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Supplement to
The Art of Getting Well
**Sclerotherapy, Proliferative Therapy,
Reconstructive Therapy: Treatment of First
Choice for Osteoarthritis and for Other Ar-
thritic-like Pain**

Sources are given in references.

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

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W.W. Mittlestadt, M.D., D.O., Gus J. Prosch, Jr., M.D., Dr. Paul K.
Pybus, Morton J. Walker, D.P.M., Harold C. Walmer, D.O./Respon-
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the Eradication of Rheumatoid Disease

AKA The Arthritis Trust of America®

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The Rheumatoid Disease Foundation was established to advise and research on treatments for the problem of crippling, Rheumatoid Arthritis and related diseases. Shortly after its founding in 1982, the insistent spectre of other forms of arthritides loomed daily by reports and requests from donor/members

There are many kinds of arthritides. The most common are three: Osteoarthritis, Rheumatoid Arthritis and Gouty Arthritis.

The causations that may mimic with symptoms similar to any of these forms of arthritis, or combinations of these forms, may also derive from allergies, effects of pollutants, chemical imbalances, Candidiasis and other micro-organisms, foci of infections, dental mercury and other metal toxicities, physical sports accidents and so on.

Tens of millions of Americans suffer from either Osteoarthritis or Gouty Arthritis, while at least thirteen million Americans suffer from improperly called "incurable" Rheumatoid Arthritis. Rheumatoid Arthritis is a name given to a broad cluster of diseases, perhaps 100 in number, that, while appearing to be different diseases because they are described by different medical word-labels, are nonetheless 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.

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. "Systemic" means that the disease is pervasive, throughout the whole body.

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 -- probably wrongly -- said to be a "degenerative" or "aging" disease. (See "Prevention and Treatment

of Osteoarthritis," <http://www.arthritis-trust.org>.)

While Dr. Paul Pybus' intraneural injections were originally the treatment of choice in the Foundation's protocol for the relief of pain of Rheumatoid Disease and Osteoarthritis, they do not always halt the pain permanently for a variety of reasons, among which is the fact that basic causes of the nerve lesions may not yet be solved. Another most important basic cause of joint pain is wholly unrelated to nerve ganglia lesions -- Pybus' treatment -- as will be explained. (See *Intraneural Injections for Rheumatoid Arthritis and Osteoarthritis*, <http://www.arthritis-trust.org>.)

Two of our referral physicians, Harold C. Walmer, D.O. (Elizabethtown, PA) and W.W. Mittlestadt, M.D., D.O. (Ft. Lauderdale, FL), both now deceased, brought to our attention another source of pain and structural problems not often recognized -- and a possible solution for them which they called "Sclerotherapy."

Later another referral physician, William J. Faber, D.O. mailed to the Foundation interesting literature in a book, *Pain, Pain Go Away*, that he and Morton Walker, D.P.M. had written. Later we also received *Prolo Your Arthritis Pain Away!* by Ross A. Hauser, M.D. and Marion A. Hauser, M.S., R.D.; (see <http://www.arthritis-trust.org>.)

The subject of *Pain, Pain Go Away* and *Prolo Your Arthritis Pain Away!* is the damage and pain caused by stretched, torn or otherwise disturbed tendons and ligaments. The treatment to restore proper functioning of these disturbed tendons and ligaments is called "Sclerotherapy" by Osteopaths, "Proliferative Therapy" by Medical Doctors and "Reconstructive Therapy" by Faber and Walker, and some other physicians.

During the course of bodily disease, aging, sports accidents, or even chemical imbalances, there is often much damage to ligatures, tendons, muscles, joints and joint cartilage; i.e., stretching and/or tearing. This is also true during episodes of Rheumatoid Disease and also throughout Osteoarthritis. Much of this hidden damage has hitherto been unresolvable.

It is possible, but not probable, that an arthritic will also suffer from Gout or what is often known as "Gouty Arthritis." (See "Gouty Arthritis," <http://www.arthritis-trust.org>.)

Those who have gouty arthritis have an inability to excrete as much uric acid crystal as they should through their urine. These undissolvable crystals precipitate out in joints, and create extreme pain when in motion, like sharp, small needles lodged in the joint. Allopurinol is traditionally used to prevent the formation of these crystals. ColBENEMID®, or its equivalent, containing a mixture of Probenecid and Colchicine, helps the body to eliminate the crystals. A combination of allopurinol and colchicine will halt precipitation of the uric acid crystals, and also help to rid the body of painful crystals. Interestingly, allopurinol is viral-static, anti-amoebic, anti-bacterial and anti-mycoplasmic. According to a number of research physicians, gout is caused by a mycoplasma, the same kind of organism claimed by Thomas McPherson Brown, M.D. as a causative agent of rheumatoid diseases. Presumably a mycoplasma produces "ubiquiton" which causes the uric acid crystals to deposit in joints. (See "Thomas McPherson Brown, M.D. Treatment of Rheumatoid Disease," and "Gouty Arthritis," <http://www.arthritis-trust.org>.)

As a second incidental, one of the drugs in ColBENEMID, colchicine, was serendipitously discovered to help the liver to heal.

One type of joint pain that disturbs some of us greatly cannot be attributed any longer to active Rheumatoid Disease or Gout. Often this kind of pain is the result of having had Rheumatoid Disease or is medically identified as Osteoarthritis, and stems from the absence of cartilage, the friction of bone (clicking joints as we move them), or weakened tendons, ligatures and muscles where they should attach to bone surfaces through tearing, stretching or physical damage.

Dr. Faber explains: "X-rays cannot show anything but bones, and

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do not show torn ligaments which stabilize joints by holding bones in place. When ligaments are torn they are unable to effectively function to hold bones in place which causes friction as bone rubs against one. [The body's structure and form is held together by the ligaments and tendons, not the muscles, which simply provide power across the equivalent of pulleys and pulley wheels and fulcrums and levers in the body.]

"The body attempts to correct this problem caused by the torn ligaments by creating "arthritis". In this instance "arthritis" [including calcium spurs which create pain] is the body's attempt to compensate for the torn ligament's inability to hold the bones in place.

"This," says Faber, "explains why anti-inflammatory drugs and cortisone are often not effective. Excess friction, not inflammation, is the cause of the joint pain. Reducing inflammation will not eliminate the problem nor provide long-term relief. Only strengthening the ligaments will correct the problem."

Since ligaments contain no muscle fibers, exercise also will not correct the problem or provide long-term relief.

When should "proliferative" therapy be considered?

According to Faber, under the following conditions.

1. When ligaments are either lax or torn, then the ligaments can be strengthened.

2. When any joint has pain lasting longer than six weeks. A healthy body should be able to heal torn or lax ligaments within six weeks. If joint pain persists beyond six weeks, it is an indication that the body has not been able to handle it on its own and that the joint is unstable from lax or torn ligaments.

3. Any joint that is helped by a support or brace. A brace or support functions as ligaments do. That is, they function to stabilize the joint. If a support brace helps, proliferative therapy is indicated as it strengthens the ligaments, enabling the necessary support.

4. Any joint that fails to respond to manipulation or adjustments. Many joint problems can be resolved with manipulations/adjustments and often manipulation/adjustment is the treatment of choice. Manipulation is highly effective when bones are out of alignment as a result of bad posture or injury. When manipulation or adjustment doesn't provide lasting relief it is because the ligaments are lax or torn and can't hold the joint in place.

5. Any joint that is worse after surgery. When injured joint spacers are removed in surgery (discs, cartilage) this causes the ligaments to become lax. This laxity causes the joint to become unstable and eventually form arthritis.

6. Any joint that is better with rest and worse with exercise. Rest allows the body to heal itself and also reduces friction which is caused by a torn or lax ligament in a weakened joint. Exercise of an unstable joint makes it hurt more as it creates increased friction. Because of the decreased blood supply in ligaments, rest alone is often not sufficient for the body to heal itself. And, because ligaments and tendons do not contain muscle fiber, exercise will not heal an injured ligament or tendon.

7. Any popping, snapping or clicking joint. A joint that is unstable snaps, clicks or pops. Proliferative therapy causes strengthening of the ligaments and thus stabilizes the joint thus eliminating the popping, snapping and/or clicking.

8. Any torn tendon or tendonitis that does not resolve after six weeks. Tendons are like ligaments in that they are fibrous tissue and they attach to the bone. They also have a lack of blood supply like ligaments, and therefore have a poor healing ability. Proliferative therapy causes a permanent strengthening of torn or lax tendons just as it does for torn or lax ligaments.

In this form of treatment, medical specialists (M.D. or D.O.) often utilize x-ray, photographs, blood tests and thermography (infra-

red mapping of body inflammation through heat sources). Such practitioners become very skilled at locating hot spots (inflammation and pain) by sense of touch, to confirm results of other tests, such as stress analysis, that are correlated.

After locating all the body points that require this form of treatment, a fine needle that does not convey a great deal of pain is used to insert close to the bursar sacs (at the joints at the junction of bones and ligament) a combination mixture of procaine and sodium morrhuate, or similar substances that create localized irritation.

The procaine acts as an immediate pain desensitizer (as it also does in intra-neural therapy) and the body eventually converts it to a form of Vitamin B which is then easily utilized to good purpose. The sodium morrhuate is a natural body substance -- a derivative of Vitamin D -- which the body uses to promote the growth of fibroblasts and collagen tissue, both necessary to reattach and/or strengthen tendons and ligaments to the bone. Fibroblasts are cells or tissues from which connective tissue is grown. Collagen is a fibrous insoluble protein found in connective tissue, including skin, bone, ligaments and cartilage, and represents about 30% of the total body protein.

Whether or not these substances do as described is no longer under scientific question, as at the University of Iowa, and at other locations, more than 45 years ago, tests were performed on animals presumably not subject to human placebo effects. The treatment worked on them, promoting the growth of fibroblasts and collagen tissue at the sites of injection, tightening up tendons and ligaments.

The treatment is taught only in a post-doctoral course, however, and it is unlikely that the average family physician, or even that the average osteopath, would know its benefits, or how to perform the tasks.

With some patients there have been remarkable improvements after a single treatment, unless the individual does not have good healing abilities (poor metabolism) in which case many of the this Foundation's recommended foregoing treatments (and perhaps others) should be considered such as for improved metabolism, proper nutrition and other good health habits.

It usually takes 6 to 15 sessions to fully strengthen a small joint in most cases. While relief may come early, correction comes only after the joint is fully strengthened. Large joints such as the hip or back usually require 12 to 30 sessions for correction. The elbow and wrist about 12 to 30 sessions as these are high stress areas. Treatment times vary and may take longer if the patient previously received cortisone or in case of severe injury or re-injury. Each session increases strength.

The therapy is safe, natural and effective in experienced hands. Lessening of pain should result as well as strengthening of joints.

The treatment should be considered as an adjunct to other treatments for Osteoarthritis, compression fractures, rotator cuff tears, unstable knees, backs, neck, shoulders, hips, wrists and elbows that have been operated on unsuccessfully, and certainly if possible, to do this treatment before operations are even considered.

The ravages of Rheumatoid Disease left me with a great deal of joint damage and so through Dr. Pybus' intraneural injections, usually administered over a two year period by Gus J. Prosch, Jr., M.D. of Alabama, much pain disappeared. There developed, however, considerable pain in shoulders and spine that could not be relieved by the intraneural injections and so naturally I was interested in Faber's, Hauser's Mittlestadt's and Walmer's recommendations that I attend a man skilled in Sclerotherapy. (Incidentally, intraneural injections and Sclerotherapy, it is alleged, should not be used simultaneously, as they act oppositely in the body, one damping inflammation and the other temporarily creating a light inflammation, respectively.)

I was referred to J.A. Carlson, D.O., of Knoxville, TN, who

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specialized in non-surgical orthopedics using the above described therapy and other related treatments for the practice of musculoskeletal and athletic medicine.

The neck and shoulder pain were solved after 12 treatments taken once a month. As I had to drive three hours to and three hours back from Dr. Carlson for treatment, I could only take the treatment once a month. An optimum treatment regimen would have been three treatments per week, which should then have taken me no longer than four weeks. Since my metabolism was poor, my regrowth qualities were also poor. The twelve treatments in a person with a healthy metabolism would have reduced to but six altogether, which could have been taken in two weeks.

It's quite clear, after several years, that Carlson's treatment was totally effective, also keeping me from experiencing a costly and probably ineffective (or more damaging) spinal operation.

Reconstructive Therapy, or Proliferative therapy, or Sclerotherapy, as has been stated, stimulates the body to repair itself.

What more can be asked?