G. Shields, M.D.^{2, 49} Their study showed that PCBs and PBBs and Chlorinated Pesticides were reduced considerably through the use of Hubbard's regimen. Later studies^{2, 50, 51, 82} have verified this finding, and have extended the range of detoxified elements to include many otherwise intransigents, including so-called recreational drugs and medicines that have similar adverse affects.

Besides the aforementioned vitamins and minerals and essential fatty acids and replacement water, the patient is exposed to 140⁰ F to 180⁰F for 3-1/2 to 4-1/2 hours each day, also being permitted to leave the sauna and shower or walk around, and to eat, from time to time. In a clinical setting, tests are made of residual poisons in the lipids; in the Purification Rundown^R setting, another person familiar with the routine takes the sauna with you. Easily observed phenomena determines whether or not the replacement vitamins, minerals and essential fatty acids will be increased at each session. The person undergoing this sauna will subjectively feel that s/he is reliving portions of past experiences where s/he was exposed to the substances that produced the residual chemicals now stored in the fatty parts of cells. For example, one person⁵³ felt like he was again being treated with chloroform during an operation (smell, taste, other sensations), and then later experienced nitrous oxide gas from dental extractions. Many people experience suntan exposures, their skin showing vivid marks of bathing suit straps and the suit itself.

According to Zane R. Gard, M.D. and Erma J. Brown, B.S.N., Ph.N. "Medical conditions reported to have shown improvement on the program include the following: myopia, bursitis/fibromyositis, irritable bowel, dermatitis, acne, dysmenorrhea, tension headaches, hypoglycemia, fluid retention, thyromegaly, migrain headaches, allergic rhinitis, seborrhea, hypertension, pyorrhea, paraplegia, Peyronies Disease, and Grave's Disease⁸²." They also observed "improvement in [a] large array of unrelated medical conditions⁸²."

Unfortunately there are very few clinics established to furnish this method, but fortunately The Church of Scientology^R has forged ahead to make the process available everywhere in the world².

Dental/Mercury Toxicity

Mercury Toxicity probably produces more symptoms of various debilitating disease than any other substance, because the use of Mercury in teeth as dental fillings is and has been so widespread, and its medical implications so little understood by either the American Medical Association or the American Dental Association. The Swedish Dental Association, after many years of resistance, finally accepted the multitude of scientific evidence that exists, and publicly apologized to the Swedish public for the Dental Association's prior intransigence.

Briefly, there is no lower limit to a safe exposure to mercury, and as fillings are composed of mercury, silver, copper, tin and zinc, there are different electro-potentials in each filling. When dissimilar metals, with differing electro-potentials are bathed in acid or alkali,

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a current is formed. That's how batteries produce current. As saliva is acidic (or in a healthy person, alkaline), current is produced in each filling of each tooth. This current, along with other micro-organisms and acid or alkali cause mercury to slowly vaporize and to combine with organic materials, to be absorbed and accumulated in the body. Not only do people become exceedingly sensitive to mercury itself, but they also manifest a variety of symptoms that are often mis-diagnosed as something else. One physician almost routinely rules out mercury poisoning by first asking his patients to have their fillings replaced by non-harmful ingredients. Mercury detoxification is an important part of ridding of allergies and also simulated of symptoms other diseases, such as Osteoarthritis and Rheumatoid Disease⁵⁴.

The Rheumatoid Disease Foundation Recommendations

The non-profit Rheumatoid Disease Foundation has a four-part treatment recommendation that has been very effective with many for the past ten years. They recommend that (1) certain prescription medications be given to kill off assumed internal pathogens (bacteria, protozoa, mycoplasmas, virus, yeast/fungus) to which an individual is genetically susceptible, (2) nutrition be changed so that bodily tissues become alkaline as measured by the litmus saliva test, (3) intraneural injections be given to dampen the pain at the joints, especially while enduring a Herxheimer effect from number (1) above, and (4) other treatments such as for Candidiasis, Chelation Therapy, Allergies, Hormonal Replacement Therapy, Reconstructive and Neural Therapy and so on as the patient requires^{1,2}.

Medicines used for the treatment and remission or cure of Rheumatoid Disease (Arthritis) and related collagen diseases are the following: 1. Metronidazole, 2. Clotrimazole, 3. Tinidazole, 4. Nimorazole, 5. Ornidazole, 6. Allopurinol, 7. Furazolidone, 8. Diiodohydroxyquinon, 9. Rifampin, 10. Potassium Para Amino Benzoate, 11. Copper Ions.

The first five mentioned above are classed as 5-nitroimidazoles, where the first nitrogen in a 5-ring nitrogen structure has been replaced by another radical. They are all taken at the rate of 2 grams per day, two days in a row, then skip for five days, and repeat in all for six weeks. The two grams daily for 2 days dosage is computed on the basis of a 170# weight, and for each 25# above or below this weight, one-fourth of a gram is added or deducted from the two grams, respectively.

Simultaneously with one of the above five 5-nitroimidazoles is given 300 milligrams of number 6, Allopurinol, 3 times a day for 7 days. If you are one of the rare individuals who is allergic to Allopurinol, then number 7 above, Furazolidone, may be substituted at the rate of 100 mg 4 times a day, for one week.

If the disease process has not been stopped, then repeat again for another 6 weeks. Any of the above 5-nitroimidazoles may be used next, or even combinations of them, if the physician deems it proper.

Metronidazole is available in the United States via prescription. Clotrimazole by prescription, in the proper form, is available thru compounding pharmacists. Tinidazole by prescription is also available through compounding pharmacists. It is very low-cost in Mexico over the counter. Nimorazole and Ornidazole are available in various European countries. Items 6 through 10 are all available in the United States by prescription. Allopurinol is used for Gout. Furazolidone is used in the Southwestern United States for certain parasitic infections. Diiodohydroxyquinon is used against malaria. Rifampin is used against Tuberculosis -- use only under close medical supervision. Potassium Para Amino Benzoate is used for certain skin disturbances. The Copper Ions, invented by Seldon

Nelson, D.O.⁷² may be available only through restricted sources.

Three among the more than 100 Rheumatoid Diseases that may require additional forms of treatment are Psoriasis¹⁵, Lupus Erythematosus¹⁴, and Scleroderma¹⁴.

In the event of Psoriasis, the recommendation is a combination of diet and fumaric acid ester available from Cardiovascular Research Ltd., 1061-B Shary Circle, Concord, CA 94518 without prescription¹⁵. Also polyunsaturated ethyl ester lipids (Angiosan^R in the U.S. called X-OriTM In Canada), has been shown to be useful for Psoriasis. A source of information on Omega-3 fatty acids for inflammatory conditions is Beth Ley, B.S., BL Publications, 1728 Bedford Lane #17, Newport Beach, CA 92660³⁴.

For Lupus Erythematosus or Scleroderma, a treatment developed by Ron Davis, M.D.¹⁴ has proved quite effective, using both metronidazole and an injectable form of EDTA (Ethylene Diamine Tetracetic Acid) with DMSO (Dimethyl Sulfoxide).

Understanding the Herxheimer^{13,99} effect is a key to understanding many treatment processes. In 1902 research physicians, Doctors Adolph Jarisch and Karl Herxheimer, studied the treatment of syphilis using various kinds of relatively dangerous medicines. They learned, and concluded, that whenever an organism more complex than a simple bacterium was killed inside the human body, one had "flu-like" symptoms. This phenomena was later named the Jarisch-Herxheimer effect, or simply "The Herxheimer." It is called "The Herxheimer Effect" when treating Tuberculosis, Rheumatoid Disease or Leishmaniasis. When treating Leprosy it is called "Lucio's Phenomenon." When treating Candidiasis, it is called "The die-off effect."

Dr. Paul Pybus brought to forefront the fact that the severity of the Herxheimer correlates directly with the probability of achieving wellness^{1,2}.

Rheumatoid Disease Foundation referral physicians who initially kept statistics from 1982 have achieved an 80% remission/cure rate from Rheumatoid Disease provided the patient had not already been treated with gold, penicillamine, methotrexate or long-term cortico-steroids. If the patient had been treated by these immuno-modulating substances, then the recovery rate dropped to 50%, which is still 30% more than those simply "improving" from traditional and established treatments^{1,2}.

Other physicians, with other modalities, such as herbal therapy or homeopathy have also been successful. It is believed that all successful treatments are related in assisting the restoration of the patient to an initial healthy state by a combination of known and unknown mechanisms.

As with Osteoarthritis, and aside from food allergies and nightshades (solanines), dietary considerations, including mineral and vitamin supplements and herbal usages, often emphasize characteristics of anti-oxidants, anti-inflammatories, synergisms with other substances, hormonal replacements or blockages, or faster re-growth of, or maintenance of connective tissue. As the immune system is presumed to have been compromised, strong strategies are often utilized in conjunction with diet and supplements to strengthen the immunological system. This includes the long-term replacement of organisms of opportunity found in the intestinal tract by friendly bacteria -- *Lactobacillus acidophilus* and *Bifido bacterium*²⁴.

Mineral and Vitamin supplements include Selenium, Zinc, Manganese, Vitamin C, Proteolytic Enzymes, Flavonoids, D,L-Phenylalanine, Niacinamide, Tryptophan, Superoxide Dismutase, Panthothenic Acid, Sulfur (Cysteine), Methionine, Essential Fatty Acids⁹⁵, and Copper Aspirinate. Seldon Nelson, M.D. developed resin-coated copper granules for sub-lingual usage that was reported quite successful⁷². Most of these are anti-inflammatory, anti-

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oxidant²² or supplements for deficient nutritional substances. Rex E. Newnham²³, Ph.D., D.O., N.D. has reportedly excellent success in using Boron with both Osteoarthritis and Rheumatoid Disease Patients. Newnham²³ states that Boron plays a role in the retention of calcium and also positively stimulates hormonal factors.

Dr. Thomas MacPherson Brown reported success in the use of Tetracycline (now Minicline), based on findings that mycoplasmas were found in a variety of medical problems and isolated from a chimpanzee⁷⁴.

Herbal medicines listed are: *Curcuma longa*, *Zingiber officinale*, *Tanacetum parthenium*, *Harpagophytum procumbens*, *Bupleurum falcatum*, *Glycyrrhiza glabra*, *Panax ginseng*, *Scutellaria baicalensis* and the proanthocyanidins, Blueberries, Cherries and Hawthorn Berries²², and, of course, ginger powder.

A Case History

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

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

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

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

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

There had been a great deal of damage to this patient during the period while Rheumatoid Disease was progressing, and so various joints still held pain. Dr. Paul Pybus, developer of Intra-neural Injections visited America from Africa and between Dr. Pybus and Gus J. Prosch, Jr., M.D. (who learned, helped develop, and taught Pybus' technique), the patient began receiving intra-neurals every three to four months. The doctor would palpate -- touch with his finger -- key nerve ganglia near the surface of the skin. As these nerve ganglia led to joints with pain, whenever one was found with disturbed cellular nerve cell membranes, the doctors would mark the spots, and later inject them with a combination of Depot Medrol and a very dilute solution of Triamcinolone Hexacetonide, a pain killer and cellular membrane stabilizer. This combination of medi-

cines, acting locally, not systemically, caused the pain in the joints to disappear immediately. Pybus's past evidence showed that such relief lasted anywhere from three months on up to five years. Over a period of two years, treatments taken three to six months apart, the patient observed that there were increasingly less painful nerve ganglia, and that the beneficial effects of the treatments lasted longer each time taken.

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

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

It was difficult for this patient to change his life style, as 59 years (by now) of education in faulty nutritional advice had led him to live on fast food hamburgers, candy bars and pop, canned goods, margarine, and so on. As an experiment he studied the use of mega-dosages of vitamins and minerals, and grudgingly started eating fresh fruits, vegetables, whole grains and cold-water (non-farmed) fish. He also changed his kind of cooking oils to Virgin Olive Oil, used butter rather than margarine, supplemented with a quality grade of Flaxseed Oil, and ate more nuts, such as walnuts, all according to Gus J. Prosch, M.D.'s advice.

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

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

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

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

He found himself impotent, and after several trials and studies he twice injected Ge₁₃₂, which seemed to solve the problem. However, later he went to percutaneous application of testosterone and DHEA.

Damage done to his body had resulted in extreme pain in the neck and shoulder which normally would have required spinal fusions. Fortunately, this same patient, being wise enough to search out additional alternatives, discovered reconstructive therapy (sclerotherapy or proliferative therapy) through William J. Faber, D.O. Dr. Faber referred him to James O. Carlson, D.O., who specializes in non-surgical sports medicine. Over the period of twelve months, one treatment per month, Dr. Carlson helped the patient restore his body's structure, pain-free. It should not have taken more than three to six months, but his basal metabolism was low. This he learned

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.

by the use of the Broda O. Barnes', M.D. armpit temperature measurement technique, and is now on thyroid replacement therapy additionally. As use of reconstructive therapy depends on the body's ability to repair itself, the basal metabolism must be functioning effectively for rapid success after treatment.

As this person had suffered from extrinsic pollen allergies, he tried C.C. Pollen company's product recommended by Royden Brown, achieving some success in minimizing his response to these pollens.

He completed a series of Roling massages which reduced a great deal of pain in the left leg, leaving just a touch of tendonitis from fast (swing) dancing, which he still does, at age of 69, three or four times per week.

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

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

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

From Susana Alcazar Leyva, M.D. he receives injections of a form of thiamine (cocarboxylase) and nicotinamide dinucleotide plus adenine. These self-administered shots, now taken twice weekly, have greatly improved energy through, presumably, improvement of metabolic activity.

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

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

GOUTY ARTHRITIS

WHAT IS GOUTY ARTHRITIS?

The nature of Gouty Arthritis is most easily understood and controlled, as it stems from a partially known set of causes. It is a defect in the ability to rid oneself of uric acid, thus causing uric acid crystals to lodge in the collagen tissue matrices throughout portions of the body, especially near and around the joints. It also causes kidney stones, high blood pressure and other health problems in some folks, but it rarely afflicts women or children. As Osteoporosis is predominately a woman's disease, gout is predominately a man's disease, the ratio being about 19 men for 1 women. Ninety-five percent of gout victims, therefore, are men. The few women who have gout show signs and symptoms after menopause, so there must surely be a hormonal component to gout. Children are almost never affected⁷.

Up until the 1960's gout was a terrible disease without much

help from the medical profession. One had attacks of fever, chills and excruciating needle-like pains. The gout victim suffered for weeks at a time. Eventually the attacks of gout became more frequent and eventually disabling, with kidney disease, heart disease and many other complications setting in⁵.

WHAT CAUSES GOUTY ARTHRITIS?

Those who suffer from gout have a condition known as Hyperuricemia, which simply means too much uric acid in the blood serum. If you placed some of the patient's blood on a string and let it dry, there would form linked crystals of uric acid. These when deposited in the wrong places in the body create joint inflammation, kidney blockage and lumps called "tophi".

Uric acid does not easily dissolve in water, and blood is composed mainly of water. One gram of salt will dissolve in about one-half teaspoon of water; one gram of sugar in about one-tenth teaspoon of water. To dissolve the same amount of uric acid takes at least two quarts of water!

We can easily produce uric acid, and our bodies are geared to conserving it, instead of excreting it freely through our kidneys with other waste products. The kidneys remove it from the blood, and then restore most of it back to the bloodstream so that it can go on to other organs for use. It may also be that many gout victims are more efficient in doing this filtering/restoring, but that is only speculation⁵.

The extra uric acid must lodge someplace, and that's where the pain comes in, when the body decides to deposit the small uric acid crystals in a collagen matrix, especially near a moving joint.

Research by German scientists have pointed to mycoplasmas as a source of gout. The mycoplasmas produce a substance called ubiquitin, which causes the precipitation of uric acid. Interestingly, mycoplasmas have also been indicted as a source of Rheumatoid Disease by Thomas McPherson Brown, M.D.

HOW CAN GOUTY ARTHRITIS BE PREVENTED AND/OR TREATED?

Very little is known about what starts and stops gout attacks. Emotional upset or stress can surely bring on an attack. Without question, diet can control attacks, causing it to be greater or lesser depending upon what is eaten. Perhaps weather changes or drugs may precipitate an attack. There are no general rules that apply to everyone⁵.

Besides the diet — and probably related to the diet — is the fact of tissue acidity/alkalinity balances.

It is also important that sufficient thyroid be produced or available to the metabolism.

Not enough is known about the metabolic defects that bring about gout and so, other than inheriting a healthy metabolism, and maintaining other healthy conditions, such as diet and relief of stress, appropriate physical exercise and so on, few recommendations can be given for preventing the condition known as Gouty Arthritis. At least one person -- and probably more than one -- has restored this bodily functions to a healthy condition and found that his gout had disappeared⁵⁵.

If you do find yourself with Gouty Arthritis, there is a well-known and accepted diet and medications that can be used to control the affliction. However, according to Warren Levin, M.D., "One of the well-recognized triggers for attacks of gout is a weight-reduction program emphasizing low carbohydrate. This results in the patient going into ketosis as the body burns fatty-acid residues for energy. [Ketosis is a condition of too many ketones in the body, any compound containing the carbonyl group, CO.] These are ordinarily harmless 'clinkers' from the body's energy furnaces, although in excess they cause ketoacidosis as, for instance, severe diabetes where the body is unable to burn carbohydrates as well. The normal

mechanism of excretion of ketone bodies is through the kidney and, hence, Dr. Robert Atkins' use of KetoStix™ to prove the compliance of his patients on the rigorous carbohydrate restriction. This same excretory pathway, however, is utilized by the body in excreting uric acid. When there is a high level of ketoacid, it's like competition for a revolving door, everything slows down. The result is sometimes a dramatic increase in serum levels of uric acid, which can precipitate either kidney stones or a gouty attack⁹⁷."

Diet⁵

Avoid foods with a high purine content. These include all organ meats (liver, kidneys, sweetbreads, etc.), anchovies, gravies, meat extracts, salmon (and Lox, etc.), and Sardines. Organ meats are often used in preparing sausages, luncheon meats and similar products. Avoid all alcoholic beverages.

Be careful with those of a fairly high purine content, such as asparagus, beans, peas, lentils, bran, celery, fish (freshwater and saltwater), meats (except organs mentioned above), mushrooms, oatmeal, poultry, radishes, seafood (crabs, oysters, lobsters), spinach, and wheatgerm.

You can enjoy these: All vegetables except those mentioned above, breads and cereals (except whole grain), eggs, fats and oils, fish roe including caviar, gelatin, milk and milk products, nuts, sugars, syrups, and sweets.

Medicine⁵

Two medicines used to control gout are allopurinol and colchicine. Allopurinol keeps the body from lodging the crystals in collagen tissue and colchicine helps the body to dissolve the crystals already formed.

As various herbal preparations also contain the same or similar ingredients, often herbal remedies have been, and can be, used, toward the same ends.

Of course, if mycoplasmas are truly the basis to gout, then proper diet and ridding of these microorganisms would be most important for curing gout.

Physical Therapy

Physical therapy and/or heat is often given a major role in the treatment or management of arthritis. Certainly it is important to exercise sufficiently to keep the joints working, but a word of caution: In the case of Gouty Arthritis, such physical activity is not only extremely painful, but may also help to rapidly erode joint bearing surfaces by the action of uric acid crystals gouging into the surfaces. If Rheumatoid Arthritis is caused by a genetic susceptibility to the protein products or toxins of an unknown organism²⁹, then extended exercise and heat will cause that organism to be spread further and faster, probably resulting in what is known as "galloping arthritis!". The Rheumatoid Disease Foundation takes the position that one should first halt the progress of the disease, and then conduct more strenuous exercises.

Text References

1. Anthony di Fabio, *Rheumatoid Diseases Cured at Last*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1985.
2. Anthony di Fabio, *The Art of Getting Well*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1988.
3. Anthony di Fabio, *Treatment and Prevention of Osteoarthritis*, Part I, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1989. Also in *Townsend Letter for Doctors*, January 1990, #78.
4. Anthony di Fabio, *Treatment and Prevention of Osteoarthritis*, Part II, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1989. Also in *Townsend Letter for Doctors*, February/March 1990, #79/80.

5. Anthony di Fabio, *Gouty Arthritis*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1989.
6. Anthony di Fabio, *The Master Regulator*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1989.
7. Paul Pybus, *Intraneural Injections for Rheumatoid Arthritis and Osteoarthritis and The Control of Pain in Arthritis of the Knee*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1989.
8. William J. Faber, D.O. and Morton Walker, D.P.M., *Pain, Pain Go Away*, Milwaukee Pain Clinic & Metabolic Research Center, 6529 W. Fond du Lac Ave., Milwaukee, WI 53218, 1990.
9. William J. Faber, D.O. and Morton Walker, D.P.M., *Instant Pain Relief*, Milwaukee Pain Clinic & Metabolic Research Center, 6529 W. Fond du Lac Ave., Milwaukee, WI 53218, 1990.
10. James A. Carlson, D.O., Knoxville, TN.
11. John H. Klippel, M.D., John L. Decker, M.D. Ed., *Clinics in Rheumatic Diseases*, Vol. 9/No. 3, W.B. Saunders Company Ltd., December 1983.
12. Lester Winters, M.D. *Cellular Therapy*, A Syllabus Nov. 1989.
13. Perry A. Chapdelaine, Sr., "Herxheimer Reaction," *Townsend Letter for Doctors*, May 1991, #94.
14. Anthony di Fabio, *A Treatment for Scleroderma & Lupus Erythematosus*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1989. Also in *Townsend Letter for Doctors*, Dec. 1989, #77.
15. Anthony di Fabio, *The Surprising Psoriasis Treatment*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1989. Also in *Townsend Letter for Doctors*, June 1990, #83.
16. Peter Dosch, M.D. *Manual of Neural Therapy according to Huneke*, Eleventh Edition, Haug Publishers., 1984.
17. Pizzorno & Murray, *Textbook of Natural Medicine*, Osteoarthritis VI: Osteoa-1, 1991.
18. Pizzorno & Murray, *Textbook of Natural Medicine*, Rheumatoid Arthritis VI: RA-4, 1991.
19. Pizzorno & Murray, *Textbook of Natural Medicine*, Rheumatoid Arthritis VI: RA-5, 1991.
20. Robert Bingham, M.D. *Fight Back Against Arthritis*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1985.
21. Anthony di Fabio, *Essential Fatty Acids are Essential*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1989. Also see Pizzorno & Murray, RA-4, 1991.
22. Pizzorno & Murray, *Rheumatoid Arthritis VI: RA-4-5* 1991.
23. Rex E. Newnham, Ph.D., D.O., N.D., *Away With Arthritis, Cracoe House Cottage*, Cracoe, Skipton, North Yorkshire BD23 6LB England.
24. Anthony di Fabio, *Friendly Bacteria -- Lactobacillus acidophilus & Bifido bacterium*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384.
25. Richard Edelson, Peter Heald, Maritza Perez, Alain Rook, "Photopheresis Update," *Progress in Dermatology*, Vol. 25, No. 3, Sept. 1991.
26. Personal communication from William Campbell Douglass, M.D.
27. Personal visit in the U.S. with Tonis Pai, M.D.
28. Personal visit with Gus Prosch, Jr., M.D., Birmingham,

AL.

29. Roger Wyburn-Mason, M.D., Ph.D., *The Causation of Rheumatoid Disease and Many Human Cancers*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1985.
30. Anthony di Fabio, *Bee Pollen: The Perfect Food*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384.
31. Anthony di Fabio, *Hydrogen Peroxide Therapy*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384.
32. Ed McCabe, *Oxygen Therapies*, Energy Publications, 99-RD1, Morrisville, NY 13408, 1988.
33. Broda O. Barnes, M.D., Lawrence Galton, *Hypothyroidism: The Unsuspected Illness*, Harper & Row, New York, 1976.
34. Walter O. Grotz, *Grotz: Hydrogen: Bibliography*, ECHO, 300 South 4th Street, Delano, MN 55328.
35. Personal Communication from Helmut Christ, M.D., Germany and William Campell Douglass, III, M.D., Georgia.
36. John E. Croft, L.R.C.S., F.R.S.H., *Natural Relief From Arthritis*, Nutri-Books, Box 5793, Denver Colorado 80217, 1979.
37. Kurt Konsbach, D.C., Ph.D. *Hydrogen Peroxide*,
38. Theron G. Randolph, M.D., Ralph W. Moss, Ph.D., *An Alternative Approach to Allergies*, Bantam Books, 1982.
39. Charles Marchand, *The Therapeutical Applications of Hydrozone and Glycozone*, Echo, Inc. PO Box 126 Delano, MN 55328, republished from the 1904 18th edition 1989.
40. Corazon Illarina, M.D., unpublished manuscript, The Holistic Book Project, Inc. 1992.
41. C. Orian Truss, M.D., *The Missing Diagnosis*, C. Orian Truss, 2614 Highland Avenue, Birmingham, AL 35205, 1982.
42. William G. Crook, M.D., *The Yeast Connection*, Third Edition, Professional Books, PO Box 3494, Jackson, TN 38301, 1986.
43. William G. Crook, M.D., Laura Stevens, *Solving the Puzzle of Your Hard-To-Raise Child*, Professional Books, PO Box 846, Jackson, TN 38302, 1987.
44. Morton Walker, D.P.M. "The Carnivora Cure for Cancer, AIDS & Other Pathologies," *Townsend Letter for Doctors*, p. 412, June 1991; and "The Carnivora Cure for Cancer, AIDS & Other Pathologies -- Part II", *Townsend Letter for Doctors*, 911 Tyler Street, Port Townsend, WA 98368-6541, p. 329, May 1992.
45. Royden Brown, "Bee Pollen Cure for COPD," *Townsend Letter for Doctors*, 911 Tyler Street, Port Townsend, WA 98368-6541, p. 500, June 1992.
46. Personal communication with Royden Brown, Renaissance Laboratories, 3627 E. Indian School Road, Suite 209, Phoenix, AZS 85018.
47. Theron G. Randolph, M.D. & Ralph W. Moss, Ph.D., *An Alternative Approach to Allergies*, Bantam Book, July 1982.
48. *The Purification Rundown*, Bridge Publications, Inc., 1414 North Catalina Street, Los Angeles, CA 90027.
49. David W. Schnare, Max Ben, Megan G. Shields, "Body Burden Reductions of PCBs, PBBs and Chlorinated Pesticides in Human Subjects," *Ambio* Vol. 13, NO. 5-6, p. 378, 1984.
50. Ziga Tretjack, Megan Shields, Shelley L. Beckmann, "PCB Reduction and Clinical Improvement by Detoxification: an Unexploited Approach?" *Human & Experimental Toxicology* 9, 235-244, 1990.
51. Human Detoxification: New Hope for Firefighters, *California Fire Fighter*, Federated Fire Fighters of California, No. 4, 1984.
52. Personal experience, Perry A. Chapdelaine, Sr.
53. Personal experience, Perry A. Chapdelaine, Sr.
54. Hal A. Huggins, D.D.S., *It's All In Your Head*, Life Sciences Press, 4th Edition, 1990.
55. Royden Brown, *How to Live The Millenium*, Pains Corporation, Phoenix, AZ 85018.
56. "Goodbye Candida," Nutri-Dyn, Nu Biologics, 2470 Wisconsin Street, Downers Grove, IL 60515-4019.
57. Anthony di Fabio, *Germanium*, The Rheumatoid Disease Foundaiton, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384.
58. Sandra Goodman, Ph.D., *Germanium, The Health and Life Enhancer*, Thorsons Publishers Limited, Wellingborough, Northamptonshire, NN8 2RQ England.
59. Betty Kamen, Ph.D. *Germanium: A New Approach to Immunity*, Nutrition Encounter, Inc., Box 689, Larkspur, CA 94939.
60. Penny C. Royal, *Herbally Yours*, Sound Nutrition, 2560 North 560 East, Provo, UT 84604, 1987.
61. Yoshide Hagiwara, M.D. *Green Barley Essence*, Keats Publishing Co, 27 Pine St. (Box 876), New Canaan, CT 06840, 1985.
62. Maureen Salaman, *Nutrition: The Cancer Answer*, Stratford Publishing, 1259 El Camino Real, Suite 1500, Menlo Park, CA 94025, 1983.
63. Nathan Pritikin, *The Pritikin Promise*, Pocket Books, Simon & Schuster, Inc., 1985.
64. Linus Pauling, *How To Live Longer and Feel Better*, Avon Books, 105 Madison Ave., New York, NY 10016, 1986.
65. The Rheumatoid Disease Foundation files.
66. Harvey Bigelsen, M.D., *The Townsend Letter for Doctors*, #51, p. 294, Oct. 1987.
67. Ralph Wilson, Abstracter, of Callinan, P. "The Mechanism of Action of Homeopathic Remedies -- Towards a Definitive Mode of Action," *J. of Complementry Medicine*, July 1985.
68. Dr. Erik Enby, *Hidden Killers*, Peter Gosch, Michael Sheehan, Sheehan Communications, 1990.
69. Luc De Schepper, M.D., Ph.D., C.A., Peak Immjinity, 2901 Wilshire Boulevard, Suite 435, Santa Monica, CA 90403, 1989.
70. "British Medical Journal Acknowledges the Value of Homeopathy," *The Townsend Letter for Doctors*, #96, July 1991.
71. Dennis W. Remington, M.D., Barbara W. Higa, R.D., *Back to Health*, Vitality House International, Inc., 3707 North Canyon Road #8-C, Provo, UT 84604.
72. Seldon Nelson, M.D., "The Use of Ionic Copper in the Treatment of Arthritis," *The Journal of the Academy of Rheumatoid Diseases*, Volume I, No. 3, Robert Bingham, M.D., 7750 Katella Ave., Suite 203, Stanton, CA 90680, 1987.
73. Raymond F. Peat, Ph.D., "Hormone Balancing: Natural Treatment," *The Journal of the Rheumatoid Disease Medical Association*, Volume 1, Number 1, Robert Bingham, M.D., 7750 Katella Ave., Suite 203, Stanton, CA 90680, 1986.
74. Robert Bingham, M.D., "The Arthritis Program of the Desert Arthritis Medical Clinic," *The Journal of the Rheumatoid Disease Medical Association*, Volume 2, Number 1, Robert Bingham, M.D., 7750 Katella Ave., Suite 203, Stanton, CA 90680, 1990.
75. Based on reports over 10 years to The Rheumatoid Disease Foundation.
76. Reproductions of *The Microzymas and The Blood* (1908) translated by Montague Levenson, M.D. (1911) available through John & Frieda Mattingly, PO Box 7178, Loveland, CA 80537.
77. Personal Visitation to Lida Mattman, Ph.D. and author of definitive work, *Cell Wall Deficient Organisms*, Chemical Rubber Company.

78. Gerald J. Domingue, Jorgen U. Schlegel, Hannah B. Woody, "Naked Bacteria in Human Blood," *Microbia*, Tome 2, No. 2, 1976.

79. Arabinda Das, M.D. "A Doctor's Case: What Happens When a Physician Becomes a Rheumatoid Arthritis Patient?" *The Townsend Letter for Doctors*, July 1992.

80. Jeffrey S. Bland, Ph.D. "Managing Endo- and Exotoxicity," *Townsend Letter for Doctors*, July 1992.

81. American Apitherapy Society, Inc., Letters to the Editors, *The Townsend Letter for Doctors*, p. 610, July 1992.

82. Zane R. Gard, M.D. and Erma J. Brown, BSN, Ph.N. "Literature Review & Comparison Studies of the Sauna and Illness -- Part II," *The Townsend Letter for Doctors*, July 1992.

83. Virginia Livingston-Wheeler, Edmond G. Addeo, *The Conquest of Cancer*, Franklin Watts, 1984.

84. John W. Mattingly, *Microscopy, Bacteriology and Gaston Naessens' Biological Theory*, 2408 Frances Drive, Loveland, CO 80537, Jan. 1986.

85. Lester Winters, M.D., *Cellular Therapy*, 2182 March Place, San Diego, CA 92110.

86. Ida P. Rolf, Ph.D., *Rolfing The Integration of Human Structures*, Harper & Row Publishers, 1977.

87. Rolf Institute, PO Box 1868, Boulder, CO 80306.

88. Personal communication with Thomas Gervais.

89. William Kaufman, Ph.D., M.D., "The Use of Vitamin Therapy to Reverse Certain Concomitants of Aging," *Journal of the American Geriatrics Society*, Vol. III, No. 11, Nov. 1955, p. 927-936.

90. William Kaufman, Ph.D., M.D. "Niacinamide: A Most Neglected Vitamin, *Journal of the International Academy of Preventive Medicine*, Vol. VIII, No. 1, Winter, 1983.

91. William Kaufman, Ph.D., M.D. *The Common Form of Joint Dysfunction*, E.L. Hildreth & Co., 1949.

92. Personal communication with Rolfer Les Kertay, M.A.

93. Personal communication with Lester Winters, M.D.

94. Gerhard Shettler, Prof. Dr. med. "Intra-articular Cellular Therapy and Adjunctive Treatment," University of Cologne, Bundesrepublik Deutschland.

95. Personal communication with Gus J. Prosch, Jr., M.D.

96. Julian Whitaker, M.D. *Health & Healing*, Vol. 2, No.6., June 1992.

97. Warren Levin, M.D. Personal Communication to Perry A. Chapdelaine, Sr.

98. Anthony di Fabio, *Chelation Therapy*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384.

99. Anthony di Fabio, *The Herxheimer Effect*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384.

Books and Other Reading Materials

1. Anthony di Fabio, *Rheumatoid Diseases Cured at Last*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1985.

2. Anthony di Fabio, *The Art of Getting Well*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1988.

3. Anthony di Fabio, *Treatment and Prevention of Osteoarthritis*, Part I, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1989. Also in *Townsend Letter for Doctors*, January 1990, #78.

4. Anthony di Fabio, *Treatment and Prevention of Osteoarthritis*, Part II, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1989.

Also in *Townsend Letter for Doctors*, February/March 1990, #79/80.

5. Anthony di Fabio, *Gouty Arthritis*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1989.

6. Anthony di Fabio, *The Master Regulator*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1989.

7. Paul Pybus, *Intraneural Injections for Rheumatoid Arthritis and Osteoarthritis and The Control of Pain in Arthritis of the Knee*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1989.

8. William J. Faber, D.O. and Morton Walker, D.P.M., *Pain, Pain Go Away*, Milwaukee Pain Clinic & Metabolic Research Center, 6529 W. Fond du Lac Ave., Milwaukee, WI 53218, 1990.

9. William J. Faber, D.O. and Morton Walker, D.P.M., *Instant Pain Relief*, Milwaukee Pain Clinic & Metabolic Research Center, 6529 W. Fond du Lac Ave., Milwaukee, WI 53218, 1990.

10. John H. Klippel, M.D., John L. Decker, M.D. Ed., *Clinics in Rheumatic Diseases*, Vol. 9/No. 3, W.B. Saunders Company Ltd., December 1983.

11. Anthony di Fabio, *Essential Fatty Acids are Essential*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1989.

12. Perry A. Chapdelaine, Sr., "Herxheimer Reaction," *Townsend Letter for Doctors*, May 1991, #94.

13. Anthony di Fabio, *A Treatment for Scleroderma & Lupus Erythematosus*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1989. Also in *Townsend Letter for Doctors*, Dec. 1989, #77.

14. Anthony di Fabio, *The Surprising Psoriasis Treatment*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1989. Also in *Townsend Letter for Doctors*, June 1990, #83.

15. Peter Dosch, M.D. *Manual of Neural Therapy according to Huneke*, Eleventh Edition, Haug Publishers., 1984.

16. Robert Bingham, M.D. *Fight Back Against Arthritis*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1985.

17. Jack M. Blount, M.D. Archimedes Concon, M.D., James Rowland, D.O., William Renforth, M.D., Paul Williamson, M.D., Roger Wyburn-Mason, M.D. *Historical Documents In Search of the Cure for Rheumatoid Disease*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1985.

18. Joan Wyburn-Mason, *Dedication, Love and Humour*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1985.

18. Roger Wyburn-Mason, M.D., Ph.D., *The Causation of Rheumatoid Disease and Many Human Cancers*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384, 1985.

19. Broda O. Barnes, M.D. and Lawrence Galton, *Hypothyroidism: The Unsuspected Illness* Harper & Row, New York 1976.

20. Rex E. Newnham, Ph.D., D.O., N.D., *Away With Arthritis, Cracoe House Cottage*, Cracoe, Skipton, North Yorkshire BD23 6LB England.

21. Pizzorno & Murray, *Textbook of Natural Medicine*, Osteoarthritis VI, 1991.

22. Pizzorno & Murray, *Textbook of Natural Medicine*, Rheumatoid Arthritis VI, 1991.

23. Anthony di Fabio, *Friendly Bacteria -- Lactobacillus acidophilus & Bifido bacterium*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.

9384.

24. Dr. Erik Enby, *Hidden Killers*, Peter Gosch, Michael Sheehan, Sheehan Communications, 1990.

25. Anthony di Fabio, *Hydrogen Peroxide Therapy*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384.

26. Ed McCabe, *Oxygen Therapies*, Energy Publications, 99-RD1, Morrisville, NY 13408, 1988.

27. Broda O. Barnes, M.D., Lawrence Galton, *Hypothyroidism: The Unsuspected Illness*, Harper & Row, New York, 1976.

28. John E. Croft, L.R.C.S., F.R.S.H., *Natural Relief From Arthritis*, Nutri-Books, Box 5793, Denver Colorado 80217, 1979.

29. Kurt Konsbach, D.C., Ph.D. *Hydrogen Peroxide*,

30. Theron G. Randolph, M.D., Ralph W. Moss, Ph.D., *An Alternative Approach to Allergies*, Bantam Books, 1982.

31. Charles Marchand, *The Therapeutical Applications of Hydrozone and Glycozone*, Echo, Inc. PO Box 126 Delano, MN 55328, republished from the 1904 18th edition 1989.

32. C. Orian Truss, M.D., *The Missing Diagnosis*, C. Orian Truss, 2614 Highland Avenue, Birmingham, AL 35205, 1982.

33. William G. Crook, M.D., *The Yeast Connection*, Third Edition, Professional Books, PO Box 3494, Jackson, TN 38301, 1986.

34. William G. Crook, M.D., Laura Stevens, *Solving the Puzzle of Your Hard-To-Raise Child*, Professional Books, PO Box 846, Jackson, TN 38302, 1987.

35. *Townsend Letter for Doctors*, 911 Tyler Street, Port Townsend, WA 98368-6541.

36. Theron G. Randolph, M.D. & Ralph W. Moss, Ph.D., *An Alternative Approach to Allergies*, Bantam Book, July 1982.

37. *The Purification Rundown*, Bridge Publications, Inc., 1414 North Catalina Street, Los Angeles, CA 90027.

38. Royden Brown, *How to Live The Millenium*, Pains Corporation, Phoenix, AZ 85018.

39. Anthony di Fabio, *Germanium*, The Rheumatoid Disease Foundaiton, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384.

40. Sandra Goodman, Ph.D., *Germanium, The Health and Life Enhancer*, Thorsons Publishers Limited, Wellingborough, Northamptonshire, NN8 2RQ England.

41. Betty Kamen, Ph.D. *Germanium: A New Approach to Immunity*, Nutrition Encounter, Inc., Box 689, Larkspur, CA 94939.

42. Penny C. Royal, *Herbally Yours*, Sound Nutrition, 2560 North 560 East, Provo, UT 84604, 1987.

43. Yoshide Hagiwara, M.D. *Green Barley Essence*, Keats Publishing Co, 27 Pine St. (Box 876), New Canaan, CT 06840, 1985.

44. Maureen Salaman, *Nutrition: The Cancer Answer*, Stratford Publishing, 1259 El Camino Real, Suite 1500, Menlo Park, CA 94025, 1983.

45. Nathan Pritikin, *The Pritikin Promise*, Pocket Books, Simon & Schuster, Inc., 1985.

46. Linus Pauling, *How To Live Longer and Feel Better*, Avon Books, 105 Madison Ave., New York, NY 10016, 1986.

47. Luc De Schepper, M.D., Ph.D., C.A., *Peak Immunity*, 2901 Wilshire Blvd, Suite 435, Santa Monica, CA 90403, 1989.

48. Luc De Schepper, M.D., Ph.D., C.A., *Peak Immunity*, 2901 Wilshire Boulevard, Suite 435, Santa Monica, CA 90403, 1989.

49. Dennis W. Remington, M.D., Barbara W. Higa, R.D., *Back to Health*, Vitality House International, Inc., 3707 North Canyon Road #8-C, Provo, UT 84604.

50. Rolf Institute, PO Box 1868, Boulder, CO 80306.

51. Anthony di Fabio, *Chelation Therapy*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384.

52. Anthony di Fabio, *Bee Pollen: The Perfect Food*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384.

53. Anthony di Fabio, *The Herxheimer Effect*, The Rheumatoid Disease Foundation, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384.

54. Beth Ley, B.S., "Omega-3 Fatty Acids and Inflammatory Conditions Arthritis to Psoriasis -- Additional Effects Beyond Heart Health," *Townsend Letter for Doctors*, Op.Cit., Dec. 1993, p. 1210.

55. Personal conversation.