

The Arthritis Fund Newsletter

Dedicated to Eradicating Rheumatoid Disease From the Earth

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Alternative Medicine

by *Perry A. Chapdelaine, Sr., Executive Director/Secretary*

For several generations alternative medicine has been considered a quackery and a hoax by those who belong to the established order of medicine. But who are those in the "established order of medicine"? And who are those that practice "alternative medicine"?

It's not so easy to tell the two apart: they have the same medical degrees from the same prestigious universities; they're licensed by the same medical boards of the various states; their names and addresses are joined together in the same telephone yellow pages

So how do we tell the two apart, the "established order of medicine", and those who practice alternative therapies?

The "established order of medicine" will almost always provide you with a toxic drug that will suppress your symptoms, but will not halt the cause of the disease. Examples: aspirin for your headache; extremely toxic substances for your arthritis; daily insulin shots for your diabetes; destroy the cancerous tumor, but not the cause of the tumor.

Alternative practitioners will almost always explore with you the causes of your symptoms. Examples: allergies that produce



*Perry Chapdelaine, Sr.,
Executive Director of
The Arthritis Fund*

headaches, arthritis or diabetes; colon toxification that can produce headaches, arthritis or diabetes; root canal infections that can produce headaches, arthritis or diabetes, and so on.

The "established order of medicine" will almost always enunciate the error that your diet is unimportant for your health, "Just eat somewhat of the four (or six) food groups, and you'll be healthy."

Any successful farmer knows better than that. Without proper nutrients, cows, pigs, and chickens will not produce income. Alternative practitioners also know better, and they will almost always invite you to learn of the deficiencies in our food sources, and how to supplement those deficiencies with vitamins, minerals, essential fatty acids, enzymes and so on.

Establishment practitioners will define "preventive medicine" as coming in early and often for a breast examination. Alternative practitioners will define "preventive medicine" as doing the things necessary to reduce the need for having breast examinations.

Besides comparing treatment regimens, the "established order" *(continued on page 4)*

Art of Getting Well (Part Two)

Supplement to: **The Art of Getting Well**

Thyroid Hormone Therapy: Cutting the Gordian Knot

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

Broda O. Barnes, M.D., John Baron, D.O., James A. Carlson, D.O., Anthony HJ. Cichoke, D.C., O.P. Dimball, M.D., Shirley Holmstead, Lita Lee, Ph.D., Howard Loomis, D.C., Raymond F. Peat, Ph.D., Gus J. Prosch, Jr., M.D., E. Denis Wilson, M.D./Responsible editor/writer Anthony di Fabio.

Thyroid: Master Gland & Regulator (Part II)

In the last issue of this newsletter we covered principally the Broda Barnes, M.D. technique for evaluating hypothyroidism, a condition of too little thyroid, or inability to utilize thyroid efficiently. Hypothyroidism is a disease that affects a large proportion of modern civilization, and can be the cause, or contributing cause, of a large number of diseases including that of various forms of arthritis.

In normal treatment programs, once hypothyroidism is determined the patient is thereafter required to take a daily thyroid tablet for the remainder of their life. The purpose of thyroid is to establish a cellular temperature which is ideal to make enzymes function properly. There are literally thousands of enzymes required to operate the human body. They, and the proper cellular temperature, are the key to health, indeed, life itself.

Described in this issue is the new method developed by E. Denis Wilson, M.D. which holds promise of permanently reversing hypothyroidism for many. In other words, it may not be necessary to take the pill each day for the rest of your life. However, E. Denis Wilson, M.D. says, "The T₃ (thyroid) therapy I recommend can often rest a person's metabolism so that the patient can maintain his own temperature on his own even after the therapy is discontinued. But should the patient be subjected to

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Art of Getting Well (continued from page 1)

another severe stress, as in one of Dr. Prosch's patients [to be described], the patient can relapse. So people may get confused by words like 'permanently,' 'solved,' 'cured,' etc.

"Treatment might fix this episode of Wilson's syndrome, but T3 therapy cannot remove a person's tendencies toward having this sort of problem, and obviously can't make them immune from further insult, or stress. Hopefully, the person can remain improved forever, but there is always a chance that the circumstances that caused a patient to have this problem in the first place, can cause the person to have the problem again and relapse."⁶

Wilson's Syndrome: Multiple Enzyme Dysfunction Cutting the Gordian Knot of Hypothyroidism³

Gus J. Prosch, Jr., M.D. provides about 100,000 people with his experiences through WDJC radio station (93.7 FM) out of Birmingham, Alabama. His fifteen minute radio program has call-ins two days a week, and the other days he discusses, diseases, herbs, treatments -- indeed, a wide variety of topics.

Many doctors, including Gus J. Prosch, Jr., M.D. have found that the E. Denis Wilson, M.D. method is more reliable than the Broda Barnes, M.D. method, for some people, and leads directly to a technique that can result in improvement that can persist even after the treatment has been discontinued -- a sort of "resetting phenomenon."

In advising his patients and his radio audience, Dr. Prosch says that "At least twenty percent of American people have Wilson's syndrome, the effects of thyroid dysfunction."¹⁷³

The good news is really good, because until Dr. Wilson's work was known, one most likely would have had to take thyroid supplements for the remainder of their lives, as recognized in the Dr. Broda Barnes method. Since Dr. Wilson's method has become known, it's possible for some people to "reset" proper thyroid functioning unless stress or other factors again cause a dysfunction.

Dr. Wilson has done a brilliant piece of detective work, standing on the pioneer accomplishments of Dr. Broda Barnes, and a summary of his findings and methodology follow:

According to Dr. Wilson, the reason why thyroid dysfunction underlies almost all disease states is because of the effect of that apparent deficiency on enzymes.

Enzymes are the catalysts of our carbon/oxygen engine, without which life could not exist.

But, enzymes are temperature dependent. They behave slow or fast depending upon the temperatures found in each individual cell. In fact, the only single direct measure of the quantity of utilizable thyroid that is known is the body's temperature, so closely are thyroid/temperature/enzymes related.

How well an enzyme functions depends upon its shape, and the shape of an enzyme depends upon its temperature. In other words, an enzyme's shape can change according to temperature which then determines its effectiveness in biochemical behavior. Dr. Wilson writes that enzymes are "like a twisted telephone receiver cord that will untwist when you answer the phone and pull the cord tight, and then twist back into its previous shape when you put it back on the hook."³

When enzymes are too hot, they get too loose; when they're too cold, they get too tight. There is an optimum geometry for each

enzyme, which, of course, is dependent upon an optimum temperature. In general, as with most chemical reactions, the colder the temperature, the slower the action, and vice versa.

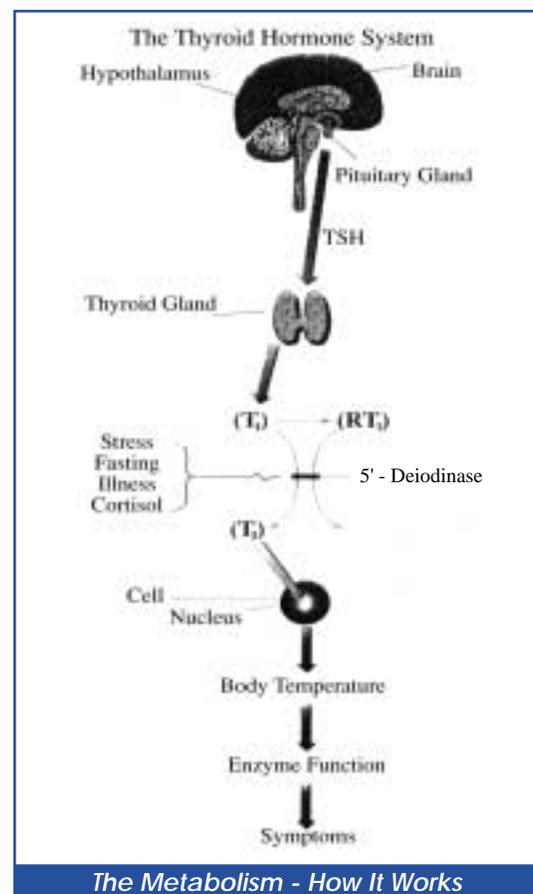
Ninety-eight point six degrees fahrenheit (oral temperature) is the magic number, because it's the number or temperature at which enzymes operate at their peak efficiency, which, in turn, permits each cell, each tissue, each organ and each system to operate at peak efficiency.

When body (oral) temperature is persistently low -- below 98.4⁰ -98.6⁰ Fahrenheit -- many enzymes lose their ability to function properly, and a "dysfunction" of cells, tissues, organs and bodily systems takes place. Dr. Wilson has named this condition "Multiple Enzyme Dysfunction" (MED) syndrome.

E. Denis Wilson, M.D. writes: "Of all *chronic* medical problems, I believe that Wilson's Syndrome is *the* most common and has *the* greatest impact and is *the* easiest to address and is *the* most likely to be remedied and is *the* most rapidly responding and has the most inherent or non-foreign of treatments. For these reasons Wilson's Syndrome should be the first of impairments to be considered in the treatment of patients rather than the last."³

Multiple Enzyme Dysfunction also describes the basic source of so many apparently unrelated disease states as already described. And, of course, Multiple Enzyme Dysfunction is caused, in its turn, by low temperature, which, in turn, is caused by a deficiency in thyroid utilization, the carbon/oxygen engine stoker.

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Thyroid Linkage to Life

At the brain certain hormones (thyrotropin releasing hormone, TRH) are released and travel to the pituitary gland causing the production of another hormone called thyroid stimulating hormone (TSH).

Thyroid stimulating hormone (TSH) enters into our blood stream, travels to the thyroid gland at the base of our neck and stimulates a substance called thyroxine, also known as T_4 .

Thyroxine (T_4) is converted to liothyronine (T_3) by an enzyme, 5'-deiodinase, which is found in most of our bodily tissues.

Thyroxine (T_4) is converted to liothyronine (T_3) outside of the thyroid gland inside the body's tissues. This fact is one of the major keys to understanding why measures of glandular thyroid are virtually meaningless, except where there is a problem with the gland itself.

Liothyronine (T_3) has its action at the nuclear membrane receptors of the cells of the body. A cascade of chemical reactions within each cell occurs which affects the metabolic rate of each cell. Metabolism (or metabolic rate) is the energy expended to maintain respiration, circulation, peristalsis, muscle tone, body temperature, glandular activity, and other functions.

The metabolic rate of the cells determines the metabolic rate of the body.

The metabolic rate of the body, together with the amount of surface area of each person's body, environmental conditions, and other factors determines the body's temperature.

The body's temperature determines the function and activity of the enzymes which are responsible for most of the important chemical reactions in the body.

These chemical actions are the basis to the body's functions.

All of the above is a description of why thyroid hormone is so vitally important for proper bodily functioning, and for achieving wellness with any disease state, not just arthritis.

Without thyroid hormone, the body would not live.

Where Thyroid Goes Awry!

The second key to understanding Multiple Enzyme Dysfunction lies with a fact long overlooked in medical circles. Dr. Wilson reports that thyroxine (T_4) is factually converted to liothyronine (T_3) in two ways. As one of these two ways is a reverse image of the other, one is called liothyronine (T_3) and the other is called reverse liothyronine (RT_3). Chemically, they look similar, but their biochemical activity is totally different. Thyroxine (T_4) and liothyronine (T_3) have the capacity to stimulate the cells' thyroid hormone receptors, with thyroxine (T_4) having a small effect on the cells -- liothyronine (T_3) having four times more effect than thyroxine (T_4), and reverse liothyronine (RT_3) having no effect whatsoever.

Thyroxine (T_4), then, can be converted into two different hormones, one being liothyronine (T_3) and the other being reverse liothyronine (RT_3). These two hormones are distinct and different metabolites of thyroxine (T_4). They can both occupy the same sites on the cells' thyroid hormone receptors, thereby competing for position. Since reverse liothyronine (RT_3) has no biochemical activity it cannot and does not fuel the metabolism of the cell. If a large number of thyroid hormone receptors are filled with reverse

liothyronine (RT_3), then cellular functions will decrease also causing the whole body to decrease in its ability to function. This condition, then, causes a lowered body temperature, decrease in enzyme activity, decrease in bodily functions, and Wilson's Multiple Enzyme Dysfunction syndrome, displaying itself with many clinical and subclinical disease states.

The Major Multiple Enzyme Deficiency Problem

Apparently nature has invented reverse liothyronine (RT_3) as a means of slowing down our metabolisms, a damping effect, so to speak, on the furnace stoker of our body.

Whenever we are placed under stress, fasting, illness, cortisol usage and some other medicines, our bodies began to manufacture more of the reverse liothyronine (RT_3).

Dr. Prosch says that "The body slows down to give the body more energy to handle the stress or illness.

"The body fools itself by changing the form of liothyronine (T_3) to reverse liothyronine (RT_3). Reverse liothyronine (RT_3) is a mirror image of liothyronine (T_3), and, while it fits the cell's thyroid membrane receptors, it has no metabolic activity."⁷

When conditions are reversed, and there is less stress, no longer fasting, no illness, and we've quit using the damaging medicines, our bodies should revert back to producing liothyronine (T_3) instead of reverse liothyronine (RT_3). However, this does not happen with many of us. Consequently, we have established a new homeostasis, a new balance between thyroxine (T_4), liothyronine (T_3), and reverse liothyronine (RT_3) -- and our metabolism is permanently lowered. The result -- Wilson's Multiple Enzyme Dysfunction, and subsequent clinical and subclinical illnesses.

According to Dr. Prosch, the energy level drops, skin gets dry, hair gets brittle, the immune system weakens (it's suppressed so that you start getting more allergies), fatigue increases -- there's sixty some different symptoms that Dr. Wilson has been able to identify, that people with Wilson's Multiple Enzyme Dysfunction have one or, usually, a number of them."⁷

The Solution to Over-Saturation of Reverse Liothyronine (RT_3)

Gus J. Prosch, Jr., M.D. now uses Wilson's method as a first trial for solving Multiple Enzyme Dysfunction.

The faulty homeostasis -- faulty balance -- can be reversed in many people who are otherwise organically sound. It is done by supplying the individual with an appropriate amount of liothyronine (T_3) in a controlled program, until the supplemental liothyronine (T_3) is no longer required.

By increasing the individual's intake of liothyronine (T_3), a greater proportion of liothyronine (T_3) compared to reverse liothyronine (RT_3) is experienced by each cell, which causes more of the liothyronine (T_3) to take up position in the thyroid receptor membranes of the cells.

Thyroxine (T_4) also decreases, which decreases production of reverse liothyronine (RT_3).

Over a period of weeks, this procedure has a very good chance of reversing the process, improving metabolism, increasing average daily temperature, optimizing enzyme functioning, decreasing Multiple Enzyme Deficiencies, and decreasing clinical and

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Alternative Medicine

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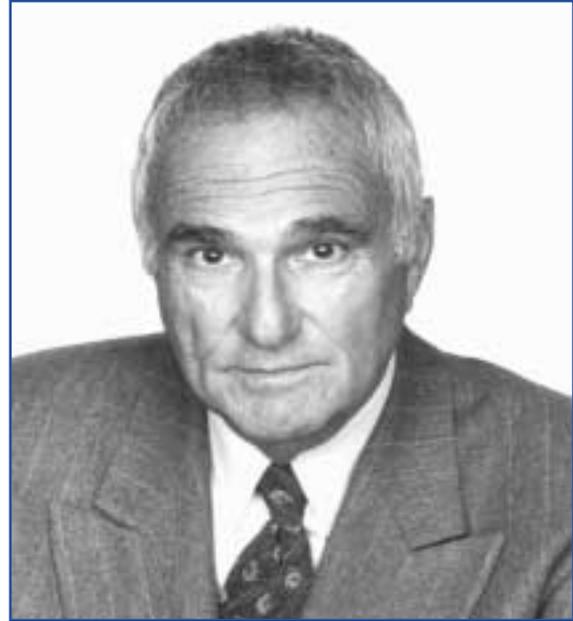
of medicine", can also be known by their results. The "established order" seldom produces patients who are well, or who will stay well, whereas alternative practitioners almost always produce wellness for those who stay with their doctor. Example: For more than fifty years the war against cancer (read, the symptom of cancer, the tumor) has been waged with radiation, chemotherapy, and surgery. Despite much ballyhoo in the media, statistics demonstrate that those who do not have these treatments live slightly longer than those who do -- and certainly in far more comfort and without filing bankruptcy.

I am personally acquainted with alternative practitioners and clinics who have had great success with cancer cures, but who dare not let the "established order" know of their success, or they'll lose their license to practice medicine.

This fact, of course, defines another characteristic of the "established order" of medicine: The establishment controls the politics and licensing of medicine! But, it is the pharmaceutical industries' drive for profits that controls those who control the politics and licensing of medicine.

Until Congress saw fit to establish an office of alternative medicine in the National Institute of Health, alternative medicine was officially and unofficially -- by the established order of medicine -- a nasty word. Fortunately attitudes are changing. The establishment of the office of alternative medicine was a great start in changing attitudes, but not yet sufficient.

Probably the other greatest effect to date has been that of a single book pieced together by the private funding (\$2,000,000) of one individual, Burton Goldberg of Tiburon, California. The book is *Alternative Medicine: The Definitive Guide*.



Burton Goldberg
Publisher of Alternative Medicine: The Definitive Guide

Alternative Medicine: The Definitive Guide is encyclopedic, based on the experiences of 380 alternative medical practitioners printed on 1,100 pages. It is designed for you, a lay reader, and it should form the very first source material for any ache or pain. User-friendly, it provides information about preventative measures, self-help cures, and non-traditional options for healthcare. Hundreds of available alternative treatments are provided to you that are safe, effective and affordable.

For the most part people are both sick and tired of the established order of treatments and costs, and are searching for better alternatives. This book is a first answer, a must for everyone!

Almost any bookstore can provide you with a copy. You can also order one through us for a \$60 tax-exempt donation.

I'll personally guarantee there's been no other medical book of this high quality and far-reaching content.

Burton Goldberg is also publishing *Alternative Medicine Digest*, a bi-monthly magazine that draws from the scientific literature and from top-ranking medical doctors successful alternative treatments in every form of disease. In one brief article (Issue 14, p.19) which describes the successful treatment of Elizabeth, aged 50, who was incapacitated from inflammatory arthritis, her physician, Lee Cowden, M.D. of Texas says, that the key is to place the patient on a healthy diet, detoxify the intestines, restore the acid-alkaline (pH) balance in the tissues, and get the toxins draining out of the body. Then the immune system no longer produces antibodies against the body's own cells and "the arthritis goes away."

You can subscribe to this magazine for \$20 for six issues from 1640 Tiburon Blvd., Suite 2, Tiburon, CA 94920, or call (800)-333-HEAL.

Watch also for a series of individual books on many different health subjects published by Burton Goldberg.

HOW TO RECEIVE OUR . . .

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Send a legal size, self-addressed, stamped envelope to The Arthritis Fund, PO Box 98078, Washington, DC 20090-8078, and ask for our latest Physician and Scientist Advisory list.

When requesting our Physician and Scientist Referral Listing, while it is not necessary to donate \$2, a donation of that size, or greater, would help us defray the cost of this service.

The Arthritis Fund provides this list as a public service to those who inquire. Inclusion of physicians in this referral list does not indicate an endorsement of physician's practice nor a guarantee of effectiveness of treatment.



Efrain Olszewer, M.D.

Sao Paulo, Brazil

Efrain Olszewer, M.D., clinical director of Centro de Medicina Preventiva (CMP) is one of our finest physician advisors.

We're proud to present Dr. Olszewer's biography and philosophy of medicine.

I was born in 1954 in Israel, left the country and lived in Bolivia between 1957-1979, where I finished my medical school. I lived in the United States from 1979-1980, and then went on to Brazil, where I'm developing my present medical activities.

My medical training included: Internal Medicine, Cardiology, and Geriatrics. In 1983 I was introduced to chelation therapy in the United States. I traveled the U.S. and visited and studied chelation therapy with Dr. Robert Atkins and Dr. Harold Markus both of New York as they were recommended by the American Association of Medical Preventics (AAMPS), now titled as the American College for the Advancement of Medicine (ACAM).

In 1983 my associates and I introduced in Brazil the ideas of chelation therapy and orthomolecular medicine, this last named by Linus Pauling, Ph.D. for using the "right" (ortho) molecule when supplying nutritional supplements for disease conditions. At first we had problems fighting against the established order of medicine, although we had a neutral period from 1987 through 1990. But, in the last 5 years after creating AMBO -- Brazilian Medical Society for Oxidology -- where I was the first president and founder, and am now Honorary President and scientific director of their Journal, we at last gained credibility with the orthodox medical society. Today AMBO has more than 1,500 M.D. degreed members and we publish the *Journal of Oxidology* with six issues each year, 5000 copies each printing.

We organize symposiums, congresses, lectures, about 20 to 25 yearly throughout the country in order to increase our physicians' knowledge. In Brazil, today, we're quite sure that orthomolecular and oxidoly (hydrogen peroxide, ozone, DMSO, photophoresis, etc.) medicine together with EDTA chelation therapy have their rightful place in national science.

At the beginning we used EDTA chelation therapy only for patients with cardiovascular diseases, including patients with heavy metal intoxication, and also for other degenerative diseases. We published our results in 1988, including 2,870 patients in different chronic pathologies, obtaining important improvements in most of them. [EDTA chelation therapy is an amino acid that when used intravenously helps to reverse plugging up of arteries. See our publication list for an article on this important therapy. Ed.]

Between 1986-88 we were asked by then president of AAMPS, Ross Gordon, M.D., to study the optimum doses of EDTA in peripheral vascular diseases in order to prepare the protocol for the FDA studies that began at Walter Reed Army Hospital. We found that practically all patients benefited with 10 cc or 1.5 grams of EDTA, about half as much as traditionally recommended.

In 1990 the *Journal of the National Medical Association* published the first double blind study using EDTA chelation therapy in peripheral vascular diseases, demonstrating its efficacy against a placebo.

In the meantime we introduced the use of DMSO (dimethylsulfoxide) in rheumatoid diseases and published a couple of studies that showed improved quality of life and biomechanical

activity in patients with rheumatic diseases, and decreasing their need for drugs. We found that the requisite doses of DMSO varies from 5-8 cc in osteoarthritis, 10-15-20 cc in other rheumatoid diseases.

We increase our results by including procaine by intra-articular injections in joints with mild to moderate arthrosis, and in order to control the pain we use enzymeaccupressure in joints.

Prolotherapy -- also called proliferative, sclero, or reconstructive therapy -- was also introduced into our clinic in order to get equilibrium in joints with osteoarthritis; we use colchicine in backbone diseases. [Dr. Faber's book, *Pain, Pain Go Away* describes this treatment, and is available from this foundation. Ed.]



Lately we've begun measuring biological aging in order to improve chronological aging by a computerized system developed by us, and we're expanding the idea across the Brazil.

In 1985 I published my first book, the title originally in Portuguese, as *Basic Principles on Chelation Therapy*. I later published *Antibiotics Dictionary*, *Superhealth*, *Aging Ageless*, *Aging With Health*, *Bypassing Bypass*, *The Dangerous Free Radical*, *Free Radicals in Medicine* (First and Second Edition), *Concepts in Orthomolecular Medicine* (with various collaborators), *Rheumatic Diseases*, *How to Beat Coronary Diseases*, *How to Beat Senile Dementia*, and *Manual of Orthomolecular Medicine*.

I am basically an orthodox physician as are all others in Brazil who use in their practice concepts of orthomolecular and oxidology medicine. However, in November 1995, for the first time in the history of medicine, a conventional medical society - - Brazilian Society of Internal Medicine -- created a chapter of Oxidology and Orthomolecular Medicine, and I am proud to be the founder and first president.

A year ago we organized a post-graduate medical course on free radicals and orthomolecular medicine lasting two years and sponsored by the University of Riberao Preto (UNAERP), Sao Paulo, Brazil, with 80 enrolled medical doctors.

Everyday we are exposed to new concepts increasing our knowledge and showing that we do not have limits to grow, and I feel that our speed of gaining knowledge will strongly increase in the next ten years at least, and we should be prepared to absorb this information to be stronger daily.



Art of Getting Well

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subclinical conditions.

How Gus J. Prosch, Jr. M.D. Uses Liothyronine (T₃) In Solving Wilson's Syndrome

1. The patient establishes a baseline by accurately measuring oral temperature at three chosen intervals during the day, say, 9:00 a.m., 1:00 p.m. and 5:00 p.m. These temperatures are recorded and averaged, producing the average for the day.

2. When a sufficient number of averages have been recorded (usually two weeks), Dr. Prosch looks them over, along with other factors, and determines whether or not his patient is a candidate for this therapy.

3. If the patient is a candidate for this process, then s/he will be given a small amount of liothyronine (T₃) to take orally each day; and s/he will continue recording daily average temperature. Caution: the liothyronine (T₃) must be made up special by a compounding pharmacist, called "T₃SR," (T₃ compounded with a sustain release agent to be taken every 12 hours) according to Dr. Prosch.

The liothyronine (T₃) on the commercial market, packaged for non-compounding pharmacists, is not used because a sustained release liothyronine (T₃) must be used that is compounded in the correct dosage increments. Dr. Prosch reports that "We have 13 different doses of the T₃SR," (7.5 mcg, 15.0 mcg, 22.5 mcg, 30.0 mcg, 37.5 mcg, 45.0 mcg, 52.5 mcg, 60.0 mcg, 67.5 mcg, 75.0 mcg, 82.5 mcg, 90.0 mcg).

For a listing of physician approved compounding pharmacists, send a tax-exempt donation and a self-addressed, stamped envelope to The Arthritis Fund/The Rheumatoid Disease Foundation, 5106 Old Harding Road, Franklin, TN 37064, or contact the Wilson's Syndrome Foundation, (800)-621-7006.

4. The amount of liothyronine (T₃) will be increased incrementally each day; and s/he will continue recording average daily temperature.

5. If at any time from the first dosage forward, the patient's symptoms resolve -- temperature reaches between 98.4° and 98.6° fahrenheit -- then the medication is maintained at that dosage for three weeks, after which it is slowly discontinued by decreasing it incrementally, twice as slow as it was increased incrementally, and s/he continues recording average daily temperature.

6. Although somewhat simplified, if all has worked well, the body's thyroid homeostasis should be reversed. One should be able to discontinue the medicine -- the patient will be down to zero dosage by then -- and one's Multiple Enzyme Dysfunctioning should be solved, along with a disappearance of any one, or all, of some 60 different symptoms.

7. However, there are some who have to repeat through this total cycle several times before their body gets the message, inhibiting an over-production of reverse liothyronine (RT₃), and increasing one's own liothyronine (T₃) production.^{173,175}

Dr. Prosch has many people who have Wilson's Multiple Enzyme Deficiency syndrome. He reports, "I've good results in

about 70 to 80 percent of the people that I can get to follow this program. It's very involved, and one must take care to do everything just right, and it's a lot of work keeping track of temperatures and dosages on time.

"One patient, the worst case I've seen, had to go through 14 cycles before her body reset."

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E. Denis Wilson, M.D., a dedicated pioneer, has given up his practice to spread the good news. He's picked out 200 doctors to teach, and Dr. Prosch was one of the first to learn.

How to Quickly and Easily Obtain Proper Treatment for Wilson's Syndrome is available from the Wilson's Syndrome Foundation, PO Box 916206, Longwood, Florida 32791-6206; (800) 621-7006.

This patients' guide helps you to find treatment in your area, discussing each of the three easy ways you can obtain treatment for Wilson's Syndrome.

Dr. E. Denis Wilson's book, *Wilson's Syndrome: The Miracle of Feeling Well*, is available through this foundation for a tax-exempt donation of \$25 or more.

Thyroid-Stimulating Foods

According to Lita Lee, Ph.D., fruits or fruit juices, which provide magnesium that works with thyroid to moderate stress, also helps modulate blood sugar and calm down adrenal glands. Fruit juices can also help to stimulate increased production of liothyronine (T₃).

Raymond F. Peat, Ph.D., recommends a salad recipe consisting of grated carrots, vinegar, coconut oil and salt. Fatty acids in the coconut oil are thyroid-stimulating. Carrot fiber tones the bowel and binds toxins.

Salt mobilizes glucose and calms adrenal glands, according to Peat.

Coconut oil has several thyroid-promoting effects. It contains butyric acid which helps thyroid hormone move into the brain [liothyronine (T₃) uptake into glial cells]. It opposes anti-thyroid unsaturated oils. It contains short and medium chain fatty acids which help modulate blood sugar, is anti-allergic, and protects mitochondria against stress injuries.¹⁹⁵

Of course, while useful, unless reverse liothyronine (RT₃) has been minimized at the cellular level, these nutritional assists will be of lessened value.

**Have you mailed us your
annual membership fee of \$25?
Your membership fee helps us to
help others, and entitles you to
our newsletter!**

Art of Getting Well

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The Case of Shirley Holmstead

Shirley Holmstead had suffered from Chronic Fatigue Syndrome -- a condition very similar to Fibromyalgia -- and other complaints for many years. After consulting with Dr. Prosch, and being placed on Wilson's Multiple Enzyme Deficiency syndrome treatment, Shirley found that she had to cycle through the treatment several times before her body became normalized.

After normalization, Shirley did very well for two years, when she again encountered a very stressful situation. Her body flopped a second time, producing an over-abundance of reverse liothyronine (RT₃) and she immediately went to Dr. Prosch to resume the treatment that would normalize her metabolism.⁸

Once thyroid utilization has been normalized, determination of enzyme deficiencies can be important. Lita Lee, Ph.D.⁹ uses a 24-hour urinalysis developed by Howard Loomis, D.C. which will determine the following:

Acidity/alkalinity (pH), specific gravity, too little or too much volume, chloride, calcium, food intolerances and nutritional deficiencies, indican (determines need for colon cleansing and other conditions), sediment (determines need for multiple enzymes), and abnormal solutes.

Anthony J. Cichoke, D.C.,¹⁰ writing in *Townsend Letter for Doctors & Patients*, says that "It is generally agreed that the disease [rheumatoid arthritis] could be lessened by the early detection, degradation, and disposal of immune complexes (which have penetrated the joint cartilage from the synovial fluid). . . . Immune complexes can act as antigens and provoke the plasma cells to synthesize antibodies resulting in the formation of gamma globulins (contained in these immune complexes). . . . some physicians and researchers feel that enzyme mixtures are superior to all anti-rheumatic drugs because of their comparable efficacy but minimal side-effects. . . . Fibrin is at least indirectly associated with the cause of a rheumatic disease. But, proteolytic enzymes degrade fibrin (built up by the tissue-immobilized immune complexes). The result is that the protective cloak is removed from the immune complexes. Above all, this fibrin degradation ensures that the immune complexes are detected, degraded, dissolved, and subsequently eliminated. In this way, the mechanisms leading to the inflammatory process are more rapidly stopped and potential for further deterioration is reduced."

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8. Personal interview with Shirley Holmstead (fictitious name), November 21, 1995.

9. Lita Lee, Ph.D., "The 24-Hour Urinalysis According to Loomis," reprinted from *Earthletter*, Volume 2, Summer 1994, 2852 Willamette St., #397, Eugene, Oregon.

10. Anthony J. Cichoke, D.C., "Chiropractic & Nutrition," *Townsend Letter for Doctors & Patients*, 911 Tyler St., Port Townsend, WA 98368-6541, January 1996, p. 32.



Bequests

We're always grateful for donations of any size. In 1985 David and Mary Scott established for our benefit a \$10,000 fund in the Milwaukee Foundation, Milwaukee, Wisconsin. That fund has provided us with a draw on earnings each year since, and has also grown to a value of \$16, 276 at end of fiscal year 1995.

Craig Tester of the Tester Donor Advised Fund, Grand Traverse Regional Community Foundation, Traverse City, MI donated an unrestricted grant of \$8,000.

We are extremely grateful to Mary and David Scott and to Craig Tester!

Plan Us Into Your Future

A good way to make your contribution live for years onward is to plan us into your will.

A bequest such as those provided by others provides that a specific amount of money, property, or a percentage of your estate be given to The Arthritis fund/The Rheumatoid Disease Foundation.

A general guideline for making such a provision is this: "I give, devise, and bequeath to The Arthritis Fund/The Rheumatoid Disease Foundation the sum of \$ ----" (or describe the real or personal property).

All contributions to The Arthritis Fund/The Rheumatoid Disease Foundation are tax-deductible to the full extent allowed by law.

While easy to write, best that you work this provision out with your attorney or CPA -- and again, many thanks!

Long-Distance Royalties

Thousands have already signed up for our great long-distance telephone service,

The TAF/RDF Members' Long Distance Advantage Program.

Save on your long-distance calls at the same time that you contribute 2% of each month's long-distance billing as a continuous flow of donations on behalf of our work. For information about this program, business or home phone, please call 1-800-435-6832 giving the name of

The Rheumatoid Disease Foundation, and use the keycode of AAOF!

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is published quarterly by the Board of Directors.

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HOW TO RECEIVE OUR . . .

PHYSICIAN AND SCIENTIST ADVISORY LIST

Send a legal size, self-addressed, stamped envelope to The Arthritis Fund, PO Box 98078, Washington, DC 20090-8078, and ask for our latest Physician and Scientist Advisory list.

When requesting our Physician and Scientist Referral Listing, while it is not necessary to donate \$2, a donation of that size, or greater, would help us defray the cost of this service.

The Arthritis Fund provides this list as a public service to those who inquire. Inclusion of physicians in this referral list does not indicate an endorsement of physician's practice nor a guarantee of effectiveness of treatment.

If your family physician inquires of us, he/she may be referred to one of the Advisory Members and he/she will be provided with our treatment protocol for your treatment.

The Arthritis Fund assumes no financial or other legal obligation for the service of physician referral. Treatment received is strictly between you and the physician you choose.

The Arthritis Fund physicians view causes of arthritis as stemming from many sources, and in their supporting treatment recommendations they will often emphasize proper nutrition including vitamins, minerals, fresh fruits and vegetables, whole grains and nuts and especially the proper essential fatty acids. They will also assist you in identifying important allergies, and systemic candidiasis, both of which may also contribute to or mimic arthritic systems.

Arthritis Warning Signs

1. Tenderness or pain in motion
2. Limitation of motion
3. Morning stiffness that usually improves after about 30-60 minutes of activity
4. Soft tissue swelling around a joint or, more often, joints
5. Fatigue, general malaise, low-grade fever, weight loss and night sweats
6. Nodules over bony prominences

The Arthritis Fund's Internet and E-Mail

At last you'll find us on the internet! Check out our website:

<http://www.telalink.net/~taf>

and E-mail address:

taf@telalink.net