

THE RHEUMATOID DISEASE FOUNDATION

RT. 4, BOX 137, FRANKLIN, TN 37084 / (615) 646-1030

August 18, 1986

PERRY A. CHAPDELAINE, SR.
Executive Director/Secretary

Wayne Martin
PO Box 1133
Fairhope, Al 36533

Dear Wayne:

It is not unusual to fail with metronidazole, and especially the second or third time. Most of the time the reason is lack of appropriate intestinal microflora, the new recommendation hereby attached.

However, with long-term cortico-steroids, the percentage of success drops to about 50% -- and presumably one always finds many other factors involved, such as hormonal imbalances, Candidiasis, and so on.

Our treatment is damn near 100% successful with the patient who just acquires RD, and is in a flare-up, and has not been ruined by practicing rheumatologists with their damaging treatments.

Intra-neural injections for those in long-time RD is an absolute must, because of two reasons: (1) the inflammatory responses can continue beyond halting of the disease process, for various and many reasons, (2) there is some evidence from the use of the intra-neurals that some of the continuing inflammatory response is from nerve damage that must be repaired. In any case, EDTA therapy is, I think, one of the primary needs of long-time RD victims, and also in vitro as well as in vivo, quickly quenches much of the sustained inflammatory responses while also assisting the body to repair itself.

Also, if the first course of metronidazole and allopurinol do not work, it is far best to rotate to another, and then another, meanwhile also solving the Candida albicans, nutritional, EDTA, and other allied problems.

I greatly appreciate your articles and the way you solved the Australian's problem. If you don't mind, I will reproduce your letter for our P & S and Board.

By the by: how about calling me either above, or at home? Home is same area code, 646-1092.

Cordially,

Perry A. Chapdelaine, Sr.

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

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