The California Chapter of The Arthritis Trust of America

by J.D. Allen, Executive Director/Secretary

It is a distinct experience for me to represent this foundation as the Executive Director of the California branch!

In the beginning it was my misfortune that opened the door for me to investigate and comprehend rheumatoid disease. Amazing to me in that during just a short period of time I have been able to grasp the enormity of the disease and to discover the nihilistic (nothingness) information available to the general public from conventional medicine.

I spent four years after a series of minor injuries in conflict with the medical community because they worked to give me prescription drugs without any cognizance of a cause or true cure. It was either a quick, easy fix or no fix at all — to them...! The all too common answer was “We don’t know the cause.”

My answer to them was, “Why take medicine that has more side effects than the disease itself with less than a placebo chance of a cure?”

It is simply ludicrous.

My opinion is that we as a society are receiving less than adequate care in the whole field of degenerative diseases. As patients we must become aware that there are alternative treatments with astonishingly successful results available.

I was given one to five years to live by top conventional rheumatologists. I was so crippled I was told that if I did not die from the disease that the prescription drugs would eventually kill me. The drugs were offered just to control or mask the pain but not to attack the cause. Is this all that modern medicine has to offer, and that is to suppress the immune system?!

We have to demand choices that attack causes and not the symptoms only. We cannot settle for anything less. I am well aware that the obstacles patients encounter physically, emotionally, and financially in some instances force them to acquiesce to conventional methods.

The California chapter of this foundation has three goals:

1. Inform the general public of the alternative treatments that exist through books, literature, manuscripts, periodicals,

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Locked in the tubules of the tooth. How to sterilize and kill these virulent germs which become activities he hopes to stimulate contributions for research into magazine and press, and by lectures. Through these of root canal therapy by radio and television appearances, articles from the Federation Dentaire International, Cologne, Germany.

Now retired from his active practice in Ojai, California, Dr. Meinig plans to deliver his message about the serious side effects of root canal therapy by radio and television appearances, articles in magazines and the press, and by lectures. Through these activities he hopes to stimulate contributions for research into how to sterilize and kill these virulent germs which become locked in the tubules of the tooth’s dentin.

Raising of funds which will allow people to save their teeth for a lifetime is a mission of the greatest importance. With all the money donated for causes of much less distinction, Dr. Meinig feels, many individuals will sense what a great opportunity his program is for more effective and efficient service to mankind.

**From The Director**

**Rheumatoid Arthritis**

The Many Layers to Wellness

*by Perry A. Chapdelaine, Sr.*

It took me six weeks to halt the progress of “galloping” rheumatoid arthritis, two more years to pay attention to candidiasis, nutrition and food allergies, and the next 13 years to understand what’s really going on about the many factors that create rheumatoid arthritis and the other 79 related rheumatoid diseases.

We don’t know all the factors that cure arthritis, but I’ll bet this foundation collectively has more practical, healing data than most rheumatologists.

Sharing our knowledge, you, of course, are free to act or not, as you wish. Health, after all, is always up to you, not your doctor.

1. **Layer One Toward Wellness:** **Stress**

Stress is the greatest contributor toward a sick body. As a necessary ingredient of life, stress is totally unavoidable, arriving at our doorstep because we live, appearing as either a physical or emotional stressor.

Physical stress includes heat and cold, polluting chemicals, daylight and darkness, the pull of gravity, microorganisms, changes in humidity and air pressure, accidents and sports, and so on. Emotional stressors include offenses against others or against ourselves, school discipline and study, work — particularly if detested — marriage relationships and divorces, and certainly the loss of loved ones.

According to Derrick Lonsdale, M.D. *Why I Left Orthodox Medicine,* Hampton Roads Publishing Co., Inc., (804) 296-2772, “Each of us live in a dangerous world, surrounded by all kinds of invisible stressors, many of which are indeed bacteria and viruses. The defense reaction to a stressor, however, regardless of the nature of the stressor, is much the same.”

Some folks can handle enormous amounts of stress, and others very little, probably as a matter of their differing nutritional intake and genetic factors.

We can make choices to reduce stress, but, short of death, there is no way to totally eliminate stress. It is our choices that determine the nature of our stress.

Whenever undue stress is unavoidable, or even if you’ve conditioned yourself to believe that a stress activity is enjoyable, some folks will get well simply by choosing to remove themselves from an environment of undue stress.

Stress has many faces, and it is never solved by blaming others, although it’s possible that removing yourself from others may be necessary.

There are so many faces to stress that it deserves a newsletter by itself.

Some folks can get well from rheumatoid arthritis and related rheumatoid diseases simply by removing themselves from stressful situations.

2. **Layer Two Toward Wellness:** **Nutrition**

As I’ve repeatedly written — as has Joel Wallach, D.V.M., N.D. *(Dead Doctors Don’t Lie: Rare Earths: Forbidden Cures, etc.)* — a successful farmer knows more about nutrition than the vast majority of...
Letter (continued from page 1)

etc. as they become known and available.

2. Refer arthritics to knowledgeable health professionals.


Our goal, to get folks well!

I want to invite all Californians to contact me at The Arthritis Trust of America, California, 21330 Parthenia St., Apt. 101, Canoga Park, CA 91304. Together, we can make an enormous difference in the lives of arthritics!

I’m excited to realize we are at the point where the combining of conventional medicine with alternative medicine will provide us with better medicine for you and I into the future.

J.D. Allen
Still Alive and Doing Well!!!

We are truly proud and grateful to have J.D. Allen with us, as our very first chapter head. In his introductory article, he could have dwelt on the promising career forsaken, or his aches and pains, and limited financial straits. No! Instead he described our common experience with traditional medicine, and he told us of a dream that should belong to us all. He’ll be breaking new ground, becoming the first non-profit foundation to raise funds for the purpose of helping those who cannot otherwise afford treatment that cures. Contact J.D. Give him every support possible!

Bequests

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 Trust of America/The Rheumatoid Disease Foundation.

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

All contributions to The Arthritis Trust of America/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!

The Art of Getting Well

The World’s Greatest Medical Discovery
by George E. Meinig, D.D.S., F.A.C.D.

If you heard there was a source of disease which caused literally hundreds of different illnesses, wouldn’t you think that would be one of the world’s greatest medical discoveries?

What will be your reaction when you learn this phenomenal work has been covered up and buried for over 70 years? Be prepared for a series of shocks. Just such a wide assortment of diseases were found and proven to come from focal infections present in infected teeth, jaws and tonsils. While these degenerative diseases could come from almost any oral infection, a high percentage come from bacteria that remain locked in root canal filled teeth. No doubt your first reaction to these words will be — what kind of crazy man is this Dr. George to make such statements!

Stay with me for a few moments. It will be to your advantage to learn what this unfortunate cover-up is all about. It will be helpful for you to know that I was one of the 19 dentists who started the Root Canal Association now known as the American Association of Endodontists (AAE). My love affair with trying to save teeth led to graduate studies about root canal therapy from Professor Edgar Coolidge, foremost root canal researcher and teacher of the subject in the world. He was my first mentor in the field of dentistry.

It was also my good fortune to be one of the six members of his study and teaching group. Keep in mind at that time, very few dentists did root canal therapy. In fact some dental schools didn’t even teach the subject.

To spread the word, Dr. Coolidge arranged for our study group to be guest speakers at numerous dental meetings. Those efforts, and those of the AAE, has resulted in some 20 million root canals now being treated each year. In my general, holistic practice of 47 years — I did several thousand.

Four years ago I learned there had been a 25 year research program which covered all phases of root canal treatment. This was no small program; 5,000 animals were used and it was directed by Dental Research Specialist, Weston A. Price, D.D.S., M.S. The last ten years was conducted under the auspices of the American Dental Association and its Research Institute. That Research Institute was governed by 60 of the nation’s leading medical and dental scientists.

All of those thousands of studies and experiments were documented in two large volumes containing 1,174 pages and in more than 25 articles which can be found in the dental and medical literature.

A vast array of discoveries were forthcoming from that extensive and meticulous research which found many root canal therapy common beliefs of dentists and endodontists to be false. The most startling one clearly and emphatically demonstrated with 5,000 animal studies, that root canal filled teeth always remain infected no matter how good they look or how good they feel.

You can readily see after 47 years of practice, upon learning about all of the conclusive evidence of this discovery why I was in more of a shock than you. How in the world could it be that these vital and important revelations have been kept from the entire dental...
Our last two newsletters featured Drs. Broda Barnes’ and E. Denis Wilson’s views on the importance of thyroid functioning for sixty diseases, among which can be found some forms of arthritis.

Jonathan V. Wright, M.D., who is a practicing physician (Kent, Washington) featured in our June 1993 newsletter, is a consultant for Meridian Valley Clinical Laboratory and also president of the National Health Federation.

Nutrition & Healing, a most interesting newsletter, is written by Jonathan V. Wright, M.D. and Alan R. Gaby, M.D., available c/o Publishers Mgt. Corp., PO Box 84909, Phoenix, AZ 85071. Highly recommended by this foundation.

Dr. Wright writes, “For years, I’ve been bugging Meridian Labs to put out an accurate, inexpensive thyroid panel including Thyroid Stimulating Hormone (TSH), Thyroxine (T₄), Liothyronine (T₃), and Reverse Liothyronine (RT₃). They’ve finally done it, and for [only] $85!”

Insensitive thyroid utilization may not be reflected by normal thyroid glandular tests. One of the problems that was faced by those who use the E. Denis Wilson, M.D. program to help patients in an attempt to reverse their thyroid utilization (hypothyroidism) was the lack of any definitive Reverse Liothyronine (RT₃) blood test. And so an extensive series of accurate temperature measurements was required by the patient for implementation of Wilson’s recommended treatment.

This new laboratory test when used properly may prove to be a major clinical indicator, as the amount of Reverse Liothyronine (RT₃) produced by our cells determines our temperature (metabolism), and our bodily temperature determines how well tens of thousands of essential enzymes function, and those enzymes determine the health of our cells, organs, systems, and overall bodily processes.

Before asking your doctor to obtain this new test, they should read Wilson’s Syndrome. The book is available through this foundation for a tax-exempt donation of $25.

Meridian Valley Clinical Laboratory requests that your doctor “draw blood in a Serum Separator Tube (SST) and allow it to clot for 20 minutes, then centrifuge it for at least 10 minutes. The serum should then be poured into a transfer tube. A minimum of 3.0 ml of serum is required. It should be frozen and shipped via Overnight Mail in a prepaid kit. Monday through Thursday delivery only,” they advise.

Meridian Valley Clinical Laboratory can be contacted at 515 W. Harrison Street, Ste. #9, Kent, WA 98032; (800) 234-6825; fax (206) 859-1135.

Dr. Newnham was the discoverer of the deficiency in boron in soils throughout the world, and its importance in relieving arthritis. His book Away With Arthritis, and his paper, Boron and Arthritis, have long been popular through this foundation. His boron deficiency discoveries have been seized upon by various nutrition supplement suppliers, but not always in the form that provided results during scientific studies. Dr. Newnham has long been one of our favorite referral physicians.

Dr. Newnham writes, “I have just been reading through your last newsletter again (see Summer 1996 &Winter 1997-97) and the idea of hypothyroidism being a contributor to arthritic conditions makes good sense. There must be several factors like this that all make up a very complex situation.”

“Another contributing factor was recently proposed by an English doctor, namely John Mansfield. I went to see him and we had a good talk. He is sure that allergies cause arthritis, and these can be dietary or environmental. He is sure that about 90% of all arthritis is caused by some allergy and if this can be identified and corrected then the arthritis subsides. Now there are neutralization methods used to correct these allergies that use very dilute solutions of the allergen.”

“As a result of our conversation he is trying my boron tablets on some patients as it is possible that they would help other allergies, such as asthma. There are no results yet. In plants boron works by making the cell membrane more permeable to other ions. If histamine is one of those other ions then we are on the way to finding how these work.”

“Now when we also consider hypothyroidism we realize that many enzymes are not working properly and that could be the way in which an allergen is not properly corrected, or it could also be the way in which histamine or some other substance cannot get through certain cell membranes, and so we get the symptoms of arthritis.”

“It is also interesting that boron seems to work through the parathyroid glands and if the thyroid is under functioning then the parathyroid could also be not working optimally. Boron has about 95% efficacy. All these three factors — boron, allergens, and hypothyroidism must be seen to work together. Maybe we need the enzymes to control the allergens, and we may need boron to supply some of the enzymes and make the cells permeable to both enzymes and other substances.”

Dear Sirs:
On behalf of my son (who is now 17) I am requesting any information you can send about rheumatoid disease, especially arthritis.

The traditional medical approach has not provided a cure or even a long-term benefit and I have been repeatedly told that diet has no effect, despite the fact that diet has had the most profound effect of any applications.

I am no longer willing to be uninformed as specialists prescribe more and more invasive therapies (drug therapies with ever more dire side effects). It is my hope that I can get more education from your literature.

S.Z.

That’s precisely the purpose of our literature — to teach! And to provide safe alternatives!
profession for over 70 years? During the last four years I have probably talked to two or three thousand dentists and have found only one who knew about Dr. Price’s great discoveries.

While I knew from Dr. Coolidge’s teaching that infections could be present in the lateral canals of teeth even if they appeared normal on x-ray pictures, I had no knowledge that the infection problem was so immense.

Let me get right to the heart of the problem. To do so requires that you have a little knowledge about the anatomy of a tooth. The crown of a tooth, I am sure you know, is covered by a little less than 1/4 inch of enamel. The root with 1/8 of an inch of cementum. All of the rest of the tooth (over 90 percent of it) is composed of what is called dentin.

Though the dentin is almost as hard as enamel, it is composed of tiny tubules measuring 1.5 microns, which is smaller in size than the thickness of a sheet of paper. In the normal, healthy tooth, these tubules are filled with a liquid which contains nutrients.

Running through the center of the tooth is the root canal. Everyone knows it contains a nerve. Many are not aware that it also contains an artery, vein, and other tissue. As the blood flows through the artery every day and night, it drops nutrients into the fluid in each of those dentin tubules — the same way blood vessels drop nutrients into each cell of the body. The nutrients present in those tubules travel to all parts of the tooth. That is the real hidden secret about what keeps teeth alive and healthy.

When we get a small cavity in a tooth which is just breaking through the enamel into the dentin, the bacteria that are part of the decay process, get into the tubules in the vicinity of the decay area. Dentists in cleaning out the decay quite readily stop the process.

The problem arises when the person doesn’t go to their dentist regularly and that tiny cavity becomes a deep one. Once the decay gets so deep that it penetrates into the root canal itself, the bacteria present in the decayed tooth substance enter the canal and quickly travel down to the end and then out of the apex of the root into the surrounding bone. Along the way, they spy those dentin tubules and their nutrient food content.

They find those tubules are excellent new home sites. Herein lies the problem. Dentists, in doing root canal treatment, feel they adequately kill the bacteria that are present, but are unaware that the medications they use cannot penetrate into those tiny tubules far enough to kill them. Most dentists are entirely unaware of the bacteria in the tubules, and the fact that hundreds of experiments showed not a single one of over 100 commonly used disinfectants could penetrate those tubules.

When we confront dentists with these facts they often will say, “So what? When we place the root canal filling, the organisms will die off.” Here again their opinion is incorrect as they are unaware that these bacteria are polymorphic, which means they can mutate and change form and are able to actually live under the most severe, adverse conditions.

Undaunted, your dentist will now say, “What difference does it make? The germs can’t escape because the root canal filling blocks them out”. That too is untrue, as the bacteria can readily escape from the lateral, accessory root canals present in all teeth. Not only that, the toxins formed by bacteria can escape right through the cementum of the tooth. In another series of intelligent experiments, Dr. Price showed that the hard cementum outer covering of the roots was actually a semi-permeable membrane. That means liquid substances like bacteria toxins could travel right through the cementum and escape into the periodontal membrane which holds the tooth in its bony socket. It is that membrane which attaches the tooth to the jaw bone and keeps teeth from falling out.

The peridontal membrane is a hard fibrous tissue but it has a blood supply and the bacteria and their toxins now infect it. From there, the organisms and their toxins have easy access into the surrounding jaw bone and its blood supply. It is similar to cells breaking away from a cancer lesion and metastasizing and setting up a new cancer some other place in the body. These bacteria from teeth and their toxins also metastasize via the blood stream. In their travels when they find a gland, organ or body tissue that appears attractive, they make it their new home and promptly set up a new infection. This eventually results in a degenerative disease.

Now that you know the source of the problem, let me tell you about how a rabbit revealed the actual devastation that occurs.

Dr. Price had treated a root canal infection for a patient who subsequently developed a severe case of arthritis in her hands and legs. He was well aware that physicians in trying to discover the cause of a disease would isolate the bacteria, grow them in culture, and then inject the organism into animals to see if they could reproduce the disease and subsequently find a cure.

At that particular moment, Dr. Price did not know just where the infection was in the tooth, but in thinking how doctors were discovering the causes of diseases, he thought of a similar way that might lead to an answer. After a little trouble he convinced the patient to let him remove the tooth. He washed and bathed it in a disinfectant. He then made a small buttonhole incision in the skin of the back of a rabbit, inserted the extracted root canal tooth, placed a couple of stitches so it wouldn’t fall out, and returned the animal to its spacious cage and waited developments.

It didn’t take long. In just two days the rabbit’s limbs had developed the same arthritic swelling as that of the patient and in ten days it died from the infection coming from that tooth.

Now, Dr. Price immediately thought of all those patients he had who were suffering from heart, kidney, liver, joint disease, eye problems, etc., etc., and he wondered if their root canals were the source of their degenerative health problems. Those who had root canals he suggested their removal and he implanted them under the skin of an animal.

What happened was surprising and unexpected. In the vast majority of cases the animal developed the same disease as the patient and most passed away in from two or three days to a week or two from the infections present in the root canal treated teeth. Different kinds of animals were used: rats, guinea pigs, dogs and monkeys, but it didn’t matter, the same results occurred. They usually used rabbits as they seemed to react a bit more promptly and proved the better choice for such studies.

Early on in his studies Dr. Price made some reports of his research in articles which appeared in medical and dental journals.

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A number of dentists came to him voicing the opinion that any animal would likely get sick and die with an extracted tooth in its body. Dr. Price admitted he didn’t know the answer to that question but he said let’s find out. What he did was to have a group of dentists secure 100 healthy teeth. These were removed for orthodontic proposes, or impacted teeth, none of them had any tooth decay or gum trouble. He placed each single tooth under the skin of a different animal.

Well, not a single one of those 100 animals got sick or died. All lived their normal life span with the tooth under its skin. In a few, their immune systems were strong enough to expel the tooth out through the skin and in a few the tooth dissolved away. They even did bacteriologic studies of the tissue around the imbedded teeth and always found them to be sterile.

It is always a surprise to learn that Dr. Price’s work was buried for over 70 years. Of course, there is the obvious objection of dentists not wanting to lose this part of their income. Actually there were a half dozen or more reasons why his work was covered up and buried. That will have to wait for another time because of space limitations.

I can assure you, hardly a dentist in the country has ever heard about this 25 year extensive and meticulous research program. The Endodontic Association says they teach about Dr. Price in dental schools, but it is strange I never find any dentists who have ever heard about it.

The AAE isn’t very happy with me exposing this cover-up and they claim the focal infection theory was proven false years ago, but so many investigators have proven the accuracy of the theory, that it is unbelievable they stick to that old claim that helped bury Dr. Price’s work. That story too will need to wait for another day.

I had hoped by now they would set up research to investigate the bacteria in the dentin tubules as these infections prove to be so devastating. The AAE has numbers of research projects but they have not as yet faced this critical issue.

If you have a root canal or been told you need one, your best approach is to learn all you can about this subject. You can obtain a copy of Root Canal Cover-Up from this foundation’s publication list by making a tax-exempt donation of $20. It is written in lay language and covers the major issues covered in Dr. Price’s two volumes of 1,174 pages of documentation. Even if you don’t have a root canal treated tooth it is worthwhile to learn about what is taking place in so many people and how these degenerative diseases can be prevented.

An extracted tooth can cause the same problems as the infected root canal. The executive director of this foundation found that he had sustained a 50 year long, hidden, unknown infection in upper and lower gums from having had teeth extracted 50 years ago via the Veteran’s Administration.

Also a word of caution: as with the problems of mercury poisoning from mercury amalgam fillings in teeth (another sad story to be told), it’s not easy to find a “biological dentist” trained in its safe removal. Removing mercury amalgams in the wrong manner can result in more harm than the mercury fillings to be replaced.

A specially trained and knowledgeable dentist (biological dentist) can use non-invasive means to determine the source of root canal or tooth extraction infection, after which surgery may be required accompanied by proper sterilization techniques. Even then, follow-up checks may be required. The Price-Pottenger Nutrition Foundation, PO Box 2614, Las Mesa, CA 91943-2614; (619) 574-7763 may help you find your nearest biological dentist. Sad to say, as critical and important as a biological dentist is to achieving wellness, it’s been the editor’s experience that they are usually few and far from our home stations.

Since the discovery of penicillin and antibiotics, root canal specialists and some physicians have come to believe infections resulting from tooth extractions, root canal work, tonsillectomies, and adenoidectomies no longer cause diseases in other parts of the body. They incorrectly claim that long-standing focal infections are a thing of the past. Most disturbing is their failure to accept the existence of the pleomorphic (shape/structure changing) bacteria that become trapped inside the dentin tubules which make up 90 percent of the structure of teeth. Added to that fact is the inability of antibiotics and other medicaments to be able to get at and kill these organisms.

Extensive research studies in which 5,000 animals took part, clearly demonstrate how these bacteria, or their toxins, escape into the circulation of the tooth’s surrounding bony socket, and how these organisms are responsible for a high percentage of the chronic and degenerative disease conditions that are so epidemic in America today.

Confusing the issue is the fact that twenty-five percent of individuals who have root canal fillings (or tooth extractions) are free from trouble for extended periods of time. These are individuals who have excellent health and exceptionally good immune systems.

This group’s freedom from side effects unfortunately has led many root canal specialists to believe their treatment of infected teeth is always successful and can cause no harm.

On the other side are the 75 percent whose immune systems have been compromised by illnesses, accidents, poor nutrition, stress, etc. This group develop a variety of conditions which end up in their going from doctor to doctor, in desperate attempts to find the cause of their problems. A high percentage of these cases are due to the bacteria coming from their root canal filled teeth, or from tooth extractions, or other foci of infection. Once confronted with root canals, or teeth extractions, being a possible source of their illnesses, these patients often recall their health problems seemed to start right after the root canal treatment or tooth extraction took place. When these infected gums are properly sterilized, many find their illnesses disappear.

To visualize what happens, picture the bacteria trapped in the dentin tubules; see them mutate and become more virulent and their toxins more toxic. In their escape into the blood circulation of the tooth’s socket, these bacteria, like cancer cells, metastasize to other parts of the body. As they migrate, they infect the heart, kidneys, joints, nervous system, brain, eyes — and can endanger pregnant women and in fact may infect any organ, gland or other tissue. Invading all of these other organs, many different forms of degenerative disease result. This does not mean that the sole cause of the degenerative disease results from root canal infection, but that a major source of the cause results from that source.

The Root Canal Cover-up book compiled and written by George E. Meinig, D.D.S., F.A.C.D., provides the public and health professionals with their first real look at the serious illnesses that can arise as a result of root canal therapy or tooth extractions.

— Editor
health professionals graduating from the standard medical school. A successful farmer knows with a certainty — a certainty upon which his family’s welfare relies — that unless he feeds his cattle, chickens, hogs, sheep, and so forth the very best nutrients, their market value will be low, and his income accordingly will suffer. Unfortunately few American farmers have learned to apply this same philosophy to their plant kingdom crops, as they seem to be stuck in the limited nitrogen/phosphorus “fertilizer” cycle, along with the use of hybrids that produce large, healthy-appearing vegetation with lopsided nutrient values or without a whole lot of nourishing qualities.

Most religions teach that man is both spirit and animal. And while it is most important to nourish the spirit, this can be increasingly difficult without persistently butressing our animal natures with the proper nutrition and nutritional supplements. If not, the spirit may leave the body prematurely.

Everywhere on earth are healthful foods growing wild: insects, worms, nuts, fruits, various vegetation. There’s probably more healthful edible foods growing wild on this planet even today than there is unedible, poisonous food — but neither of us are about to break our childhood conditioning to seek after it. So, what is left?

Well, the closer we can come to the diet of our foraging ancestors, the more healthy we will become. In other words, we need organically grown food free of pesticides, herbicides, and chock full of enzymes, vitamins, minerals, and essential fatty acids. If we were to plant and raise our own gardens, insuring that the soils are balanced and mineral-laden, we’d more than likely need vitamin and mineral supplements.

As it has become increasingly difficult to obtain what our animal natures require, we must do the best we can. After having chosen the very best store products available to us, we must choose wisely in supplementing with various vitamins, minerals, and essential fatty acids — because our foods no longer contain the proper balance or they lack sufficient quantity of these life substances.

Those are just the general principles. A scientific discourse on the proper food baffles the best of physicians, so don’t expect this short article, or even this writer, to provide you with foolproof, complete advice suitable just for you. Each person is genetically different, and each has different requirements, and those are the ingredients that you must learn about with the assistance of a knowledgeable health professional. The “4-food groups” or “6-food groups” recommended by dietitians is nonsense, leaving out the very varying biochemistry that makes you different, or supports your life, and also over-simplifying the nature of the food that must be consumed.

Derrick Lonsdale, M.D. (Why I Left Orthodox Medicine, Hampton Roads Publishing Co., Inc.), describes five patients who are non-genetically related. Each of them are clinically diagnosed as having rheumatoid arthritis, each described as having joint inflammation, pain and swelling. Traditional medicine would attempt to treat each and every one of these five patients the same, but on a nutritional basis, each would require a different approach, depending upon their biochemical needs which must be learned by astute biochemical analysis. Dr. Lonsdale’s nutritional approach also emphasizes that rheumatoid arthritis and related rheumatoid diseases are not a disease of joints, but a disease of the whole body — and we wholeheartedly agree.

There are many who achieve wellness from rheumatoid arthritis, and the other 79 collagen tissue diseases which we call rheumatoid (continued on page 8)
From The Director (continued from page 7)

...diseases, simply by improving their nutritional intake to that which best fits them. I would estimate that about 30% can get well by this means alone. Incidentally, that 30% figure which I’ve dangerously guessed comes from two other sources: (a) professional rheumatologists will have about 30-33% “improvement” rate, no matter what they’ve done to their patients, right or wrong; (b) about 30-33% is the “improvement” rate for traditional rheumatology practices reported in many scientific studies, called the “placebo effect.”

Chose to remove undue stress, and improve nutrition, and you may very well achieve wellness from rheumatoid disease!


Candida albicans, a yeast/fungus, is an organism of opportunity, just as many other microorganisms are. These organisms of opportunity set up shop in our bodies, particularly the intestinal tract, whenever conditions are right. Right conditions are provided by the use of antibiotics, hormones (birth control pills) and other chemicals, exposure to stress, and poor nutrition. A particularly virulent form of candidiasis — the name given to the Candida albicans yeast/fungus infection — is a fungal form that plants itself in the intestinal mucosal membrane, there to grow inward rootlets that penetrate all the way into the blood stream. (See The Yeast Connection, William Crook; The Yeast Syndrome, Morton Walker, D.P.M., John Trowbridge, M.D.; others)

Candidiasis, as will most yeasts, produces either acetaldehyde or alcohol, or both. Acetaldehyde is the metabolite of alcohol, the part of drinking liquors that gives you a hang-over the next morning. This persistent production of acetaldehyde in your intestinal tract passes through and into every organ and bodily system day by day, night by night, placing extreme chemical stress on your cells, organs, and systems. The effects are extreme. In time virtually every degenerative disease condition can be mimicked, including those of rheumatoid arthritis as well as the other 79 so-called “auto-immune” diseases.

Simultaneously, as acetaldehyde is slowly, drastically, affecting your life, the rootlets planted in your mucosa are permitting small molecular particles of food to pass directly into the blood stream without being digested. These particles in your bloodstream are recognized as foreign invaders, and your immune system builds up protection against them, forming what’s called an antigen/antibody complex which is the biochemical beginnings of a food allergy.

The number of food allergies increases over time, and they have some peculiar characteristics: (a) Some food allergies can be spotted as soon as you’ve eaten the substance: headache, nausea, joint pain, depression, lethargy, and so on. (b) Some food allergies require as much as three days from the time you exposed yourself to the food to kick in with headache, nausea, joint pain, depression, lethargy, and so on. This type becomes hard to associate with foods eaten by causal observation, and may require either a valid blood test for allergies or a carefully prepared log of foods eaten compared to daily symptoms (Dr. Braly’s Food Allergy and Nutrition Revolution, James Braly, M.D.).

Just as infestation by Candida albicans can create a huge variety of symptoms, depending upon which tissues are most affected, so can food allergies. And, just as candidiasis can mimic rheumatoid disease, and the other 79 collagen tissue diseases, so can food allergies.

In short, candidiasis produces food allergies, and both of them not only create their own disease symptoms, but both of them can also mimic any of the 80 rheumatoid diseases, including rheumatoid arthritis.

Incidentally, you’re probably not going to want to learn that food allergies behave according to the same biochemical rules as does drug addiction (Warren Levin, et. al., Allergies & Biodetoxification, this Foundation).

Health professionals who have had their patients rid themselves of stress, improve nutrition, and conquer candidiasis and food allergies have cured a high percentage of those afflicted with rheumatoid disease.

This foundation and The Road Back Foundation have historically recommended the use of prescription medicines to halt the progress of rheumatoid arthritis. The Road Back Foundation recommends a series of treatments of minicycline, whereas this foundation has long recommended any one, or combination, of several broad-spectrum anti-microbial drugs.

Both treatments have resulted in remissions or “cures,” from rheumatoid arthritis.

Coupling broad spectrum anti-microbial treatment with treatment for nutrition, candidiasis, and food allergies has consistently resulted in an 80% cure rate since 1982, according to Gus J. Prosch, Jr., M.D. of Birmingham, Alabama. Dr. Prosch has been one of this foundation’s referral physicians since its inception, and is a founding member.


Solving stress may get the arthritic well.

Changing stressful conditions and improving nutrition may get the arthritic well.

Attending to stressful conditions, improving nutrition, reducing candidiasis infestation, and avoiding allergenic foods may get the arthritic well.

And any of these life-style changes may be permanent or temporary, depending upon each individual’s temperament and situation.

But what will surely work? And what will also come closest to returning your body (and youthful spirit) back to an early period when you were free of disease conditions?

According to Lee Cowden, M.D. of Dallas, Texas, various foci of infection are important to remove, but they will not leave completely until accumulated herbicides and pesticides are removed. Herbicides and pesticides will not go completely until mercury is removed.

I don’t want to use this limited space to get involved in a lengthy pro and con as to why each of these factors are so important. That’s what our recommended books and articles do in some detail. I’ll briefly describe the nature of each of the above factors.

a. The U.S. Environmental Protection Agency sets no lower limit for the amount of mercury that is dangerous to health. Dentists who handle mercury must do so under guidelines set by the agency for a very dangerous substance, including the need to dispose of waste scraps in a manner that will not endanger our environment, thus also endanger people.

For some irrational reason, once mercury is placed in fillings of teeth dentists consider it no longer of danger because, they say, it is in an amalgamated form — mixed with other metals — and will not come free.
From The Director (continued from page 8)

This assumption is demonstrably false, and can be easily shown to be false by measuring the percentage of mercury from removed fillings and plotting percentages of remaining mercury against the time the amalgam spent in the mouth. Mercury disappears from the amalgams in a very predictable (linear) manner. The longer in the mouth, the less mercury contained in the filling.

The Swedish Medical Association, after resisting these claims against the danger in the use of mercury fillings and after studying available scientific data, concluded they were wrong, and they publicly apologized to the Swedish public. Sweden, as well as some other countries, are now phasing mercury from dentistry.

The normally staid American Medical Association has declared mercury dangerous, in agreement with the U.S. Environmental Association.

The American Dental Association, however, is so blind, so protective of their trade union, that they have threatened to take the license away from dentists who remove fillings and replace them with a non-dangerous substance.

When mercury is amalgamated with another metal, the filling exists in either an alkaline or an acid environment, the saliva and food mixture in your mouth which changes according to what you eat and when you eat.

Two dissimilar metals in either an alkaline or acid environment form a small battery which, when activated, produces an electric current. Such an electric current is easily measured in each and every metallic filling in your teeth.

The joint effect of all the little batteries in all of your teeth is also measurable as both a current, and also as a persistent source of evaporated mercury in your mouth.

Evaporated mercury combines with organic matter in the mouth to form a mercury/organic compound, which your body accumulates. Over time, your body will accumulate a considerable amount of mercury from your fillings as well as from other sources, such as consumed fish (which seem to accumulate mercury), herbicides and pesticides, additional dangerous environmental stressors surrounding us everywhere, such as the mercury found in disposable baby diapers, cotton balls, cotton swabs, and so on.

According to Hal Huggins, D.D.S. (It's All In Your Head), and other health professionals, here's the two major effects of the use of mercury fillings:

1. Organic mercury tends to accumulate at nerve ganglia where it interferes with the proper functioning of nerve signals. Accumulated mercury in a ganglia in the face — for example — may easily affect operation of a joint in a remote part of the body, causing a form of "arthritis." The proof is that when the organic mercury is removed from the ganglia in the face, the pain in the joint stops immediately, and the joint begins to heal and function properly.

2. Organic mercury forms small pockets or envelopes in various tissues of the body within which foreign microorganisms set up shop. These are usually mutated, anaerobic (live without oxygen) forms of organisms. When our macrophages and leucocytes try to attack these foreign organisms as they're supposed to do, they are prevented from entering the pocket by the mercury.

Thus, the foreign organisms continue to thrive, producing toxins (microbial waste products) which, if our human tissues are not already sensitive to the toxins, will, for the arthritic-prone, probably become sensitive to them before long. The daily production of toxins, and their distribution throughout the tissues, organs, and systems of our body are what produce the various disease symptoms that are then classified as one of the 80 so-called "auto-immune" diseases.

The red coloring matter used to produce partial dentures and full dentures are usually made of a mercuric substance. This mercury also leaches out over time, continuing our accumulation of dangerous mercury. A clear flexite denture is recommended by Lee Cowden, M.D. of Dallas, Texas.

I was shocked when I talked to one manufacturer of denture plastic who told me he used cadmium to help keep the red (mercury) from leaching out.

Yea Gad! Cadmium is as dangerous as the mercury, and a major problem for the environment in keeping cadmium from leaching into our soils and water systems especially from disposal of cadmium batteries.

The problem of obtaining dentures made from a clear flexite material has proved difficult, but was finally solved with the help of Lee Cowden, M.D.

b. Extracted teeth and root canal surgery are extremely large sources of persistent infections that create degenerative diseases, including the various arthritides. (Arthritides refers to all forms of arthritis.)

George E. Meinig, D.D.S. (Root Canal Cover-Up) reports on the work of Weston Price, D.D.S., who, under the auspices of the American Dental Association, headed studies performed by 60 top-ranking medical scientists from very prestigious medical and dental institutions.

Whenever a tooth is extracted, or root canal work has been performed, the muscular tissue in the socket is usually left in place, and the dentist makes an assumption that the use of antibiotics will penetrate this tough tissue killing any microorganisms that may be present after the surgery.

The assumption is demonstrably false.

Streptococcus feci, or any one of hundreds of viruses, bacteria or mycoplasmas, will find themselves in these open sockets during surgery. Within the apparently healed gums, microorganisms that thrive in oxygen in the mouth (aerobic) will mutate to a type that thrives without oxygen inside the tooth socket (anaerobic).

Only 10% of those infected in the gums will have sore or sensitive gums, and will ever suspect that something is wrong.

I had all of my teeth removed 50 years ago, and I argued loud and long (continued on page 10)
with those who insisted that I have my teeth checked for a focus of infection. After all, I had no root canals performed, and my gums felt normal! Burton Goldberg (Alternative Medicine: The Definitive Guide) insisted, and so more to oblige him than because I believed, I had several non-invasive tests made, and two blood tests.

Two kinds of non-invasive tests are effective in making such a determination: (1) kinesthesiology, or (2) a computron, or dermatron (Electro-Acupuncture according to Voll), a device that sends a small amount of current along an acupuncture meridian and, by reading the resulting effect, one can determine if foreign invaders are involved, often what species.

Each blood test confirmed the presence of a mycoplasma, one also inferring the presence of an associated virus.

When I finally placed myself under the care of a biological dentist, his computron reported that I had the presence of both a mycoplasma and a virus throughout my upper and lower gums, also naming the organism’s species. I still did not believe or accept, but I did permit the cutting of a small portion of my gums as a final determination.

Lo! A greyish mass was present. We found this evidence of infestation, throughout the top and bottom along my whole gum line — a fifty-year-long unsuspected focus of infection. These were laser sterilized and cleansed with hydrogen peroxide injections.

Later a nerve ganglia that could not be cut into by the biological dentist was also cleansed of infection by a medical doctor with appropriate techniques, as were other nerve ganglia containing mercury in other parts of my body.

According to Dr. Meinig, so long as the immune system is young, and functioning properly, these toxins and foreign invaders are properly handled. Once we age, as do our systems, the immune functions become slowly overwhelmed, and the various degenerative diseases set in.

By the way. None of this kind of dentistry should be attempted without a biological dentist (or detoxification dentist). They are few in number, and not easy to find. The untrained, normal dentist not only will not believe, but even if willing to remove mercury or cleanse foci of infection, they are likely to leave you worse off when you began. Especially dangerous is the possibility of accumulating more mercury in your system than you had before amalgam replacement with a neutral filling. Specialized techniques and training are necessary!

There are cases on record where once the mercury has been removed, and the foci of infection cleared up, arthritis has totally disappeared without further treatment.

There are also cases where obvious health improvement has been obtained, but the arthritis has not cleared. Reason: Stress, nutrition, candidiasis, food allergies, and additional problems to be discussed in the following.

c. Additional foci of infections may result from improper sterilization after adniodectomies or tonsilectomies, according to Dr. Meinig.

What’s happened to this information, about the dangers of mercury, gum infection after extracted teeth and root canal surgery, and possible storage of infectious microorganisms after adniodectomies and tonsilectomies?

Why hasn’t the public — or the arthritic — been told of it?

Although the important medical research was initially sponsored by the American Dental Association, when I asked my dentist about his knowledge of these fantastic, long-term, definitive research works, he shook his head, saying, “No, I’ve never heard of them! They never taught us this in dentistry school.”

I gave him copies of Meinig’s and Huggins’ books.

Like so many important medical discoveries, the knowledge got buried by mean-spirited, closed-minded, suppressive personalities — or people with vested interests.

Initial research records are stored in the American Dental Association archives, and in the Price-Pottenger Nutrition Foundation (PO Box 2614, La Mesa, California 91943-2614).

d. Pesticides and herbicides surround us everywhere. It is as though we live in a sea of these dangerous, man-made substances. The initial idea was to kill pests (insects, rodents, etc.) or to kill weeds that are undesirable in our farm acres, so that we could produce more. The same mind-set led to the use of antibiotics which, at first glance, appears to be a miraculous use of nature’s own means of limiting undesirable microbes.

However, what has happened is this: insects, microorganisms, and even so-called weeds adapt — usually faster than we do. One surviving microbe, for example, can breed a generation of descendents that not only cannot be killed by the chemical or antibiotic that killed its forebearers, but thrives on it instead, and so another chemical or antibiotic must be manufactured against this new generation.

And so it goes, until there is hardly anything that can be used against these adaptable organisms that is not also dangerous to the cells of man.

Dangerous pesticides and herbicides have also become extremely widespread: winds spread the chemicals to our shores as does wave; and even traffic from country to country by car, ship, plane, and feet which all spread these deadly man-made chemicals.

There is little water, whether city conditioned, or well-water, stream, ocean, or lake, that does not contain these dangerous substances, just as there is little produce that reaches our markets that do not contain them.

(continued on page 11)
There are many ways to detoxify herbicides, pesticides, and other chemicals from the body, among which are (1) 3-1/2 to 4 weeks of sweat sauna with 140°-180°F, with replacement vitamins, minerals and essential fatty acids (Church of Scientology); (2) use of body soaks with special preparations, including dry scrubbing, et al. (3) specially prepared herbs and homeopathic remedies, and so on.

Primary, however, and according to Lee Cowden, M.D., is to get rid of the accumulated organic mercury compounds.

e. Getting rid of parasites, including yeast, amoebae, mycoplasmas, bacteria, viruses, worms, et al. may require a number of different treatments over more or less time periods. Lee Cowden, M.D., for example, may recommend ozone colonics, especially the kind that can be used in one’s own home. An ozone machine (to prepare ozonated water) is purchased and used in the home for about 20 minutes in a number of gallons of water, after which, and with the prior preparation of a colostrum system and training on the method, one injects the prepared ozonated water into the lower colon. Dr. Cowden’s rule of thumb is that for each 20 years of life it requires about 1 week of such treatment, twice daily, along with other special dietary factors.

Bernard Jensen, D.C., Ph.D. (Tissue Cleansing Through Bowel Management) describes other effective methods, as does Sherry Rogers, M.D. (Wellness Against All Odds, Prestige Publishers), and Louis J. Marx, M.D. (Healing Dimensions of Herbal Medicine), may provide specific herbal formulations for specific as well as general conditions.

Removing undue stress, satisfying individual nutritional requirements, detoxifying mercury, pesticides and herbicides, treating candidiasis and food allergies, killing undesirable parasites via prescription drugs, and removing the thickened intestinal lining which harbors parasites, microorganisms, and worms will surely restore health with the vast majority.

Possible Layer Level 5 Toward Wellness: Necessary Individualized Treatments

There is another level which might be required of certain individuals to optimize their health, and that is specialized individualized treatments — whatever treatment is necessary for the specific person. For example: a person who has diabetes may very well have a kind that William H. Philpott, M.D. of Choctaw, Oklahoma has identified as being caused by allergies to certain widespread foods. The beta cells in the pancreas swell because of the allergy, thus preventing the body from receiving necessary insulin. I’ve known folks who, on talking with Dr. Philpott, have tried his allergy recommendations and subsequently have become free of insulin shots thereafter.

Whether or not the type of diabetes is from food allergy, any diabetic can benefit from chelation therapy, a method of improving blood circulation in 80% of the peripheral (extremities) circulation. Such improvement in blood circulation is always accompanied by improved nutritional support for each individual cell, and thus improves ability to heal.

In fact, the use of chelation therapy can very well eliminate the need for by-pass surgery, one of those very costly, mostly ineffective standard, obsolete, medical treatments.

As each individual differs greatly from others both in genetics, past nutritional intake, stress, and other important modifiers of our biology, only a trained health professional can determine whether or not Level Five is necessary, and in most cases, while not necessary, may be desirable.

Level Four Toward Wellness (and possibly Level 5) is such an important step, especially when combined with levels 1 through 3, there’s virtual certainty that when properly, implemented every (100%) arthritic will achieve wellness. But this doesn’t mean that all of the damage to joints and other body systems will necessarily be reversed. Special treatments may be necessary for these damaged, irreversible problems.

I’ll promise much more!

Not just those suffering from rheumatoid arthritis, not just those suffering from rheumatoid disease (the whole 80 of them), but also a large portion of anyone who suffer from many so-called degenerative disease will achieve wellness.

I knowingly include many forms of cancer among the promised wellnesses. You see, I’ve sort of stuck up on you! I started by describing simple levels of healing strategies just for rheumatoid arthritis, and arrived at a level that will heal almost everything, so common are the causes, and so basic are the common physiological conditions.

The Catch

Implementing the above recommendations can be a serious problem. Although our physician list contains many doctors knowledgeable in one or more of the preceding treatment programs, there are few, indeed, knowledgeable in all of them.

Finding a biological dentist in your geographical region, as has been mentioned, can be a pain in the tail. The Price-Pottenger Nutrition Foundation (PO Box 2614, La Mesa, CA 91943-2614) has a listing of biological dentists.

Finding a compatible physician or dentist may take some time, and may also require you to search throughout the country, or even out of the country. Some procedures can be accomplished only at the risk of the professionals’ license, in some states, and some medical procedures (such as colonics) can be best done by yourself, in your own home after proper training. Some, of course, may be best with your family physician.

Thus it is — with all the many implementation problems — that we highly recommend that you begin learning. Learning is what our publications and books are about. When you’ve studied the variety of aspects to getting well, you can decide for yourself how much expenditure of time and effort you will make to heal yourself.

Some things you’ll do yourself, based on the knowledge we’ve provided you.

Some treatments will require guidance by a knowing health professional.

Some treatments will require full attendance by a knowable health professional. Some treatments can only be found a long way from your home.

Still, your best bet is to begin by ordering books and materials from us and elsewhere. All books mentioned in this article are available from us, except those which show the publishers name.

Study, and decide!

Only you can get you well!

Have you mailed us your annual membership fee of $25?

Your membership fee helps us to help others, and entitles you to our newsletter!
Who Is Looking After Our Children?
(A Guide for parents to protect their children from toxic substances)
by Harold Buttram, M.D. and Richard Piccola
Paperback 169 pages; $18 donation to this foundation

There is at present an ominous trend of deteriorating health among American children. Allergic disorders such as asthma are rapidly increasing both in frequency and severity. Common respiratory and ear infections are increasing on a scale unknown in earlier generations, as indicated by the large numbers of children requiring frequent or prolonged use of antibiotics. Perhaps most ominous of all for our society is the rapid increase of conditions such as autism, the attention deficit hyperactive disorder (ADHD), of learning disabilities among children, and of violence among juveniles.

It is true that the present breakdown of the family institution is playing a major role, but there is another underlying cause of which few seem to be aware, and that is the flood of potentially toxic, brain-damaging chemicals in air, food and water in today’s environment. Much credit is due to the prestigious National Research Council, the official scientific advisory body to the federal government, for sponsoring a series of books dealing with this subject. About 70,000 chemicals are now used in commerce, of which several hundred are known to be neurotoxic. However, except for pharmaceuticals, less than 10% have been tested for neurotoxicity, and among these only a handful have been tested thoroughly. Children have been estimated to be up to 10 times more vulnerable to toxic chemicals than adults. One of the earliest signs of chemical toxicity may be that of behavioral disorders. The story of Jekyll and Hyde by Robert Louis Stevenson may have been prophetic of our modern times, foretelling potentially adverse effects of chemicals on the human personality.

Given these facts, one of the greatest needs of our times is for simple and understandable guidelines for parents to protect their children from toxic substances. I believe that the book, Who Is Looking After Our Children?, provides this guidance.

Written primarily for parents and families, the message is concise, direct, and comprehensive. It covers major sources of potentially toxic chemicals along with, in the opinion of many, areas of overuse of medications in the medical field. Many years of experience had convinced the authors that parents commonly are not aware of the dangers of toxic substances to their children, and even when they are aware, they do not know how to avoid them.

Subjects reviewed in the book include preconception care, nutrition, chemical food additives, volatile organic compounds, toxic metals, fluoridation, overuse of antibiotics, childhood immunization programs, prenatal influences (the effects of the thoughts and feelings of the mother on the baby-to-be), and others. The book is written primarily from the standpoint of the children, since they cannot speak for themselves.

References:
3. In a presentation by Sudhir Gupta, M.D., Ph.D., Professor of Medicine at the University of California at Irvine, given at Autism Research Institute seminar in Chicago, June 15-16, 1966, Dr. Gupta cited the current estimate of autism in the USA as 400,000 children. This is in contrast to an incidence of 1 or 2 children in 10,000 births in earlier times.
5. Youthful rage on the rise, (violent crime by children up 228% over 5 years in Bucks County), by Michael Y. York, The Intelligencer (newspaper), Doylestown, Pennsylvania, July 1, 1996.