

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior all 20 necessary joint range measurements and do all the necessary calculations to obtain the patient's JRI.



Dear Mr. Chapdelaine

July 24, 1992

My wife told me that Dr. Wright had suggested that you call. I had just written a letter to him. What a coincidence!

First you might want to have some biographical data about me. I am enclosing a Xerox of the *Supplement to Who's Who in America* 46th Edition 1991-1992. This year my biographic data has been published in *Who's Who in Science and Engineering*, in October will be published in *Who's Who in America* and in December will be in *Who's Who in the World*.

I made a unique, medically important discovery in 1941. Adequate oral niacinamide ingested at intervals during the day could alleviate arthritis by improving joint mobility, could reduce or eliminate joint pain, improve balance sense, improve muscle strength and maximal working capacity and in addition could improve certain aspects of psychological functioning. I reported my findings in a 63 page monograph, *The Common Form of Niacin Amide Deficiency Disease: ANIACINAMIDOSIS* in 1943. This was published by the Yale Press for me in an edition of 500 in 1943. I distributed it to medical schools here and abroad and to leaders in the field of arthritis. Today, this book is a collector's item.

A. I am enclosing a copy of my 208 page monograph *THE COMMON FORM OF JOINT DYSFUNCTION: Its Incidence and Treatment*. This book was published for me by El. Hildreth & Company, Brattleboro, Vermont in an effective edition of 800 in 1959. Most of these were distributed to medical schools here and abroad and to leaders in rheumatology. This book is also a collector's item.

B. Initially, I recorded the medical joint history and the physical examination of a patient's individual joints on mimeographed forms identical in content with the printed form I am enclosing. This was used before the niacinamide treatment was begun and subsequently for each patient visit during niacinamide therapy.

The detailed information on these forms for hundreds of patients' joints allowed me to identify which joints were most likely to show pre-treatment limitations in the range of motion. It also allowed me to note the increases in mobility of individual joints in response to niacinamide therapy.

C Next, I developed a much simpler system of recording a patient's initial joint status and its response to niacinamide therapy. It is the Kaufman Joint Range Index (JRI). I used the term joint dysfunction to include degenerative joint disease, hypertrophic arthritis (now called osteoarthritis), and rheumatoid arthritis.

This Kaufman JRI is the **weighted** average of the movement of twenty separate joint ranges, each measured in percentages of the maximal possible joint movement for each joint range. My Joint Range Index (IRI) is a standardized, objective, reproducible, reliable, easy to obtain and record, non-invasive index of a patient's "over-all" or "global" joint mobility. With an assistant, in three minutes, it is easy to perform and record

My JRI also permitted accurate diagnosis of the severity of a patient's joint dysfunction. It permitted the classification of the patient's joint function as (1) normal, (2) slight joint dysfunction, (3) moderate joint dysfunction, (4) severe joint dysfunction and (5) extremely severe joint dysfunction. My JRI also constituted a guide to the safe level of niacinamide needed to be ingested in divided doses during the day to provide improvement in each of the above grades of joint dysfunction. The starting dosage schedule for each grade of joint dysfunction was also the maintenance schedule. A dosage schedule of niacinamide right for the treatment of extremely severe Joint Dysfunction was too high for the treatment of a patient with moderate Joint Dysfunction. The desirable improvement in the patient's joint mobility was from 6 to 12 Kaufman JRI units the first month of niacinamide therapy and a rise from 1/2 to 10 Kaufman JRI units each month thereafter.

D. I am enclosing my reprint "THE USE OF VITAMIN THERAPY TO REVERSE CERTAIN CONCOMITANTS OF AGING" *J. Am. Geriat. Soc.* 3: 927-936, 1955.

Table I on page 929 shows the JRI levels which diagnose the severity of the various grades of joint dysfunction as well as the appropriate niacinamide dosage schedule for each degree of joint dysfunction which I described above in Section C

On page 931, Fig. 4, visually summarizes what happens to the JRI and muscle function of five women aged 23, 36, 41, 78 and 80 in response to niacinamide therapy. Four of these women are taking equidoses of niacinamide and ascorbic acid (vitamin C). (I have shown by previous clinical research that vitamin C neither augments nor decreases niacinamide action.) The 78 year old woman was taking only niacinamide. The two older women were taking adequate, but 500 mg a day less of niacinamide than optimal for their degree of joint dysfunction.

The first tier of graphic data indicates that regardless of age, the initial JRI of all these women rose in response to niacinamide therapy and approached or slightly exceeded a JRI of 90, indicating only slight joint dysfunction. In the second tier, the maximal working capacity in terms of strokes per minute for the younger three women rose spectacularly in response to niacinamide therapy. In the third tier, the right hand and left hand grip strength rose in all five women in response to niacinamide therapy.

E. Now back to my 1949 book, *The Common Form of Joint Dysfunction: Its Incidence and Treatment*: It is information-dense and the clinical and statistical information is worthwhile reading carefully.

Note: niacinamide is not a panacea. There are arthritic joints that can be so severely injured by the arthritic processes that no amount of niacinamide therapy will cause improvement of such a damaged joint or a series of joints in an arthritic's body.

To demonstrate what niacinamide did for a "hopeless" case of rheumatoid arthritis, I now direct your attention to Case D. No.461, female, widow, invalid, page 39-46. (Incidentally, the sedimentation rate method I used in this and other cases was the Wintrobe Sedimentation Test, a very sensitive laboratory test.)

To help you visualize what this patient looked like before niacinamide therapy and after 202 days of niacinamide therapy. I include two Xeroxes. I do not have written permission to publish them or, for that matter, to disseminate them. Therefore, I ask you not to copy these and to return them to me as soon as feasible.

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

Now please read this patient's entire history, physical examination and her clinical course in response to 202 days of individualized niacinamide therapy.

The clinical evidence is that this patient did have enough help from 212 days of niacinamide therapy to improve her general health, to make some of her seriously affected rheumatoid joints more mobile and pain free, provide her with more physical stamina and muscle strength and also make her life pleasanter and more comfortable than she had believed would ever be possible. I merely cite this case to show the therapeutic power of niacinamide even in as severe a case of rheumatoid arthritis as this.

F. Next I want to call your attention to the graph on page 153. The JRI's of 455 persons in the untreated population were arranged in successive 5-year groups, thus making a linear graph which represented the central tendency of decline of the successive Joint Range Indexes with age. The algebraic formula for this line is not in this book. However, for this declining line it is as follows: $JRI = -0.42 \times AGE + 92.2$.

G. I am enclosing a larger version of "THE LINEAR DECLINE IN THE JOINT RANGE INDEX WITH INCREASING AGE" for you. In addition, I am enclosing another graph showing how I used the above graph in patient care .

The graph of Case # 330 Female Age 78 shows (A) her JRI before beginning niacinamide therapy and (B) her JRI after 417 days of niacinamide therapy which has ascended the linear graph from point A to point B. Her initial pretreatment JRI was 70. thus slightly better than expected for her age. (Natural variation from the mean accounts for this difference.) Her JRI on her 417th day of treatment with niacinamide corresponded to what one would expect of a 28 year old woman. This large increase in her JRI indicated she had gained greatly increased joint flexibility with niacinamide therapy, a thing she already knew from experience.. Showing a patient the progress they have made with niacinamide therapy in this manner is very encouraging to the patient. (Conversely if the patient reduces or stops niacinamide therapy, the loss of improvement is so striking when plotted on this graph in terms of years of JRI flexibility lost that the patient usually becomes very faithful in taking the prescribed amounts of niacinamide.)

U. I am also enclosing a reprint of my Tom Spies Memorial Lecture, "Niacinamide: A most Neglected Vitamin," which was published in the *Journal of the International Academy of Preventive Medicine* in 1983. On pages 22 and 23 you can see what happened to the JRI's of four patients having 12, 16, 17 and 19 years of niacinamide therapy and how these rise to a level much higher than the anticipated decline in the JRI with age in patients not treated with niacinamide.

I In addition, I am sending you a marked Xerox of A. Hoffer. Ph.D.. M.D. Treatment of Arthritis by Nicotinic Acid and Nicotinamide, Canadian Medical Association Journal 81, 235-238. Aug. 15. 1959. This provides an accurate summary of the history of my niacinamide work up to that date as well as Dr. Hoffer's six cases.

J. In my series of patients, there have been no adverse side effects from the manner in which I prescribed niacinamide for the treatment of joint dysfunction. I treated over 1500 patients with niacinamide for joint dysfunction, and none of these ever experienced nausea. However, a doctor can prescribe daily doses of niacinamide that are so large that this causes the patient to have nausea. When this occurs, it indicates that the daily dose of niacinamide prescribed was one gram a day higher than the patient's tolerance. If nausea occurs, the total daily intake of niacinamide needs to be reduced by a gram a day; then the

patient will tolerate this lower daily dose without nausea.

K. You no doubt have a copy of Dr. Wright's *Prevention Clinic: A CASE OF ARTHRITIS* of March 1977 in which he describes Mrs. Arthur's excellent response to niacinamide therapy.

L. There is one more thing I wish to call to your attention: Niacinamide tablets are an inexpensive medication for the treatment of joint dysfunction.

With kindest regards,

Sincerely

William Kaufman, Ph.D., M.D.

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

Physical Examination of Bones and Joints

Name:

Date:

		Right				Left				
		Range	Crepitus	Discomfort	Swelling	Range	Crepitus	Discomfort	Swelling	
NECK	Flexion									
	Extension									
	Lateral Bending									
	Lateral Rotation									
SHOULDERS	Circumduction									
ELBOWS	Flexion									
	Extension									
WRIST	Flexion									
	Extension									
	Radial									
	Ulnar									
	Circumduction									
HANDS	Finger Pads									
	Swollen	Tender								
	R 2, 3, 4, 5	R 2, 3, 4, 5								
	L 2, 3, 4, 5	L 2, 3, 4, 5								
	Forefinger	Deformity								
		R L								
		1								
		2								
		3								
	Middlefinger	1								
		2								
		3								
	Ringfinger	1								
		2								
		3								
Littlefinger	1									
	2									
	3									

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

		Right				Left			
		Range	Crepitus	Discomfort	Swelling	Range	Crepitus	Discomfort	Swelling
HIP JOINT	Hyperextension								
	Flexion								
	Abduction with thigh at 90° flexion								
KNEES	Flexion								
	Extension								
	Extension with thigh at 90° flexion								
ANKLES	Flexion								
	Extension								
FEET	Toe Pads								
	Swollen								
	Tender								
	R 2, 3, 4, 5 L 2, 3, 4, 5								
	Large Toe								
	Other Toes								
TEMPOROMANDIBULAR JOINT									

SPINE:

Kyphosis _____ Scoliosis _____ Flexion _____ Extension _____ Hyperextension _____

R. lateral bending _____ L. lateral bending _____

SACRO-ILIAC JOINTS:

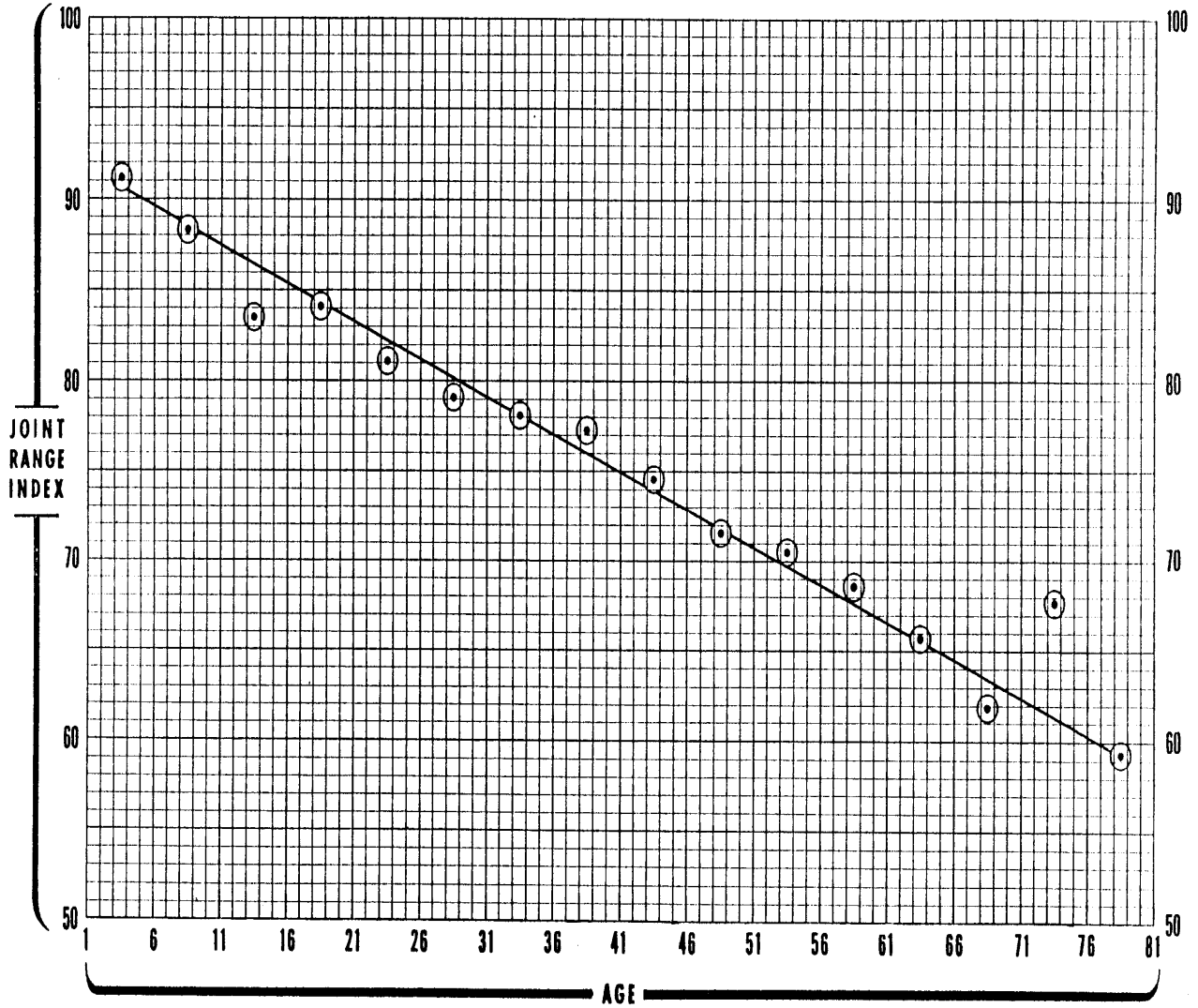
Prominence: Right _____ Left _____

COCCYX:

REMARKS:

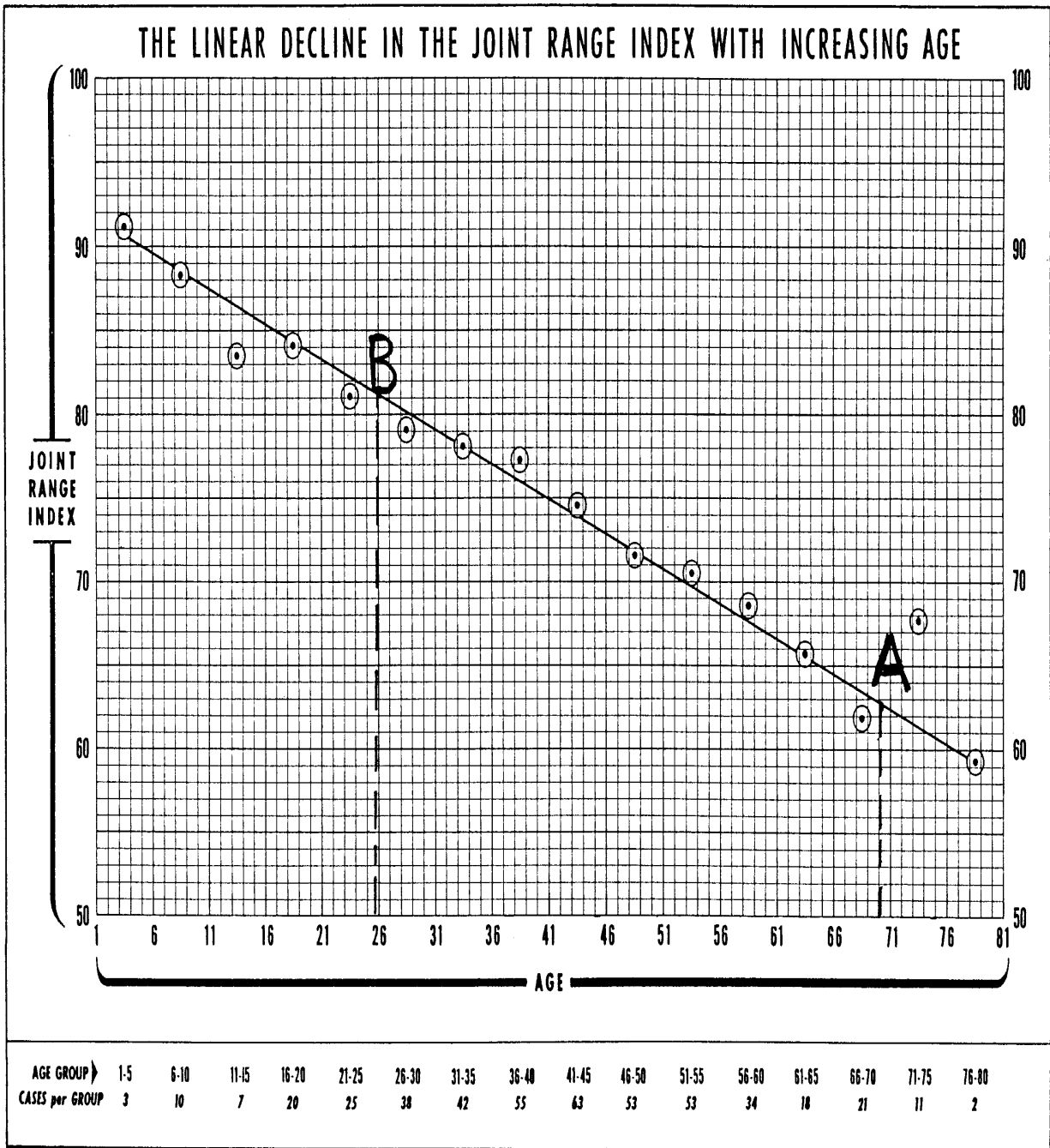
Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior

THE LINEAR DECLINE IN THE JOINT RANGE INDEX WITH INCREASING AGE



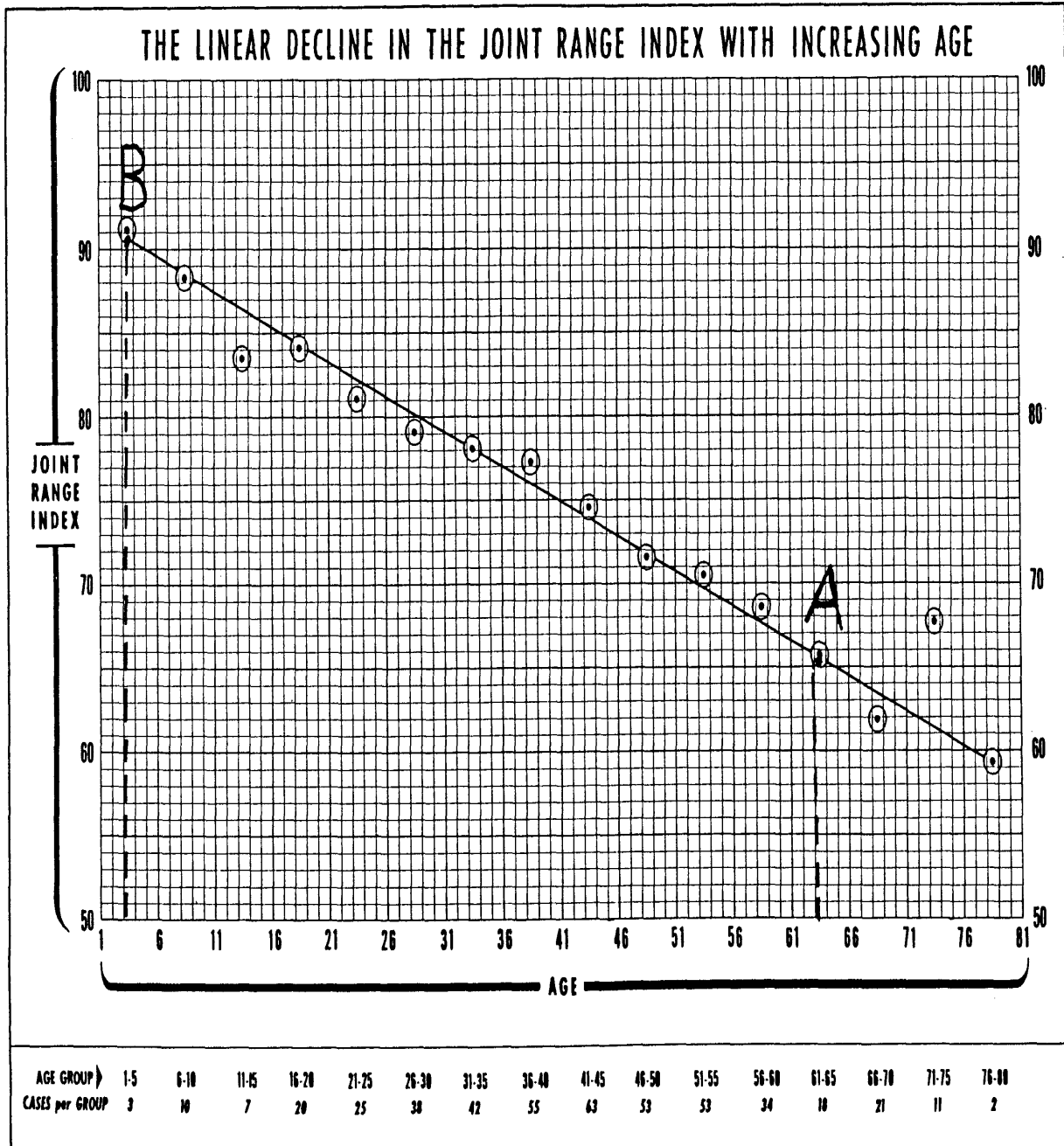
AGE GROUP	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80
CASES per GROUP	3	10	7	20	25	30	42	55	63	53	53	34	18	21	11	2

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



CASE # 339 FEMALE AGE 78 AT THE BEGINNING OF THERAPY
 417 DAYS OF NIACINAMIDE THERAPY

U



CASE # 416 MALE 60 YEARS OF AGE AT THE BEGINNING OF THERAPY
 315 DAYS OF NIACINAMIDE THERAPY

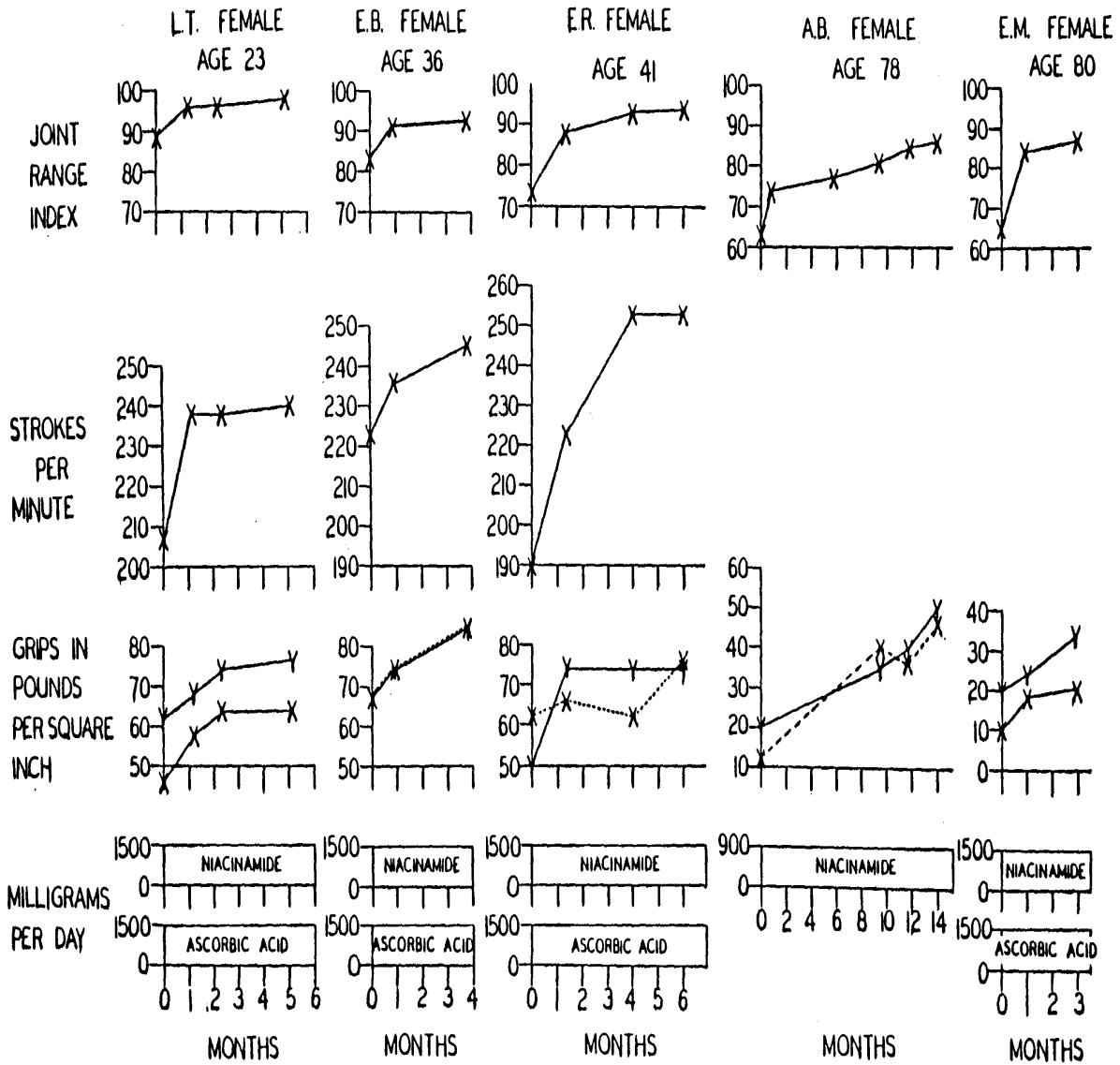


FIG 4 J Amer Geriat. S. 3: 931, 1955