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®

History of The Roger Wyburn-Mason and Jack M. Blount Foundation for Eradication of Rheumatoid Disease

(AKA The Arthritis Trust of America or The Rheumatoid Disease Foundation)

by Perry A. Chapdelaine, Sr.
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Introduction

Our research started before the Roger Wyburn-Mason and Jack M. Blount Foundation for Eradication of Rheumatoid Disease was chartered in the State of Tennessee in 1982.

Professor Roger Wyburn-Mason, M.D., Ph.D. -- author of several important medical textbooks and a renown specialist in nerve diseases, honored by having two nerve diseases named after him during his lifetime -- along with Vice Admiral Stamm, a world-class protozoologist -- came to the conclusion from their experimental work that a common *Limax amoeba* was responsible for about 100 differently named collagen tissue diseases, including Rheumatoid Arthritis, Scleroderma, Psoriasis, and many other named diseases. All of these we now call "Rheumatoid Diseases."

Wyburn-Mason and Stamm were probably wrong when identifying the particular amoeba, *Limax*, for reasons our later research uncovered, but the treatment protocol developed from Wyburn-Mason's hypothesis -- that an organism infecting all systems in the human body for a person who has a genetic susceptibility for that organism, causes collagen tissue diseases -- serendipitously determined the very first medical treatment regimen to consistently and favorably affect the progress of Rheumatoid Diseases. (See "The Roger Wyburn-Mason M.D., Ph.D. Treatment for Rheumatoid Disease," <http://www.arthritis-trust.org>.)

Thomas McPherson Brown, M.D., of course, is owed a great deal for his research in uncovering the probable role of mycoplasma in Rheumatoid Disease, and also in developing a successful treatment.

From the 1970's onward Professor Roger Wyburn-Mason experimented with different chemicals that would cure Rheumatoid Arthritis and related collagen tissue diseases. He developed the medical use of copper solutions, bile, and other drugs that were not easy to take, being somewhat toxic, but did have an effect on the disease; and he finally settled on the use of clotrimazole, tinidazole, ornidazole, nimorazole, allopurinol, rifampicin, potassium para amino benzoate and furazolidone.

Professor Roger Wyburn-Mason's research, summarized in 1976-1977, was originally published under the title of *The Causation of Rheumatoid Disease and Many Human Cancers* in March 1978 in an expensive, limited hardcover edition, in Japan, and then summarized in a *Precis and Addenda* titled the same name as his book by this foundation in 1983. Both publications are available through

**Robert Bingham, M.D. and
Jack M. Blount, M.D.**

Robert Bingham, M.D., an orthopedic surgeon from California, who had devoted his life to the problems of crippled children, and later crippled adults, visited Professor Roger Wyburn-Mason in England, and thereafter tried Wyburn-Mason's treatment with a great deal of clinical success. He wrote up Wyburn-Mason's hypothesis in *Orthopedic Review* and *Modern Medicine*, an article that was subsequently read by Jack M. Blount, M.D., a Philadelphia, MS physician who had had crippling Rheumatoid Arthritis all of his adult life.

New Discoveries

Dr. Blount was bed-ridden, drug- and alcohol-ridden, and no longer practicing medicine because of the scourges of Rheumatoid Arthritis.

On reading Dr. Bingham's article, Dr. Blount tried to locate some of the recommended drugs -- especially Clotrimazole -- but no drug company would sell them to him in the United States at that time. Jack Blount, therefore, on reading through the chemical structure of many different drugs, discovered that Metronidazole was related to Wyburn-Mason's Clotrimazole, Ornidazole, Nimorazole and Tinidazole, a class of compounds called the 5-nitroimidazoles.

Dr. Blount got himself and some older patients well on using Metronidazole, and thereafter reopened his medical clinic, where he became known throughout the United States for treating and bringing great relief -- often permanent relief -- to more than 17,000 patients, including the Executive Director/Secretary of this Foundation. (See "Rheumatoid Arthritis: Two Case Histories," <http://www.arthritis-trust.org>.)

Later Robert Bingham, M.D., through his clinical work, added diiodohydroxyquinon to the list of possibly effective medicines,

Seldon Nelson, D.O. developed and was able to utilize resin-coated copper ions, which was also added to our recommended treatment protocol. (See "The Use of Ionic Copper in the Treatment of Arthritis," <http://www.arthritis-trust.org>.)

Amoebic Research

The Rheumatoid Disease Foundation/AKA The Arthritis Trust of America was founded by Branch Own Adkerson, M.A., Frederick H. Binford, M.A., Robert Bingham, M.D., Jack M. Blount, M.D., Milas Brandon, M.D., Warren B. Causey, Perry A. Chapdelaine, Sr., M.A., E. Harrison Clark, Ph.D., Terry Crommelin, George Hay, H.P.A., Robert Kemp, Gus J. Prosch, Jr., M.D., Dr. Paul Pybus (South Africa: a surgeon and former student of Roger Wyburn-Mason's), Carl J. Reich, M.D., research pharmacologist John R.A. Simoons, Ph.D., Don Vansant, Eugene S. Wolcott, M.D., and Roger Wyburn-Mason, M.D., Ph.D.

As the treatment for various forms of collagen tissue diseases developed by Roger Wyburn-Mason worked in a high percentage of cases -- as high as 80% according to the records of some doctors, providing the patient had not already had their immunological system ruined by traditional treatments, in which case effectiveness dropped to about 50% -- this Foundation and its medical advisory board felt that more should be learned about amoebae. Toward that end, Tony Chapdelaine, B.A. (now an M.D., M.S.P.H.) volunteered to work without charge for one year with one of the world's leading specialists in certain types of amoebae, Robert Neff, Ph.D. of Vanderbilt University, TN.

They were able to show the effect of different chemical environments, particularly the effect of our recommended treatment drugs, on amoebae in vitro (in the test tube).

When Tony Chapdelaine entered medical school, Dr. Neff assigned a graduate student to finish the project, and Dr. Neff's final

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment. report is titled *Isolation and Cultivation of Soil Amoebae from Fluids and Tissues of Patients with Rheumatoid Disease*, (see "Research: Isolation and Cultivation of Soil Amoebae," <http://arthritistrust.org>.)

Vanderbilt University received a grant from us of \$31,399.

Additional Discoveries

Our medical advisor, Dr. Paul Pybus -- based on Wyburn-Mason's theory of the causation of joint pain in both Rheumatoid Arthritis and Osteoarthritis, as Wyburn-Mason had hypothesized some thirty years earlier -- developed a successful treatment procedure which he titled "Intraneural Injections." This treatment, for the first time, permits Rheumatoid and Osteoarthritis victims to have relief from joint pain while undergoing other treatments, without the use of harmful systemic cortisone. In many cases, Pybus' treatment brought complete and permanent relief especially for arthritis-like pains and Osteoarthritis.

Dr. Pybus prepared a booklet entitled *Intraneural Injections for Rheumatoid Arthritis and Osteoarthritis, and also The Control of Pain in Arthritis of the Knee*. This booklet was printed and is available to physicians and the public through this Foundation at <http://www.arthritistrust.org>.

Gus J. Prosch, Jr., M.D. of Alabama became the first U.S. physician to learn and further develop Pybus' intraneural injections, and this writer became the first one in the U.S. to try the treatment, with great success. Dr. Prosch contributed additionally to the development of Intraneural Injections, teaching some 600 physicians in the proper protocol.

Rheumatoid Disease Foundation Recommended Treatment Protocol

Gus J. Prosch, Jr., M.D. and other physicians, such as Robert Johnson, M.D. of South Carolina, prepared formal medical treatment protocols that are in use to this day. These treatment recommendations include the importance and specifics of diet and vitamin and mineral supplements in the treatment of various forms of arthritis, and both the medical treatment protocol and diets and supplements were published by this foundation and made available to the public and other physicians, and are found in our list of articles on this website. (See "The Roger Wyburn-Mason Treatment for Rheumatoid Disease," <http://www.arthritistrust.org>.)

The work of Carl J. Reich, M.D., on the importance of ionic calcium deficiencies in Arthritides was also included. (See "Calcium and Vitamin D Deficiency," <http://www.arthritistrust.org>.)

Where indicated, simultaneous treatment for candidiasis and food allergies was also added to the treatment protocol. Later the importance of mercury poisoning (tooth amalgams), improperly performed root canal work, biotetoxification of intestinal tract and lipids (fatty parts of cells), and other factors were seen as contributing "causes" of rheumatoid diseases. (See "Biotetoxification and Food Allergies," "Candidiasis: Scourge of Arthritics," "On the Microbiology of Peridontal Infections," "Root Canal Cover-Up Conceals Numerous Side Effects," & "The World's Greatest Medical Discovery," <http://www.arthritistrust.org>.)

The Rheumatoid Disease Foundation's First National Medical Seminar: Public and Physicians

Three medical seminars were held by this foundation. The first was held in 1985 in Birmingham, AL with a number of important speakers.

Gus J. Prosch, Jr., M.D. and Dr. Paul K. Pybus not only taught other physicians on the use of intraneural injections, but also held a free medical clinic for the benefit of patient attendees and doctors. These doctors were assisted in the clinic by Wilfred W. Mittelstadt, D.O., Seldon Nelson, D.O., and Wyatt Simpson, M.D.

In seminars, Garry F. Gordon, M.D. discussed the controver-

sial effects of *Chelation Therapy on Circulatory Diseases and Arthritis*.

Tony Chapdelaine, B.A. discussed his work under Dr. Neff at Vanderbilt University and presented a paper entitled *Preliminary Report On Drug Research Involving Acanthamoeba and Naegleria*.

Gus J. Prosch, Jr., M.D. presented living demonstrations of amoeba described by Tony Chapdelaine, B.A. and the Virginia Livingston-Wheeler, M.D. *Progenitor cryptocides*, using a dark field microscope.

Orville J. Davis, M.D. presented the paper *Presently Accepted Practices of Medicine that Have Not Been Proved*.

Maureen Salaman presented *How to Survive in '85 (Freedom in the Practice of Medicine)*.

Kwang Jeon, Ph.D., biologist from University of Tennessee, Knoxville, presented *Amoeba in Biomedical Research*.

Ronald M. Davis, M.D. presented *What I've Tried for Multiple Sclerosis*. Ronald Davis later was able to demonstrate a very successful treatment for Scleroderma and Lupus Erythematosus, which this Foundation now recommends. (See Articles tab at <http://www.arthritistrust.org>.)

William E. Catterall, D.Sc. presented *Allergies and Their Modern Therapies*.

We also held a doctors' panel with questions fielded from both Rheumatoid Disease patients as well as physicians in the audience.

Search for the *Limax amoeba* in Human Synovial fluid

In one research program, referral physicians kindly took samples of synovial fluid from the inflamed joints of patients and mailed cartridges containing the fluid to two researchers. One was Robert Neff, Ph.D. of Vanderbilt University, and the other was Kwang Jeon, Ph.D. of University of Tennessee, Knoxville.

Kwang Jeon, for no charge to the foundation, was able to demonstrate that there were no live *Limax amoebae* in the synovial fluids, and that further, the synovial cells "piled up and formed tissue-like structures," and that the cells were "secreting collagen-like fibrous material."

He found that the cells that had been passed into new cultures many times were multiplying normally after 12 months of in vitro culture, which was a significant feature of itself, because other investigators in the past had failed to obtain long-term cultures from synovial effusions. Furthermore, their karyotype (specific characteristics) exhibited no abnormalities.

Unfortunately we were unable to fund further work by Kwang Jeon, Ph.D., although we would have liked to do so, considering his spectacular results with synovial fluids submitted by many of our physicians.

Double-Blind Studies at Bowman Gray School of Medicine and Laboratory Studies at Medical College of Virginia

By now Board Members, and consulting physicians, had decided that, funding permitted, we should tackle the research question as to why Wyburn-Mason's treatment regimen worked when others did not by three approaches:

1. Double-blind studies on Rheumatoid Disease victims through a reputable medical school, to determine the efficacy and safety of one of our recommended drugs;

2. To verify, if possible, Wyburn-Mason's and Protozoologist Stamm's apparent discovery, that a common *Limax amoeba* was at the source of causation of Collagen Tissue diseases;

3. To determine via in vitro tests and later simulated arthritic rat tests, the biochemical behavior of the chosen drug, Clotrimazole.

[Bowman Gray School of Medicine](#)

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Robert Turner, M.D. of Bowman Gray School of Medicine was chosen to conduct double-blind studies on the use of Clotrimazole, with a carefully screened group of Rheumatoid Arthritis patients, using Clotrimazole and a placebo.

To insure that the treatment protocol would satisfy all scientific requirements, the foundation had the final research proposal reviewed by a professional biostatistician; and, although we felt that there was one flaw in the study, Robert Turner, M.D. and his assisting physicians assured us this potential problem would be handled properly.

The flaw had to do with the Herxheimer Effect, which all physicians knew would occur for those who were favorably affected by Clotrimazole (or any of our other recommended drugs).

Based on studies performed by Dr. Paul K. Pybus, and his paper titled *The Herxheimer Effect*, (<http://www.arthritistrust.org>) we knew that the stronger the Herxheimer, the more likelihood of wellness.

One of Roger Wyburn-Mason's strong indications of a protozoal causation for Rheumatoid Diseases was the fact that whenever a recommended drug was given, a strong Herxheimer often occurred, which was interpreted to mean that toxins, or protein products of newly killed protozoans, were affecting the patient by means of a reaction similar to an antigen/antibody/allergenic effect inside the human body, resulting in the outward manifestation of Rheumatoid Arthritis and other Rheumatoid Diseases.

If the Herxheimer were to be interpreted by those physicians who controlled the double-blind study, as being caused by "toxicity" of the Clotrimazole, then patients would be dropped from the study prior to their achieving the wellness that had been observed in many clinics by physicians who had already tried our treatment regimen.

Our research director, Dr. Simoons, and the Foundation's Executive Director both in conference with Robert Turner, M.D. and his associates were assured that this factor would be properly compensated for in the final study.

Dr. Pybus made an additional trip from South Africa to Bowman Gray School of Medicine to gain further reassurance from Dr. Turner.

Dr. Simoons, Dr. Pybus, Dr. Prosch and the Foundation's Executive Director all placed their concerns in writing, and all were reassured again.

However, on completion of the study, and after expenditure of \$137,750, we discovered that Dr. Turner had permitted all of those who had a Herxheimer Effect to drop out based on the presumption that the Clotrimazole's "toxicity" was affecting the patient. It became clear at the end that physicians who controlled the double-blind study did not concern themselves with the Herxheimer, or, more likely, placed little, if any, credence in its manifestation in the first place, attributing all possible untoward effects to "toxicity." (See June 1993 Newsletter, "The Bowman Gray School of Medicine Clotrimazole Double-Blind Study," <http://www.arthritistrust.org>.)

In their favor, it might be said that the nature of double-blind studies conducted under FDA auspices lends itself strongly to this interpretation.

The result was that the study was totally inconclusive, in that all of those trial patients who had a good chance of getting well were dropped from the study and all of those who had a small probability of getting well, were permitted to stay in the study.

This result not only was in direct contradiction to earlier scientific studies, but also in contradiction to all of our physicians' clinical experiences (i.e., J.A. Wojtulewski, et al., "Clotrimazole in Rheumatoid Arthritis, *Ann Rheum Dis* 39:469-472, 1980; William Renforth, M.D., "Metronidazole Cures Rheumatoid Arthritis," originally published September 30, 1977, reprinted in *Historical*

Documents in Search of the Cure for Rheumatoid Disease, reprinted by this Foundation in 1985; <http://www.arthritistrust.org>.)

Robert Turner, M.D. submitted *Clotrimazole (C) Versus Placebo (P) In Rheumatoid Arthritis (RA)* by William B. Dennison, Robert A. Turner, June A. Johnson, Bradley Wells, to the American Rheumatism Association for publication, where it was never published.

With additional hindsight, it is now felt that the "improvement" criteria; i.e., the means of measuring and knowing when improvement has occurred, was also faulty, it being based on traditional NSAID (Non Steroidal Anti-Inflammatory) comparison tests, rather than wellness-outcomes criteria.

Medical College of Virginia Biochemical Research

While double-blind testing at Bowman Gray School of Medicine was on-going, Brian M. Susskind, Ph.D., Assistant Professor, Surgery and Microbiology and Immunology, and Richard C. Franson, Ph.D., Associate Professor of Biochemistry, both of Medical College of Virginia, were performing additional studies for this Foundation, an expenditure to us totaling, \$135,387.

Unlike the Bowman Gray School of Medicine research, where the double-blind study was compromised by permitting those who had a chance of getting well to drop out, all of the Medical College of Virginia studies were laboratory oriented, and seemed to begin to explain the biochemical basis to the use of Clotrimazole on human tissues, and also seemed to confirm our physicians' clinical experiences when using any of the 5-nitroimidazoles on patients.

It is extremely unfortunate that we could not continue funding of the research that was beginning to unravel the effect of Clotrimazole on human biochemistry.

Can the *Limax amoeba* Be Found?

As verification of the crux of Wyburn-Mason's hypothesis - that an ordinary *Limax amoeba*, to which certain people were genetically susceptible -- was crucial to further research efforts, Susskind/Franson undertook to duplicate Wyburn-Mason's work. They [Medical College of Virginia researchers] were unable to validate the Wyburn-Mason/Stamm findings. (Altogether Medical College of Virginia received \$135,387.)

Meanwhile, Dr. Paul K. Pybus and pathologist Davies of South Africa worked together, at no salary, to search for *Limax amoeba* in synovial fluid shipped to them by our physicians. This foundation funded \$4,497 for laboratory supplies and equipment.

Pybus and Davies were also unable to locate the Wyburn-Mason/Stamm amoeba, but were able to identify macrophages in the synovial fluids, and they were able to keep these macrophages alive for an extended period of time.

Did Wyburn-Mason/Stamm Observe Pleomorphic Organisms in Rheumatoid Disease?

Based on Pybus' summary of all of our research work, two of us (Tony Chapdelaine and this writer) visited with Lida Mattman, Ph.D. at Wayne University.

Dr. Lida Mattman was one of the world's leading specialists in Cell Wall Deficient Forms. (See her 3rd edition, <http://www.arthritistrust.org>.)

We also received data and advice from Philip Paul Hoekstra, Sr. and his son, Philip Paul Hoekstra, III, Ph.D.

It was through review of Mattman's work that some of us came to the conclusion that Wyburn-Mason/Stamm had created cell-wall deficient forms in minced meats by use of antibiotics and thereafter had wrongly identified clusters of Cell-Wall Deficient bacteria as the *Limax amoeba*.

Nonetheless, Wyburn-Mason had correctly (or serendipitously) derived the world's first consistently effective treatment favorably

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In their defense, knowledge of Cell-Wall Deficient forms, or pleomorphic organisms, was not widely spread when they performed their experiments, nor was the knowledge widely dispersed on how antibiotics strip off the walls of bacteria. Indeed, to this day a trained protozoologist can easily make similar mistakes; and obviously, most of the today's medical profession is still unaware that they are not necessarily destroying infective bacteria, through the liberal use of antibiotics, but rather, in most cases, simply stripping off bacteria cell-walls so that the bacteria can no longer be recognized by our immunological system. (It is the cell wall of the bacteria that permits our defense system to recognize an enemy.) Then, later, when the pleomorphic form reconstructs itself, the physician will report that, "You are infected again!"

While a negative can never be proven -- that is, it would be impossible to disprove Roger Wyburn-Mason/Stamm's hypothesis, but only possible to establish high probability of its truth -- we now had good reason to believe that pleomorphic organisms are at the root source of one of the causations of most forms of debilitating diseases, including Rheumatoid Diseases, which encompass all of the collagen tissue diseases. Changes in the environment surrounding microorganisms influence their form and function, thus creating health or disease states, accordingly. Known for more than 100 years, and by modern microbiologists, this pristine truth has yet to trickle through to the medical practitioner.

This foundation now accepts the fact that most degenerative diseases, including Rheumatoid Arthritis, is a multi-factorial problem. We mean that many factors operate to create the condition, such as nutrition, Candidiasis, stress, microorganisms, allergies, food sensitivities, chemical sensitivities, mercury poisoning (tooth amalgams), faulty root canal surgery, foci of infection, genetics and so on.

And some of these interacting factors may be mimicking arthritis symptoms, rather than the pathology of the presumed disease, itself. Clear-cut cases of Candidiasis have been interpreted by rheumatologists as "rheumatoid arthritis," and mis-treated accordingly.

So, while we have planned, but unfunded due to lack of resources, perhaps \$40,000,000 worth of meaningful research to accomplish in the future, we also have to utilize the presently-known and appropriate scientific methodology capable of untangling the inter-related factors if we're to help arthritics with satisfactory explanations.

The Second National Medical Seminar

On July 1, 1986, in Santa Monica, CA, we held our Second National Medical Seminar, once again inviting both physicians and victims of disease.

Our then Chairman, John M. Baron, D.O. monitored the talks, and, as we did the year before, we also held a medical clinic for demonstrating and using Dr. Paul K. Pybus' intra-neural injections, Gus J. Prosch, Jr. being the lead physician but under the auspices of Laszlo I. Belenyessy, M.D.

Gus J. Prosch, Jr., M.D. presented his paper on *Antiamoebic Treatment for Rheumatoid Disease.*

Seldon Nelson, D.O. talked on *Specifics of Treating Commensal and Parasitic Problems.*

Robert Bingham, M.D. talked on *Nutritional Requirements for Recovery from Arthritis.*

George Yosef, M.D., Ph.D. talked on *The Economics of Medical Care.*

Wayne Martin, B.S. presented *Knowledge is a Hard-Bought Thing.*

Luc De Schepper, M.D., Ph.D., C.A. talked on *Arthritis and*

Acupuncture.

Kay Hitchen, who then operated our English foundation, talked on *English Serendipity.*

Helmut Christ, M.D., Ch.B. talked on *Psoriasis Under Control at Last -- A New Alternative Treatment*, and he also presented a paper on use of Ozone Therapy for various chronic diseases.

Dr. Christ's Psoriasis paper was accepted as a new foundation-recommended protocol for treatment of Psoriasis, as he was getting superior results with hundreds of patients, claiming zero failures in controlling the manifestations of Psoriasis. (See "The Surprising Psoriasis Treatment," <http://www.arthritistrust.org>.)

David R. Soll, Ph.D. talked on *Two Newly Discovered Switching Systems in Candida albicans and their Possible Role in Pathogenicity.* This paper was the first time that physicians knew of six switching mechanisms by *Candida albicans*, plus a cell-wall deficient form as described by Phil Hoekstra, III, Ph.D. -- seven (7) survival forms in all! (See "Candidiasis: Scourge of Arthritics," <http://www.arthritistrust.org>.)

Since Candidiasis, like food allergies and chemical sensitivities, has such a major impact on arthritides, a major paper was prepared for distribution on the subject by this foundation.

Dr. Paul K. Pybus, M.D., F.R.C.S., D.R.C.O.G. talked on the *Status of Rheumatoid Disease Foundation Research* and also *On the Herxheimer*. Dr. Pybus' paper on the Herxheimer is available through this foundation. (See "The Herxheimer Effect," <http://www.arthritistrust.org>.)

Luke Bucci, Ph.D. discussed *Co-Enzyme Q₁₀: Review of Clinical Uses With Emphasis on the Immune System.* Later Luke Bucci summarized discussions of many physicians on their dietary requirements for those afflicted with Osteoarthritis, which led to this Foundation's paper on *Prevention and Treatment of Osteoarthritis.* (<http://arthritistrust.org>.) His summary also included the first recommendations for use of chondroitin sulfate and glucosamine sulfate when treating arthritis. Later double-blind studies by independent agencies confirmed Bucci's recommendations, and these two substance are now sold for arthritic relief throughout the United States, indeed, the world.

Phil Hoekstra, III, Ph.D. talked on *Scientific Effectiveness of EDTA Therapy in Peripheral Collateral Arterial Circulation*, a retrospective study which showed conclusively that EDTA Therapy solved 80% of the peripheral circulation problems.

Chelation Therapy has since become an important adjunctive therapy as recommended by The Rheumatoid Disease Foundation, the Foundation also having prepared a paper on the subject. See "Chelation Therapy," <http://www.arthritistrust.org>.)

John T. Hicks, M.D. talked on *Anti-Microbial Therapies in Rheumatoid Arthritis: Past, Present, Future.*

Robert F. Cathcart III, M.D. talked on his research in *Vitamin C in the Treatment of Infections and Immune Disorders*, where he described the bowel tolerance technique of determining the proper amount of Vitamin C to take for any given disease condition.

Dr. Cathcart's paper is published by the Foundation, and also serves to supplement our overall arthritis regimen. (See "Vitamin C: The Great Missing Vitamin," <http://www.arthritistrust.org>.)

Pat Connolly from the Price-Pottenger Nutrition Foundation talked on *Nutrition From an Historical Perspective.*

William Rea, M.D. discussed *Environmental Aspects of Rheumatoid Arthritis and Vascular Disease*, his work, and the works of earlier physicians, also serves as a basis for describing some of the interacting problems of Rheumatoid Arthritis and other Arthritides.

Zane R. Gard, M.D. discussed his medical modification of L. Ron Hubbard's sauna detoxification system under the title of *Toxic Bio-Accumulation and Effective Detoxification.* This form of detoxi-

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Dr. M. Be'ly talked on *The Differential Diagnosis of Osteoarthritis, Qualitative Bone Changes Caused by Fluoride Investigated by Polarization Optic Methods and Polarization Optic Methods in Osteoarthritis*. Fluoride, of course, is one of those governmentally approved poisons that lowers abilities of the immune system, and contributes to arthritic diseases. (See "Arthritis" <http://www.arthritis-trust.org>.)

The Rheumatoid Disease Medical Association

Under the sponsorship of this Foundation, and at the Second National Medical Seminar, Robert Bingham, M.D. founded The Rheumatoid Disease Medical Association, which also published *The Journal of The Rheumatoid Disease Medical Association*.

Within a few months this association became independent of the Foundation. Robert Bingham, M.D. went on to publish a series of small Volumes containing many thought-provoking articles on the treatment of arthritides.

At Robert Bingham's death, all rights not held elsewhere to publication of the *Journal's* articles have reverted to this Foundation. the *Journal's* articles are available on this website. (See <http://www.arthritis-trust.org>.)

Additional Benefits

Our Second National Medical Seminar had many more physicians and patients than the first convention, and, as such, it also cost the Foundation about \$30,000. However, the money was extremely well spent, as the outcomes from the Seminar, as with the first seminar, stimulated useful papers, useful research, books, and successful treatment regimens.

Ronald Davis, M.D., for example, may have solved the problem of Scleroderma and Lupus Erythematosus, his paper also now available through this foundation. (See "Systemic Lupus Erythematosus and Progressive Systemic Sclerosis" <http://www.arthritis-trust.org>.)

All of the important subjects covered in both medical seminars have found their place in educational materials that the Foundation has for many years provided to those who inquire.

Additional Foundation Publications

At very low donation-requested price -- or free in many cases of need -- Foundation publications are being read around the world.

Most of the Foundation's publications have also been reprinted, with our permission, in either *Townsend Letter for Doctors and Patients* [now *Townsend Letter for Doctors* but still for patients, too] a leading alternative medicine journal for doctors, or in several instances, *Explore for The Professional*, also intended for alternative practitioners. A website [<http://www.arthritis-trust.org>] has been established making all papers and a physician referral list available to everyone, worldwide, without charge.

In addition to Roger Wyburn-Mason's *Causation of Rheumatoid Disease and Many Human Cancers & Precis'* and Pybus' booklets on *Intraneural Injections* available on our website, four books have also been printed as well as published on the internet by this foundation telling folks how to get well from Arthritis and various forms of Rheumatoid Disease.

Many professional books and publications, as well as links to our website, quote our Foundation as a resource for both physician referrals and information.

Additionally, we recommend several books from outside sources that appear to have an important bearing on arthritis.

The Arthritis Trust of Canada

We established a new corporate presence in Canada, as The Arthritis Trust of Canada, but, as of this printing we were unable to find a director willing to handle this project without funding, and so all queries from Canada were referred to the United States Office. Without adequate funding and help, we reluctantly closed down this new non-profit corporation, but not before providing all the libraries in Ontario alternative medical books, including some of our own.

Rheumatoid Disease Foundation Trust of South Africa

The Rheumatoid Disease Foundation of South Africa was established in 1983 by Dr. Paul Pybus, then our Chief Medical Advisor. It had been led by Lucy Birnie. Alma Gouws later became Executive Director, and, with her unavailability, the foundation was determined to be non-functional.

Arthritis and Rheumatism

Natural Therapy Research Association of England

Arthritis and Rheumatism Natural Therapy Research Association of England was founded and headed by Rex E. Newnham, D.O., N.D., Ph.D., Cracoe House Cottage, Cracoe, Nr. Skipton, North Yorkshire BD236LB.

The Arthritis Trust of California

The Arthritis Trust of California was established by this foundation in 1997 at the request of Lyme Disease/Psoriasis sufferer J.D. Allen. A branch office, unlike the national office, had as its chief function to collect donations for the purpose of helping those who cannot afford the cost of receiving the various treatments we now recognize as important in achieving wellness. This branch office is inactive. We welcome inquiries to establish regional branch offices in every part of the United States. (We do not fund these branches, and they must become self-sufficient, under our charter and by-laws.)

Additional Foundation Research (In lieu of appropriate funding)

This foundation has also cooperated with several other groups in providing assistance for legitimate research, such as The Arthritis Help Centers, as well as individual exploration of promising modalities. Over a period of time, using various clinics, physicians were able to demonstrate a link between certain common peppers used in cooking or canned foods that stimulate arthritic pain in sensitive people. The Arthritis Help Centers publishes a manual demonstrating their findings for lay use. (See "Foods Found to Cause Pain, Swelling and Stiffness," <http://www.arthritis-trust.org>.)

We will be constantly exploring alternative means for solving the disease problems of arthritics, and related diseases. Obviously, if major funding were available, we would again fund appropriate double-blind studies to establish the worth, or lack thereof, of various treatment recommendations. Meanwhile, we constantly recommend that disease victims read all of our articles before they choose a physician. Most likely no one physician or dentist will be trained to handle all of the treatments that arthritic victims may need to explore. For that reason, we list physicians and dentists on our webpage, (<http://www.arthritis-trust.org>) along with the kind of treatments they are willing to use. This same physician listing is also available from us via U.S. Postal Services.

Throughout 2001-2002 we have investigated and/or supported research in immune milk and frequency resonance therapy. (See "Universal Oral Vaccine," <http://www.arthritis-trust.org>.)

When Robert J. Coughlin of Pennsylvania bequeathed us a sizeable amount of money our board determined to use it to develop a medical clinic dedicated to bringing together under one roof all of the treatments one should explore. Toward that end \$400,000 was used to purchase land directly in front of Fairview, Tennessee's new city hall. On this land it is our intent to build a small shopping center

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment. and to use profits to establish the medical clinic. increases in quantity annually. The physician list is now most easily available on our website, <http://www.arthritistrust.org>.

Donor/Members, Solicitations & Sweepstake Programs

We principally employ direct-mail solicitation in the United States. These mailings include up to 160,000 donor/members, as well as solicitation for new donor/members interested in arthritis. To keep cost of finding new donor/members to a minimum, we employ sweepstake programs. These prizes may change from time to time. All of the sweepstakes programs are operated by independent agencies.

We also employ a telephone solicitor in some states.

Added in 2001 is Vehicle Donation Program with the Vehicle Donation Processing Center, Inc. of Monrovia, CA. Any kind of automobile, truck (running or not), boat, RV, trailer, lots, real estate, etc. from any part of the United States, can be donated to this foundation. Our website has a link to this program, making it easy for a person or company to donate. "Fair market value" is provided according to appropriate IRS regulations.

Third Seminar

On July 14, 2007, we held our third seminar with the following speakers:

Perry A. Chapdelaine, Sr., M.A. *Is Arthritis Curable?* challenging the present failed "politically correct" arthritis treatment program, describing some of the foundation's history and also successful treatments.

Curt Maxwell, alternative medical practitioner, *Modern Medicine versus the Cult of Traditional Medicine*, challenging the modern medical paradigm.

Perry A. Chapdelaine, Jr., M.D., M.S.P.H., *A Clinical Approach to Arthritis*, which described the present nature of physician "cook-book" medicine, and the strictures placed on the physician by medical insurance.

Denise Chambul, B.A., C.N.C. *Bio-Energetic Testing*, demonstrating the use of Electro Dermal Screening with a computer-based instrument.

Luby Chambul, D.C., *Applied Kinesiology* demonstrating how the testing of the strength of various muscles in the body can help make medical diagnosis.

Links

Our website also has been provided with links to other interesting sites, physicians, and excellent alternative medical publications.

Newsletter

Thirty thousand newsletters have been mailed quarterly to all those who have donated \$15 or more to this foundation. Past issues are now available on our website. These newsletters contain information related to successful treatments about arthritis, and other related stories. The last newsletter is planned for fall of 2007, as the internet has created a new and more efficient communication network.

Physician Referrals and Foundation Communications

Names of physicians for referral have grown from five physicians, in 1982, to more than 200 in 16 different countries (but mainly the U.S.) and the list seems to stay rather constant.

Although the Foundation has mailed out millions of solicitation requests since 1982, the Foundation has also answered from 2 to 10 personal letters per day since its founding in 1982. At one count, during one year, more than 40,000 actions (answered mail and telephone calls, physician referral lists, etc.) were counted.

Most impressive, however, is the mailing of free physician lists to every person who orders books, articles, or simply calls on the telephone, or who uses our homepage e-mail. The number of 4-page physician lists mailed out numbers in the tens of thousands, and