

# THE RHEUMATOID DISEASE FOUNDATION

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Oct. 2, 1984

PERRY A. CHAPDELAIN, SR.  
Executive Director/Secretary

Dear Participating Physician:

Dr. Paul K. Pybus has expressed concern about the use of Rifampicin, as follows:

"I've had lots of nasty reactions with the use of Rifampicin. This consists of very violent Herxheimer reactions and one case I've had actually got cardiac and arteritis producing gangrene failure. Have you heard of any other attacks with it? I am a bit suspicious of it and I think it should be almost taken out of the protocol. We don't want dangerous drugs in our protocol until their true efficacy is proven. It strikes me the only really good drugs we have are metronidazole, tinidazole and possibly yodoxin.

"I should be please if you could treat this matter of Rifampicin as a matter of urgency, and perhaps you could ask around to see if anybody else has had similar trouble. I don't know how many people use it in America but I am certainly stopping myself until we know more about it." Please convey your experiences to both Dr. Paul K. Pybus and to Dr. Robert Johnson (South Carolina), the latter being chairman of our protocol rewrite committee.

It is not for a lay person to make these decisions, but rather for the collective judgment of the Physicians and Scientists. This factor of use of Rifampicin seems important enough to either reconsider, or to modify the recommended ~~form~~ *Method* of usage. Please write or call Robert Johnson on the matter, and also communicate with our Chief Medical Advisor, Dr. Paul K. Pybus.

As to the proposed AAMPS meeting in Texas: On May 10, 1984, I wrote to AAMPS suggesting that a joint program be established at their next AAMPS meeting in November, in Dallas. I suggested that physicians who'd had experience in using both our treatment protocol and also AAMPS protocol be placed on the same panel. We offered to share some expenses of this panel, and provide our three publications; Dr. Paul K. Pybus offered to come from South Africa to demonstrate the Wyburn-Mason/Pybus intra-neural injections. On May 14 and June 5 our correspondence was acknowledged by AAMPS -- our suggestion for joint panel was in the hands of their Programs and Committee on Scientific Research.

On June 14, 1984 I was told that "If my committees are working within their 'normal pattern' I should have some response before the end of June."

(over)

THE RHEUMATOID DISEASE FOUNDATION IS A PROJECT OF  
THE ROGER WYBURN-MASON & JACK M. BLOUNT FOUNDATION  
FOR THE ERADICATION OF RHEUMATOID DISEASE

TAX EXEMPTION APPROVED BY THE UNITED STATES INTERNAL REVENUE SERVICE  
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On August 30, 1984, in separate correspondence with President (AAMPS) Gary Gordon, he says: " We are attempting to get some of your physicians as a panel on the Dallas program, although there is a potential time problem which we are trying to solve. "

Since we asked for this panel arrangement immediately on the termination of the New Orleans AAMPS meeting of early May, it seems that our request should have been answered yea or nay within a reasonable time period, and not sloughed off on the back burner. In any case, since I know not either the politics of AAMPS or the nature of the people who make up their Scientific and Programming Committee, not do I know the criteria whereby they select panels for their programs -- it therefore is not my place to judge their footdragging or nonfootdragging. However, in view of the time that's passed during which we've received no answer yea or nay about our joint panel proposal, and in view of Paul Pybus' comments, it appears that the suggestion has already died by AAMPS default.

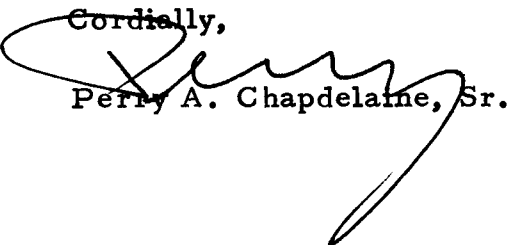
Paul says, "Sorry about this business of the chelation people but I agree we must not go along just to be "fitted in". They'll have to give us a better invitation than this and perhaps they will in six months time. It would be to their great advantage as I think it would also be to ours. Don't worry about it, I know you're doing best but this time it just didn't come off. Perhaps it will, as you say, later."

Unless some miracle happens, I am therefore presuming that our suggestion of joint panel in November at the AAMPS meeting died through lack of communication, or at least a very skillful cold shoulder.

As you may remember, Roger Wyburn-Mason asserted that the limax amoeba attacked the intima, and thereby beginning a pitting process which led to atherosclerosis in many cases. Many of you have noted that everyone with a form of RD has some degree of atherosclerosis, but it is not necessarily true that those with atherosclerosis also have RD.

Since we can cure the cause of RD (including some forms of atherosclerosis), and AAMPS protocol claims to be able to turn-about some of the so-called irreversible damage caused by the amoeba -- a joint panel having on board those of you physicians who've used both protocols would have been a very educational opportunity for all concerned.

If any of you can be instrumental in bringing such a meeting about six months from the Dallas meeting, please try to do so!

Cordially,  
  
Perry A. Chapdelaine, Sr.