

I WANT TO THANK YOU FOR THIS OPPORTUNITY TO SHARE WITH YOU TODAY THE INFORMATION, IDEAS AND KNOWLEDGE THAT THE RHEUMATOID DISEASE FOUNDATION HAS BEEN WORKING WITH AND DEVELOPING FOR THE PAST 6 YEARS, OUR WORK AND FINDINGS ARE PRIMARILY CONCERNED WITH A NEW CONCEPT IN THE CARE AND TREATMENT OF RHEUMATOID ARTHRITIS AND IT'S APPLICATION TO OTHER COLLAGEN OR AUTO-IMMUNE AND RELATED DISEASES, I WANT YOU TO KNOW THAT I AM NOT A RHEUMATOLOGIST, BUT I AM A GENERAL PRACTITIONER WHO SPECIALIZES IN TREATING VARIOUS CHRONIC DEGENERATIVE DISEASES,

I HAVE ALWAYS MAINTAINED AN INTENSE INTEREST IN THE CAUSE AND TREATMENT OF ESPECIALLY RHEUMATOID ARTHRITIS AND I AM WELL FAMILIAR WITH THE PLACEBO EFFECT AND THE DIFFERENT AND VARIED RESPONSES TO TREATMENT BY INDIVIDUAL PATIENTS. THROUGHOUT THE YEARS I HAVE CONTINUED TO IMPROVE MY KNOWLEDGE AND EDUCATION CONCERNING THE ETIOLOGY AND TREATMENT OF THESE AFFECTED PATIENTS AND EVEN ESPECIALLY SO SINCE I BEGAN LIMITING MY PRACTICE TO THE TREATMENT OF THE DEGENERATIVE DISEASES.

I WAS ASKED TO SPEAK TODAY ON THE ANTI-AMOEBIIC TREATMENT OF RHEUMATOID DISEASE. AND THIS IS A VERY BROAD SUBJECT. I KNOW THAT THERE ARE SOME PEOPLE HERE WHO ARE NOT FAMILIAR WITH OUR WORK SO I WILL GIVE A RAPID BACKGROUND REVIEW OF OUR WORK, WHAT HAS BEEN DONE, AND THEN GO INTO THE ACTUAL TREATMENTS AND SUPPORT METHODS BEING RECOMMENDED AT THE PRESENT TIME.

BRIEF HISTORY OF DEVELOPMENT OF THIS TREATMENT IN THE UNITED STATES

AS A PHYSICIAN, I HAVE OVER THE YEARS SPECIALIZED IN TREATING THE CHRONIC DEGENERATIVE DISEASES AND I'VE HAD AN INTENSE INTEREST IN SEEKING MEANS TO TREAT RHEUMATOID ARTHRITIS AND OTHER RHEUMATOID DISEASES. WORK DONE BY DR. JACK M. BLOUNT OF PHILADELPHIA, MISSISSIPPI, CAME TO MY ATTENTION ABOUT SEVEN YEARS AGO, ALTHOUGH I WAS VERY SKEPTICAL, MY SUBSEQUENT INTERVIEWS WITH SEVERAL OF DR. BLOUNT'S SUCCESSFULLY TREATED ARTHRITIC PATIENTS MADE ME CURIOUS ENOUGH TO SEEK OUT AND REVIEW THE MEDICAL LITERATURE ON ADVANCES AND TREATMENT OF RHEUMATOID DISEASES. WHAT I FOUND CONVINCED ME THAT DR. BLOUNT'S THEORY AND TREATMENT MADE A GOOD DEAL OF SENSE.

THE TREATMENT ADVOCATED BY DR. BLOUNT WAS BASED PRIMARILY ON THE PUBLISHED RESEARCH OF PROFESSOR ROGER WYBURN-MASON OF ENGLAND. DR. BLOUNT, A VICTIM OF RHEUMATOID ARTHRITIS, HAD BY EARLY 1974 BEEN NEARLY TOTALLY DISABLED. HE HAD UNDERGONE REPLACEMENT OF HIS RIGHT HIP JOINT, BUT THE PAIN AND DISABILITY HAD GOTTEN WORSE. ALL THE USUAL TREATMENTS HAD FAILED TO ALLEVIATE HIS PAIN OR SLOW THE PROGRESS OF THE DISEASE. IN EARLY 1976, DR. BLOUNT READ AN ARTICLE IN *MODERN MEDICINE* ENTITLED "HAS ONE MAN FOUND THE CAUSE AND CURE OF RHEUMATOID DISEASE". ACCORDING TO THAT ARTICLE, DR. WYBURN-MASON CLAIMED THAT RHEUMATOID ARTHRITIS IS CAUSED BY A GERM, A PROTOZOAN, NOT UNLIKE THE LETTUCE BUG AMOEBAE.

DR. BLOUNT DECIDED TO TRY WYBURN-MASON'S TREATMENT, BUT THE SUGGESTED DRUG, CLOTRIMAZOLE, WAS NOT AVAILABLE IN THE U.S. HOWEVER, INVESTIGATION LED HIM TO COMPARE CLOTRIMAZOLE WITH ANOTHER DRUG CALLED FLAGYL (PRODUCED BY G.D. SEARLE AND CO.), AND KNOWN GENERICALLY AS METRONIDAZOLE. HE FOUND THE TWO DRUGS TO BE NEARLY IDENTICAL. THE AMERICAN DRUG HAS BEEN USED SINCE 1962 TO TREAT AMEBIASIS AND TRICOMONAS VAGINITIS.

DR. BLOUNT KNEW THE STANDARD DOSAGE FOR TREATING AMEBIASIS OR TRICOMONAS WOULD NOT BE STRONG ENOUGH SINCE IT WOULD HAVE BEEN NOTICED BY OTHER RESEARCHERS TO RELIEVE ARTHRITIS IF THE DRUG WAS AS EFFECTIVE AS DR. WYBURN-MASON SUGGESTED. DR. BLOUNT INCREASED THE DOSAGE AND DURING THE NEXT TWO WEEKS HE FOUND THE SORENESS, STIFFNESS AND SWELLING IN HIS JOINTS STARTED GOING AWAY. REPEATING THE COURSE OF TREATMENT EVERY TWO WEEKS, HE FOUND HIS CONDITION WAS IMPROVING. AFTER TREATING HIMSELF FOR THREE MONTHS, HE ASKED SEVERAL OF HIS FORMER PATIENTS IF THEY WOULD BE INTERESTED IN TRYING THE TREATMENT FOR THEIR ARTHRITIC CONDITIONS. SOME 30 PATIENTS RECEIVED THE TREATMENT DURING THE SUMMER OF 1977. MOST OF THEM HAD THE SAME GOOD EXPERIENCE AS DR. BLOUNT.

SINCE THAT TIME, DR. BLOUNT HAS TREATED OVER 17,000 PATIENTS, MOST OF WHOM HAVE BEEN SIGNIFICANTLY RELIEVED. AFTER LEARNING ABOUT DR. BLOUNT'S WORK, I SPENT SEVERAL MONTHS THOROUGHLY INVESTIGATING THIS THEORY IN ORDER TO DETERMINE IF THERE WAS ANY TRUTH OR SUBSTANCE TO HIS CLAIMS. I TOOK THE FOLLOWING STEPS TO THOROUGHLY CHECK OUT AND INVESTIGATE HIS WORK.

1. I REVIEWED THE AVAILABLE, BUT SCANTY LITERATURE IN THE MEDICAL LIBRARY AND CONCLUDED THAT NOT ONLY WAS THE THEORY OF A TYPE OF GERM CAUSING RHEUMATOID ARTHRITIS POSSIBLE, BUT IT WAS PROBABLE.

2. I THEN SENT SEVERAL RHEUMATOID ARTHRITIS PATIENTS TO DR. BLOUNT TO BE TREATED AND WAS QUITE IMPRESSED WITH THEIR RESULTS.

3. I THEN VISITED DR. BLOUNT MYSELF TO STUDY THE THEORY AND TREATMENT IN MORE DETAIL. I WAS TREMENDOUSLY IMPRESSED WITH HIS KNOWLEDGE, HIS SINCERITY AND HIS DEDICATION. HE WILLINGLY SHARED EVERYTHING HE KNEW WITH ME AND OFFERED TO HELP ME IN ANY WAY POSSIBLE. I LEARNED FROM HIM THAT HIS WORK AND TREATMENT WAS BASED ON PREVIOUS RESEARCH DONE BY DR. ROGER WYBURN-MASON OF LONDON, ENGLAND, WHO CLAIMED THAT THE CAUSE OF RHEUMATOID ARTHRITIS AND OTHER AUTO-IMMUNE OR COLLAGEN DISEASES WAS DUE TO A CERTAIN PATHOGENIC, FREE LIVING AMOEBAE OF WHICH EVERY LIVING PERSON IS INFECTED WITH TO SOME DEGREE. I LEARNED THAT DR. WYBURN-MASON'S CREDENTIALS AND BACKGROUND WERE IMPECCABLE AND OF THE HIGHEST CALIBER AND OBVIOUSLY HE WAS OF GENIUS STATUS. HE HAD PUBLISHED NUMEROUS ARTICLES IN THE MEDICAL LITERATURE AS WELL AS HAVING WRITTEN SEVERAL BOOKS ABOUT HIS WORK.

4. I THEN CONTACTED DR. ROGER WYBURN-MASON AND MADE ARRANGEMENTS TO GET A COPY OF HIS BOOK ENTITLED *THE CAUSATION OF RHEUMATOID DISEASE AND MANY HUMAN CANCERS: A NEW CONCEPT IN MEDICINE*. I STUDIED THIS BOOK IN DETAIL.

5. I SPENT HUNDREDS OF HOURS IN THE MEDICAL LIBRARY STUDYING REFERENCES FOUND IN HIS BOOK, WHICH CONVINCED ME THAT HE WAS ON THE RIGHT TRACK AND HIS WORK COULD MEAN A MAJOR BREAKTHROUGH IN TREATING THE RHEUMATOID DISEASES.

6. I SECURED A LIST OF PATIENTS PREVIOUSLY TREATED BY DR. BLOUNT AND AFTER CONTACTING THEM, WAS TREMENDOUSLY IMPRESSED WITH THE RESULTS THEY OBTAINED FROM THEIR TREATMENT.

7. I CONTACTED TWO PHYSICIANS AND ANOTHER SCIENTIST WHO HAD USED THIS TREATMENT IN THEIR WORK AND RECEIVED VERY FAVORABLE REPORTS ABOUT THEIR RESULTS.

8. I THEN TREATED MY OWN RHEUMATOID DISEASE PROBLEM AND RECEIVED TOTAL AND IMMEDIATE RELIEF FROM THE SEVERE DEBILITATING LEG PAIN I HAD HAD FOR 15 YEARS. INCIDENTALLY, THERE HAS BEEN NO RECURRENCE OF PAIN SINCE THAT TREATMENT.

9. I THEN BEGAN TREATING PATIENTS AT MY OFFICE CLINIC AND HAVE TREATED OVER 1,000 PATIENTS SINCE THAT TIME.

10. I THEN HELPED PERRY CHAPDELAIN AND DR. JACK BLOUNT AND A FEW OTHERS TO GET THE RHEUMATOID DISEASE FOUNDATION ORGANIZED AND FUNCTIONING. I WAS THEN INVITED BY THE UNIVERSITY OF ALABAMA, BIRMINGHAM, DEPARTMENT OF RHEUMATOLOGY, TO SPEAK TO THE DEPARTMENT AND VARIOUS RHEUMATOLOGISTS ABOUT THIS WORK, AND UNFORTUNATELY WAS GIVEN A FAIRLY HOSTILE RECEPTION, WHICH AT THAT TIME I COULD NOT UNDERSTAND AS MY ONLY INTEREST WAS TO HELP THESE PHYSICIANS RELIEVE THE PAIN AND SUFFERING OF THEIR ARTHRITIC PATIENTS. THE ONLY LEGITIMATE COMPLAINT THE PHYSICIANS COULD MAKE WAS THAT WE HAD NOT COMPLETED DOUBLE BLIND STUDIES ON THE MEDICATIONS THAT WE WERE USING TO KILL THE AMOEBAE EVEN THOUGH OUR RHEUMATOID DISEASE FOUNDATION WAS RAISING FUNDS AT THAT TIME TO GET THESE DOUBLE BLIND STUDIES COMPLETED. WE FELT THAT IF WE WERE SUCCESSFUL, THIS WOULD LEAVE THE ENTIRE MEDICAL COMMUNITY OF THE WORLD NO EXCUSE FOR NOT USING THIS TREATMENT ON THEIR RHEUMATOID DISEASE PATIENTS.

YOU KNOW, IN THE PAST HISTORY OF MAN, I'VE NOTICED THAT PRACTICALLY EVERY TIME WHEN A NEW IDEA OR METHOD AND ESPECIALLY IN MEDICINE, A NEW TREATMENT COMES ALONG, IT ALWAYS PASSES THROUGH 3 STAGES OF DEVELOPMENT.

1. STAGE 1: IS THE STAGE OF CRITICISM AND CONDEMNATION.

2. STAGE 2: IS A STAGE OF TESTING AND TRYING.

3. STAGE 3: IS A STAGE OF ACCEPTANCE AND UTILIZATION.

11. OUR WORK IS PRESENTLY IN STAGE 2 IN IT'S DEVELOPMENT AND FOR ANY IDEA, METHOD OR TREATMENT TO FINALLY PREVAIL, IT MUST STAND THE TEST OF TIME IN PASSING THROUGH THESE 3 STAGES. WE'VE HAD TREMENDOUS OPPOSITION, CRITICISM AND CONDEMNATION IN GETTING THROUGH STAGE 1, BUT WE ARE EXTREMELY CONFIDENT THAT WE WILL BE IN STAGE 3 IN THE NEXT 2-3 YEARS.

NOW UNFORTUNATELY, DR. WYBURN-MASON DIED IN JUNE OF 1983 AND DR. BLOUNT RETIRED FROM PRACTICING MEDICINE IN 1986. THE RHEUMATOID DISEASE FOUNDATION IS PRESENTLY RAISING FUNDS TO DUPLICATE AND REPRODUCE ALL OF DR. WYBURN-MASON'S FINDINGS BY A MAJOR MEDICAL UNIVERSITY IN THE UNITED STATES. THIS WORK, AFTER IT IS PUBLISHED, WE BELIEVE WILL PAVE THE WAY FOR ACCEPTANCE OF THIS TREATMENT FOR THE VARIOUS RHEUMATOID DISEASES.

DR. ROGER WYBURN-MASON'S RESEARCH

NOW, CONCERNING THE ACTUAL RESEARCH AND FINDINGS OF DR. ROGER WYBURN-MASON, I SHOULD MENTION THAT HE SPENT THE LAST 27 YEARS OF HIS LIFE DEVOTED TO THIS STUDY. THE RESULTS OF HIS WORK HAVE BEEN PUBLISHED IN THIS BOOK ENTITLED *THE CAUSATION OF RHEUMATOID DISEASE AND MANY HUMAN CANCERS: A NEW CONCEPT IN MEDICINE*. IT WAS PUBLISHED IN 1978 AND ONLY 300 COPIES WERE PRINTED. IT IS PRACTICALLY UNAVAILABLE AT THE PRESENT TIME, BUT AFTER MUCH EFFORT AND DIFFICULTY I WAS ABLE TO SECURE AN ADDITIONAL COPY OF THE BOOK AND CONTRIBUTED THE BOOK TO THE LISTER HILL LIBRARY AT THE UNIVERSITY OF ALABAMA MEDICAL SCHOOL AND REQUESTED THAT IT BE PLACED IN THE RESERVE SECTION SO THAT IT WOULD BE DIFFICULT FOR ANYONE TO STEAL THE BOOK. I ALSO WROTE A PERSONAL LETTER TO ALL THE RHEUMATOLOGISTS IN MY

LOCALITY TELLING THEM ABOUT THE BOOK AND WHERE IT WAS AVAILABLE.

DR. WYBURN-MASON WAS QUALIFIED AS A PROTOZOOLOGIST, A MICROBIOLOGIST, A PHARMACOLOGIST AND A MEDICAL DOCTOR, WHO SPENT 12 YEARS WRITING THIS MONUMENTAL WORK WHICH I FEEL MAY REVOLUTIONIZE THE DIAGNOSIS AND TREATMENT OF MANY CHRONIC AND DANGEROUS ILLNESSES. AFTER PROFESSOR ROGER WYBURN-MASON RECEIVED HIS DEGREES FROM CHRIST'S COLLEGE, CAMBRIDGE, ENGLAND, WHERE HE WAS ALSO A FELLOW, HE WAS AN ASSOCIATE PROFESSOR AND LECTURER AT YALE UNIVERSITY IN THE UNITED STATES AND EVEN WORKED AWHILE AT THE MAYO CLINIC. HE THEN RETURNED TO LONDON AS A RESEARCH FELLOW IN ROYAL MARSDEN HOSPITAL, LONDON, AT PROPHIT RESEARCH IN MICROBIOLOGY.

WHILE SERVING AS A PHYSICIAN IN THE EALING-HAMMERSMITH AND HOUNSLOW HEALTH AUTHORITY HOSPITALS AND LABORATORIES, HE DISCOVERED PATHOGENIC PROTOZOANS IN ARTHRITIS PATIENTS FROM ALL TISSUES OF THE BODY. HE WAS AMAZED TO FIND THESE AMOEBAE IN CASES OF RHEUMATOID ARTHRITIS, OTHER COLLAGEN AND AUTO-IMMUNE DISEASES AND EVEN IN SOME FORMS OF CANCER AND OTHER DEGENERATIVE DISEASES -- ALL CONDITIONS CONSIDERED BY MOST PHYSICIANS TO BE OF 'UNKNOWN ETIOLOGY' AND GENERALLY INCURABLE AS WELL.

RHEUMATOID DISEASES

DR. WYBURN-MASON'S WORK LED HIM TO CONCLUDE THAT SINCE FREE LIVING AMOEBAE WERE ISOLATED FROM ALL TISSUES OF RHEUMATOID ARTHRITIS, THE COLLAGEN DISEASES, THE AUTO-IMMUNE (A.I.) DISEASES, THE MIXED CONNECTIVE TISSUE DISEASES, AND EVEN CERTAIN CANCERS, HE NOW REFERRED TO ALL THESE DISEASES BY THE TERM "RHEUMATOID DISEASE". RHEUMATOID DISEASE IS NOT SIMPLY A DISEASE OF THE JOINTS, BUT A GENERALIZED CONDITION AND EVERY TISSUE IN THE BODY HAS BEEN REPORTED AT SOME TIME AS BEING AFFECTED. THE VERY SAME HISTOLOGICAL CHANGES AS ARE FOUND IN THE JOINT TISSUES CAN BE SEEN IN THE EXTRA-ARTICULAR LESIONS AND CONSIST OF INFLAMMATORY LYMPHYCYTIC INFILTRATION, FORMATION OF GERMINAL FOLLICLES, WITH OFTEN ACCOMPANYING PLASMOCYTOSIS, ARTERITIS, ARTERIOLITIS AND ENDARTERITIS. MANY OF THE EXTRA-ARTICULAR LESIONS CONSTITUTE SO CALLED AUTO-IMMUNE DISEASES AND COLLAGEN DISEASES; BUT ALSO INCLUDE SJOGRENS AND SICCA SYNDROMES, HASHIMOTOS THYROIDITIS, BONE MARROW INFILTRATION AND THYMIC LESIONS WITH OR WITHOUT ARTHROPATHY. THE SERUM USUALLY CONTAINS RHEUMATOID FACTOR (R.F). AND AUTO ANTIBODIES TO VARIOUS TISSUES, ESPECIALLY THYROID AND GASTRIC PARIETAL CELLS AS WELL AS ANTI-NUCLEAR FACTOR (A.N.F.). FURTHERMORE, EVERY COMBINATION AND GRADUATION INTO ONE ANOTHER OF THE SO-CALLED COLLAGEN DISEASES, SYSTEMIC LUPUS ERYTHEMATOSIS, DERMATOMYOSITIS, SCLERODERMA, PERIARTERITIS NODOSA AND MIXED CONNECTIVE TISSUE DISEASES MAY CO-EXIST OR OVERLAP, ONE WITH THE OTHER. SOME REGARD THESE RHEUMATOID DISEASES AS DUE TO AUTO-IMMUNE CELLULAR AND HUMORAL CHANGES WITHOUT EXPLANATION AS TO THEIR CAUSES. IT APPEARS THAT MOST RESEARCHERS NOW BELIEVE THESE CHANGES ARE DUE TO AN INFECTIOUS ETIOLOGY. DR. WYBURN-MASON CLEARLY SUMMARIZES THE MEDICAL LITERATURE WITH HIS EXHAUSTIVE WORK, PROVING HOW THE RESEARCH AND FINDINGS BY MULTITUDES OF INVESTIGATORS ONLY SERVED TO CONFIRM HIS OWN FINDINGS.

HE DISCUSSES, COMPARES, EXPLAINS AND TIES IN MANY ANSWERS TO NUMEROUS UNANSWERED QUESTIONS RELATING TO THE RHEUMATOID DISEASES AND THEIR SUCCESSFUL TREATMENT. HE PRESENTS DOCUMENTED EVIDENCE WHICH DEMONSTRATES SIGNIFICANT IMPROVEMENT AND IN MANY CASES, COMPLETE REMISSION WHEN TREATED BY ANTI-AMOEBIC DRUGS OF ALL THE RHEUMATOID DISEASES. THE DISEASE OF COURSE, WHERE THE JOINTS ARE INFECTED IS CALLED RHEUMATOID ARTHRITIS. WHEN THE COLON IS INFECTED, WE KNOW IT AS ULCERATIVE COLITIS, THE SMALL INTESTINE, CROHN'S DISEASE, THE ARTERIES AND BLOOD - LUPUS OR PERIARTERITIS NODOSUM AND IF THE THYROID, IT'S CALLED HASHIMOTO'S THYROIDITIS. WHEN THE SALIVARY GLANDS ARE INFECTED, SJOGRENS SYNDROME RESULTS. WITH MUSCLE TISSUE - DERMATOMYOSITIS. IN THE SKIN PSORIASIS OR SCLERODERMA RESULTS AND WITH THE NERVES, MULTIPLE SCLEROSIS. AT THIS POINT I SHOULD MENTION THAT NO PATIENT WITH MULTIPLE SCLEROSIS SHOULD BE TREATED WITH THE ANTI-AMOEBIC THERAPY AS THEY MAY BECOME WORSE AND EVEN PARALYSIS CAN RESULT. WE BELIEVE THIS IS DUE TO THE EXTREME HERXHEIMER REACTION THAT TAKES PLACE AT THE NERVE SITE WHICH IS INVOLVED AND AS THE GERMS DIE THAT ARE INVOLVING THE MYELIN SHEATH. THE INCREASED EDEMA AND SWELLING OF THE SURROUNDING TISSUES CAUSES FURTHER NERVE DAMAGE. THESE PREVIOUSLY MENTIONED DISEASES ARE JUST A FEW OF THE VARIOUS DISEASES THAT DR. WYBURN-MASON WAS ABLE TO ISOLATE THE AMOEBAE FROM IN INFECTED PATIENTS. HE THEREFORE CALLS ALL THESE DISEASES WHERE THE LIMAX AMOEBAE ARE FOUND, "THE RHEUMATOID DISEASES" AND MANY OF THESE DISEASES HAVE GONE INTO REMISSION AFTER BEING TREATED BY ANTI-AMOEBIC MEDICATIONS. AS EXAMPLES, I HAVE HAD ABOUT 2 OUT OF 3 PSORIASIS AND LUPUS ERYTHEMATOSIS PATIENTS GO INTO REMISSION AFTER TRYING THE ANTI-AMOEBIC TREATMENT. I'VE HAD ABOUT 50% OF ULCERATIVE COLITIS OR CROHNS DISEASE PATIENTS GO INTO REMISSION.

OF THE RHEUMATOID ARTHRITIS PATIENTS TREATED WITH VARIOUS ANTI-AMOEBIC MEDICATIONS, I HAVE FOUND THAT ABOUT 80%, 8 OUT OF 10 PATIENTS, ARE VERY SIGNIFICANTLY RELIEVED OR

THEY GO INTO REMISSION. DR. ROBERT BINGHAM OF DESERT HOT SPRINGS, CALIFORNIA, HAS TREATED HUNDREDS OF RHEUMATOID ARTHRITIS PATIENTS AND HIS RESULTS ARE VERY CLOSE TO MY OWN. DR. PAUL PYBUS, THE FOUNDATION'S CHIEF MEDICAL ADVISOR BEFORE HIS RECENT DEATH, ALSO HAD RESULTS THAT FAIRLY CLOSELY PARALLEL THOSE OF MY OWN. SOME PHYSICIANS HAVE GOTTEN EVEN BETTER RESULTS AND SOME HAVE EVEN REPORTED POOR RESULTS. WE HAVEN'T DETERMINED AS YET WHY THIS IS SO, BUT WE ARE WORKING ON THOSE FACTORS THAT PLAY A PART IN INFLUENCING TREATMENT. THESE FACTORS INCLUDE:

- A. METHODS OF ADMINISTERING THE ANTI-AMOEBIC MEDICATIONS.
- B. THE DIET FOLLOWED BY THE PATIENTS AND NUTRITIONAL SUPPLEMENTS PROVIDED.
- C. THE AMOUNTS AND TYPES OF EXERCISE RECOMMENDED,
- D. THE MENTAL ATTITUDE AND HOPE INSTILLED INTO THE PATIENTS BY VARIOUS PHYSICIANS.
- E. THE GEOGRAPHIC AREAS OF THE COUNTRY INVOLVED.
- F. POSSIBLY OTHER TYPES OF GERMS THAT MAY BE INVOLVED OR DIFFERENT SPECIES OF THE AMOEBAE THAT MAY BE RESISTANT TO THE PRESENT AVAILABLE MEDICATIONS.
- G. THE PRESENCE OF ALLERGIES OR CO-EXISTING INFECTIONS THAT PLAY A PART IN WEAKENING THE IMMUNE SYSTEM.
- H. DIGESTIVE DISTURBANCES AND FAULTY ABSORPTION OF NECESSARY NUTRIENTS, FOODS AND SUPPLEMENTS.

ANYHOW, SEVERAL PHYSICIANS ARE WORKING ON THESE FACTORS AND WE BELIEVE WITH TIME, THAT WE WILL BE ABLE TO SOLVE TO A GREAT EXTENT THE UNANSWERED QUESTIONS THAT REMAIN.

RHEUMATOID ARTHRITIS AN INFECTIOUS DISEASE

FOR MANY YEARS RHEUMATOID ARTHRITIS WAS CONSIDERED TO BE AN INFECTION BUT WITH THE CONCEPT OF AUTO-IMMUNITY, THIS IDEA LOST FAVOR. SUCH A VIEW HOWEVER, HAS RECENTLY BEEN REVIVED AND IS SUPPORTED BY MANY OBSERVATIONS. AMONG THE MOST IMPORTANT ARE THE FOLLOWING:

1. THE PYREXIA, ANOREXIA, WEIGHT LOSS, EDEMA, INCREASED SED RATE AND HYPERGAMMAGLOBULINEMIA SEEN IN COLLAGEN DISEASES ARE TYPICAL OF CHRONIC INFECTION.
2. AN INFECTIVE CAUSE OF SJOGRENS SYNDROME, HASHIMOTO'S THYROIDITIS AND OTHER COLLAGEN AND AUTO-IMMUNE DISEASES HAS BEEN SUGGESTED BY NUMEROUS WRITERS IN THE LITERATURE AND THEIR NUMBERS SEEM TO BE INCREASING.
3. THE LYMPHADENOPATHY WITH IT'S CHRONIC INFLAMMATORY CHANGES OR REACTIVE HYPERPLASIA, SPLENOMEGALY AND GRANULOMATA FOUND IN COLLAGEN AND AUTO IMMUNE DISEASES ARE TYPICAL OF AN INFECTION.
4. THE LYMPHOCYTE COLLECTIONS WITH FOLLICLES AND GERM CELL CENTERS SEEN IN THE LESIONS OF COLLAGEN AND AUTO-IMMUNE DISEASES ARE TYPICAL OF INFECTION, PARTICULARLY PROTOZOAN.
5. THE VARIOUS ANEMIAS, LEUCO AND LYMPHOCYTE CYTOSIS AND PENIAS AND THROMBOCYTOPENIA WHICH OFTEN ARE SEEN IN ASSOCIATION WITH COLLAGEN AND AUTO-IMMUNE DISEASES ARE OFTEN DUE TO INFECTIONS.
6. PLASMOCYTOSIS AND LYMPHOID FOLLICLES OF THE BONE MARROW MAY OCCUR IN CHRONIC INFECTIONS SUCH AS TUBERCULOSIS AND SYPHILIS AS WELL AS COLLAGEN DISEASE.
7. IT HAS BEEN SHOWN THAT PARA PROTEINEMIA AND CRYOGLOBULINEMIA WHICH MAY BE MANIFESTATIONS OF COLLAGEN AND AUTO IMMUNE DISEASES, ARE ALSO PRODUCED BY CHRONIC INFECTIONS, SUCH AS MALARIA, SYPHILIS AND OSTEOMYELITIS AND TREATMENT OF THE UNDERLYING INFECTION MAY CAUSE THE PARAPROTEINEMIA TO DISAPPEAR.
8. AMYLOIDOSIS, WHICH MAY OCCUR IN CASES OF COLLAGEN DISEASE MAY ALSO COMPLICATE CHRONIC INFECTIONS.
9. THE EOSINOPHILIA AND ALLERGIC MANIFESTATIONS WHICH MAY OCCUR IN COLLAGEN AND AUTO-IMMUNE DISEASES ARE SUGGESTIVE OF INFECTION WITH SOME PARASITE.
10. THE VILLOUS ATROPHY OF THE SMALL INTESTINE SEEN IN CASES OF COELIAC DISEASES AND NUMEROUS RHEUMATOID DISEASES, MAY BE PRODUCED BY INFECTIONS AND ESPECIALLY BY WORM AND PROTOZOAN INFESTATIONS.
11. RHEUMATOID FACTOR IS A GAMMAGLOBULIN AND AN ANTIBODY ALTHOUGH THE ANTIGENIC STIMULUS IS UNKNOWN. R.F. MAY BE FOUND IN THE BLOOD IN MANY INFECTIONS INCLUDING SUBACUTE BACTERIAL ENDOCARDITIS, INFECTIVE HEPATITIS, PULMONARY TUBERCULOSIS, SYPHILIS, LEPROSY, ETC. AND IN THESE DISEASES ARTHRITIS IS USUALLY NOT A FEATURE. SUCCESSFUL TREATMENT OF THE UNDERLYING DISEASE CAUSES THE R.F. TO DISAPPEAR FROM THE BLOOD. IN LEPROSY FOR EXAMPLE, NOT ONLY R.F. BUT ANTI-NUCLEAR FACTOR, A POSITIVE WASSERMAN REACTION, THYROID ANTIBODIES AND LUPUS ERYTHEMATOSIS CELLS MAY BE PRESENT IN THE SERA IN A HIGH PROPORTION OF CASES. THESE CHANGES APPEAR AS A RESPONSE TO INFECTION SUGGESTING A SIMILAR MECHANISM IN COLLAGEN AND A.I. DISEASES. ALSO BESIDES COLLAGEN DISEASES, R.F. OCCURS IN HIGH CONCENTRATION IN CHRONIC INFECTIONS WITH ANY PROTOZOAN INCLUDING MALARIA, TRYPANOSOMIA-

SIS, KALA AZAR, VISCERAL LEISHMANIASIS AND AMOEBIASIS. THESE BEFORE MENTIONED CHANGES DISAPPEAR WITH TREATMENT OF THE INFECTION AS THEY DO WITH TREATMENT OF THE RHEUMATOID DISEASES WHEN TREATED BY ANTI-AMOEBIC DRUGS.

12. IN MANY PROVEN INSTANCES, COLLAGEN AND A.I. DISEASES ARE PRECIPITATED OR RECUR AS A RESULT OF SEVERE PHYSICAL OR EMOTIONAL STRESS, ACUTE ILLNESSES, OPERATIONS OR EVEN BY CERTAIN DRUGS. IT THEREFORE SEEMS THAT WHEN THE AFOREMENTIONED COLLAGEN OR A.I. DISEASES ARE PRECIPITATED OR RECUR AS A RESULT OF THESE STRESSES, IT IS PROBABLE THAT LATENT DISEASES ALREADY EXIST IN MANY SUBJECTS AND THESE MENTIONED FACTORS MAY PRECIPITATE THE ONSET OF OBVIOUS MANIFESTATIONS,

13. NEITHER ANTIBIOTICS, ANTI-TUBERCULOUS NOR ANTI-SPIROCHETAL DRUGS EFFECT RHEUMATOID ARTHRITIS OR THE COLLAGEN AND A.I. DISEASES, HOWEVER, GOLD SALTS DO HAVE A BENEFICIAL EFFECT ON R.A. AND SYSTEMIC LUPUS ERYTHEMATOSIS, THESE SALTS HAVE BEEN SHOWN TO AFFECT CERTAIN BACTERIA ADVERSELY SUCH AS *B. TUBERCULOSIS* AND *HEMOLYTIC STREPTOCOCCUS* WHICH POINTS TO AN ORGANISMAL CAUSE OF RHEUMATOID DISEASE,

14. IN CONGENITAL AGAMMAGLOBULINEMIA THERE EXISTS A SPECIAL LIABILITY TO BACTERIAL AND PROTOZOAL INFECTIONS BUT NOT TO VIRUS DISEASES, THESE PATIENTS EASILY DEVELOP COLLAGEN OR A.I. DISEASES WHICH STRONGLY SUGGESTS AGAINST A VIRAL ETIOLOGY BUT STRENGTHENS THE CLAIM OF PROBABLE PROTOZOAN ETIOLOGY FOR THE RHEUMATOID DISEASES,

15. THE R.F. FOUND IN A HIGH PROPORTION OF CASES OF RHEUMATOID DISEASES IS TYPICAL OF CHRONIC PROTOZOAN INFECTIONS, A VERY HIGH PROPORTION OF RHEUMATOID DISEASES RESPOND TO ANTI-PROTOZOAN DRUGS, THESE DRUGS ARE UNIQUE IN THEIR EFFECT ON THE RHEUMATOID DISEASES IN THAT UNLIKE OTHER ANTI-RHEUMATIC DRUGS, THEY RESULT IN COMPLETE REVERSAL OF ALL THE PHENOMENA OF THE DISEASE,

16. HARKNESS, RICHLER AND PAYONI HAVE RECENTLY DRAWN ATTENTION TO THE 24 HOUR CIRCADIAN RHYTHM OF SYMPTOMS AND SIGNS IN RHEUMATOID DISEASE PATIENTS BEING MAXIMAL BETWEEN 2:00 AND 4:00 A.M. HOURS AND MINIMAL IN THE AFTERNOON, THIS HAD PREVIOUSLY BEEN ATTRIBUTED TO ALTERNATIONS IN THE CIRCULATING CONCENTRATIONS OF STEROIDS. HOWEVER, DR. MARTIN MOORE-EDE OF HARVARD MEDICAL SCHOOL RECENTLY SHOWED THAT SLEEP OR PERIODS OF LESSENED METABOLIC ACTIVITY ALTERNATING WITH PERIODS OF INCREASED ACTIVITY, WHICH IS CIRCADIAN RHYTHM, OCCURS IN UNICELLULAR ANIMALS AND INSECTS AT 24 HOUR INTERVALS AND THESE FINDINGS COULD MORE READILY BE EXPLAINED IF RHEUMATOID DISEASE WAS DUE TO AN INFECTION WITH A PROTOZOAN EXHIBITING SUCH A RHYTHM,

17. IN MY OPINION, HOWEVER, THE MOST FORMIDABLE PROOF THAT THE RHEUMATOID DISEASES ARE CAUSED BY INFECTION IS THE FACT THAT ALL PATIENTS WHO ARE SUFFERING FROM ONE OR ANOTHER FORM OF RHEUMATOID DISEASE, AFTER TREATMENT BY ANTI-AMOEBIC DRUGS, EXPERIENCE A JARISCH-HERXHEIMER REACTION. AS EACH OF YOU WILL RECALL, IN 1902, DR. HERXHEIMER WHEN TREATING SYPHILITICS WITH MERCURIAL COMPOUNDS AND SALVARSAN (AND LATER EVEN WITH PENICILLIN TREATMENTS) NOTED THAT PATIENTS SEEMED TO GET WORSE BEFORE GETTING BETTER AND THEY HAD THE SIGNS AND SYMPTOMS OF THE 'FLU' WITH LYMPHADENOPATHY, EOSINOPHILIA, INCREASED SEDIMENTATION RATE, HEADACHE, NAUSEA, ACHING, FEVER, SWEATING, MALAISE AND SKIN CRAWLING SENSATIONS, ETC., AND THE SEVERITY OF THESE SYMPTOMS DEPENDED UPON HOW BADLY THE PATIENTS WERE INFECTED. IT WAS SHOWN THAT THIS REACTION WAS DUE TO TOXIC PRODUCTS WHICH WERE RELEASED BY THE RAPIDLY DYING SPIROCHETES AND THIS WAS CLOSELY RELATED TO A SERUM SICKNESS REACTION. THIS REACTION IS NOTED WHEN ORGANISMS MORE COMPLEX THAN BACTERIA ARE KILLED BY DRUGS THEY ARE SENSITIVE TO SUCH AS DIETHYLCARBAMAZINE IN FILIARIASIS OR OXAMIGUINE IN SCHISTOSOMIASIS. A VERY SIMILAR REACTION CALLED LUCIO'S PHENOMENON IS SEEN WHEN LEPROSY IS TREATED WITH ANTI-LEPROSY DRUGS WHICH KILL THE *MYCOBACTERIUM LEPRAE* GERMS. IT'S BEEN DR. WYBURN-MASON'S, DR. BLOUNTS' AND MY EXPERIENCE THAT WHEN ALL PATIENTS HAVING RHEUMATOID DISEASE WERE TREATED WITH ANTI-AMOEBIC DRUGS, THESE PATIENTS EXPERIENCE THE HERXHEIMER REACTION AND ANY PERSON WHO DOES NOT HAVE RHEUMATOID DISEASE AND IS TREATED WITH ANTI-AMOEBIC DRUGS DOES NOT EXPERIENCE THIS REACTION.

IT SEEMS THAT SOME PEOPLE FOLLOWING TREATMENT MAY BE ALLERGIC TO THE PROTEINS AND/OR TOXINS OF THE RAPIDLY DYING AMOEBAE THAT SWARM THROUGHOUT THE BODY AND THIS REACTION IS CLOSELY RELATED TO THAT ALLERGY. THESE SYMPTOMS MAY PERSIST FOR SEVERAL DAYS AND EVEN FOUR OR FIVE WEEKS IN THOSE RARE PATIENTS WHO HAVE MANY TISSUES INFECTED WITH THE AMOEBAE. EVEN THOUGH THIS REACTION IS UNCOMFORTABLE, IT DENOTES A GOOD SIGN THAT THE AMOEBAE ARE BEING KILLED AND THE BODY IS RIDDING ITSELF OF THE DEAD GERMS. THIS FACT DEMONSTRATES QUITE POSITIVELY THAT RHEUMATOID DISEASE IS INFECTIOUS IN ETIOLOGY AND THE INFECTIOUS AGENT IS A PROTOZOAN.

18. DR. WYBURN-MASON EVEN POINTS OUT OTHER INFECTIVE SIMILARITIES BUT TAKEN ALTOGETHER, THE BEFORE-MENTIONED OBSERVATIONS MAKE IT IMPOSSIBLE TO BELIEVE THAT RHEUMATOID DISEASES ARE ANY THING OTHER THAN INFECTIVE IN ETIOLOGY. A.I. LYMPHOCYTIC AND HUMORAL REACTIONS ARE THUS NOT THE PRIMARY DISTURBANCE IN THE RHEUMATOID DISEASES BUT ARE THE

RESPONSE TO THE INFECTION AND ITS ANTIGENS WHICH CONTRIBUTE TO THE TISSUE DAMAGE. THE WHOLE SYNDROME RESEMBLES SYPHILIS. MANY RESEARCHERS HAVE STATED THAT IF THE SPIROCHETE HAD NOT BEEN DISCOVERED, SYPHILIS COULD BE TAKEN TO BE THE IDEAL MODEL OF AN A.I. DISEASE. WE BELIEVE, THE PATHOGENIC FREE-LIVING AMOEBAE ARE THE SOURCE OF GLYNN'S PREVIOUSLY POSTULATED UNKNOWN CHRONIC ANTIGENIC STIMULATION AS THE CAUSE OF RHEUMATOID DISEASES. SINCE EVERYONE IS OR HAS BEEN INFECTED WITH THESE FREE-LIVING AMOEBAE, OFTEN PATHOGENIC, WHY DOES NOT EVERYONE SUFFER FROM RHEUMATOID DISEASE? DR. WYBURN-MASON BELIEVES THAT SINCE RHEUMATOID DISEASE IS OFTEN FAMILIAL, IT SEEMS THAT THE PATHOLOGICAL RESPONSE TO THE PRESENCE OF THE AMOEBAE IN THE TISSUES IS GENETICALLY CONTROLLED, PERHAPS AS EVIDENCED BY THEIR TISSUE ANTIGENS.

THERE ARE OVER 300 SPECIES OF THE FREE LIVING AMOEBAE THROUGHOUT THE WORLD AND MOST FALL INTO TWO GENERA, ACANTHAMOEBAS AND NAEGLERIA, SOME OF WHICH ARE PATHOGENIC TO MAN AND ANIMALS. THEY ARE FOUND IN THE SURFACE SOIL AND PREFER WARM MOIST CONDITIONS AND PROLIFERATE READILY IN WARM STAGNANT POOLS. THEY ARE FOUND IN DOMESTIC WATER SUPPLIES, HUMAN AND ANIMAL FECES AND UNPASTURIZED MILK, SWIMMING POOLS, POTABLE WATER AND RIVER MUD AS WELL AS SEWAGE. THEY OFTEN CONTAMINATE TISSUE CULTURES AS THEIR HOLLOW CYSTS OR TROPHOZOITES ARE PRESENT IN THE AIR WE BREATHE. THESE AMOEBAE PREFER WARM SURROUNDINGS AND WILL MIGRATE FROM COOL TO WARM ENVIRONMENTS, A PROPERTY KNOWN AS THERMOTROPHISM.

TREATMENT DOES NOT CORRECT ANY DAMAGE THAT HAS ALREADY BEEN DONE BY THE AMOEBAE TO THE TISSUES, BUT THE PROGRESS OF THE DISEASE IS USUALLY ARRESTED. THEREFORE, ANY ARTHRITIC DEFORMITIES REMAIN BUT THE PAIN, SWELLING, STIFFNESS, AND REDNESS ALL GRADUALLY GO AWAY. SOME PATIENTS MAY BECOME REINFECTED AND DEPENDING UPON THE SEVERITY, THEY MAY HAVE TO RETURN FOR RE-TREATMENT. I ADVISE PATIENTS THAT ONE WAY TO PREVENT RE-INFECTION IS TO MAKE CERTAIN ALL WATER PIPES IN ONE'S HOUSE ARE COPPER, SINCE COPPER KILLS THE AMOEBAS VERY EFFECTIVELY. ALSO, SINCE CHLORINE DOESN'T KILL AMOEBAE AND THEY GROW RAPIDLY IN SWIMMING POOLS, ESPECIALLY IN WARM WATER, I ADVISE PLACING PLATES OF COPPER IN THE POOL ITSELF.

RECENTLY, IT HAS BEEN SHOWN THAT THE SERA OF ALL HUMANS, INCLUDING THAT OF CORD BLOOD CONTAIN ANTIBODIES TO ACANTHAMOEBAS AND NAEGLERIA

WHICH INDICATES UNIVERSAL PRESENT OR PAST INFECTION OF MAN AND FOETUS. SOME SPECIES ARE NOT PATHOGENIC BUT THE ORGANISMS HAVE BEEN ISOLATED FROM EVERY TISSUE IN THE BODY.

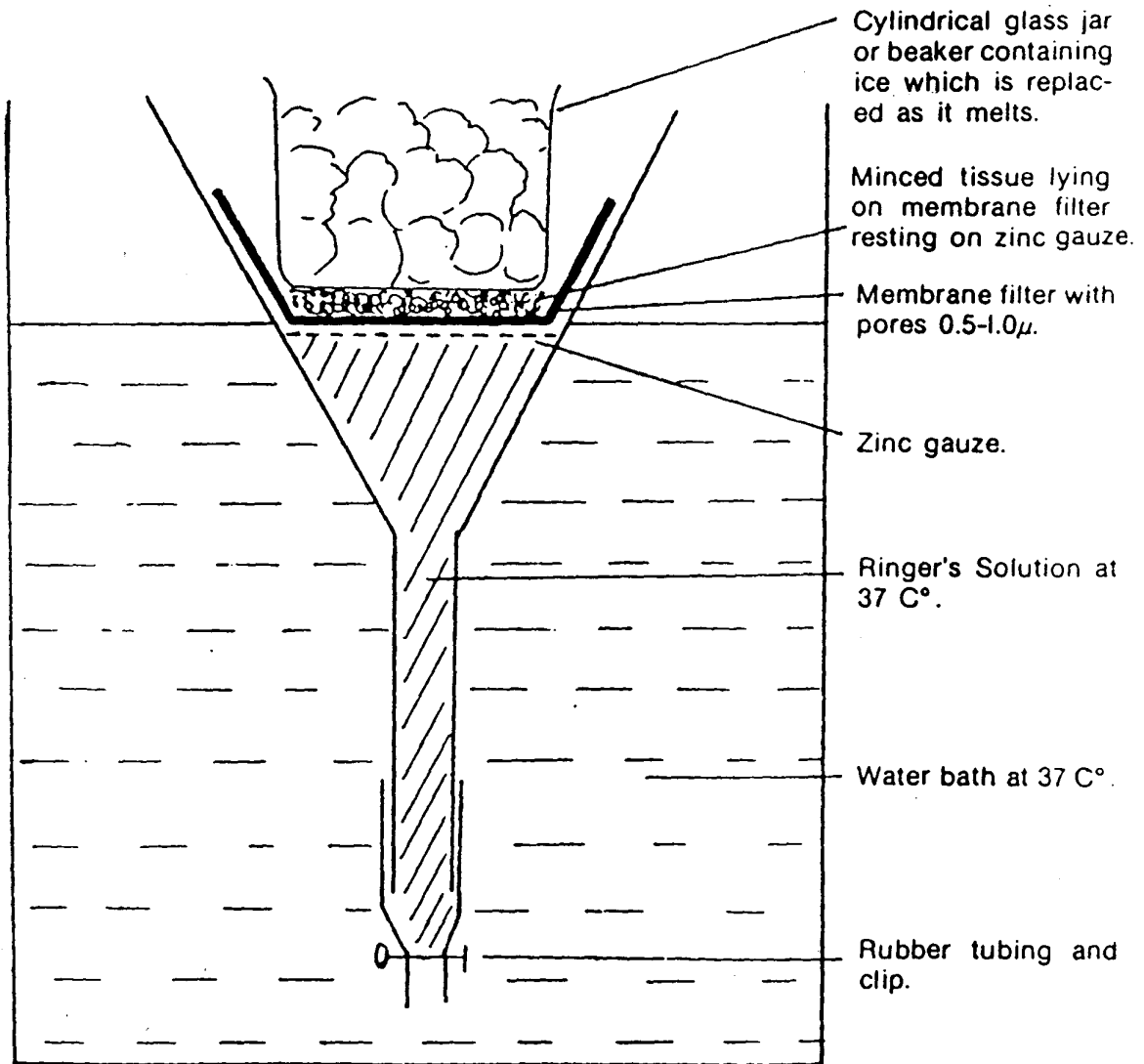
QUITE IRONICALLY, KOFOID AND SWEZY IN 1922 REPORTED THE PRESENCE IN THE BONE MARROW IN CASES OF RHEUMATOID DISEASE WITHOUT DYSENTERY, OF AN AMOEBAE ORIGINALLY THOUGHT TO BE *E. HISTOLITICA* BUT LATER A FREE-LIVING AMOEBAE, DISTINGUISHED FROM HUMAN CELLS BY ITS MITOTIC PROCESSES AND WHICH CONTAINED ONLY 6 CHROMOSOMES AS COMPARED WITH THE NORMAL 46 IN HUMAN CELLS. THEY SHOWED A SINGLE BLUNT PSEUDOPODIUM AND NUMEROUS VACUOLES. THESE INVESTIGATORS SUGGESTED AN ETIOLOGICAL RELATIONSHIP BETWEEN THESE AMOEBAE AND RHEUMATOID DISEASE. THESE FINDINGS HAVE BEEN CONFIRMED IN OTHER LABORATORIES THROUGHOUT THE WORLD.

THE ORGANISMS CAN BE RECOVERED FROM TISSUES IN SPITE OF THE FACT THAT THEY ARE NOT OBSERVED IN AFFECTED TISSUES STAINED BY ORDINARY METHODS SINCE THEY ARE NOT NUMEROUS AND THEY LOOK LIKE MACROPHAGES OR LYMPHOCYTES. THIS FEATURE HAS BEEN REPEATEDLY DEMONSTRATED IN EXPERIMENTAL INFECTIONS WITH AMOEBAE IN LABORATORY ANIMALS. THIS SITUATION CERTAINLY RECALLS THE INABILITY TO CLEARLY DIAGNOSE SYPHILIS UNTIL STAINS FOR THE *TREPONEMA PALLIDUM* WERE DISCOVERED. THE ORGANISMS IN RHEUMATOID DISEASE CAN BE DEMONSTRATED IN TISSUE SECTIONS BY IMMUNOFLUORESCENT STAINING USING RABBIT SERA WITH APPROPRIATE ANTIBODIES TO THE ORGANISMS AND BY STUDYING THEIR MITOSIS AND CHROMASOME CONTENT IN MARROW BIOPSY MATERIAL.

DR. WYBURN-MASON WAS ABLE TO DEVELOP AN APPARATUS THAT WAS USED TO ENABLE MIGRATION OF ORGANISMS TO TAKE PLACE UNDER THERMOTROPIC INFLUENCES. A SCHEMATIC AS SHOWN HERE WILL DEMONSTRATE HOW THIS WAS DONE. THE TEMPERATURE GRADIENT WAS MAINTAINED FOR 1-2 HOURS, THE ICE BEING RE-PLACED AS IT MELTED AND THE WATER BATH TEMPERATURE MAINTAINED WITH A THERMOSTAT. THE SOLUTION WAS THEN RUN OFF INTO A CENTRIFUGE TUBE AND SLOWLY CENTRIFUGED.

THE BOTTOM ½ TO 1 C.C. OF FLUID WHEN EXAMINED WILL DEMONSTRATE THE AMOEBAE. SHOULD THESE AMOEBAE BE INJECTED INTO LABORATORY ANIMALS, THE SAME TISSUE DAMAGE AND CHANGES ARE FOUND IN THE INFECTED ANIMALS AS IN HUMAN TISSUE CHANGES BUT IT BECOMES EXTREMELY DIFFICULT TO IDENTIFY THE AMOEBAE PRESENT IN THE TISSUES UNDER ORDINARY STAINING TECHNIQUES, BUT IMMUNOFLUORESCENT STAINING TECHNIQUES WILL DEMONSTRATE THE AMOEBAE, ACCORDING TO DR. WYBURN-MASON'S STUDIES.

THE ORGANISMS CAN BE CULTURED AND THE EFFECT OF VARIOUS ANTI-AMOEBIC SUBSTANCES CAN BE STUDIED *IN VITRO*. THOSE SUBSTANCES WHICH HAVE BEEN FOUND TO KILL THE AMOEBAE INCLUDE ONE PERCENT SOLUTION OF BILE SALTS, 4-AMINO QUINOLINES, VERY DILUTE SOLUTIONS OF COPPER SULFATE, METALLIC COPPER, GOLD SALTS, EMETINE, DEHYDROEMETINE, PENTAMIDINE, CLOTRIMAZOLE, LEVAMISOLE, METRONIDAZOLE, ORNIDAZOLE, NIMORAZOLE, FURAZOLIDONE, ALLOPURINOL, RIFAMPIN,



Drawing of apparatus used to enable migration of organism to take place under thermotropic influences. Note: do not use copper screen as the copper ion will kill the amoebae. (Used by courtesy Professor Roger Wyburn-Mason).

POTABA AND NIZORAL.

IN VIVO STUDIES ON PATIENTS THAT HAVE HAD ACTIVE, CLASSICAL, DEFINITE OR PROBABLE RHEUMATOID DISEASE HAVE RESPONDED VERY FAVORABLY TO DILUTE SOLUTIONS OF COPPER-SULFATE, BILE SALTS, METRONIDAZOLE (OR FLAGYL) AND ITS ANALOGUES TINIDAZOLE, ORNIDAZOLE, CLOTRIMAZOLE OR NIMORAZOLE. FURAZOLIDONE, ALLOPURINOL, POTABA, NIZORAL AND RIFAMPICIN HAVE ALSO PROVEN EFFECTIVE. ALL THESE DRUGS CAUSE A HERXHEIMER REACTION WHICH GRADUALLY SUBSIDES AND THE PAIN, SWELLING, AND TENDERNESS OF THE ARTHRITIC JOINTS ARE FINALLY RELIEVED. PATIENTS WITHOUT RHEUMATOID DISEASE DO NOT EXPERIENCE THE HERXHEIMER REACTION WHEN SUBJECTED TO THESE DRUGS.

OTHER THAN AFFECTED JOINTS INVOLVING THE RHEUMATOID DISEASES, A STUDY OF THE WORLD LITERATURE SHOWS THE TISSUES AND EXTRA-ARTICULAR LESIONS COMMONLY FOUND ARE AS FOLLOWS:

1. ANY EXOCRINE GLAND OFTEN PRODUCING ENLARGEMENT AND DILATION OF THE ACINI AND DUCTS. IT MAY INVOLVE THE LACRIMAL AND SALIVARY GLANDS, THE BREAST, PANCREAS, LIVER, GALL BLADDER AND BILE DUCTS AND KIDNEYS.

2. ENDOCRINE GLANDS INCLUDING THE THYROID, ADRENALS, PARATHYROID, THYMUS AND PITUITARY.

3. POLYMYOSITIS, BURSITIS, TENOSYNOVITIS AND RHEUMATOID NODULES IN ANY TISSUE INCLUDING MENINGES AND CEREBRAL CHOROID PLEXUS AND EVEN CAUSING MYASTHENIA.

4, MUCOSAL INFLAMMATION FOLLOWED BY ATROPHY, WHICH MAY INVOLVE THE ENTIRE G.I. TRACT PRODUCING ATROPHIC STOMATITIS, PHARYNGITIS, ESOPHAGITIS, A.I. OR ATROPHIC GASTRITIS, A.I. COELIAC DISEASE, REGIONAL ENTERITIS AND ULCERATIVE COLITIS. THE AUDITORY AND RESPIRATORY TRACT MAY BE INVOLVED CAUSING EUSTACHIAN SALPINGITIS, ATROPHIC RHINITIS, LARYNGITIS, AND BRONCHITIS.

5. ALSO IN THE LUNGS, FIBROSING ALVEOLITIS, PULMONARY NODULES, LUNG FIBROSIS OR PLEURITIS MAY BE SEEN.

6. PERI-MYO OR ENDOCARDITIS.

7. BONE MARROW INFILTRATION WITH VARIOUS DISTURBANCES OF BLOOD FORMATION.

8. SPONDYLITIS IN ANY PART INCLUDING CERVICAL AND LUMBAR AND THORACIC SPINE.

9. PAGET'S DISEASE OF BONE.

10. LYMPHADENOPATHY OR SPLENO-MEGALY WITH REACTIVE LYMPHOID HYPERPLASIA.

11. GALL BLADDER, EXTRA AND INTRAHEPATIC BILE DUCTS,

12. CHOROITIS, UVEITIS, RETINITIS, SCLERITIS AND IRIDOCYCLITIS.

13. VARIOUS SKIN LESIONS INCLUDING ICHTHYOSIS, DERMATOMYOSITIS, LEUKODERMA, MELANODERMA, VITILIGO AND PSORIASIS.

14. OTHER CONDITIONS THAT HAVE RESPONDED FAVORABLY TO TREATMENT INCLUDE SCIATICA, FROZEN SHOULDER, ANKYLOSING SPONDYLITIS AND TRIGEMINAL NEURALGIA.

15. THE AMOEBAE CAN CAUSE ALL THESE TISSUES TO BE AFFECTED AS WELL AS ALL THE COLLAGEN OR A.I. DISEASES.

AFTER STUDYING DR. WYBURN-MASON'S BOOK, I AT FIRST WAS DISAPPOINTED THAT NO CAREFULLY CONTROLLED DOUBLE BLIND STUDIES HAD BEEN PERFORMED. I CONTACTED THE PROFESSOR ABOUT THIS AND HE INFORMED ME THAT HE HAD MADE ATTEMPTS TO RUN DOUBLE BLIND STUDIES PREVIOUSLY, BUT THEY WERE EXTREMELY DIFFICULT OR NEARLY IMPOSSIBLE TO PERFORM AS THE HERXHEIMER REACTION IN THOSE AFFECTED IMMEDIATELY INFORMED THOSE PATIENTS BEING TREATED WITH AN ANTI-AMOEBIC THAT THEY WERE BEING GIVEN THE ACTIVE DRUG WHILE THOSE PATIENTS RECEIVING A PLACEBO HAD NO HERXHEIMER REACTION. DR. WYBURN-MASON EXPLAINED THAT WITH TREATMENT BY ANTI-AMOEBIC DRUGS, THE RF BECOMES NEGATIVE AND THE AUTO ANTIBODIES DISAPPEAR. SINCE ANTI-PROTOZOAL DRUGS COMPLETELY INACTIVATE AND ABOLISH THE RHEUMATOID PROCESS, IT IS BOTH POINTLESS AND IMPOSSIBLE TO USE A DOUBLE BLIND STUDY WITH A PLACEBO AND MOST LIKELY IT IS UNETHICAL, BORDERING ON MEDICAL NEGLIGENCE TO WITHHOLD SUBSTANCES OF PROVEN BENEFIT TO ANY PATIENT WHEN THAT SUBSTANCE OR DRUG IS READILY AVAILABLE TO RELIEVE THOSE PATIENTS SUFFERING AND AGONY. DOUBLE BLIND STUDIES WERE NEVER USED TO EVALUATE SULPHONAMIDES OR PENICILLIN IN INFECTIONS NOR DIETHYLCARBAMINE IN FILARIASIS AND HUNDREDS OF OTHER DRUGS BEING USED GENERALLY TODAY. ALSO, DR. WYBURN-MASON'S INVESTIGATIVE WORK SATISFIES EVERY SINGLE CONDITION IN KOCH'S POSTULATE OR KOCH'S LAW CONCERNING THE SPECIFICITY OF MICRO-ORGANISMS.

THE PROFESSOR DID COMPLETE A STUDY ON ABOUT 50 PATIENTS WITH ACTIVE RHEUMATOID ARTHRITIS WITH BILATERAL KNEE EFFUSIONS. IN EACH KNEE HE WITHDREW 50 C.C. OF INTRA-ARTICULAR FLUID AND REPLACED 50 C.C. SALINE IN ONE KNEE AND 50 C.C. OF A SOLUTION OF EITHER METRONIDAZOLE OR RIFAMPYICIN INTO THE OTHER KNEE. IN EVERY INSTANCE THE SALINE KNEES REMAINED UNCHANGED BUT THE DRUG TREATED KNEES INVARIABLY, AFTER AN INITIAL MILD LOCAL REACTION, WAS FOLLOWED BY A RAPID EASING OF PAIN, ABSORPTION OF THE EXISTING EFFUSION AND DISAPPEARANCE OF SIGNS OF INFLAMMATION.

THERE ARE A FEW POINTS OR ITEMS OF INTEREST I BELIEVE I SHOULD MENTION HERE.

1. THE REGULAR DOSAGE OF METRONIDAZOLE FOR TRICOMONAS IS NOT EFFECTIVE FOR THE AMOEBAE. ALSO, OCCASIONALLY SOME AMOEBAE ARE RESISTANT TO ONE OR ANOTHER OF THE AMOEBICIDES AND SOME PATIENTS BECOME REINFECTED WITH THE AMOEBAE FASTER THAN OTHERS. ALLOPURINOL IS ALSO USED BECAUSE IT INTERFERES WITH THE ENZYME SYSTEMS OF THE GERM AND ALLOWS THE ANTI-AMOEBIC MEDICATION TO ACT MORE EFFECTIVELY,

2. THE HERXHEIMER CAN BE QUITE SEVERE, ESPECIALLY THE FIRST WEEK OF TREATMENT AND DR. WYBURN-MASON RECOMMENDS GIVING 40 MG OF D-MEDROL WHEN TREATMENT IS BEGUN. THIS GREATLY LESSENS THE SEVERITY OF THE HERXHEIMER REACTION. EACH WEEK OF TREATMENT THEREAFTER USUALLY DEMONSTRATES A PROGRESSIVE LESSENING OF SUBSEQUENT REACTIONS.

3. THE RECOMMENDED PROTOCOL OF TREATMENT IS AS FOLLOWS:

A. ALLOPURINOL - GIVE 300 MG. THREE TIMES DAILY, AFTER MEALS FOR 7 DAYS.

B. I GIVE THE PATIENT A PRESCRIPTION FOR METRONIDAZOLE, 250 MG. TABLETS, TO BE TAKEN IN DIVIDED DOSES, TWO DAYS IN A ROW EACH WEEK FOR 6 WEEKS. FOR A PATIENT WHO WEIGHS AROUND 200 POUNDS, I RECOMMEND 2000 MG. DAILY OR 2 TABLETS WITH MEALS AND 2 AT BEDTIME TWO DAYS IN A ROW, EACH WEEK FOR 6 WEEKS. FOR A 150 POUND PATIENT, I GIVE 1500 MG. DAILY OR 2 TABLETS WITH EACH MEAL AND NONE AT BEDTIME. FOR A PATIENT WHO WEIGHS OVER 225 POUNDS OR MORE, I PRESCRIBE 3 TABLETS WITH EACH MEAL OR 2250 MG. DAILY. I HAVE THE PATIENT BEGIN BOTH MEDICATIONS THE NEXT DAY AFTER THE DEPOT-MEDROL INJECTION.

C. DEPO-MEDROL - GIVE 40 MG. I.M. ON THE DAY BEFORE THE METRONIDAZOLE IS BEGUN.

D. FOR ACUTELY INFLAMED JOINTS, I SOMETIMES INJECT 3 C.C. OF 2% PROCAINE MIXED WITH 1/4 C.C. ARISTOSPAN INTO THE JOINT TO LESSEN THE HERXHEIMER REACTION IN THE JOINT AS INITIALLY THE REACTION CAN BE QUITE SEVERE.

E. IN ADDITION TO THE MEDICATIONS, I PRESCRIBE A SPECIAL DIET AND VARIOUS SUPPLEMENTS THAT I WILL MENTION LATER. ALSO, I CHECK EACH INVOLVED JOINT TO DETERMINE IF ANY OF THE NERVES ARE INFLAMED AND INJECT THE AFFECTED NERVES WHEN APPROPRIATE. I WILL GO INTO DETAIL LATER CONCERNING THE TECHNIQUES AND THEORY INVOLVED WITH THE INTRANEURAL INJECTIONS.

WHEN THE PATIENT RETURNS FOR THE SECOND OR FOLLOW UP VISIT, I USUALLY SEE ONE OF THREE THINGS THAT HAVE HAPPENED.

1. THE PATIENT HAS NO MORE ARTHRITIC PAINS AND THE INVOLVED JOINTS ARE NOT INFLAMED ANYMORE EVEN THOUGH THE PATIENT MAY HAVE HAD NO HERXHEIMER REACTION. A MODERATE OR A SEVERE REACTION, I DO NOT GIVE ANY FURTHER MEDICATION TO THESE PATIENTS, BUT ADVISE CONTINUING THE DIET ALONG WITH CONTINUING THE SUPPLEMENTS FOR ANOTHER 2-3 MONTHS.

2. SOME PATIENTS RETURNING MAY BE NO BETTER AT ALL AND HAVE HAD NO HERXHEIMER REACTION AT ALL. WITH THESE PATIENTS I RE-EVALUATE THE PREVIOUS DIAGNOSIS AND IF THE ORIGINAL DIAGNOSIS WAS WRONG, I CHANGE THE TREATMENT ACCORDINGLY. WITH THIS SITUATION, ONE OF 2 THINGS HAS HAPPENED. THE DIAGNOSIS IS WRONG AND THE PATIENT DOESN'T HAVE RHEUMATOID ARTHRITIS OR THE PATIENT'S PARTICULAR AMOEBAE ARE NOT SENSITIVE OR RESPONSIVE TO THE MEDICATION GIVEN AND WITH THESE PATIENTS I WILL USUALLY CHANGE TO ANOTHER ANTI-AMOEBIC MEDICATION,

3. THE THIRD THING I MAY SEE ON THE 2ND RETURN VISIT IS A PATIENT WHO HAS HAD A MILD, MODERATE OR SEVERE HERXHEIMER REACTION AND USUALLY IS SOMEWHAT TO GREATLY IMPROVED BUT STILL HAS ARTHRITIC PAINS AND SYMPTOMS AND SOME EVIDENCE OF INFLAMATION IN THE INVOLVED JOINTS. SHOULD THEY SEEM TO BE REACTING TO THE MEDICATION, I MAY PRESCRIBE AN ADDITIONAL 4 WEEKS OF METRONIDAZOLE. IF THEY HAVE HAD ONLY A MILD HERXHEIMER REACTION, I MAY CHANGE THE MEDICATION TO A DIFFERENT ANTI-AMOEBIC DRUG. IT REALLY DEPENDS UPON THAT PARTICULAR PATIENT'S RESPONSE.

ANOTHER THING I HAVE SEEN ON A FEW PATIENTS AFTER A FEW WEEKS OR MONTHS IS THAT THEY MAY BE IN TOTAL REMISSION INITIALLY AND THEN THE ARTHRITIS SYMPTOMS GRADUALLY BEGIN TO RECUR AGAIN, IF THIS HAPPENS, I HAVE TO CONCLUDE THAT EITHER THE PATIENTS ORIGINAL AMOEBAE TURNED TO THE CYST STAGE WHERE THE MEDICATION COULDN'T KILL THEM OR MAYBE THE ORIGINAL AMOEBAE FOUND SOME PLACE TO HIDE IN THE BODY TISSUES THAT HAD A VERY POOR BLOOD SUPPLY AND THE MEDICATION COULDN'T GET TO THE AMOEBAE. IF THESE PATIENTS RESPONDED WELL TO THE METRONIDAZOLE, I MAY GIVE THEM ANOTHER 4 TO 6 WEEKS TREATMENT AND HAVE THEM TAKE THE METRONIDAZOLE THE FIRST 2 DAYS OF EACH MONTH THEREAFTER OR I MAY CHANGE THEM TO ANOTHER ANTI-AMOEBIC DRUG, DEPENDING UPON THE PATIENT,

4. THE PATIENT IS INSTRUCTED TO RETURN IN 7 WEEKS FOR EVALUATION OF THE EFFECTIVENESS OF THE TREATMENT AND TO DETERMINE IF FURTHER TREATMENT IS NECESSARY OR IF A DIFFERENT ANTI-AMOEBIC DRUG IS INDICATED.

5. A FOUR TO SIX MONTH FOLLOW-UP IS THEN ADVISED TO DETERMINE ANY REINFECTION. IN ADDITION TO THE MEDICATIONS, I PRESCRIBE A SPECIAL DIET AND VARIOUS SUPPLEMENTS THAT I WILL MENTION LATER. ALSO, I CHECK EACH INVOLVED JOINT TO DETERMINE IF ANY OF THE NERVES ARE INFLAMED AND INJECT THE AFFECTED NERVES WHEN APPROPRIATE. I WILL GO INTO DETAIL LATER CONCERNING THE TECHNIQUES AND THEORY INVOLVED WITH THE INTRANEURAL INJECTIONS.

6. MOST ALL ANTI-AMOEBIC DRUGS ARE MUCH LESS EFFECTIVE IF THE PATIENT HAS HAD PROLONGED RECENT TREATMENT WITH PENICILLAMINE, GOLD INJECTIONS OR CORTICO STEROIDS AND IN THESE CASES ANY HERXHEIMER REACTION IS MILD TO NONE. DR. WYBURN-MASON BELIEVED THESE DRUGS DEPOSIT SOME PROTECTIVE SUBSTANCE ON THE AMOEBIA CELL MEMBRANES WHICH PROTECTS THEM FROM THE ANTI-AMOEBIC DRUGS.

7. DURING TREATMENT, THE JOINTS MUST BE RESTED AND NO MASSAGE OR HEAT SHOULD BE APPLIED. DR. WYBURN-MASON STRONGLY BELIEVED THAT ANY EXERCISE, MASSAGE OR HEAT APPLIED TO ACUTELY INFLAMED JOINTS ONLY SERVES TO SPREAD THE AMOEBAE THROUGHOUT THE JOINT. I DO NOT TOTALLY AGREE WITH THIS AND DO ALLOW MILD EXERCISE FOR THESE PATIENTS.

8. ALL MEDICATIONS PRESENTLY USED OR ADVISED HAVE BEEN AVAILABLE FOR OVER 20 YEARS WITHOUT CAUSING SIGNIFICANT TISSUE DAMAGE OR ANY MALIGNANCY.

9. IN THE LAST 5 YEARS VARIOUS SCIENTISTS AND PHYSICIANS WHILE WORKING WITH THE RHEUMATOID DISEASE FOUNDATION, HAVE TRIED TO IDENTIFY THE PARTICULAR AMOEBAE THAT DR. WYBURN-MASON CLAIMS TO HAVE FOUND AND HAVE BEEN UNABLE TO DUPLICATE HIS SUCCESS. THERE HAVE BEEN SEVERAL PROBLEMS THAT AROSE CONCERNING THE PROPER OR EXACT TECHNIQUE THAT MUST BE USED TO IDENTIFY THESE GERMS AND UNFORTUNATELY DR. WYBURN-MASON BEFORE HIS DEATH DID NOT PUBLISH OR LEAVE FOR POSTERITY THE DETAILS CONCERNING THE SCIENTIFIC TECHNIQUE HE

USED TO IDENTIFY THESE AMOEBAE. BECAUSE OF THESE PROBLEMS, MANY PHYSICIANS, INCLUDING MYSELF, HAVE SERIOUSLY QUESTIONED THE EXISTENCE OF AN AMOEBAE AS BEING THE ETIOLOGICAL GERM. AFTER MUCH SEARCHING AND RESEARCH, I HAVE DECIDED THAT THE GERM INVOLVED IS A CELL WALL DEFICIENT ORGANISM THAT IS EXTREMELY PLEOMORPHIC WHICH MAKES IT'S IDENTIFICATION EXTREMELY DIFFICULT. HOWEVER, WHATEVER TYPE OF GERM IS INVOLVED, IN ABOUT 80 PERCENT OF CASES, THE ANTI-AMOEBIC MEDICATIONS DO SUPPRESS THE GERMS SUFFICIENTLY UNTIL APPROXIMATELY 80 PERCENT OF PATIENTS WITH RHEUMATOID ARTHRITIS DO GO INTO REMISSION PROVIDED THE PATIENTS FOLLOW A PROPER NUTRITIOUS DIET AND ANY VITAMIN, MINERAL AND FATTY ACID DEFICIENCIES ARE CORRECTED AND THE INTRANEURAL INJECTIONS ARE USED IN TREATING THESE PATIENTS.

ONE OTHER VERY IMPORTANT ISSUE SHOULD BE MENTIONED AT THIS TIME. THE RHEUMATOID DISEASE FOUNDATION DID RAISE THE NECESSARY FUNDS TO HIRE THE BOWMAN GRAY MEDICAL COLLEGE TO DO SOME DOUBLE BLIND STUDIES USING CLOTRIMAZOLE AS THE ANTI-AMOEBIC MEDICATION ON RHEUMATOID ARTHRITIS PATIENTS. THE RHEUMATOLOGIST IN CHARGE OF THE STUDIES WAS WARNED NUMEROUS TIMES DURING THE STUDY, ABOUT THE HERXHEIMER REACTION AND THE FACT THAT THE HERXHEIMER REACTION MEANT THE PATIENT WAS RESPONDING TO THERAPY. UNFORTUNATELY, EVERY TIME A PATIENT BEGAN RESPONDING AND DEVELOPED A HERXHEIMER REACTION, THE RHEUMATOLOGIST WITHDREW THE PATIENT FROM THE STUDY AND CLAIMED THE PATIENT WAS HAVING A SERIOUS SIDE EFFECT OR DRUG REACTION TO THE CLOTRIMAZOLE. BECAUSE OF THIS, EVERY PATIENT WHO WAS RESPONDING TO TREATMENT WAS WITH-DRAWN FROM THE STUDY AND THE ENTIRE STUDY REQUIRED SEVERAL TIMES THE NUMBER OF PATIENTS TO COMPLETE THE STUDY. THIS OF COURSE, CAUSED THE COST OF THE STUDY TO ESCALATE TREMENDOUSLY WHICH PLACED THE RHEUMATOID DISEASE FOUNDATION IN A SEVERE FINANCIAL BIND, NEARLY TO THE POINT OF BANKRUPTCY, BUT THE FOUNDATION HAS BEEN ABLE TO PULL OUT OF THIS SITUATION WITH THE SUPURB GUIDANCE AND HARD WORK OF PERRY CHAPDELAIN, THE FOUNDATION'S EXECUTIVE DIRECTOR.

OTHER ANTI-AMOEBIC MEDICATIONS

ONE OF THE MAJOR PROBLEMS THAT WE ARE FACED WITH TODAY IS THE SCARCITY OF MEDICATIONS OR EFFECTIVE DRUGS THAT ARE ABLE TO KILL THE DIFFERENT STRAINS OF THE LIMAX AMOEBAE, WE DO HAVE SOME MODERATELY EFFECTIVE DRUGS AVAILABLE IN AMERICA BUT THOSE DRUGS THAT ARE KNOWN TO BE THE MOST EFFECTIVE FOR KILLING THE AMOEBAE ARE NOT AVAILABLE IN THE UNITED STATES [EXCEPT THROUGH A COMPOUNDING PHARMACIST: ED.] THE FOLLOWING SLIDE LISTS THE DRUGS THAT ARE KNOWN TO BE ANTI-AMOEBIC AND THEY ARE LISTED ACCORDING TO WHAT WE BELIEVE TO BE THE MOST POTENT ANTI-AMOEBIC LISTED FIRST AND THE LEAST POTENT LISTED LAST. THOSE THAT ARE AVAILABLE IN THE U.S. WILL HAVE A DOUBLE STAR OR ASTERISK TYPED AFTER THE GENERIC NAME.

ANTI-AMOEBIC MEDICATIONS

LISTED IN ORDER OF POTENCY AND UNITED STATES AVAILABILITY DENOTED By **

<u>GENERIC NAME</u>	<u>CHEMICAL GROUP</u>	<u>BRAND NAME</u>
CLOTRIMAZOLE	IMIDAZOLE	MYCELEX, LOTRIMIN
TINIDAZOLE	NITROIMIDAZOLE	FASIGN
NIMORAZOLE	NITROIMIDAZOLE	EMTRYL, NAXOGIN
ORNIDAZOLE	NITROIMIDAZOLE	TIBERAL
METRONIDAZOLE**	NITROIMIDAZOLE	FLAGYL
FURAZOLIDONE**	NITROFURAN	FUROXONE
RIFAMPICIN**	RIFAMYCIN B	RIMACTANE
ALLOPURINOL**	PYRIMIDINE	ZYLOPRIM
DIIDOXYHYDROXYQUIN**	S-HYDROXYQUINOLINE	YODOXIN
COPPER IONS**	INORGANIC COPPER	COPPER SULFATE

DEHYDROCHOLIC ACID**

BILE SALTS

DECHOLIN

CIMETIDINE**

TAGAMET

PABA**

POTABA

OF THE MEDICATIONS AVAILABLE IN THE UNITED STATES, I HAVE RECEIVED THE BEST RESULTS IN TREATING PATIENTS WITH A COMBINATION OF METRONIDAZOLE AND ALLOPURINOL. I SEEM TO GET FAIR RESULTS WITH YODOXIN, FUROXONE AND RIMACTANE, THE COPPER WORKS VERY WELL IN SOME PATIENTS BUT THERE ARE SOME PROBLEMS.

ENCOUNTERED WITH ABSORPTION AND DELIVERY OF THE COPPER IONS TO THE ACTUAL SITE OF THE INFESTATIONS OF THE AMOEBAE.

SUPPORTIVE MEASURES IN TREATING RHEUMATOID ARTHRITIS

TO ACHIEVE THE BEST RESULTS IN TREATING ANY CHRONIC DEGENERATIVE DISEASE IT IS IMPORTANT TO REMEMBER THAT SIMPLY GIVING A DRUG TO KILL A DISEASE CAUSING GERM IS NOT ENOUGH. IN THE FIRST PLACE THESE PATIENTS HAVE BEEN ILL FOR MANY MONTHS TO YEARS AND THEIR ENTIRE BODY CHEMISTRY, DIGESTION, NUTRITION AND IMMUNE SYSTEM HAS BEEN CONTINUALLY STRESSED AND DAMAGED OVER THIS PERIOD OF TIME. THE NEXT SLIDE WILL LIST THE SUPPORTING FACETS OF TREATMENT WHICH MUST NOT BE OVERLOOKED IF A PHYSICIAN WANTS TO GIVE HIS PATIENTS THE VERY BEST OPPORTUNITIES TO ACHIEVE THE MOST SUCCESSFUL IMPROVEMENT.

SUPPORTIVE EVALUATIONS FOR BETTER RESULTS IN TREATING ANY CHRONIC DEGENERATIVE DISEASE

1. DIET AND PROPER NUTRITION.
2. CORRECTION OF ANY NUTRITIONAL DEFICIENCY OR IMBALANCE.
3. CORRECTION OF ANY DIGESTIVE MALFUNCTIONS.
4. ELIMINATION OF CONTRIBUTING FACTORS THAT MAY BE SUPPRESSING THE PATIENT'S IMMUNE SYSTEM:
 - A. FOOD, INHALANT AND CHEMICAL ALLERGIES
 - B. CONCOMITANT INFECTIONS SUCH AS YEAST, VIRUS, FOCI OF INFECTIONS.
 - C. EXPOSURE TO TOXINS SUCH AS HEAVY METALS AND PETROCHEMICALS.
5. EXERCISE.
6. REST AND RELAXATION.
7. REMOVAL OF PHYSICAL OR MENTAL STRESS FACTORS.
8. INSTILL HOPE AND POSITIVE MENTAL ATTITUDE IN PATIENTS.
9. INTRANEURAL INJECTIONS FOR ARTHRITIS PATIENTS.

INTRANEURAL INJECTIONS

MOST PATIENTS WITH RHEUMATOID AND OSTEOARTHRITIS HAVE DEVELOPED INFLAMMATION IN VARIOUS NERVES THAT GO TO THE JOINTS. THESE AREAS OF INFLAMMATION IN THE NERVE MAY BE CAUSED BY CALCIUM DEPOSITS IN THE NERVE AREAS, TRAUMA OR INJURY TO THE NERVES OR EVEN INVASION OF THE NERVES BY GERMS LIKE THE AMOEBAE OR CANDIDA-YEAST INFECTIONS. OUR FOUNDATION'S PREVIOUS MEDICAL DIRECTOR, DR. PAUL PYBUS OF SOUTH AFRICA, HAD BEEN WORKING WITH THIS PROBLEM FOR SEVERAL YEARS AND DEVELOPED VARIOUS TECHNIQUES OF INTRANEURAL INJECTIONS THAT HAVE CAUSED REMARKABLE IMPROVEMENT IN MANY PATIENTS. UNFORTUNATELY DR. PYBUS DIED LAST YEAR BUT HE DID COMPLETE A BOOKLET CONCERNING THE INTRANEURAL INJECTIONS BEFORE HIS DEATH. THIS BOOKLET IS AVAILABLE FROM THE RHEUMATOID DISEASE FOUNDATION. I WILL BE SPEAKING LATER CONCERNING THESE INJECTIONS AND WILL GO INTO DETAIL TO EXPLAIN THE THEORIES INVOLVED, THE PREPARATION OF SOLUTIONS FOR INJECTION AND THE ACTUAL TECHNIQUES OF INJECTION, BUT I JUST WANTED TO MENTION HERE THAT THIS IS A SUPPORTIVE MEASURE I USE IN TREATING ALL ARTHRITIC PATIENTS. I WOULD NOW LIKE TO GO INTO A LITTLE MORE DETAIL ON A COUPLE OF THE OTHER VERY IMPORTANT SUPPORTIVE MEASURES.

PROPER DIET - VERY IMPORTANT

IN AMERICA TODAY, WE ARE SEEING AN INCREASE IN THE DEVELOPMENT OF ALL THE CHRONIC DEGENERATIVE DISEASES SUCH AS OBESITY, DIABETES, CANCER, HYPERTENSION, ALZHEIMER'S, ARTHRITIS AND THE CARDIOVASCULAR DISEASES. ONE OF THE MAIN REASONS IS THE INCREASE IN THE VITAMIN, MINERAL AND FATTY ACID DEFICIENCIES WE ARE SEEING IN THE GENERAL POPULATION. THIS IS PARTLY DUE TO THE ONSET OF PROCESSED FOODS IN OUR DIET WHERE THE FOOD COMPANIES IN PROCESSING AND REFINING OUR FOODS REMOVE MOST OF THE ESSENTIAL VITAMINS, MINERALS AND FATTY ACIDS FROM THE FOOD SO THAT THE FINISHED PRODUCT WILL STAY ON THE STORE SHELVES FOR

MONTHS WITHOUT TURNING RANCID OR SPOILING. ALSO MANY FARMERS WHO GROW OUR VEGETABLES CONTINUE TO GROW THE SAME VEGETABLES YEAR AFTER YEAR IN THE SAME SOIL AND THIS ONLY SERVES TO DEplete THE SOILS OF MANY IMPORTANT NUTRIENTS, ESPECIALLY VITAL MINERALS. ALL OF THE FATTY ACIDS ARE REMOVED FROM OUR PROCESSED FOODS TO INCREASE THEIR SHELF LIFE. THEN WE ARE SEEING THOUSANDS OF CHEMICALS SUCH AS INSECTICIDES OR PESTICIDES ADDED TO THE SOILS TO STIMULATE PLANT GROWTH AND ALSO MANY PRESERVATIVES, COLORING AND FLAVORING AGENTS AND OTHER CHEMICALS ARE ADDED TO THE PROCESSED FOODS TO HELP THEM SELL BETTER TO THE GENERAL PUBLIC. THEY ARE DOING THIS TO MAKE THE FOODS LOOK BETTER, TASTE BETTER AND MAKE THEM VERY EASY AND CONVENIENT TO PREPARE FOR CONSUMPTION WITH TODAY'S MICROWAVE COOKING CRAZE.

THEREFORE OUR DIET THAT WE PRESCRIBE FOR OUR ARTHRITIS PATIENTS PLAYS AN EXTREMELY IMPORTANT PART IN PROVIDING THE PROPER NUTRITION TO HELP THEIR ARTHRITIC CONDITIONS HEAL BETTER AND FASTER. IMPROPER DIET CAN EASILY MAKE ALL THE DIFFERENCE AS TO WHETHER THE PATIENT'S ARTHRITIS TREATMENT LEADS TO POOR, FAIR, GOOD OR EXCELLENT RESULTS.

MOST PHYSICIANS ARE FAMILIAR AND KNOWLEDGEABLE ABOUT THE FACT THAT MOST ALL OF OUR BODY FLUIDS ARE ALWAYS SLIGHTLY ALKALINE AS OPPOSED TO ACID IN NATURE. FOR YEARS I HAVE SEEN THAT PATIENTS SUFFERING FROM ARTHRITIS HAVE BODY FLUIDS THAT ARE MORE ACID THAN ALKALINE. THIS IS PARTLY DUE TO A DEFICIENCY IN FREE (IONIC) CALCIUM, WHICH IN ITSELF IS VERY ALKALINE IN NATURE. BUT THE PRIMARY CAUSE OF THIS ACID-ALKALINE REVERSAL CAN BE FOUND IN THE DIET AND NUTRITIONAL HABITS OF THOSE WITH ARTHRITIS DISEASE. MOST CELLULAR MECHANISMS OF THE BODY AND PARTICULARLY THOSE INVOLVING THE USE OF IONIZED (FREE) MINERALS SUCH AS THE SECRETORY (ALL GLANDS) PROCESSES, NERVE FUNCTION PROCESSES AND MUSCLE CONTRACTION, ETC., PROCEED BEST IN A MILDLY ALKALINE BODY STATE. FOR THIS REASON, A DIET CONSISTING OF HIGH ALKALINE FORMING FOODS SHOULD BE CONSUMED, COMBINED WITH THE AVOIDANCE OF ACID FORMING FOODS. ACID FORMING FOODS ARE THOSE WHICH ARE HIGH IN ONE OR MORE OF THREE ELEMENTS: PHOSPHORUS, SULFUR AND CHLORINE. ALKALINE FORMING FOODS ARE THOSE WHICH ARE HIGH IN ONE OR MORE OF FOUR OTHER ELEMENTS: POTASSIUM, CALCIUM, MAGNESIUM, AND SODIUM. THE FOLLOWING DIET HAS PROVEN TO BE EFFECTIVE IN TREATING THOSE WITH RHEUMATOID DISEASES, BUT ALSO SEEMS TO STRENGTHEN AND FORTIFY ANY INDIVIDUAL'S IMMUNE SYSTEM AND BODY DEFENSES, ESPECIALLY WHEN COMBINED WITH OTHER ADEQUATE VITAMIN, MINERAL AND FATTY ACID SUPPLEMENTS.

THE FOLLOWING SLIDE IS A SUMMARY OF THE TYPE OF DIET I RECOMMEND FOR ALL ARTHRITIC PATIENTS. I WILL EXPLAIN THE REASON AND RATIONALE FOR EACH OF THE FOODS LISTED.

SUMMARY OF DIET FOR RHEUMATOID DISEASE PATIENTS

AVOID THESE FOODS

- | | |
|---|---|
| 1. PROCESSED FOODS (FOODS IN BOX OR CAN) | 2. ALCOHOL, CAFFEINE, NICOTINE |
| 3. PROCESSED CEREALS, WHITE RICE
CORN PRODUCTS | 4. FOUR VEGETABLES - IRISH POTATOES, AND
TOMATOES, EGGPLANT AND PEPPERS |
| 5. ALL FORMS OF PORK | 6. PEANUTS |
| 7. SKIM MILK OR LOW FAT MILK | 8. ANY KNOWN ALLERGIC FOODS |
| 9. ALL SWEETS, DESSERTS, SUGARS, CANDY,
SOFT DRINKS, ICE CREAM, PIES,
CAKES, PASTRIES, ETC. | 10. ALL WHITE FLOUR SUCH AS WHITE
BREADS, CRACKERS, BISCUITS,
SPAGHETTI, MACCARONI, PASTA |
| 11. ALL "HYDROGENATED" OR "HARDENED"
COOKING OILS, OR FATS AND | 12. EXCESSIVE DIET DRINKS (2 PER
DAY PERMITTED) ESPECIALLY MARGARINE |

EAT THESE FOODS

- | | |
|---|--|
| 1. FISH, FOWL, EGGS, CHEESES, LAMB
AND BEEF (UP TO 3 TIMES WEEKLY)
YOGURT, VENISON, SHRIMP | 2. ALL VEGETABLES, PREFERABLY RAW
OR "WOK" COOKED (AVOID POTATOES,
TOMATOES, EGGPLANT AND PEPPERS) |
| 3. ALL VEGETABLE JUICES EXCEPT TOMATO | 4. ALL SALAD VEGETABLES |
| 5. WHOLE WHEAT OR WHOLE GRAIN BREADS
(IF 100 %) | 6. WHOLE GRAIN CEREALS - NON PROCESSED |
| 7. ALL NUTS EXCEPT PEANUTS | 8. HOME CANNED FOODS WITHOUT SUGAR ADDED |
| 9. ALL FRUITS AND JUICES INCLUDING
DRIED FRUITS (THE WHOLE FRUITS
ARE PREFERABLE TO THE JUICES) | 10. DECAFFEINATED COFFEE, HERBAL TEAS,
WHOLE MILK, BUTTERMILK, SPRING
OR MINERAL WATER, JUICES |
| 11. BUTTER, OLIVE OIL, COOKING OILS
THAT ARE COLD PRESSED | 12. ADEQUATE VITAMIN, MINERAL SUPPLEMENTS
WITH COD LIVER OIL |

WHY DIET AND NUTRITION IS IMPORTANT

AS DIFFERENT OPINIONS AND CONCLUSIONS ARE FAIRLY RAMPANT AT THE PRESENT TIME AMONG MOST PHYSICIANS CONCERNING THE USE OF DIET, VITAMIN AND MINERAL SUPPLEMENTATION, AND

STRENGTHENING THE IMMUNE RESPONSE SYSTEM, THE RHEUMATOID DISEASE FOUNDATION MAKES NO RECOMMENDATION TO ANY PHYSICIANS CONCERNING THESE IMPORTANT FACTORS. THESE DECISIONS ARE LEFT TO THE DISCRETION OF THE ATTENDING PHYSICIAN TOTALLY. HOWEVER, TO THOSE PHYSICIANS WHO ARE SINCERELY INTERESTED IN THESE IMPORTANT FACTORS AND ESPECIALLY AS TO THE TREND IN THINKING OF MOST PHYSICIANS WORKING WITH THE RHEUMATOID DISEASE FOUNDATION WHO SERIOUSLY CONSIDER THESE FACTORS, A SHORT SUMMARY OF DIAGNOSTIC SIGNS AND SYMPTOMS AND OUR RATIONALE CONCERNING DIET, VITAMIN AND MINERAL AND FATTY ACIDS SUPPLEMENTATION AND EFFORTS TO STRENGTHEN THE IMMUNE SYSTEM WILL BE PRESENTED.

FOR YEARS I HAVE NOTICED A STRONGLY POSITIVE RELATIONSHIP BETWEEN THE VARIOUS FORMS OF ARTHRITIS AND POOR OR INADEQUATE NUTRITION. MORE AND MORE PHYSICIANS ARE OBSERVING SIMILAR FINDINGS ALONG WITH A MULTITUDE OF ARTHRITIS PATIENTS. I HAVE CONDUCTED AN ONGOING STUDY OF THIS PROBLEM AND CONTINUE TO KEEP THIS IMPORTANT SUBJECT IN MIND AS I SEE NEW ARTHRITIC PATIENTS DAILY. I BECAME INTERESTED IN THIS STUDY AFTER REPEATEDLY MAKING 3 OBSERVATIONS IN ARTHRITIC PATIENTS WHO CAME TO ME FOR TREATMENT. THESE OBSERVATIONS WERE NOT ONLY SEEN BY ME BUT OTHER PHYSICIANS ALL ACROSS THE UNITED STATES.

1. I OBSERVED THAT MANY PATIENTS WHO WERE BLOOD RELATED TO ARTHRITIC PERSONS DID NOT DEVELOP ANY ARTHRITIS ESPECIALLY WHEN DIFFERENT DIETARY HABITS WERE FOLLOWED.

2. I OBSERVED THAT OFTEN TIMES ARTHRITIC PATIENTS EXHIBITED SLIGHT TO SIGNIFICANT IMPROVEMENT WHEN SELF ADMINISTERED HOME AND FOLK REMEDIES WERE TAKEN SUCH AS ALFALFA TABLETS, BONE MEAL TABLETS, COD LIVER OIL CAPSULES, VINEGAR WITH HONEY, PEANUT OIL, BEE VENOM AND CHERRIES.

3. I OBSERVED THAT SOME PATIENTS WERE MORE SUSCEPTIBLE TO BECOMING REINFECTED WITH THE AMOEBAE THAN OTHERS, ONCE THE GERMS HAD BEEN DESTROYED IN THEIR BODIES BY ANTI-AMOEBIC DRUGS.

AFTER SUCCESSFULLY TREATING MANY ARTHRITIC PATIENTS I INITIATED A PROGRAM IN MY PRACTICE TO ACCOMPLISH THE FOLLOWING 3 PROPOSALS LISTED BELOW. SPACE DOES NOT PERMIT A DETAILED EXPLANATION OF THE TECHNIQUES AND METHODS OF STUDY INVOLVED SO ONLY THE CONCLUSIONS WILL BE DETAILED.

STUDIES PERFORMED

1. TO DETERMINE ANY PREVIOUSLY OVERLOOKED PHYSICAL SIGNS AND SYMPTOMS EXHIBITED PRIMARILY BY ARTHRITIC PATIENTS,

2. TO DETERMINE AND CORRECT ANY POOR OR INADEQUATE EATING HABITS ALONG WITH ANY VITAMIN AND MINERAL AND FATTY ACID DEFICIENCIES PRESENT, BY USING AN IN-DEPTH AND DETAILED PAST HISTORY QUESTIONNAIRE,

3. TO DETERMINE A SUCCESSFUL METHOD TO STRENGTHEN THE ARTHRITIC PATIENT'S IMMUNE SYSTEM IN AN EFFORT TO PREVENT ANY REINFECTION BY THE OFFENDING ORGANISM ALONG WITH ANY SIMPLE AND EASY TO FOLLOW TECHNIQUES THAT WILL RID THE PATIENTS DRINKING WATER OF ANY PATHOGENIC GERMS.

TENATIVE RESULTS OF THESE STUDIES

(1) THERE ARE PRESENT WITH ARTHRITIC PATIENTS CERTAIN PHYSICAL SIGNS AND SYMPTOMS WHICH I HAVE FOUND TO BE MUCH MORE PREVALENT THAN IN NORMAL PERSONS NOT AFFLICTED WITH ARTHRITIS. OF COURSE, ONE MUST UNDERSTAND THAT NOT ALL ARTHRITIC PATIENTS EXHIBIT EVERY SIGN OR SYMPTOM LISTED BELOW, BUT SOME ARE SEEN IN NEARLY EVERY ARTHRITIC (RHEUMATOID AND OSTEO) PATIENT IN ONE FORM OR ANOTHER.

(A) LONGITUDINAL RIDGES IN FINGERNAILS WITH AN INCREASE IN OPAQUENESS OF THE NAILS.

(B) MILD TO MODERATE TENDERNESS WITH STRONG PALPATION OF THE SOLEUS AND TRAPEZIUS MUSCLES.

(C) GENERALIZED SLIGHT INCREASE IN DEEP TENDON REFLEXES.

(D) GENERALIZED IRRITABILITY OF SKELETAL MUSCLES TO PERCUSSION,

(E) ACID SALIVA WHICH NORMALLY IS AROUND PH7. THESE ARTHRITIC PATIENT'S SALIVA USUALLY RANGES FROM 4.5 TO 6.5 AS DETERMINED BY USING HYDRION PAPER WHICH IS MANUFACTURED BY MICRO ESSENTIAL LABORATORIES OF BROOKLYN, NEW YORK.

(F) SLIGHT TO SEVERE COATING ON THE TONGUE.

(G) MANY ARTHRITIC PATIENTS ARE ALSO INFECTED WITH CHRONIC SYSTEMIC CANDIDIASIS.

(2) AN IN-DEPTH PAST HISTORY QUESTIONNAIRE WHICH INCLUDES A PAST NUTRITIONAL EVALUATION SHOULD BE COMPLETED ON ARTHRITIC PATIENTS. MOST ARTHRITICS CONSUME A DIET THAT IS STRONGLY ACID FORMING IN NATURE AND I FEEL THESE PATIENTS SHOULD BE EDUCATED AS TO THE PROPER FOODS THEY SHOULD EAT, ALONG WITH FOODS THEY SHOULD AVOID. I HAVE FOUND THAT ARTHRITIC (RHEUMATOID AND OSTEO) PATIENTS RESPOND TO TREATMENT MORE RAPIDLY AND SUCCESSFULLY WHEN THEY FOLLOW THE DIET RECOMMENDED PREVIOUSLY. THE DIET ALSO HELPS PREVENT REINFECTION BY THE AMOEBAE WHEN FOLLOWED. TO SAVE TIME AND SPACE, I WILL PRESENT AT THIS

TIME THE INFORMATION I GIVE MY PATIENTS IN A HAND-OUT PAMPHLET THAT HELPS THEM TO BETTER UNDERSTAND WHY THEY SHOULD FOLLOW THEIR DIET.

I EXPLAIN TO MY PATIENTS THAT MOST ARTHRITICS AVOID WHOLE MILK AND BUTTER AND INSTEAD DRINK SKIM OR LOW-FAT MILK AND EAT MARGARINE. THEIR CLINICAL SYMPTOMS AND PHYSICAL EXAMINATION SIGNS USUALLY DEMONSTRATE STRONG EVIDENCE OF A DEFICIENCY OF "FREE" CALCIUM IN THEIR SYSTEMS AS WELL AS A LACK OF VITAMINS A AND D AND FATTY ACIDS. BLOOD CALCIUM STUDIES ARE MISLEADING SINCE THEY MEASURE THE FREE CALCIUM ALONG WITH OTHER FORMS AS ALL THE CALCIUM THAT BINDS TO PROTEINS. I CONSTANTLY FIND THOSE PATIENTS WITH RHEUMATOID DISEASE HAVE BODY FLUIDS THAT ARE MORE ACID IN NATURE THAN NORMAL. THIS IS PARTLY DUE TO A DEFICIENCY IN FREE (IONIC) CALCIUM, WHICH IN ITSELF IS VERY ALKALINE IN NATURE, BUT THE PRIMARY CAUSE OF THIS ACID-ALKALINE REVERSAL CAN BE FOUND IN THE DIET AND NUTRITIONAL HABITS OF THOSE WITH RHEUMATOID DISEASE. MOST CELLULAR MECHANISMS OF THE BODY AND PARTICULARLY THOSE INVOLVING THE USE OF IONIZED (FREE) MINERALS SUCH AS THE SECRETORY (ALL GLANDS) PROCESSES, NERVE FUNCTION PROCESSES AND MUSCLE CONTRACTION, ETC., PROCEED BEST IN A MILDLY ALKALINE BODY STATE. FOR THIS REASON, A DIET CONSISTING OF HIGH ALKALINE FORMING FOODS SHOULD BE CONSUMED, COMBINED WITH THE AVOIDANCE OF ACID FORMING FOODS. THE FOLLOWING DIET HAS PROVEN TO BE EFFECTIVE IN PREVENTING AND TREATING THOSE WITH RHEUMATOID DISEASES, BUT ALSO SEEMS TO STRENGTHEN AND FORTIFY AN INDIVIDUAL'S IMMUNE SYSTEM AND BODY DEFENSES, ESPECIALLY WHEN COMBINED WITH ADEQUATE VITAMIN, MINERAL AND FATTY ACID SUPPLEMENTS.

THE DIET USED TO TREAT AND PREVENT DEVELOPMENT OF RHEUMATOID DISEASES SHOULD DEFINITELY AVOID AS MUCH AS POSSIBLE, THE FOLLOWING FOODS. ALL PROCESSED AND MOST CANNED FOODS SHOULD BE AVOIDED, ALONG WITH CAFFEINE, SUGAR IN ALL IT'S FORMS, AS WELL AS THE SIMPLE CARBOHYDRATE FOODS THAT QUICKLY UPON DIGESTION TURN INTO SUGAR; SUCH AS WHITE FLOUR FOODS, CRACKERS, MANY CEREALS, MACARONI, (PASTA FOODS), WHITE RICE AND CORN PRODUCTS. IDEALLY NICOTINE AND ALCOHOL SHOULD BE AVOIDED, ALONG WITH ANY SWEETS, CANDY, SOFT DRINKS, PASTRIES OR DESSERTS, THE "NIGHT SHADE PLANTS (FOODS CONTAINING SOLANINES) SUCH AS WHITE POTATOES, TOMATOES, EGG PLANT AND GARDEN PEPPERS SHOULD BE AVOIDED. ALSO AVOID CHOCOLATES SINCE THEY CONTAIN OXALATES WHICH INTERFERE WITH CALCIUM ABSORPTION. MOST FRUITS ARE ALKALINE FORMING (CONTRARY TO PUBLIC OPINION) WITH THE EXCEPTION OF CRANBERRIES, PLUMS AND PRUNES, WHICH OF COURSE SHOULD BE AVOIDED.

AS A RULE, MOST PROTEIN FOODS TEND TO BE ACID FORMING SINCE THEY CONTAIN PHOSPHORUS AND SULPHUR. ANIMAL SOURCES OF PROTEIN - LEAN MEAT (BEEF, LAMB, VEAL), POULTRY, FISH AND EGGS - ARE DEFINITELY IN THIS CATEGORY. WITH THE EXCEPTION OF SHRIMP, MOST SEA FOOD IS EXTREMELY ACID FORMING. THESE FOODS MUST NOT BE AVOIDED IN THE DIET HOWEVER, SINCE THEY PROVIDE THE BUILDING BLOCKS FOR ALL BODY FUNCTIONS AND PROCESSES. THEREFORE ONE OF THESE PROTEINS SHOULD BE EATEN WITH EACH MEAL. PORK MEATS SHOULD BE AVOIDED HOWEVER. JUST TRY NOT TO EAT AN ENTIRE MEAL CONSISTING OF PROTEIN FOODS, BUT BALANCE THESE FOODS WITH ALKALINE FORMING FOODS. IDEALLY YOUR BREAKFAST SHOULD ALWAYS CONSIST OF SOME HIGH PROTEIN FOODS, BALANCED WITH WHOLE MILK, FRUIT JUICES, ETC. ALSO REMEMBER TO COOK PROTEIN FOODS AT LOW TEMPERATURES, AS ENZYMES AND TRACE MINERALS ARE REDUCED WHEN FOODS ARE HEATED ABOVE 120 DEGREES F. -32-

AVOID PROCESSED AND HYDROGENATED, OR "HARDENED OILS" AND FATS. ALL MARGARINES, MAYONNAISES, PEANUT BUTTERS, RESTAURANT PREPARED FRENCH FRIES AND POTATO OR CORN CHIPS ARE PREPARED WITH HARDENED OILS. SWEET CREAM BUTTER IS BEST AND USE "COLD PRESSED" VEGETABLE OILS OR "PAM" FOR HOME COOKING [BUT READ THE LABEL TO BE SURE IT CONTAINS THE PROPER OIL]. ALSO WATCH THOSE HIGH CALORIE-SALAD DRESSINGS WHICH ARE USUALLY HYDROGENATED, MOST FATS AND FATTY FOODS (BUTTER, OILS, SAUSAGES, BACON, ETC.) ARE NEUTRAL IN THEIR ACID-ALKALINE CONTENT BUT THEY GREATLY CONTRIBUTE TO EXCESSIVE WEIGHT-GAIN WHICH SEVERELY COMPLICATES ARTHRITIS. THEREFORE, IT WOULD BE WISE TO LIMIT ALL GREASY, OILY, FRIED, AND FATTY FOODS IF YOU TEND TO BE OVERWEIGHT.

MOST ALL VEGETABLES (EXCEPT CORN) ARE HIGHLY ALKALINE IN NATURE AND SHOULD BE EMPHASIZED IN YOUR EATING PROGRAM. SALAD VEGETABLES ARE EXCELLENT AND SHOULD BE EATEN DAILY. ALL OTHER VEGETABLES ARE VERY GOOD AND WHEN "WOK" COOKED OR STIR FRIED IN "NON-HYDROGENATED" VEGETABLE OIL THEY ARE EVEN BETTER FOR YOU. FRESH VEGETABLE JUICES (NOT CANNED) ARE EXCELLENT AND SHOULD BE PART OF YOUR DIET. IT IS IMPORTANT TO PREPARE AND SERVE AS MANY FOODS IN THEIR RAW AND NATURAL STATES AS POSSIBLE. ALL FRUITS (EXCEPT CRANBERRIES, PLUMS AND PRUNES) ARE VERY GOOD ALKALINE FORMING FOODS AND SHOULD BE EATEN DAILY. MOST NUTS (WITH THE EXCEPTION OF PEANUTS AND PECANS) ARE ALKALINE FORMING AND ARE GOOD TO "MUNCH" ON. WHOLE MILK IS ONE OF THE BEST ALKALINE FORMING FOODS DUE TO IT'S HIGH CALCIUM CONTENT. RAW CERTIFIED WHOLE MILK IS MUCH PREFERABLE IF YOU CAN FIND IT. YOU SHOULD NOT DRINK SKIM MILK OR LOW FAT MILK IN PREFERENCE TO WHOLE MILK. AT LEAST TWO GLASSES OF WHOLE MILK SHOULD BE TAKEN EACH DAY AND USE BUTTER INSTEAD OF MARGARINE. PLAIN YOGURT IS AN

EXCELLENT ALKALINIZING FOOD AND NOT ONLY IS EASY TO DIGEST BUT TASTES GREAT WHEN MIXED WITH FRESH FRUIT. CERTAIN DRIED FRUITS SUCH AS RAISINS, DATES, DRIED FIGS AND APRICOTS ARE ALSO GOOD AND MAKE EXCELLENT MUNCHING FOODS. THIS DIET WILL CHANGE YOUR SYSTEM TO BE MORE ALKALINE AS IT SHOULD BE.

CONCERNING VITAMIN AND MINERAL SUPPLEMENTATION, THE MOST IMPORTANT POINT TO CONSIDER HERE IS TO CORRECT THE FREE CALCIUM DEFICIENCY PRESENT IN MOST ARTHRITICS. THIS REQUIRES MUCH LARGER AMOUNTS OF VITAMIN A AND D IN THEIR NATURAL FORM THAN WHAT IS USUALLY RECOMMENDED BY THE "RECOMMENDED DAILY ALLOWANCES" TABLES, THE SYNTHETIC VITAMIN A AND D-2 PREPARATIONS ON THE MARKET SIMPLY DO NOT WORK, SYNTHETIC VITAMIN D-2 DOES INCREASE THE CALCIUM ABSORPTION FROM THE SMALL INTESTINE BUT SEEMS TO BE TOTALLY INADEQUATE IN REGULATING THE USE OF THE CALCIUM AND ESPECIALLY CALCIUM EXCRETION BY THE KIDNEYS, THE ONLY PREPARATION I HAVE FOUND THAT IS ADEQUATE, IS THE NATURAL D-3 WHICH IS FOUND IN FISH LIVER OILS. THEREFORE I RECOMMEND PLAIN COD LIVER OIL AS THE IDEAL WHICH SEEMS TO BE EVEN BETTER THAN COD LIVER OIL CAPSULES, IT IS EASILY TAKEN WHEN MIXED WITH SOME ORANGE JUICE AND STIRRED RAPIDLY. THE PREPARATION I RECOMMEND IS PLAIN NORWEGIAN COD LIVER OIL LIQUID WHICH CONTAINS 10,000 UNITS OF VITAMIN A AND 1,000 UNITS OF VITAMIN D PER TEASPOON. I RECOMMEND THAT PATIENTS TAKE TWO TEASPOONS UPON ARISING EACH MORNING AND TWO TEASPOONS AT BEDTIME. THIS PREPARATION CAN BE FOUND IN SOME HEALTH FOOD STORES AND SHOULD BE TAKEN FOR AT LEAST FOUR MONTHS AND THEN THE DOSAGE SHOULD BE CUT IN HALF. ONE VERY GOOD BRAND IS CALLED DALE ALEXANDER'S NORWEGIAN COD LIVER OIL AND IT DOESN'T TASTE VERY BAD BUT AT LEAST ONE TABLESPOON MORNING AND NIGHT SHOULD BE TAKEN. I EXPLAIN TO MY PATIENTS NOT TO FEAR ANY VITAMIN A OR D TOXICITY WITH THIS DOSAGE AS IT IS LESS THAN 1/3 THE TOXICITY LEVEL THAT HAS BEEN REPORTED IN THE LITERATURE. IF THE PATIENT ABSOLUTELY CANNOT TAKE THE LIQUID, THEY CAN USUALLY FIND CAPSULES AT HEALTH FOOD STORES BUT THEIR CONTENT OF THE VITAMIN A AND D IS VERY LOW. I ALSO EXPLAIN THAT EXPOSURE TO SUNSHINE OF AT LEAST 30 MINUTES WEEKLY WILL ACTIVATE THE VITAMIN D.

CONCERNING CALCIUM PREPARATIONS, I HAVE FOUND THAT NONE OF THE AVAILABLE INORGANIC CALCIUM PREPARATIONS ARE EFFECTIVE. I DISCOVERED THAT ORGANIC BONE MEAL TABLETS (3-4 PER DAY) WORK BETTER THAN OTHER CALCIUM PREPARATIONS, BUT I CONTINUED TO HAVE RESERVATIONS. RECENTLY, I LOCATED A CALCIUM PREPARATION THAT SEEMS TO WORK IDEALLY. THIS COMPOUND IS CALCIUM OROTATE WHICH IS THE NATURALLY OCCURRING CALCIUM IN PLANTS. IT IS BECOMING VERY HARD TO FIND HOWEVER, AND WHEN I CAN FIND IT, I PRESCRIBE 500 MG. CALCIUM OROTATE (50 MG. ELEMENTAL CALCIUM) FOUR TIMES DAILY WITH MEALS FOR TWO MONTHS, THEN 500 MG. TWICE DAILY. THIS CALCIUM PREPARATION ALSO SEEMS TO ENHANCE THE ABILITY OF THE BODY TO USE AND METABOLIZE OTHER FORMS OF CALCIUM INGESTED. I ALSO RECOMMEND 1,000 MG. MAGNESIUM ASPARTATE, ONCE DAILY, TO BALANCE THE CALCIUM-MAGNESIUM RATIO.

CONCERNING OTHER VITAMINS, MINERALS AND FATTY ACIDS FOR ARTHRITIC PATIENTS, I RECOMMEND AS AN IDEAL SUPPLEMENT PROGRAM, THE FOLLOWING, IN ADDITION TO THE COD LIVER OIL, CALCIUM AND MAGNESIUM MENTIONED ABOVE:

(A) VITAMIN B COMPLEX, TWO TO THREE "STRESS" B VITAMINS DAILY IN DIVIDED DOSES. (THESE SHOULD CONTAIN 25-50 MG. OF EACH B VITAMINS).

(B) VITAMIN C - TWO TO THREE GRAMS DAILY IN DIVIDED DOSES.

(C) ZINC CITRATE OR PICOLINATE - 25-30 MG. OF ZINC DAILY.

(D) SELENIUM - 250 MICROGRAMS DAILY.

(E) B-CAROTENE - 25,000 UNITS DAILY.

(F) VITAMIN E - 400-800 UNITS DAILY.

(G) MAXEPA CAPSULES - 4-6 DAILY.

(H) GAMMA LINOLENIC ACID - 240 MG. DAILY.

(I) BORON - 3 TO 4 MG. DAILY.

THE ABOVE VITAMIN, MINERAL AND FATTY ACID SUPPLEMENTATIONS WILL NOT ONLY HELP THE PATIENT'S ARTHRITIS BY STIMULATING THE IMMUNE RESPONSE SYSTEM, BUT WILL PLAY AN IMPORTANT ROLE IN COUNTERACTING THE AGING PROCESS AS WELL AS ACTING AS A DETERRENT TO SOME FORMS OF CANCER SINCE MANY OF THESE PREPARATIONS ACT AS FREE RADICAL AND PEROXIDE SCAVENGERS IN THE BODY. WITH PAINFUL HANDS AND FEET, I RECOMMEND IN ADDITION, 100 MG. VITAMIN B-6 TWICE DAILY. THIS IS ALSO HELPFUL FOR CARPEL TUNNEL SYNDROME. WITH NEURALGIA, I SUGGEST 500 MG. NIACINAMIDE TWICE DAILY.

IN AN EFFORT TO STRENGTHEN THE PATIENTS IMMUNE SYSTEM AND ELIMINATE FREE RADICALS, I AM CONVINCED THAT THE RECOMMENDED VITAMIN AND MINERAL SUPPLEMENTS PLAY AN IMPORTANT PART IN ACCOMPLISHING THIS, IT IS KNOWN THAT ZINC AND BETA CAROTENE STIMULATES THE THYMUS TO INCREASE THE PRODUCTION OF LYMPHOCYTES. ALSO, IT IS KNOWN THAT VITAMINS C, D, E, AND BETA CAROTENE AND THE MINERALS ZINC AND SELENIUM, PLAY AN IMPORTANT ROLE IN STIMULATING AND ACTIVATING THE PATIENTS' ADRENAL GLAND, WHICH WILL STRENGTHEN THE IMMUNE SYSTEM. ADDITIONAL RESEARCH IS PRESENTLY BEING DONE BY MYSELF AND OTHER PHYSICIANS IN AN ATTEMPT TO

USE VACCINES AS A STIMULUS TO STRENGTHEN THE IMMUNE SYSTEM, BUT THESE STUDIES ARE INCOMPLETE AT PRESENT,

IN TRYING TO PREVENT REINFECTION OF THE OFFENDING GERM AND REALIZING THAT DRINKING WATER IS A PRIMARY SOURCE OF REINFECTION ALONG WITH THE FACT THAT COPPER KILLS THE GERM EFFECTIVELY, I RECOMMEND TO PATIENTS THAT THEY SHOULD EITHER BOIL THEIR DRINKING WATER 10-15 MINUTES BEFORE DRINKING IT OR PLACE ONE HALF POUND OF CLEAN "NON-INSULATED" COPPER WIRE IN EACH OF TWO GALLONS OF WATER WHICH IS ALLOWED TO STAND AT LEAST 8 HOURS BEFORE DRINKING.

ESSENTIAL FATTY ACIDS EXTREMELY IMPORTANT

I HAVE BEEN STUDYING THE BIOCHEMISTRY OF THE ESSENTIAL FATTY ACIDS AND PROSTAGLANDINS IN THE DIET FOR THE PAST THREE YEARS. I SINCERELY BELIEVE THE IMBALANCE IN THE AMERICAN DIET IS OF PRIMARY IMPORTANCE IN THE INCREASE IN THE FREQUENCY OF MOST ALL OF THE CHRONIC DEGENERATIVE DISEASES THAT WE SEE DAILY IN OUR PRACTICES. INSTEAD OF GOING INTO DETAIL ABOUT THEIR IMPORTANCE AT THIS TIME, I WILL APPEND AN INFORMATION PAPER ENTITLED "AN IMPORTANT MESSAGE TO MY PATIENTS" AT THE END OF THIS REPORT. THIS PAPER IS SELF EXPLANATORY AND WILL ENABLE ANY PHYSICIAN READING THIS REPORT TO CLEARLY UNDERSTAND THE IMPORTANCE OF PROVIDING THE PROPER FATTY ACIDS TO ARTHRITIC PATIENTS. IN FACT, I EXPLAIN THIS PAPER TO ALL PATIENTS THAT I TREAT WITH ANY OF THE CHRONIC DEGENERATIVE DISEASES AND IN MY MIND THERE IS ABSOLUTELY NO QUESTION OR DOUBT THAT ALL PATIENTS RECOVER MORE RAPIDLY WHEN THESE VITAL ISSUES ARE APPLIED TO ANY THERAPY. BECAUSE OF THE FATTY ACID IMPORTANCE, I NOT ONLY INSIST, BUT TACTFULLY DEMAND THAT MY PATIENTS TOTALLY AVOID ALL HYDROGENATED OILS AND CONSUME COLD WATER OCEAN FISH THREE TIMES WEEKLY. IN ADDITION, I HAVE MY PATIENTS SUPPLEMENT THEIR DIETS WITH SIX CAPSULES OF MAXEPA (FISH OILS) DAILY AND 240 MG OF GAMMA LINOLENIC ACID DAILY FROM EVENING PRIMROSE SEED OIL OR BORAGE OIL. IF YOU CAREFULLY STUDY THE DIAGRAMS ON THE APPENDED PAPER, YOU WILL CLEARLY UNDERSTAND THAT BY FOLLOWING THE RECOMMENDED SUGGESTIONS PRESENTED, YOU WILL ENABLE YOUR PATIENTS TO ELIMINATE THE "BAD GUYS" AND PROVIDE ALL THE "GOOD GUYS" FOR OPTIMAL HEALTH.

ESSENTIAL FATTY ACIDS EXPLAINED

IN LOOKING AT THE CHART ENTITLED "ESSENTIAL FATTY ACIDS - BIOCHEMISTRY - METABOLISM - PROSTAGLANDINS", NOTICE AT THE VERY TOP LEFT, NEXT TO THE OMEGA 6 SERIES WE HAVE THE GAMMA LINOLENIC ACID SOURCES. THOSE ARE THE SOURCES OF GLA WHICH IS FOUND IN MOTHER'S MILK, EVENING PRIMROSE OIL SEEDS, BLACK CURRENT SEEDS, AND BORAGE SEEDS. I FEEL THE BORAGE SEED IS THE MOST IMPORTANT SOURCE OF THIS FATTY ACID. UNDERNEATH THIS, WE HAVE THE LINOLEIC ACID AND WE HAVE LISTED THE SOURCES OF THIS PARTICULAR FATTY ACID. ALSO, MOST ALL OF OUR COOKING OILS, BUT THE VERY MOST IMPORTANT IS LINSEED OIL OR FLAX OIL, HOWEVER MOST OF THE LINSEED OIL THAT IS AVAILABLE TODAY IS NOT GOOD. YOU CAN GET GOOD LINSEED OIL OUT OF CANADA, BUT IT IS NOT GOOD IN AMERICA. WE HAVE THE OTHERS LISTED - SAFFLOWER, COTTON SEED, SUNFLOWER, PEANUT AND CORN OIL. OLIVE OIL REALLY DOES NOT FORM LINOLEIC ACID BUT IT IS A GOOD OIL AND I PUT IT IN THIS CATEGORY.

SOURCES OF ARACHIDONIC ACID ARE RED MEATS, DAIRY PRODUCTS AND SHELL FISH. THEN WE HAVE THE SOURCES UNDERNEATH THAT, OF ALPHA LINOLENIC ACID. I HAVE THOSE LISTED WHICH I WANT YOU TO READ THROUGH AND TRY TO UNDERSTAND AND THEN WE HAVE THE SOURCES OF EPA AND DHA LISTED UNDER THAT, FROM THE FISH OILS. THESE ARE ANIMAL SOURCES OF THESE PARTICULAR FATTY ACIDS.

I WANT TO EXPLAIN HOW AND WHY THESE FATTY ACIDS ARE SO EXTREMELY IMPORTANT FOR YOUR GOOD HEALTH. ALSO ON THIS CHART, YOU'LL SEE LITTLE BLACK SQUARES AND LITTLE BLACK CIRCLES. THE LITTLE BLACK SQUARES MEAN THAT IT'S REAL GOOD FOR THE BODY AND THE LITTLE BLACK CIRCLES MEAN IT'S VERY HARMFUL FOR THE BODY. OF THE OMEGA 6 SERIES, THERE IS ONE ESSENTIAL FATTY ACID - LINOLEIC ACID OR LA. THIS FATTY ACID IS USED PRIMARILY TO MAKE GAMMA LINOLENIC ACID OR GLA. FOLLOW THE ARROW TO THE RIGHT FROM THE GLA AND SEE THAT ITS PRODUCT IS PROSTAGLANDIN E1. THIS IS A VERY VITAL PROSTAGLANDIN AND NOTICE ALL OF THE GOOD THINGS LISTED THAT THIS PROSTAGLANDIN DOES IN THE BODY. LET'S GO BACK TO LINOLEIC ACID THAT FORMS GLA. YOU CAN SEE HERE A LIST OF THINGS THAT ARE BRACKETED WITH A LITTLE BLACK SQUARE. THESE ARE THE GOOD THINGS THAT THE BODY REQUIRES FOR THE MANUFACTURE OF GLA. IF IT'S DEFICIENT IN ANY OF THESE, THE BODY SIMPLY CANNOT MAKE THE GLA. ALSO, YOU'LL SEE A LIST OF THINGS BRACKETED BY A BLACK CIRCLE THAT SHOWS THE THINGS THAT TOTALLY BLOCK THE CONVERSION OF LINOLEIC ACID IN THE GLA. READ THEM AS THEY ARE LISTED THERE AND WHEN THESE SUBSTANCES ARE PRESENT, THEIR CONVERSION FROM LINOLEIC ACID TO GLA IS TOTALLY BLOCKED AND THE BODY CANNOT MAKE THE VITAL GLA. WE NORMALLY GET THE ESSENTIAL FATTY ACID CALLED LINOLEIC ACID FROM OUR COOKING OILS AS LISTED IN YOUR CHART THERE, SO THESE OILS ARE GOOD IF THEY HAVE NOT BEEN PROCESSED WITH HEAT OR CHEMICALS. NOW, WE LOOK AT THE BOTTOM OF THE

OMEGA 6 SERIES AND YOU'LL SEE THE PRIMARY ANIMAL SOURCES OF ARACHIDONIC ACID. ARACHIDONIC ACID MAKES THE PROSTAGLANDIN II SERIES OF WHICH THERE ARE THREE PROSTAGLANDINS. PROSTACYCLIN IS GOOD AND YOU'LL NOTICE THAT IT KEEPS ARTERIES OPEN, IT PREVENTS BLOOD CLOTS, AND STOPS TUMOR GROWTH. THE TWO BAD PROSTAGLANDINS ARE THROMBOXANE A2 WHICH CAUSES ARTERIES TO CONSTRICT OR GET SMALLER, IT CAUSES BLOOD CLOTTING AND IT CAUSES TUMORS TO GROW. THEN THERE'S LEUKOTRIENES WHICH IS THE INFLAMMATORY PROSTAGLANDINS. NOW, THIS IS FIVE HUNDRED TIMES MORE POTENT THAN HISTAMINES TO CAUSE PAIN AND INFLAMMATION IN THE BODY. IDEALLY, WE SHOULD HAVE PLENTY OF THE PROSTACYCLIN AND TRY TO ELIMINATE THE THROMBOXANE A2 AND THE LEUKOTRIENES. Now, GO TO THE OMEGA 3 SERIES OF FATTY ACIDS, WHERE WE FIND ANOTHER ESSENTIAL FATTY ACID. IT'S CALLED ALPHA LINOLENIC ACID AND WITH IT'S PLANT SOURCES, YOU SEE THEY ARE LISTED RIGHT THERE ON THE CHART. FOLLOW THE ARROWS TO THE RIGHT AND SEE THAT THIS MAKES TWO VERY IMPORTANT FATTY ACIDS, ONE OF THEM IS EICOSAPENTANOIC ACID (EPA) WHICH MAKES THE PROSTAGLANDIN III SERIES AND AS YOU FOLLOW THE ARROW TO THE RIGHT, YOU'LL SEE A LIST OF THE GOOD THINGS THAT IT DOES IN THE BODY. ALSO, THE ALPHA LINOLENIC ACID MAKES DOCOSAHEXANOIC ACID (DHA) WHICH MANUFACTURES THE PROSTAGLANDIN IV SERIES AND ALL OF THE THINGS ARE LISTED THERE THAT THIS SERIES OF PROSTAGLANDINS ARE HELPFUL FOR IN THE BODY.

NOW THERE ARE CERTAIN ANIMAL SOURCES OF EPA AND DHA AND THEY ARE LISTED IN YOUR CHART AT THE VERY BOTTOM AND YOU'LL NOTICE THAT THESE SOURCES ARE PRIMARILY FROM THE VERY COLD WATER FISH, NOW, THESE ARE FISH THAT LIVE IN REAL COLD WATER, NOT FISH THAT LIVE IN WARM WATER. YOU SEE THE OILS THAT CONTAIN THE PROPER FATTY ACIDS PROTECT THE FISH FROM THE COLD, SO IT'S GOT TO BE FISH THAT LIVE IN REALLY COLD WATER. I'VE GOT THESE LISTED ON YOUR CHART. I MIGHT MENTION THAT OF ALL THESE FISH, THE HIGHEST CONTENT OF EPA AND DHA IS FOUND IN SARDINES, IF YOU CAN EAT THEM. LET'S LOOK AGAIN AT THE ARACHIDONIC ACID WHICH MAKES THE-PROSTAGLANDIN II SERIES. THIS IS USUALLY A BAD FATTY ACID AND THAT IS WHY WE SHOULD LIMIT EATING OUR RED MEATS TO NO MORE THAN 2 TO 3 TIMES PER WEEK,

MOST OF YOU ARE FAMILIAR WITH ASPIRIN AND THE STUDIES BEING DONE TODAY TO TRY TO PREVENT HEART ATTACKS WITH THE USE OF ASPIRIN. I PREDICT THAT THIS STUDY WILL FAIL BECAUSE ASPIRIN DOES BLOCK THE TWO BAD GUYS, BUT IT ALSO BLOCKS THE VERY GOOD GUY CALLED PROSTACYCLIN. RECENT STUDIES HOWEVER, ARE SHOWING THAT IF THE AMOUNT OF ASPIRIN TAKEN EACH DAY IS VERY SMALL, IT DOES NOT BLOCK THE PROSTACYCLIN. SO IF YOU ARE GOING TO TAKE ASPIRIN AT ALL TO TRY TO HELP PREVENT HEART ATTACKS, BE SURE THAT IT'S NO MORE THAN A BABY ASPIRIN A DAY. ALSO, ALL OF THE ANTI-INFLAMMATORY OR THE NSAIDS DRUGS THAT ARE BEING MANUFACTURED TODAY FOR ARTHRITIS SUCH AS CLINORIL, FELDENE, MOTRIN, ETC, BLOCK ALL OF THE PROSTAGLANDIN II SERIES, INCLUDING THE PROSTACYCLIN. IDEALLY WE SHOULD TRY TO BLOCK THE BAD GUYS LIKE THE THROMBOXANE A2 AND THE LEUKOTRIENES AND ENCOURAGE THE PRODUCTION OF THE PROSTACYCLIN. AS YOU LOOK UNDER THE THROMBOXANE A2 AND THE LEUKOTRIENES, YOU'LL SEE A LITTLE ARROW POINTING TO THE LEFT, WHICH MEANS THAT THESE SUBSTANCES BLOCK THE PRODUCTION OF THESE TWO PROSTAGLANDINS AND YOU WILL NOTICE THAT PGE 1, AND EPA BOTH BLOCK THESE TWO BAD GUYS. SO BY CORRECTING ANY VITAMIN DEFICIENCIES IN MY PATIENTS, AND AVOIDING ALL THE HYDROGENATED OILS, THIS IS GOING TO ENCOURAGE THE BODY TO MAKE PLENTY OF IT'S OWN PGE 1. IN MY PATIENTS, I ALSO SUPPLEMENT THEIR DIETS WITH FISH OIL CAPSULES AND TO GET PLENTY OF EPA AND DHA IN THIS MANNER, I ALSO SUPPLEMENT THEM WITH EITHER EVENING PRIMROSE OIL CAPSULES OR BORAGE OIL CAPSULES, WHICH ARE EVEN BETTER. BY DOING THIS I GIVE MY PATIENTS PLENTY OF PGE 1 AND THE EPA AND DHA TO MAKE ALL OF THE GOOD GUYS ON THE CHART AND THEN I BLOCK OUT THE BAD GUYS. I PREFER THAT MY PATIENTS GET 240 MILLIGRAMS OF GLA A DAY AS FOUND IN ONE BORAGE OIL CAPSULE AND I PREFER THAT THEY GET ABOUT 900 TO 1,000 MILLI-GRAMS OF EPA AND ABOUT 500 TO 600 MILLIGRAMS OF DHA DAILY. AS FAR AS SPECIFIC INSTRUCTIONS THAT I GIVE MY PATIENTS ON THEIR DIET, IF YOU LOOK ON PAGE 2 OF THE LITTLE HANDOUT THAT I'VE GIVEN YOU, YOU'LL NOTICE WHAT YOU CAN DO.

NOW, THIS IS WHAT I TELL MY PATIENTS TO DO. I TELL THEM TO TOTALLY AVOID ALL HYDROGENATED OILS AS IN ALL MARGARINES. AVOID MARGARINES COMPLETELY... GET THEM OUT OF YOUR HOUSE AND EAT BUTTER INSTEAD. ALL OF YOUR COOKING OILS FOUND IN MOST OF THE GROCERY STORES ARE ALL HYDROGENATED. THE ONLY WAY YOU CAN PROTECT YOURSELF HERE IS BY GOING TO A HEALTH FOOD STORE AND GETTING COOKING OILS THAT HAVE WRITTEN ON THE BOTTLE "COLD PRESSED" OR "EXPELLER PRESSED". IF IT DOESN'T HAVE ONE OF THESE TERMS LISTED ON THE BOTTLE, IT IS HYDROGENATED AND IT IS NO GOOD FOR YOU, ANOTHER THING I TELL MY PATIENTS IS NOT TO EAT ANY DEEP FRIED FOODS WHATSOEVER. EVEN IF YOU DEEP FRY FOODS IN THE COLD PRESSED OILS, AT 350 DEGREES THE OIL CHANGES TO HYDROGENATED. AT MY OWN HOUSE I ONLY ALLOW VIRGIN OLIVE OIL TO BE USED IN OUR COOKING AND IF WE ARE GOING TO FRY ANYTHING, WE KEEP THE TEMPERATURE DOWN REAL LOW SO THAT IT DOESN'T GET ABOVE THE 400 DEGREE TEMPERATURE WHICH CHANGES IT INTO HYDROGENATED OIL. ANOTHER VERY IMPORTANT THING FOR YOU TO DO IS TO BE SURE THAT YOU START READING LABELS ON FOODS AND YOU'LL BE AMAZED AT THE FOODS THAT YOU HAVE IN YOUR HOME THAT

HAVE HYDROGENATED OILS OR PARTIALLY HYDROGENATED OIL (WHICH IS EVEN WORSE) LISTED ON THE LABELS. ONE OTHER BRIEF NOTE, PEANUT BUTTERS AND MAYONNAISES ARE ALL HYDROGENATED. YOU CAN GET PEANUT BUTTER FROM FRESHLY GROUND PEANUTS AT HEALTH FOOD STORES AND THIS IS NOT HYDROGENATED AND YOU CAN GET SOME COLD PRESSED SAFFLOWER OIL AND GET A MAYONNAISE RECIPE AND MAKE YOUR OWN AND THIS WILL NOT BE HYDROGENATED. ANOTHER THING I GET MY PATIENTS TO DO IS TO EAT COLD WATER OCEAN FISH THREE TO FOUR TIMES A WEEK, IT HAS TO BE COLD WATER FISH, SALMON, MACKREL, CODFISH, TUNA OR SARDINES. SARDINES ARE REALLY THE BEST. TROUT IS ALRIGHT AS WELL AS ORANGE ROUGHY WHICH IS A COLD WATER FISH TOO.

I ADVISE PATIENTS TO EAT AT LEAST A TABLESPOON OF VIRGIN OLIVE OIL ON THEIR SALADS EVERY DAY. I WANT THEM ALSO TO AVOID ALL SWEETS, DESSERTS, AND ALL WHITE FLOUR PRODUCTS. THAT MEANS TOTALLY AVOID WHITE BREAD, CRACKERS, BISCUITS, MACARONI, SPAGHETTI, PIZZA AND PASTA. ANYTHING WITH WHITE FLOUR IN IT TURNS TO SUGAR THE MINUTE IT HITS YOUR STOMACH. IT'S THE SAME AS EATING SUGAR. IF YOU ARE GOING TO BUY BROWN BREAD, BE SURE IT HAS WRITTEN ON THE PACKAGE LABEL, 100 PERCENT WHOLE WHEAT. A LOT OF COMPANIES MAKE BROWN BREAD OUT OF WHITE FLOUR AND ADD COLORING TO IT AND YOU'RE GETTING NOTHING BUT WHITE FLOUR. BE SURE THE PACKAGE SAYS 100 PERCENT WHOLE WHEAT OR WHOLE GRAIN ON IT.

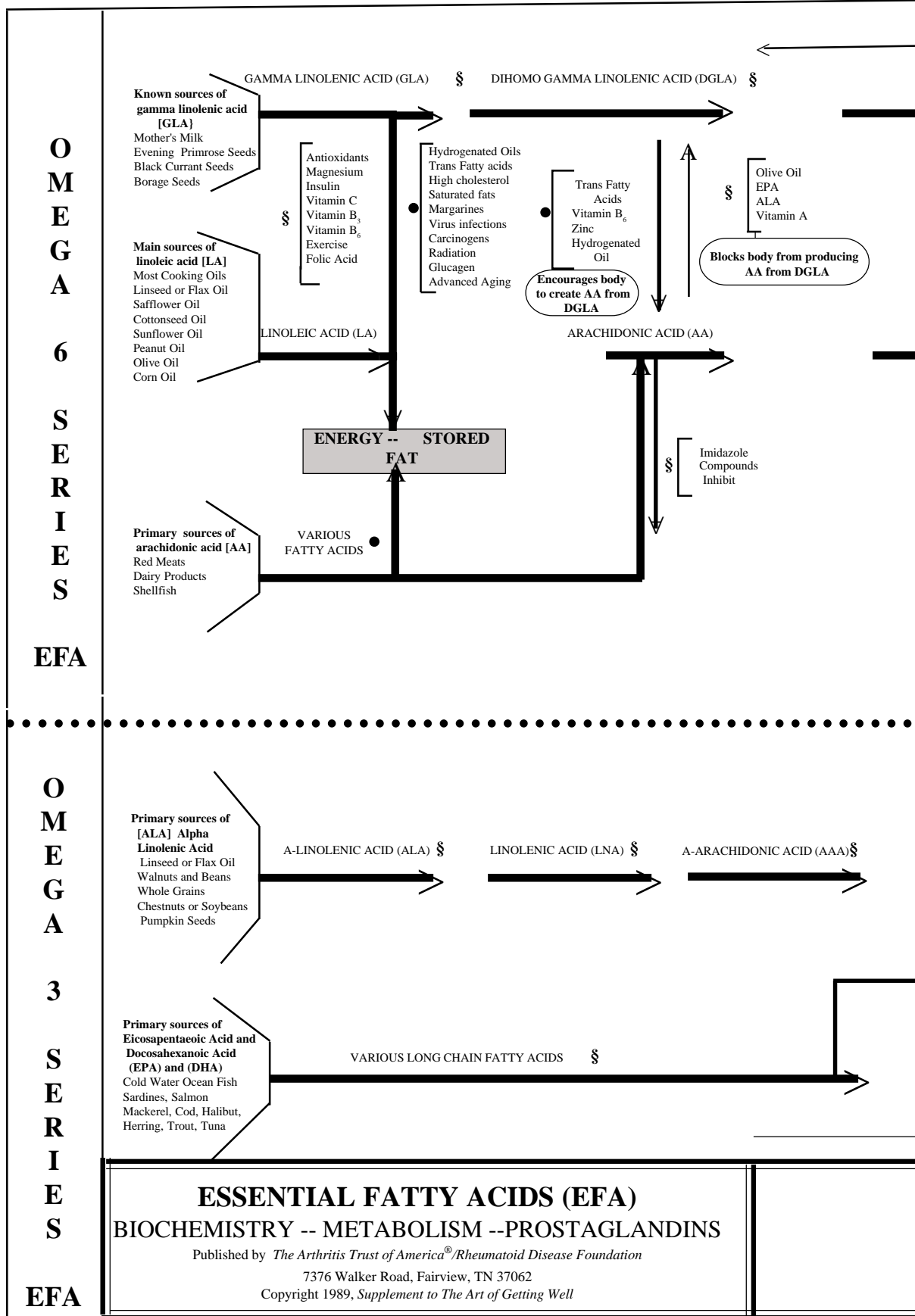
WHAT ABOUT BORON?

I HAVE RECENTLY LEARNED THAT PEOPLE LIVING IN GEOGRAPHIC AREAS OF THE WORLD THAT HAVE THE LOWEST CONTENT OF BORON IN THEIR SOILS AND SUBSEQUENTLY AN INADEQUATE INTAKE OF BORON IN THEIR FOODS AND DIETS, HAVE THE HIGHEST INCIDENCE OF ARTHRITIS. CONVERSELY, PEOPLE LIVING IN THE GEOGRAPHIC AREAS WITH THE HIGHEST BORON CONTENT IN THEIR SOILS AND DIETS, HAVE THE LOWEST INCIDENCE OF ARTHRITIS. THIS FACT SEEMS TO BE VERY ACCURATE FOR ALL AREAS IN THE WORLD WHERE THE BORON CONTENT OF SOILS HAVE BEEN COMPARED TO THE INCIDENCE OF ARTHRITIS. RECENT STUDIES HAVE ALSO SHOWN THAT PATIENTS WITH DIETS DEFICIENT IN BORON, LOSE NEARLY TWICE THE AMOUNT OF CALCIUM AND MAGNESIUM IN THEIR DAILY URINE EXCRETION OF MINERALS AND WITH THE ADDITION OF BORON SUPPLEMENTS, THE SERUM CONCENTRATIONS OF 17-BETA ESTRADIOL AND TESTOSTERONE ARE GREATLY ELEVATED. TOO, IT HAS BEEN SHOWN THAT THE NORMAL PARATHYROID GLAND WHICH HELPS REGULATE MINERAL METABOLISM AND BONE MINERALIZATION HAS THE HIGHEST BORON CONTENT OF ANY OTHER TISSUE IN THE BODY. IN ADDITION, IT HAS BEEN OBSERVED THAT SOME PATIENTS WHO ARE GIVEN BORON SUPPLEMENTS UNDERGO A MILD HERXHEIMER REACTION AND THERE IS ALSO EVIDENCE THAT BORATES AT NORMAL SERUM CONCENTRATIONS INHIBIT PROTOZOAN ACTIVITY. BECAUSE OF THIS EVIDENCE I SUPPLEMENT ALL ARTHRITIC AND OSTEOPOROSIS PATIENTS WITH 6 MG. OF BORON DAILY FOR ONE TO TWO MONTHS, FOLLOWED BY A 3 MG. MAINTENANCE DOSAGE. AT THE PRESENT TIME IT IS TOO EARLY TO EVALUATE THE BENEFICIAL EFFECTS OF BORON ON THESE PATIENTS, BUT I HOPE TO BE ABLE TO GIVE AN HONEST EVALUATION BY THE END OF 1989.

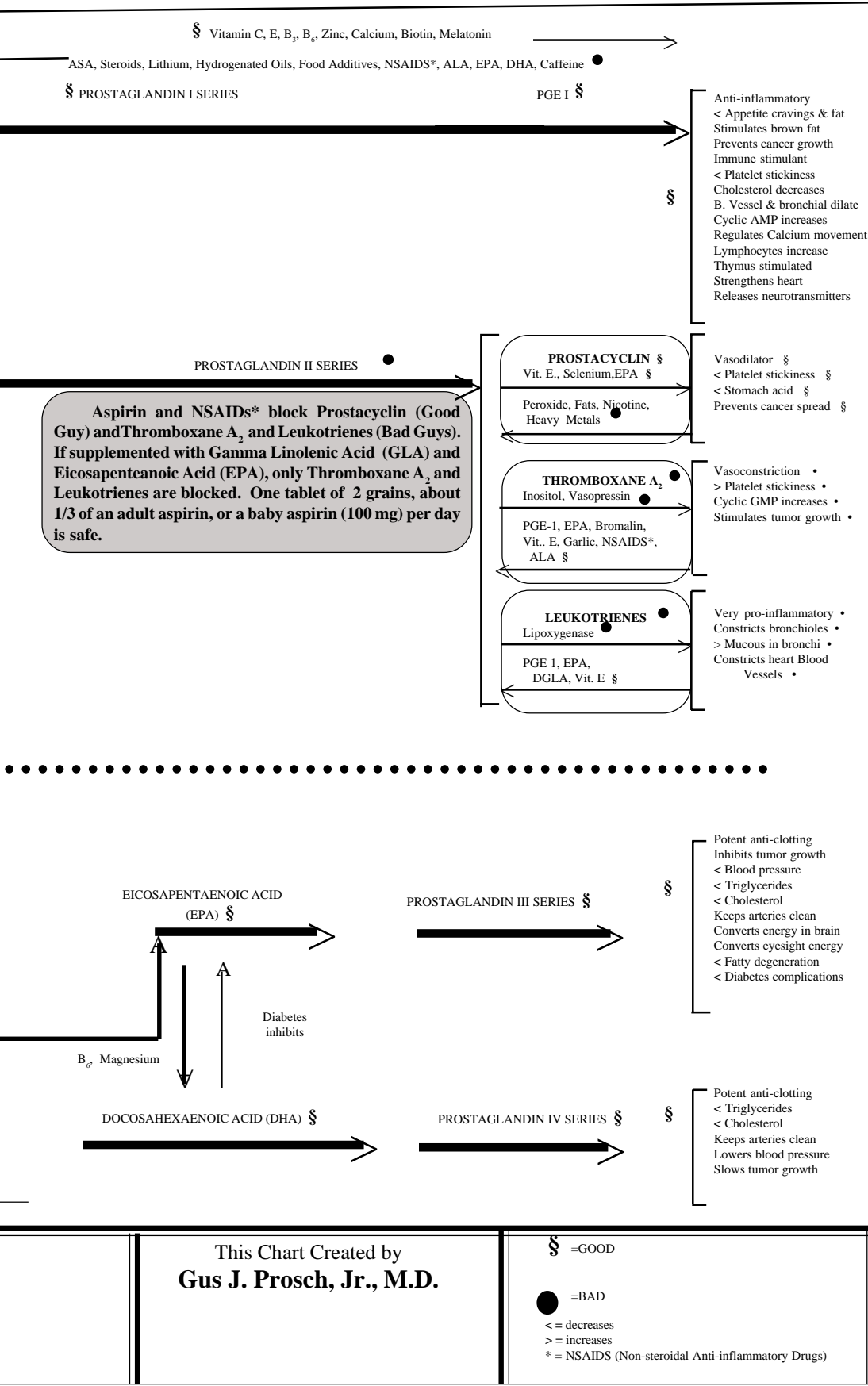
EXERCISE

I ENCOURAGE PATIENTS TO REST AS MUCH AS POSSIBLE DURING THE TREATMENT PERIOD AND PARTICULARLY IF THEIR JOINTS ARE INFLAMED AND SWOLLEN. I SUGGEST AFTER THEIR JOINTS HAVE IMPROVED, THAT THEY DEVELOP THEIR OWN PROGRAM OF EXERCISE WHICH DOES NOT CAUSE DISCOMFORT. WHEN THE PATIENT CAN COMFORTABLY PERFORM THEM, THESE EXERCISES SHOULD INCLUDE DEEP BREATHING, GENTLE STRETCHING MOVEMENTS, SWIMMING AND USING A ROCKING CHAIR. STRAIGHTENING AND EXTENDING IS ESPECIALLY IMPORTANT FOR FINGERS, TOES, ELBOWS AND SPINE. MOST OF THE EXERCISES ARE TO BE DONE WHILE SEATED IN A CHAIR WHICH HAS STRAIGHT ARMS.

I BELIEVE I HAVE PRETTY WELL COVERED AND EXPLAINED THE TREATMENT RECOMMENDED BY THE RHEUMATOID DISEASE FOUNDATION FOR THE TREATMENT OF RHEUMATOID ARTHRITIS AND OSTEOARTHRITIS. THE ONLY THING I HAVEN'T EXPLAINED IS THE PROCEDURE AND EXPLANATION OF THE INTRANEURAL INJECTIONS AND I WILL COVER THAT IN THE NEXT LECTURE. NOW, ARE THERE ANY QUESTIONS THAT I MIGHT ANSWER FOR YOU?

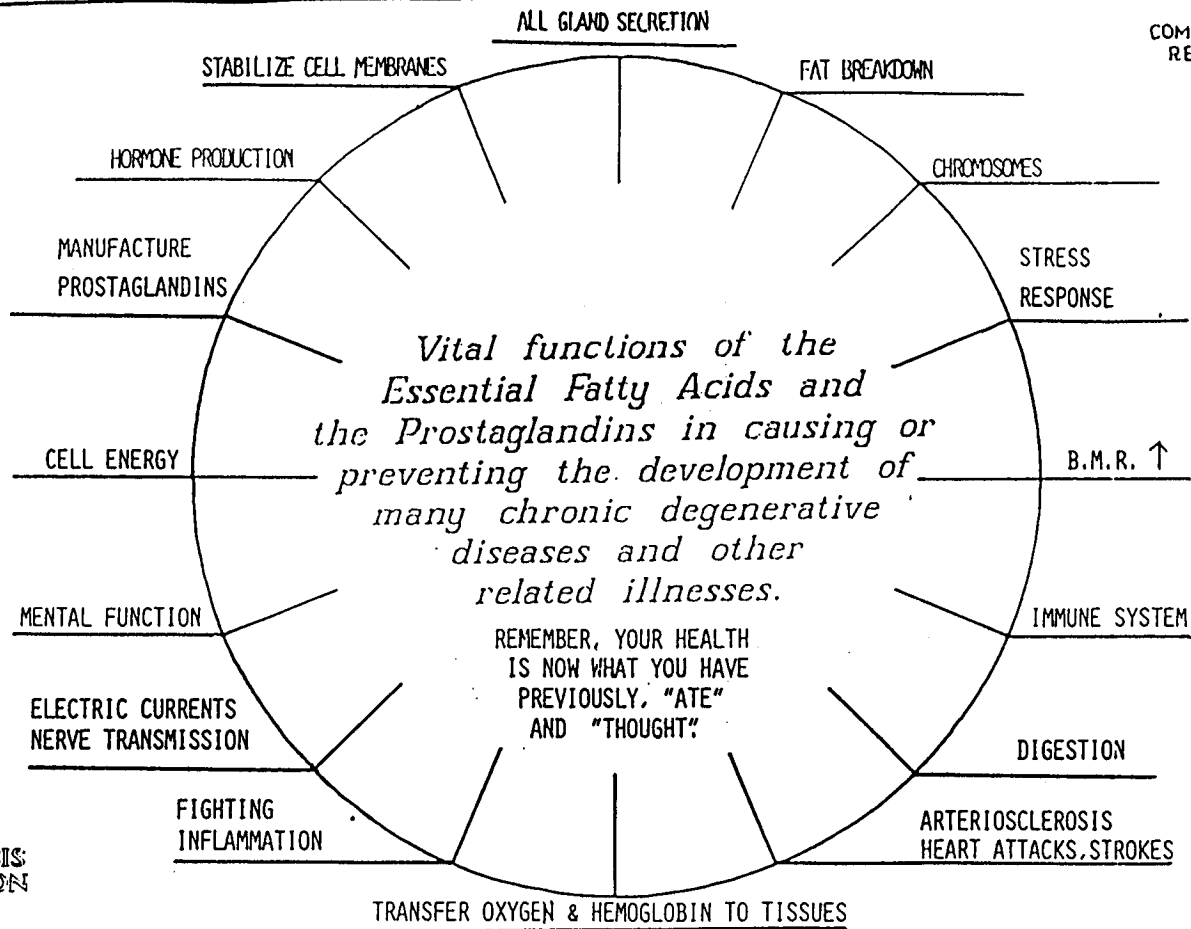


Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.



CHRONIC DEGENERATIVE DISEASES

- ✦ ALZHEIMERS
- ✦ ARTHRITIS
- ✦ DIABETES
- ✦ AGING
- ✦ CANCER
- ✦ OBESITY
- ✦ HYPERTENSION
- ✦ MULTIPLE SCLEROSIS
- ✦ ARTERIOSCLEROSIS (HEART ATTACKS, STROKES)
- ✦ MANY OTHER ILLNESSES (ALCOHOLISM, PMS, LUPUS, HYPERACTIVITY, ECZEMA, Sjogrens, MENTAL ILLNESS, HIGH CHOLESTEROL, CIRRHOSIS, IMMUNE SYSTEM DYSFUNCTION AND OTHER DISEASES.)



COMMON DISEASE CONDITIONS REQUIRING PROPER FATTY ACID BALANCE TO HEAL PROPERLY.

- ROCK VULGARIS
- AGEING
- ALCOHOLISM
- ALLERGIES
- ALZHEIMERS DISEASE
- ARTHRITIS, ALL TYPES
- ASTHMA
- ARTERIOSCLEROSIS
- AUTO-IMMUNE DISEASES
- CANCER, ALL TYPES
- CANDIDIASIS
- CONSTIPATION
- CYSTIC BRCAST DISEASE
- DEPRESSION
- DIABETES MELLITUS
- DRUG DEPENDENCY
- ECZEMA, ALL TYPES
- EPILEPSY
- HEART DISEASE
- HYPERACTIVITY
- HYPERCHOLESTEROLEMIA
- HYPERTENSION
- IMMUNE SUPPRESSION
- INFECTIONS, ALL TYPES
- INFLAMMATORY DISEASES
- INTERMITTENT CLAUDICATION
- LEARNING DISABILITIES
- LUPUS ERYTHMATOSIS
- MENTAL DISORDERS
- MULTIPLE SCLEROSIS
- NEUROPATHIES
- OBESITY
- PARKINSONISM
- PREMENSTRUAL SYNDROME
- PSORIASIS
- RAYNAUDS DISEASE
- SCLERODERMA
- Sjogrens SYNDROME
- STRESS RELIEF
- STROKES
- URTICARIA

HOW TO AGE SLOWLY, PREVENT OBESITY, PREVENT A HEART ATTACK OR STROKE AND LIVE TO A RIPE OLD AGE.

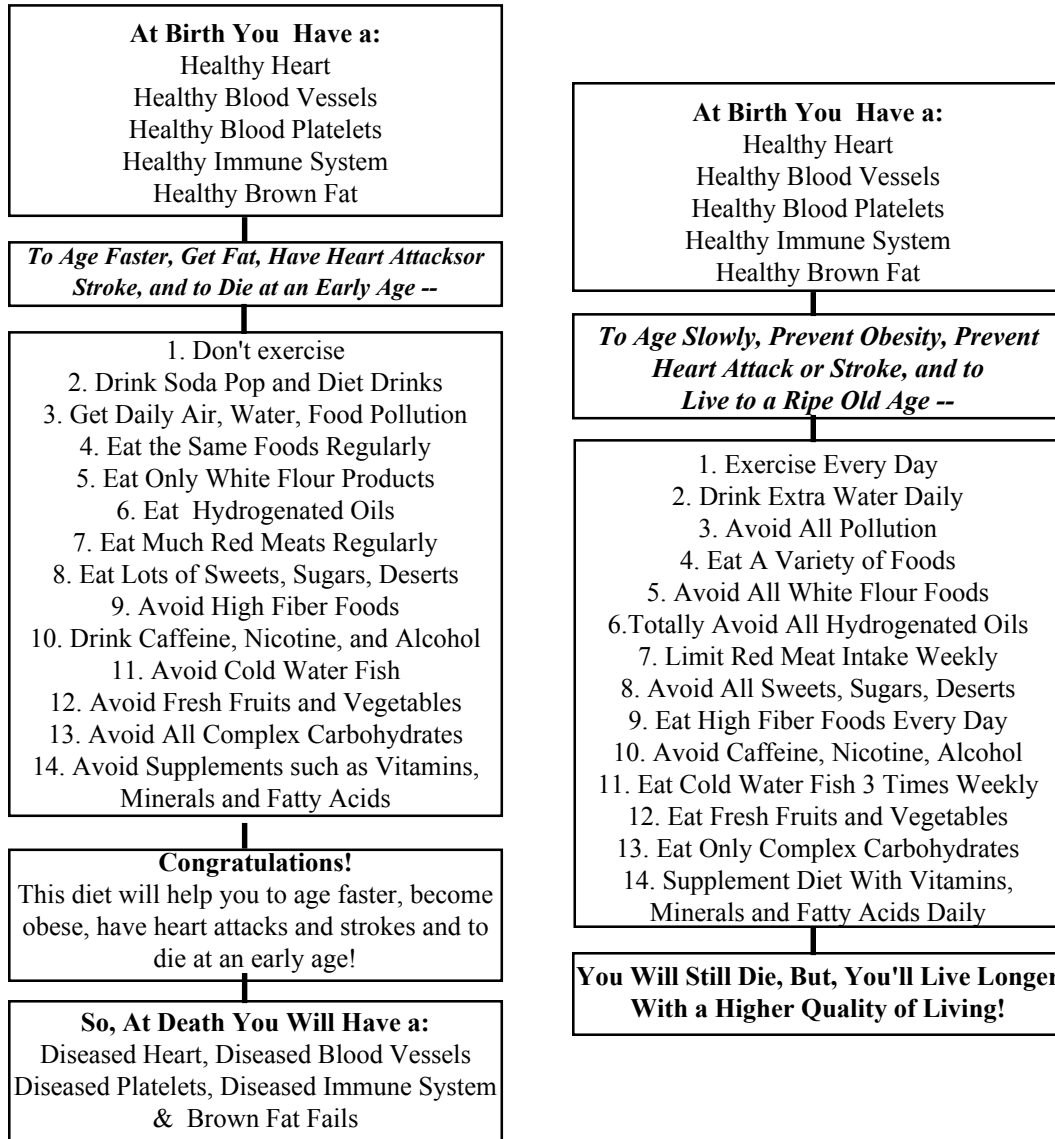
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| <ol style="list-style-type: none"> 1. EXERCISE EVERY DAY. 2. DRINK EXTRA WATER DAILY. 3. AVOID ALL POLLUTION EXPOSURE. 4. EAT A VARIETY OF FOODS. 5. AVOID ALL WHITE FLOUR FOODS. | <ol style="list-style-type: none"> 6. TOTALLY AVOID ALL HYDROGENATED OILS. 7. LIMIT RED MEAT INTAKE WEEKLY. 8. AVOID ALL SWEETS, SUGARS, DESERTS. 9. EAT HIGH FIBER FOODS EVERY DAY. 10. AVOID CAFFINE, NICOTINE, ALCOHOL. | <ol style="list-style-type: none"> 11. EAT COLD WATER FISH 3 X WEEKLY. 12. EAT FRESH FRUITS AND VEGETABLES. 13. EAT ONLY COMPLEX CARBOHYDRATES. 14. SUPPLEMENT DIET WITH VITAMINS, MINERALS AND FATTY ACIDS DAILY. |
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AT BIRTH
HEALTHY HEART
HEALTHY BLOOD VESSELS
HEALTHY PLATELETS
HEALTHY IMMUNE SYSTEM
HEALTHY BROWN FAT

TO AGE FASTER, BECOME OBESE, HAVE A HEART ATTACK OR STROKE AND DIE AT AN EARLY AGE.

- | | | |
|---|--|--|
| <ol style="list-style-type: none"> 1. FORGET ABOUT EXERCISE. 2. DRINK SODA POP AND DIET DRINKS. 3. FORGET POLLUTION EXPOSURE DAILY. 4. EAT THE SAME FOODS REGULARLY. 5. EAT ONLY WHITE FLOUR PRODUCTS. | <ol style="list-style-type: none"> 6. FORGET ABOUT HYDROGENATED OILS. 7. EAT MUCH RED MEATS REGULARLY 8. EAT MANY SWEETS, SUGARS, DESERTS. 9. FORGET ABOUT HIGH FIBER FOODS. 10. INDULGE IN CAFFINE, NICOTINE, ALCOHOL. | <ol style="list-style-type: none"> 11. AVOID COLD WATER FISH IN DIET. 12. AVOID FRESH FRUITS & VEGETABLES. 13. AVOID ALL COMPLEX CARBOHYDRATES. 14. TAKE NO SUPPLEMENTS AS VITAMINS, MINERALS AND FATTY ACIDS. |
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AT DEATH
DISEASED HEART
DISEASED BLOOD VESSELS
DISEASED PLATELETS
DISEASED IMMUNE SYSTEM
BROWN FAT FAILS

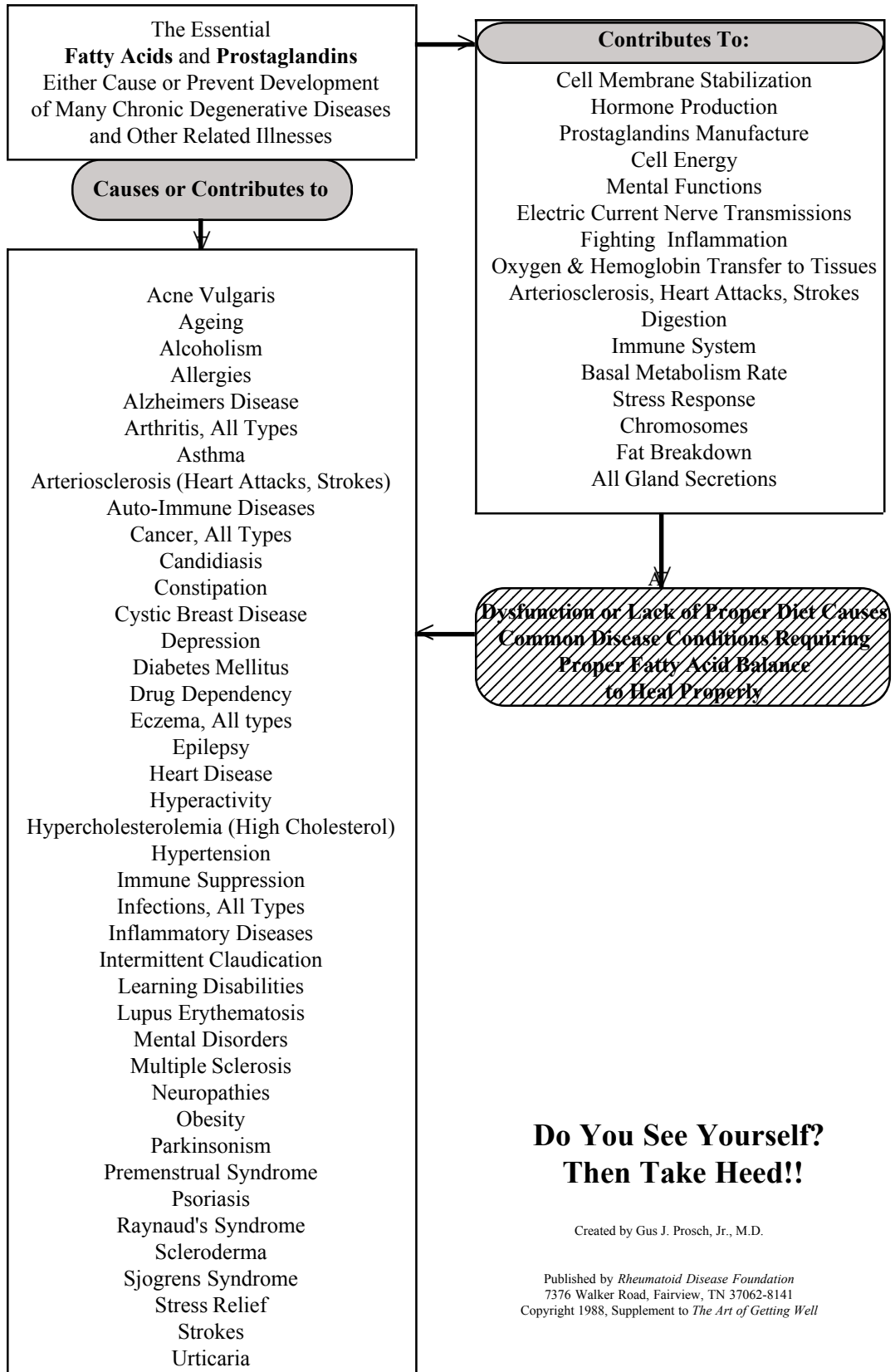


Created by Gus J. Prosch, Jr., M.D.

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The Art of Getting Well

Remember!
Your Health
is
Now

What You Have Previously Eaten, and Thought!



**Do You See Yourself?
Then Take Heed!!**

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