

## The Roger Wyburn-Mason Hypothesis

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*No one has yet proven or disproven Professor Roger Wyburn-Mason's hypothesis, but certainly the treatments derived from his hypothesis stand out among all other therapies as being the earliest and most successful treatments for rheumatoid diseases, having cured tens of thousands, including this writer.*

In 1975, at the IXth International Chemotherapy Congress in London, England, the late (1983) Roger Wyburn-Mason (M.D., M.R.C.P., B. Chir., M.A., Ph.D.) astounded the medical world, announcing that he had found a new protozoan as the cause of Rheumatoid Disease.

He named the new amoeba *Amoeba chromatosa* because of its rainbow-like and colorful appearance when viewed under a microscope. He identified it as among the genus *limax* amoeba, having characteristics of both *Naegleria* and *Acanthamoeba*, and yet somewhat different.

An interesting footnote on this monumental achievement, which took Roger Wyburn-Mason twenty years of research and twelve years to write-up, is this: He was permitted to speak only if all press were excluded. Had it not been for his wife, Joan, later "leaking" the news against Roger's express directions, the world might never have known the Wyburn-Mason hypothesis on the causation of Rheumatoid Disease and many human Cancers.

After Roger Wyburn-Mason received a standing ovation from those in attendance at the conference, his hypothesis became known only through the leaked news stories triggered by his loving wife, Joan, who died in 1985, two years after Roger's death in 1983.

No pharmaceutical companies rushed to spend the trifling investments to check-out his reported findings. And so it was also true of non-profit, charitable foundations, medical societies, academic medical research institutions, et. al.

Roger claimed to have isolated the *Amoeba chromatosa*, cultured it, injected it in suitable animals, and to have observed similar cellular tissue lesions forming on injection: that is, satisfying Koch's postulate, that an infectious organism must be transmitted through certain standard and accepted laboratory routines prior to the accepting of proof of organism causation. Roger claimed to be able to cure Rheumatoid Disease patients by any one of a number of anti-amoebic preparations. He freely gave of the knowledge to any who inquired, and did not reserve the information for his own financial gain; neither did he set up a secret clinic; nor did he prepare secret remedies that must be purchased only through him.

Scientific and Medical papers submitted by Professor Roger Wyburn-Mason were consistently rejected.

This would be understandable if Roger had been an undistinguished person, without appropriate credentials — but in the face of his historic past accomplishments, it is unforgivable: He received the highest possible grades of every scholastic endeavor attempted; as a specialist in nerve diseases, he was the only living physician with two nerve diseases named after him (Wyburn-Mason Syndrome I and II); he was among those who tested the effectiveness of sulphonamides; he was the very first to identify a viral causation of cancer; he had published by Henry Kimpton, of London: *The Vascular Tumours and Abnormalities of the Spinal Cord and its Membranes* (1943), still a classic, *Trophic Nerves* (1950), *Reticulo-endothelial System in Growth and Tumour Formation*, (1958), and *A New Protozoan, its Relation to Malignant and Other Diseases* .1964.

His scientific/medical papers were published in *Journal Ophthalmology*, *Brain*, *British Medical Journal*, *Lancet*, *International Medicine*, *British Medicine*, and in other reputable publications.

After twenty years of professional research into the causation

of Rheumatoid Disease Professor Roger Wyburn-Mason was hardly a crank reporting another weekly cure for Arthritis in the *National Enquirer*.

So why was his hypothesis ignored?

Roger's work "lacked the scientific professionalism of double-blind studies," where neither the patient nor the physician knows which is the medicine and which the placebo, until a group trial is ended.

When treating Rheumatoid Disease, one might expect as high as 30% of the patients to show temporary remissions due to unknown "placebo" effects. Roger was reporting results that were as high as 90%.

Aside from the fact that it is scientific nonsense to require double-blind studies when the cure/remission rate is 60% higher than an anticipated placebo effect of 30%, the medical/scientific community failed to observe one of the most fundamental requisites of the scientific method. That is, when a scientist reports a phenomenon, it is not up to that same scientist to continue making the same experiment over and over, but rather up to other scientists, independently, to either verify or deny the claim.

The great hullabaloo that followed Roger Wyburn-Mason to his death was that "He had not proved his treatment;" and "He had not done double-blind studies."

Ironically one of Roger's students invented the idea of double-blind studies. The idea was published in *Lancet*, and thereafter took off like the proverbial big-bird. The fact that it failed in its first test, of determining the effectiveness of cortisone in the treatment of asthma, deterred no one, and especially did not deter big pharmaceutical business. They now had a fine-honed tool capable of discriminating between one form of analgesic and another, the backbone of the more than fifteen billion dollars spent annually in the U.S. for treating arthritics at least one and one half billion being for aspirin or aspirin substitutes that "Your doctor recommends."

In the United States, the chief opponent of Roger Wyburn-Mason's hypothesis was (and may still be) the Arthritis Foundation headquartered in Atlanta, Georgia. Through a carefully orchestrated newsheet its spokespeople at both national and local levels had constantly spread lies, gossip, and half-truths about Roger Wyburn-Mason, his treatment, and at least one of the physicians who found Roger's treatment effective.<sup>1</sup>

They repeated the refrain again and again, that Roger's work is "unproven". They failed to state alongside this lament that according to studies made by the *U.S. Office of Technology Assessment* publication (1978) in "Assessing the Efficacy and Safety of Medical Technology," that 80-90% of all insurance-approved-medical-board practices are unproven."

It may cost anywhere from \$150,000 (tiny study) on up to \$40,000,000 (adequate study) to conduct the kind of double-blind studies required by the so-called "scientific"/medical community.

One would normally think that the Arthritis Foundation would be concerned with picking up and trying alternate theories and remedies. After all, their rheumatologist-advisors admittedly have nothing to offer an RD victim — and this fact is repeated by themselves again and again, by literature, by TV and radio announcements stating that "There is no cure for Arthritis." More importantly, the fact of their medical impotence is solidly backed up by peer group rheumatologists who, in *Clinics in Rheumatic Diseases* (*W.B. Saunders*, 1983) clearly state that the traditional use of gold shots leaves much to be desired scientifically (besides being dangerous), and that the routine use of penicillamine has no scientific basis whatsoever. The later add-on of methotrexate demonstrates an equal effectiveness, yet approved by the FDA as being "safe and effective," and showing not only ineffectiveness on the average after 30 months use, but also an increasing ravaging of arthritis!

The pot calls the kettle black!

Only this time the kettle appears to be pure white!

Medicine is not yet a science, and is still much an art. This fact is recognized not only by some key decisions in Federal Courts, but also by every medical practitioner.

Still an over-rigor in "scientific" medicine accompanied with

an over-emotionalism —almost a paranoia — often is seen to impede the progress of the art of medicine. Witness the history of such men as Semmelweis, Jenner, Koch, Harvey, Ross, Lister, Pasteur, Ehrlich, Sister Kenny, and Roentgen, to name but a few.

It seems as though most of the major advances in medicine must be performed through a most unscientific emotionalism.

Treatment of arthritis and non-profit, health “charities” such as the Arthritis Foundation, are not the sole evidence of anti-scientific methods and attitudes.

Whether you accept the claims or not, witness the general news media hysteria and so-called “scientific” attacks against: chelation therapy, DMSO treatment, unpasteurized milk, various alternate cancer therapies, herbs, and vitamins and minerals, just to mention a few.

The pattern is identical in most every instant: an Authority, in the form of unknowledgeable and often state-licensed groups, speak-out against — never for — scientific freedom and inquiry — but always against!

The lay person, of course, quite trusting, will always believe Authority when promoted through the only communication outlet available, the well-controlled mass news-media.

One wonders how any major scientific/medical advances can be made, short of immersing its discoverer in persecution by means of widely spread fabrications and half-truths.

But where traditional methods obstruct, the good old American direct-mail system can often triumph!

In 1982 — there being no other avenue open to Roger Wyburn-Mason and his patients — in the State of Tennessee was established a new non-profit, charitable, IRS tax-exempt foundation: *The Roger Wyburn-Mason & Jack M. Blount Foundation, Inc. or The Rheumatoid Disease Foundation or Arthritis Trust of America* for shorts. This *Rheumatoid Disease Foundation*, unlike the Arthritis Foundation, boldly stated that there is a cure, that they will give anyone free information about it, and even help their family doctor without charge. (<http://www.arthritis-trust.org>)

A million or so direct-mailings per month were sent out to reach potential donors and arthritics, and while the initial return rate was low, as to be expected in any “cold-acquisition”, the dollar response proved to be greater than any other in the history of charitable direct-mail activities.

*The Rheumatoid Disease Foundation* started with all but one have died. It now lists as referral physicians more than 200 located in 16 different countries.

They say their referral physicians have treated and brought to cure/remission more than 40,000 patients (estimated) by simple uses of easily obtained antimicroorganism drugs, also combined with proper nutrition, anti-candida treatment, anti-allergy treatment, detoxification processes and other important causations of weakening the immune system.

When *The Rheumatoid Disease Foundation* acquired more than 100,000 donors in two short years, it began funding an impressive amount of research.

Bowman Gray School of Medicine (Robert A. Turner, M.D.) performing double-blind studies on the use of clotrimazole in Rheumatoid Disease.

Vanderbilt University (Robert Jack Neff, Ph.D.) and Medical College of Virginia (Brian M. Susskind, Ph.D.) attempting to reproduce Roger Wyburn-Mason’s initial isolation of *Amoeba chromatosa*.

Medical College of Virginia (Richard Franson, Ph.D.) attempting to demonstrate the relationship of the Rheumatoid Disease inflammatory process to amoebae, along with Bowman Gray School of Medicine (Duane Smith, M.D. who performed arachidonic acid metabolism studies.

University of Tennessee, Knoxville (Kwang Jeon, Ph.D.) studying the effects of various medicines on lymphocytes in arthritics.

There are better than \$60,000,000 worth of double-blind studies that could be lined up to be administered whenever additional funding is available. Some of the successful medicines, like met-

ronidazole, are orphans i.e., they have no potential pharmaceutical sponsor because the patent has run out. (If there is no money to be made, the pharmaceutical company loses interest in testing for effectiveness and safety, an FDA requirement.)

Another medicine, like Tinidazole, is available everywhere in the world, except in the United States. Indeed, in some places, like Mexico, it can be purchased without prescription.

Clotrimazole is at last available through compounding pharmacists in the United States.

Allopurinol and furazolidone are now available, also.

One physician, Ron Davis, M.D. (Seabrook, Texas) has never had a patient failure of lupus or scleroderma.

Roger Wyburn-Mason’s hypothesis is reminiscent of the medical days prior to discovery of the Tubercle Bacillus.

There were, in those days, about 150 different presenting symptoms, many of which were not known to be related to the same condition.

On discovery of the Bacillus, all names collapsed to one: TB of the bone, of the lungs, of the skin, and so on.

In like manner, during those early discovery days, school children were taught that most every one was exposed to the Tubercle Bacillus, but that only those who were genetically susceptible caught the disease.

Roger Wyburn-Mason’s arguments appeared very similar. He said that the *Amoeba chromatosa* is found everywhere — soil, air, waters, food. Everyone is exposed to it, but only some are genetically susceptible to it or its products — that the genetic susceptibility produces inflammatory effects that lead to joint and other tissue destruction.

The proof, he said, is that when anti-amoebics are given to one who is genetically susceptible, they have a Jarisch-Herxheimer, or Herxheimer — flu-like symptoms — after which the disease stops and the victim gets better. (See “The Herxheimer Effect,” <http://www.arthritis-trust.org>.)

Jarisch identified the phenomenon earlier, but in 1902 Herxheimer studied the syphilis spirochete and determined that whenever an organism more complex than a simple bacteria is killed inside the genetically susceptible body, one has an intensification of the symptoms, or “flu-like” symptoms. In tuberculosis and other diseases this effect is also known as the Herxheimer, but when killing *M. leprae* by use of anti-leprosy drugs, it is known as Lucio’s phenomenon.

Considering the wide range of Rheumatoid Disease symptoms — perhaps a 100 or so (virtually every tissue in the body is affected, which includes bursitis, lupus, arthritis, periarteritis, Paget’s Disease, tremors, intrinsic asthma, myo-peri-cardial, colitis, thyroid, pituitary, adrenals, pernicious anemia, iridocyclitis, fibroids, ovarian cysts, neuroses, calculi, hepatitis, Crohn’s disease, alveolitis, lymphomas, meningomas, myositis, psoriasis, tendonitis, and so on — it is quite difficult to understand why major organizations have turned their backs and have not researched this area more thoroughly — until one remembers the plight of most innovators in the Medical field!

The Federal Government, for example, could save a goodly portion of more than one billion dollars annually — the cost to Medicare for Rheumatoid Diseases — should Roger’s hypothesis be true or his treatment work. An equal amount could be saved by the fifty states.

Was Roger Wyburn-Mason the first innovator for his hypothesis of Rheumatoid Disease?

Not at all. In 1922 two protozoologists by the names of Kofoid and Swezy published their works in the *University of California Publications in Zoology*, wherein they indicted — or reported the finding of — a limax amoeba in Rheumatoid Arthritis, Lymphomas, Leukemia, and Hodgkins Disease. In those days there were no satisfactory anti-amoebics, and it may be presumed that follow-up to their observation was impractical. It may be presumed further that physicians simply don’t read protozoal literature.

A review of protozoal literature, however, easily brings one to believe that protozoologists have always known of the infectious dangers of various protozoons — and, indeed, on talking with vari-

ous protozoologists it is learned that they feel no surprise at Roger's statements. The literature, piece-meal-wise, is loaded with clues relating to various symptoms that The Rheumatoid Disease Foundation now classifies as Rheumatoid Disease. One such gem, for example, is that the infamously well-known Legionaire's Disease, is caused by a bacteria, and was and is carried through the air-filter system piggy-back on a common free-living limax amoeba.

Or consider "The Case for the Pathogenicity of the Oral Protozoa," made by Trevor Lyons, B.D.S., L.D.S., R.C.S., R.M., dentist and microbiologist in "The Microbiology of Periodontal Infections: Oral: and Systemic Implications." "Although *Entamoeba gingivalis* has been known for 149 years, and the evidence to support it being labelled as a pathogen has been steadily growing since the early nineteen hundreds, there still appears to be some who doubt the pathogenic nature of *Entamoeba gingivalis*.

"One patient with periodontal disease had arthritis but no amoebae in the mouth. Stool sampling was positive for an intestinal protozoan, *Endolimax nana*. A course of anti-protozoal medication brought an improvement in his periodontal condition, his arthritic symptoms and his digestion."

Medical doctors are almost the last people to talk to about protozoology, as they usually have but four or so hours of course work on the subject. Characteristics of protozoons are often foreign to their education; whereas education on bacteria is superior.

Yet protozoons have been on earth since before the evolution of mammals. Their billions-of-year survival chain is certainly suggestive of a great ability to adapt to changed environments. And the fact that their genetic mechanism is more complex than most bacteria is suggestive.

In Roger Wyburn-Mason's last publication, *The Causation of Rheumatoid Disease and Many Human Cancers* (JJI Publishing Co., Ltd., 1978), he says that about 20% of cancer probably stems from the influence of the *Amoeba chromatosa* on surrounding cell tissue. He argues that the human cell — in attempting to adapt to the changed environment that this commensal organism brings about — the cell utilizes its natural adaptive ability, and in so doing sets up the precursor conditions for cancer. [A commensal organism is one that is neither saprophytic or parasitic, but "dines at the same table as we do.")

Perhaps one of the problems Roger had in receiving a valid hearing was that he claimed too much.

His hypothesis is over-broad, even arrogant. And imagine! He claims as much as 20% of cancer originates from the same source as over one hundred other diseases.

But suppose the man is right? Suppose the problem could've only been solved by taking such a larger view?

What then of the more than 13 million Americans who seek relief for Rheumatoid Arthritis, their crippling and pain? Or victims world-wide?

Is not any claim, no matter how arrogant, worthy of our attention for the purpose of solving this scourge?

And isn't that the essence of the scientific method? To prove or disprove, without emotional bias?

1. Letter "About the Philanthropic Section of the Better Business Bureau & The Arthritis Foundation," to Harold Davis, Consumer Safety Officer, Office of Consumer and Professional Affairs, Center for Drugs and Biologics, HFN-17, Department of Human Services, Public Health Service, Food and Drug Administration, Rockville, MD 20857, November 11, 1985.

2. *Introduction to Protozoa and Fungi in Periodontal Infections: A Manual of Microbiological Diagnosis and Nonsurgical Treatment*, Trevor Lyons, B.D.S., L.D.S., R.C.S., R.M., 45 Rosebery Avenue, Ottawa, Ontario, Canada K1S 1W; "The Microbiology of Periodontal Infections: Oral and Systemic Implications," 1989.